



THE CENTER FOR HEALTH AND THE SOCIAL SCIENCES,  
THE MACLEAN CENTER FOR CLINICAL MEDICAL ETHICS,  
AND THE PROGRAM ON MEDICINE AND RELIGION  
AT THE UNIVERSITY OF CHICAGO

---

## Job Satisfaction and Meaning in the Practice of Medicine: A National Physician Study

Dear Fellow Physician,

We invite you to participate in an important study of job satisfaction and meaning in the practice of medicine. Please complete this questionnaire to help us better understand what it is like for physicians like you to practice medicine in the contemporary healthcare context.

You were selected in such a way as to be sure that the study represents physicians nationwide, and we need everyone to participate for the study to be accurate. This questionnaire takes about 15 minutes to complete. Please know that all your responses will be confidential and your name will never be matched to your answers. If you prefer not to answer a question for any reason, you may skip it. However, we hope that you will do your best to answer to each question.

If you have questions about this study, please contact project director Kenneth Rasinski, PhD at [krasinsk@uchicago.edu](mailto:krasinsk@uchicago.edu) or call him at (773) 834-6837. If you would like to contact the director of the University of Chicago Institutional Review Board, Anita Goodnight, she can be reached at [abg@uchicago.edu](mailto:abg@uchicago.edu) or (773) 834-0402.

As a token of our sincere appreciation, we have enclosed a **\$20 dollar bill** with this questionnaire. Thank you again.

Sincerely,

Farr A. Curlin, MD  
Associate Professor of Medicine  
The University of Chicago

## JOB SATISFACTION AND PROFESSIONALISM

1. Thinking very generally about your satisfaction with your overall career in medicine, would you say that you are currently:

- <sub>1</sub> Very satisfied  
<sub>2</sub> Somewhat satisfied  
<sub>3</sub> Neither satisfied nor dissatisfied  
<sub>4</sub> Somewhat dissatisfied  
<sub>5</sub> Very dissatisfied

2. Imagine a physician job that is similar to the position you currently have, except that in the new job you would: 1) spend ten «HOURS» hours each week caring for patients, 2) care for patients who are, on average, «PTHLTH» than your current patients, and 3) earn 20% «SALARY» in salary. The new job would not require relocation. In it you would work with colleagues who you regard as «COLLEAGUES» physicians.

Please indicate to what extent you would prefer your current job or this new job?

- <sub>1</sub> Strongly prefer my current job  
<sub>2</sub> Somewhat prefer my current job  
<sub>3</sub> Somewhat prefer the new job  
<sub>4</sub> Strongly prefer the new job

3. Please estimate how many hours you spend in **a typical day at work** on activities that you find **personally rewarding**: \_\_\_\_\_ (# hours/DAY)

4. To what extent do you agree or disagree with the following statements?

|                                                                                               | Agree strongly                        | Agree somewhat                        | Disagree somewhat                     | Disagree strongly                     |
|-----------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) For me, the practice of medicine is a calling.                                             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| b) If I had it to do over again, I would not choose medicine as a career.                     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| c) If I had it to do over again, I would go into a different clinical specialty.              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| d) In the next few years, I hope to reduce the amount of time I spend in direct patient care. | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| e) In the next few years, I hope to leave the practice of medicine.                           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

5. Please answer **to what extent** each of the following statements describes you.

|                                                                 | Absolutely Untrue          | Mostly Untrue              | Somewhat Untrue            | Can't Say True or False    | Somewhat True              | Mostly True                | Absolutely True            |
|-----------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) My life has a clear meaning or purpose.                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| b) I have found a satisfactory meaning in life.                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| c) I have a clear sense of what gives meaning to my life.       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| d) In most ways, my life is close to my ideal                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| e) The conditions of my life are excellent.                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| f) I am satisfied with my life.                                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| g) So far I have gotten the important things I want in life.    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| h) If I could live my life over, I would change almost nothing. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

6. Using your own definition of burnout, please **choose one** of the following:

- 1 I enjoy my work. I have no symptoms of burnout.
- 2 Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.
- 3 I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
- 4 The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.
- 5 I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.

