



2020 Health Authority Engagement Survey Report

Dear Colleagues,

At Doctors of BC, we understand that collaborative relationships between doctors and health authorities are a cornerstone of our healthcare system. Collaboration is necessary for providing optimal patient care, and nurturing a work culture that supports and values physicians.

To get a sense of these important relationships across the province, and the programs that help support them, we seek out your views and feedback. Last September, we rolled out our fifth annual Health Authority Engagement Survey, asking you for your thoughts on your engagement and interaction with your health authority, as well as your physical and psychological health and safety.

In 2020, we added a number of sections, including a section on senior leadership, a deeper review of physical and psychological health and safety, and a chance to provide your open-ended feedback on a number of topics. Given the impact of the ongoing COVID-19 pandemic, we also sought out your feedback on its effects.

This year's survey results demonstrate that we have generally seen meaningful improvements in many areas in comparison to previous years. Provincially, and in most regions, positive scores have increased across all 9 core questions. The 2020 survey results also show that even in the midst of a challenging year living with COVID-19, levels of communication and engagement between physicians and health authorities have improved.

While existing challenges do remain, we want to harness these results to drive progress forward in our conversations at the local and regional levels in BC's healthcare system. Thank you to all members who took the time to participate in this valuable review. Your feedback is deeply appreciated, particularly during such an unprecedented year for BC's doctors.

A handwritten signature in black ink, appearing to read 'Matthew Chow', with a stylized flourish at the end.

Dr Matthew Chow
President, Doctors of BC

2020 Health Authority Engagement Survey Summary Report

Executive Summary

The purpose of this report is to outline the 2020 results and key highlights from the fifth annual Doctors of BC Health Authority Engagement Survey. This survey is based on Health Standards Organization's (HSO) validated Work Life Pulse Tool for Physicians and it ran from September 14, 2020 to October 14, 2020.

Highlights:

- This year saw a record response rate with 3,200 physicians completing the survey, resulting in a 28% response rate.
- At a provincial level, survey respondents have reported meaningful improvements in areas of engagement and overall satisfaction.
- There is an improvement in engagement scores during the COVID-19 pandemic in comparison to pre-pandemic survey results. The COVID-19 pandemic inspired an environment for health authorities and physicians to break down engagement barriers, resulting in enhanced collaboration and communication.
- All health authorities have seen an increase in positive scores from 2018 to 2020 according to the averages across HSO's Work Life Pulse Tool questions.
- Approximately one in two physicians across BC reported being involved or impacted by a physical or psychological safety incident in their workplace.
- At a provincial level, the topics of physical and psychological health and safety indicate higher positive scores than some other engagement questions, but open-ended comments related to the topic also outlined challenging areas and highlighted significant opportunities. Including additional demographic questions in future surveys may enrich the insights these results provide.
- Engagement between regional and local senior leadership tends to be higher at the hospital/facility level, but data indicates that rural sites tend to have greater engagement at a local level, in comparison to the engagement at the regional level.
- Family physicians, specialists, community-based, and facility-based physicians had similar findings across the core questions. This is important to highlight as it indicates a convergence of opinion on these questions compared with survey results from previous years.

What's Next

Doctors of BC will be sharing results with members, staff across the organization, and health authorities. Doctors of BC will be presenting the results to groups across the Province, including Medical Staff Associations, Divisions of Family Practice, and Health Authority Medical Advisory Committees in an effort to discuss trends, high-level feedback from the open-ended comments, and opportunities for improvement. Additionally, staff may offer insight on Doctors of BC policies, programs, and new initiatives to support specific issues and topic areas. A supplemental Report will be released in the coming weeks, which will include charts outlining breakdowns by practice type, location, hospital/facility, community, among other elements.

Introduction

In this survey, Doctors of BC asked the same nine core questions about overall satisfaction, engagement, and senior leadership from previous years' surveys to track trends over time. For 2020, we added questions regarding engagement during the COVID-19 pandemic, and physical and psychological health and safety. We introduced new questions about senior leadership engagement at a local level, along with open-ended text opportunities to better understand challenges and opportunities.

The 2020 survey results include insights on the following topics:

- The impact of COVID-19 on physician engagement.
- A select number of questions on physical and psychological health and safety from the Guarding Minds at Work survey. These results will enable comparisons with other healthcare sector surveys that use this common survey tool.
- Comparisons between senior leadership engagement at a regional and local level.
- Physicians' challenges and ideas on enhancing physician engagement, COVID-19 communication, and physical and psychological health and safety in the workplace gleaned from over 2,500 open ended comments.

The following Report outlines key provincial and regional summaries organized in the following sections:

1. [HSO's Work Life Pulse Tool Questions: Provincial & Regional Breakdowns \(pre-pandemic\)](#)
2. [COVID-19: Provincial and Regional Results](#)
3. [Physical and Psychological Health and Safety](#)
4. [Regional & Local Senior Leadership](#)
5. [Methodology, Response Rates, and Demographics](#)

1. HSO's Work Life Pulse Tool Questions: Provincial & Regional Breakdowns (pre-pandemic)

Provincial Overview: 2018-2020

Physicians responded to the following questions from a pre-COVID-19 pandemic perspective. The survey specifically framed these questions for the period from April 2019 to early 2020. The term 'senior leaders' for this section is defined as the most senior level of leadership within a Health Authority (e.g. CEO, Vice President).

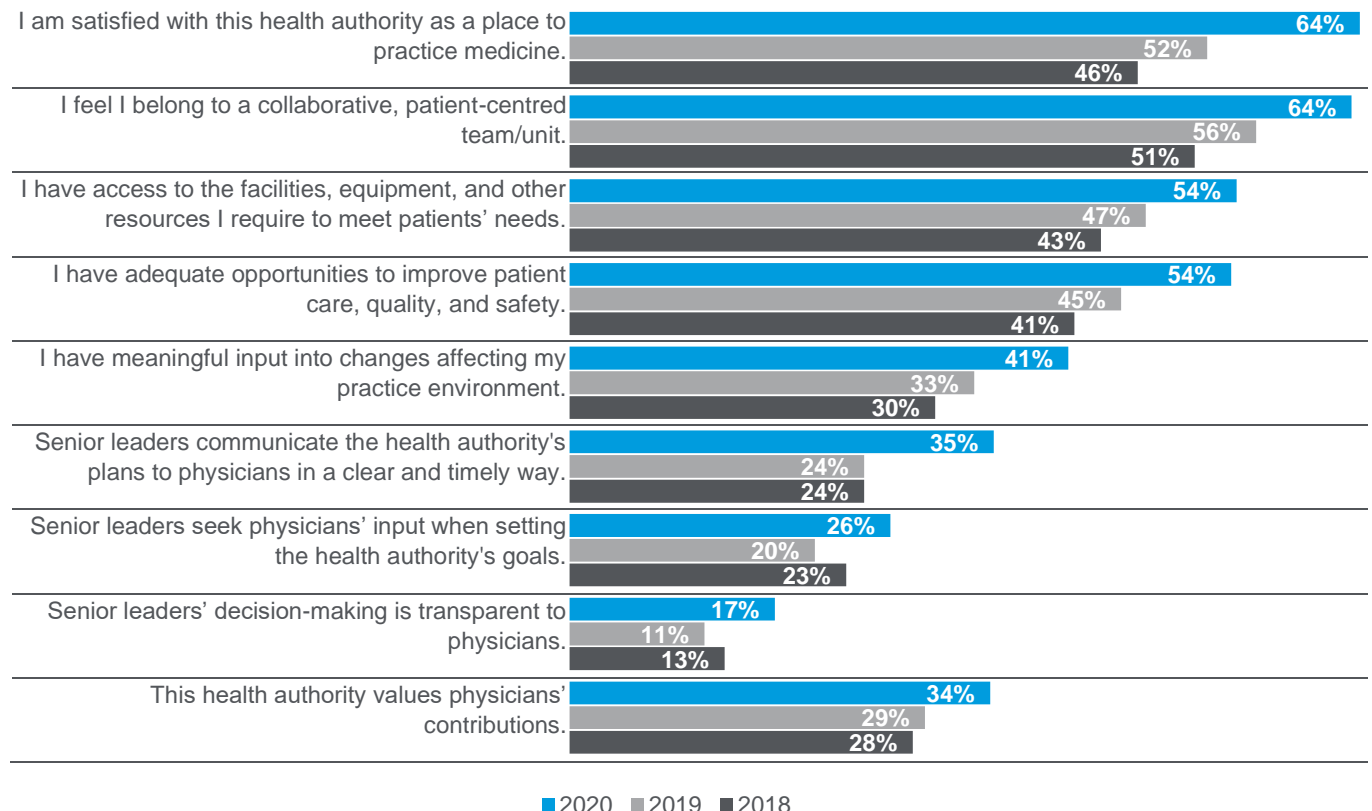
Key observations:

- Since 2018, there has been overall improvement across all nine questions. Feelings of satisfaction in the workplace has seen a noteworthy jump from 46% to 64%.
- Senior leadership engagement-related questions have consistently scored the lowest among core questions, but there has been small improvements over the last three years.

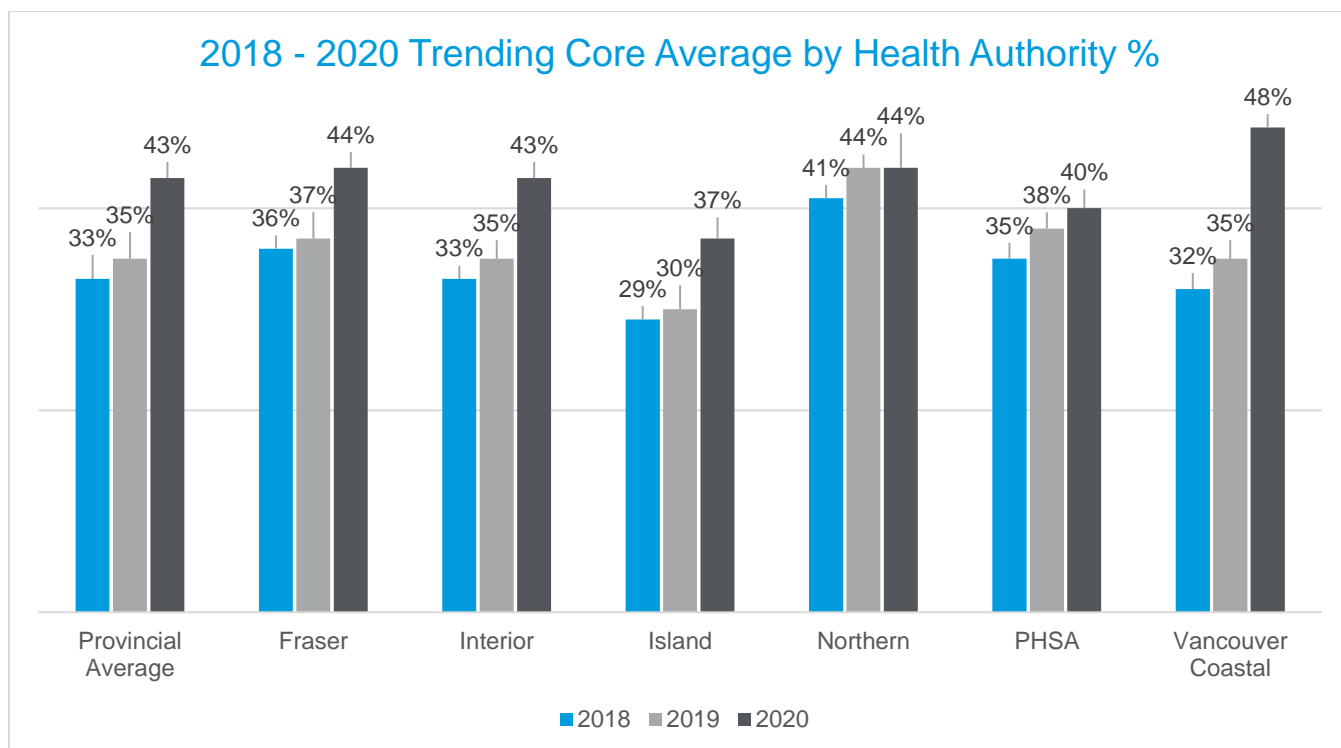
Provincial and Regional Average Scores

- All health authorities have seen improvements in positive scores from 2018 to 2020.
- Most notably, Vancouver Coastal Health (VCH) scores have increased by 16% since 2018. Other regions range from 3% to 10% percentage point increases.

2020 Provincial Averages



2018 - 2020 Trending Core Average by Health Authority %



2020 Regional Breakdown for each HSO Question

Level of Agreement

Question	Provincial Average	FHA	IHA	IH	NHA	PHSA	VCHA
I am satisfied with this health authority as a place to practice medicine.	64%	64%	65%	59%	62%	56%	70%
I feel I belong to a collaborative, patient-centered team/unit.	64%	65%	61%	59%	67%	69%	66%
I have access to the facilities, equipment, and other resources I require to meet patients' needs.	54%	55%	55%	51%	47%	61%	56%
I have adequate opportunities to improve patient care, quality, and safety.	54%	53%	51%	50%	53%	51%	60%
I have meaningful input into changes affecting my practice environment.	41%	43%	42%	34%	47%	35%	43%
Senior leaders communicate the health authority's plans to physicians in a clear and timely way.	35%	35%	33%	25%	30%	31%	43%
Senior leaders seek physicians' input when setting the health authority's goals.	26%	26%	25%	19%	32%	22%	33%
Senior leaders' decision-making is transparent to physicians.	17%	18%	15%	11%	17%	14%	22%
This health authority values physicians' contributions.	34%	33%	37%	26%	39%	26%	40%

This hospital/facility takes effective action to prevent violence in the workplace.	60%	61%	60%	58%	59%	69%	59%
This hospital/facility takes effective action to promote a healthy and safe workplace.	55%	58%	56%	50%	46%	55%	59%

2020-2019 Regional Trending Data for HSO Questions

Level of Agreement

Fraser Health Authority	2020	2019	Difference
	Agree	Agree	
I am satisfied with this health authority as a place to practice medicine.	64%	55%	+9%
I feel I belong to a collaborative, patient-centred team/unit.	65%	58%	+7%
I have access to the facilities, equipment, and other resources I require to meet patients' needs.	55%	48%	+7%
I have adequate opportunities to improve patient care, quality, and safety.	53%	48%	+5%
I have meaningful input into changes affecting my practice environment.	43%	34%	+9%
Senior leaders communicate the health authority's plans to physicians in a clear and timely way.	35%	27%	+8%
Senior leaders seek physicians' input when setting the health authority's goals.	26%	21%	+5%
Senior leaders' decision-making is transparent to physicians.	18%	13%	+5%
This health authority values physicians' contributions.	33%	29%	+4%

