The Words We Use, the Actions We Take, and the Perceptions We Hold: First-step Assessments to Inform Wellness Curricula and Burnout Prevention Programming

Karen Horneffer-Ginter, PhD, Jeffrey Greene, PhD, Lisa Graves, MD, Kristine Gibson, MD, Roger Apple, PhD, Julia Tullio, MD, Adrienne Kaufman, MD

Abstract

Introduction: In response to concerns about burnout, many medical schools have been initiating wellness curricula and programming. A key to the success of these efforts is having engagement from targeted audiences. Gathering input from these groups regarding preferred lexicon, wellness actions, and perceptions of judgement or guilt around such actions can help in developing and promoting such curricular and programmatic offerings. Engagement is especially important when it comes to the predictors of burnout (e.g., self-care, self-compassion, and emotional self-disclosure).

Methods: Utilizing a focus-group methodology as a preliminary step, medical school faculty and students discussed terms regarding burnout predictors. Thematic analysis using grounded theory was used to analyze transcriptions with the generated preferred terms being incorporated into a follow-up survey. Surveys were completed by 23 faculty, 65 students, 23 residents, and 124 staff (n = 235). The survey asked for ranked preferences of lexicon terms, ratings of engagement and importance around wellness actions, perceptions of judgement and guilt around engaging in self-care, and disengagement and exhaustion via the Oldenburg Burnout Inventory.

Results: Overall, results revealed a preference for alternative language (i.e., “personal well-being” (p < 0.001), “being kind to yourself” (p < 0.001), “sharing your feelings” (p < 0.001)) compared to phrases commonly used in the wellness literature (i.e., self-care, self-compassion, and emotional self-disclosure). Engagement in self-care (p < 0.001), and self-compassion actions (p = 0.001) were inversely correlated with burnout, while perceptions of being judged (p < 0.001) and feeling guilty for self-care (p < 0.001) were positively correlated with burnout.

Conclusion: Incorporating preferred lexicon terms and mitigation factors (correlating with the reduction of burnout) into wellness curricular development is encouraged as a valuable initial step for medical schools and organizations as they reach out to their intended audiences.

INTRODUCTION

Concerns regarding rates of physician burnout and depression [1] have been given increasing attention in recent years given the impact these symptoms have on physicians themselves, as well as patient care [2]. In 2014, more than half (54.4%) of U.S. physicians reported experiencing at least one symptom of burnout [3], and while these rates have shown improvement in recent years (lowering to 42.9% in 2017 [4]), concerns still remain and the number of institutions allocating resources toward burnout prevention and wellness efforts appears to be on the rise [5]. Along with addressing physicians’ greater likelihood of developing “burnout syndrome” (exhaustion, depersonalization, and reduced personal accomplishment) [6], research has also addressed the specific burnout risks for medical students [7], medical faculty [8], and medical school staff [9].

Recent scholarly work has highlighted the importance of addressing burnout with multi-faceted organizational strategies [10-12]. Similarly, a growing body of outcomes research points to the utility of such curricula programming [13,14]. Adopting a tripartite approach that considers the synergistic factors pertaining to culture, efficiency of practice, and personal resilience has received particular attention [15]. While these encouragements are useful and justified, a key factor that has yet to be addressed is how best to present such curricula and programming to ensure adequate participation from targeted audiences. Without such engagement, even medical schools and organizations that heed the call to hire a chief wellness officer [5] run the risk of seeing limited utilization of their wellness and burnout prevention programs compared to the rate of their implementation. Central to the idea of engagement is the issue of acceptability (i.e., the need to craft curricular and programmatic offerings in a way that is perceived at both an emotional and cognitive level as relevant, appealing, appropriate, and effective) [16].

One important aspect of acceptability is the use of language that is compelling to the intended audience [17]. As marketing science shows, behavior derives largely from the level of appeal one ascribes to what is being offered, which in large part is influenced by word choice [18,19]. Lexicon, then, is a powerful factor for influencing people to consider taking action. Along with being examined within medical humanism [20], a similar point was raised by Arnold et al. [21] in the context of communication curricula. Their encouragement, “…having the members of an educational community share responsibility for creating a lexicon may increase their investment in it and motivation to use it.”