7. Please indicate **how often** each of the following statements applies to you.

|                                                                    | Never                      | A few times a year         | Once a month or less       | A few times a month        | Once a week                | A few times a week         | Every day                  |
|--------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) I feel burned out from my work                                  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| b) I have become more callous toward people since I took this job. | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

## THE DOCTOR-PATIENT RELATIONSHIP

*In answering the following questions, please consider your own experiences caring for patients and your relationships with patients*

8. How long have you worked in your current place of practice? \_\_\_\_\_ years

9. Please estimate:

a. How many individual patients do you see in a typical week? \_\_\_\_\_ patients

b. Among the patients you see in a typical week, how many have you been taking care of:

1. for more than one year? \_\_\_\_\_ patients

2. for more than three years? \_\_\_\_\_ patients

3. for more than ten years? \_\_\_\_\_ patients

10. With respect to your patients:

|                                                                    | None                       | A few                      | Many                       | Most                       |
|--------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) With how many do you have a meaningful, long-term relationship? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b) How many do you consider to be your friends?                    | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

11. How frequently do you experience each of the following?

|                                                                                                                | Never                      | Rarely                     | Sometimes                  | Often                      | Always                     |
|----------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) I eagerly look forward to seeing patients.                                                                  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b) I wish I could avoid seeing patients.                                                                       | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c) At the end of a day of seeing patients, I go home with the sense that I have done good and worthwhile work. | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

12. In your opinion, to what extent does having a **long-term relationship** with a patient impact each of the following:

| Having a long-term relationship with a patient ...                                                                  | Not at all                            | A little                              | Somewhat                              | A great deal                          |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) makes it easier to say no if the patient requests a test or procedure that I do not think is medically indicated | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| b) helps me discern what the patient needs and does not need in a given situation                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| c) leads to better clinical outcomes for the patient                                                                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| d) makes it more enjoyable for me to see the patient                                                                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| e) makes the patient trust me more than he or she would otherwise                                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| f) makes the patient more likely to follow my medical recommendations                                               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| g) makes the patient more likely to take their medications regularly and adhere to their treatment plan             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

13. Do you ever end up talking to patients after hours?

<sub>1</sub> Yes

<sub>0</sub> No

If Yes, how often do you:

Never Rarely Sometimes Often Always

a) enjoy talking to them

<sub>0</sub> <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub>

b) feel frustrated talking to them

<sub>0</sub> <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub>

14. Do you ever see patients in the outpatient setting?

<sub>1</sub> Yes

<sub>0</sub> No

If Yes, in your practice, how many minutes are typically allotted for:

a) a new patient appointment? \_\_\_\_\_ minutes

b) a return patient appointment? \_\_\_\_\_ minutes

15. Using the 5-point scale below, please describe the atmosphere in your office.

| Calm                                  |                                       | Busy, but reasonable                  |                                       | Hectic, Chaotic                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

## YOUR PERSONAL EXPERIENCES IN YOUR OVERALL LIFE

Some of the following items may seem unusual or repetitive, but please complete all of the items so that we can better understand your perspective.

16. Please indicate to what extent each of the following statements is true of you.

|                                                                             | Never                      | Occasionally or Seldom     | Fairly Often               | Very Often or Nearly Always |
|-----------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| a) I try to pass along knowledge I have gained through my life experiences. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4  |
| b) I feel as though I have made a difference to many people.                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4  |
| c) I have important skills that I try to teach others.                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4  |
| d) My actions have a positive effect on other people.                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4  |
| e) People come to me for advice.                                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4  |

17. Please indicate how frequently or infrequently you have had each of the following experiences in the **past six months**. Indicate your actual experience, not what you think your experience should be.

|                                                                                                                                     | Never or very rarely true  | Not often true             | Sometimes true<br>Sometimes not true | Often true                 | Very often or always true  |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|
| a) I find it difficult to stay focused on what's happening in the present.                                                          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3           | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b) I watch my feelings without getting lost in them.                                                                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3           | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c) In difficult situations, I can pause without immediately reacting.                                                               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3           | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d) I find myself doing things without paying attention.                                                                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3           | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e) When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3           | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f) When I do things, my mind wanders off and I'm easily distracted.                                                                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3           | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

