CMA 2021
National Physician Health Survey

Provincial report: Newfoundland and Labrador

Prepared for the Canadian Medical Association

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Association Médicale Canadienne
Canadian Medical Association

Ipsos

Table of contents

Introduction

About the study

The National Physician Health Survey (NPHS), conducted by the Canadian Medical Association (CMA), aims to shed light on the health and wellness challenges faced by Canadian physicians and medical learners with the objective of informing decision-making around physician health initiatives. The 2021 NPHS iteration updates the body of knowledge acquired in the 2017 NPHS[1] and it includes new concepts that allow for a deeper understanding of the underlying workplace factors that contribute to the wellness of medical professionals.

The specific objectives of the 2021 NPHS are to measure and track physician wellness indicators over time and to understand the factors that affect these indicators. The objectives of the study are also to critically understand the impact of the COVID-19 pandemic on physician wellness and, with an equity lens, to determine whether specific demographic subgroups have been disproportionately affected. The results from this study will help inform recommendations for systemic change to improve physicians' health and wellness from the early stages of their career to retirement.

This document presents the results of the 2021 NPHS for Newfoundland and Labrador respondents.

For the national results, full details on the methodology, study limitations, the questionnaire and other considerations, see the CMA 2021 National Physician Health Survey.

CMA Impact 2040

The CMA has committed to a 20-year agile plan — *Impact 2040* — with a focus on three pillars: 1) Health: a society where every individual has equal opportunities to be mentally and physically healthy; 2) Health System: a health system designed to promote health; and be sustainable, integrated and patient-partnered; and 3) Health Workforce: a medical culture that is safe, inclusive and health-promoting. For more information, see CMA IMPACT 2040.

The Health Workforce pillar prioritizes physician wellness through the following strategic goals:

- Medical culture prioritizes well-being, diversity, collaboration, compassion, respect, accountability, leadership and excellence in care.
- Health care providers and learners thrive in learning and practice environments that are physically, psychologically and culturally safe.
- Physicians and medical learners have access to resources and supports to promote and maintain their health and wellness and can seek help without fear of reprisal.

[1] Canadian Medical Association (2018). *CMA National Physician Health Survey: A National Health Snapshot*. https://www.cma.ca/sites/default/files/2018-11/nph-survey-e.pdf

Executive summary

Overview of 2021 NPHS results

The 2021 NPHS reveals that the rate of burnout is high among physicians and medical residents: over half report experiencing burnout, a rate near double (1.7 times) that before the pandemic. The results for other key psychological indicators that were first measured in the 2017 NPHS also garner attention. Compared with before the pandemic, the proportion of respondents who are "flourishing" in mental health has declined significantly (47%, –16 percentage points); the proportion of those screening positive for depression has increased (48%, +14 percentage points); and the proportion of those reporting recent suicidal thoughts in the past 12 months has increased (14%, + 6 percentage points). Further, the survey results reveal that a majority (79%) of physicians and medical residents score low on the Professional Fulfillment Index (PFI), a scale that captures sentiments around contentment, satisfaction and meaning in one's work.

While medical residents have been more likely to experience burnout, screen positive for depression and report recent suicidal ideation in the pre-pandemic and current contexts, practising physicians have seen larger percentage increases compared with pre-COVID-19 (2017) levels. In addition to occupational-related issues, personal factors such as social isolation along with continued uncertainty about the future and increased family obligations for some physicians have been additional stressors brought on by the pandemic.

The key findings from the national study reveal several at-risk sub-groups who experience more negative wellness outcomes, including medical residents; those under 35 years of age; those identifying as women; those practising 6 to 10 years; caregivers of a child and/or parent or family member in the home; those living with disabilities; and those working in small town/rural or isolated/remote areas. Intersectional identities can magnify (or protect against) psychological factors including burnout, among physicians (e.g., a woman who is living with a disability and who is a caregiver).

In light of the health human resource crisis in Canada,[2] it is not surprising that approximately half of respondents surveyed indicate a likelihood to modify or reduce their clinical hours in the next two years. Results from the 2021 NPHS reveal that those experiencing overall burnout are 1.3 times more likely than those who do not score high on burnout to say they will reduce their work hours in the next 24 months (54% vs. 42%, respectively). Similarly, physicians who score low on professional fulfillment are 1.4 times more likely than those who score high (52% vs. 37%, respectively) to say they will reduce their work hours.

[2] Canadian Medical Association (May 16, 2022). *Physicians, nurses offer solutions to immediately address health human resource crisis.* https://www.cma.ca/news-releases-and-statements/physicians-nurses-offer-solutions-immediately-address-health-human

Newfoundland and Labrador – key findings

Psychological factors

Overall, there are no *significant* differences between respondents in Newfoundland and Labrador compared with the national total sample in terms of:

- Mental health: Aligning with the national results, the majority of physicians and medical residents practising in Newfoundland and Labrador are classified as having "moderate" mental health or "flourishing" in their mental health. Few (11%) are "languishing" in their mental health (slightly higher than 7% national total).
- Well-being: Also consistent with the national results, at least three-quarters score high on emotional or psychological well-being, and six in 10 score high on social well-being.
- Suicidal Ideation: Almost two in 10 have had suicidal ideation in the past year (18% vs. 14% national total, not statistically different).

However, some of the results for respondents in NL skew somewhat more negatively compared with the national sample:

- Burnout: Almost six in 10 experience some type of burnout (slightly higher at 59% compared with 53% nationally). This is probably driven more by emotional exhaustion (59% compared with 50% nationally) than by depersonalization (30% compared with 28% nationally).
- Anxiety is marginally higher: 33% of respondents from Newfoundland and Labrador (compared with 25% nationally) suffer from "moderate" to "severe" anxiety.
- Depression: NL physicians and medical residents screen positive for depression at a higher rate (57%) than those across Canada (48%), although the base size is too small to show the statistical difference.

Impact of COVID-19

Almost six in 10 respondents from NL report that COVID-19 has had a negative impact on their mental health; this is on par with the national results. For the most part, the top contributing factors affecting NL practising physicians and medical residents are similar to those affecting their peers across Canada, including continued uncertainty about the future, increased workloads and/or lack of work–life integration, longer time with social restrictions/social isolation and rapidly changing policies/processes. Long waitlists also make it into the top factors in NL; this factor is *significantly* more likely to be mentioned in NL (53%) than nationally (33%). There are also several other contributing factors that challenge NL physicians and residents more than their peers across Canada: family issues (45% compared with 34% nationally), adjustments to virtual care (40% compared with 28% nationally) and adjustments to virtual learning (27% compared with 18% nationally).

The results with respect to moral distress are comparable to those for the national sample: 20% report feeling morally distressed "always" or "often." However, 8% report feeling "always"' morally distressed, *significantly* higher than 3% in the national sample. That said, a significantly higher proportion also report "rarely" experiencing feelings of moral distress compared with their peers across the country (40% vs. 28% of the national sample).

The impacts of the pandemic have probably contributed to respondents reporting that they are "likely" to reduce/modify their working hours: three in 10 intend to reduce or modify their clinical hours. This intention is much lower in NL than in the national sample (30% vs. 49% national total). This may in part be due to fewer respondents in the older age group, 55+ years, in NL (16% vs. 35%, nationally).

Behavioural factors

As with other practising physicians and medical residents across the country, about six in 10 say they feel fatigued "often/always." Lack of time, a heavy workload and scheduling are contributing barriers to maintaining a healthy lifestyle. Respondents in NL mention other priorities at a significantly higher rate than their peers across the country, such as children (51% vs. 38%), an unsupportive workplace or training environment (28% vs 18%) and no post-call day (27% vs. 17%).

Perceived social support and access to a regular primary care physician are high and on par with the national sample. Almost six in 10 say they have wellness support offerings through their workplaces, similar to their peers across Canada, but access to psychological support is more available in NL than nationally (47% compared with 33% nationally). They are also more likely to have accessed the Employment Assistant Program (EAP) but less likely to have used the Provincial Physician Health Program (PHP). Concerns about confidentiality are among the top four reasons that prevent practising physicians and medical residents from seeking wellness support, and it is a *significantly* higher concern in NL (42% vs. 30% nationally). Other top reasons are a lack of time, believing the situation is not severe enough and being ashamed to seek help, in line with the national findings.

Occupational factors

Overall results relating to occupational factors are similar to those for the national total sample, although some indicators are lower (and not showing a statistically significant difference, probably because of base size):

- One in five disagree that their professional values are well aligned with those of their department or academic leaders, on par with the national total.
- A majority feel a great deal of stress because of their job or training position, which is comparable with the national sample (62% vs. 57% national total).
- Over half say they feel their control over their workload is *poor/marginal* (54% vs. 46% national total).
- Almost six in 10 are dissatisfied with their work–life integration (58% vs. 51% national total).
- Two-thirds are very dissatisfied or dissatisfied with efficiency and resources (66% vs. 59% nationally) but fewer say the time they spend on the electronic medical record (EMR) at home is excessive/moderately high (40% vs. 49% national total).
- They work more hours in total, on average (58.5 vs. 53.7 hours national total), especially for patient care (41.7 vs. 36.7 national total).
- Four in 10 rate their atmosphere at work as hectic or chaotic (41%, similar to 39% national total).
- One in five score high on professional fulfillment (17% vs. 21% national total).
- Over half score high on psychological safety (52% vs. 58% national total).

Overall, satisfaction with current job/training position is significantly lower in NL (44% agree vs. 60% national total).

Workplace experiences around psychological safety are slightly lower, but not significantly so, compared with the national total, with just over half scoring "high" on psychological safety, and almost six in 10 scoring high on collegiality. Over eight in 10 report having experienced intimidation, bullying, harassment and/or microaggressions in their workplace or training environment, including 53% who say they experience these frequently/often, higher than the national total (40%, not statistically significant).

Methodology

An open link survey, offered in both English and French, was promoted by the CMA via email to CMA members, social media, creative advertising, and CMA communications channels including partner organizations. An open link survey methodology was used to ensure that physicians were invited beyond the CMA membership. The survey was open from Oct. 13 to Dec. 13, 2021. Participation in this study was voluntary.

A total of 3,864 practising physicians and medical residents completed the 2021 NPHS (*n* = 3,489 practising physicians, *n* = 375 medical residents).[3]

This report presents the results of respondents from NL. A total of 86 respondents completed the NPHS in 2021, including medical residents (*n* = 12) and practising physicians (*n* = 74).

Table 1 below provides a breakdown of the Newfound and Labrador subsample. [4]

	Base size *n* =	Proportion [%]
TOTAL sample	**86**	**100%**
Physician stage		
Practising physician	74	86%
Resident	12	14%
Sex		
Men	31	36%
Women	55	64%
Age		
<35	14	16%
35-54	50	58%
55+	22	16%
Physician type		
General practitioner	30	35%
Medical specialist	34	40%
Surgical specialist	14	16%
Other/Admin[5]	8	9%
Years in practice		
5 or less	15	17%
6 to 10	10	12%
11 to 20	22	26%
21 to 30	14	16%
Over 30	13	15%

	Base size *n*=	Proportion [%]
Community size		
Urban/suburban	43	50%
Small town/rural and isolated/remote	34	39%
Cannot identify/prefer not to answer	9	10%
Disability		
Self-identify as having a disability	18	21%
Does not self-identify as having a disability	67	78%
Caregiver status		
Caregiver of parent(s) and/or child(ren)	48	56%
Not a caregiver	38	44%
Caregiver of child(ren)	44	51%
Caregiver of parent(s)	8	9%
Ethnic and racial identity		
Self-identify as “white” only	74	87%
Do not self-identify as “white”’ only	11	12%
Other mentions	3	3%

Table 1. Respondent sample counts and proportions – Newfoundland and Labrador

[3] Note that *n* = 257 medical students also completed the national survey but are not included in the analysis in the CMA 2021 National Physician Health Survey and provincial/territorial reports.

[4] In terms of overall representativeness of the respondent sample to the demographic distribution of practising physicians and medical residents in Canada, women in the study are over-represented, as are those in the Atlantic region (New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland & Labrador), the West (Alberta, Manitoba and Saskatchewan) and British Columbia and the territories (Northwest Territories, Yukon and Nunavut). Respondents in Ontario and Quebec are under-represented in the respondent sample.

[5] “Admin” is defined as “administrative position”; “other” includes a range of responses including addictions, critical care, infectious diseases, palliative care and long-term care, among others.

In reporting, sample sizes may be further reduced because of survey skip logic, exclusion of "prefer not to answer" responses, respondents not giving consent to collect data on sensitive question topics and respondents not completing the optional section of questions asked near the end of the survey.

Data were not weighted. For more information about considerations around weighting, see Appendix A in the CMA 2021 National Physician Health Survey.

Measures

The NPHS is made up of a variety of scales and questions that were used to assess psychological factors (mental health and well-being, burnout, anxiety, etc.), as well as behavioural and occupational factors related to physician wellness. These were carefully selected on the basis of several criteria, including psychometric properties.

Psychological indicators included overall mental health and well-being (Mental Health Continuum Short Form [MHC-SF]), burnout (2-item Maslach Burnout Inventory),[6] anxiety symptoms (7-item General Anxiety Disorder), depression screening (Patient Health Questionnaire–2), professional fulfillment (Professional Fulfillment Index) and suicidal ideation.

Behavioural and social support indicators included having a personal primary care physician, level of fatigue/optimal sleep, participation in self-care activities, healthy lifestyle barriers and perceived social support.

Occupational indicators included task-specific work hours, psychological safety, collegiality, moral distress, work atmosphere, control over workload, workplace wellness supports, workplace harassment and bullying, work–life integration, satisfaction with efficiency/resources and professional misconduct inquiries (i.e., College complaint or lawsuit).

Notes on terminology and reporting conventions

Terminology

- This report includes responses from both practising physicians and medical residents. When reporting on the two groups combined, the umbrella term "respondents" is used.

Reporting conventions

- Unless otherwise indicated, all questions reported exclude "don't know" and/or "not applicable" responses.
- The data for the province are compared with the data for the national total using a *t*-test for statistical significance (95% confidence interval). A minimum sample size of $n = 30$ is used when comparing results between a provincial/territorial total and the national total.

[6] Note that the survey asked the full set of items for the Maslach Burnout Inventory for Human Health Services professionals (MBI-HSS). Further investigations will be presented in additional publications.

- A *t*-test for statistical significance with overlap formulae was applied to compensate for cases that overlap between the sample for the province or territories and the total sample for Canada. [7] The formula is available through the IBM® SPSS® Data Collection Survey Reporter suite of tools.
- The term "significant" is clearly stated when reporting on statistical differences between the provincial/territorial total and the national total. Notations specific to this report: a green arrow or oval shape means significantly higher than the national score; a red arrow or rectangle means significantly lower than the compared group. For some cases where there are notable differences that are **not** statistically significant, the terms "more likely" or "less likely" are used.
- Some results do not add up to 100% because of rounding or because the question would have allowed the selection of multiple responses. In addition, some of the sample subgroups are not reported in Table 1 because they are small and could lead to respondent identification.

[7] In the 2021NPHS, the largest overlap between provincial/territorial samples and the national sample occurs in the Ontario report with 26% overlap, then BC with 19%, Alberta 16%, Quebec 15% and Manitoba 6%. All other provinces have less than 5% overlap with the total national sample.

Survey results

Section 1. Psychological factors

Overall mental health

Half of respondents are classified as "flourishing" in their mental health; two in five are "moderate" and one in 10 are "languishing" in their mental health.

Mental health and well-being are measured using the Mental Health Continuum Short Form (MHC-SF).[8] The scale measures mental health on a continuum from positive feelings and high psychosocial functioning (i.e., flourishing mental health) to lower levels of positive feelings and impaired psychosocial functioning (i.e., "languishing mental health").[9] Results show that half of respondents are classified as "flourishing" (50%), two in five are classified as "moderate" (39%) and one in 10 are "languishing" (11%) in their mental health.

Comparison with the national total

Among the total sample in Canada (*n* = 3234): flourishing 47%, moderate 46%, Llnguishing 7%.

There are no *significant* differences between the findings for NL respondents and the national total.

Mental Health Continuum Short Form (MHC-SF)

MHC-SF is a scale measuring subjective well-being. Individuals are classified into categories of flourishing, moderate or languishing mental health on the basis of responses to emotional, psychological and social well-being items.

The presence of positive feelings and positive functioning in life is characterized as flourishing mental health and their absence is characterized as languishing. Those who are neither flourishing nor languishing are moderate in mental health.

