Supplementary File - Survey 1.

MBI Burnout Survey 10 Years Later 2024

Start of Block: Default Block

Please review the Study Information Sheet below. After reading the Study Information Sheet, do you consent to participate in the study?

- ○ I consent to participate (4)
- ○ I do not consent to participate (5)

Click to write the question text

X→ X→

MBI Assessment Questions (Removed for copyright)

X→

I have access to a well-being program in (select all that apply):

- ☐ my department (1)
- ☐ my college/school of pharmacy (2)
- ☐ my university (3)

X→

I have participated in or accessed the well-being resources at my department/college/school/university.

- Yes (1)
- No (2)
- I do not have access to a well-being program. (3)

Display this question:

If I have participated in or accessed the well-being resources at my department/college/school/unive... = Yes

The well-being resources in my department/college/school/university were helpful.

- Yes (1)
- No (provide reasons) (2) _____

What is your frequency of physical exercise (hours/week)?

- 0 (1)
- 1 - 3 (2)
- 4 - 6 (3)
- > 7 (4)

Do you have a regular hobby outside of work (ie. sports, book club, crafts, etc)?

- Yes (1)
- No (2)

Page Break

Which best describes your gender identity?

- ○ Female (1)
- ○ Male (2)
- ○ Non-binary (3)
- ○ Transgender female (4)
- ○ Transgender male (5)
- ○ Other (6)
- ○ Prefer not to answer (7)

Ethnicity (check all that apply)

- [ ] African-American/Black (1)
- [ ] American Indian/Alaska Native (2)
- [ ] Asian or South Asian (3)
- [ ] Caucasian/White (4)
- [ ] Hispanic/Latino/LatinX (5)
- [ ] Middle Eastern or North African (6)
- [ ] Native American or Alaska Native (7)
- [ ] Native Hawaiian or Other Pacific Islander (8)
- [ ] Two or More Races (9)
- [ ] Other (10)
- [ ] Prefer not to answer (11)

Age (years)

- ○ Less than or equal to 30 (1)
- ○ 31-40 (2)
- ○ 41-50 (3)
- ○ Greater than or equal to 51 (4)

Current marital status.

- ○ Single (1)
- ○ Married (2)
- ○ Divorced/separated/widowed (3)
- ○ Co-habitating (4)

Do you have children younger than 18 years old?

- ○ Yes (1)
- ○ No (2)

Total years worked after pharmacy school graduation.

_____

Total years worked at your current academic institution.

_____

Type of academic institution where you currently work.

- ○ Private (1)
- ○ Public (2)

Length of pharmacy program in which you currently teach.

- ○ 0 to 6 years (1)
- ○ 3 years accelerated (2)
- ○ 4 years traditional (3)

When was the Pharmacy College or School you work for established?

- ○ Before 1995 (1)
- ○ 1995 - 2010 (2)
- ○ 2011 and after (3)

Page Break

Current academic rank

- ○ Instructor/lecturer (1)
- ○ Assistant professor (2)
- ○ Associate professor (3)
- ○ Professor (4)

Current tenure status

- ○ Non-tenured, non-tenure track (1)
- ○ Non-tenured, tenure track (2)
- ○ Tenured (3)

Do you currently have an administrative title in addition to your faculty title (e.g. Associate Dean, Vice-Chair, Chair, etc.)?

- ○ Yes (1)
- ○ No (2)

Display this question:

If Do you currently have an administrative title in addition to your faculty title (e.g. Associate D... = Yes

Please estimate the number of hours per week you devote to your administrative role.

- ○ 1 - 10 (1)
- ○ 11 - 20 (2)
- ○ 21 - 30 (3)
- ○ 31 - 40 (4)
- ○ Over 40 (5)

Which best describes your current position?

- ○ Fully funded by the College/School (1)
- ○ Partially funded by the College or School/clinical practice site (2)
- ○ Fully funded by the clinical practice site (3)
- ○ Other (please elaborate) (4) _____

Average workweek in hours (include work done after hours and on weekends)

- ○ Less than 20 (1)
- ○ 20 - 40 (2)
- ○ 41 - 50 (3)
- ○ Greater than 50 (4)

Page Break

Current annual salary

- ○ < $100,000 (1)
- ○ $100,001 - $120,000 (2)
- ○ $120,001 - $140,000 (3)
- ○ $140,001 - $160,000 (4)
- ○ $160,001 - $180,000 (5)
- ○ $180,001 - $200,000 (6)
- ○ Greater than $200,000 (7)

Do you have a clinical practice site?

- ○ Yes (1)
- ○ No (2)

Display this question:

If Do you have a clinical practice site? = Yes

Estimate the number of **hours per week** that you devote to your clinical practice site (ie. rounding, seeing patients, etc)

_____

Page Break

Do you have didactic teaching responsibilities within the College/School of Pharmacy?

- ○ Yes (1)
- ○ No (2)

Display this question:

If Do you have didactic teaching responsibilities within the College/School of Pharmacy? = Yes

Estimate the number of **hours** over one year that you devote to didactic teaching (ie. workshops, lectures, course coordination, etc)

_____

Page Break

Do you have a mentor (any type, formal, informal, etc.)?

- ○ Yes (1)
- ○ No (2)

Select the geographic division in which you primarily work.

- ○ New England (CT, ME, MA, NH, RI, VT) (1)
- ○ Middle Atlantic (NJ, NY, PA) (2)
- ○ South Atlantic (DE, FL, GA, MD, NC, SC, VA, WV) (3)
- ○ East North Central (IL, IN, MI, OH, WI) (4)
- ○ East South Central (AL, KY, MI, TN) (5)
- ○ West North Central (IA, KS, MN, MO, NE, ND, SD) (6)
- ○ West South Central (AR, LA, OK, TX) (7)
- ○ Mountain (AZ, CO, ID, MT, NM, NV, UT, WY) (8)
- ○ Pacific (CA, OR, WA) (9)

Page Break

Would you like to enter the raffle to win one of six $100 gift cards? Your responses will remain confidential. (Last question of survey)

- ○ Yes (1)
- ○ No (2)

End of Block: Default Block