

Assessing the urologist workforce in British Columbia: Wait times, workload, and burnout in 2022

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ABSTRACT

Introduction: Urology is a surgical subspecialty with a wide scope of practice treating benign, malignant, and emergent disease processes involving the genitourinary system.

Methods: We performed an anonymous survey of British Columbian (BC) urologists in 2022 exploring wait times, workload, and burnout. The survey was distributed via email to all urologists in the BC Urological Society.

Results: There was a 92% completion rate. On average, urologists operate for 9.3 hours per week and 84% of urologists are also operating emergently at least once per week. A typical workday is 10 hours and most urologists spend at least 20% of their lives on call. When on call, urologists are woken up approximately 50% of the time. Burnout rates are over 60% and exceed the national average. Urologic patients are waiting an average of 8.7 months for non-urgent surgery or on waitlists of over 1000 people to see a surgeon.

Conclusions: Urologists in BC have long wait times, high workloads, and are experiencing burnout at a high rate. Thus, there is a need for additional urologists within the province.

KEY MESSAGES

- Long wait times and large waitlists show an urgent need for more urologists in BC.
- Urologists work long hours and frequent on-call shifts, creating unsustainable demands.
- Over 60% report burnout, above national averages.
- Population growth and aging are outpacing workforce expansion.
- Training, resources, and wellness supports must increase to sustain care delivery.

INTRODUCTION

Urology is a specialty that focuses on the treatment and management of medical conditions involving the urinary tract and genitourinary system. There were 98 urologists in British Columbia (BC) that were members of the Canadian Urological Association (CUA) in 2024. They saw an average of 56 patients in person per week in clinic in addition to their operative time and cystoscopy appointments in 2024.¹ This means that approximately 200 000 British Columbians are seeing a urologist at some point during the year. The number of urologists in BC grew by 5% from 2019 to 2024 while BC's population grew by 12% in the same period.^{1,2,3,4} According to the Canadian Medical Association (CMA) across Canada in 2019 there were 2 urologists for every 100 000 Canadians, this is slightly lower in BC where there were 1.8 per 100 000 Canadians.² Inferring, if Canada is to keep up with this population growth from a urology perspective, Canada will need an additional 16 urologists per year. Additionally, the population is becoming older, and more obese leading to increased demand for healthcare and urologic care.⁵ The objective of this study is to explore how urologist wait times, workload, and burnout rates affect the urology workforce in BC, and to identify critical areas that may require attention to help support the future of urology in the province.

METHODS

Data collection

Workforce, wait time, workload metrics, and burnout data were collected via the Urology Workforce Survey that was conducted from September 18 to October 8, 2022. It was sent to all members of the British Columbia Urologic Society (BCUS) by email.

Metrics

Workforce metrics included in the survey were gender, work setting (urban vs. community), and age. Wait time data included number of patients on the office waitlist, number of patients on the surgical waitlist, non-urgent wait time in months, urgent outpatient wait time in weeks, and semi-urgent outpatient wait time in weeks. Workload metrics included number of hours doing cystoscopy per week, number of cystoscopies per hour, number of support personnel present in the office, hours worked in ambulatory care per week, hours spent as the primary surgeon, hours spent assisting colleagues, days per week in the operating room after 6 pm for emergent and non-urgent cases, daytime weekday work hours, indirect care hours per week, work start and end times during the week, number of hours worked outside of daytime weekday hours, call frequency, number of nights (out of 4) that would require returning to the hospital or operating in the evening and night, and the percentage of call nights where sleep was interrupted. Number of days per year spent at conferences and number of weeks of vacation were also included. Burnout metrics were from the Abbreviated Maslach Burnout Inventory and included a scale of strongly agree, agree, neutral, disagree, or strongly disagree on the statements such as "I feel burned out", "I feel emotionally drained from my work", "I have contemplated suicide in the last 2 years", and "I feel I am positively influencing other people's lives through my work".⁶

RESULTS

Current urology workforce

A survey of urologists in BC, Canada from September 18 to October 8, 2022 was done. There was a 92% completion rate and 60 respondents. This survey revealed that 38.3% of respondents

were over 50 years of age with the distribution of all ages shown in Figure 1. Eighty percent of respondents were male; 18.3% were female. 16.7% of respondents were working in an academic setting while 83.3% were in a community setting, 58.3% of which reported they had an urban community practice while 25% reported having a rural community practice.