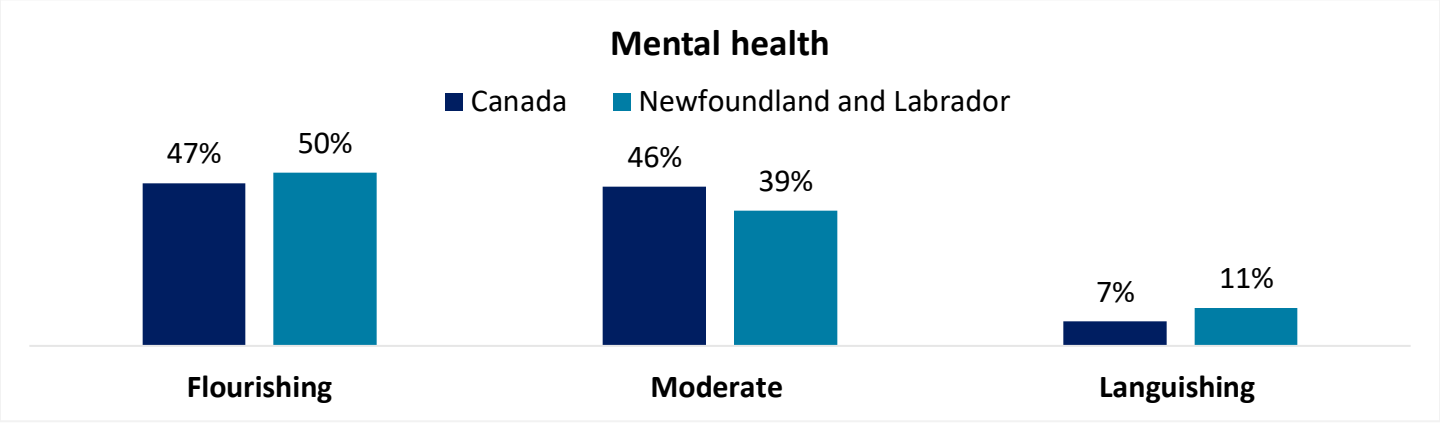


Figure 1. Mental Health - Mental Health Continuum Short-form (MHC-SF) Index created from responses to question 64. How often in the past month did you feel…Base: Canada (n = 3234), Newfoundland and Labrador (n = 74).

[8] MENTAL HEALTH CONTIUUM SHORT-FORM (MHC-SF) INDEX. Responses to fourteen questions assessing emotional well-being and aspects of psychological and social functioning are scored and scaled to categorize respondents into one of three categories (languishing, moderate or flourishing).

[9] Corey L. M. Keyes. (2002). The Mental Health Continuum: From Languishing to Flourishing in Life. *Journal of Health and Social Behavior*, 43(2), 207–222. https://doi.org/10.2307/3090197

Well-being

A majority of respondents score higher on emotional and psychological well-being than on social well-being.

Using the Mental Health Continuum Short-Form sub-indices,[10] respondents are more likely to score higher on emotional (77%) and psychological well-being (74%) than they are on social well-being (61%).

Comparison with the national total

Among the total sample in Canada (*n* = 3234): high emotional well-being 79%, high psychological well-being 77%, high social well-being 53%.

There are no *significant* differences compared with the national total.

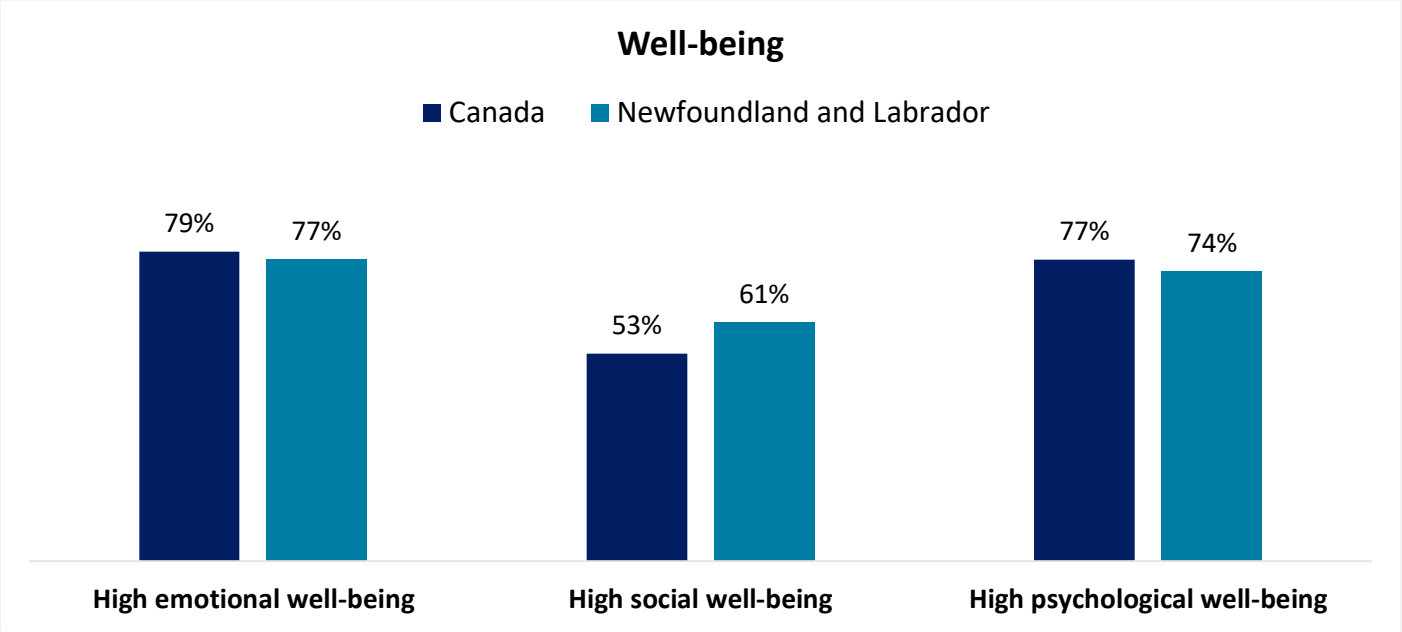


Figure 2. Well-Being (MENTAL HEALTH CONTIUUM SHORT-FORM (MHC-SF) INDEX): responses to question 64. Base: Respondents who opted into additional survey question; those who did not answer at least one question item were excluded from the calculations: Canada (n = 3234), Newfoundland and Labrador (n = 74).

[10] MHC-SF Indices: Each response is scored 00 = "Never," 1.00 = "Once or twice," 2.00 = "About once a week," 3.00 = "About 2 or 3 times a week," 4.00 = "Almost every day," 5.00 = "Every day." Sum scores for each respondent are classified above or below midpoint. Emotional well-being: 0-7 is low; and 8-15 is high; social well-being: 0-12 is low; and 13-25 is high; psychological well-being: 0-15 is low; and 16-30 is high. Those who did not answer at least one question item were excluded from the calculations.

Burnout

Six in 10 respondents surveyed are experiencing symptoms of burnout.

Burnout was measured using the Maslach Burnout Inventory (MBI) 2-Item Scale.[11] Fifty nine percent of respondents reported symptoms of burnout, that is, they reported a high level on at least one burnout indicator of depersonalization (30%) or emotional exhaustion (59%).

Comparison with the national total

Among the total sample in Canada (*n* = 3864): high level in at least one indicator 53%: high level of depersonalization 28%, and high level of emotional exhaustion 50%.

There are no *significant* differences compared with the national total.

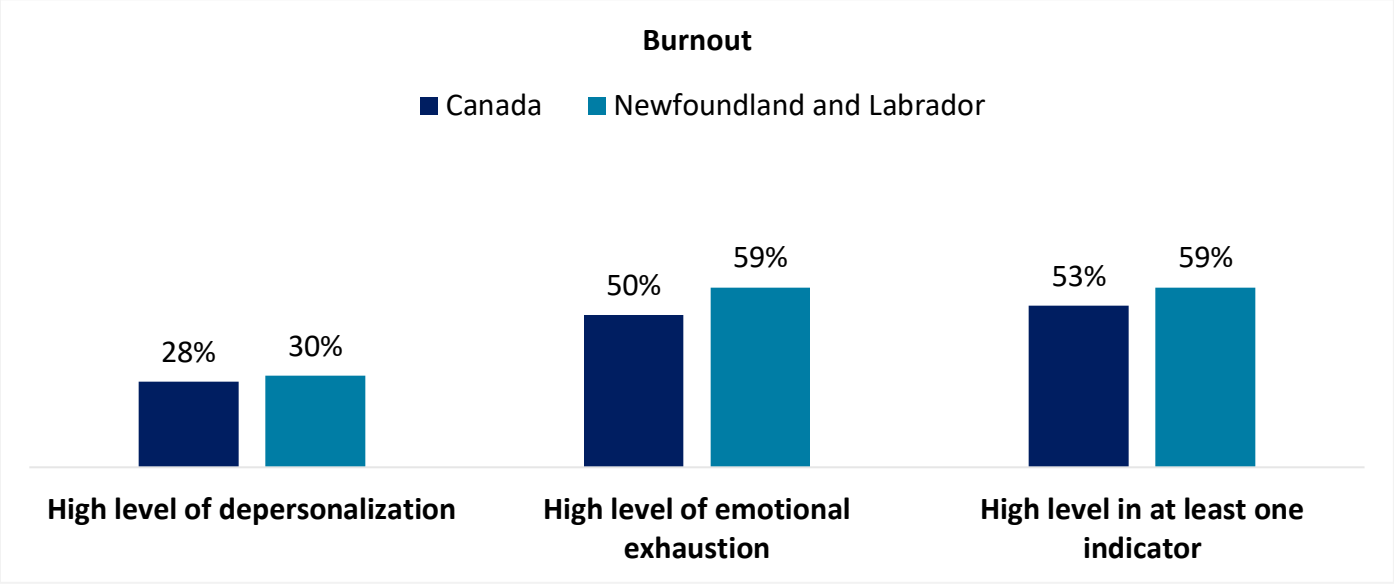


Figure 3. Burnout: Maslach Burnout Inventory 2-item Scale. Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).

Anxiety symptoms

One-third of respondents report moderate to severe levels of anxiety.

Using the 7-item General Anxiety Disorder screening tool,[12] the study finds that one-third (33%) of respondents indicate experiencing a "severe" (16%) or "moderate" (17%) level of anxiety. Two-thirds report "mild" anxiety (34%) or "minimal" anxiety (33%).

[11] MASLACH BURNOUT INVENTORY 2-ITEM SCALE. Scoring on MBI 2-item scale: To be classified as "burned out," an individual must experience high levels of emotional exhaustion (item 1 – "I feel burned out from my work or training environment") and/or depersonalization (item 2 – "I have become more callous towards people since I took this job or started this training"). Rating high on these two items in question 41 are defined as occurring at least weekly. i.e., a respondent must select "every day," "a few times a week" or "once a week" on at least one of the two items to be classified as "burned out."

[12] Anxiety (7-item General Anxiety Disorder) GAD-7. This is calculated by assigning scores of 0, 1, 2 and 3 to the response categories, respectively, of "not at all," "several days," "more than half the days" and "nearly every day." Scoring is 0–4: minimal anxiety; 5–9: mild anxiety; 10–14: moderate anxiety; 15–21: severe anxiety.

Comparison with the national total

Among the total sample in Canada (*n* = 3864): severe anxiety 10%, moderate anxiety 15%, mild anxiety 34%. Minimal level of anxiety 42%.

There are no *significant* differences compared with the national total.

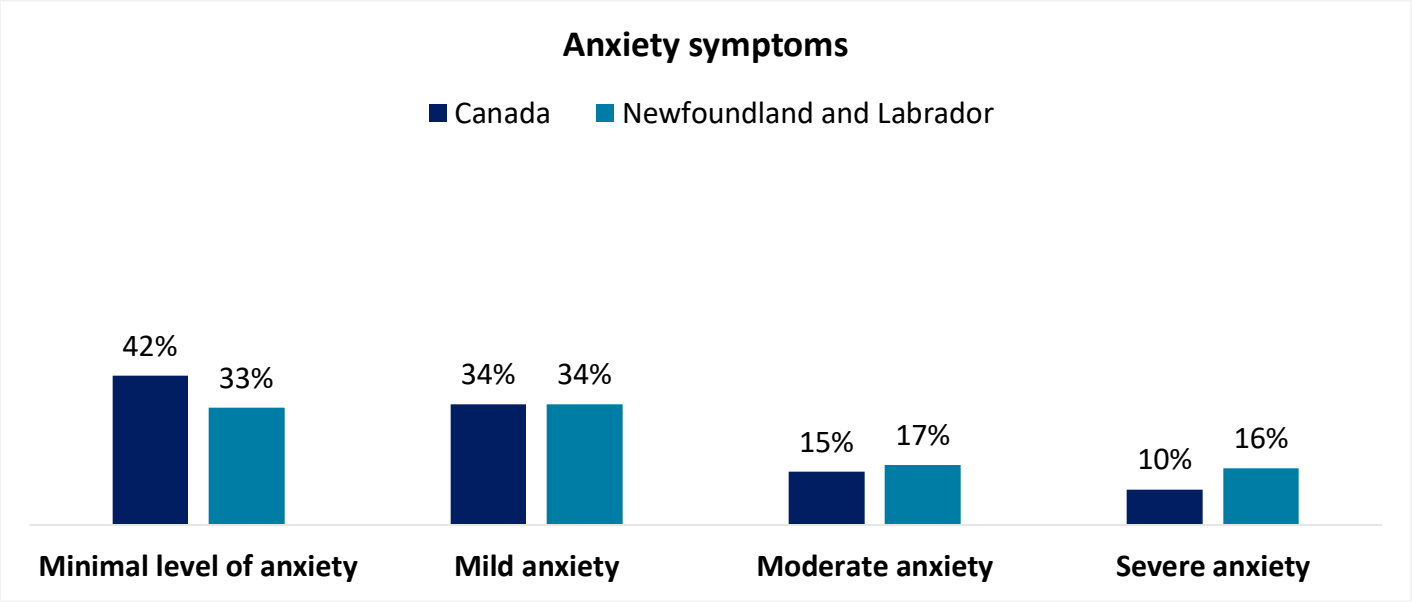


Figure 4. Anxiety symptoms (7-item General Anxiety Disorder: GAD-7), Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).

Depression (screening)

Almost six in 10 respondents screen positive for depression.

The 2-item Patient Health Questionnaire (PHQ-2) depression screening tool was used to measure depression in the survey.[13] Fifty-seven percent of respondents screen positive for depression.

Comparison with the national total

Among the total sample in Canada (*n* = 3864): screen positive for depression 48%.

There are no *significant* differences compared with the national total.

[13] PHQ-2 DEPRESSION SCALE. If respondents answered "yes" to either item 1. "Felt down, depressed, or hopeless for two or more weeks in a row" or 2. "Lost interest or pleasure in most things like hobbies, and/or work activities that usually give you pleasure"), they classify as "positive" for depression. If both items are "no," then they are classified as "negative" for depression.

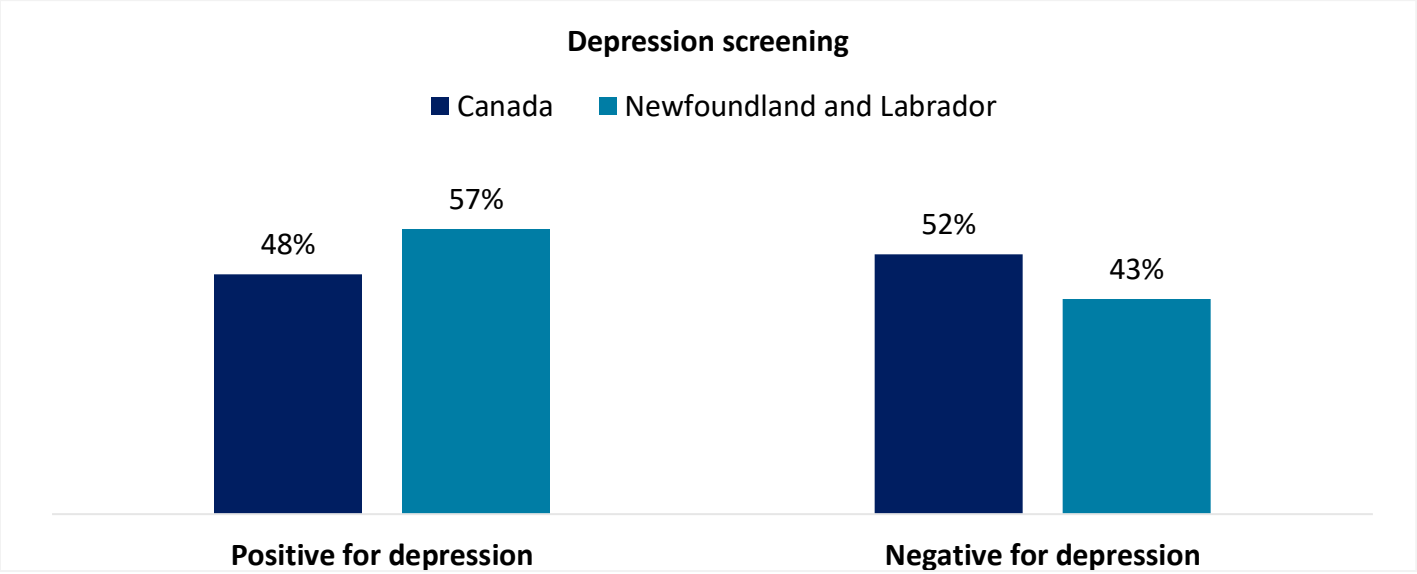


Figure 5. Depression screening — PHQ-2 Depression Scale. Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).

Suicidal ideation

Four in 10 of respondents surveyed report having had thoughts of suicide at some point in their life.

Thirty-nine percent of respondents have had thoughts of suicide at some point in their life.

Comparison with the national total

Among the total sample Canada (*n* = 3750): yes 36%, no 64%.

There are no *significant* differences compared with the national total.

