



# On burnout and physician well-being

Jillian Horton MD

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This is an excerpt from a longer podcast.

Listen to the full interview here: [cmaj.ca/medlife](http://cmaj.ca/medlife)

DR. TAIT SHANAFELT is an oncologist and leading researcher on physician well-being and its effect on patient care. He is chief wellness officer of Stanford Medicine, associate dean for the Stanford School of Medicine and director of the Stanford WellMD Center.

The interview was conducted by Dr. Jillian Horton, director of the Alan Klass Health Humanities Program at the Max Rady College of Medicine, University of Manitoba, Winnipeg. She hosts *Med Life with Dr. Horton* on CMAJ Podcasts.

## Jillian Horton: You studied physician burnout long before it was recognized as important. How did you become interested in it?

Tait Shanafelt: I was an internal medicine resident, still very close to the experience of the interns and watching the way they reacted to the workload and observing some out-of-character reactions to caring for patients. My research mentor said, “I think you’re observing burnout. Why do you care?” And I said, “Because it’s affecting the care we provide to our patients.” He helped me assemble a team to do a small study, which really became quite a lightning rod because it showed links to patient care. And things snowballed from there.

## JH: Can you tell me about the magic of the number 20%?

TS: We found that [what] mattered with respect to burnout was how much time people spent [working] in the area they had self-identified as being most meaningful. In a multivariate analysis, for every 1% spent below 20% time dedicated to that most meaningful area, your risk of burnout increased, but once you got over 20%, you had sort of maximized that burnout reduction value.

## JH: You’ve shown that burnout relates not only to amount of work but also to loss of meaning. How should we address that?

TS: We’re fortunate in that we don’t have to create meaning as a profession. For us, it’s really a question of recognizing meaning. We often get focused on the things that aren’t working well and miss the very powerful [patient] encounter that might be the most affirming event of why you became a physician. My wife and I ask

each other, “What was the best thing in your day?” as our end-of-the-day question; I know that question’s coming every day, so I’m looking for what to share that night.

## JH: Regarding organizational practices to address burnout, are there particular interventions that you believe yield the biggest return?

TS: The leadership of first-line leaders across our organizations is the longest lever that we have to address this problem. We often focus so exclusively on some of the cosmic problems that we miss some of the local friction points that irritate people every day. A key thing is to fix what we have often called “the pebbles in the shoe” or the “local broken window.” In years past, we were more connected to our colleagues than we are now. We need to think about deliberately re-engineering community and support from our colleagues back into our work.

## JH: Can an individual diagnose their own burnout?

Our ability to self-calibrate is not particularly accurate. There are some online self-assessment tools that you can take. It’s helpful to identify someone in your life, an accountability partner, and say, “Can I check in with you every 3 months?” To have that reflection, when we start to feel a loss of direction, a loss of meaning, or are starting to feel unsure this work we’re doing really matters ... it unequivocally does matter. When we start to feel that way, that’s also one of the clues that maybe it’s time to think about making small adjustments.

## JH: For anyone who thinks or knows that their personal or professional life is being affected by burnout, what is a first step?

TS: I think that realization is the first and most important thing. And the next step is to find someone you trust to have a conversation with about that ... someone you can be vulnerable with. Often, if you start unpacking what’s happening, the distress and the way it’s showing up in other parts of your life might be much deeper than you realized. Sometimes we can make micro changes on our own, but some level of being public and accountable with someone in your life is the way to make progress.