18. Consider how well each statement describes you by choosing the appropriate number on the scale.

|                                                                                               | Does not<br>describe<br>me well |                            |                            |                            | Describes<br>me very<br>well |
|-----------------------------------------------------------------------------------------------|---------------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| a) I often have tender, concerned feelings for people less fortunate than me.                 | <input type="checkbox"/> 1      | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5   |
| b) Other people's misfortunes do not usually disturb me a great deal.                         | <input type="checkbox"/> 1      | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5   |
| c) When I see someone being treated unfairly, I sometimes don't feel very much pity for them. | <input type="checkbox"/> 1      | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5   |
| d) I am often quite touched by things that I see happen.                                      | <input type="checkbox"/> 1      | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5   |
| e) I would describe myself as a pretty soft-hearted person.                                   | <input type="checkbox"/> 1      | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5   |

## YOUR CLINICAL EXPERIENCES

*In the following questions, you will find a series of questions about your clinical experiences. Please complete all of the items so that we can better understand your perspective.*

19. Thinking about your role as a physician, please indicate how often each statement applies to you.

|                                                                                         | Never                      | Occasionally<br>or seldom  | Fairly<br>Often            | Very Often<br>or Nearly<br>Always |
|-----------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|-----------------------------------|
| a) I really try to slow down and give patients the time and help they need.             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4        |
| b) I make time to pay extra careful attention to patients' problems.                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4        |
| c) I go the extra mile to help take care of my patients.                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4        |
| d) I make a special point of being kind to patients who are suffering.                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4        |
| e) I eagerly look for moments in which I can teach patients something helpful to them.  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4        |
| f) I make it a point to let my patients know how much I care about and appreciate them. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4        |

20. Consider your experiences as a **physician**, and indicate how frequently or infrequently you have had each of the following experiences at work. Indicate your actual experience, not what your experience should be.

|                                                                                                                    | Never or<br>very rarely<br>true | Not often<br>true          | Sometimes true<br>Sometimes not<br>true | Often<br>true              | Very often<br>or always<br>true |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------|-----------------------------------------|----------------------------|---------------------------------|
| a) I cope with stress without letting it hinder my care of patients.                                               | <input type="checkbox"/> 1      | <input type="checkbox"/> 2 | <input type="checkbox"/> 3              | <input type="checkbox"/> 4 | <input type="checkbox"/> 5      |
| b) When I am with a patient, my mind wanders off and I am easily distracted.                                       | <input type="checkbox"/> 1      | <input type="checkbox"/> 2 | <input type="checkbox"/> 3              | <input type="checkbox"/> 4 | <input type="checkbox"/> 5      |
| c) In my clinical work, it seems like I am running on automatic, without paying much attention to what I am doing. | <input type="checkbox"/> 1      | <input type="checkbox"/> 2 | <input type="checkbox"/> 3              | <input type="checkbox"/> 4 | <input type="checkbox"/> 5      |
| d) When patients are demanding and difficult, I remain calm and composed.                                          | <input type="checkbox"/> 1      | <input type="checkbox"/> 2 | <input type="checkbox"/> 3              | <input type="checkbox"/> 4 | <input type="checkbox"/> 5      |
| e) When I carry out everyday clinical tasks, I remain actively aware of what I am thinking and doing.              | <input type="checkbox"/> 1      | <input type="checkbox"/> 2 | <input type="checkbox"/> 3              | <input type="checkbox"/> 4 | <input type="checkbox"/> 5      |
| f) When the clinical environment is hectic, I keep my emotional composure.                                         | <input type="checkbox"/> 1      | <input type="checkbox"/> 2 | <input type="checkbox"/> 3              | <input type="checkbox"/> 4 | <input type="checkbox"/> 5      |

21. Again, please consider your thoughts and feelings **specific to your experience as a physician**, and indicate how well each of the following statements describes you by choosing the appropriate number on the scale.

|                                                                                                                               | Does not describe me well  |                            |                            |                            |                            | Describes me very well |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------------|
| a) I get a strong urge to help when I see a patient who is upset.                                                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                        |
| b) It upsets me to see a patient being treated disrespectfully.                                                               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                        |
| c) I try to understand what is going on in my patients' minds by paying attention to their non-verbal cues and body language. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                        |
| d) I find that I am "in tune" with patients' moods.                                                                           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                        |
| e) I listen carefully to my patients when they need to get something off their chests                                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                        |