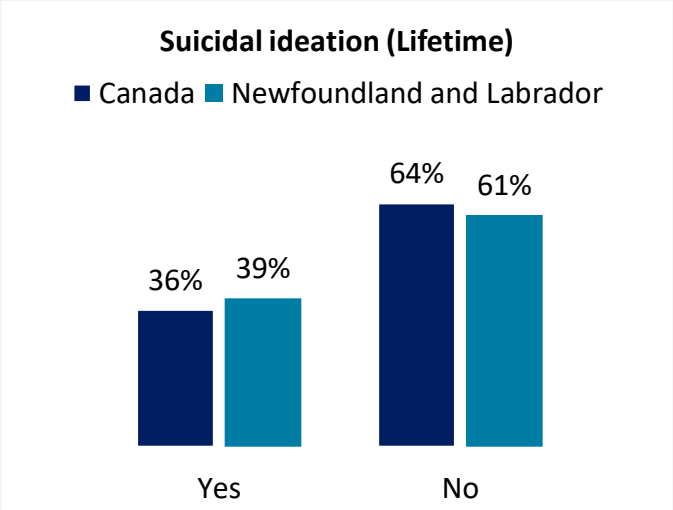
Two in 10 respondents have had thoughts of suicide in the past 12 months.

A follow-up question was asked about whether they had had thoughts of suicide in the last 12 months ("recent suicidal ideation"). Eighteen percent of respondents (rebased to total) have had thoughts of suicide over the past 12 months.

Comparison with the national total

Among the total sample in Canada (*n* = 3750): yes 14%, no 86%.

There are no *significant* differences compared with the national total.



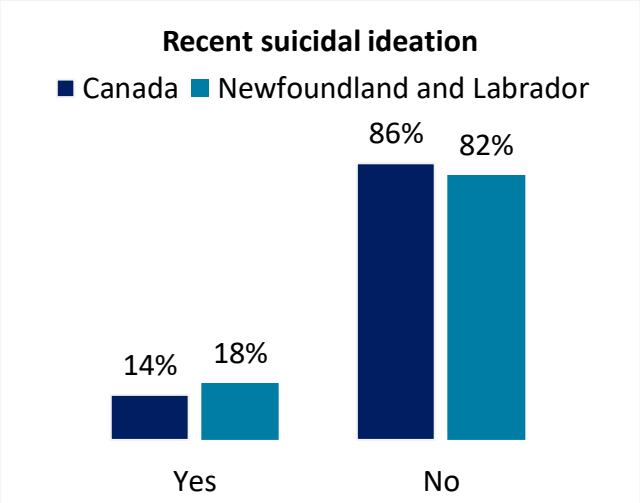


Figure 6. Suicidal ideation (lifetime): responses to question 47. Have you had thoughts of suicide? Base: Those respondents consenting to the collection of sensitive data Canada (n = 3750), Newfoundland and Labrador (n = 86).
**The question also asked about the points at which suicidal ideation occurred — during medical school, residency or medical practice. For results on the national sample, please see the full 2021 NPHS report.*
Figure 7. Recent suicidal ideation: responses to question 48. Have you had thoughts of suicide in the last 12 months? Base: Those respondents consenting to the collection of sensitive data AND who have had thoughts of suicide, rebased to total Canada (n = 3750), Newfoundland and Labrador (n = 86).

Section 2. Impact of COVID-19

Impact of COVID-19 on mental health

Mental health is self-reported to be worse than before COVID-19 among a majority of respondents.

When asked "Compared with before the COVID-19 pandemic, how would you rate your mental health now?", almost six in 10 respondents indicate that their mental health is worse now than before the pandemic: 35% rate their mental health as "slightly worse" now than before the pandemic and 22% rate it as "much worse." The remaining rate their mental health to be "about the same" (34%) or better (9%).

Comparison with the national total

Among the total sample in Canada (*n* = 3864): much better 2%, somewhat better 6%, about the same 32%, slightly worse 39%, much worse 21%.

There are no *significant* differences compared with the national total.

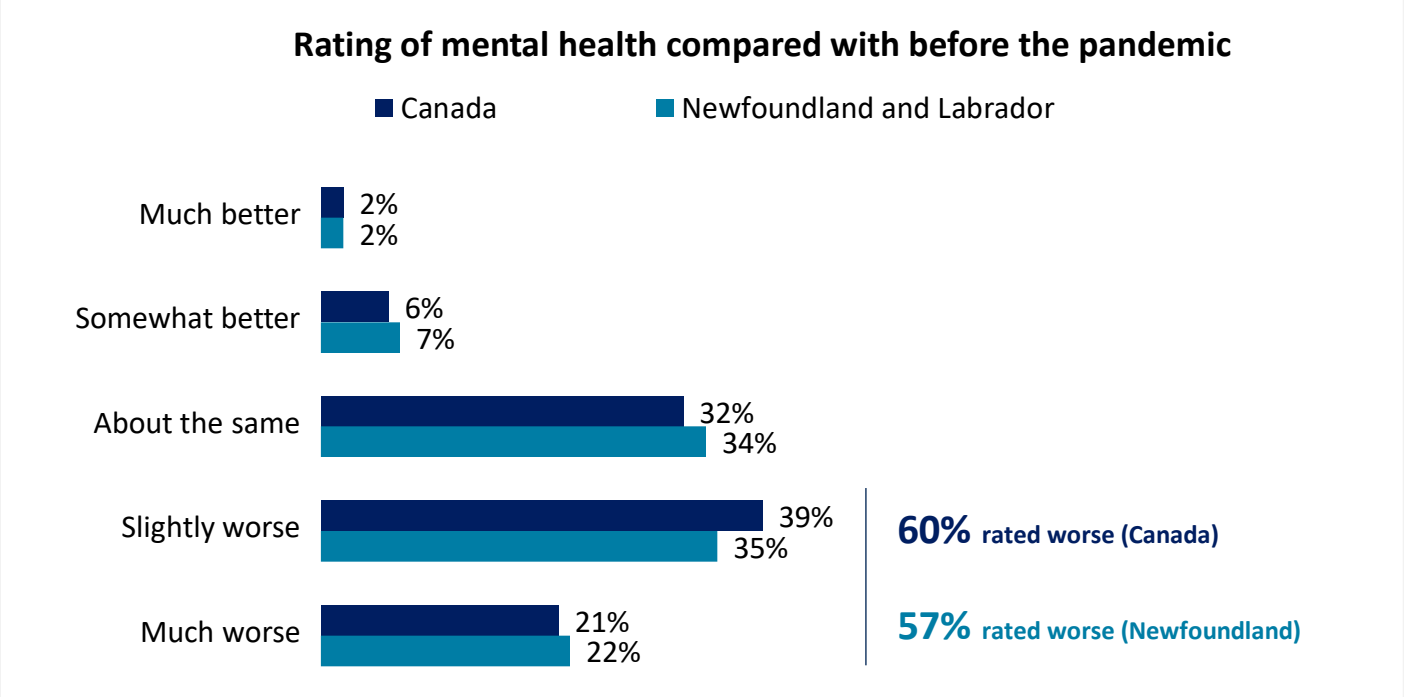


Figure 8. Rating of mental health compared with before the pandemic: responses to question 54. Compared with before the COVID-19 pandemic, how would you rate your mental health now? Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).

The largest self-reported contributors to poor mental health during the pandemic are continued uncertainty about the future, increased workload, longer time with social restrictions/isolation and long waitlists.

Several factors stand out as having negatively contributed to the worsening mental health of respondents since the onset of the pandemic. The top four factors are:

- Continued uncertainty about the future (60%)
- Increased workload and/or lack of work–life integration (55%)
- Longer time with social restrictions/social isolation (55%)
- Long waitlists (53%)

Comparison with the national total

Practising physicians and medical residents in Newfoundland and Labrador disproportionally report being impacted by long waitlists and family obligations. They also report greater difficulty in adjusting to virtual care and virtual learning compared with the national total.

Factors that contributed negatively to mental health during the pandemic	Canada	Newfoundland and Labrador
Rapidly changing policies/processes	55%	50%
Increased workload and/or lack of work-life integration	57%	**55%**
Longer time with social restrictions/social isolation	55%	**55%**
Continued uncertainty about the future	51%	**60%**
Lack of human resources	35%	33%
Long waitlists	33%	**53%**
Family issues and obligations	34%	45%
Concerns about vaccine rollout	23%	16%
Challenges acquiring personal protective equipment (PPE)	16%	17%
Adjustment to virtual care	28%	40%
College complaint or lawsuit	7%	3%
Adjustment to virtual learning	18%	27%
Interpersonal conflict	12%	8%
Concerns about long-term care	10%	13%
Lack of peer support	14%	9%
Financial insecurity	17%	23%
Physical health struggles	14%	14%
Decreased workload	4%	6%
Other	18%	13%
None of the above	4%	2%

*Table 1. Factors that contributed negatively to mental health during the pandemic: responses to question 55. What do you believe has contributed negatively to your mental health during the pandemic? Select all that apply. Base: Canada (n = 3864), Newfoundland and Labrador (n = 86). **Significance testing: a green oval shape means significantly higher than the national score; a red rectangle means significantly lower than the compared group. T-test for statistical significance used (95% confidence interval).*

Feeling moral distress

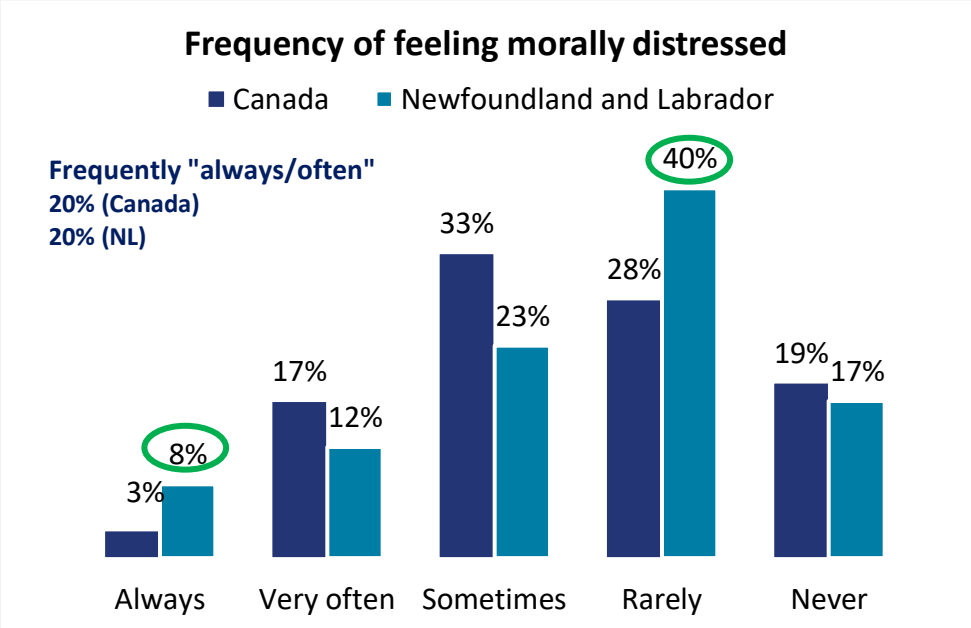
Moral distress[14] is pronounced among respondents, with one in five saying they feel it "very often" or "always" and a further 23% saying they have felt it "sometimes" since the start of the pandemic.

Overall, 20% of respondents say they have frequently (12% "very often" and 8% "always") felt morally distressed in their work since the start of the pandemic; 23% say they feel morally distressed "sometimes," and 57% feel it either "rarely" (40%) or "never" (17%).

Comparison with the national total

Among the total sample Canada (*n* = 3864): always 3%, very often 17%, sometimes 33%, rarely 28%, never 19%.

Respondents in Newfoundland and Labrador are *significantly* more likely to say they feel morally distressed "always" (8% vs. 3% national total) but also "rarely" (40% vs. 28% national total).



Moral distress is defined as psychological distress that results from events that go against one's values and moral beliefs. It occurs when one feels unable to take what one believes to be an ethically appropriate or right course of action because of institutionalized obstacles.

Figure 9. Frequency of feeling morally distressed: responses to question 56. Since the onset of the COVID-19 pandemic, how often have you felt morally distressed? Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).
***Significance testing: a green oval shape means significantly higher than the national score; a red rectangle means significantly lower than the compared group. T-test for statistical significance used (95% confidence interval).*

[14] Moral distress is defined in the survey as psychological distress that results from events that go against one's values and moral beliefs. It occurs when one feels unable to take what one believes to be an ethically appropriate or right course of action because of institutionalized obstacles.

Reduction of clinical hours among physicians

Three in 10 respondents say they are likely to reduce or modify their clinical hours in the next two years.

Three in 10 (30%) respondents say they are “likely” or “very likely" to reduce/modify their clinical work hours in the next 24 months; a further 23% say they are “not sure” and 47% say they are “unlikely” or “very unlikely.”

Comparison with the national total

Among the total sample in Canada (*n* =3864): very likely 28%, likely 21%, not sure 17%, unlikely 17%, very unlikely 18%.

Practising physicians and residents in Newfoundland and Labrador are *significantly* less likely to say they will reduce their clinical hours: 30% say “likely” or “very likely” vs. 49% national total.

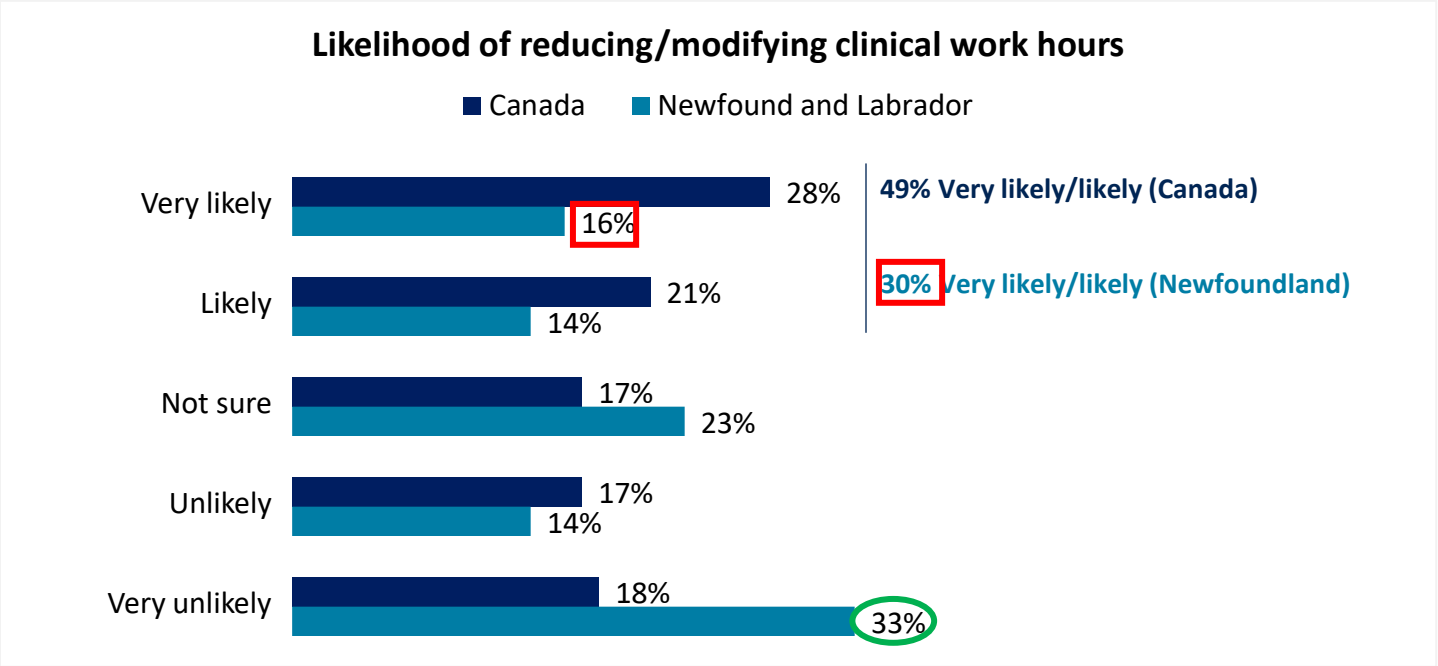


Figure 10. Likelihood of reducing/modifying clinical work hours: responses to question 57. How likely is it that you will reduce or modify your clinical work hours in the next 24 months? Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).

Section 3. Behavioural factors and social support

Level of fatigue/optimal sleep

Six in 10 respondents surveyed say they “always” or “often” feel fatigued at work/school; one third of respondents (33%) feel they “often” get optimal sleep.

A majority of respondents (61%) report they frequently (14% “always” or 47% “often”) feel fatigued at work/school. Related to this, 36% say they “rarely/never” get optimal sleep (29% rarely and 7% never).

Comparison with the national total

Feel fatigued at work/school? Among the total sample Canada (*n* = 3864): always 16%, often 41%, sometimes 31%, rarely 11%, never 2%.

Getting optimal sleep? Among the total sample Canada (*n* = 3864): always 3%, often 31%, sometimes 35%, rarely 25%, never 6%.

There are no *significant* differences compared with the national total.