Interior Health Authority	2020	2019	Difference
	Agree	Agree	
I am satisfied with this health authority as a place to practice medicine.	65%	51%	+14%
I feel I belong to a collaborative, patient-centred team/unit.	61%	53%	+8%
I have access to the facilities, equipment, and other resources I require to meet patients' needs.	55%	47%	+8%
I have adequate opportunities to improve patient care, quality, and safety.	51%	45%	+6%
I have meaningful input into changes affecting my practice environment.	42%	34%	+8%
Senior leaders communicate the health authority's plans to physicians in a clear and timely way.	33%	23%	+10%
Senior leaders seek physicians' input when setting the health authority's goals.	25%	19%	+6%
Senior leaders' decision-making is transparent to physicians.	15%	11%	+4%
This health authority values physicians' contributions.	37%	31%	+6%

Island Health Authority	2020	2019	Difference
	Agree	Agree	
I am satisfied with this health authority as a place to practice medicine.	59%	46%	+13%
I feel I belong to a collaborative, patient-centred team/unit.	59%	50%	+9%
I have access to the facilities, equipment, and other resources I require to meet patients' needs.	51%	46%	+5%
I have adequate opportunities to improve patient care, quality, and safety.	50%	39%	+11%
I have meaningful input into changes affecting my practice environment.	34%	27%	+7%
Senior leaders communicate the health authority's plans to physicians in a clear and timely way.	25%	16%	+9%
Senior leaders seek physicians' input when setting the health authority's goals.	19%	17%	+2%
Senior leaders' decision-making is transparent to physicians.	11%	8%	+3%
This health authority values physicians' contributions.	26%	23%	+3%

Northern Health Authority	2020	2019	Difference
	Agree	Agree	
I am satisfied with this health authority as a place to practice medicine.	62%	58%	+4%
I feel I belong to a collaborative, patient-centred team/unit.	67%	58%	+9%
I have access to the facilities, equipment, and other resources I require to meet patients' needs.	47%	46%	+1%
I have adequate opportunities to improve patient care, quality, and safety.	53%	54%	-1%
I have meaningful input into changes affecting my practice environment.	47%	44%	+3%
Senior leaders communicate the health authority's plans to physicians in a clear and timely way.	30%	36%	-6%
Senior leaders seek physicians' input when setting the health authority's goals.	32%	30%	+2%
Senior leaders' decision-making is transparent to physicians.	17%	24%	-7%
This health authority values physicians' contributions.	39%	44%	-5%

Provincial Health Services Authority	2020	2019	Difference
	Agree	Agree	
I am satisfied with this health authority as a place to practice medicine.	56%	52%	+4%
I feel I belong to a collaborative, patient-centred team/unit.	69%	68%	+1%
I have access to the facilities, equipment, and other resources I require to meet patients' needs.	61%	53%	+8%
I have adequate opportunities to improve patient care, quality, and safety.	51%	50%	+1%
I have meaningful input into changes affecting my practice environment.	35%	36%	-1%
Senior leaders communicate the health authority's plans to physicians in a clear and timely way.	31%	26%	+5%
Senior leaders seek physicians' input when setting the health authority's goals.	22%	18%	+4%
Senior leaders' decision-making is transparent to physicians.	14%	11%	+3%
This health authority values physicians' contributions.	26%	30%	-4%

Vancouver Coastal Health Authority	2020	2019	Difference
	Agree	Agree	
I am satisfied with this health authority as a place to practice medicine.	70%	54%	+16%
I feel I belong to a collaborative, patient-centred team/unit.	66%	55%	+11%
I have access to the facilities, equipment, and other resources I require to meet patients' needs.	56%	48%	+8%
I have adequate opportunities to improve patient care, quality, and safety.	60%	45%	+15%
I have meaningful input into changes affecting my practice environment.	43%	32%	+11%
Senior leaders communicate the health authority's plans to physicians in a clear and timely way.	43%	25%	+18%
Senior leaders seek physicians' input when setting the health authority's goals.	33%	21%	+12%
Senior leaders' decision-making is transparent to physicians.	22%	11%	+11%
This health authority values physicians' contributions.	40%	28%	+12%

Engagement and Transparency Comments

For the first time, physicians were able to provide open-ended comments related to three questions. The first open ended question asked for their opinion on ways to improve engagement and transparency at regional and local levels. More than 100 comments were reported, and the following are the most prevalent themes:

1. Improving Consultation and Collaboration with Physicians

Finding opportunities to consult and collaborate with physicians at varying stages of decision-making, rather than informing them after decisions have been made and seeking input for implementation. One way to expand opportunities is to have leadership engage with physicians at local levels (e.g. increase hospital/facility-focused meetings and visits).

“On-site, more personal interactions with senior leadership would go a long way.”

“Transparent and structured outreach and inclusion of physicians from outside the major centres in our health authority.”

“Communications from senior leadership could be better transmitted through the more local program leadership, and vice versa.”

2. Improving Communication

Finding innovative ways to share and disseminate information in a timely and efficient manner; and creating feedback loops to enhance transparency in decision-making and the use/management of information and input from physicians.

“Management and leadership need to take more of an active role in communication with the appropriate departments and seek solutions. Typically most actions are reactionary.”

“[There is] no mechanism to interface with health authority decision making. No closed loop communication about issues raised by physician stakeholders. Interface between facility administrators and those above seemingly inaccessible and engaged.”

“The only time I felt included in the HA decisions was when one of our colleagues was involved in the HA.”

3. Enhancing Leadership Visibility and Accountability

Respondents reported challenges with access, transparency, and visibility on names, roles, and titles with regards to senior leadership at both regional and local levels. Some physicians reported a feeling that overall governance structures are too complex and cumbersome, with unclear connections on where and how they collaborate with physicians. Suggestions from physicians included ensuring the leadership skillsets and experience of senior leaders are broad, diverse, and connected to front-line physicians.

“There is a desperate need for senior management to be more accountable to the medical staff they lead. Every year the health authority leadership becomes more heavy-handed with unilateral decisions, and little or no accountability when their decisions are not in the best interest of medical staff, or the communities they serve.”

“It would be great if administrators were delineated and one could walk into their office. I have no idea who is who, or how to access anyone.”

2. COVID-19: Provincial and Regional Results

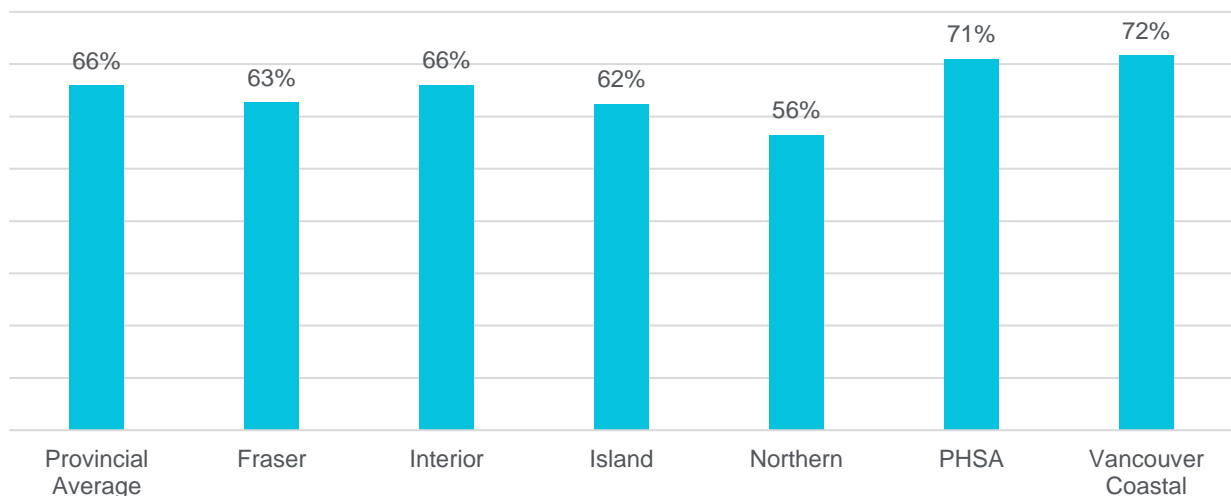
The following set of questions asked physicians about their experiences during the COVID-19 pandemic (i.e. from March 2020 and onwards). For these questions, references to ‘senior leaders’ refers to the most senior level of leadership in the Health Authority (e.g. CEO, Vice President).

