

## Summary of the Nationally and Institutionally Historically Benchmarked Wellness Survey at UT Southwestern



### Background

As part of UT Southwestern's commitment to a culture of wellness and support of our faculty, staff, learners, and housestaff's well-being, UT Southwestern joined the Healthcare Professional Well-being Academic Consortium (PWAC) in 2022, a self-funded, national cohort of academically affiliated medical centers dedicated to evaluating and improving the well-being of healthcare professionals using a validated, holistic survey and growing benchmark database. PWAC benchmarked comparisons are aggregated data from peer institutions represented in PWAC between 2019 and 2021. Data that is  $<0.2$  standard deviations from the benchmark standard is considered neutral while data that is  $\geq 0.2$  standard deviations favorable or unfavorable to the benchmark is considered significant.

During the AAMC (American Medical Colleges) Standpoint survey in 2019, UT Southwestern had assessed both professional fulfillment and burnout by the same metric used in the UT Southwestern Thrive survey allowing for comparison to institutional historical data as well as PWAC nationally benchmarked data, so that institutional, health system, departmental, divisional, and other leadership can evaluate these occupational wellness indicators as well as their drivers for our faculty, housestaff, and advanced practice providers (APPs).

This report provides the provost and senior leadership with a high-level view of the wellbeing and their drivers for faculty. Collecting and disseminating this data is **the first step** of an improvement cycle in which the results for each department or division can allow leaders to engage their teams in identifying team level needs and opportunities.

### Response Rates

Because of definition variability in the professional fulfillment, burnout, and driver questions based on clinical role, faculty were given a clinical version of the survey if they were part of the MSRDP and a nonclinical version of the survey (i.e., basic science and nonclinical faculty in clinical departments) if not part of the MSRDP. All tenure-track faculty were included in the nonclinical survey. All faculty associates were given the nonclinical survey since they serve non-physician roles in clinical departments and the benchmarks are established for MD or clinical PhD equivalent faculty nationally.

Of the 4,716 clinical faculty, APPs, and housestaff surveyed, 1,905 responded (40% response rate). Response rate was highest among APPs (**62%** (525 responses/841 invitations)), then faculty (**46%** (1477 responses/3201 invitations)), and lowest in housestaff (19% (288 responses/1525 invitations)).

For clinical faculty, 53% of invited clinical scholars, 60% of clinicians, and 45% of clinical educators responded. By rank, 50% of instructors, 43% of assistant professors, 50% of associate professors, and 53% of professors responded. Department response rates ranged from 29% (Surgery) to 69% (Pediatrics and Cardiothoracic Surgery). 49% of faculty associates responded to their version of the survey.

For basic science faculty, overall response rate was 45% (386/852 invitations). Department response rates ranged from 100% (OB/GYN) to 21% (Biochemistry). By track, 39% of research track, and 50% of Tenure Track faculty responded. By rank, 34% of instructors, 48% of associate professors, 41% of assistant professors, and 53% of professors responded.

### Burnout Measures

According to the World Health Organization, burnout is a syndrome resulting from chronic workplace stress that is specific to the occupational context. The two major components of physician burnout are work exhaustion and interpersonal disengagement. An overall burnout score of at least 3.325 out of 10 is considered "high" burnout which was determined using two scales from the Maslach Burnout Inventory as a comparison assessment method. As shown in Table 1:

- Overall burnout in 2022 for all UT Southwestern faculty is 3.09 which is numerically lower than it was in 2019 (3.175).

- Compared to attending academic physicians in PWAC, UT Southwestern clinical faculty are within <0.2 standard deviations of the benchmark burnout score (PWAC 2.92 compared to 3.19).
- For clinical faculty, burnout is slightly higher compared to all faculty, but lower than it was in 2019 (3.225).
- Similar to 2019, basic science faculty score lower on burnout than clinical faculty.
- Aligned with national data, clinical female faculty have higher burnout scores than clinical male faculty (3.41 vs. 2.92).
- By track, tenure-accruing faculty have the lowest burnout scores while clinical educators had the highest burnout scores.
- By rank, Assistant Professors have the highest burnout scores while Professors have the lowest.
- Younger faculty had higher burnout scores than older faculty.
- Part-time faculty had lower burnout scores than full-time faculty.
- Working faculty parents with newborn or infants, children in pre-school, or elementary school have higher burnout scores than those without caregiving responsibilities, while faculty with an elderly parent or dependent adult living with them had the lowest burnout scores.
- Higher clinical effort percentage was associated with higher burnout scores in a graded fashion.