As Bohman et al. [15] suggest, a paradigm shift is needed to reject the “historic ‘iron doc’ culture” in medicine, which...
discounts self-care. This suggestion seems especially timely given the finding that 40% of physicians report reluctance to seek health care for treatment of a mental health condition [22]. While, in large part, this is due to concerns regarding repercussions for medical licensure [23], the situation is likely exacerbated by the misconceptions that self-care and patient care are “competing interests” [15]. These authors highlight the importance of countering medical cultural norms that characterize self-care as selfish and point out that physicians are more likely to attend to their own personal resilience when they are “embedded in a culture that values and encourages this behavior” [15]. This suggestion is noteworthy when considering that a lack of self-compassion [24] and a presence of self-judgment [25] have been shown to be strong personal domain predictors of burnout. Possibly these findings relate to Berg’s two observations that: physicians tend to be reluctant to give themselves credit for their abilities and accolades and tend to handle stress alone and not reach out because they fear looking like an inferior physician [22].

Along with lack of self-compassion being a predictor of burnout, its presence has been found to buffer the positive association between self-criticism and depression for emergency workers exposed to trauma [26]. Training in self-compassion has been found to lead to decreases in anxiety and less use of “expressive suppression” (inhibiting the overt expression of emotion) [27]. This later finding is significant because such inhibition of expression can result in lower social support and less closeness to others [28]. Because ‘iron doc’ cultural norms may motivate such suppression, fostering learning and practice climates that embrace emotional disclosure, along with self-care and self-compassion, may be key to encouraging individuals to take care of themselves and reach out for help when needed. Such insights are reflected in recent encouragements to offer wellness curricula in both undergraduate [29, 30] and graduate medical education [31], that include skill-building around mindfulness, self-compassion [31], and the reflective capacity needed for metacognition and emotional awareness [32].

In the current study, we focused on how best to name the constructs of self-care, self-compassion, and emotional disclosure with all members of our school community given the relevance of these concepts to burnout and the prevalence of ‘iron doc’ norms within the culture of medicine. Using a mixed-method approach, we identified preferred lexicons, actions taken, and perceptions of guilt / judgment for these topics that were to be included in our wellness curricula and programming. We also included a measure of burnout to consider the possible correlational relationships between actions, perceptions, and reported levels of burnout. Such explorations, we suggest, can not only be used to inform the content of wellness and burnout prevention programming, but also to encourage audiences of both its relevance and potential for creating change in the medical school culture. We hypothesized that,

1. the preferred lexicon at our local institution would differ from the wellness terms most commonly used, and that
2. reported engagement in wellness actions would inversely correlate with reported burnout symptoms.

METHODS

Part I: Focus Group

A two-step process, both deemed exempt by our school’s IRB*, was used to gather information. First, as a preliminary step, a focus-group methodology was used with a convenience sample of faculty and students who responded to an email inviting them to attend a noon-hour focus group event where lunch was provided. Twelve medical school faculty (6 men and 6 women, each from a different department in our school and ranging in age from 34 to 65) and nine medical students (4 men and 5 women from the first and second-year classes) each met separately for one hour in an on-campus classroom and were asked to discuss their preferences regarding terms associated with the mentioned burnout predictors. The facilitator guided participants in discussing if each of the suggested phrases was “the best wording” or if “there was a preferable phrase,” in relation to each of these prompting questions:

- Self-Care (What activities do you do for…?)
- Self-Compassion (How do you offer yourself…?)
- Disclose your Emotions (How often do you…?)
- Difficult Emotions (Are there times when you experience…?)

Sessions were digitally recorded and transcribed so that thematic analysis using grounded theory could be conducted by six of the seven people on the research team. After independently reading through the transcripts, the team met two times in person in order to compare notes. We then communicated by email to ensure convergence on the major and minor themes identified.

Part II: Survey

All members of our medical school community (135 faculty, 230 residents, 496 staff, and 309 students) were invited by email to participate in an anonymous survey with the incentive of an optional drawing for ten $25 gift cards. The survey’s content was informed by the focus group findings both in including all suggested preferred terms and by further exploring several themes that emerged. The survey instrument (Appendix A) included several demographic and Likert-scale questions. In addition, participants were asked to rank order their preferred terms of self-care, self-compassion, and emotional disclosure. For each of the three constructs (self-care, self-compassion, and emotional disclosure) participants were asked to rate on a 5-point Likert scale:

- “how important” is:
  self-care
  self-compassion
  emotional disclosure

- “how often” do you:
  engaged in activities to support your self-care
  extended compassion toward yourself
  find ways to share / process difficult emotions when needed

Based on the results from the focus group, participants were asked, on a 5-point Likert scale, “do you ever feel judged for making efforts to take care of yourself?” and “do you ever feel guilty for making efforts to take care of yourself?”

