An Exploratory Study of Regional and Community Best Practices for Facilitating Physician Work/Life Balance in Newfoundland and Labrador

Final Report of Study Findings

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Executive Summary

The objectives of this study are to:

- Identify best practices for facilitating physician work/life balance in Newfoundland and Labrador (NL).
- Examine the characteristics/components of these best practices.
- Identify the characteristics/components which could be transferable to individual physicians' practices.
- Draft a framework for a provincial physician work/life balance initiative which could be utilized by the Newfoundland and Labrador Medical Association (NLMA).

This study was funded by the NLMA. Ethics approval was obtained from the Health Research Ethics Authority (HREA), NL, as well as from the respective research review committees of the four Regional Health Authorities (RHAs).

Methodology

A mixed-methods, exploratory study design:

- A literature review/ environmental scan:
  - Peer-reviewed literature (Pubmed)
  - Review of provincial and territorial medical association websites
  - Review of RHA websites
- Online survey-questionnaire:
  - Distributed to all NL physicians
  - Utilized FluidSurveys.com - URL distributed by the NLMA
  - Utilized IBM SPSS Statistics 23 for data analysis
- Follow-up interviews:
  - Survey respondents who volunteered to participate
  - Conducted via telephone; transcribed verbatim
  - Utilized Nvivo software for thematic analysis

Summary of Findings

Literature Review/Environmental Scan

The review of the peer-reviewed literature highlights several studies related to physician burnout, including its symptoms, strategies for identifying burnout, and methods for addressing it. Several studies also discuss the importance of the concept of resiliency. Highlighted in the literature are studies which describe various formal and informal interventions designed to increase physician resiliency, increase physician self-awareness, and in turn, enhance physician work/life balance. Findings from the review of the provincial and territorial medical associations demonstrate initiatives which focus directly on physician health and wellness, but also some which focus on some of the issues which are suggested to impact physician health and work/life balance.

Survey/Interview Data

- Online survey-questionnaire:
    - N=306 respondents
    - 51.6% specialists, 41.8% family physicians, 6.5% residents or medical students
    - 47.9% fee-for-service, 30.5% salary
    - Utilized IBM SPSS Statistics 23 for data analysis

- Follow-up interviews:
    - N=22 survey respondents
    - 50.0% specialists, 50.0% family physicians
    - Majority (54.5%) fee-for-service

Perceptions of Work/Life Balance

Survey and interview respondents reported varying perspectives related to whether they had achieved work/life balance. Some reported achieving it; some were unsure. However, respondents reported similar perceptions related to the challenges of finding balance. Survey respondents reported feeling “run by their practices’, overwhelmed by patients with complex health conditions, and overwhelmed by paperwork. Several reported addressing these issues by taking control of their practices and schedules and taking time off when they needed it (for many, only if they could find a locum). Interview respondents also highlighted unsustainable workloads and paperwork, but also an inability to take time off due to a lack of locums.

Barriers to Achieving Work/Life Balance

- Survey respondents:
    - Increasing system expectations (73.4%)
    - Increasing patient expectations (59.7%)
    - Family demands (55.3%)
    - Lack of organizational policies (53.8%) which support work/life balance
    - Lack of organizational culture (53.5%) which support work/life balance

Interview respondents also highlighted increasing patient demands, especially the increasing number of patients with complex health care needs. Many of these patients require more time in clinic, advocacy, and completion of paperwork. Interview respondents also commented about the culture of medicine, which influences employer, system, and patient expectations.

Strategies for Achieving Work/Life Balance

Individual

- Taking vacations
- Hobbies
- Self-awareness
- Control of schedule/flexibility
- Exercise
- Have “a life outside of medicine”

Group Practice/Department Level

- Control over schedule
- Flexible call schedule
- Feeling like they work in a culture of flexibility and support

Additional strategies respondents suggest should be available include a culture supporting physician wellness, a culture of flexibility and support, and improved workflow interventions.

Institutional/RHA Level

Survey respondents report a dearth of strategies currently at the institutional and RHA levels. They report that several strategies should be available, including improved workflow interventions, a

culture of flexibility and support, the availability of physical activities/exercise, a culture which supports physician work/life balance, and policies which support physician work/life balance.

Policies Related to Physician Work/Life Balance

The majority of survey and interview respondents report there are either no policies or strategic initiatives related to physician wellness and/or work/life balance within their institution/RHA or not knowing if such policies exist. A review of information publicly available on each of the RHA websites also suggests a lack of policies and formalized initiatives.[1] The exception is Eastern Health (2014) which cites a strategic focus on healthy workplace planning and programming in the areas of workplace culture, supportive environment, physical environment, occupational health and safety, and health and lifestyle practices. The RHA's strategic plan does not provide additional information regarding any of the above initiatives.

Messages for Stakeholders

- Change the culture
- Address systemic issues
- Support flexibility in the practice environment
- Provide relevant resources and programming

A Framework for Physician Work/Life Balance in NL

Key Priorities	Activities/Indicators of Success
Change the Culture	• Systemic/organizational expectations: o Support and recognition from senior leadership. o Make efforts to promote job satisfaction (data suggests this impacts work/life balance, physician outlook, etc.). o Create a supportive work environment – recognize accomplishments. o Policies focused on physician wellness and work/life balance.

[1] Note: Each RHA has a staff/physician portal which is unavailable to the public. There could be relevant information posted on these respective portals which is unavailable for viewing by the investigator.

Key Priorities	Activities/Indicators of Success
	• Public expectations: o Education – what physicians actually do; day in the life of a physician. • Make wellness a priority: o Make wellness a standing agenda item at ongoing meetings. o Enable wellness time, breaks, etc. o Provide incentives to engage in preventive health activities. o Promote physician self-care.
Enable Measures for Some Flexibility & Control	• Ability to adjust schedule – start early, end early, lunch breaks, exercise breaks.
Provide Relevant Educational Programming	• Meditation. • Mindfulness. • Self-awareness. • Stress management. • Time management. • Work/life balance.
Provide Relevant Resources/Programming	• Access to exercise facilities (or time to access). • Coaching (one-on-one or group). • Locum program. • Mentorship program – see envt scan (SK). • Peer groups.

Key Priorities	Activities/Indicators of Success
	• Wellness newsletter – see envt scan (AB) • Practice support programs – see envt scan (BC, SK, NL).
Systemic Interventions	• Provide adequate administrative support. • Address workflow issues and support improved workflow interventions. • Involve physicians in scheduling and workflow intervention processes - see envt scan (BC). • Introduce family practice networks – see envt scan (NB, NL). • Modify fee codes to account for time required for patients with complex conditions and some associated tasks (i.e. consultation) – see envt scan (NL). • Mandatory break or wellness time. • Make physician satisfaction and well-being quality indicators.

1.0 Study Objectives

The objectives of this study are to:

- Identify best practices for facilitating physician work/life balance in Newfoundland and Labrador (NL).
- Examine the characteristics/components of these best practices.
- Identify the characteristics/components which could be transferable to individual physicians' practices.
- Draft a framework for a provincial physician work/life balance initiative which could be utilized by the Newfoundland and Labrador Medical Association (NLMA).

This study was funded by the NLMA. Ethics approval was obtained from the Health Research Ethics Authority (HREA), NL, as well as from the respective research review committees of the four Regional Health Authorities (RHAs).

2.0 Methodology

The study methodology was guided by a mixed-methods, exploratory study design.

2.1 Literature Review/Environmental Scan

A search of the peer-reviewed literature was conducted using the PubMed database. The literature search was limited to studies and reports published in the English language between 2006 and 2016. The following terms were used and combined in order to refine the search results:

- Physicians (Mesh)
- Healthy People Programs (Mesh)
- Attitude of Health Personnel (Mesh)
- Burnout, Professional/prevention and control (Mesh)
- Burnout, Professional/therapy (Mesh)
- Burnout, Professional/epidemiology (Mesh)
- Job Satisfaction (Mesh)
- Resilience, Psychological (Mesh)
- Work-life balance
- Program(s)
- Intervention(s)
- Improvement
- Strategies
- Strategies to improve work-life balance
- Interventions to improve work-life balance
- Programs to improve work-life balance
- Best Practices
- Burnout
- Job Satisfaction
- Prevention
- Control
- Recommendations

Related citations were also reviewed when linked to relevant studies. The environmental scan consisted of a review of the provincial and territorial medical associations to determine if and how other provinces/territories are providing physicians with information, resources, programming,

etc. related to work/life balance. The websites for each of the RHAs were also reviewed for policies or information related to physician wellness and/or physician work/life balance.

Seventy (N=70) articles were reviewed in more detail, with information supporting development of the survey-questionnaire. A summary table detailing findings from the review of the peer-reviewed literature review is available in **Appendix A**. A summary table detailing the review of the provincial and territorial medical associations is available in **Appendix B**.

2.2 Online Survey-Questionnaire

The online survey-questionnaire (**Appendix C**) was constructed based on the review of the literature and the environmental scan. Questionnaire items focused on issues related to: perceptions of, and satisfaction with, work/life balance; barriers to work/life balance; strategies for work/life balance (individual, group/departmental, institutional, and organizational); and key messages for stakeholders. The survey-questionnaire was posted online using FluidSurveys.com. The URL was distributed via e-mail by the NLMA in September 2016. Two reminders followed the initial distribution. Survey responses were downloaded from FluidSurveys.com as a MS Excel file. The data was then transferred into IBM SPSS Statistics 23. Frequency, cross-tab, and chi-square analyses were conducted with quantitative data; qualitative data was reviewed and summarized into common themes.

2.3 Follow-up Interviews

Survey respondents were asked to volunteer for a follow-up interview to further discuss their perspectives related to physicians work/life balance. Forty-six (N=46) survey respondents agreed to participate in an interview. These respondents received an initial e-mail from Dr. Tracey Bridger informing them that they would be contacted by the principal investigator or research assistant, who then followed up with the consent form and questions (**Appendix D**). Twenty-two interviews were conducted via telephone, recorded and transcribed verbatim. Nvivo analytical software was used to organize and assist with analysis of the transcribed interview data. Data was analyzed using thematic analysis technique. Five common transcripts were reviewed by the principal investigator and the research assistant, who then met to discuss themes and to generate an initial list of common themes. The remaining 17 transcripts were then reviewed by the principal investigator and research assistant independently, with each team members assigning nodes (themes) to the content in Nvivo. The coding was merged and a Coding Summary by Nodes Report was generated to inform this section of the report.

3.0 Findings – Literature Review/Environmental Scan

The review of the peer-reviewed literature highlights several studies related to physician burnout, including its symptoms, strategies for identifying burnout, and methods for addressing it. Several studies also discuss the importance of the concept of resiliency. Highlighted in the literature are studies which describe various formal and informal interventions designed to increase physician resiliency, increase physician self-awareness, and in turn, enhance physician work/life balance. Detailed summary tables are available in Appendices A and B for the literature review and environmental scan, respectively.

3.1 Physician Burnout

Burnout and stress are linked to issues associated with a physician's ability to achieve a healthy work/life balance. Burnout can be characterized by emotional fatigue, depersonalization and a diminished sense of accomplishment (Maslach, Jackson, & Leiter, 1996). The Maslach Burnout Inventory has been used widely throughout the literature to measure the rates of burnout among physicians and other health care workers (Bittner, Khan, Babu & Hamed, 2011). Several recent studies which focus on Canadian and American physicians suggest that approximately half of them could be experiencing burnout (Albuquerque & Deshauer, 2014; Fortney, Luchterhand, Zakletskaia, Zgierska & Rakel, 2013; Rath, Huffman, Phillips, Carpenter & Fowler, 2015; Shanafelt, Hasan, et al., 2015).

Some of the factors which could be contributing to increased rates of burnout include: rising societal expectations of physicians providing patient-centered care; workflow inefficiencies; a perceived lack of control, order, and meaning among physicians in relation to their work; a lack of supportive resources; declining reimbursements; devaluation of the doctor-patient relationship; time pressures; teamwork issues; issues relating to electronic health records; and work-home interference (Bodenheimer & Sinsky, 2014; Cook et al., 2013; Dunn, Arnetz, Christensen & Homer, 2007; Linzer, Levine, et al., 2014; Nielsen & Tulinius, 2009; Rama-Maceiras, Parente & Kranke, 2012; Saleh, Quick, Sime, Novicoff & Einhorn, 2009; Schrijver, 2016). Personal traits, such as compulsiveness, guilt, perfectionism and self-denial, negligence of personal health requirements, and the culture of medicine also seem to have had a negative impact on physicians' work-life balance and/or experience of burnout (Gazelle, Liebschutz & Riess, 2015; Schrijver, 2016). Despite the efforts of medical schools and residency programs to incorporate curriculum pertaining to work-life balance, the culture of medicine remains "to overwork, to self-sacrifice, and to put yourself last" (Dr. Banda, as cited in ("Address burnout with a caring nurturing environment," 2014). According to Beckham (2015), the cultural imperative in medicine, to sacrifice one's own

health-care for professional productivity and individual achievement, is contributing to anxiety, depression and burnout among primary care physicians and residents.

3.2 Concept of Resiliency

Several studies focus on the concept of resiliency and how it influences a physician's ability to achieve job satisfaction and subsequently, work/life balance. Jensen, Trollope-Kumar, Waters, and Everson (2008) explored the concept and identified four components of physician resilience: (1) attitudes and perspectives; (2) balance and prioritization; (3) practice management style; and (4) supportive relations. Resiliency is considered to be a fundamental concept for physician wellness as physicians who demonstrate it are often able to 'bounce back' after challenges and maintain a more positive attitude (Epstein & Krasner, 2013). More recently, several studies have documented methods for enhancing physician resilience (Brennan & McGrady, 2015; Epstein & Krasner, 2013; Sood, Sharma, Schroeder, & Gorman, 2014).

3.3 Strategies

Strategies highlighted in the literature include individual/personal strategies and organizational/ systems-based strategies (Albuquerque & Deshauer, 2014; Askin, 2008; Bittner et al., 2011; Brennan & McGrady, 2015; Cook et al., 2013; Eckleberry-Hunt, Van Dyke, Lick & Tucciarone , 2009; Epstein & Krasner, 2013; Gazelle et al., 2015; Goodman & Shorling, 2012; Gordon & Borkan, 2014; Hernandez & Thomas, 2014; Lovell, Lee & Frank, 2009; Marsh 2012; McClafferty, Brown, Section on Integrative Medicine, Committee on Practice and Ambulatory Medicine & Section on Integrative Medicine, 2014; Regehr, Glancy, Pitts & LeBlanc, 2014; Schneider, Kingsolver & Rosdahl, 2014; Sood et al., 2014).

Some examples include:

- Health promotion initiatives (e.g., exercise, meditation, mindfulness, healthy eating).
- Professional or life coaching.
- Mindfulness training.
- Support groups which emphasize building self-awareness and resiliency, coping skills and meaning in work.
- Wellness programs, blogs, etc.
- Stress management & resiliency training.
- Time management strategies.
- Organizational/systems-based strategies, such as the provision of mentoring, implementing standardized work flows, and wellness tool boxes.

3.4 Provincial/Territorial Initiatives

Findings from the review of the provincial and territorial medical associations (Table 16) demonstrate initiatives which focus directly on physician health and wellness, but also some which focus on some of the issues which are suggested to impact physician health and work/life balance. All of the provincial medical associations have a physician health and wellness program. Programs offer a variety of services, information, and resources ranging from:

- Counselling
- Physicians for physicians
- Educational programs and resources, including regular newsletters

The Northwest Territories provides physicians with access to the government's employee assistance program. There was no indication of the existence of a physician health program on the Yukon Medical Association's website.

Some provincial medical associations also provide supports and services to physicians which have been shown in turn, to impact their job satisfaction and work/life balance. There is currently an ongoing initiative in British Columbia, whereby physicians and health authorities are working together to examine priorities, resources, etc. The goals of this initiative are to improve physician care, but also the physician work environment. Saskatchewan and Manitoba provide physicians with access to mentorship programs which connect physicians new to practice to more experienced physicians. Several provinces provide physicians with access to practice support/improvement programs. These programs enable physicians to find workflow efficiencies and provide them with practice management tools. It is suggested that running an efficient practice can lead to greater job satisfaction and in turn, increased feelings of work/life balance.

4.0 Findings – Online Survey-Questionnaire

4.1 Survey Respondents

The online survey-questionnaire was distributed by the NLMA in September/October 2016 to N=1,786 NLMA members, N=1,125 of whom were actively practicing. Two reminder e-mails were also distributed by the NLMA. The online survey-questionnaire was completed by a total of N=306 respondents (n=13 of whom indicated being retired). Table 1 shows the breakdown of respondents and response rates.

Table 1 - Survey Respondents/Response Rates

Total Respondents	Overall Response Rate[2]	Respondents Actively Practicing[3]	Response Rate (Actively Practicing)[4]
306	17.1%	293	26.0%

The breakdown of respondents by RHA is shown in Table 2. A comparison of the percentage of respondents by RHA to the % of physicians practicing in each RHA suggests that survey respondents could be representative of the NL physician population.

Table 2- Survey Respondents by RHA

Age Group	# of Respondents	% Survey Respondents	% of Physicians in Province/RHA
Eastern Health	234	78.8%	67.9%
Central Health	31	10.4%	13.7%
Western Health	24	8.1%	12.9%
Labrador-Grenfell Health	8	2.7%	5.2%
TOTALS	297*		

**Nine (n=9) respondents did not answer this question.*

[2] 306/1,786 NLMA members.

[3] N=13 respondents indicated being retired; assumes remaining N=293 active in practice.

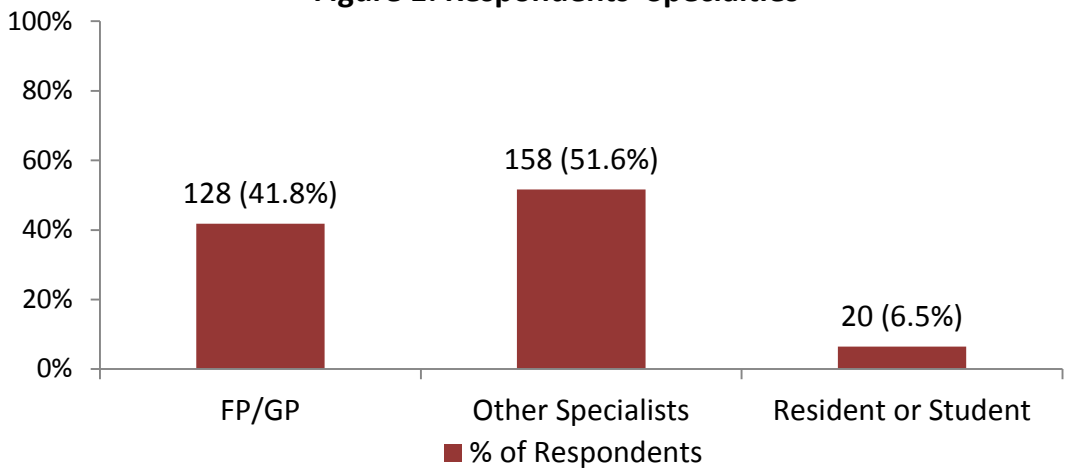
[4] 293/1,125 actively practicing NLMA members.

