How to Combat Burnout in Healthcare: Expert Tips for Physicians and Leaders Transcript

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Burnout and Leaving Clinical Medicine

I was at this point where I'd experienced severe burnout in training. I'd practiced for a few years and I could not imagine a life where I didn't burn out again.

And so to me, the only options were continue burnout again. or leave clinical practice. And now I know that that's a fallacy, that that's a false belief that I had, that those were my only two options.

But back then, that was my belief. And so in leaving clinical medicine, what I realize now is I wanted to know why. I didn't know what had happened. We didn't talk about burnout back then.

And so I have spent decades now trying to understand what leads to burnout in physicians and how we can prevent it. And so that's the beginning of my changemaker story is basically this curiosity about how do I put sense around what my experience was and how can I prevent other physicians from being at that point where they believe the only choice is to leave.

Welcome to Heartline, conversations with healthcare changemakers following their heartline. I'm your host, Dr. Andrea Austin. I'm an emergency medicine physician, coach, and educator.

I believe that healthcare needs to improve the quality care that patients receive and that supporting the workers is at the heart of this transformation.

I am so excited this morning to have the pleasure of having Dr. Diane Shannon on the podcast. She is a internal medicine physician and now she is a full-time time strategist, writer and podcaster.

So I can't wait to hear more about her podcast and I will be a guest on hers. So definitely check out her podcast as well. So Dr. Shannon, welcome to the pod.

Hi, thanks, Andrea. It's so great to be here with you. All right, we generally like to keep it cash. So is it okay if I call you Diane? Yes. Okay, awesome.

Well, I'd like to start off with a question about what is your changemaker origin story, because certainly you are a changemaker. Well, thank you for that.

And I guess, for me, it started when I was at this pivot point, and this was a long time ago, it was, I'd say 1996. And I was at this point where I'd experienced severe burnout in training, I'd practiced for a few years, and I could not imagine a life where I didn't burn out again.

And so to me, the only options were continue, burn out again, or leave clinical practice.

Welcome to Heartline and Guest Introduction

And now I know that that's a fallacy, that that's a false belief that I had, that those are my only two options. But back then, that was my belief. And so in leaving clinical medicine, what I realize now is I wanted to know why.

I didn't know what had happened. We didn't talk about burnout back then. But I have spent decades now trying to understand what leads to burnout in physicians and how we can prevent it.

And so that's the beginning of my changemaker story is basically this curiosity about how do I put sense around

what my experience was and how can I prevent other physicians from being at that point where they believe the only choice is to leave.

Yeah, that resonates so much with me because I had that similar experience in 2021 and I took a sabbatical and I didn't work clinically for three months, but it was a much different time.

You know, in 2021, there were so many resources and support and coaching. You know, I had coaches. plural during that time in my life that helped me go back into clinical medicine, but very differently.

In 20 years, you've learned so much about the concepts of burnout. And I think there's also a movement right now to, you know, is burnout overused or where are we in the space right now?

What are a couple of themes that stand out to you from your experience that you'd like to share with this audience? And yeah, so I would say one of the big themes and aha moments that I've had in the past six years since I've been full time coaching is micro changes make a huge difference.

So when we are either approaching burnout or in it, The whole world looks like a big wall, a cliff in front of us.

Micro Changes and Boundaries

And it feels too big. And we don't have the bandwidth to do anything about it. And we can't recognize. We literally can't see what we could do differently or where we could change things.

And right now in the health care system, there is so much that is not optimal. And is this is related to the system itself things that an individual can't change but what i've seen is that individuals.

When they know where those small micro changes are that would be impactful when they begin to start there. It can totally change their experience of what it is to be in clinical medicine.

So I think that's that's probably the biggest theme that that that I take away is that it's very easy when you're in burnout to literally not see what you could do differently and.

And to be so overwhelmed by the reality of the broken healthcare system that you just feel trapped and and that is that's both overwhelming to date to know that that there's so much that's broken and it's also really reassuring to know there's still something you can do.

