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Introduction

The National Physician Health Survey (NPHS), conducted by the Canadian Medical Association (CMA), aims to shed light on the health and wellness challenges faced by Canadian physicians and medical learners with the objective of informing decision-making around physician health initiatives. The overarching goal of the 2021 NPHS is to generate an up-to-date and relevant dataset for a range of audiences, including organizations, researchers, educators and stakeholders, to inform and advance physician wellness initiatives, as well as support other strategic priorities for the CMA Enterprise.

As a part of the NPHS series, the National Physician Health Survey Comparison with the General Population Report includes an analysis measuring differences in how occupational, behavioural and social factors contribute to outcomes in mental health and well-being among medical doctors and the general population of employed Canadians. This report also provides an in-depth understanding of the added impacts of the COVID-19 pandemic with respect to personal and workplace stress and wellness for both medical doctors and other employed Canadians.

Executive summary

The COVID-19 pandemic has caused significant social and economic hardships for many Canadians. The toll of the pandemic, including public health measures, on the mental health and well-being of the population has been well documented. The National Physician Health Survey Comparison with the General Population Report examines whether the pandemic has affected physicians and residents differently from the general population and, if so, in what ways.

The analysis compares the results of several key measures for physicians and the general population of employed Canadians. There are several key differences in wellness outcomes, and the results show that challenging workplace environments have probably affected the mental health of physicians and residents differently than other employed Canadians. One of the key differences is the higher rate of burnout and level of fatigue among physicians and medical residents compared with other employed Canadians.

Not surprisingly, given the health system challenges that have been exacerbated during the pandemic, physicians and residents are much more likely to report stress from their job/training, score low on professional fulfillment and have a lower level of job satisfaction. Several occupational factors may contribute to lower levels of job satisfaction, as physicians report having less control over their workload, hectic work environments and longer working hours on average than other employed Canadians. Physicians and medical residents are also more than twice as likely to say they feel fatigued often or always. Additionally, there is evidence that issues surrounding medical work culture are more pronounced as physicians and medical residents are significantly more likely than other employed Canadians to report experiencing intimidation, bullying, harassment and microaggressions in the workplace.

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1 Practising physicians, medical residents and students were invited to complete the survey. This report includes responses from practising physicians and medical residents only. This decision was made to facilitate tracking of results to the 2017 NPHS study in the foundational report: CMA 2021 National Physician Health Survey.

Physicians and residents are also twice as likely to report that they have experienced worsening mental health during the pandemic, with job-related changes (e.g., increased workload/lack of work–life integration, rapidly changing policies/processes, longer time with social restrictions/isolation) being the top factors for this outcome.

Even though physicians and residents have higher rates of burnout and lower rates of job satisfaction and professional fulfillment, their overall mental well-being is significantly higher and they screened positive for depression significantly less frequently than the general population. The results suggest that workplace supports may protect physicians from these negative psychological outcomes, including higher rates of access to a primary care physician and other mental health professionals (psychiatrist, psychologist, licensed counsellor, etc.) and social support (e.g., spending time with family and/or friends), as well as greater financial stability and other socioeconomic factors.

The CMA has committed to a 20-year agile plan, CMA Impact 2040, to improve the physical and mental health of members of society and to support the sustainability of the health system and the health workforce (see Box 1). The NPHS supports CMA Impact 2040 by providing a comprehensive understanding of the current state of physician wellness in Canada as well as identifying the cultural and workplace factors that promote and/or hinder physician wellness.

**Box 1 – CMA Impact 2040: three pillars**

- Health: a society where every individual has equal opportunities to be mentally and physically healthy
- Health system: a health system designed to promote health and be sustainable, integrated and patient-partnered
- Health workforce: a medical culture that is safe, inclusive and health promoting
Methodology

Sampling approach

SAMPLE OF PHYSICIANS AND MEDICAL RESIDENTS

A total of \( n = 3864 \) physicians and medical residents from across Canada’s provinces and territories completed the 2021 NPHS (\( n = 3,489 \) practising physicians, \( n = 375 \) medical residents)\(^3\).

An open link survey, offered in both English and French, was promoted by the CMA via email to CMA members, social media, creative advertising and CMA communications channels including partner organizations. An open-link survey methodology was used to ensure that physicians and medical learners were invited beyond the CMA membership.

The survey was open from Oct. 13 to Dec. 13, 2021. Participation in this study was voluntary.

SAMPLE OF THE POPULATION OF EMPLOYED CANADIANS

The sample population of employed Canadians includes those who were employed either part-time or full-time (henceforth “general population”) and between 18 to 75 years of age. A total of 2,000 respondents from the general population completed a modified version of the 2021 NPHS, relevant to non-physicians. Physicians and residents who started the general population survey were subsequently screened out of this survey and redirected to the physician and medical learner version of the 2021 NPHS.

Respondents from the general population were recruited to an online survey using a non-probability online panel. Quotas and weighting were employed to ensure that the sample’s composition reflects that of the employed Canadian population according to census parameters by age (18–75 years), gender and region.

The survey was open from Nov. 29 to Dec. 10, 2021. Participants of the Ipsos online panel are incentivized using a reward system where points can be redeemed for gifts.

<table>
<thead>
<tr>
<th></th>
<th>Employed Canadians base size</th>
<th>Employed Canadians proportion</th>
<th>Physicians and medical residents base size</th>
<th>Physicians and medical residents proportion(^4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL sample</td>
<td>2000</td>
<td>100%</td>
<td>3864</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Gender**

<table>
<thead>
<tr>
<th></th>
<th>Employed Canadians base size</th>
<th>Employed Canadians proportion</th>
<th>Physicians and medical residents base size</th>
<th>Physicians and medical residents proportion(^4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>1034</td>
<td>52%</td>
<td>1486</td>
<td>38%</td>
</tr>
<tr>
<td>Women</td>
<td>958</td>
<td>48%</td>
<td>2334</td>
<td>60%</td>
</tr>
<tr>
<td>Neither applies</td>
<td>6</td>
<td>0%</td>
<td>12</td>
<td>0%</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>2</td>
<td>0%</td>
<td>32</td>
<td>1%</td>
</tr>
</tbody>
</table>

\(^3\) Note that \( n = 257 \) medical students also completed the survey but were excluded from this analysis.