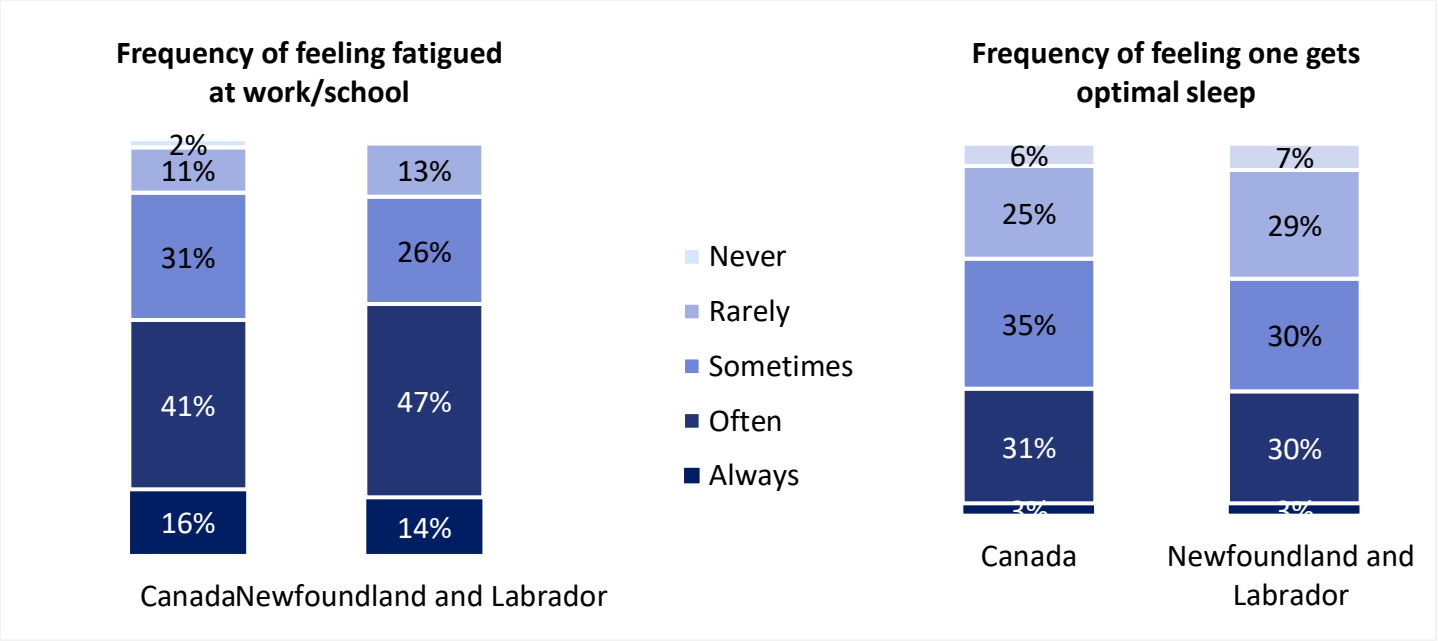


Figure 11. Frequency of feeling fatigued at work/school: responses to question 35. How often do you feel fatigued at work/school?
Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).
Frequency of feeling one gets optimal sleep: responses to question 37. How often do you feel you are getting optimal sleep?
Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).
***Significance testing: a green oval shape means significantly higher than the national score; a red rectangle means significantly lower than the compared group. T-test for statistical significance used (95% confidence interval).*

Self-care activities

All respondents say they do some kind of activity for self-care: physical activity and hobbies top the list.

Respondents report supporting their well-being through healthy lifestyle behaviours, mostly in the form of physical activity at 70%, as well as healthy eating at 49%. They also turn to hobbies as a form of self-care (84%), with reading topping the list (53%). A majority prioritize social time with family and friends as a form of self-care (85%). About half (47%) say they turn to spiritual and mindful practices to support their mental health.

Comparison with the national total

Respondents in Newfoundland and Labrador are *significantly* less likely to select a physical activity (70% vs. 79%, nationally), or meditation/mindfulness (14% vs. 25%, nationally) to support their mental health.

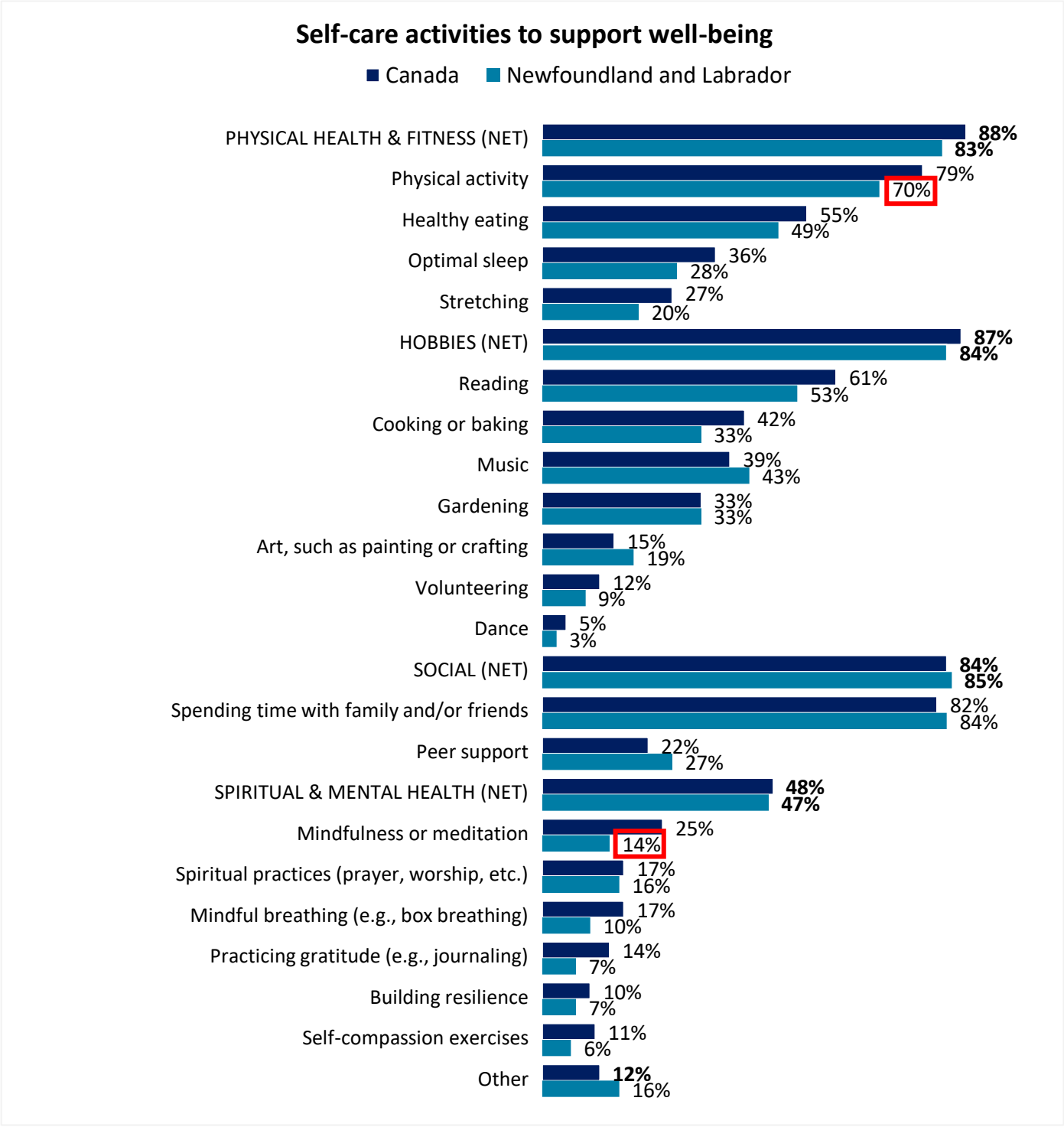


*Figure 12. Self-care activities to support well-being: responses to question 38. What self-care activities do you do to support your well-being in your personal life, outside of work (excluding household duties/chores/responsibilities)? Base: Canada (n = 3864), Newfoundland and Labrador (n = 86). **Significance testing: a green oval shape means significantly higher than the national score; a red rectangle means significantly lower than the compared group. T-test for statistical significance used (95% confidence interval).*

Barriers to maintaining a healthy lifestyle

A lack of time is reported as the top barrier to maintaining a healthy lifestyle among practising physicians and medical residents in Newfoundland and Labrador.

While all respondents take part in some form of self-care activity for wellness, many also note a number of barriers that can hinder the maintenance of a healthy lifestyle. Challenges arising from a lack of time (72%), a heavy workload and/or stressful work environment (58%) and scheduling (52%), as well as other priorities such as children (51%), are the key barriers selected.

Comparison with the national total

There are a few significant differences in the barriers to healthy living experienced by practising physicians and medical residents in Newfoundland and Labrador. No post-call days to recuperate after long shifts have proven disruptive (27% vs. 17% national total), as well as having a workplace or training environment that does *not* support these behaviours (28% vs. 18%), and other priorities outside the workplace (51% vs. 38%).

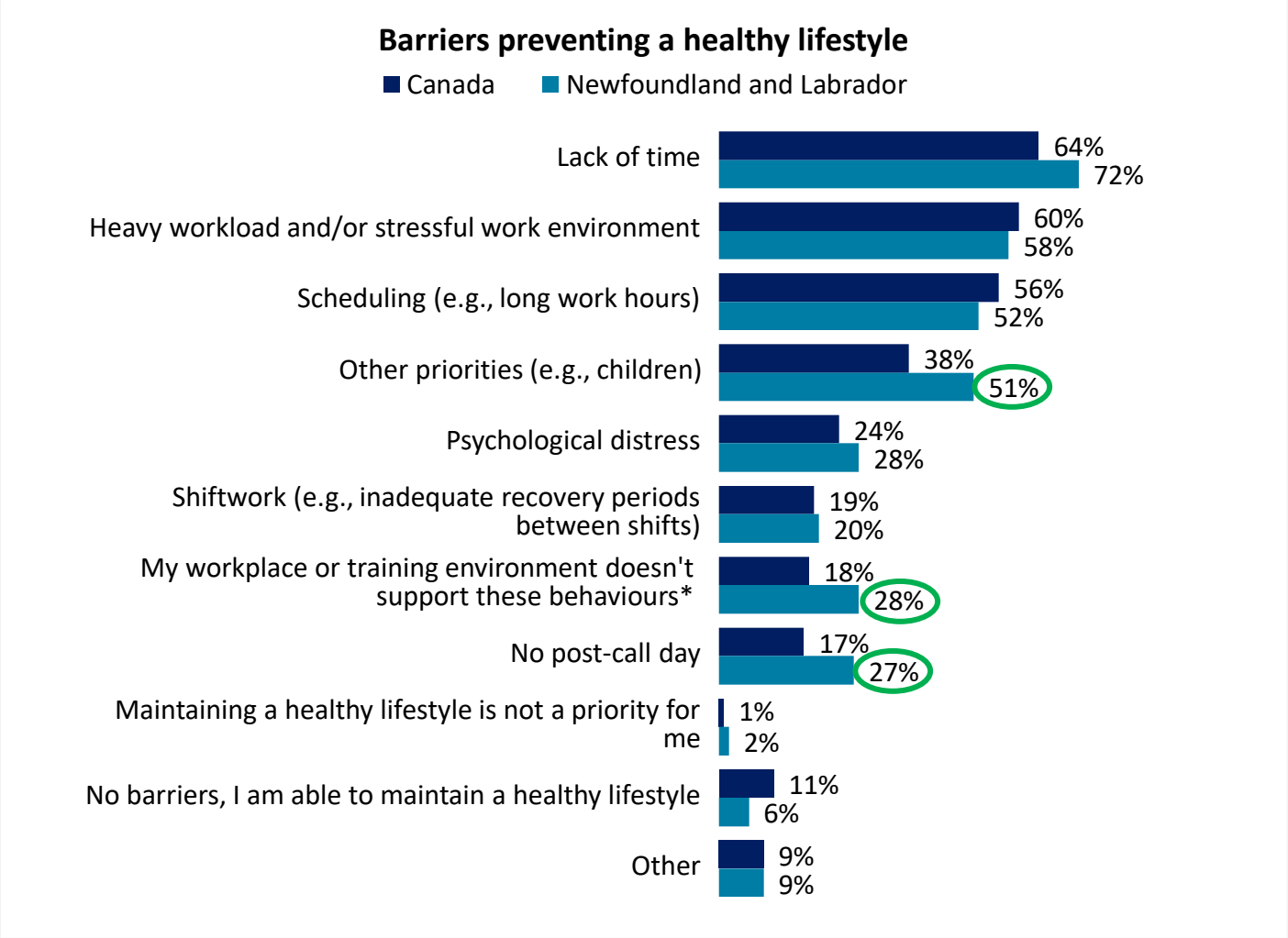


Figure 13. Barriers preventing a healthy lifestyle: responses to question 39. Which, if any, of the following barriers prevent you from maintaining a healthy lifestyle (e.g., being physically active, eating healthily, getting adequate sleep)? Check all that apply. Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).

Social support

Three-quarters of respondents score "high" on perceived level of social support.

The Multidimensional Scale of Perceived Social Support Scale (MSPSS) was used to measure social support.[15] A majority of respondents (74%) score "high" on the (MSPSS); 23% score "medium" and 3% score "low" on social support.

Comparison with the national total

Among the total sample in Canada (*n* = 3864): low perceived support 3%, medium perceived support 25%, high perceived support 72%.

There are no *significant* differences compared with the national total.

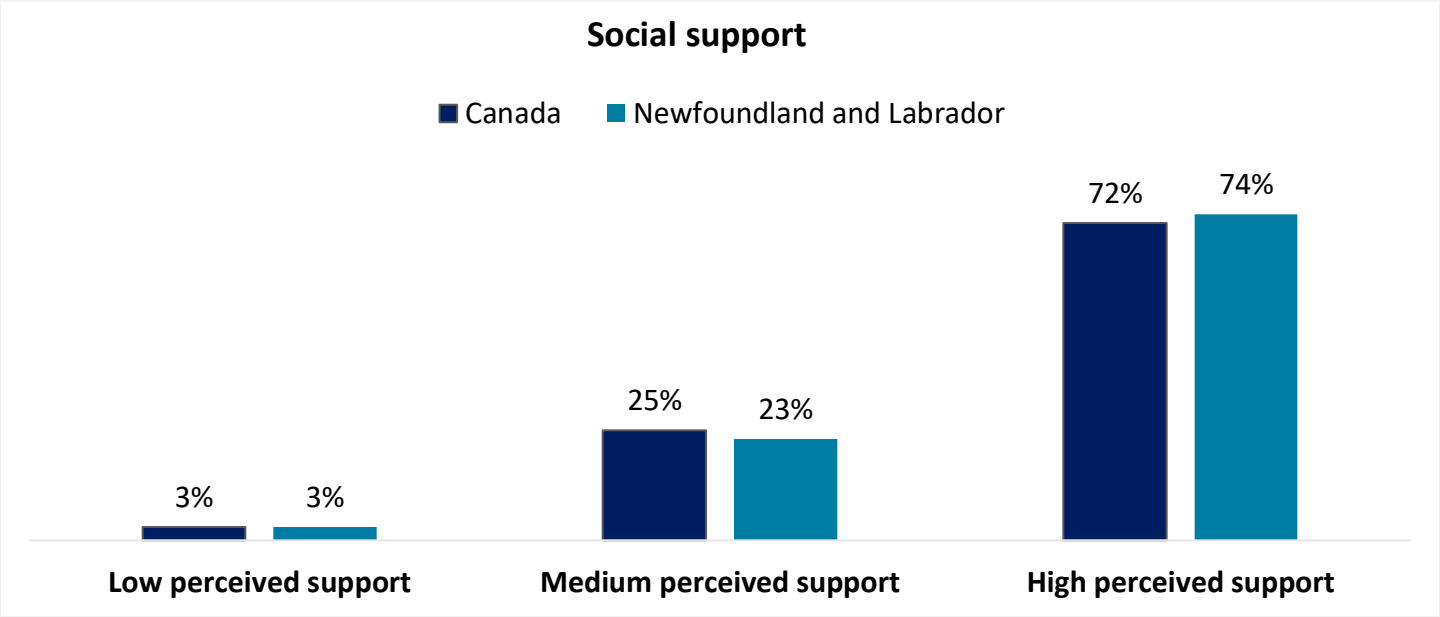


Figure 14. Social support: responses to scoring for the Multidimensional Scale of Perceived Social Support (MSPSS) by practising physician and resident groups. Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).

[15] The MSPSS measure accounts for social support received from family, a significant other and friends. To calculate total MSPSS score, scores across all 12 items in question 65 were summed together (those indicating "don't know" or refusing to answer for any of the 12 items were excluded). Those with an MSPSS score of 12-35 were classified as having "low," 36-60 as having "medium" and 61-84 as having "high" perceived social support.

Primary care physician

Eight of 10 of respondents have a regular primary care provider.

Eighty percent of respondents in Newfoundland and Labrador indicate they have a regular primary care physician.

Comparison with the national total

Among the total sample Canada (*n* = 3864): yes 79%, no 21%.

There are no *significant* differences compared with the national total.

