Love is a central theme in the profession of medicine. It is an undeniable drive that leads individuals onward to serve others, whether through clinical care or laboratory science. Naming that force for what it is and claiming it again as one’s own turns the corner away from discouragement toward renewal of the promise to that primal altruism which first sparked the notion of joining an honored tradition of service.

So began a three-day working conference on faculty health and well-being in academic medical centers, the first to focus entirely on that subject. Henry Strobel spoke these words at the opening dinner. They both set the theme and recalled the reason for the gathering: faculty burnout and demoralization. The causes are multiple. Sometimes faculty work under onerous conditions—too much to do in too short a time, not enough resources, not enough support staff, and so on. Other times—out of what they regard as dedication and passion—faculty work past needing rest, past needing family, and past needing renewal. Either way, the result is finally a separation from the very inspiration that “sparked the notion of joining an honored tradition of service.”

The conference was organized by the editors of this volume and was sponsored by the McGovern Center at the University of Texas Health Science Center in Houston in collaboration with the M. D. Anderson Cancer Center, also in Houston. It had its origins in concern for loss of meaning and its deleterious consequences. But what pulled us forward was envisioning a new field of inquiry that would explore all facets of faculty well-being—the major factors affecting it and resources for protecting, recovering, and enhancing it. Our aim was to convene those with expertise in relevant areas and produce a foundational book for this new field.

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We set out key areas of discussion:

- Types and prevalence of harms to the health of faculty
- Challenges to health at different stages of the professional life cycle
- Psychological strengths, vulnerabilities, and injuries
- Issues raised by gender, generation, race, and ethnicity
- Helps and hindrances from the professional and organizational culture
- The ethical imperative of self-care
- The spiritual crisis and the role of the humanities
- The need for supportive programs

These topics required experts in epidemiology, impairment, career development, psychology, diversity, organizational phenomena, ethics, medical humanities, and program design. In February, 2007, the organizers identified scholars across the country who had a professional stature in these areas. We wanted to act quickly and set a July date at the University of Texas Health Science Center in Houston. Given this time and place, we were uncertain how many would agree to come. Nevertheless, within a week of our phoned invitations, everyone we had called had agreed to attend. There could not be a stronger endorsement of the importance and urgency of the subject at hand.

**Rationale**

Undergirding our project was the expanding published research showing that clinicians and researchers in academic medicine, performing daily under high levels of stress, do so at great cost to their health. Many physicians are burned out, demoralized, wounded, and physically compromised [1–3]. Physicians suffer higher levels of anxiety and depression than do those in comparative general populations [4, 5]. A national survey of generalist physicians in the United States found a significant direct relationship between reports of job stress and measures of poorer physical and mental health [6]. A profession rooted in compassion, care, and service to patients has apparently failed to take seriously its own needs for self-care, stress management, meaning, and nurture.

Socialized to diagnose and treat disease through biomedical science and technology, physicians sometimes wall themselves off from emotional connection with their patients. As a result, they miss the spiritual sustenance and vitality that emerge from genuine human exchange between a doctor and a patient. Further, in academic medicine, physicians face substantially increased clinical work and are still expected to participate in teaching, research, service to the university, and writing for publication—activities that bring their own stresses and create constant conflict about use of time.

Researchers, too, suffer from stressors endemic to scientific studies in an academic medical setting. Most often, they rely on grant support for their research and all or most of their salary. Submissions are not only highly competitive for the initial award