

## Promoting Occupational Wellness and Combating Professional Burnout in the Surgical Workforce

# 14

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*“It matters that life lives through you.”*

—Roger Keyes

Hokusai says look carefully.  
He says pay attention,  
notice.  
He says keep looking,  
stay curious.  
Hokusai says there is no end to seeing.  
He says look forward to getting old.  
He says keep changing, you just get more who you  
really are.  
He says get stuck, accept it, repeat yourself as long  
as it is interesting.  
He says keep doing what you love.  
He says keep praying.  
He says every one of us is a child, every one of us  
is ancient, every one of us has a body.  
He says every one of us is frightened.  
He says every one of us has to find a way to live  
with fear.  
He says everything is alive—shells, buildings,  
people, fish, mountains, trees, wood is alive. Water  
is alive. Everything has its own life. Everything  
lives inside us.  
He says live with the world inside you.

He says it doesn't matter if you draw, or write  
books. It doesn't matter if you saw wood, or catch  
fish. It doesn't matter if you sit at home and stare at  
the ants on your veranda or the shadows of the  
trees and grasses in your garden.  
It matters that you care.  
It matters that you feel.  
It matters that you notice.  
It matters that life lives through you.  
Contentment is life living through you.  
Joy is life living through you.  
Satisfaction and strength is life living through you.  
He says don't be afraid. Don't be afraid.  
Love, feel, let life take you by the hand.  
Let life live through you.  
—Roger Keyes

The following is from a Wikipedia page:

Jonathan Drummond-Webb (29 August 1959–26  
December 2004) was a South African pediatric  
heart surgeon. He committed suicide. His suicide  
note indicated professional frustration may have  
been a factor in his death.

The following is from a *The Chicago Sun  
Times* (July 3, 2010):

A (pediatric cardiac) surgeon apparently shot his  
wife and killed himself Friday, a month after she  
filed for divorce and sought an order of protection  
against him, according to police and court records.  
Dr. Hani Hennein, 52, was found dead of a self-  
inflicted gunshot wound at the family home in the  
700 block of South Hillside Avenue just after  
7 a.m., police said.

The following are from stories relayed to us (names  
withheld and details altered to obscure identities):

I've been a pediatric cardiologist for 26 years and  
I'm nearing what should be the most rewarding

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part of my life, but I've never been more depressed. Our children are grown and my wife and I find that we have little in common. I feel angry all the time. I'm overweight, out of shape and on a statin. I'm not sure what has happened to my life.

Or

I was on call the night my mother called me to tell me my grandfather had died. She had called several times during the past hour, but I was busy and ignored the calls. When I had a break I called her back. That's when she told me the news and I snapped back a response: "Mom, I'm on call. I'm busy. I can't deal with that right now and I have call this weekend, too. I can't get away. I can't come for the funeral." That was 13 years ago. My grandfather was one of the most important people in my life and I didn't go to his funeral because I didn't think that I had enough control over my life to tell my boss that I had to go. I still regret that. Every day. I regret the kind of person I was becoming. I hope my grandfather up there understands. I hope someday I will understand. Right now, I just feel really sad that I let that happen.

The following could be you:

I remember the day I got into medical school and it was one of the most exciting days in my life. My life was so unencumbered back then. Now I just feel overwhelmed. My work no longer gives me joy—it feels like a burden—an obligation. I don't have any time for myself. I have trouble keeping up with my friends. It seems I have to work harder (for less) and between the increasing demands of my practice, my family and trying to pay off my education debt I feel like I'm barely making it. I'm not living my life. I'm *enduring* my life.

How does this happen? It's not a part of the dream we had as we entered the profession of medicine. But somewhere in between the excitement of that early dream and the poignancy of the stories above is the reality that many of our colleagues find themselves experiencing.

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## Burnout and Distress

The literature on burnout and distress in today's physicians is disturbing. Over the past decade, articles have begun to avalanche into the medical, business, and social sciences literature about professional "burnout." Highly trained professionals, in what should be the prime of their personal and professional lives, are showing up depressed, anxious, depersonalized, addicted, divorced, and disillusioned and in various states of *disease*. If

they show up at all. Burnout and distress contribute to absenteeism, which in its most severe form can lead to suicide.

Given this sobering introduction, it might be attractive to change the title of Willie Nelson's famous song to "*Mommas, don't let your babies grow up to be doctors.*" In the pages that follow, we will provide a brief overview of the current state of this problem and its implications for both safety and quality. More importantly, we will also make suggestions that we hope will help you, personally, find protection, recovery, and, quite possibly, renewal for your dreams.

Physician distress is not a "new" problem. Articles describing "burnout" among physicians, nurses, and even hospital administrators began appearing in the late 1970s [1–4]. A quick search of medical database publications indicates that the appearance of literature related to burnout is doubling every decade. Although there were only a handful (less than 100) of articles on burnout in the 1970s, there were close to 1000 (776) in the 1980s; over 2000 in the 1990s (2041); and over 4000 (4092) in the first decade of this century and halfway through the current decade there have been 3418 referenced papers related simply to burnout—predicting over 7000 publications on burnout alone in the decade between 2011 and 2020. If the search is expanded to include topic titles such as depression, suicide, marital distress, compassion fatigue, and substance abuse among physicians, and even the more hopeful title of *wellness*, the amount of published material is overwhelming. This has become an issue of global warming proportions!

In 2008, the American College of Surgeons (ACS) Committee on Physician Health and Competency conducted a survey of its membership using a validated instrument for burnout, quality of life (QOL), and career satisfaction. The sample size was a staggering 7905 surgeons. Collectively, 40% of surgeons met the criteria for burnout, 30% screened positive for depression, and 28% had a mental QOL score at least ½ standard deviation below that of the US population [5, 6]. Younger surgeons (our future) and those with children between the ages of 5 and 21 were a higher risk as were surgeons whose compensa-

tion was based entirely on billing/productivity, and those who spent more nights on call per week. There is an increasing body of evidence that burnout, and its related distress factors, can have a significant adverse effect on patient safety and quality of patient care, and even contribute to medical errors [5, 7–11].

