Tait Shanafelt, MD, was a senior resident at the University of Washington in 2000 when he became alarmed about the interns he was supervising. He saw their exhaustion. He heard their reactions when new patients were admitted. He recognized their behavior was incongruent with what they stood for.

He realized they were experiencing physician burnout.

Dr. Shanafelt put together a study to examine burnout trends among medical residents, and it found that their fatigue affected the quality of care and patients’ health. In 2002, he helped resident burnout become a national topic by publishing the results of his study in *Annals of Internal Medicine*.

Today, Dr. Shanafelt is professor of medicine and chief wellness officer at Stanford Medicine, where he continues to prioritize medical professionals’ well-being. In a recent episode of “AMA Moving Medicine,” Dr. Shanafelt, an AMA member who also is the associate dean of the Stanford University School of Medicine, shared three tips on how organizations can proactively combat burnout.

“We've unequivocally made tremendous amounts of progress,” Dr. Shanafelt said, “and I think it's sometimes difficult to appreciate that because there's still so much more to do.”

**Recognize burnout is not a rite of passage**

Dr. Shanafelt’s 2002 study helped ignite a conversation about burnout, but the idea itself was not new to residents or physicians. Most, if not all, had experienced burnout for themselves.
“There was this rite of passage mindset of: I went through it, it was formative—you should go through it too,” said Dr. Shanafelt, a hematologist. “When it’s affecting patients and quality, you can’t have that closed belief. We need to think about a better process.”

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.

“We need to not be trying to teach or train physicians and other health care workers to tolerate a broken practice environment,” Dr. Shanafelt said. “We need to actually fix the practice environment.”

Learn more about Dr. Shanafelt’s work in this in-depth *AMA Moving Medicine* magazine profile, “Revealing the ripples of burnout.”

**Assess your organization’s situation**

Once an organization commits to making a change, a common mistake is to apply a solution before fully understanding the problem. Dr. Shanafelt said that it’s easy to look at what other physician practices or health systems have done and try to implement those tactics, but simply doing what others have done is not a guaranteed fix.

“The risk to that is that you wind up with a hodgepodge collection of things designed and implemented elsewhere that may or may not address the most pressing need or opportunity within your organization,” he said.

To identify that need, it is critical to talk with team members across the organization to understand the challenges they face. Some needs will stretch across the organization, but others will be department specific. This internal audit will also provide benchmarks that leadership can use later to assess how much change has occurred.

**Prioritize where to focus energies**

Once the obstacles are compiled, leadership can then make prioritization decisions. There are seemingly an infinite number of ways an organization could reduce the workload and stress put on
physicians and other clinicians, but it is important to select a small number to focus on at one time.

“There are so many things that can be changed … to make a better work environment in the near term,” Dr. Shanafelt said. “It’s getting those things launched that helps make people feel change is possible … and it builds momentum.”

“AMA Moving Medicine” highlights innovation and the emerging issues that impact physicians and public health today. You can catch every episode by subscribing to the AMA’s YouTube channel or the audio-only podcast version, which also features educational presentations and in-depth discussions.