



# Addressing burnout among nephrologists: insights and solutions

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Editor,

This paper examines the critical issue of burnout among nephrologists globally, with a particular focus on pediatric subspecialties. Soranno et al. emphasized that although pediatric patients with complex conditions often require specialized care, many reside over 80 miles from such services. Their workforce summit aimed to bridge knowledge gaps through consensus building and literature reviews, revealing that pediatric nephrologists—many of whom hold academic roles—must balance clinical care with responsibilities in education and advocacy. Recognizing these diverse roles is crucial for recruitment, improved reimbursement strategies, and burnout mitigation, a challenge that affects all pediatric subspecialties [1].

To substantiate the global prevalence of burnout among nephrologists, this review analyzed ten peer-reviewed studies from the National Library of Medicine. Keywords such as “burnout,” “nephrologist,” “pediatric nephrology,” and “prevalence” guided the search to ensure that relevant literature was included. The selected studies provided insights into burnout rates, its effect on job satisfaction and patient care, and potential interventions.

Key findings indicate that burnout is driven by heavy workloads, long working hours, and the demands of electronic health records (EHRs). The 2023 Medscape report noted that nephrologist burnout increased from 40 to 44% over 5 years [2]. Emerging evidence suggests that integrating generative AI into tasks such as documentation can enhance efficiency, producing accurate discharge summaries, operative reports, and informed consent documents while

enabling more empathetic patient interactions and reducing administrative burdens.

A cross-sectional study by Nair et al. involving 457 nephrologists reported that 23.2% experienced burnout, primarily due to long hours and EHR demands. Their findings indicated that working in academic settings and caring for fewer patients were associated with lower burnout odds, highlighting these factors as potential areas for future research [3]. In a similar vein, Martino et al. reported that only 25% of US nephrologists expressed job satisfaction, while surveys in Europe revealed that approximately 50% of respondents—especially those in dialysis units—experienced high levels of depersonalization and emotional exhaustion [4].

The review also highlights the inverse relationship between burnout and empathy. Zakerkish et al. explored this dynamic among 297 medical residents and found that higher empathy scores were associated with lower burnout, suggesting that training programs to enhance empathy (encouraging physicians to “stand in the patient’s shoes”) could prove beneficial [5].

Additional studies further underscore the prevalence and impact of burnout. Muteshi et al. found that 47.3% of 95 medical residents in Nairobi were at high risk for burnout, with female residents and those in pediatrics being particularly vulnerable. Their study linked burnout with increased medical errors and negative coping mechanisms, advocating for comprehensive wellness programs, including stress management and conflict resolution training [6]. Meanwhile, Mincarone et al. showed that burnout prevalence among healthcare workers varies widely—from 7 to 83%—and stressed the need for consistent definitions and measurement methodologies [7].

Overall, these findings call for immediate, coordinated action to implement support structures, integrate innovative technologies like generative AI, and foster empathy training, ultimately aiming to reduce burnout among nephrologists and improve both provider well-being and patient care.

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## Declarations

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