4.1.1 Overall Respondent Demographic Characteristics

Specialty

Fifty-one percent (51.6%) of respondents were specialists; 41.8% family physicians. Twenty (n=20) respondents identified themselves as residents or medical students (6.5%).[5]

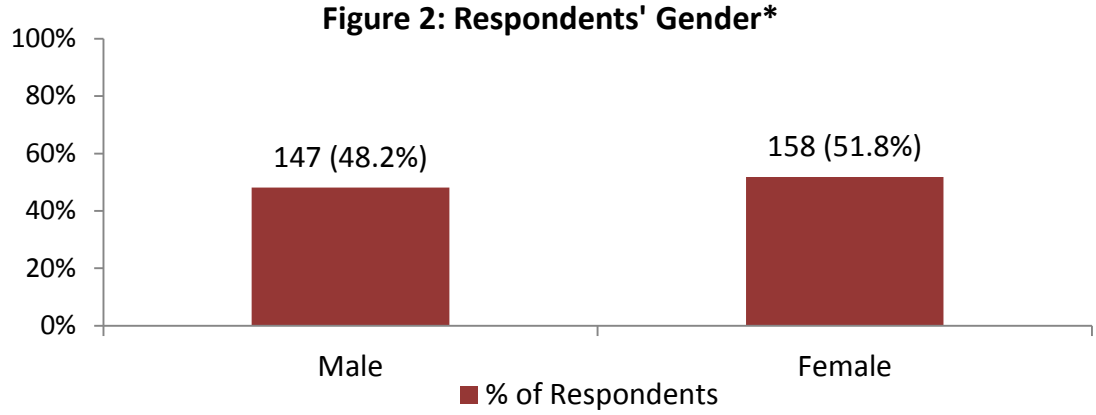
Figure 1: Respondents' Specialties



Gender

Fifty-one percent (51.8%) of survey respondents reported their gender as female; 48.2% reported it as male.

Figure 2: Respondents' Gender*



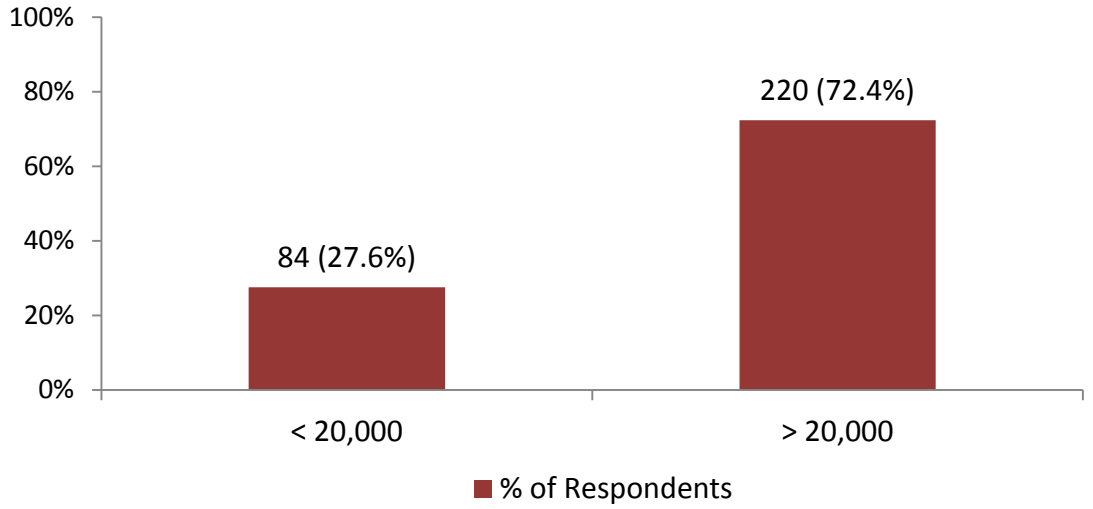
**One (n=1) respondent did not answer this question.*

[5] Resident and student responses are included in overall data, with exception of when data is presented by specialty. These respondents will add a perspective to the issue and the response rate is not high enough to skew the responses in terms of practicing physician feedback.

Practice Location

Seventy-two percent (72.4%) of respondents report the population of the area/community in which they practice as > 20,000. Twenty-seven percent (27.6%) report practicing in rural areas with population of < 20,000.

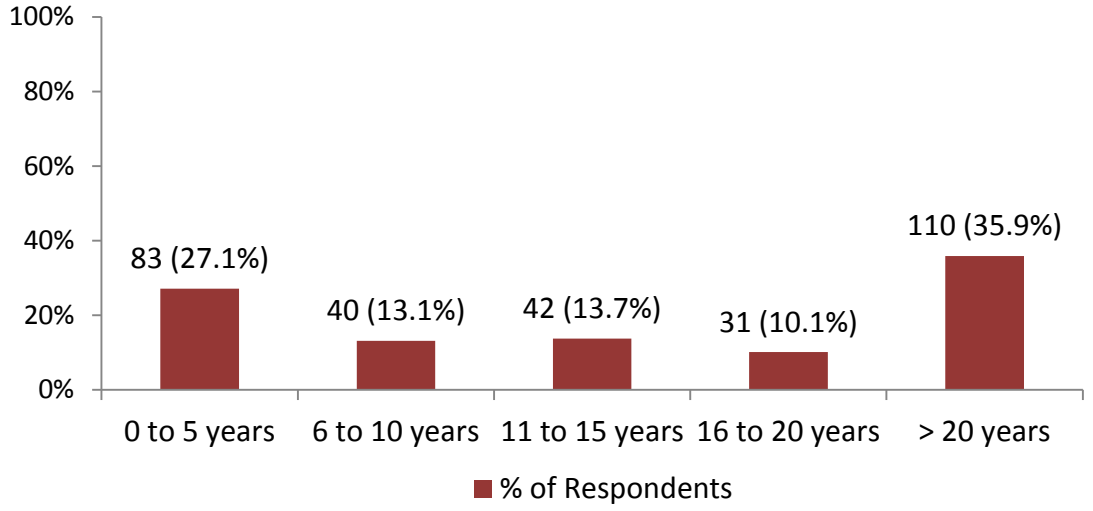
Figure 3: Respondents' Practice Locations



Years in Practice

The majority of survey respondents were new physicians, residents, or students (in practice less than five years) or experienced physicians (in practice more than 20 years).

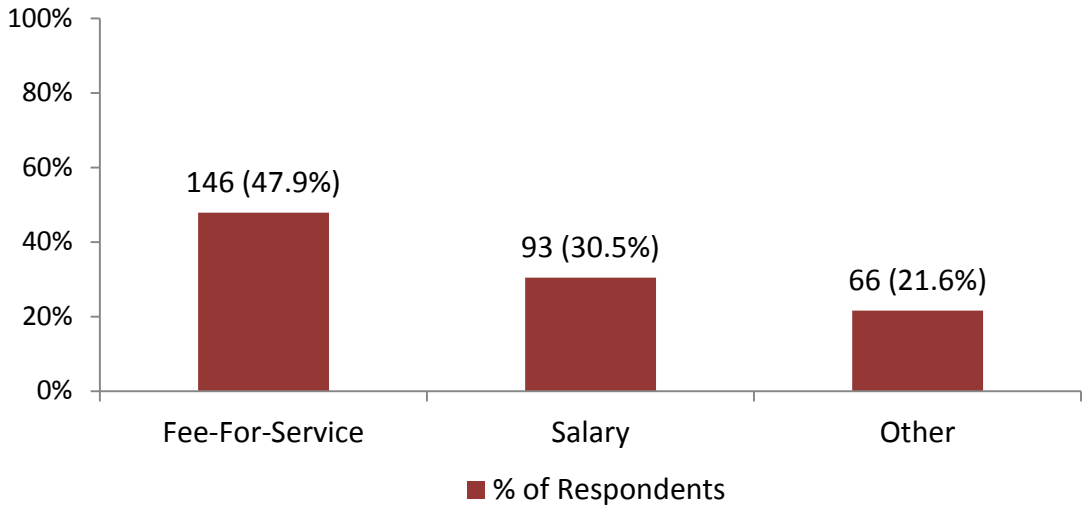
Figure 4: Respondents' Years in Practice



Payment Type

The majority of survey respondents report their payment type as fee-for-service (47.9%).

Figure 5: Respondents' Payment Type



**One (n=1) respondent did not answer this question.*

***Other payment types reported include: alternate funding plan, university plus practice, locum, resident/student, etc.*

Other Demographic Information

a. Type of practice:
   - Hospital-based/Institution (63.1%)
   - Group (34.3%)
   - Solo (10.8%)

b. Average working hours/week:
   - 40-50 hours (31.4%)
   - 50-60 hours (26.1%)
   - 60-70 hours (16.8%)

c. Majority (58.3%) do not service the whole province.

d. Majority (75.2%) do not currently hold a leadership or administrative position within their organization or RHA.

4.2 Perceptions of Work/Life Balance

Respondents' perceptions of, and associated with, work/life balance are shown in Table 3. Overall, a slight majority of respondents report feeling like they have not achieved work/life balance (43.9%). Fourteen percent (14.4%) of respondents report they don't know.

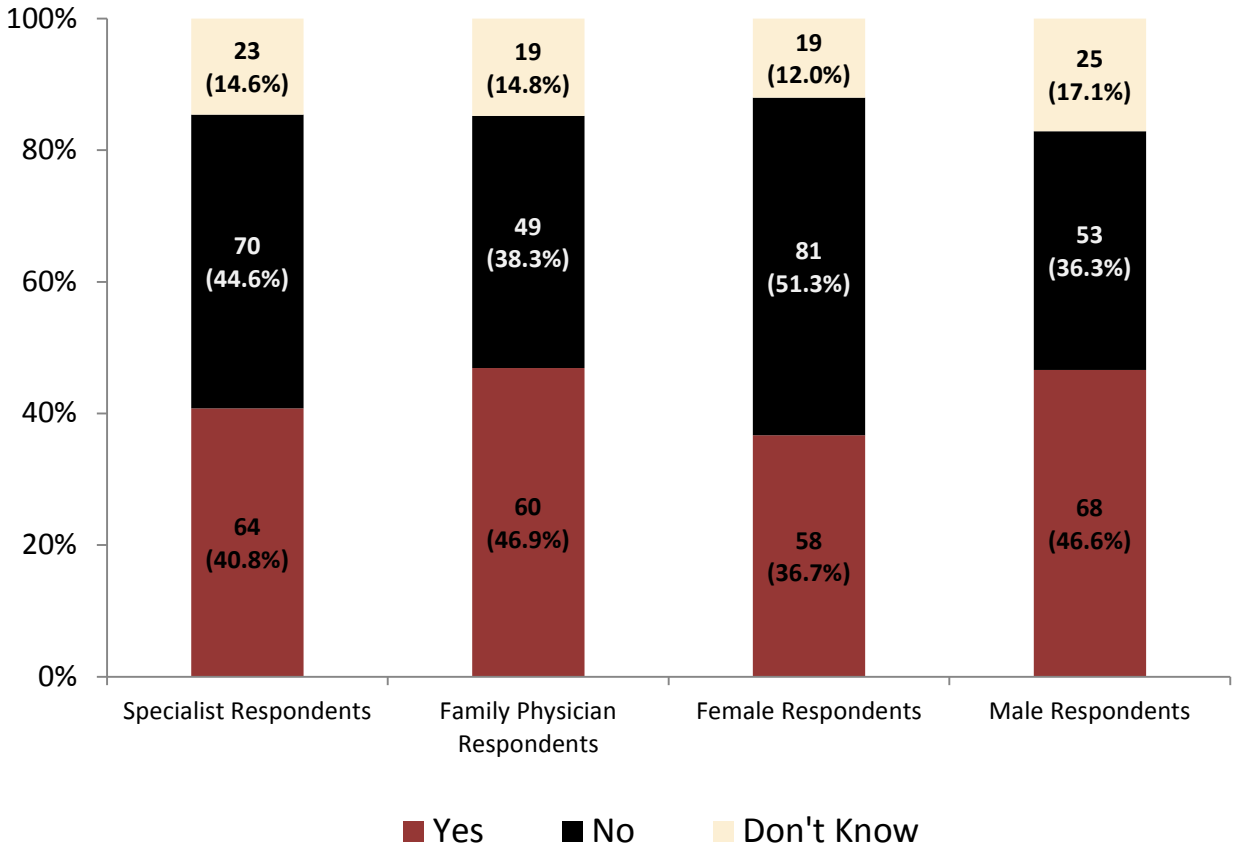
Table 3- Respondents' Perceptions Associated with Work/Life Balance

Perceptions	Yes		No		Don't Know	
	N	%	N	%	N	%
I feel like my current work schedule leaves me enough time for my personal/family life.*	152	50.0%	129	42.4%	23	7.6%
I feel like I accomplish something in the run of a day.**	266	87.8%	21	6.9%	16	5.3%
I feel like I have control over my work environment.*	140	46.1%	147	48.4%	17	5.6%
I feel like I have some flexibility in my work environment.**	218	71.9%	78	25.7%	7	2.3%
I feel like I have achieved work/life balance.	127	41.6%	134	43.9%	44	14.4%

**N=2 respondents did not answer these questions.*
***N=3 respondents did not answer these questions.*
****N=1 respondent did not answer this question.*

Figure 6 shows a breakdown of respondents' perceptions by specialty and gender. The majority of specialist respondents (44.6%) report feeling like they have not achieved work/life balance. The majority of female respondents (51.3%), regardless of their specialties, report feeling like they have not achieved work/life balance.

Figure 6: Respondents' Perceptions by Specialty & Gender



Respondent feedback related to perceptions of work/life balance can be categorized by: (1) the challenge of finding balance; and (2) flexibility and/or control. Respondents' comments related to flexibility and control demonstrate, in many cases, their decisions to take control of their schedules and find what works in their professional/personal lives.

<u>Challenge of Finding Balance</u>

- *I feel as if my practice runs me, not me running my practice. There is little reward for doing family medicine in a rural area.*
- *I work way too much and my family and self have suffered for it!*
- *I still feel too busy a lot of the time. The pace in the office is busy and complexity of patients can be draining. Of note, I have not included paperwork, meetings, medical education in my workweek. That would take me over 40 hours. I find home life to be most challenging. Having said that I do make time to exercise and 2 days a week start clinic at 10 for his purpose. Of course I don't have a lunch break on those days. Overall I'd have to say that the hectic pace in the office is the most draining aspect.*

- *I make time for my main priorities in life, i.e. my family, yet at times do wonder if my balance is enough.*
- *I often feel like a leave the office with more work to do than I started with that day.*
- *I feel like I have some control and flexibility, but there is a tremendous amount of pressure from the Health Authority, to a certain extent from colleagues and my own conscience, when I see unattached patients, to work more. A friend, who is not in medicine, gave me some perspective when I was telling him how guilty I was feeling for not going into the office on the first day I had off in 12 days to finish paperwork. He just said "It's the weekend, why would you go to work in the weekend?" and I suddenly realized that normal people do not do this.*
- *I feel accomplished, but the "to do" pile never gets smaller.*
- *My family and I still feel I work too much. I am often late for dinner and/or late to let our childcare person go home. I work evenings and miss homework time and Saturdays and miss tournaments. But, I do take Wednesday's off almost every week to run errands, have lunch with my husband/kids, and take my daughter to music class. I could still do a little better though.*
- *Work hours are driven more by community and patient need and fairness to colleagues than personal preference. I wish I had understood more about this and the various impacting factors when first setting up my practice. As it is, I am gradually modifying my practice toward improving balance but when it comes right down to it, I'm still responsible for a large group of patients in an area where it is very difficult to get a locum so balance is relative.*
- *As a FFS physician, I have control over the amount I work but I find the demands of my region constantly exert a pressure to do more - more clinics, more patients, more scopes, more administrative duties, more teaching etc. It is hard to keep a lid on the constant demands.*
- *It's hard to balance patient demands and still have energy leftover after work to enjoy life. Paperwork demands and work outside of direct patient care seems to be worse than ever.*
- *I try to make time for the things I feel are important to me but frequently feel as if I am letting people down both in the work environment and at home. If I am late at work or have to work instead of being the one responsible for the family at that time I feel guilty and torn but taking time off worries me about finances and patient perception of my workload.*
- *Generally I have been feeling pretty good up until last 1-2 years, but things have been falling off the rails. Mostly to do with economic issues, loss of control at workplace because of resource constraints, etc.*
- *Most days I feel I have some balance, but I never feel completely balanced. There is always something in the to-do pile, there is always someone who needs you, there are always*

things that you will think about when you lie in bed at night. It's coming to peace with that that is the hard part.

- *Many days I feel I have some balance, but others I do feel a bit overwhelmed. I do find time for my family, but I often feel guilty that my work never feels completely done. Most nights, I am sitting home having a family supper or reading with my kids and have this nagging feeling at the same time - did I write that prescription? check that lab work? etc.*

Flexibility and/or Control

- *I have minimal control over my staff as I work in a RHA staffed health care centre, but I do have flexibility in my own schedule. I have made it my goal to ensure a positive work life balance and make sure to book the scattered long weekend, paperwork/academic day to break up the work load. I am also an avid traveler and make sure [to] travel at least 1-2 times a year (with locum coverage for longer trips). I have also changed my hours over the summer to start earlier and finish earlier (with a very small lunch break) so that I could have more day time hours available for other hobbies like fishing and motorcycle riding in the summer and spending time with family and loved ones.*
- *I work each day but I have my time off as well. If I need time off, I take it. I take part in community activities, exercise.*
- *I closed my private office…and I now work part time. I earn more than enough money, I have contact with professional people, I still help people yet I have ample time for travel, play, family, hunt and fish.*
- *When I worked at the [ ] I was expected to do 24 hour call (which was busy) for 3 days and on call every 3rd weekend. I worked 100+ hours a week x 5 years and this led to burnout, poor decision making, and compromised my health. My wellness was no one's priority including my own. Now it is and I find on my own I am able to incorporate wellness into my clinic. We say here we 'all need to care for one another/ ourselves before we can care for others'.*
- *It took me a while to get there. My first 7 years of practice were nuts. I quit general practice after that and just worked [ ]. I had 4 young children at the time and that gave me more flexibility.*
- *Ending each clinic day by 3pm on average makes all the difference.*
- *With young children at home, it is impossible to balance it all I feel. There is a yin and yang to being a working professional and parent to small children. Some days work wins, some days my children win. I've learned I can't be everything to everyone all the time. So, I try to be both a doctor and a mother, often not being perfect at either, but pretty gosh darn good. My children will always take priority when they need me, but luckily I have a supportive husband and the flexibility to make things work for us.*

- *I work long hours but start my work day at 6:30 am. This frees my evenings for my own activities and family life.*
- *Constant struggle to balance patient and family demands but finally starting to not feel "guilty" in pulling back re work hours; also realizing that paper/clerical work is work!! and this needs to be scheduled. Blessed with working in a wonderful group practice with good support.*
- *I worked in a hospital setting for 15 years on call in various areas plus daytime clinics and other responsibilities. I was killing myself with the workload. Leaving that environment and starting a solo private practice was the best career decision that I have made. My practice is very busy bit is in my control and has given me my life back.*
- *I work 3.5 -4 days a week on average. This allows me time to catch up on paperwork, and also spend valuable time with family and friends.*
- *Balance is an ongoing struggle, and it does require saying no to duties that fall outside your strict role as a healthcare provider at times. Limiting your involvement in activities or committees in which you have little control over scheduling or time commitments is essential.*
- *I work 35 hours /week.....I volunteer as an athletic coach 10 hours/week.... This balance works for me and I enjoy both my work and coaching.*
- *I have worked very hard to maintain my mental health in recent years. This has come at the cost of reducing the number of clinical encounters each week in order in respond to the ever-increasing paperwork demands of family practice. I have also moved my practice to better suit my own needs and avoid workplace interpersonal conflicts. I have learned that I am the only person in control of my work and flexibility, and that complaining without change is only harmful to me. I have also learned that work/life balance does not exist, rather I have learned that I am happiest, most peaceful, most productive when I focus on priorities.*
- *I work school hours which allows me time to be with my children. My patients have adjusted to my schedule and seem to be happy. I do work some evenings and Saturdays as well.*
- *I think I've gained perspective since I started practice. I've lowered my standards of what "being on top of things" means and prioritize my family more.*
- *I struggled with work life balance until a few months ago. I realized that it is so much like an equation that needs to be balanced - it's about making decisions you can live with and being present in the moment. When I am at work, I am focused on work. When I am home, I am focused on my family. It took a long time to reach this point. There will always be more work to do. There will always be more to do at home. I just do what I can reasonably do in both environments, make a conscious decision to focus on the task at hand (be it work or*

home), and enjoy whatever it is I am doing. I suspect I was experiencing burnout about six months ago, but I have come through it and am happy with my work life and home life.

