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Physician Burnout in Emergency Medicine, A Review

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ABSTRACT:

Emergency medicine training and practise are demanding endeavours that put emergency care doctors at risk of burnout. Burnout syndrome is linked to poor results for patients, organisations, and doctors. The purpose of this review is to summarise the material that is currently available on physician burnout in emergency medicine and offer suggestions for further research in this area. A search was conducted using the terms "burnout, professional" and "emergency medicine" and "physicians"; "stress, psychological" and "emergency medicine" and "physicians"; and "Mental Stress" and "emergency medicine" and "physicians" in EMBASE (1988-present) and MEDLINE (1946-present). The authors concentrated on studies that evaluated physician burnout in emergency care. Most research used the Maslach Burnout Inventory to measure burnout, enabling comparisons between studies (and between nations). Compared to physicians as a whole (38%), emergency medicine has burnout rates that are over 60%. Despite this, the majority of emergency medicine doctors (>60%) are happy with their careers. Burnout is linked to both work-related (hours worked, years of experience, professional development activities, non-clinical responsibilities, etc.) and non-work-related (age, sex, lifestyle characteristics, etc.) aspects. Despite the high rates of burnout among emergency care doctors, little research has been done in this area. It is important to identify the causes of burnout in different emergency medicine populations and to implement the proper interventions to lessen burnout.

Keywords: emergency medicine, Maslach Burnout Inventory, physician, burnout.

INTRODUCTION:

Emergency medicine is emotionally, physically and intellectually challenging. The potential adverse consequences of burnout on emergency medicine physicians, their patients and health

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institutions, have generated much interest and underscores the importance of understanding burnout among emergency medicine physicians.

The symptoms of burnout include emotional weariness, depersonalization, and a diminished sense of self. Achievement among those who interact with people in some way. 1 Treating clients and co-workers like objects rather than people and feeling emotionally spent are two signs of burnout. Physical exhaustion, poor judgement, cynicism, remorse, emotions of ineffectiveness, and a sense of depersonalization in interactions with coworkers or patients are further signs of burnout. Compared to the broader public, doctors and other healthcare professionals are thought to be more prone to burnout. Work overload, a lack of control, inadequate rewards, a lack of community (social and peer support), a lack of fairness, and contradictory ideals are among the factors linked to worker burnout (work vs family). [3]

Burnout is linked to poor patient outcomes, such as physical and mental disease, drug usage, lower physician satisfaction, and myocardial infarction. It is also linked to bad health, such as migraines, sleep difficulties, hypertension, anxiety, and alcoholism. [6] Physician burnout is linked to higher turnover, absenteeism, subpar work, and bad sentiments for institutions. [4] Finally, for patients, burnout in their attending physicians is linked to a decline in the standard of treatment, a reduction in patient safety, and an increase in medical errors. [8] Shanafelt et al. discovered that reporting a medical error had a substantial link with all three burnout domains (emotional weariness, depersonalization, and personal success) in a survey of 7095 surgeons (American College of Surgery). They used the Maslach Burnout Inventory (MBI) to measure burnout and discovered that each point increase in emotional exhaustion (score range: 0-54) was associated with a 5% increase and each point increase in depersonalization (score range: 0-33) was associated with an 11% increase in the rate of reports of medical errors. [9]

A validated tool frequently used to evaluate burnout is the MBI. 1 It consists of three subscales: eight items measuring personal achievement (a sense of competence and accomplishment), five items measuring depersonalization (a tendency to view others in an excessively detached, impersonal manner), and nine items measuring emotional exhaustion (a drained, depleted feeling brought on by excessive psychological and emotional demands). Based on the total score, low, medium, and high levels of burnout are classified (Table 1). The Copenhagen Burnout Inventory is a different reliable instrument that is used less commonly to evaluate burnout (CBI). The purpose of this review is to summarise the current research on burnout among emergency medicine doctors and offer suggestions for additional studies in this area.

