

# Joy of Medicine:

## Physician Wellness and Workforce

---

A follow up to the 2021 whitepaper, “Joy of Medicine: A Regional Approach to Improving Physician Well-Being.”

A report prepared by the Sierra Sacramento Valley Medical Society

March 2023



---

## Acknowledgement and Disclaimers

This document was prepared by the Sierra Sacramento Valley Medical Society (SSVMS) and reviewed by its Joy of Medicine Advisory Committee. It was approved by the SSVMS Board of Directors on May 8, 2023.

### Authors:

Lindsay Coate, Vice President Strategic Operations

Aileen E. Wetzel, Executive Director

Brandon J. Craig, Communications Coordinator

Peter Yellowlees, MD

Laurie Gregg, MD

The Sierra Sacramento Valley Medical Society (SSVMS) is dedicated to bringing together physicians from all modes of practice to promote the art and science of quality medical care and to enhance the physical and mental health of our entire community.

This publication was made possible by a grant from The Physicians Foundation. The views expressed in this paper are those of the Sierra Sacramento Valley Medical Society and do not necessarily reflect the policies or official views of The Physicians Foundation.

### Contact Information:

Sierra Sacramento Valley Medical Society

Lindsay Coate, Vice President, Strategic Operations

5380 Elvas Avenue, Suite 101

Sacramento, CA 95819

(916) 452-2671

[lcoate@ssvms.org](mailto:lcoate@ssvms.org)

# Table of Contents

Acknowledgement and Disclaimers .....	2
Introduction.....	4
Background.....	4
<i>Joy of Medicine Program</i> .....	4
Methods .....	5
Survey Synopsis .....	6
<i>Key Drivers of Engagement to Prevent Burnout</i> .....	7
<i>Validated Burnout Assessments</i> .....	10
<i>Organizational Improvement Suggestions</i> .....	13
Mistreatment and Violence Against Physicians .....	16
Wellness Services Utilized .....	18
Conclusion .....	19
<i>Recommendations</i> .....	19
Appendix: A .....	20
<i>Advisory Committee Members</i> .....	20
Appendix: B.....	20
<i>Counseling Sessions</i> .....	20
<i>Psychiatric Assistance</i> .....	21
<i>Physician Peer Groups</i> .....	21
<i>Physician Socials</i> .....	21
<i>Balint Group</i> .....	21
<i>Annual Summit</i> .....	22
<i>Podcast</i> .....	22
<i>Online Wellness Resource Library</i> .....	22
References .....	22

---

## Introduction

Since 1868, the Sierra Sacramento Valley Medical Society (SSVMS) has brought together physicians from all specialties and modes of practice to promote the health and well-being of physicians and the patients they serve. With more than 6,500 physician members in the Sacramento region, SSVMS provides advocacy, programs, and services to promote access to quality medical care and to help physicians reclaim the joy of practicing medicine.

This report reflects the results of the Joy of Medicine - Sacramento Region Physician Joy Assessment Survey conducted from September 22, 2022 through October 19, 2022 and sent via email to physicians that practice medicine in the Sacramento region. These findings are benchmarked against those published in SSVMS's white paper *Joy of Medicine: A Regional Approach to Improving Physician Well-Being*.

The objectives of the 2022 survey were:

1. To assess the degree of burnout physicians in the Sacramento region are experiencing compared to burnout levels measured in 2018 and 2020.
2. To measure the impact of physician wellness initiatives implemented by medical groups, health systems, physician practices, and the Medical Society subsequent to recommendations made by SSVMS in 2019 and 2021.
3. To identify professional satisfaction successes and areas of improvement that medical groups, physician organizations, and health systems can implement to improve physician wellness.
4. To assess the impact that violence experienced by physicians is having on burnout.

---

## Background

### *Joy of Medicine Program*

It is well documented that poor physician well-being impacts not only mental health, but can lead to lower quality, safety, and efficiency in patient care.<sup>1 2 3</sup> The COVID-19 pandemic has had a tremendous impact on the medical profession. Many physicians feel that their role as healers, comforters, and listeners is belittled.

---

<sup>1</sup> Van der Heijden, Frank, et al. 2008.

<sup>2</sup> Welp, Annalena, Laurenz L. Meier, and Tanja Manser. 2015.

<sup>3</sup> Frank, Erica, et al. 2013.

Physician burnout has now reached epidemic levels impacting 63% of all U.S. physicians in 2021.<sup>4</sup> Even before the pandemic, the California Future Health Workforce Commission said in 2019 that the state will face an extreme shortage of healthcare workers, most notably primary care physicians by 2030.<sup>5</sup>

To address physician well-being and burnout in the Sacramento area's medical community, SSVMS created the Joy of Medicine Program within the Medical Society's 501(c)3, the Community Service, Education and Research Fund. The Joy of Medicine Program provides counseling to physicians and medical students in need, connects them to their physician colleagues, and collaborates with medical group and hospital leaders to promote systemwide changes. Hallmarks of the program include Medical Society - sponsored confidential counseling sessions with licensed psychologists and life coaches, private peer support groups, a robust online Wellness Resource Center (JoyofMedicine.org), in person and virtual educational events, podcasts, and social events designed to promote physician collegiality. Currently, program services are available to all physicians and medical students, regardless of their membership status with SSVMS. Since the program was launched in 2017, hundreds of local physicians have accessed Joy of Medicine Program and services. A full listing of Joy of Medicine Program and services can be found at [www.JoyofMedicine.org](http://www.JoyofMedicine.org) and in [Appendix: B](#).

SSVMS convenes the Joy of Medicine Advisory Committee, which includes the Chief Wellness Officer or equivalent from each of the Sacramento region's integrated medical groups, as well as physicians in private practice, medical students, and residency program representatives, to collaboratively shape the goals and activities of the program to benefit all physicians and physicians in training. The Joy of Medicine Advisory Committee meets on a quarterly basis to share best practices, to provide guidance on program offerings, and to advise SSVMS on the direction and sustainability of the Joy of Medicine program. Participating physician organizations, including The Permanente Medical Group, Sutter Medical Group, UC Davis Health, Mercy Medical Group, Woodland Clinic Medical Group, Sutter Independent Physicians, and Hill Physicians Medical Group contribute to the sustainability of the program through charitable contributions. A full list of advisory committee members is available in [Appendix: A](#).

This whitepaper is the third in a series composed of studies published in 2019 and 2021.

---

## Methods

The SSVMS Joy of Medicine - Sacramento Region Physician Joy Assessment Survey was deployed to 6,373 practicing physicians in Sacramento, El Dorado, Yolo, and Placer Counties (CA) over a 4-week period in the fall of 2022. A sample of 736 (11.5%) physicians anonymously completed the survey, and participants were

---

<sup>4</sup> Shanafelt, T. D., West, C. P., Dyrbye, L. N., Trockel, M., Tutty, M., Wang, H., & Sinsky, C. (2022).

<sup>5</sup> California Future Health Workforce Commission. (2019).

incentivized with a \$20 gift card. Developed by SSVMS staff and a subcommittee of physicians, the survey was broken down into five categories: Key Drivers of Engagement to Prevent Burnout, Validated Burnout Assessments, Organizational Improvement Suggestions, Validated Violence Assessments, and Wellness Services Utilized. *\*Note, residents were surveyed but excluded in the results due to low sample numbers and their different well-being needs. The charts hereto reflect a sample of 697 physician participants.*

## Survey Synopsis

### Demographics

The demographic sample of participants accurately reflects the physician population in the Sacramento region.

