

Connecting to Purpose

Lessons Learned from Indiana University School of Medicine's Professional Well-Being Academic Survey

Executive Summary



Introduction

Indiana University School of Medicine and Indiana University Health are committed to supporting a culture of wellness and engagement.

- In 2015, the two organizations established a Well-Being Task Force. The task force administered the Well-Being Index—an assessment to measure burnout—routinely across clinical services for years.
- In 2018, a focus on wellness was included in the IU School of Medicine strategic plan for the first time. At the same time, IU School of Medicine launched the Student Wellness Coalition and other medical student initiatives, several graduate student-related activities, and a subsequent Mind-Body Medicine curriculum.
- Over the past several years, IU School of Medicine has made significant investments in mental health services for learners by establishing IUSM Mental Health Services, led by Dr. Samia Hasan.
- In October 2023, IU School of Medicine and IU Health made a joint investment in VITAL Work Life — a leading wellness resource for clinicians — launching the initiative for faculty who are employed by both organizations.

Validating the Effort

One of the most significant steps toward supporting the culture of wellness across both institutions was their investment in institutional membership of the Healthcare Professional Well-Being Academic Consortium (PWAC). The organization focuses on validated measurement of well-being outcomes and determinants and offers members access to a growing benchmarking database that is powered by nationwide member-administration of the core PWAC survey.

Led by Stanford Medicine WellMD and WellPhD, more than 30 academically affiliated health care institutions across the United States have administered the PWAC survey, sharing in the commitment to reduce burnout and improve the professional well-being of their clinicians, faculty scientists and resident/fellow trainees.

This report is an executive summary of findings from our first series of administrations conducted from November 2022 through May 2023.

Survey Deployment

Two versions of the PWAC survey were deployed to more than 5,500 people.

- A clinical version was sent to dually employed and affiliate faculty, residents and fellow trainees.
- A nonclinical version was given to faculty scientists*, postdoctoral trainees, graduate students and research associates.

^{*} In this context, a faculty scientist was identified as a PhD faculty member in a basic science or clinical department.



Measuring Well-Being in the Academic Workplace

The National Academy of Medicine recognized the PWAC survey as having strong validity and reliability^{1,2}.

The Stanford Model of Professional Fulfillment depicts three interrelated domains that are key drivers of professional fulfillment and burnout.

Culture of wellness

A thriving culture promotes accountability, robust infrastructure, and regular well-being. It values recognition, fairness, inclusiveness, transparency and alignment with core values.

Efficiency of practice

Successful workplace systems and processes redesign workflows for efficiency, involving individuals in process improvement, and promote efficient communication and assessment.

Personal resilience

Individual skills, behaviors and attitudes contributing to well-being. Success factors include encouraging peer support, providing resources for life needs (such as child and elder care) and offering self-care and financial management support systems.

The Stanford Model of Professional Fulfillment



- Organizational work environment and systems
- Attribute of a member of the IU School of Medicine community

Key Findings

Burnout rates were highest among residents/fellows (58.5%), followed by dually employed faculty (48.4%) and faculty scientists (42.2%). These proportions were significantly higher compared to the PWAC consortium.

Professional fulfillment and burnout vary widely among clinical and nonclinical departments.

Women reported lower professional fulfillment and higher burnout across all academic roles, with the most concerning gap among resident and fellows— 66.3% of women experienced high burnout compared to 48.7% of men.

Personal-organizational values alignment was significantly lower among our clinical faculty and residents/ fellows compared with the PWAC consortium.

¹ Trockel, M., Bohman, B., Lesure, E. et al. A Brief Instrument to Assess Both Burnout and Professional Fulfillment in Physicians: Reliability and Validity, Including Correlation with Self-Reported Medical Errors, in a Sample of Resident and Practicing Physicians. *Acad Psychiatry* 42, 11–24 (2018). https://doi.org/10.1007/s40596-017-0849-3
² Website source: https://healthcarepwac.org/what-we-do (PFI tool)

Examining PWAC Survey Response Rates

Response Rates: Clinical Version Administered November 2022 to January 2023 responded/invited 26% Dually Employed Faculty 26% Other Affiliated Faculty 41% Residents & Fellows 30% OVERALL, CLINICAL n=1,210 / 4,026

