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WELL-BEING AND JOB SATISFACTION AMONG FAMILY PHYSICIANS IN QUEBEC AND THEIR ASSOCIATED FACTORS: RESULTS OF A PROVINCIAL SURVEY

NADIA SOURIAL
GÉRALDINE LAYANI
ERIN STRUMPF
MAUDE LABERGE
ROXANE BORGES DA SILVA

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Well-Being and Job Satisfaction Among Family Physicians in Quebec and Their Associated Factors: Results of a Provincial Survey

Nadia Sourial [*], *Géraldine Layani* [†], *Erin Strumpf*[‡], *Maude Laberge*[§], *Roxane Borges da Silva*[**]

Emmanuelle Britton[††], *Réal Barrette*[‡‡], *Jophildy Kiambati*[§§]
Marielle Yapi[***], *Alexandre Tremblay*[†††], *Élise Develay*[‡‡‡], *Sarah Adi*[§§§]

Abstract

Physician well-being is a crucial element not only for the practice of family medicine but also for the performance of the health care system. Family medicine in Quebec faces major challenges, including declining retention, a shortage of family physicians, and a lack of attractiveness of the profession. To address these challenges and promote family medicine in Quebec, the *Table nationale de concertation sur la valorisation de la médecine de famille* was established in 2023 with the mandate to develop a plan bringing together all measures needed to enhance the value of family medicine practice and ensure their coordination. This report presents the results of a collaboration between the research team and the Table's committee aimed at describing the state of well-being and job satisfaction among family physicians practicing in Quebec and examining the factors associated with their well-being.

A cross-sectional survey was sent to all family physicians practicing in Quebec (N = 10,591) between December 2023 and July 2024. A total of 1,252 respondents were included (response rate: 11.8%). Well-being was measured using the *Physician Well-Being Index* (score ranging from −2 to 9; ≥3 indicating a risk of distress). The median age of respondents was 43 years, and 69.6% were women. Physicians worked an average of 49.2 hours per week, including 11.4 hours

[*]Research team: PhD, Assistant Professor, Department of Health Management, Evaluation and Policy, School of Public Health, Université de Montréal
[†]Research team: MD, MSc, Assistant Clinical Professor, Department of Family and Emergency Medicine, Faculty of Medicine, Université de Montréal
[‡]Research team: PhD, Full Professor, Department of Economics and Department of Epidemiology, Biostatistics and Occupational Health, McGill University
[§]Research team: PhD, Associate Professor, Department of Social and Preventive Medicine, Faculty of Medicine, Université Laval
[**]Research team: PhD, Associate Professor, Director, Department of Health Management, Evaluation and Policy, School of Public Health, Université de Montréal
[††] Collaborator: MDCM CCFP (at the time of project design and until June 2025, served as a medical advisor to the Physical and Pharmaceutical Health Branch, Ministry of Health and Social Services)
[‡‡] Collaborator: MD, Medical Advisor, Access and Primary Care Directorate, Physical and Pharmaceutical Health Branch, Ministry of Health and Social Services
[§§] Student: MD, Master's candidate in Public Health, School of Public Health, Université de Montréal
[***] Research Professional: M.Sc., Research Centre of the Centre hospitalier de l'Université de Montréal (CRCHUM)
[†††] Research Professional: M.Sc., CRCHUM
[‡‡‡] Research Professional: M.Sc., CRCHUM
[§§§] Research Professional: M.Sc., CRCHUM

devoted to administrative tasks. The main sources of dissatisfaction were time spent on administrative tasks (77.4%), human resources (68.8%), workload (54.1%), and work–life balance (42.9%). More than half of physicians (62.5%) were at risk of distress. Work–life balance was the factor most strongly associated with well-being, followed by a sense of fulfillment in the role of family physician, exposure to unreasonable expectations or verbal abuse from patients, satisfaction with human resources, and lack of awareness of initiatives aimed at improving physician well-being.

These results highlight a poor level of well-being among family physicians and identify priority levers for improving their working conditions, professional satisfaction, and, ultimately, the performance of the health care system.

Résumé

Le mieux-être des médecins de famille est un élément crucial non seulement pour la pratique de la médecine de famille, mais aussi pour la performance du système de santé. La médecine de famille au Québec se heurte à des défis majeurs, notamment la baisse de la rétention, la pénurie de médecins de famille et le manque d'attractivité de la profession. Afin de répondre aux défis actuels et de promouvoir la médecine de famille au Québec, une Table nationale de concertation sur la valorisation de la médecine de famille avait été mise sur pied en 2023 avec comme mandat d'élaborer un plan regroupant l'ensemble des mesures à prendre pour valoriser la pratique de la médecine de famille et en assurer la coordination. Le présent rapport présente les résultats découlant d'une collaboration entre l'équipe de recherche et le comité de suivi de la Table visant à décrire l'état de mieux-être et de satisfaction au travail des médecins de famille en pratique au Québec et à examiner les facteurs associés à leur mieux-être.

Un sondage transversal a été diffusé auprès de l'ensemble des médecins de famille en exercice au Québec (N = 10 591) entre décembre 2023 et juillet 2024. Au total, 1 252 répondants ont été inclus (taux de participation : 11,8 %). Le mieux-être a été mesuré à l'aide du *Physician Well-Being Index* (score de −2 à 9; ≥ 3 indiquant un risque de détresse). L'âge médian des répondants était de 43 ans et 69,6 % étaient des femmes. Les médecins travaillaient en moyenne 49,2 heures par semaine, dont 11,4 heures consacrées à des tâches administratives. Les principales sources d'insatisfaction concernaient le temps consacré aux tâches administratives (77,4 %), les ressources humaines (68,8 %), la charge de travail (54,1 %) et la conciliation travail-vie personnelle (42,9 %). Plus de la moitié des médecins (62,5 %) étaient à risque de détresse. La conciliation travail-vie personnelle constituait le facteur le plus fortement associé au mieux-être, suivie du sentiment d'épanouissement dans le rôle de médecin de famille, de l'exposition à des attentes démesurées ou à de la violence verbale de la part des patients, de la satisfaction envers les ressources humaines et du manque de connaissance des initiatives visant à améliorer le mieux-être.

Ces résultats mettent en évidence un niveau préoccupant de mieux-être chez les médecins de famille et identifient des leviers d'action prioritaires pour améliorer leurs conditions de pratique, leur satisfaction professionnelle et, ultimement, la performance du système de santé.

Mots-clés/Keywords : Family medicine, well-being, satisfaction, associated factors / Médecine de famille, mieux-être, satisfaction, facteurs associés

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1 Introduction

Family medicine in Quebec faces major challenges, including declining retention rates, a shortage of family physicians, and limited professional appeal (Fédération des médecins omnipraticiens du Québec, 2024). These issues further increase the already high risk of poor well-being among family physicians (Lee et al., 2008). The well-being of family physicians is a crucial factor not only for the practice of family medicine but also for the performance of the healthcare system. Well-being is a multidimensional construct encompassing several aspects, including mental, physical, social, and general well-being (e.g., work-life balance, meaning of work) (Brady et al., 2019; Dyrbye, Johnson et al., 2019; Wallace et al., 2009; West et al., 2018). Studies examining the mental aspect of well-being, particularly burnout, indicate alarmingly high levels of burnout among family physicians. According to a report by the Canadian Medical Association (CMA), more than half of family physicians suffer from burnout, with Quebec showing a higher rate than the rest of Canada (60% versus 53%) (CMA and Ipsos, 2022). This finding highlights the need to place greater value on family medicine to encourage physicians to continue practicing and to make the field more attractive to the next generation (Nord, 2024).

Poor well-being among family physicians profoundly affects both their personal lives and the overall functioning of the healthcare system (Bautista et al., 2023; Bodenheimer and Sinsky, 2014; Brady et al., 2019; Dyrbye, Shanafelt et al., 2019; Wallace et al., 2009). Across studies, there is a broad consensus that poor well-being among family physicians reduces recruitment and retention of family physicians, a decrease in workplace productivity and efficiency, a decline in the quality of care and patient safety, as well as an increase in healthcare costs (Bart et al., 2018; Bautista et al., 2023; Bodenheimer and Sinsky, 2014; Brady et al., 2019; Cholewa et al., 2024; Christensen, 2000; Clay et al., 2024; Wallace et al., 2009). Therefore, efforts to promote family medicine and improve healthcare system performance must first address physician well-being (Nord, 2024). Because of its strong link to healthcare system performance, improving the experience of healthcare providers has been incorporated into the Quadruple Aim framework as a key objective for healthcare system improvement (Bodenheimer and Sinsky, 2014). Consequently, the well-being of family physicians has become an important indicator of healthcare system quality (Brady et al., 2019).

Evidence suggests that the well-being of family physicians is a complex construct influenced by multiple factors, both personal and organizational (American Academy of Family Physicians, 2014; Brigham et al., 2018; Buck et al., 2019; Cholewa et al., 2024; Patel et al., 2018). Studies that have focused primarily on burnout among family physicians have shown associations with age, gender, and the number of dependents, particularly children and

elderly family members requiring care (Murray et al., 2016; Naehrig et al., 2021). Manca et al., 2007 identified several major organizational challenges that should be prioritized in family medicine practice in Canada, namely: workload, inadequate remuneration, gaining greater respect from specialists, threats of primary care reform, lack of availability of specialists and other resources, running their practice like a small business, paperwork, phone calls, patient expectations, and maintaining and acquiring skills and knowledge. Workload and work-life balance have also been identified in the literature as key determinants of family physician well-being (Manca et al., 2007).

In response to these challenges and to promote family medicine in Quebec, the *Ministère de la Santé et des Services sociaux* (MSSS, translation: Ministry of Health and Social Services) established, in 2023, the ***Table nationale de concertation sur la valorisation de la médecine de famille*** (National roundtable on the promotion of family medicine), co-chaired by the Assistant Deputy Minister (Dr. Stéphane Bergeron) and the president of the *Fédération des médecins omnipraticiens du Québec* (FMOQ, translation: Federation of General Practitioners of Quebec) (Dr. Marc-André Amyot). Its mandate was to develop a plan outlining all the measures to be taken to promote the practice of family medicine and to ensure its coordination. This *Table nationale* also brings together the presidents of the *Collège des médecins du Québec* (CMQ, translation: Quebec College of Physicians), the *Collège québécois des médecins de famille* (CQMF, translation: Quebec College of Family Physicians), the *Fédération médicale étudiante du Québec* (FMEQ, translation: Quebec Medical Students Federation), and the *Fédération des médecins résidents du Québec* (FMRQ, translation: Quebec Federation of Medical Residents), the president of the *Conférence des doyens des facultés de médecine du Québec* (CDFM, translation: Conference of Deans of Faculties of Medicine of Quebec), the representative of the directors of family medicine departments in Quebec, members of the executive management of the *Programme d'aide aux médecins du Québec* (PAMQ, translation: Québec Physician Health Program), the president of the table of the *Département régional de médecine générale* (DRMG, translation: Regional Department of General Medicine) of Quebec, the *Centre d'excellence sur le partenariat avec les patients et le public* (CEPPP, translation: Center of Excellence for Patient and Public Partnership), other key stakeholders from the MSSS and the FMOQ, as well as guests and partners (Quebec Federation of General Practitioners, 2023).

