2017 Physician & Advanced Practitioner Well Being Solutions Survey Report
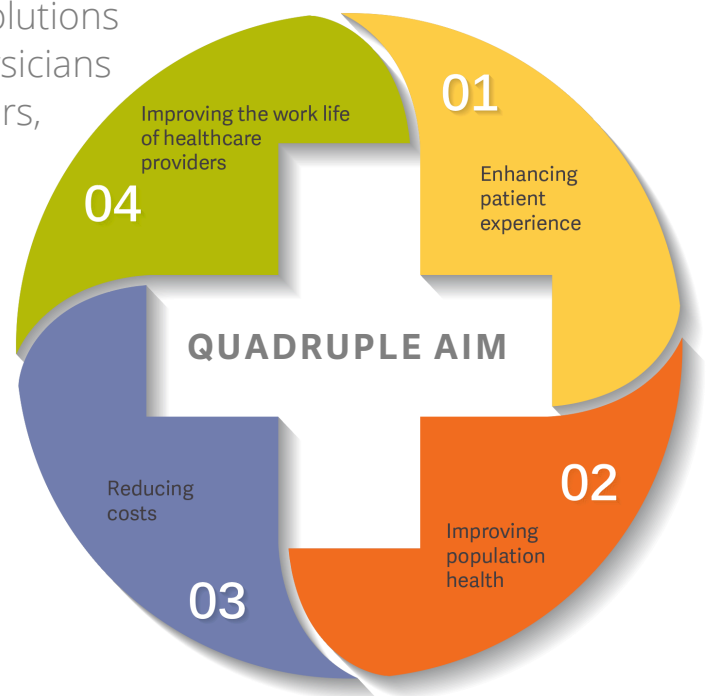
Introduction

Care Team Well Being Recognized as Critical to Health System Performance

The results of our fifth healthcare survey, the 2017 Physician and Advanced Practitioner Well Being Solutions Survey by VITAL WorkLife and Cejka Search are particularly timely, as physician well being has become broadly recognized as one of the top priorities for health system performance.

The Triple Aim — enhancing patient experience, improving population health and reducing costs — has been expanded to include improving the work life of healthcare providers, including physicians and advanced practitioners, as a fourth interdependent goal in the Quadruple Aim.[1] Advanced practitioners are playing an increasingly important role in today's medical environment and little research is available on their levels of stress and well being.

To begin filling this gap, the 2017 Physician and Advanced Practitioner Well Being Solutions Survey included both physicians and advanced practitioners, as well as leadership.

Improving the work life of healthcare providers

04

01

Enhancing patient experience

QUADRUPLE AIM

Reducing costs

03

02

Improving population health

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The pressure on care teams continues to rise, with:

- *ever changing technology*

- *reimbursements*

- *health records*

- *government and patient requirements*

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Rising Pressures on Physicians and Advanced Practitioners

The pressure on care teams continues to rise, with ever changing technology, reimbursements, health records and government and patient requirements. Escalating physician labor shortages coupled with growing demand for care from aging and previously uninsured populations are creating even more pressure for healthcare systems to do more with less. Organizations also have challenges in physician recruitment and retention, especially in secondary and tertiary markets, resulting in more and more being asked of advanced practitioners. Moderate to high levels of physician and advanced practitioner stress threaten health systems' ability to achieve the Quadruple Aim.

Negative Impact of Stress and Burn Out

The risks associated with high stress and burnout are many. Stress and burnout in physicians can lead to behavioral and performance issues at work, conflict in the workplace and at home and dissatisfaction with jobs and careers.[2] Studies show even small increases in stress and burnout scores can lead to more perceived medical errors,[3,4] reduced work hours[5] and increased risk of suicidal thoughts.[6]

Healthcare organizations also feel the impacts of physician stress and burnout through increased patient safety issues, lower staff morale and increased turnover and recruitment challenges,[7] all impacts healthcare organizations under margin pressures can ill afford. For instance, the physician shortage in the US is expected to be between 34,600 to 88,000 physicians in 2025.[8] **For each primary care physician vacancy, it is estimated to cost an organization nearly $1.3 million per year in lost revenues and recruitment and replacement costs.[9]**

Potential Solutions for Improved Well Being

Studies show individual-focused, structural and organizational strategies can improve burnout among physicians.[10] In our 2015 Stress & Burnout Survey,[11] physicians reported more time off or self-directed time (61.2% of respondents) and more ancillary support, such as aides to deal with paperwork and charting (60.6%), as well as better understanding of the challenges and support by administration (46.7%) might be helpful in more effectively addressing stress and burnout. Strong leadership can also affect stress and burnout in their care teams, with better leadership scores associated with a lower likelihood of burnout and a higher likelihood of job satisfaction among physicians.[12] However, there is a lack of information on the value, importance and availability of solutions, business processes and cultural attributes known to support well being currently offered to physicians and advanced practitioners.

Goals of the Survey

The 2017 Physician and Advanced Practitioner Well Being Solutions Survey was designed to:

- Assess stress levels and barriers to accessing well being solutions among physicians and advanced practitioners, including similarities and differences between the two groups.

- Determine the well being solutions (such as counseling, coaching, mentoring), business processes (such as appropriate staffing ratios, quality improvement initiatives, codes of conduct enforced) and cultural attributes (such as skilled leadership, flexible scheduling, meaningful performance evaluations) offered to support physician and advanced practitioner well being.

- Measure the perceived value of these well being solutions, business processes and cultural attributes among physicians and advanced practitioners.

- Gauge the perceived importance these solutions have on aspects of well being including mental and emotional health, work/life balance, compassion for patients, working relationships with team members and job retention.

- Examine leadership perceptions of all areas of the well being solutions surveyed.

Key Findings

85.1%

43.0%

26.3%

87.6%

- Physician and advanced practitioner responses were remarkably similar across the survey – including stress levels, what is valued, offered and important to the aspects of well being.

- 85.1% of physicians and advanced practitioners reported moderate to severe stress.

- Availability of well being solutions is limited in organizations and what is offered isn't necessarily what respondents value.

  - The most frequently offered well being solution (individual counseling) was reported to be available by only 43.0% of respondents.

  - The most often valued well being solution by 84.8% of respondents was financial remuneration for non-clinical tasks, yet only 26.3% said this solution was offered by their organization.

  - Barriers to accessing well being solutions are pervasive. 87.6% of physicians and advanced practitioners reported at least one barrier and more than half reported six or more barriers. Time to access what is available was the most frequently reported barrier.

- Well being solutions, business processes and cultural attributes were all reported as important to well being by respondents. Of the three, cultural attributes were reported as important to well being slightly to significantly more often.

- Culture and leadership, arguably interdependent, repeatedly surfaced as valuable to physicians and advanced practitioners in establishing and maintaining well being, including leadership awareness of needs, skilled leadership, employees being held accountable and a strong leadership development process.

41.4%

- Leadership responses throughout the survey were largely consistent with those of physicians and advanced practitioners. This is interesting, considering 41.4% of leaders reported their organizations had never formally assessed the well being of their physician and advanced practitioner population.

- For conclusions and recommendations, please see pages 27 and 28.

Survey Results

Demographic Characteristics

A total of 784 individuals completed the 2017 Physician and Advanced Practitioner Well Being Solutions Survey (see Appendix A for survey and analysis methodology). After limiting the sample to those employed full-time, part-time or on contract in a hospital or solo/group practice setting, a final sample size of 614 was reached, with 555 physicians and advanced practitioners and 59 leaders included in the analysis (Table 1). Most respondents were physicians or advanced practitioners (90.4%), while 9.6% identified themselves as leaders. Leaders reported being in medical practice for an average of 23.5 years, compared with 14.6 years for physicians and advanced practitioners. Leaders were more likely to be male, while physicians and advanced practitioners were more likely to be female.

Table 1. Demographic characteristics

	Physicians and Advanced Practitioners	Leaders
Total Sample Size	555	59
Mean Years of Practice	14.6	23.5
Work Setting		
Hospital (%)	46.0	33.9
Solo or Group Practice (%)	54.0	66.1
Work Status		
Full-time (%)	90.4	93.2
Part-time (%)	8.3	6.8
Contract (%)	1.3	0.0
Gender		
Male (%)	46.0	54.2
Female (%)	54.0	45.8

Stress Levels

Overall, the majority of physicians and advanced practitioners report at least moderate levels of stress, with 85.1% reporting being moderately or severely stressed (Figure 1). Only 14.9% reported being not very stressed.

Figure 1. Self-reported stress levels among physicians and advanced practitioners
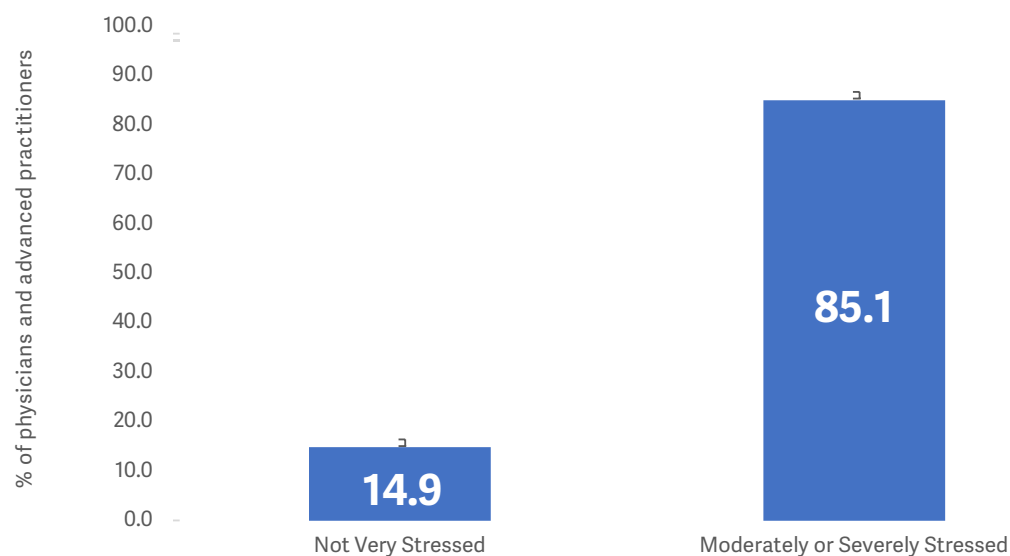
* Note, error bars throughout report indicate 95% confidence intervals.

Previous surveys by VITAL WorkLife and Cejka Search in 2011 and 2015 show consistent, high levels of stress among physicians (Table 2).[§] These results are replicated in the 2017 survey in physicians, as well as the combined sample of physicians and advanced practitioners. Because stress levels are similar in physicians and advanced practitioners (see Appendix B), it will be important for advanced practitioners to be included in efforts to reduce stress and burnout.

Table 2. Comparison of stress levels

	Not Very Stressed	Moderately or Severely Stressed
Physicians – 2011 Survey	13.1%	86.1%
Physicians – 2015 Survey	11.9%	88.1%
Physicians – 2017 Survey	13.9%	86.1%
Physicians and Advanced Practitioners – 2017 Survey	14.9%	85.1%

[§] For previous surveys, see http://vitalworklife.com/forphysicians/research-and-articles/

Value and Importance of Well Being Solutions

Well being solutions are of value to physicians, advanced practitioners and leaders. However, not all solutions are reported as valuable with the same frequency (Figure 2). Financial remuneration for non-clinical tasks, reduced workload or schedule and EMR/EHR assistance were reported as valuable by the largest proportion of physicians and advanced practitioners (Table 3). These results suggest physicians and advanced practitioners value solutions to help them manage their time, work productively and demonstrate the organization values their time as well.

Other solutions most often reported as valuable by physicians and advanced practitioners were personal assistants and financial and legal resources. Web and app well being tools were reported as valuable by a much smaller proportion of respondents.

Similarly, leaders often reported a reduced workload or schedule, EMR/EHR assistance and financial remuneration for non-clinical tasks as valuable to the well being of their clinicians. Leaders reported EMR/EHR assistance, individual counseling, professional or leadership coaching, intervention programs and on-site stress management as being valuable to their clinicians significantly more often than did physicians and advanced practitioners (Figure 2).

These results highlight the need for organizations to assess the value of solutions among their physicians and advanced practitioners to best provide solutions meeting the needs of physicians and advanced practitioners.

Figure 2. Value of well being solutions among physicians, advanced practitioners and leaders
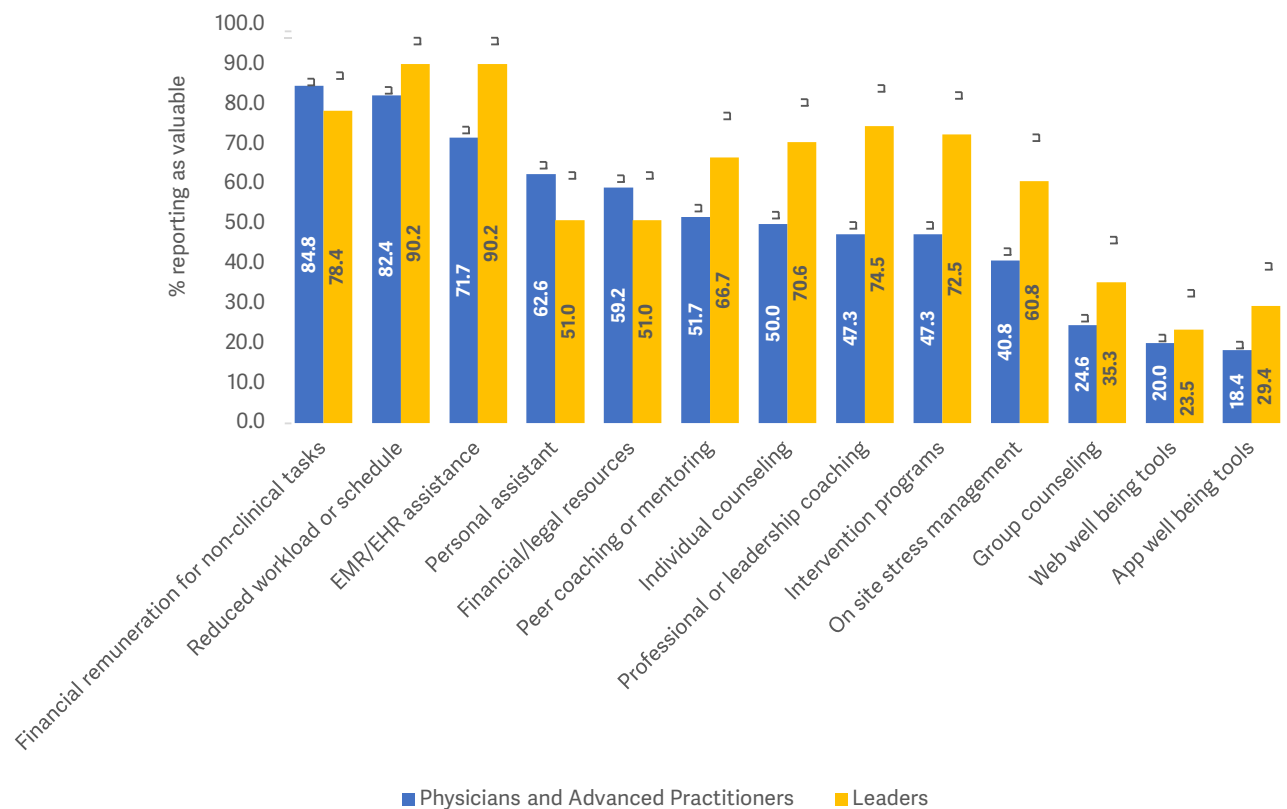
Table 3. Most often valued well being solutions