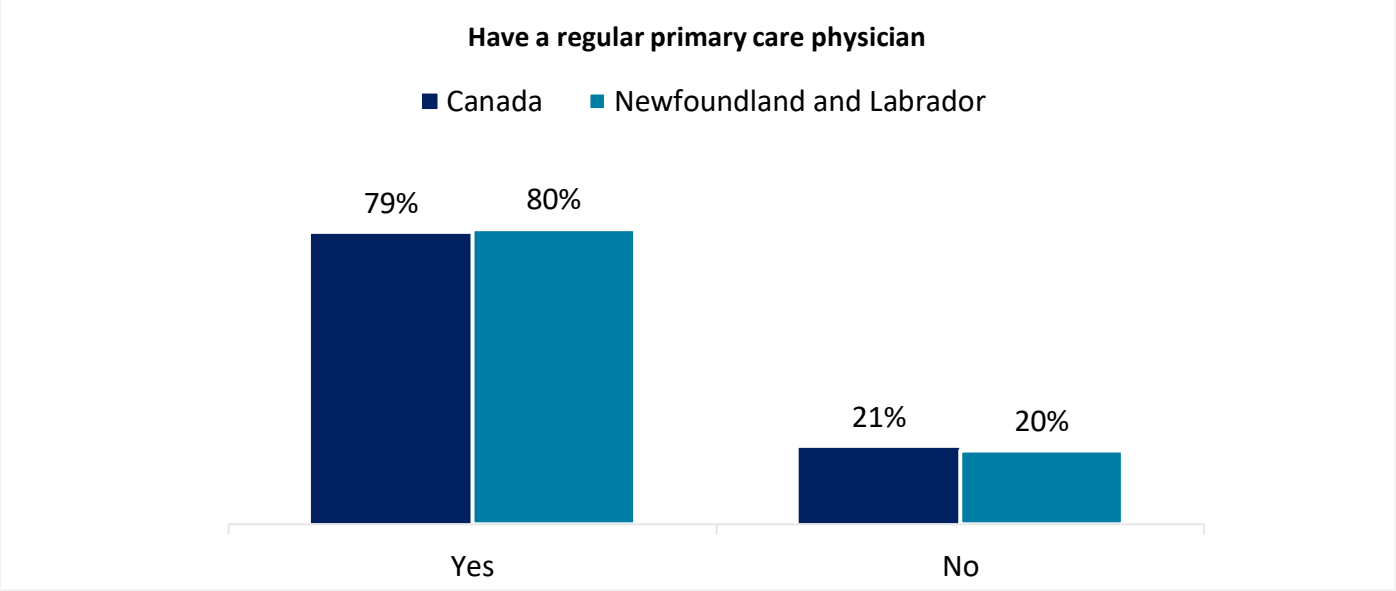


Figure 15. Have a regular primary care physician: responses to question 30. Do you have a regular primary care physician (i.e., registered)? Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).

Workplace wellness supports

Just over four in ten respondents indicate that their workplace does not offer any wellness supports.

Psychological supports and/or peer support programs (47%) and back-up call for urgent life matters (22%) are the most commonly reported wellness supports offered by workplaces.

Comparison with the national total

Among the total sample Canada (*n* = 3864): selected “None of the above” 44%.

Access to psychological support and peer support programs are *significantly* more commonly reported than the national average (47% vs. 33%).

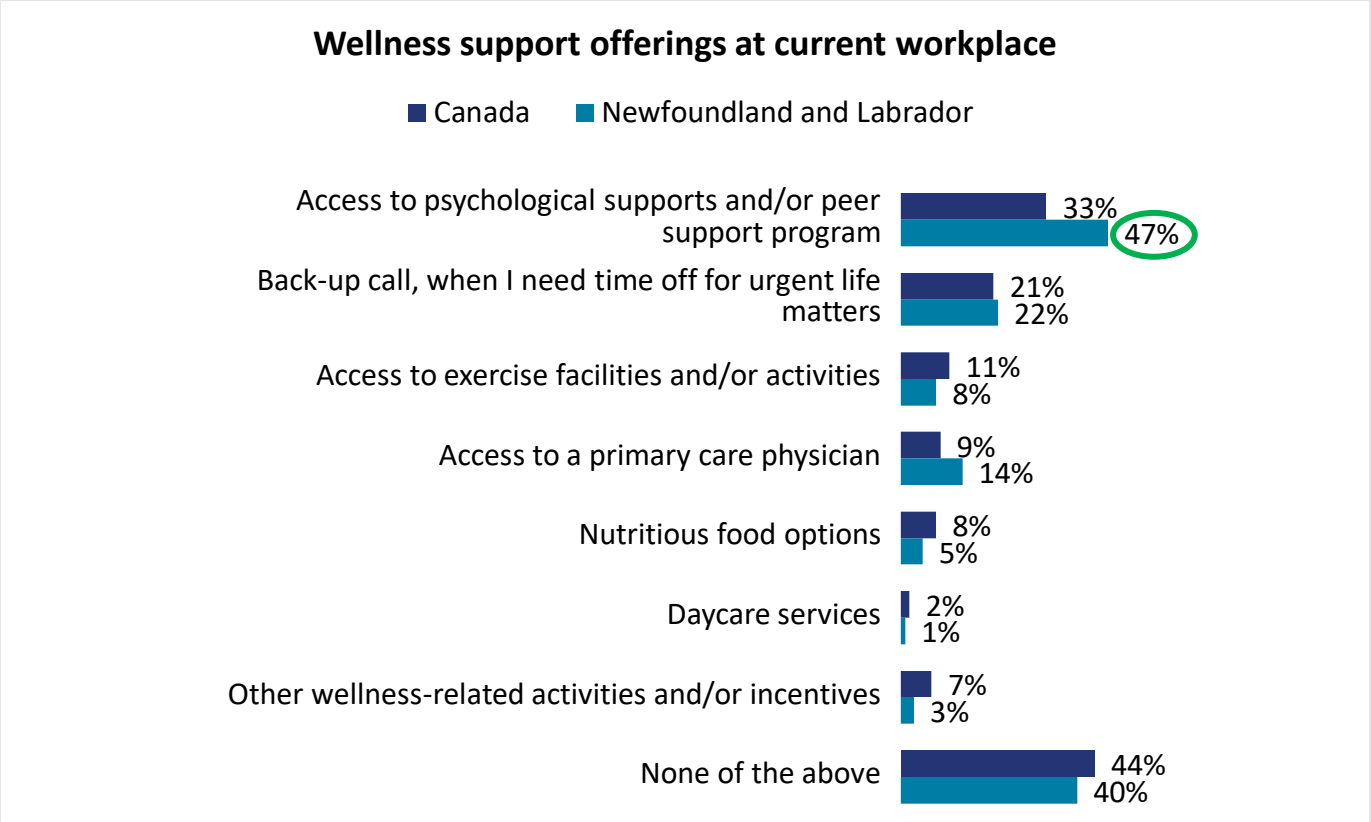


Figure 16. Wellness support offerings at current workplace: responses to question 40. Which of the following does your current workplace offer to support your wellness (if any)? Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).
***Significance testing: a green oval shape means significantly higher than the national score; a red rectangle means significantly lower than the compared group. T-test for statistical significance used (95% confidence interval).*

Wellness supports accessed in past five years

When asked about the type of wellness supports (including mental health and crisis supports) accessed in the past five years, over four in 10 respondents say they have not accessed any.

Four in 10 respondents (41%) say they have accessed a primary care physician while 27% indicate they have seen a mental health professional (psychiatrist, psychologist, licensed counsellor, etc.); 10% say they have accessed an employee assistance program; and only 5% have accessed their Provincial Physician Health Program (PHP).

Forty-three percent have not accessed any wellness supports.

Comparison with the national total

Among the total sample in Canada (*n* = 3864): 46% selected “None of the above.”

The practising physicians and medical residents in Newfoundland and Labrador who have accessed wellness supports in the past five years are three times more likely to have accessed an Employee Assistance Program (10% vs. 3% national total) and are three times less likely to have accessed a Provincial Physician Health Program (5% vs. 15%).

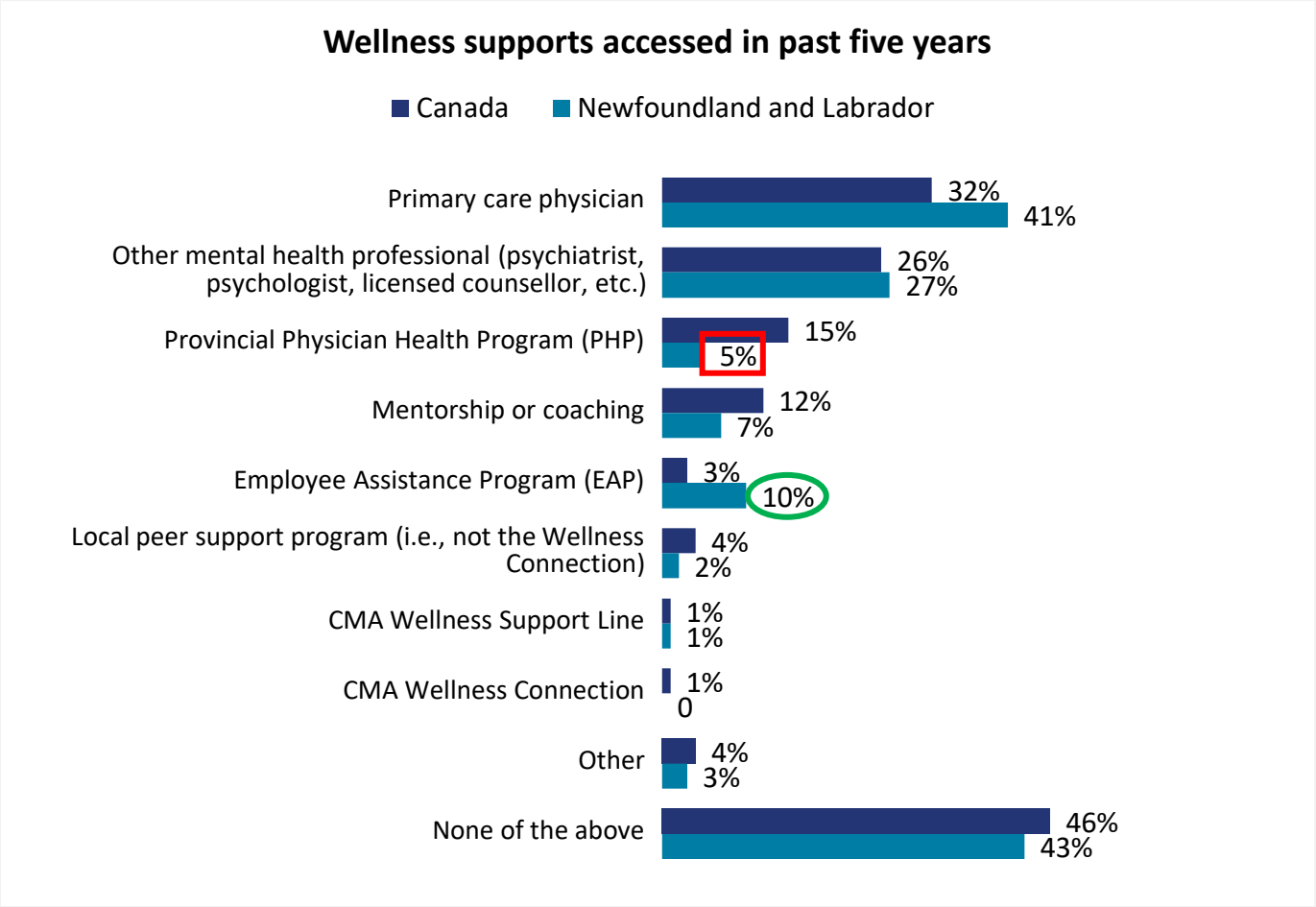


Figure 17. Wellness supports accessed in past five years, Responses to question 58. In the last five years, have you accessed any of the following wellness supports (including mental health and crisis supports)? Select all that apply. Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).

Possible reasons for not seeking wellness support

When respondents were asked what may prevent some physicians from seeking wellness supports, believing the situation is not severe enough, having no time and being ashamed to seek help were identified as the largest barriers.

Believing the situation is not severe enough (57%), having no time (52%) and being ashamed to seek help (50%) are perceived as the main barriers to seeking wellness supports. Four in 10 respondents cite confidentiality concerns as reasons not to seek support (42%). Three in 10 fear they would risk losing their medical licence and ability to practise (29%). Seventeen percent also indicate other professional consequences (fewer career advancement opportunities, denied insurance, etc.) as a possible barrier. Only one in ten (13%) select not being aware of the services available as a barrier.

Comparison with the national total

Respondents in Newfoundland and Labrador are *significantly* more likely to cite confidentiality concerns (42% vs. 30% national total) as a reason not to seek wellness support, and they are more likely to select "risk losing medical licence and ability to practise."

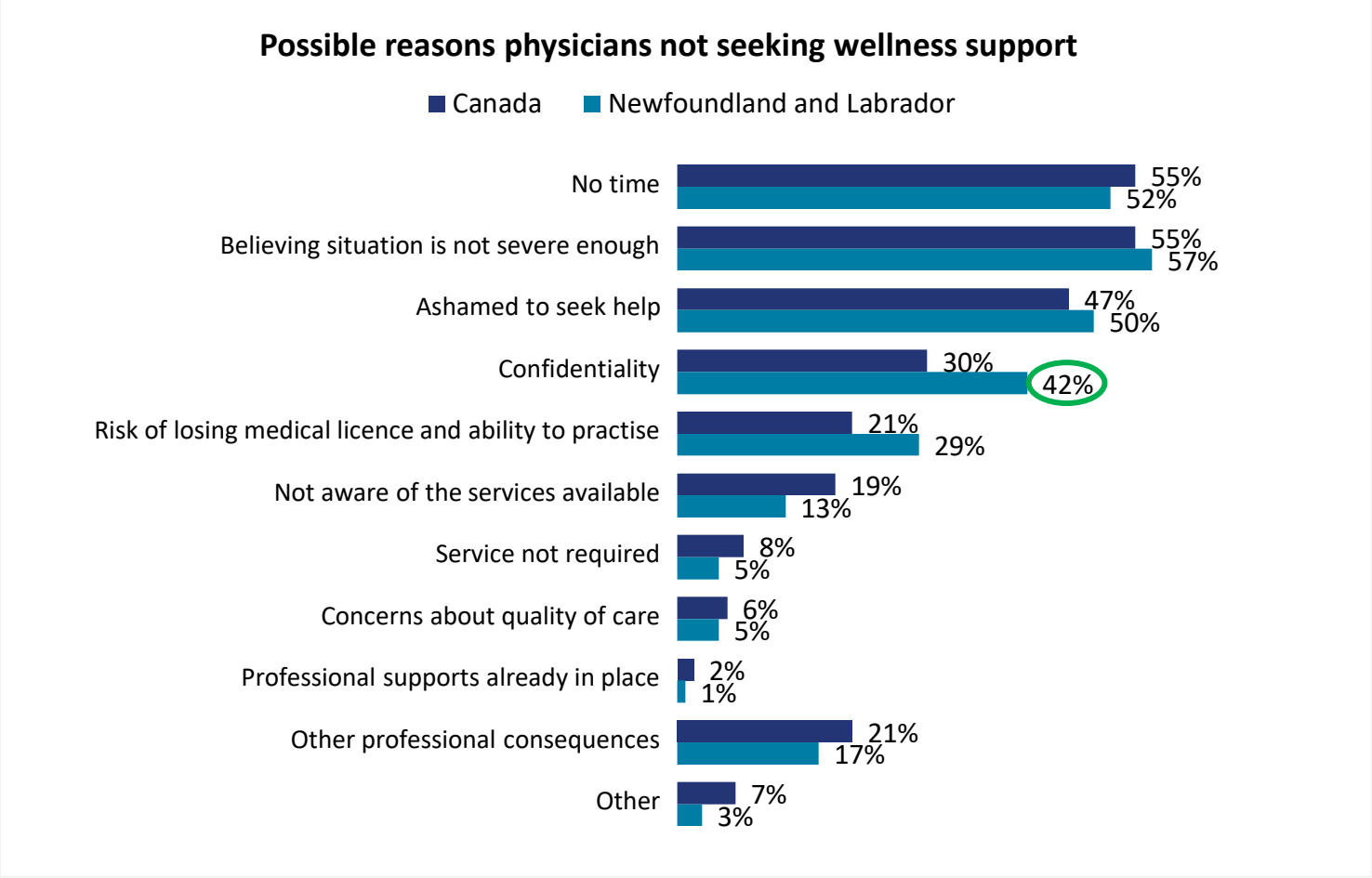


Figure 18. Possible reasons physicians not seeking wellness support: responses to question 60. Some physicians may access resources for wellness supports (including mental health), while others manage in other ways when needed. What do you think are the main reasons some physicians may have for NOT seeking wellness supports (including mental health)? Select up to three reasons. Base: Canada (n = 3864), Newfoundland and Labrador *(n = 86).*

***Significance testing: a green oval shape means significantly higher than the national score; a red rectangle means significantly lower than the compared group. T-test for statistical significance used (95% confidence interval).*

****Items are in the same order as in the foundational report for the total Canada sample.*

Substance use

Small proportions of respondents report regular substance use in the past year. Among those who do, alcohol is consumed the most regularly. Very few turn to cannabis, and almost none use tobacco.