Although burnout and related forms of distress (a sense of feeling overwhelmed and of low accomplishment, anxiety, depression, depersonalization, and health issues related to stress) may likely occur in many professions, it does appear that healthcare professionals are particularly vulnerable, and women may be more susceptible than men [12]. Medicine attracts a diverse group of individuals, some of whom are *genuinely altruistic* (meaning they value placing the needs of others above their own), while others have *self-serving altruism* (meaning they need to feel that they have helped others in order to feel good about themselves). Students applying to medical schools are often *high achievers, ambitious, competitive, idealistic, and perfectionistic* (a combination that leads to high expectations and a loud internal (and sometimes external) “critical” voice when results are less than desired). Many physicians are by nature comfortable with a life of “delayed gratification” that can contribute to a “suffer now to reap eventual rewards” mentality. In our own (now close to 20 years of) work with physician and other healthcare professional clients, we have noticed the consistency with which they value teachers or colleagues who “are always in the hospital,” who “don’t ever seem to go home—they are here 7 days a week,” or who “spend their time writing, teaching and achieving recognition” beyond what their “normal” colleagues do. The type of “role modeling” described above may be detrimental in the long run, as noted by some well-known experts in the field of physician well-being, who suggest that these “heroes (of our young, emerging healthcare workforce) lead lives that are desperately out of balance” [13]. Ultimately, this creates the sad irony that the physicians who are respected for their responsibility to care for others are the ones who seem to most neglect themselves and those

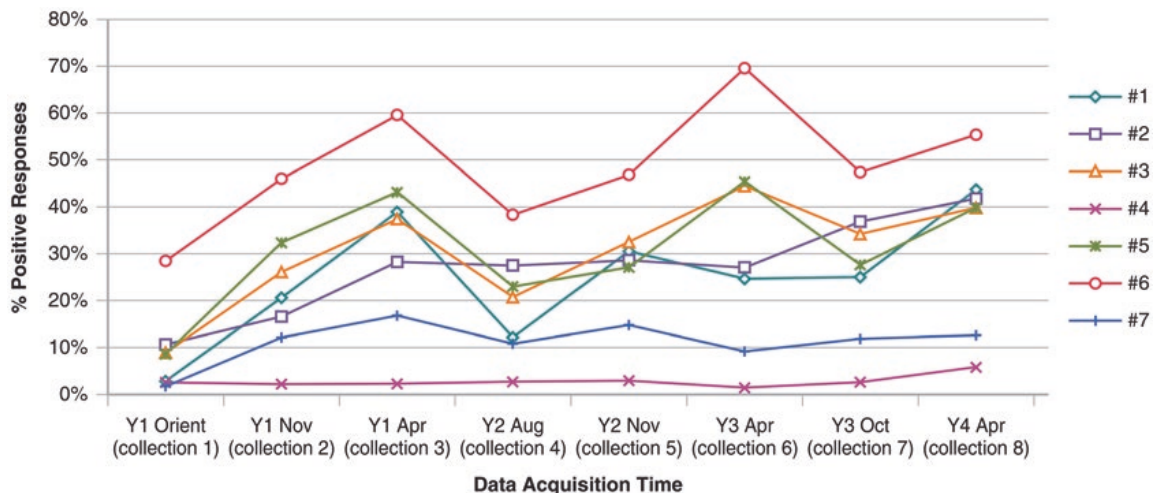
who are close to them. Few, if any, medical schools do a credible job of teaching wellness skills such as meditation, perspective-taking (a method of valuing the perspective of another as a credible part of the “truth”), self-compassion, stress/self awareness, stress/self management, or other forms of self-care, leadership, and personal growth. Physicians are taught to be “knowers” (they are tested for “knowing” and not for skills such as willingness to learn, persevere, or think differently), and as such they are constantly hard on themselves and on their colleagues who might let them down. This is not really an issue of balance as much as it is one of values [14].

Burnout was previously thought to be a late career phenomenon, but more recent studies suggest that young physicians today have nearly twice the incidence of burnout compared with their older colleagues [15]. One recent review looking at physician satisfaction and burnout at different career stages [16] suggests that mid career appears to be a particularly challenging time for physicians. However, early career is also a risk period and the appearance of burnout and related distress syndromes has been described in resident physicians [17–21] and more recently in medical students [22–29]. One explanation for this might be in the enlightening research from Robert Sapolsky who has studied the response of primates to hierarchical stress. Primates with less influence in decisions tend to have the higher level of stress-related cortisol and are more likely to withdraw from social interaction. This not only helps us understand why younger physicians who generally are lower in the hierarchy experience burnout and distress from feeling helpless and having no power, but it might also help us understand why physicians in general are now becoming despondent as they begin to feel disenfranchised from healthcare policy decisions that affect their lives as well as how they are told to practice medicine [30]. Other evidence points to burn-out contributing to acting out in unprofessional and disruptive manner in and around the operating room [31]. Furthermore, these pressures can have a lasting effect on technical and non technical aspects of patient care [32].

Beginning in 2012, we began collecting longitudinal data related to burnout and distress in students enrolled at Wake Forest University School of Medicine. We now have 4 years of data and the only longitudinal data of medical student distress that we know of. Previous studies on medical student, resident, or physician distress have been generated from single time frame evaluations of the study population. Under IRB approval, we obtained information pertaining to burnout and distress using the Medical Student Well-Being Index (MSWBI) [24]—a validated instrument for evaluating burnout, anxiety, depersonalization, a sense of feeling overwhelmed, fatigue, and stress-related health issues. We surveyed all medical students in every class for 4 years at various periods during their medical education. Our results were remarkably similar from class to class and composite data are displayed in Fig. 14.1. Figure 14.2 displays the rising incidence of burnout and “near burnout” as medical students progress through their education at Wake Forest University School of Medicine.

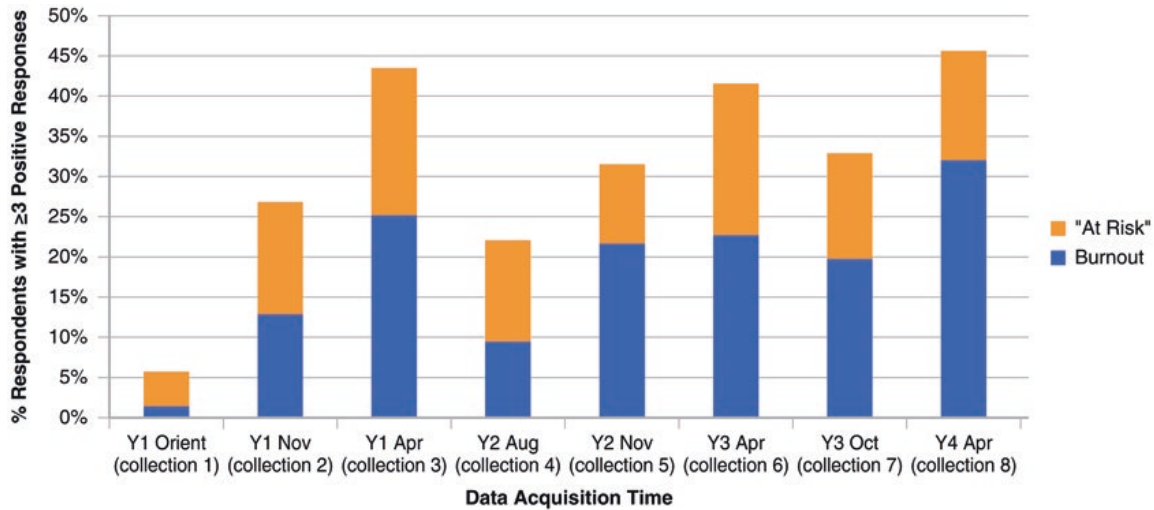
Our findings indicated that except for anxiety (approximately 30% of students at orientation report feeling anxious), students begin medical school with a low level of other distress elements. However, by the time they have been in school