- *Working in a more rural setting allows for quick transit between work and home and allows easy involvement in recreational programs offered for myself and kids in the community.*
- *I may take time during lunch to go for a run or go to the gym. Then I might do chart completion after the kids go to bed at night. Having a family forces me to leave work on time.*
- *Switching from fee for service to salaried has been a life changing move. I now have time and energy for my family (and myself) while still having a meaningful career in medicine.*

4.3 Barriers to Achieving Work/Life Balance

Table 4 shows respondents' self-reported barriers to achieving work/life balance. Responses were based on a likert scale of 1=not influential to 4=very influential (with the percentage reported representing influential/very influential barriers). The majority of respondents (73.4%) report increasing system expectations as an influential barrier to achieving work/life balance.

Table 4- Respondents' Self-Reported Barriers to Achieving Work/Life Balance

Barriers	N	%*
Increasing system expectations	224	73.4%
Increasing patient expectations	182	59.7%
Family demands	168	55.3%
Lack of organizational policies which support work/life balance	163	53.8%
Lack of organizational culture which supports work/life balance	161	53.5%
Lack of time to avail of relevant resources	142	46.7%
Lack of flexibility in schedule	123	40.3%
Excessive administrative burdens	122	40.3%
Stigma	92	30.3%
Meetings held after hours	92	30.3%
Lack of access to relevant resources	67	22.0%

**All respondents did not answer all questions. % calculated for those indicating 'influential' to 'very influential'.*

Respondents' feedback related to other barriers includes:

- Lack of support staff/resources/educational funding (n=9).
- Third –party demands (n=6):
    - Academic
    - Insurance forms, legal forms, etc.

  - Other paperwork
- Call frequency (n=4)
- Financial (n=4)

Pearson chi square analyses were conducted to determine if there were significant differences between respondents' genders and specialties, respectively, and barriers to work/life balance. The findings in Table 5 show that female physicians identified greater influences than the overall responses reported in Table 4 for barriers such as family demands (62.8% vs. 55.3%) and lack of flexibility in schedule (45.2% vs. 40.3%). Significant differences were reported between male and female respondents (at $p<.05$ probability level) related to the influence of increasing patient expectations, family demands, lack of time to avail of relevant resources, and stigma.

Table 5- Respondents' Self-Reported Barriers to Achieving Work/Life Balance (By Gender)

Barriers	Male	Female	Sig.
Increasing system expectations	69.4%	77.1%	.389
Increasing patient expectations	51.7%	66.9%	**.014**
Family demands	46.9%	62.8%	**.004**
Lack of organizational policies which support work/life balance	52.7%	55.1%	.285
Lack of organizational culture which supports work/life balance	53.8%	52.9%	.105
Lack of time to avail of relevant resources	35.6%	57.3%	**.000**
Lack of flexibility in schedule	34.7%	45.2%	.165
Excessive administrative burdens	38.6%	41.4%	.626
Stigma	23.1%	37.2%	**.005**
Meetings held after hours	29.3%	31.2%	.863
Lack of access to relevant resources	23.1%	21.0%	.452

% calculated for those indicating 'influential' to 'very influential'.

The findings in Table 6 show that GP/FP respondents identified greater influences than the overall responses for barriers such as increasing patient expectations (68.8% vs. 59.7%); specialists identified lack of flexibility in schedule as an influential barrier (48.1% vs. 40.3%). Significant differences were reported between specialty groups (at p<.05 probability level) related to several barriers.

Table 6- Respondents' Self-Reported Barriers to Achieving Work/Life Balance (By Specialty)

Barriers	GP/FP	Spec.	Sig.
Increasing system expectations	71.1%	76.6%	**.019**
Increasing patient expectations	68.8%	55.7%	**.020**
Family demands	59.4%	54.8%	.287
Lack of organizational policies which support work/life balance	40.9%	63.7%	**.001**
Lack of organizational culture which supports work/life balance	45.2%	60.3%	**.037**
Lack of time to avail of relevant resources	37.5%	54.1%	**.036**
Lack of flexibility in schedule	26.6%	48.1%	**.000**
Excessive administrative burdens	38.3%	42.3%	.559
Stigma	21.9%	36.3%	**.002**
Meetings held after hours	19.7%	39.9%	**.003**
Lack of access to relevant resources	14.8%	28.5%	.153

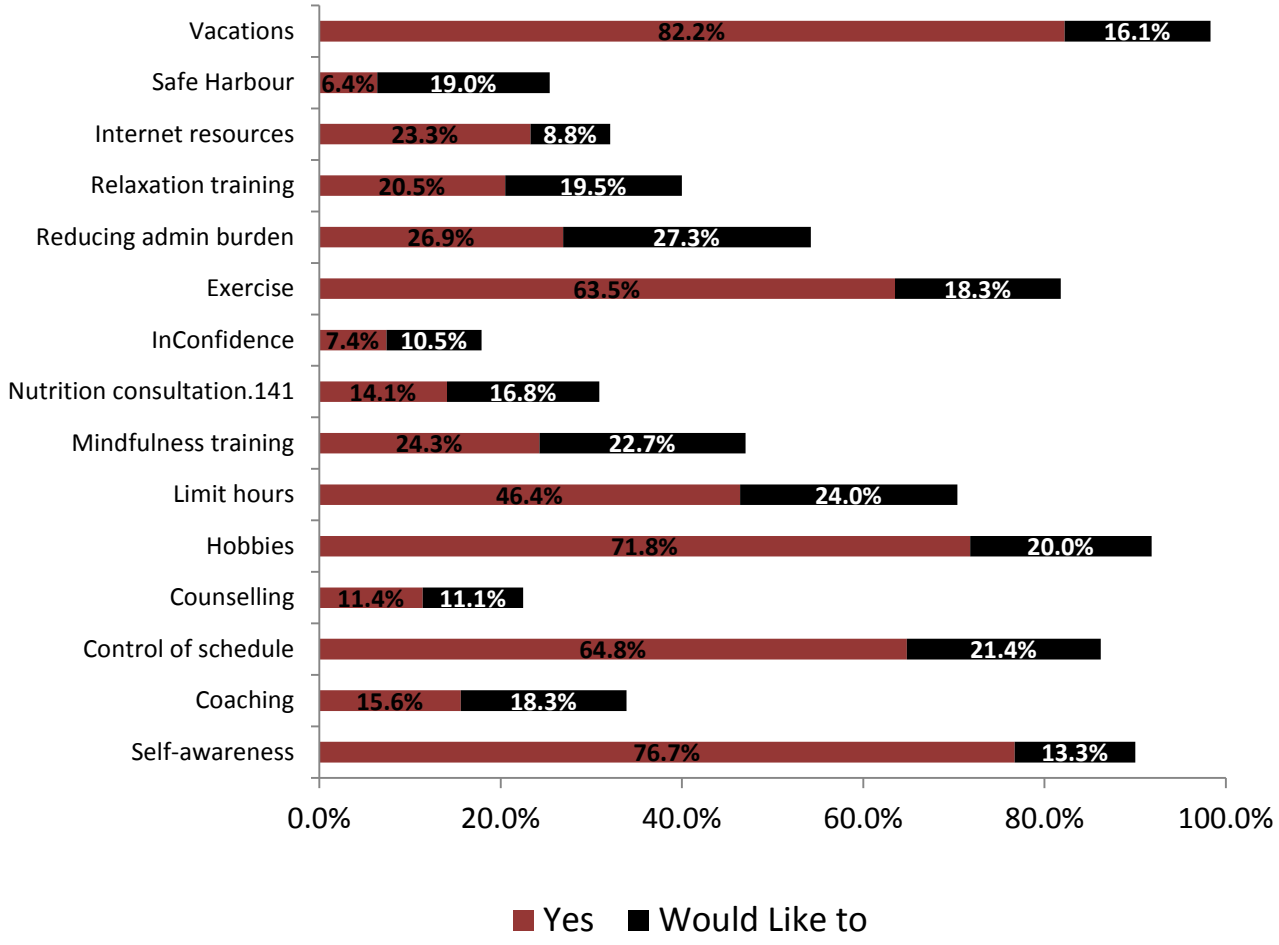
% calculated for those indicating 'influential' to 'very influential'.

4.4 Individual Strategies for Achieving Work/Life Balance

Figure 7 shows respondents' individual strategies which they currently, or would like, to achieve work/life balance. The majority of respondents report using or wanting to use strategies such as taking vacations, hobbies, self-awareness, control of schedule, and exercise. Other strategies reported by respondents include:

- Reminders of the importance of, and time with, family.
- Carefully choosing additional commitments.
- Good support networks.
- Have outside interests, i.e. 'a life outside of medicine'.
- Maintain a routine.

Figure 7: Individual Strategies



4.5 Organizational Roles/Strategies

4.5.1 Group Practice/Departmental Level

The majority of survey respondents report a lack of formalized policies, funding, or initiatives at the group practice/departmental level.

Table 7- Formalized Policy/Supports – From Group Practice/Department

	Yes		No		Don't Know	
	N	%	N	%	N	%
Policy to support physician work/life balance.	25	10.0%	145	58.0%	80	32.0%
Funding for physician wellness/work/life balance initiatives.	13	5.2%	156	62.9%	79	31.9%

	Yes		No		Don't Know	
	N	%	N	%	N	%
Have a physician wellness committee	13	5.2%	144	57.4%	94	37.5%
Physician wellness is part of the strategic plan/goals.	32	12.9%	112	45.2%	104	41.9%

The main strategies reported as currently available at the group practice/departmental level include having some control over schedule (41.2%), a flexible call schedule (33.0%), and working in a culture of flexibility and support (29.7%). In terms of what should be available, respondents report wanting a culture of flexibility and support and a culture which also supports physician wellness. Representing this culture, as shown by the findings in Table 8, are additional strategies such as providing physicians with some control over their schedule, a flexible call schedule, and improved workflow interventions.

Table 8- Organizational Strategies – From Group Practice/Department

Strategies	Currently Available	Should be Available
Coaching	11.1%	12.1%
Counselling	7.5%	9.2%
Culture of flexibility and support	29.7%	26.1%
Culture supporting physician wellness	21.9%	27.5%
Discussion groups	5.2%	11.1%
Employee assistance program	6.9%	7.5%
Flexible call schedule	33.0%	23.2%
Improved workflow interventions	21.2%	24.8%
Mentorship training	10.8%	13.7%
Mindfulness training	4.6%	11.4%
Nutrition program/consultation	2.6%	10.5%
Physical activity programs/exercise	5.6%	14.7%
Policies which support work/life balance	7.8%	24.5%
Regular communication/physician meetings	24.2%	18.0%
Relaxation training	3.3%	8.5%
Review of various internet resources	3.9%	8.2%
Some control over schedule	41.2%	24.5%

Other strategies reported which should be available include:

- *Atmosphere of collegiality.*
- *Professionalism.*

- *Equal distribution of workload or improved remuneration for the people who take the greater share.*

4.5.2 Institutional Level

The majority of survey respondents report a lack of formalized policies, funding, or initiatives at the institutional level.

Table 9- Formalized Policy/Supports – From Institution

	Yes		No		Don't Know	
	N	%	N	%	N	%
Policy to support physician work/life balance.	20	8.4%	92	38.7%	126	52.9%
Funding for physician wellness/work/life balance initiatives.	5	2.1%	120	50.6%	112	46.3%
Have a physician wellness committee	17	7.1%	68	28.6%	153	64.3%
Physician wellness is part of the strategic plan/goals.	15	6.3%	74	30.8%	151	62.9%

The findings in Table 10 also show few strategies reported as currently available at the institutional level. Nineteen percent (19.9%) of respondents report an employee assistance program is currently available; 18.3% report the availability of counselling. In terms of what should be available, a majority of respondents report wanting a culture which supports physician wellness (38.9%), policies which support work/life balance (35.9%), a culture of flexibility and support (34.6%), and availability of physical activity/exercise (31.0%).

Table 10- Organizational Strategies – From Institution

Strategies	Currently Available	Should be Available
Coaching	10.8%	18.0%
Counselling	18.3%	17.3%
Culture of flexibility and support	9.2%	34.6%
Culture supporting physician wellness	11.4%	38.9%
Discussion groups	2.9%	18.3%
Employee assistance program	19.9%	16.3%
Flexible call schedule	7.8%	20.9%
Improved workflow interventions	6.2%	27.8%
Mentorship training	4.6%	17.0%
Mindfulness training	2.3%	18.6%
Nutrition program/consultation	4.2%	17.3%
Physical activity programs/exercise	5.9%	31.0%

Strategies	Currently Available	Should be Available
Policies which support work/life balance	6.5%	35.9%
Regular communication/physician meetings	7.8%	15.7%
Relaxation training	1.6%	18.3%
Review of various internet resources	4.9%	13.4%
Some control over schedule	8.5%	23.9%

Other strategies reported which should be available include:

- *Allow physicians to have input into how to improve clinical efficiency.*
- *Flexibility of administrative support staff.*

4.5.3 RHA Level

The majority of survey respondents report a lack of formalized policies, funding, or initiatives at the institutional level.

Table 11 - Formalized Policy/Supports – From RHA

	Yes		No		Don't Know	
	N	%	N	%	N	%
Policy to support physician work/life balance.	10	4.3%	78	33.5%	145	62.2%
Funding for physician wellness/work/life balance initiatives.	6	2.6%	112	47.9%	116	49.6%
Have a physician wellness committee	12	5.1%	60	25.6%	162	69.2%
Physician wellness is part of the strategic plan/goals.	11	4.7%	61	26.0%	163	69.4%

The findings in Table 12 show few strategies reported as currently available at the institutional level. In terms of what should be available, a majority of respondents report wanting a culture which supports physician wellness (41.5%), policies which support work/life balance (37.3%), a culture of flexibility and support (33.7%), and availability of physical activity/exercise (25.2%).

Table 12- Organizational Strategies – From RHA

Strategies	Currently Available	Should be Available
Coaching	3.9%	20.6%
Counselling	10.8%	20.9%
Culture of flexibility and support	3.6%	33.7%
Culture supporting physician wellness	5.2%	41.5%

Strategies	Currently Available	Should be Available
Discussion groups	1.3%	20.3%
Employee assistance program	15.0%	21.6%
Flexible call schedule	2.0%	18.3%
Improved workflow interventions	1.3%	21.2%
Mentorship training	1.0%	16.7%
Mindfulness training	2.0%	19.3%
Nutrition program/consultation	2.9%	17.6%
Physical activity programs/exercise	1.3%	25.2%
Policies which support work/life balance	1.6%	37.3%
Regular communication/physician meetings	3.6%	14.1%
Relaxation training	1.6%	13.4%
Review of various internet resources	1.0%	11.8%
Some control over schedule	1.6%	20.3%

Other strategies reported which should be available include:

- *A province-wide locum program.*
- *More resources, i.e. colleagues, space, etc.*

4.6 Messages for Stakeholders

Survey respondents were asked to provide feedback regarding the need for work/life balance policies and initiatives. Respondents were also asked to provide their perspectives on what their organizations could do to optimize physicians' achievement of work/life balance. Respondents' feedback is categorized under five key themes:

1. Change the Culture – Support Physician Wellness/Advocate for Physicians:

- *A complete change of the work culture is required.*
- *A culture of physician wellness, support, and flexibility would be great.*
- *A culture of wellness for all health care providers is necessary, not just service and cost focused attitudes.*
- *Achievement of work life balance should be considered essential to the position. There should be no judgement or presumption of weakness.*
- *Acknowledge that one is necessary, and act as advocates for same on behalf of their physicians.*

- *Actually start thinking about it! Our hospital and RHA take it completely for granted that doctors show up and do their job, 365 days a year. The concept that doctors could be overworked or unhappy I guaranteed you has never once crossed the mind of anyone in upper management.*
- *Advocating for employees. Free training/ offer free sessions during office hours. Little things go a long way- coffees, encouraging conversations, being flexible for shifts changes, coverage etc.*
- *Establish formal policies to address physician wellness, and proactively discuss them to combat stigma.*
- *Recognition that we can't just keep doing more work. I want to cut back a little…..but my workplace does not allow cutting back. It's full steam ahead or nothing.*
- *Recognize the challenges physicians face when embarking on a career (academic, clinical responsibilities, raising family, etc.). Offer practical solutions and advertise them. Make them relevant to each specialty or field in medicine (what works for one group may not for another).*
- *Recognize the value of mutual support, collegiality, communication and co-operation with one another.*
- *Look after mental health. Mentorship programs would be great.*
- *Start by thinking about/ considering it; implementing policies; and means to enhance physician wellness initiatives.*
- *I think the topic of work/life balance needs to become a major focus at all levels. It has been given very little attention and it still has stigma attached to it.*
- *Improve overall culture of medicine of self-sacrifice.*
- *Listen to physicians and other front line staff's suggestions rather than managers who are far removed from day to day clinical work.*
- *Listen to the problems we have being a solo provider in a community hospital.*
- *Listen, communicate, be present, lose the assumptions.*
- *RHA philosophy is that these topics are silly - that physicians have become lazy and that they just need to do more.*
- *Work if you can otherwise quit. This seems to be the policy.*
- *As a group we have informal policies, and support each other in trying to find work/life balance, but have no support from the institution or the RHA. The work that we do for our patients, with no compensation, is not acknowledged or appreciated by the institution or the RHA. The implication is that we are being greedy asking for compensation, and lazy when we try to achieve better work/life balance.*
- *Physician wellness is addressed informally within the group practice simply by being nice people who care about each other and support each other. It's not written down anywhere and it doesn't need to be. We're just human.*

- *Realistic expectations of what a single person can do. Mandatory breaks/vacations must be enforced. I find that many will complain about work overload to their friends but not bring it up to administration and in my personal experience when I did I was told to suck it up, everyone is working hard. I was done in a nicer way than I describe but that was the message.*
- *Patient education about reasonable expectations would go a long way to change the inflated patient expectations we deal with now.*
- *On an administrative level, the institutions, the Health Authorities and the province need to be asking physicians what they need.*
- *At no point through any of my personal stresses have I ever been offered any support from any health authority I worked with. It becomes about getting back to work as fast as I can to meet the constant and ongoing demands of my practice as well as my own financial concerns. These stressors have left me with a very jaded view of any colleagues that I have worked with. We physicians are terrible at supporting each other. We are so wrapped up in our own lives that we don't reach out to others.*

2. Address Systemic Issues – Payment Structure (FFS, Salary, Fee Codes), Lack of Resources:

- *As FFS GPs there is nothing our group can do without funding from an outside source, or changes to the fee codes.*
- *A lot of us who are not salaried are always concerned about loss of income when away on vacation, conferences and have to work harder than salaried physicians.*
- *Put doctors on salary.*
- *Group practice therefore we support each other whenever possible both professionally and personally.*
- *There is a view in NL that FFS physicians are self-serving, nor are they direct employees of RHAs. This ensures that few organizations (i.e. institutions/RHAs) will fund any initiative that benefits them.*
- *Private practice, fee for service with no access to things like maternity/paternity/sick leave makes it more complicated. You have to take care of yourself.*
- *As always.... there is a need for more physicians working in rural settings to decrease some of the patient and call burden. This will allow for more flexibility in scheduling.*
- *Completely overhaul administration from the top down, to have an organization with REASONABLE leadership so that people can be happy.*
- *To recognize the importance of a limit to the amount of patient coverage that can be achieved and I currently feel that I am pushing back at 'unreasonable ' expectations where it would be nice if the organization had a firmer understanding of reasonable expectations and supported us by putting the limits there from their side first.*

- *Try to get enough people on staff which will help improve life style. Work load will keep increasing. Support systems are either not available or accessible. Administration is not in touch with the demands of the practice or ignores the demands.*
- *Stop bowing down to the one side decisions made by a government completely out of touch with what is going on.*
- *I want paid CMEs focused on the skills that I need in a rural area. I want locums so I can participate, and take a holiday, and go on maternity leave. I want paid parental leave for fee for service physicians, particularly those in rural areas, for 8 months, like the rest of the country. I want some funding options that will allow me to do specialized services, that are desperately needed in my area, but that take 1.5-2 hours, and I can only get paid for an office visit. I want to get paid for phone consults to patients.*

