

MSSNY Physician Stress and Burnout Survey

Please take a few minutes to fill out this survey. Your answers are very important to us and will help inform MSSNY Task Force on Physician Stress and Burnout about current practice conditions in NYS. We will use this information to take action on your behalf.

1. What is your age? ____ (enter #)

2. Gender:

- Female
- Transgender/gender variant
- Male
- Choose not to answer

3. In what area do you primarily practice?

- Urban
- Suburban
- Rural

4.

What is your practice setting?

- Private practice (solo)
- Group practice
 - 2-10 Group Practice
 - 11-50 Group Practice
 - 50-Larger Group Practice
- Staff-Model HMOs (employed)
- Other HMO model (contracted)
- Integrated Delivery System
- Hospital-Based Practice
- Training (Resident)
- Training (Fellow)
- Unemployed
- Other, please specify: ____

5. Are you in an academic setting? Yes No

6. On each type of faculty responsibility, what percent of your total time is spent?

- Research/Scholarly activities 0-100 ____ %
- Clinical activities 0-100 ____ %
- Teaching activities 0-100 ____ %
- Administrative activities 0-100 ____ %

% Total should be 100% whether Full or Part time

7. Where do you spend the majority of your clinical time if applicable?

- Inpatient
- Outpatient

8. Where is your practice located? (Dropdown options—same as MSSNY EHR Usage survey))

9. What is your specialty? (Dropdown options—same as MSSNY EHR Usage survey specialties)

10. How many years have you been out of formal training? _____ or Still in training

11. Are you working Full or Part Time? Full Time Part Time

12. In a typical week, How many hours do you work per week? _____

13. In a typical month, how many nights are you on call? _____

14. When you are on call, you take it:

- On site
- From home and travel if needed
- By phone consultation only

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Answer the following questions as truthfully as possible to determine your workplace stress levels and how they measure up against others in your field. There are two sections of questions in this survey about your experience with burnout and your practice environment.

Mini Z burnout survey

For questions 11-20, please choose the answer that best describes your experience with burnout.

15. Overall, I am satisfied with my current job:	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
16. I feel a great deal of stress because of my job:	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree

17. Using your own definition of "burnout," please circle one of the answers below:

- a. I enjoy my work. I have no symptoms of burnout.
- b. I am under stress, and don't always have as much energy as I did, but I don't feel burned out.
- c. I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.
- d. The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.
- e. I feel completely burned out. I am at the point where I may need to seek help.

18. My control over my workload is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal
19. Sufficiency of time for documentation is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal
20. Which number best describes the atmosphere in your primary work area?	1 Calm	2	3 Busy, but reasonable	4	5 Hectic, chaotic
21. My professional values are well aligned with those of my department leaders:	1 Strongly disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly Agree
22. The degree to which my care team works efficiently together is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal

23. The amount of time I spend on the electronic health record (EHR) at home is:	1 Excessive	2 Moderately high	3 Satisfactory	4 Modest	5 Minimal/none
24. My proficiency with EHR use is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal

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25. In the last year which of the following, contributed to stress levels in your work or home environment? Check all that apply. Please rate those selected with 1-5 in stress level. 1

2 3 4 5



Extremely
Low Stress



Very high
Stress

Work-related issues: ____

- Dealing with difficult patients
- Dealing with difficult colleagues
- Lack of voice in being able to decide what good care is
- Lack of personal accomplishment or career advancement
- Requirement for increased CME/ Maintenance of Certification
- Prior authorizations for medications/procedures/admissions
- CMS/State/federal laws and regulations
- Hospital/insurance company imposed quality metrics
- Extension of workplace into home life (E-mail, completion of records, phone calls)
- EMR functionality problems
- Length and degree of documentation requirements
- Teaching responsibilities (supervision, lecture preparation)
- Administrative duties (e.g. staff issues, meetings/committee work)
- Recent job change
- Other, please specify: _____

Legal issues:

- Fear of litigation
- Number of active lawsuits
- One major lawsuit
- Other, please specify: _____

Financial issues: ____

- Loan payment
- Child support/cost of care
- Settlement payment
- Other, please specify: _____

Relationship/family-related issues:

- Finding time to spend with significant other/children/family/friends
- Relationship difficulty with significant other/children/family/friends
- Separation/divorce
- Caring for an ill loved one
- Death of a loved one
- Other, please specify: _____

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Personal issues:

- Problems with your own health
- Finding enough time to do hobbies/activities outside work/fun and recreation
- Recent or near retirement
- Change in living location/condition
- Other, please specify: _____

26. Have you experienced a conflict between work and personal responsibilities in the last 4 weeks?

- Yes No

27. Please think of the most recent conflict between work and personal responsibilities you have experienced. Please indicate how the conflict was resolved in this particular instance:

- Resolved in favor of work responsibility
- Resolved in favor of personal responsibility
- Able to resolve in manner that met both responsibilities

28. If you could revisit your career choice, would you choose to become a physician again?

- Definitely not
- Probably not
- Not sure, neutral
- Probably yes
- Definitely yes

29. If you could revisit your specialty choice, would you choose your specialty again?

- Definitely not
- Probably not
- Not sure, neutral
- Probably yes
- Definitely yes

30. Please tell us about the top two coping strategies or tactics that help you cope with stress and burnout at work.

1. _____
2. _____

31. Please tell us about the top two factors that most sustain your sense of meaning in your professional work.

1. _____
2. _____

32. Please let us know the top two practical suggestions you have that MSSNY can do to help reduce physician stress and burnout.

1. _____
2. _____