Wait times for urologic care

Patient wait times were also included in the survey. The average number of patients on a urologist's wait list was 277, this ranged from 4 to 1100 (Standard Deviation (SD) 253.86). The average number of patients on a surgical wait list was 93 and ranged from 14-500 (SD 103.07). It was reported that patients were waiting for an average of 8.7 months (SD 6.32) for non-urgent surgery. Patients were waiting for an average of 2.2 weeks (SD 1.06) to be seen urgently as an outpatient, this was reported to be as long as 6 weeks. Patients were waiting 6.25 weeks (SD 3.16) on average to be seen as an outpatient on a semi-urgent basis with a range of 2-16 weeks.

Workload metrics

According to the survey daytime (0800-1800) weekly work hours in direct patient care were reported as shown in Figure 2. The average start and end times were 7:22 am to 5:20 pm daily. Hours worked outside of daytime weekly hours is shown in Figure 3. It was reported that 37% of respondents were in the operating room at least 1 day per week outside of routine work hours (0800-1800) for non-urgent procedures and 86% were in the operating room after at least 1 day per week outside of routine work hours (0800-1800) for urgent or emergent procedures.

Mean hours per week spent operating as the primary surgeon, operating as a surgical assist, doing cystoscopy, doing ambulatory procedures, and operating after hours non-urgently and urgent/emergently are summarized in Table 1. 84% of respondents provide surgical assists for their colleagues. There is a mean of 2 support personnel per urologist in these clinics and/or cystoscopy suites.

In BC, 83% of urologists who answered the survey reported call of at least 1 in 5 as shown in Figure 4. While on call, urologists reported going to the hospital during the evening (1800-2300) an average of 65% of the time. An average of 55% of the time on call they were operating during the evening. On average, urologists were going to the hospital 17.5% of the time during the night (2300-0700) while on call and were operating an average of 15% of the time at night while on call. Urologists reported being awoken from sleep an average of 48.1% (SD 29.48) call nights.

An average of 6.3 days per year are reportedly spent at conferences and an average of 5.1 weeks per year are spent on vacation by urologists in BC.

We conducted a subgroup analysis regarding the workload metrics for academic vs. community rural vs community urban, female vs male and age ≤ 50 vs. >50 and there were no statistically significant differences.

Burnout levels

65% of the urologists that responded to the survey agree or strongly agree that they are feeling burned out. Reasons stated were workload volume and call, lack of supports, unrealistic expectations of patients, increased complexity of patients, and administrative burden. Sixty-three percent responded that they agree or strongly agree that they feel emotionally drained from their work. Thirteen-percent responded that they have contemplated suicide within the last two years. However, 81% responded that they agree or strongly agree that they feel they are positively

influencing other people's lives through their work. Subgroup analysis regarding burnout for academic vs. community rural vs community urban, female vs male and age ≤ 50 vs. >50 revealed no statistically significant differences.

DISCUSSION

From 2022 to 2024, Canadian urologists went from seeing an average of 65 to 85 patients in person per week^{1,7} indicating that workload for urologists may be increasing over time. Telehealth appointments were not included. Since COVID-19, telehealth has become an important part of a physician's practice and so the reported metric of in-person appointments likely underestimates the true clinical workload of urologists in Canada. This survey of urologists in BC was done to understand the clinical workload in this province. We show that urologists in BC are working a lot with total number of work hours per week averaging 62.5 hours - not including on call duties. This can be compared to 2022 CUA data stating that Canadian urologists work an average of 46 hours per week doing clinical duties.^{1,7} Only 16% of Canadian urologists reported to work over 60 hours per week in 2024, the average among BC urologists according to our survey.¹ Urologists are frequently on call, the country average - 7 times per month, or approximately 1 in 4 in 2024, a slight increase from 6 times per month in 2022.^{1,7} This is in line with BC urologists who were also noted to have at least 1 in 5 call and after-hours evening and night-time operations taking place 55% and 15% of the time, respectively, while on call.

65% of urologists in BC reported that they are feeling burnt out by their work. This has increased since 2018 when Canadian urologists were surveyed for burnout, and it was found that 31.8% of respondents met the criteria for burnout (however, only 17.2% response rate for practicing urologists).⁸ They did not comment specifically on rates of suicidality in this report. American urologists were found to have a burnout rate of 54% in 2020 – the highest of all specialties. Though 1% of physicians in general were reported to have attempted suicide, the urology specific data was not reported.⁹

The wait time for non-urgent urologic surgery in BC is an average of 8.7 months according to our survey. This was attributed by the urologists to operating room time constraints, high patient-load per urologist, and an increasing number of the Canadian population requiring urologic care. The COVID-19 pandemic has also been shown to have increased surgical backlogs and wait times.¹⁰ This wait time data is meaningful as it has been shown that increased surgical wait times have a negative impact on patient care; those with longer wait times have increased levels of pain and worse self-rated health status.¹¹ Those on waitlists who are experiencing preoperative pain are also more likely to use health care resources such as longer hospital stays post-operatively.¹² This patient experience may also add to the stress and source of burnout of practitioners.