3. Support Flexibility in the Practice Environment:

- *Providing flexibility in scheduling, offering reduced hour positions where possible.*
- *Having a culture of physician wellness is vital. Flexibility is key. Yes, there should be expectations of workload and such, but having some flexibility in your schedule really helps. Many physicians work well over 40 hours per week, so not having a strict 9-5 mentality will not likely lead to physicians suddenly working a lot less. If anything, they may feel more energized and empowered.*
- *Encourage more reasonable call hours.*
- *Have some flexibility over call schedules.*
- *Develop a policy of graduated reduction of clinical responsibility and reduced call as one ages.*
- *Involve physicians in decisions that affect their work schedules. Keep physician numbers up so nobody is over worked.*
- *Provide protected time to get work done. Ensure enough administrative supports to increase efficiency without a proportional increase in time demands. Essentially, if it doesn't require an MD to complete, someone else should do it who is best suited to do that role. I do not need to drown in a sea of paperwork.*
- *More flexibility for physicians transitioning- option of fewer night shifts etc. after 25 years of service...hard to implement as others need to take up the slack.*
- *Increasingly be flexible around schedules. Difficult with a unionized environment. But ideally the schedules should fit patients and physicians better.*
- *Have mixed schedules (8 to 5 or 12 to 9 or 8 to 12 plus 6 to 9).*
- *Promote scheduling of administrative or academic meetings within workplace hours. Provide more inviting spaces within organizations for physicians to meet - an incredible part of debriefing and managing stressors in workplace is being able to talk about them.*

- *Perhaps consider hiring part-time physicians in salaried positions as well. Job-share?*
- *Physicians can support each other in terms of shared call, cross covering for each other.*
- *Prioritize flexible work schedules and job sharing.*

4. Provide Relevant Resources/Programming – Locums, Exercise, Educational Funding:

- *Help finding locums or recruiting locums would also be good.*
- *Aggressive assistance with getting locum coverage so physicians can take education leave and vacation time--e.g. making and advertising lists of people doing locums so that physicians can seek their help.*
- *Provide more support and resources to cover patients during time off.*
- *Provide adequate supports and administrative accountability.*
- *Support physicians through coordinating locums and coverage for vacations, maternity leave, sickness, etc.*
- *Assistance for coverage or replacement for retirement--impossible to find either!*
- *More emphasis should be placed on being physically fit - for our own mental and physical health and as role models for our patients and communities. Sports/fitness and the preventative health benefits need more attention to help bring balance to our lives.*
- *Have a gym or at least showers for docs to use so we can run around outside at lunchtime! Allow for a lunchtime! Allow for protected time for wellness activities, yoga, etc.*
- *Open gym in the hospital facility.*
- *Subsidize memberships in gyms.*
- *I believe that part of work/life balance is helped by breaks from work to attend conferences etc. / unfortunately our RHA has removed funding for this so many physicians will not avail of this important help in achieving this balance.*
- *Reinstate funding for conference leave and encourage intermittent breaks for educational leave/ sabbaticals.*
- *I think more education for us about balance in life overall.*
- *I think providing information and resources are important. If they held education seminar on what is available and looking at how we can incorporate it into our already busy schedules.*
- *Eastern Health care should provide some fund for physician to attend wellness conference each year.*
- *Giving some fund for physician to attend conference related to work/life balance etc.*
- *Mentoring with emphasis on work/life goals and scheduling*
- *Mindfulness- based meditation.*
- *Seminars on collegiality.*

- *Provide relaxation information/training*
- *Funding for safe harbour (I'd love to go but can't afford the time off).*
- *Family leave assistance (our disability insurance doesn't cover caregiving).*
- *Wellness teaching to all residents at beginning of residency and throughout (mindfulness/relaxation/nutrition etc.). Encourage wellness sessions with discounts or subsidized fees for activities regularly amongst residents and physicians.*
- *Mandatory (or incentives to attend) physician wellness day(s) annually. Honorarium should be provided for days attended. MDs are, in general, terrible at self-care, and often lack insight about being overworked and burn-out. Mandatory days would provide opportunities for insight and to identify way to improve their own wellness, ultimately making them better physicians.*
- *Funding to assist with overhead coverage would be very helpful. I am pleased to see that there is parental leave funding now. That would have been great.*

5. Implement/Support Initiatives to Improve Efficiency:

- *Employ an adequate number of personnel to cover the work schedule.*
- *Administration staff and physician staff planning meetings to work on improving efficiency. Maybe even allowing physicians to pay to have their own secretaries from the union pool.*
- *More efficiency at the clinic level would improve each patient encounter. Allow more on-the-spot charting/referrals to avoid the afterhours paperwork-paid time for paperwork - its part of the visit too, and good/complete charting is the standard of care.*
- *More effort to provide standard CME to every physician so that we are all using the same up-to-date information-streamlined referrals process, and closed loop system for referral-visit-consult letter to avoid missing information-more information from the specialists about the type of referrals they will see/not see, what can we family docs do with these pts while they are waiting to see the specialist.*
- *Adopt the new EMR supported by the NLMA. Improve internet access and update computers so patient charting doesn't take twice as long as encounters.*
- *I am hoping with the improved integration of the provincial EMR with the hospital that my time spent on paper work will diminish. That would help a great deal.*
- *Advocate for improved communication. Stop burying physicians in paperwork. Stop inventing unnecessary forms. Streamline processes so we can take care of patients, not dig through bureaucracy.*
- *Better use of already available resources i.e. OR time. More efficient workplace would allow more leisure time.*
- *Give me the people and tools I need to do my job well, and stay the hell out of my way. At present I feel like my RHA is an active, malignant obstacle to my success, rather than a*

supportive partner. They don't need to make me happier, or smarter, or fitter, or anything: I would be all those things on my own if I could just do a good day's work and be done.

- *Save time by adopting more modern technologies.*
- *Stop counting numbers and how fast we see people.*
- *Improve access to specialists by GP's so they can manage their own patients appropriately and not send patients to the emergency department with non-emergent problems because they can't access specialists.*
- *It would be nice to have more flexibility over front staff/administration (but this is difficult in an RHA setting). More collegiality within RHA centres (to ease patient transfers/consultations etc.). In an ideal world..... RN clinical assistants to help with patient care (ie doing BP, vitals pre-clinic appointment); more interprofessional team members (local physio/MT/OT/RN/DNE/pharmacy) in the local group/clinics; physician assistants to help with the unending paper work requests/requirements.*
- *Tough question - hard economic times means that physician wellness will be a low priority. The organization can work harder to ensure that we are actually staffed appropriately so that workflow will improve. We know we can achieve better work life balance because it was better when we were fully staffed. Sadly, as many of us have young families we will be forced to leave ER work full time and look at other career options to achieve the work life balance that will allow our patients to get the best care possible, while we support our families well-being.*
- *If they would work to improve the system and remove the multiple barriers to providing good health care to patients. Too much time on policies and none spend actually fixing the issues. Physicians have a very limited voice in the system.*
- *Involve patients, work to improve workflow and wait times to reduce frustration, provide more effective opportunities for informal peer support (like the old doctors lounges).*

5.0 Findings – Follow-up Interviews

5.1 Interview Respondents

Forty-six (N=46) survey respondents indicated an interest in participating in a follow-up interview to further explore their perceptions on, and strategies for, physicians work/life balance. Ultimately, there were N=22 interviews conducted. Interview respondents' demographics are shown in Table 13.

Table 13- Interview Respondent Demographic Characteristics

Demographic Characteristics	Respondent Data	
	N	%
Specialty:		
Family Physician	11	50.0%
Specialist	11	50.0%
Years in Practice:		
< 10 years	13	59.1%
11-20 years	3	13.6%
>20 years	6	27.3%
Gender:		
Female	16	72.7%
Male	6	27.3%
Practice Location:		
Urban	15	68.2%
Rural	7	31.8%
Salary Type:		
Fee-for-Service	12	54.5%
Salary	7	31.8%
Other	3	13.6%

5.2 Perceptions of Work/Life Balance

Interview respondents identified several themes related to the importance of work/life balance, one of which was the relationship between work/life balance and physical and mental health and wellness. Several respondents discussed physician burnout and associated impacts, including either having experienced it themselves or knowing someone who has experienced it. According to respondents, burnout and its associated effects (i.e. stress, lack of exercise, lack of sleep, poor

coping skills, poor habits) can impact a physician's ability to provide optimal patient care and a physician's ability to be an effective role model for his/her patients.

> *I think that the concept of balance is important in terms of because if you don't have that then you're not going to perform. I think it impacts you know your work, your balance in your personal life. It kind of impacts your ability to perform at your optimal level in your work life and if you don't have that then it's a struggle.*

> *Also I think it's important to be a good role model for the patients that we treat you know if they see that their physician is healthy and fit and energetic you know then it's easier to hear them talk about strategies for weight loss for instance you know you want to set a good example and then also to be a role model for the students up and coming and show them that you can have good balance and be/have a successful career too.*

Respondents discuss the challenges of trying to find a balance between professional and personal demands. Challenges highlighted include an unsustainable workload, paperwork, and not having time to take time off.

> *It's nice to have the freedom to make money I get that and it's nice to have the you know kind of well I don't know what the word I'm looking for is I don't know but you know freedom to work your schedule and pick things out but if you can never use it it's frustrating you know.*

Respondents also discuss the importance of continuing to try and find that balance as it greatly impacts their job satisfaction. They became physicians for a reason and want to continue to find the joy in their work while, at the same time, maintaining some enjoyment in their lives. Respondents suggest that enabling physicians to achieve job satisfaction and some form of balance is essential for physician retention.

> *Having higher levels of job satisfaction and higher levels of overall work/life balance among physicians will lead to longer periods of retention, more continuity of care, and will ultimately benefit patients. So I would say it's in everybody's interest to have a family doctor feel like they have a valuable job and that they're supported and that they have a job that's manageable.*

Respondents also suggest that finding balance is something each physician has to do; find what works for you, your patients, and your family.

> *So trying to achieve a work/life balance I realized that I had to make a lot of adjustments along the way in the first couple of years and you kind of have to find your own path.*

I think ultimately I have to be as an individual I have to have enough energy and to be hand and to be productive right. I know I'm reaching points of imbalance when I start not to care or start not what to want to do new and interesting things. So I guess the key factor would be that I have to want to do what I'm doing and if you love with you do and feel the sentence of accomplishment and you enjoy the challenge of what it is that you do I think then you'll be able to maintain that place but you can very quickly see if you're not maintaining that balance, if you're not loving what you're doing, or if you don't love with you do to start off you're never going to find that balance right.

5.3 Factors Influencing Work/Life Balance

Interview respondents identified several factors which they suggest influence a physician's ability to achieve work/life balance. A key factor raised by several respondents was that of workload and specifically how their workload is affected by the increasing number of patients with complex healthcare needs. Patient visits are getting longer which means longer clinic hours if wanting to maintain a minimum number of appointments per day. Patients with more complex needs can also mean more paperwork, i.e. more tests to order and review, more charts to complete, etc. This issue is especially complex for fee-for-service physicians

I spend more time on paperwork than I spend with my patients and that's just sad. That's not what I went into this for.

Half what I'm doing now I'm not even getting paid for. You don't get paid to call people back to explain test results or you know you don't get paid to write letters for school

The amount of other stuff that this particular patient population requires you know that there's no acknowledgement of that.

We get paid well for the stuff that we get paid for. We get paid very little for the stuff we don't get paid for or nothing you know all those hours of paperwork at the end of the day you know even if there was – I know some places that have a charge for telephone advice and it's minimal like even three or four dollars but at the end of the day if I have to make 25 phones calls three or four dollars is a hundred dollars that's actually quite nice you know.

It's expected that the paperwork and administrative things associated with patient care will be done you know during the run of a clinic or during the run of the business day which is hilarious because you're totally booked full of patients so that's actually not possible.

I mean I guess it's kind of tricky whether you're fee for service or salaried because I think being a fee for service physician you do have that autonomy and if you say to yourself well you know what I hate working Friday afternoon and you know what I'm going to make less money but it's important to me you can make that change. More as when you're salaried it's a little bit more tricky.

Respondents also highlight the "culture" of medicine as being another factor which influences work/life balance, in particular, employer, system, and patient expectations of physicians.

I'm seeing people for 15 minutes and they want to go over their 12 issues most of those people don't understand that I'm only going to get paid the same amount if you're here to get your cough checked or if you're here to get your 18 things checked. So that, if they don't understand that then no wonder they're dissatisfied when I'm like trying to end up the visit because I have, I'm already a half an hour behind and I still have to order all the paperwork and investigations once you leave and write my notes.

You can't always keep people to a 15-10 minute time frame you know things don't always work out and then they get really frustrated and then people say well maybe you need to book less people and then I feel like saying okay well how long do you want to wait to get an appointment because if I only book 30 patients a day instead of the 45 I'm seeing now that's fine I'll have a lot more time for every patient and I probably won't run late but you'd have to wait three weeks to see me

Think you know burn-out and depression among physicians is very prevalent and very high and I think primary care – family physicians are really important to the health care system. It's not a very glamourous job and I don't think it's a very valued job both in terms of public perception and in terms of physician perception in terms of sort of who chooses to go into what field and so I think more than ever you know the idea that family physicians need to feel supported, need to find value in their job and find their career rewarding is very important and right now I'm struggling with that.

5.4 Strategies for Achieving Work/Life Balance

Interview respondents report numerous strategies for trying to achieve work/life balance, the majority of which are initiated by them or within a group practice environment. A significant strategy reported by a majority of respondents is that of control and flexibility. A supportive work environment and in particular, one which supports some level of flexibility and control over scheduling, was cited as essential by a majority of respondents in trying to maintain work/life

balance. Respondents cited several examples of how they control their schedules to maintain a balance between professional and personal aspects of their lives. Examples include:

- Changing positions or varying scope of practice – creating a meaningful practice
- Hiring extra administrative support
- Establishing boundaries in terms of time and scheduling
    - Maximum # of patients/day
    - Working less than full-time and taking specific days off to accommodate family demands
    - Starting earlier in the morning
    - Carving out dedicated time

The taking that Wednesday off was a life saver and that so I've had to adjust my work schedule with my demands as a mother and that gave me the balance. I would not have been able to survive working five days a week with three little kids.

It comes down to kind of being selective I think in terms of what you're going to take on and what you're not you know and I'm just very clear now I think I've gotten really good at kind of saying this is where I'm going to channel my energy and this is where I'm not you know.

I've kind of sat back and thought about what are the elements of my work week that are flexible, what are things that are inflexible you know make a list of okay these are all the things that must be done each week and develop a schedule that makes that doable with time incorporated for the balance.

- Accepting the guilt, i.e. patient dissatisfaction, not finishing paperwork, etc.

There's going to be some patient dissatisfaction in your availability and you have to accept that that's okay or within reason, except the guilt or forget the guilt one of the other because that comes with it too and really protect myself from and recognizing that mental health is important as any other physical health.

People themselves need to sort of retrain their brains about how they do things and understand the importance of priorities because the reality is as I tell most people look I mean I could be here 24 hours a day doing work I mean the work never ever ends. As soon as my desk is cleaned off there's another pile added to it right so I mean if you're always are just trying to finish your tasks I mean that will be me until retirement.

Another personal strategy cited by a majority of respondents was that of making time for exercise, activities outside of medicine, for family, etc.

> *I think people have to take their own initiative and they have to find what works for them. You know but I think one key part is the physical side of it. People need to maintain physical fitness and I don't think enough people do that.*
>
> *It should be a priority for everyone and not just those in our profession. I think in any profession it should be – there has to be life outside of your work and fitness is an important part of that and you have to find something you're passionate about. You have to find a hobby as well outside of all that. I mean I just don't work out. I'm also involved in a book club and I do other things as well but you have to find time. You have to make time.*
>
> *I mean I think the big problem most people have is they they're not mindful right they don't – they just see that each day they're exhausted after work and it's a long day again and there was too many people to see in clinic and I'm sorry I'm late for dinner you know you know if you don't stand up and make a conscious decision to manage that time then the system will allow that to happen over and over again right.*

5.5 Messages for Stakeholders

Interview respondents were asked to provide a message for stakeholders (i.e. their colleagues, institution, RHA, government) regarding work/life balance. Respondents' feedback is categorized under three key themes:

1. Change the Culture – Support Physician Wellness/Advocate for Physicians:

- *Just being aware of the culture and making sure that the culture in medicine is supportive of work/life balance for all physicians, to make sure that it remains you know something that we discuss, something that we're mindful of so that we don't – we can prevent burnout or people feeling like they need to so basically just not changing the culture.*
- *I think the culture of medicine is really important. I think there needs to be a change and I think it's coming you know certainly you know the people who are kind of around my level have a much more of an expectation of having that balance but still you know there's implication that we should be working all the time and so I think that culture and support of colleagues is really important and creating a culture that's supportive*
- *To be the most productive person that I can be and do the most for this institution I need to be you know I need to be healthy physically, mentally you know emotionally, spiritually you*

know it's the whole person and to have balance in your life and to be able to feel your being a good mom and a good spouse and to also feel like you're doing a good job at work and you're looking after yourself I think all those things make you a better employee.

- *Support and encouragement for those physicians attempting to set an example of health and wellness:*
    - *Make it a pleasurable environment. Pleasurable environment means that well I'm not asking you to give them money or food or anything but the wellness for a physician is very important thing.*
    - *Allocated break times for physicians.*
    - *If you are looking towards you patient when you say – when you preach that well you do the physical activity four days a week, do this, do that a physician should do all those things by him or herself as well and a very big concern that in the memorandum of agreement the physician's wellness should come in priority.*

2. Address Systemic Issues:

- *I can achieve that balance but that needs to be support you know in sensible call schedules and sensible patient loads and sensible support from specialists in our community and primary care is really now like not getting enough support. We're being dumped on with a lot of chronic disease management and really not a lot of resources to do that and add that to the fiscal problems and the social problems that we have it makes us feel helpless sometimes right.*
- *Due to the high level of complexity and poor health of the population in this province there's a very heavy burden of work placed on primary care physicians in this province and that having higher levels of job satisfaction and higher levels of overall work/life balance among physicians will lead to longer periods of retention, more continuity of care, and will ultimately benefit patients. So I would say it's in everybody's interest to have a family doctor feel like they have a valuable job and that they're supported and that they have a job that's manageable.*
- *Provide extra fee codes.*

3. Provide Relevant Resources:

- *Dedicated time for administrative tasks such as paperwork, CME, etc.*
    - *I would like to see more administrative time or at least more recognition for the amount of time spent on administrative tasks.*
    - *recognition for the amount of work that I after hours you know and that doesn't necessarily need to be pay*

    - *Unless they provide more and more administrative support for people for their schedules, for their paperwork, for requisitions and admissions and third party communications unless they provide more support for things like that then they're not going to get the numbers that they expect.*
- *Time and resources for fitness, mindfulness training, etc.*
- *New models of care:*
    - *Large clinics with large numbers of family docs.*
    - *Nurse practitioners.*

6.0 Summary of Findings

A variety of data gathering methodologies were used as part of this study, including: (1) a literature review/environmental scan; (2) an online survey-questionnaire; and (3) semi-structured interviews.

Literature Review/Environmental Scan

The review of the peer-reviewed literature highlights several studies related to physician burnout, including its symptoms, strategies for identifying burnout, and methods for addressing it. Several studies also discuss the importance of the concept of resiliency. Highlighted in the literature are studies which describe various formal and informal interventions designed to increase physician resiliency, increase physician self-awareness, and in turn, enhance physician work/life balance. Findings from the review of the provincial and territorial medical associations demonstrate initiatives which focus directly on physician health and wellness, but also some which focus on some of the issues which are suggested to impact physician health and work/life balance.