The *Table nationale* also aims to promote collaborative and integrated approaches to implement current and future recommendations. Its ultimate goal is to increase the number of active family physicians in Quebec by supporting practice environments that are engaging and well-structured, and by strengthening high-performing care teams that meet population needs.

This report presents the results of an initial phase of collaboration between the research team and the *Table nationale*'s steering committee, to describe well-being and satisfaction among family physicians in Quebec and examining associated demographic and organizational factors. The purpose of this study was to provide high-quality evidence to the *Table nationale* to inform the prioritization of measures and policies to improve the well-being of family physicians in Quebec.

1.1 Objectives

The study, based on a survey of family physicians in Quebec, had two specific objectives:

1) To describe the well-being and job satisfaction of family physicians in Quebec;
2) To examine the relative importance of demographic and organizational characteristics associated with family physician well-being.

2 Methodology

2.1 Study design

The study employed a quantitative, cross-sectional observational design, using survey data collected between December 2023 and July 2024.

2.2 Target population

The target population included all practicing family physicians in Quebec, regardless of age, gender, or type of practice setting (solo, group, academic, *Centre local de services communautaires* (CLSC, translation: Local Community Service Centre)), etc.). As of December 2023, this population was estimated at 10,591 physicians, according to data from the CMQ (Collège des médecins du Québec, 2023).

2.3 Development and structure of the questionnaire

The questionnaire was specifically developed for this study by the research team. It was based on the Canadian Medical Association's 2021 national survey (2022), which has established psychometric validity. The content was developed and validated by the research team and the steering committee. The survey was developed in both official languages, and a linguistic review was conducted to ensure clarity and consistency.
The questionnaire included 36 questions across six sections:

1. Demographic characteristics (4 questions)
2. Practice characteristics (5 questions)
3. Work organization (15 questions)
4. Job satisfaction (4 questions)
5. Well-being (5 questions)
6. Perceptions on actions to improve the well-being and job satisfaction of family physicians in quebec (2 questions)
7. Comments (1 question)

2.4 Recruitment and sampling

The questionnaire was distributed electronically to the entire target population, through the communication channels of several key partners: the FMOQ, the CMQ, the 18 DRMGs, the *Directions des services professionnels* (DSP, translation: Department of Professional Services) of the 34 *Centres intégrés de santé et de services sociaux* (CISSS, translation: Integrated Health and Social Services Centres) and *Centres intégrés universitaires de santé et de services sociaux* (CIUSSS, translation: Integrated University Health and Social Services Centres), the *Réseaux de recherche axée sur les pratiques de première ligne* (RRAPPL, translation: Primary care practice-based research networks) of the four Quebec universities with a faculty of medicine, as well as the *Association des médecins omnipraticiens de*

Montréal (AMOM, translation: Montreal General Practitioners Association). A reminder was sent after two weeks to maximize participation.

Every family physician practicing in Quebec with a valid email address received a standardized email announcing the study, along with the survey link. The questionnaire was entirely anonymous: no identifying information was collected.

2.5 Measurement of well-being

The primary outcome, the family physicians' overall well-being, was measured using the Physician Well-Being Index, a validated nine-item instrument developed for physicians. This tool assesses several dimensions of well-being, including psychological distress, burnout, stress, fatigue, quality of life, work-life balance, sense of purpose, and risk of depression.

The index initially consisted of seven dichotomous items (yes/no) and two items rated on an ordinal scale. All items were subsequently converted to an ordinal scale, yielding an overall score from -2 (lowest level of well-being) to 9 (highest level of well-being). A score of 3 or higher is generally considered indicative of increased risk of professional distress or poor well-being (Dyrbye et al., 2016). This tool was chosen not only for the relevant dimensions of well-being it assesses, but also because it is a shorter and easier to use than other instruments described in the literature (Dyrbye, Johnson et al., 2019).

2.6 Selection of explanatory variables

The explanatory variables were selected based on the National Academy of Medicine Model of Factors Affecting Clinician Well-Being and Resilience (Brigham et al., 2018), which was identified through a review of 67 studies. A systematic mapping of survey items to the dimensions of the framework was conducted in consultation with the research team and the steering committee. Following a correlation assessment (collinearity threshold > 0.7), 23 items comprising 32 explanatory variables were selected, some allowing multiple responses (Table 1).

Table 1 : Survey items selected for the analysis of the association between explanatory variables and well-being (December 2023 to June 2024)

Factors		Dimension(s) of the Brigham et al. (2018) framework*
Survey section: DEMOGRAPHIC CHARACTERISTICS		
Age		
What is your gender?	Man	Sociocultural factors

	Woman	
Do you have dependents for whom you are the primary caregiver?	Yes No	Personal factors
Survey section: CHARACTERISTICS OF YOUR PRACTICE		
Which of the following best describes the geographic population served by your MAIN practice setting (most days worked)?	City/urban Small town/suburban Rural/remote or isolated	Role in healthcare
Which of the following sectors of activity do you consider to be part of your family medicine practice?	Patient care	Organizational factors / Role in healthcare
	Perinatal/obstetric care	Organizational factors / Role in healthcare
	Home-based care	Organizational factors / Role in healthcare
	Long-term care	Organizational factors / Role in healthcare
	End-of-life care	Organizational factors / Role in healthcare
	CHSGS	Organizational factors / Role in healthcare
	Teaching	Organizational factors / Role in healthcare
	Managerial work	Organizational factors / Role in healthcare
	Care for vulnerable populations	Organizational factors / Role in healthcare
Please indicate your remuneration model(s): – Fee-for-service	Yes No	Regulatory and external environment
Survey section: WORK ORGANIZATION IN FAMILY MEDICINE		
Please indicate the average number of total hours (paid or unpaid) that you work in a week (including direct patient care, administrative tasks, teaching/supervision, managerial work and on-call).		Organizational factors
Please indicate the average number of hours that you usually spend on direct patient care in a typical week.		Role in Healthcare

Please indicate the average number of hours that you usually spend on administrative tasks related to patient care (including electronic documentation time, email, prescriptions, ordering tests, etc.) in a typical week.		Regulatory and external environment
Please indicate the average number of hours that you usually spend on teaching/supervision in a typical week.		Role in Healthcare
Please indicate the average number of hours that you usually spend on managerial work in a typical week.		Skills and competencies
Survey section: JOB SATISFACTION		
Please indicate how satisfied you are with:	Your income	Personal factors
	Your payment method	Regulatory and external environment
	Human resources	Organizational factors
	Physical resources in the workplace	Practice and learning environment
	Team functioning	Organizational factors / Practice and learning environment
	Your work-life balance	Personal factors
To what extent do you agree or disagree with the following statements?	I am fulfilled in my role as a family physician.	Personal factors
	Patients believe that family physicians provide value above and beyond referring to other types of specialists.	Sociocultural factors
	Patients believe that family doctors are the main point of access for all healthcare requests.	Sociocultural factors
	Family physician often face excessive expectations or verbal abuse from their patients.	Sociocultural factors

	Other medical specialists consider family medicine as a speciality in its own right.	Sociocultural factors / Organizational factors
	The MSSS perceives family medicine as essential to the health care system.	Sociocultural factors
Survey section: PERCEPTIONS ON ACTIONS TO IMPROVE THE WELL-BEING AND JOB SATISFACTION OF FAMILY PHYSICIANS IN QUEBEC		
Have you heard about the actions undertaken by the MSSS and/or FMOQ to improve your well-being and job satisfaction?	Yes No	Regulatory and external environment

Note. CHSGS: *Centre hospitalier de soins généraux et spécialisés* (General and Specialized Care Hospital); MSSS: *Ministère de la Santé et des Services sociaux* (Ministry of Health and Social Services); FMOQ: *Fédération des médecins omnipraticiens du Québec* (Federation of General Practitioners of Quebec)

The selected variables covered several dimensions: personal factors (e.g., age, gender, dependents, professional fulfillment), role-related factors in healthcare (e.g., hours spent on direct care, administrative tasks, teaching, or managerial work), the practice and learning environment (e.g., physical resources in the workplace), organizational factors (e.g., sectors of activity, number of hours worked), regulatory and external environment (e.g., remuneration model, awareness of the actions undertaken by the MSSS and/or the FMOQ related to recognition), and sociocultural factors (e.g., recognition by peers or patients).

2.7 Statistical analyses

All respondents who fully completed the questionnaire were included in the analyses. Initially, data validation and descriptive analyses were conducted. Measures were reported as medians and interquartile ranges (IQRs) (including minimum and maximum values) or those based on a Likert scale, and as counts and relative frequencies for all categorical variables. Additional descriptive analyses were conducted to explore how the primary work setting and sectors of activity are associated with overall job satisfaction and the well-being score. To assess sample representativeness compared with the entire population of practicing physicians in Quebec, the characteristics of the respondents, including average age, gender distribution, and sectors of activity, were compared to provincial data published by the FMOQ for 2023 (Fédération des médecins omnipraticiens du Québec, 2024). An analysis was also conducted to compare the characteristics of respondents who completed the questionnaire with those who did not.

An ordinal logistic regression was then performed to examine the factors associated with the level of well-being as measured by the well-being score. Responses of "not sure," "prefer not to answer," or inconsistent responses were treated as missing data and excluded from the model. The assumption of proportional odds specific to ordinal logistic regression was tested using the Brant test. To assess the relative importance of the explanatory variables on the well-being score, the difference in pseudo-R^2 (delta) associated with adding each independent variable to the model (while adjusting for other variables) was calculated. 95% confidence intervals were reported for each coefficient. All analyses were performed using R software, version 4.4.2. The threshold for statistical significance was set at $p < 0.05$. Marginally significant factors were also considered ($p \sim 0.05$).

Finally, a qualitative analysis was conducted on the comments left at the end of the survey in response to an open-ended question ("Do you have any comments or suggestions?"). It was carried out using inductive thematic analysis by two research assistants with the Dedoose software. This analysis identified the main themes in physicians' perceptions of well-being and job satisfaction. No length limit was set.