The experience of long wait times and difficulty accessing specialty care whether elective or emergently, is further exacerbated in rural settings by increased costs. Rural patients in BC have much higher out of pocket costs including travel and accommodation costs, lost wages, and costs associated with a travel companion. Furthermore, only 14% of those studied were compensated for some portion of their own costs.¹³ In addition to cost, those who live rurally have been shown to have a diminished access to all types of surgical care across North America.¹⁴ Specifically in urology, it was shown that those in rural settings were less likely to have surgery for prostate cancer compared to those in urban settings.¹⁵ Rural disparities are not

unique to surgery; those in more rural communities in Canada have been found to have higher rates of preventable and treatable mortality overall.¹⁶ Just under half of BC's population live outside of the ten most populous areas, this is compared to 75% of the urologists in BC reporting that they are practicing in an academic or an urban community.¹⁷ There are varying definitions of rural and urban and so it is difficult to determine the true lack of local urologic care that could be present in the rural areas of BC depending on how survey respondents interpreted the terms. Practice location was not included in the survey. These data could potentially be beneficial in the future when combined with wait list times, call burden, and operative load, in each catchment area to better determine where additional urologists would be most beneficial within BC.

In this survey 81% of urologists felt they are positively influencing their patients' lives. Similarly, in a survey of 604 surgeon respondents 96% cared what happened to their patients yet 69% felt burned out and only 57.8% experienced a sense of professional accomplishment.¹⁸ The American Urologic Society noted an increase in burn out rates of urologists since 2016, particularly for women (14% increase).¹⁹ With 65% of respondents in this survey claiming burn out and 13% contemplating suicide despite still positively influencing their patients' lives, burn out should be a focus in future strategies to improve the system.

The issues of workload burden, long wait times, rural disparities, and surgeon burnout are not unique to urology. A survey of orthopedic surgeons had a reported burnout rate of 27%.²⁰ Similarly, a survey of otolaryngologists during the time of COVID-19 reported burnout in 22% of respondents.²¹ Increased workload and exhaustion were stated as top reasons for consideration of retirement among otolaryngologists as well.²² Canadian plastic surgeons are also reported to be experiencing increasing wait times, workload, and frequency of call, ultimately leading to increasing rates of burnout.²³ These are a few examples in other surgical subspecialties however systemic issues are likely to be present among surgeons and physicians as a whole as the population in BC continues to increase and age.

So how do we move forward? To address the increasing number and morbidities of the Canadian population, it is projected that Canada will need an additional 16 urologists per year.⁵ This can help determine the number of provincial training positions for future urologists; we note the University of British Columbia recently increased their residency spots from 3 to 4. Furthermore, novel approaches to streamline waitlist management and provide support to referring practitioners *without the need for formal consultation*, would help reduce wait times. To address the increasing workload and call burden for urologists, novel technologies such as artificial intelligence scribes and strategies such as creation of acute care services or 12-hour call rotations may also provide benefit.^{24, 25} Consultant Specialist Team Care, incorporating allied care professionals into urology practices, promises to dramatically improve patient access, and both physician and patient satisfaction with care delivery.^{26, 27} The 2024 CUA census notes that close to 30% of urologists in the country use some form of physician extender, a nurse practitioner or otherwise. BC was noted to be the province that utilizes physician extenders the least.¹ The BCUS is taking an active role in reviewing workforce data and allowing for discussion amongst members to identify areas of concerns and discuss possible solutions from their perspective. Lastly, in terms of burnout prevention, surgeon wellness centered around exercise, mentorship, vacation time, time with family and friends may offer avenues for improvement.^{25, 28, 29} These are several individual strategies that have been put forward. Their effectiveness will have to be evaluated as part of a bigger initiative from government authorities and advocacy organizations. This is essential given the increasing workload burden, long wait

times, rural disparities, and surgeon burnout identified in many surgical disciplines but perhaps highlighted to be even worse in our survey results of urologists in BC.

