

OFFICE OF WELL-BEING AND RESILIENCE



Faculty survey 2022

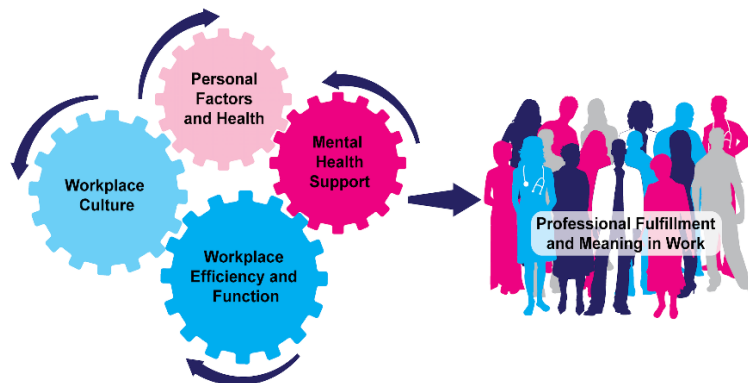
MSHS Report

Our Mission:

The Office of Well-being and Resilience believes that your professional fulfillment is essential to your well-being and the delivery of the best education, research, and patient care. **Our mission is to promote your well-being and professional satisfaction by advancing a culture that enables you to do your best work in a community that values you.**

Our Model:

In our model there are 4 key components that drive Professional Fulfillment and Meaning In Work. These components are: **Workplace Efficiency and Function, Workplace Culture, Personal Factors, and Mental Health Support.** We believe each element is critical to improving the overall well-being of faculty, but we encourage departments to consider interventions that focus on **Workplace Efficiency and Function** and **Workplace Culture** as we believe improvements in these domains are likely to have the greatest impact.



Purpose of the 2022 Faculty Well-Being Survey:

The survey delivered to clinical and research faculty in July-September 2022, aimed to:

- 1) determine the levels of well-being, burnout, resilience and mental health symptoms in faculty
- 2) gather faculty opinions about factors that most contribute to their well-being and burnout
- 3) assess awareness, access and utilization of resources that promote well-being and mental health
- 4) identify which interventions faculty believe may be most effective for improving well-being.

The information we gathered is specifically intended to help guide our office and the departments in identifying, validating, and understanding areas of concern to identify potential solutions/interventions that inform annual departmental plans to address faculty well-being drafted by departmental well-being champions with our guidance and brought to department chairs for approval.

Survey data are intended to be utilized in concert with additional quantitative/qualitative data collected by departmental well-being champions.

Explanation of the Report:

We have prepared this MSHS report based on the survey responses from all faculty within the ISMMS.

This report is aimed at providing as much valuable information as possible while protecting the anonymity of the respondents. The areas of focus of the report include measures of burnout, depression and resilience, work satisfaction, clerical and Electronic Health Record burden, likelihood of leaving one's position, leadership, mentorship, workplace violence and safety, and useful interventions to improve well-being.

The presentation of this report is organized by themes and we reported the questions used in the survey for reference.

ISMMS Faculty Well-being Survey Executive Summary

HIGH-LEVEL SUMMARY FINDINGS

- Measures of Distress and Burnout have either been flat or gone up considerably less than observed in some large national cohorts. (Please note that the generalizability of the national cohort data may be limited by low response rates in those studies.)
- Depression burden remains considerable, but less than seen nationally.
- Anxiety is common (10%) and there are low levels of suicidal ideation.
- Frustration with EPIC, spending > 1 hour on EPIC outside the workday, and > 1 hour on clerical activities have all increased and efforts reported to unload these burdens have decreased.
- Measures of Leadership and Mentorship have all improved.
- Likelihood to leave current position (very/definitely) is similar to in 2019 at about 16%.
- Top 3 gestures of appreciation are: bonuses/compensation, advocating for resources, specific praise about actions or attributes.
- Interventions reported by respondents that they believed were likely to increase their well-being include: enhanced appreciation, shifting work to other team members, schedule flexibility, workspace availability.
- Efforts that were perceived by respondents to have improved over the past 2 years: diversity and inclusion efforts, communication between team members, schedule flexibility and access to mental health care.