	Physicians and Advanced Practitioners	Leaders
1	Financial remuneration for non-clinical tasks	Reduced workload or schedule
2	Reduced workload or schedule	EMR/EHR assistance
3	EMR/EHR assistance	Financial remuneration for non-clinical tasks
4	Personal assistant	Professional or leadership coaching
5	Financial/legal resources	Intervention programs

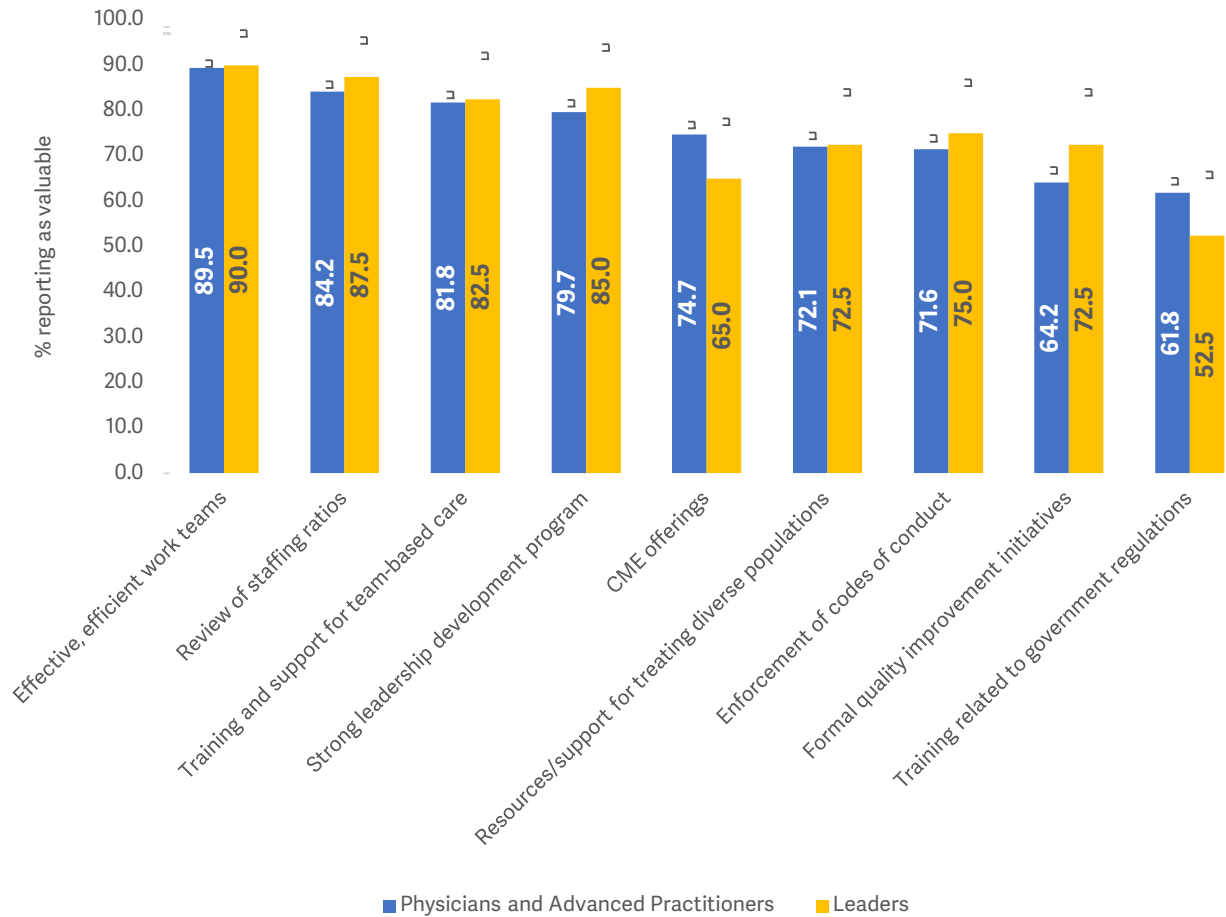## Value and Importance of Business Processes

Business processes form an important connection between management and employees. The processes most commonly reported as valuable by physicians and advanced practitioners included having effective and efficient work teams, review of staffing ratios, training and support for team-based care, a strong leadership development program and offering Continuing Medical Education (CME) (Table 4).

Table 4. Most often valued business processes

	Physicians and Advanced Practitioners	Leaders
1	Effective, efficient work teams	Effective, efficient work teams
2	Review of staffing ratios	Review of staffing ratios
3	Training and support for team-based care	Strong leadership development program
4	Strong leadership development program	Training and support for team-based care
5	Continuing Medical Education (CME) offerings	Enforcement of codes of conduct

The processes most often reported by leaders as valuable to clinicians include effective and efficient work teams, review of staffing ratios, strong leadership development programs, training and support for team-based care and enforcement of codes of conduct. There were no significant differences between leaders and physicians and advanced practitioners, in terms of the reported value of business processes (Figure 3).

Figure 3. Value of business processes among physicians, advanced practitioners and leaders

Figure 3 bar chart data (% reporting as valuable):

Business process	Physicians and Advanced Practitioners	Leaders
Effective, efficient work teams	89.5	90.0
Review of staffing ratios	84.2	87.5
Training and support for team-based care	81.8	82.5
Strong leadership development program	79.7	85.0
CME offerings	74.7	65.0
Resources/support for treating diverse populations	72.1	72.5
Enforcement of codes of conduct	71.6	75.0
Formal quality improvement initiatives	64.2	72.5
Training related to government regulations	61.8	52.5

Value and Importance of Cultural Attributes

Organizational culture is an important piece of the work environment of physicians, advanced practitioners and leaders. Each of the cultural attributes were reported as valuable by more than 75% of physicians and advanced practitioners (Figure 4). Collaboration between team members, having leaders who are aware of their needs, having resources invested in workplace culture, having employees held accountable and having skilled leadership were the most commonly reported as valuable (Table 5).

Over 70% of leaders also report each of the cultural attributes as being valuable to clinicians. Those most often reported as valuable by leaders include skilled leadership, having leaders who are aware of their needs, employees being held accountable, being the attributes most closely associated with their own abilities as leaders, including the skills and awareness of leadership (Table 5). Physicians and advanced practitioners also value these attributes. There were no significant differences between leaders and physicians and advanced practitioners in terms of the reported value.

Figure 4. Value of cultural attributes among physicians, advanced practitioners and leaders
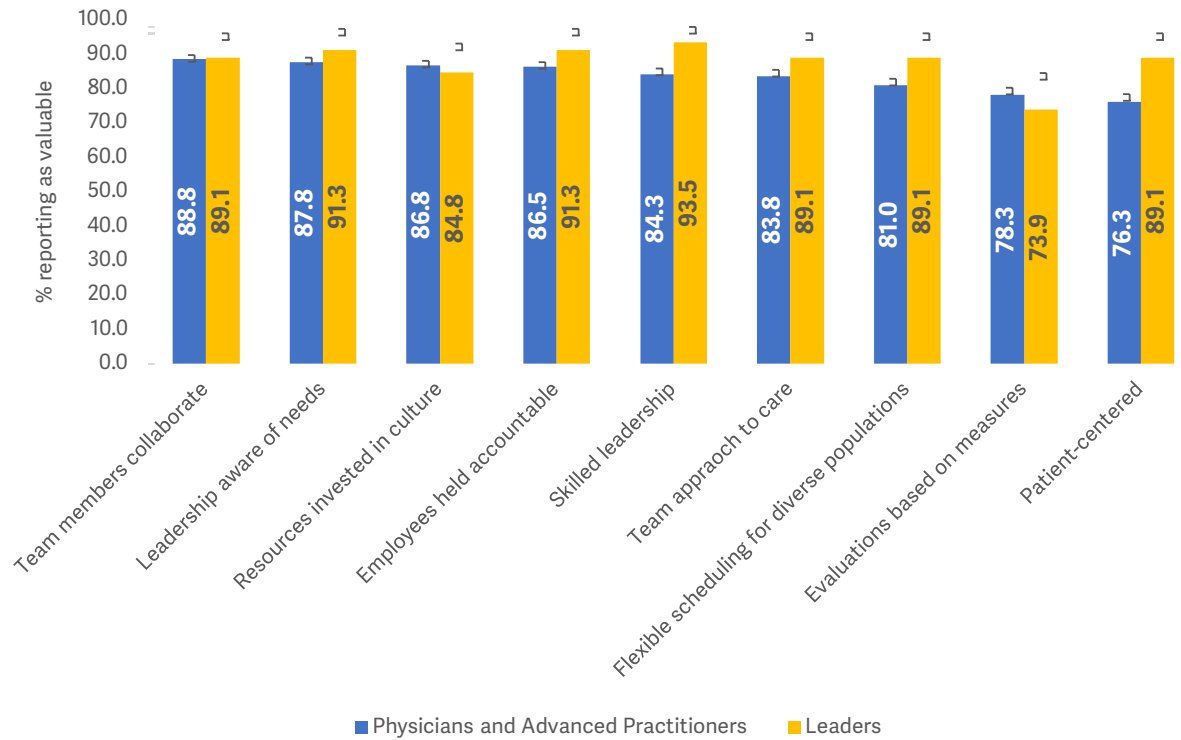

	Physicians and Advanced Practitioners	Leaders
Team members collaborate	88.8	89.1
Leadership aware of needs	87.8	91.3
Resources invested in culture	86.8	84.8
Employees held accountable	86.5	91.3
Skilled leadership	84.3	93.5
Team appraoch to care	83.8	89.1
Flexible scheduling for diverse populations	81.0	89.1
Evaluations based on measures	78.3	73.9
Patient-centered	76.3	89.1

y-axis: % reporting as valuable

■ Physicians and Advanced Practitioners ■ Leaders

Table 5. Most often valued cultural attributes

	Physicians and Advanced Practitioners	Leaders
1	Collaboration between team members	Skilled leadership
2	Leadership aware of needs	Leadership aware of needs
3	Resources invested in workplace culture	Employees held accountable
4	Employees held accountable	Team members collaborate
5	Skilled leadership	Team approach to care

Importance of Well Being Solutions, Business Processes and Cultural Processes to Aspects of Well Being

Physicians and advanced practitioners report well being solutions, business processes and cultural attributes are important to a number of aspects of well being, including their mental and emotional health, their work/life balance and job retention, as well as their relationships with patients and their care team (Figure 5). All were reported as important by more than 71% of physicians and advanced practitioners. This supports a holistic approach to improving well being, as each of these areas can be viewed as inter-related.
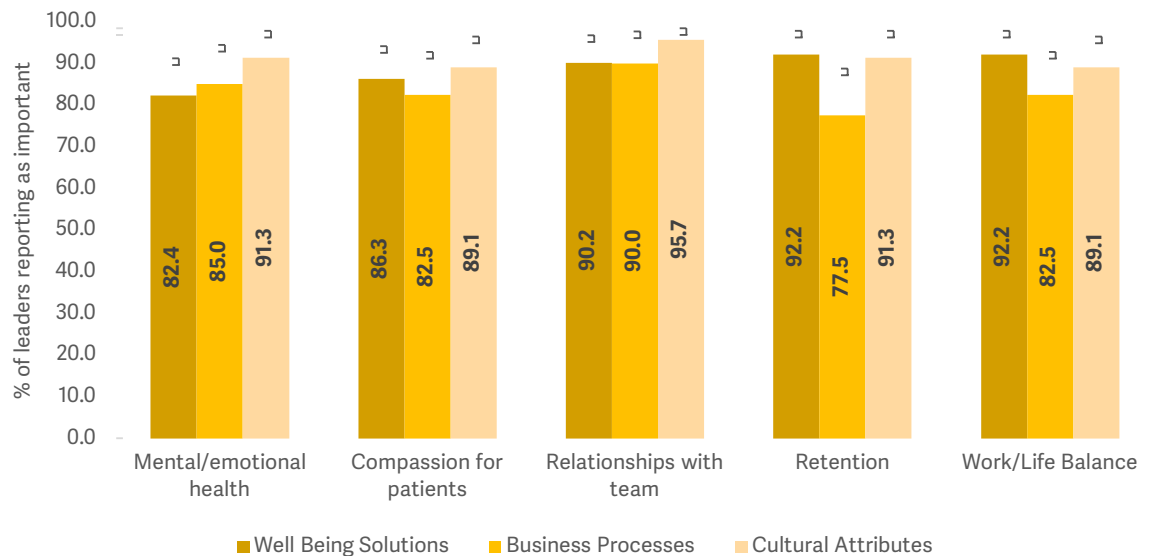
Cultural attributes were reported as important significantly more often than well being solutions and business processes for two aspects of well being – compassion for patients and relationships with care team members. For retention, cultural attributes were reported as being important slightly more often, though this difference failed to reach statistical significance. Directionally, cultural attributes were reported as important more often for mental/emotional health and work/life balance. These results highlight the importance of organizational level culture in the health and well being of physicians and advanced practitioners.

