

Survey took place in April 2025  
35% response rate (Active and Provisional privileges at RJH/VGH)

## WHAT'S GOING WELL

- **Work is meaningful.** 93% agree.
- **Moderate to high psychological safety.** Average 5.13/7 (CMA 2021 Survey 4.95/7).
- **Good teamwork.** 87% felt the degree to which their team works effectively is good.
- **Confidence in ability to adapt to change.** 72% agreement.
- **Willingness to support changes to enhance physician wellness.** 50% of respondents are interested in contributing.

## KEY AREAS OF CONCERN

### Burnout.

- 42% (Stanford Professional Index)/46% (Mini Z) Driven by work exhaustion (emotional, physical), insufficient resources, excessive workloads.

### Low professional fulfillment.

- 20% fulfilled. Driven by lack of control when dealing with problems at work.

### Poor Work/Life Climate.

- 36% report good work/life climate.
- 62% report arriving home from work late 3-7 days per week.
- 54% report feeling frustrated by technology 3-7 days per week.

### EHR Stress.

- 70% early career, 77% mid career, 87% late career say the EHR adds frustration to their day.
- 50% report excessive use outside work hours.
- 47% report insufficient documentation time.

## MIXED RESULTS

### Some discrimination.

- 66% never or rarely
- 21% infrequently
- 13% frequently or fairly often

### Professional value alignment.

- 53% disagree that their professional values align with those of clinical leaders.

### Feeling valued at work.

- Feel most valued by Division/Department leadership, least valued by Hospital leadership.

### Need for greater collegiality and support.

- 74% can rely on colleagues to provide practical assistance when they need help.
- 37% can rely on colleagues to listen when experiencing work problems
- 37% feel their colleagues take a personal interest in them.



## 5 CORE THEMES

1. **Insufficient resources.** Human (physicians, allied health, nursing) and physical (beds, space in hospital).
2. **Unsupportive and toxic or fragmented environment.** Unhealthy work environment/culture, toxic interpersonal relationships, poor interaction with other clinical divisions, lack of collegial social support, lack of effective leadership at various levels, lack of value alignment and system-level support.
3. **Work and system inefficiencies.** Inefficient EHR, patient flow/bed block, lack of admin support, need for interdepartmental collaboration, insufficient access to healthcare for patients.
4. **Unreasonable workload expectations.** Increased workload volume, lack of work-life integration, inequity in workload and call distribution, excessive administrative work, lack of control and flexibility.
5. **Desire for greater collegiality, support, and involvement.** Facilitating a team-based approach; enhancing physician involvement in resource allocation and operations; strengthening collegiality, connection, and social support.



## WHAT CAN YOU DO?

- Ask your department head for your **department-specific results**.
- **Talk with your colleagues about those results.** What resonates? What is some low-hanging fruit?
- If your group had \$5,000, **what would you want to change or work on?**
- Contact the South Island MSA ([info@southislandmsa.ca](mailto:info@southislandmsa.ca)) for more information on **Well Doc Project Funding**.
- Join the Physician Wellness and Social Committee to help lead this kind of work across the MSA. It's The Funnest™ Committee!
- Attend a **Working Group** meeting to have a voice in how our Facility Engagement funds are allocated and to learn about other initiatives in the South Island. The delicious meal and great company are a bonus.

For more information, visit [www.southislandmsa.ca](http://www.southislandmsa.ca) or email [info@southislandmsa.ca](mailto:info@southislandmsa.ca)