## CHARACTERISTICS YOU ADMIRE IN OTHER PHYSICIANS

22. Among the physicians you have known personally, think about the **one** you most admire as a *physician*.

a) What is that physician's clinical specialty? \_\_\_\_\_

b) Please indicate whether each of the following is true of that physician

| The physician is/was...                                               | No                                    | Yes                                   |
|-----------------------------------------------------------------------|---------------------------------------|---------------------------------------|
| i) a member of your family (a relative)                               | <input type="checkbox"/> <sub>0</sub> | <input type="checkbox"/> <sub>1</sub> |
| ii) one of your attendings or preceptors during your medical training | <input type="checkbox"/> <sub>0</sub> | <input type="checkbox"/> <sub>1</sub> |
| iii) one of your residents or interns during your medical training    | <input type="checkbox"/> <sub>0</sub> | <input type="checkbox"/> <sub>1</sub> |
| iv) part of your religious community or tradition                     | <input type="checkbox"/> <sub>0</sub> | <input type="checkbox"/> <sub>1</sub> |
| v) a physician you worked with prior to starting medical training     | <input type="checkbox"/> <sub>0</sub> | <input type="checkbox"/> <sub>1</sub> |

c) Thinking about this physician, please indicate how often each statement applies to him/her:

|                                                                      | Never                                 | Occasionally or Seldom                | Fairly Often                          | Very Often or Nearly Always           |
|----------------------------------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1) Tries to slow down and give patients the time and help they need. | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| 2) Makes time to pay extra careful attention to patients' problems.  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| 3) Goes the extra mile to help take care of patients.                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

d) Have you ever worked closely with this physician?

- <sub>1</sub> Yes →
- <sub>2</sub> No

**If Yes, when you were working with this physician, how often did you feel:**

|                                               | Never                                 | Rarely                                | Sometimes                             | Often                                 | Always                                |
|-----------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Admiration for this physician.....         | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| b. Feeling of generosity.....                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| c. Feeling of openness toward others.....     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| d. The desire to do something good for people | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| e. The desire to be like this physician.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| f. The desire to become a better person.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

## YOUR RELIGIOUS CHARACTERISTICS

23. How important would you say your religion is in your own life?

- <sub>1</sub> The most important part of my life
- <sub>2</sub> Very important in my life
- <sub>3</sub> Fairly important in my life
- <sub>4</sub> Not important in my life
- <sub>5</sub> Not applicable. I have no religion

24. How often do you attend religious services?

- <sub>1</sub> Never
- <sub>2</sub> Less than once a year
- <sub>3</sub> About once or twice a year
- <sub>4</sub> Several times a year
- <sub>5</sub> About once a month
- <sub>6</sub> Two to three times a month
- <sub>7</sub> Nearly every week
- <sub>8</sub> Every week
- <sub>9</sub> Several times a week

25. Which of the following best indicates your religious affiliation?

- <sub>1</sub> None
  - <sub>2</sub> Buddhist
  - <sub>3</sub> Hindu
  - <sub>4</sub> Jewish
  - <sub>5</sub> Muslim
  - <sub>6</sub> Roman Catholic
  - <sub>7</sub> Eastern Orthodox
  - <sub>8</sub> Protestant
  - <sub>9</sub> Other Christian
  - <sub>10</sub> Other Religion (please specify) \_\_\_\_\_
- a. If Jewish, would you say you are ...

  - <sub>1</sub> Orthodox
  - <sub>2</sub> Conservative
  - <sub>3</sub> Reform
  - <sub>4</sub> Secular
  - <sub>5</sub> Other
- b. If Christian, do you consider yourself *evangelical*?

