

**Sonography  
Canada**



**Échographie<sup>®</sup>  
Canada**

# **SONOGRAPHER MENTAL HEALTH REPORT**

**MENTAL HEALTH SURVEY 2025**

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## 1.0 Report Scope

This report focuses on changes in mental health status observed by Sonography Canada members since 2018, with particular attention to comparing the 2025 results with the most recent past study, conducted in 2023.

## 2.0 Purpose

Along with the Canadian Society for Medical Laboratory Science and the Canadian Association of Medical Radiation Technologists, Sonography Canada has attempted to gauge and compare the level and impact of mental health issues, including stress and burnout, as well as the mental well-being of our members. The study seeks to:

- determine the level of stress, burnout, mental health issues, and psychological distress within the profession (spectrum of mental health) as defined by key questions extracted from the National Institute for Occupational Safety and Health (NIOSH) Quality of Work-life Survey, and complete question sets from the Maslach Burnout Inventory (General), Mental Health Inventory and the Kessler Psychological Distress Scale (K6);
- determine the overall level of job satisfaction and quality of work-life in relation to the specific climate/culture questions as defined within the NIOSH Quality of Work-life Survey associated subsection and;
- identify any relationships between the workplace and mental health indicators.

Expanded descriptions of the tools used to assess participants' mental health are included in Appendix A.

## 3.0 Participants

The study received 477 responses out of a potential 6835 eligible Sonography Canada members. This affords a maximum margin of error of 4.33% at a 95% confidence interval. Key roles and their response counts were as follows:

- 420 Sonographers
- 17 Manager, Supervisors, Senior Management, or Directors
- 16 Educators
- 14 Students
- 10 Other

## 4.0 Methodology

The Mental Health Survey was open for a three-week period in May 2025 and was available in both French and English. It was electronically distributed to all Active Members. An initial invitation was sent, followed by two reminders. The participation rate was deemed acceptable after this period.

## 5.0 Key Findings

### 5.1 Employment

- 96% of respondents were employed at the time of the survey.
- Of those who were unemployed (4%), 22% stated mental health issues contributed

to their unemployment.

## 5.2 Quality of Work-life and Mental Well-being

This section of the study uses specific questions from the National Institute for Occupational Safety and Health (NIOSH) to identify stress, job satisfaction, and job culture/climate for a professional. The 2025 findings are as follows:

- Generally, quality and well-being metrics have dropped approximately 5-10% since 2023.
- The most significant drops are in the trust of management and in prioritizing the safety of workers with management.
- There was a drastic change in the number of sonographers who will look for a new employer in the next year, from 43% in 2023 to only 24% in 2025.
- Unfortunately, 68% of respondents still don't have access or are unsure if they have access to stress management or stress reduction programs at their current workplace. We have seen minimal to no improvement over the years, regardless of awareness efforts.

## 5.3 Maslach Burnout Inventory

This tool has been recognized for more than a decade as the leading measure of burnout. The Maslach Burnout Inventory draws on extensive research conducted over more than 25 years since its initial publication. The survey addresses three general scales as described, which combine to provide a burnout indicator:

- Emotional Exhaustion measures feelings of being emotionally overextended and exhausted by one's work.
- Depersonalization measures an unfeeling and impersonal response toward recipients of one's service, care, treatment, or instruction.
- Personal Accomplishment measures feelings of competence and successful achievement in one's work.

For 2025, each of the three independent scales indicates essentially no change from the 2023 data.

## 5.4 Mental Health Inventory

As a part of the National Health Insurance Study, the Mental Health Inventory (MHI) is a method for evaluating mental health issues such as anxiety, depression, behavioural control, positive affect, and general distress. This instrument helps in measuring overall emotional functioning.

The values obtained for the Mental Health Inventory in 2025 remain relatively consistent with those obtained in 2023 overall for anxiety, behaviour control, and depression. The only notable finding was a 13% positive shift in positive affect.

## 5.5 Kessler-6 Psychological Distress Scale

The Kessler Psychological Distress Scale (K6) was developed with support from the U.S. government's National Center for Health Statistics for use in the redesigned U.S. National Health Interview Survey (NHIS). The scale was designed to be sensitive around the threshold for the clinically significant range of the distribution of nonspecific distress in an effort to maximize the ability to discriminate cases of serious mental illness (SMI) from non-cases. The K6 has also been proven to have little bias regarding education and sex. The 2025 results showed:

- 23% of Sonography Canada members are experiencing incidences of nonspecific serious psychological distress. While 46% are experiencing nonspecific moderate psychological distress.
- The incidence of nonspecific serious psychological distress has increased from 12% in 2018, but there is only a minimal change from 2023 (25%).
- The 2025 percentages are fairly consistent for members, as 60% of respondents state this is the same as the month prior to the survey. A similar split of respondents indicated that they had these feelings a little more or a little less in the prior month.
- 66% of respondents stated that their physical health problems contributed to their feelings. This is concerning, considering the startling rate of sonographer injury.