Total Response Rate: 42% (1534/3686)

OUTLINE

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GENDER
ETHNICITY

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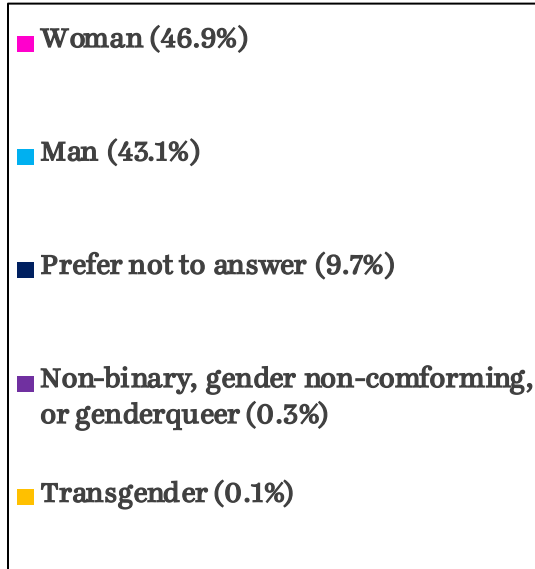
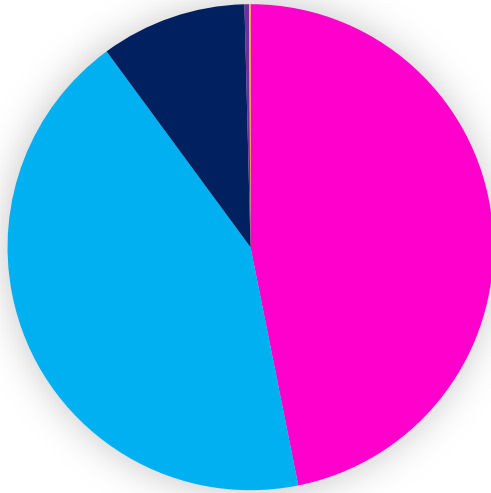
P. 14 - Leadership and Mentorship at MSHS

LEADERSHIP AND MENTORSHIP
LEADERSHIP SCORE BREAKDOWN
GESTURES MAKING YOU FEEL APPRECIATED

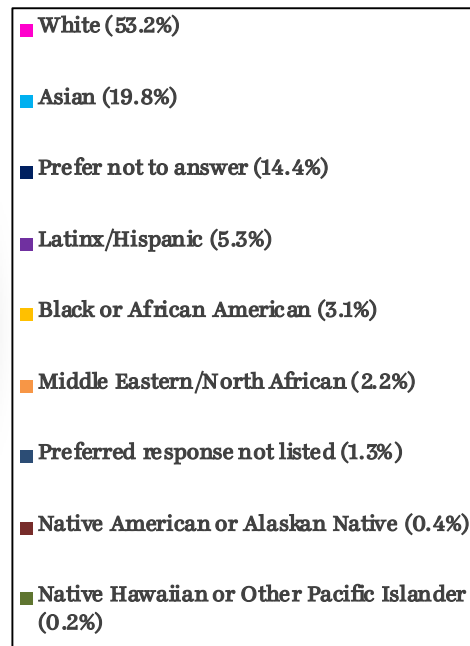
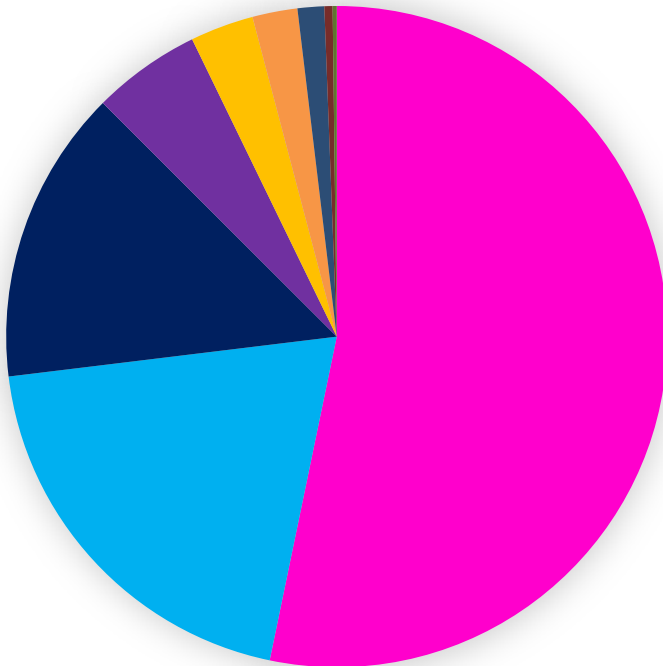
P. 17 - Interventions to Improve Well-Being at MSHS