\(^4\) Note that the sample of physicians and medical residents is not weighted.
<table>
<thead>
<tr>
<th>Age</th>
<th>Employed Canadians base size</th>
<th>Employed Canadians proportion</th>
<th>Physicians and medical residents base size</th>
<th>Physicians and medical residents proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;35</td>
<td>686</td>
<td>34%</td>
<td>662</td>
<td>17%</td>
</tr>
<tr>
<td>35-54</td>
<td>860</td>
<td>43%</td>
<td>1822</td>
<td>47%</td>
</tr>
<tr>
<td>55-75</td>
<td>454</td>
<td>23%</td>
<td>1361</td>
<td>35%</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>n/a</td>
<td>n/a</td>
<td>19</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>Employed Canadians base size</th>
<th>Employed Canadians proportion</th>
<th>Physicians and medical residents base size</th>
<th>Physicians and medical residents proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia, Northwest Territories</td>
<td>270</td>
<td>14%</td>
<td>775</td>
<td>20%</td>
</tr>
<tr>
<td>West (Alberta, Saskatchewan, Manitoba)</td>
<td>374</td>
<td>19%</td>
<td>863</td>
<td>21%</td>
</tr>
<tr>
<td>Ontario</td>
<td>762</td>
<td>38%</td>
<td>1004</td>
<td>26%</td>
</tr>
<tr>
<td>Quebec</td>
<td>468</td>
<td>23%</td>
<td>586</td>
<td>15%</td>
</tr>
<tr>
<td>Atlantic (Nova Scotia, New Brunswick, Prince Edward Island, Newfoundland and Labrador)</td>
<td>126</td>
<td>6%</td>
<td>525</td>
<td>10%</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>n/a</td>
<td>n/a</td>
<td>11</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Table 1. Sample counts and proportions by subgroups.**

In reporting, sample sizes may be further reduced because of survey skip logic, exclusion of “prefer not to answer” responses, respondents not giving consent to collect data on sensitive question topics and respondents not completing the optional section of questions asked near the end of the survey.

**Survey instrument**

Respondents in both the survey of physicians and medical learners and the survey of the general population completed an online survey with questions pertaining to several behavioural, social support, occupational and psychological variables relating to well-being. Note that some questions were not asked to general population respondents.

For detailed information on the methodology and to access the survey instrument for the NPHS, refer to the [CMA 2021 National Physician Health Survey](#). For the general population survey instrument, please see Appendix A.
Notes to reader

Unless otherwise indicated, all questions reported exclude “don’t know” and/or “not applicable” responses, and thus base sizes may vary from question to question.

Results from the 2021 NHPS sample of practising physicians and medical residents are indicated on the charts by the label “Physicians & medical residents,” while the results from the general population of employed Canadians are labelled “Employed general population.” Results from the two samples are compared using a chi-squared test for statistical significance. When a 2 x 2 relationship was being tested, statistical significance was taken to mean a $p$-value equal to or less than 0.05. When a relationship other than 2 x 2 was being tested, adjusted residuals were calculated for each category of the cross-tabulation. An adjusted $p$-value calculation was done with a more conservative threshold for significance that considered the total number of categories tested. Note that in some cases, base sizes were too small for statistical differences to show. Chi-square values, degrees of freedom and $p$-values for statistically significant differences are noted in Appendix B.

The term “significant” is used when reporting on statistically significant differences between the sample of practising physicians and medical residents and the sample of the general population of employed Canadian. Notations specific to this report: a green oval shape means significantly higher than the general population score; a red rectangle means significantly lower. For some cases where there are notable differences that are not statistically significant, the terms “more likely” and “less likely” are used.
Results

Psychological factors

Physicians and residents are significantly more likely to be classified as “moderate” or “flourishing” in their mental health than the general population.

Mental health and well-being are measured using the Mental Health Continuum Short Form (MHC-SF). The scale measures mental health on a continuum from positive feelings and high psychosocial functioning (i.e., flourishing mental health) to lower levels of positive feelings and impaired psychosocial functioning (i.e., “languishing mental health”). Results demonstrate that over nine in 10 physicians and residents are classified as either flourishing (47%) or moderate (46%) in their mental health, whereas 7% are languishing. In comparison, significantly fewer respondents from the general population are classified as flourishing (38%); more are classified as moderate (50%) or languishing (12%).

Mental Health Continuum Short Form (MHC-SF)

MHC-SF is a scale measuring subjective well-being. Individuals are classified into categories of flourishing, moderate or languishing mental health on the basis of responses to emotional, psychological and social well-being items.

The presence of positive feelings and positive functioning in life is characterized as flourishing mental health and their absence is characterized as languishing. Those who are neither flourishing nor languishing are moderate in mental health.

Figure 1. Mental Health - Mental Health Continuum Short-form (MHC-SF) Index created from responses to question 64. How often in the past month did you feel...

Base: Physicians & medical residents (n = 3234), Employed general population (n = 1456).

The rate of depression was significantly lower among physicians and medical residents than among respondents from the general population.

---

5 MENTAL HEALTH CONTINUUM SHORT-FORM (MHC-SF) INDEX. Responses to fourteen questions assessing emotional well-being and aspects of psychological and social functioning are scored and scaled to categorize respondents into one of three categories (languishing, moderate or flourishing).

The PHQ-2 depression screening tool was used to measure depression in the survey. Forty-eight percent of physicians and medical residents screened positive for depression compared with 56% of the general population. This finding is statistically significant, with the general population experiencing higher rates of depression.

![Depression Screening - PHQ-2 Depression Scale](image)

**Figure 2.** Depression Screening - PHQ-2 Depression Scale.

*Base: Physicians & medical residents (n = 3864), employed general population (n = 2000).*

Almost four in 10 respondents from the general population reported experiencing burnout. Physicians and medical residents were significantly more likely to have reported this.

Compared with other employed Canadians, physicians and medical residents experienced *significantly* higher rates of overall burnout (53% vs. 38% general population), including *significantly* higher levels of depersonalization (28% vs. 20% general population) and emotional exhaustion (50% vs. 32% general population).

![Burnout – Maslach Burnout Inventory 2-item Scale](image)

**Figure 3.** Burnout – Maslach Burnout Inventory 2-item Scale.

*Base: Physicians & medical residents (n = 3864), general population (n = 2000). Scoring: To be classified as “burned out,” an individual must experience a high level of emotional exhaustion (item 1) and/or depersonalization (item 2). A high level on each of these items is defined as occurring at least weekly (“every day,” “a few times a week” or “once a week”).

---

7 PHQ-2 DEPRESSION SCALE. If respondents answered “yes” to either item 1. “Felt down, depressed, or hopeless for two or more weeks in a row” or 2. “Lost interest or pleasure in most things like hobbies, and/or work activities that usually give you pleasure”), they classify as “positive” for depression. If both items are “no,” then they are classified as “negative” for depression.
Physicians and medical residents were almost twice as likely as the general population to report feeling a great deal of stress because of their work or training position, but the difference between the two groups in their rating of job satisfaction is smaller than for other measures.

Physicians and medical residents were significantly more likely to report having felt a great deal of stress because of their job or training position (57% vs. 35% general population). However, when asked “To what extent are you satisfied with your job or training position?” the gap was smaller, with 59% of physicians and medical residents reporting they strongly agreed or agreed that they were satisfied with their job versus 63% of the respondents from the general population.

Figure 4. Job satisfaction and job-related stress: responses to question 43, part of the Mini-Z scale. To what extent do you agree or disagree with the following statements?

*Base: Physicians & medical residents (n = 3859, n = 3840), employed general population (n = 2000).*

These findings around higher levels of work-related stress and burnout among physicians and medical residents are coupled with a lower score on professional fulfillment.

Professional fulfillment was measured using the Professional Fulfillment Index (which includes questions related to meaningfulness of work and contributing professionally in ways that are valued most, and among others). Physicians and medical residents were significantly more likely to score low on the Professional Fulfillment Index (79% vs. 67% general population).

