

Survey Report
Doctors Nova Scotia
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Overview

The 372 physicians who participated in the 2017 survey expressed distress about their work. The scores on the burnout measure were significantly in the burnout direction relative to the scales' norms and to a Canadian physician survey. The analysis found indications of burnout associated with physical and mental health problems that interfered with their capacity to do their work. The quantitative analysis and the extensive written comments from participants related physicians' distress most directly to the basic organization of work rather than to personal failings regarding inadequate self-care or poor work practices. Recommendations for action pertain to improving the organization of physicians' work.

Method

The invitation to participate in the survey was sent to 2287 people; 1088 people opened the message, giving a response rate of $372/2287 = 16\%$.

Sex	Percent	Practice	Percent	Age	Percent
Male	47.8	Family	86.0	LT 35	7.8
Female	52.2	Specialist	14.0	35-44	22.9
				45-54	31.3
				55-64	29.3
				GT 64	8.7

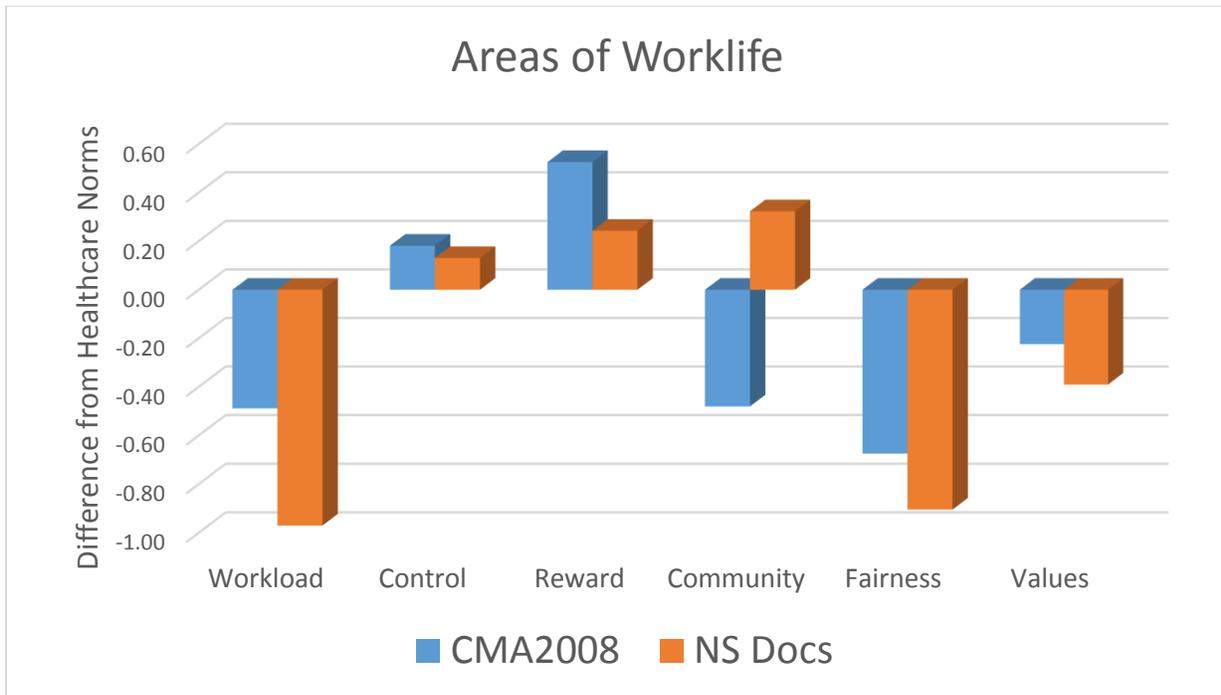
Relative to the DoctorsNS membership, this sample over-represents women (52.2% v 41%) and over-represents the 35 to 64 age range (83.5% v 79%) relative to both younger (7.8% v 9%) and older (8.7% v 12%) physicians.

Two of the reference points used in analyzing the survey responses were the normative values for healthcare providers from the Maslach Burnout Inventory Manual (N=50,000; Maslach, Jackson, & Leiter, 2017) and from the Areas of Worklife Scale (N=20,000; Leiter & Maslach, 2015).