Each participant was then asked to complete the 16-item Oldenburg Burnout Inventory (OBI) [33, 34], which is the measure used by the AAMC in their national survey across medical schools (OBI for medical students). It was chosen for this study because, unlike the Maslach Burnout Inventory, it is based on a two-factor conceptualization of burnout (i.e., disengagement and exhaustion), includes positively and negatively worded items for each factor, and is non-proprietary.

Statistics

Quantitative analyses were conducted with SPSS (version 25). Along with conducting frequency and descriptive analyses, Chi-Square tests were run to evaluate participants’ rank orders of preferred lexicon. For each of the terms, a Chi-Square was run based on the hypothesis that if the commonly used phrase (self-care, self-compassion, emotional disclosure) was generally preferred by participants, over 50% of respondents would have reported it as their top rank. Friedman non-parametric tests were then run to compare rank order and identify the top three terms ranked for each construct. In addition, Pearson correlation tests were conducted in order to examine the relationships between reports of burnout, wellness actions, and wellness perceptions.

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### Table 1: Identified Focus-Group Themes from Most to Least Prevalent & Example Quotes

<table>
<thead>
<tr>
<th>Category: SELF-CARE</th>
<th>Example Quotes</th>
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<tbody>
<tr>
<td>Disliking the term ‘self-care’ (both faculty and students)</td>
<td>I don't care for the term so for me it is self-putting. I don't even know what I do for self-care, I think in terms of what do I do to take care of myself (faculty)</td>
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<tr>
<td>Feeling guilty for ‘self-care’ efforts (faculty)</td>
<td>Whether I am here or I am home, if I am still working until 11 o’clock at night and then I have to do something during the day, my personal life, I will run out and do it, but I feel guilty about doing that. (faculty)</td>
</tr>
<tr>
<td>Feeling judged for ‘self-care’ efforts (students)</td>
<td>I feel if you’re going to ask us what we feel you have to care and do something about it . . . There has to be “okay we're going to try to judge you less for taking a personal day. (student)</td>
</tr>
<tr>
<td>The need for culture / organizational change (both faculty and students)</td>
<td>One of the difficulties of doing something like this is that there’s been such an emphasis, there has been so much talk, and yet nothing has changed much (faculty)</td>
</tr>
<tr>
<td>Purpose of ‘self-care’ activity—to be able to sustain service to others (both faculty and students)</td>
<td>I think the general goal people are trying to refer to in discussing self-care is preventing your own degradation. Keeping yourself capable of doing the job you’re needing to do. Being the person you need to be in and out of the work place, in your church and your family. (faculty)</td>
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<tr>
<th>Category: SELF-COMPASSION</th>
<th>Example Quotes</th>
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<tbody>
<tr>
<td>Disliking the term ‘self-compassion,’ preferring ‘give yourself a break’ other terms (faculty)</td>
<td>I don’t think I have ever encountered self-compassion. First it seems redundant to me. It’s very chunky. How do you offer yourself self-compassion. I like the other ones, “give yourself a break.” (faculty)</td>
</tr>
<tr>
<td>Disliking the term ‘give yourself a break / preferring ‘self-compassion’ (students)</td>
<td>I don’t love “give yourself a break” just because it feels like you should be constantly working and then every once in a while, you should get this break to be nice to yourself. I think that self-compassion is something that is more likely continuous, and I think the wording should be represented like that. (student)</td>
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<tr>
<td>The importance of being imperfect / having a supportive culture (faculty / students)</td>
<td>Allowing yourself to be less than perfect is kind of healthy, unfortunately, we tend to get a pressure cooker, put people in undergrad who can never ever have a mistep. (faculty)</td>
</tr>
<tr>
<td>Importance of role-modeling self-compassion to others (both faculty and students)</td>
<td>I periodically screw up fairly royally, and it’s usually very publicly, so I get to model certain behaviors and it’s actually helpful. So yeah, I’m convinced it can be taught, it just can’t be taught “We’re going to talk today about giving yourself a break.” (faculty)</td>
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<tr>
<th>Category: EMOTIONAL DISCLOSURE</th>
<th>Example Quotes</th>
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<tbody>
<tr>
<td>Reasons not to use the term “emotions” (faculty)</td>
<td>I don’t prefer feelings over emotions, but for some reason emotions always seem to be on the negative side, feelings tend to not. (faculty)</td>
</tr>
<tr>
<td>Press for the term “emotions” over “feelings” (students)</td>
<td>I much prefer emotions to feelings as a term generally. (student)</td>
</tr>
<tr>
<td>Importance of emotional disclosure / sharing feelings (faculty)</td>
<td>I had a colleague once tell me, we will take care of our physical health while avoiding to take care of our emotional or mental health. For me well you could go to the doctor, but that’s usually a physical thing, but when you’re emotionally unwel what do you do? That’s just a phrase that has always stuck with me. (faculty)</td>
</tr>
<tr>
<td>Importance of creating a work culture that makes emotional disclosure safe / Concerns about being flagged (faculty and students)</td>
<td>I don’t think I would touch that (an offering inviting emotional disclosure) at all. I think my fear of consequence would keep me from attending. (faculty)</td>
</tr>
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</table>