Response Rates: Nonclinical Version

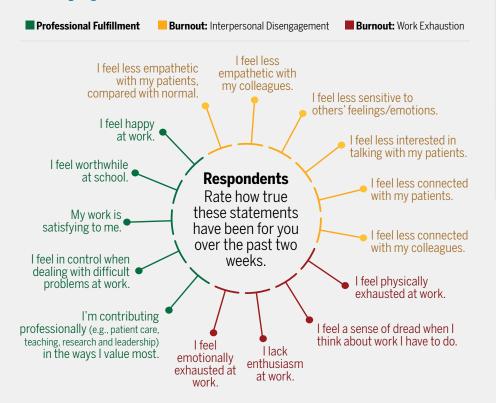
Administered April to May 2023



Total Administered: 5,503 • **Total Responses:** 1,656

Survey Questions

10 20 30 40 50



Clinical version

Professional fulfillment

Burnout

Culture of wellness

- Organizational/personal values alignment
- Supportive leadership behaviors
- Equity, visibility and inclusion (EVI)
- · Control of schedule
- Safety climate

Efficiency of Practice

- Efficiency of clinical practice
- Electronic health record experience

Intent to leave

Percent of clinical time

Hours worked

Self-reported demographics

Nonclinical version

Professional fulfillment

Burnout

Culture of wellness

- Organizational/personal values alignment
- Supportive leadership behaviors
- Equity, visibility and inclusion (EVI)
- Control of schedule
- Peer support

Efficiency of Practice

Task load

Personal Resilience

- Negative impact of work on personal relationships
- Self-valuation

Intent to leave

Self-reported demographics

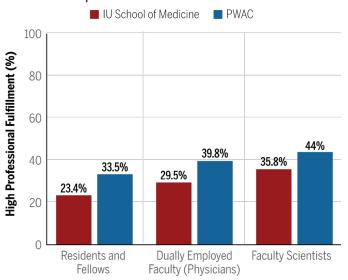
Professional Fulfillment and Burnout by Academic Role

Compared with national benchmarks, dually employed faculty and residents/fellows experienced lower professional fulfillment and higher burnout.

Mean differences for both scores were unfavorably below the national benchmark by more than 0.2 standard deviations (see appendix, tables 5 and 6), pointing to an opportunity for improvement.

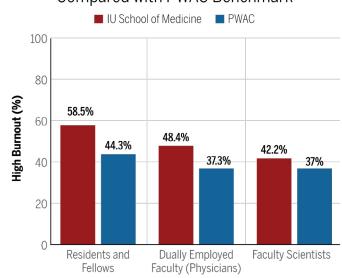
Percentage of High Professional Fulfillment

IU School of Medicine Compared with PWAC Benchmark



Percentage of High Burnout

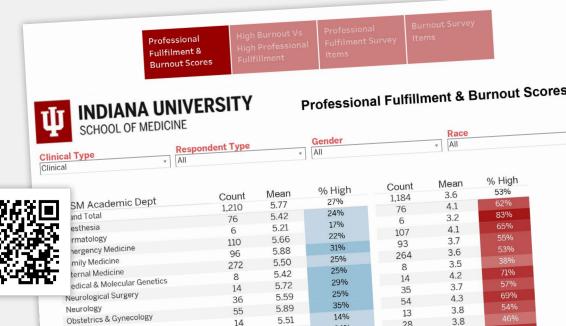
IU School of Medicine Compared with PWAC Benchmark



Explore the data

Dig deeper into the data specific to the 2022-2023 Indiana University School of Medicine and IU Health administration of the Professional Well-Being Academic Consortium Survey. Email fapdd@iu.edu to request

access to the Tableau PWAC dashboard. Then login to the dashboard by scanning the code at right or going to https://go.iu.edu/8pZ3



3.8

5.51

Department Context

Results show considerable variation in professional wellbeing across academic departments and by academic role.

Clinica

Clinical departments with over half of respondents reporting 'high' burnout for dually employed faculty and residents/fellows included Anesthesia, Emergency Medicine, Neurological Surgery, Obstetrics & Gynecology, Otolaryngology-Head & Neck Surgery, Psychiatry and Surgery.

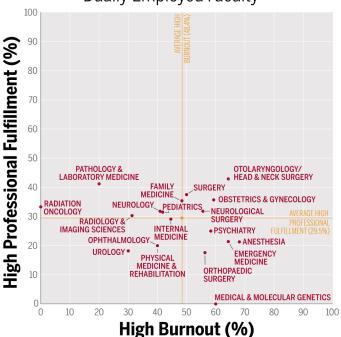
The Pathology and Laboratory Medicine department showed 'high' rates of **professional fulfillment** and lower **burnout** for both dually employed faculty and residents/fellows. Notably, the Radiation and Oncology department had the largest proportion of their trainees experiencing 'high' **professional fulfillment**.