Another reference point are values on these measures and others from the Canadian Physician Health Survey of 2008 (referred here as CMA2008) sponsored by the Canadian Medical Association. It included a stratified sample of 3475 physicians from across Canada.

Sampling in the CMA2008 invited specific physicians to participate based on their representative demographics. When one of the invited physicians refused to participate, another physician with similar descriptors was then invited. This method increases the probability of the eventual sample representing the larger population of physicians in Canada. This survey (DoctorsNS) did not have access to this information or have the capacity to invite specific physicians to participate. Instead, an invitation email went to all 2287 members of DoctorsNS of which 1088 opened the message and 365 responded. The 16% response rate is a third of the half of the physicians who opened an email from DoctorsNS.

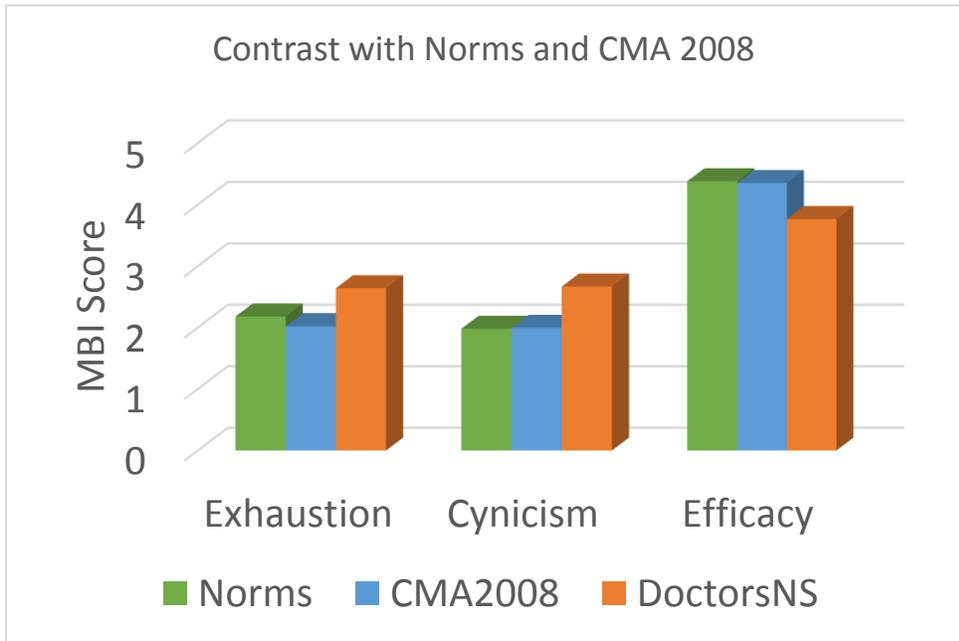
Areas of Worklife



The Areas of Worklife graph plots responses relative to norms based on 20,000 health care providers. Bars above the centerline rate that area of worklife more positively than the norm; bars below the midline rate that area more negatively than the norm. The DoctorsNS sample follows the pattern of the CMA2008 survey except for the area of Community on which the DoctorsNS scored more positively than the norm while CMA2008 scored more negatively than the norm. DoctorsNS scored significantly more negatively than CMA2008 ($p < .01$) on Workload, Control, Reward, and Values, more positively ($p < .01$) on Community, and with no difference on Control.

These contrasts acknowledge difficult-to-manage work demands as a distinct issue for Nova Scotia physicians. It also notes problems with key work resources—control, reward, and value congruence—as another challenge for Nova Scotia physician. Combining excessive demands with shortages in resources creates considerable strain. The resource of positive workplace community offsets this dynamic to some extent. Overall, survey responses reflect a broad-base challenge for Nova Scotia physicians.

