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The Wicked Problem of Physician Well-Being **213**

Jina L. Sinskey, Rebecca D. Margolis, and Amy E. Vinson

The collective threat to physician well-being is a complex issue with no clear solution. Even before the coronavirus disease 2019 pandemic, physicians suffered from widespread burnout and moral injury, with negative consequences for patient care, physician health, and the health care system. Initial clinician well-being efforts leaned heavily on individual-focused interventions. However, workplace culture and environment are key factors that affect burnout, and therefore clinician well-being efforts require both individual-focused and systems-level interventions. A sustainable culture of support in medicine is necessary to foster physician well-being.

Burnout from Gender Inequity in a Pandemic **225**

Elizabeth B. Malinzak and Stephanie I. Byerly

Women represent approximately one-third of all anesthesiologists in the United States. Before the COVID-19 pandemic, research regarding gender bias in anesthesiology defined the scope of the problem. Unfortunately, the pandemic exposed and expanded the imbalances associated with gender, placing women anesthesiologists as both primary caregivers in the home and on the frontlines of health care. These systemic inequities exacerbated burnout in women anesthesiologists. Several initiatives that can improve well-being and the work culture for all anesthesiologists, including women, will also be discussed.

Lactation in Anesthesiology **235**

Annery G. Garcia-Marcinkiewicz and Sarah S. Titler

There are several work-related barriers to breastfeeding among physician mothers including: lack of appropriate place for breastmilk expression, unpredictable and inflexible schedules, and lack of time to breastfeed or express milk. In a survey of physician mothers, those who were in surgical and procedural subspecialties, including anesthesiology, reported a lack of lactation facilities in close proximity to the operating room as a barrier to breastfeeding. Unlike other physicians and clinicians in different health care environments, anesthesiology is unique in that there is often no built-in time for breaks or a predictable end time to the operating room schedule. A break system is typically established, within an institution, for meal break

relief for trainees, Certified Registered Nurse Anesthetist, and Anesthesia Assistants. This system for breaks may not be sufficient to accommodate the frequency or length required for lactation sessions. In addition, these break systems do not typically provide relief for supervising anesthesiologists for meals or lactation sessions. A study of physician mothers across specialties identified anesthesiologists as significantly more likely than women of other medical specialties to self-report maternal discrimination. The study defined maternal discrimination as discrimination based on pregnancy, maternity leave, or breastfeeding. As a workforce and specialty, we must support our breastfeeding anesthesiologists and facilitate lactation needs on return to the workplace.

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Travis Reece-Nguyen, Anoushka M. Afonso, and Amy E. Vinson

Increasing attention is being paid to both anesthesiologist well-being and commitments to diversity, equity, and inclusion. Sexual minorities (ie, members of the lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual [LGBTQIA] communities) face many challenges in society and the workplace, including mental health conditions, discrimination, and increased risk for burnout. In this review, we outline the current state of mental health conditions and burnout in sexual minority individuals, discrimination and harassment faced both in society and the workplace, and steps that workplaces can take to become more inclusive and welcoming.

A Perspective on Wellness in Anesthesiology Residency Programs: A Multi-Strategy Approach **257**

Kenneth B. Brown Jr., Arianna Cook, Fei Chen, and Susan M. Martinelli

Addressing resident wellness is an important topic given the high risk for burnout and depression in resident physicians compared with the general U.S. population. This article provides an overview of various approaches to help conceptualize and intervene on resident wellness, based on the 9-strategies framework to improve wellness laid out by Shanafelt and colleagues. This article outlines the most relevant literature in each strategy followed by the authors' experience within their anesthesiology residency program.

Investigating Wellness and Burnout Initiatives for Anesthesiology Resident Physicians: Time for Evidence-Based Investigation and Implementation **275**

Kelsey M. Repine, Oliver Bawmann, Madelyn Mendlen, and Steven R. Lowenstein

Resident physician burnout and well-being are increasingly important and salient topics in medical training. Unfortunately, limited research exists regarding the efficacy of various burnout and wellness interventions for resident physicians. Better characterization of the causes of burnout and the components of well-being must necessarily precede implementation and evaluation of interventions. The authors advocate for an increased role for technology in implementing and studying wellness programming for resident physicians. In addition, they describe an intervention under development at the University of Colorado School of Medicine that uses a "Gratitude Journal" smartphone app to support trainee wellness.

Antiracism in Health Professions Education Through the Lens of the Health Humanities 287

Kamna S. Balhara, Michael R. Ehmann, and Nathan Irvin

Racism represents a public health crisis, adversely impacting patient outcomes and health care workplace inclusivity. Dismantling racism requires transforming both racist systems and individual and collective consciousness. Focusing on antiracism in health professions education through the transdisciplinary lens of the health humanities can spur self-reflection, critical thinking, and collaboration among health professions educators and trainees to create more equitable structures of care. This article describes how the health humanities provide a powerful framework for antiracist health professions education. The authors conclude with a snapshot of an existing humanities-based antiracist curriculum, with suggestions to facilitate implementation in other settings.

It Takes a Village: A Narrative Review of Anesthesiology Mentorship 301

Albert H. Tsai, Natalie J. Bodmer, Kush Gupta, and Thomas J. Caruso

Mentorships play a critical role in the development of physician careers and should be tailored within a structured, evidence-based mentoring program to ensure mutual benefit and avoidance of pitfalls. We offer a narrative review of the current literature and commentary on mentoring at the medical student, GME trainee, and early career faculty levels within anesthesiology, and propose a framework on which an effective mentoring program can be implemented.

