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Commentary: A wellness checklist for residents is not the only thing that is needed to prevent burnout in the health professional

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Wellness has been an area of concern for many years. Burnout is not unique to cardiothoracic surgery but a problem in all specialties of health care. Unfortunately, medical professionals remain at an increased risk of suicide.¹ Factors that lead to mental distress include moral loneliness, family disruption, constant stressful interruptions, increasing administrative constraints, and unrealistic patient expectations. All these reduce job satisfaction and increase the likelihood of mental health issues.^{2,3}

We health professionals are dedicated to our patients' well-being but are much less accomplished at taking care of ourselves or our trainees. Cardiothoracic surgery is one of the most emotionally intense and mentally taxing surgical fields. Good outcomes are never guaranteed. As a specialty, we need to ensure our trainees, not only receive the tools to be competent surgeons, but also receive those that will help them become balanced human beings. Resources such as those proposed in *Implementation of Wellness into a Cardiothoracic Training Program: A Checklist for a Wellness Policy* by Fajardo and Vaporciyan⁴ in this issue of JTCVS represent just the beginning. Real progress will have been made when more formal programs have been developed on a national level that focus on the practicing surgeon, as well as on trainees. Practicing surgeons face moral distress on a daily basis. Most of them have no training and very little time to devote to wellness.

However, wellness programs are not the only need. Many aspects of the daily life of surgeons should also

CENTRAL MESSAGE

Wellness programs are difficult to implement and tools are needed to help assist in the creation in thoracic surgery residency programs. However, wellness is needed and not just for the trainees.

be recognized as causes of stress. Providers are constantly being critiqued using process metrics over which they have limited control. This is a well-established recipe for burnout and stress, especially when these metrics are also being used inappropriately as a surrogate for quality. An ideal way to reduce frustration and burnout in the practicing surgeon would be to implement quality measurements that are under the control of the surgeon and reflect the true ability of the surgeon to provide appropriate, efficient, effective, and timely treatment. Thus, the best way to reduce issues of frustration and burnout is not only through the use of checklists. Additionally, it will be accomplished by allowing surgeons to do what they do best: care for patients without being hindered by bureaucratic roadblocks!

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