

PREVENTING BURNOUT, PRESERVING CARE:

A PROPOSED PUBLIC POLICY FOR UROLOGISTS

Some studies report that there may be a deficit of approximately **3,630** urologists by as early as **2025**.



According to the American Urological Association Nearly **30%** of the urology workforce is over the age of **65**.

Proposed Policy: Mandatory Burnout Screening Program

• **Annual, Confidential Screenings**

- o Uses validated tools (e.g., Maslach Burnout Inventory)
- o Focus on early detection of burnout symptoms

• **Targeted Intervention & Feedback**

- o Immediate coping strategies for mild to moderate burnout
- o Urgent referrals to mental health specialists for severe burnout, preventing more serious consequences such as depression, substance abuse, or professional misconduct.
- o Custom workload adjustments (reduced patient load, delegated administrative tasks, modified on call schedule.)

• **Ongoing Follow-Up & Progress Tracking**

- o Repeated screenings to gauge intervention effectiveness
- o Data-driven refinements to individual and institutional approaches

Incentives for Participation

• **CME Credits**

- o Awarded for completing burnout screenings and mental health programs

• **Financial Benefits**

- o Insurance premium discounts
- o Loan repayment assistance
- o Tax credits for wellness initiatives

• **Organizational Incentives**

- o Federal grants or reimbursement for institutions implementing comprehensive burnout prevention measures

Anticipated Outcomes

- **Physician Well-Being:** Enhanced job satisfaction and reduced turnover
- **Patient Care:** Improved quality of care and patient satisfaction
- **Healthcare Costs:** Lower costs due to increased physician retention and reduced absenteeism