for only a couple of months, we begin recording increasing levels of depression, depersonalization, and a sense of feeling overwhelmed. What is particularly notable about the data on our students is the periodic effect of life events on their well-being. Although most distress elements seem to diminish during breaks and then increase during times of stress—such as around the time of preparation for the ABMLE step exams (1 > 2)—depersonalization (question # 2 in Fig. 14.1) does not diminish and continues to increase throughout medical education. This suggests that once depersonalized, students remain depersonalized, although anxiety, depression, and a feeling of being overwhelmed may vary depending on other life events. By the time the students reach their fourth year, almost half (44%) are depersonalized. As a whole, males are also *more likely* than females to feel depersonalized (26% vs. 21%;  $z$  value = 2.72) and *less likely* to feel depressed (22% vs. 34%;  $z$ -value = 5.2), overwhelmed (24% vs. 35%;  $z$ -value = 4.9), or anxious (37% vs. 58%;  $z$ -value = 8.6) as they proceed through medical school. In addition, Caucasian (nonminority) students are *less likely* than non-Caucasian (minority) students to become depersonalized (23% vs. 29%;  $z$  value = 2.2), and are less likely to feel depressed



**Fig. 14.1** % Positive responses over time by MSWBI question (composite of all classes). Percentage (vertical axis) of positive (“yes”) responses to each MSWBI question for all students grouped by collection period (horizontal axis). Question 1 measures emotional exhaustion

(EE), question 2—depersonalization (DP), question 3—depression (DEP), question 4—fatigue (FT), question 5—sense of feeling overwhelmed (OVRW), question 6—anxiety (ANX), and question 7—major stress-related health impairments (HEALTH)



**Fig. 14.2** % At risk (3 positive responses) and burnout ( $\geq 4$  positive responses) over time (composite of all classes). Percentage of students (for each collection period) who are “burned out” or “approaching burnout” and consequently “at risk” for serious burnout-related consequences (health impairments, dropping out of school, suicidal ideation, etc.). “At risk” defined as 3 posi-

tive response to MSWBI questions on an individual survey and burnout defined as  $\geq 4$  positive answers to MSWBI questions. Proportions for burnout were calculated as total number of yes responses out of seven on a given survey rather than using question-specific parameters

(27% vs. 36%;  $z$ -value 2.89) or overwhelmed (28% vs. 34%;  $z$ -value 2.2) as they proceed through medical school.

Depersonalization invites more than lack of empathy. Depersonalization can contribute to lack of conscience (with implications for professional integrity), lack of the ability to perform self-reflection (a critical quality for leadership and creating emotionally intelligent relationships), lack of imagination, energy, intuition, and moral imperative. This can lead to problems in building trust, working effectively with others, being skillful in action, and in managing moods and emotions—all qualities essential for safe and effective healthcare delivery. In a study of burnout and medical errors among American surgeons, Shanafelt et al. [7] found that whereas a one-point increase in emotional exhaustion resulted in a 5% increase in the likelihood of reporting a medical error, a one-point increase in depersonalization resulted in an 11% increase of reporting a medical error. There is ample evidence that feelings of depersonalization are associated with the risk of non-empathic and morally suspect behaviors, as well as with physical, emotional, and mental problems [33, 34].

Students who provide  $\geq 4$  positive answers to the questions in the MSWBI meet the criteria for burnout as described in the literature. Previous studies have suggested that once someone has provided a score of 4 or more positive answers, they are also at risk (“15-fold compared to students with no distress conditions”) [23] for serious thoughts of dropping out of medical school [23, 35], having suicidal ideation [23, 25, 27, 28, 36], poor mental quality of life [35], or high fatigue [26, 33]. In our study, we also considered students with at least three positive answers to be an “at-risk” group for burnout. Using this definition, almost half (46%—combining those students who are either “burned out” or “at risk for burnout”) of our students seem to be at risk for major negative life events by the time they begin their fourth year of school (Fig. 14.2).

The implications of this study are evident. Medical school literally makes people sick. They don’t come in sick, but by the time they near completion of their studies they have experienced progressive emotional exhaustion, depersonalization, depression, anxiety, irritability, and a sense of being overwhelmed. One out of ten students report that they have developed stress-



related impairments to their health—a problem that is virtually absent when they begin school. Burnout and distress have a negative impact on quality of life, and both appear and increase inexorably throughout medical school.

These are new, but not surprising data, which indicate that the conditions that result in burnout and distress occur *prior to becoming a doctor*, and therefore we believe that they should be urgently addressed during medical training, across the entire spectrum of healthcare. Einstein once famously stated “you can’t solve a problem with the same minds that created it.” We would add that you can’t solve a problem that you can’t/won’t acknowledge. Unfortunately, it has been our experience that when the very medical leaders who can influence change are presented with these data, they either diminish or normalize the importance of the information, or claim that this is simply pervasive and not something they can change, (perhaps due to their own depersonalization and burnout?) In the early 2000s the ACGME (Accreditation Council for Graduate Medical Education) initiated the *Outcomes Project* that introduced the requirement that physicians become competent in a variety of areas beyond medical knowledge and patient care—ironically this was implemented as a method to cultivate patient-centered care, reduce medical error, and move healthcare towards a system that was “safe, equitable, efficient, timely, and equitable” [37, 38]. These *competencies*, as they were termed, included professionalism which required that residents demonstrate “responsiveness to patient needs that supersedes self interest” [39]. This is the conundrum to which healthcare providers are held accountable. How can they take care of themselves when there is *always* a sick patient in need of attention that would *supersede one’s own needs*? Of course the patient should always “come first.” And we would remind you, “so should you.” In the remainder of this chapter, we will suggest ways that this can be possible.

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## Wellness

If our current medical culture promotes burnout and distress, then it becomes incumbent upon each of us to take back control of our lives and

create for ourselves a personal culture of wellness. Wellness entails much more than the absence of burnout. That would be like defining health as the absence of disease [39]. Wellness embodies energy and vitality. Wellness embraces joy and playfulness. Wellness promotes resilience, learning, self-compassion, creativity, and relationship. Wellness requires a healthy mind, body, and heart—and the behaviors consistent with those. Wellness encompasses all the important aspects of our lives and exists in numerous dimensions, including mental, physical, emotional, spiritual, and relational. This section will discuss basic tenets of wellness and suggest ways that might help you better manage the demands of your professional life [40].

Medical centers, hospitals, and practices have become increasingly aware of the challenges their healthcare workers face, and this has led to increased efforts to prevent burnout. Some programs have instituted wellness programs [39], including coaching, opportunities for encouraging and promoting physical exercise (the Cleveland Clinic provides pedometers to all employees and encourages them to take 10,000 steps/day—a virtual impossibility for surgeons who stand in one place for extended periods of time), stress management training, and other support systems [39, 41, 42]. Many medical centers are changing their cafeterias to environments dedicated to healthier eating with more transparent nutritional information and some have gone so far as to remove unhealthy items (such as fried foods or foods with high sugar content) entirely from their campus. Others have suggested that wellness become a quality indicator against which to measure the successfulness of our organizations [43]. Despite these efforts, a human dilemma continues to plague healthcare professionals when they are asked (either directly or indirectly) to strictly adhere to the belief that professionalism requires placing the patients’ needs above one’s own needs—creating the unintended consequence of perpetuating a culture of self-denial (food, rest, basic hygiene, self-care) leading to burnout, depression, depersonalization, and unresolved stress with resultant manifestations for our health and even for our survival. The reality is that we are not “limitless resources” [44]. This dilemma

summons the challenge of crafting systems of abundance and inclusion that allow for both care of patients and caring for the caretakers—ourselves. In recent years, this has spawned a preponderance of literature addressing concepts of work–life balance—a curious term since it invites us to think that there might be a magical and static formula that will protect both us and our careers from unraveling into a loosely recognizable jumble of our dreams and hopes.