Yeah, I think that's that's so helpful. And when I look back on that time, when I took a break from clinical medicine, and then went back into it, probably the biggest single change that I made, and in a way, it was small, but it was big at the same time, was boundaries, boundaries.

And it was in small moments, small conversations, you know, having responses that were in line with my values and my authenticity when my boundaries were being crossed, how I could respond to an agitated colleague, unhappy that I was calling them from the emergency department or a patient that was making a request that wasn't ethical or in line with the way I felt with safe medical care, to have those responses for me because as an empath, I can pick up people's emotions very, very quickly.

So I needed to have a way to practice medicine that kept me not just like completely as an open wound interacting with my colleagues. Absolutely. And you know, in my work today, and you know, most of my clients are women physicians, because that's my niche and real specialty is understanding what those specific challenges are.

And I would say there are some very common themes that come out. often having to do with the difficulty saying no, the guilt around saying no, whether it's to family members, colleagues or patients, that kind of people pleasing that is so inherent in many of us, that perfectionism where, you know, let's face it, as physicians, there are many places where we really need to aim for perfect.

And then the ones where they don't help, that's really important to identify. And also that that inner critic that can be so paralyzing. And so that those kind of similar themes come up and they're places where, you know, it's again, very hopeful, it's possible to make changes there.

It's possible to quiet those voices or those negative thinking patterns and choose another way to respond. Yeah. And I'm thinking back to when we talked in person, which was in Boston at the AMWA conference, the American Medical Women's Association.

Am I saying that right? Yep. Yes. Yes. So we were on a panel on burnout together and we chatted for a few minutes in the hallway afterwards. And it's been a couple of months, but I feel like trauma came up and it was something that we wanted to talk about today.

Trauma, Moral Injury, and Coaching

Where does trauma enter that story for you and what you see with coaching clients? Well, I guess what I would say is that's not actually one of my specialties, but I'm better able to recognize it now.

And what I would say is that so much around burnout has to do with the moral injury and the trauma that comes from repeated moral injury. I believe they're separate, that burnout is separate from moral injury, but the two have an interaction.

And it's I think one of the most important things that I do is offer a safe space for talking about that trauma those micro aggressions that's another form of trauma or also those experiences that are.

traumatic in medicine, you know, and so I think having that safe place and I know with trauma, one of the most important things is to be witnessed, is to have a safe space to say those feelings, to talk about the experience and have it be witnessed by another person.

And so that I think about that when I do work with clients who've had those experiences. I also refer them on to specialists to psychologists who that is their focus because I really believe there is very effective focus treatment for PTSD, for example, when that's when that's part of the equation.

Yeah, absolutely. So that really gets at that concept for me that coaching is not therapy, but it can be therapeutic. And you can have a therapist and a coach.

Absolutely. I think that's a great way to do it. And there are things that I, as a coach, am really good at doing that a therapist wouldn't really go towards.

And a lot of that is, in the present, focus You know, what are the action steps? How can I hold you accountable? How can I raise your awareness about the obstacles you're facing, the internal ones as well, and then help you come up with a plan for moving forward towards your goals?

And that kind of very present oriented, action oriented focus, I think is a specialty of coaches. So I want to spend a little bit more time in the past.

And you also mentioned one of your first pivots in that non-clinical space was writing. So can you tell us a little bit about how writing entered the picture?

I feel so incredibly lucky that this is the path that opened up for me. When I was contemplating leaving clinical medicine, I had just finished a master's in public health.

there were no public health positions open in Boston that paid enough to cover my student loans. I mean, they were like paying like $50,000, right? It just was not feasible.

And so I really did not know what I was going to do. And I happened to be looking in New England Journal of

Medicine in the back where they have the job postings.

Writing, Health Care Systems, and Burnout Research

And there was medical director for a communications company in Boston. And I took that job. I worked there for three and a half years. And I learned writing.

And I guess what I was very lucky about, too, is that my undergraduate education was a liberal arts. And I had to write all the time as an undergrad. And so when I was in this job, my job was not actually writing.