Demographics

GENDER



RACE/ETHNICITY



Mental Health Related Outcomes

RISK OF DISTRESS, BURNOUT AND RESILIENCE

Department	Response #	Well-being Index	MBI	Resilience
National 2020 *	7510	na	38.2%	na
National 2021 *	2240	39.4%	62.8%	na
Overall MSHS 2019	1870	33.7%	27.4%	6.98
Overall MSHS 2022	1306	33%	34.2%	6.65

* Shanafelt *et al.* Mayo Clin Proc 2022

Evaluation of risk of distress: Well-being index - % people at risk for distress

Have you often been bothered by little interest or pleasure in doing things?
Have you worried that your work is hardening you emotionally?
Have you fallen asleep while sitting inactive in a public space?
Have you felt that all things you had to do were piling up so high that you could not overcome them?
Have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?
Has your physical health interfered with your ability to do your daily work at home and/or away from home?
Have you felt burned out from your work?

Evaluation of burnout Rates: Maslach Burnout Inventory (MBI) 2 - % burnout

Emotional exhaustion - *I feel burned out from my work*
 Depersonalization - *I've become more callous toward people since I took this job*

Evaluation of resilience skills: CD-RISC 2 – score out of 8

Ability to adapt to change
Ability to bounce back

DEPRESSION, ANXIETY

Department	Response #	Depression	Anxiety
National 2020	5445	41.7%	na
Overall MSHS 2019	1870	NA / 22.0%*	na
Overall MSHS 2022	1270	4.6 % / 30.5%*	9.7%

Evaluation of Depression: PHQ-2 (not a diagnostic test)

| *Little interest or pleasure in doing things*
 | *Feeling down, depressed, or hopeless*

Evaluation of Anxiety: GAD-2 (not a diagnostic test)

| *Feeling nervous, anxious or on edge*
 | *Not being able to stop or control worrying*

Answer Choices

Answers for depression, anxiety questions:

0=Not at all, 1= several days, 2=more than half the days, 3= nearly every day

Positive screen = % of participants who scored 3 or greater

** Prior depression evaluation denoted a positive screen for participants who experienced any of these symptoms at least several days a week (X%*)*

SUICIDAL IDEATION

As stated in the survey, survey responses are not monitored in real time and answers were anonymous, so we had no way of knowing who answered the questions. **The IRB approved the question below** (also extracted from the PHQ) along with the subsequent listing of resources.

We felt it was important to ask this question given the possible high prevalence of suicidality in physicians and the lack of good data to truly understand the prevalence and correlates of SI in our community.

| *Thoughts that you would be better off dead, or thoughts of hurting yourself in some way*

If you are struggling and need support, the Mount Sinai Center for Stress, Resilience, and Personal Growth (CSRPG) is there to support you. CSRPG provides MSHS staff, faculty, and trainees with confidential behavioral health care. Contact us at MS-CSRPG@mountsinai.org or (212)-659-5564 to learn more about how we can support you. If you are having thoughts of harming yourself or are in immediate crisis, help is also available at the National Suicide Prevention Hotline: 1-800-273-8255 - staffed 24 hours a day, 7 days per week.

➔ 3 % of Faculty members reported experiencing these thoughts at least several days a week.

MSHS MENTAL HEALTH SERVICES (MHS)

Department	People who expected benefit (EXP-BEN)	EXP-BEN from MHS & used MHS	EXP-BEN & did NOT use MHS	Top reasons for NOT using MHS
Overall MSHS 2022	40.3%	20.4%	19.9%	Did not Try Privacy concerns in network Not know how to find provider Hours not convenient Cost too high

MHS utilization

Over the past year, has there been a time when you thought you might benefit from mental health services (e.g., talk therapy, counseling, psychiatry)?

- Yes, and I have utilized mental health services during this time
- Yes, and I have NOT utilized mental health services during this time
- No
- I don't remember/prefer not to answer

MORAL INJURY

This new dimension was explored using the following question:

I am troubled by having acted in ways that violated (went against) my own morals or values in doing my work.

➔ 16.9 % of Faculty members agreed at least slightly.