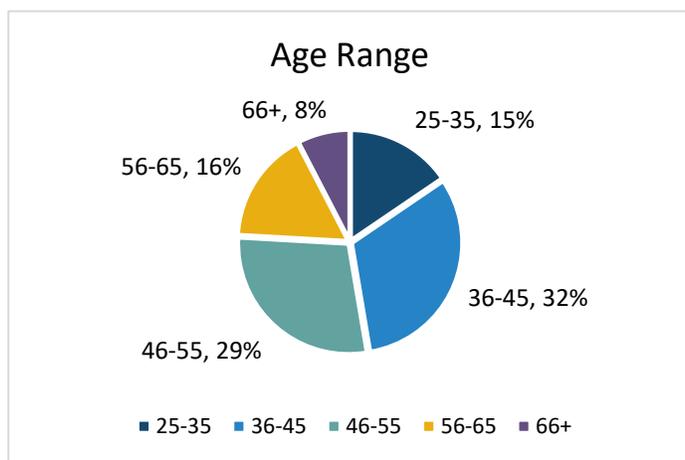


Figure 1: Age Range

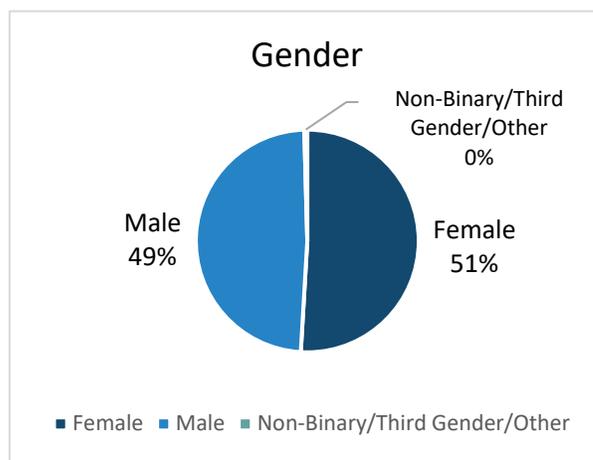


Figure 2: Gender

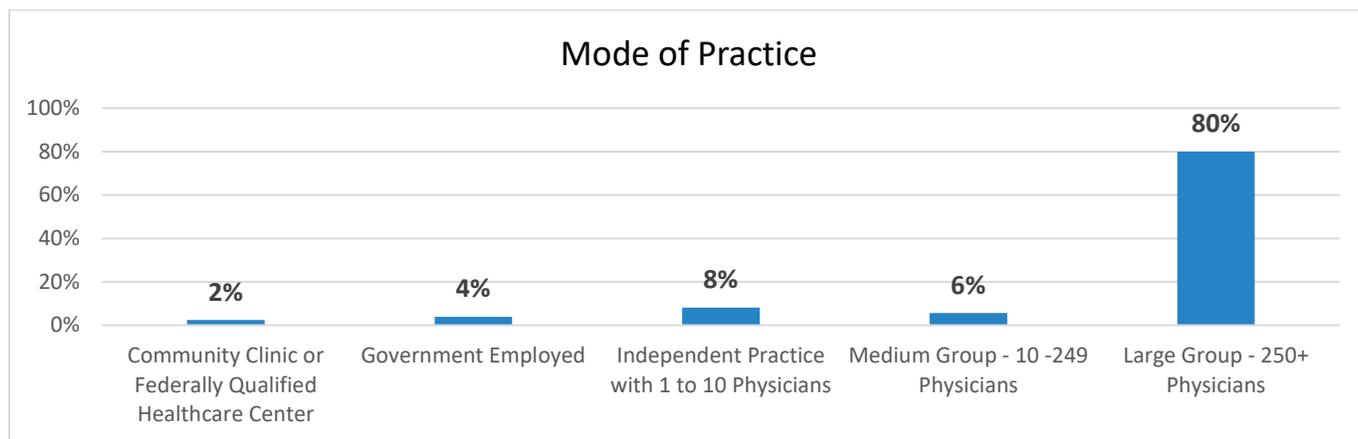
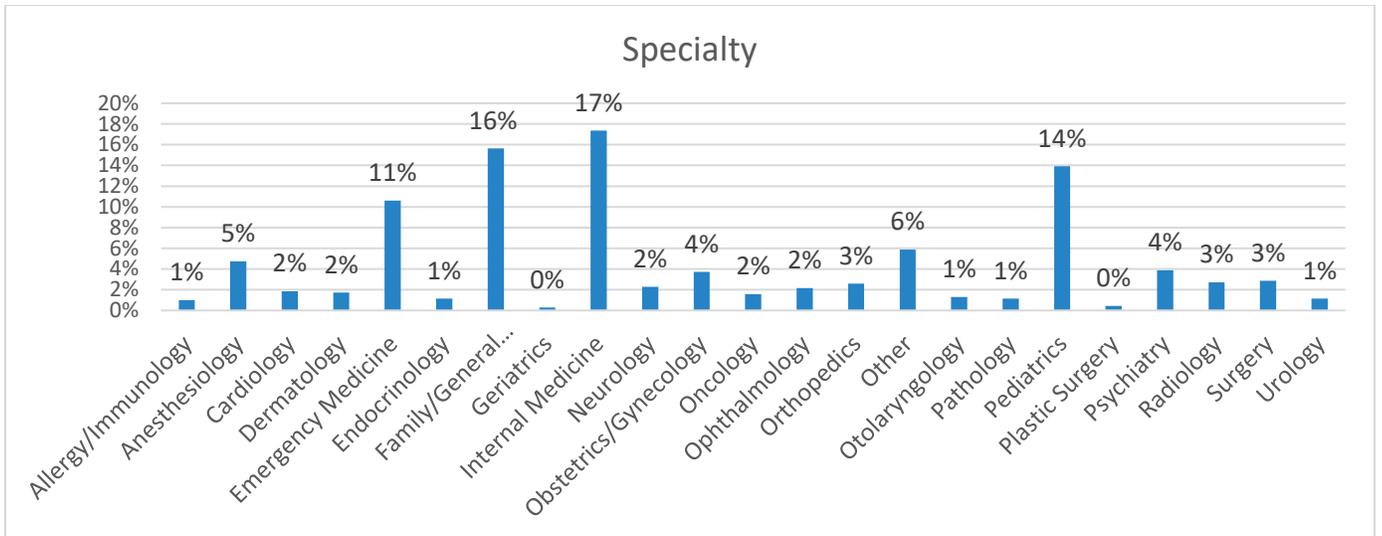


Figure 3 Mode of Practice



**Figure 4: Specialty**

- Percentages of participants in the gender, age, and specialty categories accurately mirrored the emailed list of 6,373 possible participants.
- Most participants were “settled” in their careers with age ranges of 36-45 (32%) and 46-55 (29%) (Figure 1).
- The gender demographic was 51% female versus 49% male (Figure 2).
- Most of the sample (80%) were employed by large medical groups (Figure 3).
- The largest group of participating specialties were internal medicine (17%), family medicine (16%), pediatrics (14%), and emergency medicine (11%) (Figure 4).

## Key Drivers of Engagement to Prevent Burnout

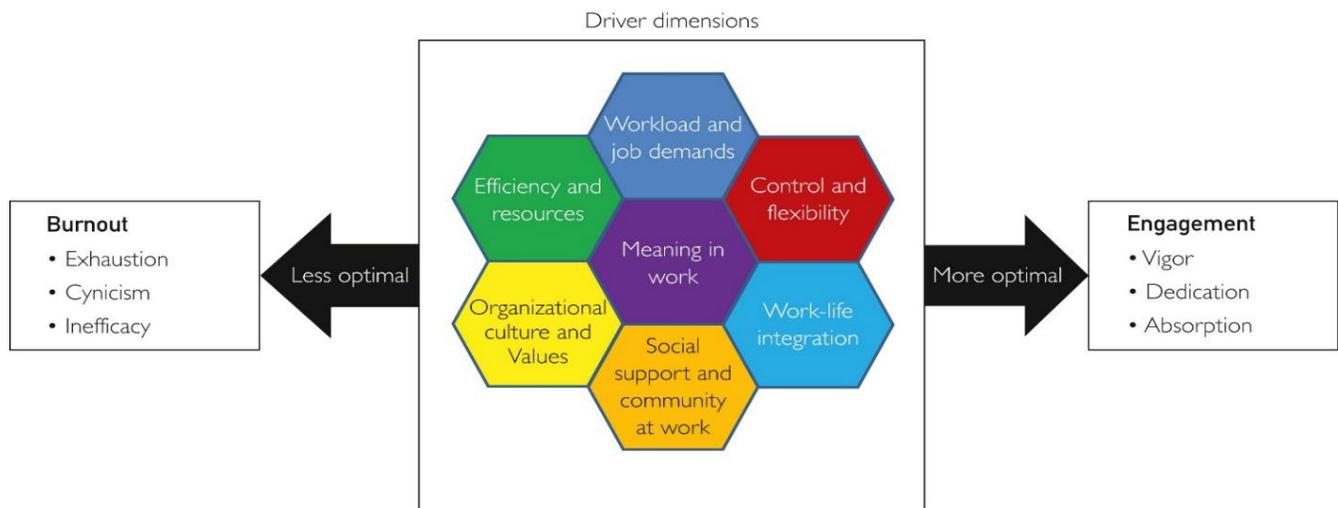
The Triple Aim, an approach developed by the Institute for Healthcare Improvement (IHI), includes three core strategies to optimize health system performance: enhancing patient experience, improving population health, and reducing costs. The Quadruple Aim takes this concept further by including physician well-being as a core strategy. Engaged physicians that find joy and fulfillment in their work are the backbone of a successful organization and are a critical component to achieve the Quadruple Aim. <sup>6</sup> According to T. Shanafelt (2017), “Extensive evidence suggests that the organization and practice environment play critical roles in whether physicians remain engaged or burned out.” <sup>7</sup> As the Sacramento Region is home to many large, integrated medical groups that have differing approaches in institutional culture and well-being programs for physicians, a

<sup>6</sup> Sikka, Rishi, Julianne M. Morath, and Lucian Leape. 2015.