2.8 Ethics Approval

The project was approved by the University of Montreal's research ethics committee. The survey was distributed without collecting personally identifiable information. Participation was voluntary and anonymous. Respondents were informed of the study's purpose, data confidentiality, and the option to withdraw at any time.

3 Results

A total of 1,673 physicians responded to the questionnaire, of whom 1,252 completed the full questionnaire. Only these 1,252 participants were included in our analyses, representing a response rate of 11.8% (1,252 out of 10,591), slightly higher than that of previous surveys conducted among this population (10%) (Cook et al., 2016) (Canadian Medical Association, 2022). A comparison between participants who completed the survey in its entirety (n = 1,252) and those who completed it partially (n = 421) shows similarities in their demographic characteristics.

3.1 Objective 1: Describe the well-being and job satisfaction of family physicians in Quebec

3.1.1 Demographic Characteristics

Women represented the largest group, at 69.6% (Table 2). The median age was 43 years, ranging from 25 to 84 years. Approximately 20.6% of family physicians had between 6 and 10 years of full-time or part-time family medicine practice in Canada. Additionally, 57.3% of family physicians had at least one dependent for whom they were the primary caregiver. The demographic characteristics of this sample are broadly comparable to those of family physicians in Quebec in 2023–2024, with a slightly higher proportion of women (69.6% in the sample and 63.1% in the population) and a comparable average age (45.7 years in the sample and 46.9 years in the population) (Fédération des médecins omnipraticiens du Québec, 2024).

Table 2 : Demographic characteristics of family physicians who completed the survey (December 2023 to June 2024) (N = 1,252)

Characteristics	**Values**
Age, median (Q1/Q3; min/max)	43 (36/56; 25/84)
Gender, n (%)	
Woman	872 (69.6)
Man	364 (29.1)
Non-binary	2 (0.2)
Prefer not to answer	14 (1.1)
Do you have dependents for whom you are the primary caregiver?, n (%)	
Yes, I have a child/children under 18 years old of age.	638 (51.0)
Yes, I provide care for a parent, family member or friend who has a long-term physical health or mental health issues.	113 (9.0)
No	515 (41.1)
Prefer not to answer	18 (1.4)
How many years have you been practicing family medicine in Canada, either full-time or part-time?, n (%)	
< 5 years	243 (19.4)
6–10 years	258 (20.6)
11–15 years	181 (14.5)
16–20 years	133 (10.6)
21–25 years	100 (8.0)
26–30 years	110 (8.8)
31–35 years	78 (6.2)
36–40 years	90 (7.2)
41 years or older	58 (4.6)
Prefer not to answer	1 (0.1)

Q1:25thpercentile; Q3:75thpercentile

3.1.2 Organizational characteristics

Regarding characteristics related to family medicine practice (Tables 3 and 4), slightly more than half of family physicians, or 52.5%, practiced primarily in a city or urban area (more than 100,000 inhabitants); 57.7% of family physicians worked primarily in an office (medical clinic), and 43.6% worked in a regular *Groupe de médecine de famille* (GMF, translation: Family Medicine Group) (Table 3). Among the various sectors of activity for family physicians, 80.9% provided office-based patient care (office, GMF and/or CLSC). These figures are comparable to the statistics from the FMOQ (Fédération des médecins omnipraticiens du Québec, 2024).

Regarding work organization, the median number of patients seen by family physicians in a week was 60 (min: 0, max: 350), and the median of the average total hours (paid or unpaid) worked in a week (including direct patient care, administrative tasks, teaching or supervision, managerial duties, and on-call shifts) was 50 (min: 0, max: 168) (Table 4). Similarly, for the average number of hours typically spent on direct patient care in a week, the median was 32 (min: 0, max: 75), while for the time typically spent on administrative tasks related to patient care (electronic documentation, emails, prescriptions, test requests, etc.), it was 10 (min: 0 / max: 100). Participants estimated that 33% of their administrative tasks could be delegated to other professionals (nursing staff, administrative assistants, etc.).

As for the organization of work during off-hours, 58.2% of family physicians worked on-call shifts, with a median of 14 on-call days (over a 3-month period) and an average of 4.5 public holidays worked per year (Table 4).

Nearly 40% of family physicians worked two to three evenings per week (Monday through Friday) after 6 p.m., with more than half of their work time, or 54.7%, devoted to administrative tasks. One-third (31%) of respondents reported working one weekend per month, of which 80% of the time was devoted to direct patient care (Table 4).

Table 3 : Characteristics of family physician practice (December 2023 to June 2024) (N = 1,252)

Characteristics	**Values**
Which of the following best describes the geographic population served by your MAIN practice setting (most days worked)?, n (%)	
City/urban (over 100,000 residents)	657 (52.5)
Small town/suburban (between 30,000 and 100,000 inhabitants)	321 (25.6)
Rural/remote or isolated (fewer than 30,000 inhabitants)	274 (21.9)
Not sure	
Prefer not to answer	
Which of the following best describes your PRIMARY (most days worked) work setting?, n (%)	
CLSC	97 (7.7)
Office (medical clinic)	723 (57.7)
Hospital	194 (15.5)
CHSLD/MDA	11 (0.9)
Home-based care	10 (0.8)
Other (please specify)	217 (17.3)
If you work at a GMF (Groupe de médecine de famille) which is in a CLSC or an office, please indicate in which type(s) of GMF you work in, n (%)	
GMF	546 (43.6)
GMF-AR	90 (7.2)
GMF-U	229 (18.3)
I do not work in a GMF	112 (8.9)
Other (please specify)	3 (0.2)
Which of the following sectors of activity do you consider to be part of your family medicine practice?, n (%)	
Office-based patient care (office, GMF, and/or CLSC)	1,013 (80.9)
Perinatal/obstetric care	259 (20.7)

Pediatric care	583 (46.6)
Intra-facility geriatric practice	181 (14.5)
CHSLD/MDA	261 (20.8)
Home-based care (other than palliative care)	301 (24)
Home-based palliative care	217 (17.3)
Palliative care home and day centre	63 (5)
Hospital palliative care	182 (14.5)
Emergency care (including on-call CLSC network)	242 (19.3)
Intensive care	45 (3.6)
Acute care hospitalization	292 (23.3)
Marginalized, disadvantaged and vulnerable populations (e.g., refugees, homeless, persons living with addiction)	138 (11.0)
Indigenous health care	83 (6.6)
Undergraduate teaching	209 (16.7)
GMF-U supervision	272 (21.7)
Non-GMF-U supervision	231 (18.5)
Managerial work	273 (21.8)
Other (please specify):	71 (5.7)
Please indicate your remuneration model(s), n (%)	
Fee-for-service	931 (74.4)
Hourly rate	463 (37)
Honorarium/salary	88 (7.0)
Mixed	397 (31.7)
Other (please specify):	67 (5.3)

Note. CLSC: *Centre local de services communautaires* (Local community services centre); CHSLD: *Centre d'hébergement et de soins de longue durée* (Long-term care centre); MDA: *Maisons des aînés* (Seniors' home); GMF: *Groupe de médecine de famille* (Family Medicine Group); GMF-AR: *Groupe de*

médecine de famille - Accès/Réseau (Family Medicine Group - Access/Network); GMF-U: *Groupe de médecine de famille universitaire* (University-affiliated Family Medicine Group)

Table 4 : Work organization in family medicine (December 2023 to June 2024) (N = 1,252)

WORK ORGANIZATION IN FAMILY MEDICINE	
On average, how many patients do you see during a typical work week? Median (Q1/Q3; min/max)	60 (44/80; 0/350)
Please indicate the average number of total hours (paid or unpaid) that you work in a week (including direct patient care, administrative tasks, teaching/supervision, managerial work and on-call). Median (Q1/Q3; min/max)	50 (40/55; 0/168)
Please indicate the average number of hours that you usually spend on direct patient care in a typical week. Median (Q1/Q3; min/max)	32 (25/40; 0/75)
Please indicate as a percentage, the portion of this direct patient care that could be carried out by someone else (nurse, etc.) Median (Q1/Q3; min/max)	20 (10/25; 0/100)
Please indicate the average number of hours that you usually spend on administrative tasks related to patient care (including electronic documentation time, email, prescriptions, ordering tests, etc.) in a typical week. Median (Q1/Q3; min/max)	10 (6/15; 0/100)
Please indicate as a percentage, the portion of these administrative tasks that could be carried out by someone else (nurse, secretary, etc.) Median (Q1/Q3; min/max)	33 (10/50; 0/100)
Please indicate the average number of hours that you usually spend on teaching/supervision in a typical week. Median (Q1/Q3; min/max)	2 (0/6; 0/55)
Please indicate the average number of hours that you usually spend on managerial work in a typical week. Median (Q1/Q3; min/max)	1 (0/5; 0/50)
WORK ORGANIZATION DURING UNFAVORABLE HOURS	
Do you ever work on-call? n (%)	
Yes	729 (58.2)
No	523 (41.8)

Please indicate the average number of on-call days you do every 3 months. Median (Q1/Q3, min/max)	14 (10/21; 0/90)
On average, how often do you work after 6 p.m. during the week (i.e., Monday through Friday)? n (%)	
Never	97 (7.7)
1 day per week	316 (25.2)
2 to 3 days per week	513 (41.0)
4 or more days per week	161 (12.9)
Always	37 (3.0)
Not sure	8 (0.6)
Prefer not to answer	4 (0.3)
Other (please specify)	116 (9.3)
Please indicate as a percentage, how much of this time after 6pm is dedicated to: Median (Q1/Q3; min/max)	
Direct patient care	42.5 (15/80; 0/100)
Administrative tasks	50 (21.2/80; 0/100)
Other	10 (0/20; 0/100)
On average, how often do you work on the weekend (i.e., Saturday or Sunday)? n (%)	
Never	99 (7.9)
1 weekend per month	389 (31.1)
2 weekends per month	352 (28.1)
3 weekends per month	93 (7.4)
Always	98 (7.8)
Prefer not to answer	6 (0.5)
Not sure	4 (0.3)
Other (please specify)	211 (16.9)
Please indicate as a percentage, how much of this time during the weekend is dedicated to: Median (Q1/Q3; min/max)	
Direct patient care	80 (50/95; 0/100)

Administrative tasks	20 (10/50; 0/100)
Other	5 (0/20; 0/100)
Please indicate the average number of days worked per year during the holiday period. Median (Q1/Q3; min/max)	4 (2/6; 0/20)

Key takeaways:

- On average, family physicians worked 50 hours per week, 10 of which were spent on administrative tasks.
- They estimated that, on average, 37.4% of their administrative tasks could be delegated to other professionals.
- Nearly 60% worked one to two weekends per month, and 80% of that time was spent on direct patient care.