METHOD:

A search was conducted using the terms "burnout, professional" and "emergency medicine" and "physicians"; "stress, psychological" and "emergency medicine" and "physicians"; and "mental stress" and "emergency medicine" and "physicians" in EMBASE (1988-present) and

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MEDLINE (1946-present). The authors looked through the reference lists of the chosen publications to find any more pertinent material, and they conducted a further search of the available literature using Google Scholar (search terms: "Burnout" AND "Emergency Physicians"). Studies that evaluated burnout primarily among emergency physicians and employed a validated instrument were included in this evaluation. Seven studies in all were discovered.

RESULTS:

Burnout rates

According to a recent study by Shanafelt et al., compared to other doctors (n = 7288) and the general public (n = 3422 working US people), emergency medicine doctors had the highest rate of burnout (65%; tool: MBI;). [10] This level of burnout is comparable to one discovered in a prior study of 1272 emergency physicians in the US (American College of Emergency Care), which revealed that 60% of emergency medicine doctors had moderate to severe burnout ratings (tool: MBI). [11]

Compared to their nursing counterparts, emergency physicians are substantially more burned out. In a study of 30 emergency medicine nurses in Britain, it was discovered that 100% had medium to high personal accomplishment scores, 0% had high depersonalization scores, and 20% had high emotional exhaustion scores (tool: MBI). [12] However, a research of physician assistants in emergency care (tool: MBI) discovered that 34% had medium to high personal accomplishment ratings, 66% had medium to high depersonalization scores, and 59% had medium to high emotional weariness scores. [13]

Burnout and satisfaction

The Satisfaction with Life Scale and the Emergency Physician Job Satisfaction Measurement Instrument were used in a research of 268 Canadian emergency physicians, and the results showed that 61% of emergency care doctors were happy with their lives and 76% with their professions. Despite this high level of pleasure, there were substantial levels of burnout, as determined by the MBI; 46% had scores for emotional tiredness that ranged from moderate to high, and 93% had scores for depersonalization that ranged from moderate to high. [14]

In a long-term study of 771 emergency medicine doctors in the US, 65% reported high levels of professional satisfaction, 13% reported low levels, and 31% identified burnout as a major issue. [15] The likelihood of reporting high levels of career satisfaction was lower among doctors who said that stress or burnout were important issues.

Factors associated with burnout

Work-related and non-work-related elements can be used to categorise issues linked to burnout.

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Work-related factors: In a study of 1272 US emergency physicians, burnout was found to be significantly predicted by self-recognition, lack of job involvement, a poor self-perception of productivity, career dissatisfaction, sleep disturbances, an increase in the number of shifts per month, dissatisfaction with specialty services, and the intention to leave practise within 10 years. [11] More hours worked each week was linked to higher burnout levels. 10 In a research of 263 emergency physicians in Romania, it was discovered that the longer a physician worked in the field, the higher the risk of burnout. By their fourth year of employment, 11% of doctors scored highly on emotional tiredness, compared to 17% by their seventh year (tool: MBI). [16] However, among 1272 US emergency physicians, no association between years of experience and burnout (tool: MBI) was discovered. This is not a consistent finding. [11]

In their investigation of 268 Canadian emergency medicine doctors, Lloyd et al. assessed the impact of non-clinical responsibilities and professional development activities on burnout. They discovered that less emotional tiredness was related to recent, successful research publications. [14] Additionally, as the number of nonclinical emergency medicine hours performed per year grew, personal success scores climbed and depersonalization scores fell. Physicians in emergency medicine who did not participate in continuing education activities were three times more likely to experience burnout than those who did. [17] In addition, elevated anxiety brought on by worry about unfavourable clinical outcomes was a significant predictor of job burnout in a study of 193 US emergency physicians (American College of Emergency Physicians) (tool: MBI). [18]

Non-work-related factors: It is debatable if demographic considerations contribute to burnout in emergency physicians. According to several studies, demographic characteristics are not linked to burnout. 11,18 On the other hand, depersonalization scores declined with age while personal success scores rose, according to Lloyd et al. [14] Similarly, Shanafelt et al. discovered that being married and getting older were linked to reduced levels of burnout.[10]

A subgroup of 538 emergency physicians in a 1924 French physician survey showed significant burnout scores of 52% (tool: CBI), and 21% of emergency physicians planned to leave the field. [17] Work-family conflict and the effectiveness of teams were linked to burnout, which quadrupled the risk of quitting the field. In contrast to their male counterparts, female emergency physicians' biggest risk factor for burnout was work-family conflict, while their men counterparts' highest was teamwork quality.