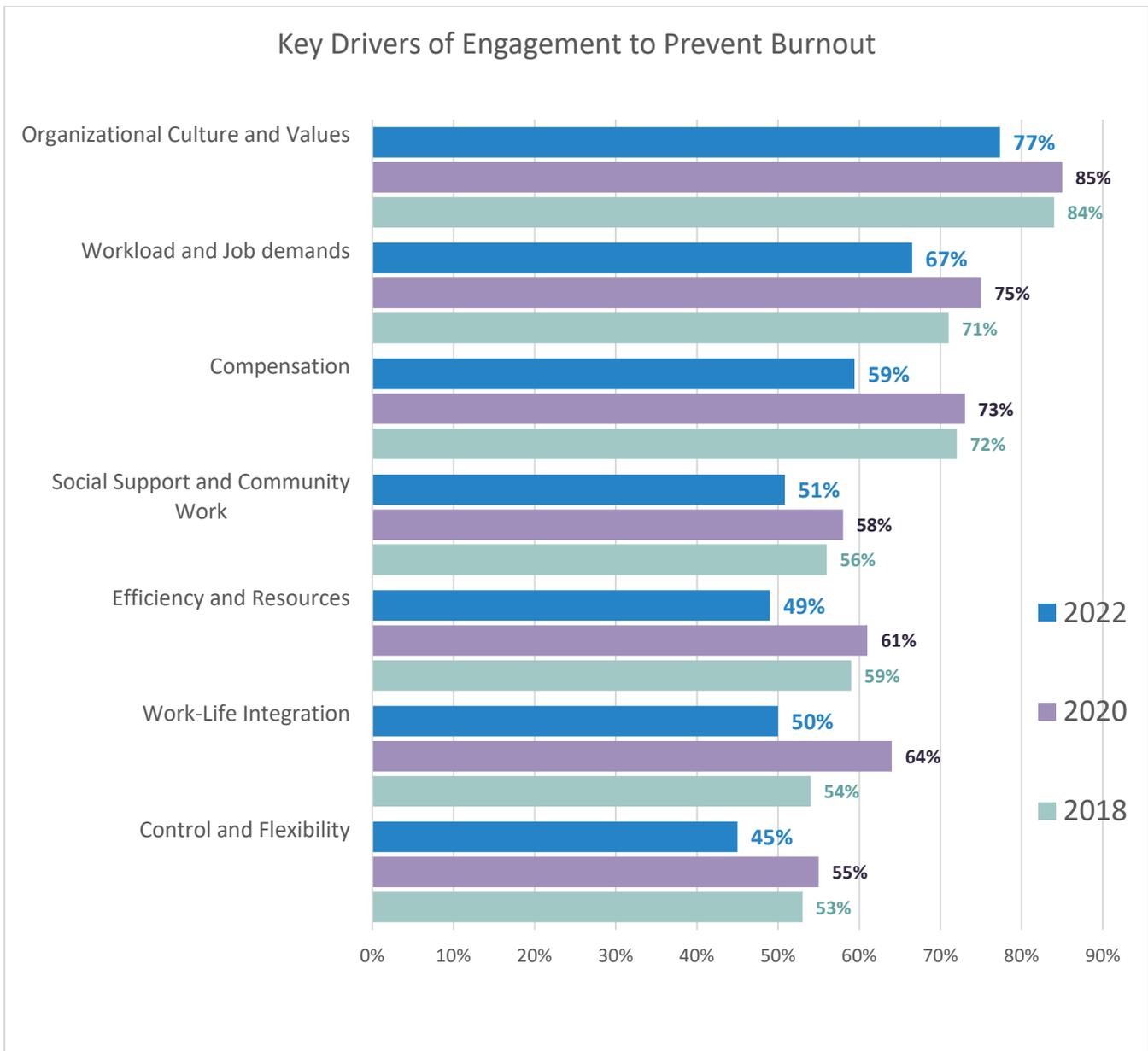
<sup>7</sup> Shanafelt, T. D., & Noseworthy, J. H. 2017.

mechanism to determine the levels of physician engagement was deemed a necessary component to the survey. The Key Drivers of Engagement to Prevent Burnout section of the survey was used by SSVMS in both the 2018 and 2020 surveys to benchmark areas of professional satisfaction and identify areas for improvement for organizations to consider. The questions were not altered for the 2022 version of the survey.

Figure 5 categorizes facets of physician burnout and engagement into seven categories: Organizational culture and values, social support and community work, work-life integration, control and flexibility, workload and job demands, efficiency and resources, and meaning in work. Survey participants answered eleven, 6-point Likert scale questions that reflected attitudes on organizational behavior that fell into these seven categories.



**Figure 5:** Shanafelt, T. D., & Noseworthy, J. H. (2017, January). *Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout*. In *Mayo Clinic Proceedings* (Vol. 92, No. 1, pp. 129-146). Elsevier.



**Figure 6: Percent of Endorsement on the Key Drivers of Engagement to Prevent Burnout**

All seven categories of engagement declined by 7% to 14% compared to 2020. Only one category, Organizational Culture and Values, scored positively (70%+) in 2022, compared to three positive categories in 2020.

- Overall, physicians felt that they share the same cultural values as their organizations (77%, ↓ 8% from 2020).
- Survey respondents identified six key areas for desired organizational change: Workload and job demands need to be more manageable (67% positive, ↓ 8% from 2020); Compensation must be increased (59%, ↓ 14% from 2020); Social support and

community needs improvement (51%, ↓ 7% from 2020); Greater work-life integration is needed (50%, ↓ 14% from 2020); Increase in efficiency and resources (49%, ↓ 12% from 2020). Finally, more flexibility to make administrative decisions (45%, ↓ 10% from 2020).

- Other notable areas:
  - Compensation:
    - Positive scores: Community clinic physicians were most satisfied with their compensations (82%).
    - Negative scores: Young physicians (ages 25-35) and older physicians (66+) were the most displeased with their compensations (less than 40%).
  - Work-Life Integration:
    - Positive Scores: Older physicians (66+ at 75%) and government employed physicians (81%) were the most content with work-life integration.
    - Negative Scores: Young physicians (25-35 at 40%) and large group physicians (46%) were most frustrated with work-life integration.
  - Highest scores – Young physicians (25-35 at 57%) and independent physicians (55%) were more likely to agree that they had efficient resources.

