The Elusive Resilient Career in Emergency Medicine

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Since taking on the role of Physician Wellness and Burnout Committee chair, I have often been asked, “how do I avoid burnout?” As Dr. Rodgers noted in a recent “President’s Message,” burnout is prevalent in our specialty. I see individuals who are suffering from burnout in my workplace. I imagine you do too. Because this problem is so complex, there is no single answer or solution. From the literature on the subject we know that the drivers of burnout include excessive workload, inefficient systems with huge clerical burdens, non-physician tasks transferred to the physician, problems with work-life integration, malpractice threats, the risk of infectious disease, violence in the workplace, loss of flexibility and control over work, loss of meaning in work, and organizational objectives that conflict with the altruistic objectives of our profession.1 One important thing to note is that we will not solve this problem with personal resilience strategies alone. Rather, burnout is a complex, multifactorial, system-based problem that requires both individual and organizational, system-based solutions.

What can we as individuals do to promote our own resilience? The first step is to cast away the stigma of burnout. We have been trained to work harder and longer and never admit we need help. The literature clearly shows burnout is a pervasive problem that starts in medical school, continues in training, and follows us throughout our careers. I encourage you to consider using validated self-assessment inventories like the Maslach or Oldenberg Burnout Inventories to confirm your suspicions of burnout. You can find a link to anonymous web-based inventories on AAEM’s wellness website: www.aaem.org/about-aaem/leadership/committees/wellness-committee.

Take advantage of resilience and burnout workshops and activities in your area. However, it is important to recognize that the effect of these activities will fatigue with time. A better approach might include prioritizing regular efforts to prevent burnout, the same way you use continuing education to keep up with the latest scientific advances. Promoting your own wellness and resilience regularly is a key to the prevention of burnout.

What key drivers of burnout can you control? Although we always think we should be highly productive and hard-working, is there a sweet spot in the amount of work you take on in regard to longevity? Can you shift your career to include new directions that add interest? Some suggestions include diving more deeply into your subspecialty interest in emergency medicine, such as wilderness medicine, or taking on an educational task.

There are disturbing prevalence studies showing that 45% of physicians in all specialties rank high on burnout inventories. The problem cannot lie solely in the individual. We cannot continue to blame the individual or believe this is a problem that only happens to a few outliers. Burnout is a system problem that requires system-based and organizational solutions, in addition to individual efforts. To this end, the goal of the AAEM Wellness and Burnout Committee is to fight burnout with a comprehensive approach. Our vision is to make the Scientific Assembly a motivational retreat, where our members refresh their passion for our specialty with the Assembly’s scientific content, social connections, and a new Wellness Track — as well as new rejuvenating practices like Yoga for Early Risers and an informal Fun Run. AAEM is also participating in a multi-organization summit, to tackle this problem from training to retirement by collaborating, pooling resources, and addressing system-based problems. Finally, AAEM continues to fight for your right to professional autonomy and fairness in the workplace.

There is hope for a long and resilient career in emergency medicine, but we have our work cut out for us. I would like to invite you to join us on the Wellness and Burnout Committee, as we begin this journey together.

References
1. Tait Shanfelt Leadership: Translating Challenge to Success at Mayo Clinic, June 2, 2016 reference NJEM