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### Why I Left Medicine: A Young Doctor's Views on Burnout and Non-Clinical Transitions

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You are listening to Your Career in Healthcare on ReachMD. The channel for medical professionals. Your Career in Healthcare is powered by physicianjobsnationwide.com, part of the healthjobsnationwide.com network. Your host is Tim Rush, president and founder of physicianjobsnationwide.com and the healthjobsnationwide.com network.

Tim Rush:

Sure there's many perks to practicing medicine. Like saving lives, being a care giver, social status, and let's not forget the pay. But it comes at a price. And for some, that price is just too much. I'm your host Tim Rush and joining me today is Dr. Diane Shannon, a freelance writer with a focus on performance improvements in healthcare from Boston Massachusetts. Dr. Shannon, welcome to ReachMD.

Dr. Diane Shannon:

Thanks so much Tim.

Tim Rush:

Yeah. I had an opportunity to read one of your editorials and learn a little bit about you. Wanted to just jump right into it and ask you to tell us a little bit about your career in healthcare and working as a physician.

Dr. Diane Shannon:

So I trained here in Boston and after medical school in Philadelphia, practiced primary care in the Boston area for about three years. And I would say maybe beginning in the end of medical school I started to question 'is this really for me?' I loved working with patients. That is something I see as a privilege. The stress level and my inability to turn it off at the end of the day I just found was really affecting me. Health, my personal relationships, and once I finished my training I looked around and tried different practice settings for those couple years and found that it really wasn't a matter of where I was practicing.

And at the time when I chose to leave, I knew that I needed to leave, but I wasn't entirely sure why. And it's taken me about 17 years now to really be able to articulate all the reasons why I left. I'd say a big part of it was a sense that I was there, I'd felt a calling to take care of patients and people who were suffering, and yet I sensed that the environment wasn't necessarily set up or designed to support the kind of care that I wanted to give. Care that was safe and reliable and very compassionate. I felt like I was kind of swimming upstream. And I think the toll that that took was really too much for me and I chose to leave and have become a freelance writer.

Tim Rush:

I know that in that article I read there was real struggle there. I can imagine, just as you said with the amount of training the decisions leading up to that career path, it must've been quite a tough decision. What was the reaction of your peers, your colleagues, your family, when you wanted to transition out?

Dr. Diane Shannon:

Well, I can't say they were entirely supportive. And for good reason. I mean there is a sacrifice and an investment that one makes to become a professional and in medicine that means a numbers of years of undergraduate study and then medical school and then residency training. And during that time there are many things that, life events, that a person needs to put off and really devote time and energy to training. So it is a big decision to walk away from that. And I think, for me, what was really helpful was finding others who had made a large transition in their career. Not necessarily in medicine. And to try to understand what were they thinking about. And what

were some of the factors that led them to make the decision they did to leave their initial career.

And the other thing I thought about was, you know, the real tragedy would be if I had stayed in a career that wasn't a good fit for me, for decades, and then looked back with regret. Although like I said, I really miss seeing patients. I feel I made the right decision. I also feel like I use what I learned and what I know of clinical medicine in my writing every day.

Tim Rush:

Yeah, tell us more about your writing and your focus. What are you doing now?

Dr. Diane Shannon:

The way I transitioned out of medicine was I went back for a degree in public health which gave me a larger perspective on the factors that affect individual health and the population's health. And I just found that fascinating. And after that I took a position as medical director at a communications company that focused in training for physicians, continuation medical education materials and also training for sales representatives for pharmaceutical or device firms. And while I was there I was hired to oversee the accuracy of the document. What I found was I fell into writing some of the documents, the training materials, and I really loved writing. It was not something I set out to do or expected to do. And then I decided that that's what I really wanted to focus on, was the writing and decided to become a freelance writer.

Initially my projects were pretty much clinically oriented. So, writing about disease or a new drug or a new treatment a new procedure. In time I was lucky enough to have an opportunity to write for the Institute for Healthcare Improvement. And their focus is supporting organizations that are looking to improve the care they provide. And I was really fascinated and decided to focus in on that area. And so for the past probably eight, ten years, that's really what I've been writing about. So looking at what are some of the flaws systemically in the system and what are some of the innovative individuals and organizations doing out there to fix those problems. So that's what I focus on today.

Tim Rush:

Well lord knows in the current healthcare environment there's plenty to write about. It's amazing the dynamic changes that are taking place with the new Affordable Care Act and in everything that's going on. Share with us a little bit of your life lessons, your words of wisdom as you transitioned into your new life as a writer.

Dr. Diane Shannon:

I'd say one of the things I learned is it was really helpful to have a broad-based education when I was in undergrad. So I didn't expect to become a writer, but fortunately, I had a liberal arts background and as part of that we were required to write.

I say to younger people and to my children who are teenagers now, you just never know what you're going to need in the future. It's great to have that broad base. I was fortunate to be able to fall back on that. I think there's something important about following what really inspires you or that brings you a sense of meaning in your work and that when you follow that, you are going to be successful in the most important ways.