Higher levels of alcohol use and lower levels of exercise were found to be significant predictors of burnout among emergency medicine doctors by Goldberg et al. [11]

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DISCUSSION:

According to our study, there aren't many studies examining burnout among emergency physicians. These studies were carried out in various nations, countries, and institutions (local vs. national). As a result, it is challenging to draw valid conclusions about the best strategies to address the high level of burnout. Instead, we concentrate on analysing the material that is already accessible and making suggestions for more research in this area.

We advise conducting multicenter research in this area in the future. Single-center studies are very likely to have issues with generalizability because the findings may represent a problem unique to the institution that causes staff dissatisfaction/burnout and is not applicable to other institutions. Additionally, we advise including both big referral hospitals and small community hospitals in multicenter research. This would enable comparisons between the personnel of small and large institutions and increase the likelihood that a representative study sample would be produced.

The prevalence of burnout among emergency care doctors is very high (>60%). Despite the detrimental effects on patients, healthcare organisations, and doctors, little research has been done in this area. There have been few studies on the prevalence of burnout among emergency physicians in countries like Australia or New Zealand, and the majority of study on the topic has been done in North America. Each nation should perform studies to determine the extent of burnout among emergency physicians and the factors that contribute to it. Cross-study and cross-country comparisons would be made easier with the use of a validated instrument, like the MBI. Despite the fact that emergency physicians experience a high level of burnout, job satisfaction is nevertheless high (>60%). Understanding the interaction between burnout and job satisfaction in emergency medicine physicians requires more research.

Burnout among emergency doctors is influenced by both work- and non-related factors. There data on the relationship between burnout and the number of years spent practising emergency medicine. Nevertheless, it seems the period of time spent away from clinically relevant work (such as research) and time devoted to professional development. Burnout might be lessened by development. We suggest researching and comparing the burnout rates of academic and non-academic emergency physicians. Based on this, measures to broaden the scope of non-clinical responsibilities and continuous professional development in clinical practise need to be developed.

Data on the influence of demographic characteristics (age, sex, etc.) on burnout among emergency physicians are contradictory. Research is required to assess this relationship and determine whether demographic factors have an impact on particular groups. Further research is required to fully understand the impact of lifestyle factors (such as alcohol, smoking, exercise, etc.).

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Despite the dearth of burnout prevention strategies for medical professionals, there is still a place for implementing strategies from other industries. Research in these fields has identified several strategies for preventing burnout that may be applicable to the emergency setting, including exercise, networking with other patients, rest and relaxation days, and the development of new hobbies or interests. Master music teachers [19], dental educators [20], and army intensive care nurses [21] are examples of professions highly prone to burnout. In addition, the Australian construction sector has implemented the "compressed work week" (shorter workweek, longer workdays) [22], a measure that may be applied in an emergency situation by cutting back on total shifts and increasing workday length raising the single shift duty hours, which will provide employees more overall free days. Furthering employee satisfaction and lowering overall burnout may be group social activities, "bring your child to work" days, and activities focused on spouses and children.

CONCLUSION:

Physicians in emergency medicine are more likely than physicians in other specialties to experience burnout. The complicated relationship between burnout and job satisfaction among emergency medicine doctors has to be further investigated. Nevertheless, job satisfaction among emergency physicians is also high. There has been little research done on the causes of burnout, which can affect emergency care doctors for reasons both work- and non-work-related.

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