## ***Validated Burnout Assessments***

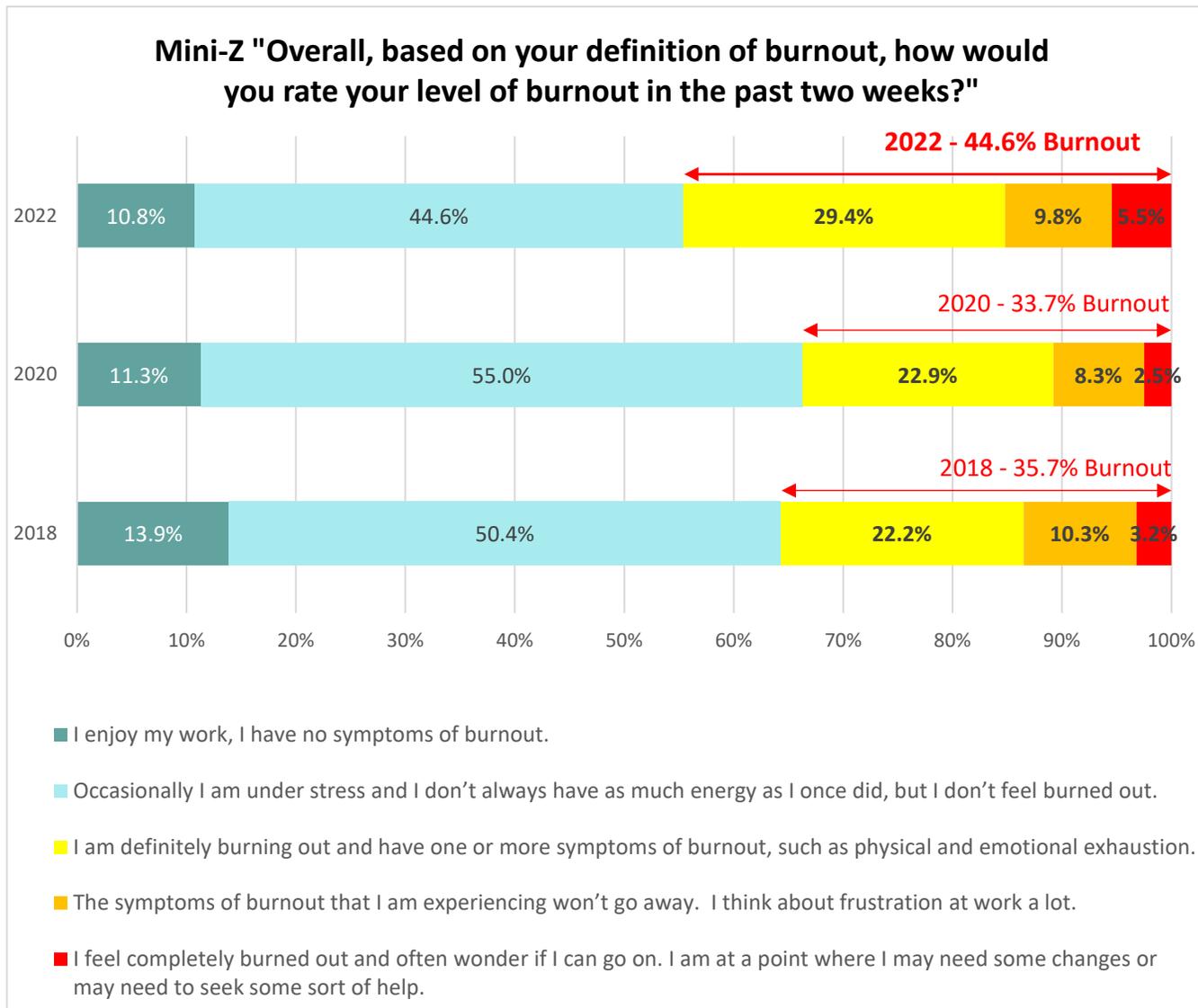
The next section of the survey included a series of validated questions to assess the levels of burnout experienced by physicians. The first question was the Mini-Z (Figure 7), a single non-proprietary burnout measure that has been validated to fully assess levels of burnout in multiple studies.<sup>8</sup> Also used were two single items from the Maslach Burnout Inventory (MBI) (Figure 8): “I feel burned out from my work” and “I have become more callous toward people since I took this job.” These questions correlate strongly with the emotional exhaustion and depersonalization subscale scores.

Burnout symptoms were assessed by analyzing scores from the validated Mini-Z questionnaire and two questions from the Maslach Burnout Inventory (MBI) that correlate to emotional exhaustion and depersonalization. The burnout scores for participants were computed using STATA Software and based upon the cutoff scores provided in the literature for each scale and were coded either a 0= no-burnout or a 1= burnout. The Mini-Z is a single item scale: “Using your own definition of “burnout,” please circle one of the answers: 1. I enjoy my work. I have no symptoms of burnout. 2. I am under stress, and don’t always have as much energy as I did, 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. 4. The symptoms of burnout that I’m experiencing won’t go away. I think about work frustrations a lot. 5. I feel completely burned out. I am at the point where I may need to seek help.

---

<sup>8</sup> Dolan, E. D., Mohr, D., Lempa, M., Joos, S., Fihn, S. D., Nelson, K. M., & Helfrich, C. D. 2015.

Responses to number 3-5 = burnout and responses 1-2 = no burnout. The MBI, is a 22-item survey rated on a 7-point Likert scale (1 "Never", 2 "A few times a year or less", 3 "Once a month or less", 4 "A few times a month", 5 "A few times a week", 6 "Once a week", 7 "Every day"). The SSVMS Joy of Medicine - Sacramento Region Physician Joy Assessment Survey included two items from the MBI: Item 8 ("I feel burned out from my work") and Item 10 ("I have become more callous toward people since I took this job"). A response of "a few times a week" or more on either Item 8 or Item 10 indicates a high degree of burnout.<sup>9</sup>

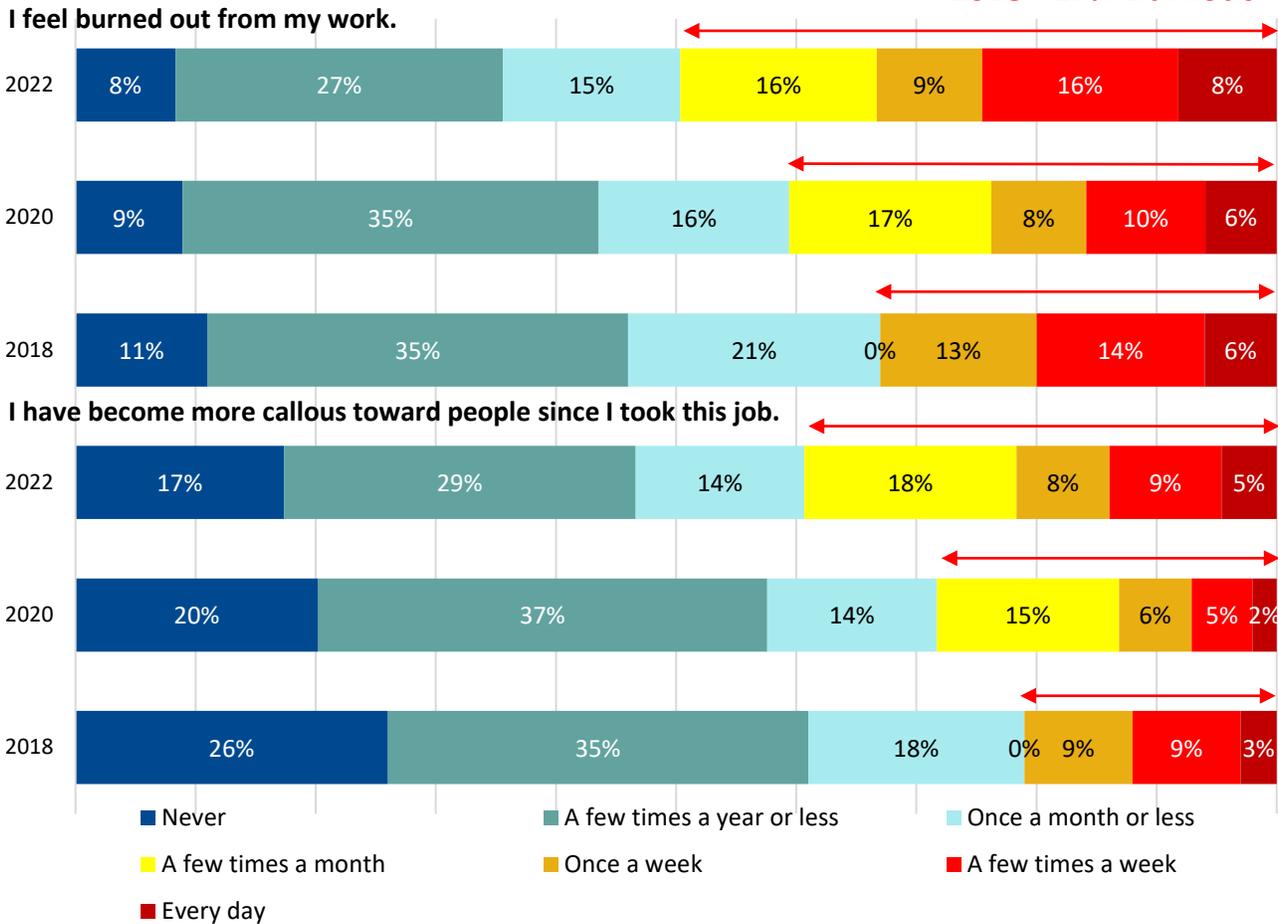


**Figure 7: Percent of Endorsement on the Mini-Z Overall Burnout Scores**

<sup>9</sup> National Academy of Medicine, n.d. <https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/#purpose>

## Maslach Burnout Inventory Questions 8 and 10

**2022 - 44% Burnout**  
**2020 - 35% Burnout**  
**2018 - 27% Burnout**



**Figure 8: Percent of Endorsement on the MBI Two-Item Burnout Scale Items**

- According to the Mini-Z, overall, 55.4% of physicians in the Sacramento Region are content, down by nearly 11% compared to 2020. However, 63% of national physicians are burned out, compared to 44.6% of local physicians burned out. (Figure 7)
- According to the Mini-Z, 9.8% respondents indicated they are experiencing burnout symptoms that will not go away and 5.5% (↑ 120% from 2020) respondents indicated that they feel completely burned out and wonder if they can go on. (Figure 7)
- The MBI survey indicated that 44% of physicians were positive for burnout and have become more callous toward people since taking the job, an increase of 11% compared to the 2020 survey. (Figure 8)
- Female physicians accounted for 56% of the burned-out responses, while male physicians accounted for 44%.

