

Moving From Physician Burnout to Resilience

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Abstract: We contend that work ambivalence is a key building block in fostering physician burnout and its sequelae, while engagement in meaningful work and receiving family support for that work enhances resilience. No singular approach to curbing burnout in OBGYN physicians has received empirical support. Clinical experience suggests that curbing physician burnout requires a combination of workplace redesigns, positive leadership behaviors, and resilience training that teaches practical applications from the fields of resilience, emotional intelligence, positive psychology, and relationship systems. This paper highlights organizational and leadership interventions that foster physician engagement, and describes how physicians can foster personal and family resilience.

Key words: burnout, resilience, work/life balance, leadership behaviors, resilience training, organizational interventions

Introduction

Between 2011 and 2014, rates of physician burnout increased from 45.5% to 54.4%.¹

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In 2016, 51% of OBGYNs reported experiencing burnout, with women reporting a rate of 55% compared with 46% for men.² The personal and professional costs of unchecked physician burnout have been well-documented. Physician burnout has been shown to correlate with maladaptive personal and professional sequelae, including significant work-home conflict, compromised patient outcomes, damaged team morale, increased career dissatisfaction, and both physician and staff turnover.^{3,4}

Physician well-being is directly affected by factors such as levels of workload, decision latitude, autonomy, flexibility, support, control in the workplace, and family support.^{5,6} It is generally acknowledged that curbing physician burnout will require a combination of individual, medical family, and medical organizational interventions.⁷ Fostering both a positive work environment and a positive medical family environment is therefore critical to any effort to build and perpetuate resilience.

In their meta-analysis of the burnout literature, West et al⁸ reported that only 4 interventions have empirical support for curbing physician burnout at least 10%: small group curricula, stress management and self-care training, mindfulness training, and communication skills training. Empirical evidence of efficacious approaches specific to curbing burnout in OBGYN physicians is lacking.

The purposes of this paper are to highlight creative efforts for curbing burnout that have been reported in the literature, to offer guidelines for structuring efforts to prevent or ameliorate burnout based on a wealth of clinical experience coaching and counseling physicians and medical families and consulting experiences with medical organizations; and to encourage empirical investigation of such efforts with populations of OBGYN residents and physicians.

ORGANIZATIONS MUST GO FIRST

Efforts to curb physician burnout must be couched in terms that minimize physician resistance.

In a recent white paper, Press Ganey Associates⁹ (2018) emphasized that “the success of interventions designed to reduce burnout and boost resilience will depend on the way in which the “problem” of burnout and its solutions are perceived and communicated by leadership... If efforts to reduce burnout imply the belief that individuals themselves are the problem, and enhancing their resilience is the focus, organizations are unlikely to achieve success and are at risk for provoking cynicism... the long-term plan should rely upon organizational responses to sources of added stress and organizational support for coping with inherent stress.”⁹ Leiter et al⁵ cautioned that burnout amelioration and prevention should focus on improving the workplace context by assuring that physicians are asked to perform work that matches their values, are faced with manageable workloads, have decision latitude about how

work is done, and receive reasonable rewards and fair responses to complaints about work processes—all within a community of respect and collegiality.

A wealth of organizational interventions aimed at easing practice burden and creating positive workplace cultures have been reported in the literature.^{7,10–15}

Table 1 lists noteworthy examples of such organizational interventions.

LEADERSHIP BEHAVIORS MATTER

Redesigning the medical workplace is a lofty goal. In the meantime, individual physician leaders can do much to help curb burnout in their direct reports. In a survey of 2813 employed physicians and faculty scientists at the Mayo Clinic, Shanafelt et al¹⁶ found that faculty ratings of leadership behaviors correlated with a number of factors that reflect resilience. Each one-point improvement of leader scores on a 60-item checklist in which faculty rated leader behaviors correlated with approximately a 3.8% diminishment of faculty burnout. Further, each 1-point increase in leader scores boosted by 9% faculty satisfaction ratings. Overall, faculty ratings of their physician leader accounted for 11% of the variance in faculty burnout and 47% of the variation in job satisfaction. The effective leader behaviors noted were keeping colleagues informed; asking colleagues’ opinions about how to improve the work setting; facilitating faculty career development; and offering recognition for well-done work.¹⁶

In another study from the Mayo Clinic group, West et al¹⁷ reported positive effects of leadership support for the development of collegiality. Specifically, self-formed groups of 6 to 8 physicians were supported to share a meal every other week for 1 hour, over a 6-month period. The 12 meals involved in this study were paid for by Mayo Clinic. Participants agreed to focus their mealtime discussions on 3 topics:

- “Why do we do this work?”
- “How can we promote collegiality?”