Over a quarter of respondents (28%) say they have consumed alcohol at *least monthly* in the past year, 6% have consumed cannabis and 1% have consumed tobacco at the same level of frequency. Only 1% of respondents reported having ever used stimulants or other substances except unprescribed opioids, which no respondent had ever used.

Comparison with the national total

Respondents in the national sample who used substances at least monthly in the past year (net): alcohol 20%, cannabis 4%, tobacco 2%.

Respondents from NL are *significantly* less likely to say they have *never* consumed alcohol or cannabis at least monthly in the last year.

	AT LEAST MONTHLY IN THE PAST YEAR NET	Daily/almost daily or weekly	Monthly	Once or twice a year	Never
Alcohol (for men, five or more drinks in a day, for women, four or more drinks in a day)	**28%**	15%	13%	28%	44%
Cannabis (recreationally)	**6%**	5%	1%	16%	78%
Tobacco products	**1%**	1%	-	5%	94%

Table 2. Substance use: responses to question 49. In the past year, how many times have you used the following substances for non-medical reasons? Note: Totals may not add up to 100% because of rounding.
Base: All respondents consenting to the collection of sensitive data on suicidal ideation and substance Newfoundland and Labrador (*n* = 85).

	AT LEAST MONTHLY IN THE PAST YEAR NET		Never	
AT LEAST MONTHLY IN THE PAST YEAR NET	Canada	NL	Canada	NL
Alcohol (for men, five or more drinks in a day, for women, four or more drinks in a day)	**20%**	**28%**	**58%**	**44%**
Cannabis (recreationally)	**4%**	**6%**	**86%**	**78%**
Tobacco products	**2%**	**1%**	**96%**	**94%**

Table 3. Responses to question 49. In the past year, how many times have you used the following substances for non-medical reasons? Note: Totals may not add up to 100% because of rounding. Base: Respondents consenting to the collection of sensitive data on suicidal ideation and substance abuse Canada (n = 3750), Newfoundland and Labrador (n = 85).

Small proportions of respondents report ever consuming certain stimulants, opioids and other substances in the past year.

Comparison with the national total

There is no difference between the provincial and national samples.

AT LEAST MONTHLY IN THE PAST YEAR NET	Canada	Newfoundland and Labrador
Stimulants	0%	0%
Opioids	0%	0%
Other (e.g., narcotics, benzodiazepine, cocaine, mushrooms)	1%	1%

Table 5. Responses to question 49. In the past year, how many times have you used the following substances for non-medical reasons? Note: Totals may not add up to 100% because of rounding. Base: Respondents consenting to the collection of sensitive data on suicidal ideation and substance abuse Canada (n = 3750), Newfoundland and Labrador (n = 85).

Section 4: Occupational factors

Job satisfaction and job-related stress

One-quarter say they are not satisfied with their job/training position, and two-thirds say they feel a great deal of stress because of it.

Four in 10 (44%) "agree/strongly agree" that they are satisfied with their current job or training position. Six in 10 (59%) "agree/strongly agree" that their professional values are aligned with those of their department or academic leaders and six in 10 (62%) also "agree/strongly agree" that they feel a great deal of stress because of their job or training position.

Comparison with the national total

Among the total sample in Canada (*n* = 3859): Overall satisfied with current job or training position -- 22% disagree/strongly disagree.

Among the total sample in Canada (*n* = 3699): My professional values are well aligned with those of my department of academic leaders -- 22% disagree/strongly disagree.

Among the total sample in Canada (*n* = 3840): I feel a great deal of stress because of my job or training position --57% agree/strongly agree.

Respondents in Newfoundland and Labrador are *significantly* less likely to report overall satisfaction with their current job or training position (44% vs. 60% national total) but are only slightly more likely to say they are dissatisfied with it. The percentage of respondents answering "neither agree nor disagree" is *significantly* higher among those from Newfoundland and Labrador (29% vs. 19% national total). There are no significant differences in terms of alignment with department or academic leaders and feeling a great deal of stress of because of their job or training position.

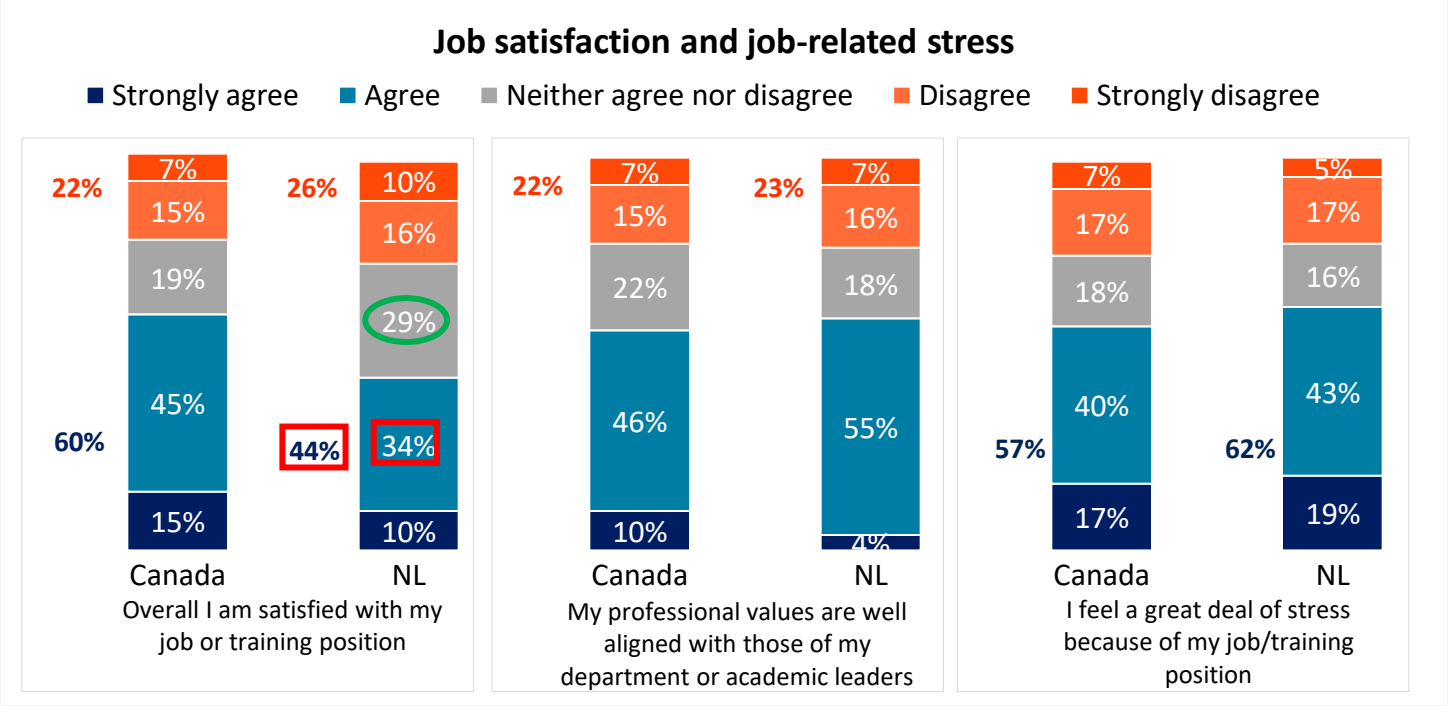


Figure 19. Job satisfaction and job-related stress, Responses to question 43, part of Mini-Z scale. To what extent do you agree or disagree with the following statements? Base: All respondents excluding not applicable for each statement: Overall I am satisfied with my job or training position (n = 30); My professional values are well aligned with those of my department or academic leaders (n = 30); I feel a great deal of stress because of my job/training position Canada (n = 3859, 3699, 3840), Newfoundland and Labrador (n = 86, 85, 86).
***Significance testing: a green oval shape means significantly higher than the national score; a red rectangle means significantly lower than the compared group. T-test for statistical significance used (95% confidence interval).*

Control over workload

Just over half of the respondents consider the control they have over their workload to be poor or marginal.

Just over half of respondents (54%) claim to have a low level of control over their workload (20% poor control and 34% marginal). Twenty percent feel that their control over their workload is good and 3% say it is optimal.

Comparison with the national total

Among the total sample Canada (*n* = 3849): poor 15%, marginal 31% (poor + marginal 46%), satisfactory 27%, good 21%, and optimal 5%.

There are no *significant* differences compared with the national total but respondents in NL are more likely to say their control over their workload is poor or marginal (54% vs. 46%).

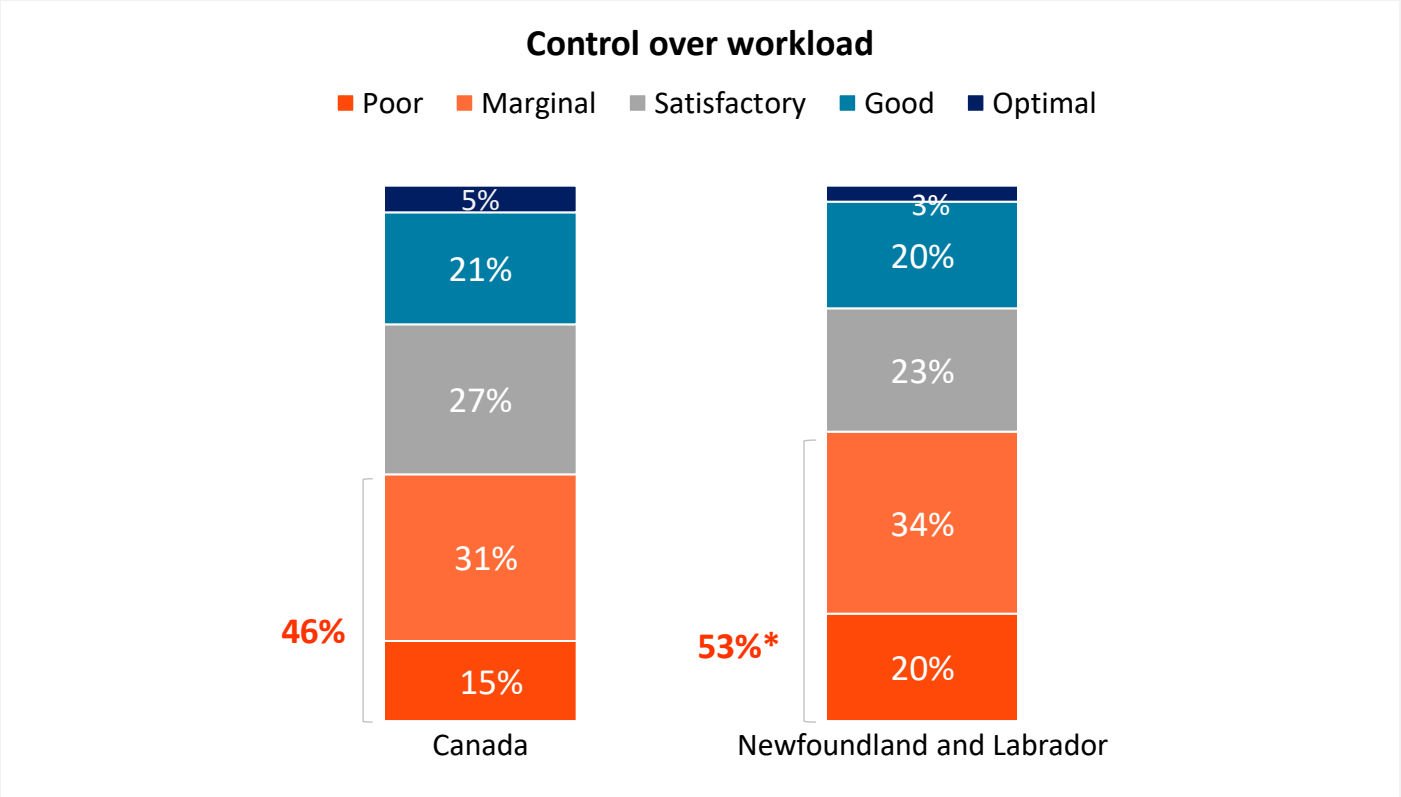


Figure 20. Control over workload, *Responses to question 45, part of Mini-Z survey. How would you rate the following? Base: All respondents excluding not applicable for the statement: My control over my workload is Canada (n = 3849),* Newfoundland and Labrador *(n = 86).*
**Total may not add up because of rounding.*

Work–life integration

Almost six in 10 respondents say they are dissatisfied with their work–life integration.

Fifty-eight percent of respondents (12% very dissatisfied and 46% dissatisfied) say they are dissatisfied with their work–life integration (i.e., meeting personal and professional obligations); 35% are satisfied and 7% are very satisfied.

Comparison with the national total

Among the total sample in Canada (*n* = 3847): very dissatisfied 10%, dissatisfied 41%, satisfied 41%, very satisfied 8%.

There are no *significant* differences compared with the national total but respondents in NL are more likely to be dissatisfied with their work–life integration (58% vs. 51%).

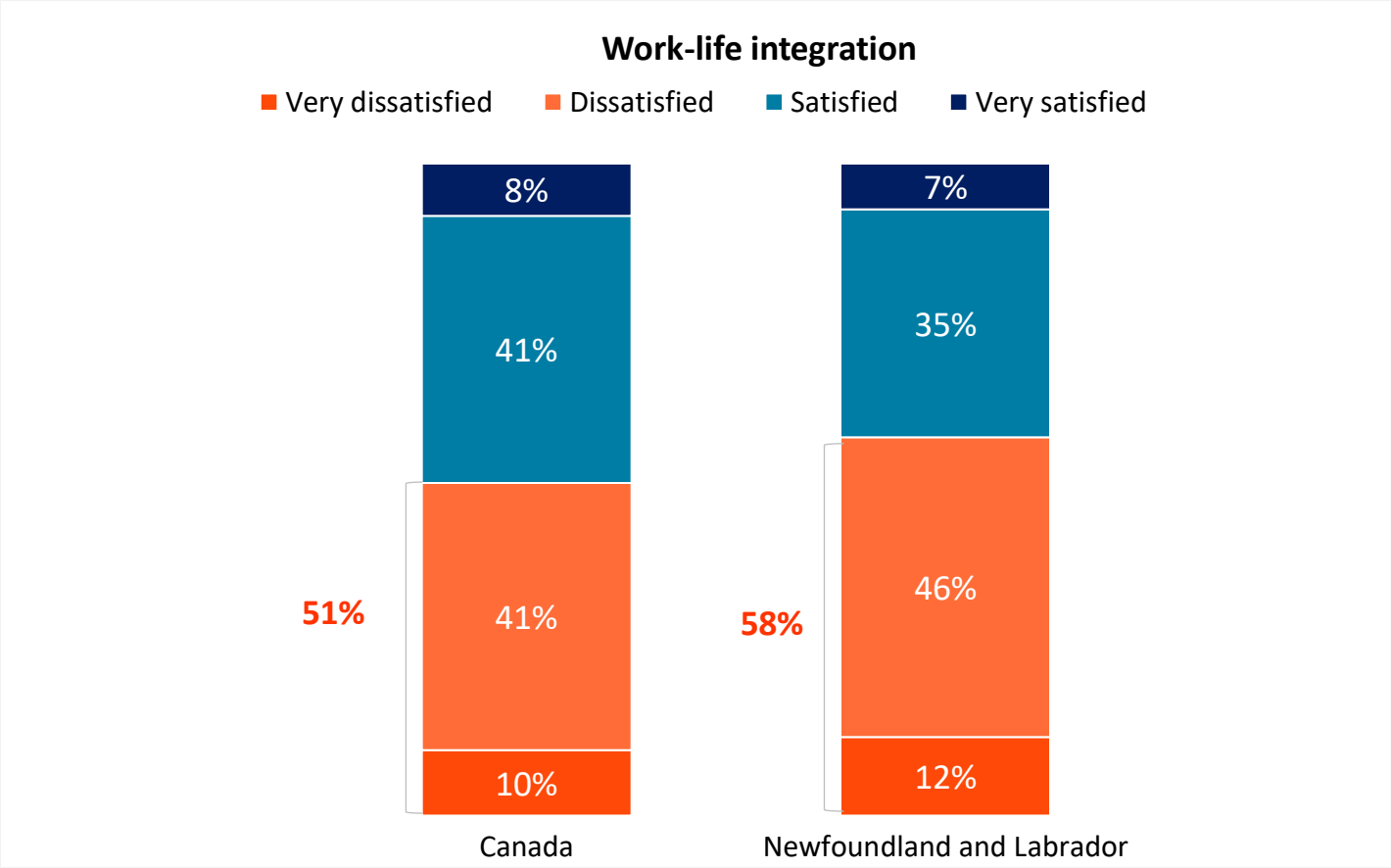


Figure 21. Work–life integration: responses to question 45aa. Please rate your degree of satisfaction with each of the following dimensions of your workplace. Base: Total answering: work–life integration Canada (n = 3847), Newfoundland and Labrador (n = 85).

Efficiency and resources

Two-thirds of respondents say they are dissatisfied with efficiency and resources.

Two-thirds say they are dissatisfied (25% very dissatisfied, 41% dissatisfied) with efficiency and resources at work (e.g., use of scribes, availability of support staff, efficiency/use of electronic health record, appointment system and ordering systems).