  - <sub>1</sub> Yes
  - <sub>2</sub> No

26. To what extent do you agree or disagree with the following statements?

|                                                                                                           | Agree<br>strongly                     | Agree<br>somewhat                     | Disagree<br>somewhat                  | Disagree<br>strongly                  |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Different religions have different versions of the truth, and each may be equally right in its own way | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| b) There is one religion that is uniquely and comprehensively true                                        | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| c) There is no one, true, right religion                                                                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| d) I try hard to carry my religious beliefs over into all my other dealings in life                       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| e) My whole approach to life is based on my religion                                                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

27. To what extent do you consider yourself a spiritual person?

- <sub>1</sub> Very spiritual
- <sub>2</sub> Moderately spiritual
- <sub>3</sub> Slightly spiritual
- <sub>4</sub> Not spiritual at all

### OTHER BACKGROUND CHARACTERISTICS

28. Are you a hospitalist?

- <sub>1</sub> Yes
- <sub>2</sub> No

29. Is your primary place of practice an academic medical center or teaching hospital?

- <sub>1</sub> Yes
- <sub>2</sub> No

30. Is your patient population considered medically underserved?

- <sub>1</sub> Yes
- <sub>2</sub> No

a. If Yes, indicate the location of your practice:

- <sub>1</sub> Rural community
- <sub>2</sub> Inner-city community
- <sub>3</sub> Other (please specify): \_\_\_\_\_

31. Please estimate how many hours you spend in a typical week doing:

- A. Outpatient care: \_\_\_\_\_ (# hours/week)
- B. Inpatient care: \_\_\_\_\_ (# hours/week)
- C. Other work-related tasks: \_\_\_\_\_ (# hours/week)

32. Do you consider yourself Hispanic or Latino?

- <sub>1</sub> Yes
- <sub>2</sub> No

33. How would you classify your race? [CHECK ONLY ONE]

- <sub>1</sub> Asian
- <sub>2</sub> Black or African-American
- <sub>3</sub> American Indian or Alaskan Native
- <sub>4</sub> White or Caucasian
- <sub>5</sub> Other (please specify) \_\_\_\_\_

A. If Asian, do you think of yourself as ...

- <sub>1</sub> East Asian or Pacific Islander
- <sub>2</sub> South Asian
- <sub>3</sub> Other Asian

34. Which of the following best describes how long you have been in the United States?

- <sub>1</sub> You immigrated to the United States as an adult.
- <sub>2</sub> You immigrated to the United States as a child.
- <sub>3</sub> One or both of your parents immigrated to the United States before you were born.
- <sub>4</sub> Both of your parents were born in the United States

**LAST QUESTIONS! Please do your best to respond**

35. Please respond to the following items by marking the box that best reflects your own beliefs.

|                                           | Disagree Strongly                     | Disagree somewhat                     | Neither agree nor disagree            | Agree somewhat                        | Agree strongly                        |
|-------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) I deserve more things in my life.      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| b) Things should go my way.               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| c) I feel entitled to more of everything. | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

36. Please indicate your 2010 before-tax income from work as a physician by checking one of the boxes below:

- <sub>1</sub> under \$100,000   
 <sub>4</sub> \$150,001-\$175,000   
 <sub>7</sub> \$250,001-\$300,000  
<sub>2</sub> \$100,001-\$125,000   
 <sub>5</sub> \$175,001-\$200,000   
 <sub>8</sub> \$300,001-\$500,000  
<sub>3</sub> \$125,001-\$150,000   
 <sub>6</sub> \$200,001-\$250,000   
 <sub>9</sub> over \$500,000

37. As best you can remember, when you graduated from medical school, what quartile of your class were you in with respect to academic performance? (please give your best guess)

- <sub>1</sub> Top 25% of class  
<sub>2</sub> 2<sup>nd</sup> quartile  
<sub>3</sub> 3<sup>rd</sup> quartile  
<sub>4</sub> Bottom 25% of class

38. Please tell us any other comments you have regarding your experiences as a physician and finding meaning in the practice of medicine.

If you would be willing to participate in a 15-30 minute confidential phone interview about your experiences as a physician, please indicate below the preferred way to reach you. A portion of respondents who volunteer will be contacted.

- Phone number: (\_\_\_\_\_) \_\_\_\_\_  
 Email me \_\_\_\_\_

**Please return this survey in the enclosed, postage-paid envelope.**

**Thank you for participating!**

Q7 was adapted from the Maslach Burnout Inventory (MBI) by Wilmar Schaufeli, Michael P. Leiter, Christina Maslach and Susan Jackson. Copyright 1996 by Consulting Psychologists Press. All rights reserved. Further reproduction is prohibited without the Publisher's written consent.