TABLE 1. Organizational Interventions to Bolster Physician Resilience

Administrators and support staff leaders round on physicians to solicit input and offer support
Survey physicians and other providers, and provide special consultation to those “high opportunity” work units that show elevations in assessments of burnout and/or subpar levels of satisfaction and engagement
Implement work flow redesigns to improve practice efficiencies
Identify and eliminate work that adds no value or that can be streamlined in ways to reduce physician stressors
Provide a team to assist with documentation, facilitate prescription renewals, and help with physician e-mail in-box management, to free physicians to focus more on patient-physician interaction
Allow for documentation time midday
Regularly offer specialized physician development programs—for example, Women in Medicine, Medical Families Today
Provide physician leadership development
Develop offices for coordinating and delivering a wide range of physician support services
Develop physician preference cards, to facilitate in-hospital cross-disciplinary collaboration
Provide physician support groups and create opportunities for physician collegiality and community
Regularly facilitate Administrator/Physician dialogues regarding physician needs and opinions
Facilitate flexible and creative work/life integration strategies such as providing valet services and allowing physicians options about how and when they work (with fair adjustment in commensurate compensation)
Share cost savings with physicians
Adjust relative value unit compensation metrics, to reflect the range of physicians’ work
Offer physicians talent and career management coaching
Provide resilience training

- Soliciting support and input from the group about some personal or professional challenge.

The researchers reported that the intervention lead to significant reductions in measures of burnout, social isolation, and likelihood of leaving; and significant boosts in measures of engagement, meaning at

work, job satisfaction, and overall quality of life.¹⁷

In a recent white paper, Press Ganey⁹ recommended that leaders can do the following:

1. Understand and communicate the importance of burnout, accept responsibility for addressing the external stressors that contribute to it and offer resources to help clinicians cope with the inherent stressors;
2. Measure both engagement and resilience (activation and decompression) of physicians, nurses and other key personnel, benchmark at segment and organization subunit levels, and detect change associated with specific interventions;
3. Increase awareness and experience of inherent rewards, and by so doing increase clinician activation; and
4. Promote a culture of wellness and resilience, in order to move the fulcrum of the stressor and reward balance to the right.⁹

Studer and Ford reported that simply asking for physician input can boost physician engagement and satisfaction. They recommend that administrators regularly round on physicians and ask the following series of questions.¹³

- As an organization, how well do we compare to what we say we want to be?
- What’s really going well at your practice?
- What do you feel good about?
- What are some areas that you are concerned about, that you feel could be improved upon?
- What are some ideas you have to improve the work environment here, improve patient care, and so on?
- Is there anyone here that you would like us to reward and recognize?

In our coaching of health care leaders regarding ways to shape physician resilience, we recommend the following:

- Through multiple modalities (educational forums, departmental meetings, institutional or departmental newsletters), acknowledge the need for attending to personal resilience skill development.
- Be transparent about your personal/professional resilience development. Leaders doing so will normalize that broadening and deepening resilience skills is a lifetime learning process.
- Acknowledge the challenges faced by contemporary medical families and the importance of family support. The unique work/life challenges faced by medical families have been documented.^{18–20} Our research and clinical experience over the past 30 years have shown that life mates of physicians generally report feeling misunderstood in their communities and ignored by their physician mate’s organization; that approximately 30% of physician life mates report burnout; and that even minimal efforts by physician leaders to acknowledge the importance of and express appreciation to life mates of practicing physicians or residents helps to curb perceived distress and bolster support from home for the physician’s work. The strongest empirical evidence that family support matters for OBGYN physicians comes from Gabbe et al^{6,21} who reported that positive mate support correlated with lowered burnout for OBGYN Chairs.
- Change the meaning of seeking help. Promote the perspective that physicians and medical families are “elite performers” who deserve to benefit from lifetime performance coaching.
- Highlight existing organizational and community resources available to help physicians and medical families cope. This may require developing a panel of mental health professionals, marriage/family counselors, performance coaches, and life coaches who are versed in the unique challenges faced by physicians and medical families.
- Access support proactively to bolster physician coping in the wake of medical

errors, medical malpractice stress, and compassion fatigue.