In light of the COVID-19 pandemic, additional questions were added to the 2020 survey in order to better understand if and how engagement and transparency shifted during the pandemic. Survey respondents were asked to complete six of the nine questions (again) from HSO’s Work Life Pulse tool through the lens of the pandemic (March 2020 onwards). Comparisons with pre-COVID-19 responses (2019 to early 2020) are provided below.

- The COVID-19 pandemic inspired an environment for health authorities and physicians to break down some real and perceived barriers, the dismantling of which resulted in enhanced communication. It is important to reflect, and determine what activities can and should continue in a post-pandemic environment.
- PHSA and VCH saw satisfaction ratings above the provincial average for COVID-19 communications, while Northern Health fell below the provincial average.
- Physicians rated items relating to senior leadership and promoting a healthy and safe workplace as the two areas with the greatest opportunity for improvement.

Overall Satisfaction with COVID-19 related communication

How satisfied are you with COVID-19 related communications from your Health Authority?

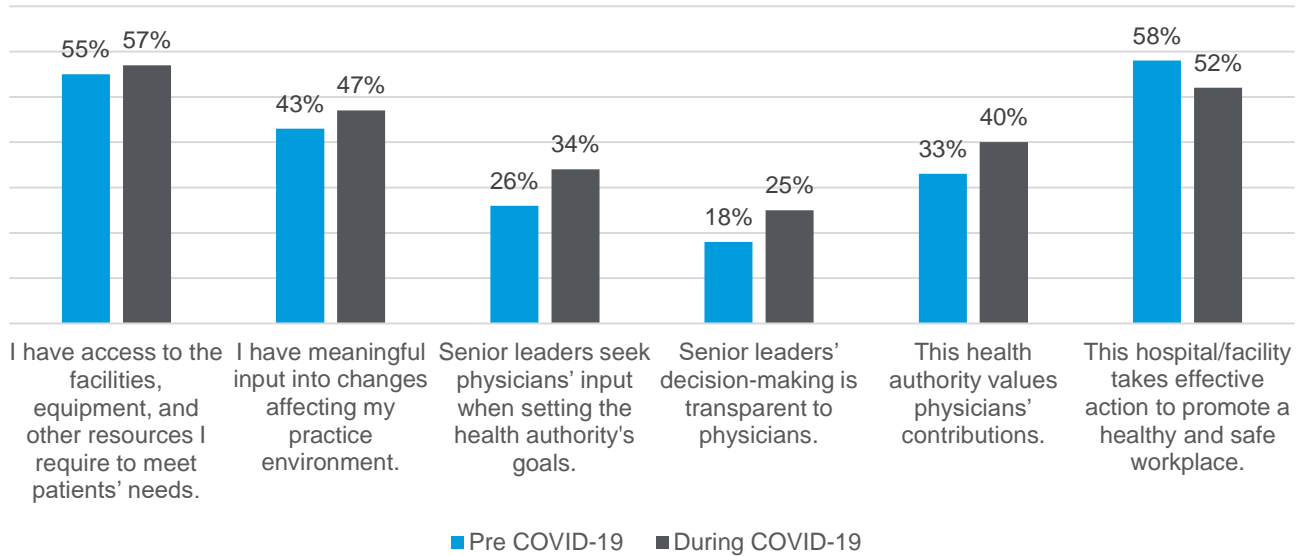


HSO Work Life Pulse Tool Questions in a COVID-19 Pandemic Context

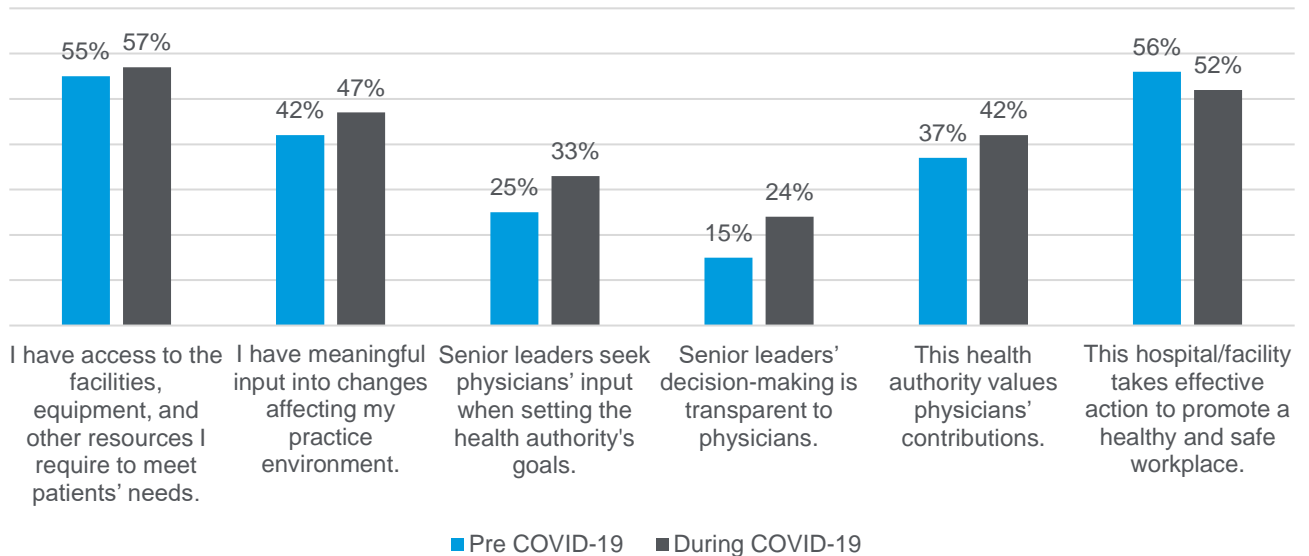
2020 Provincial and Regional Level of Agreement

Question	Provincial Average	FHA	IHA	IH	NHA	PHSA	VCHA
I have access to the facilities, equipment, and other resources I require to meet patients' needs.	57%	57%	57%	52%	54%	58%	60%
I have meaningful input into changes affecting my practice environment.	45%	47%	47%	40%	49%	35%	48%
Senior leaders seek physicians' input when setting the health authority's goals.	34%	34%	33%	29%	40%	23%	40%
Senior leaders' decision-making is transparent to physicians.	26%	25%	24%	22%	24%	18%	31%
This health authority takes effective action to promote a healthy and safe workplace.	53%	52%	52%	49%	48%	52%	59%
This health authority values physicians' contributions.	41%	40%	42%	35%	41%	31%	48%