3.1.3 Job satisfaction

Tables 5 through 9 describe family physicians' job satisfaction. They were particularly dissatisfied or very dissatisfied with the time spent on administrative tasks (77.4%), human resources (e.g., recruitment, retention, and the size of the team and support staff, etc.) (68.8%), workload (54.1%), physical resources in the workplace (e.g. effectiveness/use of electronic medical record, appointment scheduling systems, referral systems, etc.) (48.8%), and work-life balance (42.9%) (Table 5).

In contrast, family physicians were less frustrated by team functioning (interprofessional collaboration, team culture, etc.) (14.4%), on-call hours (15.5%), time spent per patient (21.3%), payment method (21.6%), overall job (24.9%), and income (27.4%) (Table 5).

Among the various work settings, family physicians working primarily in hospitals reported the highest level of satisfaction, with 63.9% stating they were satisfied or very satisfied. This proportion decreased to 51.8% among those practicing in office (Table 6). Among the various sectors of activity, family physicians working in perinatal/obstetric care, as well as those involved in supervision or teaching, reported higher levels of satisfaction, with more than 55% stating they were satisfied or very satisfied. Family physicians providing patient care had an intermediate level of satisfaction (50.3%), while those practicing in long-term care had the lowest satisfaction levels (47.5%) (Table 7).

Two-thirds (67.8%) of family physicians indicated they were proud to be family physicians, 50.9% felt professionally fulfilled, and 69.4% believed that patients consider family physicians to offer more than just a referral service to other specialists (Table 8). Furthermore, for the majority (85.8%), patients view family physicians as the main point of access for all healthcare requests. However, two-thirds of respondents, or 66.2%, considered that family physicians are frequently exposed to excessive expectations or even verbal abuse from their patients (Table 8).

Only 13.3% believed that other medical specialists view family medicine as a specialty in its own right, while 29.6% thought that the MSSS perceives family medicine as essential to the health care system. About one-third of family physicians reported that they would prefer to be in another medical specialty (Table 8). Finally, slightly more than half of family physicians, or 53.2%, reported being likely to reduce their working hours over the next 24 months (Table 9).

Table 5 : Level of satisfaction among family physicians (December 2023 to June 2024) (N = 1,252)

Characteristics	**Values**	
Please indicate how satisfied you are with:	Median (Q1/Q3) of satisfaction level (1 [very dissatisfied] to 5 [very satisfied])	Very dissatisfied or dissatisfied, n (%)
Time spent on administrative tasks	2 (1/2)	969 (77.4)
Your income	4 (2/4)	342 (27.4)
Your payment method	4 (3/4)	271 (21.6)
Human resources	2 (1/3)	861 (68.8)
Physical resources in the workplace	3 (2/4)	611 (48.8)
Team functioning	4 (3/5)	181 (14.4)
Time spent per patient	4 (3/4)	266 (21.3)
Your daily workload	2 (2/4)	677 (54.1)
Your on-call hours	4 (3/4)	194 (15.5)
Your work carried out during unfavorable hours (weekends, holidays, after 6 p.m. on weekdays)	3 (2/4)	403 (32.2)
Your work-life balance	3 (2/4)	537 (42.9)
Your job overall	4 (3/4)	312 (24.9)

Table 6 : Overall job satisfaction by primary work setting (December 2023 to June 2024) (N = 1,252)

Primary work setting	**Overall job satisfaction**				
	Very dissatisfied, n (%)	Dissatisfied, n (%)	Neutral, n (%)	Satisfied, n (%)	Very satisfied, n (%)
CLSC, (n=97)	6 (6.2)	23 (23.7)	19 (19.6)	42 (43.3)	7 (7.2)
Office (medical clinic), (n=723)	25 (3.5)	167 (23.1)	155 (21.4)	333 (46.1)	41 (5.7)
Hospital, (n=194)	6 (3.1)	24 (12.4)	40 (20.6)	105 (54.1)	19 (9.8)
CHSLD/MDA, (n=11)	-*	-	-	-	-
Home-based care, (n=10)	-	-	-	-	-
Other	11 (5.1)	45 (20.7)	58 (26.7)	90 (41.5)	13 (6)

Note. CLSC: *Centre local de services communautaires* (Local community services centre); CHSLD: *Centre d'hébergement et de soins de longue durée* (Long-term care centre); MDA: *Maisons des aînés* (Seniors' home)

* Cells with fewer than five participants omitted

Table 7 : Overall job satisfaction by sector of activity (December 2023 to June 2024) (N = 1,252)

Sector of activity[#]	**Overall job satisfaction**				
	Very dissatisfied, n (%)	Dissatisfied, n (%)	Neutral, n (%)	Satisfied, n (%)	Very satisfied, n (%)
Office-based patient care (office, GMF, and/or CLSC), (n=1,013)	43 (4.2)	229 (22.6)	229 (22.6)	456 (45)	54 (5.3)
Perinatal/obstetric care, (n=259)	- *	40 (15.4)	63 (24.3)	142 (54.8)	8 (3.1)
Pediatric care, (n=583)	18 (3.1)	119 (20.4)	139 (23.8)	283 (48.5)	22 (3.8)
Intra-facility geriatric practice, (n=181)	7 (3.9)	41 (22.7)	42 (23.2)	82 (45.3)	9 (5)
CHSLD/MDA , (n=259)	9 (3.5)	65 (25.1)	62 (23.9)	109 (42.1)	14 (5.4)

Home-based care (other than palliative care), (n=301)	11 (3.7)	72 (23.9)	65 (21.6)	137 (45.5)	15 (5)
Home-based palliative care, (n=217)	7 (3.2)	53 (24.2)	45 (20.7)	99 (45.6)	13 (6)
Palliative care home and day centre, (n=63)	-	17 (27)	19 (30.2)	26 (41.3)	-
Hospital palliative care, (n=182)	6 (3.3)	40 (22)	40 (22)	86 (47.3)	10 (5.5)
Emergency care (including on-call CLSC network), (n=242)	-	34 (14)	72 (29.8)	118 (48.8)	15 (6.2)
Intensive care, (n=45)	-	7 (15.6)	12 (26.7)	22 (48.9)	-
Acute care hospitalization, (n=292)	15 (5.1)	50 (17.1)	65 (22.3)	145 (49.6)	17 (5.8)
Marginalized, disadvantaged and vulnerable populations (e.g., refugees, homeless, persons living with addiction), (n=138)	7 (5.1)	27 (19.6)	29 (21)	66 (47.8)	9 (6.5)
Indigenous health care, (n=83)	-	10 (12)	17 (20.5)	49 (59)	-
Undergraduate teaching, (n=209)	7 (3.3)	38 (18.2)	47 (22.5)	103 (49.3)	14 (6.7)
GMF-U supervision, (n=272)	5 (1.8)	52 (19.1)	49 (18.1)	152 (55.9)	14 (5.1)
Non-GMF-U supervision, (n=231)	-	41 (17.7)	57 (24.7)	121 (52.4)	9 (3.9)
Managerial work, (n=273)	10 (3.7)	48 (17.6)	62 (22.7)	137 (50.2)	15 (5.5)
Other, (n=71)	-	12 (16.9)	17 (23.9)	35 (49.3)	-

Note. GMF: *Groupe de médecine de famille* (Family Medicine Group); CLSC: *Centre local de services communautaires* (Local community services centre); CHSLD: *Centre d'hébergement et de soins de longue durée* (Long-term care centre); MDA: *Maisons des aînés* (Seniors' home); GMF-U: *Groupe de médecine de famille universitaire* (University Family Medicine Group)

Note that family physicians may be found in several different sectors of activity.
* Cells with fewer than five participants have been omitted.

Table 8 : Statements related to job satisfaction (December 2023 to June 2024) (N = 1,252)

To what extent do you agree or disagree with the following statements?	Median (Q1/Q3) (1: strongly disagree to 5: strongly agree)	Agree or strongly agree, n (%)
I am proud to be a family physician.	4 (3/5)	849 (67.8)
I am fulfilled in my role as a family physician.	4 (2/4)	637 (50.9)
Patients believe that family physicians provide value above and beyond referring to other types of specialists.	4 (3/5)	869 (69.4)
Patients believe that family doctors are the main point of access for all healthcare requests.	4 (4/5)	1,074 (85.8)
Family physician often face excessive expectations or verbal abuse from their patients.	4 (3/5)	829 (66.2)
Other medical specialists consider family medicine as a speciality in its own right.	2 (2/3)	167 (13.3)
The MSSS perceives family medicine as essential to the health care system.	2 (1/4)	370 (29.6)
I would prefer to be in another medical specialty.	3 (2/4)	400 (32.0)

Note. MSSS: *Ministère de la Santé et des Services sociaux* (Ministry of Health and Social Services)

Table 9 : Probability of reducing or increasing working hours over the next 24 months (December 2023 to June 2024) (N = 1,252)

Characteristics	**Values**
How likely are you to reduce your working hours in the next 24 months? n (%)	
Very unlikely	175 (14.0)
Unlikely	278 (22.2)
Not sure	128 (10.2)
Likely	267 (21.3)
Very likely	399 (31.9)
Prefer not to answer	5 (0.4)
How likely are you to increase your work hours in the next 24 months? n (%)	
Very unlikely	705 (56.3)
Unlikely	313 (25.0)
Not sure	103 (8.2)

Likely	105 (8.4)
Very likely	20 (1.6)
Prefer not to answer	6 (0.5)

Key takeaways:

- Family physicians reported being primarily dissatisfied with the following factors:
  - Time spent on administrative tasks
  - Human resources
  - Daily workload
  - Physical resources in the workplace
  - Work-Life Balance
- Overall, job satisfaction was higher among physicians practicing in hospitals than among those practicing in office.
- 70% of respondents reported they were proud to be family physicians, but one-third would prefer to practice another specialty.
- Half were considering reducing their working hours within the next 24 months.

3.1.4 Family physician well-being

Tables 10 through 13 present family physician well-being. In response to the question regarding their sense of personal well-being in their role as family physicians, 64% of respondents reported that their work was somewhat or extremely stressful, and nearly 50% reported feeling exhausted (Table 10).

Regarding the statements about their well-being, three-quarters of family physicians (76%) expressed that the work they do is meaningful to them. However, only one-third (33.4%) agreed or strongly agreed with the statement that their work schedule leaves them enough time for their personal or family life (Table 11).

Furthermore, in the month before completing the survey, more than half of respondents (54.1%) reported often or always feeling burned out by their work, more than one-third (34.3%) said they worried their work was hardening them emotionally, and 32.8% often or always felt that all the things they had to do were piling up to the point where they could not handle them (Table 12).