Work–life balance is not possible. There is no formula that will create a balanced life that fits for all of us. Life is challenging, sometimes messy, and potentially invigorating.

Decisions about managing the demands of work and life require *choice* [14, 40]. How we understand and manage our process for making choices contributes to our ability to be “well.” In the sections below, we provide an overview of some important research that relate to creating a life of intra- and interpersonal wellness. We then offer a few suggestions that may help you begin this journey.

## Research Behind Wellness

*Flexibility and Congruence:* Choice becomes more consistent with wellness (our physical, mental, emotional, spiritual, and relational wellness) when it remains connected to our values. We described this in an article we published several years ago, and we have reproduced part of that article below [40]:

We were once asked to give a talk to a large group of surgeons on how to create a balanced life. We followed an expert in time management. His talk comprised an informative sequence of slides that provided advice on how to be organized and efficient from the time you got up in the morning until you went to bed at night. The audience was busy writing notes on every bulleted point. So were we. Here was a lecture full of useful information. We would never again have an excuse for failing to get our tasks done. And we would be able to expect the same efficiency from others. What a wonderful prescription for success. With the audience now fully cognizant of how

much more productive we could all be, we began our talk with a story about time management as we see it. If you take a large jar and fill it with some big river rocks, is it full? “Of course not,” replied this now well-attuned audience. All right then, what if we then took scoops of pebbles and poured them into the jar to fill those spaces between the rocks. Is the jar full? “No,” replied the audience. There is still space. So, what if we then sifted in a bunch of sand and gently shook the jar to make certain it invaded whatever space is left. Is it full? “No.” Apparently the previous speaker had made quite an impression. Well, what if we now fill the jar with water. Is it full? “Yes,” sighed the audience. “We believe you have now filled the jar.” So, we asked, what is the point of all this. Our time management guru, who was still in the audience, blurted out the obvious: “Just what I was mentioning. You can get a lot more into your day than you imagine.” Well, we replied, that would seem to be the case. We offer another thought that we would like you to consider: If you don’t get those big rocks in first, you’ll never get them in later. Those big rocks are the secret for being intentional. They are the core elements of your life. If you lose touch with them, you will lose your foothold on the foundation that can support and balance your life.

Achieving balance in professional life has been a hot topic in the past few years at many medical meetings. We are frequently asked to speak about this, and we are often in the audience as others give their views on the subject. Balance, contrary to the opinions of some, is not about creating equal parts of work and time with the family. Balance is about choice. “Who are you and what do you want?” These seem like such simple questions, but many of us go our entire life and never answer either. The numbing and insatiable addiction to the external validation that comes from performance recognition can have us lose sight of ourselves. Begin to believe that you are defined by your performance, and at some point in your life, you may, having travelled far from who you are and the dreams that you held for yourself, become focused solely on the performance required for the next award. It’s as if you set out to be some thing, and you forgot how to be some one.

There is a classic scene in the movie *City Slickers*, with Billy Crystal and Jack Palance. Palance plays the part of Curly, a wizened cowboy who takes middle-aged business men on cattle drives to help them get away from the crises of their lives. Billy Crystal (Mitch) is struggling with how to handle numerous stresses in his life and he is riding alongside Curly when he gets a famous dose of Curly's wisdom.

Curly: "Mitch, How old are you? 38?"  
 Mitch: "39."  
 Curly: "Yeah, you all come up here about the same age. Same problems. Spend about 50 weeks a year getting knots in your rope and then you think 2 weeks up here will untie them for you. None of you get it. (Pause. They stop riding and just look at each other. CURLY continues). You know what the secret of life is?"  
 Mitch: "No. What?"  
 Curly: "This." (He holds up his index finger.)  
 Mitch: (Trying to be funny, and dismissive of his feelings) "Your finger?"  
 Curly: "One thing. Just one thing. You stick to that, everything else don't mean s\*\*t."  
 Mitch: "That's great, but what's the one thing?"  
 Curly: "That's what you gotta figure out."

That "one thing" might be to figure out your big rocks, those things that give your life a meaningfulness that you feel somewhere in the middle of you. And make choices with them in mind.

Articles by us, and others, have described the dynamic and often competing energy between the needs (hopes, wishes, demands) of *ourselves* (our own deep wants that we have frequently been taught to suppress as irrelevant), *others* (with whom we are in relationship—either at home or at work), and our *context* (the current situation, environment, professional expectation, etc.) [14, 45–47]. This ability to be aware of the needs of self, other, and context and then to be able to manage these needs forms the basis

for emotional intelligence and many other important leadership and life management strategies [48–53]. In order to become skillful in this practice, it is critical to develop unflinching self-awareness, empathic openness to others, and an ability to be curious, open, and able to accept without judgment, but rather with the ability to simply love what is present (COAL) [54–56]. Physicians are acculturated to "know" answers which leads them typically to judge (triage, evaluate, interrogate or criticize) and to take action (cure, treat, offer expert advice, or fix something) much more than they are taught to be curious (to "not know") and simply notice, or explore to understand by asking (without interrogating and by exposing the vulnerability of a "beginner's mind") [57–59].

Developing a sense of self is perhaps the most challenging skill for a physician and yet without developing this, wellness is elusive. We are not talking here about the "aggrandized sense of self" that is often wrapped up in the protected cocoon of grandiosity from our acclaim or achievements, but rather the genuine sense of self that sees and accepts all of our self-aspects including our limitations, mistakes, and longings without shame and with compassion and love [60, 61]. It's that part of us that may keep us awake at three in the morning wondering how our life took the path we now find ourselves on. That sense of self is authentic and it needs to be listened to [62]. It is through attuning to your own voice that you will be able to find and stay on your path to wellness.

Our most current thinking about work and life is what we term, *Work Life Flexibility and Adaptability*, and is illuminated in a story we published many years ago (when the field around us still tried to encourage the concept of *balance*) and we were struggling with better ways to teach skills for achieving something that looks like balance but that feels much more *congruent with honoring the needs of self, other, and context* [14]. Congruent decision making invites and encourages us to stay present and attuned as we explore and hold in regard the complexity of competing and divergent needs. The consequences of ignoring this information, or suppressing it as irrelevant, enhance the likelihood of living with continually unmet needs



which is a major contributing factor to burnout and distress [45–47, 58, 63, 64]. *When we achieve a sense of congruence, our choices invite us to have greater compassion for the difficulty of what we do.* This story (and others) [14, 40] has helped numerous colleagues understand the competing variables that must all be valued and honored in order to make choices that remain connected to the delicate essence of our lives—choices that respond to what is happening in the *now*, and that don't get stuck repeating tired patterns that may not serve us well any longer.