Figure 5. Importance of well being solutions, business processes and cultural attributes to aspects of well being among physicians and advanced practitioners
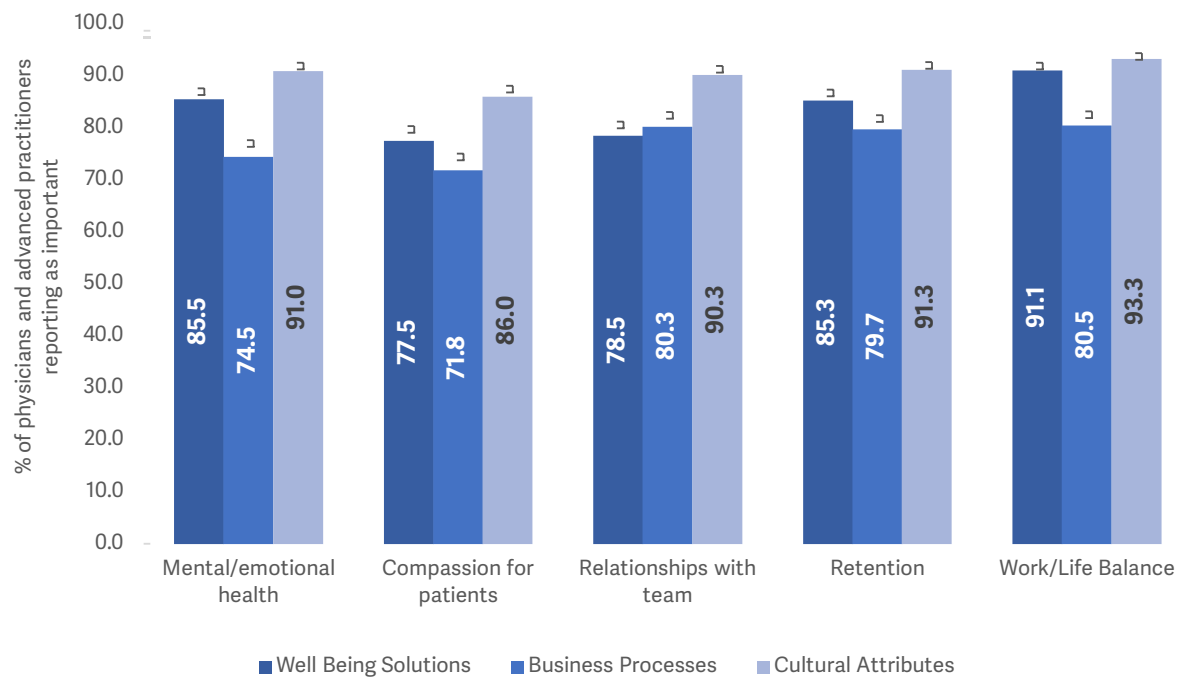
Leaders reported well being solutions, business processes and cultural attributes as important to their physicians and advanced practitioners across well being aspects (Figure 6). While no statistically significant differences were observed, each was reported as important by more than 77% of leaders. This additionally supports a holistic approach to improving well being.

Figure 6. Importance of well being solutions, business processes and cultural attributes to aspects of well being among leaders

Chart — % of leaders reporting as important:

|	Well Being Solutions	Business Processes	Cultural Attributes
Mental/emotional health	82.4	85.0	91.3
Compassion for patients	86.3	82.5	89.1
Relationships with team	90.2	90.0	95.7
Retention	92.2	77.5	91.3
Work/Life Balance	92.2	82.5	89.1

Physicians and Advanced Practitioners: What is Offered

Limited information is available on what physicians and advanced practitioners are currently offered in terms of well being solutions, business processes and cultural attributes. This survey aimed to assess what is available, so further steps can be identified to help physicians and advanced practitioners receive the assistance they want and need. For additional analyses regarding physicians and advanced practitioners, see Appendix B.
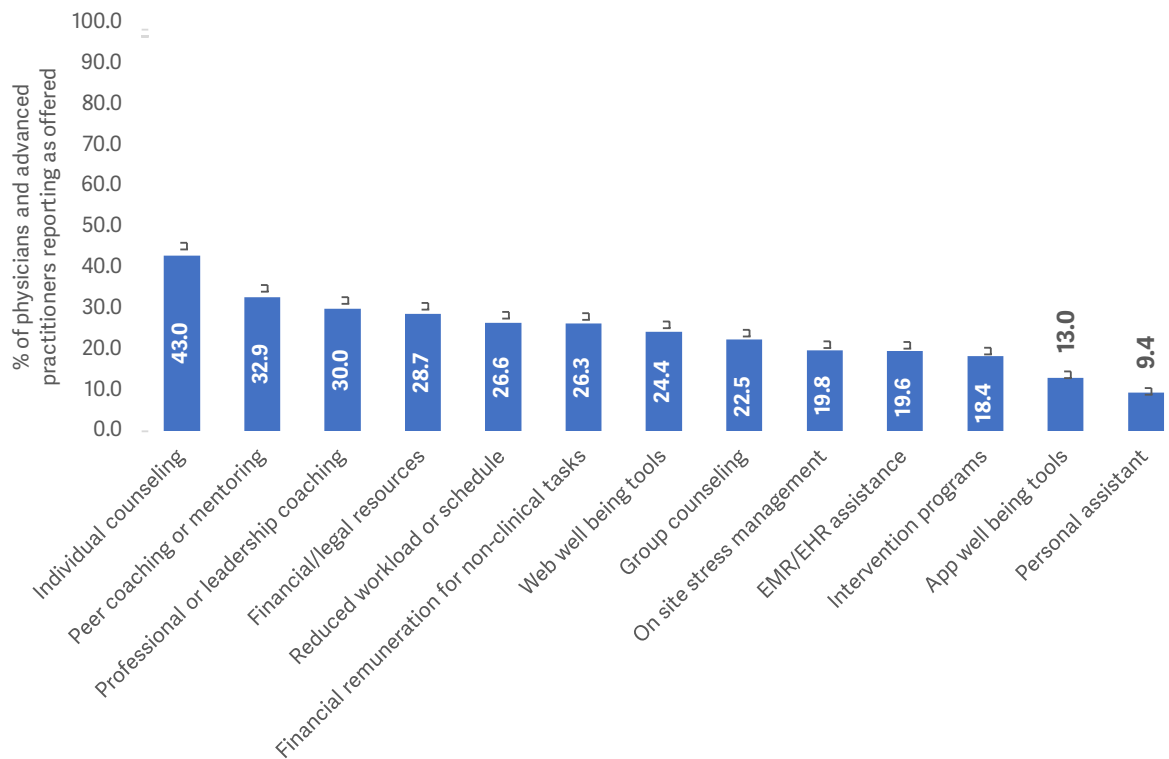
Well Being Solutions Offered

77.3%
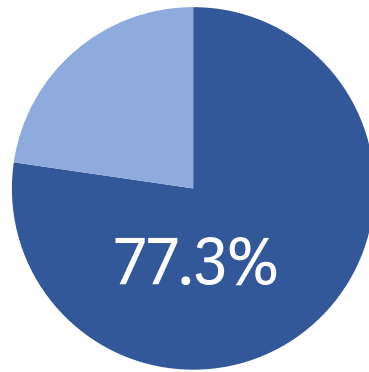
77.3% of physicians and advanced practitioners surveyed report being **offered at least one** well being solution by their organization.

The majority of physicians and advanced practitioners report being offered well being solutions by their organization, with 77.3% offered at least one solution. Physicians and advanced practitioners report being offered an average of 2.8 well being solutions. However, 22.7% report being offered no well being solutions, demonstrating there is still work to be done in providing access to needed solutions. Even the most commonly offered solution (individual counseling) is reported by less than 50% of respondents, suggesting there is no single, most widely practiced solution but instead a combination of efforts to tackle the problem (Figure 7).

Figure 7. Well being solutions currently offered to physicians and advanced practitioners by their organization

% of physicians and advanced practitioners reporting as offered

Solution	%
Individual counseling	43.0
Peer coaching or mentoring	32.9
Professional or leadership coaching	30.0
Financial/legal resources	28.7
Reduced workload or schedule	26.6
Financial remuneration for non-clinical tasks	26.3
Web well being tools	24.4
Group counseling	22.5
On site stress management	19.8
EMR/EHR assistance	19.6
Intervention programs	18.4
App well being tools	13.0
Personal assistant	9.4

Importantly, the most often valued solutions are not always the most offered. Financial remuneration, reduced workload or schedule, EMR/EHR assistance and personal assistants are commonly reported as valuable but not commonly reported as being offered (Table 6). In contrast, web well being tools are reported as being offered by 24.4% of physicians and advanced practitioners, but only 20.0% report these tools are valuable.

**Table 6. Comparison between well being solutions valued and offered**

	Percentage of physicians and advanced practitioners rating solution as valuable (margin of error ± 4.4%)	Percentage of physicians and advanced practitioners offered the solution (margin of error ± 4.0%)
Financial remuneration	84.8	26.3
Reduced workload or schedule	82.4	26.6
EMR/EHR assistance	71.7	19.6
Personal assistant	62.6	9.4
Financial and legal resources	59.2	28.7
Peer coaching or mentoring	51.7	32.9
Individual counseling	50.0	43.0
Professional or leadership coaching	47.3	30.0
Intervention programs	47.3	18.4
On site stress management	40.8	19.8
Group counseling	24.6	22.5
Web well being tools	20.0	24.4
App well being tools	18.4	13.0

87.6%

Barriers to Well Being Solutions

While well being solutions may be offered to physicians and advanced practitioners, significant barriers to accessing them exist for many (Figure 8). Barriers are commonly reported, with 87.6% of physicians and advanced practitioners reporting at least one barrier to accessing well being solutions. In fact, 55.7% of respondents report 6 or more barriers and the average number reported was 5.5 barriers.

Figure 8. Barriers to well being solutions in physicians and advanced practitioners
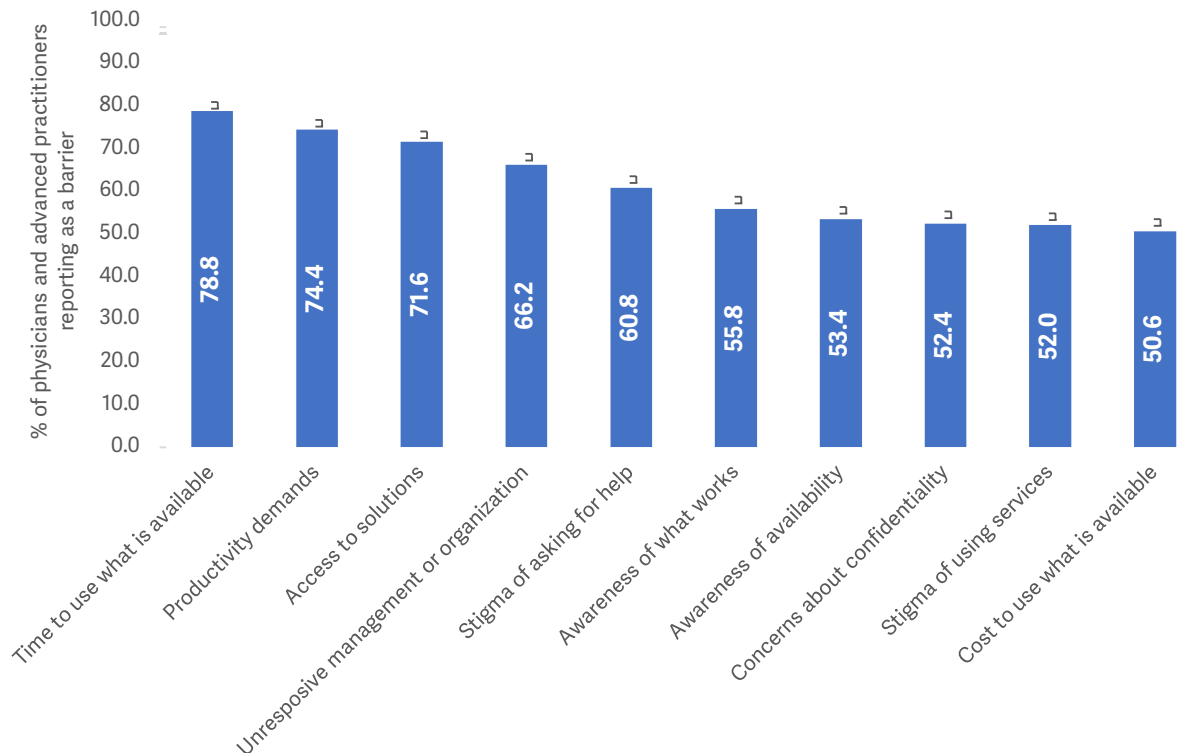

The most commonly reported barriers are time to use what is available, productivity demands, access to solutions, unresponsive management or organization and stigma of requesting help or suggesting changes. Importantly, more than half of respondents reported each barrier as being an issue – even the barrier reported the least often was reported by over half (50.6%) of physicians and advanced practitioners.

50.6%

These barriers must be overcome for well being solutions to help physicians and advanced practitioners manage their stress levels. Some barriers, such as awareness of what is available and awareness of what works, may be addressed through better internal communication. Other barriers must be fixed through organizational culture changes, such as unresponsive leadership.

Existence of Business Processes

35.5%

35.5% of physicians and advanced practitioners surveyed reported a strong leadership development program was available.
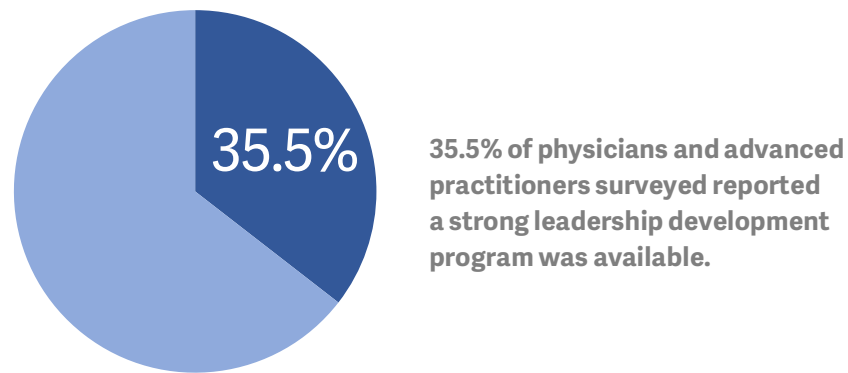
The reported existence of important business processes varied. Opportunities for Continuing Medical Education (CME offerings) were reported by 69.5% of physicians and advanced practitioners, while only 35.5% reported a strong leadership development program was available (Figure 9). Other common business processes offered included the presence of formal quality improvement initiatives, enforcement of codes of conduct, effective and efficient work teams and training related to government regulations.