When asked about the factors influencing their well-being, a majority of respondents indicated that the following factors had a strong or extreme influence: daily workload (70.6%), time spent on administrative tasks (64.6%), work-life balance (64.2%), their job overall (59.0%), human resources (recruitment, retention, team size, and support staff, etc.)

(57.8%), team functioning (53.9%), and physical resources in the workplace (52.8%) (Table 13).

Table 10 : Perceptions of family medicine practice (December 2023 to June 2024) (N = 1,252)

Characteristics	**Values**
How stressful, if at all, is your job as a primary care physician?, n (%)	
Extremely stressful	15 (1.2)
Very stressful	226 (18.1)
Somewhat stressful	559 (44.6)
Not too stressful	357 (28.5)
Not at all stressful	93 (7.4)
Prefer not to answer	2 (0.2)
For your role as a family physician, how do you rate your sense of well-being/personal wellness?, n (%)	
I feel the best I've ever felt and at the top of my game professionally and personally.	28 (2.2)
Generally, I feel pretty good, but like most people experience, there are trying days.	470 (37.5)
I am neither excited nor exhausted. I have a job to do.	142 (11.3)
Exhausted but coping—I still derive meaning from my work	503 (40.2)
Burned out and think I'm done with family medicine	102 (8.1)
Not sure	2 (0.2)
Prefer not to answer	5 (0.4)

Table 11 : Statements related to well-being (December 2023 to June 2024) (N = 1,252)

Please rate your level of agreement with the two following statement.	Median (Q1/Q3) (1: strongly disagree to 5: strongly agree)	Agree or strongly agree, n (%)
My work schedule leaves me enough time for my personal/family life.	3 (2/4)	419 (33.4)
The work I do is meaningful to me.	4 (4/5)	951 (76)

Table 12 : Family physician perceptions over the past month (December 2023 to June 2024) (N = 1,252)

Over the past month :	Median (Q1/Q3) (1: Never to 5: Always)	Often or always
Have you felt burned out from your work?	4 (3/4)	678 (54.1)
Have you worried your work is hardening you emotionally?	3 (2/4)	429 (34.3)
Have you often been bothered by feeling down, depressed, or hopeless?	3 (2/3)	259 (20.7)
Have you fallen asleep while sitting inactive in a public space?	1 (1/2)	62 (4.9)
Have you felt all the things you had to do were piling up so high you could not overcome them?	3 (2/4)	411 (32.8)
Have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?	3 (2/3)	294 (23.5)
Has your physical health interfered with your ability to do your daily work at home and/or away from home?	3 (2/3)	101 (8.1)

Table 13 : Perceptions of factors that may influence the well-being of family physicians (December 2023 to June 2024) (N = 1,252)

To what extent do the following factors influence your well-being?	Median (Q1/Q3) (1: Not at all to 5: Extremely)	Strongly or extremely
Time spent on administrative tasks	4 (3/4)	809 (64.6)
Your income	3 (2/4)	354 (28.3)
Your payment method	2 (1/3)	236 (18.8)
Human resources (e.g., recruitment, retention, size of team and support staff, etc.)	4 (3/4)	724 (57.8)
Physical resources in the workplace (e.g., effectiveness /use of electronic medical records, appointment scheduling systems, referral systems, etc.)	4 (3/4)	661 (52.8)
Team functioning (e.g., interprofessional collaboration, team culture, etc.)	4 (2/4)	675 (53.9)
Time spent per patient	3 (2/4)	432 (34.6)
Your daily workload	4 (3/5)	884 (70.6)

Your on-call hours	3 (2/4)	400 (31.9)
Your work carried out during unfavorable hours (weekends, holidays, after 6 p.m. on weekdays)	3 (2/4)	485 (38.7)
Your work-life balance	4 (3/5)	803 (64.1)
Your job overall	4 (3/4)	739 (59.0)

Key takeaways:

- Most family physicians reported finding meaning in their work.
- They felt that their well-being was particularly influenced by:
    - Daily workload
    - Time spent on administrative tasks
    - Work-life balance
    - The job overall
    - Human resources
    - Team functioning
    - Physical resources in the workplace

3.1.5 Level of well-being among family physicians (December 2023 to July 2024)

Based on the Physician Well-Being Index score, 62.5% of family physicians were at increased risk of poor well-being (score ≥ 3).

Among work settings, family physicians practicing primarily in office or at CLSCs had well-being scores above the risk threshold (Table 14). Across sectors of activity, well-being scores were relatively similar and close to the overall average, with the notable exception of palliative care home and day centre, where the score reached 4.1, and intensive care, which had a score below the risk threshold (2.9) (Table 15).

Finally, the well-being score fluctuated over the data collection period, peaking at approximately 3.5 out of 9 in April 2024 (Figure 1).

Table 14 : Well-being score by primary work setting (December 2023 to June 2024) (N = 1,252)

Primary work setting	Well-being level Mean (Standard Deviation)
CLSC, (n=97)	3.4 (2.6)
Office (medical clinic), (n=723)	3.3 (2.6)
Hospital, (n=194)	2.9 (2.7)

CHSLD/MDA (n=11)	2.5 (3.4)
Home-based care, (n=10)	2.5 (2.7)
Other	3.6 (2.5)

Note. CLSC: *Centre local de services communautaires* (Local community services centre); CHSLD: *Centre d'hébergement et de soins de longue durée* (Long-term care centre); MDA: *Maisons des aînés* (Seniors' home)

Table 15 : Well-being score by sectors of activity (December 2023 to June 2024) (N = 1,252)

Sector of activity #	Well-being level Mean (Standard Deviation)
Office-based patient care (office, GMF, and/or CLSC), (n=1,013)	3.4
Perinatal/obstetric care, (n=259)	3.3
Pediatric care, (n=583)	3.4
Intra-facility geriatric practice, (n=181)	3.6
CHSLD/MDA, (n=259)	3.5
Home-based care (other than palliative care), (n=301)	3.6
Home-based palliative care, (n=217)	3.5
Palliative care home and day centre, (n=63)	4.1
Hospital palliative care, (n=182)	3.6
Emergency care (including on-call CLSC network), (n=242)	3.3
Intensive care, (n=45)	2.9
Acute care hospitalization, (n=292)	3.5
Marginalized, disadvantaged and vulnerable populations (e.g., refugees, homeless, persons living with addiction), (n=138)	3.4
Indigenous health care, (n=83)	3.1
Undergraduate teaching, (n=209)	3.3
GMF-U supervision, (n=272)	3.3
Non-GMF-U supervision, (n=231)	3.5
Managerial work, (n=273)	3.3
Other, (n=71)	3.4

Note. GMF: *Groupe de médecine de famille* (Family Medicine Group); CLSC: *Centre local de services communautaires* (Local community services centre); CHSLD: *Centre d'hébergement et de soins de longue durée* (Long-term care centre); MDA: *Maisons des aînés* (Seniors' home); GMF-U: *Groupe de médecine de famille universitaire* (University-affiliated Family Medicine Group)

Note that participants may be included in several different sectors of activity.

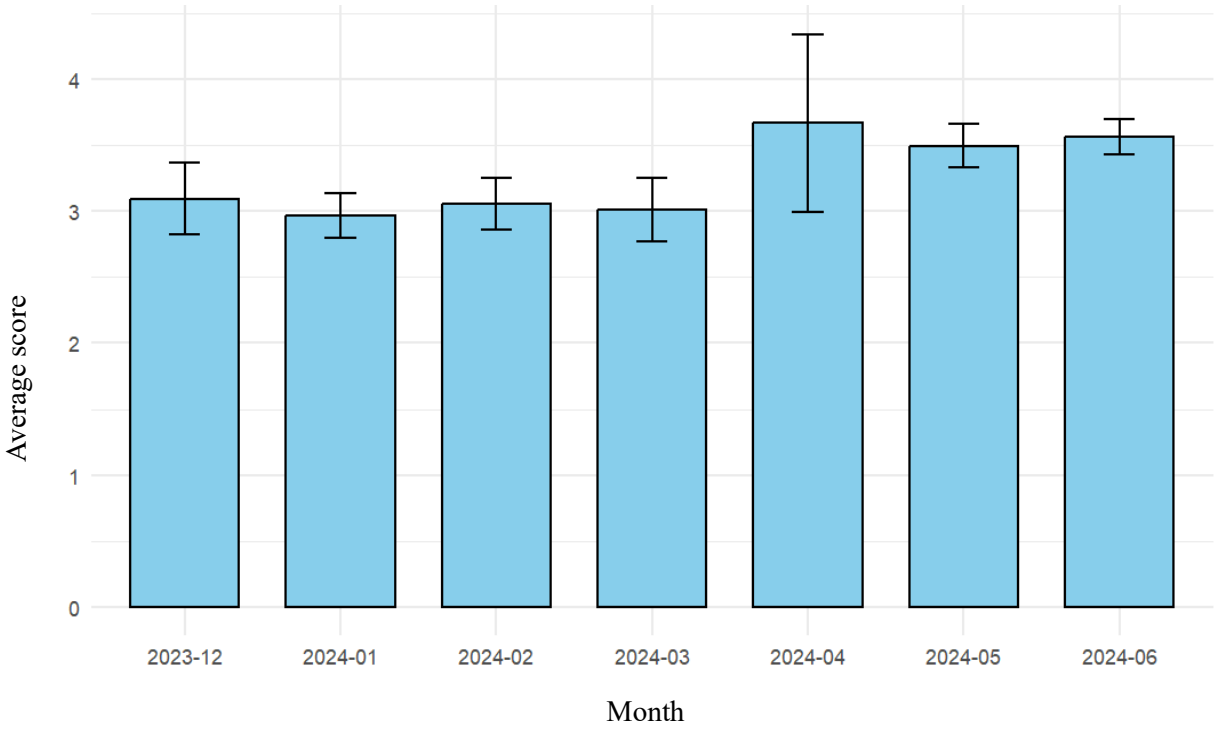

Figure 1 : Change in well-being score between December 2023 and July 2024 (N = 1,252) (the score ranges from -2 to 9, with -2 indicating the highest level of well-being and 9 the lowest level)

Key takeaways:

- Nearly two-thirds of family physicians in Quebec were at risk of poor well-being between December 2023 to July 2024.
- Family physicians practicing primarily in offices and CLSCs reported lower levels of well-being than those observed in other work settings.