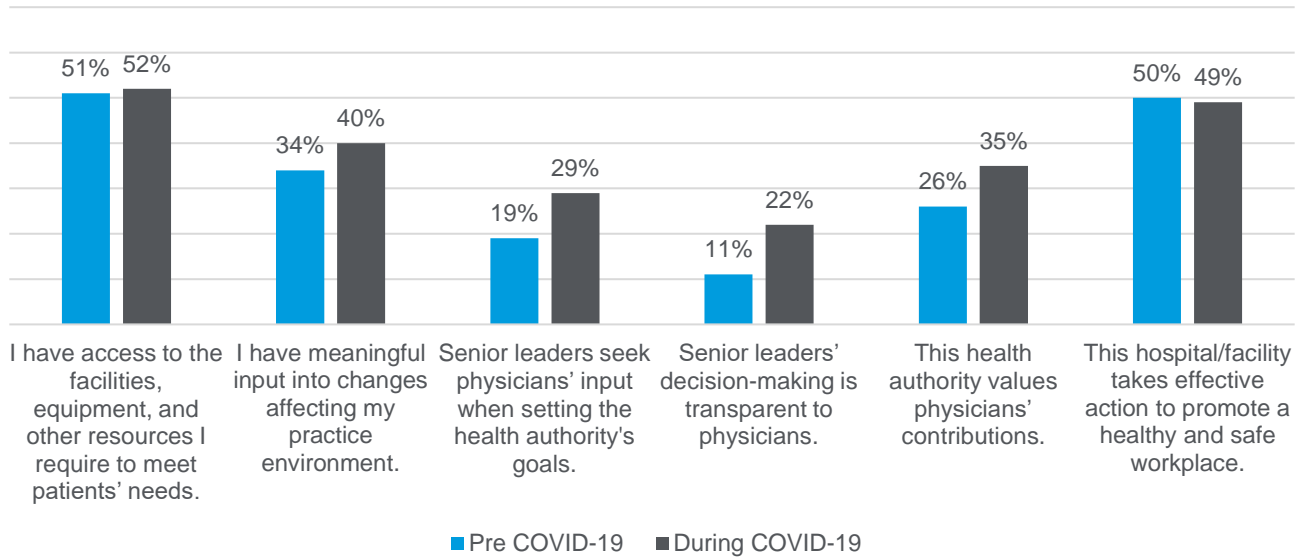
Fraser Health Effects of COVID-19



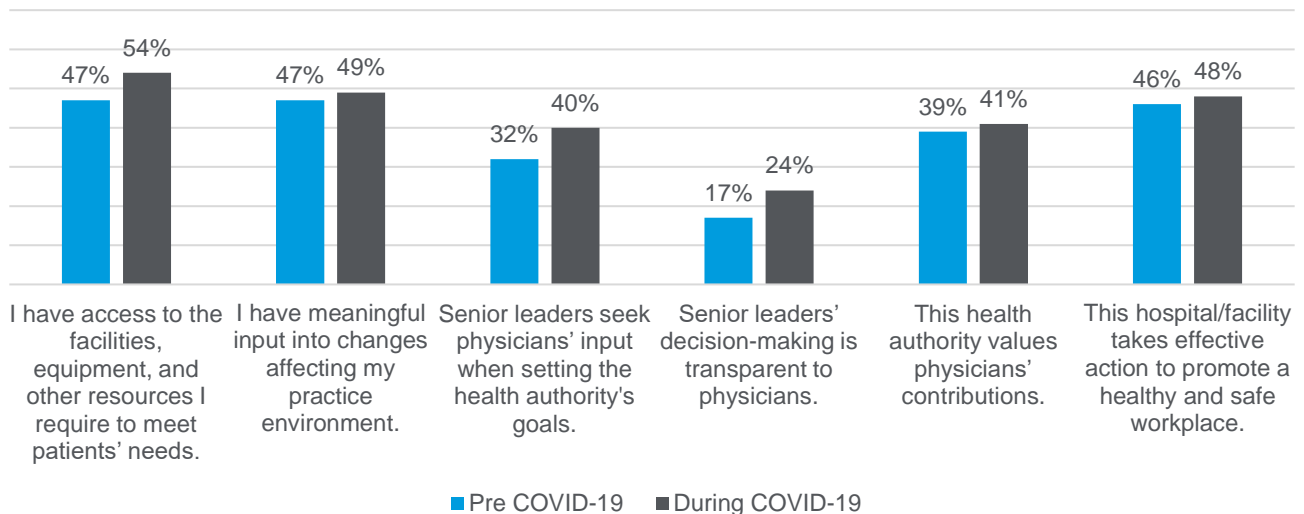
Interior Health Effects of COVID-19



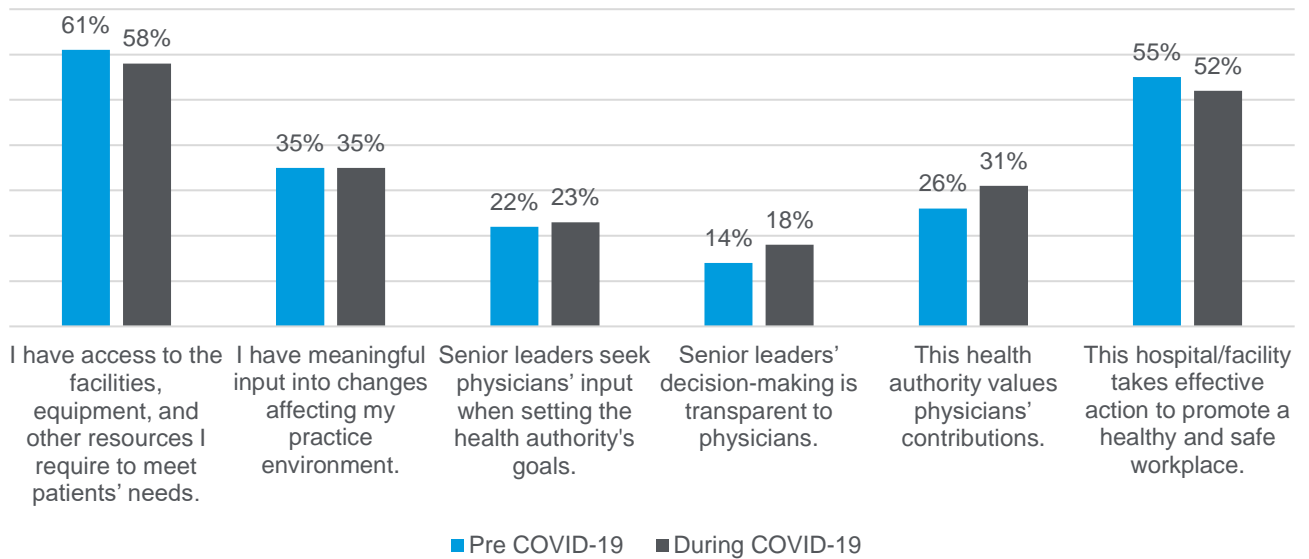
Island Health Effects of COVID-19



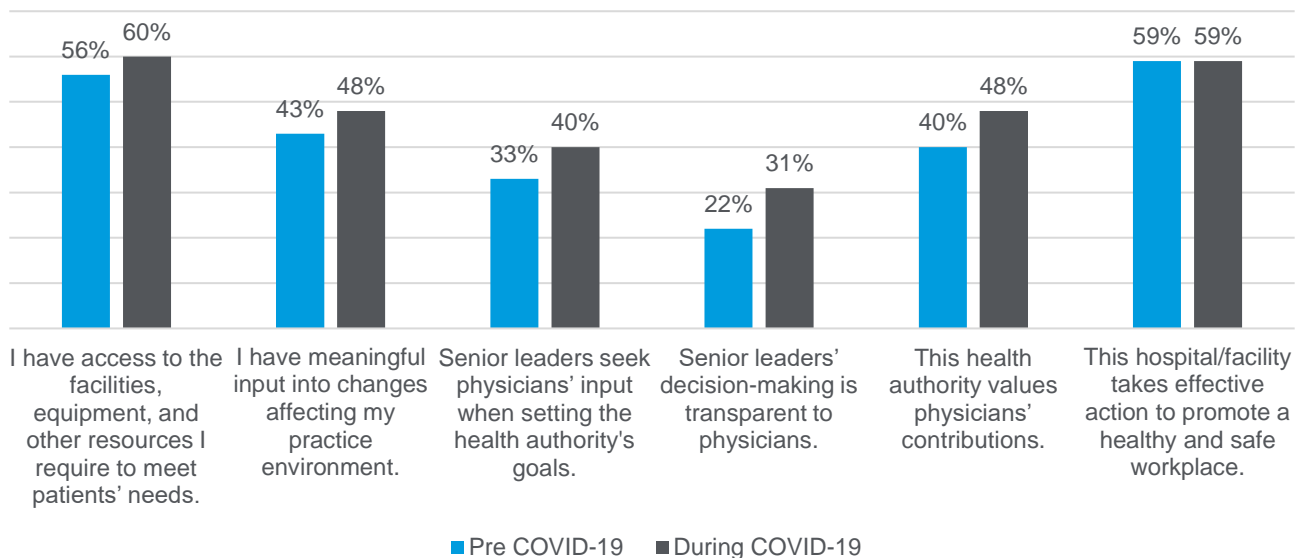
Northern Health Effects of COVID-19



PHSA Effects of COVID-19



Vancouver Coastal Health Effects of COVID-19



COVID-19 Comments

More than 800 physicians contributed comments on ways to improve engagement and support during the current COVID-19 pandemic. The following themes have been identified as the most frequently shared recommendations and insights.

1. Improve Communication

Ensure communications content is concise, clear, and delivered through routine channels in consistent ways such as townhalls, briefing notes, and centralized hubs. There were challenges in receiving mixed messages from different levels of leadership and government.

“Streamline communications, essentials only. Suggest switching to weekly with website on intranet that has daily updates to access if needed.”

“It is amazing how barriers disappeared and communication improved during the pandemic. Hopefully this attitude will continue.”

