

Wellness Committee

Emergency Medicine Still Revs Our Engines, So Why Do We Feel Like We're Running on Empty?

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One of the objectives of the wellness committee is to examine the current state of physician burnout in order to promote wellness and career longevity. Using the Oldenburg Burnout Inventory, we surveyed our members and asked additional open ended questions in order to identify the root causes of burnout. Although the limitations of this data include a response rate of about 10%, there were

over 700 unique and individual respondents to the pre and post Scientific Assembly survey giving us a large sample size for qualitative analysis. The results of this survey provide insight into the major drivers of burnout and the elements of our work that appear to be protective. So first, the good news: as a whole, taking care of patients in the emergency department still gets our juices flowing. Inherent to the practice of emergency medicine are the diagnostic challenges, the interesting cases, the adrenaline and the pressure that comes with treating critically ill patients. Based on our survey results, these elements are still very much alive. An overwhelming majority (>80% positive response) reported that they always find new and interesting aspects of their work, can tolerate the pressure of our work well, and find emergency medicine to be a positive challenge. Now for the flip side: The majority of physicians also report feeling tired, weary, worn out, and emotionally drained, as well as needing more time to recuperate after a shift.

So what gives? If our job is to take care of patients in an environment that challenges us – why has burnout become such a problem for emergency physicians? Analyzing the qualitative data reveals some common themes that give insight into what really wears out an emergency physician. Surprise! It has nothing to do with the patients. The themes that came up time and time again can be broken down like this – burnout appears to be driven by workplace related and systems issues in health care rather than patient care.

Respondents voiced frustrations about the system in which they work – including a focus on non-patient centered metrics, government imposed bureaucracy, and the inefficiencies of the EMR. In addition to the constraints created by the health care system, many docs voiced concern about a lack of support from their own employers. What ensued is a call to action for employers to value EPs as both professionals and people – striving for physician satisfaction in addition to patient satisfaction in pursuit of the best possible patient care. Suggested solutions include fighting for paid time off, schedules that are amenable to work life balance, and policies that support life outside of medicine including raising a family and

providing resources for unpredictable life stressors.

There are several current initiatives that aim to tackle these systems based issues. AMA's Organizational Foundation for Joy of Medicine is an online module taking a look at how institutions can create organizational structures that result in more satisfied and productive physicians. The module provides powerful tools for making a case with your institutional leadership to prioritize physician wellness. "Putting Patients First by Reducing Administrative Tasks in Health Care" is a position paper of the American College of Physicians, adopted by AAEM, that serves as a guideline for analyzing unnecessary administrative tasks that provide no benefit to the physician or patient and advocating for their removal. The future of tackling the systems based issues is recently underway with an all EM organization physician working group that has been meeting over the past year, as well as with initiatives put forth by the National Academy of Medicine. Although encouraging, these initiatives only begin to set the stage for future progress.

Emergency physicians are tough. As a profession, we have chosen to work in arguably the most stressful environment in medicine, taking care of the most vulnerable, difficult and sick patients in our communities. The physical and emotional toll that this takes requires that we care for ourselves. The EM community has clearly realized this, with a recent boom in literature emphasizing tools such as resilience and mindfulness to combat burnout. While these skills are helpful, they rely solely on the participation of the physician. It's time to recognize that combatting burnout is a shared responsibility between physicians and the organizations they work for. EPs need to have the support of their employers and governing bodies in helping provide the best possible care. This is only possible by also prioritizing the care of the physician and supporting the initiatives that champion this ideal. ●

Sources:

1. <https://www.stepsforward.org/modules/joy-in-medicine>
2. Shari M. Erickson, Brooke Rockwern, Michelle Koltov, Robert M. McLean, . Putting Patients First by Reducing Administrative Tasks in Health Care: A Position Paper of the American College of Physicians. *Ann Intern Med.* 2017;166:659–661. doi: 10.7326/M16-2697
3. Dyrbye, L.N., T.D. Shanafelt, C.A. Sinsky, P.F. Cipriano, J. Bhatt, A. Ommaya, C.P. West, and D. Meyers. 2017. Burnout among health care professionals: A call to explore and address this underrecognized threat to safe, high-quality care. *NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC.* <https://nam.edu/burnout-among-health-careprofessionals-a-call-to-explore-and-address-this-underrecognized-threat-to-safe-high-quality-care>.