3.1.6 Perceptions on actions to improve the well-being and job satisfaction of family physicians in Quebec

Overall, 65% of respondents had not heard of the actions undertaken by the MSSS and/or the FMOQ to improve their well-being and job satisfaction. Among family physicians who were aware of these actions, a minority agreed or strongly agreed with the statements that this work would help reduce the burden of administrative tasks (12.5%), improve their well-being and quality of life (8.4%), improve their job satisfaction (8.3%), encourage the recruitment of medical students into family medicine (8.4%), support the retention of family physicians (8.4%), and strengthen the recognition of family medicine (8.4%).

Table 16 : Perceptions on actions to improve the well-being and job satisfaction of family physicians in Quebec (December 2023 to June 2024) (N = 1,252)

Characteristics		Values	
Have you heard about the actions undertaken by the MSSS and/or FMOQ to improve your well-being and job satisfaction? n (%)			
No		814 (65)	
Yes		438 (35)	
	To what extent do you agree or disagree with the following statements? n (%)	Median (Q1/Q3) (1: Strongly disagree to 5: Strongly agree)	Agree or strongly agree
	This work will help reduce the burden of administrative tasks	3 (2/4)	156 (12.5)
	This work will improve my well-being/quality of life	3 (2/4)	105 (8.4)
	This work will improve my job satisfaction	3 (2/4)	104 (8.3)
	This work will improve the recruitment of medical students into family medicine	3 (2/4)	105 (8.4)
	This work will improve the retention of family physicians	3 (2/4)	106 (8.4)
	This work will improve the recognition of family medicine	3 (2/4)	106 (8.4)

Note. MSSS: *Ministère de la Santé et des Services sociaux* (Ministry of Health and Social Services); FMOQ: *Fédération des médecins omnipraticiens du Québec* (Federation of General Practitioners of Quebec)

Key takeaways:

- Few family physicians reported having heard of the actions undertaken by the MSSS and/or the FMOQ to improve their well-being and job satisfaction.
- Many of them expressed skepticism about the actual impact of these actions.

3.2 Objective 2: Factors associated with family physician well-being, ranked by relative importance

Table 13 presents the results of the statistical model examining the association between demographic and organizational characteristics and the well-being of family physicians, as well as the relative importance of each of these characteristics. The model excluded 113 individuals (9.2%) with missing data out of a total of 1,252 responses. Among the associated characteristics, work-life balance (delta: 0.0535; odds ratio [OR]: 0.36; confidence interval [CI]: [0.32; 0.41]) emerged as the most significant, followed by professional fulfillment (delta: 0.0121; OR: 0.62; CI: [0.55; 0.70]).

Having to frequently deal with excessive expectations or verbal abuse from patients (delta: 0.0048; OR: 1.32; CI: [1.18, 1.47]) ranked third. Next was the level of satisfaction with human resources (recruitment, retention, team size, and support staff, etc.) (delta: 0.0017; OR: 0.89; CI: [0.79; 0.99]), while having heard of the actions undertaken by the MSSS and/or FMOQ to improve well-being and job satisfaction (delta: 0.0013; OR: 1.29; CI: [1.03; 1.63]) ranked last in influence on family physician well-being.

Table 17 : Association between well-being and the demographic and organizational characteristics of family physicians (ordinal regression) (December 2023 to June 2024) (N = 1,139)

FACTORS ASSOCIATED WITH WELL-BEING						
		Coefficient[1]	P-value	97.5% CI	97.5% CI	Pseudo-R^2Delta [2]
DEMOGRAPHIC CHARACTERISTICS						
Age		0.99	0.20	0.98	1.00	0.0003
What is your gender?	Man	0.88	0.28	0.69	1.12	0.0008
	Woman	/	/	/	/	
Do you have dependents for whom you are the primary caregiver?	Yes	1.21	0.09	0.97	1.52	0.0008
	No	/	/	/	/	
CHARACTERISTICS OF YOUR PRACTICE						
Which of the following best describes the geographic population served by your MAIN practice setting (most days worked)?	City/urban	/	/	/	/	0.0004
	Small town/suburban	0.95	0.69	0.74	1.23	
	Rural/remote or isolated	1.08	0.63	0.80	1.45	

Which of the following sectors of activity do you consider to be part of your family medicine practice?	Patient care	1.29	0.12	0.94	1.79	0.0008
	Perinatal/Obstetric Care	1.12	0.41	0.85	1.48	0.0004
	Home-based care	1.12	0.40	0.86	1.48	0.0004
	Long-term care	0.99	0.97	0.75	1.31	0.0003
	End-of-life care	1.09	0.56	0.81	1.46	0.0004
	CHSGS	0.92	0.52	0.71	1.19	0.0003
	Teaching	1.07	0.60	0.83	1.37	0.0004
	Managerial work	0.85	0.28	0.64	1.14	0.0006
	Care for vulnerable populations	1.01	0.93	0.74	1.38	0.0003
	Yes	/	/	/	/	0.0003

Please indicate your remuneration model(s): – Fee-for-service	No	0.96	0.77	0.73	1.26	
WORK ORGANIZATION IN FAMILY MEDICINE						
Please indicate the average number of total hours (paid or unpaid) that you work in a week (including direct patient care, administrative tasks, teaching/supervision, managerial work and on-call).		1.00	0.53	0.99	1.01	0.0004
Please indicate the average number of hours that you usually spend on direct patient care in a typical week.		1.00	0.97	0.99	1.01	0.0003
Please indicate the average number of hours that you usually spend on administrative tasks related to patient care (including electronic documentation time, email, prescriptions, ordering tests, etc.) in a typical week.		1.01	0.44	0.99	1.02	0.0001
Please indicate the average number of hours that you usually spend on teaching/supervision in a typical week.		1.01	0.35	0.99	1.04	0.0005
Please indicate the average number of hours that you usually spend on managerial work in a typical week.		1.00	0.97	0.98	1.02	0.0003
JOB SATISFACTION						
Please indicate how satisfied you are with:	Your income	0.91	0.12	0.81	1.02	0.0008
	Your payment method	0.99	0.89	0.89	1.11	0.0002

	Human resources	0.89	0.04*[3]	0.79	0.99	0.0017
	Physical resources in the workplace	0.99	0.89	0.9	1.11	0.0003
	Team functioning	0.96	0.51	0.86	1.08	0.0007
	Your work-life balance	0.36	< 0.0001*	0.32	0.41	0.0535
To what extent do you agree or disagree with the following statements?	I am fulfilled in my role as a family physician.	0.62	< 0.0001*	0.55	0.70	0.0121
	Patients believe that family physicians provide value above and beyond referring to other types of specialists.	1.00	0.95	0.89	1.13	0.0002
	Patients believe that family doctors are the main point of access for all healthcare requests.	1.03	0.63	0.90	1.18	-0.0006
	Family physician often face excessive expectations or verbal abuse from their patients.	1.32	< 0.0001*	1.18	1.47	0.0048
	Other medical specialists consider family medicine as a speciality in its own right.	0.9	0.22	0.8	1.0	-0.0012

	The MSSS perceives family medicine as essential to the health care system.	0.93	0.28	0.83	1.05	0.0016
PERCEPTIONS ON ACTIONS TO IMPROVE THE WELL-BEING AND JOB SATISFACTION OF FAMILY PHYSICIANS IN QUEBEC						
Have you heard about the actions undertaken by the MSSS and/or FMOQ to improve your well-being and job satisfaction?	Yes	/	/	/	/	
	No	1.29	0.029*	1.03	1.63	0.0013

Note. CI: Confidence Interval; CHSGS: *Centre hospitalier de soins généraux et spécialisés* (General and Specialized Care Hospital); MSSS: *Ministère de la Santé et des Services sociaux* (Ministry of Health and Social Services); FMOQ: *Fédération des médecins omnipraticiens du Québec* (Federation of General Practitioners of Quebec)

1. The coefficient represents the odds ratio, which measures the change in the odds of having a higher well-being index rather than a lower one – knowing that the higher the index, the lower the level of well-being – for each one-unit increase in the explanatory variable.

2. Delta represents the difference in pseudo-R^2 associated with adding each independent variable to the model (taking into account the presence of the other variables), allowing for the analysis of the relative importance of each variable. The pseudo-R^2 including all variables was 0.1568.

3. The (*) indicates a significant p-value ($p \leq 0.05$).

Figure 2 below illustrates the main factors according to their relative importance.

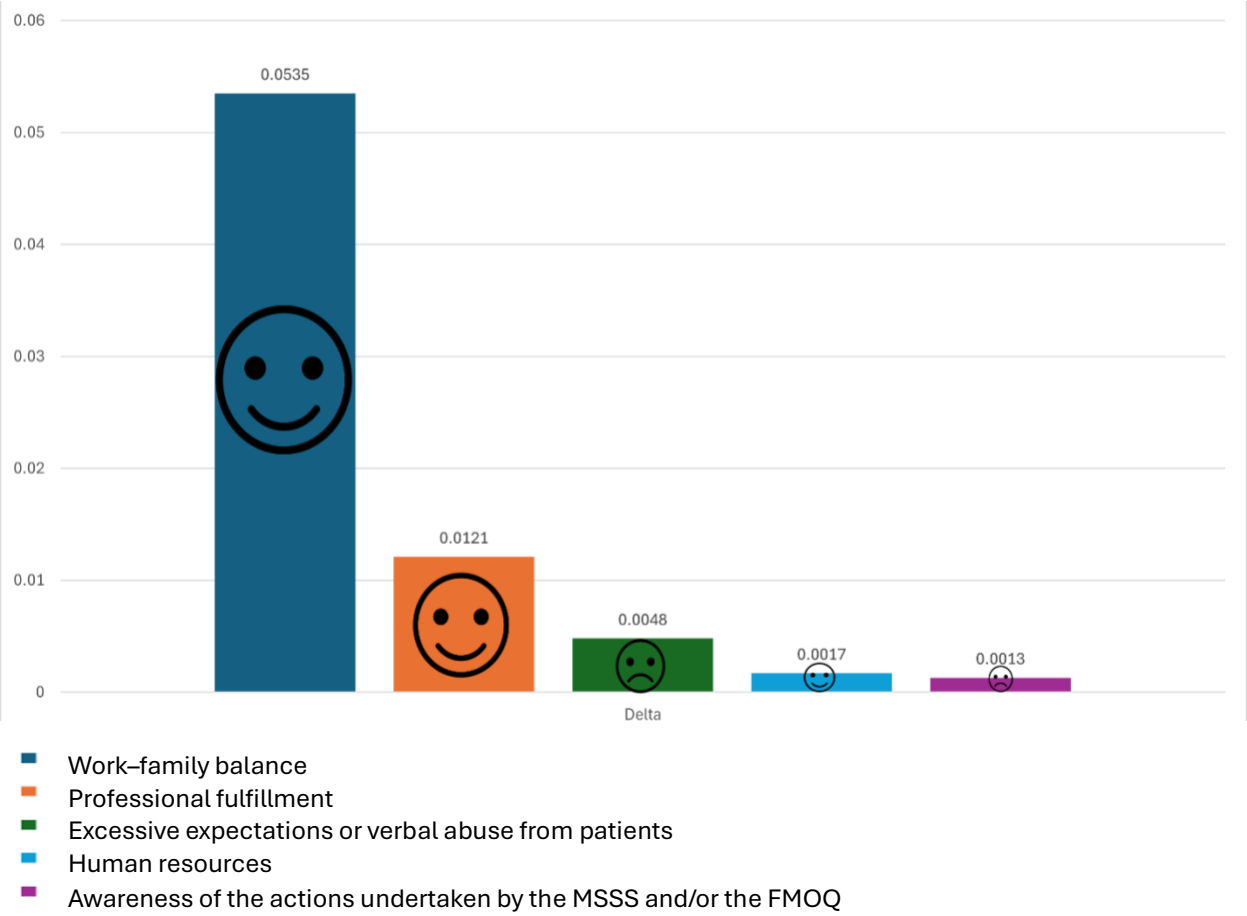

Figure 2 : Illustration of the order of importance of the five statistically significant factors associated with family physician well-being (a smiling face indicates a positive association with well-being, and a sad face indicates a negative association)