Nonclinical

When comparing faculty scientists' professional fulfillment and burnout by department, all but one department falls between 30% to 65% for **burnout** and between 20% to 57% for **professional fulfillment**. For faculty scientists, lower professional fulfillment scores largely correlate with higher burnout across all but one department.

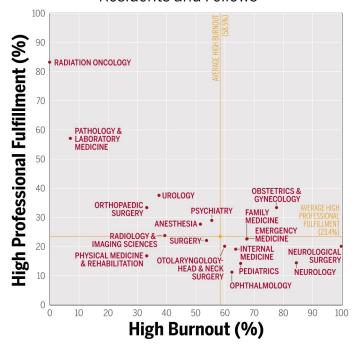
Clinical Departments by Academic Role

Dually Employed Faculty



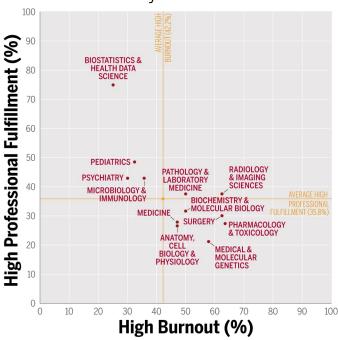
Clinical Departments by Academic Role

Residents and Fellows



Basic Science and Clinical Departments

Faculty Scientists



Academic Role and Gender

Not surprisingly, and consistent with the national trend, our results point to *gender* differences across academic roles. Overall, men reported higher professional fulfillment than women (Appendix Table 5). Women reported higher burnout in the workplace than men (Appendix Table 6).

Professional Fulfillment and Burnout by Gender

	Profession	al Fulfillment	Burnout	:
-	Men	Women	Men	Women
Dually Employed Faculty	35.2%	** 25.2%	45.7%	48.7%
Residents and Fellows	29.2%	** 19.2%	48.7% ***	66.3%
Faculty Scientists	39.8%	32.0%	38.0% *	49.6%

Chi-Square Test Results: *** p<0.01 | ** p<0.05 | * p<0.10

Note: Self-reported gender survey options were Male, Female, Prefer Not to Say and a text write-in option

Academic Role and Race/Ethnicity

Due to the smaller number of respondents identifying with a race or ethnicity historically under-represented in medicine (URiM)³, we expect nonsignificant statistical differences when comparing group averages to non-URiM group averages. Although we are less confident in generalizing these results to the entirety of URiM populations by academic role, descriptive statistics can hold value in understanding the experiences of those who responded to the survey.

Professional Fulfillment and Burnout by Race/Ethnicity

	Professional	Fulfillment	Burn	out
-	URiM	Non-URiM	URiM	Non-URiM
Dually Employed Faculty	37.5%	31.1%	54.2%	46.6%
Residents and Fellows	24.5%	23.2%	59.3%	57.5%
Faculty Scientists	50.0% *	34.7%	34.6%	43.4%

Chi-Square Test Results: *** p<0.01 | ** p<0.05 | * p<0.10

³ School-identified URIM racial and ethnic categories include Hispanic, Latine, African-American and/ or Black.

Drivers and Determinants of Professional Well-Being by Academic Role

Determinants of professional well-being are benchmarked against similar populations (PWAC members) for dually employed faculty and residents/fellows. (Benchmarks and select determinants are not available for faculty scientists.) Mean scores are reported on a scale of 0-10. Any measure over 0.20 standard deviation from the **PWAC** benchmark is considered an opportunity for improvement.

The chart at right (top) displays drivers and determinants among our dually employed faculty. Personal-organizational values alignment is below the PWAC benchmark standard.

The other chart displays drivers and determinants among our residents and fellow trainees. Similarly, personal-organizational values alignment is an opportunity for improvement. Electronic health records (EHR) appears to be less of a hassle among our trainees than similar populations reporting via the PWAC.

Faculty scientist benchmarks for PWAC drivers and determinants have not been released; data collection is currently in progress.