## 5.6 New Additions and Correlations

- 64% of respondents do not find their employer's mental health benefits adequate for their needs. However, as stated earlier, 68% of respondents still don't have access to, or are unsure whether they have access to, stress management or stress reduction programs at their current workplace. This is something to be investigated further.
- On a scale from miserable (1) to pleasant (9), the average morale in workplaces for those employed was neutral (5.1). Workplace morale based on our survey is closely linked to significantly better mental health outcomes and lower burnout. The data shows a clear pattern where employees with low morale (levels 1-3) experience much higher mental health distress. Inversely, as morale rises, distress scores drop steadily, with high morale (levels 7-9) linked to the lowest distress. In addition, morale shares a 24% overlap with 'positive affect' (feeling upbeat and optimistic), suggesting that nearly a quarter of an employee's daily positivity is tied to their team environment. In practical terms, this indicates that addressing morale issues could mitigate approximately one-third of the burnout factors currently affecting the workforce.
- The data also shows that negative emotional states are among the strongest predictors of employees considering leaving their jobs. Feeling hopeless explains about 74% of the variation in job-hunting likelihood, while feeling unmotivated accounts for 67%, feeling worthless 69%, feeling depressed 72%, and feeling stressed 79%. These high percentages clearly demonstrate that poor mental health and low wellbeing are not just personal issues but key indicators of retention risk.
- In terms of the relationship between workload and well-being, the data reveals a clear disconnect. Hours worked show only a weak correlation with burnout, therefore reinforcing that the emotional climate of the workplace and morale matters far more than workload. This challenges any assumptions that simply reducing the number of hours worked will improve the mental health status and well-being of employees.

## 5.7 Summary of Participant Comments

Respondents were asked how Sonography Canada could support their mental health with an open-ended question. Responses were analyzed with the assistance of artificial intelligence to identify common themes, which were grouped into five points focused primarily on culture shift, advocacy, and support:

1. Advocate for Regulated Workload, Scan Time, and Injury Prevention
  - Overwork, excessive scan volumes, unrealistic scheduling, and physical strain are the central mental health risks.
  - Many are asking for regulated scan times, mandatory patient caps, and legal standards to reduce burnout and physical injury (especially in private clinics).
  - Some members want confidential support independent of what their employer offers for improved privacy to avoid any workplace stigma.
2. Drive Systemic Change Through Advocacy, Standards, and Collaboration
  - Many believe problems are systemic, not individual, and the association must step up as a strong advocate.
  - There's frustration because members believe the association has taken a hands-off approach to helping solve workplace practice and safety issues.
  - A call to collaborate with governments, unions, regulators, and employers for broader reform.
3. Promote Respect, Recognition, and Professional Empowerment
  - Many sonographers feel undervalued, overburdened, and not seen as equal members of the healthcare team.
  - They want recognition of their skills, their physical and emotional effort, and their professional expertise.
4. Push for Expanded and Accessible Mental Health Coverage
  - Mental health benefits are inadequate or inaccessible for many (low coverage limits, only certain practitioners covered, long wait times).
  - The cost of therapy is a barrier for many members.
5. Provide Practical Tools, Training, and Preventative Mental Health Supports
  - Members want more than just surveys and one-time gestures — they want long-term, meaningful tools and programs. This includes mental health education, training in coping strategies, and support embedded in the profession from student to long standing practitioners.