Work Related Outcomes

EHR BURDEN

Department	Clerical unloading effort	EHR and frustration	Outside work EHR >60 min/ Day	Time on Clerical work >60 min/ Day
Overall MSHS 2019	53.1%	52.2%	41.9%	25.0%
Overall MSHS 2022	39.5%	52%	49.6%	43.7%

My primary patient care setting (hospital or ambulatory) makes an effort to unload my clerical / administrative burden: People who answered “somewhat” or “a lot”.

The EHR adds to the frustration of my day: People who strongly agree or agree

The amount of time you spend on the EHR outside your workday (beyond your typical work hours)

The amount of time you spend on clerical work during your workday

SATISFACTION/EVALUATION

% of respondents who strongly agree/agree

Department	Meaning in Work	Time for family	Job satisfaction	Metrics capture my success	Team works efficiently
Overall MSHS 2019	94.3%	40.0%	65.9%	10.8%	na
Overall MSHS 2022	94.5%	45.5%	68.6%	28.8%	67.6%

The work I do is meaningful to me

My work schedule leaves me enough time for my personal/family life.

Overall, I am satisfied with my job

Current metrics adequately measure the success of my work

My clinical care team works efficiently together

LIKELIHOOD TO LEAVE CURRENT ROLE

2022	Likely/definite	Moderate	Top Reasons for Leaving	Would make it more likely to stay:
Overall MSHS	15.5%	19%	<ul style="list-style-type: none"> -Insufficient compensation -Lack of career support -Pressure regarding metrics and productivity -Clerical burden -Personal life prioritization 	<ul style="list-style-type: none"> - Increased PTO, reimbursements - Increased salary - Improved use of health care team to decrease administrative work - Improved team efficiency -Improved mentorship - Improved effort to prevent/address mistreatment in the workplace

As a means of comparison, here are the results of our 2019 survey to the question of likelihood to leave **PATIENT CARE**.

2019	Likely /definite	Top Reasons for Leaving	Top Plans if Leave
Overall MSHS	16.8%	<ul style="list-style-type: none"> Metrics Medical system Career support lacking 	<ul style="list-style-type: none"> Clinical Care (69.7%), Nonclinical medicine (11.6%)

Safety at MSHS within teams

PSYCHOLOGICAL SAFETY – Blue percentages reflect team’s psychological **safety**

Requirements for team safety 2022	Agree/Strongly Agree*	Disagree/Strongly Disagree*
If you make a mistake on this team, it is often held against you	8.4%	54.6%
Members of this team are able to bring up problems and tough issues	56.5%	8.8%
People on this team sometimes reject others for being different	5.7%	70%
It is safe to take a risk in this team	42.7%	10.6%
It is difficult to ask other members of this team for help	7%	63%
No one on this team would deliberately act in a way that undermines my efforts	59.0%	13%
Working with members of this team, my unique skills and talents are valued and utilized	58.3%	7.9%

*Other options were neutral, disagree a little bit, agree a little bit (not shown)

Evaluation of psychological safety: 7-item Fearless Organization Questionnaire

MSHS CULTURE

The culture of Mount Sinai promotes...	Agree/ Strongly agree*	Disagree/Strongly disagree*
... creativity and innovation	41.9%	6.4%
... a positive educational learning environment	58.5%	3.9%
... a caring work environment	40.1%	8.3%

* Other option was “neither agree nor disagree” (not shown)

MSHS CLIMATE

Statements:	Agree/ Strongly agree*	Disagree/Strongly disagree*
I am proud to work at Mount Sinai	69.0%	1.8%
Mount Sinai is committed to excellence in patient care	66.0%	2.0%
I feel connected to other employees on my primary teams at Mount Sinai	72.2%	9.6%
Managers in my department give feedback and evaluate employees fairly, regardless of the employee's race, ethnicity, gender, gender identity, sexual orientation, age, or social background.	67.8%	10.2%

* Other option was “neither agree nor disagree” (not shown)

Safety at MSHS within patient care

PHYSICAL VIOLENCE

Department	Response #	Never	1-5 times	More than 5 times
MSHS Overall 2022	941	88.9%	10%	1.2%

VERBAL ABUSE

Department	Response #	Never	1-5 times	More than 5 times
MSHS Overall 2022	942	48.5%	35.6%	16%

IN THE PAST YEAR, how many times have you experienced:

- Physical violence (e.g., hit, grabbed, bitten, scratched) from a patient or patient's visitor?
- Verbal abuse (e.g., insults, threats, screaming, cursing at you) from a patient or patient's visitor?