Well-Being Measures: Benchmark Comparison IU Dually Employed Faculty to PWAC Attending Physicians

Domain	Measure	Score ^a (Standard Deviation)	Standard Deviation to Benchmark ^b
Outomo Magazira	Professional Fulfillment	5.90 (2.32)	-1 -0.30
Outcome Measure	Burnout *	3.44 (2.21)	-1 -0.27
Organizational	EHR Hassles *	5.72 (2.85)	-1 0.04
Efficiency of Practice	Efficiency of Clinical Practice	4.45 (2.46)	No Benchmark Available
	Supportive Leadership Behaviors	7.14 (2.65)	0.05
Organizational Culture of Wellness	Personal-Organizational Values Alignment	4.23 (2.91)	-1 -0.34
	Control Over Schedule	4.02 (2.08)	-0.03
	Safety Climate	6.02 (2.33)	No Benchmark Available

Well-Being Measures: Benchmark Comparison IU Residents and Fellows to PWAC Residents and Fellows

Domain	Measure	Score ^a (Standard Deviation)	Standard Deviation to Benchmark ^b
Outoons Magaziro	Professional Fulfillment	5.61 (2.12)	-0.29
Outcome Measure	Burnout *	3.82 (2.11)	-0.27
Organizational	EHR Hassles *	5.04 (2.44)	0.24
Efficiency of Practice	Efficiency of Clinical Practice	y of Clinical Practice 5.19 (2.29) No Ben	
	Supportive Leadership Behaviors	7.85 (1.71)	-1 0.10
Organizational Culture of Wellness	Personal-Organizational Values Alignment	3.76 (2.44)	-0.55
outure of Weiliness	Control Over Schedule	1.92 (1.81)	-0.07
	Safety Climate	6.25 (1.99)	No Benchmark Available

Benchmark ■ **Strength** Mean ≥0.2 stand

Strength
≥0.2 standard
deviations favorable
to benchmark
standard

within ±0.2 standard deviations of benchmark standard

Opportunity for improvement

≥0.2 standard deviations *unfavorable* to benchmark standard

^{*} Lower score is favorable.

^a Scores reported when a respondent has completed at least 75% of items in the question set. Means reported on scale of 0 to 10. Standard deviations for mean scores (used to calculate error bars) are derived from the population sampled for this report.

^b Standard deviation for benchmark comparison is derived from the indicated benchmark or comparison population.

Wellness and Engagement Resources

IU School of Medicine Resources

VITAL WorkLife

In collaboration, Indiana University Health and Indiana University School of Medicine launched VITAL WorkLife in fall 2023. VITAL WorkLife is the leading mental health and well-being resource for healthcare organizations.

VITAL WorkLife services are available for all dually employed physicians, advanced practice providers and their family members. Services include counseling, peer coaching, leadership development, financial and legal resources, concierge services and more.

Strategic Wellness Planning Committee

The Strategic Planning Wellness Committee was formed to guide wellness initiatives across the school of medicine. The committee is composed of leadership from multiple departments representing the school population.

Health and Wellness Advisory Council (HWAC)

The IU Health/IU School of Medicine Health and Wellness Advisory Council (HWAC) serves as a two-way communicating body to share wellness ideas from all areas of the academic health care organization. This group provides recommendations to leaders that promote personal, team and system-wide well-being. Members are invited by the HWAC chair and departmental nominations.

Indiana University Resources

Healthy IU

Healthy IU is Indiana University's workplace wellness program. Healthy IU provides educational and environmental resources to foster individual well-being and support a culture of wellness in the workplace and beyond. Some of the resources offered include a wellness ambassador program, one-on-one nutrition counseling and wellness challenges.

SupportLinc

SuportLinc is an employee assistance program that offers 24/7 access to free counseling, coaching, financial and legal consultation and other referral services. SupportLinc services are available at no cost to all IU employees, medical and optometry residents, student academic appointees, fellowship recipients and the household members of these individuals.

Care.com

IU provides premium membership access to Care.com, the world's largest online community for finding care. Care.com is available to full-time appointed academic and staff employees. Care.com provides unlimited virtual access to find, schedule and pay for care for children, adults, pets and home.

Additional Resources

Indiana University Human Resources provides employees access to tobacco-cessation services, Weight Watchers, additional mental health resources and work-life resources.

Putting the Data into Action

What can you do?



Dig deeper into your department's PWAC data by visiting the Tableau PWAC dashboard. (See page 5.)



Remind your team of existing wellness resources, and encourage individuals to use them.



Take advantage of coaching and mentoring resources.



Invest in leadership by recommending that new and established leaders attend leadershipdevelopment programs.



Develop a peer support program.