Seventy (N=70) articles were reviewed in more detail, with information also supporting development of the survey-questionnaire. A summary table detailing findings from the review of the peer-reviewed literature review is available in Appendix A. A summary table detailing the review of the provincial and territorial medical associations is available in Appendix B.

Survey/Interview Data

The online survey-questionnaire was completed by N=306 respondents – 51.6% specialists, 41.8% family physicians, 6.5% residents or medical students. The majority of respondents were new physicians (in practice less than 5 years) or experienced physicians (in practice more than 20 years). The majority of respondents reported their payment type as fee-for-services (47.9%); 30.5% reported their payment type as salary. Interviews were conducted with N=22 survey respondents who had consented to a follow-up interview. Respondents were an equal mix of family physicians (n=11) and specialists (n=11). The majority reported their salary type as fee-for-service (54.5%); the majority was in practice for less than 10 years (59.1%).

Perceptions of Work/Life Balance

Survey and interview respondents reported varying perspectives related to whether they had achieved work/life balance. Some reported achieving it; some were unsure. However, respondents

reported similar perceptions related to the challenges of finding balance. Survey respondents reported feeling "run by their practices', overwhelmed by patients with complex health conditions, and overwhelmed by paperwork. Several reported addressing these issues by taking control of their practices and schedules and taking time off when they needed it (for many, only if they could find a locum). Interview respondents also highlighted unsustainable workloads and paperwork, but also an inability to take time off due to a lack of locums. Several interview respondents conveyed the relationship between enabling physicians to find work/life balance and job satisfaction.

Barriers to Achieving Work/Life Balance

A majority of survey respondents (73.4%) report increasing system expectations as an influential barrier to achieving work/life balance. This was followed by increasing patient expectations (59.7%), family demands (55.3%), and a lack of organizational policies (53.8%) and organizational culture (53.5%) which support work/life balance. Interview respondents also highlighted increasing patient demands, especially the increasing number of patients with complex health care needs. Many of these patients require more time in clinic, advocacy, and completion of paperwork. Interview respondents also commented about the culture of medicine, which influences employer, system, and patient expectations.

Strategies for Achieving Work/Life Balance

Individual

Survey respondents reported a variety of individual strategies, including taking vacations, hobbies, self-awareness, control of schedule, and exercise. Several respondents reiterated the importance of having "a life outside of medicine". Interview respondents also highlighted the importance of flexibility and control over scheduling and respondents reported several examples of how they tried to achieve this, including changing positions or varying scope of practice and establishing boundaries (i.e. maximum number of patients/day and carving out dedicated time).

Group Practice/Department Level

Survey respondents reported having some strategies currently available at the group practice/department level, including some control over schedule (41.2%), a flexible call schedule (33.0%), and feeling like they work in a culture of flexibility and support (29.7%). Additional strategies respondents suggest should be available include a culture supporting physician wellness, a culture of flexibility and support, and improved workflow interventions.

Institutional/RHA Level

Survey respondents reported a dearth of strategies currently at the institutional and RHA levels. They reported that several strategies should be available, including improved workflow interventions, a culture of flexibility and support, the availability of physical activities/exercise, a culture which supports physician work/life balance, and policies which support physician work/life balance.

Policies Related to Physician Work/Life Balance

The majority of survey and interview respondents reported there are either no policies or strategic initiatives related to physician wellness and/or work/life balance within their institution/RHA or not knowing if such policies exist. A review of information publicly available on each of the RHA websites also suggests a lack of policies and formalized initiatives.[6] The exception is Eastern Health (2014) which cites a strategic focus on healthy workplace planning and programming in the areas of workplace culture, supportive environment, physical environment, occupational health and safety, and health and lifestyle practices. The RHA's strategic plan does not provide additional information regarding any of the above initiatives.

Messages for Stakeholders

Survey and interview respondents provided several messages for stakeholders.

1. Change the culture:

- Advocate for a culture which supports physician wellness and flexibility, realistic expectations.

2. Address systemic issues:

- Lack of administrative resources, efficient workflow interventions, improvement in fee codes to address the time and paperwork required for complex patients (especially for fee-for-service physicians).

[6] Note: Each RHA has a staff/physician portal which is unavailable to the public. There could be relevant information posted on these respective portals which is unavailable for viewing by the investigator.

3. Support flexibility in the practice environment:

    - Flexibility in terms of call, scheduling, involve physicians in decisions which affect their work schedules and workflow efficiencies

4. Provide relevant resources and programming:

    - Locums, access to exercise facilities (or time to exercise), mentorship, programming on mindfulness, meditations, collegiality, etc. Consider new models of care such as larger clinics with more family physicians, increased use of nurse practitioners, etc.

6.1 A Framework for Physician Work/Life Balance

The overall purpose of this study was to draft a framework for physician work/life balance with the support of data collected via the peer-reviewed literature, environmental scan, survey-questionnaire, and interviews. While there were some significant differences for some factors across various demographics, the review of the overall data has demonstrated consistent key themes across the data collection methods. Table 14 presents the proposed framework for enabling physician work/life balance in NL. This framework is divided into key priorities and activities/indicators of success.

Table 14 – A Framework for Physician Work/Life Balance in NL

Key Priorities	Activities/Indicators of Success
Change the Culture	• Systemic/organizational expectations: o Support and recognition from senior leadership. o Make efforts to promote job satisfaction (data suggests this impacts work/life balance, physician outlook, etc.). o Create a supportive work environment – recognize accomplishments. o Policies focused on physician wellness and work/life balance. • Public expectations: o Education – what physicians actually do; day in the life of a physician.

Key Priorities	Activities/Indicators of Success
	• Make wellness a priority: o Make wellness a standing agenda item at ongoing meetings. o Enable wellness time, breaks, etc. o Provide incentives to engage in preventive health activities. o Promote physician self-care.
Enable Measures for Some Flexibility & Control	• Ability to adjust schedule – start early, end early, lunch breaks, exercise breaks.
Provide Relevant Educational Programming	• Meditation. • Mindfulness. • Self-awareness. • Stress management. • Time management. • Work/life balance.
Provide Relevant Resources/Programming	• Access to exercise facilities (or time to access). • Coaching (one-on-one or group). • Locum program. • Mentorship program – see envt scan (SK). • Peer groups. • Wellness newsletter – see envt scan (AB) • Practice support programs – see envt scan (BC, SK, NL).

Key Priorities	Activities/Indicators of Success
Systemic Interventions	• Provide adequate administrative support. • Address workflow issues and support improved workflow interventions. • Involve physicians in the scheduling and workflow intervention processes - see envt scan (BC). • Introduce family practice networks – see envt scan (NB, NL). • Modify fee codes to account for time required for patients with complex conditions and some associated tasks (i.e. consultation) – see envt scan (NL). • Mandatory break or wellness time. • Make physician satisfaction and well-being quality indicators.

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Appendix A:

Summary Table – Peer-Reviewed Literature

Table 15 - Summary Table – Peer-Reviewed Literature

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
N/A (ED Management Newsletter)	2014	Health systems & administrators	• Newsletter article • Focuses on the ways in which health systems and administrators can help physicians who are struggling with burnout, and prevent isolated problems from escalating into larger issues.	• Recent research has found the highest rates of physician burnout among front-line clinicians, especially Emergency physicians. • A lack of autonomy, the regulatory environment, and escalating responsibilities are all contributing to high stress levels and work dissatisfaction. • Experts advise health systems/administrators to nurture a caring, collaborative environment; provide mentors or resources for providers to utilize if they are experiencing work-related problems; and to make sure that burnout is a safe topic of conversation. • They also suggest that administrators enable as much self-scheduling as possible so that providers have the ability to work around important personal- or family-related activities. • Incentives which are commonly offered to corporate employees should also be provided to physicians to engage in preventive health activities.
Albuquerque & Deshauer	2014	Physicians	• Commentary • Concentrates on concepts of physician health aimed at shifting perceptions of wellness from a private to public matter. Concepts include risk management and intensified oversight.	• Physician health is becoming a core professional value. • Physician health is closely linked to risk management. • The governance of physician health is increasingly a political issue.

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
Askin	2008	Family Physicians	• Commentary • Focuses on the benefit of life coaching in family physicians to identify areas in their life and practice that may be satisfactory or in need of improvement.	• Life coaching allows family physicians to establish parameters for evaluating their own success. • A life coach is a catalyst for change. • Life coaching could decrease the percent of family physicians that are stressed and/or feel "burned-out".
Back, Rushton, Kaszniak & Halifax	2015	Health professionals	• Rewrite • Concentrates on the feeling of helplessness in the face of suffering as an unavoidable experience for clinicians who work with serious illness and suggests the practical approach RENEW as a way to look at one's own helplessness.	• Authors hypothesized that there is a middle place between hypo- and hyper-engagement called constructive- engagement. • Reframing one's unintentional reaction as a self-barometer enables them to see how challenges push them off balance constantly and is a normal feature of clinical work. • The RENEW approach involves recognizing, embracing, nourishing, embodying and weaving as a way to look at one's own helplessness.
Balch & Shanafelt	2010	Surgeons	• Review • Focuses on the effects of burnout on a surgeon's personal and professional well-being and how to prevent burnout throughout one's professional career.	• Burnout is a syndrome of emotional exhaustion and depersonalization that leads to decreased effectiveness at work. • There is a strong correlation between burnout and symptoms of depression. • Burnout can adversely affect patient safety, quality of patient care and contribute to medical errors. • The best way to prevent burnout is to actively nurture and protect their personal and professional well-being on physical, emotional, psychological and spiritual levels throughout their career.

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
Beckham	2015	Primary care physicians and medical students	• Commentary • Examines the current culture of medicine and the environment as factors that may contribute to anxiety, depression and burnout in health care professionals	• There is a cultural imperative to sacrifice one's own health-care for professional productivity and individual achievement. • Suggests that more integrated self-care in practice would be beneficial to primary care professionals in preventing burnout
Beckham, et al.	2012	Primary care physicians	• Research • Funded by the Physicians Foundation • Conducted in-depth interviews of physicians who completed a Mindful Communications program in attempt to understand what aspects of a successful continuing education program contributed to physicians' well-being and care they provide for patients.	• Participants reported three main themes: 1.Sharing personal experiences from medical practice with colleagues reduced professional isolation. 2. Mindfulness skills improved the participants' ability to be attentive and listen deeply to their patients. 3. Developing greater self-awareness was positive and transformative, yet participants struggled to give themselves permission to attend their own personal growth.
Bittner, Khan, Babu & Hamed	2011	Surgeons and surgical residents	• Commentary • Discusses strategies for surgeon well-being, including individual and organizational adaptive coping strategies.	• Research suggests that approximately half of practicing physicians claim medical practice is very or extremely stressful, and cite personal distress (burn out) as a significant problem. • Unrecognized stress and unmanaged burnout are more prevalent among residents than previously believed. • Research shows that stress without conflict resolution may lead to burnout, which can contribute to impaired technical performance, medical errors, physical and mental health problems, and even increase the risk of suicide.

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
				• Surgeons and the organizations that train and employ them, should recognize the early signs of stress and burnout, adopt adaptive coping strategies, and maintain a culture wherein work-life balance and surgeon well-being are shared goals. • Organizational strategies for adaptive coping include: o Enhance the management style of organizational leadership to recognize surgical residents at risk o Create a safe learning environment o Provide and mandate stress management training o Raise awareness of confidential counseling services o Create relationship-building opportunities for residents, spouses, and families o Address the critical contributors to burnout among female residents and dual-physician relationships (through improved flexibility of child care in the workplace and adjusted timelines for promotion) o Support resident research and continuing education activities o Establish mutually beneficial mentorships between residents and faculty o Optimize residents' perceived value to the organization

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
Bodenheimer, Sinsky	2014	Health care professionals and primary care physicians	• Reflection • Suggests that the triple aim- enhancing patient experience, improving population health and reducing costs- could be expanded to a quadruple aim by adding the goal of improving the work life of health care providers.	• Societal expectations of physicians providing patient-centered care has risen. • Due to a lack of supportive resources, increasing numbers of physicians are experiencing burnout. • Burnout among the health care workforce threatens patient-centeredness and the Triple Aim, as it is associated with lower patient satisfaction, overuse of resources, increased costs, medical errors and health provider dissatisfaction/turnover. • More financial and personnel resources should be dedicated to primary care. • Several organizational strategies are suggested, including: o Implement team documentation to assist with order entry and prescription processing to increase capacity to manage a larger panel of patients while going home earlier. o Use pre-visit planning and pre-appointment laboratory testing to reduce time wasted on the review and follow-up of laboratory results. o Expand roles allowing nurses and medical assistants to assume responsibility for preventive care and chronic care health coaching under physician-written standing orders. o Standardize and synchronize workflows for prescription refills, an approach which can save physicians hours per week while providing better care. o Co-locate teams so that physicians work in the

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
				same space as their team members in order to increase efficiency and save time. o Ensure that staff who assume new responsibilities are well-trained and understand that they are contributing to the health of their patients.
Brennan & McGrady	2015	Family medicine residents	• Research • Describes a program designed to build resiliency, the ability to bounce back from stress, in family medicine residents in a medium sized U.S. residency training program.	• Interactive sessions emphasized building self-awareness, coping skills, strengths and meaning in work, time management, self-care, and connections in and outside of medicine to support resident well-being. • System changes which fostered wellness were also implemented, including: increasing the availability of fresh fruits in the conference and call room; purchasing an elliptical exercise machine for the on call room;, and offering a few minutes of mindfulness meditation daily to the inpatient residents.
Cook, et al.	2013	General Internal Physicians	• Research • Discusses the implementation of a standardized *InBox* messaging system in the Division of General Internal Medicine at the Mayo Clinic in New York.	• Recent research describes workflow inefficiencies, reduced satisfaction, and clinician concerns in relation to using EMR and electronic communication systems. • The *InBox* messaging system is an internal, electronic program used at Mayo Clinic, Rochester, MN, to facilitate the sending, receiving, and answering of patient-specific messages and alerts. • This standardized version was implemented to decrease the time physicians, physician assistants, and nurse practitioners (clinicians)

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
				spend on administrative tasks and to increase efficiency. • Clinicians completed surveys and pre- and post-intervention pilot test. • Initial assessments show substantial reduction of InBox entry defects and administrative tasks completed by clinicians. • The findings of this project suggest increased clinician and allied health staff efficiency, satisfaction, improved clinician work-life balance, and decreased clinician burden caused by administrative tasks.
Dunn, Arnetz, Christensen & Homer	2007	Primary care physicians	• Research • Describes and evaluates a program, conducted from 2000-2005, which created a common language, culture, and leadership strategy to promote physician and organizational well-being.	• The program was comprised of three components: (1) leadership valuing physician well-being equal to quality of care and financial stewardship; (2) physicians identifying factors that influenced well-being, followed by plans for improvement with accountability; and (3) measuring the well-being of physicians regularly using validated instruments. • Key factors affecting well-being were identified during meetings with physicians, which were prioritized under 3 core principles of control (physician influence over their work environment), order (efficient office design and high quality staff), and meaning (physicians' satisfaction with the clinical and human aspects of care). • Three survey instruments were used to measure physician satisfaction, burnout, organizational health and physician turnover.

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
				• Results showed that emotional and work-related exhaustion decreased significantly, and organizational health initially significantly improved and remained acceptable/stable throughout.
Dyrbye & Shanafelt	2012	Medical trainees	• Commentary • Discusses	• The culture of medicine often promotes the principle that work should always be prioritized over personal needs, which confuses distinctions between altruism and the self-care that is necessary to maintain engagement, compassion and competence in the long-term. • Both student-level and school-level initiatives are needed to improve student well-being and reduce the risk of burnout. • Resiliency is portrayed as the ability to preserve and remain positive despite adversity, with those who are resilient possessing a mindset and skill set that enables them to overcome challenges in a manner that protects their mental health. • As a dynamic state, resiliency can be nurtured into a stronger and more effective attribute over time by helping students to recognize that caring for oneself is an essential part of being a doctor and encourage them to nurture both personal relationships and relationships with colleagues in order to help provide a network of support to assist them with the challenges they will face as doctors.

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
Dyrbye, Sotile, et al.	2014	Physicians	• Research • Survey was conducted in order to analyze factors associated with work-home conflicts for physicians and their employed partners.	• 7,288 (27.7 % of sample group) US physicians, and 891 (54.0% of sample group) of their employed partners completed the survey. • Work-home conflicts (WHC) were common. • Increased work hours for both physicians and their partners were independently associated with WHC.. • Those who had experienced a recent WHC were more likely to have symptoms of burnout.
Dyrbye, Varkey, et al.	2013	Physicians	• Research • Discusses a cross-sectional study conducted in June 2011, which explores the work lives, professional satisfaction, and burnout of US physicians by career stage and differences across sexes, specialties, and practice setting.	• Physicians who had been in practice 10 years or less, were considered to be in early career; 11 to 20 years, middle; and 21 years or more, late. • Middle career appears to be a particularly challenging time for physicians. • Efforts to promote career satisfaction, reduce burnout, and facilitate retention need to be expanded beyond early career interventions and may need to be tailored by career stage. • Early career physicians had the lowest satisfaction with overall career choice (being a physician), the highest frequency of work-home conflicts, and the highest rates of depersonalization (all P<.001). • Physicians in middle career worked more hours, took more overnight calls, had the lowest satisfaction with their specialty choice and their work-life balance, and had the highest rates of emotional exhaustion and burnout (all P<.001). • Middle career physicians were most likely to plan to leave the practice of medicine for reasons other than retirement in the next 24

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
				months (4.8%, 12.5%, and 5.2% for early, middle, and late career, respectively). • The challenges of middle career were observed in both men and women and across specialties and practice types.
Eckleberry-Hunt, Van Dyke, Lick & Tucciarone	2009	Physicians	• Research • Describes a case example of culture change through the development of a toolbox which includes practical steps to create a culture that emphasizes wellness.	• The existing literature either does not address physician wellness or defines it as a lack of burnout. • The wellness toolbox includes the following key steps: o Designate a faculty who owns wellness and has time to champion it, and then enlist the help of the chief resident(s). These individuals can develop a plan, based on the program's needs or needs assessment, for the next steps. o Define wellness. o Administer a burnout tool (e.g., Maslach Burnout Inventory) twice a year to faculty and residents. Provide individual and group feedback. o Provide lectures on wellness, burnout, writing a mission statement, positive psychology, and cognitive-behavioral counseling techniques. o Schedule “difficult patient” panels twice a year to discuss, as a group, how to manage difficult situations and interactions. o Schedule class meetings every other month with faculty mentors who model the human side of medicine. o Develop a list of psychological and primary

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
				care providers tailored for residents. Put it on a shared server. o Schedule 1-day faculty retreats for renewal. o Assign "wellness partners" for faculty and residents with emotional, physical, spiritual, and social goals. Send quarterly reminders. o Develop a professionalism contract for faculty and residents with annual review. o Make wellness an agenda item on monthly faculty and resident meetings. o Develop a physician support group (see the work of Rachel Naomi Remen, MD13). o Ask residents to set quarterly wellness goals during advisor meetings. o Assign gregarious office staff to schedule "fun" social events for the entire office (eg, sporting events). o Involve residents in faculty meetings, committees, etc, to increase sense of control. o Schedule a yearly retreat with team-building and self-awareness exercises. o Empower faculty and residents to confront concerns as they see them, both in residents and faculty. o Encourage faculty to provide positive feedback. o Take time to publicly celebrate accomplishments, even transitions from postgraduate year 1 to 2 to 3. Hand out appreciation lists. o Change the culture over time.