## Appendix A

### **Quality of Work-life and Mental Wellbeing**

In 2000, the National Institute for Occupational Safety and Health (NIOSH) entered into an interagency agreement with the National Science Foundation to add a special module assessing the quality of work life in America to the 2002 General Social Survey. The General Social Survey is a biannual, nationally representative, personal interview survey of U.S. households conducted by the National Opinion Research Center and funded by the National Science Foundation. Using a small group process with internal and external expert teams, NIOSH selected 76 questions dealing with a wide assortment of work organization issues. These include (but are not limited to) hours of work, workload, worker autonomy, layoffs and job security, job satisfaction/stress, and worker well-being. Half of the questions in the Quality of Work-life module were taken directly from the 1977 Quality of Employment Survey, allowing comparisons of worker responses over a 25-year period. The current study extracts specific questions from this survey to identify stress, job satisfaction, and job culture/climate.<sup>1</sup>

<sup>1</sup> [Quality of Worklife Questionnaire | Stress | CDC](#) (accessed January 30, 2026)

### **Maslach Burnout Inventory**

“Recognized for more than a decade as the leading measure of burnout, the Maslach Burnout Inventory incorporates the extensive research that has been conducted for more than 25 years since its initial publication. The survey addresses three general scales as described, which combine to provide a burnout indicator:

- Emotional Exhaustion measures feelings of being emotionally overextended and exhausted by one's work
- Depersonalization measures an unfeeling and impersonal response toward recipients of one's service, care treatment, or instruction
- Personal Accomplishment measures feelings of competence and successful achievement in one's work.

Several studies carried out by Iwanicki & Schwab (1981) and Gold (1984) support reliability such as the three-factor structure and internal reliability. Cronbach alpha ratings of 0.90 for emotional exhaustion, 0.76 Depersonalization, and 0.76 for Personal accomplishment were reported by Schwab; very similar ratings were reported by Gold. Time periods of a few weeks, 3 months, and 1 year were used for test-retest reliability. Scores in the ‘few weeks’ range were the highest (.60-.82) whereas scores in the year range were the lowest (0.54-0.60). The test manual covers validity for the MBI by noting patterns that appear again in the field. For example, male teachers score higher than females in the depersonalization scale, which is consistent with other helping professions.”<sup>2</sup>

<sup>2</sup> [Maslach Burnout Inventory \(MBI\) - Statistics Solutions](#) (accessed Jan 30, 2026)

### **Mental Health Inventory**

“As a part of the National Health Insurance Study, the Mental Health Inventory (MHI) is a method for evaluating mental health issues such as anxiety, depression, behavioral control, positive effect, and general distress. This instrument helps in the measure of overall emotional functioning. The Mental Health Inventory includes 38 items in which the respondent uses a 6-point Likert-style response. According to the National Multiple Sclerosis Society, the Mental Health Inventory has a reported .93 Cronbach alpha rating<sup>3</sup> whereas its abbreviated version has

.82. This test is well-known and has been field tested in extensive populations. Also, the Mental Health Inventory showed a high correlation rating with MSQLI, or Multiple Sclerosis Quality of Life Inventory.”<sup>4</sup>

<sup>3</sup> [What does Cronbach’s alpha mean? | SPSS FAQ](#) (accessed January 30, 2026)

<sup>4</sup> [Mental Health Inventory \(MHI\) - Statistics Solutions](#) (accessed January 30, 2026)

### **Kessler-6 Psychological Distress Scale**

“The Kessler Psychological Distress Scale (K6) was developed with support from the U.S. government's National Center for Health Statistics for use in the redesigned U.S. National Health Interview Survey (NHIS). As described in more detail in Kessler et al. (2003), the scale was designed to be sensitive around the threshold for the clinically significant range of the distribution of nonspecific distress in an effort to maximize the ability to discriminate cases of serious mental illness (SMI) from non-cases. A small validation study carried out in a convenience sample in Boston found evidence that the scales perform quite well and that, in fact, the six-question scale is at least as sensitive as the ten-question scale for the purpose of discriminating between cases and non-cases of SMI. The K6 is now included in the core of the NHIS as well as in the annual National Household Survey on Drug Abuse. The Kessler Psychological Distress Scale which utilizes 10 questions (K10) instead of 6, is also included in the National Comorbidity Survey Replication (NCS-R) as well as in all the national surveys in the World Health Organization's World Mental Health (WMH) Initiative.”<sup>5</sup>

After the K6 was used in two of the largest ongoing national health tracking surveys in the U.S. (the Centers for Disease Control and Prevention’s Behavioral Risk Factors Surveillance Survey and the SAMHSA National Household Survey), other countries began studying the validity of the K6. All of these studies concluded that the K6 is found to be consistent when used in multiple surveys, the K6 performed just as well as the K10. The K6 has also been proved to have little bias in regards to education and sex.”<sup>6</sup>

“Participants indicate how often they have had six different feelings or experiences during the past 30 days using a 5- point Likert scale: 4 (All of the time), 3 (Most of the time), 2 (Some of the time), 1 (A little of the time), and 0 (None of the time). The feelings and experiences for this first item are the following:

- nervous?
- hopeless?
- restless or fidgety?
- so depressed that nothing could cheer you up?
- that everything was an effort?
- worthless?