---

8 The Professional Fulfillment Index (PFI) is measured using the dichotomous scale on the Professional Fulfillment subscale (6-items average). Items are scored 0 to 4 and treated as a continuous variable. Scale score is calculated by averaging the item scores. Scale score is multiplied by 25 to create a scale range from 0 to 100. Dichotomous professional fulfillment is calculated at an average item score cut-point of >3.0.
**Impact of COVID-19 on mental health**

COVID-19 has had a negative impact on Canadians, with three in 10 of the general population rating their mental health worse since the pandemic started. Physicians and residents were disproportionately affected by the COVID-19 pandemic compared with the general population.

Physicians and medical residents were twice as likely as the employed general population to report that their mental health had become worse during the COVID-19 pandemic (60% reported much/somewhat worse vs. 31% of general population). This finding is statistically significant.

While physicians and medical residents experienced significantly worse mental health outcomes during the pandemic, a large portion of other employed Canadians (31%) also reported poorer mental health.

---

**Figure 5. PROFESSIONAL FULFILLMENT INDEX.** Dichotomous professional fulfillment subscale (6-items average) is recommended at an average item score cut-off point of >3.0.

*Base: Physicians & medical residents (n = 3864), Employed general population (n = 1919). +Excludes those who did not agree to continue with the optional questions.*

---

**Figure 6. Rating of mental health compared with before the pandemic: responses to question 54.** Compared with before the COVID-19 pandemic, how would you rate your mental health now?

*Base: Physicians & medical residents (n = 2318), employed general population (n = 2000).*
When asked what factors contributed negatively to their mental health during the pandemic, physicians and medical residents were more likely than the general population to select many workplace factors. Most indicated that contributors to poor mental health included increased workload and/or lack of work–life integration (57% vs. 18% general population), longer time with social restrictions/social isolation (55% vs. 30% general population), rapidly changing policies/processes (55% vs. 21% general population), continued uncertainty about the future (51% vs. 36% general population) and long waitlists (33% vs. 9% general population).

Physicians and medical residents were also more likely to report that family issues and obligations were contributing factors (34% vs. 20% general population), but they were significantly less likely to say that financial security (17% vs. 32% general population) and decreased workload (4% vs. 8% general population) were factors.

<table>
<thead>
<tr>
<th>Factors that contributed negatively to mental health during the pandemic</th>
<th>Physicians &amp; medical residents</th>
<th>Employed general population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased workload and/or lack of work–life integration</td>
<td>57%</td>
<td>18%</td>
</tr>
<tr>
<td>Longer time with social restrictions/social isolation</td>
<td>55%</td>
<td>30%</td>
</tr>
<tr>
<td>Rapidly changing policies/processes</td>
<td>55%</td>
<td>21%</td>
</tr>
<tr>
<td>Continued uncertainty about the future</td>
<td>51%</td>
<td>36%</td>
</tr>
<tr>
<td>Lack of human resources</td>
<td>35%</td>
<td>-</td>
</tr>
<tr>
<td>Long waitlists</td>
<td>33%</td>
<td>9%</td>
</tr>
<tr>
<td>Adjustment to work or learning from home</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Family issues and obligations</td>
<td>34%</td>
<td>20%</td>
</tr>
<tr>
<td>Concerns about vaccine rollout</td>
<td>23%</td>
<td>15%</td>
</tr>
<tr>
<td>Adjustment to virtual care</td>
<td>28%</td>
<td>-</td>
</tr>
<tr>
<td>Adjustment to virtual learning</td>
<td>18%</td>
<td>10%</td>
</tr>
<tr>
<td>Financial insecurity</td>
<td>17%</td>
<td>32%</td>
</tr>
<tr>
<td>Lack of peer support</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>Physical health struggles</td>
<td>14%</td>
<td>15%</td>
</tr>
<tr>
<td>Challenges acquiring personal protective equipment (PPE)</td>
<td>16%</td>
<td>-</td>
</tr>
<tr>
<td>Interpersonal conflict</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Concerns about long-term care</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>College complaint or lawsuit</td>
<td>7%</td>
<td>-</td>
</tr>
<tr>
<td>Decreased workload</td>
<td>4%</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>18%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Table 2. Factors that contributed negatively to mental health during the pandemic: responses to question 55. What do you believe has contributed negatively to your mental health during the pandemic? Select all that apply.

Base: Physicians & medical residents (n = 2318), employed general population (n = 2000).
Workplace-related factors impacting mental health

Occupational factors, including lower levels of control over workload, greater number of hours worked on average and a hectic workplace environment may contribute to negative outcomes.

Compared with the general population, physicians and medical residents had a significantly greater likelihood of reporting marginal or poor control over their workload (46% vs. 16% general population).

![Control over workload](image)

**Figure 7.** Control over workload: responses to question 45, part of Mini-Z survey. How would you rate the following?

*Base: Physicians & medical residents (n = 3849), employed general population (n = 2000)*

The data also indicate that physicians and medical residents worked significantly more hours per week than the employed general population. On average, they worked 53.8 hours a week (total hours combined including patient care, administrative tasks and other duties/responsibilities) compared with 35.1 hours among the general population.

![Average hours of work](image)

**Figure 8.** Responses to question 20. Average hours worked.

*Note: The average worked hours excludes ‘0’ in the calculation.*

---

9 Combined total hours for each of the following: 1) Patient care (including direct patient care, indirect patient care and on-call work hours); 2) Administrative tasks (including electronic documentation time, email, prescriptions, ordering tests, etc.); 3) Other duties/responsibilities (including teaching, committee work, research, leadership role, etc.)
When asked to “rate the atmosphere in your primary work area (with 1 being hectic and 5 being calm),” more physicians and medical residents (39%) than respondents from other occupations in the general population (23%) rated their workplace atmosphere as hectic. This finding is statistically significant.

<table>
<thead>
<tr>
<th>Atmosphere in primary work area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hectic (1/2)</td>
</tr>
<tr>
<td>Busy, but reasonable (3)</td>
</tr>
<tr>
<td>Calm (4/5)</td>
</tr>
</tbody>
</table>

Figure 9. Atmosphere in primary work area: responses to question 45b. Which number best describes the atmosphere in your primary work area?

Base: Physicians & medical residents (n = 3864), employed general population (n = 2000).

It is not surprising given their heavy workload and workplace environment that many physicians and residents experienced fatigue more frequently than the general population.

Physicians and medical residents were more than twice as likely to say they feel fatigued often or always (57% vs. 24% general population) at work or school. This finding is statistically significant.

<table>
<thead>
<tr>
<th>Frequency of feeling fatigued at work/school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed general population</td>
</tr>
<tr>
<td>Always</td>
</tr>
<tr>
<td>Often</td>
</tr>
<tr>
<td>Sometimes</td>
</tr>
<tr>
<td>Rarely</td>
</tr>
</tbody>
</table>
| Never                                        | 7% 
| Physicians/medical residents                 |
| Always                                       | 57% |
| Often                                        | 16% |
| Sometimes                                    | 41% |
| Rarely                                       | 31% |
| Never                                        | 11% |

Figure 10. Frequency of feeling fatigued at work/school: responses to question 35. How often do you feel fatigued at work/school?

