

Zero Burnout Program Survey for Clinicians

CONFIDENTIAL

A unique identification number will be created for you that will be kept confidential!

ID # _____

INTRODUCTION:

This survey includes questions about your work life. The information you provide will help us determine ways to modify work conditions for the benefit of you and your patients. Thank you for participating!

Section A.

1. In the grid below, please estimate the AVERAGE time allocated to you and amount of time you feel would be needed to provide high quality care for your patients.

Visit Type	Time allocated	Time needed
a. Complete physical/consultation	_____ min.	_____ min.
b. Routine follow-up.....	_____ min.	_____ min.
OR A typical procedure (specify _____) in your area	_____ min.	_____ min.

2. During a typical week about how many hours do you spend: Hours per week

a. In the office seeing patients?	_____
b. In the hospital seeing patients?	_____
c. On other patient-related activities (e.g., phone calls, forms, EMR)?	_____
d. On teaching or research?	_____
e. On other work-related activities (e.g., administration)?	_____
Total work hours	_____

3. Overall, do you consider yourself to work: Full time Part-time

4. During a typical month, how many days are you on-call? _____

5. Please estimate the percentage of your patients in each of these categories:			
a. Female	_____%	e. Have complex or numerous medical problems	_____%
b. Elderly (over 65)	_____%	f. Have complex or numerous psycho-social problems	_____%
c. Speak little or no English	_____%	g. Are generally frustrating to deal with	_____%
d. Suffer from chronic pain	_____%	h. Have alcohol or other substance abuse disorders	_____%

Section B.

1. In your practice setting, how much access do you have to...?	Slight or none	Some	Moderate	Great
a. Clinical resources (e.g., supplies and equipment)	1	2	3	4
b. Specialty referrals	1	2	3	4
c. Interpreters	1	2	3	4
d. Tech support	1	2	3	4
e. Social Work	1	2	3	4

2. How much does your practice setting emphasize...?	Slight or none	Some	Moderate	Great
a. Providing care for underserved populations	1	2	3	4
b. Teamwork among clinicians and staff	1	2	3	4
c. Diversity among clinicians and staff	1	2	3	4
d. Professionalism among clinicians and staff	1	2	3	4
e. Balancing professional and personal life	1	2	3	4

f. Productivity	1	2	3	4
3. In your practice setting, how much control do you have over...?	Slight or none	Some	Moderate	Great
a. Details of your office or daily schedule	1	2	3	4
b. The volume of paperwork and EMR work you have to do	1	2	3	4
c. The hours you work	1	2	3	4
d. Work interruptions (e.g., telephone calls, unscheduled patients)	1	2	3	4
e. The volume of your patient load or panel size	1	2	3	4
f. Workplace issues (e.g., office space, facilities, supplies)	1	2	3	4
g. The pace of your work	1	2	3	4
h. Allotment of additional time for complex patients	1	2	3	4

4. Which number to the right best describes the atmosphere in your office?	Calm		Busy, but reasonable		Hectic, chaotic
	1	2	3	4	5

Section C.

1. Using your own definition of “burnout”, please circle *one of the numbers to the right*:

a. I enjoy my work. I have no symptoms of burnout.	1
b. Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.	2
c. I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.	3
d. The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot.	4
e. I feel completely burned out and often wonder if I can go on. I am at the point where I may need to seek help.	5

2. In general, I would say that my health is... (circle one number)	Poor	Fair	Good	Very good	Excellent
	1	2	3	4	5

3. What is the likelihood that you will leave your current practice within TWO YEARS?	None	Slight	Moderate	Likely	Definitely
	1	2	3	4	5

Section D.

The statements below describe the experiences reported to us by physicians in various settings and specialties. Please assess how well each statement describes *your own practice situation*.

1. Circle the number on the right which best describes how much you agree or disagree with each statement.	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I find my current clinical work personally rewarding.	1	2	3	4	5
b. Overall, I am pleased with my work.	1	2	3	4	5
c. Overall, I am satisfied in my current practice.	1	2	3	4	5
d. My current work situation is never frustrating.	1	2	3	4	5
e. My work in this practice has met my expectations.	1	2	3	4	5
f. I feel a great deal of stress because of my job.	1	2	3	4	5
g. Many stressful things happen to me at work.	1	2	3	4	5
h. My job is extremely stressful.	1	2	3	4	5
i. I almost always feel stressed at work.	1	2	3	4	5

Section E.

