

# Dust off your “to read” pile: Reading reduces resident burnout

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Physician burnout is an occupational hazard and increasing attention has been focused on this epidemic because of its negative effects on both physicians and patients. Some of the highest burnout rates have been reported among urologists. What can help? According to a recent study, reading nonmedical literature on a consistent basis.

Committed to making physician burnout a thing of the past, the AMA has studied, and is currently addressing issues causing and fueling physician burnout—including time constraints, technology and regulations—to better understand and reduce the challenges physicians face. By focusing on factors causing burnout at the system-level, the AMA assesses an organization’s well-being and offers guidance and targeted solutions to support physician well-being and satisfaction.

The study, published in *BJU International Journal*—co-written by AMA member Daniel Marchalik, MD, the medical director of physician well-being at MedStar Health—found that as residents and physicians read more books, their burnout fell.

A 32-question survey was distributed online to 211 U.S. and 158 European medical residents. Results showed that 38% of U.S. residents and 44% of European residents exhibited signs of burnout. However, there was a “dose-response relationship” seen between the number of nonmedical books a resident read each month and lower rates of burnout.

Residents who did not read any nonmedical books each month were more likely to experience burnout, with the rate decreasing as more books are read.

“There are multiple benefits to trainees reading nonmedical books. It can create comfort with ambiguity, teach perspective taking, and help them become better at understanding stories—that is, narratives,” said Dr. Marchalik, who also co-chairs the committee on medical student well-being and directs the Literature and Medicine Track at the Georgetown University School of Medicine. “But

according to our research, it may also be protective against burnout—something that we know is both a prevalent and incredibly troubling issue in medical training.”

“I do not mean to suggest that reading is the antidote to burnout,” he added. “To improve resident well-being, we need to concentrate on the systemic issues that lead to burnout: work hours, mentorship and leadership issues, mental health support, issues related to mistreatment.”

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Nonmedical reading improves burnout in medical residents in both the U.S. and Europe. Overall, 46% of U.S. and 53% of European residents read at least part of a nonmedical book each month. This is a trend that is consistent with recent data showing that half of the U.S. population reads at least part of a book each month.

“The amount of nonmedical reading done by residents of both USA and European cohorts was a significant predictor against burnout even when adjusted for all other individual and institutional factors including work hours,” says the study.

Results reflect previous studies on the protective effects of nonmedical reading on physician burnout.

“Leisure reading has an established role in the context of medical student education, where it is thought to reduce stress while fostering empathy and creativity,” the study says, adding that this makes the case “for institutional curricular offerings for nonmedical reading on graduate medical education.”

“I just want to reiterate how much importance we still place on the structural and systemic barriers to well-being,” said Dr. Marchalik. “I don’t think that the answer to burnout is found in reading. It’s our job to make the training environment better for residents.”

The AMA’s STEPS Forward™ open-access modules offer innovative strategies that allow physicians and their staff to thrive in the new health care environment. These courses can help you prevent physician burnout, create the organizational foundation for joy in medicine and improve practice efficiency. One CME module specifically addresses how to prevent resident burnout

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