Figure 9. Existence of business processes in physicians' and advanced practitioners' current organization
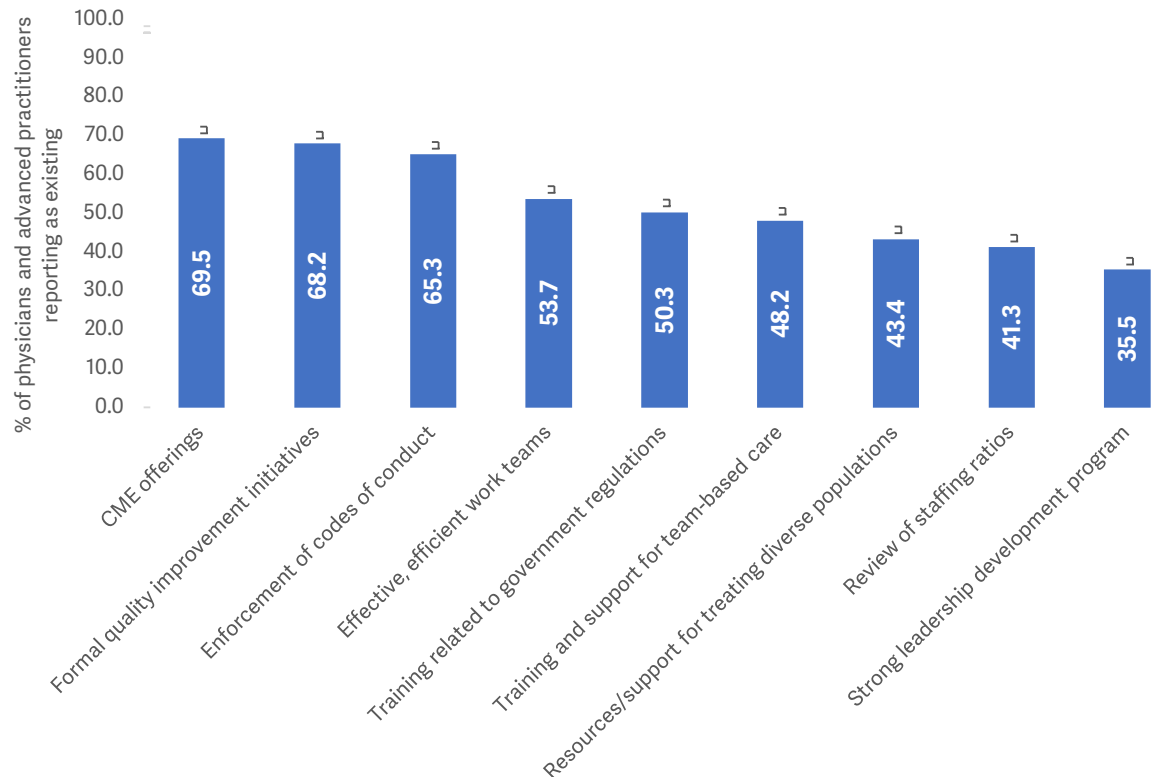
The most often valued business processes are not always the ones offered by an organization (Table 7). For example, while 84.2% of physicians and advanced practitioners report review of staffing ratios as a valuable business process, only 41.3% report this existing in their current organization. However, this is not true for all processes. In contrast, 68.2% say formal quality improvement initiatives exist at their current organization and 64.2% of physicians and advanced practitioners report these initiatives are valuable.

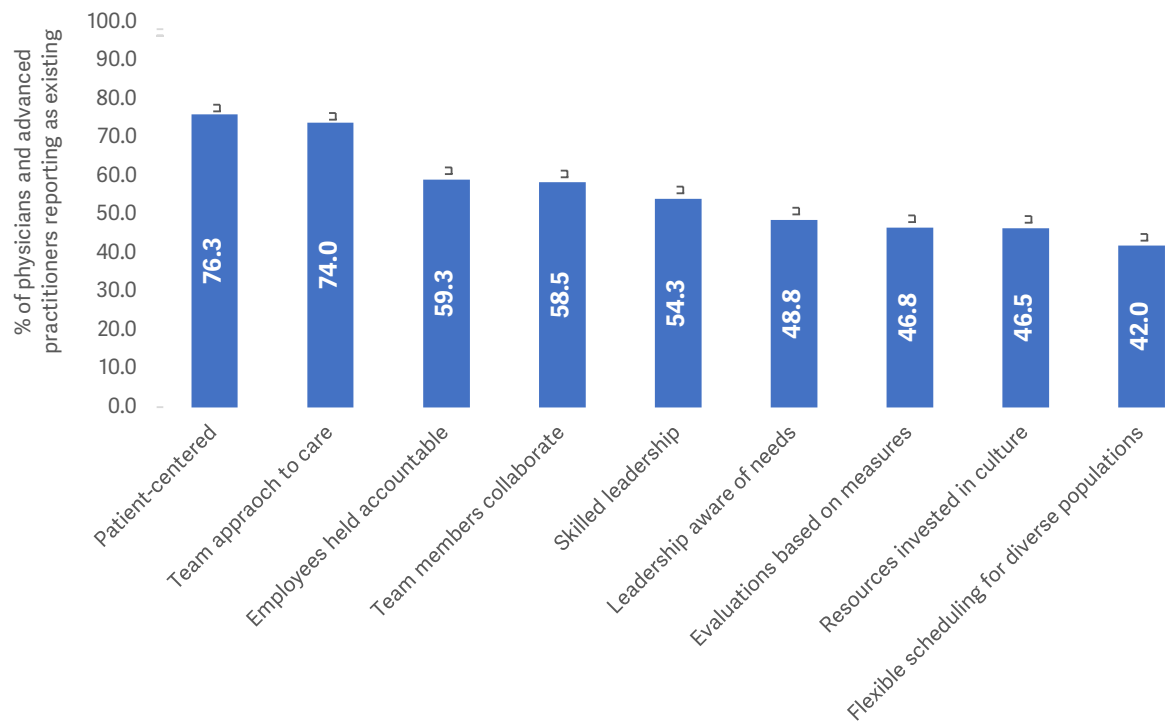**Table 7. Comparison between business processes valued and existing**

	Percentage of physicians and advanced practitioners reporting as valuable (margin of error ± 4.2%)	Percentage of physicians and advanced practitioners reporting as offered (margin of error ± 4.9%)
Effective, efficient work teams	89.5	53.7
Review of staffing ratios	84.2	41.3
Training and support for team-based care	81.8	48.2
Strong leadership development program	79.7	35.5
Continuing Medical Education offerings	74.7	69.5
Resources and support for treating diverse populations	72.1	43.4
Enforcement of codes of conduct	71.6	65.3
Formal quality improvement initiatives	64.2	68.2
Training related to government regulations	61.8	50.3

Existence of Cultural Attributes

The most commonly reported cultural attributes among physicians and advanced practitioners were a patient-centered culture, a team approach to care, employees are held accountable, collaboration between team members and skilled leadership (Figure 10).

Figure 10. Existence of cultural attributes in physicians' and advanced practitioners' current organization

The most often valued cultural attributes are not always the ones existing within an organization (Table 8). For example, while 87.8% of physicians and advanced practitioners report leadership being aware of employee needs as a valuable attribute, only 48.8% report this existing in their current organization. In contrast, a patient-centered approach is reported as both valuable and existing by 76.3% of physicians and advanced practitioners.

Table 8. Comparison between cultural attributes valued and existing

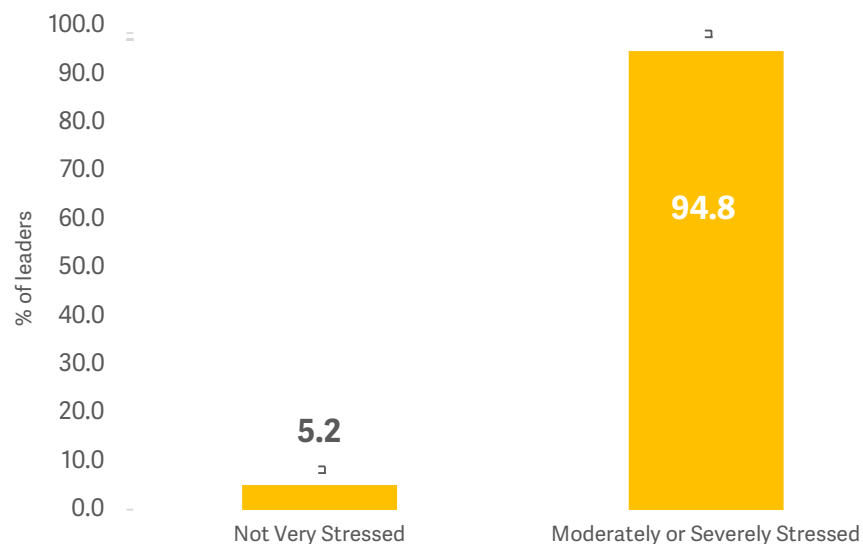|	Percentage of physicians and advanced practitioners reporting as valuable (margin of error ± 3.6%)	Percentage of physicians and advanced practitioners reporting as existing (margin of error ± 4.7%)
Collaboration among team members	88.8	58.5
Leadership is aware of needs	87.8	48.8
Resources are invested in positive culture	86.8	46.5
Employees are held accountable	86.5	59.3
Skilled leadership	84.3	54.3
Team approach to care	83.8	74.0
Flexible scheduling for diverse populations	81.0	42.0
Evaluations based on measures	78.3	46.8
Patient-centered	76.3	76.3

Leadership Responses

The present survey included leaders' viewpoint on this important topic. Organizational leadership is important to an organization's approach to addressing stress and burnout in their physicians and advanced practitioners. Leadership can influence what is offered, as well as how physicians and advanced practitioners feel about their organization. Leadership should be involved in conversations related to well being solutions, business processes and cultural attributes, especially because physicians and advanced practitioners value this involvement. However, the results from these respondents should be interpreted with caution. Only a small portion of respondents identified themselves as leaders, limiting the ability to draw conclusions from these data. Also, leaders who responded to the survey may not have responsibilities related to offering solutions, or evaluating or responding to stress and burnout among physicians and advanced practitioners within their organization.

Stress Levels

Leaders were asked how stressed the physicians and advanced practitioners are within their organization. 94.8% of leaders reported their physicians and advanced practitioners are moderately or severely stressed, while only 5.2% reported their physicians and advanced practitioners to be not very stressed (Figure 11). This demonstrates these leaders are aware of stress among their physicians and advanced practitioners.

Figure 11. Stress levels among physicians and advanced practitioners, as perceived by leaders

Leaders were also asked when the last time their organization assessed the well being of physicians and advanced practitioners (Figure 12). Fifty nine percent of leaders reported assessing this topic, with most these (36.2%) stating it was assessed within the last year. In contrast, 41.4% stated their organization had never assessed well being in their physicians and advanced practitioners.
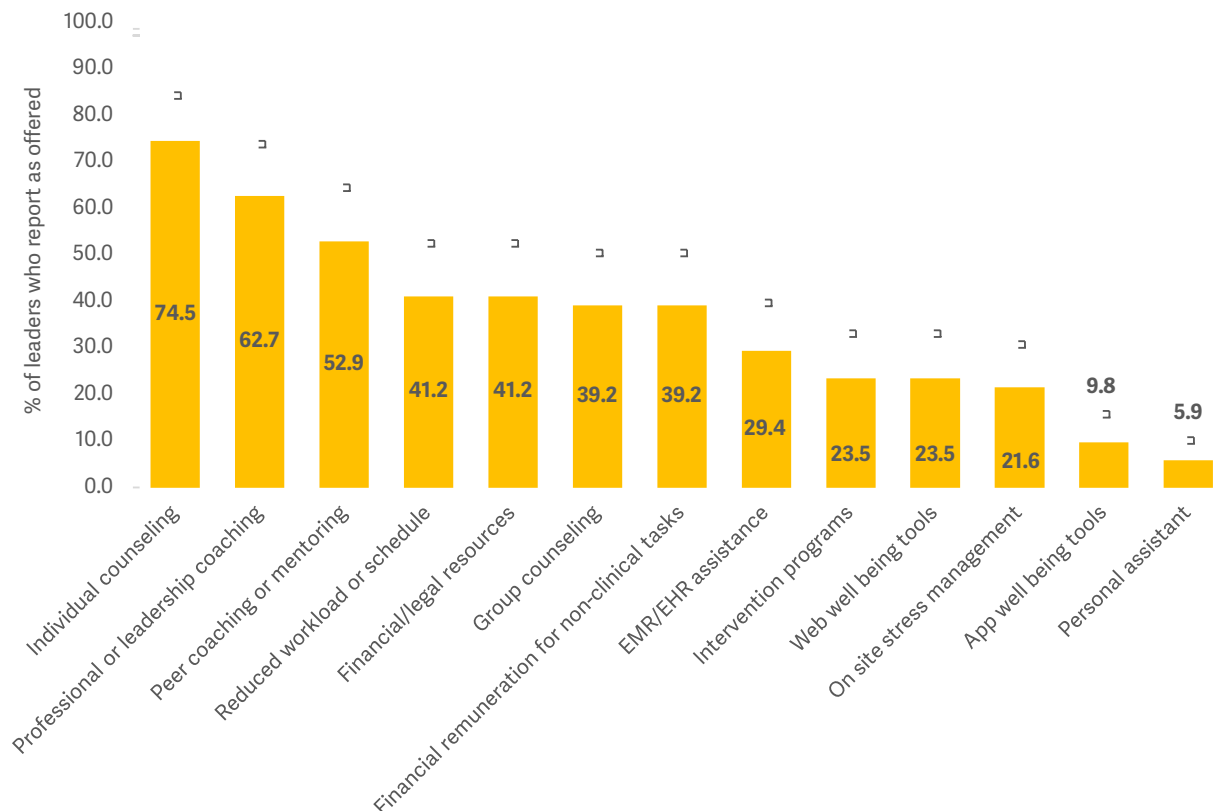
Figure 12. Assessment of physician and advanced practitioner well being by the organization

% of leaders

36.2	10.3	5.2	6.9	41.4
Within the last year	1-2 years	3-5 years	Over 5 years	Never
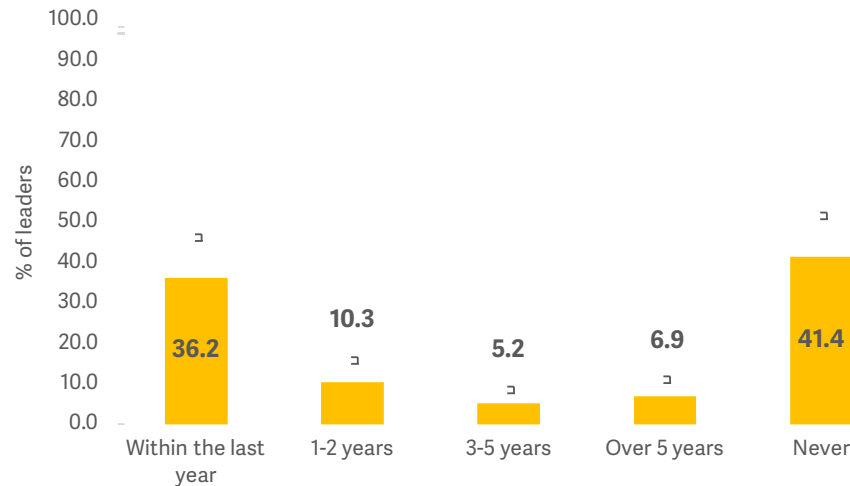
Well Being Solutions Offered

Leaders reported their organizations offer an average of 4.0 well being solutions to physicians and advanced practitioners. The most commonly offered solutions include individual counseling, professional or leadership coaching, peer coaching or mentoring, reduced workload or flexible schedule and financial and legal resources.