1. To what degree do the following statements reflect the conditions in your principal practice site?	Not at all		To a great extent	
a. There is widespread agreement about most moral/ethical issues.	1	2	3	4
b. Clinicians who develop inappropriate patient care practices will be “talked to.”	1	2	3	4
c. Our clinician compensation formula is well aligned with our organization’s goals.	1	2	3	4
d. There is a great deal of sharing of clinical information.	1	2	3	4
e. There is broad involvement of clinicians in most financial decisions.	1	2	3	4
f. Our administrators obtain and provide us with information that helps us improve the cost effectiveness of our patient care.	1	2	3	4
g. Our compensation plan rewards those who work hard for our group.	1	2	3	4
h. There is an open discussion of clinical failures.	1	2	3	4
i. We emphasize patient satisfaction.	1	2	3	4
j. The quality of each clinician’s work is closely monitored.	1	2	3	4
k. Our clinician compensation formula is well understood by our clinicians.	1	2	3	4
l. Our administrative decision-making process is described as consensus building.	1	2	3	4
m. There is an identifiable practice style that we all try to adhere to in our department.	1	2	3	4
n. We have very good methods to assure that our physicians change their practices to include new technologies and research findings.	1	2	3	4
o. The business office and administration are considered to be a very important part of our group practice.	1	2	3	4
p. We rely heavily on electronic information systems to provide cost effective care.	1	2	3	4
q. There is a strong sense of belonging to the group.	1	2	3	4
r. There is rapid change in clinical practice among our clinicians when studies indicate that we can improve quality/reduce costs.	1	2	3	4
s. There is a great deal of organizational loyalty.	1	2	3	4
t. There is a strong sense of responsibility to help one of our clinicians if he/she has a personal problem.	1	2	3	4
u. There is a high level of commitment to measuring clinical outcomes.	1	2	3	4
v. Quality of care is goal one.	1	2	3	4
w. We rely heavily on computer-based information when seeing a patient.	1	2	3	4
x. Candid and open communications exist between clinicians and nurses / care team members	1	2	3	4
y. We encourage the internal reporting of all adverse patient care events.	1	2	3	4
z. There is a high degree of organizational trust.	1	2	3	4
aa. There is a general agreement on treatment methods.	1	2	3	4
bb. We have developed a common standard of care.	1	2	3	4
cc. Our clinical leadership is concerned with quality of care issues.	1	2	3	4
dd. Adequate training is provided in dealing with quality of care issues.	1	2	3	4
ee. Making changes to reduce the possibility of substandard care is easy for us.	1	2	3	4

2. To what degree do the following statements reflect your feelings about practice leadership?	Not at all			To a great extent
a. Practice leadership promotes an environment that is an enjoyable place to work.	1	2	3	4
b. Leadership in this practice creates an environment where things can be accomplished.	1	2	3	4
c. Leadership strongly supports practice change efforts.	1	2	3	4
d. The practice leadership makes sure that we have the time and space necessary to discuss changes to improve care.	1	2	3	4
e. Most of the people who work in our practice seem to enjoy their work.	1	2	3	4

3. Please assess how well each statement describes your own practice situation:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Work rarely encroaches on my personal time.	1	2	3	4	5
b. My work schedule leaves me enough time for my family.	1	2	3	4	5
c. The amount of call I am required to take is not excessive.	1	2	3	4	5
d. The interruption of my personal life by work is not a problem.	1	2	3	4	5

Section F. Check as many as apply – prioritize top 3.

To improve our wellness focus for providers, I would like to see:

	Yes	Check if your “Top 3”
1. Longer visits/more time for procedures		
2. “Desk top” time allotted for EMR “catch up”		
3. More support for work-home balance		
4. More clinical case discussions among colleagues		
5. More teamwork in clinical practice		
6. “Float pool” to cover absences for vacations and life events		
7. More time for exercise and meals		
8. More support by clinical leadership for wellness		
9. More EMR support – less work at home		
10. Sessions with leaders to discuss values and direction		
11. More tech support		
12. More smart phrases and filters		

Section G

1. What is your age? _____

2. Sex? Male Female

3. Marital status? Single Married/Domestic partner Divorced/Widowed Separated

4. What is your ethnicity? (please choose one) Hispanic/Latino Not Hispanic/Latino

5. What is your race? (circle a number for all that apply)

a. White (European, Middle Eastern, other) 1

b. Black or African American 2

- c. American Indian or Alaska Native 3
- d. Native Hawaiian or Pacific Islander 4
- e. Asian 5
- f. Other: _____ 6

6. What type of clinician are you? MD DO PA NP PhD Other _____
7. In what medical specialty or subspecialty is the majority of your patient care? _____
8. How many years have you worked at your current practice setting? _____
9. Do you practice in an “open access” or ‘advanced access’ appointment system? yes no
- a. If yes, for how many months? _____
10. Are you one of the owners (shareholder or partner) of this practice organization? yes no
11. Please tell us what it’s like to work in your unit? What are the successes? Challenges?
12. How long did it take you to complete this survey? _____ minutes

If you have questions or concerns, please contact Mark Linzer, M.D., Division of General Internal Medicine at Hennepin County Medical Center, mark.linzer@hcmcd.org or Sara Poplau, sara.poplau@hcmcd.org.