Base: Physicians & medical residents (n = 3864), employed general population (n = 2000).

Another workplace factor may contribute to negative well-being outcomes: experiencing intimidation, bullying, harassment and microaggressions.
Physicians and medical residents were significantly more likely to report ever experiencing intimidation, bullying, harassment or microaggressions in the workplace than other employed Canadians (78% vs. 44% general population), including 28% who reported they experience it frequently or often vs. 18% of the general population.

**Figure 11. Experienced intimidation, bullying, harassment, microaggressions in workplace: responses to question 25. Have you ever personally experienced intimidation, bullying, harassment and/or microaggressions in the workplace or in a training environment?**

<table>
<thead>
<tr>
<th>Physicians &amp; medical residents (n = 3864), employed general population (n = 2000).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced intimidation, bullying, harassment, microaggressions in workplace</td>
</tr>
<tr>
<td>44%</td>
</tr>
<tr>
<td>Employed general population</td>
</tr>
<tr>
<td>Physicians/medical residents</td>
</tr>
</tbody>
</table>

**Frequently = every day, a few times a week; Often = once a week, a few times a month; Less often = once a month or less, a few times a year; NA= not applicable. Ever = 100% minus “Never”

Psychological safety is assessed using Amy Edmondson’s Psychological Safety and Learning Behavior in Work Teams measure. Even though they experienced a much higher proportion of intimidation, bullying, harassment and microaggressions in the workplace, physicians and residents scored marginally (but significantly) lower on psychological safety than the general population (58% vs. 61%, respectively).

**Figure 12. Psychological safety: calculated total continuous score in tertiles.**

*Base: Physicians & medical residents (n = 3864), Employed general population (n = 1480).*

---

10 Psychological Safety and Learning Behavior in Work Teams: 7 items scored 1 to 7 with a range from 7 to 35. Scores are calculated into tertiles: 7 to 12, 13 to 24 and 24 to 35.
Workplace wellness supports

Physicians and medical residents were less likely to report having any wellness supports in the workplace; however, they were more likely to have accessed them in the past five years and more likely to engage in self-care activities.

Physicians and medical resident were significantly more likely to report that their workplace does not offer any wellness supports (44% vs. 28% general population). They were also significantly less likely to say they have back-up call when they need time off for urgent life matters (21%; in contrast, 40% of the employed general population reported having the ability to take personal days).

<table>
<thead>
<tr>
<th>Workplace wellness supports</th>
<th>Physicians &amp; medical residents</th>
<th>Employed general population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to psychological supports and/or peer supports</td>
<td>33%</td>
<td>27%</td>
</tr>
<tr>
<td>Back-up call, when I need time off for urgent life matters</td>
<td>21%</td>
<td>-</td>
</tr>
<tr>
<td>Personal days</td>
<td>-</td>
<td>40%</td>
</tr>
<tr>
<td>Access to exercise facilities and/or activities</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>Access to a primary care physician</td>
<td>9%</td>
<td>11%</td>
</tr>
<tr>
<td>Nutritious food options</td>
<td>8%</td>
<td>14%</td>
</tr>
<tr>
<td>Daycare services</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>Other wellness-related activities and/or incentives</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Workplace offers wellness supports</strong></td>
<td>56%</td>
<td>72%</td>
</tr>
<tr>
<td>None of the above</td>
<td><strong>44%</strong></td>
<td>28%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>0%</td>
<td>8%</td>
</tr>
</tbody>
</table>

**Table 3. Wellness support offerings at current workplace: responses to question 40. Which of the following does your current workplace offer to support your wellness (if any)?**

*Base: Physicians/Medical Residents (n=3864), Employed General Population (n=2000).*
While they have less access to wellness supports in the workplace, physicians and residents were more likely to report having accessed wellness supports in the past five years (54% accessed vs. 43% of general population). They were significantly more likely to have accessed a primary care physician (32% vs. 23% general population), other mental health professionals (26% vs. 16% general population), and mentorship/coaching (12% vs. 7% of general population). The employed general population was more likely to have accessed an Employee Assistance Program (EAP) (13% vs. 3% of physicians and residents).

<table>
<thead>
<tr>
<th>Workplace Supports Accessed in Past 5 Years</th>
<th>Physicians &amp; medical residents</th>
<th>Employed general population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care physician</td>
<td>32%</td>
<td>23%</td>
</tr>
<tr>
<td>Other mental health professional (psychiatrist, psychologist, licensed counsellor, etc.)</td>
<td>26%</td>
<td>16%</td>
</tr>
<tr>
<td>Provincial Physician Health Program (PHP)</td>
<td>15%</td>
<td>-</td>
</tr>
<tr>
<td>Mentorship or coaching</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>3%</td>
<td>13%</td>
</tr>
<tr>
<td>Local peer support program (i.e., not the Wellness Connection)</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>CMA Wellness Support Line</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td>CMA Wellness Connection</td>
<td>1%</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Used at least one support in past five years</td>
<td>54%</td>
<td>43%</td>
</tr>
<tr>
<td>None of the above</td>
<td>46%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Table 4. Wellness Supports Accessed in Past Five Years, Responses to question 58. In the last five years, have you accessed any of the following wellness supports (including mental health and crisis supports)? Select all that apply.

Base: Physicians & medical residents (n = 3864), employed general population (n = 2000).

Physicians and medical residents were also more likely to participate in self-care activities including those that involve physical health and fitness (88% vs. 74% general population), hobbies (87% vs. 83% general population), social activities (84% vs. 58%), and spiritual and mindful practices (48% vs. 43%).
### Self-Care Activities

<table>
<thead>
<tr>
<th>Self Care Activities</th>
<th>Physicians &amp; medical residents</th>
<th>Employed general population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHYSICAL HEALTH AND FITNESS (NET)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td>79%</td>
<td>49%</td>
</tr>
<tr>
<td>Healthy eating</td>
<td>55%</td>
<td>43%</td>
</tr>
<tr>
<td>Optimal sleep</td>
<td>36%</td>
<td>30%</td>
</tr>
<tr>
<td>Stretching</td>
<td>27%</td>
<td>28%</td>
</tr>
<tr>
<td><strong>HOBBIES (NET)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td>61%</td>
<td>44%</td>
</tr>
<tr>
<td>Cooking or baking</td>
<td>42%</td>
<td>40%</td>
</tr>
<tr>
<td>Music</td>
<td>39%</td>
<td>53%</td>
</tr>
<tr>
<td>Gardening</td>
<td>33%</td>
<td>22%</td>
</tr>
<tr>
<td>Art, such as painting or crafting</td>
<td>15%</td>
<td>17%</td>
</tr>
<tr>
<td>Volunteering</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>Dance</td>
<td>5%</td>
<td>9%</td>
</tr>
<tr>
<td><strong>SOCIAL ACTIVITIES (NET)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spending time with family and/or friends</td>
<td>82%</td>
<td>54%</td>
</tr>
<tr>
<td>Peer support</td>
<td>22%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>SPIRITUAL AND MINDFUL PRACTICES (NET)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mindfulness or meditation</td>
<td>25%</td>
<td>17%</td>
</tr>
<tr>
<td>Spiritual practices (prayer, worship, etc.)</td>
<td>17%</td>
<td>14%</td>
</tr>
<tr>
<td>Mindful breathing (e.g., box breathing)</td>
<td>17%</td>
<td>14%</td>
</tr>
<tr>
<td>Practicing gratitude (e.g., journaling)</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>Building resilience</td>
<td>10%</td>
<td>7%</td>
</tr>
<tr>
<td>Self-compassion exercises</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
<td>3%</td>
</tr>
<tr>
<td>None of the above</td>
<td>1%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Table 5. Self-care activities to support well-being: responses to question 38. What self-care activities do you do to support your well-being in your personal life, outside of work (excluding household duties/chores/responsibilities)?

