“Burnout is what happens when you try to avoid being human for too long.”

— Michael Gungor
Dear colleagues,

Our August newsletter covers a hot topic in Medicine: Burnout. Burnout describes a state of physical, mental and/or emotional exhaustion due to prolonged and excessive stress. The World Health Organization acknowledged burnout as an “occupational phenomenon” with negative effects on the workplace: In its new handbook (ICD-11), the WHO defines burnout as “feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and reduced professional efficacy.”

Our newsletter will provide reflections on why medical personnel experience burnout, what might cause it and how we can work together to alleviate it. We will learn that feelings of burnout are not limited to physicians, but can be also experienced by non-physician members of our community. We will also learn which interventions might improve the professional fulfillment and wellbeing of our community members.

According to a study published in the Annals of Internal Medicine*, physician burnout costs the U.S. healthcare system roughly 4.6 billion dollars per year as a result of high physician turnover and reduced clinical hours. Thus, finding solutions to the national burnout crisis is more than a community project – it has substantial economic value. Robert Pearl described an interesting model of group excellence, which emphasizes the value of collaborative performance. Rather than using performance metrics to pit doctors against each other, the healthcare team is encouraged to ask: What are the individual strengths of each of our team members? How can we combine our different strengths to maximize the health of our patients?** Perhaps the key to professional fulfillment starts with the appreciation of our combined ability.

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*Shasha Han et al. Annals of Internal Medicine 2019;170(11):784-790
** Robert Pearl et al. The Unspoken Causes Of Physician Burnout, Forbes, Jul 8, 2019
Professional fulfillment is defined by terms such as work satisfaction/happiness, meaningfulness and self worth. Contrarily burnout is characterized by work exhaustion and interpersonal disengagement.

Which of these sound most familiar? For myself as well as others, both apply at different times in our lives and careers, sometimes both in the same week. Although radiologists have interesting, intellectually challenging and varied professional lives, we are unfortunately also often stressed and increasingly isolated at work in this busy computerized age. Physicians in general have high rates of burnout and radiologists are similarly affected. So how can we tip the balance more often towards professional fulfillment and thereby decrease burnout?

The seven drivers of professional fulfillment apply to radiology as much as to other professional fields. These include workload, efficiency, control/flexibility, values alignment, collegiality/community at work, work life integration and meaning in work.

Based on my own experiences in pediatric radiology as well as conversations with others, this is a commentary of how some of these may apply to Radiology in general and Stanford in particular.

1. **Workload** – this has increased exponentially over the past few years, throughout all our divisions. Staffing has not kept up with rapidly increasing clinical demand and apparent urgency, complexity of cases and technology. There is less time available for meaningful interaction with patients, clinicians and colleagues as we struggle to get through the overwhelming volume of work. The academic focus of our department achieves amazing results but also removes faculty from the clinical sphere, placing greatly increasing strain on those who are more available. Working with trainees is a double-edged sword, often helping enormously to complete the work but also adding to the complexity of tasks because of the time and effort involved in providing supervision and teaching.

2. **Efficiency** – “A workman is only as good as his tools.” The main ancillary tools to support our own knowledge, experience and academic resources are equipment, technologists, PACS, administrative and support staff. All of these have become increasingly challenging. Recruiting and retaining adequate numbers of high quality, well-trained technologists and administrative staff is difficult in an expensive living environment such as the bay area. Radiology PACS inefficiencies, slowdowns and breakdowns can also be a significant stress factor for everyone. A new PACS system can provide some improvement but may not be a quantum leap, time will tell.

3. **Control/flexibility** – does it feel like we have very little? Radiology provides important consultation and imaging services to many different clinical areas. The service aspect tends to be over emphasized with seemingly everyone’s needs except our own taken into account. This can result in very long workdays and poor work-life balance. While there are some mitigating factors including our hardworking trainees and use of a teleradiology service, some specialty areas such as cardiac imaging and complex MR/CT services are sometimes not covered. On the plus side, people do help one another when possible and there is a good sense of community and support when someone is ill or otherwise indisposed/unavailable.