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Other sub-themes that emerged in the conversation involved terms suggested were included in the subsequent survey. Care, self-compassion, and disclosing emotions. All alternative and sample quotes listed in Part I: Focus Group Table 4: Pearson Correlations between Wellness Actions, Perceptions, and Oldenburg Burnout Inventory (OBI).

Engagement in self-care and self-compassion actions were inversely correlated with both subscales of burnout, while perceptions of being judged and feeling guilty for self-care were positively correlated with both subscales of burnout. No significant relationships were found between perceptions of importance and burnout across the three constructs.

Part II: Survey

Responses were received from a total of 235 participants: 23 faculty (17% response rate), 23 residents/fellows (10%), 124 staff (25%), and 65 students (21%). Participants were asked to identify their gender (80% female, 20% male, 0% "other"), age range (20-30 [42%], 31-40 [29%], 41-50 [11%], 51-60 [13%], 61+ [5%]), and if English was their native language (94%). The Chi-Square analysis results indicated that well over 50% of respondents preferred alternative phrases compared to those commonly used (Table 2). The top three terms, ranked for each construct, are presented in Table 3.

Average total scores (with a possible range of 8-32) and standard deviations were calculated for the Disengagement (18.45, 3.97) and Exhaustion (20.19, 4.09) subscales on the Oldenburg Burnout Inventory (OBI).

Engagement in self-care and self-compassion actions were inversely correlated with both subscales of burnout, while perceptions of being judged and feeling guilty for self-care were positively correlated with both subscales of burnout. No significant relationships were found between perceptions of importance and burnout across the three constructs.

Table 4: Pearson Correlations between Wellness Actions, Perceptions, and OBI Subscales

Engagement in - Self-Care

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<tr>
<th></th>
<th>Disengagement (OBI)</th>
<th>Exhaustion (OBI)</th>
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<tbody>
<tr>
<td>Self-Care</td>
<td>-0.19 (p=0.004)</td>
<td>-0.24 (p&lt;0.001)</td>
</tr>
<tr>
<td>Emotional Disclosure</td>
<td>-0.16 (p=0.016)</td>
<td>-0.21 (p=0.001)</td>
</tr>
<tr>
<td>Feeling Judged for &quot;making efforts to take care of yourself&quot;</td>
<td>0.26 (p&lt;0.001)</td>
<td>0.28 (p&lt;0.001)</td>
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<tr>
<td>Feeling Guilty for &quot;making efforts to take care of yourself&quot;</td>
<td>0.25 (p&lt;0.001)</td>
<td>0.39 (p&lt;0.001)</td>
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RESULTS

Part I: Focus Group

Several themes emerged from the focus groups including a preference for alternative terms, as depicted in the themes and sample quotes listed in Table 1 (previous page). Faculty and students had various reasons for disliking the terms self-care, self-compassion, and disclosing emotions. All alternative terms suggested were included in the subsequent survey. Other sub-themes that emerged in the conversation involved:

(a) feelings of "guilt" and "judgment" (for faculty and students, respectively) for taking time for self-care,
(b) the need for cultural/organizational change to support self-care activities and safe emotional disclosure,
(c) the purpose of self-care activities to allow individuals to sustain service to others,
of dissuading targeted audiences, we renamed the “self-care” curriculum to “personal well-being,” and have utilized the term “well-being” in elective offerings for students and announcements for optional “lunch & learns” and continuing education workshops targeting students, faculty, staff, and residents. We also changed the language in our curricular materials to emphasize the preferred self-compassion and emotional disclosure terms in hopes of creating more openness toward these topics.