It was checking the accuracy of the materials they were creating. But I was lucky enough to be offered some opportunities to write and realized it came easily to me.

And that after a few years there, I realized that's what I wanted to focus on was the writing, not the editing. And so I spent 20 years as a freelance health care writer.

And when I look back now, it makes so much sense because it was almost like I was again, a detective trying to figure out what had happened. let me understand this healthcare system that we're working in, because it's a place that there's, there are things about it that just don't work.

And I wanted to understand both what they were, why they were there, and what organizations and foundations were doing to try to fix those problems. And that's what I spent 20 years doing.

So really understanding what is going on and Why is it that so many physicians are in the place of being at risk for burnout? And that led to writing the book with my co-author where we spent 15 months interviewing experts in burnout.

And really, the research we did with that was so informative for me about the system being the root cause and not the individual. It's not about individual susceptibility.

And that was very healing for me, actually, to hear that over and over again from the experts that we spoke with. Yeah. So let's move into a little bit of discussion on the system.

I think everybody listening certainly agrees. It's the system. And Cherie Johnson, my coach and colleague, will remind us that the system is us. And that's often a very difficult thing to hold this duality of we do comprise the system.

What are some of the pockets of possibility and optimism you have about the system moving in a more positive direction? Well, I guess I would say there's lots of examples where folks are really trying to find ways to improve the system in thinking about when I think about the system the way I and the way we kind of broke it out in the book is there's the individual physician and what they bring with them to work every day.

So if you are undergoing a stress at home, divorce, a parent who's not healthy, a child who's not healthy, you are bringing that with you, or even these negative thinking patterns.

Then there is the practice and the organizational level, and that includes the efficiency in your practice, the workflow, it includes organizational culture, it includes leadership style of those at the middle and the top and as well as the board and what they're kind of enforcing for the C-suite.

And then there's the external, which is all the factors outside the organization that influence it and those pressures are then transmitted to the individual physician.

So a big part of that is payment. And now a big part of that is the large the mergers the large organizations the private equity getting involved in health care and so and also changing patient expectations and demographics and and meeting demographics as in.

the number of chronic diseases that patients have today. So all of those are at play here. And yes, we as individuals are part of that system and there are things that we can do to first and foremost heal our foundation so that we can then be modeling wellness and we can be, as we step into leadership positions, really learn how to lead effectively.

And that does not mean micromanaging or top down mandates that means supporting and empowering those that you that you are leading. And so there's there's different leadership styles that are more effective than others.

System-Level Change and Leadership

And so individuals who are in leadership positions then have that influence to really change organizational culture. So it is individuals, but there are levels of influence as well.

And I think that's important to recognize. And when we are faced with a problem that we can't fix our loan as individuals, are we able to effectively communicate those requests to those who are decision makers?

And that's a key part. And one of the things that I work on in the group coaching that I do for women physicians is the ability to have those effective conversations and to not just come in with a complaint, but to come in really understanding what is going to help that person say yes to you.

Yeah, there's so much involved there. Yeah, there's so much gold in what you said and that's really boring out in the research that I've done with physician changemakers and some of the actions we suggest in a paper that will be coming out soon is you have to really level up your, as you just mentioned, communication.

And I just, last fall, I took a PR class, and I'm sitting there thinking, like, I needed this 10 years ago. And I think we really need to start equipping medical students.

You know, most of us went to medical schools in which they're in academic institutions. And on one hand, they're trying to provide this very pure version of what it means to be a doctor.

And you start off with the white coat ceremony and the Hippocratic oath. But then you get tossed into reality without a lot of the skills that you would need to uphold the Hippocratic oath.

So I honestly think we need to go back and weave some of this into medical school. Like, how is medicine paid for? What will be billed in your name? And if this doesn't really work and isn't in line with our values as a profession, what are the levers for doing some of this?

At least to have an introductory concept that some of us are going to have more interest in the advocacy in very different parts of your career, but to at least know this is how it works.