4. **Values alignment** – The radiology leadership and faculty goals appear generally well aligned. We all strive for a supportive, appreciative environment while providing high quality, caring, timely, innovative imaging services and cutting edge research. With translation into practice there appears to be less good alignment in such areas as keeping up with staffing needs relative to increased volume, coverage of multiple services simultaneously and support for reasonable life-work balance.
5. **Meaning in work** – we all like to think that our work is meaningful and important and strive to make useful contributions to patient care. While imaging has become ever more diagnostically important in this technological age, our efforts and contributions may not be appropriately recognized or appreciated by our clinical colleagues. There are still half joking comments about the short hours that radiologists work (wish that were true), while it only takes a brief compliment or acknowledgement to make a big difference to someone’s day.

I am currently the appointed wellness director for the department of Radiology at Stanford. I have spent the last few months trying to read and educate myself about the issues surrounding physician wellness and burnout. I have spoken to a variety of other radiology faculty; attended wellness MD information sessions; heard about problems and programs in other departments; connected with overlapping department initiatives such as diversity and professional improvement and discussed how to impact physician wellness in radiology in our many different divisions with some common but also many different challenges. Suggestions and programs in other departments have included committees or groups looking at work distribution and scheduling improvements, focus/brainstorming groups, gender/diversity evaluation, mentoring relationships, sponsored social groups e.g. for younger physicians or faculty with similar interests/issues, meditation/massage/exercise/self help sessions, ergonomic evaluation, intervention and counseling resources.

I would be happy to connect with other members of our department regarding their thoughts and ideas on physician wellness and professional fulfillment in our department and what our priorities should be to work together to improve the Stanford radiology community. There is not a universal miracle solution to burnout, but probably small improvements that can gather steam. Stanford is generally striving to be a leader and example to other institutions in regard to physician wellness. Radiology leadership is similarly demonstrating a real commitment to this area by announcing the establishment of a new department vice chair position for physician onboarding, mentoring and wellness.

**Beverley Newman, MD**

Associate Chief Pediatric Radiology
Stanford Radiology Wellness Representative
Stanford Medicine | Radiology
I've struggled with burnout quite a bit during the end of medical school and internship. Doctoring just seems like a perfect storm for poor mental wellbeing. Med school tends to select for type A personalities that can be severely self-critical (I know I am). With each new rotation and transition in medical education, it can feel like starting over, which is exacerbated in programs with rigid hierarchies that (try to) teach people by belittling them. All in all, I've often questioned whether medicine is right for me. I've felt like I wasn't really helping anyone despite working 80+ hours per week and neglecting doing what brings me joy and fulfillment. I've felt like a failure and imposter.

Radiology has been different. This is only my second month here, but I actually enjoy what I do. It’s still tough, but everyone here seems so sincerely supportive. I think it really speaks to the powerful impact environment and culture can have on trainees like me.

Eric Keller, MD

Resident
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As an undergraduate, I first became aware that choosing a career in medicine would be challenging beyond the time and cost commitment. When I told my advisors, mentors and friends that I decided to shift my career pursuit from biomedical engineering to medicine, I received comments that I found surprising. Many advised that the sacrifice would be significant in time, cost and eventually a career that would be stressful, time intensive and demanding. These comments were made over ten years ago. And now, today, it is more than a cautious concern but in fact a pervasive reality, physicians are experiencing burnout at alarming rates.

What is physician burnout? To put it concisely, it is characterized by emotional exhaustion, depersonalization and a feeling of low personal accomplishment. Contributions to physician burnout are multifactorial. Work factors are key and commonly include excessive workloads, long work hours and insufficient resources and support staff. Personal characteristics contribute as well including limited skills to deal with difficult patient outcomes, poor coping strategies, sleep deprivation, perfectionism and over commitment. Lastly, organizational factors influence the experience of the physician and include the presence of poor leadership behaviors, limited opportunities for advancement and the absence of recognition and other expressions of appreciation and value.

Physician burnout was a relatively taboo topic of discussion in prior generations, however in recent years it has been recognized as a real and widespread issue. In the 2000s, people began to voice words of caution. Since then, the AMA and numerous other reputable medical organizations have been cited as stating that physician burnout is now a crisis within the medical profession. It is evident in all specialties and across all practice settings.