- Be relentless in championing physician and medical family resilience and well-being.

THE RESILIENCE CHALLENGE: TAKE RESPONSIBILITY FOR “YOUR 10%”

Our resilience challenge to individual physicians is simple: “Even if you believe that “they” (organizations, regulators, resistant patients, leaders, loved ones) are 90% of the problem, what 10% are you willing to own in order to foster your personal resilience?”⁷ To broaden and deepen that “10% factor,” we recommend training physicians and their teams in practical applications of the tactics and strategies that come from the fields of resilience, emotional intelligence, positive psychology, and relationship systems.

Resilience is not a preset or inflexible trait. Rather, resilience comes from a set of skills that can be learned, developed, and practiced over time.²² Necessary components of this resilience training include learning to counter daily hassles with daily uplifts by scanning for and spreading positive emotions; engaging passionately in work; deepening relationships, at work and in one’s personal life; reminding oneself of the deeper meanings of work and personal relationships; and pausing regularly to note meaningful professional, team, and personal/family accomplishments. The essence of resilience training is captured in this statement: Take care of yourself, and nourish the relationships that are important to you.

We encourage thinking of resilience and burnout in energy management terms. We conceptualize burnout as being what happens when the energy it takes to cope with demands depletes and is not rejuvenated with one’s typical recovery strategies. In contrast, resilience, which is most commonly defined as positive adaptation through difficult times, is the process of sustaining enough energy to get

through difficult times and emerge reenergized and stronger, for having had the experience.

We reported previously on a resilience training curriculum and process deployed to help neurosurgery residents and faculty.²³ An overview of key components of this model is presented in Table 2. We emphasize that addressing the myriad of topics outlined in Table 2 takes time. Our resilience training was delivered in monthly, 2-hour resilience sessions that unfolded over a 3-year period. We offer this overview in the hope of stimulating creative efforts to formulate and investigate the efficacy of time-compressed versions of this program with OBGYN physicians. In the remainder of this paper, we discuss key concepts that we have found helpful for bolstering individual physician resilience.

Beware of “Work Ambivalence”

Our contemporary explosion of information regarding burnout has blurred appreciation for the value of good work. Engagement in meaningful work enhances resilience. Ambivalence about work diminishes engagement and perpetuates unfortunate sequelae that erode physician, medical family, and team resilience. Figure 1 outlines this sequence.

Ending this cycle requires concerted and mindful effort on the parts of all: physicians, medical organizations, and medical families. Doing so hinges on recognizing and fostering “good work,” defined as work that matches one’s values; that is done to the best of one’s abilities; that fosters productive and enjoyable teamwork; and that yields family admiration and support of that work.

Monitor your Level of Self-Compassion

Treating yourself with interest and kindness, particularly in the face of adversity, is a key to resilience. Self-compassion is not the same as self-pity, selfishness, or self-indulgence. It means granting yourself permission to take care of yourself as generously as you take

TABLE 2. Topic Outline for Comprehensive Physician Resilience Training

Track A: what is the problem?
Burnout
Compassion fatigue
Anxiety
Work-related depression
Anger
Imposter syndrome
Maladaptive responses to stressors...at work and home
Un-alignment: mind/body/spirit/relationships/values/behaviors
Track B: self-assessments
Stressors: at work, at home
Burnout
Compassion fatigue
Perfectionism
Explanatory style
Resilience
Cognitive patterns
Stress symptoms
Anger management
Sleep
Exercise
Uplifts/hassles
Track C: deepening insights
Psychological style
Self-esteem
Efficacy
Conflict management style
Leadership style
Track D: deepening empathy
Challenges to empathy
Attribution errors
Rethinking and reframing: “ <i>Why are they asking me this?</i> ”
Content, structure, process
Creating cross-pollination
Track E: where is the joy?
The importance of uplifts
ID and harvest uplifts
Rethinking and reframing
Broadly and specifically
Sometimes meaning comes in disguise
Track F: the importance of good work
Exploding the mythical balanced life
Facts about “good work”
What is your “work psychology”
Reflecting on current work psychology
Re-framing: the “rarified air” of residency
Track G: personal relationships matter
Rethinking “balance”
Friendship matters
Family systems perspectives
Incorporating life mates
Content-structure-process
Track H: targeted topics
Challenges unique to women in medicine
Between the sexes
Between the generations
Medical malpractice stress
Financial matters
How much will you earn?
Visions of your future