In an address to the International Conference on Communication in Healthcare [44], Charles Hatem suggests that attentiveness to wellness can lead to *renewal*. Renewal is a hopeful term; and that is appropriate because hope is a key ingredient for change. Renewal invites us to return to our self, which can be daunting to healthcare workers who have been taught to ignore their own needs. This invitation to return to our self brings to mind the prophetic words of T.S. Elliot:

We shall not cease from exploration,  
And the end of all our exploring  
Will be to arrive  
Where we started  
And know the place for the first time.

Often referred to as the poet laureate for corporate America, David Whyte once wrote [65]:

*In effect, if we can see the path ahead laid out for us,  
There is a good chance it is not our path;  
It is probably someone else's we have substituted  
for our own.  
Our own path must be deciphered every step of the  
way.*

In healthcare, we have been taught to pay attention to the needs of others and to the demands of the context, but returning to the sanctity of the self is an important theme in the “hero's journey” that many professionals complete during the course of their career [62]. It is a journey of spiritual awakening among physicians, and it is the journey that leads to wellness. In this sense, spirituality is defined as the reality of our commitment to a larger set of transcendent values as a framework for what we do, and properly acknowledged and incorporated, this becomes a key part of the front-wheel drive in our lives [44, 62, 66].

## Integration and the Window of Tolerance

In our work with numerous professionals, including many in highly stressful healthcare endeavors, a common theme we have observed among those who are in distress or who are burned out has been lack of integration. We view integration as an essential skill for achieving wellness.

Integration is the ability to *link differentiated parts into a whole that is flexible, adaptive, coherent, energized, and stable* (FACES) [56, 58]. You might want to imagine integration as a river (as portrayed so elegantly by Dan Siegel) [56]. The river (which symbolizes your life) is constantly flowing past two banks. On the left bank is rigidity and on the right bank is chaos—neither is an integrated or desirable bank to rest on. In order to stay in the river (of integration), one must avoid becoming overly differentiated (not allowing the feelings, opinions, or information from others to influence us)—which leads to chaos (imagine if your family or team was comprised of people who were totally differentiated and unable to take any influence from (link to) each other—theirs was the only opinion or knowledge that counted—it would be chaos). On the other bank is rigidity, which is the result of too much linkage—where people “fuse” in their beliefs (such as creating protocols and policies that apply to all and from which there is no room for differentiation). In our healthcare culture, we have been encouraged to link to the point of rigidity and deviation (including introduction of wellness programs) is considered irrelevant, at best; and disruptive at worst. When that culture becomes pervasive, we have become grounded on a riverbank and are no longer able to value differentiated parts. FACES reminds us that to stay in the river, we need to adopt the seemingly paradoxical ability to be *flexible yet stable* [58]. To do this requires we (1) adapt to what is happening now (within (self), among (others), and between (context)) and treat that information with *coherence* (harmonious connection of equally valuable parts) while appreciating the *energy* available to us with this awareness.

These skills empower us to consider emerging possibilities and free us to make choices that remain stable (connected to our values and goals) while allowing infinite flexibility (potential for creativity and non-automaticity).

If the river of integration symbolizes our journey through life, obstacles that float towards us create challenges to which we have a variety of responses. On some occasions those challenges become intolerable and we react. One way of reacting is to *fight* (akin to throwing an instrument, or yelling at someone) or *flee* (we simply leave—perhaps saying who needs to put up with this anymore, I deserve better). Another way that we react to a challenge, when it becomes intolerable, is we *freeze* or *collapse* (simply disengage or shutdown). This would be similar to avoiding a conflict or even deciding to quit a job—get a divorce. Each of us has a window of tolerance that we can notice. Our window of tolerance may be big for some people or circumstances, and very small for other people or circumstances. When we get outside our window of tolerance (as manifested by fight, flee, freeze, or withdraw), it is an opportunity to learn and be curious (remember COAL). We insert this to remind you of the advice from Hokusai (see beginning quotes) because the path to wellness doesn't require perfection; it only requires presence, including that you simply notice. Life, living through you, restores the ability to notice, and use that awareness to treat yourself as one of your own best friends.

### Mechanical vs. Complex Adaptive Systems

As mentioned in the earlier section on burnout and distress, our cultural demand for perfectionism and our resultant shame when we can't achieve that impossible goal are factors that contribute to our inability to be well. Lack of understanding on the part of healthcare professionals and leaders in distinguishing the difference between mechanical and complex adaptive (biological) systems perpetuates and exacerbates this problem.

**Table 14.1** Mechanical vs. complex adaptive systems

Mechanical system	Complex adaptive system
Predictable, routine	Unpredictable, variable
Task orientation—valuing of consistency and checklists	Relationship orientation—valuing of differences
Emergent behavior discouraged	Emergent behavior encouraged
Interrogate, judge, fix	Explore, understand, join
Spreadsheets, charts, graphs, protocols to enhance or measure reproducibility and comparability	Collaboration, connection, and inquisitiveness to enhance or stimulate change and growth
One correct answer (truth)	Multiple possibilities
Linear thinking	Systems thinking

In their first report, *To Err is Human* (published in 1999) [37], the Institute of Medicine (IOM) called attention to the difference between mechanical and complex adaptive systems. Not only is it important to understand this difference as it relates to patient safety, but it is also critically relevant to your own safety and wellness. Table 14.1 compares some of the important characteristics of each. Mechanical systems are expected to perform in a predictable and routine fashion. An elevator, car, airplane, or heart lung machine is a mechanical system. When you push the button for the fifth floor in an elevator, depress the accelerator on a car, pull back the throttle in an airplane, or turn up the speed of a roller head on a pump, you anticipate a predictable result. You don't just anticipate it, you expect or even demand it. If you don't get that result, you might declare the system to be "broken" and in need of repair, and a repairperson would come and *interrogate* (analyze), *judge* (declare the nature of the problem), and *fix* the malfunction. Mechanical systems lend themselves to task orientation and protocols [67]. Emergent (creative or innovative deviations from protocols) behavior is simply discouraged. You wouldn't want to push the button on an elevator for the fifth floor and have it take you instead to the third floor because that has been the more popular floor today. Mechanical systems work because of consistency—there is one

correct answer—and it is in the owner’s manual. Mechanical systems lend themselves to charts and graphs for measuring results because all the systems are the same and are comparable. Mechanical systems are robotic, not human. How would you like to be interrogated, judged, and fixed? Unfortunately, our medical culture often tries to do this to us. No wonder we become unwell.