Early-Career Physician Burnout 315

Leelach Rothschild and Ciera Ward

Early-career physicians face a broad range of challenges unique to their phase of life and career. Beginning in residency, anesthesiologists encounter stressors unique to their work environment, which, when coupled with their personal life demands, places significant burden and creates potential for burnout. In this article, the authors review the literature to explore the contributors of burnout in early-career anesthesiologists, evaluate the relationship between compassionate care and empathic distress, and propose strategies to prevent and treat burnout in this specific subset of anesthesiologists.

Anesthesiology Residency and Relationship Health: A Psychological Approach 325

Jo M. Vogeli and Daniel Abraham

This article explores an often-untouched subject in anesthesiology residency: relationships. The authors examine the importance of fostering all types of relationships (eg, personal, professional, self) and the impact of the training process on relationships and total well-being. Common issues in relationships during anesthesiology residency are shared through real-life anecdotes from physicians who are currently in or have completed their residencies. Psychological principles including optimism bias, cognitive dissonance, social comparison, and self-efficacy are explored as contributing to dysfunction in relationships. Strategies are offered for each psychological domain as a resource for faculty and program leadership to improve the residency experience in anesthesiology.

Physician Coaching 337

Laura K. Berenstain, Scott D. Markowitz, and Stephanie I. Byerly

The practice of anesthesiology requires both clinical skills and the ability to navigate complex social situations. Leadership skills such as emotional intelligence, adaptability, conflict management, and negotiation are crucial for success but infrequently taught. Coaching is a thought-provoking process that enhances self-awareness and inspires the maximization of personal and professional potential. It has been used in the business world for personal and professional development for decades, and evidence now exists that coaching also provides benefits for physicians in both professional development and well-being.

Nutritional Wellness for the Busy Health Care Provider: Small Everyday Wins 349

Alan Robert Bielsky and Carolyn Berger Foley

When describing health care provider wellness, diet and nutrition are typically not addressed. This, in combination with the lack of decent food and diet resources typically available to the typically busy health care provider, exposes a significant gap in the road to advancing clinician wellness. This article aims to describe the relationship between nutrition and well-being, and potential barriers to optimal nutrition encountered by health care providers in the workplace. Readily available and practical strategies to improve physician diet and nutrition include: mindful eating practices, home meal preparation, food journaling, and mobile applications. From an organizational level, once physicians are making more informed food choices it is the hospital's responsibility to make nutritional options available in the workplace.

Poetry and Medicine 359

Audrey Shafer

Poetry and medicine are related in multiple ways, including historical interests in healing, defined broadly, through words. More contemporary scholarship explores how poems, which include insights into the human condition, can enlarge our understanding of health, illness, mortality, and health care, including issues of diversity. Anesthesiology and poetry have particular affinities due to their structures, timeframes, and rhythms. Patients, physicians, and health care workers can benefit in terms of well-being by access to reading, reflecting on, and writing poetry.

Well-being in the Intensive Care Unit: Looking Beyond COVID-19 373

Sheela Pai Cole and Shahla Siddiqui

Burnout among critical care personnel has increased due to the additional psychological and physical demands of caring for critically ill patients with limited resources. Factors that increase the risk of burnout include compassion fatigue, lack of control over the work environment, difficult interpersonal relationships, and constant exposure to end-of-life issues. Organizational commitment to physician wellbeing depends on improving workplace efficiency, recognizing stressors in the critical care environment, and providing resources to help manage staffing shortages. Community building, training in communication, and team-building strategies are important steps in building collaboration and camaraderie in the workplace.

Well-Being in Anesthesiology Graduate Medical Education: Reconciling the Ideal with Reality 383

Lauren Lisann-Goldman, Christopher Cowart, Hung-Mo Lin, Barbara Orlando, and Bryan Mahoney

Addressing burnout through well-being initiatives in anesthesiology residency training has been well described. Our intervention of in-person mindfulness-based stress reduction (MBSR) and cognitive-behavioral therapy (CBT) as a means of addressing burnout among anesthesiology trainees proved unfeasible given attitudinal and logistic variables. We subsequently found success with a "confessions session" model structured as a modification of the Delphi method; this led to organizational changes associated with reduced resident burnout and well-being measured through internal (GME) and external (the Accreditation Council for Graduate Medical Education (ACGME)) annual anonymous surveys.

Moving Past Burnout, Looking Toward Engagement 399

Elizabeth W. Duggan and Malissa Clark

Physician engagement is often discussed in the medical literature; yet health care research examining this construct has been disjointed and plagued by conceptual ambiguities. Examining validated organizational evidence, we offer 3 key antecedents of work engagement that show promise as resources for medical professionals and health care organizations: psychological safety, organizational justice, and job crafting. In addition, we outline the nomological network of related, yet distinct, concepts, to demonstrate the relationship between engagement, burnout, and job satisfaction. As health care organizations facilitate engagement, they provide an additional avenue to decrease physician burnout, while also positively impacting provider and organizational outcomes.

Quality of Life Improvement: A Novel Framework and Approach to Well-Being 415

Jina L. Sinskey, Joyce M. Chang, Dorre Nicholau, and Michael A. Gropper

Physician burnout is a complex problem that requires creative solutions. Despite increasing awareness of the importance of systems approaches to address physician well-being, few tools exist for organizations to bridge the gap between well-being theory and practice. As demonstrated during the COVID-19 pandemic, new threats to well-being can arise at any time, necessitating an iterative approach. Here we outline the quality of life improvement (QOLI) approach, a novel framework and approach that incorporates principles of human-centered design (HCD), quality improvement (QI), and implementation science (IS) to address clinician well-being. Additionally, we share our experience using this approach in a large academic anesthesiology department.