**NURSING Survey Introduction**

Clinician burnout has been increasingly recognized as a major problem in the US healthcare industry. Issues of mental health, wellbeing, suicides, and clinicians leaving healthcare (quitting or retirement) have all been noted. It would be a reasonable assumption that [Your Hospital/Organization/Health System] is not immune to this problem, although it does not appear that any specific studies have been done to look at burnout rates, or attrition rates yet.

This survey is intended to clarify some of the issues around burnout among providers, and is intended also to develop additional important information regarding the causes and contributors of burnout. **While we recognize that you, as a caregiver, are bombarded with survey after survey, we are hopeful that this survey in particular could identify specific problems or issues in your lives and work, and lead to the possibility of addressing those specific issues**. PLEASE CONSIDER RESPONDING!

The survey has been kept as short as possible in order to make it palatable and quickly answerable. The potential is also there for individuals, voluntarily and privately, to offer additional commentary regarding these factors of concern.

Your participation in this is vital. The expected time to complete this survey should be less than 20 minutes. [Average time reported has been about 15 minutes]

\*\*\*\*THE FOLLOWING SECTIONS ARE FOR USE PRIMARILY IN STUDIES TO BE APPROVED BY IRB FOR USE WITH EMPLOYEES OR OTHER AT RISK POPULATIONS!\*\*\*\*

We do not anticipate any significant risk involved with answering the survey. The primary risk is that, as an employee, answers could be used as part of an evaluation of you as an employee. However, it will be assured that no answers, either written, or spoken, will be released without every assurance that there is no way to trace them back to a specific individual, and if that is not possible, the response will not be utilized.

**Some survey questions could make you feel uncomfortable or be upsetting.** All resources associated with this study are available to all caregivers regardless of participation in the study. [Place your own resources here]

[As an example, the following are resources offered to all caregivers in the PSJH system:

[My Mental Health Matters](https://mymentalhealthmatters.live/)
[Caregiver Assistance Resources](https://mymentalhealthmatters.live/caregiver-assistance-resources/)
[PSJH Choose Well](https://www.mychoosewell.org/) ]

While we realize that this is a slight imposition on your time and energy, the information that we acquire may go a long way towards furthering our mission of supporting you in your practices. It must be mentioned, though, that participation is voluntary and choosing not to participate will not impact your relationship with Providence.

By answering the survey, it will be assumed that you have given your consent to participate in this project.

All survey data will be collected anonymously by the research team, and unless specifically directed otherwise, only de-identified responses will be forwarded to the research team for further analysis. Every effort will be made to maintain the confidentiality of your responses. You may also feel free to skip any specific questions that would make you uncomfortable.

Thank you in advance for your cooperation and collaboration to help us help you.

If you have any questions or concerns, please do not hesitate to contact the principal investigator

[Principal Investigator: Name, email address]

If you have any questions about your rights as a research participant, you should contact:

[Institutional Review Board: Name, Contact Info, email address]

To complete the study survey, click here [Place link to survey here].

**Inventory of Burnout: Single Question**

**How true do you feel the following statements are about you at work during the past two weeks?**

1. I enjoy my work. I have no symptoms of burnout.
2. Occasionally I am under stress, and I don’t always have as much energy as I once did, but I don’t feel burned out.
3. I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
4. The symptoms of burnout that I’m experiencing won’t go away. I think about frustration at work a lot.
5. I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.

Common Symptoms of Burnout may include (but are not limited to):

* Loss of motivation.
* Detachment.
* Increased cynical or negative outlook.
* Decreased satisfaction or sense of accomplishment.
* Tiredness that does not respond to adequate rest.
* Sense of failure and self-doubt.
* Feeling tired and drained most of the time.
* Feeling helpless, trapped, and defeated.
* Feeling alone in the world.
* Lowered immunity/ frequent illnesses