COMING SOON!

Identify a wellness champion, and encourage them to serve on the Wellness Committee.

Reach out to Faculty Affairs and Professional Development (FAPD) at **fapdd@iu.edu** to be connected with your department liaison and learn more about FAPD programs, events and services.

Appendix

TABLE 1. Professional Fulfillment Scores by Clinical Roles and Academic Department

Scale score ranges 0-10.	Dually	/ Employed	Faculty	Residents and Fellows			
Above 7.5 represents "high" professional fulfillment.	Count	Mean	% High PF	Count	Mean	% High PF	
Total IUSM Clinical Respondents	660	5.90	29.5%	541	5.61	23.4%	
Anesthesia	47	4.86	21.3%	29	6.33	27.6%	
Dermatology	NR	NR	NR	NR	NR	NR	
Emergency Medicine	70	5.69	21.4%	40	5.62	22.5%	
Family Medicine		6.17	35.4%	31	5.28	22.6%	
Internal Medicine	151	5.69	29.1%	121	5.28	19.0%	
Medical & Molecular Genetics	5	4.17	0.0%	NR	NR	NR	
Neurological Surgery	9	5.61	31.8%	5	5.92	20.0%	
Neurology	22	6.34	31.8%	14	4.40	14.3%	
Obstetrics & Gynecology	28	5.92	35.7%	27	5.85	33.3%	
Ophthalmology	5	6.00	20.0%	9	5.23	11.1%	
Orthopaedic Surgery	17	5.60	17.6%	12	6.18	33.3%	
Otolaryngology-Head & Neck Surgery	14	6.64	42.9%	10	4.54	20.0%	
Pathology & Laboratory Medicine	17	6.83	41.2%	14	7.02	57.1%	
Pediatrics	111	6.04	31.5%	85	5.27	14.1%	
Physical Medicine & Rehabilitation	5	5.42	20.0%	6	6.18	16.7%	
Psychiatry	12	6.17	25.0%	45	5.80	28.9%	
Radiation Oncology	6	6.67	33.3%	6	7.22	83.3%	
Radiology & Imaging Sciences	33	6.06	30.3%	38	5.96	23.7%	
Surgery	32	6.60	37.5%	41	5.98	22.0%	
Urology	11	6.36	18.2%	8	6.61	37.5%	

Note: Scale scores are No Report (NR) with groups less than five respondents.

TABLE 2. Professional Fulfillment Scores of Faculty Scientists by Academic Department

Note: Faculty scientist represents all basic science track faculty and any track faculty in clinical departments with a PhD terminal degree. Scale scores are No Report (NR) with groups less than five respondents.

Scale score ranges 0-10.	Fa	culty Scient	tist
Above 7.5 represents "high" professional fulfillment.	Count	Mean	% High PF
Total IUSM Nonclinical Respondents	270	6.21	35.8%
Anatomy, Cell Biology & Physiology	34	5.91	26.5%
Biochemistry & Molecular Biology	19	5.68	31.6%
Biostatistics & Health Data Science	NR	NR	NR
Medical & Molecular Genetics	19	5.20	21.1%
Medicine	36	6.15	27.8%
Microbiology & Immunology	14	6.68	42.9%
Pathology & Laboratory Medicine	8	6.61	37.5%
Pediatrics	33	6.94	48.5%
Pharmacology & Toxicology	11	6.06	27.3%
Psychiatry	21	6.41	42.9%
Radiology & Imaging Sciences	8	5.11	37.5%
Surgery	10	6.25	30.0%
Other Clinical Departments	35	6.21	37.1%
Other Units	22	6.67	45.5%