Figure 13. Leaders' perceptions of the well being solutions currently offered to physicians and advanced practitioners by their organization

% of leaders who report as offered

Category	Value
Individual counseling	74.5
Professional or leadership coaching	62.7
Peer coaching or mentoring	52.9
Reduced workload or schedule	41.2
Financial/legal resources	41.2
Group counseling	39.2
Financial remuneration for non-clinical tasks	39.2
EMR/EHR assistance	29.4
Intervention programs	23.5
Web well being tools	23.5
On site stress management	21.6
App well being tools	9.8
Personal assistant	5.9

The well being solutions most often offered are not necessarily those most often reported by leaders as valuable. For example, while 90.2% of leaders report EMR/EHR assistance as being valuable, only 29.4% report it is offered by their current organization. In contrast, group counseling is reported as being offered by 39.2% of leaders but is only reported as valuable by 35.3% of leaders.

**Table 9. Comparison between well being solutions valued and offered**

	Percentage of leaders reporting as valuable (margin of error ± 12.0%)	Percentage of leaders reporting as offered (margin of error ± 11.9%)
Reduced workload or schedule	90.2	41.2
EMR/EHR assistance	90.2	29.4
Financial remuneration for non-clinical tasks	78.4	39.2
Professional or leadership coaching	74.5	62.7
Intervention programs	72.5	23.5
Individual counseling	70.6	74.5
Peer coaching or mentoring	66.7	52.9
On site stress management	60.8	21.6
Financial/legal resources	51.0	41.2
Personal assistants	51.0	5.9
Group counseling	35.3	39.2
App-based well being tools	29.4	9.8
Web-based well being tools	23.5	23.5

Barriers to Well Being Solutions

Leaders appear to be aware physicians and advanced practitioners face barriers to accessing well being solutions, reporting they face 6.0 barriers on average. This is similar to the average of 5.5 barriers reported by physicians and advanced practitioners. The most common barriers reported by leaders include:

- Time to use what is available

- Productivity demands

- Awareness of what works

- Access to solutions

- Unresponsive management or organization (Figure 14).

Figure 14. Leaders' perceptions of barriers to well being solutions in physicians and advanced practitioners
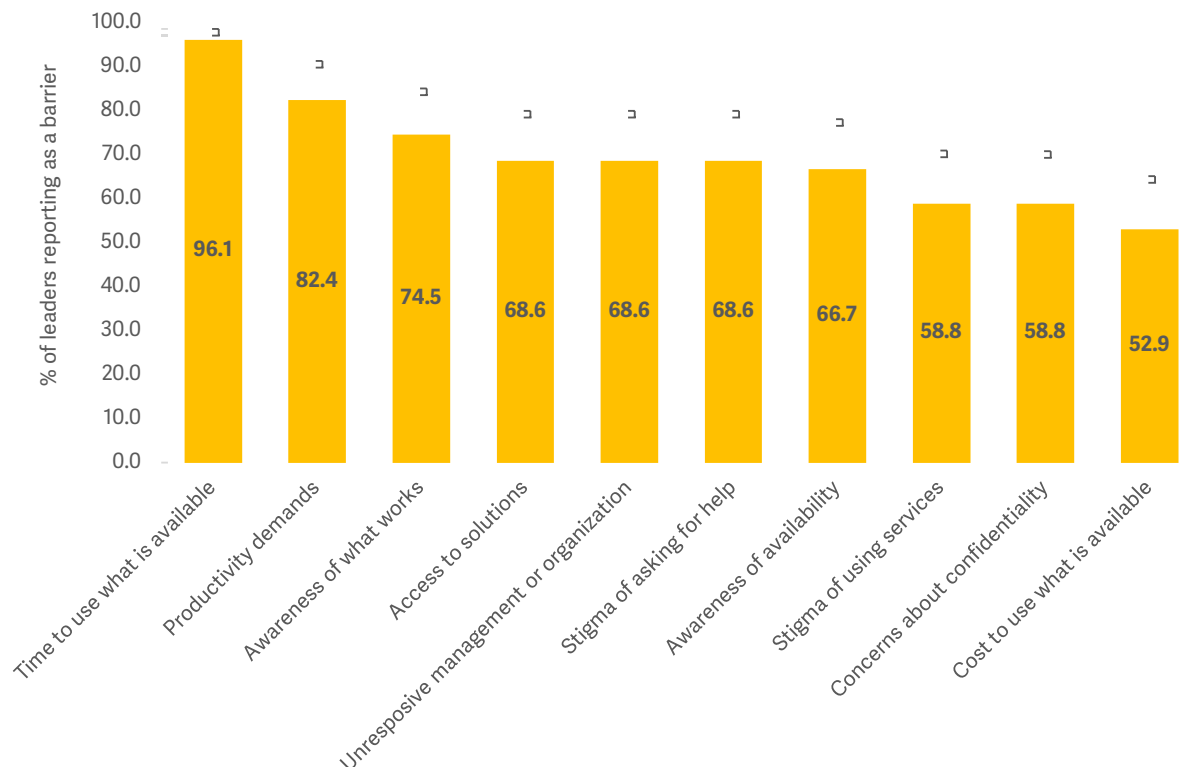
Existence of Business Processes

The existence of business processes varied. The most common business processes reported by leaders included:

- Continuing Medical Education (CME) offerings

- Formal quality improvement initiatives

- Enforcement of codes of conduct

- Training related to government regulations

- Effective and efficient work teams (Figure 15)

Figure 15. Leaders' perceptions of the existence of business processes in physicians' and advanced practitioners' current organization
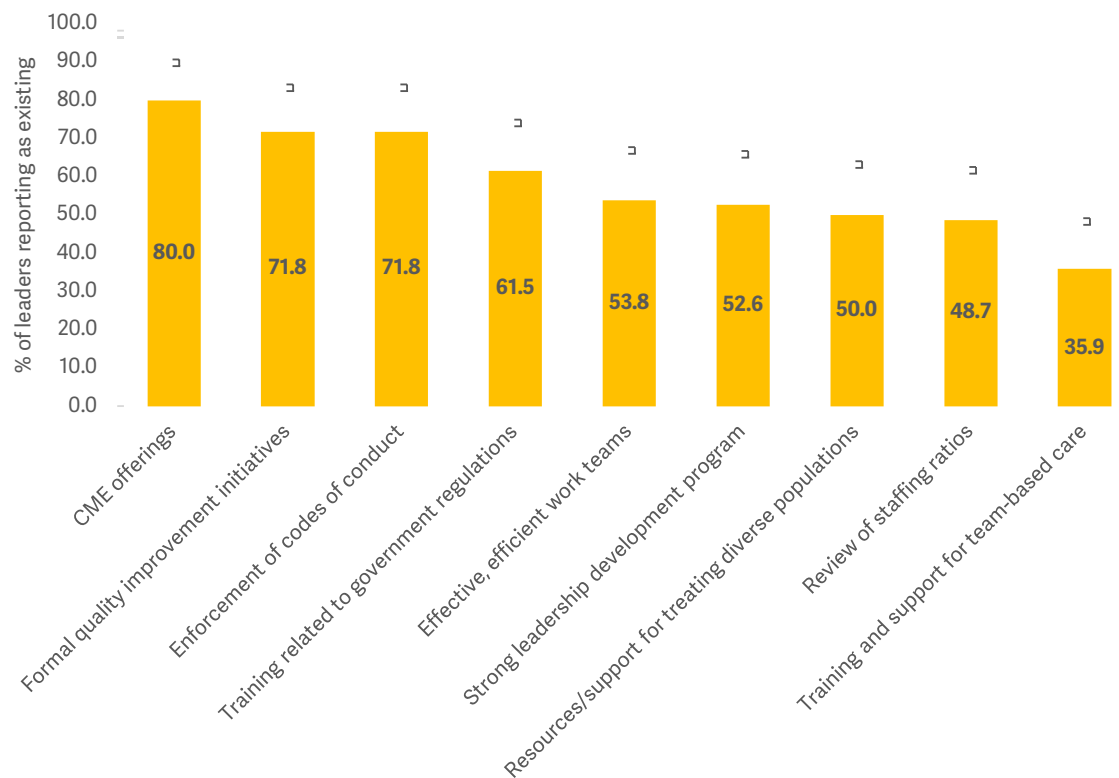
The business processes existing most often are not necessarily those most often reported by leaders as being valuable. For example, 90.0% of leaders report having effective, efficient work teams as valuable, while only 53.8% report this being present within their current organization. In contrast, only 65.0% of leaders report Continuing Medical Education (CME) offerings as being valuable, but 80.0% report it is offered in their current organization. Similarly, only 52.5% reported training related to government regulations is valuable despite 61.5% reporting it as existing within their organization.
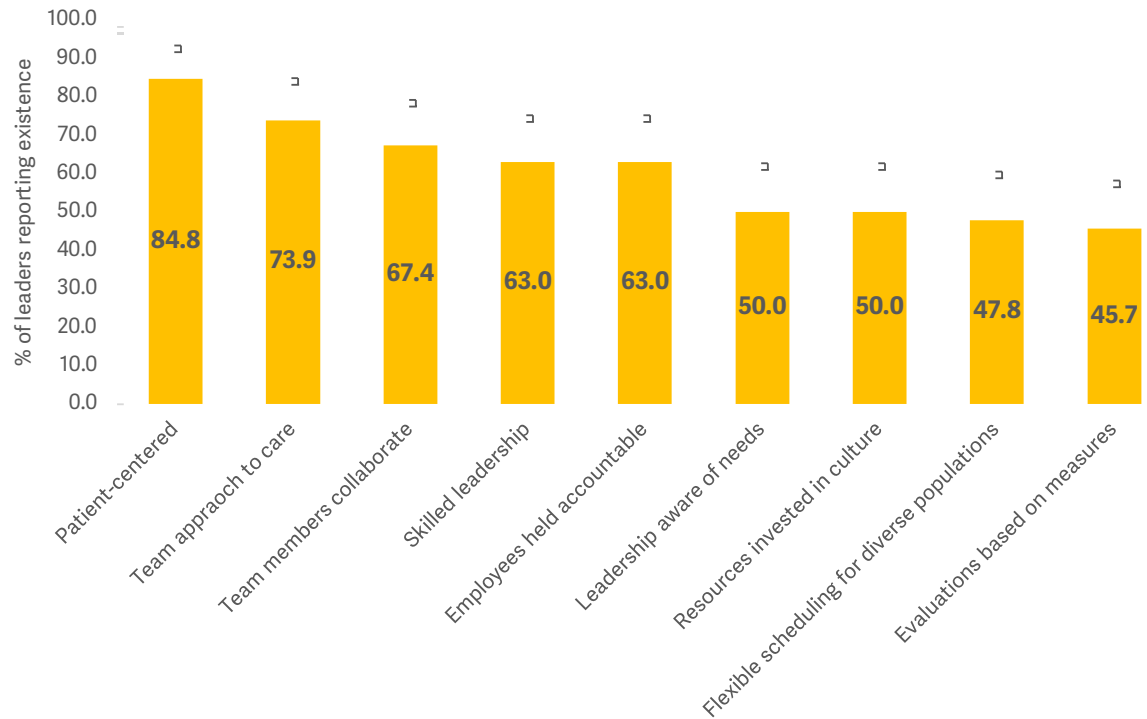
Table 10. Comparison between business processes valued and existing

	Percentage of leaders reporting as valuable (margin of error ± 12.6%)	Percentage of leaders reporting as existing (margin of error ± 14.9%)
Effective, efficient work teams	90.0	53.8
Review of staffing ratios	87.5	48.7
Strong leadership development program	85.0	52.6
Training and support for team-based care	82.5	35.9
Enforcement of codes of conduct	75.0	71.8
Formal quality improvement initiatives	72.5	71.8
Resources and support for treating diverse populations	72.5	50.0
Continuing Medical Education (CME) offerings	65.0	80.0
Training related to government regulations	52.5	61.5

Existence of Cultural Attributes

Leaders report the existence of the cultural attributes varies. The most common cultural attributes reported by leaders include being patient-centered, having a team-approach to care, collaboration among team members, having skilled leadership and holding employees accountable.

Figure 16. Leaders' perceptions of the existence of cultural attributes in physicians' and advanced practitioners' current organization

Leaders report the value and existence of cultural attributes align most closely, with four of the most often valued solutions represented in the top five most often existing within an organization. This is likely due to the large proportion of leaders who report each cultural attribute to be valuable.

Table 11. Comparison between cultural attributes valued and existing

	Percentage of leaders reporting as valuable (margin of error ± 9.2%)	Percentage of leaders reporting as existing (margin of error ± 13.6%)
Skilled leadership	93.5	63.0
Leadership aware of needs	91.3	50.0
Employees are held accountable	91.3	63.0
Patient-centered	89.1	84.8
Team approach to care	89.1	73.9
Team members collaborate	89.1	67.4
Flexible scheduling for diverse populations	89.1	47.8
Resources invested in culture	84.8	50.0
Evaluations based on measures	73.9	45.7

Conclusions

- High stress levels continue to be pervasive and are similar among physicians and advanced practitioners. It will be important for advanced practitioners to be included in efforts to reduce stress and burnout, especially as they play an increasingly important role with the physician shortages.

- In terms of available offerings to support physician and advanced practitioner well being, what is offered is limited and frequently not in alignment with what is valued.

- Offering well being solutions, having effective business practices and possessing positive cultural attributes are all highly valued by respondents and important to all aspects of well being. This should provide ample motivation for organizations to invest in measures to positively influence the well being of physicians and advanced practitioners.