**Table 1. Burnout Scores**

	<b>Burnout Score</b>
Overall Faculty (n=1477)	3.09
Clinical Faculty (n=1091)	3.19
Basic Science Faculty (n=386)	2.75
Male (n=409)	2.92
Female (n=504)	3.41
Part-time (n=73)	2.72
Full-time (n=1010)	3.21
<u>Track</u>	
Clinical Educator (n=937)	3.26
Clinician (n=12)	3.23
Clinical Scholar (n=141)	2.66
Research (n=131)	12
Tenure/Tenure-accruing (n=192)	2.56
<u>Rank</u>	
Faculty Associate (n=56)	3.43
Instructor (n=11)	2.03
Assistant Professor (n=573)	3.41
Associate Professor (n=267)	3.33
Professor (n=212)	2.51
<u>Age</u>	
Age 30 to 39 years old (n=316)	3.55
Age 40 to 49 years old (n=301)	3.43
Age 50 to 59 years old (n=162)	2.81
Age 60 years or older (n=114)	2.18
<u>Percent Clinical Effort (for Clinical Faculty)</u>	
No Clinical Effort (n=16)	2.16
1 to 20% Clinical Effort (n=48)	2.02
21-40% Clinical Effort (n=108)	2.95
41-60% Clinical Effort (n=161)	3.04
61-80% Clinical Effort (n=281)	3.23
>80% Clinical Effort (n=472)	3.40
<u>Caregiving Responsibilities</u>	
No caregiving responsibilities (n=270)	3.06
Newborn and/or infant (0–2-year-old) (n=130)	3.56
Pre-school-aged children (age 2-5) (n=222)	3.45
School-aged children (K-5) (n=281)	3.45
Middle School-aged children (6 <sup>th</sup> through 8 <sup>th</sup> ) (n=137)	3.16
High School-aged children (9 <sup>th</sup> through 12 <sup>th</sup> ) (n=128)	3.02
College-age students (18 to 22 years-old) (n=100)	3.03
Elderly parent or adult dependent living in their home (n=50)	2.91

Elderly parent or adult dependent not living in their home (n=211)	3.22
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In terms of faculty that scored above the cut-point, 44% of faculty had high burnout compared to 37% in the PWAC cohort.

When asked “What is the likelihood that you will leave your current institution within two years?” 15% of faculty responded that they likely or definitely will leave, compared to 11% in 2019 AAMC Standpoint Survey.

### Professional Fulfillment Measures

Professional Fulfillment is defined as happiness, meaningfulness, self-worth, self-efficacy, and satisfaction at work. Using a World Health Organization indicator of high quality of life as a comparison standard, a cut-point score of 7.5 has been identified as “high professional fulfillment.”

Overall professional fulfillment for all faculty in 2022 was 6.57, numerically improved from 6.48 in 2019. For clinical faculty, their professional fulfillment was slightly lower at 6.26 in 2022 compared to 6.43 in 2019. Basic science faculty are numerically more fulfilled than they were in 2019 and more fulfilled than clinical faculty (2019 score 6.85, 2022 score 6.97). Compared to attending academic physicians in PWAC, UT Southwestern clinical faculty are within <0.2 standard deviations of the professional fulfillment score (PWAC 6.53 compared to 6.26). As summarized in Table 4:

- Male faculty have higher professional fulfillment scores than female faculty
- Clinical educators have the lowest professional fulfillment scores compared to other tracks
- Assistant professors have the lowest professional fulfillment scores of all the ranks
- Increasing age is associated with increased professional fulfillment scores
- Clinical faculty with 1-20% clinical effort have the highest professional fulfillment with professional fulfillment progressively decreasing with increasing clinical effort
- Faculty with newborn to school age children and faculty with adult dependents not living in their home have lower professional fulfillment scores than those with middle school, high school, or college age children.

In terms of faculty that scored above the cut-point, 40% of all faculty are fulfilled. Fulfillment prevalence is higher in basic science faculty (50%) and lower in clinical faculty (36%). In PWAC clinical faculty, 40% are fulfilled similar to UT Southwestern.