Job Burnout and Work Engagement

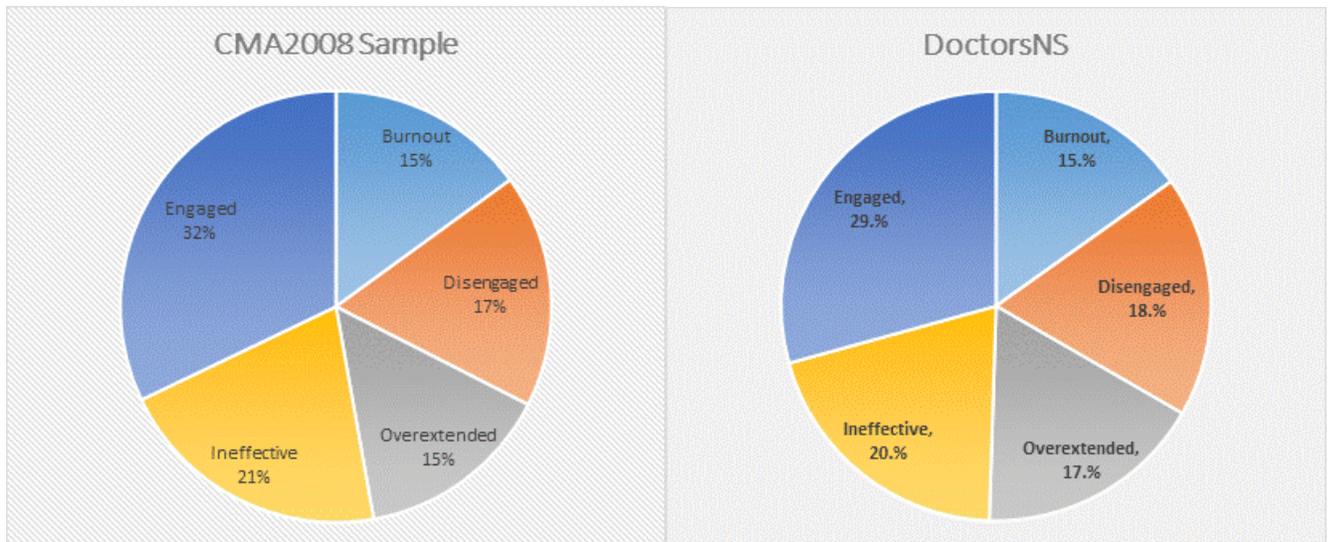


Compared to the norms for the Maslach Burnout Inventory and the CMA2008 survey, the participants of the DoctorsNS survey scored significantly ($p < .01$) in the negative (or burnout direction) on all three subscales: exhaustion, cynicism, and efficacy.

Profiles:

Scores on the MBI cluster on the extremes as Burnout (negative on exhaustion, cynicism, and efficacy) and Engaged (positive on all three subscales). In addition, three additional profiles were identified in recent analyses (Leiter & Maslach, 2016): Overextended (negative only on exhaustion), Disengaged (negative only on cynicism), and Ineffective (negative only on efficacy). This more detailed framework distinguishes respondents who experience the full burnout syndrome from those who experience only exhaustion or only cynicism. This more detailed diagnosis permits targeted intervention.

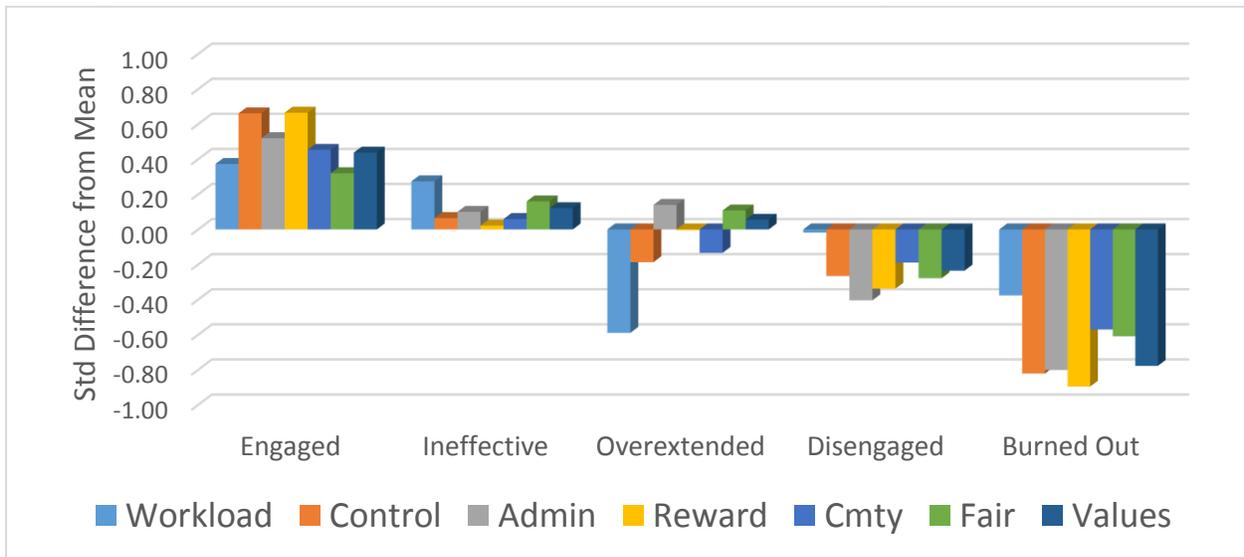
As indicated in the CMA2008 graph below, the largest single profile is Engaged and the smallest is Burnout. The other three profiles occur with 17-20% of the respondents. CMA2008 shows a similar distribution. But as noted previously, the DoctorsNS scores are more negative overall.



