The Health of Emergency Physicians and its Impact on Patient Care: A Call to Action

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Emergency Medicine (EM) fulfills an essential role in providing expert, front-line care in the diagnosis, stabilization and treatment of undifferentiated illness to diverse populations. Emergency physicians are at the forefront of knowledge creation and translation in the care of the acutely ill and injured patient. Consequently, health systems and the patients they serve rely on EM teams to carry out their important role in a sustainable fashion.

Recent literature has highlighted the risks associated with burnout syndrome (BOS) among physicians in general,[1-6] and emergency physicians in particular.[3,7-8] Physician burnout is a long-term stress reaction characterized by depersonalization, cynical or negative attitudes toward patients, emotional exhaustion, a feeling of decreased personal achievement and a lack of empathy for patients.[1,9-12] This can result in decreased career longevity and job satisfaction, along with increased rates of depression and suicidality.[4,13-19] Adverse impacts on patients include decreased quality of care and patient satisfaction, as well as increased rate of medical error and malpractice risk.[13,14,20-33] In fact, BOS has been shown to predict medical error more strongly than fatigue.[34] In countries with a shortage of highly-skilled Emergency specialists, increased attrition exacerbates the shortage of such physicians,[35] who require many years of training, at significant cost, to replace.

Rates of burnout among physicians overall have been measured at 25-45%, [36-40] higher than other comparable professional fields. Emergency physicians and residents have consistently been among the highest-risk medical specialities, with quoted burnout rates greater than 65-80%.[3,7,8,36-39]

Due to the critical importance to society of EM, the high prevalence of BOS in emergency physicians and the attendant risks to both patients and providers from BOS, **the undersigned hereby declare a call to action:**

- *Recognition of BOS as a major occupational hazard and threat to the delivery of emergency care, which is an essential service*

- *Better understanding and mitigation of the key underlying causes of BOS in Emergency Physicians, including systemic factors which are remediable, such as access block and violence in the ED*

- *The need for international/national/regional collaboration on prevention, study and treatment of Emergency Physicians health, along with champions at all levels to promote the sustainability of EM practice.*

Signed,

Australasian College for Emergency Medicine
The Royal College of Emergency Medicine
American College of Emergency Physicians
Canadian Association of Emergency Physicians

Background Information:

BOS in physicians has many important individual and system level factors. Individual factors include:

- Stressful and unpredictable case mix, with little to no recovery time
- Circadian disruption and sleep disturbances
- Personal experiences of bullying, harassment and increasing ED violence

System-level stresses which are crucial in directly contributing to the crisis, include:

- Enormous pressures to be efficient while delivering care under life and death circumstances
- High intensity and complexity of workload, with frequent surges
- The inability to look after patients optimally due to system constraints such as access block, and resultant "moral injury".[39]

Solutions to combat BOS must occur throughout the system in order to achieve the goals of:

- Recognition of BOS as a major occupational hazard and threat to the delivery of emergency care, which is an essential service

- Better understanding and mitigation of the key underlying causes of BOS in Emergency Physicians, including systemic factors which are remediable, such as access block and violence in the ED

- The need for international/national/regional collaboration on prevention, study and treatment of Emergency Physicians health, along with champions at all levels to promote the sustainability of EM practice.

To International Emergency and Health Care Organizations:

We call for:
- Increased collaboration to promote awareness of BOS, and support for the development of programs that help in its understanding, prevention and mitigation.

To National Governments and Health Care Organizations (HCOs):

We call for:
- Comprehensive strategies to mitigate the impact of BOS on emergency physicians. Governments and HCOs must view this as a major occupational hazard, [42] and develop longitudinal programs to help prevent and address BOS in the workplace. [43]
- Provision of necessary infrastructure and resources ,to create a resilient and sustainable work environment for emergency physicians, based on evaluation of best practices[32]

To Regional Hospital Systems and Health Networks:

We call for:
- The establishment and tracking of metrics related to job satisfaction and BOS in emergency physicians, benchmarked with comparable groups.
- Specialized programs targeted to the health of emergency physicians and readily available services to monitor and support BOS, in addition to programs targeted at prevention.[44]

To Emergency Department Leaders, Academics and Administrators:

We call for:
- Local champions to help understand, identify, support and initiate strategies to help combat BOS.
- Education and program development centered around the pillars of physical and emotional health, including sleep habits and recovery.
- The attainment of a healthy work environment and culture as a priority, to address the imminent threat to patient and workplace safety. [31,45-50]

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