

Z Rheumatol
<https://doi.org/10.1007/s00393-024-01613-9>
Accepted: 10 December 2024

© The Author(s), under exclusive licence to Springer Medizin Verlag GmbH, ein Teil von Springer Nature 2025

Redaktion

Ulf Müller-Ladner, Bad Nauheim
Anne-Kathrin Tausche, Dresden



Global prevalence and solutions for burnout among rheumatologists

Yoshiyasu Takefuji

Faculty of Data Science, Musashino University, Tokyo, Japan

Abstract

Burnout among rheumatologists is globally prevalent, driven by low personal accomplishment, younger age, dissatisfaction with the specialty, low income, long hours, emotional exhaustion, and depersonalization. Mitigation strategies include addressing modifiable risk factors, implementing organizational measures, investing in well-being, assessing individual grit, and managing workload with virtual care platforms.

Keywords

Stress modification · Resilience · Work-life balance · Workload · Job satisfaction

A concise literature review was conducted using peer-reviewed publications from the National Library of Medicine. Six articles from various countries were selected. The research reveals that burnout among rheumatologists is a global issue.

Naim et al. addressed that burnout is common among physicians and often underestimated among rheumatologists [1]. They found that 61.3% of Arab rheumatologists experience burnout, primarily due to low personal accomplishment scores (58.1%). Factors such as younger age, dissatisfaction with the specialty, and low income were associated with burnout. Their study included 445 rheumatologists with an average age of 45.2 years, and 61.8% were men. Modifiable risk factors that could help reduce burnout's impact on rheumatologists and the healthcare system were addressed [1].

Khurshed et al. reported that burnout among rheumatologists is understudied [2]. A survey of 134 South Asian rheumatologists during 2021–2022 found 67.8% reported burnout in at least one domain. Factors included emotional exhaustion, de-

personalization, and low personal accomplishment. Men had higher depersonalization scores, while women scored higher on certain burnout items. Income differences were noted between South Asian and non-South Asian respondents. Organizational measures are needed to prevent and mitigate burnout in the rheumatology workforce [2].

Kumar et al. concluded that physician well-being is crucial for patient care and healthcare integrity [3]. Their qualitative study explored well-being, resiliency, and burnout among early-career rheumatologists through semistructured phone interviews. In all, 64 rheumatologists were interviewed, revealing seven major themes, including work–family balance, training inadequacies, and administrative burdens. Addressing burnout requires a multifaceted approach. Investments in well-being can reduce burnout risk and support the rheumatology workforce [3].

Intriago et al. emphasized that burnout affects 42–51% of rheumatologists [4]. A survey of 297 Latin American rheumatologists found 56.6% experienced burnout



Scan QR code & read article online

in at least one dimension. Factors included younger age, long working hours, low satisfaction, and low income. Only 20.2% recognized their burnout, and 9.1% were receiving professional help. Most were willing to participate in burnout reduction programs. Burnout was linked to lower happiness, higher anxiety, suicidal thoughts, and low self-esteem [4].

Miyawaki et al. investigated and concluded that burnout is prevalent among rheumatologists [5]. Their study examined the association between grit and burnout in 51 academic rheumatologists in Japan. Grit was measured using the Short Grit Scale, and burnout was assessed with the Maslach Burnout Inventory. Results showed 68.6% experienced burnout. Higher grit was linked to higher professional efficacy but not exhaustion or cynicism. Male gender and having children were associated with lower exhaustion. Supervisors should assess individual grit to prevent burnout [5].

Zafar et al. reported that WelTel, a virtual care platform, supports secure text-messaging between RA patients and their healthcare team [6]. A 6-month pilot study enrolled 70 patients, who received monthly check-ins and could message their team for advice. Interviews with 13 patients and 7 healthcare providers revealed that text messaging supported high-quality care but increased workload and burnout for providers. Future studies should evaluate the impact of texting on patient outcomes [6].

Braun et al. presented that one significant factor contributing to burnout may be the insufficient number of certified rheumatologists, even in developed countries, which undermines the ability to provide adequate care for patients with rheumatic disorders [7].