Base: Physicians & medical residents (n = 3864), employed general population (n = 2000).
**Discussion**

Research has shown that health care workers have experienced a range of negative impacts as a result of the pandemic.\textsuperscript{11} At the time of the survey in the fall of 2021, another wave of COVID-19 cases was on the rise and the health care system was strained by health human resources challenges, health care workers were stressed from increased workloads and having to undertake duties that they had not normally done pre-pandemic\textsuperscript{12} and they were coping with a higher risk of exposure to contagion for themselves and their families.

While wellness outcomes worsened among all segments of the Canadian population as a result of the pandemic, the findings in this report indicate that physicians and medical residents were more likely to have experienced more negative work-related psychological outcomes, including higher levels of burnout and fatigue, when compared with the employed general population of Canadians.

It is not surprising that the findings indicate occupational factors are probably associated with poorer wellness outcomes among physicians and residents in the context of health care system issues. More medical doctors than other people in other professions reported that the pandemic negatively impacted their mental health. Multiple factors contributed to their worsening mental health, with increased workload and/or lack of work–life integration, rapidly changing policies/processes, a longer time with social restrictions/isolation, and continued uncertainty about the future being the top four influences. These factors were reported significantly more frequently by medical physicians and residents than by the employed general population.

The findings show that physicians and medical residents experienced greater stress in their job or training and lower professional fulfillment than other employed Canadians. They were more likely to report adverse occupational outcomes, such as poor control over workload, hectic work environments, longer working hours and higher incidents of workplace intimidation, bullying, harassment and microaggressions. These findings suggest that occupational factors impact doctors’ wellness outcomes, as poorer control over working conditions has been demonstrated to be associated with greater occupational stress and job dissatisfaction across the literature.\textsuperscript{13}

Even though physicians reported higher levels of fatigue, burnout and other indicators of poor mental health, they were less likely to be classified as moderate or languishing in their mental health compared with the general population and less likely to be screened as positive for depression. Physicians and medical residents were more likely to report accessing wellness supports, including a primary care physician, other mental health professionals (psychiatrist, psychologist, licensed counsellor, etc.), and mentorship and coaching than other employed Canadians. These factors may have served as protective factors, other factors associated with their socioeconomic position, including financial and job security, may also play a role.

It is important to acknowledge that other employed Canadians faced challenges with their mental well-being during the pandemic. As the results indicate, the general employed population was more likely to screen positive for depression and lower levels of mental well-being. Higher levels of depression may be a result of public health measures, fewer wellness supports being accessed and a lower level of participation in self-care activities by the general public. Moreover, the general employed population also faced unique challenges during the COVID-19 pandemic, with financial instability and increased job insecurity (and possibly reduced work hours) contributing to worsening mental health and well-being.\textsuperscript{14}


\textsuperscript{12} Ibid.


Conclusion

Results from this study highlight the extent to which occupational factors have had an impact on physician wellness compared with other employed Canadians since the onset of the COVID-19 pandemic. Together, the findings indicate that efforts should be focused on system-level changes that target workplace factors. In light of these results, programs, policies, interventions and other efforts should target the workplace and cultural factors highlighted throughout this report to improve medical doctors’ professional fulfillment, job satisfaction, level of burnout and fatigue.

Limitations and future research

As with any research, the execution of this study involved methodological decisions that have an impact on the representativeness of the findings. For more information on the main limitations of the study, see the CMA 2021 National Physician Health Survey.
Appendix A. General population survey

Q1. What is your age?
- <24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 years or older

Q2. Do you identify as...?
- Male
- Female
- Neither applies to me. I identify as (please specify if you wish):
- Prefer not to answer

Q3. Please indicate your primary province or territory of work:
- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Ontario
- Quebec
- New Brunswick
- Nova Scotia
- Prince Edward Island
- Newfoundland & Labrador
- Northwest Territories
- Yukon
- Nunavut

Q4. What is your current employment status? Select one only.
- Employed full-time
- Employed part-time
- Self employed
- Unemployed but looking for a job
- Unemployed and not looking for a job/Long-term sick or disabled
- Full-time parent, homemaker
- Retired
- Student/Pupil
- Military
- Prefer not to answer
Q5. Are you currently a student enrolled in any of the following? (select all that apply)
- High school
- College level program / CEGEP / Trade School
- Undergraduate level program
- Master’s level program (including MBA)
- PhD level program
- Medical school
- Law school
- Another advanced degree program, specify:
- None of the above

Q6. What is the highest level of education you have completed? (Select one only)
- Primary school or less
- Some high school
- Graduated high school
- Some college / CEGEP / Trade school
- Graduated from college / CEGEP / Trade school
- Some university, but did not finish
- University undergraduate degree
- University graduate degree

Q7. Which one of the following categories best describes the industry in which you are currently employed?
- Accommodation and food services (hotels, catering, etc.)
- Administrative and support, waste management and remediation (office admin, travel, cleaning, etc.)
- Agriculture, forestry, fishing and hunting
- Arts, entertainment and recreation (actors, stage professionals, sports coaches)
- Construction (Industrial, Commercial, Institutional, Residential, or Engineering)
- Educational services (teaching, educational support, etc.)
- Finance and insurance (bank, insurance, financial services, etc.)
- Government & public administration
- Human services (such as nurses, physicians, health aides, social workers, health counsellors, therapists, police, correctional officers, clergy, and other fields focused on helping people)
- Information and cultural industries (IT, communications, performing arts, advertising, etc.)
- Management of companies and enterprises (holding companies)
- Manufacturing (anything being made or fabricated)
- Mining, quarrying and oil and gas extraction
- Professional, scientific and technical services (architect, engineering, design, HR, advertising)
- Real estate and rental leasing (selling buying properties, property management, etc.)
- Retail trade (selling to the public)
- Transportation and warehousing (logistics, deliveries, etc.)
- Utilities (hydro, electricity, telecommunications, gas, etc.)
- Wholesale trade (supplying to the retail trade)
- Other [PLEASE SPECIFY]
[IF HUMAN SERVICES OR EDUCATIONAL SERVICES IN QEMPLOY1, ASK QEMPLOY2. ELSE SKIP TO QMktSize_CA]
Q8. What is your profession within human services or educational services?
- Allied health professionals (physiotherapists, dieticians, kinesiologist, radiology technicians, others)
- Ambulatory services
- Attorneys
- Clergy
- Correctional officers
- Counsellors (psychotherapy, psychologists, others)
- Firefighters
- Health aides (personal support worker – PSW, or others)
- Nurses
- Physicians
- Police officers
- Probation Officers
- Social workers
- Teachers
- Teaching assistants
- Other, specify