What we hear often is the effects of physician burnout on personal health, namely physical and psychological. However, an equally important effect of physician burnout is consequences of patient care. About 9% of physicians who experience burnout are prone to make at least one major medical error in a three month period and receive low patient-physician satisfaction scores (Moss M, et al., Am J Crit Care, 2016). This phenomenon is bidirectional, medical errors lead to distress and distress leads to medical errors. At the end of the day, patient safety is paramount; therefore, it is essential that attention and resources be directed to reducing physician burnout in order to provide exceptional patient care.

Stanford is a recognized, proactive national leader in this area. Over the past several years multidisciplinary subject matter experts have focused their research efforts on developing and implementing solutions that are recognized and applied at healthcare settings throughout the country.

Bottom line, physician burnout is REAL, period. It affects the entire medical profession, all specialties, practice locations and from medical students to experienced physicians. As medical professionals, we need to take care of one another, be “doctors who take care of themselves”, and thus improve personal well-being and patient safety. Also by doing this, we will be positive role models for future generations of physicians.

Please visit Stanford Medicine’s WellMD website for resources regarding physician burnout, [https://wellmd.stanford.edu/](https://wellmd.stanford.edu/)

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As the aDFA and a single parent of a 5-year old with an aging parent, the feelings of burnout are very real for me. When I think of how much I have to manage at work as well as in my personal life, it's very easy to feel overwhelmed, stressed and anxious. I try not to spend too much time thinking about the amount of work and responsibilities I have on my plate and instead I think about each week as it comes and what I can do to make it till the next week. I used to hide my personal challenges from people at work because I thought admitting struggle meant that I was weak, that I wasn't meeting expectations, or that it would prevent career growth. But as I openly discussed my issues with my boss and colleagues, I found that people are generally very supportive and understanding of the struggles of maintaining a healthy work life balance, and can empathize with these feelings of burnout.

I recommend two strategies for preventing burnout: 1) make time for yourself and 2) don't be afraid to ask for help. Since I don't have family who live close by, I reach out to friends and neighbors for help in my personal life when I start feeling burned out. At work, I reach out to my colleagues for help when I'm feeling overwhelmed with projects and deadlines. It's hard to ask for help because I don't want people to necessarily know my business or judge how I handle stress. But I find that the assistance I receive from my community is more rewarding than keeping my problems to myself in order to project some image of composure.

Making time for myself is crucial. For me, this “me time” means a few hours at a spa, a short tip to visit a friend, or even just a couple hours to see a movie (that isn't Disney!). This time alone or with friends where I'm not working or caring for someone else give me something to look forward to which helps to lower my stress, re-energize my batteries, and ultimately prevent burnout.

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**An Interview with Dr. Tait Shanafelt**

Q: **What is your role at Stanford and what are the goals of your office?**

A: As Chief Wellness Officer and Associate Dean, I help direct the WellMD/WellPhD Center. Our goal is to organize and help develop the strategy for advancing professional fulfillment and well-being for physicians and scientists in the School of Medicine and to help catalyze improvement at the level of departments, divisions, and the hospitals to make progress. The role of our team is to help measure where we are, provide honest appraisal of that to our senior leaders, and to help advocate for the well-being of physicians and scientists with school and hospital leaders as decisions are made. We provide data to the department chairs and divisional leaders to help guide and inform the department-specific actions. We also provide support and improvement tactics to those leaders depending on what targets they prioritize as the biggest issue in the department so that they can hopefully be effective in driving positive change. Often there are things departments can implement within the next 2-3 months that make people’s lives better.

Q: **Do you have an example?**

A: Improving the scheduling system, equity and transparency around a whole host of characteristics (pay, night, and weekend shifts), optimizing cross-coverage systems, insuring that the electronic resources being used are operating as they should, improving work-flows, enhancing community and reducing isolation. The opportunity areas are often distinct for each specialty. When the focus is on generic things designed to benefit the whole school or medical center, we often miss the local issues that matter most. What people really want is for leaders to address the friction points in the daily work, not the things that I have to deal with once in a while. If local teamwork is sub-optimal, if the tools I have to use are regularly breaking down, if inefficiency in the work flow is making me go home late or perform excessive work at home and that's eroding my relationships, those are the things that really grind people down.