Burnout among rheumatologists is a global issue, driven by factors such as low personal accomplishment, younger age, dissatisfaction with the specialty, low income, long working hours, emotional exhaustion, and depersonalization. Addressing modifiable risk factors, implementing organizational measures, and investing in well-being can help mitigate burnout. Additionally, assessing individual grit and using virtual care platforms, while managing the increased workload,

Globale Prävalenz und Lösungen für Burnout bei Rheumatologen

Burnout bei Rheumatologen ist weltweit verbreitet und wird durch geringe persönliche Leistung, jüngeres Alter, Unzufriedenheit mit dem Fachgebiet, geringes Einkommen, lange Arbeitszeiten, emotionale Erschöpfung und Depersonalisierung verursacht. Zu den Präventionsmaßnahmen gehören der Umgang mit veränderbaren Risikofaktoren, die Umsetzung organisatorischer Maßnahmen, die Verbesserung des Wohlbefindens, die Bewertung der individuellen Belastbarkeit und die Bewältigung der Arbeitsbelastung durch virtuelle Pflegeplattformen.

Schlüsselwörter

Stressveränderung · Resilienz · Work-Life-Balance · Arbeitsbelastung · Arbeitszufriedenheit

can support rheumatologists. These solutions aim to reduce burnout risk, enhance job satisfaction, and maintain the integrity of the healthcare system. However, it is crucial to ensure that new technologies, such as virtual care platforms, text messaging, and others, do not become an additional burden for rheumatologists. Instead, these innovations should be designed to streamline workflows, enhance patient care, and support the overall efficiency of rheumatology practices.

Corresponding address

Professor Yoshiyasu Takefuji, Ph.D.

Faculty of Data Science, Musashino University
3-3-3 Ariake Koto-ku, 135-8181 Tokyo, Japan
takefuji@keio.jp

Funding. This research received no funding.

Author Contribution. Yoshiyasu Takefuji completed this research and wrote this article.

Availability of data and material. Not applicable

Code availability. Not applicable

Conflict of interest. Y. Takefuji declares that he has no competing interests.

References

1. Naim R, Ziadé N, Haouichat C, Baron F, Al-Mayouf SM, Abdulateef N, Masri B, El Rakawi M, El Kibbi L, Al Mashaleh M, Abutiban F, Hmamouchi I (2024) Burnout syndrome among rheumatologists and rheumatology fellows in Arab countries: an ArLAR multinational study. *Baillieres Clin Rheumatol* 43(2):765–774. <https://doi.org/10.1007/s10067-023-06827-x>
2. Khursheed T, Sharif M, Khan MS et al (2023) Burnout in South Asian rheumatologists in the COVID-19 pandemic: an online survey. *Rheumatol Int* 43(6):1143–1150. <https://doi.org/10.1007/s00296-023-05304-7>
3. Kumar B, Swee ML, Suneja M, Iyer P (2021) Well-Being, Burnout, and Resiliency Among Early-Career Rheumatologists. *J Clin Rheumatol* 27(8):e404–e411. <https://doi.org/10.1097/RHU.0000000000001485>
4. Intriago M, Maldonado G, Soriano E, Toro C, Moreno L, Ríos C (2022) Burnout in Rheumatologists in Latin America. *J Clin Rheumatol* 28(1):1–6. <https://doi.org/10.1097/RHU.0000000000001795>
5. Miyawaki Y, Sada KE, Shidahara K et al (2023) The Association of Grit With Burnout Components (Professional Efficacy, Exhaustion, and Cynicism) Among Academic Rheumatologists. *J Clin Rheumatol* 29(6):268–274. <https://doi.org/10.1097/RHU.0000000000001989>
6. Zafar SN, Hazlewood G, Dhiman K et al (2024) How are you? Perspect From Patients Health Care Provid Text Messag To Support Rheum Arthritis Care: A Themat Analysis Acr Open Rheumatol 6(5):276–286. <https://doi.org/10.1002/acr.11652>
7. Braun J, Albrecht K, Callhoff J et al (2024) Rheumatologische Versorgung in Deutschland. *Z Rheumatol* 2:249–284. <https://doi.org/10.1007/s00393-024-01539-2>

Publisher's Note. Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.