We have realized that there may be times when using more preferred and familiar terms in communications, but not in the educational offerings themselves, may be valuable. For example, most of our participants did not care for the term “self-compassion.” However, what might get lost with replacing this word is that the definition of self-compassion includes self-kindness, along with mindfulness and an awareness of our common humanity [36].

Not only did we gather unexpected input—such as the sub-themes identified in the focus group data—we also generated additional discussion about the nuances of wellness concepts that might otherwise have been overlooked. For instance, in follow up conversations both at our school and with other medical schools, mixed opinions surfaced about other words related to wellness and burnout programming (including “wellness” and “burnout”), which made us aware that we should also be considering more articulate terms in general (e.g., professional fulfillment [24], moral injury [36]) to ensure we’re capturing these constructs in ways that remain engaging and not off-putting.

LIMITATIONS

Both our focus groups involving faculty and students and our subsequent survey, which also included staff and residents, relied on convenience samples. While assessing the lexicon preferences of more engaged members in a community may be viewed as a useful first step, it is possible that those who did not respond to the invitation to participate may have offered different insights and may, in general, be less involved in activities at our medical school. If our sampling had involved equal representation across all groups and demographic variables of interest, this would have allowed for further quantitative comparisons to suggest which factors correlated with varying lexicon preferences. In addition, our study is based on data from only one location. This is both a limitation, but also consistent with the type of setting-focused process we are encouraging at other locations.

CONCLUSION

The results from our study revealed a preference for alternative terms (i.e., “personal well-being,” “being kind to yourself,” “sharing your feelings”). In addition, we found that burnout was inversely correlated with engaging in self-care and self-compassion, and positively correlated with feeling judged and feeling guilty for making efforts to take care of oneself. Our findings suggest that there may be value in identifying preferred wellness-related lexicons in one’s community as opposed to using only terms from the literature, especially when choosing language to engage target audiences. Demonstrating the local correlations between wellness actions, perceptions of judgment or guilt, and burnout can also be useful in justifying the resources and time required for wellness programming and strengthening the acceptability of these offerings. Such findings can be incorporated into the content and promotion of wellness programs as a means of helping shift unsupportive “iron doc” cultural beliefs that may be present. In sum, we encourage other medical schools and organizations to consider gathering data regarding preferred lexicon, wellness actions, and relevant perceptions as an initial step in creating and promoting well-being programming.

Acknowledgments: The authors wish to thank Rich Brandt, Elizabeth Lorbeer, Amber Turner, and Patrice Mason for their assistance with this project.

*IRB Exempt Ruling: The focus group and survey components of the study were deemed exempt by the Western Michigan University Homer Stryker M.D. School of Medicine’s IRB (IRB#2018-0366/12-3-18; WMed-2019-0447/2-19-19).

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22. Berg S. 5 Reasons physicians are less likely to seek support. AMA Wire. July 30, 2018.
Appendix A

Confidential

Survey

Please complete the survey below.

Thank you!

Please select which category best fits your role at WMed:

- Staff
- Clinical Physician faculty
- Non-Clinical Physician faculty
- Non-Physician faculty
- Student
- Resident/fellow

Specialty

- Internal Medicine
- Pediatrics
- Emergency Medicine
- Family Medicine
- Psychiatry
- Surgery
- Orthopaedic Surgery
- Obstetrics and Gynecology
- Medicine-Pediatrics
- Other

Gender

- Female
- Male
- Other

Age

- 20-30
- 31-40
- 41-50
- 51-60
- 60-70
- 71-90

Is English your native language?

- Yes
- No

Please rank order your preferred wording for the term “self-care”.

If your preference is not listed here, you can write it in on the last option and rank this as your first choice.