Areas of Worklife

The Areas of Worklife Scale measures Workload, Control, Reward, Community, Fairness, and Value Congruence in the respondent’s work. DoctorsNS added Admin to assess the extent to which respondents felt positive about their capacity to have a meaningful contribution to administrative decisions affecting their work. High scores indicate a positive evaluation of that quality (high scores on workload mean good workload, not a large quantity of workload).

Plotting the Areas of Worklife with Profiles for DoctorsNS survey



In the first instance, the Engaged profile finds everything positive; the Burned Out profile views everything negatively. It is noteworthy that Workload shows the least difference between feeling engaged and feeling burned out. The other profiles have more complex patterns. The Overextended profile has one major problem: workload. They are chronically exhausted but otherwise feel dedicated

to their work and feel effective in doing their work: they cannot recover from the demands of their work. In contrast, the Burned Out profile has problems with every area of worklife. They are not simply exhausted, but cynical and discouraged as well.

The Disengaged profile does not have a problem with Workload (which is at the midline). Instead, all other areas of worklife are negative: not as negative as the Burned Out profile but more negative than the other profiles.

The Ineffective profile is not actually distressed: all areas of worklife are mildly in the positive range. The difference between the Ineffective and Engaged profile is that the Ineffective profile lacks enthusiasm about their work. They are doing okay day to day in their profession, but lack a vibrant quality from their work. People in sophisticated profession often want more from their careers than doing okay.

Surveys that report very high numbers of physicians or residents experiencing burnout are combining the three distressed profiles: Burned Out, Disengaged, and Overextended. Together they constitute nearly half of the respondents of the Doctors NS survey. The problem in doing so is that each profile calls for a different action strategy. The Overextended need relief from workload but the Disengaged would not benefit from such an approach. Those experiencing burnout require a more complex approach than do the other two distressed profiles.

Professional Issues

The major theme in the written comments from physicians was that the relationship of physicians with the Nova Scotia Health Authority was deteriorating to the disadvantage of physicians and patients.

A specific survey item that addressed this item was:

I feel that government/health authorities respect my professional autonomy as a physician.

Overall, 40% of respondents agreed with this statement, 30% disagreed and the remainder were neutral. Physicians' stance on this question was related to their profile as indicated in this table:

Respect from Government	Disagree	Agree	N
Engaged	13%	87%	84
Ineffective	28%	72%	46
Overextended	52%	48%	42
Disengaged	73%	27%	44
Burned Out	77%	23%	39
Overall	42%	58%	255

**Note: Neutral ratings not included in the table

The distribution indicates that 87% of the Engaged physicians agreed on government respect; however, only 23% of those in the Burnout profile and 27% of those in the Disengaged profile agreed.

Another item addressed the quality of patient care:

It is possible to provide high-quality care to all of my patients.

