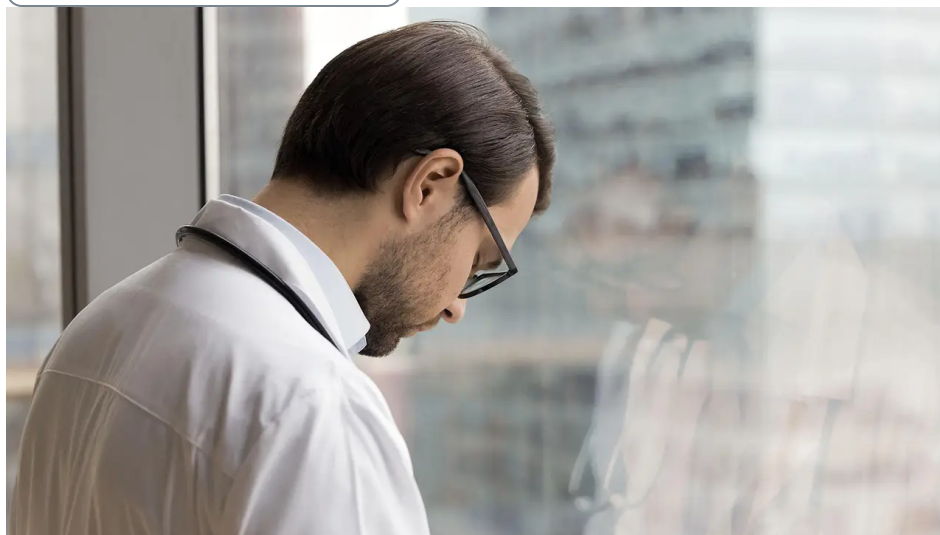


What if Burnout Isn't the Problem?

— Without acknowledging that clinicians are languishing, the interventions will continue to fail

by Joseph Silletti, MD, MBA

July 15, 2026 · 4 min read



[Joseph Silletti, MD, MBA](#), is chief of the Division of Urology at BronxCare Health System.

For years, healthcare organizations have sounded the alarm about clinician burnout. Conferences convene around it, task forces study it, and wellness programs promise to fix it. From mindfulness apps to resilience training to the occasional yoga session or ice cream social, leaders are seeking remedies for a workforce in distress.

Despite these efforts, clinician dissatisfaction persists and the exodus from the profession continues. Perhaps the problem is not that our solutions are insufficient but that we are diagnosing the wrong condition entirely.



Burnout is a specific psychological construct, characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment. It is a state of depletion, a tank run dry. This was a very real crisis during the pandemic. But clinicians today describe something different. Not exhaustion, but emptiness. Not a worker run ragged, but one who has quietly lost the thread of why the work mattered in the first place. That is not burnout. That is languishing.

Sociologist Corey Keyes, PhD, [first described languishing](#) as the space between illness and flourishing, a state of stagnation, disconnection, and dimming purpose. It is not dramatic, nor does it announce itself. It looks like a physician mechanically completing documentation, a nurse going through the motions of a shift, a healthcare worker who is still showing up but no longer present in the way they once were. Languishing is pervasive, corrosive, and largely invisible to the wellness programs meant to address clinician distress. At its core, it reflects a disconnection from both the meaning of the work and the work itself.

The distinction matters because the diagnosis drives the prescription. If we believe clinicians are burned out, we give them time off and teach them coping skills. If they are languishing, we must ask a harder question: what have we done to the job itself?

Languishing came to the forefront during the pandemic, with a [New York Times](#) piece from organizational psychologist Adam Grant, PhD, MS, describing languishing as a sense of stagnation and emptiness. This feeling was pervasive across the culture as the uncertainty of the pandemic gave everyone the sense of living in a never-ending loop. In medicine, this is exemplified by frontline staff stating they are just "going through the motions," or "just checking the boxes." As opposed to burnout, where



the staff are depleted from being overworked, languishing is where the work is manageable but empty and disconnected.

Unsurprisingly, healthcare workers are more disconnected from the mission than ever. Regulatory burden is ever-increasing, and hospital systems have resorted to an endless number of clicks in an electronic medical record. Although each click, presumably, has meaning, that meaning has become more distant from the patient in front of us. As that work becomes a larger percentage of our daily tasks, the sensation of stagnation and emptiness creeps in, leading to a general malaise and loss of joy with work.

It isn't that we can't do it. It's, what's the point?

Unfortunately, we are mislabeling a meaning crisis as an exhaustion crisis, and without the correct diagnosis, the interventions will continue to fail. By labeling the crisis one of exhaustion, we shift blame to the worker: you are depleted, take some time off, enjoy a yoga class. However, in a crisis of meaning, we as leaders in healthcare must take the initiative, and blame, for clouding the most important of tasks, clinical medicine, with a blizzard of non-clinical work. The solution is one of subtraction, not supplementation.

As a urologist, some of my most satisfying days are spent in the operating room managing difficult cases. Although physically exhausted, the satisfaction of a job well done motivates me to return the following day. The problem is not the work itself, but the bureaucracy, burden, and distractions piled around it.

Diagnosing the problem of languishing must lead to interventions that reconnect clinical staff to the meaning behind their work. It will require rethinking a multitude of



everyday tasks, and re-evaluating each task's importance to direct patient care.

The accumulation of non-clinical work did not happen overnight, nor did it happen maliciously. Each added task arrived with justification, a regulatory requirement, a quality initiative, a documentation standard designed to improve care or reduce liability. Taken individually, none seemed unreasonable. Taken collectively, they have quietly buried the work that gives medicine its meaning under an ever-growing layer of administrative sediment.

Leaders must look critically at what has accumulated around clinical work and ask one demanding question: does this task bring the clinician closer to the patient or further away? That question will not always yield easy answers. But it is the right question, and most healthcare organizations are not asking it.

The goal is not the elimination of all administrative work; some of it is absolutely necessary and genuinely serves patients. The goal is intentionality. To distinguish between the work that has meaning, even when it is difficult, and the work that has simply persisted because no one stopped to question it. Clinicians can tolerate hard work. What we cannot sustain is pointless work.

Health systems will not reconnect staff to meaning through wellness programs. They must examine the job itself and identify the sediment of nonclinical tasks. The solution is not to work harder, or faster, or more resiliently through that sediment. The solution is to remove it.