CONCLUSIONS

In summary, most urologists in BC are male and over 40 years of age. On average, urologists spend 4.75 hours per week in cystoscopy and operate for 9.3 hours per week and 84% of urologists are also operating emergently at least once per week. A typical workday is 10 hours and most urologists spend at least 20% of their lives on call. When on call, urologists are woken up approximately 50% of the time. Burnout rates are over 60% and exceed the national average. Given these findings, combined with the knowledge that patients are waiting an average of 8.7 months for non-urgent surgery or on waitlists of over 1000 people to see a surgeon, it is reasonable to deduce that there is a current need for additional urologists within the province. Expanding the urology workforce will require necessary increases in urology operative time and related resources. This expansion of the urology workforce is critical to help alleviate not only patient wait times, but also individual urologist's workload, including call burden, and to hopefully decrease burnout and help sustain those who choose to work in the specialty.

DRAFT

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FIGURES AND TABLES

Figure 1. Ages of urologists in British Columbia according to the 2022 census survey of the British Columbia Urologic Society.

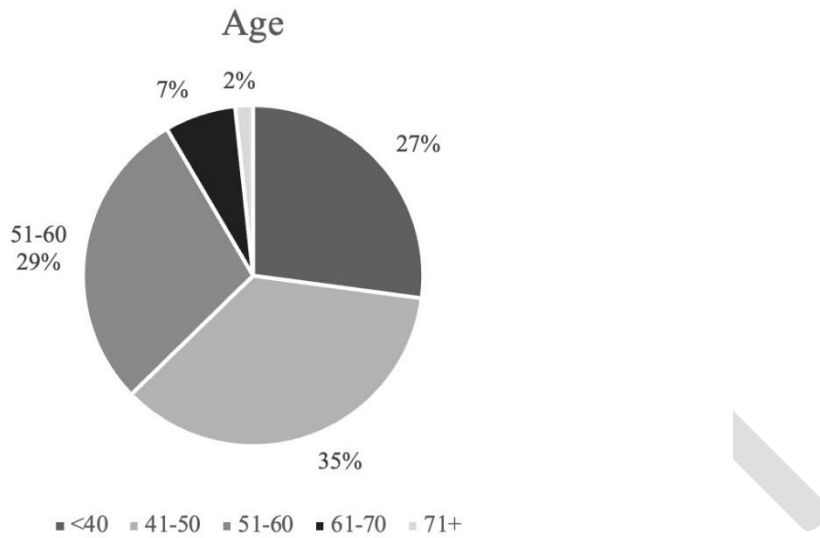


Figure 2. Weekday daytime (0800–1800) hours worked per week by urologists in British Columbia.

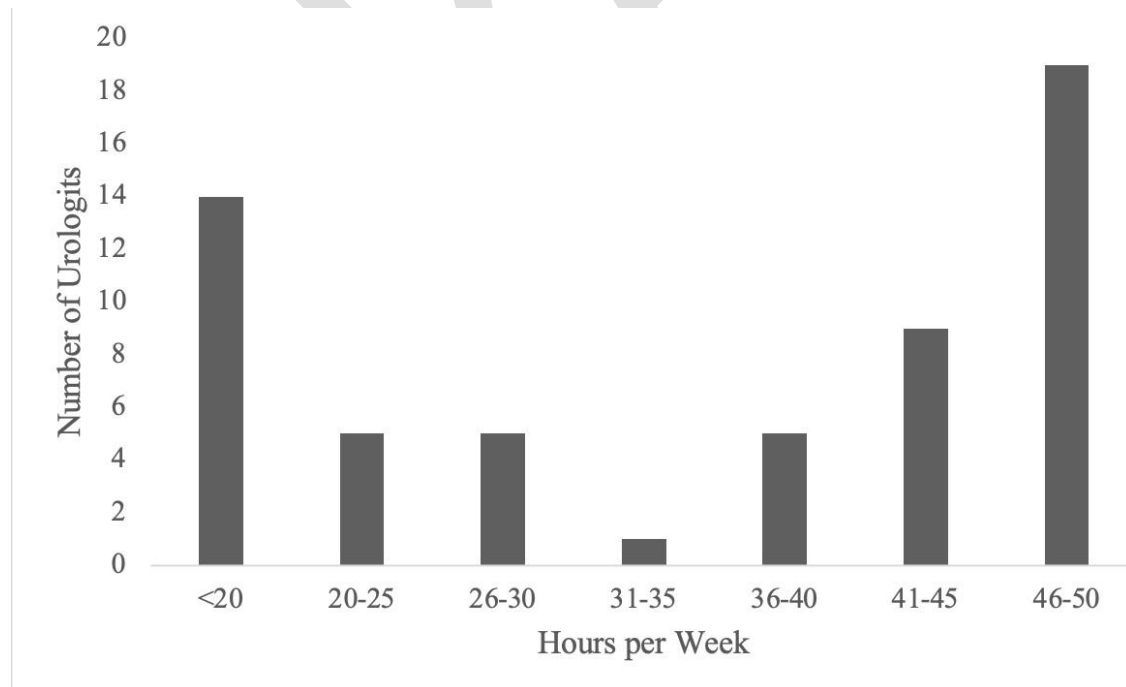


Figure 3. Hours worked outside of regular weekday daytime (0800–1800) hours by a percentage of urologists in British Columbia.

