

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Daniel

2. Surname (Last Name)  
Tawfik

3. Date

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Evidence relating healthcare provider burnout and quality of care: A systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)  
M19-1152

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stanford Maternal and Child Health Research Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Tawfik reports grants from Stanford Maternal and Child Health Research Institute, during the conduct of the study; .

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### Section 1. Identifying Information

1. Given Name (First Name)

Mickey

2. Surname (Last Name)

Trockel

3. Date

23-May-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Evidence relating healthcare provider burnout and quality of care: A systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)

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Dr. Trockel has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Ioannidis	3. Date 26-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kent
5. Manuscript Title PATH Statement		
6. Manuscript Identifying Number (if you know it) M18-3667		

### Section 2. The Work Under Consideration for Publication

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Dr. Ioannidis has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kathryn

2. Surname (Last Name)  
Adair

3. Date  
12-August-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Evidence relating healthcare provider burnout and quality of care: A systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)  
M19-1152

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Tait

2. Surname (Last Name)  
Shanafelt

3. Date  
12-August-2019

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jochen

2. Surname (Last Name)  
Profit

3. Date  
14-August-2019

4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
Evidence relating healthcare provider burnout and quality of care: A systematic review and meta-analysis

6. Manuscript Identifying Number (if you know it)  
M19-1152

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NICHD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R01 HD084679-01

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

has received honoraria for speaking at scientific meetings on the topic of burnout

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Dr. Profit reports grants from NICHD, during the conduct of the study; and has received honoraria for speaking at scientific meetings on the topic of burnout.

### Evaluation and Feedback

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### Instructions

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#### 1. Identifying information.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
Sexton

3. Date  
12-August-2019

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Daniel Tawfik

5. Manuscript Title  
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	study of burnout in healthcare workers

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I occasionally give grand rounds and lectures on healthcare worker well-being

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Dr. Sexton reports grants from NIH, during the conduct of the study; and I occasionally give grand rounds and lectures on healthcare worker well-being.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Annette	2. Surname (Last Name) Scheid	3. Date 04-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel S. Tawfik, MD
5. Manuscript Title Evidence relating healthcare provider burnout and quality of care: A systematic review and meta-analysis		
6. Manuscript Identifying Number (if you know it) <hr/>		

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Dr. Scheid has nothing to disclose.

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