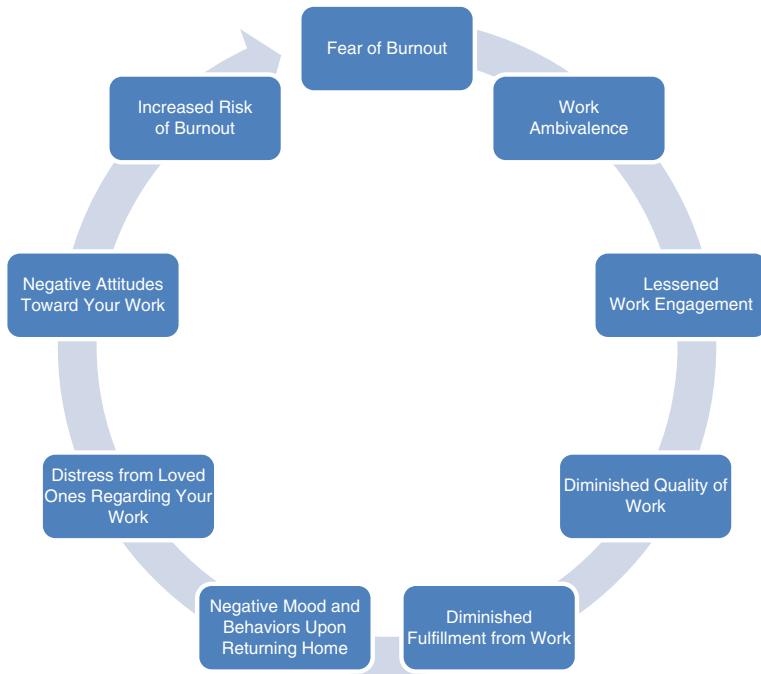


FIGURE 1. The burnout-work ambivalence cycle. Depiction of how fear of burnout creates work ambivalence, which perpetuates a sequence that leads to burnout.

care of others. Neff²⁴ reviewed a broad research literature that has documented that high self-compassion correlates with sustained motivation, enhanced resilience, higher spousal ratings of marital quality, and diminished levels of brooding, anxiety, and depression.

Assess Yourself

Two crucial components of resilience are self-insight and the capacity for self-regulation. Utilizing valid and reliable psychometric instruments, deepen self-insight by surveying for personal psychological style, problem-solving style, conflict management styles, and assorted other components of psychological and interpersonal style. Similar self-assessments can be used to flag the need for coaching or counseling regarding a myriad of distress syndromes, including burnout. Also, use standardized instruments to identify and build upon coping strengths and resilient attitudes and behaviors.

Catalogue and Discuss your Stressors

The goal here is to consider, contemplate, and share experiences with supported and trusted others. Resist any temptation to have these discussions devolve into complaint sessions. Rather, focus on acknowledging shared challenges and coping strategies.

Debrief Emotional Reactions to Specific Painful Experiences

Guided discussions of stressful aspects of life and of practicing medicine can bolster coping strength, even in the wake of major losses. Include here discussions of painful patient experiences and difficult interactions with staff or colleagues. Discuss emotional responses and respective coping strategies. Doing so can promote more robust capabilities in self-regulation and self-care.

The posttraumatic growth literature suggests several guidelines that should be borne

in mind as you engage in discussions about difficult experiences²⁵:

- Clarify subjective responses to the experience, including shattered beliefs about self, others, and the future.
- Work to reduce anxiety.
- Accept that constructive self-disclosure in a supportive environment is essential to debriefing exposure to trauma.
- Create a narrative that includes seeing the painful experience as a fork in the road that enhances the appreciation of paradox (Loss and gain both happen. Grief and gratitude both happen. Vulnerability and strength both happen.).
- Articulate overarching life principles and stances that are more robust to future challenges.
- Consider the following questions:
 - How have your experiences in medicine thus far changed your priorities about what is important in life?
 - How have the traumatic things you have witnessed affected your appreciation for the value of your own health and life?
 - How is your medical experience affecting your spiritual life?
 - How are your experiences as a physician leading you to feel closer to or more distant from others who are personally important to you?
 - What are you learning about your ability to deal with difficult times?
 - Are you discovering that you are stronger or more vulnerable than you thought you were?
 - What positive and negative impressions about human nature are you gleaning from the human suffering you are witnessing?

