

Early Results of the Physician Well-Being Index Across OTA Membership

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Purpose: Career satisfaction, surgeon burnout, and the effects of moral injury are topics frequently discussed among members of the OTA and the medical profession at large. The purpose of this study is to quantify OTA membership career satisfaction and risk of career distress using the validated Physician Well-Being Index (pWBI) with demographic stratification.

Methods: In October of 2021, pWBI became available to all OTA members electronically. Active members were invited to create an account and complete the standard pWBI along with custom questions. A value of 3.0 on the Mean Distress Score (MDS, range -2 to 9) is considered “at risk” with higher values equating to higher risk. Results are compared to a national physician database with >14,900 participants.

Results: 228 unique assessments and 513 total assessments were completed over a 15-month period. The MDS for OTA membership is 1.92 (standard deviation [SD] 2.64) with the national mean for physicians = 1.73 (SD 2.75). Overall breakdown based on pWBI risk stratification demonstrated the following: 36% “Distressed” (MDS >4), 25% “Struggling” (MDS 2–4), 24% “OK” (MDS 0–1.9), 14% “Thriving” (MDS <0). When asked directly how satisfied a member is with employment, a majority responded “Very Satisfied” (22%) or “Satisfied” (39%) with the remaining members answering “Neutral” (22%), “Unhappy” (15%) or “Miserable” (2%). Table 1 highlights demographic trends. Highest risk groups include Black/ African American, females, and those <5 years from medical school graduation (ie, trainees). Practice type showed academic employment as the highest risk and hybrid model as lowest.

Conclusion: The early results of the pWBI within the OTA indicate that our profession is at higher risk for distress than other physician groups and 61% are either “Distressed” or “Struggling.” 40% are either neutral or unhappy with their employment. Specific demographics and practice models are more at risk than others. These early data highlight the need for a concentrated effort to address the issues leading to surgeon distress and career dissatisfaction. This process starts with an acknowledgment of the issues and an improved understanding of both problems and solutions.

Table 1: Participant breakdown based on demographics.

Gender	# Responses	MDS	National MDS
Female	34	2.62	2.07
Male	193	1.79	1.32
Race/Ethnicity			
Asian	20	1.98	
Black/African American	6	3.19	
Hispanic/Latino	10	1.47	
White/Caucasian	184	1.72	
Years Since Graduation			
< 5 Years	19	3.68	1.85
5-14 Years	96	2.11	2.09
15-24 Years	60	2.43	2.02
≥ 25 Years	65	0.84	1.17
Practice Type			
Private Practice	42	1.44	
Academic	109	2.34	
Hospital Employed	55	1.88	
Hybrid Model	25	1.10	

**Results with < 5 participants or no response excluded

The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or medical device they wish to use in clinical practice.