## Organizational Improvement Suggestions

As physician burnout is responsible for costing the U.S. healthcare system approximately \$4.6 billion annually,<sup>10</sup> the third section of the survey was dedicated to giving physicians the opportunity to provide suggestions to their medical group leadership on how to effectively address severe pain-points that correlate directly with physician burnout: work-life integration<sup>11</sup> and the electronic health record (EHR).<sup>12</sup> Like the 2018 and 2020 surveys, the top five work-life balance improvement recommendations (Figure 11) and the top five EHR (Figure 9) efficiency enhancement ideas were ranked, with the option of an open-ended answer for each question.

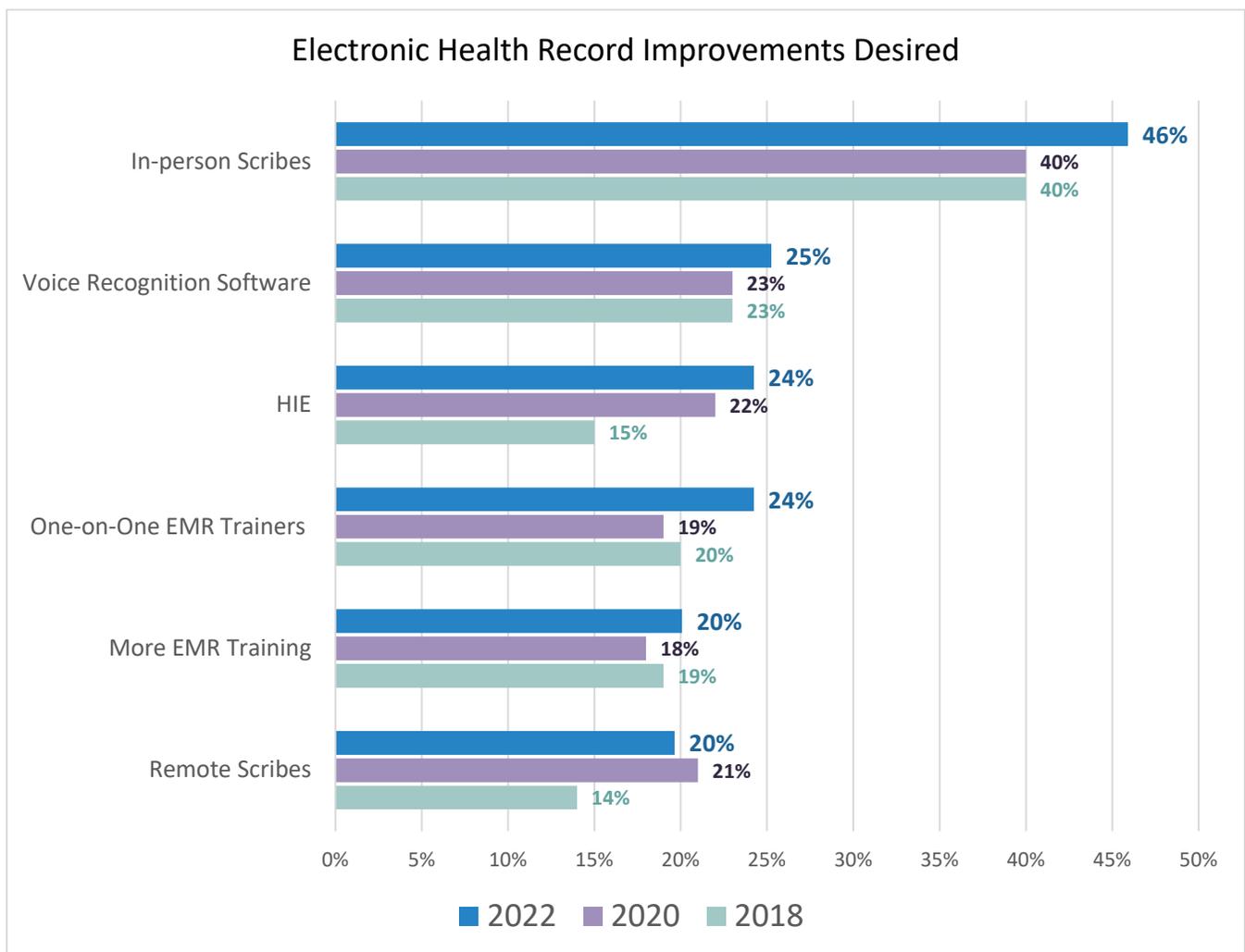


Figure 9: Ranked EHR Improvements

<sup>10</sup> Han, S., Shanafelt, T. D., Sinsky, C. A., Awad, K. M., Dyrbye, L. N., Fiscus, L. C., ... & Goh, J. 2019.

<sup>11</sup> Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., & West, C. P. 2015.

<sup>12</sup> Babbott, S., Manwell, L. B., Brown, R., Montague, E., Williams, E., Schwartz, M., ... & Linzer, M. 2013