TABLE 3. Burnout Scores by Clinical Roles and Academic Department

Scale score ranges 0-10.	Dually	/ Employed	Faculty	Resi	dents and F	ellows
Above 3.325 represents "high" burnout.	Count	Mean	% High PF	Count	Mean	% High PF
Total IUSM Clinical Respondents	647	3.44	48.4%	528	3.82	58.5%
Anesthesia	47	4.54	68.1%	29	3.38	51.7%
Dermatology	NR	NR	NR	NR	NR	NR
Emergency Medicine	70	4.16	64.3%	37	3.99	67.6%
Family Medicine	62	3.51	48.4%	31	4.10	67.7%
Internal Medicine	148	3.30	44.6%	116	4.00	63.8%
Medical & Molecular Genetics	5	4.45	60.0%	NR	NR	NR
Neurological Surgery	9	3.69	55.6%	5	5.05	100.0%
Neurology	22	3.12	40.9%	13	4.56	84.6%
Obstetrics & Gynecology	27	4.03	59.3%	27	4.55	77.8%
Ophthalmology	5	3.30	40.0%	8	4.18	62.5%
Orthopaedic Surgery	16	4.17	56.3%	12	3.19	33.3%
Otolaryngology-Head & Neck Surgery	14	3.40	64.3%	10	4.30	60.0%
Pathology & Laboratory Medicine	15	1.98	20.0%	14	1.65	7.1%
Pediatrics	110	3.12	41.8%	84	4.31	65.5%
Physical Medicine & Rehabilitation	5	3.40	40.0%	6	2.63	33.3%
Psychiatry	12	3.15	58.3%	45	3.99	55.6%
Radiation Oncology	6	1.63	0.0%	6	1.00	0.0%
Radiology & Imaging Sciences	32	2.67	31.3%	38	3.08	39.5%
Surgery	32	3.09	50.0%	39	3.54	53.8%
Urology	10	3.28	30.0%	8	2.88	37.5%

Note: Scale scores are No Report (NR) with groups less than five respondents.

TABLE 4. Burnout Scores of Faculty Scientist by Academic Department

Note: Faculty scientist represents all basic science track faculty and any track faculty in clinical departments with a PhD terminal degree. Scale scores are No Report (NR) with groups less than five respondents.

Scale score ranges 0-10.	Fa	culty Scien	tist
Above 7.5 represents "high" professional fulfillment.	Count	Mean	% High PF
Total IUSM Nonclinical Respondents	266	3.04	42.2%
Anatomy, Cell Biology & Physiology	34	3.24	47.1%
Biochemistry & Molecular Biology	18	3.57	50.0%
Biostatistics & Health Data Science	NR	NR	NR
Medical & Molecular Genetics	19	3.93	57.9%
Medicine	34	3.15	47.1%
Microbiology & Immunology	14	2.18	35.7%
Pathology & Laboratory Medicine	8	3.32	50.0%
Pediatrics	34	2.45	32.4%
Pharmacology & Toxicology	11	3.83	63.6%
Psychiatry	20	2.25	30.0%
Radiology & Imaging Sciences	8	4.16	62.5%
Surgery	8	4.34	62.5%
Other Clinical Departments	35	2.69	34.3%
Other Units	23	2.83	26.1%

TABLE 5. Professional Fulfillment Scores by Role and Demographics

Scale score ranges 0-10.	Dually	Employed	Faculty	Residents and Fellows			Fac	Faculty Scientists		
Above 7.5 represents "high" professional fulfillment.	Count	Mean	% High PF	Count	Mean	% High PF	Count	Mean	% High PF	
Gender					I		I	ı		
Men	327	6.15	35.2%	195	5.91	29.2%	108	6.47	39.8%	
Women	238	5.79	25.2%	250	5.44	19.2%	125	6.00	32.0%	
Prefer Not to Say	42	5.26	19.0%	20	4.92	25.0%	12	6.49	41.7%	
Race and Ethnicity					J		1			
URiM	24	6.39	37.5%	53	5.85	24.5%	26	7.10	53.8%	
Non-URiM	499	6.00	31.1%	370	5.65	23.2%	199	6.22	34.7%	
Prefer Not to Say	76	5.50	19.7%	38	4.77	21.1%	18	5.21	22.2%	

TABLE 6. Burnout Scores by Role and Demographics

Scale score ranges 0-10. Above 3.325 represents "high" burnout.	Dually	Employed	Faculty	Residents and Fellows Faculty Scie			ulty Scient	ntists	
	Count	Mean	% High PF	Count	Mean	% High PF	Count	Mean	% High PF
Gender					J		ı		
Men	326	3.26	45.7%	193	3.45	48.7%	108	2.87	38.0%
Women	238	3.55	48.7%	252	4.06	66.3%	123	3.35	49.6%
Prefer Not to Say	41	3.68	53.7%	20	4.35	60.0%	14	2.13	21.4%
Race and Ethnicity					'		'		
URiM	24	3.33	54.2%	54	3.87	59.3%	26	2.77	34.6%
Non-URiM	498	3.39	46.6%	369	3.74	57.5%	198	3.07	43.4%
Prefer Not to Say	75	3.41	52.0%	38	4.46	68.4%	20	3.08	45.0%