“Communications were further improved when a Division physician was invited to attend the incident command meetings.”

2. Improved Management and Leadership

Leadership and management should provide more support, particularly with consistent direction. There is a need for uniform COVID-19 protocols across the health authorities, as well as transparency regarding decision-making and facility preparedness.

“Bring COVID-19 planning/discussions to tables/structures for engagement that existed pre-COVID as it becomes part of health care delivery into the future.”

“No clear chain of authority and health authority advice was divergent from Public Health and Health Canada”

3. Additional Physical Resources

Providing physicians and staff the physical resources to appropriately do their job. The most common topics included personal protection equipment (PPE) and space.

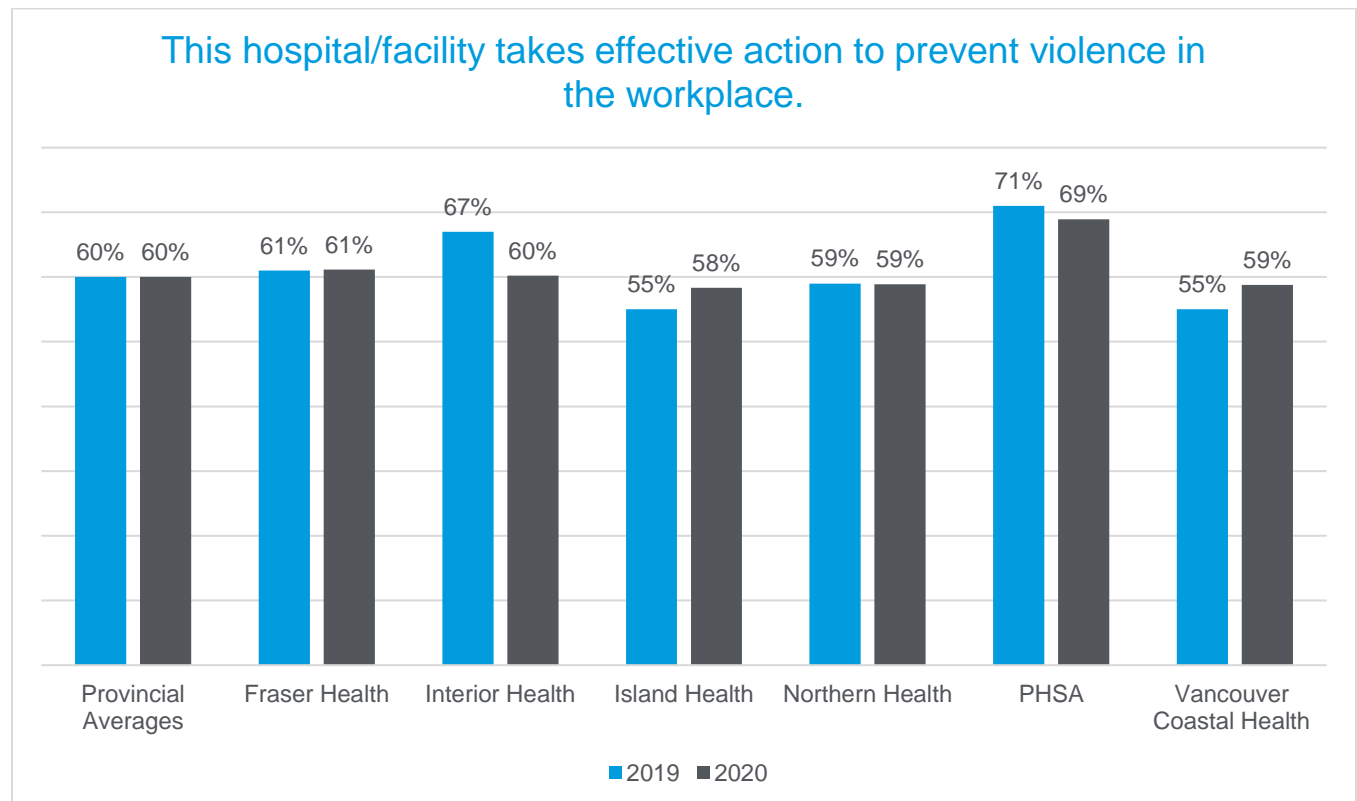
“PPE use is getting lax in our department and not much is being done to improve things. Also, the quality of the PPE available is dropping as the pandemic is lingering.”

“Provide physicians with a clearer sense of our PPE supply, and a clear idea of our backup plans, of exactly what we’ll do if things get out of control.”