- Leaders have a high awareness of their physician and advanced practitioner stress levels and an appreciation for the value and importance of culture, business processes and solutions supporting well being. While a majority (59.6%) of the leaders reported their organization had assessed the well being of physicians and advanced practitioners, an alarming 41.4% stated their organization had never assessed well being. Having the right leaders in place with skills and resources will help create and ensure a culture to support the Quadruple Aim.

Recommendations

With such a complex issue within an ever changing healthcare environment, leaders themselves will find it extremely challenging to solve these issues on their own. In our experience, not only are physicians and advanced practitioners stressed and burned out, so are their leaders. Not only do physicians and advanced practitioners have barriers to access solutions, their leaders also have barriers challenging them; not enough time to resolve these issues, including lack of appropriate leadership training and ongoing development programs, or lack of clarity on what solutions might deliver the most return on investment for their organization.

One of the solutions we have found to be most effective are well being committees. These teams share the responsibility of understanding the issues and providing appropriate, valued solutions. Working together as a cross-departmental team leverages the expertise of the committee members and drives engagement across the organization. These members become advocates of well being and champion cultural change to make the solutions accessible.

Outside resources working throughout the industry have learned what is most effective and are available to share best practices. Leaders and well being committees will need to determine if it is best to build resource centers internally, to outsource these solutions and initiatives, or to develop a blended model using outside resources to help design, recruit, train and support their internal initiatives and their staff.

There are a number of initiatives leaders should consider in order to address these issues within their organization:

1. Assess Well Being & Barriers to Accessing Solutions Within Your Organization

Understand how your organization's physicians and advanced practitioners view stress drivers, solutions and barriers and what they value and believe is important with regard to well being solutions. Develop an action plan for addressing the findings and then share the findings and the action plan across the organization.

2. Design Well Being Solutions Strategy

Develop a long term plan and then communicate your organization's approach to supporting well being to your teams. Ensure physicians and advanced practitioners know how to access solutions. Understand and anticipate barriers to accessing well being solutions and address them proactively.

3. Evaluate Business Processes

Using input gained from physicians and advanced practitioners, prioritize the highest impact/most attainable business process improvements to support improved well being, performance and retention. Part of this process can be identifying "low hanging fruit" – issues with limited investment of resources to can be effectively addressed and can demonstrate immediate wins.

4. Clarify and Build Cultural & Leadership Attributes

Know the most valued components of your organization's culture, identify what's working, as well as where it is lacking. Then develop a long-range plan to proactively improve your organization's culture, including having the right leaders with the right skills in place. Include leadership development and leadership hiring strategies with a clear expectation of what it means to be a good leader in your organization's environment.

5. Reassess, Set Goals and Communicate

As with any complex problem, realize it will take time to identify issues, build a plan and resolve those issues. Commit at the onset to a long-term process and determine how you will continue to engage your organization in identifying and solving well being issues.

Resources

Some of the resources we have utilized in this important work of helping organizations build their physicians' and advanced practitioners' well being are available for further learning:

- AMA StepsForward Professional Well Being https://www.stepsforward.org/

- Maslach Burnout Inventory, Human Services Survey http://www.mindgarden.com/117-maslach-burnout-inventory

- ICPH 2016 https://www.ama-assn.org/about-us/international-conference-physician-health-2016-presentations

- 2017 American Conference on Physician Health: Creating an Organizational Foundation to Achieve Joy in Medicine https://med.stanford.edu/cme/courses/2017/wellmd17.html

- Accreditation Council for Graduate Medical Education (ACGME) http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being

- University of Colorado's Work and Well-Being Toolkit for Physicians https://www.bhwellness.org/toolkits/Work-and-Well-Being-Toolkit-for-Physicians.pdf

- Advisory Board: Combating Physician Burnout https://www.advisory.com/research/medical-group-strategy-council/white-papers/2016/combating-physician-burnout

- Coalition for Physician Wellbeing https://forphysicianwellbeing.org/

- Behavior@Work http://behavioratwork.org/

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Appendix A

Methodology

Survey Design and Fielding

The present survey examined well being solutions, business processes and cultural attributes supporting physician and advanced practitioner well being. Questions were designed by VITAL Worklife and Cejka Search, based on knowledge gained from over 70 years of combined company experience and previous surveys conducted in 2011, 2012, 2013 and 2015 on stress and burnout, culture and engagement. Questions were reviewed by Arundel Metrics for clarity and purpose, as well as reviewed by physicians, peer coaches and behavioral health consultants familiar with the well being issues facing healthcare professionals.

The survey invitation was emailed to 218,717 US physicians, advanced practitioners and leaders with administrative responsibilities. Respondents were asked to follow a link to complete the survey via Survey Monkey. At the end of the questions an offer to enter to win a $500 Visa gift card was presented.

A total of 784 individuals completed the survey, resulting in a total response rate of 0.36%.

Data Analysis

Responses to the survey were downloaded from the online survey tool for analysis. Respondents were classified as physicians, advanced practitioners and leaders based on their reported role within their current organization. Of the total 784 survey respondents, 86.1% identified themselves as physicians or advanced practitioners (n = 675). An additional 8.5% (n = 67) reported having an administrative leadership position (with or without clinical duties) and are referred to as "leaders." The remaining 5.4% identified as another role (n = 42) and were excluded from the analysis.

Physicians and advanced practitioners included in the final analytical sample met the following criteria 1) employed in a contract, or full- or part-time position and 2) employed in a hospital, solo or group practice setting. This sample of 555 respondents represented 82.2% of the total sample of physicians and advanced practitioners. Leaders included in the final analytical sample met the following criteria 1) employed in a contract, or full- or part-time position and 2) employed in a hospital, hospital administration, solo or group practice setting. This sample of 59 respondents represented approximately 88% of the total sample of leaders. Not all respondents answered all survey questions, but those who responded to at least one question and met inclusion criteria were included in the analytical sample.

All respondents were asked about the value and importance of several well being solutions, cultural attributes and business processes within their current organization. For questions relating to perceived value, a solution, attribute, or process was deemed to be "valuable" if a respondent rated it as a 3 or 4 on a 4-point scale, where 1 was "not at all valuable" and 4 was "extremely valuable." For questions relating to importance, a solution, attribute, or process was deemed "important" if a respondent rated it as a 3 or 4 on a 4-point scale, where 1 was "not at all important" and 4 was "extremely important." Barriers to well being solutions were deemed a barrier if a respondent rated it as being a 3 or 4 on a 4-point scale,

where 1 was "not at all a barrier" and 4 was "an extreme barrier." Questions pertaining to the existence or offering of well being solutions, business processes and cultural attributes were asked as a yes/no question.

Physicians and Advanced Practitioners

One additional exclusion criterion was applied to physicians and advanced practitioner data related to well being solutions, cultural attributes and business processes. Physicians and advanced practitioners who reported awareness of what was offered as an "extreme barrier" (4 on the 4-point scale) were excluded from the analysis. Our analyses indicate individuals who are unaware of what is offered to them tend to rate solutions as more valuable and say they are offered fewer solutions than those who are aware. Based on this, only those who did not report awareness as an "extreme barrier" were included in the relevant analyses. All physicians and advanced practitioners who met the original exclusion criteria and answered questions related to stress levels and barriers were included in those analyses.

Physicians and advanced practitioners were asked to report how stressed or burned out they feel on an average day on a scale of 1 to 10, with 1 being "not at all stressed or burned out" and 10 being "extremely stressed or burned out." Stress ratings were then categorized into three stress levels: 1) not very stressed (1-3), 2) moderately stressed (4-7) and 3) severely stressed (8-10). For the purposes of analysis, moderately and severely stressed were combined into one category.

Significant differences between demographic characteristics of physicians and advanced practitioners were determined by t-test for means and chi-squared test (for dichotomous variables) or logistic regression (for multi-level categorical variables). Significant differences in responses to survey questions were determined by non-overlapping 95% confidence intervals. Significant differences are noted as such within the report. 95% confidence intervals are indicated by error bars on graphs and by margin of error in tables.

For the analyses presented in the main report findings, responses of physicians and advanced practitioners were combined into one group and compared to responses of leaders. Additional analyses presented in Appendix B compare physicians and advanced practitioners.

Leaders

Leaders were asked to respond to questions based on their perceptions of stress in the physicians and advanced practitioners within their organization and not based on their own level of stress. They were asked to report how stressed or burned out the physicians and advanced practitioners in their organization feel on an average day on a scale of 1 to 10, with 1 being "not at all stressed or burned out" and 10 being "extremely stressed or burned out". Stress ratings were then categorized into three stress levels: 1) not very stressed (1-3), 2) moderately stressed (4-7) and 3) severely stressed (8-10). For the purposes of analysis, moderately and severely stressed were combined into one category. Leaders were also asked when the last time their organization had assessed the well being of their physicians and advanced practitioners.

Questions relating to the value and importance of several well being solutions, cultural attributes and business processes were to be based on their perceptions of the value and importance to physicians and advanced practitioners within their organization.

For several reasons, results from leaders should be interpreted with caution. Leaders in this survey may not have responsibilities related to dealing with stress among physicians and advanced practitioners. Secondly, the leaders, physicians and advanced practitioners are likely from different organizations, limiting our ability to draw conclusions or compare across these three respondent types regarding what well being solutions, cultural attributes and business practices are offered or exist within a specific organization. Therefore, comparisons between leaders and physicians and advanced practitioners groups have been limited to questions related to perceptions of value and importance.

Limitations

- Demographic differences between physicians and advanced practitioners limit conclusions that may be drawn when comparing these two respondent groups.

- Stress levels may affect survey responses. Individuals who are severely stressed may be less likely to complete the survey and the results, therefore, may be underestimating stress levels. Conversely, those who are more stressed or feel they have more barriers may be more likely to complete the survey in hopes something will be done to help them.

- Respondents were not asked whether they have used any of the well being solutions included in the survey. Perceptions of value and importance may be different in individuals who have used a solution, compared with those who have not.

- We cannot draw conclusions based on what is offered or existing between leaders and physicians and advanced practitioners, because these individuals likely work at different organizations.

- Leaders who care more about stress and burnout may be more likely to offer well being solutions, or promote positive business processes and cultural attributes. These individuals may also be more likely to respond to a survey related to physician and advanced practitioner stress.

Appendix B

Comparison of Physicians and Advanced Practitioners

Physicians and advanced practitioners are critical components of modern health care teams. Including both populations in discussions of stress and well being will become increasingly important as the role of advanced practitioners expands in the face of further physician shortages. This survey was one of the first to include advanced practitioners, as well as physicians. The analysis presented here compares physicians and advanced practitioners and examines the differences between these respondents in terms of value, importance and access to well being solutions, business processes and cultural attributes.

Overview

- Physicians and advanced practitioners reported similar levels of stress.

- While they reported being offered a similar number of well being solutions compared with physicians, advanced practitioners were significantly more likely to be offered financial remuneration.

- Physicians report having more barriers to accessing well being solutions and were more likely to report awareness of what works, stigma for using services and productivity demands as barriers.

- Advanced practitioners reported three business processes to be valuable significantly more often than physicians – enforcement of codes of conduct, Continuing Medical Education offerings and training related to government regulations.

- No differences were observed between physicians and advanced practitioners in terms of the value of well being solutions or cultural attributes, the existence of business processes or cultural attributes in their organization, or in the importance of well being solutions, business processes, or cultural attributes to various aspects of well being.

- Underlying demographic differences in the current sample of physicians and advanced practitioners may drive some of the differences observed.

Demographic Characteristics

Significant demographic differences exist between physicians and advanced practitioners in this sample. Advanced practitioners were significantly more likely than physicians to be female and to work in a solo or group practice setting. In addition, advanced practitioners on average had been in medical practice for significantly more years. Due to these underlying demographic differences, comparisons between physicians and advanced practitioners should be interpreted with caution. The present analysis did not account for these demographic differences.

Table 13. Demographic characteristics

	Physicians	Advanced Practitioners
Total Sample Size	465	90
Mean Years of Practice	14.1	17.0
Work Setting		
Hospital (%)	50.5	22.2
Solo or Group Practice (%)	49.5	77.8
Work Status		
Full-time (%)	92.1	82.2
Part-time (%)	7.5	12.2
Contract (%)	0.4	5.6
Gender		
Male (%)	51.2	18.9
Female (%)	48.8	81.1

Stress Levels

Physicians and advanced practitioners both reported high levels of stress. Advanced practitioners were slightly less likely to be moderately or severely stress than physicians (80.0%, compared to 86.1% of physicians), but this difference is not statistically significant (Figure 17). These results are consistent with our previous surveys examining stress in physicians (Table 14).[†]

Figure 17. Self-reported stress levels in physicians and advanced practitioners

[†] For previous surveys, visit http://vitalworklife.com/forphysicians/research-and-articles/
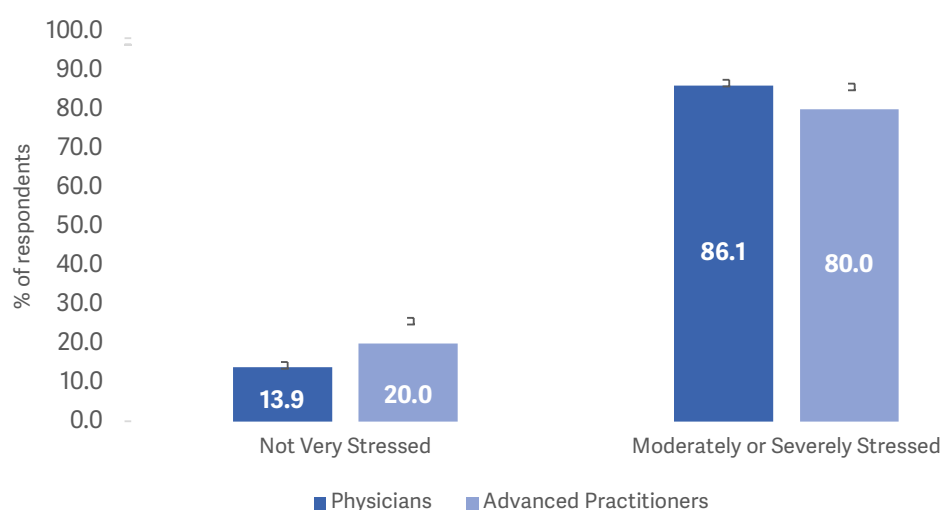
Table 14. Comparison of stress levels

	Not Very Stressed	Moderately or Severely Stressed
Physicians – 2011 Survey	13.1%	86.1%
Physicians – 2015 Survey	11.9%	88.1%
Physicians – 2017 Survey	13.9%	86.1%
Advanced Practitioners – 2017 Survey	20.0%	80.0%
Physicians and Advanced Practitioners – 2017 Survey	14.9%	85.1%

Well Being Solutions

No significant differences were observed in the specific well being solutions physicians and advanced practitioners reported as being valuable (Figure 18), or in the importance of well being solutions for various aspects of well being (Figure 19).