Complex adaptive systems are unpredictable and variable. We hope for a certain range of performance and when we don’t get what we desire, our approach is more often to *explore* (with genuine, open-minded curiosity) in order to *understand* (learn) so that we can *join* (connect to) the system in a way that can help us better manage future relationships to it. Farming is an example of a complex adaptive system. The farmer can learn all they can about the characteristics of the soil, the climate, and other factors that would guide them to plant a certain type of crop, and then they have to watch and see what happens. If they don’t get a desirable result, it won’t help them to blame the weather, criticize the soil, or punish the seeds. They are better served by trying to understand what happened and how this might influence what they do the next year. They might decide to try something that others in the area haven’t tried and this could lead to a remarkable outcome. Errors are understood as opportunities to learn rather than failures that create shame [68]. How many of you would like to be explored with genuine curiosity in order to be understood so that your ideas and energy can be connected in a meaningful and appreciated way to the energy of your group? Complex adaptive systems thrive on this type of emergent (innovative) behavior for change and growth, and these systems invite multiple possibilities or solutions—they are life enhancing, not life restricting. In fact, research has suggested that one of the most powerful behaviors for creating vibrant and resonant relationships and teams is the ability of people to accept influence from one another, regardless of their title or position in the hierarchy [30, 69, 70]. Complex adaptive systems are human and welcome all that comes with that—including, and perhaps requiring, wellness.

In medicine, we work with both mechanical and complex adaptive systems simultaneously. It is important that we don’t get them confused.

All of the above information informs ways we can choose to utilize for constructing our lives. In the section that follows we will offer numerous ways for you to recover and renew—which techniques you choose will be a matter of personal fit and comfort.

## The Healthy Mind Platter

In 2012, David Rock, Dan Siegel, and colleagues introduced the concept of the *healthy mind platter* [71] (see Fig. 14.3), based on substantial research in the fields of physiology, neurology, biology, business, and medicine. These seven neurocognitive activities nurture the mind, the body, the brain, and our spirit, reconnecting us to our wholeness and allowing us to renew. Below, the items on the platter are briefly described, using information and segments from Rock and Siegel’s important article.

### Sleep Time

Research has shown that sleep is critical for homeostatic restoration, thermoregulation, tissue repair, immunity, memory processing and consolidation, learning, and emotion regulation. Increasing evidence about noisy and disruptive alarms contribute to disrupted sleep by physicians, to altered physiological vital signs, elevated levels of stress and medical errors [72, 73]. Accordingly, sleep deprivation can be more lethal than food deprivation. Belief that you are a *mechanical system* that doesn’t require sleep is not a path to wellness. Recent studies strongly point to the fact that sleep is far more important than is generally recognized, and though people in general (and in healthcare specifically) don’t get enough of it, there are easy steps to start remedying this problem. Adding a nap to one’s day or an extra 20 min to one’s sleep cycle (or both) can yield major benefits to cognition, emotional regulation, and general performance for the complex adaptive system called by your name.



**Fig. 14.3** The healthy mind platter

### Play Time

Playfulness enhances our capacity to innovate, adapt, and master changing circumstance. In this sense, playfulness is a way to expand our windows of tolerance and improve our capacity to be flexible, adaptive, coherent, energized, and stable. It is not just an escape. Play can help us integrate and reconcile difficult or contradictory circumstances. And, often, it can show us a way out of our problems. All mammals play; yet it is ironic how our healthcare culture suppresses that, because what we do, after all, is “serious business.” It turns out that play is also “serious business” [71]. Numerous studies have documented the impact of positive emotions on team and individual performance [69, 74–77] and play invites positive emotions, which have been documented as being critical for optimal performance [69, 74–76]. Equally important benefits of play is that it can facilitate learning and play can help in the development of flexible emotional responses to unexpected events (our window of tolerance) where individuals experience a loss of control, and which can be a major form of stress [30, 71, 78]. Play, or “having fun,” is not healthy when it is structured to tease, belittle, or in any way deride a team member [58], but in its pure and spontaneous form, it allows

humans to practice the novel motor and social skills that will prove to be essential for survival in the workplace jungle.

### Downtime

This is the most counterintuitive component of the healthy mind platter, and possibly the most misunderstood. It is also extremely challenging for most people in the healthcare profession. Downtime does not refer to hobbies (focus time) or sports (physical time) but rather to a very specific activity: “inactivity,” or “doing nothing that has a predefined goal.” Downtime is actually intentionally having no intention, of consciously engaging in doing nothing specific. Downtime is simply “hanging out, being with one’s surroundings, being spontaneous, having no particular goal or focus.” Unfortunately, most of the words used by busy/successful professionals to describe downtime have a negative connotation—words like idling, hanging around, loafing, lazing, goofing off, and chilling out. During downtime, we do much more than slumber, rest, and go “off-line.” Researchers have shown that insight is preceded and aided by disconnecting from deliberate, goal-directed, conscious thinking and permits the process of *integration*, or the linking of differentiated parts, to unfold. Numerous studies have demon-

strated the superiority of unconscious thought vs. conscious, logical reasoning in creating clearer, and more innovative decisions [79, 80]. In their book *The Break-out Principle* [81], Herbert Benson and William Proctor explain that the best way for solving thorny issues or complex problems is first to struggle with it, through problem analysis or fact gathering, up to the point where one stops feeling productive and starts feeling anxious and stressed. This is the signal for the second step: “distracting” oneself from the problem. There are many ways of doing this, including visiting a museum, taking a hot shower, listening to some calming music, or going for a walk. According to the authors, the key is “to stop analyzing, surrender control, and completely detach (oneself) from the stress producing thoughts.” This typically leads to what the authors call “the breakout”: a sudden insight or a new perspective that sheds a whole new light on the problem at hand. The very fact that unconscious thought and incubation time are conducive to better decision making and insight has profound implications for self-leadership. Downtime connects the left brain’s clutter of facts with the right brain’s ability to synthesize and innovate [82, 83] and the result is integration of our cerebral hemispheres in a way that restores wholeness, and with that, a connection to wellness.

### **Time-In (Reflection, Attunement, Mindfulness)**

Time-in is characterized by a very particular type of conscious, focused attention on the inner life of the self in the here and the now. Time-in focuses attention on one’s intentions and highlights awareness of awareness itself—the two fundamental elements of being mindful [55]. Time-in develops the capacity to be present with experience in a way that invites one to simply notice (see what Hokusai says at the beginning of this chapter) without judgment while promoting curiosity and acceptance. This awareness is essential for maintaining congruence and for cultivating attunement (to self, others, and context). The literature on mindfulness-based stress reduction (MBSR) is growing rapidly and there is little argument that mindfulness practices pay great

dividends in maintaining a healthy physiological and psychological state. Unlike time-out, time-in is time spent paying attention in a particular way, on purpose, in the present moment. Many medical schools are now including mindfulness meditation practices as a part of their curriculum in an attempt to enhance wellness. There are a variety of ways to introduce mindfulness and awareness as an antidote to the automaticity of your life and these include mindful meditation techniques, reflective journaling, or other awareness-inviting practices. For more information on some of these you may wish to visit the following websites:

[http://ggia.berkeley.edu/practice/expressive\\_writing?utm\\_source=GG+Newsletter+Feb+17+2016&utm\\_campaign=GG+Newsletter+Feb+17+2016&utm\\_medium=email#data-tab-how](http://ggia.berkeley.edu/practice/expressive_writing?utm_source=GG+Newsletter+Feb+17+2016&utm_campaign=GG+Newsletter+Feb+17+2016&utm_medium=email#data-tab-how) (Greater Good at Berkeley and J.W. Pennebaker, PhD)

<http://homepage.psy.utexas.edu/homepage/faculty/pennebaker/home2000/WritingandHealth.html> (JW Pennebaker, PhD)

[http://www.drdansiegel.com/resources/wheel\\_of\\_awareness/](http://www.drdansiegel.com/resources/wheel_of_awareness/) (Daniel Siegel, MD)

<http://self-compassion.org/category/exercises/> (Kristen Neff, PhD)

<http://marc.ucla.edu/body.cfm?id=22> (Guided Meditations at UCLA)

<http://www.simplybeing.org.uk/index.php/weblinks>

### **Connecting Time**

Social connection is a basic human need, much like water, food, and shelter, and a sense of belonging is essential for wellness [84]. From our earliest days of life, our connections to others provide a source of feeling seen, safe, and secure. It is not surprising that these same feelings of safety and attunement (seeing and feeling seen by others) describe the sense of belonging that is a core element for the ability to form and maintain a highly functional medical team [57, 58]. One of the most powerful measures of social support is whether a person has an intimate, confiding relationship, typically a spouse or a lover; friends or relatives function similarly but less powerfully [85]. In repeated studies, the connec-



tion to another human being has been demonstrated to relieve stress, improve outlook, and mitigate the enormity of an impending challenge. Furthermore, it has been shown that individuals who have diminished social connections may experience higher levels of stress and react more negatively to stress (have a narrower window of tolerance). Given that stress is an important cause of sleep problems, burnout, and depression, the buffering effect of social support on stress is pertinent to our discussion of how the Healthy Mind Platter provides the “nutrition” needed for wellness. A recent article in Harvard Business Review on how successful businesses “manage their emotional culture” introduces the term *companionate love*. In organizations where employees felt and expressed companionate love towards one another, people reported greater job satisfaction, commitment, and personal accountability for work performance [86]. This was contrasted to cultures of fear (defined by *threat rigidity*), where employees felt intimidated, afraid of doing something for which they might be blamed, and not sure who they could trust. In the latter organizations, burnout (manifested by all the distress elements measured and discussed above as well as by high employee turnover) was high. Organizations that cultivate connections do a lot to invite wellness because the need to belong and to feel valued is a basic human need.

### Physical Time

There is little that needs to be emphasized here. Most of us are aware of the numerous wellness benefits of exercise and other forms of physical activity (such as sports, hobbies, or playing). In an article in the New York Times [87], Sandra Aamodt and Sam Wang, respectively, editor in chief of Nature Neuroscience and associate professor of molecular biology and neuroscience at Princeton, take a critical look at computer programs to improve brain performance. The digital brain health and fitness software market is a booming business. According to the 2010 industry report called “Transforming Brain Health with Digital Tools to Assess, enhance and Treat Cognition across the Lifespan: The state of the Brain Fitness Market 2010” the size of the world-

wide market in 2009 was \$295 million dollars, a 35% growth since 2008, and representing an annualized growth rate of 31% since 2005. According to Aamodt and Wang:

*“[a]dvertising for these products often emphasizes the claim that they are designed by scientists or based on scientific research. To be charitable, we might call them inspired by science—not to be confused with actually proven by science. One form of training, however, has been shown to maintain and improve brain health—physical exercise.”*

And they end their article by stating:

*“So instead of spending money on computer games or puzzles to improve your brain’s health, invest in a gym membership. Or just turn off the computer and go for a brisk walk.”*

Exercise improves executive function and moderate exercise reduces stress, decreases anxiety, and alleviates depression [88]—all of the factors that contribute to burnout and deprive us from wellness. While we sometimes consider physical activity to be important for our bodies, the increasing data on how important it is for our brains emphasizes why it is a staple in our quest for wellness.

### Focus Time

Focus time is the time we are able to focus, stay focused, and refocus efficiently and effectively. To focus is to pay close attention. There is a direct relationship between stress, focus, and health. One could even propose that the capacity to focus attention is an ongoing indicator of mental fitness. The ability to remain focused by sustaining attention is a function of self-control, and appears to depend on a limited resource. Just as a muscle gets tired from exertion, acts of self-control cause short-term impairments (mental depletion) in subsequent needs for self-control, even on unrelated tasks. When this happens, we can begin to feel overwhelmed and incapable, beginning a slide towards distress and burnout. Focus time requires the ability to refocus following distraction or during multitasking (as we continuously switch the spotlight of our attention back and forth between different stimuli). Performing surgery is an extreme example of focus time. However, many surgeons have told us that after a

particularly challenging procedure that has required them to focus (and block out distractions) over an extended period of time, they need to return to the quiet of their office and have some “downtime” recovering. To achieve the wellness benefits from focus time, we accept that our culture invites distractions that constantly occupy our attention and can serve to drain our energy. An example of this is the experience commonly described by people who begin a mindful meditation practice—they become disturbed that their mind is so distractible and they believe that they are not succeeding at meditating. They are actually noticing what is already there—our minds are in constant movement, attending to the plethora of demands in our life. Simply noticing this is the first gift from meditation. The gift is in noticing and accepting without judgment [89]. Ability to enhance and to maintain focus can be practiced with meditation, but also with hobbies that require attention to a task. Over time, this helps individuals combat the feelings of being overwhelmed (burned out) that so often accompany multitasking and extended needs for focus. Practicing focus promotes wellness by helping us learn how to minimize the “switching time costs” from multitasking that tend to deplete us.

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### Additional Wellness Tips

Practicing wellness extends beyond including exercise, rest, and nutrition as part of our daily routine. Wellness affects our entire being and is accompanied by the qualities we need to not only prevent burnout, but also thrive—qualities like resilience, creativity, courage, and joy. Ironically, in a recently published survey of cardiac surgeon members of the Congenital Heart Surgeons Society (CHSS) and the European Association of Congenital Heart Surgeons (EACHS), many pointed to these latter qualities as the reason for their success [59]. When we have conducted leadership and team trainings, we sometimes ask three questions. The first is what are the responsibilities of a leader or of a high-performing team member? We often garner a long list of important tasks and performance imperatives that are expected from

leading people in our profession—including (but not limited to) decision making, vision crafting, consistency, knowledge, competent (or better) skills, ability to innovate or improvise, manage people, etc. Our second question is similar to the one asked in the survey mentioned above: What are the qualities demonstrated by these high performers or leaders? The list invariably includes attributes like integrity, courage, resilience, self-accountability (absence of blame), perseverance, positivity during adversity, creativity, curiosity, humility, and compassion. Our third question is the more difficult one for people to answer: How do you teach (or manifest) these latter qualities? In a culture that mandates perfection, and evaluates us simply by the one-dimensional outcome of patient survival, where do we measure qualities such as perseverance, grit, integrity, or courage? How do we reward compassion, innovation, or resilience—especially since each of these qualities is often associated with failure and struggle [90]? And if we can’t find a way to value and celebrate the emergence of these attributes that are essential to wellness and wholeness, why are we surprised when they get so suppressed and buried that the human spirit in us becomes burned out, depressed, discouraged, overwhelmed, and depersonalized?