Q10. Do you work in a team environment?
- Yes
- No

Q11. Do you consider yourself a person living with a disability, impairment, or long-term condition related to any of the following? (select all that apply)
- Hearing
- Speech
- Physical or mobility
- Mental health condition
- Neurodevelopment disorders ADHD, autism, dyspraxia, Tourette syndrome, others)
- Chronic or long-term condition (diabetes, multiple sclerosis, heart conditions, epilepsy, chronic pain, others)
- Other (please specify)
- No, I do not have a disability, impairment, or long-term condition
- Prefer not to answer

Q12. Do you identify as Indigenous?
- First Nations (North American Indian)
- Métis
- Inuk (Inuit)
- Other (please specify):
- No, I do not identify as Indigenous
- Prefer not to answer
Q13. How would you describe yourself? (select all that apply)
• White
• South Asian (East Indian, Pakistani, Sri Lankan, etc.)
• Chinese
• Black or African American
• Filipino
• Latin American
• Arab
• Southeast Asian (Vietnamese, Cambodian, Laotian, Thai, etc.)
• West Asian (Iranian, Afghan, etc.)
• Korean
• Japanese
• Mixed race
• Other (please specify): [NOT EXCLUSIVE]
• Prefer not to answer

Q14. Do you have dependents for whom you are the primary caregiver? (select all that apply)
• Yes, I have a child/children under 18 years old of age
• Yes, I provide care for, a parent, family member or friend who has a long-term physical health or mental health issues
• No [EXCLUSIVE]

Q16. Which of the following best describes the area in which you live?
• Urban/suburban
• Small town/rural
• Geographically isolated, remote

Q17. Please indicate your annual household income before taxes.
• Less than $5,000
• $5,000-$9,999
• $10,000-$14,999
• $15,000-$19,999
• $20,000-$24,999
• $25,000-$29,999
• $30,000-$34,999
• $35,000-$39,999
• $40,000-$44,999
• $45,000-$49,999
• $50,000-$54,999
• $55,000-$59,999
• $60,000-$64,999
• $65,000-$69,999
• $70,000-$74,999
• $75,000-$79,999
• $80,000-$84,999
• $85,000-$89,999
• $90,000-$94,999
• $95,000-$99,999
• $100,000-$124,999
• $125,000-$149,999
• $150,000-$199,999
Q20. In an average week, how many hours do you work or spend studying?
Please enter “0” if you are currently on leave, or taking an extended period of time off.

Q23. Please indicate how strongly you agree or disagree with the following statements:
- If I make a mistake on my team, it is held against me.
- Members of this team are able to bring up problems and tough issues
- People on my team sometimes reject others for being different
- It is safe to take a risk in this team.
- It is difficult to ask other members of my team for help
- No one on my team would deliberately act in a way that undermines my efforts
- Working with members of my team, my unique skills and talents are valued and used

[SCALE. LEFT TO RIGHT]
- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Not applicable

Q24. To what extent do you agree with the following statements?
- In general, I find my colleagues to be supportive
- People treat each other with respect in my team
- A spirit of cooperation and teamwork exists in my team
- Disputes or conflicts are resolved fairly in team

[SCALE. LEFT TO RIGHT]
- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Not applicable

Q25. Have you ever personally experienced intimidation, bullying, harassment and/or microaggressions in the workplace?
- Everyday
- A few times a week
- Once a week
- A few times a month
- Once a month or less
- A few times a year
- Never
- Not applicable

Now, we would like to ask you about your health and well-being.
Q30. Do you have a regular primary care physician?
• Yes
• No

Q35. How often do you feel fatigued at work?
• Never
• Rarely
• Sometimes
• Often
• Always

Q37. How often do you feel you are getting optimal sleep?
• Never
• Rarely
• Sometimes
• Often
• Always

Q38. What self-care activities do you do to support your well-being in your personal life, outside of work (excluding household duties/chores/responsibilities)?
[RANDOMIZE]
• Physical activity
• Healthy eating
• Optimal sleep
• Spiritual practices (prayer, worship, etc.)
• Mindfulness or meditation
• Mindful breathing (e.g., box breathing)
• Building resilience
• Peer support
• Self-compassion exercises
• Practising gratitude (e.g., journaling)
• Music
• Stretching
• Gardening
• Cooking or baking
• Dance
• Art, such as painting or crafting
• Volunteering
• Reading
• Spending time with family and/or friends
• Other (please specify)
• None of the above [EXCLUSIVE]
Q39. Which, if any, of the following barriers prevent you from maintaining a healthy lifestyle (e.g., being physically active, eating healthily, getting adequate sleep)? (Check all that apply.)

- Shiftwork (e.g., inadequate recovery periods between shifts)
- Scheduling (e.g., long work hours)
- Heavy workload and/or stressful work environment
- Psychological distress
- Other priorities (e.g., children)
- My workplace doesn’t support these behaviours (e.g., minimal healthy food choices, lack of access to physical activity facilities)
- Lack of time
- Maintaining a healthy lifestyle is not a priority for me
- Other (please specify):
- No barriers, I am able to maintain a healthy lifestyle [EXCLUSIVE]

Q40. Which of the following does your current workplace offer to support your wellness (if any)?

- Daycare services
- Nutritious food options
- Access to exercise facilities and/or activities
- Access to a primary care physician
- Access to psychological supports and/or peer support program
- Back up call, Personal days, when I need time off for urgent life matters
- Other wellness related activities and/or incentives (please specify):
- None of the above
- Not applicable

Q41. Please indicate how often you have the following feelings about your work environment:

- I feel burned out from my work
- I have become more callous towards people since I took my job

- Everyday
- A few times a week
- Once a week
- A few times a month
- Once a month or less
- A few times a year
- Never
Q42. How often have you been bothered by the following over the past 2 weeks?
- Feeling nervous, anxious, or on edge
- Not being able to stop or control worrying
- Worrying too much about different things
- Trouble relaxing
- Being so restless that it’s hard to sit still
- Becoming easily annoyed or irritable
- Feeling afraid as if something awful might happen

[SCALE. LEFT TO RIGHT]
- Nearly every day
- More than half the days
- Several days
- Not at all

Q43. To what extent do you agree or disagree with the following statements?
- Overall, I am satisfied with my current job
- My professional values are well aligned with those of my department, company or organization
- I feel a great deal of stress because of my job

[SCALE. LEFT TO RIGHT]
- Agree strongly
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Not applicable

Q44. Using your own definition of “burnout”, please select one of the following statements below:
(5) I enjoy my work. I have no symptoms of burnout.
(4) I am under stress, and don’t always have as much energy as I did in the past, but I don’t feel burned out.
(3) I am definitely burning out and have one or more symptoms of burnout, (e.g., emotional exhaustion).
(2) The symptoms of burnout that I am experiencing won’t go away. I think about work frustrations a lot.
(1) I feel completely burned out. I am at the point where I may need to seek help.