**Table 2. Professional Fulfillment Scores**

	Professional Fulfillment Score
Overall Faculty (n=1477)	6.57
Clinical Faculty (n=1091)	6.26
Basic Science Faculty (n=386)	6.97
Male	6.63
Female	6.04
Part-time (n=73)	6.40
Full-time (n=1010)	6.25
<u>Track</u>	
Clinical Educator (n=937)	6.16
Clinician (n=12)	6.77
Clinical Scholar (n=146)	6.89
Research (n=131)	6.85
Tenure/Tenure-accruing (n=192)	7.20
<u>Rank</u>	
Faculty Associate (n=56)	6.45
Instructor (n=11)	6.74
Assistant Professor (n=573)	6.01
Associate Professor (n=267)	6.22
Professor (n=213)	6.90
<u>Age</u>	
Age 30 to 39 years old (n=316)	5.94
Age 40 to 49 years old (n=301)	6.22
Age 50 to 59 years old (n=162)	6.63
Age 60 years or older (n=114)	7.15

<u>Percent Clinical Effort (for Clinical Faculty)</u>	
No Clinical Effort (n=16)	6.73
1 to 20% Clinical Effort (n=48)	7.41
21-40% Clinical Effort (n=108)	6.77
41-60% Clinical Effort (n=161)	6.36
61-80% Clinical Effort (n=281)	6.22
>80% Clinical Effort (n=472)	6.00
<u>Caregiving Responsibilities</u>	
No caregiving responsibilities (n=270)	6.36
Newborn and/or infant (0–2-year-old) (n=130)	6.00
Pre-school-aged children (age 2-5) (n=222)	6.02
School-aged children (K-5) (n=281)	6.09
Middle School-aged children (6 <sup>th</sup> through 8 <sup>th</sup> ) (n=137)	6.36
High School-aged children (9 <sup>th</sup> through 12 <sup>th</sup> ) (n=128)	6.45
College-age students (18 to 22 years-old) (n=100)	6.14
Elderly parent or adult dependent living in their home (n=50)	6.36
Elderly parent or adult dependent not living in their home (n=211)	5.99

### **Drivers of a Culture of Wellness**

Institutions can support wellness through a system-level commitment to providing supportive leadership, maximizing institutional and personal value alignment, optimizing control of schedule, having a supportive peer environment, and elevating and enforcing behaviors that create a respectful, dignified, and safe environment.

Compared to PWAC national benchmarks, UT Southwestern is within < 0.2 standard deviations of the PWAC cohort in terms of these drivers.

#### Supportive Leadership Behaviors

Prior research has shown that supportive leadership is strongly correlated with burnout and satisfaction scores of individual physicians (Mayo Clin Proc. 2015 Apr;90(4):432-40).

- On a scale of 0 to 10, UT Southwestern scored 6.96 for supportive leadership behaviors.
- The School of Health Professions (7.94) had the highest score among clinical departments .
- The overall faculty score for basic science faculty is 6.99, slightly higher than for clinical faculty.

#### Institutional and Personal Values Alignment

When personal and institutional values are aligned, faculty are more engaged, more fulfilled, and more likely to have a productive growth mindset.

- On a scale 0 to 10, clinical faculty score 4.94 for institutional and personal values alignment.
- The overall faculty score for basic science faculty is 5.71, slightly higher than for clinical faculty.

#### Peer Support

Creating a culture of psychological safety and support leads to stronger performing teams and more engaged faculty. This measure looked at how well peers listened empathetically when faculty spoke about work-related stress, lifted the faculty member up when they were having a difficult day, helped them problem-solve work issues, and pitched in when they needed help with their work.

- On a scale of 0 to 10, clinical faculty scored 6.31 for peer support.
- Basic science departments scored slightly lower on this measure at 5.96.

#### Control of Schedule

Autonomy and a sense of control are strongly associated with professional fulfillment and inversely associated with burnout. Schedule control perception included control over the hours faculty work, work interruptions and unscheduled

disruptions, volume of work or patient load, ability to control need for last minute schedule changes for unexpected personal or family needs.

- On a scale of 0 to 10, clinical faculty scored 3.81 for control of schedule.
- Basic science departments scored higher on this measure at 5.74.