In healthcare we are so accustomed to seeking the answers “out there.” But to cultivate the qualities mentioned above, the solution lies within us [62] and is beautifully illustrated by the words of Ralph Waldo Emerson:

What lies behind us  
And what lies before us  
Are tiny matters  
Compared to what lies within us.

### Release Yourself and Others from Unnecessary Judgements

Our medical culture can be merciless. Patients come to us for solutions to problems that are not always solvable. Our profession demands that we hold ourselves accountable to perfection and yet *life is so fragile and unpredictable that no one has yet been able to get out of it alive*. This creates an

impossible expectation (that with the right skills, we can prevent the inevitable) and yet most of us have readily embraced and agreed to sign up for the challenge. When a patient survives, we are happy to take the credit and use it to exalt the magnificence of our program (and in some cases, a team member may be happy to adorn themselves with individual credit). And when a patient dies, we take it personally—which is really hard to do, so in many organizations, the blame for something that might have been inevitable lands *somewhere*, and often in *someone*. If this is hard to read, it is even harder to witness, and yet the number of programs that now get scrutinized, reviewed, and criticized is growing annually—and you would be surprised to know that many of these are among our nation’s most exemplary sites. It is enough to make you sick—and in fact, it will. No one of us can survive this type of pressure and remain “well” [91, 92].

So the next time there is an unwanted outcome and the “witch hunt” has gotten under way, simply disengage yourself. It’s “their” stuff and you simply don’t need to own it. We all do the best we can, and if we can maintain a hold on wellness, we’ll survive to be able to help the next patient. Protect yourself from being the container for disappointment and simply *refuse to take it personally*. The problems we sometimes are asked to solve are simply bigger than any of us. In fact, they may not even be problems, which invites this reframe (from a famous Taoist tale):

Once upon a time in a village in ancient China there was an old man who lived alone with his son. They were very poor. They had just a small plot of land outside the village to grow rice and vegetables and a rude hut to live in. But they also had a good mare. It was the son’s pride and joy, and their only possession of value.

One day the mare ran away.

The old man’s friends came to him and commiserated. “What a wonderful mare that was!” They said. “What bad fortune that she ran off!”

“Who can tell? It is neither good nor bad, it just is.” The old man said.

Two weeks later the mare returned accompanied by a fine barbarian stallion. Friends and neighbors all came around and congratulated the old man. “Now you have your mare back, and

that stallion is as fine as any in the land. What a stroke of good fortune!”

“Who can tell? It is neither good nor bad, it just is.” The old man said.

Two weeks later the son fell off the stallion while riding and broke his leg. Friends of the old man came to him to express their sympathy. “It’s too bad your son broke his leg, and right before the planting season, too. What bad luck!”

“Who can tell? It is neither good nor bad, it just is.” The old man said.

Two weeks later, war came to the land, and all able-bodied young men were drafted. The troop that contained the men from the village was at the front in a bloody engagement, and the entire troop was lost. All the men from the village died in battle.

The young man with the broken leg stayed home. His leg healed. He and his father bred many fine horses, and tended their fields.

When something happens at work, don’t judge it. Judgment not only invites blame but it can be a hallmark for lack of accountability—a deadly trait in a leader. Life experiences provide us with an opportunity to learn. In that way, it is neither good nor bad, it just is. What you do with it—that is the key to wellness.

One technique that helps with this reframe is to *Tell Another Story*. In cases where you find yourself caught up in judgment, remember that you are a complex adaptive system working in a complex profession—and take the invitation to think creatively. What could be an alternative story (stories) that can explain someone’s behavior, or help you understand their perspective? What might be another way of looking at an outcome as something from which you can gain a new insight or something positive?

### **Embrace Joy and Gratitude**

You have likely spent many years becoming a capable professional in our field and it has taken sacrifice. Years of studying, nights on call, family events missed, commitment to learning, and constantly getting better. You have developed yourself into a precious and valuable resource. Take a moment to breathe and appreciate your-

self for all you have learned and all you have accomplished. Take another breath and appreciate yourself for how much you care. Let that in. Can you allow yourself to feel grateful for all you have learned? Can you find a way to have compassion for that part of you that cares so much for others? Can you reconnect to that core inside you, that core you know is there, and find joy that you have done something so meaningful with your life. You can take that joy and gratitude with you wherever you go. It can go a long way towards helping you achieve wellness.

Some ways to connect to gratitude are to spend the first few minutes each morning and each evening before bed, reminding yourself of the things for which you have gratitude. You might also consider sending a short note or e-mail to someone for whom you are grateful. Even more powerful is to call them up, or visit them in person, and read your words to them.

### Photographic Proof

See if you can locate a photograph of yourself when you were younger. Perhaps you can find several. Take some time and reconnect to that person. There is a lot of information in that photograph. Hokusai says to notice. What can you notice? Notice your posture or your countenance. Notice where you were at the time the photograph was taken. Who were you with? Who took the photo? Where are those people today? If you could say something to that younger you, what would you say? If that younger you could say something to you, what would he or she say? What would you imagine some of the real people whose stories we shared at the beginning of this article might have said to their younger selves, and what might their younger selves have said to them? Imagine if you shared your photograph with other members of your team—would they recognize you—the you that you know is there, still inside you? Would you feel safe sharing that part of you? Or would it feel scary, and perhaps make you feel vulnerable? What does that mean? If you have trouble even thinking of doing the above, what does that mean?

This is simply a way for you to reconnect to who you are and what is valuable about you—not to your title, or to your accomplishments. Not to your possessions or net worth or last patient out-

come; but to your real value—the parts of you that are dear and that need to be embraced and loved and protected so that you don't lose them. This is photographic proof that you are whole and valuable and preserving the unique and valuable "you" in a culture that wants to transform humans into robots is what the rest of this article has been about.

Several years ago we were blessed to participate in a conference and serve on a panel with Irish poet, John O'Donohue, whose work we have quoted in the past [40]. John died (young) a few years later of a heart attack, as he was slowing down his life, trying to enjoy the fruits of his labors and embrace his important relationships. We want to end by sharing with you a blessing of his for your work and we hope you can carry this with you as you move forward.

For Work

John O'Donohue

May the light of your soul bless your work  
With love and warmth of heart  
May you see in what you do the beauty of your soul  
May the sacredness of your work bring light and renewal  
To those who work with you  
And to those who see and receive your work  
May your work never exhaust you  
May it release wellsprings of refreshment  
Inspiration and excitement  
May you never become lost in bland absences  
May the day never burden  
May dawn find hope in your heart  
Approaching your new day with dreams  
Possibilities and promises  
May evening find you gracious and fulfilled  
May you go into the night blessed, sheltered and protected  
May your soul calm, console and renew you

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