Overall 40% agreed, 36% disagreed and the remainder were neutral. As with the previous item, the response pattern was related to the profiles:

High Quality Patient Care	Disagree	Agree	N
Engaged	28%	72%	83
Ineffective	48%	52%	52
Overextended	51%	49%	53
Disengaged	60%	40%	45
Burned Out	67%	33%	45
Overall	47%	53%	278

**Note: Neutral ratings not included in the table

The distribution indicates that 72% of the Engaged physicians agreed on government respect while only 33% of those in the Burnout profile and 40% of those in the Disengaged profile agreed.

A third item looked at professional autonomy regarding clinical work:

I feel that I am in control of my work environment as it relates to patient care.

Only 38% agreed, 45% disagreed and 17% were neutral.

Control in Workplace	Disagree	Agree	N
Engaged	26%	74%	94
Ineffective	51%	49%	53
Overextended	66%	34%	50
Disengaged	66%	34%	56
Burned Out	84%	16%	50
Overall	54%	46%	303

**Note: Neutral ratings not included in the table

While 74% of the Engaged physicians agreed with this statement, 84% in the Burnout profile disagreed.

Worklife balance was a specific issue pertaining to work engagement and burnout for physicians. A specific item on this issue was included:

I feel that I have a good balance of work and other activities in life.

Only 37% agreed with this statement while 44% disagreed and 19% were neutral.

Balanced Worklife	Disagree	Agree	N
Engaged	25%	75%	89
Ineffective	45%	55%	51
Overextended	83%	17%	52
Disengaged	54%	46%	52
Burned Out	88%	12%	51
Overall	55%	45%	295

**Note: Neutral ratings not included in the table

While 75% of the Engaged physicians agreed with this statement, 88% of those in the Burnout profile and 83% of those in the Overextended profile disagreed. Note that on other items, the Disengaged profile is more similar to the Burnout profile, but in light of the close alignment of work/life balance with

physicians’ energy and recovery, the Overextended profile with its elevated exhaustion score is more similar to the Burnout profile.

As an overall perspective on their profession one item inquired:

If you re-lived your life, would you still want to become a physician?

Overall, 59% agreed, 22% disagreed, and 19% remained neutral.

Be a Physician Again?	Disagree	Agree	N
Engaged	5%	95%	99
Ineffective	28%	72%	54
Overextended	28%	72%	50
Disengaged	28%	72%	50
Burned Out	74%	26%	42
Overall	27%	73%	295

**Note: Neutral ratings not included in the table

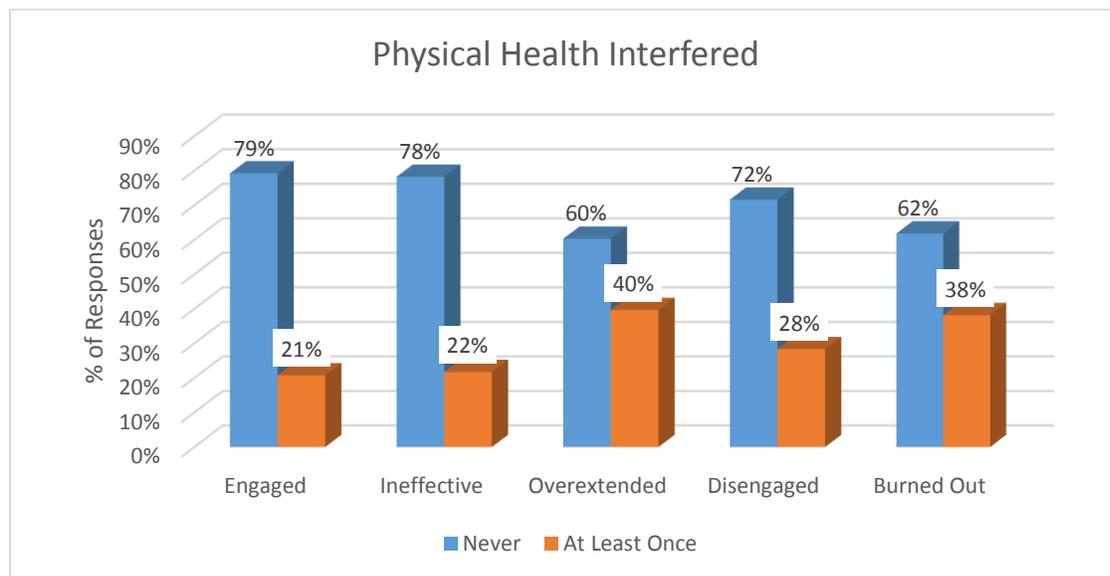
Note that 95% of Engaged physicians would choose again to be a physician while only 26% of those in the Burnout profile would do so. The other profiles showed a 72%/28% split.