Key takeaways:

- The factors influencing family physician well-being in Quebec from December 2023 to July 2024 are, in descending order of importance:
    - Work-life balance
    - Professional fulfillment
    - Excessive expectations or verbal abuse from patients
    - Human resources
    - Family physicians' awareness of the actions undertaken by the MSSS and/or the FMOQ to improve their well-being and job satisfaction

3.3 Results of the qualitative analysis of respondents' comments

Among the physicians who completed the survey, 533 left a comment (42.6% of the 1,252 respondents) at the end of the survey. The qualitative analysis of the comments, which is descriptive in nature, is structured around six main themes (Table 14). In summary, the analysis revealed a deep-seated sense of devaluation of family medicine, expressed through issues of recognition, professional overload, and organizational dysfunction. Family physicians also put forward numerous concrete proposals to improve their well-being and support the profession in a context perceived as increasingly demanding and unrewarding.

Table 18 : Themes and subthemes of the descriptive analysis of comments (December 2023 to June 2024) (N = 1,252)

Themes	Subthemes	Verbatim
1. Lack of recognition or appreciation for family physicians	• Disrespect from political representatives • Media judgment • Incompetence of representative institutions (FMOQ, CMQ, etc.) • Negative perception by patients	"*As long as the Minister of Health, the Prime Minister, and other government ministers use family physicians as scapegoats for the problems in the healthcare system, family physicians will continue to feel undervalued, and medical students will avoid choosing family medicine*." (1341/60-389) "*Recognizing family medicine and avoiding 'physician bashing' in the media would be an important first step toward promoting family medicine*." (1371/61-220)
2. Incompatibilities between organizational structures and the profession	• Shortage of healthcare professionals • Dehumanization • Lack of administrative support • Outdated IT infrastructure	*"Personally, I think there is an issue related to understaffing [...] [managers] try to fit everything into clearly defined boxes, whereas patients come [with] a multitude of problems that make each of them unique*." (531/61-431) "*Medicine has lost its most important quality—*

		its humanity—in favor of productivity." (660/1923-2498) "*The lack of administrative and professional support (from other professionals), whether due to staff turnover, unfilled positions, or the absence of performance monitoring measures*." (703/61–706 "*[…] the technological lag in the healthcare system (still receiving faxes and having to constantly scan handwritten documents instead of everyone having access to the same medical record across the province)*." (946/892-1104)
3. Lack of support and collaboration with medical specialists	• Difficulties in referring patients to specialists • Communication challenges with medical specialists • Secondary care provided in primary care by family physicians	*"In addition, nearly 30% of my appointments are dedicated to patients waiting for a specialty appointment […]*" (517/304-473) "*Many unnecessary visits to re-evaluate anxious patients who have not yet had access to the requested test or specialist, and a lot of time is spent trying to justify or excuse the unacceptable*." (847/61-337) "*[…]* ***the endless wait times at the CRDS*** *for certain specialties like neurology, gastroenterology, allergy, or neurosurgery* ***mean we're left on our own with***

		complex *problems… Patients who worry us and for whom we have no solutions[…]" (262/146-396)*
4. Burdens associated with the profession	• System exclusively centered on family physicians • Increased burden of managing complex patients • Exclusive accountability placed on family physicians	*"We do a lot of things that could be done by others; we take on all the patients who can't afford to see a dentist, a physical therapist, or a psychologist […]"* (893/550-736) *"The burden of patients (with multiple issues) and the aging population leads to an excessive workload."* (467/966-1,361) "*At least 60% of what I do could be done by someone else. The day we realize we're truly short on family physicians, maybe we'll stop wasting our time*." (281/499-688)
5. Challenges in current family medicine practice	• Lack of backup • Burnout among family physicians • Disenchantment with family medicine • Difficulties in retaining family physicians	*"My pregnant friends took 12 months of actual maternity leave, but in reality I only have 6 because they start counting my 52 weeks without on-call duty starting from my 30th week of pregnancy, and I have to manage my lab work and paperwork starting from the 6th month of leave*." (267/1814-2757)

		"I love what I do, but this is not a sustainable way to live" (1271/1397-1587) *"I've been practicing for over 30 years, and things have really gone downhill! I'm discouraged, and I was hoping to keep going part-time for a long time, but I'm increasingly doubtful given the current climate and how we're viewed"* (1494/61-277)
6. Proposed Changes	• Increase the appeal of family medicine • Revise the remuneration structure for family physicians • Promote shared accountability • Integrate prevention and the assessment of social determinants of health • Avoid micromanaging family medicine practice (AMP, PREM, GAP, etc.) • Improve the generation of and access to evidence-based data on primary care	*"[…] The government must stop micromanaging our practices. The new rules only worsen access for our patients and unnecessarily complicate our organization (attendance, GAP, PREM, AMP, billing by territory, minimum patient numbers, etc.).[…]" (1459 /61-805)* *"Family medicine is becoming increasingly curative. There is less and less room for time-consuming preventive care. In my opinion, greater appreciation for our healthcare system and family medicine requires recognition of the importance of prevention. A healthcare system that continues to try to meet the needs of a society whose basic needs (food, housing, education, material, emotional) are not met is doomed to fail. Meaningful*

		family medicine practice takes time to build a relationship with our patients, to consider their overall needs, and then to allocate the resources to address them [...]" (1175/60-1113)

Note. FMOQ: *Fédération des médecins omnipraticiens du Québec* (Federation of General Practitioners of Quebec); CMQ: *Collège des médecins du Québec* (Quebec College of Physicians); CRDS: *Centre de répartition des demandes de service* (Service Request Management Centre); AMP: Activités médicales particulières (Specific Medical Activities); PREM: *Plans régionaux d'effectifs médicaux* (Regional Medical Workforce Plans); GAP: *Guichet d'accès à la première ligne* (Primary Care Access Point)

4 Discussion

This study had two main objectives: (1) to describe the well-being and job satisfaction of family physicians in Quebec; and (2) to examine the relative importance of demographic and organizational characteristics associated with family physician well-being in Quebec. The data analysis presented above highlighted the main findings, which are discussed below.

4.1 Family physician well-being

This study found that 62.5% of family physicians in Quebec between December 2023 and July 2024 were at risk of poor well-being. This finding is consistent with Cholewa et al. (2024), who examined the multidimensional aspects of well-being among Belgian family physicians, and reported that more than half (57%) were at risk of poor well-being (Cholewa et al., 2024).

Other studies examining specific aspects of well-being, particularly burnout among family physicians, have found rates similar to those in our study (Canadian Medical Association [CMA] and Ipsos, 2022; Creager et al., 2019). In addition to these high rates, family physicians remain at higher risk of poor well-being than specialists in other fields (Canadian Medical Association [CMA] and Ipsos, 2022; White, 2021), nursing staff (Abraham et al., 2021) and other healthcare professionals (Clay et al., 2024).

In addition, a shift in well-being scores was observed during the survey's data collection period, with a marked increase beginning in April 2024. This increase may reflect certain government decisions, including the announcement of the *Guichet d'accès à la première ligne* (GAP, translation: Primary Care Access Point) agreement, and plans to end the current $120 annual fee (Bellerose, 2024). Indeed, according to Sharma and Abelson (2024), media discourse exerts a significant influence on the sense of value and meaning of work, as well as on the patient-physician relationship (Sharma and Abelson, 2024).

4.2 Job satisfaction

The study identified five major factors affecting family physicians' job satisfaction, namely: level of satisfaction with time spent on administrative tasks, with human resources, with daily workload, with physical resources in the workplace, and with work-life balance. These sources of frustration have been widely identified as major sources of job dissatisfaction among family physicians (Gajjar et al., 2022; Wallace et al., 2009), thereby confirming the relevance of our study's findings.

Among these factors, family physicians were primarily very dissatisfied or dissatisfied with the amount of time spent on administrative tasks. In fact, the participating family physicians reported spending an average of 10 hours on administrative tasks out of an average total of 50 hours worked per week. Furthermore, participants reported that 33% of these administrative tasks could be delegated to other professionals (e.g. nursing staff or administrative assistants).

These findings regarding administrative burden are consistent with the FMOQ, which indicates that family physicians devote 20 to 25% of their time to administrative tasks (Fédération des médecins omnipraticiens du Québec, 2024). The situation is similar across the rest of Canada (Canadian Medical Association, 2024), and even more pronounced among family physicians in Ontario, who report spending an average of 19 hours on administrative tasks and state that two-thirds of this work could be delegated to other professionals (Zhang, 2024).

The amount of time spent on administrative tasks that do not require a physician's expertise results in a significant loss of time and undermines physicians' productivity (Canadian Federation of Independent Business, 2024; Zhang, 2024). Thus, reducing administrative tasks could have a significant impact on family physicians' job satisfaction and help improve access to and continuity of care (Canadian Federation of Independent Business, 2024).

4.3 Factors associated with family physician well-being, ranked by relative importance

The statistical models identified the following factors as associated with family physician well-being, ranked by relative importance: satisfaction with work-life balance; feeling professionally fulfilled; frequently encountering excessive expectations or even verbal abuse from patients; satisfaction with human resources (recruitment, retention, team size, and support staff, etc.); and whether or not they had heard of the actions undertaken by the MSSS and/or FMOQ.

Satisfaction with work-life balance emerged as the most significant factor and was associated with a reduced risk of poor well-being. This finding is consistent with the Belgian

study by Cholewa et al., 2024, which identified work schedules that support work–life balance as a key contributor to family physicians' well-being (Cholewa et al., 2024).