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
Epstein & Krasner	2013	Physicians	• Commentary • Discusses methods for enhancing individuals' resilience while building community, as well as directions for future interventions, research, and institutional involvement.	• Resilience is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost. • Resilience is a key to enhancing quality of care, quality of caring, and sustainability of the health care workforce. • Individual factors which influence resiliency include: capacity for mindfulness, self-monitoring, limit setting, and attitudes that promote constructive and healthy engagement with (rather than withdrawal from) the often-difficult challenges at work. • Recommendations for the promotion of resiliency fall into three key categories: (1) self-awareness and self-monitoring, (2) self-regulation and resilience, and (3) public accountability, communities of care, and health care institutions.
Fortney, Luchterhand, Zakletskaia, Zgierska & Rakel	2013	Primary care physicians	• Research • Discusses an abbreviated mindfulness intervention (uncontrolled pilot study) aimed at increasing job satisfaction, quality of life, and compassion among primary care clinicians.	• Burnout, attrition, and low work satisfaction of primary care physicians are growing concerns and can have a negative influence on health care. • Modified mindfulness training may be a time-efficient tool to help support clinician health and well-being, which may have implications for patient care. • 30 primary care clinicians participated in an abbreviated online mindfulness course that was efficient but sufficient in teaching the basic practices of mindfulness meditation. • Participants had improvements compared with

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
				baseline at all 3 follow-up time points (1 day, 8 weeks, and 9 months post-intervention).
Frank & Segura	2009	Physicians	• Research • Discusses the results of a mailed survey on the health and health practices of Canadian physicians.	• Survey was mailed to a random sample of 8100 Canadian physicians; 7934 were found to be eligible and 3213 responded (40.5% response rate). • Results show that compared with self-reports from the general Canadian population, Canadian physicians, like American physicians, seem to be healthy and to have generally healthy behavior. • While most results were quite positive, only half agreed that they had actually reached good work-life balance, and only 11% would not work when they were ill if they could work.
Gazelle, Liebschutz & Riess	2015	Physicians	• Research • Using a case example, this article demonstrates the potential of professional coaching to address physician burnout.	• Changes in the healthcare environment have created marked and growing external pressures. • Physicians are predisposed to burnout due to internal traits such as compulsiveness, guilt, and self-denial, and a medical culture that emphasizes perfectionism, denial of personal vulnerability, and delayed gratification. • Although coaching deserves further study, its efficient, results-oriented approach could prove valuable to physicians and health systems worldwide. • Professional coaching provides a results-oriented and stigma-free method to address burnout, primarily by increasing one's internal locus of control, enhancing self-awareness, drawing on individual strengths, questioning

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
				self-defeating thoughts and beliefs, examining new perspectives, and aligning personal values with professional duties.
Goodman & Schorling	2012	Interprof. healthcare providers	• Research • Discusses a pre-post observational study involving a continuing education course based on mindfulness-based stress reduction aimed at decreasing burnout and improving mental well-being among healthcare providers from different professions.	• Participants included a total of 93 healthcare providers, including physicians from multiple specialties, nurses, psychologists, and social workers who practiced in both university and community settings. • A continuing education course based on mindfulness-based stress reduction, which met 2.5 hours a week for 8 weeks, plus a 7-hour retreat, was offered 11 times in 7 years. • Classes included training in four types of formal mindfulness practices (the body scan, mindful movement, walking meditation and sitting meditation), as well as discussion on the application of mindfulness at work. • Results showed significant improvements in burnout scores and mental well-being for a broad range of healthcare providers.
Gordon & Borkan	2014	Physicians	• Review • Discusses time-management techniques for medical professionals.	• Efforts to improve time management can increase physician productivity and enhance career satisfaction. • A review of medical and non-medical literature, revealed several time-management techniques which are divided into four categories: (1) setting short and long-term goals; (2) setting priorities among competing responsibilities; (3) planning and organizing activities; and (4) minimizing 'time wasters'.

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
Guest, Baser, Li, Scardino, Brown & Kissane	2011	Surgical oncologists	• Research • Examines modifiable workplace factors and other stressors associated with burnout, psychiatric morbidity, and low quality of life, together with interest in interventions to reduce distress and improve wellness.	• An online survey was distributed to surgical oncology faculty at Memorial Sloan-Kettering Cancer Center. • 72 surgeon respondents (response rate of 73%) identified high stress from medical lawsuits, pressure to succeed in research, financial worries, negative attitudes to gender, and ability to cope with patients' suffering and death. • Workplace features requiring greatest change were the reimbursement system, administrative support, and schedule. • Strongest correlations with distress were a desire to change communication with patients and the tension between the time devoted to work versus time available to be with family. • Surgeons' preferences for interventions favored a fitness program, nutrition consultation, and increased socialization with colleagues, with less interest in interventions conventionally used to address psychological distress.
Gunasingam, Burns, Edwards, Dinh & Walton	2015	Junior Doctors (internship and residency)	• Research • A prospective randomized controlled study of a convenience sample of postgraduate year 1 doctors in a single hospital was undertaken during a rotation term in 2011. • Purpose was to examine the prevalence of burnout and determine whether debriefing	• Junior doctors may experience burnout, a syndrome that encompasses three dimensions: emotional exhaustion, depersonalization and reduced personal accomplishment. • Thirty-one postgraduate year 1 doctors participated in the study, with 13 being assigned to the group receiving debriefing sessions and 18 assigned to the control group. • At baseline, 21/31 (68%) participants displayed evidence of burnout in at least one domain as

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
			sessions reduced levels of burnout.	measured by the Maslach Burnout Inventory. Burnout was significantly higher in women. • There was no significant difference in burnout scores with debriefing. However, the intervention was well received with 11/18 (61%) suggesting they would recommend the strategy to future junior doctors and 16/18 (89%) found that the sessions were a source of emotional and social support.
Harolds, Parikh, Bluth, Dutton & Recht	2016	Radiologists	• Commentary • Frequency, risk factors, remedies for burnout amongst radiologists	• The burnout rate is greater among diagnostic radiologists than the mean for all physicians, while radiation oncologists have a slightly lower burnout rate. • Burnout can result in unprofessional behavior, thoughts of suicide, premature retirement, and errors in patient care. • Strategies to reduce burnout include individual strategies which address the sources of job dissatisfaction, instill lifestyle balance, reinforce reasons to work other than money, improve money management, develop a support group, and encourage seeking help when needed. • Another approach involves correcting underlying risk factors, especially inadequate staffing, stress, lack of control, and too much call.
Hassan	2014	Emergency physicians	• Commentary • Discusses the need for system improvement and increased support for Emergency	• Evidence suggests that there is a significant risk of premature professional burnout as emergency care systems become busier and capacity remains under resourced.

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			physicians at risk of burnout.	• Solutions are needed that are sustainable. • There is good evidence that failing to address a range of system issues urgently as well as better support for individuals will lead to poor satisfaction and ultimately premature career burnout for a substantial number of these doctors.
Henning, Hawken & Hill	2009	Physicians and medical students	• Review • Summarizes the national and international literature on what is known about quality of life and burnout with regards to both medical students and doctors in terms of the origin of these issues and various risk factors.	• Quality of life and burnout are integrally linked, and increasing rates of burnout and poor quality of life for doctors has potentially serious ramifications for doctors' lives and patient care. • Potential strategies involve addressing the problem at all levels from initial selection processes, medical undergraduate education and postgraduate training, improved support systems, and changes in working conditions. • Strategies for practicing doctors include: o Training for all staff to identify early warning signs of burnout. o Promoting quality of life programs which promote healthy exercise, sleep patterns and time-out activities. o Establishing peer groups and one-on-one support systems. o Close supervision of junior doctors. o Scrutiny and change of medical culture. o Changes in working conditions, such as hours limitations, time off, etc.

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Hernandez & Thomas	2015	Marriage and Family Therapists	• Brief Report • Discusses the development of a physician vitality program to be implemented by marriage and family therapists at Loma Linda University (LLU) and Medical Center (LLUMC).	• A taskforce was established to address physician engagement and well-being • Three categories of physician support services were identified, including: behavioral education affiliated with residency programs, ongoing experiential groups for physicians, and physician employee assistance (EAP) programs.
Howe	2012	Medical Trainees	• Literature Review • Explores the concept of resilience and its potential relevance to medicine, as well as the dimensions of resilience and its ethical importance for effective professional practice.	• Resilience is a dynamic capability which can allow people to thrive on challenges given appropriate social and personal contexts. • The dimensions of resilience include self-efficacy, self-control, ability to engage support and help, learning from difficulties, and persistence; all of which are recognized as qualities that are important in clinical leaders. • Resilience is a useful and interesting construct which should be further explored in medical education practice and research. • While modern pedagogical approaches to medical training may support the development of resilience, this concept has rarely been used as a goal of professional development.
Jensen, Trollope-Kumar, Waters & Everson	2008	Family Physicians	• Research - Qualitative Study • In-depth interviews with 17 family physicians were used to explore the dimensions of family physician resilience	• The concept of physician resilience is emerging in response to increasing evidence of physician stress • Resilience is a dynamic, evolving process of positive attitudes and effective strategies. • Four main aspects of physician resilience were identified: o attitudes and perspectives, which include

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				valuing the physician role, maintaining interest, developing self-awareness, and accepting personal limitations o balance and prioritization, which include setting limits, taking effective approaches to continuing professional development, and honoring the self o practice management style, which includes sound business management, having good staff, and using effective practice arrangements o supportive relations, which include positive personal relationships, effective professional relationships, and good communication.
Jerg-Bretzke & Limbrecht	2012	Physicians	• Commentary • Discusses potential causes for the unequal distribution of men and women in medicine and possible factors which could improve family friendliness.	• Both male and female doctors want better quality of life by achieving a better work-life balance. • The expansion of family-friendly services is seen as a necessary step to allow female doctors to successfully combine work and family. • Steps which may improve family friendliness in medicine include more flexible working hours, mentoring programs for young doctors, increasing flexibility of maternity leave programs, building networks and support groups, providing financial support, and creating culture change.
Kelly	2011	Orthopaedic surgeons	• Commentary • Explores the concept of nurturing energy and resilience	• Resiliency, or the ability to bounce back from difficulty, can be learned and nurtured. • The management of energy, rather than time,

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			by focusing on values that align with an individual's moral center in order to achieve long-term fulfillment and happiness.	holds the key to avoiding burnout. • The author suggests physicians should focus on mindfulness, excellence rather than perfection, as well as nurturing relationships and interests outside of medicine.
Kjeldmand & Holmstrom	2008	General practitioners	• Research – descriptive qualitative study • The aim of this study was to explore GPs' experience of participating in Balint groups and its influence on their work life.	• In Balint groups, physicians are trained to implement basic psychodynamic principles with special attention to the physician-patient relationship, in order to improve physicians' skills in handling their patients while simultaneously controlling their personal involvement and awareness of their own feelings during patient encounters. • Groups comprise 4 to 10 physicians and 1 or 2 leaders, and meet regularly for several years. • Balint group participation may lead to an improved physician-patient relationship and may foster a patient-centered approach.
Krall, Niazi & Miller	2012	Physicians (US)	• Review • Discusses the importance of physician health programs using a case example of a program within a large, integrated health system in the US. • Components of a successful physician health program are presented.	• Attending to the health and well-being of medical clinicians is considered an important component of professionalism, and is important for the sustainability of safe, high-quality practice of medicine. • Some factors that contribute to physician stress and burnout include a perceived loss of autonomy, a perceived decrease in control over one's practice environment, inefficient use of time attributed to administrative requirements, as well as workload, specialty choice, practice setting, sleep deprivation, lack of work-life

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				balance, medical errors, risk of malpractice suits, characteristics of "difficult" patients, and how to deal with patient death and illness. • Successful physician health programs must: o have "buy in" from senior executive leadership. o Meet regularly, not only ad hoc when a matter of impairment or potential impairment in the workplace comes to light. o Maintain visibility and institutional status: perhaps have a standing agenda item on executive committee meetings with reports on matters related to physician well-being and morale. o Develop relationships with department chairs and medical directors and be a resource to them in the physician personnel issues they must address. o Maintain visibility to physicians in multiple venues: website, newsletter, CME events. o Provide confidential, individual, easily accessible resource for physician counseling. o Develop a list of competent resources for evaluation /treatment. o Maintain the role of advocate to physicians apart from the disciplinary process.
Krasner, et al.	2009	Primary care physicians	• Research • Discusses a before-and-after study involving a continuing medical education course for primary care physicians in New	• Programs to reduce burnout before it results in impairment are rare, despite the fact that primary care physicians report high levels of distress, which is linked to burnout, attrition, and poorer quality of care.

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			York (2007-2008). • Purpose of the intervention was to determine whether an intensive educational program in mindfulness, communication and self-awareness is associated with improvement in primary care physicians' well-being, psychological distress, burnout, and capacity for relating to patients.	• Continuing medical education course included mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material, and discussion. • There was an 8-week intensive phase (2.5 h/wk, 7-hour retreat) was followed by a 10-month maintenance phase (2.5 h/mo). • Mindfulness, burnout, empathy, psychosocial orientation, personality, and mood were measured at baseline and at 2, 12, and 15 months. • Participation was associated with short-term and sustained improvements in well-being and attitudes associated with patient-centered care.
Lee, Stewart & Brown	2008	Canadian Family physicians	• Research • Discusses the results of a census survey of family physicians in the Kitchener-Waterloo area on stress, burnout, and the strategies used to reduce them.	• Classic burnout is related to stress brought on by factors such as too much paperwork, long waits for specialists and tests, feeling undervalued, feeling unsupported, and having to abide by rules and regulations. • Stress and burnout are related to the desire to give up practice and are, therefore, a human resources issue for the entire health care system. • Burnout is defined by 3 components: emotional exhaustion, depersonalization, and perceived lack of personal accomplishment. • Many respondents scored high on the burnout inventory, and almost half had high levels of emotional exhaustion and depersonalization (47.9% and 46.3%, respectively).

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				• Lower levels of stress were associated with the use of strategies to reduce occupational stress, such as valuing relationships with patients and participating in continuing medical education, and personal stress, such as eating nutritiously and spending time with family and friends.
Lee, Medford & Halim	2015	Physicians	• Commentary • Discusses burnout among doctors, including an overview of symptoms, the scale of the problem, the implications and causes of burnout and, finally, a strategic framework to provide a basis for managing it.	• Professional bodies are urged to start taking steps to help troubled doctors. • Medical Colleges should provide essential assistance, support and guidance as well as ensuring fair management and promotion policies.
Lemaire & Wallace	2010	Canadian Physicians	• Research • This mixed methods study explores factors related to physician wellness within a large health region in Western Canada. • Questionnaire data focuses on the coping strategies that physicians use in response to work-related stress, while qualitative data explores physicians' self-reported coping strategies through open ended interviews.	• 42 physicians representing diverse medical specialties and settings, were interviewed. • Major themes extracted from the interviews were used to construct 12 survey items included in the questionnaire. • Often used workplace coping strategies were positively correlated with feeling emotionally exhausted (i.e., keeping stress to oneself (r = .23), concentrating on what to do next (r = .16), and going on as if nothing happened (r = .07)). • Some less often used workplace coping strategies (e.g., taking a time out) and all those used after work were negatively correlated with frequency of emotional exhaustion.

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Linzer, Levine, et al.	2014	General Internal Medicine	• Commentary • Presents suggestions, in the form of a quality improvement (QI) model for organizational self-care, for addressing the challenges associated with burnout, which can produce a sustainable workplace for clinicians, with high quality and accessible care for patients.	• Factors which contribute to burnout include: time pressure, teamwork issues, electronic health records pressures, work control, and work-home interference. • Since burnout is a long-term stress reaction, organizations need to identify stress in its earlier stages and choose programs to prevent burnout before it occurs. • The QI model includes the following key steps: o Institutional Metrics ▪ Make clinician satisfaction and wellbeing quality indicators. ▪ Incorporate mindfulness and teamwork into practice. ▪ Decrease stress from electronic health records. o Work Conditions ▪ Allocate needed resources to primary care clinics to reduce healthcare disparities. ▪ Hire physician floats to cover predictable life events. ▪ Promote physician control of the work environment. ▪ Maintain manageable primary care practice sizes and enhanced staffing ratios. o Career Development ▪ Preserve physician "career fit" with protected time for meaningful activities. ▪ Promote part-time careers and job sharing. o Self-Care ▪ Make self-care a part of medical professionalism.

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Linzer, Poplau, et al.	2015	Primary care physicians	• Research - cluster randomized controlled trial • Discusses the success of various interventions to address clinician stress and burnout by aiming to improve work conditions for primary care providers (US).	• 166 primary care clinicians (including general internists, family physicians, nurse practitioners and physician assistants) at 34 primary care clinics were recruited. • Of 166 clinicians, 135 (81.3 %) completed the study. • Diverse interventions were grouped into three categories: 1) workflow redesign, 2) improved communication, especially among clinicians and staff, and 3) QI projects directed at clinician concerns. • Participants in the interventions showed more improvement in burnout and satisfaction. • Burnout was more likely to improve with workflow interventions and with targeted QI projects. • Interventions in communication or workflow led to greater improvements in clinician satisfaction and showed a trend toward greater improvement in intention to leave.
Lovell, Lee & Frank	2009	Physicians	• Research • Discusses the reported factors that hinder wellbeing, as well as the reported factors that would promote wellbeing among physicians. • As part of a larger self-report questionnaire, 165 physicians from a province of Canada wrote their open-ended responses to two questions, which asked what	• Four major themes emerged: 1) external constraints on the practice of medicine; 2) issues at the professional/institutional levels; 3) issues at the individual practice level; and 4) work/life balance. • The work/life balance theme received the highest number of responses, followed by external constraints on the practice of medicine, such as lack of resources (human and material) and restrictions to autonomy. • Suggested interventions include, health

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			causes them stress, and what interventions should be implemented at organizational/institutional levels.	promotion and healthy workplace initiatives, and interventions which promote collegiality/professionalism and policy formulation at the health care system.
Marsh	2012	Orthopaedic Surgeons	• Commentary – Supplement article • Discusses protective strategies to avoid burnout among young orthopaedic surgeons.	• There are several reasons to expect high risk of burnout among orthopaedic trauma surgeons, including demanding call schedules and difficult to control work schedules due to operating room access. • The consequences of burnout include: personal issues, such as depression, broken relationships, substance abuse and addictions; and professional issues, such as an increased risk for medical errors, career dissatisfaction, early retirement, individual hostility toward patients, colleagues and other care providers, and poor judgment in patient care decisions. • Protective actions to avoid burnout include: o Personal strategies, such as meditation, sleep, exercise, time with family, pursuing hobbies and interests. o Professional strategies, such as working fewer hours and/or call shifts, controlling patient volume, having a mentor, working in a supportive environment, and involvement in activities other than patient care.

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McClafferty, Brown, Section on Integrative Medicine, Committee on Practice and Ambulatory Medicine & Section on Integrative Medicine	2014	Paediatricians	• Commentary/Clinical Report • Provides an overview of physician burnout, an update on work in the field of preventive physician health and wellness, and a discussion of emerging initiatives that have potential to promote health at all levels of pediatric training.	• Physician burnout is commonly assessed using the Maslach Burnout Inventory, which uses 3 general scales to measure characteristics of burnout - emotional exhaustion, depersonalization, and sense of personal accomplishment. • Burnout is higher in physicians than in the general population and peaks during training as well as mid-career. • Drivers of physician burnout include: workplace stressors, such as an expectation of unrealistic endurance, time pressure, excessive work hours, threat of malpractice suits, difficult patients, coping with death, unprocessed grief, sleep deprivation, and unsupportive work environments; as well as personal stressors, such as financial worries, limited free time, isolation, uncertainty, a culture of silence, and a lack of effective stress management skills. • The need for systems-based, rather than individual efforts, to reduce burnout is reflected in recent moves to incorporate physician health and wellness into competency frameworks and institutional guidelines. • Research on the use of mindfulness in the medical setting currently has substantial supporting evidence • Learner Advocacy and Wellness at the University of Alberta, Edmonton, Canada is mentioned as a model program for physician and trainee wellness.