I think for many of us, we just go through this morning of like, I thought I was going into this profession that was helping and healing people. And what it turns out is I have these incredibly short, very transactionally based interactions.

That isn't what I signed up for. And if I would have known that I probably wouldn't have. But now what do I do? Because I'm here, I have all this training.

I love this job, but now I'm here with all the student loan debt potentially. So that's my pitch is we have to start building the change makers of the system much earlier.

Right. Yeah, I think that awareness, especially awareness about The impact on you of the place you choose to work, right? The place where you sign that contract and the implications of that.

And I think when folks are interviewing, they're not maybe thinking about all those factors that will affect them within a year or two. Yeah. And I think one of the strategies I've been thinking about is we essentially need more outward

facing information for people when they're looking for a job.

And so the Mayo wellbeing index, imagine if every place had to publish what their wellbeing index score was. Right. Yeah. I mean, I want that information as a patient because I don't want to go to a healthcare organization in which people are miserable.

You can usually figure it out pretty quickly once you're there. And we know that the care associated with places of high burnout is not as good. And then I just don't like that extra cognitive burden that I have as a patient that's supposed to be there focusing on me, but now I'm kind of like, Oh man, I feel really bad for everyone that's trying to help me or help my family member.

Absolutely. Yeah. You have any other thoughts on kind of these larger structural ways we could start really changing the dynamic? Well, I guess I'd go back to leadership again, and it is just so incredibly different who your leader is, how they lead, and your risk of burnout as a physician.

And when you look at the data, it's not rocket science. right some of the behaviors are things like you know does my supervisor care about my my career progression and know what is that know what my professional goals are right do i even have a regular performance.

evaluation and meeting. There are so many physicians that don't meet regularly with their supervisor to be able to both hear how they're doing and get positive feedback and also some new areas of improvement, but then also to be able to have a conversation about what is it that lights them up?

What would they like to be doing more of? And so I think leadership is a big part of it. With with how there have been so many mergers now and there are these very large organizations with many many levels of leadership.

That gets more tricky right and those at the top may not have clinical experience and so they are often making decisions. without realizing or being aware of the impact on patient care and on the frontline clinicians.

And so I think along with that leadership, another piece of that is communication. And so there are ways of having regular meetings where the information flows up from the front lines about what the problems are, what resources are needed, and down from top leadership through middle leadership to the front lines about what is being done.

And that level of communication does not happen at many organizations. So I think that is a big place where we could make some changes. And things like daily huddles within the team, within the larger management groups, within service lines, and then up to the C-suite.

So that level of communication would solve so many problems where there's inefficiencies and frustrations at the front line that could be easily fixed.

Communication, Dyads, and Well-Being

But they're not made aware, or there's not an easy way to make people aware who are the decision makers who could make those changes. So that's that's one area that would be awesome to see some improvement.

Yeah, I 100% agree. I had this very watershed moment where we have this horrible boarding crisis in emergency medicine. And a lot of us, it's very easy to assume that C-suite people don't care about it.

And it's like, well, have you checked that? Have you talked to them? Have you asked what they're doing related to boarding? And what you actually find out is a lot of them are very, aware of it and they're working on it every single day.

But some of these problems are dilemmas that at some point cross into policy. It's beyond the CEO's control about reimbursement or some of these other issues.

So I really like what you said about communication. And then the other thing that comes to mind is dyads that as much as possible, to have a clinician paired with an administrator that's happening more and certainly like the organizations you're seeing with like the highest well-being numbers, dyads seem to be a great practice.

Yeah, absolutely. Well, 2025, I can't believe we're rapidly approaching halfway through the year already. What's coming up for you in the rest of 2025? Where can people find you?

What's exciting? What are you looking forward to? Well, what am I looking forward to? I guess number one is the in-person retreat that we are creating and having in November.

And I'm really excited about this because I get to work with an amazing coach and collaborator. And we're really designing this to be an intimate experience that is not just the weekend, but also before and after.

So group meetings and one-to-one coaching before and after. And really looking for that connection when we're in person. And working on really career sustainability and also leadership and moving into leadership positions.