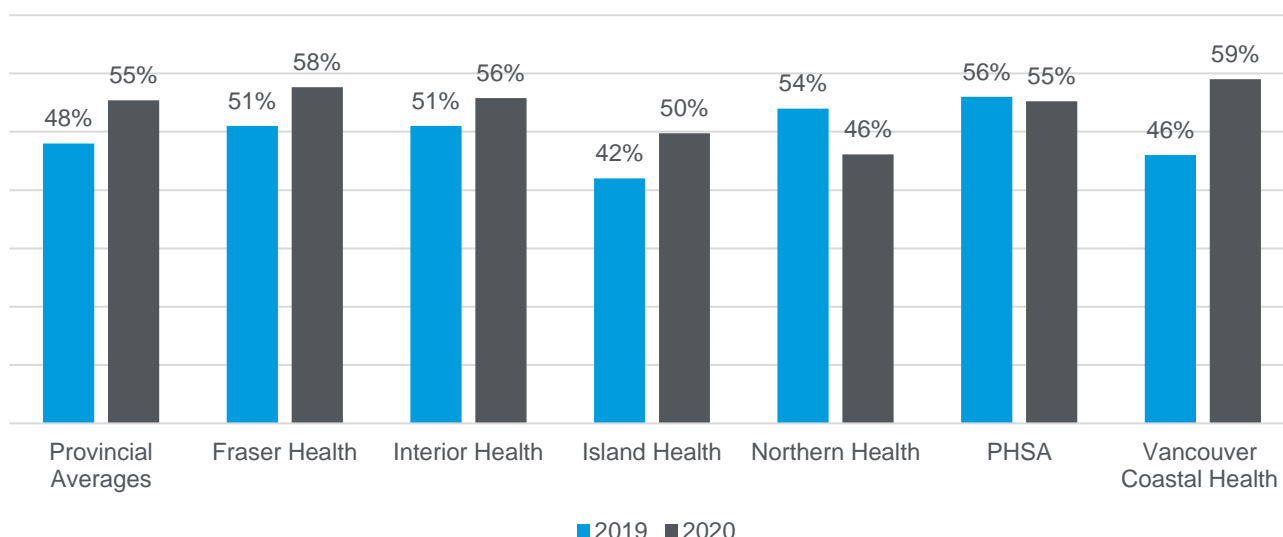
3. Physical and Psychological Health and Safety

Last year, we added two questions from HSO’s Work Life Pulse tool related to physical and psychological health and safety. This year, questions from the Guarding Minds At Work survey were included to gain a broader understanding about experiences with incidents of physical and/or psychological health and safety at local hospital/facility/work sites. The intent is to gauge how safe physicians feel when they are at work, and how safe they feel to raise questions and concerns.

Physical safety pertains to issues of violence, workplace accidents and general working conditions. Psychological safety may include issues of harassment, bullying, racism, discrimination and intimidation. It may also pertain to issues such as workload, culture, and civility among colleagues or with the health authority.



This hospital/facility takes effective action to promote a healthy and safe workplace.



Level of Agreement

Question (Guarding Minds)	Provincial Average	FHA	IHA	IH	NHA	PHSA	VCHA
I am able to reasonably balance the demands of work and personal life	56%	57%	59%	56%	57%	48%	55%
My hospital/facility deals effectively with situations that may threaten or harm employees (e.g., harassment, discrimination, violence)	48%	53%	51%	41%	47%	47%	48%
People from all backgrounds are treated fairly in our workplace	70%	73%	71%	65%	66%	68%	72%
People treat each other with respect and consideration in our workplace	74%	78%	73%	70%	67%	75%	74%
Physicians and medical leaders trust one another	46%	50%	49%	36%	49%	36%	47%

Safety Index

These results indicate roughly one in two physicians in the province has been involved in or impacted by a physical or psychological safety incident in their current workplace.

Question	Provincial Average	FHA	IHA	IH	NHA	PHSA	VCHA
I have been involved in or impacted by a physical safety or psychological safety issue or incident at my current hospital/facility/practice.	46%	43%	48%	47%	54%	43%	44%

Physical and Psychological Health and Safety Comments

There were more than 550 comments on challenges and opportunities related to enhancing physical and psychological health and safety in the workplace. The following three themes emerged as top overall priorities.

1. Inclusivity and Equality

Comments on this topic included concerns related to bullying, discrimination, inequalities, and creating opportunities for more inclusivity.

Overall, provincial results indicated higher positive scores on questions related to physicians feeling people from all backgrounds are treated fairly in the workplace. On the other hand, this was simultaneously the most prevalent topic within the 550+ comments related to challenges. More specifically, many physicians raised concerns related to inclusivity and shared specific examples. Going forward, adding additional demographic data may shed more light on this topic.

“There is a long-standing culture of not addressing psychological safety, particularly gender related issues. Medicine is the culture in which there is a significant amount of gender bias and sexual harassment and discrimination.”

“Continue to seek feedback from staff who are from vulnerable populations, as there can often be a divide from how we are treated by colleagues and patients.”

2. Protocols for Violent Patients/Visitors

Ensuring consistent and clear processes and plans to help mitigate violence against physicians.

“There should be a mandate for zero tolerance with violent aggressive patients or family members.”

“The procedures for keeping safe are not clear for when we are on the wards. There is a lack of proactivity to educate us on what resources are available to us. The tool of “call security” is insufficient and there is no “de-escalation training”.

“There need to be clearer guidelines for how to deal with patients who make derogatory comments and/or use physical violence against physicians.”

3. Reporting and Accountability

Many of the comments were directly misaligned with Dr. Amy Edmondson's definition of psychological safety, which she defines as:

“Psychological safety is a sense of confidence that the team will not embarrass, reject, or punish someone for speaking up with ideas, questions, concerns, or mistakes. It is a shared belief that the team is safe for interpersonal risk-taking.”

There is a sense of embarrassment, and that there is nowhere to go to report and follow up on issues that have been raised. Many of the comments outlined examples of bullying and harassment, and in particular the barriers in reporting due to fear of reprisal. There is an opportunity to enhance appropriate and timely resolutions and the process for managing complaints and incidents. Additionally, outlining a clear process for reporting inappropriate behaviour without fear of reprimand.

“I have experienced bullying from specific medical leaders in my community and I feel helpless to change anything.”

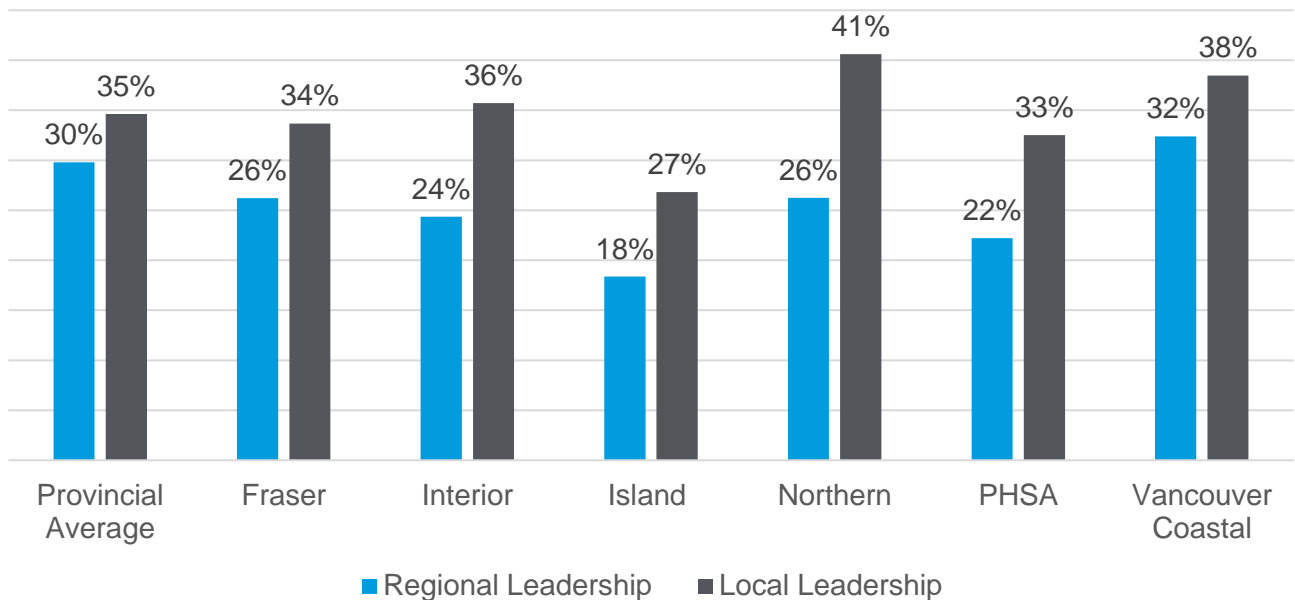
“Hospital administrators did not seriously consider a complaint of gender bias raised, and the complaint was minimized to suggest it was an interpersonal conflict. I was warned by multiple providers that the health authority would try to discipline as retaliation for my complaint. Culture of fear and silence.”

