

From wellness to burnout finding the story

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Is burnout more common or
are we more aware?

Clicking your way to burnout, day and night

- Drivers: workload, efficiency, flexibility and control over work, work-life integration, meaning in work, alignment of values between healthcare professionals and the organizations for which they work, and community and collegiality
- EHR has created changes to workflows & processes
- Studies using EHR timestamp data suggest that the average physician works 28 hours/month at night and on weekends when not on duty completing work they were unable to do during the work day (Arndt BG et al Tethered to the HER. Ann Fam Med 2017)

The flip side: become more efficient

Shanafelt recommends:

1. Eliminate
2. Consolidate
3. Delegate
4. Assist
5. Determine your biggest hurdles
6. Go to dinner with your colleagues (West et al JGIM 2015)

But what if you can't solve the problem? Physicians are lousy at advocating for themselves, just look at our collective history

Crying your way to burnout

- Being exposed to suffering
- Handling the emotional load
- Experiencing waves of grief
- Competing demands on your time
- Overwhelmed by varied professional goals & opportunities...or can't seem to find a single one

The flip side: cultivating compassion & crafting your professional identity

- Finding meaning in your work and relationships
- Feeling supported by colleagues
- Receiving praise and + feedback → feeling valued
- Validation, success (minor or major)
- Experiencing personal growth and fulfillment (can't imagine doing anything else)
- *Recommend Tanya Singer's elearning book on compassion & her research*

Burnout is linked to quality of care

- Sometimes it takes a tragedy
- ..or the economic impact of high turnover
- What accounts for organizational change?
- Mission or bottom line?

Both, burnout is rising and we are more aware...so what's next?