Figure 18. Value of well being solutions among physicians and advanced practitioners

Physicians ■ Advanced Practitioners
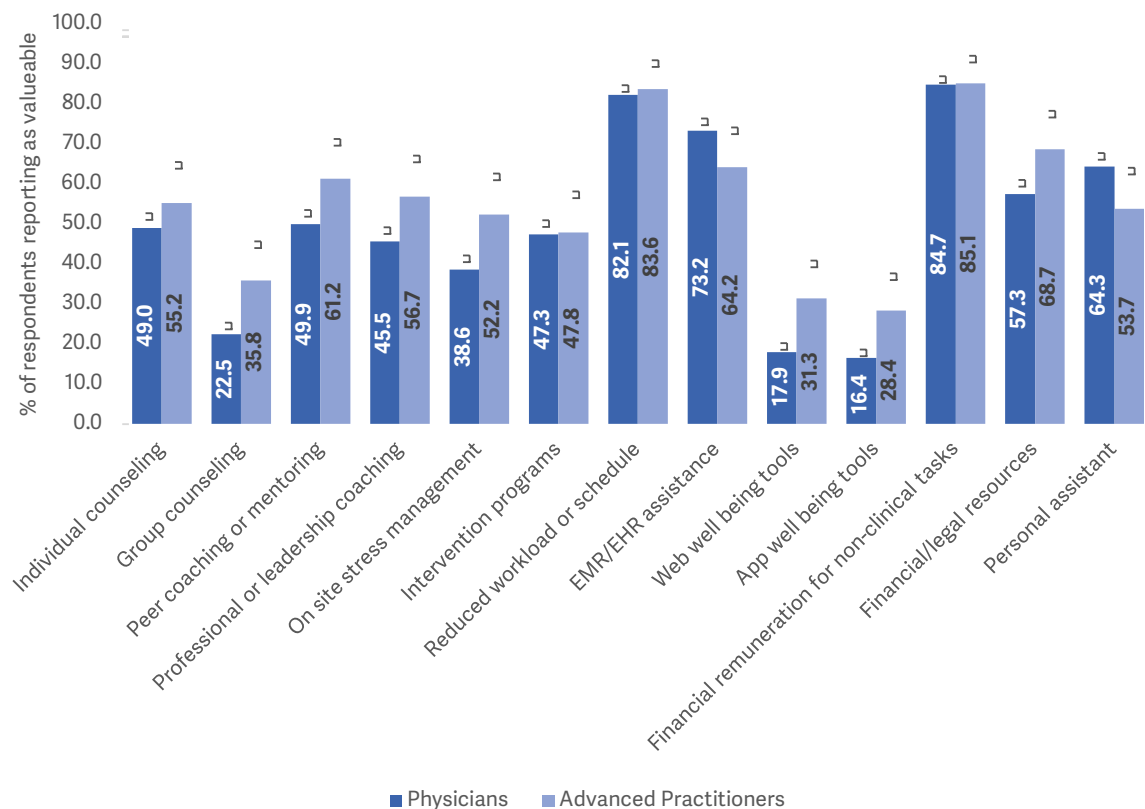
Figure 19. Importance of well being solutions to aspects of well being among physicians and advanced practitioners
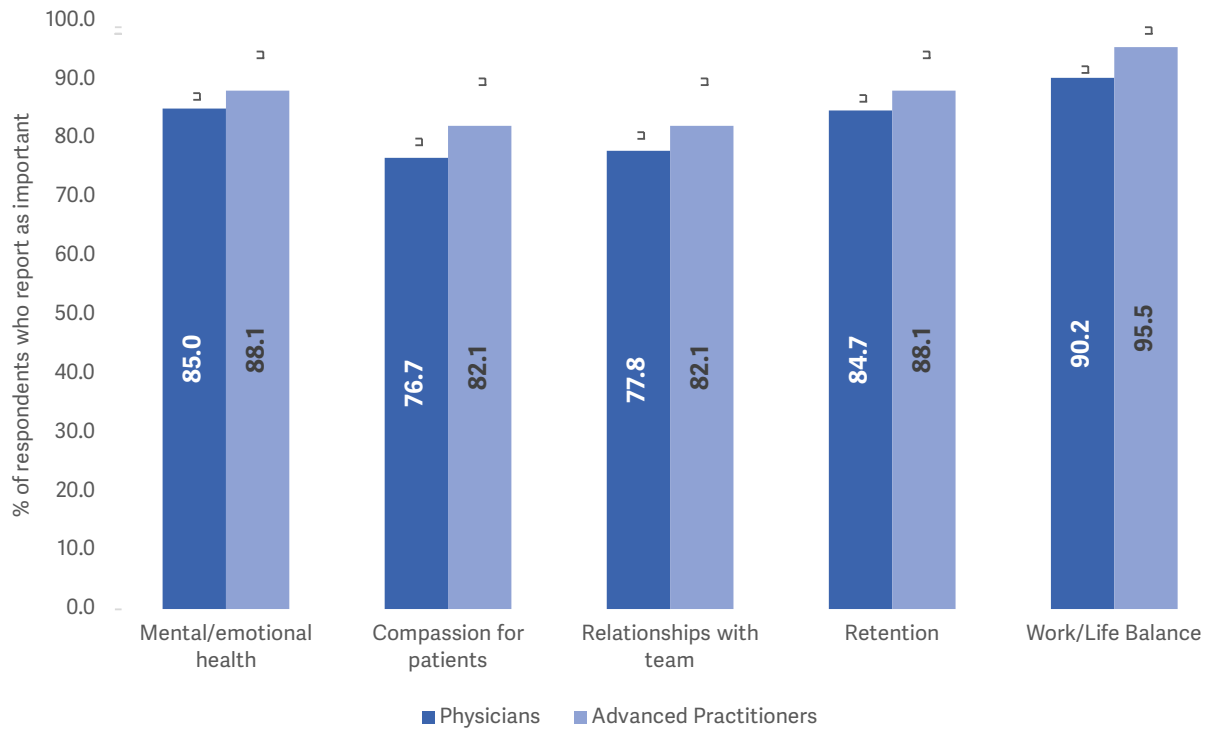
Both physicians and advanced practitioners report being offered an average of 2.8 well being solutions. However, advanced practitioners were significantly more likely than physicians to report being offered financial remuneration for non-clinical tasks (Figure 20). Physicians and advanced practitioners were equally likely to report being offered all other well being solutions. Differences in what is offered could be due to differences in work setting between physicians and advanced practitioners, with advanced practitioners more likely to work in solo or group practice settings than physicians.

Figure 20. Well being solutions currently offered to physicians and advanced practitioners by their organization

% of reposndents reporting as offered

Legend: ■ Physicians ■ Advanced Practitioners

Categories and values:
- Individual counseling: Physicians 45.0, Advanced Practitioners 32.8
- Group counseling: Physicians 22.8, Advanced Practitioners 20.9
- Peer coaching or mentoring: Physicians 32.3, Advanced Practitioners 35.8
- Professional or leadership coaching: Physicians 30.3, Advanced Practitioners 28.4
- On site stress management: Physicians 20.5, Advanced Practitioners 16.4
- Intervention programs: Physicians 18.7, Advanced Practitioners 16.4
- Reduced workload or schedule: Physicians 25.1, Advanced Practitioners 34.3
- EMR/EHR assistance: Physicians 19.6, Advanced Practitioners 19.4
- Web well being tools: Physicians 24.2, Advanced Practitioners 25.4
- App well being tools: Physicians 12.7, Advanced Practitioners 14.9
- Financial remuneration for non-clinical tasks: Physicians 23.6, Advanced Practitioners 40.3
- Financial/legal resources: Physicians 28.8, Advanced Practitioners 28.4
- Personal assistant: Physicians 8.1, Advanced Practitioners 16.4

Physicians reported significantly more barriers to accessing well being solutions than advanced practitioners. Physicians reported an average of 5.8 barriers, while advanced practitioners reported an average of 4.4 barriers. Physicians were also significantly more likely to report three specific barriers – awareness of what works, stigma of using services and productivity demands (Figure 21). These differences could be due to underlying demographic differences between physicians and advanced practitioners in this sample, but these findings warrant further study to determine what organizational and cultural factors may play a role.

Figure 21. Barriers to well being solutions in physicians and advanced practitioners

Barrier	Physicians	Advanced Practitioners
Awareness of availability	55.3	42.9
Awareness of what works	58.6	40.3
Access to solutions	73.5	61.0
Unresponsive management or organization	67.8	57.1
Sigma of asking for help	63.1	48.1
Sigma of using services	55.3	33.8
Time to use what is available	79.9	72.7
Cost to use what is available	49.4	57.1
Productivity demands	77.1	59.7
Concerns about confidentiality	54.4	41.6
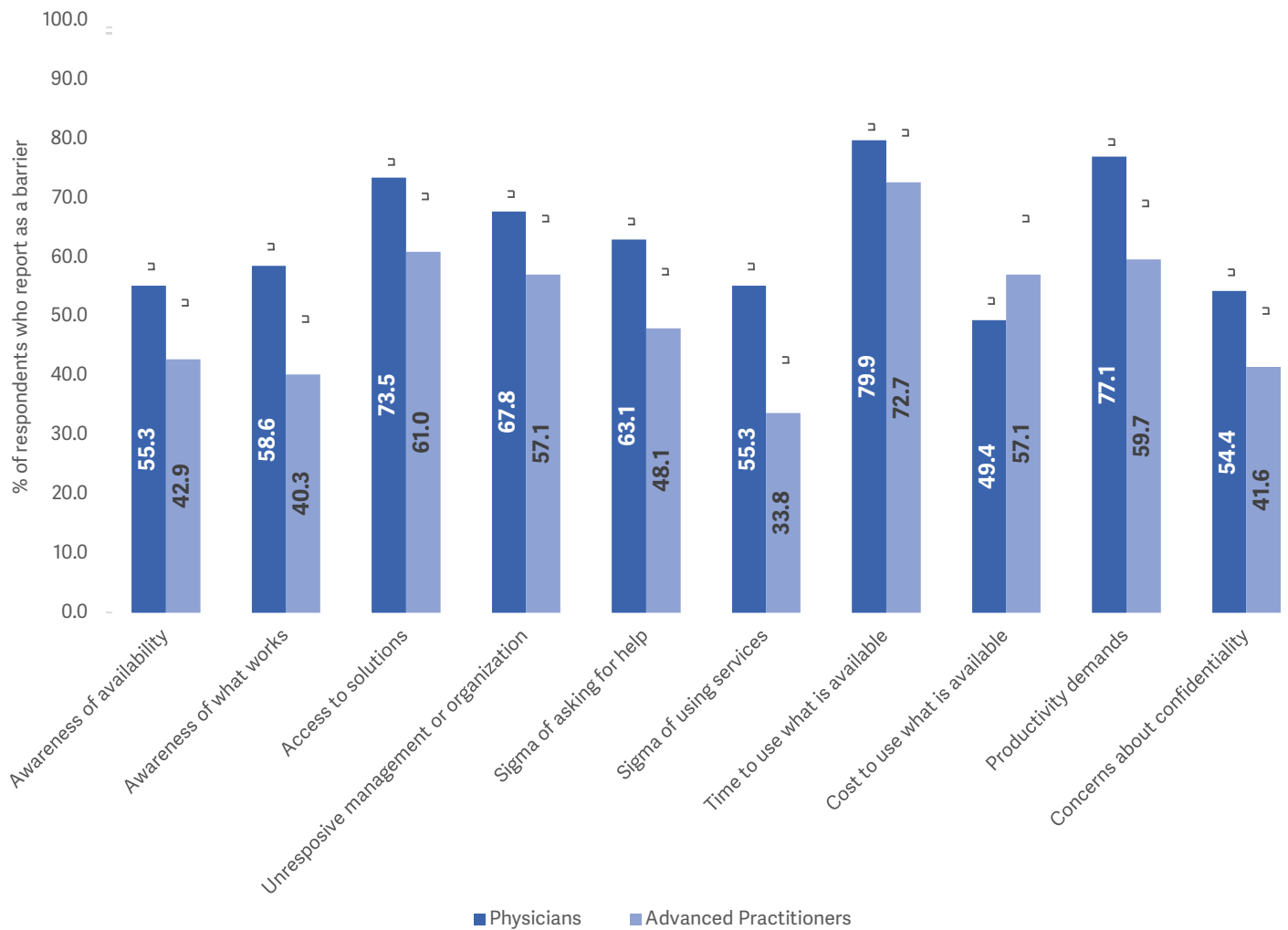
Business Processes

Advanced practitioners reported three business processes to be valuable significantly more often than physicians – enforcement of codes of conduct, Continuing Medical Education (CME) offerings and training related to government regulations (Figure 22). No significant differences were observed in the business processes physicians and advanced practitioners report as existing within their current organization, or in the importance of business processes for various aspects of well being (Figures 23 and 24, respectively).

Figure 22. Value of business processes among physicians and advanced practitioners

% of respondents reporting as valuable

Category	Physicians	Advanced Practitioners
Effective, efficient work teams	88.8	93.1
Training and support for team-based care	80.7	87.9
Review of staffing ratios	83.9	86.2
Formal quality improvement initiatives	62.1	75.9
Enforcement of codes of conduct	68.9	86.2
Strong leadership development program	78.3	87.9
Resources/support for treating diverse populations	70.5	81.0
CME offerings	72.4	87.9
Training related to government regulations	59.3	75.9

■ Physicians ■ Advanced Practitioners

Figure 23. Existence of business processes in physicians' and advanced practitioners' current organization

% of respondents who report as existing

Category	Physicians	Advanced Practitioners
Effective, efficient work teams	55.0	46.6
Training and support for team-based care	50.3	36.2
Review of staffing ratios	42.9	32.8
Formal quality improvement initiatives	70.8	53.4
Enforcement of codes of conduct	66.8	56.9
Strong leadership development program	37.0	27.6
Resources/support for treating diverse populations	44.7	36.2
CME offerings	71.1	60.3
Training related to government regulations	52.8	36.2

■ Physicians ■ Advanced Practitioners

Figure 24. Importance of business processes to aspects of well being among physicians and advanced practitioners

% of respondents who report as important

	Physicians	Advanced Practitioners
Mental/emotional health	73.0	82.8
Compassion for patients	70.5	79.3
Relationships with team	79.2	86.2
Retention	78.6	86.2
Work/Life Balance	79.5	86.2

■ Physicians   ■ Advanced Practitioners

Cultural Attributes

No significant differences between physicians and advanced practitioners were observed in terms of reported value, existence, or importance of cultural attributes (Figures 25, 26 and 27, respectively).