### Other Answers - Electronic Health Record Improvements Desired

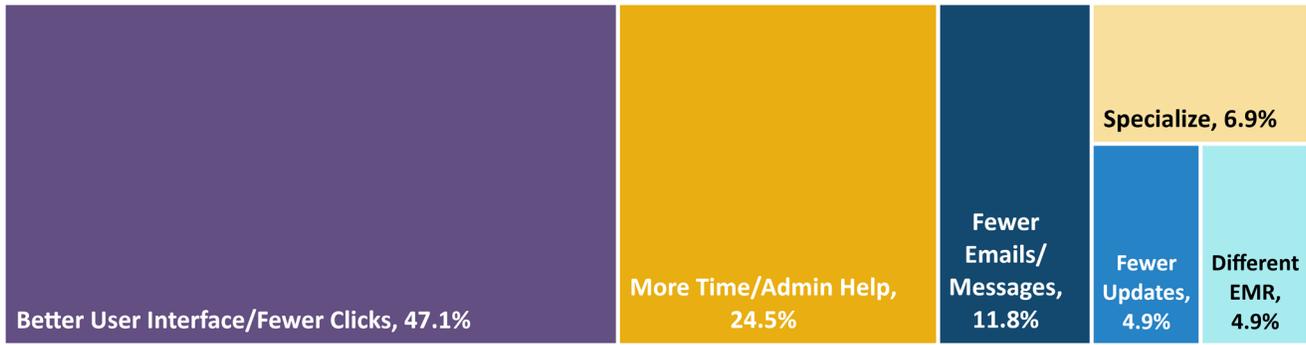


Figure 10: Open-Ended Responses – EHR Improvements Desired

### Top Five Improvements Desired for Optimal Work/Life Integration:

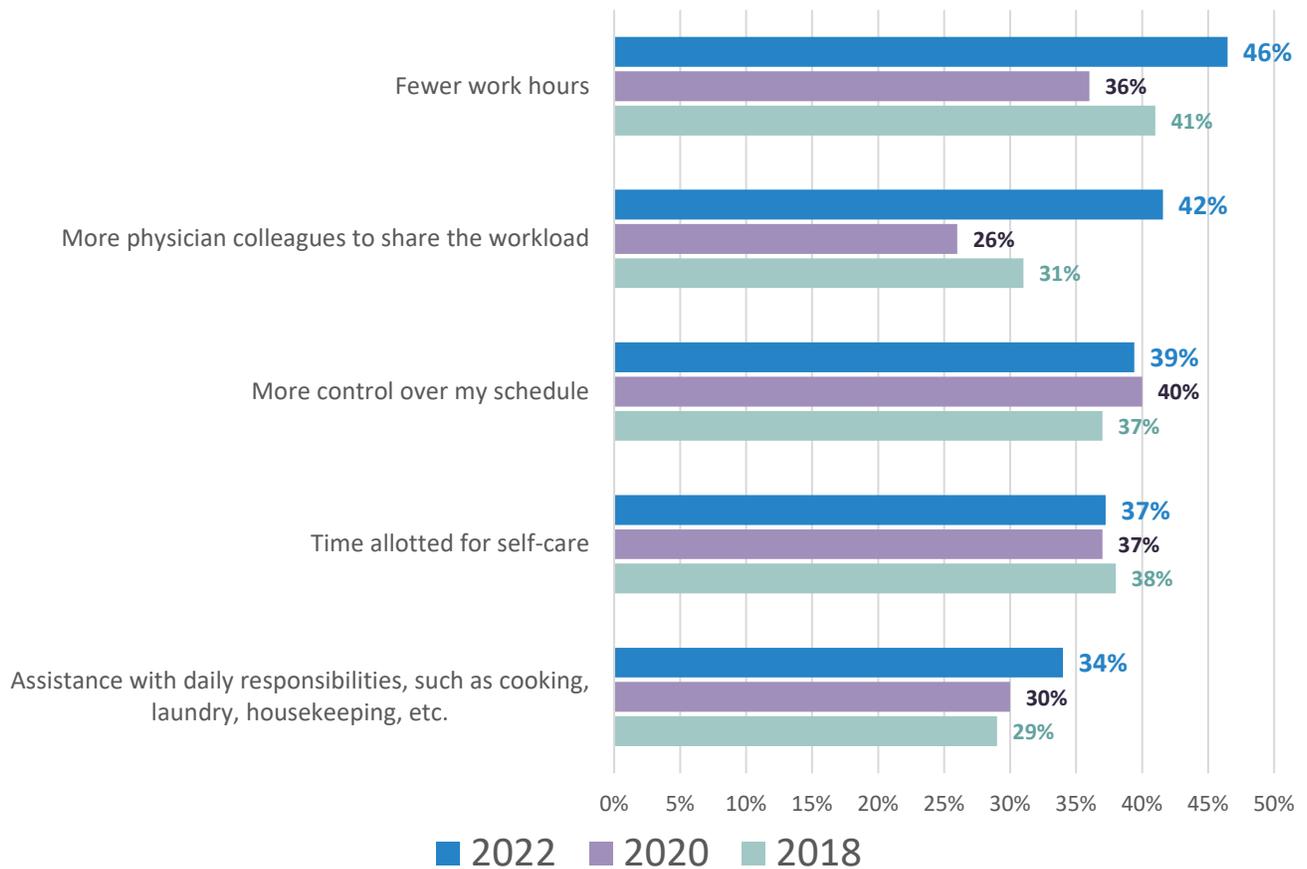
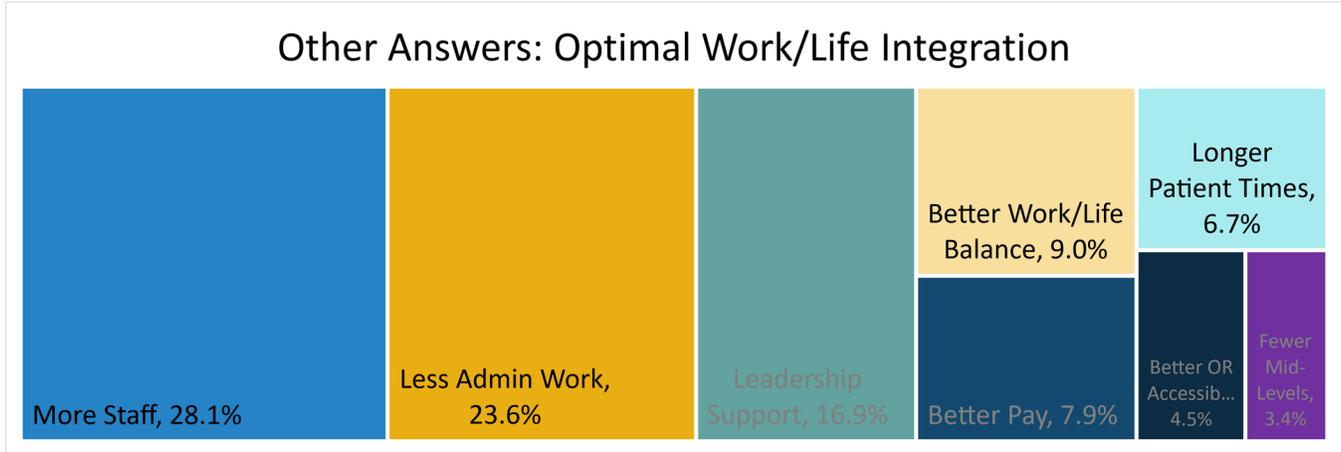


Figure 11: Ranked Work-Life Integration Improvements



**Figure 12: Open-Ended Responses: Optimal Work/Life Integration**

- Electronic Health Record (EHR) (Figure 9)
  - Respondents felt that improvements to the EHR can be accomplished by: In-person scribes (46%, ↑ 6% from 2020); Voice recognition software (25%, ↑ 2% from 2020); Health information exchange integration (24%, ↑ 2% from 2020); One-on-one EMR trainers (24%, ↑ 5% from 2020); EMR training (20%, ↑ 2% from 2020); Remote scribes (20%, ↓ 1% from 2020). Notably in “other”, 5% of respondents mentioned emails, administrative burden, workflow, and constant program changes as issues.
  - Notable open-ended comments (Figure 10) that appeared 5% of the time were that physicians felt that substantial changes were needed in the user interface, workflow, and/or customization of the EHR.
- Work-Life Integration (Figure 11)
  - Respondents felt that improvements to work-life balance can be achieved by: Providing fewer work hours (46%, ↑ 10% from 2020); More physician colleagues to share the workload (42%, ↑ 16% from 2020); More control over their schedules (39%, ↓ 1% from 2020); More time allotted for self-care (37%, no change from 2020); Assistance with daily responsibilities, such as cooking, laundry, housekeeping, etc. (35%, ↑ 4% from 2020). More physician colleagues and assistance with daily activities entered the top five responses since 2020.
  - Notable open-ended responses (Figure 12) included requests for: More staff (28.1%); Less administrative work (23.6%); More support from leadership (16.9%).

## Mistreatment and Violence Against Physicians

A recent study showed that preventing workplace mistreatment could improve physician well-being using the Mistreatment, Protection, and Respect (MPR) Measure.<sup>13</sup> This measure was utilized to ask respondents about different forms of workplace mistreatment and violence from patients (and their families), colleagues, nurses, leadership, and other staff. The forms of mistreatment and violence included sexual harassment or abuse, verbal mistreatment or abuse, and physical intimidation or violence.

Respondents were then asked to rate the degree to which they feel there are systems in place to ensure they're treated with dignity and respect as well as to what degree bystanders speak up or intervene during mistreatment.

Type and Source of Mistreatment <sup>A</sup>						
	Any source <sup>B</sup>	Patient/Family/Visitors	Colleague	Nurse	Other staff	Leadership
Sexual harassment or abuse	50	31	14	6	3	2
	7%	4%	2%	1%	0%	0%
Verbal mistreatment or abuse	256	198	43	15	14	26
	37%	28%	6%	2%	2%	4%
Physical intimidation, violence, or abuse	87	81	1	2	2	2
	12%	12%	0%	0%	0%	0%
Any of above forms of mistreatment	273	215	49	21	17	27
	39%	31%	7%	3%	2%	4%

*A - Percentages in each column or row may add up to more than 100%, as individual respondents may have endorsed mistreatment in multiple categories and/or from multiple sources.*

*B - Includes any respondent who reported experiencing at least 1 form of mistreatment (sexual, verbal, or physical).*

**Figure 13: Type and Source of Mistreatment**

<sup>13</sup> Rowe, S. G., Stewart, M. T., Van Horne, S., Pierre, C., Wang, H., Manukyan, M., Bair-Merritt, M., Lee-Parritz, A., Rowe, M. P., Shanafelt, T., & Trockel, M. (2022).

- Figure 13 demonstrates verbal mistreatment or abuse is the most common – 37% of respondents reported experiencing it.
- The greatest source of verbal mistreatment or abuse is from patients and their families – 28% of respondents reported experiencing it.
- Figure 13 also shows 12% of respondents have been physically intimidated or abused by patients or their families.
- Overall, 39% of respondents report some sort of sexual, verbal, or physical mistreatment from any source – and 31% report experiencing it from patients or their families while a combined 16% report experiencing it from colleagues, nurses, leadership, and other staff.
- Also of note: 4% of respondents report verbal mistreatment from their leadership teams.
- As shown in Figure 14, 78.6% of respondents rated the systems in place to ensure dignity and respect as at least moderate, while 21.4% indicated only a small degree or not at all.
- Figure 15 reports that 70.7% of respondents felt bystanders intervene to at least a moderate extent, while 29.4% indicated only a small degree or not at all.