Comparison with the national total

Among the total sample in Canada (*n* = 3626): very dissatisfied 18%, dissatisfied 41%, satisfied 35%, very satisfied 5%.

There are no significant differences compared with the national total but respondents in NL are more likely to be dissatisfied with efficiency and resources (66% vs. 59%).

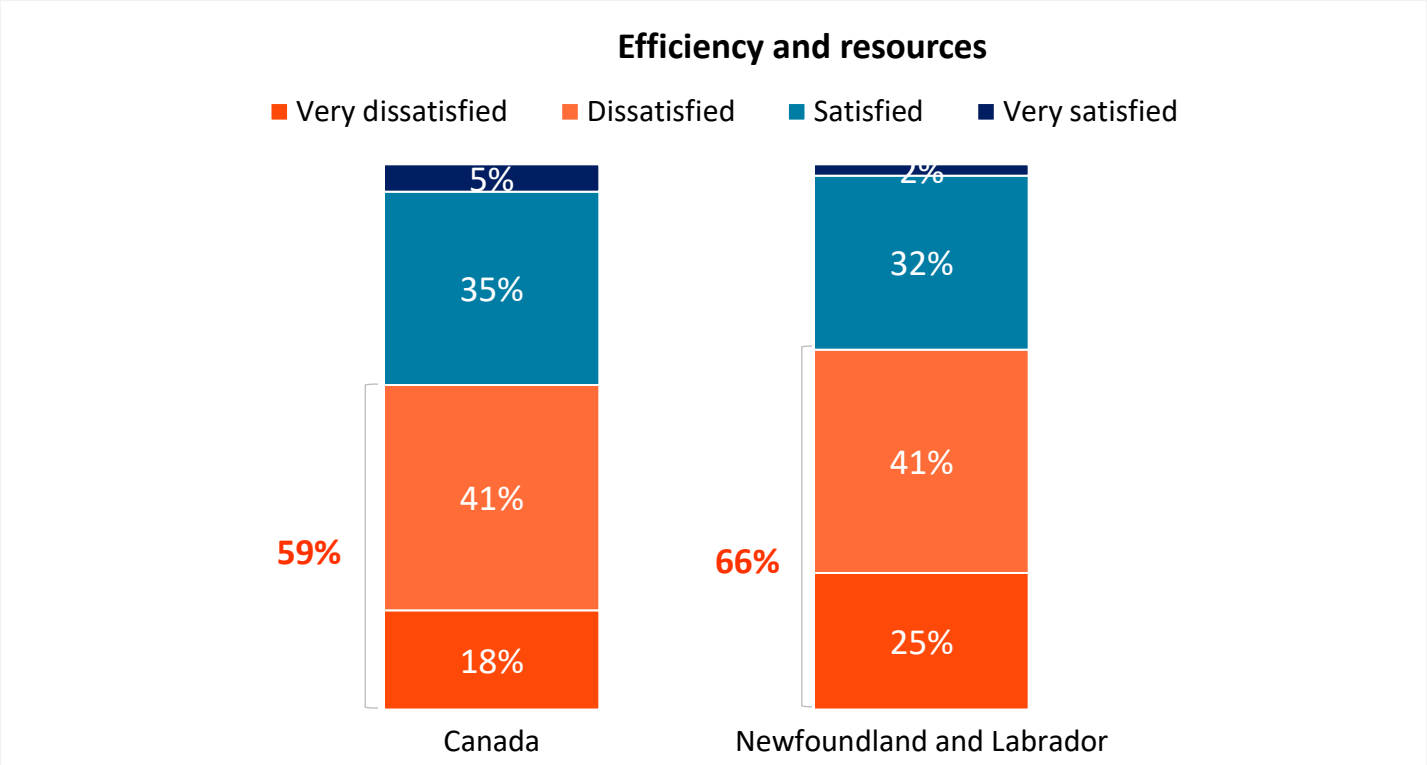


Figure 22. Efficiency and resources: responses to question 45aa. Please rate your degree of satisfaction with each of the following dimensions of your workplace. Base: Total answering: efficiency and resources Canada (n = 3626), Newfoundland and Labrador (n = 81).

Administrative burden: electronic medical records (EMR)

Time spent on EMR at home is seen as excessive or moderately high by four in10 respondents.

Forty (40%) of respondents also feel that the amount of time they spend on EMR at home is “excessive” (13%) or “moderately high” (27%).

Comparison with the national total

Among the total sample Canada (*n* = 3306): excessive 19%, moderately high 30%, satisfactory 14%, modest 13%, minimal/none 23%.

Respondents in Newfoundland and Labrador are more likely to report a “minimal/none to modest” amount of time spent (48% vs. 36% national total).

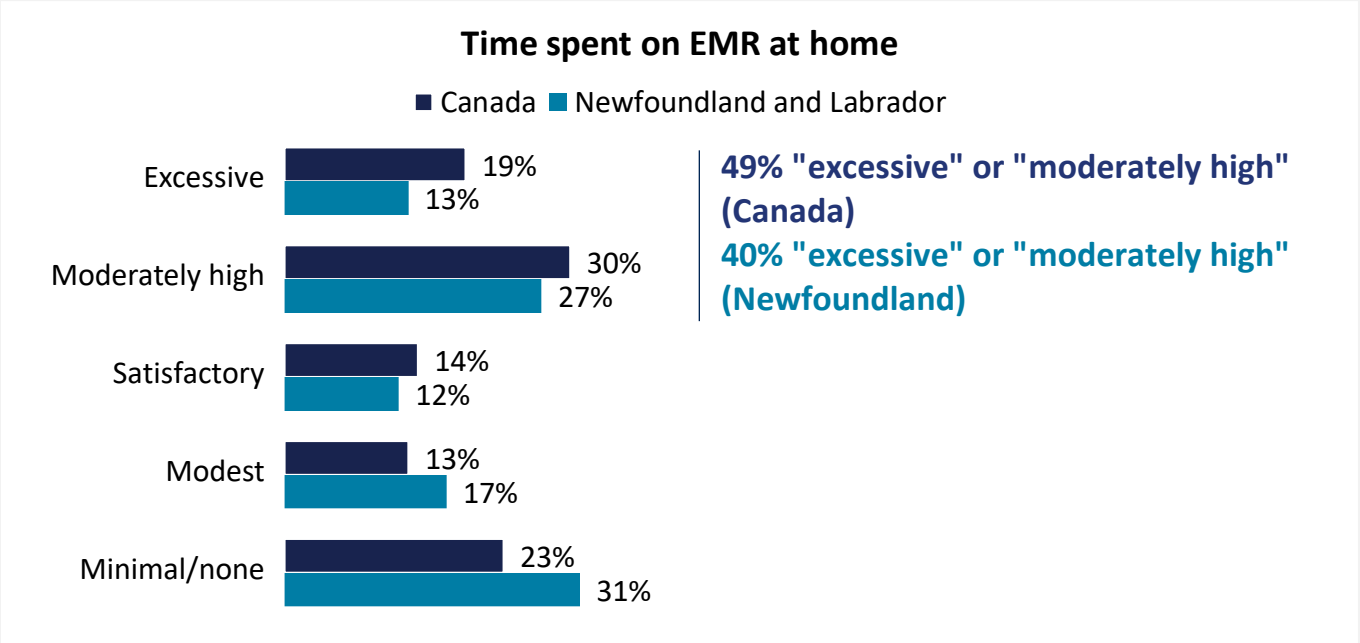


Figure 23. Time spent on EMR at home: responses to question 45a (part of Mini-Z scale). Please complete the following statement: Base: All respondents excluding not applicable Canada (n = 3306), Newfoundland and Labrador (n = 75).

Work hours

Practising physicians and medical residents in Newfoundland and Labrador work, on average, 58.5 hours per week.

Overall, respondents work on average 58.5 hours a week (total hours combined including patient care, administrative tasks and other duties/responsibilities).[16]

Comparison with the national total

Practising physicians and medical residents in Newfoundland and Labrador log more hours than the national total (58.5 vs. 53.7 hours, on average). The average time spent on *patient care* is significantly higher (41.7 hours on average, +5 hours) compared with physicians/residents across Canada.

	Canada	**Newfoundland and Labrador**
	Mean hours	Mean hours
Patient care	36.7	41.7
Admin	10.0	11.2
Other duties	7.0	5.6
Total average	**53.7**	**58.5**

Table 6 Responses to question 20. Average hours worked by type of work. Canada (n = 3864), Newfoundland and Labrador (n = 75).

[16] Combined total hours for each of the following: 1) Patient care (including direct patient care, indirect patient care and on-call work hours); 2) Administrative tasks (including electronic documentation time, email, prescriptions, ordering tests, etc.); 3) Other duties/responsibilities (including teaching, committee work, research, leadership role, etc.)

Atmosphere in primary work area

Three in 10 respondents consider their work environment to be hectic or chaotic.

Four in 10 respondents (41%) rate the atmosphere at their work as “1” or “2” on a scale of 1 to 5, where “1” is “hectic, chaotic,” “3” is “busy but reasonable” and “5” is “calm.” A majority (53%) see their work environment as busy, but reasonable.

Comparison with the national total

Among the total sample in Canada (*n* = 3864): 5 – calm 4%, 4 - 9%, 3 – busy, but reasonable 48%, 2 - 28%, 1 – hectic, chaotic 11%.

There are no *significant* differences compared with the national total.

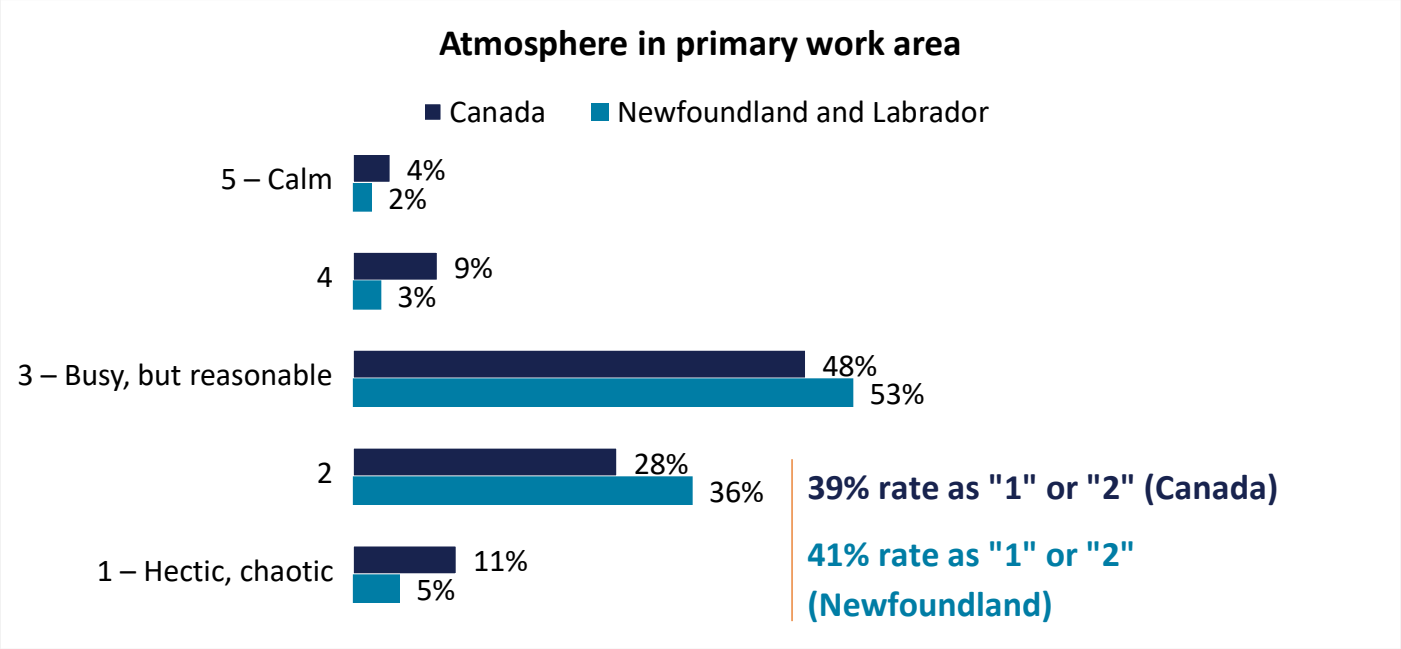


Figure 24. Atmosphere in primary work area: responses to question 45b. Which number best describes the atmosphere in your primary work area? Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).

Professional fulfillment

Less than two in 10 respondents score high on professional fulfillment.

Professional fulfillment is measured by the Professional Fulfilment Index, which includes question items related to meaningfulness of work and contributing professionally in ways that are valued most, among others.[17] Seventeen percent of respondents score high on the Professional Fulfillment Index, while 83% score low.

Comparison with the national total

Among the total sample in Canada (*n* = 3864): high Professional Fulfillment Index 21%, low Professional Fulfillment Index 79%.

There are no *significant* differences compared with the national total.

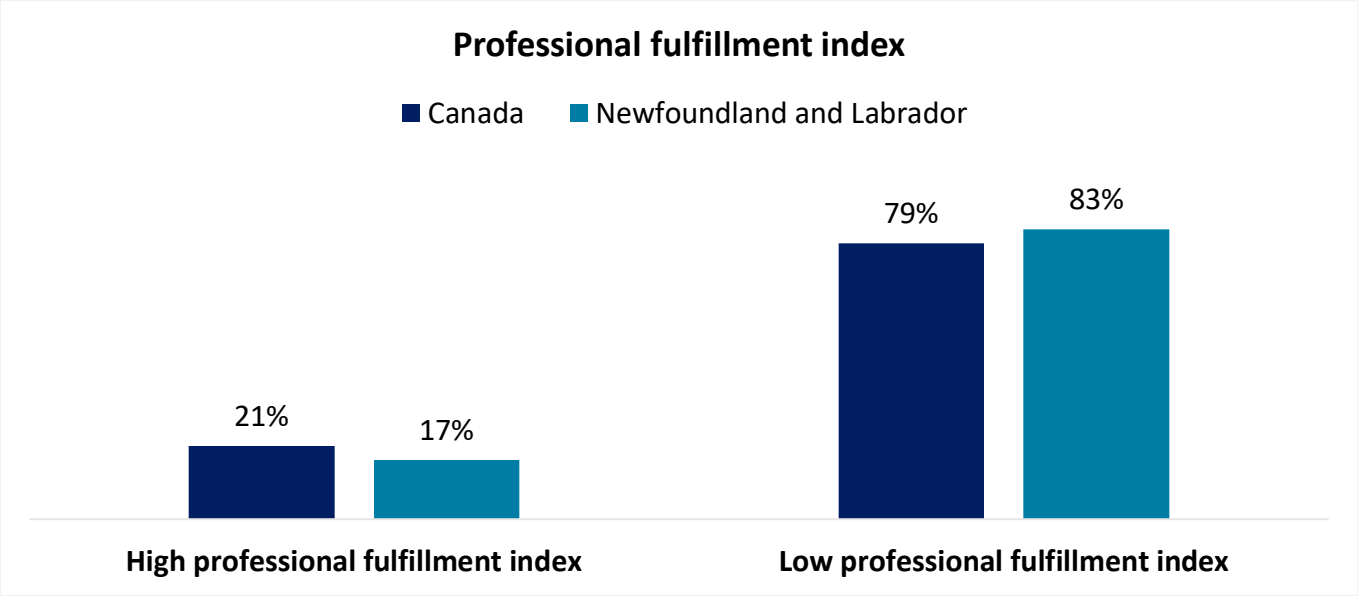


Figure 25. Professional Fulfillment Index. Dichotomous professional fulfillment subscale (6-items average) is recommended at an average item score cut-off point of >3.0. Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).
+Excludes those who did not agree to continue with the optional questions.

[17] The Professional Fulfillment Index (PFI) is measured using the dichotomous scale on the Professional Fulfillment subscale (6 items average). Items are scored 0 to 4 and treated as a continuous variable. Scale score is calculated by averaging the item scores. Scale score is multiplied by 25 to create a scale range from 0 to 100. Dichotomous professional fulfillment is calculated at an average item score cut-point of >3.0.

Psychological safety

Half of respondents score high on feeling a sense of psychological safety within their team.

Psychological safety was assessed using Amy Edmondson's Psychological Safety and Learning Behavior in Work Teams measure.[18] Half of respondents (52%) score "high" on psychological safety, 46% score "moderate" and 2% score "low."

Comparison with the national total

Among the total sample in Canada (*n* = 3620): low (7 to 12) 3%, moderate (13 to 24) 39%, high (25 to 35) 58%. There are no significant differences compared with the national total.

