

# Journal of Emergency Medicine Forecast

## Addressing Stress and Burnout in Emergency Physicians

Rosenstein AH\*

Practicing Internist/Consultant in Health Care Behavioral Management, San Francisco, CA 94118, USA

### Short Communication

According to recent national surveys Emergency Room Physicians rank either number one (65%) or number six (46%) on the list of specialties with the highest reported rates of stress and burnout [1,2]. Downstream effects of persistent stress and burnout can lead to dissatisfaction, frustration, depression, and more deep-seated physical, emotional, and behavioral problems that can affect individual well-being and potentially compromise relationships that can adversely affect patient care [3]. Some authors have referred to this as an “epidemic” requiring immediate attention [4]. Unfortunately, sustainable solutions are difficult to come by [5]. So, what do we need to do [6,7]?

There are a number of different complex issues contributing to the likelihood of symptomatic stress and burnout. Some of these issues relate to deep seated personality traits molded by life experiences and medical training, and others are molded by individual goals, values, and expectations affected by the pressures of the current medical environment. In order to prescribe effective solutions one needs to gain a better understanding of the causes and consequences and be able to see the picture as it unfolds from the physician’s perspective. Solutions will require a two- phase process. First is to increase physician awareness of how stress and burnout may be affecting them, and then, stimulating their willingness to accept outside advice and assistance. The second phase is the organizational response. Both phases have their own unique set of barriers and opportunities.

### Physician Accountability

When questioned about stress the first customary response by physicians is that they don’t recognize how stress is affecting them. Even if they do, they feel like they have been working under stress all their lives and can handle it by themselves. As a prompt you can always ask them how’s that working out for them. For those who do recognize the impact, many may be reluctant to accept outside assistance due to issues related to ego, stoicism, or the concern that if they open themselves up, there may be issues raised about competency, confidentiality, and fitness for duty that may affect their reputation, credentialing, contracting, or licensure. The goal here is to show respect for the physician, show empathy, promote their value as a precious overworked resource, assure confidentiality, and focus on the primary objective of providing assistance to help them do their job in a more satisfactory manner by helping them better adjust to the pressures of today’s health care environment.

There are many different types of services that can be offered. At one level, providing training in stress management or time management may provide the physician with skills to help them handle the day-to-day pressures of medical practice. In some cases, more intense courses in resiliency training or mindfulness may be in order to help physicians refocus on the positive sides of medical practice. For Emergency Room physicians there is often the added component of compassion fatigue or variants of post-traumatic stress disorders given the urgency, intensity, and severity of the types of cases they see, the population they serve, and the lack of follow-up.

Some Emergency Room physicians may help their own situation by trying to improve their coping and relationship skills. Training in team dynamics, communication skills, cultural diversity, and emotional intelligence will help improve staff and patient relationships that can enhance outcomes of patient care. In some cases one on one coaching or counseling may be required to address more deep seated behavioral disorders.

Physicians also need to take accountability for their own actions. Recognize and try to avoid stress trigger points, don’t over- extend, feel comfortable in asking for help, and commit to making time for rest and relaxation as a way to improve overall well- being. Physicians who are more relaxed can find more joy in their work, improve their levels of satisfaction, and become more involved and engaged in the benefits of their work.

### OPEN ACCESS

#### \*Correspondence:

Alan H. Rosenstein, Practicing Internist/  
Consultant in Health Care Behavioral  
Management, San Francisco, CA  
94118, USA.

Tel: 415 370 7754

E-mail: aht RosensteinMD@aol.com

Received Date: 01 Jul 2018

Accepted Date: 14 Jul 2018

Published Date: 17 Jul 2018

Citation: Rosenstein AH. Addressing  
Stress and Burnout in Emergency  
Physicians. J Emerg Med Forecast.  
2018; 1(2): 1013.

ISSN 2643-7856

Copyright © 2018 Rosenstein AH. This  
is an open access article distributed  
under the Creative Commons Attribution  
License, which permits unrestricted  
use, distribution, and reproduction in  
any medium, provided the original work  
is properly cited.