Impact of Burnout

Two items were included to assess the extent to which physician burnout was associated with physicians’ confidence in their clinical practice. The first pertained to physical health:

In the past 4 weeks, how often did your physical health make it difficult for you to handle your workload as a physician?

Overall, 72% responded that their physical health never interfered; the remaining 28% indicated that their physical health interfered at least once in the previous 4 weeks. In the CMA2008 survey, 76% responded ‘never’ on this item.

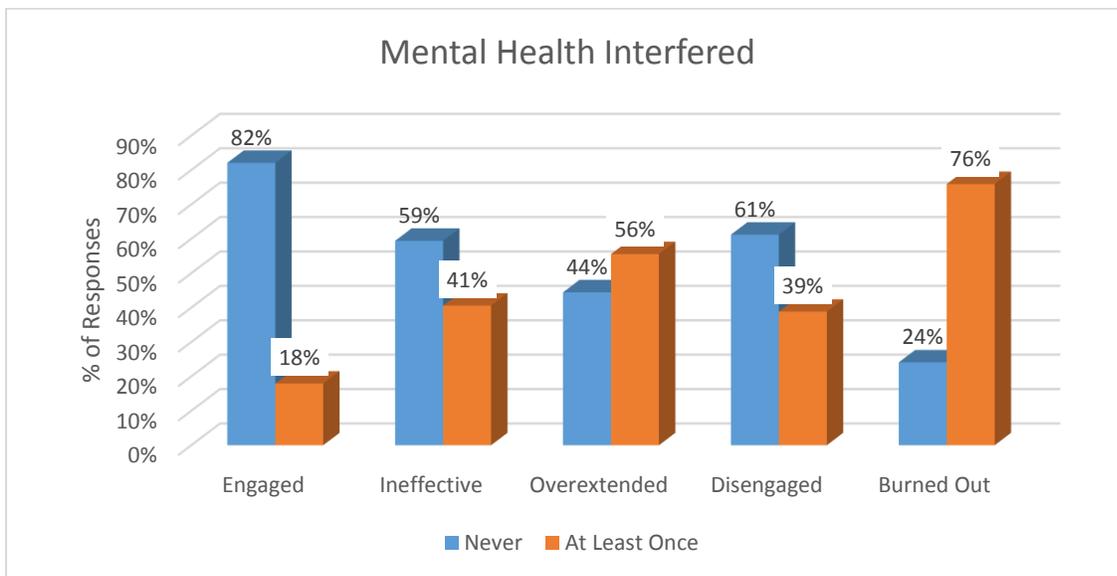


The above graph shows that only 21% of Engaged physicians experienced their physical health interfering with their work, while 38% of those in the Burnout profile and 40% of those in the Overextended profile did. .

The second item referred to mental health.

In the past 4 weeks, how often did your mental health make it difficult for you to handle your workload as a physician?

Overall, 58% responded that their mental health never interfered; the remaining 42% indicated that their mental health interfered at least once in the previous 4 weeks. In the CMA2008 survey, 73% responded ‘never’ on this item. The Doctors NS response reflects significantly more experience of mental health interference (p=.025).



The above graph shows that only 18% of Engaged physicians had ever experienced their mental health interfering with their work, while 76% of those in the Burnout profile, 56% of those in the Overextended profile, 41% in the Ineffective profile, and 39% of those in the Disengaged profile did. .

Written Comments

At the end of the survey, 112 respondents added written comments. Some comments were quite brief; others were detailed, covering multiple issues. In all, there were over 16,000 words of comments. As is generally the case in such surveys, written comments are primarily but not exclusively negative.

The Table below indicates the most frequent themes across the comments.

