Table 2. Participant Responses to Survey Questions by Percentage

| Survey Question | Agree or Strongly Agree | Neutral | Disagree or Strongly Disagree |
|---|-------------------------|---------|-------------------------------|
| I have participated in a quality improvement project before. | 94.9% | - | 5.1% |
| I know what quality improvement is. | 97.5% | 2.5% | 0.0% |
| I understand why quality improvement projects are implemented. | 97.5% | 1.3% | 1.3% |
| Faculty and residents that I work with regularly initiate quality improvement projects. | 44.3% | 31.6% | 24.1% |
| I have observed long-term benefits for patients after quality improvement projects. | 54.4% | 31.6% | 14.0% |
| I have observed long-term benefits for physicians after quality improvement projects. | 50.6% | 34.2% | 15.2% |
| Quality improvement projects are valuable. | 74.7% | 17.7% | 7.6% |
| I have learned something meaningful from a quality improvement project. | 62.0% | 21.5% | 16.4% |
| Quality improvement adds an unnecessary burden to my work as a physician. | 43.0% | 27.8% | 29.1% |
| Quality improvement is beneficial to patient care. | 74.7% | 16.5% | 8.9% |
| Quality improvement brings long-lasting improvements after the conclusion of the project. | 51.9% | 26.6% | 21.6% |
| Quality improvement increases provider satisfaction. | 19.0% | 45.6% | 35.4% |
| Quality improvement leads to physician burnout. | 36.7% | 36.7% | 26.6% |
| I would like to participate in a quality improvement project in the future. | 44.3% | 26.6% | 29.1% |
| Quality improvement is unnecessary for residency training. | 15.2% | 15.2% | 69.6% |
| It is important for all physicians to participate in quality improvement. | 62.0% | 21.5% | 16.5% |
| It is feasible for physicians to participate in quality improvement projects. | 63.3% | 19.0% | 17.7% |
| Quality improvement takes valuable time away from patient care. | 48.1% | 29.1% | 22.8% |
| I have sufficient time to meaningfully participate in quality improvement projects. | 20.3% | 15.2% | 64.5% |
| I feel confident in my ability to participate in a quality improvement project. | 69.6% | 19.0% | 10.4% |
| I feel confident in my ability to initiate, design, and lead a quality improvement project. | 43.0% | 27.8% | 29.1% |
| Quality improvement is confusing and difficult to participate in. | 24.1% | 22.8% | 53.1% |
| Quality improvement overwhelms health care providers. | 44.3% | 30.4% | 25.3% |
| I feel confident I can teach basic quality improvement concepts to other health care providers. | 59.5% | 20.3% | 20.3% |

Table 3. Comparison of Responses to Survey Items Between SAPORO Members and Non-Members

| Survey Question | SAPORO Member Mean Response | Non-SAPORO Member Mean Response | p-value |
|---|--------------------------------|------------------------------------|---------|
| I have participated in a quality improvement project before. | 1.09 | 1.02 | |
| I know what quality improvement is. | 1.39 | 1.48 | 0.504 |
| I understand why quality improvement projects are implemented. | 1.36 | 1.57 | 0.181 |
| Faculty and residents that I work with regularly initiate quality improvement projects. | 2.24 | 2.91 | 0.009 |
| I have observed long-term benefits for patients after quality improvement projects. | 2.33 | 2.65 | 0.111 |
| I have observed long-term benefits for physicians after quality improvement projects. | 2.36 | 2.78 | 0.057 |
| Quality improvement projects are valuable. | 1.97 | 2.28 | 0.106 |
| I have learned something meaningful from a quality improvement project. | 2.09 | 2.54 | 0.058 |
| Quality improvement adds an unnecessary burden to my work as a physician. | 3.00 | 2.54 | 0.058 |
| Quality improvement is beneficial to patient care. | 1.97 | 2.24 | 0.19 |
| Quality improvement brings long-lasting improvements after the conclusion of the project. | 2.24 | 2.91 | 0.001 |
| Quality improvement increases provider satisfaction. | 2.73 | 3.59 | <0.001 |
| Quality improvement leads to physician burnout. | 3.21 | 2.50 | 0.001 |
| I would like to participate in a quality improvement project in the future. | 2.36 | 3.15 | 0.001 |
| Quality improvement is unnecessary for residency training. | 3.76 | 3.61 | 0.536 |
| It is important for all physicians to participate in quality improvement. | 2.18 | 2.65 | 0.035 |
| It is feasible for physicians to participate in quality improvement projects. | 2.27 | 2.57 | 0.194 |
| Quality improvement takes valuable time away from patient care. | 2.97 | 2.37 | 0.006 |
| I have sufficient time to meaningfully participate in quality improvement projects. | 2.97 | 4.11 | <0.001 |
| I feel confident in my ability to participate in a quality improvement project. | 2.00 | 2.48 | 0.022 |
| I feel confident in my ability to initiate, design, and lead a quality improvement project. | 2.55 | 3.00 | 0.1 |
| Quality improvement is confusing and difficult to participate in. | 3.48 | 3.30 | 0.403 |
| Quality improvement overwhelms health care providers. | 3.12 | 2.46 | |
| I feel confident I can teach basic quality improvement concepts to other health care providers. | 2.42 | 2.57 | 0.511 |

| Key: |
|-------------------------|
| 1-1.99 = Strongly agree |
| 2-2.99 = Agree |
| 3-3.99 = Neutral |
| 4-4.99 = Disagree |
| >5 = Strongly disagree |