Leadership and mentorship at MSHS

LEADERSHIP AND MENTORSHIP

Department	Leadership Score	Leader satisfaction	Individuals Who Have Mentors	Mentor Index	Mentor satisfaction
Overall MSHS 2019	31.3	65.4%	26.8%	5.78 (out of 8)	90.8%
Overall MSHS 2022	34.5	71%	40.8%	37.2 (out of 45)	87%

Evaluation of Leadership:

Leadership score– score out of 45 (see breakdown below)

9 items from the **Mayo Clinic Leader Index** , including the following question reported as “leader satisfaction”:

How satisfied are you with your primary direct supervisor: People who are satisfied or very satisfied

Evaluation of Mentorship:

Mentorship – Modified from the Mentorship Competency Assessment survey

Do you have a mentor(s) for career development within the Mount Sinai Hospital System?

Mentorship index – Modified from the Mentorship Competency Assessment survey

Actively listens to me
Provides me with constructive feedback
Helps me set career goals
Helps me to develop strategies to meet my career goals
Helps me balance work with my personal life
Recognizes and addresses biases/prejudice with the mentor/mentee relationship
Aligns expectations about the role/responsibilities between the mentor and the mentee
Connects me to other people in my field and work

Mentorship satisfaction:

How satisfied are you with your mentor?: People who are satisfied or very satisfied

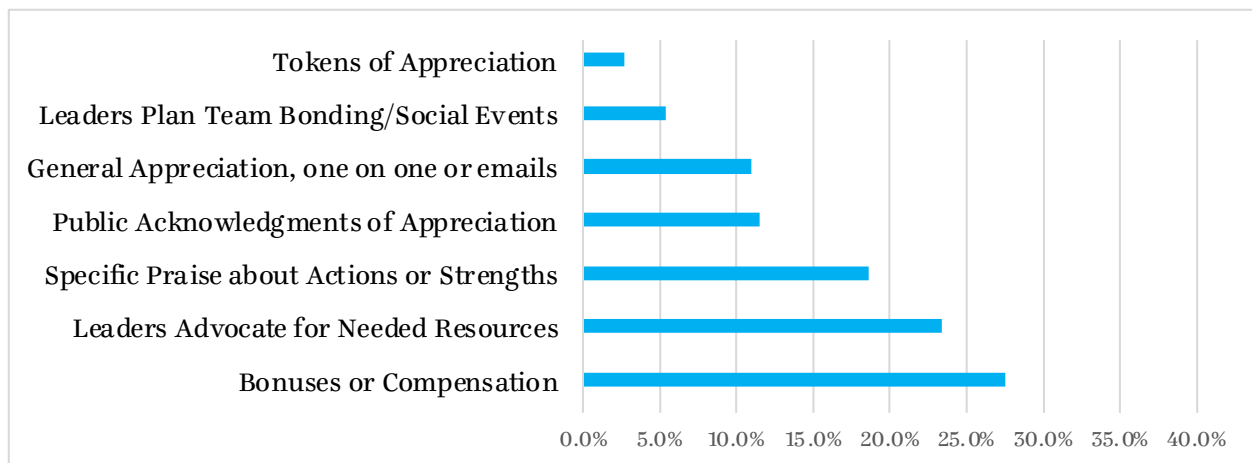
LEADERSHIP SCORE BREAKDOWN

% of respondents who strongly agree/agree

“My supervisor ...”	2019	2022
Holds career development conversations with me	45%	62.5%
Empowers me to do my job	58%	72.9%
Encourages me to suggest ideas for improvement	58%	71.4%
Treats me with respect and dignity	77%	83.8%
Provides helpful feedback and coaching on my performance	49%	60.4%
Recognizes me for a job well done	58%	70.7%
Keeps me informed about changes taking place	58%	67%
Encourages me to develop my talents and skills	51%	63.7%
Is a role model for me *	NA	63%
Professional values aligned with leaders *	NA	65.3%

*not included in the Mayo clinic leadership index

GESTURES MAKING YOU FEEL VALUED/APPRECIATED



Interventions to Improve Well-Being at MSHS