Generate and Harvest Daily Uplifts

The adaptive value of positive emotions is undeniable. Positive emotions “broaden people’s ideas about possible actions, opening our awareness to a wider range of thoughts and actions than is typical.

The core truth about positive emotions is that they open our hearts and our minds, making us more receptive and more creative” Fredrickson.²⁶

A meta-analysis of 300 scientific studies of positive emotion, that collectively tested more than 270,000 people, found that positivity produces success in life as much as it reflects a successful life.²⁷ For example, recounting for 8 minutes, on each of 3 consecutive days, the events of a particularly happy day (noting what thoughts, emotions, and actions filled that day) boosted scores on measures of life satisfaction for at least the following 4 weeks. Writing 5 things one is thankful for once each week, for 10 consecutive weeks boosted optimism and overall life satisfaction; and correlated with lessened reported incidences of headaches, nausea, and acne. Doing so also correlated with more time spent exercising, better sleep, and more helpful acts toward others. Furthermore, habitually acknowledging and expressing gratitude, either interpersonally or through journaling, has been shown to benefit health, sleep, relationships, and work performance.²⁸

Harvesting psychological positives requires mindfulness and intention. Positive psychology researcher Barbara Fredrickson has shown that resilience is greatly enhanced when a person practices harvesting three uplifts (or positive emotions), for every negative emotion experienced.²⁹ Mindfully note experiences that stir in you joy, gratitude, serenity, hope, interest, amusement, awe, pride, inspiration, and love. Fredrickson²⁶ advises regularly asking yourself the following series of questions:

When was the last time I had a positive feeling?

Where was I?

What was I doing?

What else gives me that feeling?

Can I think of still more triggers?

What can I do now to cultivate this feeling?

Another evidence-based strategy for boosting well-being and curbing distress comes from Seligman et al.³⁰ Take a moment each evening to note *Three Good Things* that happened that day; what your role was in each, and what positive feelings were generated. Doing so for just 7 consecutive days was found to correlate with diminished depression and elevated self-reported levels of happiness over a 6-month follow-up. Research conducted at Duke University Medical Center showed that doing so every evening for 15 consecutive nights significantly curbed burnout in health care professionals.³¹

Celebrate the Privilege of Being a Physician

Meaning is an antidote to burnout and despair. Take time to reflect on and discuss the motivations behind pursuing a career in medicine. Note the components of your work that bring you a sense of accomplishment, pride, and wonder. Discuss this with others.

Monitor Basic Self-Care

Exercise has been proven to be both an effective anti-depressant and a powerful stimulus for boosting stress management. Work hours may be physicians' most vital shared health risk factor. Compared to those who work less, physicians who work 65+ hours per week suffer double the risk that they will not exercise, sevenfold the risk of sleeping fewer than 6 hours each night, and fourfold the risk of skipping breakfast.³² Similarly, attending to the basics of nutrition and sleep hygiene is necessary to resilience. At minimum, create "humanity breaks." Take regular short breaks throughout your work week, for relaxation, reflection, peace, camaraderie, sustenance, fresh air, and sunlight.

Deepen Your Relationships

Positive workplace relationships are crucial to resilience. Our research with physicians and their life mates has shown that, far

more important than the number of hours worked, the vital variable determining the quality of a physicians' marriage/family relationships is his or her mood and attitude upon returning home from work.^{3,20} Family member satisfaction with a physician's work/life balance tanks proportionate to how frequently the physician returns home complaining about his/her work, gossiping negatively about work colleagues, and/or criticizing his/her work setting.

Get to Know People You Work With

Make the effort to converse with and learn things about them the people with whom you work.

Director of Patient Safety and resilience researcher at Duke University Medical Center, Bryan Sexton, Ph.D., demonstrated that more familiarity with colleagues correlated with increased teamwork, greater workplace predictability of performance, fewer delays, better shift changes, and lessened burnout.³³ Equally important is the simple fact that the more mutually positive and supportive the relationships at work, the more enjoyable the work will be.