**Potential Areas of dissatisfaction**

**(4 point scale- None, minimal effect, moderate, severe)**

EHR/Digital Workload

* Current use of the EHR competes/inhibits the time I have to provide quality, clinical based , bedside care and interactions with my patients.
* The use of the EHR detracts from my ability to care for my patients.
* The use of the EHR negatively affects my efficiency and bandwidth in consideration of my patient team assignment.
* My organization designs the EHR to ensure that clinical documentation processes and flowsheets are unique to my practice area to support efficiency
* I frequently finish documentation outside of standard work hours which contributes to my dissatisfaction with work
* My patient assignment and workload is such that it affects my ability to take breaks, lunch and sign out of work on time at the end of my shift.
* The frequency of EHR updates and system changes in documentation and workflow results in significant re-orientation increasing burden and frustration.
* The volume of alerts in the EHR make it difficult to identify what is meaningful, and do not support the workflow
* The volume and fragmented manner (Mechanisms) of communication distract from my time to focus on patent care needs and activities.
* OTHER [ open text response]
* If these issues are of concern, what suggestions would you make to improve them? [ open text response]

Clinical Workload

* Care Assignments (Number of patients assigned), exceed my ability to provide the best patient care (to ensure the highest quality care).
* I am being asked to see patients in too little time to adequately care for them
* I find that insurance and financial issues impair my ability to care for my patients in efficiently expediting care and diagnostics ordered by provider
* I find that my patient’s Social and other determinants of health (SDoH) cannot be adequately addressed in my current job.
* OTHER [ open text response]
* If these issues are of concern, what suggestions would you make to improve them? [ open text response]

Financial Issues

* I am not being compensated adequately.
* I am not being compensated enough for the amount of work I am asked to do
* In order to earn enough I have to work too many shifts/overtime, which could compromise my patient’s care
* OTHER [ open text response]
* If these issues are of concern, what suggestions would you make to improve them? [ open text response]

Administrative Burden

* I am given too many edicts that must be fulfilled that do not pertain to patient care
* I spend too much time on non-patient related work to adequately care for my patients
* I am required to attend/complete to many educational, Unit, and Mandatory meetings during work time that compete with my clinical time to care for patients
* OTHER [ open text response]
* If these issues are of concern, what suggestions would you make to improve them? [ open text response]

**Administrative Culture**

**(4 point scale- Always, Usually, Occasionally, Never)**

Administrative Culture

* The administration where I work cares about me as an individual
* The administration where I work listens and responds to my needs
* The administration provides flexibility and support for my needs and requests
* I trust my administration to look out for my needs and concerns
* In my workplace I am treated with respect by the administration
* OTHER [ open text response]
* If these issues are of concern, what suggestions would you make to improve them? [ open text response]

**Overall work environment/culture**

**(4 point scale- Always, Usually, Occasionally, Never)**

Overall work environment/culture

* The clinic or hospital where I work allows me to flourish as an individual
* The administration where I work has created a warm working environment
* The environment where I work encourages diversity of thought and behavior
* I am apprehensive of being perceived negatively for expressing concerns or thoughts related to the work environment
* My current work environment supports a toxic culture
* The amount of work I need to complete results in a work life imbalance that takes joy/ pleasure out of my life.
* OTHER [ open text response]
* If these issues are of concern, what suggestions would you make to improve them? [ open text response]

**Demographic Information**

* Which Location?

[Office based/Hospital based/Hybrid/Other]

* Employment situation?

[Acute Care / Inpatient Setting / Ambulatory/OP Setting / Other]

* Are You:

[Management-Administration / Leadership / Non- Leadership / Other]

* How long employed or working How long employed at current situation?

[0-5years/ 5-10years/ 10-15 years/ >15 years]

* at current situation?

[0-5years/ 5-10years/ 10-15 years/ >15 years]

* Primary Care/Specialty?

[Primary Care/Specialty care]

[Medical Specialty/Surgical Specialty/Acute care/Hospitalist/Other]

* Age cohort

[30-40; 40-50; 50-60; 60 and older]

* Gender

[ Male; Female; Non-binary]

* Race

[White; Black; Hispanic; Asian/Pacific Islander; Indigenous American; Other]

* I am considering leaving/quitting/retiring:

[In the next year / In 1-3 years / Within 5 years / Not at the present time]

* + If I leave, I will be moving to:

[another clinical job / a nonclinical job in healthcare / quitting healthcare altogether]