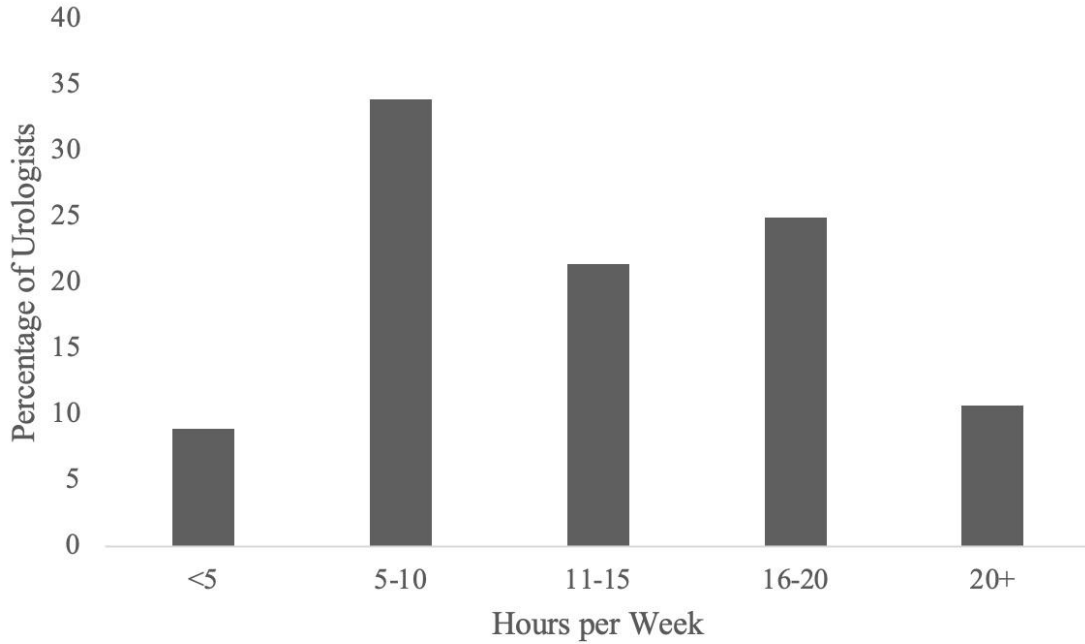


Figure 4. Call frequency reported by urologists in British Columbia.

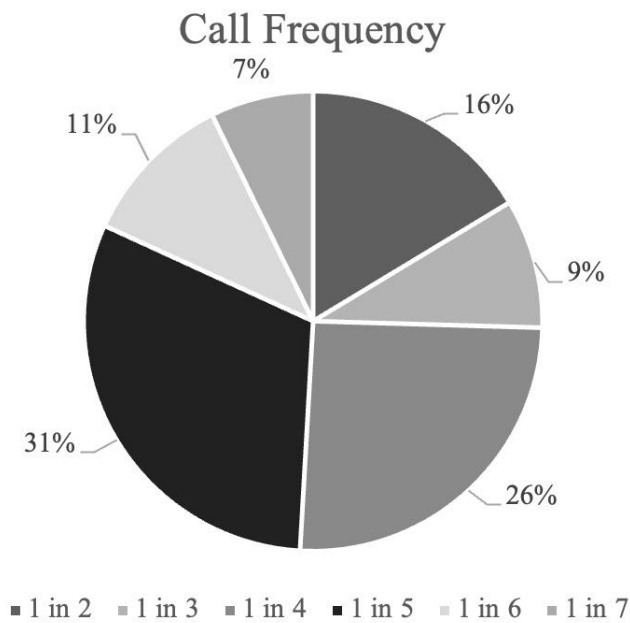


Table 1. Breakdown of mean hours per week doing patient care activities outside the clinic by urologists in BC		
	Average hours/week	Standard deviation
Indirect patient care	8.9	5.3
Operating as primary surgeon	9.3	4.5
Operating as surgical assist	3.2	1.7
Non-urgent surgery (after 6 pm)	0.45	0.66
Urgent or emergent surgery (after 6 pm)	1.5	0.97
Cystoscopy	4.8	1.8
Ambulatory procedures (not including cystoscopy)	1.5	2.1

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