Deepen Your Teamwork

Performance excellence in the face of high-stress, hyper-complex environmental challenges requires exquisite internal group understanding and communication. Consider researcher Martin Seligman's description of resilience training conducted with more than one million United States soldiers³⁴:

"Warriors who understand one another and who communicate well with each other, who are a cohesive group, who like one another and work well together, who take advantage of differences rather than use those differences to avoid one another, and who put themselves at risk for one another are the most likely to survive and emerge victorious."

(Seligman, 2011, p.145)

Demystify Your Administration

Recent research showed that one of the most powerful ways to curb burnout is for physicians to partner with administrators to discuss creative ways to pursue clinical and operational excellence and improve efficiencies.¹⁴ Through such dialogue, a sense of shared decision latitude and collegiality are built.

Be Nice

Clinical and consulting experience suggests that many physicians today are being asked to remain motivated and resilient by reinforcement paradigms that compel them to avoid punishment or penalty. Fostering a culture of praise and positive reinforcement in your work environment is a more evidence-based way to sustain positive coping and bolster personal resilience. Performing acts of kindness has been demonstrated to be the single most reliable way to momentarily increase a person's sense of well-being. Lyubomirsky et al³⁵ found that performing 5 unsolicited acts of kindness per week over six weeks boost well-being for many months. In addition, a positive workplace emotional culture—one that is characterized by interactions between coworkers and providers and patients that are positive, energizing, assuring, and calming—has been shown to correlate with employee performance and patient and family satisfaction.³⁶

Positive relationships have 2 characteristics: (1) the support individual is openly available to the other when things go wrong; and (2) when things go right, the support person is there, applauding and affirming the other. In this later regard, marital research has demonstrated that responses to “positive event” discussions are closely related to relationship well-being. “Negative event” discussions are less likely to contribute to the health of the relationship.³⁷ Researcher Gable et al³⁷ offered guidelines for “*Active Constructive Responding*”—ways to show that you are interested in and show that you care about, and are excited by, the accomplishments and growth of others:

- Maintain eye contact/smile/laugh
- Ask at least three questions which encourage your colleague or trainee to talk about their good news. Savor their positive emotions.

Tell your colleagues or trainees that you are happy and proud for them; and that you believe in them (or their potential); and offer genuine praise and compliments when deserved. And, with quiet pride, take note of your accomplishments.³⁷

Debrief Interpersonal “Fails”

Take a “Morbidity and Mortality Conference” approach to personal or coworker break-downs. Analyze all the components that led to these interpersonal tensions. Identify where simple corrections may have obviated the eventual interpersonal outcome. Explore and practice methods for diffusing interpersonal tensions. Learn the basics of anger management, conflict management, and negotiation. Guidelines for doing so are available.^{7,23}

Attend to Your Close Relationships

Positive personal relationships are fundamental to human well-being. Spousal support has been found to correlate with diminished burnout rates in Chairs of OBGYN.⁶

Our previously published guidelines for orthopedic surgeons about how to manage work/family juggling can be applied to OBGYNs.¹⁹

- Spend an average of ninety or more minutes each day awake and with your mate. Research suggests that physicians compromise the quality of their family life when they choose to add absences due to non-work-related activities to the already time-challenged work-life balance that stems from their extraordinarily demanding careers.
- Regularly engage your mate in meaningful discussion regarding your reactions to your work experiences and your mate's reactions to his or her life.

- Routinely voice appreciation for and pride in the contributions that your mate brings to your life.
- Do not forget to play—with your family. Routinely show your family the playful side of yourself. Take multiple, brief breaks from your intensive work schedule.
- Accept that every couple or family is challenged by chronic, unresolved issues. Absence of conflict is not the sine qua none of happy marriages; the presence of deep friendship, trust, and mutual respect and admiration is. Learn to communicate clearly, fight fairly, and accept with maturity the fact that there are no perfectly harmonious couples or families.

Conclusions

Curbing burnout among OBGYN physicians will require creative applications of the best current practices from a variety of fields. Empirical validation of the efficacy of any singular approach with populations of OBGYN residents or practicing physicians is lacking. It remains for future researchers to examine whether an approach that combines organizational interventions to reshape the OBGYN practice environment, creative and engaged leadership, and resilience training for OBGYNs and their loved ones can, indeed, move physicians and medical families from risk to resilience.

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