

Sustainable working practices and minimizing burnout in emergency medicine

Sustainable and satisfying working practices in emergency medicine are vital to produce career longevity and prevent premature 'burnout'. A range of strategies is required to ensure success for the individual and the system in which he/she works.

Doctors choosing a career in emergency medicine do so knowing that it is an exciting, stimulating and challenging specialty. It can also be stressful in the busy, occasionally chaotic environment of the emergency department and requires good organization and resilience. The stresses placed upon staff are not unique, however, and the concept of professional burnout is well described as a result of the demands of the job (Burbeck et al, 2002; Spickard et al, 2002). In emergency medicine these concerns have been heightened in recent years and been considered as significant adverse contributors to the attractiveness of the speciality. This has led to a recruitment crisis and compromised the delivery of effective care in many departments (College of Emergency Medicine, 2013a).

There is also evidence to show that while being enjoyable, working as an emergency physician may not be sustainable, and can have significant adverse psychological effects and produce poor long-term career prospects. Professional burnout is a well-recognized syndrome characterized by emotional exhaustion (lack of enthusiasm for the job), feelings of cynicism (depersonalisation) and lack of personal accomplishment. The pathway is a spectrum that starts from dissatisfaction to disillusionment and ultimately burnout. The incidence in medicine is far higher than that in the general population but emergency medicine has among the highest levels of recorded burnout features and therefore merits particular attention (Shanafelt et al, 2012).

Until recently such occupational stress for doctors working in emergency medicine and its consequences on health and wellbeing, although well described, have had little coordinated action to address the issues, certainly in the UK and Ireland. Combined with the challenges of increased demand upon emergency departments in recent years this has impacted upon the attractiveness of the speciality to the young trainees of the future and compromised the safety of an essential service in acute health care. Burnout also influences quality of care and leads to an increase in the risk of medical error (Wallace et al, 2009). There is a need, therefore, to better understand the issues that most apply to emergency medicine and produce better support strategies that will create sustainable and satisfying working practices.

Understanding the issues

Emergency medicine in the UK has evolved at a rapid rate. The first 32 consultants were appointed in 1972 and the number of consultants has tripled in the last 10 years alone. Yet the pressures on emergency physicians have steadily risen. The first attempts to investigate the issue in 1993 suggested that there were no particular concerns of stress or depression among the 201 respondents (72% of consultants and senior registrars). They generally evaluated aspects of their work environment favourably, although concerns were expressed and the need for formal training in stress recognition and avoidance was highlighted (Heyworth et al, 1993). A range of correlates of work-related stress were identified.

By 2002, in a survey with 371 respondents (78%), investigators using a range of validated tools identified that 44% had psychological distress levels that were over the threshold of acceptability (Burbeck et al, 2002). Levels of depression of 18% were higher than other groups and 10% reported some suicidal ideation. Ten years later in 2012, a survey by the College of Emergency Medicine had 1077 respondents (70% of consultants in UK). Over 62% of consultants reported that their job was unsustainable in its current form because of the pressures of the post. This varied by region, with 51% dissatisfaction in south east England climbing to 78% in Northern Ireland (College of Emergency Medicine, 2013a).

In the United States, the longest running survey of satisfaction among emergency physicians identified that, in a stratified sampling cohort of 1007 physicians, the majority (77.4%) in 1994, 80.6% in 1999 and 77.4% in 2004 felt that emergency medicine had met or exceeded their expectations. However, 33.4% in 1994, 31.3% in 1999 and 31% in 2004 felt that burnout was a significant problem (Cydulka and Korte, 2008). Interestingly surveys of residents in training in the United States have also shown concerning levels of burnout, with 42% in one study scoring high levels of burnout with emotional exhaustion or depersonalisation. In the most recent survey in the United States, out

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of a total of 27 276 physicians who received an invitation, 26.7% participated (Shanafelt et al, 2012). From this group 45.8% exhibited at least one symptom of burnout and there were substantial differences between specialties. Emergency medicine came top of a list of 25 specialties with over 65% experiencing some symptoms of burnout.

In Australia, there have also been concerns about the psychological health of emergency physicians. Taylor et al (2004) found that their 323 respondents (63.5% response rate) exhibited moderate satisfaction scores using validated tools, although 13.3% had very low scores. Most used adaptive coping strategies but maladaptive strategies (alcohol or drugs, denial, disengagement) were positively associated with anxiety, depression and stress. In mainland Europe, where emergency medicine has only evolved as a mainstream specialty in the past 20 years in many countries, similar concerns regarding burnout have been published. In France, burnout among general physicians was 42%, increasing to 51% in emergency physicians (Estryn-Behar et al, 2011). They suggested the need to focus on better work–life balance, working processes and multidisciplinary team working.

The evidence therefore suggests that as emergency care systems become busier and capacity remains under resourced, the pressure on medical staff especially in the UK has significantly increased. Solutions are needed that are sustainable and result in satisfaction for the emergency physician both in the short term and to create career longevity.