Theme	Frequency
Admin Hassles	39
Financial	36
Career Satisfaction	33
Burnout	30
Stress	28
Workload	28
Self Care	21
Health Authority	18
Respect	18
Survey	18
Poor Patient Care	16
Worklife balance	15
Autonomy	14
Fair	14
Support	12
DoctorsNS	11
Quit	10
Social Strains	9
Patients	7
Recruitment	7
Reward	7

The Organization of Work

The top issues expressed in the written comments concerned the organization of work. The comments identified administrative hassles in the form of paperwork from the health system, insurance companies, and other agencies, such as clinics. Respondents cited meetings and procedural demands in this regard. These hassles related to financial concerns about the amount of uncompensated time consumed by these activities.

An additional quality of the reported financial concerns pertained to the challenges in meeting the financial demands of a practice, student debt, and retirement planning. Doctors described their current financial situation as being strained and notably worse than was previously the case.

For some, maintaining a medical practice had all the constraints of being a low-level employee but none of the benefits, such as paid administrative time, vacations, and an employer supported pension plan.

These difficulties related to items further down the list. Criticism of the health authority concerned constraints of physicians' autonomy, with specific reference to billing codes and the unreasonable assumption that patient visit would be no longer than 15 minutes. Some contended that these constraints jeopardized the quality of patient care, discouraging a health promoting approach, and encouraging a narrow focus on specific symptoms. Respondents did not experience these issues in an abstract way, but interpreted them as showing disrespect for them as physicians.

DoctorsNS was the target of biting critique as well as appreciation. Critiques pertained primarily to a perceived failure to protect doctors from the current organization of work and financial arrangements. Comments on the survey were suggestions for improvement and some appreciation for taking the issues seriously.

Stress and Burnout

Consistent with the theme of the survey, many comments pertained to respondents' experience of job burnout. Respondents related experiences of exhaustion and cynicism to excessive workload. Excessive work demands undermined intentions to maintain a positive work-life balance and efforts at self-care.

However, they related burnout primarily to the overall organization of work, and rarely identified patients as the source of difficulties. To the extent that comments concerned patients, the comments pertained to difficulties in recruiting physicians, especially in rural Nova Scotia. The sparse distribution of specialists left long hours as the only solution to addressing patient needs. The excessive patient numbers for family physicians did not occur through one-off glitches, but arose from the way physician services were organized in the province.

Intentions to Quit

Some comments expressed intentions to quit a current position, leave Nova Scotia to practice elsewhere, or to leave the profession. Some expressed relief because of retirement plans and others expressed despair of ever affording retirement. In any case, while some intended to quit, others acknowledged continuing to practice because they were stuck due to a lack of viable options. A few expressed cautioning their children against a medical career, although one actively promoted medicine as a career.

Some comments pertained to strained social relationships with a few references to rude or even bullying behavior. Although rare within the comments, references to strained relationships were tied to intentions to quit the profession or to leave Nova Scotia.

Conclusions & Recommendations

One comment on the survey noted that surveys do not address burnout but simply confirm the widely acknowledged presence of burnout among doctors in this and other geographic regions. To have an impact, concerned people and organizations need to translate information into action.

1. Burnout is a serious issue among Nova Scotia physicians. The scores on exhaustion, cynicism, and efficacy were significantly more negative than relevant norms.
2. Nova Scotia physicians also experience related profiles of Overextended (elevated exhaustion), Disengagement (elevated cynicism), and Ineffective (decreased efficacy). Each of these profiles, as well as Burnout, detract from a vibrant engagement with work.
3. The most effective route for addressing these problems is through physicians' relationship with the Nova Scotia Health Authority. The problems working against an Engaged connection with work are systemic, not the result of individual failings or insufficient self-care.
4. An important quality of an improved relationship is flexibility, in that the profile analysis demonstrated the range of challenges. That is, although those in the Burnout or Overextended Profile would benefit from reduced workload, such action would not improve things for those in the Disengaged or Ineffective profiles.
5. A specific strain related to both cynicism and low efficacy pertains to physicians' perception of respect for their professional expertise and autonomy. These points need attention in the process of developing a more vibrant relationship between Nova Scotia physicians and the Nova Scotia Health Authority.