**Table 1:** Strategies to reduce the impact of stress and burnout.

<b>Individual accountability:</b>	
•	Awareness/ acceptance/ willingness to change
•	Support services
o	Stress management/ time management/ resiliency/ mindfulness/ compassion fatigue
o	Relationship management
o	Coaching/ counseling
•	Physician well- being
•	Physician engagement
<b>Organizational accountability:</b>	
•	Understanding/ empathy
•	Culture/ leadership
•	Pro- active support/ resources
o	Logistical
o	Clinical
o	Behavioral
•	Physician well- being
•	Respect and recognition

## Organizational Accountability

For the organizations that the physician is affiliated with the first step is to recognize the incidence and severity of stress and burnout in their physician (and other staff) population. This can be done through a variety of mechanisms including informal conversations, surveys, town hall meetings, department discussions, or through one on one meetings with physicians to hear their concerns. The key is to actively listen, show empathy and concern, and respond in a meaningful way. It has been well documented that those organizations who make a concerted effort to better understand the situation, devote the appropriate resources, and commit to a positive supportive culture with strong leadership involvement can have a significant effect in improving overall physician relations and reactions [8]. The organizations need to take a visible pro-active approach in reaching out to the physicians and not just wait for them to ask for help. They frequently won't.

There are many different ways to help. From a logistical perspective be sensitive to physician capacity and time demands by adjusting on call scheduling, committee responsibilities, and (if any) productivity requirements. Help reduce some of their administrative burden for electronic record input and chart documentation by providing additional training and/or using scribes or other administrative support personnel to help with non- clinical matters. From a clinical perspective many organizations have found an advantage in using Physician Assistants or Nurse Practitioners to help address some of the less complex medical conditions. From a behavioral perspective providing the necessary time for training in stress management and time management, providing courses to improve overall relationship and communication skills, and offering individual coaching or counseling can help dramatically.

The importance of physician well-being cannot be overstated [9,10]. Getting the physician to take better care of themselves will go along way in reducing stress and frustration, enhancing happiness, and reminding physicians of their worth and calling while reinvigorating their joy for the practice of medicine. To achieve these goals many organizations have re-energized the efforts of their Physician Wellness Committees. Other organizations have initiated a new role of a Chief Wellness Officer. In any event make an effort to recognize and respect their work. Get them to take a step back and reflect on all the goodness that they do.

## Call for Action

We're all caught up in today's hectic pace of medical care. We're all dedicated to our work. We're already overextended in our work capacity, yet it seems like we're being asked to take on more and more non- clinical responsibilities taking us away from direct patient care. We're losing autonomy and control, and being held more accountable for our metrics. We need help but physicians can't do it all by themselves. Organizations need to recognize the seriousness of the issue and provide meaningful support. Physicians need to recognize the seriousness of the issue and take steps aimed at their own well- being and preservation. Let them know they're not out there all by themselves and give them a chance to be heard. Let's act together before it's too late.

## References

1. Shanafelt T, Hasan O, Dyrbye L, Sinsky C, et al. "Changes in Burnout and Satisfaction with Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014". *Mayo Clinic Proceedings*. 2015; 90: 1600-1613.
2. Medscape National Physician Burnout & Depression Report. 2018.
3. Dewa C, Loong D, Bonato S, Trojanowski S. "The Relationship Between Physician Burnout and Quality of Healthcare In Terms of Safety and Acceptability: A Systematic Review". *BMJ Open*. 2017; 7.
4. Lagnato L. "Hospitals Address Widespread Physician Burnout". *Wall Street Journal*. 2018.
5. Kuhrt M. "As Burnout Spreads Health Care Organizations Scramble for Answers". *Fierces Healthcare*. 2018.
6. Rosenstein A. "Addressing Physician Stress and Burnout: Impact, Implications, and What We Need to Do" *Journal of Psychology and Clinical Psychiatry*. 2017; 7: 1-3.
7. West C, Dyrbye L, Shanafelt T. "Physician Burnout: Contributors, Consequences, and Solutions". *J Inter Med*. 2018; 283: 516-529.
8. Shanafelt T, Noseworthy J. "Executive leadership and physician well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout". *Mayo Clin Proc*. 2017; 92: 129-146.
9. Rosenstein A. "Physician Engagement: A Multistep Approach to Improving Well -Being and Purpose". *Patient Safety & Quality Healthcare*. 2015; 12: 14-17.
10. Thomas L, Ripp J, Westm C. "Charter on Physician Well- Being". *JAMA*. 2018; 319: 1541-1542.