4. Regional and Local Senior Leadership

This year, we asked survey respondents to comment on both regional and local level senior leadership. Previously, our senior leadership questions were focused solely on regional level leadership. Overall, the trend across the province and among health authorities indicated physicians had higher positive scores with local levels of senior leadership engagement as opposed to regional levels of senior leadership engagement.

Question	Provincial Average	Fraser	Interior	Island	Northern	PHSA	Vancouver Coastal
Senior leaders communicate the hospital/facility's plans to physicians in a clear and timely way.	42%	42%	43%	34%	45%	43%	47%
Senior leaders seek physicians' input when setting the hospital/health facility's goals.	35%	33%	37%	29%	43%	34%	39%
Senior leaders' decision-making is transparent to physicians.	26%	26%	28%	18%	34%	21%	29%

Regional vs Local Leadership Average 2020



5. Methodology, Response Rates, and Demographics

The survey was conducted by HSO from September 14, 2020 to October 14 2020. It was sent to 11,356 members, of which 3,200 physicians responded, resulting in a response rate of 28%.

The survey used 27 questions with a 5-point Likert scale, adopting questions from HSO's Physician Work Life Pulse Tool and the Guarding Minds Survey. The analysis is presented in an agree, neutral, disagree format.

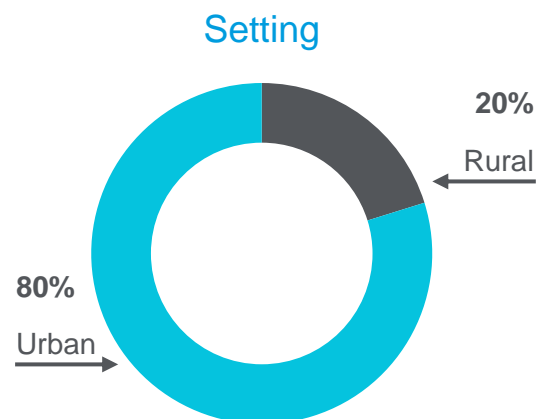
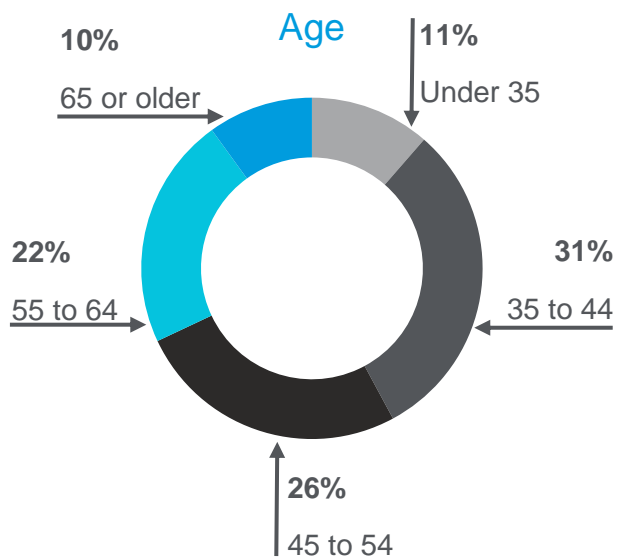
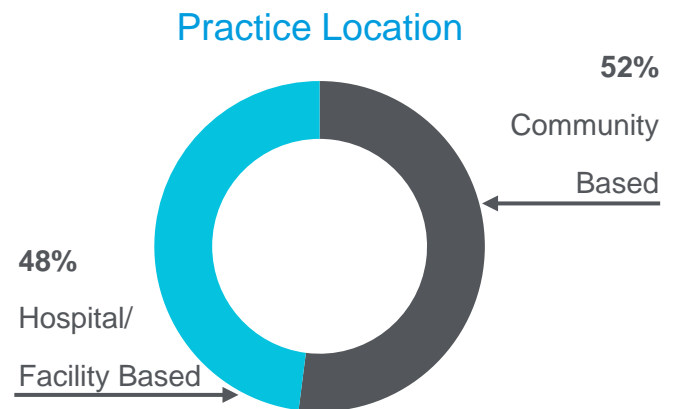
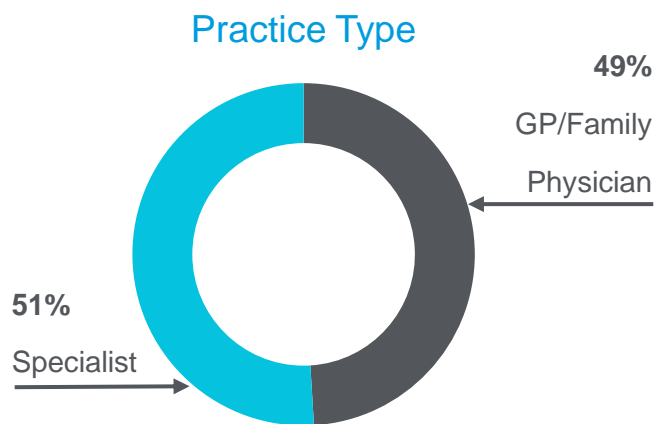
The overall data is valid 99 times out of 100 within a margin of error of +/- 1.5%. All percentages have been rounded to the nearest whole number. Sample sizes for the demographic breakdowns are included in some of the tables below and will be outlined in detail in the supplemental report.

All individual responses and comments are anonymous and confidential. Open ended comments have been themed and summarized to reflect physician feedback.

NOTE: (August 2025) The methodology for score calculations in 2020 differs slightly to how it is calculated in subsequent years. A variance between 1%-2% can be assumed in this report.

Response Rate	2020	2019	Difference
Vancouver Coastal Health	920	831	+89
Island Health	650	574	+76
Fraser Health	735	664	+71
Interior Health	563	523	+40
First Nations Health Authority*	5	2	+3
Northern Health	152	154	-2
Provincial Health Services Authority	175	180	-5

* Due to sample size and comparative purposes, First Nations Health Authority data has been removed in this report but will be included in the supplementary report.



Concluding Remarks

This year, Doctors of BC saw the highest response rate from any previous engagement survey, and recognize this as an opportunity for physicians to express their views on the effect that the pandemic has had on engagement and transparency as they continue to support patient care in BC. We are thankful to our members for the time they took to complete the survey, making this the largest and longest running physician engagement survey in the country.

A supplementary report with detailed facility and division-level results will be published on the Doctors of BC website in the coming weeks.

Overall, this report is one of many tools that physicians, health authorities and government can use to help support collaboration, engagement, and quality improvement for BC's health system.

If you have any questions or comments regarding the survey results and next steps, please contact advocacy@doctorsofbc.ca.