Furthermore, studies that specifically analyzed burnout have also recognized the critical importance of work-life balance in preventing burnout among family physicians and other professionals (Bodendieck et al., 2022; Lindfelt et al., 2018; Loft and Jensen, 2020; Shanafelt et al., 2014). Indeed, a high level of satisfaction with work-life balance would not only promote the recruitment and retention of family physicians (Shanafelt et al., 2014), but would also have a positive effect on emotional commitment and job satisfaction (Mas-Machuca et al., 2016).

Professional fulfillment was found to be the second most influential factor. This finding is consistent with previous research showing a positive association between professional fulfillment of family physicians and reduced burnout (Freeborn, 2001; Neufeld et al., 2023). Indeed, a family physician who finds fulfillment in their role is more likely to experience greater job satisfaction and to fully apply their professional skills by providing quality care while maintaining strong therapeutic relationships with their patients (Van den Hombergh et al., 2009). This positive association has also been observed among other healthcare professionals, thereby reinforcing the consensus on the importance of a sense of fulfillment.

Thus, focusing on measures to support professional fulfillment of family physicians could improve the quality of care, patient safety, as well as the experience of patients and providers within the healthcare system (Scheepers et al., 2015).

Frequent exposure to excessive expectations or even verbal abuse from patients ranked third in order of importance. Several studies in the literature support the notion that patients' unreasonable expectations significantly increase the risk of poor well-being among family physicians (Gascon-Santos et al., 2024; Hiefner et al., 2022). Exposure to aggressive or excessive patient behaviour represents a major source of stress for family physicians in their practice (Hiefner et al., 2022).

This persistent stress is believed to contribute to burnout among family physicians, as well as a sense of ineffectiveness and/or lack of purpose in their role, thereby reinforcing job dissatisfaction and reduced well-being (Gascon-Santos et al., 2024; Hiefner et al., 2022). Furthermore, family physicians experiencing this tend to avoid certain patients, struggle to maintain a good physician -patient relationship, and feel a loss of effectiveness and meaning in their work, leading to gradual disengagement and a growing desire to leave family medicine (Gascon-Santos et al., 2024). This pattern has been observed not only among family physicians but also among other healthcare professionals (Pekurinen et al., 2017).

The fourth major factor identified in this study was satisfaction with human resources. This finding is consistent with the literature examining the influence of human resources on physician well-being, particularly in relation to burnout (Bodenheimer and Willard-Grace, 2016; Shanafelt et al., 2015; Sinsky et al., 2013). Indeed, adequate recruitment and retention of family physicians and healthcare staff would reduce workload (Bodenheimer and Willard-Grace, 2016; Sinsky et al., 2013).

Similarly, effective interprofessional collaboration would lead to better task delegation (Bodenheimer and Willard-Grace, 2016). This, in turn, would reduce family physicians' involvement in non-medical roles (e.g., high administrative burden, excessive paperwork, etc.) (Shanafelt et al., 2015) and contribute to a reduction in burnout, as well as a lower likelihood of voluntarily reducing working hours and/or leaving family medicine practice (Bodenheimer and Willard-Grace, 2016; Shanafelt et al., 2015; Sinsky et al., 2013).

Finally, limited awareness of the actions undertaken by the MSSS and/or the FMOQ to improve the well-being of family physicians emerged as the fifth and final major factor. This may reflect a perceived lack of support from organizations and government institutions. The qualitative analysis of the comments also highlighted this factor, which was widely reported by participating physicians. This finding is consistent with the literature (Carlasare et al., 2024; Snowdon et al., 2025). Family physicians who do not feel supported by their organizations or government institutions very often experience feelings of devaluation and abandonment, as well as a loss of control over their family medicine practice (Snowdon et al., 2025).

4.4 Other potential factors

This study also identified secondary factors influencing family physician well-being, including having dependents for whom they are the primary caregiver, the perception that the MSSS views family medicine as essential to the health care system, that family medicine is recognized as a specialty in its own right, office-based patient care (office, GMF and/or CLSC), income, and age. In this study, these factors were not statistically significant, but they suggest a potential signal that warrants further investigation.

In fact, research on the mental aspect of family physician well-being has highlighted important associations with having dependents (Yang et al., 2024) and satisfaction with income (Yilmaz, 2018). The more dissatisfied family physicians are with their income, the more they are at risk of burnout and job dissatisfaction (Yilmaz, 2018). Similarly, caring for patients is often perceived by family physicians as a lifelong commitment fraught with responsibilities, which can be detrimental to their well-being, especially in a context of limited systemic support (increased workload, practice management, lack of resources, and reduced job flexibility), leading to disengagement from patient care and a shift toward

specialized fields (Ansari et al., 2025). Furthermore, the literature indicates significant associations between family physicians' age and burnout (Murray et al., 2016). According to several studies, younger family physicians have more difficulty achieving a work-life balance and are at greater risk of burnout than their older counterparts (Bodendieck et al., 2022; Shanafelt et al., 2015).

All these trends were also observed in our study, though they were not statistically significant. This difference could be explained by the fact that our study assessed family physician well-being as a multidimensional concept, whereas studies that identified significant associations examined one or two dimensions of well-being, such as burnout or job satisfaction.

4.5 Interpretation of the most significant factors according to the framework by Brigham et al. (2018)

Based on the framework by Brigham et al. (2018) and its well-being dimensions, the most important factors influencing family physician well-being appear to primarily fall within the dimension of personal factors (work-life balance, professional fulfillment). This observation appears to align with the study by Cholewa et al., 2024 , but diverges from the literature on the mental dimension of well-being, particularly burnout. Indeed, according to a substantial body of evidence, organizational factors such as human resources (notably team collaboration and the optimization of administrative tasks) are more determinant than personal factors in the onset of burnout among family physicians (Bodenheimer and Willard-Grace, 2016; Creager et al., 2019; Patel et al., 2018; Shanafelt et al., 2015). This discrepancy could be explained by the difference in the concept examined, as this study adopted a comprehensive approach that took into account all dimensions of well-being.

Nevertheless, sociocultural factors (patient expectations), regulatory environment factors (awareness of the MSSS's and/or FMOQ's actions to improve family physician well-being and job satisfaction), and organizational factors (human resources) were among the most influential sub-dimensions.

Furthermore, the literature has also shown that there is a close interaction between the different dimensions of factors, particularly personal, organizational, and sociocultural factors (Canadian Medical Association [CMA] and Ipsos, 2022; Wallace et al., 2009; West et al., 2018). Indeed, poor work-life balance is associated with dissatisfaction with human resources and a lack of social and institutional support, leading to poor professional fulfillment (Yester, 2019). Therefore, these factors cannot be addressed in isolation.

4.6 Implications of the study for policy and practice

The findings of this study have potential implications for both public policy and family medicine practice. By highlighting the main sources of dissatisfaction related to job satisfaction, this study can help policymakers better target key barriers to family physicians' satisfaction. Documenting the factors associated with well-being and their order of importance can also serve as a basis for prioritizing measures by the *Table nationale de concertation sur la valorisation de la médecine de famille* (National roundtable on the promotion of family medicine).

The identification of factors such as satisfaction with work-life balance, professional fulfillment, excessive expectations or verbal abuse from patients, satisfaction with human resources, and awareness of the actions undertaken by the MSSS and/or the FMOQ to improve family physician well-being as key determinants supports the implementation of specific and targeted structural improvement policies.

As the literature identifies family physician well-being as an indicator of healthcare system performance, these findings may help assess system performance in relation to provider well-being. Furthermore, future studies could consider linking survey data with clinical-administrative data to examine the association between well-being, quality of care, and healthcare utilization, as well as to explore how these trends evolve over time and in response to healthcare system reforms. Finally, a comparative analysis of family physician well-being across Canadian jurisdictions would further improve understanding of similarities and differences in the factors influencing well-being.

From a practical perspective, these findings may help identify priority interventions in clinical settings. For example, recognizing human resources as a key determinant may support strategies to strengthen care teams (recruitment and retention) and improving interprofessional functioning (interprofessional collaboration, psychological safety) (Hirayama et al., 2024; West et al., 2016; Yang et al., 2024). These results also highlight potential areas for improvement, including the evolution of team roles and the optimal delegation of administrative and clinical tasks.

4.7 Strengths and Limitations of the Study

Our study provided an overview of well-being and job satisfaction among family physicians in Quebec from December 2023 to July 2024, and examined associated factors, ranked by their relative importance. We used a validated well-being measurement instrument (the Physician Well-Being Index), capable of capturing all dimensions of family physician well-being. To our knowledge, this is the first study in Quebec to adopt a multidimensional approach and to highlight the relative importance of different demographic and organizational factors associated with family physician well-being.

Regarding data collection, although the questionnaire has not been psychometrically validated, it was based on existing validated instruments. The response rate of nearly 12% may introduce selection bias, as respondents may be more concerned about well-being, potentially leading to overestimation. Conversely, the findings may be underestimated due to survey fatigue and skepticism about the impact of participation, which could discourage participation among the most affected physicians and result in non-response bias. However, comparisons between the sample and the overall population of family physicians practicing in Quebec suggest a degree of robustness in the findings. It should be noted, however, that the health characteristics of family physicians were not collected, which could introduce an additional bias.

Given the cross-sectional design, causal relationships cannot be established. Furthermore, the data reflect a specific time period (December 2023 to July 2024) and may not accurately represent current conditions. Despite pre-testing and review of question wording with family physicians on the research team, some questions had to be recategorized, suggesting that further refinement may be needed in future iterations of the survey.

Conclusion

The major challenges facing family medicine in Quebec have renewed attention to the experience of family physicians, particularly their well-being and job satisfaction. The survey indicates low levels of well-being among family physicians and identifies several key sources of dissatisfaction. Indeed, family physicians reported challenges related to administrative workload, human resources, their daily workload, physical resources in the workplace, and work-life balance.

Furthermore, the survey identified the following factors, ranked by importance, as statistically associated with family physician well-being in Quebec: satisfaction with work-life balance (the most significant factor), professional fulfillment, frequently exposure to excessive expectations or verbal abuse from patients, satisfaction with human resources, and whether or not they had heard the actions undertaken by the MSSS and/or the FMOQ.

By identifying these key factors, the survey provides a foundation for structural measures that can enhance both physicians' job satisfaction and well-being, while contributing to improved health system performance. Thus, this report provides essential evidence to guide both the decisions of the *Table nationale* and the many organizations involved, as well as support concrete interventions in clinical settings to improve the well-being and satisfaction of family physicians.

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