And it's just for women physicians. So I'm really excited about that. I've seen in the group coaching that I do how important it is for women physicians to have a space where they can have protected time and a safe space to connect with each other, to share experiences, to get validation, and also to share wisdom.

And where is it going to be? This will be in Chads Ford, Pennsylvania, which is about 45 minutes from Philadelphia. And it is a historic town and we have a beautiful inn that we are taking over the whole inn.

And so that's why it's limited to 10 because that's as many rooms as we have. So we're going to be taking it over and having wonderful catered meals and all sorts of both time to reset, but also Really working on what are the ways that we can grow so that people go home not just with relaxation but also with action steps to move forward.

Retreat Plans and Closing Reflections

I just am envisioning the northeast at that time of year so probably. Still some fall colors, especially as climates have changed, and it'll just be, I'm sure, just a really special event.

So we'll make sure to put a link to that in the show notes. And then another kind of rapid fire question as we close out. Is there a quote or a mantra you return to when things get tough?

Yeah, I'd have to say it's stay on the train and the scenery changes. And this idea that sometimes when we're going through a difficult period of time and we get discouraged, that if we can just, you know, continue and get the support we need in that period of time.

But often things change and sometimes they can change within a day. I remember I used to when I came back from a vacation, And I would feel that that period that first day back would be so overwhelming and I would totally dread it.

And then I realized that usually by the afternoon, I was out from under and I was feeling much better. So within that short period of time, my outlook totally changed.

So I think just being able to hold on to that, that idea that things do change. I love that. And I love the imagery that's associated with it. Sometimes words are hard for us, especially if we're kind of in a moment where we're flooded.

So just having that imagery of the train and that the scenery is going to change. Three words that your colleagues would use to describe your leadership style.

Ah, I think empathetic, impactful, and And I don't know if it's one word, but active listening and really present. I was actually, someone just told me I met someone at a social event recently and we're just talking for maybe 20 minutes.

She said, you know, you have the most calm energy. I just feel calmer standing around you. And that's what I bring. I love that and that's something that I think coaching really cultivates, right?

And this is why one of the things I'm excited about with healthcare is as more coaches are working in healthcare and we have internal and external coaches working in healthcare, that's what we need.

And I have to tell this quick story. I had my annual gynecology appointment, which every woman listening knows what that's like. And it can be a really cringy exam, depending on the individual involved.

And I was seeing somebody new, and I hate doing that. And so I'm already kind of like, ugh. I hate doing this. And the clinician, when she came in, she had this presence about her.

And she, honestly, the whole encounter probably took 12 minutes, which is a short amount of time for a new patient and a sensitive exam. But the way she carried herself and the way she really listened to what I was saying and Halfway through our conversation, she said to me, what are you doing to manage your stress?

And I was like, well, that's a very odd question for a physician to ask. Because, I mean, that could open a whole can of worms, right? You never know what the patient's going to say.

And so we're wrapping up. And at this point, she knows I'm a physician. And she says, hey, I just want to share with you I'm involved in a coaching community.

And I just started laughing out loud because I was like, of course you are. Like, now this whole encounter makes sense because the way you conducted yourself, even though your time pressured, and you kept this encounter very succinct, the way you showed up, that was next level.

It was Yoda level. Oh, that's a great example. All right, so if any listeners would like to connect with you, find you for coaching, listen to your podcast, how can they connect with you?

Yeah, absolutely. My podcast is called vital signs thriving as a woman in medicine. And you can find that on my website or wherever you listen to podcasts.

My website is dianne shannon.com. And if you want to email me it's dianne at dianne shannon.com pretty easy and I'm happy to chat with people. That's amazing.

We'll put all of that in the show notes. And I have to admit, you've got me thinking. I've been craving a East Coast cozy vibe. I just love that at that time of year in particular.

So Dr. Shannon, it's been an honor and a joy to have you on the podcast. Thank you so much. It's been a pleasure to be here. Thanks for listening to Heartline, conversations with healthcare changemakers following their heartlines.

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