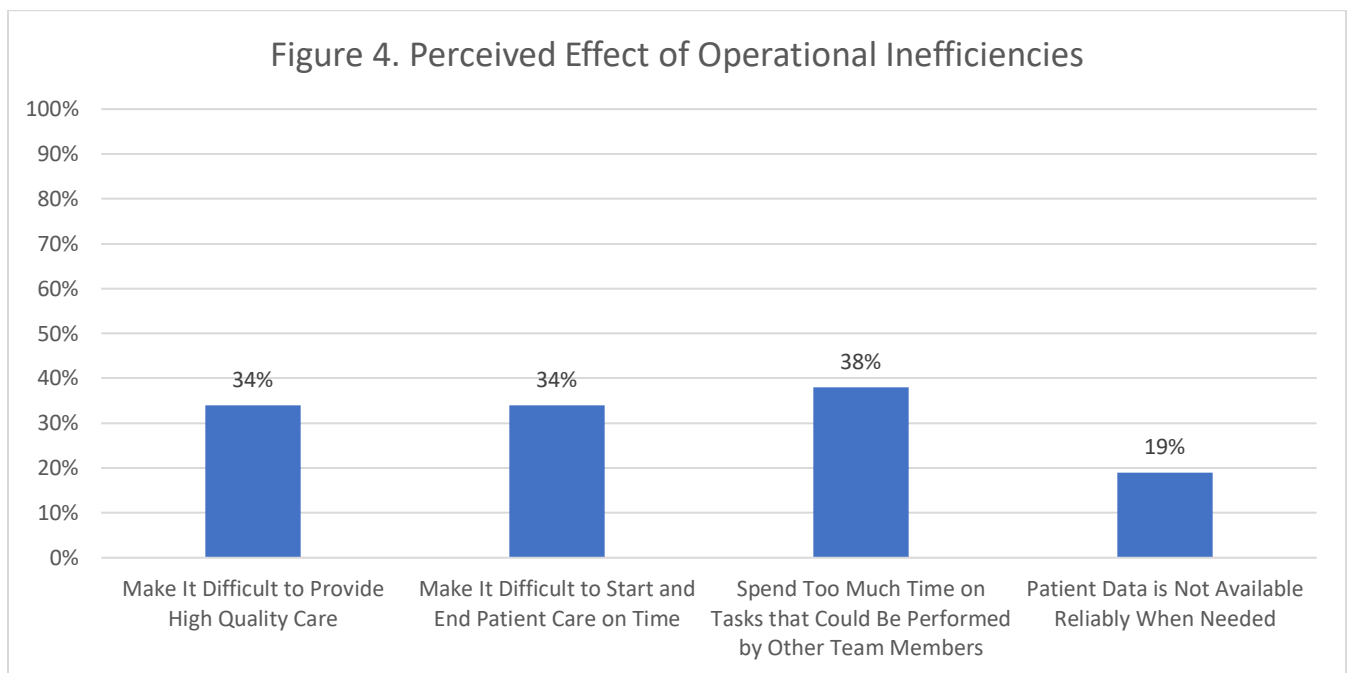
### Equity, Visibility, Belonging, and Being Heard

Creating a culture of inclusion, equity, and belonging allows faculty to bring their authentic selves to their profession and promotes a culture of wellness.

- The majority clinical and basic science faculty agree or strongly agree that both institutional leadership (clinical 69%, basic science 76%) and departmental/divisional leadership (clinical 68%, basic science 66%) takes visible action to promote racial equity.
- The majority of clinical and basic science faculty agree or strongly agree that institutional leadership (clinical 64%, basic science 73%) and departmental/divisional leadership (clinical 70%, basic science 69%) takes visible action to promote gender equity.
- 20% of clinical faculty and 14% of basic science faculty feel unheard, invisible, or unnoticed to a great or very great extent.
- 62% of clinical faculty and 71% of basic science faculty feel they can speak in meetings without undue interruptions to a great or very great extent.
- 40% of clinical faculty and 56% of basic science faculty feel they have a voice in things that matter to them to a great or very great extent.
- 36% of clinical faculty and 22% of basic science faculty feel that they do not matter or matter to only a small extent at UT Southwestern.
- 59% of clinical faculty and 70% of basic science faculty feel they belong at UT Southwestern often or always.
- 27% of clinical faculty and 19% of basic science faculty feel that they have rarely or never been well mentored at UT Southwestern.

### **Practice Efficiency Drivers of Wellness**

From a system level, inefficiencies in clinical workflows and hassles within the electronic health records (EHR) can negatively impact professional fulfillment and increase burnout. Perceived Operational efficiencies are present to a great or very great extent about a third of the time for our clinical faculty (Figure 4).