Figure 25. Value of cultural attributes among physicians and advanced practitioners

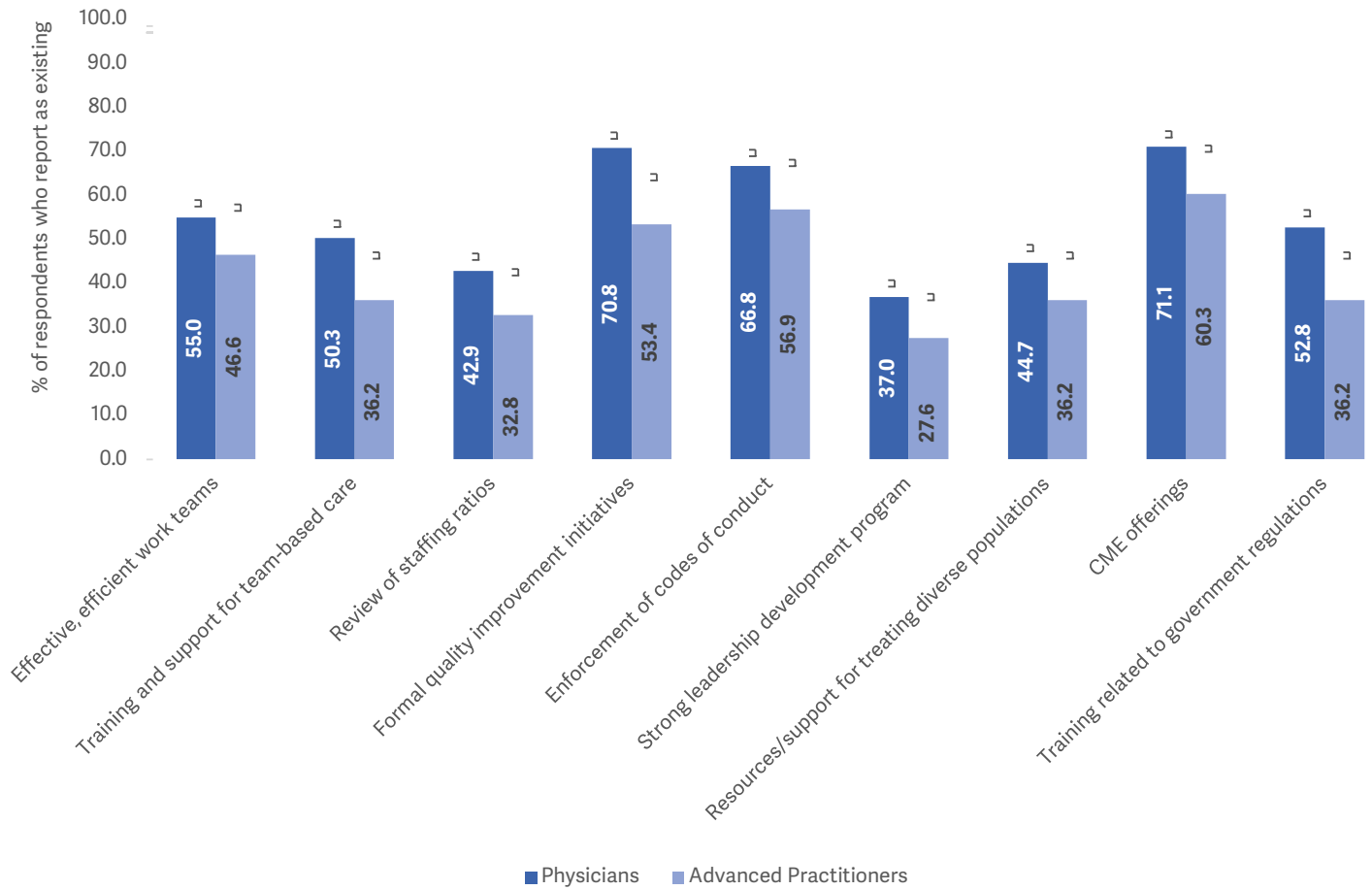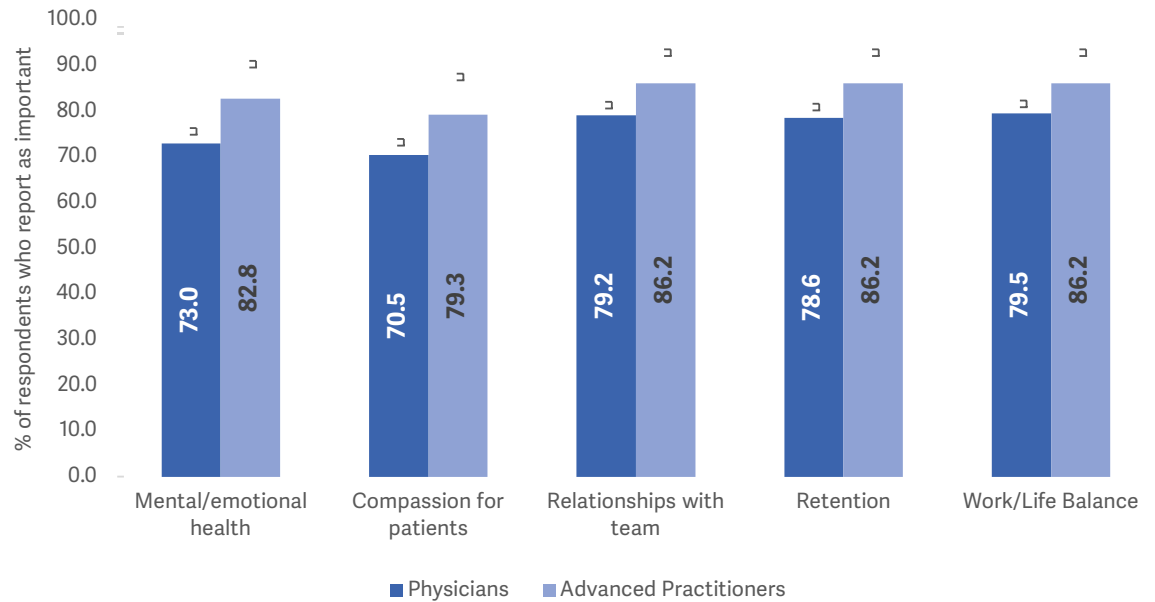% of respondents who report as vauable

	Physicians	Advanced Practitioners
Skilled leadership	84.3	84.1
Leadership aware of needs	87.8	87.3
Employees held accountable	86.1	88.9
Evaluations based on measures	77.7	81.0
Resources invested in culture	86.6	87.3
Patient-centered	76.0	77.8
Team appraoch to care	82.8	88.9
Team members collaborate	88.4	90.5
Flexible scheduling for diverse populations	81.0	81.0

■ Physicians   ■ Advanced Practitioners

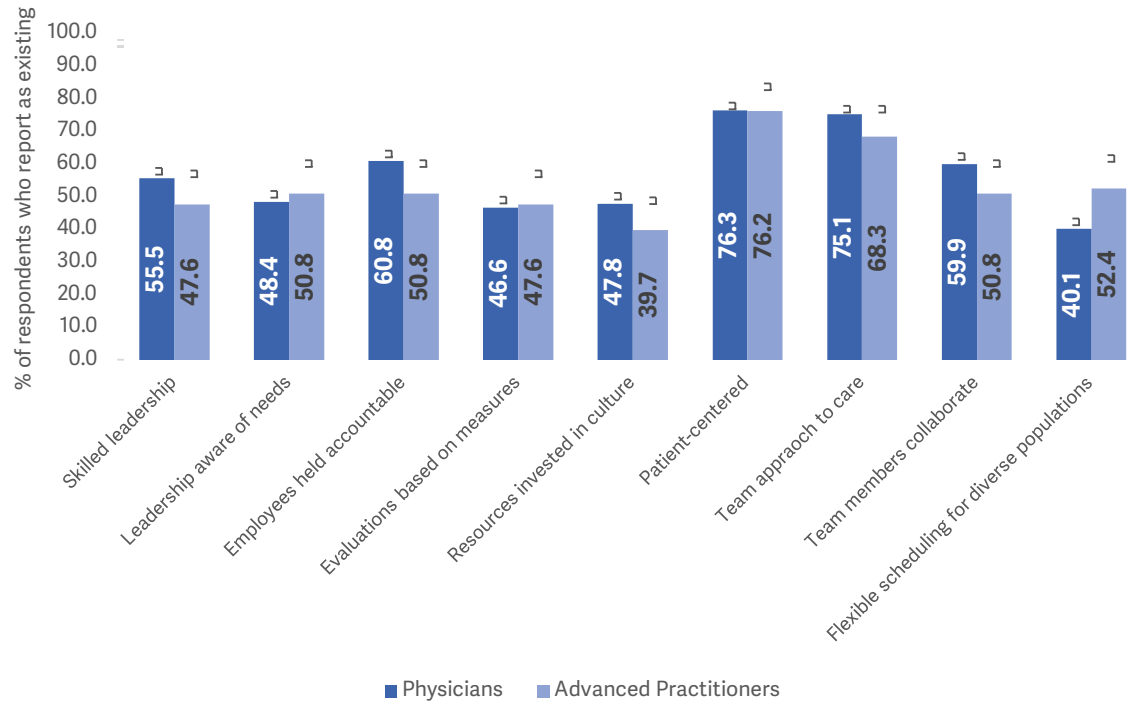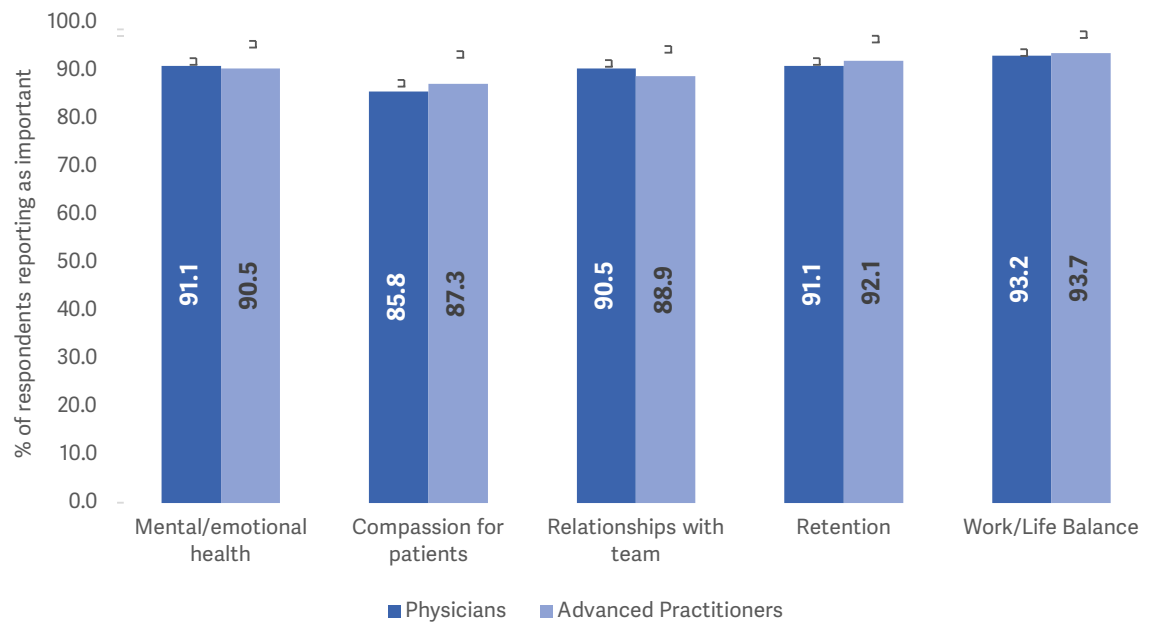**Figure 26. Existence of cultural attributes in physicians' and advanced practitioners' current organization**

% of respondents who report as existing

	Physicians	Advanced Practitioners
Skilled leadership	55.5	47.6
Leadership aware of needs	48.4	50.8
Employees held accountable	60.8	50.8
Evaluations based on measures	46.6	47.6
Resources invested in culture	47.8	39.7
Patient-centered	76.3	76.2
Team appraoch to care	75.1	68.3
Team members collaborate	59.9	50.8
Flexible scheduling for diverse populations	40.1	52.4

■ Physicians   ■ Advanced Practitioners

Figure 27. Importance of cultural attributes to aspects of well being among physicians and advanced practitioners

% of respondents reporting as important

	Physicians	Advanced Practitioners
Mental/emotional health	91.1	90.5
Compassion for patients	85.8	87.3
Relationships with team	90.5	88.9
Retention	91.1	92.1
Work/Life Balance	93.2	93.7

■ Physicians   ■ Advanced Practitioners

About us

VITAL WorkLife and Cejka Search have worked closely with physicians and healthcare organizations for more than 35 years. Together VITAL Worklife and Cejka Search initiated and designed the survey, recruited physicians, advanced practitioners and leaders to complete the survey and provided guidance for the data analysis and writing of the report. Arundel Metrics consulted on survey question development and performed the data analysis, in addition to assisting in the writing of this report.

VITAL Worklife (www.VITALWorkLife.com) uses its comprehensive programs, such as Physician Interventions and Physician Wellness Resources to address emotional and behavioral issues concerning individuals and their organizations. These programs effectively address well being through peer coaching, in the moment counseling and ongoing, preventative support programs to build sustainable healthy behaviors.

Cejka Search (www.CejkaSearch.com) has provided physician, health care executive and advanced practice search services to the health care industry for more than 30 years. Through its team of experienced professionals, award-winning recruitment technology and ongoing research on industry trends, Cejka Search expertly places top health care talent with healthcare organizations nationwide.

Arundel Metrics (www.arundelmetrics.com) is a small, data-driven consulting firm focused on public health and scientific communication. Since 1989, the professionals at Arundel Metrics, Inc. have worked with clients to distill complex health, economic and population data into understandable, approachable and actionable reports, websites and information streams.