Q45. How would you rate the following?
- My control over my workload is...
- The degree to which my team works efficiently together is...
- Sufficiency of time for completing tasks in my job is...

[SCALE. COLUMNS. LEFT TO RIGHT]
- Poor
- Marginal
- Satisfactory
- Good
- Optimal
- Not applicable

Q45b. Which number best describes the atmosphere in your work environment?
- 5. Calm
- 3. Busy, but reasonable
- 1. Hectic, chaotic
- Not applicable
Q46. During the past 12 months:
• Was there ever a time lasting two weeks or more when you lost interest or pleasure in most things like hobbies, and/or work activities that usually give you pleasure?
• Was there ever a time when you felt down, depressed, or hopeless for two or more weeks in a row?

Yes
No

The next few questions may be deemed sensitive. These questions ask about substance abuse and suicidal ideation. Ipsos is collecting such data to understand the prevalence of these behaviours and feelings among the public.

A “Prefer not to answer” option will be available for you to select, if you choose not to answer a specific question.

Participation is completely voluntary and you may withdraw your consent at any time. Your answers from this survey will be combined with the answers from all other participants for reporting purposes, and your personal data will be held for no longer than 12 months.

Do you accept the collection of sensitive data on suicidal ideation and substance abuse?
• Yes, I accept
• No, I do not accept

Q47/48. Have you ever had thoughts of suicide?
• Yes, in the past 12 months
• Yes, 1 to 2 years ago
• Yes, 3 to 5 years ago
• Yes, more than 5 years ago
• No, I have not had thoughts of suicide
• Prefer not to answer

Should you experience any psychological or emotional discomfort during this survey and require any supports, please click here to access mental health resources Mental health support: get help - Canada.ca.

Q49. In the past year, how many times have you used the following substances for non-medical reasons?
• Alcohol (for men, five or more drinks in a day; for women, four or more drinks in a day) A drink is one can/bottle of beer or wine cooler, one glass of wine, one cocktail, or one shot of liquor
• Stimulants (not prescribed, e.g., Ritalin, Dexedrine, Adderall, Vyvanse)
• Tobacco products
• Cannabis (recreational)
• Other (e.g., narcotics, benzodiazepine, cocaine, mushrooms)
• Opioids (not prescribed)

[SCALE]
• Never
• Once or twice
• Monthly
• Weekly
• Daily or almost daily
• Prefer not to answer

Should you experience any psychological or emotional discomfort during this survey and require any supports, please click here to access mental health resources Mental health support: get help - Canada.ca.
Q50. How true do you feel the following statements are about you at work during the past two weeks?

- I feel happy at work
- I feel worthwhile at work
- My work is satisfying to me
- I feel in control when dealing with difficult problems at work
- My work is meaningful to me
- I’m contributing professionally in the ways I value most

[SCALE. LEFT TO RIGHT]

- Not at all true
- Somewhat true
- Moderately true
- Very true
- Completely true
- Not applicable

Q53a. How often do you feel supported by your social network?

- Always
- Very Often
- Sometimes
- Rarely
- Never
- Not applicable

Q53b. Where is most of your support coming from? (select all that apply)

- Family
- Friends
- Colleagues
- Significant other
- Religious or spiritual community
- Other (please specify):
- None of the above [EXCLUSIVE]

Q54. Compared with before the COVID-19 pandemic, how would you rate your mental health now?

- Much better
- Somewhat better
- About the same
- Slightly worse
- Much worse
Q55. What do you believe has contributed negatively to your mental health during the pandemic? (select all that apply).
- Longer time with social restrictions/social isolation
- Continued uncertainty about the future
- Concerns about vaccine rollout
- Increased workload and/or lack of work/life integration
- Family issues and obligations
- Financial insecurity
- Long waitlists
- Interpersonal conflict
- Concerns about long-term care
- Lack of peer support
- Physical health struggles
- Adjustment to working/studying from home
- Adjustment to virtual learning
- Rapidly changing policies/processes
- Decreased workload
- Other (please specify):
- None of the above [EXCLUSIVE]

Q58. In the last five years, have you accessed any of the following wellness supports (including mental health and crisis supports)? (select all that apply)
- Primary care physician
- Mentorship or coaching
- Employee Assistance Program (EAP)
- Other mental health professional (psychiatrist, psychologist, licensed counsellor, etc.)
- Local peer support program
- Other (please specify)
- None of the above [EXCLUSIVE]

Q60. What do you think are the main reasons individuals have for NOT seeking wellness supports? (select up to three reasons)
- Professional consequences (e.g., fewer career advancement opportunities)
- Not aware of the services available
- Confidentiality
- No time
- Ashamed to seek help
- Concerns about quality of care
- Service not required
- Believing situation is not severe enough
- Other (please specify)
Q61. Do you have any additional comments to share related to your wellness?
Thank you. This concludes the main part of the survey.

[IF HUMAN/EDUCATIONAL SERVICES, SHOW:]

“We have a few more questions to those who are employed specifically in human services and educational services. These questions allow for more detailed analysis into the health and wellness of people working across these two sectors.”

[ALL OTHERS, SHOW:]

“We have a few more questions that would allow for more detailed analysis into the health and wellness of the general public.”

These questions include multiple items. The responses you give will help researchers measure different functions of emotional health and wellbeing. Please read and answer each item carefully.

These optional questions would take approximately four (4) minutes to complete, and you will receive an additional $x incentive.

Would you like to continue with these optional questions?
• Yes, I would like to continue.
• No, thank you. I would like to stop the survey now.

Q64. How often in the past month did you feel...?
There are 14 statements in total.

• Happy
• Interested in life
• Satisfied with your life
• That you had something important to contribute to society
• That you belonged to a community (like a social group, your neighbourhood, your city)
• That our society is becoming a better place for people like you
• That people are basically good
• That the way our society works makes sense to you
• That you liked most parts of your personality
• Good at managing the responsibilities of your daily life
• That you had warm and trusting relationships with others
• That you had experiences that challenged you to grow and become a better person
• Confident to think or express your own ideas and opinions
• That your life has a sense of direction or meaning to it

[SCALE. LEFT TO RIGHT]

• Everyday
• Almost everyday
• About two or three times a week
• About once a week
• Once or twice
• Never
Q65. Read each statement carefully and indicate how you feel.
There are 12 statements in total.

- There is a special person who is around when I am in need.
- There is a special person with whom I can share joys and sorrows.
- My family really tries to help me.
- I get the emotional help and support I need from my family.
- I have a special person who is a real source of comfort to me.
- My friends really try to help me.
- I can count on my friends when things go wrong.
- I can talk about my problems with my family.
- I have friends with whom I can share my joys and sorrows.
- There is a special person who cares about my feelings.
- My family is willing to help me make decisions.
- I can talk about my problems with my friends.