**Suggested definition: To take care of oneself; To tend to one’s own “mind-body-spirit” health.**

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<td>Maintain your abilities and capacities</td>
<td>Maintain a healthy balance</td>
<td>Take care of yourself</td>
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If you chose “Other” above, please note your preferred wording for the term “self-care.”
__________________________________________

How important is self-care/personal wellness/well-being to you?
- [ ] Not at all important
- [ ] Neutral
- [ ] Very important

How often do you engage in activities to support your self-care/personal wellness/well being?
- [ ] Never
- [ ] Occasionally
- [ ] Daily/regularly

Within the field of medicine, how much encouragement is offered for physician “self-care”?
- [ ] None
- [ ] Some
- [ ] A large degree

Within the field of medicine, how much encouragement is offered for non-physician (clinical and administrative) employee “self-care”?
- [ ] None
- [ ] Some
- [ ] A large degree

Do you ever feel judged for making efforts to take care of yourself?
- [ ] Never
- [ ] Occasionally
- [ ] Daily/regularly

Do you ever feel guilty for making efforts to take care of yourself?
- [ ] Never
- [ ] Occasionally
- [ ] Daily/regularly

Any comments you’d like to add to explain your responses?
__________________________________________
Please rank order your preferred wording for the term: "self-compassion." If your preference is not listed here, you can write it in on the last option and rank this as your first choice.

| Suggested definition: To offer oneself support (especially in difficult times) |
|--------------------------------------------------|-----------------|-----------------|-----------------|-----------------|
| Self-compassion                                  | 1st             | 2nd             | 3rd             | 4th             | 5th             |
| Self-kindness                                    | ○               | ○               | ○               | ○               | ○               |
| Being kind to yourself                           | ○               | ○               | ○               | ○               | ○               |
| Give yourself a break                            | ○               | ○               | ○               | ○               | ○               |
| Other (please note below)                         | ○               | ○               | ○               | ○               | ○               |

If you chose "Other" above, please note your preferred wording for the term "self-compassion" __________________________________

How important is self-compassion/self-kindness to you?

- Not at all important
- Neutral
- Very important

How often do you extend compassion/kindness toward yourself?

- Never
- Occasionally
- Daily/regularly

Within the field of medicine, how much encouragement is offered for physician self-compassion/self-kindness?

- None
- Some
- A large degree

Within the field of medicine, how much encouragement is offered for non-physician (clinical and administrative) employee self-compassion/self-kindness?

- None
- Some
- A large degree

Any comments you'd like to add to explain your responses? ____________________________________________
Please rank order your preferred wording for the term: "emotional disclosure." If your preference is not listed here, you can write it in on the last option and rank this as your first choice.

Suggested definition: To share or process one’s emotions (especially when experiencing a difficult or unpleasant experience).

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<tr>
<td>Disclose your emotions</td>
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<td>Process your feelings</td>
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<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Process your emotions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Process what's going on for you</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please note)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you chose "Other" above, please note your preferred wording for the term "emotional disclosure." __________________________________________

How important is it to you to have opportunities to share or process unpleasant emotions in difficult times?

- Not at all important
- Neutral
- Very important

How often do you find ways to share/process difficult emotions when needed?

- Never
- Occasionally
- Daily/regularly

Within the field of medicine, how much encouragement is offered for physicians to share or process difficult emotions?

- None
- Some
- A large degree

Within the field of medicine, how much encouragement is offered for non-physician (clinical and administrative) employees to share or process difficult emotions?

- None
- Some
- A large degree

Any comments you'd like to add to explain your responses?

__________________________________________
**Instruction:** Below you find a series of statements with which you may agree or disagree. Using the scale, please indicate the degree of your agreement by selecting the number that corresponds with each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I always find new and interesting aspects in my work.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>There are days when I feel tired before I arrive at work.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>It happens more and more often that I talk about my work in a negative way.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>After work, I tend to need more time than in the past in order to relax and feel better.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I can tolerate the pressure of my work very well.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Lately, I tend to think less at work and do my job almost mechanically.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I find my work to be a positive challenge</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>During my work, I often feel emotionally drained.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Over time, one can become disconnected from this type of work</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>After working, I have enough energy for my leisure activities</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sometimes I feel sickened by my work tasks</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>After my work, I usually feel worn out and weary.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>This is the only type of work that I can imagine myself doing.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Usually, I can manage the amount of my work well.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel more and more engaged in my work.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>When I work, I usually feel energized.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

If you are interested in being entered into the drawing for ONE of TEN $25 Panera Gift Cards, please send an email to wellness@med.wmich.edu with the subject heading 'Please enter me in the drawing.'

Please note that entering the drawing is entirely voluntary.