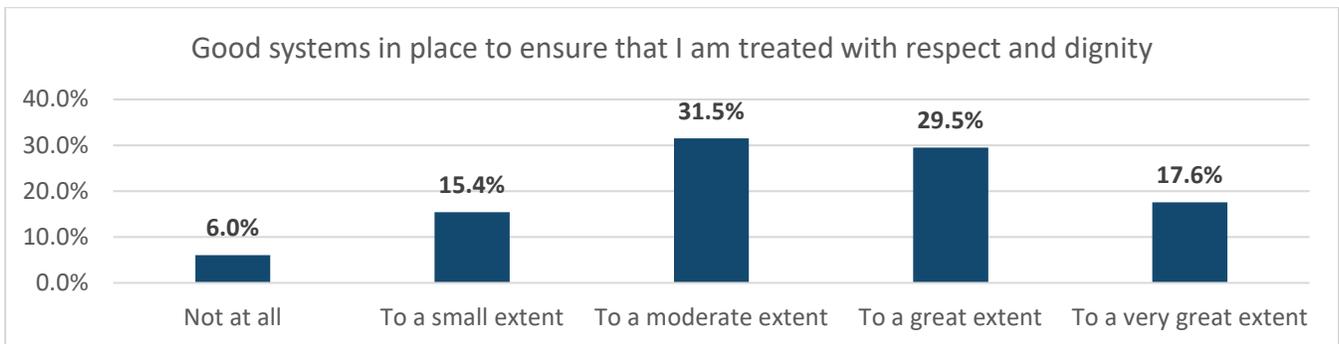


Figure 14: Respect and Dignity

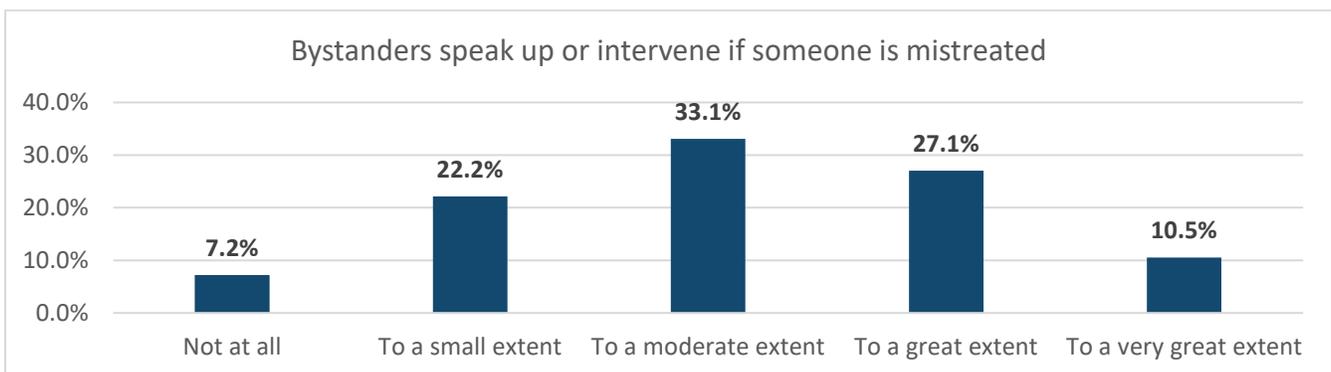
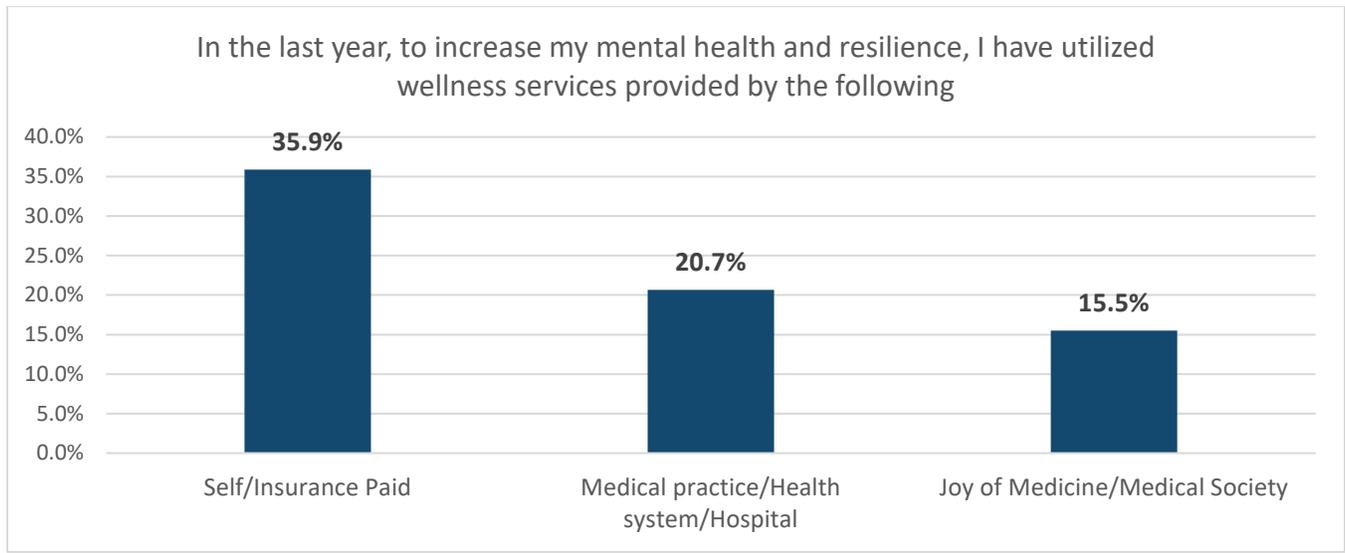


Figure 15: Bystander Intervention

## Wellness Services Utilized

Finally, the survey asked physicians what, if any, wellness services (self-pay/insurance, employer-sponsored (EAP), and/or SSVMS's Joy of Medicine) were utilized to improve their mental health. If any improvement in the level of physician burnout was recorded, it was hypothesized that a significant number of physicians would have utilized at least one of the wellness services.



**Figure 16: Wellness Services**

- In 2022, 66% of survey participants accessed professional wellness services (↑ 11% from 2020) through self-pay or through their medical group, health system, hospital, and/or SSVMS' Joy of Medicine program.
- Of the 44% of physicians who were burned out according to the Mini-Z:
  - 56% accessed some type of therapy.
  - 21% accessed their medical group or hospital services (↓ 2% from 2020).
  - 12% accessed Joy of Medicine services (↓ 7% from 2020).
- At least 2% of physicians who utilized a professional wellness service used all three (self-pay, group or health system, and SSVMS Joy of Medicine sponsored).
- Female physicians were more likely than male physicians to access mental health services: 56% accessed Joy of Medicine Program services, 57% accessed self- or insurance-paid services, and 62% accessed EAP.

---

## Conclusion

The findings from the 2022 SSVMS Sacramento Region Physician Joy Assessment Survey paint an unflattering picture. While physicians practicing medicine in the Sacramento region reported lower rates of burnout compared to the national average (44.6% vs. 63% in 2022), the Sacramento region's burnout rate is up by 10.6% compared to 2020. Positively, physicians have been accessing mental health services at a higher rate than in 2020 (66%, ↑ 11% from 2020). Physicians have also been very clear on what actions they would like to see: fewer work hours (46%, ↑ 10% from 2020) and more physician colleagues to share the workload (42%, ↑ 16% from 2020). Since the 2020 survey, physicians have felt undercompensated for the work they're putting in (59%, ↓ 14% from 2020).

SSVMS and CMA continue to advocate at the national, state, and local level to increase the physician workforce. Medical groups and health systems devote significant resources to recruiting new physicians to the Sacramento region. The results of the survey indicate that systemic changes are vitally necessary to address increased rates of burnout reported by physicians currently practicing medicine in the Sacramento region.

## Recommendations

Retention of the current physician workforce is critical. To facilitate physician work-life integration, SSVMS recommends that medical groups, physician organizations and health systems adopt the following recommendations:

- Increase the current physician workforce and provide the option for shorter or more flexible work hours.
- Adopt a statewide policy to address mistreatment and violence against physicians, regardless of the source, and ensure that systems are in place to ensure that physicians are treated with respect and dignity.
- Prioritize the improvement of the Electronic Health Record (EHR) to make it more efficient and user-friendly by providing in-person scribes, where clinically indicated, and improving the user interface. Both the 2019 and 2021 reports both made this suggestion, and it continues to be a significant source of frustration for physicians.
- Promote physician access to wellness resources including mental health services and peer engagement activities such as those offered through the SSVMS Joy of Medicine Program.