We often simplify the improvement dimensions into seven domains: workload, efficiency, flexibility and control over work, work-life integration, improving meaning in work, collegiality and community among colleagues, and culture and alignment of the values in the department. Usually, those are typically the opportunity areas, which of those is at the top priority, how it is manifest, and what change would be helpful varies by department.

Q: **If you have administrators in a department that start to see signs of burnout in their employees, what are some of the things that you would recommend they do?**

A: First, we need to engage as a leadership team and acknowledge that we see the problem and believe it’s important. Until we prioritize it as a leadership team, we often come up with over-simplified quick-fixes that put the blame on the individual to take better care of themselves – sleep, self-care, nutrition, exercise, mindfulness. There's nothing wrong with any of those things, but in a sense, what we're telling people is to become more resilient so that you can tolerate a broken work environment, instead of focusing on fixing the broken work environment that's causing the problem.

The first step is to listen to our people. One of the mistakes that we often make as leaders is that, once we recognize, this is a real issue and it's having important consequences, we close the door with the leadership team and ask “what do we need to do to fix this”? Oftentimes, our perception of what people want fixed, what those local broken windows are, is inaccurate. Recently, we gave every department chair the report for their physician-wellness surveys. We also had free text comments asking physicians “If there were one thing your department could do to improve the well-being of the physicians in the department, what would it be?”. I sent the results of the free text comments to the chair of a
large department this afternoon and they responded within 15 minutes shocked because the comments were not at all what they had expected people wanted them to work on.

Q: If you are on the other end of the power spectrum – trainees, residents – and you see inefficiencies, who do you talk to or where do you start?

A: First, if the individual is in distress or at a crisis point they need to get help. Things might have been okay a month or two ago but suddenly their workload has changed or something else has occurred in their personal life - their partner loses a job or one of their parents is sick, and all of a sudden a workload that was okay last week is now sinking me. So, how do we create low barrier, low stigma resources for those times of need? In addition to the university help desk, there are a number of specific resources for physicians and residents/fellows. The WellConnect program for residents that is a team of psychiatrists on call every day (https://med.stanford.edu/psychiatry/special-initiatives/wellconnect.html). We also have the peer support program for physicians (PRN Support: http://wellmd.stanford.edu/get-help/prn-support.html). If an individual is struggling, then let's get them individual help.

If the issue is a broader one that residents see a need or opportunity to improve our system, they would ideally be working with their program director. In an ideal world, the program directors create regular forums to discuss such opportunities just like we're hopefully doing for faculty.

Q: Is there anything else you would like to add?

A: Diversity, inclusion, and wellness are inseparable. People need to feel like they can be their authentic self, that they're treated fairly, that who they are is valued and appreciated, that they have colleagues that support one another - those things are foundational. If we are not improving those characteristics, it breeds a lot of other discontent. Attending to diversity and inclusion is something we must improve in its own right, but if we're not doing that effectively, it's going to undermine all the things we're doing to promote wellness and professional fulfillment at the same time. They are interconnected.
1. My website, www.cppr.com, is resource-rich for health-care professionals with articles, books, blogs, references, and much more. Many articles on burnout from trade journals quote me. Please visit my website and avail yourselves of the content.

2. I wrote an extensive Op-Ed piece on the problem of burnout in our field for the July 2015 issue of RADIOLOGY. Please find the link to that op-ed, below. It is thought-provoking and I would encourage all department members to read it if they haven't done so already.

I hope this is helpful! I wish the Stanford Radiology team continued success with the Diversity Project; I think it is terrific!

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and

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“As physicians we owe our patients two things— only two things— our time and our skill. We do not owe our patients our lives. Doctors must take some time off from their daily work to get some rest, to travel, to participate in their family affairs, be an active member of their community, etc.

To excessively devote our lives to the practice of medicine while we neglect other aspects of living may be tantamount to never having lived at all.”

– Joseph D. Wassersug, MD