Finding solutions

Finding solutions to help emergency physicians to have sustainable careers has had an increasing profile in the past 2–3 years in the UK as evidence has emerged of the pressures that staff are under (College of Emergency Medicine, 2013a). The ability to address issues are divided into those that can be managed by policymakers, employers, the individual and also national academic training bodies (College of Emergency Medicine, 2013b).

System redesign is a powerful way in which to improve the working environment and care delivery system. This is consistent with recommendations on preventing burnout in the United States (Shanafelt et al, 2012). Work by policymakers is ongoing in the UK to address the increasing pressures on urgent and emergency care systems. The College of Emergency Medicine has also recommended strategies that can create a framework for safe and effective delivery of emergency care (College of Emergency Medicine, 2013c, 2014). In a wider context there is also a need to address the vitally important role of the terms and conditions under which emergency physicians work and how much time off they have to recuperate after a busy shift. In the UK this activity occurs between NHS Employers and the British Medical Association.

Recommendations on the need to resolve these issues were considered as being vital to address the work–life balance of the emergency physician (College of Emergency Medicine, 2013a).

Other ways in which the individual can best support him-/herself or be supported by others are complex. There is increasing awareness that education during training is important to recognize concepts such as wellness and ways in which to recognize and prevent burnout (Branekki, 2012). The concept of education to create ‘personal homeostasis’ allows a range of strategies to be covered including personal organization, prioritization, time management, dealing with fatigue and sleep deprivation, and creating work–life balance.

Others have looked at the role of tolerance of uncertainty as being a major factor in predicting burnout. A survey of a sample of emergency physicians showed a high level of career burnout was exhibited in 32% of 193 respondents (Kuhn et al, 2009). Logistic regression showed that high anxiety caused by concern for bad outcomes was the strongest predictor of career burnout. The authors concluded that emotional exhaustion was not related to age or type of practice and was not mitigated by training in emergency medicine. Over 32% exhibited one of the major components of burnout (emotional exhaustion) but the respondents, who were all emergency physicians, did not feel anxiety because of general uncertainty, difficulty in disclosing uncertainty to patients, or admitting errors to other physicians. Instead, anxiety was caused by concern for bad outcomes and was the main factor. Despite this, most were satisfied with their career.

The importance of addressing system issues has been described above and controlling the environment is a powerful lever by which success in this field can be achieved. The role of the individual is also critical, however, and stress reduction training strategies have an increasing role for front-line specialties such as emergency medicine. The exact nature of these strategies continues to evolve. In North America, employee assistance programmes and strategies to support colleagues in the workplace continue to develop. A major controlling factor is the way in which shifts are structured to minimize fatigue and fit in with circadian rhythms. Researchers from Canada highlighted the importance of such practices in helping to minimize fatigue and burnout (Frank and Ovens, 2002).

In the UK a more structured approach to help support policymakers, commissioners, employers and clinicians has provided an opportunity to support the individual working life of an emergency physician (College of Emergency Medicine, 2014). The strategy covers a range of issues including the concept of annualized rotas, flexible and portfolio careers, planning the decades of clinical life as a consultant, the role of leadership and team-working and most importantly maintaining wellbeing. In addition by creating the right environment for train-

ees and addressing sustainable working practices the attractiveness of the specialty can be enhanced. In England, Health Education England are leading on ways in which this can best be delivered for trainees. Much will depend upon how this and other system strategies are implemented at local and national level over the coming years.

Conclusions

Trained emergency physicians are a valuable and scarce resource at present in a complex urgent and emergency care health-care system in the UK. There is good evidence that failing to address a range of system issues urgently as well as better support for individuals will lead to poor satisfaction and ultimately premature career burnout for a substantial number of these doctors. A range of strategies and recommendations is being implemented to help mitigate the effects of this happening. Failure to succeed will have a significant negative impact on the quality of care delivered to patients in the emergency department. If the proposed recommendations are implemented this will lead to sustainable staffing levels with adequate depth and breadth of senior cover in emergency departments. **BJHM**

Conflict of interest: Dr TB Hassan is the Chair of the College Sustainable Workforce Group and the Lead for creating successful, satisfying and sustainable careers in emergency medicine.

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KEY POINTS

- Emergency medicine is an exciting and stimulating specialty that has been shown to create career success and satisfaction for many who choose it as a career. The number of specialists has tripled in the last 10 years.
- Evidence suggests that there is a significant risk of premature professional burnout if emergency care systems are poorly structured and the individual inadequately supported.
- Work is ongoing nationally to help improve systems to make them more capable and have adequate capacity to manage workloads in a controlled manner. This is important for emergency physicians to be able to care for their patients safely and effectively.
- New guidance from the College of Emergency Medicine on how to improve the working lives of the emergency physician will, if implemented well, have a significant positive effect for individuals and minimize the likelihood of professional burnout.
- A strong resilient trained emergency medicine workforce will ensure high quality care for patients.