---

## Appendix: A

### *Advisory Committee Members*

Chair: John Chuck, MD

Sara Aghamohammadi, MD, UC Davis health

Christie Carroll, MD, Woodland Medical Group

Diane Chan, MD, The Permanente Medical Group

Gary Chu, MD, The Permanente Medical Group

Rochelle Frank, MD, UC Davis Health

Brian Gao, MS, California Northstate University College of Medicine

Laurie Gregg, MD, Sutter Independent Physicians

Lisa Guirguis, MD, Sutter Medical Group

Ruth Haskins, MD, Independent Physician

Ae-Rhee Kim, MS, California Northstate University College of Medicine

P.T. Koenig, MD, Sutter Medical Group

Irina Korman, MD, The Permanente Medical Group

Rajiv Misquitta, MD, The Permanente Medical Group

Deanne Nyland, MD, Mercy Medical Group

Makenna Rice, MS III, UC Davis School of Medicine

Daniel Rockers, PhD,

Kismet Roberts, MD, Sutter Medical Group

Katren Tyler, MD, UC Davis Health

Peter Yellowlees, MD, UC Davis Health

---

## Appendix: B



### Joy of Medicine Program Elements

#### *Counseling Sessions*

Counseling Sessions are confidential and with a licensed psychologist or life coach vetted by SSVMS. Physicians, regardless of membership status with the Medical

Society, are eligible to receive up to six (6) sponsored, lifetime Counseling Sessions with a SSVMS approved mental health provider or life coach. After the maximum sponsored sessions have been reached, the physician may continue to pay for their sessions privately. Since 2017, more than 300 physicians have utilized the services resulting in 1200+ individual sessions. To learn more about this resource, visit <http://joyofmedicine.org/building-resiliency/>.

## ***Psychiatric Assistance***

Joy of Medicine has partnered with UC Davis Health's Department of Psychiatry to provide direct access for physicians in need of a psychiatric evaluation, referral, or medication management. Through this partnership, any physician practicing in the Sacramento region may self-refer to U.C. Davis Department of Psychiatry to be seen immediately by an attending psychiatrist experienced in working with the unique needs of physicians.

Psychiatric Assessment services are available to all community physicians and are not limited to UC Davis-affiliated physicians. Physicians accessing the program will be responsible for payment of these services, either through self-pay or through accepted insurance. Learn more at <http://joyofmedicine.org/psychiatric/>.

## ***Physician Peer Groups***

Peer groups provide physicians with the opportunity to meet with a group of colleagues that understand and identify with what it means to be a physician. Physician Peer Groups are not group therapy but are means for physicians to connect with one another to discuss personal and professional successes and challenges. Facilitated by a psychologist or a life coach, there are three (3) Physician Peer Groups that meet once a month at a physician's home. Host sites are located throughout the Sacramento region to maximize participation. To learn more about this resource, visit <http://joyofmedicine.org/physician-peer-group/>.

## ***Physician Socials***

SSVMS hosts several socials throughout the year for physicians to connect with colleagues and enjoy a night off. Each peer group hosts one group meeting as an unfacilitated social, aimed at coming together and bringing in new members. These socials are held at various locations, and include paint and sip nights, tastings, social hours, summer activities, and more.

## ***Balint Group***

SSVMS's Balint group is a group of clinicians who meet regularly to present clinical cases in order to improve and to better understand the clinician-patient relationship. The facilitated sessions focus on enhancing physicians'

ability to connect with and care for their patients sustainably. To learn more, visit <http://joyofmedicine.org/balint-group/>.

## ***Annual Summit***

Occurring in the fall, the Annual Joy of Medicine Summit gives physicians tools and resources to cope with the stressors that are part of practicing medicine. The half-day summit features a number of speakers covering the topic of physician well-being, opportunities for group interactions, and CME credits. To learn more about this event, visit <http://joyofmedicine.org/joysummit/>.

## ***Podcast***

Joy of Medicine – On-Call is a podcast that aims to promote and increase access to physician wellness by focusing on topics of mindfulness, burnout, stress management, and joy. The podcast consists of local physicians interviewing their colleagues about their pathways and philosophies of practicing medicine with joy. To learn more about the podcast, visit <http://joyofmedicine.org/joy-of-medicine-on-call-podcast/>.

## ***Online Wellness Resource Library***

SSVMS's Joy of Medicine website features an online wellness resource library that includes books, articles, studies, videos, podcasts, and upcoming conferences regarding physician burnout, stress, depression, and general wellness tips. To learn more, visit <http://joyofmedicine.org/wellness-library/>.

## ***Expanding Services***

To reach more physicians, SSVMS has contracted with other Medical Associations across California to offer Joy of Medicine program components including counseling services, best practices, templates and regionwide physician surveys.

---

## **References**

1. Van der Heijden, Frank, et al. "Suicidal thoughts among medical residents with burnout." *Archives of suicide research* 12.4 (2008): 344-346.
2. Welp, Annalena, Laurenz L. Meier, and Tanja Manser. "Emotional exhaustion and workload predict clinician-rated and objective patient safety." *Frontiers in psychology* 5 (2015): 1573.

3. Frank, Erica, et al. "The association between physicians' and patients' preventive health practices." *Cmaj* 185.8 (2013): 649-653.
4. Shanafelt, T. D., West, C. P., Dyrbye, L. N., Trockel, M., Tutty, M., Wang, H., ... & Sinsky, C. (2022, December). Changes in burnout and satisfaction with work-life integration in physicians during the first 2 years of the COVID-19 pandemic. In *Mayo Clinic Proceedings* (Vol. 97, No. 12, pp. 2248-2258). Elsevier.
5. California Future Health Workforce Commission. (2019). Meeting the demand of health: Final report of the California Future Health Workforce Commission. <https://futurehealthworkforce.org>.
6. Sikka, Rishi, Julianne M. Morath, and Lucian Leape. "The quadruple aim: care, health, cost and meaning in work." (2015): 608-610.
7. Shanafelt, T. D., & Noseworthy, J. H. (2017, January). Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout. *Mayo Clinic Proceedings* (Vol. 92, No. 1, pp. 129-146). Elsevier.
8. Dolan, E. D., Mohr, D., Lempa, M., Joos, S., Fihn, S. D., Nelson, K. M., & Helfrich, C. D. (2015). Using a single item to measure burnout in primary care staff: a psychometric evaluation. *Journal of General Internal Medicine*, 30(5), 582-587.
9. Han, S., Shanafelt, T. D., Sinsky, C. A., Awad, K. M., Dyrbye, L. N., Fiscus, L. C., ... & Goh, J. (2019). Estimating the attributable cost of physician burnout in the United States. *Annals of internal medicine*, 170(11), 784-790.
10. Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., & West, C. P. (2015, December). Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. In *Mayo Clinic Proceedings* (Vol. 90, No. 12, pp. 1600-1613). Elsevier.
11. Babbott, S., Manwell, L. B., Brown, R., Montague, E., Williams, E., Schwartz, M., ... & Linzer, M. (2013). Electronic medical records and physician stress in primary care: results from the MEMO Study. *Journal of the American Medical Informatics Association*, 21(e1), e100-e106.
12. Patel, S. Y., Mehrotra, A., Huskamp, H. A., Uscher-Pines, L., Ganguli, I., & Barnett, M. L. (2021). Variation In Telemedicine Use And Outpatient Care During The COVID-19 Pandemic In The United States: Study examines variation in total US outpatient visits and telemedicine use across patient demographics, specialties, and conditions during the COVID-19 pandemic. *Health Affairs*, 40(2), 349-358.
13. Rowe, S. G., Stewart, M. T., Van Horne, S., Pierre, C., Wang, H., Manukyan, M., Bair-Merritt, M., Lee-Parritz, A., Rowe, M. P., Shanafelt, T., & Trockel, M. (2022). Mistreatment Experiences, Protective Workplace Systems, and Occupational Distress in Physicians. *JAMA network open*, 5(5), e2210768. <https://doi.org/10.1001/jamanetworkopen.2022.10768>
14. National Academy of Medicine, (n.d.) Valid and Reliable Survey Instruments to Measure Burnout, Well-Being, and Other Work-Related Dimensions. Retrieved from <https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/#purpose>
15. Kane, L. (January 15, 2020) *Medscape National Physician Burnout & Suicide Report 2020: The Generational Divide*. Retrieved from <https://www.medscape.com/slideshow/2020-lifestyle-burnout-6012460#2>