

## Supplemental Digital Appendix 1

### Resident Wellness Survey

**Survey measure developed by Dr. Mickey Trockel and colleagues at Stanford University, 2014, reprinted with permission.**

#### Introduction

Thank you for your willingness to share 10 to 12 minutes of your time to help us learn about your experience at work. This survey includes questions about your practice environment, a section about your sleep, mood, and anxiety level, and a section about your workload.

We will administer this survey periodically to track our progress as we design and implement strategies to change our work environment and organizational culture in ways that promote wellness and satisfaction.

**This is a confidential survey.** Results will be analyzed and reported only in aggregate. You will only be asked to provide your contact information if you request additional support for dealing with stress and burnout. Your confidentiality will be protected in the event you do provide contact information.

**By completing our survey, you agree that your data may be gathered and stored in our database.**

**Do you accept our privacy policy as written above (abridged from original)?**

☐ Yes    ☐ No

### Demographic Information:

- a. Sex: ☐ Male ☐ Female
- b. Age: ☐ < 25 years ☐ 25 to 29 years ☐ 30 to 34 years ☐ 35 to 39 years ☐ ≥ to 40 years
- c. Relationship status: ☐ Not living with significant other ☐ Living with significant other ☐ Do not have significant other
- If you are not living with a significant other, please skip the next question (d):
- d. ☐ My significant other does not work outside the home  
☐ My significant other works part-time outside the home  
☐ My significant other works full-time outside the home
- e. Parenting status: ☐ Not living with dependent children ☐ Living with one or more dependent children ☐ Do not have children
- f. Department/specialty: \_\_\_\_\_
- g. Which year are you in residency ☐ G1 ☐ G2 ☐ G3
- h. Are you a fellow? ☐ Yes ☐ No
- i. What is your ethnicity? (please choose one) ☐ Hispanic/Latino ☐ Not Hispanic/Latino
- j. What is your race? (select all that apply):  
☐ White (European, other) ☐ Black or African American  
☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander  
☐ Asian ☐ Other: \_\_\_\_\_

### Section A. About your experience and practice environment at work...

#### 1. How true do you feel the following statements are about you at work?

	Not at all true	Somewhat true	Moderately true	Very true	Completely true
a. I feel happy at work	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
b. I feel worthwhile at work	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
c. My work is satisfying to me	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
d. I feel in control when dealing with difficult problems at work	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

#### 2. How true are the following statements about conditions in your practice setting (i.e. your principal practice site)?

	Not at all true	Somewhat true	Moderately true	Very true	Completely true
a. Patients and their families appreciate my efforts	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
b. I receive appreciation for good work	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
c. My program director recognizes my contributions	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
d. House staff physicians are highly valued	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
e. My contributions at work are recognized	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
f. House staff opinions impact important training program decisions	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
g. We have developed a common standard of care	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
h. Our organizational goals and values fit well with my goals and values	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
i. We have a strong sense of teamwork	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
j. My program director/administration values my clinical work	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
k. I am satisfied with the level of supervision I receive	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

l. I am satisfied with the level of autonomy I am granted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I am learning at a comfortable rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I am learning an appropriate amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. How true are the following statements about your peers at work?**

<b>My peers at work:</b>	<b>Not at all true</b>	<b>Somewhat true</b>	<b>Moderately true</b>	<b>Very true</b>	<b>Completely true</b>
a. Listen empathetically when I talk about work related stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lift me up when I'm having a difficult day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help me find solutions to work problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pitch in when I need help with my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section B.     *About your work related stress, personal relationships, sleep, mood, and anxiety level...***

**4. To what degree have you experienced the following during the last two weeks of inpatient work?**

<b>During the past two weeks of inpatient work I have felt...</b>	<b>Not at all</b>	<b>Very little</b>	<b>Moderately</b>	<b>A lot</b>	<b>Extremely</b>
a. A sense of dread when I think about work I have to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physically exhausted at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lacking in enthusiasm at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Emotionally exhausted at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the past two weeks my job has contributed to me feeling...</b>	<b>Not at all</b>	<b>Very little</b>	<b>Moderately</b>	<b>A lot</b>	<b>Extremely</b>
e. Less empathetic with my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Less empathetic with my colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Less aware of my patients' feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Less sensitive to others' feelings/emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Less interested in talking with my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Emotionally numb or distant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Callous towards others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**l. Using your own definition of “burnout”, please circle *one of the numbers to the right*:**

- |   |   |
|---|---|
| I enjoy my work. I have no symptoms of burnout.   | 1 |
| 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.                                    | 2 |
| I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.                                      | 3 |
| The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot.  | 4 |
| 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.* | 5 |

\*(If you selected this response, please consider seeking assistance through the Employee Assistance Program or your health insurer.)

**5. How has your job affected your personal relationships during the last year?**

In the past year my job has...	Not at all true	Somewhat true	Moderately true	Very true	Completely true
a. Made it harder for me to nurture <u>existing</u> personal relationships	[ ]	[ ]	[ ]	[ ]	[ ]
b. Made it harder for me develop <u>new</u> meaningful personal relationships	[ ]	[ ]	[ ]	[ ]	[ ]
c. Contributed to conflict in my personal relationship(s)	[ ]	[ ]	[ ]	[ ]	[ ]
d. Contributed to me feeling more isolated or detached from the people who are most important to me	[ ]	[ ]	[ ]	[ ]	[ ]

**6. Please respond to each item by marking one box per row.**

In the past 7 days...	Not at all	A little bit	Somewhat	Quite a bit	Very much
a. I had a hard time getting things done because I was sleepy	[ ]	[ ]	[ ]	[ ]	[ ]
b. I felt alert when I woke up	[ ]	[ ]	[ ]	[ ]	[ ]
c. I felt tired	[ ]	[ ]	[ ]	[ ]	[ ]
d. I had problems during the day because of poor sleep	[ ]	[ ]	[ ]	[ ]	[ ]
e. I had a hard time concentrating because of poor sleep	[ ]	[ ]	[ ]	[ ]	[ ]
f. I felt irritable because of poor sleep	[ ]	[ ]	[ ]	[ ]	[ ]
g. I was sleepy during the daytime	[ ]	[ ]	[ ]	[ ]	[ ]
h. I had trouble staying awake during the day.	[ ]	[ ]	[ ]	[ ]	[ ]

**Section C. About your workload...**

**7. If you practice in an outpatient clinic please answer this item. Omit if you do no outpatient work.**

In the grid below, please estimate the AVERAGE time allocated to you and amount of time you feel would be needed to provide high quality care for your patients.

Visit Type	Time allocated	Time needed
a. Initial visit .....	_____ min.	_____ min.
b. Routine follow-up.....	_____ min.	_____ min.

**8. During a typical month, how many days are you on-call?**

In the hospital: \_\_\_\_\_ days  
By telephone: \_\_\_\_\_ days

**9. Do you feel comfortable approaching program staff to discuss schedule accommodations for essential life events (e.g. maternity and paternity leave, weddings, family celebrations, family illnesses/emergencies)?**

**10. Is the program responsive when you approach them regarding these essential life and family events?**

Narrative questions:

1. What suggestions do you have that would improve your well-being?
2. If you could change one thing to improve your work life, what would it be?

**If you would like to receive additional support and resources on burnout and workplace stress, please provide your contact information. Keep in mind that this will allow us to link your responses to your personally identifiable information which will be carefully protected.**

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