The scores are then determined by summing the numerical value associated with the scale for each question. With total scores ranging from 0 to 24, a standard cut-off score of 13 or higher on the K6 has been used to identify persons with nonspecific serious psychological distress (SPD; i.e., those with a high likelihood of having a diagnosable mental illness severe enough to cause functional limitations and to require treatment.”<sup>7</sup>

<sup>5</sup> [National Comorbidity Survey](#) (accessed January 30, 2026)

<sup>6</sup> [Kessler Psychological Distress Scale \(K6\) - Statistics Solutions](#) (accessed January 30, 2026)

<sup>7</sup> [Measurement Equivalence of the K6 Scale: The Effects of Race/Ethnicity and Language - PMC](#) (accessed January 30, 2026)

## Appendix B

# Sonography Canada Member-Only Data 2018 to 2025 Comparison

This study was conducted in collaboration with the Canadian Society for Medical Laboratory Science (CSMLS) and the Canadian Association of Medical Radiation Technologists (CAMRT). The results below reflect the mental health status of Sonography Canada members and the quality of their work life when surveyed in 2018, 2021, 2023, and 2025. Comparison data of all three organizations/professions will be available at a later date.

*Changes in the data of more than 10% or greater from 2023 are shaded in yellow*

## Survey Participation

Year	2018	2021	2023	2025
Number of Participants	846	629	429	477

## Work life

Survey Question	Percentage of Employed Members who Agree to Strongly Agree			
	2018	2021	2023	2025
My job lets me use my skills and abilities	98%	97%	95%	89%
I have too much work to do everything well	62%	55%	65%	60%
At the place where I work, I am treated with respect	82%	82%	81%	75%
I trust management at the place where I work	57%	54%	56%	46%
The safety of workers is a high priority with management where I work	65%	62%	64%	53%
There are no significant compromises or shortcuts taken when worker safety is at stake	71%	69%	66%	60%

Survey Question	Percentage of Members			
	2018	2021	2023	2025
How often do you find your work stressful? (often or always)	59%	68%	60%	56%
Do you have access to stress management or stress reduction programs at your current workplace? (no or unsure)	70%	63%	71%	68%
How often are there not enough people or staff to get all the work done? (often)	39%	41%	46%	40%
The job security is good (somewhat to very true)	94%	95%	93%	88%
How likely is it you will look for a new job with another employer in the next year? (somewhat to very likely)	32%	32%	43%	24%
Do you feel discriminated against on your job? (yes)	22%	21%	21%	20%

All in all, how satisfied would you say you are with your job? (somewhat to very satisfied)	83%	78%	74%	74%
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## Mental Health Status

Maslach Burnout Inventory Human Services Survey*												
Level	Low				Medium				High			
	2018	2021	2023	2025	2018	2021	2023	2025	2018	2021	2023	2025
Emotional Exhaustion	35%	24%	24%	27%	23%	21%	20%	19%	42%	56%	56%	54%
Depersonalization	65%	59%	49%	51%	16%	20%	24%	23%	19%	22%	27%	26%
Personal Accomplishment	69%	62%	50%	49%	19%	22%	23%	21%	13%	16%	27%	30%

\*Values represent the total percentage of employed participant levels of burnout per subscale.

Kessler-6 Psychological Distress Scale				
Level	High (13 or more)			
	2018	2021	2023	2025
Severe Mental Illness	12%	20%	25%	23%

Mental Health Inventory*				
Membership type	Employed			
	2018	2021	2023	2025
Anxiety	74%	71%	72%	68%
Behaviour Control	78%	87%	85%	86%
Depression	85%	80%	79%	86%
Positive Affect	49%	61%	65%	78%

\*Higher scores indicate better health.

Cause of unemployment (full or partial) due to mental health:			
2018	2021	2023	2025
17%	35%	18%	22%

## New Additions for 2025

- On a scale from miserable to pleasant (9), the average morale at a workplace for those employed was neutral (5.1)
- 64% of respondents do not find their employer's mental health benefits adequate for their needs.

**Methodology:** The Mental Health Survey was electronically distributed to all active members. The survey is available in French and English.

**Participants:** Survey responses included Sonography Canada members. Unless noted in the table, all data values represent employed and unemployed participants. Requests for additional data associated with the remaining membership can be made (i.e., management, educators, students, and others).