

Mini Z burnout survey

Answer the following questions as truthfully as possible to determine your workplace stress levels and how they measure up against others in your field. There are two sections of questions in this survey about your experience with burnout and your practice environment. When you have completed the survey, return it to the person who requested that you complete it or submit it to stepsforward@ama-assn.org. We will follow up with you to give you your results. Thank you.

Mini Z burnout survey					
Name:		Role:			
Team/department:		Date of survey:			
<i>For questions 1-10, please choose the answer that best describes your experience with burnout. Please circle your answers.</i>					
1. Overall, I am satisfied with my current job:	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
2. I feel a great deal of stress because of my job:	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree

3. Using your own definition of “burnout,” please circle one of the answers below:

- a. I enjoy my work. I have no symptoms of burnout.
- b. I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.
- c. I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.
- d. The symptoms of burnout that I am experiencing won’t go away. I think about work frustrations a lot.
- e. I feel completely burned out. I am at the point where I may need to seek help.

4. My control over my workload is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal
5. Sufficiency of time for documentation is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal
6. Which number best describes the atmosphere in your primary work area?	1 Calm	2	3 Busy, but reasonable	4	5 Hectic, chaotic
7. My professional values are well aligned with those of my department leaders:	1 Strongly disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly Agree
8. The degree to which my care team works efficiently together is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal

9. The amount of time I spend on the electronic health record (EHR) at home is:	1 Excessive	2 Moderately high	3 Satisfactory	4 Modest	5 Minimal/none
10. My proficiency with EHR use is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal

11. Tell us more about your stresses and what we can do to minimize them (optional):

Your clinical practice

Answer the following questions as truthfully as possible to determine your workplace stress levels and how they measure up against others in your field.

For the following, please tell us about yourself and your practice. Please fill in the blanks.

Are you: MD/DO NP PA Other (specify): _____

Specialty: _____ Practice name: _____

City of practice: _____ State of practice: _____

Practice size (# physician FTEs): _____ Are you: Employed Owner

Practice type: VA Non-VA Practice specialty: _____

EHR vendor (optional): _____

For the following, please choose the answer that best describes you.

Where do you spend the majority of your clinical time? Inpatient Outpatient

Please tell us the number of years in your current role: _____

Gender (optional): Female Male

Race (optional): Black or African American Asian Native American
 Native Hawaiian or Other Pacific Islander White

Ethnicity (optional): Latino/Hispanic Not Latino/Hispanic Prefer not to answer

**Questions drawn mainly from the Physician Worklife Study, MEMO study, and Healthy Workplace Study. The Mini Z was developed by Dr. Mark Linzer and team at Hennepin County Medical Center, Minneapolis. For more information please contact mark.linzer@hcmcd.org.*

Thank you for taking the Mini Z survey.