Tim Rush:

If you're just tuning in you're listening to your career in Healthcare on ReachMD. I'm your host Tim Rush and joining me today is Dr. Diane Shannon, freelance writer. And we're discussing why she left medicine to pursue a new career. You know it's funny you mention that. I was an art major in college. I thought I was going to be a painter and sculptor when I grew up. A broad-base in academics and learning. Now I'm running several companies. You just never know where you're headed, so. In your article you spoke a lot about burnout. What does this mean from your perspective and how do you define it?

Dr. Diane Shannon:

What I've been thinking about recently is I think the term burnout. It covers kind of an extreme of a spectrum. And the researchers talk about burnout, professional burnout, as having three symptoms. Emotional exhaustion, depersonalization or a sense of cynicism, being kind of detached from various aspects of the job, and also a low sense of personal accomplishment in the work.

That's one extreme, but I think there are lesser degrees of that. And at the opposite end of that spectrum is a sense of real engagement and enjoyment and passion about one's work. I think burnout obviously can lead to a number of issues, both for the individual and for patients and for us as a society. They've also done research that shows which sort of factors in the practice environment can increase the risk of burnout. And some of those, one of those is a lack of sense of control about one's practice.

So there are things that organizations can do to reduce the risk of physicians experiencing burnout. And the other piece of that of course is taking care of one's self. So there are lots of ways to distress and that's important part too.

Tim Rush:

What is the research, or the statistics regarding physicians being burnt-out?

Dr. Diane Shannon:

They're pretty startling, actually. There was a study of primary care physicians in 2012 that found that about 50 percent of them have at least one of the three symptoms of burnout. I also was reading some data recently that said that about nine out of ten physicians would not recommend to a family or friend to go into the profession, which I think reflects the level of stress that physicians are under these days.

Tim Rush:

That's a fascinating statistic. Is this something that's unique to the time? I know in your article you mentioned that the advances in technology and documentation, those were areas where you struggled early on with feeling like it was hard to even read somebody's handwriting legibly and you were fearful of a mistake that might be a result of that. You mentioned that the advances in technology were enabling people to eliminate some of the stress factors but with the Affordable Care Act, all of the changes that are just massive changes in healthcare, are you seeing a rise in burnout?

Dr. Diane Shannon:

I'll tell you, I don't think there's great statistics from past decades about the level of burnout. I think it's something that we're just recognizing, you know, in the past decade or so. And so it's hard to say if it's increasing. My sense is that it's at a pretty high level. Only based on the, you know, the surveys that I've seen, the data that I've seen, but also physicians who have contacted me with their personal stories, which are pretty heart-wrenching. The level of stress that they're feeling, the sense that they want to continue practicing and yet they feel so hemmed in by the need to be productive, the cost constraints, the additional responsibilities in terms of documentation and electronic medical records. So I think there is a level of burnout or stress that is just very high right now. In part due to so many changes going on in the healthcare arena.

Tim Rush:

How do you see your life experience, your work, your writing as contributing to a solution and making a difference in these areas?

Dr. Diane Shannon:

Hopefully in a number of ways. But one of the primary is, I think, just by naming this and putting it out there as this is a problem that exists, I think that will help others to recognize it and to take steps to solve some of these problems. To reduce the risk of burnout among physicians.

And I'll say that I've had a number of physicians contact me who've said 'thank you for telling your story because I felt alone. I felt like there was something weak about me, that I was feeling this level of stress and burnout.' And it was just a relief to hear someone else talk about their story. So I do think that that part is helpful. I also am working with a team to edit a website that is for physicians to write in about what works for them. What helps them to be resilient in the face of the stress that's in the clinical practice environment today?

Tim Rush:

Do you see any changes in policy or administration since this is an obvious area of concern? I mean, we're losing qualified physicians.

Dr. Diane Shannon:

We are. And the statistics on the number of physicians and the projected number that we're going to be needing, the gap, especially in primary care and certain specialties is pretty alarming. I do think it's something we need to do something about on a larger level, at an organization or systemic level. I have not seen much change in terms of policy at this point. It's still a topic that is not spoken about enough.

And I'll say that I see myself in some ways as the voice for physicians who may not be able to speak at this point. Maybe because they are so overwhelmed, they're so time-stretched, in the work they're doing on a daily basis, they can't speak out. Or some of them contacted me, said they were concerned about if they were to admit the level of stress or burnout they feel, they had concerns about their reputation or their jobs being affected by that. It's a silent problem at this point. It's being spoken about a little bit more, but I do think it needs to be spoken about more so that these things can be changed.

Tim Rush:

We're coming to the end, but do you have any final thoughts for us?

Dr. Diane Shannon:

I think that some of the systemic solutions may involve and investment of resources. So for instance, it might mean reducing the patient panel size for physicians. It may mean hiring additional staff within the clinic to do some of the administrative tasks that physicians are

doing at this point that they don't need to be doing as physicians. That investment, I believe, it's well worth it, in reducing the burnout level, reducing turnover, and the loss of physicians who chose to retire early, or choose to leave the profession.

Tim Rush:

My thanks to our guest Dr. Diane Shannon for sharing her experience as she transitioned from practicing medicine, being proactive and helping other colleagues in dealing with burnout issues and moving on to a successful career as a writer. I'm your host, Tim Rush, and thanks for listening.

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