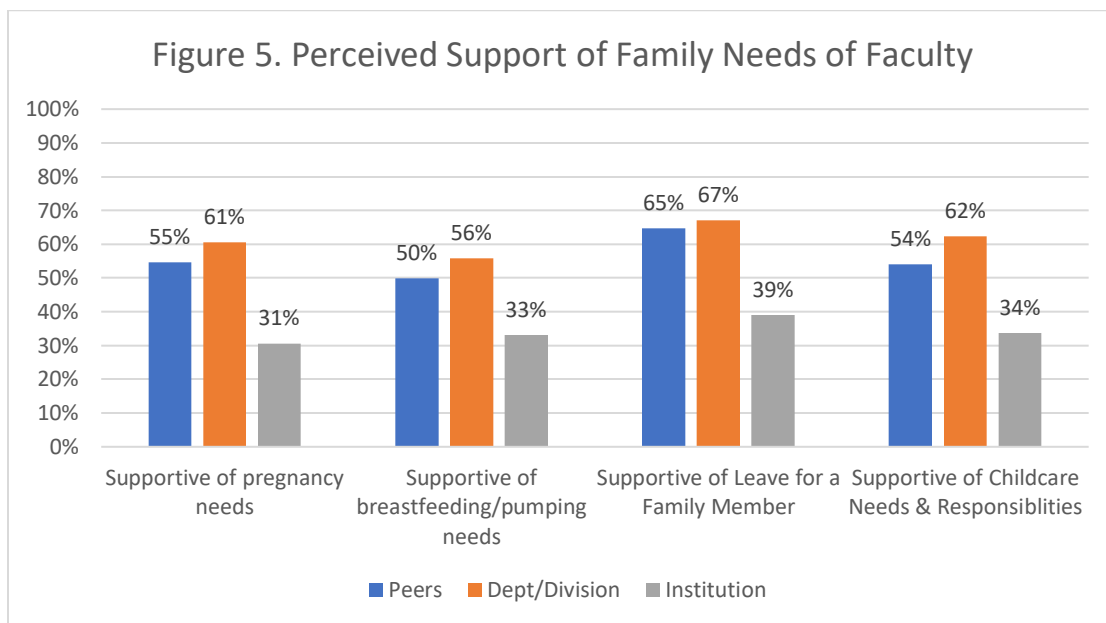
Forty-nine percent of clinical faculty feel that always or often the amount of EHR work per patient is excessive, 38% feel they often or always spend too much time on EHR tasks that other team members could do, and 30% feel that it often or always makes it hard for them to pay attention to their patients during their visit. However, faculty do often or always

see the benefits of the EHR to help coordinate care efficiently (42%), to efficiently enter orders (52%), to quickly locate necessary patient information (59%), and to communicate efficiently with patients (34%).

### Personal Wellness Drivers

Personal drivers of wellness including amount of work-to-family conflict and family-to-work conflict, the perceived negative impact of work on personal relationships, self-compassion and valuation and perceived gratitude are important for a system to acknowledge in order to understand opportunities to create institutional policies and support that aligned with improving personal wellness. Faculty and staff that are personally well performed optimally at work, are more engaged, and less likely to decrease their professional effort or leave.

- 31% of our clinical faculty and 35% of our basic science faculty have had major life stressor (death or critical illness of a close family member, divorce or significant relationship disruption or major personal illness or injury) in the past year.
- Clinical faculty noted more of a negative impact of work on personal relationships than basic science faculty (scale 0-10, lower scores are better, clinical 3.90 vs. basic science 2.86).
- On 0-10 scale of work on family conflict, where higher scores connote more conflict, clinical faculty perceived more work to family conflict (i.e., the perceived impact of work responsibilities on family responsibilities) compared to basic science faculty (5.65 vs. 4.57).
- On 0-10 scale of family on work conflict, where higher scores connote more conflict, clinical faculty perceived less family on work conflict (i.e., the perceived impact of family responsibilities on work responsibilities) than basic science faculty (2.64 versus 2.73).
- Overall faculty perceive that peers and department/divisional leadership are quite a bit or very much supportive of pregnancy needs, breastfeeding/pumping needs, leave for a family care need, and faculty childcare and family responsibilities, but perceive that the institution is not as supportive (Figure 5).



### Conclusions

- Overall, UT Southwestern is aligned with national benchmark levels of burnout and professional fulfillment and their drivers although there is some variability by specialty and department.
- Compared to 2019 at UT Southwestern, faculty have improved burnout scores and higher professional fulfillment scores suggesting we have made some advances in promoting a culture of wellness.
- Departments that scored below specialty specific national benchmarks for burnout and professional fulfillment tended to score below benchmark for institutional and personal values alignment.

- Working parents and caregivers, younger faculty, assistant, and associate professors tend to have more burnout and are less professionally fulfilled. Advocating for increased support for family leave, childcare and adult dependent care, and life transition times is important and an opportunity for improvement at a system level.
- Enhancing operational efficiencies, particularly in delegating non-physician level tasks to other members of the clinical team may improve clinical faculty well-being.
- Approximately a quarter of faculty do not feel well mentored at UT Southwestern which was an identified opportunity for improvement in the 2019 AAMC Standpoint survey and suggests we have more work to accomplish in this area.