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Meldrum	2010	Physicians	• Research • Focuses on how successful doctors avoid burnout. • 14 winners of the American Medical Association Foundation's Pride in the Professions Award were interviewed to learn how they manage burnout. Information was collected through telephone interviews.	• Burnout is characterized by decreased mental energy associated with absenteeism, high turnover, and reduced job satisfaction, and is characterized by: (1) emotional exhaustion, (2) depersonalization, and (3) low personal accomplishment. • Contributing factors include pressures exacerbated by steadily declining reimbursements and the devaluation of the doctor-patient relationship, and often feel that the prevailing system reduces them to "providers" servicing "consumers." • Interviewees shared various techniques for avoiding burnout, including setting limits, sharing issues with family and friends, physical exercise, cultivating relaxation, and humor.
Nielsen & Tulinius	2009	General practitioners	• Research • Reports a case study of a supervision group for Danish GPs which, as well as training reflective practice, focuses specifically on the prevention of burnout and compassion fatigue.	• A substantial proportion of GPs show signs of burnout. • There is some evidence of beneficial interventions, such as supervision or Balint groups. • 9-member group of GPs, led by a supervisor who had 20 years of experience as a GP. • The main supervision model used was the reflecting team model in which the supervisor would act as a team member, possibly providing teaching material in the last part of the session. • Groups focused on case presentations by individual members and incorporated role playing, interviewing by the supervisor, and other such methods in order to address various

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				workplace issues. • Participants gained communications skills training, were motivated to make positive changes in their daily work, and gained a more positive view of challenging encounters. • Two participants attributed their decision stay in practice to the help offered by the supervision group.
Orrom	2008	Surgeons	• Commentary • A reflection on the importance of achieving balance in the surgical profession. • Several recommendations are discussed, as well as the implications of imbalance.	• Imbalance is presented as a form of psychological wounding, with consequences that range from work addiction, mortality, divorce, drug/alcohol addiction, burnout, sleep deprivation, fatigue and stress. • Balance includes physical, emotional, and intellectual make-up of the individual, with the self as the supporting platform that balances various activities in one's life. • In order to achieve balance, it is recommended that surgeons: o Decrease their individual workload o Manage stress o Mitigate sleep deprivation o Count their blessings; practice gratitude o Accept imperfection o Maintain intimate relationships o Improve the workplace o Engage in healthy behaviors, such as regular exercise, disease prevention and proper nutrition.

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Panagioti, et al.	2017	Physicians	• Systematic Review and Meta-Analysis • Review of randomized controlled trials and controlled before-after studies were reviewed for effectiveness in reducing burnout among physicians.	• 20 independent comparisons from 19 studies are included in the final review. • Interventions were associated with small significant reductions in burnout scores focused on emotional exhaustion. • Subgroup analyses indicated significantly improved effects for organization-directed interventions, as compared with physician-directed (individual) interventions. • Interventions in experienced primary care physicians were associated with higher, though not significant, effects than those in secondary care and among inexperienced physicians. • More effective models of interventions are needed, perhaps which focus on organization-directed interventions that promote healthy individual-organization relationships.
Rama-Maceiras, Jokinen & Kranke	2015	Anaesthes-iologists	• Review • Summarizes recent studies regarding stress and burnout in anaesthesiology, and explores possible solutions.	• Recent studies show high levels of burnout among physicians, and anaesthesiologists in particular. • There is a lack of definitive evidence to guide the management of stress and burnout among physicians, especially among aneasthesiologists. • Prevention and treatment of burnout requires an integrated response from the institution (implementation of proper organizational changes) and employees (developing coping skills), which taken together incorporates interventions that focus on good health, good work, good relationships and good support. • Creating a positive work climate and

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				institutional support as well as promoting control over one's job and the autonomy of employees are the most recommended institutional strategies. • Individual strategies include, learning how to cope with stressors and practicing personal wellness and resilience.
Rama-Maceiras, Parente & Kranke	2012	Anaesthes-iologists and healthcare managers	• Review • Discusses job satisfaction, stress and burnout in anaesthesiology, factors which contribute to these issues, and suggestions for strategies to combat them.	• Changes in health policies, such as cost-containment policies, are seen as a threat to the autonomy of health workers and are associated with a decrease in satisfaction levels, increase burnout among physicians, and may impair the quality and safety of care. • Factors which contribute to job satisfaction are worker autonomy, control of the working environment, recognition of our value, professional relationships, leadership and organizational justice, as well as individual personality, expectations and motivation. • Job satisfaction may be achieved by improving job characteristics, managing stress and developing personal wellness. • Managers should try to develop policies which create an adequate environment that fosters communication, increase employee participation and autonomy, promote control over work to avoid overload, and recognize employee achievements, making them feel secure, needed and appreciated.

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Rath, Huffman, Phillips, Carpenter & Fowler	2015	Gynecologic Oncologists	• Research • Discusses the results of a cross-sectional online survey of members of the Society of Gynecologic Oncology. • Survey included 76 items measuring burnout, psychosocial distress, career satisfaction, and quality of life.	• 369/1086 members completed the survey. • The majority of respondents reported high levels of job satisfaction. • However, a significant proportion of respondents reported high scores for emotional exhaustion (30%) and depersonalization (10%), and low scores for personal accomplishment (11%). • 32% of respondents scored above the clinical cut-offs for burnout.
Regehr, Glancy, Pitts & LeBlanc	2014	Physicians	• Review and meta-analysis • Discusses the effectiveness of interventions aimed at addressing stress, anxiety, and burnout in physicians and medical trainees.	• Twelve studies involving 1034 participants were included in three meta-analyses. • Cognitive, behavioral, and mindfulness interventions were associated with decreased symptoms of anxiety in physicians and medical students. • Interventions incorporating psychoeducation, interpersonal communication, and mindfulness meditation were associated with decreased burnout in physicians.
Romani & Ashkar	2014	Physicians	• Commentary/Review • Discusses evidence to support various strategies to combat burnout among physicians.	• Stress management programs that range from relaxation to cognitive-behavioral and patient-centered therapy have been found to be of utmost significance when it comes to preventing and treating burnout. • However, evidence is insufficient to support that stress management programs can help reduce job-related stress beyond the intervention period. • A few small studies suggest that Balint sessions

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				can have a promising positive effect in preventing burnout. • Combining individual and organizational interventions is recommended, as multidisciplinary actions that include changes to the work environment and stress management programs that teach people how to cope better with stressful events, show promise.
Saleh, Quick, Sime, Novicoff & Einhorn	2009	Orthopaedic Surgeons and academic leaders	• Research • Discusses the results of a survey study of Orthopaedic leaders in the US. • Risk factors and early warning signs of burnout and emotional exhaustion are examined. • Data on preventive stress management factors, such as the spouse, family, social support systems, and positive communication attachments are also discussed.	• The highest reported stressors included excessive workload, increasing overhead, departmental budget deficits, tenure and promotion, disputes with the dean, and loss of key faculty. • Imbalance between personal and professional life was identified as an important risk factor for emotional exhaustion. • Withdrawal, irritability, and family disagreements are early warning indicators of burnout and emotional exhaustion. • Several stress-reducing techniques are recommended to help alleviate emotional exhaustion, which involve: o Building on the natural strength of marital and family bonds, perhaps through a stress and marriage workshop that focuses on communication, identifies stressors, and examines coping strategies. o Improving stress management skills and self-regulation, perhaps through a mechanism similar to the Climbing the Meditator's Peak Workshop aimed at unlocking the balance

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				between stress and its effects on the autonomic nervous system. o Improving efficiency and productivity to decrease stress in everyday work-life by mastering workflow and achieving productivity with fewer resources.
Schneider, Kingsolver & Rosdahl	2014	Physicians	• Research • Presents the results of an interview study which evaluates the perceived impact of Physician Well-being Coaching on physician stress and resiliency in a major medical center. • 11 physicians and 3 coaches were interviewed following the Physician Well-being Coaching pilot program.	• Physicians completed between three and eight individual coaching sessions between October 2012 and May 2013. • Results show that Physician Well-being Coaching helped participants increase resilience via skill and awareness development in the following three main areas: (1) boundary setting and prioritization, (2) self-compassion and self-care, and (3) self-awareness. • Insights gained often led to behavior change and were perceived by physicians to have indirect but positive impact on patient care.
Schrijver	2016	Physicians	• Literature Review • Discusses the elements of current medical practice that contribute to professional fulfillment and burnout among physicians, as well as intervention measures, steps toward burnout prevention, and the present limitations thereof. • Focuses on physicians across specialties in the United States.	• Burnout symptoms are a response to long-term work-related stress, and affect 30% to 68% of US physicians. • Factors contributing to burnout include commonly cited issues, such as: excessive workload, sleep deprivation, decreased personal time; inadequate compensation, limited control over the practice, practice environment, and work pace; as well as perfectionism and negligence of personal health requirements. • There are a variety of intrinsic and extrinsic factors which contribute to physician

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				satisfaction, including: patient appreciation, engagement in CME, and mentoring; as well as, a calm practice environment, administrative assistance, availability of flexible, part-time schedules, enhanced control over the work schedule, and support from colleagues. • Interventions to prevent burnout and optimize physician well-being are most likely to succeed if they include personal and institutional approaches that are customized to career phase, physician specialty, and practice setting. • Organizational leaders must prioritize this issue and provide sustained support for wellness initiatives, to foster a culture that is conducive to physician well-being.
Shanafelt, Hasan, et al.	2015	US Physicians and general workers	• Research • Using the same methods and measures, this study evaluated the prevalence of burnout and satisfaction with work-life balance in physicians and US workers in 2014 relative to 2011.	• Samples in both the 2011 and 2014 studies were comparative and representation of the US physician population, despite a slight difference in median age. • Results show a greater disparity between burnout and satisfaction levels among US physicians when compared with the general US working population. • Burnout and satisfaction with work-life balance in US physicians worsened from 2011 to 2014. • 54.4% (n=3680) of physician respondents reported at least 1 symptom of burnout in 2014, compared with 45.5% (n=3310) in 2011. • Substantial differences in rates of burnout and satisfaction with work-life balance were observed by specialty.

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				• The highest overall burnout scores were seen in emergency medicine, while Family medicine, general pediatrics, urology, orthopedic surgery, dermatology, physical medicine and rehabilitation, pathology, radiology, and general surgery subspecialties each experienced a more than 10% increase in burnout from 2011 to 2014.
Shanafelt, Kaups, et al.	2014	Us Surgeons	• Research • Evaluation study of a computer-based, interactive, and individualized intervention for promoting well-being in US surgeons.	• 1150 US surgeons volunteered to participate. • The 3-step, interactive, electronic intervention, involved: o Completion of a subjective self-assessment of their well-being relative to colleagues. o Completion of the 7-item Mayo Clinic Physician Well-Being Index and received objective, individualized feedback about their well-being relative to national physician norms. o Evaluation of the usefulness of the feedback and whether they intended to make specific changes as a result. • Results show that US surgeons do not reliably calibrate their level of distress. • A majority of surgeons (89.2%) believed that their well-being was at or above average, including 70.5% with scores in the bottom 30% relative to national norms. • Following objective, individualized feedback based on the Mayo Clinic Physician Well-Being Index score, 46.6% of surgeons indicated that they intended to make specific changes as a

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				result. • Surgeons with lower well-being scores were more likely to make changes in each dimension assessed (all Ps < 0.001).
Shanafelt, Oreskovich, et al.	2012	US Surgeons	• Research • Commissioned by the American College of Surgeons (ACS) Committee on Physician Competency and Health • A cross-sectional self-assessment survey was sent to the members of the American College of Surgeons (2008) in order to evaluate the health habits, routine medical care practices, and personal wellness strategies of American surgeons and explore associations with burnout and quality of life (QOL).	• Results show that surgeons placing greater emphasis on finding meaning in work, focusing on what is important in life, maintaining a positive outlook, and embracing a philosophy that stresses work/life balance were less likely to be burned out. • The authors suggest making improvements in the area of specific measures in order to associated with lower rates of burnout and improved QOL, which include: (1) increasing weekly aerobic exercise and weight training to recommended levels, (2) annual visits to their primary care provider, and (3) age-appropriate preventative testing. • These personal strategies should also be combined with attention to issues previously identified in the literature, including: characteristics of work load (e.g., hours worked, nights on call), specialty choice, method of compensation, medical errors, medical malpractice suits, and work–home conflicts.
Sigsbee & Bernat	2014	Physicians	• Commentary/Review	• Studies of motivational factors in the workplace suggest several preventive interventions, including: o Individual or group counselling

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				o Workflow interventions o Create a culture that promotes career advancement, mentoring, recognition of accomplishments
Sood, Sharma, Schroeder & Gorman	2014	Radiologists	• Randomized clinical trial • To test the efficacy of a Stress Management and Resiliency Training (SMART) program for decreasing stress and anxiety and improving resilience and quality of life.	• 26 physicians (Mayo Clinic) randomized in a single-blind trial to either the SMART program or a wait-list control arm for 12 weeks. • Program consisted of a single 90-min group session in the SMART training with two follow-up phone calls. SMART is an abbreviated adaptation of Attention and Interpretation Therapy (AIT). Program focuses on two aspects of human experience: attention and interpretation. Human attention prioritizes focus on threats. These threats, in modern times, are often symbolic psychological threats (hurts, regrets, worries, and fears) that draw attention away from the present moment. This predisposes to ruminative thinking, avoidance, and ineffective thought suppression, all contributing to stress. The SMART program teaches learners to focus their attention in the external world and to defer unrefined judgments. Learners also are taught to cultivate and guide their interpretations by five higher-order principles: gratitude, compassion, acceptance, meaning, and forgiveness. Participants were also trained in a brief structured relaxation intervention. • Primary outcomes measured at baseline and week 12 included the Perceived Stress Scale,

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
				Linear Analog Self-Assessment Scale, Mindful Attention Awareness Scale, and Connor–Davidson Resilience Scale. • Measures of stress (PSS) decreased from 25.0 ± 5.9 at baseline to 19.6 ± 5.6 at the end of the 12-week period in the active arm with no significant change in the wait-list control arm (P = .020). Measures of anxiety (SAS) decreased from 57.2 ± 12.8 at baseline to 45.5 ± 11.2 at the end of 12 weeks in the active arm with no significant change in the wait-list control arm (P = .038). Mindful attention (MAAS) improved from 3.6 ± 0.8 at baseline to 4.3 ± 7 at the end of 12 weeks in the active arm with no significant change in the wait-list control arm (P = .004). Quality of life (LASA), improved from 6.9 ± 8.1 to 7.5 ± 1.1 in the active arm with no significant change in the wait-list control arm (P = .044). Resilience (CD-RISC) increased from 70.0 ± 12.8 at baseline to 73.0 ± 11.5 in the active arm with no statistically significant change between the two groups.
Stevenson, Phillips & Anderson	2011	Australian primary care physicians	• Qualitative study • Purpose was to describe attitudes to work and job satisfaction among Australian primary care practitioners who have worked for more than 5 years with medically underserved or disadvantaged populations.	• Semi-structured interviews were conducted with 15 primary health care practitioners working in Aboriginal health, prisons, drug and alcohol medicine, or youth and refugee health. The interviews explored attitudes towards work and professional satisfaction, and strategies to promote resilience. • All respondents reported finding meaning and satisfaction in their work. They also reported having a sense of control over their practices

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
				and working hours. These factors impact their sense of satisfaction and intellectual engagement in their work and impact resiliency.
Strong, et al.	2013	Clinician researchers and their mentors	• Qualitative study • To explore work–life balance issues from the perspectives of faculty clinician-researchers and their mentors.	• 128 participants (100 clinician researchers, 28 mentors) • 5 subthemes related to work–life balance were identified: o The challenge and importance of work–life balance. o How gender roles and spousal dynamics make these issues more challenging for women. o The role of mentoring. o The impact of institutional policies and practices, especially with regard to the inherent flexibility of academic work. o Perceptions of stereotypes and stigma associated with using program intended to improve work/life balance.
Surawicz	2014	Physicians	• Commentary • Defines burnout, some contributing factors, and ways to recognize, prevent, and treat it.	• Burnout has three components: emotional exhaustion; depersonalization; and a decreased sense of personal accomplishment and success. • Consequences of burnout: o Physician more likely to leave the profession early. o Substance abuse, depression, higher rates of suicide. o Lower patient satisfaction scores. o Medical errors. • Treatment and prevention strategies: o Identifying and balancing personal and

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
				professional goals, i.e. control over work schedule, flexible work hours, etc. o Shaping your career to optimize meaning and identifying stressors, i.e. identify what energizes you and what drains you. o Nurturing wellness strategies.
Swetz, Harrington, Matsuyama, Shanafelt & Lyckholm	2009	Hospice and palliative medicine physicians	• Qualitative online survey • To explore strategies for avoiding burnout and finding fulfillment in palliative medicine.	• 40 hospice and palliative medicine physicians, United States; 30 physicians responded to the survey. • Key themes reported include: o Physical well-being (60%) – exercise, nutrition, rest o Professional relationships (57%) – part of a team o Transcendental (43%)– meditation, reflection o Talking to others (43%) o Hobbies (40%) o Clinical variety (37%) o Personal boundaries – setting limits, scheduling (37%) o Personal relationships – family, friends outside of work (37%) o Time away (27%) o Passion for one's work (20%) o Realistic expectations (13%) o Humour and laughter (13%) o Remembering patients (10%)
Tietjen, & Griner	2013	Primary care physicians & hospitalists	• Quantitative study • To explore participants' reasons for participating in a mentoring	• Formal mentoring program, Western Connecticut Health Network. • 8 senior physicians from the Departments of

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
			program, whether the program was helpful, and their recommendations for improvement.	Medicine and Surgery serve as mentors in their free time. • Mentees were asked to complete a 1-page form indicating their goals for the coming year, what issues they would like to discuss with a mentor, and which mentor they wish to meet with. The sessions were scheduled during free time of both mentor and mentee, held in a quiet setting, were confidential, and lasted an hour or more. At the end of each session, mentee and mentor agreed on what was discussed and what next steps each had responsibility for. The mentor subsequently wrote up a summary of the meeting and reviewed it with the mentee for accuracy. Ongoing contacts were in person, phone, or e-mail initiated either by the mentor or the mentee. • 27/39 program participants responded to the survey which was distributed as the end of the first year of the program. • Most common reasons reported for wanting to meet with a mentor: o Career planning (52%) o Balance among personal and professional life (43%) o Leadership development (38%) • All but one survey respondent felt the mentoring program met their expectations by setting goals (62%), planning next steps in their career (60%), gaining new insights (52%), completing a long-deferred goal (30%), reducing stress (19%), and improving self-confidence

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
				(19%). • Important lessons learned: o Mentees should have protected time to participate. o Mentor and mentee should be in touch no less often than every 3 to 6 months. o More frequent mentor meetings.
Troppmann, Palis, Goodnight, Ho, & Troppmann	2009	Surgeons	• Quantitative study • To explore surgeons' perceptions of career satisfaction and their ability to achieve work/life balance.	• National survey, United States. • 895 surgeons responded • Most surgeons report being satisfied with their careers. Most common reasons reported for satisfaction included the profession's technical aspects, decisive nature, and intellectual challenges. • Areas in need of improvement, particularly for non-university surgeons, include reimbursement, work hours, less litigation, and less emergency call.
West	2016	Physicians	• Commentary	• Despite the growing understanding of the importance of promoting physician well-being, generating institutional or profession-wide standards around well-being has proved challenging. • It has been recommended that physician well-being be added to the Triple Aim of improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of healthcare, thus creating a new Quadruple Aim. • Suggestions for implementing this