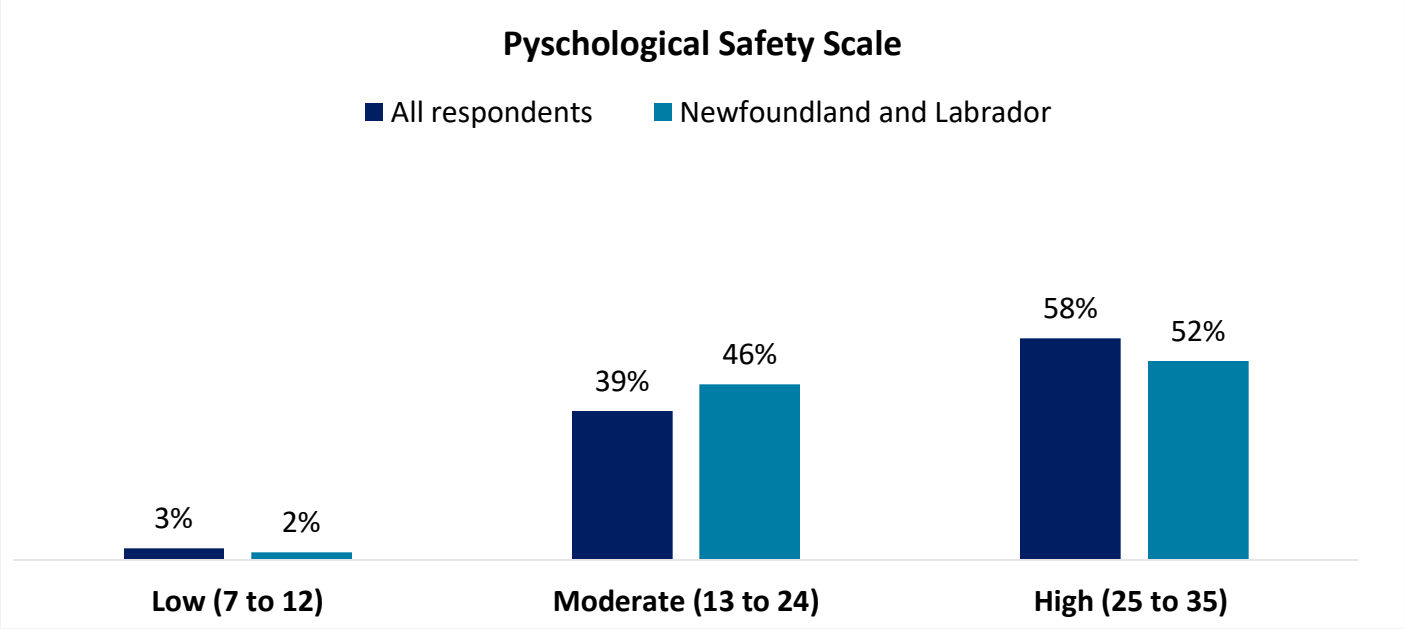


Figure 26. Psychological safety: calculated total continuous score in tertiles. Base: Canada (n = 3620), Newfoundland and Labrador (n = 83).

[18] Psychological Safety and Learning Behavior in Work Teams: 7 items scored 1 to 7 with a range from 7 to 35. Scores are calculated into tertiles: 7 to 12, 13 to 24 and 24 to 35.

Collegiality at work

Almost six in 10 respondents score high on the Collegiality Index.

Fifty-seven percent of respondents score high on the Collegiality Index, which was calculated by summing four survey items related to perceived support, respect, cooperation and teamwork between colleagues at work, and conflict resolution. Those scoring below the mid point of the scale were classified as “low” and those scoring above were “high.”

Comparison with the national total

Among the total sample Canada(*n* = 3703): low 38%, high 62%.

There are no *significant* differences compared with the national total.

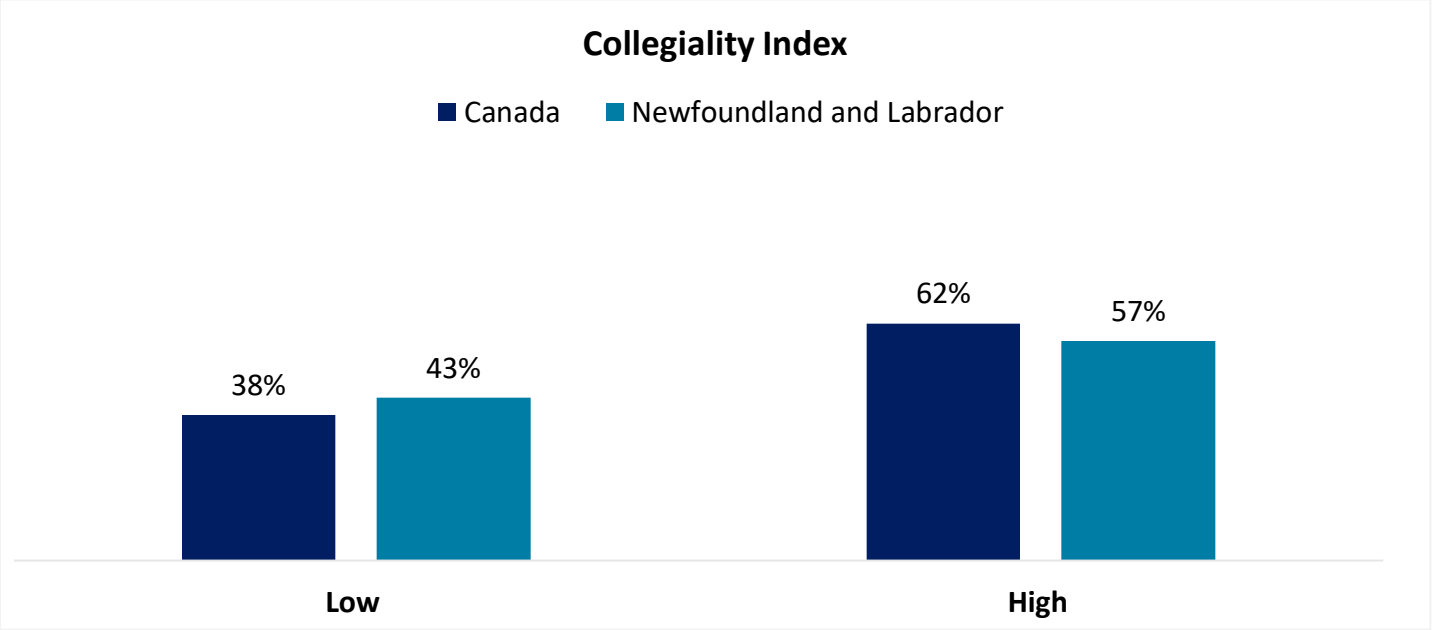


Figure 27. Collegiality Index: sum of four items; then dichotomized above/below mean of the sum. The four items included in (agreement scale): In general, I find my colleagues to be supportive; People treat each other with respect in my work group; A spirit of cooperation and teamwork exists in my work group; Disputes or conflicts are resolved fairly in my work group. Base: excluding those who selected not applicable to at least one statement Canada (n = 3703), Newfoundland and Labrador (n = 86).

Experienced intimidation, bullying, harassment and/or microaggressions in the workplace

The majority of the respondents report having experienced intimidation, bullying, harassment and/or microaggressions in their workplace or training environment, with over half experiencing it "frequently" or "often."

A total of 83% of respondents report having experienced intimidation, bullying, harassment and/or microaggressions in their workplace or training environment: 22% "frequently" (at least once a week) and 31% "often" (a few times a month to once a month or less); a further 29% report experiencing it "less often" (a few times a year).

Comparison with the national total

Among the total sample in Canada (*n* = 3864): frequently 15%, often 25%, less often 38%, never 22%, ever 78%.

Respondents in Newfoundland and Labrador are more likely to have *ever* experienced intimidation, bullying, harassment or microaggressions at work frequently/often (53% vs. 40% national total).

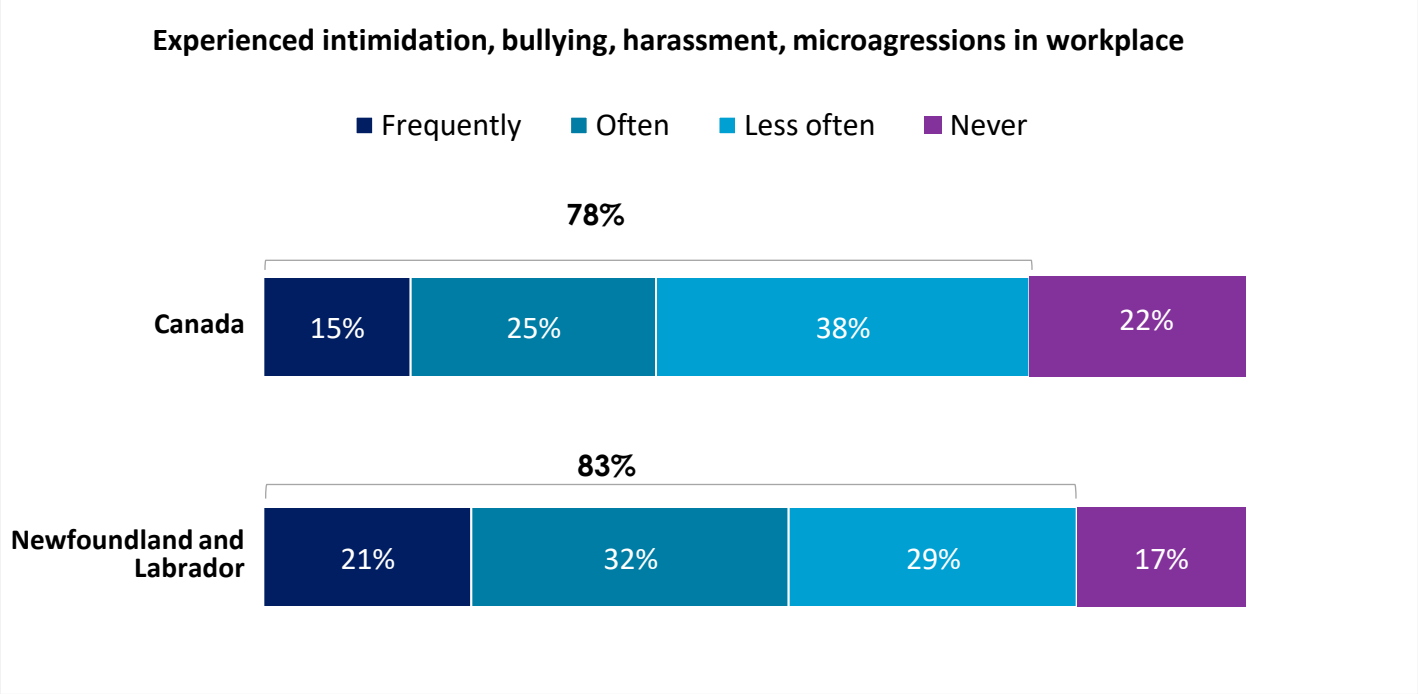


Figure 28. Experienced intimidation, bullying, harassment, microaggressions in workplace: responses to question 25. Have you ever personally experienced intimidation, bullying, harassment and/or microaggressions in the workplace or in a training environment? Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).
****Frequently = every day, a few times a week, once a week; Often = a few times a month, once a month or less; Less often = a few times a year; Ever= 100% minus "Never."*
*****Significance testing: a green oval shape means significantly higher than the national score; a red rectangle means significantly lower than the compared group. T-test for statistical significance used (95% confidence interval).*

Involved in a College complaint or lawsuit

Four in 10 respondents have had a College complaint or lawsuit in their career.

Thirty-eight percent of respondents have had a College complaint or lawsuit at some point in their career; 19% have had one in the past three years.

Comparison with the national total

Among the total sample in Canada (*n* = 3864): YES (NET) 43%, yes, in the past year 9%, yes, two to three years ago 9%, yes, four to five years ago 5%, yes, more than five years ago 21%, never 57%.

There are no *significant* differences compared with the national total.

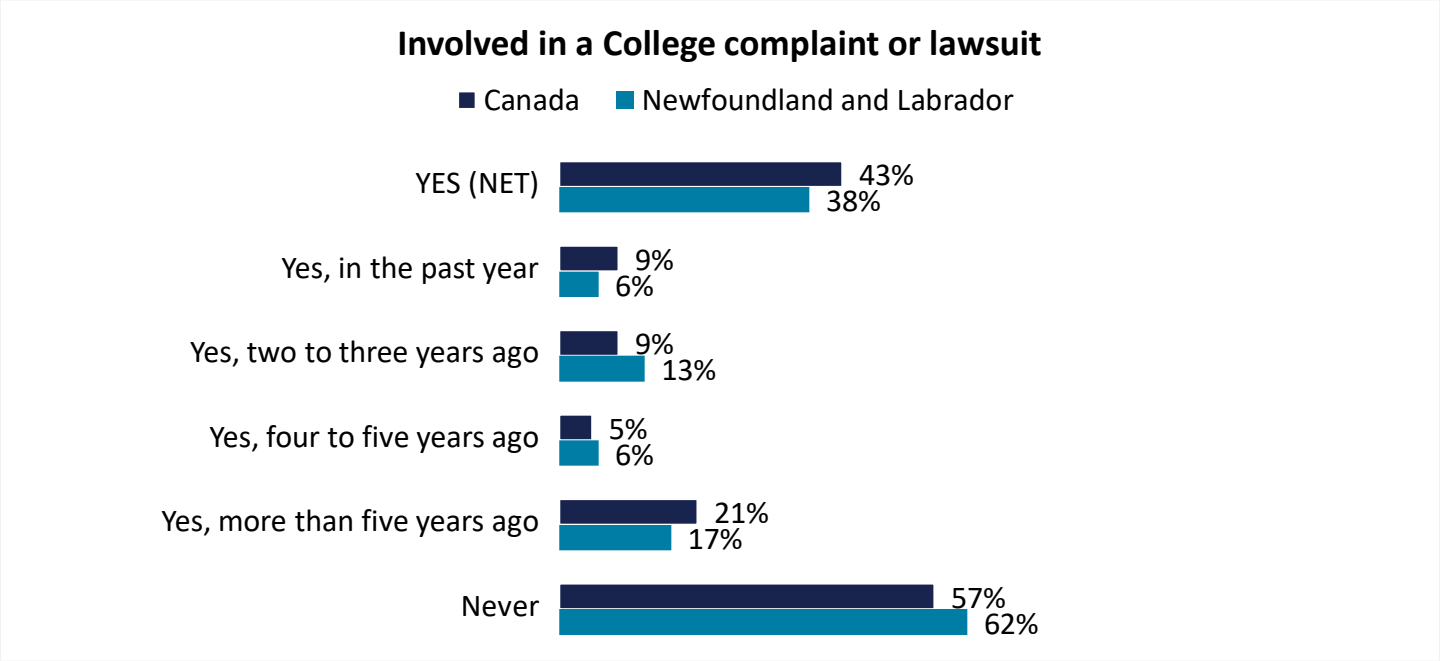


Figure 29. Responses to question 29. Have you been involved in a College complaint or lawsuit? Base: Canada (n = 3864), Newfoundland and Labrador (n = 86).

Discussion

While the sample size is small for statistical comparison, the data suggest that respondents in Newfoundland and Labrador skew more negatively compared with their peers across Canada on a number of measures including burnout (59% vs. 53% nationally), particularly on emotional exhaustion (59% vs. 50%), screening positive for depression (57% vs. 48%) and reporting higher levels of moderate/severe anxiety (33% vs. 25%). Further, satisfaction with the current job/training position is significantly lower in NL (44% agree vs. 60% national total).

Interestingly, despite reporting higher levels of burnout and lower job satisfaction levels and logging more hours overall (particularly on patient hours), NL respondents are *significantly* less likely to reduce their clinical hours in the next 24 months than their peers across Canada. This may be due in part to the NL respondent sample skewing younger, aged 35–54 (58% vs. 47% national sample) with fewer older physicians entering retirement (16% of those aged 55+ vs. 35% national sample).

Burnout might be contextualized in relation to the ongoing pandemic. Like their peers across Canada, six in 10 NL respondents report that COVID-19 has had a negative impact on their health. Long waitlists are the top factor in NL, *significantly* higher in NL than nationally (53% vs. 33%). However, there are several other contributing factors that challenge NL respondents more than their peers across Canada: family issues (45% compared with 34% nationally), adjustments to virtual care (40% compared with 28% nationally) and adjustments to virtual learning (27% compared with 18% nationally).

As with other practising physicians and medical residents across the country, a heavy workload, lack of time and scheduling are contributing barriers to maintaining a healthy lifestyle. Respondents in NL also mention other priorities such as children (51% vs. 38%), an unsupportive workplace or training environment (28% vs 18%), and no post-call day (27% vs. 17%) more often than their peers across the country.

To combat negative environmental factors, NL respondents are as likely as their national peers to engage in self-care activities to support their well-being in the form of physical health and fitness, although physical activity and mindfulness or meditation are practised less in NL. Perceived social support and access to a regular primary care physician are high and on par with the national sample. In fact, six in 10 say they have wellness support offerings through their workplaces; access to psychological support is more available in NL than nationally (47% compared with 33% nationally). For the most part, levels of access to support in NL in the past five years are comparable to the national sample. However, those in NL are more likely to have accessed a primary care physician and Employment Assistant Program (EAP) and less likely to have used the provincial Physician Health Program (PHP). Concerns about confidentiality are *significantly* higher in NL than in the national sample (42% vs. 30%, respectively). This may in part be due to the smaller size of the community in Newfoundland and Labrador.

Conclusion

The data from this study can be used to educate, advocate and build the case for new and additional wellness resources and support for practising physicians and medical residents in practice environments. The CMA's Impact 2040 strategy will continue to work towards preventive and protective measures surrounding physician and resident well-being to create a sustainable health care system for those who work within it, and for those who utilize it – CMA: Seizing the moment — Impact 2040 strategy.