[SCALE. LEFT TO RIGHT]

- Very strongly disagree
- Strongly disagree
- Mildly disagree
- Neutral
- Mildly agree
- Strongly agree
- Very strongly agree

Q66. How often do you have the following feelings about your work?
Please note that we use the term “recipients.” This can include anyone you interact with either in-person or virtually as a part of your job.

As a reminder, if you are a graduate student, please think of school and studying when you see “job/work” in the question item.

This is the final question of the optional portion of the survey. There are 22 statements in total.

- I feel emotionally drained from my work
- I feel used up at the end of the workday
- I feel fatigued when I get up in the morning and have to face another day on the job
- Working with people all day is really a strain for me
- I feel burned out from my work
- I feel frustrated by my job
- I feel I’m working too hard on my job
- Working with people directly puts too much stress on me
- I feel like I’m at the end of my rope
- I feel I treat some recipients as if they were impersonal objects
- I have become more callous towards people since I took this job
- I worry that this job is hardening me emotionally
- I don’t really care what happens to some recipients
- I feel recipients blame me for some of their problems
- I can easily understand how my recipients feel about things
- I deal very effectively with the problems of my recipients
- I feel I am positively influencing other people’s lives through my work
• I feel very energetic
• I can easily create a relaxed atmosphere with my recipients
• I feel exhilarated after working closely with my recipients
• I have accomplished many worthwhile things in this job
• In my work, I deal with emotional problems very calmly

[SCALE. LEFT TO RIGHT]

• Everyday
• A few times a week
• Once a week
• A few times a month
• Once a month or less
• A few times a year
• Never
• Not applicable

[FINAL PARAGRAPH]

Thank you for taking the time to complete this survey! Should you have experienced any psychological or emotional discomfort during this survey and require any supports, please click here to access mental health resources Mental health support: get help - Canada.ca.
## Appendix B. Statistical testing

### Section 1. Chi-square tests

<table>
<thead>
<tr>
<th></th>
<th>Pearson Chi-square</th>
<th>df</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MHC-SF Mental Health Continuum Short-Form</strong></td>
<td>49.814</td>
<td>2</td>
<td>0.000</td>
</tr>
<tr>
<td><strong>Burnout</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High level of depersonalization</td>
<td>44.331</td>
<td>1</td>
<td>0.000</td>
</tr>
<tr>
<td>High level of emotional exhaustion</td>
<td>159.133</td>
<td>1</td>
<td>0.000</td>
</tr>
<tr>
<td>Overall burnout</td>
<td>112.901</td>
<td>1</td>
<td>0.000</td>
</tr>
<tr>
<td><strong>Job satisfaction and job-related stress</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall I am satisfied with my job</td>
<td>9.617</td>
<td>1</td>
<td>0.002</td>
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<tr>
<td>Feel a great deal of stress because of my job or training position</td>
<td>240.787</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td><strong>Professional Fulfillment Index</strong></td>
<td>103.390</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td><strong>Depression</strong></td>
<td>35.687</td>
<td>1</td>
<td>0.000</td>
</tr>
<tr>
<td><strong>Impact of COVID-19</strong></td>
<td>519.910</td>
<td>4</td>
<td>0.000</td>
</tr>
<tr>
<td><strong>Factors that contributed negatively to mental health during the pandemic</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Increased workload and/or lack of work–life integration</td>
<td>822.489</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td>Longer time with social restrictions/social isolation</td>
<td>324.986</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td>Rapidly changing policies/processes</td>
<td>604.801</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td>Continued uncertainty about the future</td>
<td>122.063</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td>Long waitlists</td>
<td>413.902</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td>Family issues and obligations</td>
<td>127.865</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td>Concerns about vaccine rollout</td>
<td>51.128</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td>Adjustment to virtual learning</td>
<td>67.129</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td>Financial insecurity</td>
<td>163.689</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td>Lack of peer support</td>
<td>22.310</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td>Physical health struggles</td>
<td>0.285</td>
<td>1</td>
<td>0.594</td>
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<td></td>
<td>Pearson Chi-square</td>
<td>df</td>
<td>p-value</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>--------------------</td>
<td>----</td>
<td>---------</td>
</tr>
<tr>
<td>Interpersonal conflict</td>
<td>0.185</td>
<td>1</td>
<td>0.667</td>
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<tr>
<td>Concerns about long-term care</td>
<td>3.595</td>
<td>1</td>
<td>0.058</td>
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<tr>
<td>Decreased workload</td>
<td>43.839</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td>Other</td>
<td>270.016</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td>Control over workload</td>
<td>495.754</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td>Atmosphere in primary workplace</td>
<td>148.985</td>
<td>1</td>
<td>0.000</td>
</tr>
<tr>
<td>Level of fatigue</td>
<td>570.793</td>
<td>1</td>
<td>0.000</td>
</tr>
<tr>
<td>Experienced intimidation, bullying, microaggressions</td>
<td>763.413</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td>Psychological safety in the workplace</td>
<td>23.420</td>
<td>2</td>
<td>0.000</td>
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</table>

**Workplace wellness supports**

<table>
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<th>Workplace wellness supports</th>
<th>Pearson Chi-square</th>
<th>df</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to psychological supports and/or peer supports</td>
<td>20.176</td>
<td>1</td>
<td>0.000</td>
</tr>
<tr>
<td>Access to exercise facilities and/or activities</td>
<td>27.796</td>
<td>1</td>
<td>0.000</td>
</tr>
<tr>
<td>Access to a primary care physician</td>
<td>6.805</td>
<td>1</td>
<td>0.009</td>
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<tr>
<td>Nutritious food options</td>
<td>52.562</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td>Daycare services</td>
<td>53.198</td>
<td>1</td>
<td>0.000</td>
</tr>
<tr>
<td>Other wellness-related activities and/or incentives</td>
<td>68.644</td>
<td>1</td>
<td>0.000</td>
</tr>
<tr>
<td>None of the above</td>
<td>158.017</td>
<td>1</td>
<td>0.000</td>
</tr>
</tbody>
</table>

**Wellness supports accessed in the past five years**

<table>
<thead>
<tr>
<th>Wellness supports accessed in the past five years</th>
<th>Pearson Chi-square</th>
<th>df</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care physician</td>
<td>46.849</td>
<td>1</td>
<td>0.000</td>
</tr>
<tr>
<td>Other mental health professional</td>
<td>86.515</td>
<td>1</td>
<td>0.000</td>
</tr>
<tr>
<td>Mentorship or coaching</td>
<td>36.181</td>
<td>1</td>
<td>0.000</td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>187.951</td>
<td>1</td>
<td>0.000</td>
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<tr>
<td>Local peer support program</td>
<td>3.501</td>
<td>1</td>
<td>0.061</td>
</tr>
<tr>
<td>Other</td>
<td>66.303</td>
<td>1</td>
<td>0.000</td>
</tr>
<tr>
<td>Used at least one support in past five years</td>
<td>68.421</td>
<td>1</td>
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<tr>
<td>None of the above</td>
<td>68.421</td>
<td>1</td>
<td>0.000</td>
</tr>
</tbody>
</table>

Table B1. Pearson Chi-squared tests for each figure/table included throughout the report. $P < 0.05 =$ significant.