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
				recommendation: o Physician well-being should be recognized as a central element of professionalism in medicine. o An expanded knowledge of how to best promote clinician well-being. o Consider key drivers of physician satisfaction – work effort, work efficiency and support, management of work/home conflict, flexibility and control at work, values and meaning in work.
West, et al.	2014		• Randomized clinical trial • To test the hypothesis that an intervention involving a facilitated physician small-group curriculum would result in improvement in well-being	• 74 physicians in RCT; compared to annual surveys completed by 350 nontrial cohort, Mayo Clinic. • RCT compared the provision of 19 facilitated physician discussion groups (1 hour biweekly for 9 months; topics included mindfulness, reflection, shared experience) to the provision of 1 hour of protected time biweekly. Those in the control arm could schedule and use this hour of protected time in any manner they believed was most useful but did not participate in the formal curriculum. • Participants were evaluated at baseline, every 3 months through the 9-month study intervention, and at 3 and 12 months following the study. • At the end of the 9-month intervention period, empowerment and engagement at work rose by 2.6 points in the intervention arm vs 0.8 points in the control arm (P = .33). Three months after

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
				the study, empowerment and engagement at work had increased by 5.3 points in the intervention arm vs a 0.5-point decline in the control arm (P = .04), a difference sustained at 12 months (+5.5 vs +1.3 points; P = .03). Differences in rates of emotional exhaustion and overall burnout were small, but the rate of high depersonalization 3 months following the study had decreased by 15.5% in the intervention arm vs a 0.8% increase in the control arm (P = .004). This difference was also sustained at 12 months (9.6% vs 1.5% decrease; P = .02). The intervention improved meaning and engagement in work and reduced depersonalization, with sustained results 12 months after the study.
Williams, Tricomi, Gupta, & Janise	2015	Medical students & residents	• Systematic review • A summary of the efficacy data of burnout interventions and how each modality is used.	• 19 studies selected for inclusion in the review. • 11 different types of interventions and combinations of interventions used, including: o Duty-hour restrictions o Self-development groups o Pass-fail grading systems o Training in mindfulness, communication, and stress management o Balint groups o Journaling
Zwack & Schweitzer	2013	Physicians	• Qualitative study • To identify health-promoting strategies employed by experienced physicians in order	• 200 interviews, German physicians • Key strategies, sources of strength and energy: o Job-related gratifications – doctor/patient relationship, medical efficacy

Author(s)	Publication Date	Target Audience	Article Type/ Focus	Characteristics/Components
			to define prototypical resilience processes and key aspects of resilience-fostering preventive actions.	o Ways to reduce stress – leisure time activities, connecting with colleagues, connecting with family and friends, personal reflection, cultivation of one's one professionalism, self-organization, limitation of working hours o Useful attitudes – self-awareness, recognizing when change is necessary, appreciating the good things

Appendix B:

Summary Table – Review of Provincial and Territorial Medical Associations

Table 16 - Summary Table – Review of Provincial and Territorial Medical Associations

Associations	Relevant Initiatives, Resources Related to Issues Associated with Work/Life Balance
Doctors of BC https://www.doctorsofbc.ca/	• Facility Engagement: • https://www.doctorsofbc.ca/news/strengthening-voice-physicians-through-facility-engagement) • http://www.sscbc.ca/physician-engagement/supporting-facility-based-physicians • Physicians and health authorities working together to examine priorities, resources, procedural logistics, etc. with a goal of improving patient care and the physician work environment. • Practice Support Program: • https://www.doctorsofbc.ca/resource-centre/physicians/practice-support-program • Aims to improve care for patients throughout the province and to increase job satisfaction for BC doctors. • Physician Health Program: • https://www.doctorsofbc.ca/resource-centre/physicians/physician-health-program-php • Provides wellness initiatives to promote the ongoing health of our physician community. Supports and assists physicians and physician trainees in overcoming challenging issues that can impact their health and well-being. Issues can include: physical health, mental health and addictions, relationship issues, workplace issues and burnout. Also offer a variety of preventative and educational services that address professional and personal issues, such as burnout, stress management, conflict resolution and improving collegiality.
Alberta Medical Association https://www.albertadoctors.org/	• Physician and Family Support Program (PFSP): • https://www.albertadoctors.org/services/pfsp • PFSP Newsletter - https://www.albertadoctors.org/services/media-publications/publications/pfsp-news • Provides updates on developments and practices within the PFSP, educational and

Associations	Relevant Initiatives, Resources Related to Issues Associated with Work/Life Balance
	interesting guest articles, news of recent and future events and information on current workplace resources. • PFSP Presents - https://www.albertadoctors.org/services/pfsp/resources/PFSP-Presents • Education sessions to promote physician wellness and to foster a healthy culture of medicine. Examples of topics: work-life balance, healthy workplaces, stress management and building resilience, mindfulness, personal and professional relationships.
Saskatchewan Medical Association http://www.sma.sk.ca/	• Physician Support Programs: • http://www.sma.sk.ca/programs/3/physician-support-programs.html • Physician Health Program • Living Well – Physician Wellness Initiative • Designed by current medical students and a faculty facilitator to promote a culture of wellness in medical school and beyond. • docs4docs, Saskatchewan Physician Mentorship: • http://www.sma.sk.ca/programs/80/docs4docs.html • Connects new physicians with those who are well-established in the province to help with the transition from training to practicing. A mentee will "learn the ropes" from a physician who understands and has navigated the health care system in Saskatchewan. A mentor will have the opportunity to stay connected to a younger generation and be more involved in succession planning. Both will learn from the other and will build a larger professional network.
Doctors Manitoba http://docsmb.org/	• Physician and Family Support Program: • http://www.docsmbwellness.org/resources/docs-mb-services/physician-and-family-support-program/ • Provides support, resources and information for personal and work-life issues.

Associations	Relevant Initiatives, Resources Related to Issues Associated with Work/Life Balance

	• Physician Health and Wellness Program:
	  • http://www.docsmbwellness.org/about-the-program/
	  • DoctorsShare - http://www.docsmbwellness.org/category/doctors-share/
	  • Physicians share stories with other physicians. For physicians to de-stress and find balance.
	  • Annual Physician Wellness Day
	  • Offers other events such as one on mindfulness tools.
	
	• Doctors Manitoba Mentorship Program:
	  • https://docsmb.org/doctors-manitoba-mentorship-program/
	  • The goal of the program is to connect medical students, Residents and practicing physicians so that they can learn from each other. Included under "Helpful Tips for Mentors" are several topics related to physician work/life balance, including resiliency, how to cope/deal with stress, how to develop a good support team, etc.

Ontario Medical Association
https://www.oma.org/
	• Physician Health Program:
	  • http://php.oma.org/
	  • Guides & Articles – "12 Steps" – Building Healthy Attitudes and Coping Strategies; "BASICS" series offers practical suggestions for stress management, improved health and well-being, and building resilience.
	  • Wellness Centre – Wellness resources, mindfulness exercises
	  • Crucial Conversations
	  • Educational presentations
	
	• Practice Management Resources:
	  • Running Your Practice - https://www.oma.org/sections/managing-your-practice/running-your-practice/
	  • Seminars, office management, human resource management, etc.
	  • Physician Wellness Resources - https://www.oma.org/sections/managing-your-

Associations	Relevant Initiatives, Resources Related to Issues Associated with Work/Life Balance
	practice/physician-health-well-being/ • ThoughtLounge: • https://www.oma.org/sections/member-benefits/other-programs-initiatives/thoughtlounge/ • Survey and forum tool which provides the capacity to deliver web-based focus groups that allow physicians, residents, and medical students from across Ontario to share perspectives, engage with peers, and contribute to the health-care conversation. Early focus includes health policy, physician-specific issues, negotiation priorities, government influence, public policy discussions, challenges faced by the broader health-care system, physician leadership development.
Quebec Medical Association http://www.amq.ca/index.php	• No specific resources listed related to health and wellness. • Google search identified a Quebec Physicians' Health Program: • http://www.pamq.org/en/ • Uses physician advisors • Provides services for individuals and groups; prevention services in the form of workshops, courses, conferences and information sessions. • Affiliation with medical association unclear. Some information in French only.
New Brunswick Medical Society http://www.nbms.nb.ca/	• Physician Health Program – information only accessible to members • Family Medicine New Brunswick - https://www.nbms.nb.ca/leadership-and-advocacy/improving-the-health-system/a-new-model-for-family-medicine-in-new-brunswick/ • Partnership between NBMS and the Government of New Brunswick. • Aims to improve patient access, increase collaboration between physicians using technology, and create a better work-life balance for physicians. Participating physicians will work in teams in order to improve service to their patients – including after-hours. Participating clinics will begin in Fall 2017.

Associations	Relevant Initiatives, Resources Related to Issues Associated with Work/Life Balance

Doctors Nova Scotia https://www.doctorsns.com/en/home/default.aspx	• Professional Support Program:
	  • http://www.doctorsns.com/en/home/benefits-and-services/professional-support-program/default.aspx
	  • Promotes health and wellness initiatives through workshops, online resources and literature specific to physician health and wellness.
	  • Physician Health and Wellness Program - http://www.doctorsns.com/en/home/benefits-and-services/professional-support-program/physician-health-and-wellness-program.aspx
	  • CPD-accredited workshop (four, 2 hour sessions) planned for Fall 2017

Medical Society of Prince Edward Island http://mspei.org/	• inConfidence - Physician & Family Assistance Program • Physician Health resources and information - http://mspei.org/programs/dochealth

Newfoundland and Labrador Medical Association http://www.nlma.nl.ca/	• NLMA Physician Care Network:
	  • inConfidence Employee and Family Assistance Program
	  • http://www.nlma.nl.ca/Wellness/InConfidence/
	  • Safe Harbour Physician Wellness Retreat
	  • http://www.nlma.nl.ca/Wellness/Safe-Harbour/
	  • Gives physicians an opportunity to learn techniques and practices that will lead to a fulfilling career and balanced life.
	  • Crucial Conversations
	  • Self-help resources such as “The Basics” - http://www.nlma.nl.ca/Wellness/SelfHelp-Resources/
	
	• Family Practice Renewal Program:
	  • http://familypracticerenewalnl.ca/
	  • While not a work/life balance initiative, this program’s three core initiatives (family practice networks, fee code initiatives, practice improvement program) may help address some of the associated issues.

Associations	Relevant Initiatives, Resources Related to Issues Associated with Work/Life Balance
Northwest Territories Medical Association http://onemember.ca/nt/#/home/	• Employee Family Assistance Program: • https://my.hr.gov.nt.ca/employee-services/efap • NWT Government Program - Physicians under contract with the government and their dependents are eligible for access.
Yukon Medical Association http://www.yukondoctors.ca/	• No specific program cited for physician health

Appendix C:

Online Survey-Questionnaire

Work/life balance is out there - Can you achieve it?

Have you achieved it? We want to know!

Previous studies conducted by the Newfoundland and Labrador Medical Association (NLMA) and Memorial University suggest a need for strategies, initiatives, and/or policies for helping physicians achieve a healthier work/life balance. The purpose of this survey is therefore to explore physicians' current perspectives on their work/life balance, as well as individual and/or organizational strategies utilized for, and barriers against, achieving it. We want to know more about existing best practices and success stories to inform the development of a framework for a provincial physician work/life balance initiative. Do you have any best practices/success stories that you want to share from your experience with your colleagues?

We would appreciate if you could complete the following survey by DATE. The survey should take no more than 5 minutes to complete. Your responses to this survey are confidential and will only be accessible by Memorial University. All data will be reported in aggregate, with no identifying information included. You have the right to not answer specific questions and to withdraw your survey responses before the data is analyzed and reported.

This study is being conducted by the Faculty of Medicine, Memorial University and funded by the NLMA. Data is being collected via the Enterprise version of FluidSurveys which stores all data in Canada.

If you have any questions about this study, please contact:

Lisa Fleet
Manager, Research
Office of Professional Development
Faculty of Medicine, Memorial University
E-mail: lfleet@mun.ca
Telephone: 709-864-6074

You may also contact the Health Research Ethics Board (info@hrea.ca/ 709-777-6974)

Random Draw for Completing Survey (Optional)

For those who complete the survey, in recognition of this demand on your time, we will be holding a random draw for a $100 Chapters Gift Card. Your participation in this draw is voluntary; you may still complete the survey without participating. However, if you would like your name entered in this draw, please provide the requested information below and complete the survey. All personal information is for this purpose only. Your name and e-mail will be separated from the survey data once submitted and will be kept confidential.

Name: _____

E-mail: _____

I. About You/Your Practice

1. Specialty:

- ○ General Practice/Family Medicine
- ○ Other Specialty (please specify): _____

2. Years in practice:

- ○ 0-5 years
- ○ 6-10 years
- ○ 11-15 years
- ○ 16-20 years
- ○ > 20 years

3. Gender:

- ○ Male
- ○ Female

4a. Population of area/community in which you practice:

- ○ <5,000
- ○ 5,000-9,999
- ○ 10,000-20,000
- ○ >20,000

4b. Do you service the whole province?

- ○ Yes
- ○ No

5. Type of practice (please check all that apply):

☐ Solo

☐ Group

☐ Hospital-based/Institution

☐ Other (please specify): _____

6. Regional Health Authority (RHA):

○ Eastern

○ Central

○ Western

○ Labrador-Grenfell

7. I am:

○ Fee for Service

○ Salary

○ Other (please specify): _____

8. On average, how hours/week do you work?

○ < 40 hours

○ 40-50 hours

○ 50-60 hours

○ 60-70 hours

○ 70-80 hours

○ > 80 hours

9. Do you currently hold a leadership and/or administrative position within your organization/RHA?

○ Yes (please specify): _____

○ No

II. Your Perceptions of Work/Life Balance

	Yes	No	Don't Know
10. I feel like my current work schedule leaves me enough time for my personal/ family life.	○	○	○
11. I feel like I accomplish something in the run of a day.	○	○	○
12. I feel like I have control over my work environment.	○	○	○
13. I feel like I have some flexibility in my work environment.	○	○	○
14. I feel like I have achieved work/life balance.	○	○	○

Please comment on your responses above:

III. Barriers to Achieving Work/Life Balance

15. Please rate the influence of the following barriers in preventing achievement of work/life balance:

	Not Influential	Somewhat Influential	Influential	Very Influential
Excessive administrative burdens	○	○	○	○
Increasing patient expectations	○	○	○	○
Increasing system expectations	○	○	○	○
Family demands (i.e. children, aging parents, etc.)	○	○	○	○
Lack of access to relevant resources (i.e. workshops, online resources, etc.)	○	○	○	○
Lack of flexibility in your schedule	○	○	○	○
Lack of organizational culture which supports work/life balance	○	○	○	○
Lack of organizational policies which support work/life balance	○	○	○	○
Lack of time to avail of relevant resources	○	○	○	○
Meetings held after hours	○	○	○	○
Stigma (i.e. being perceived as always wanting/needing flexibility, supports, etc.)	○	○	○	○

Other barriers? _____

IV. Individual Initiatives/Strategies

16. Please indicate which of the following individual initiatives/strategies you currently use to achieve work/life balance (check all that apply):

	Yes	No	Would like to
Self-awareness (i.e. awareness of triggers and when it is time to focus on one's self)	○	○	○
Coaching (professional or peer)	○	○	○
Control of your schedule	○	○	○
Counselling (individual or group)	○	○	○
Hobbies	○	○	○
Limiting practice hours	○	○	○
Mindfulness training	○	○	○
Nutrition program/consultation	○	○	○
NLMA inConfidence	○	○	○
Physical activity programs	○	○	○
Reducing administrative burdens	○	○	○
Relaxation training	○	○	○
Review of various Internet resources (self-directed search)	○	○	○
Safe Harbour Wellness Retreat	○	○	○
Taking vacations	○	○	○
Other (please specify below)	○	○	○

Other individual strategies/initiatives:

V. Organizational Initiatives/Strategies (Currently Available)

17. Please indicate which of the following initiatives/strategies are currently available to you from each perspective (check all that apply):

	From Group Practice/Department	From Institution	From RHA
Coaching (professional or peer)	☐	☐	☐
Counselling (individual or group)	☐	☐	☐
Culture of flexibility and support	☐	☐	☐
Culture which supports physician wellness	☐	☐	☐
Discussion groups (time allocated for and paid by employer)	☐	☐	☐
Employee assistance program (EAP)	☐	☐	☐
Flexible call schedule	☐	☐	☐
Improved workflow interventions (i.e. related to scheduling, patient flow, etc.)	☐	☐	☐
Mentorship program	☐	☐	☐
Mindfulness training	☐	☐	☐
Nutrition program/consultation	☐	☐	☐
Physical activity programs/exercise equipment	☐	☐	☐
Policies which support work/life balance	☐	☐	☐
Regular communication/physician meetings	☐	☐	☐
Relaxation training	☐	☐	☐
Review of various Internet resources (provided by employer)	☐	☐	☐
Some control over schedule	☐	☐	☐
Other (please specify below)	☐	☐	☐

Other strategies/initiatives available from group practice/department:

Other strategies/initiatives available from institution:

Other strategies/initiatives available from RHA:

VI. Organizational Initiatives/Strategies (Should Be Available)

18. Please indicate which of the following initiatives/strategies which should be available to you from each perspective (check all that apply):

	From Group Practice/Department	From Institution	From RHA
Coaching (professional or peer)	☐	☐	☐
Counselling (individual or group)	☐	☐	☐
Culture of flexibility and support	☐	☐	☐
Culture which supports physician wellness	☐	☐	☐
Discussion groups (time allocated for and paid by employer)	☐	☐	☐
Employee assistance program (EAP)	☐	☐	☐
Flexible call schedule	☐	☐	☐
Improved workflow interventions (i.e. related to scheduling, patient flow, etc.)	☐	☐	☐
Mentorship program	☐	☐	☐
Mindfulness training	☐	☐	☐
Nutrition program/consultation	☐	☐	☐
Physical activity programs/Exercise equipment	☐	☐	☐
Policies which support work/life balance	☐	☐	☐
Regular communication/physician meetings	☐	☐	☐
Relaxation training	☐	☐	☐
Review of various Internet resources (provided by employer)	☐	☐	☐
Some control over schedule	☐	☐	☐
Other (please specify below)	☐	☐	☐

Other strategies/initiatives which should be available from group practice/department:

Other strategies/initiatives which should be available from institution:

Other strategies/initiatives which should be available from RHA:

VII. The Role of the Organization in Facilitating Work/Life Balance

Please provide a response under the organizations which are applicable to your practice (please check all that apply).

	Group Practice/Department	Institution	RHA
19. Does your organization currently have any sort of policy to support physician work/life balance?	○ Yes ○ No ○ Don't Know	○ Yes ○ No ○ Don't Know	○ Yes ○ No ○ Don't Know
20. Does your organization allocate funding for physician wellness/work/life balance initiatives?	○ Yes ○ No ○ Don't Know	○ Yes ○ No ○ Don't Know	○ Yes ○ No ○ Don't Know
21. Does your organization currently have a physician wellness committee?	○ Yes ○ No ○ Don't Know	○ Yes ○ No ○ Don't Know	○ Yes ○ No ○ Don't Know
22. Is physician wellness part of your organization's strategic plan/goals?	○ Yes ○ No ○ Don't Know	○ Yes ○ No ○ Don't Know	○ Yes ○ No ○ Don't Know

Please provide additional information regarding policies, funding, and successes/challenges of program implementation (if applicable):

23. What can your organization do to optimize physicians' achievement of work/life balance?

24. Would you be willing to tell us more about any of the initiatives/strategies you have identified in this survey to help inform development of the provincial framework? Think about how sharing your experiences, sharing what has worked/not worked from your perspective, can help other physicians. The NLMA plans to use this information to build programming and to better help the physicians of the province achieve a healthier work/life balance. If yes, please provide your name and contact information. Your contact information will only be used to follow-up with you about the information you have shared. It will not be associated with your data.

Name:

Contact Information (E-mail or phone):

Appendix D:

Interview Questions

1. Why is this topic important to you?

2. What strategies/initiatives have worked/not worked for you in terms of attempting to achieve work/life balance?

a. Have these strategies been initiated by you? Your department? RHA? etc.?

3. What do you see as the key factors for physicians to maintain work/life balance?

    a. What decisions have to be made to achieve this?

4. Do you think you have achieved work/life balance? Why/Why Not?

5. What is your main message to stakeholders (i.e. your colleagues, institution, RHA, govt.) regarding work/life balance?