Review Article

Burnout and Job Satisfaction in the Emergency Department Staff: A Review Focusing on Emergency Physicians

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Abstract:

Training and the procedure of emergency medicine are stressful attempts that put doctors of emergency medicine at the risk for burnout. Burnout syndrome leads to negative results for patients, institutions and the doctor. This review article was conducted with purpose of exploring burnout and its associated factors in the emergency department staff, especially emergency physicians. Emergency physicians have higher levels of burnout compared with doctors in general. Employees in emergency department complain about higher role overload because of shortages in critical staff, budgetary cuts and higher number of patient and acuity. Overload like this might compromise satisfaction of the staff with their job environment. Both job-related (work hours, years of experience, activities for professional development, non-clinical tasks, etc.) and non-job-related factors (age, gender, lifestyle factors, etc.) are correlated with burnout. Job-related stressors have been stated to be related to higher risk of depression and suicide, intra-personal conflict and aggressiveness, as well as lower working performance and staff self-confidence, low quality of healthcare and lower experience and skill level among the staff. In conclusion, no enough data exits on prevention of burnout among emergency department nurses and physicians and new studies should be done. Factors that cause burnout in various emergency medicine populations should be evaluated, and proper interventions should be designed to lower burnout.

Keywords: Burnout, stress, emergency, job satisfaction.

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Introduction:

Excessive stress and overworking make emergency departments exceptional stressful working environments. Every day, the emergency department staff deal with a mixture of acute and chronic stressors (such as psychosocial, job-related and environment-related factors), affecting the morale and accomplishment of the staff and leading to burnout, loss of job satisfaction, lower quality of work life weak retention and absenteeism (1). It was also stated that physicians who experience burnout often seek perfection in their job, yet they become irritated and distressed when their environment does not deliver the resources required for better performance. Burnout might be originated from unrealistic purposes either on the part of doctors or on the part of hospitals or organizations (2).

Different duties in the emergency team are exposed to different stresses. One study on this subject indicates that physician assistants were more burnt out compared with their nursing colleagues. Studies report that about 27-50% of the emergency physicians experience considerable clinical distress, compared with 18% in the general population and 19–29% among physicians in other fields (3). These factors not only affect emergency department staff, but also can be harmful to satisfaction and healthcare of the patients.

This review article was conducted with purpose of exploring burnout and its associated factors in the emergency department staff, especially emergency physicians.

1- Burnout and its outcomes:

Emergency department staff was noted to constantly complain about exposure to stressors and the hardest stressors to handle are heavy workload and weak skill mix, lack of ability to provide optimum care and overcrowding, death or molestation of a kid (4). Mainly, emergency medicine is always under stress and pressure due to quick actions and emergent decisions about the diseases and health conditions (5). The emergency physicians are the first doctors who visit various patients with critical and less critical (such as peritonitis, pneumomediastinum and post-operative infections) diseases (6, 7). In the emergency department, the feeling of working as a part of a multidisciplinary team is an important factor in changing the environment into an appealing place to work and the future growth of peer-mediated interventions may make proper use of this useful characteristic of the workplace. While some of the coping skills of the emergency department staff are far from optimum, this provides a chance for intervention and a focus for inceptive activity (8).

In was stated that the physicians who believed they had selected the wrong job had higher emotional exhaustion and depersonalization scores and lower personal achievement scores. Similar results were reported by another study, which showed an increased risk of emotional exhaustion (9, 10). Physicians might think that their professional requirements and expectations are not fulfilled after a long and strenuous training period. Furthermore, it was found in a study that physicians, who believed they had made the correct choice of career, had greater general satisfaction with job. The increased violence in the health department

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in recent years might have caused the expectation of physicians not be met. Recent studies have also demonstrated that physical status in the workplace have a similar influence on burnout and job satisfaction among physicians (11, 12). Inappropriate physical status in the workplace decreases job satisfaction, and influences occupational productivity, health and social life. Working status is crucial for personal comfort and doing one's task well.

Doctors and nurses benefit from having a more cooperative job environment. In healthcare environment, people with different disciplines come together to take care of the patients. Even though these groups of healthcare personnel are mainly called teams, they have to gain real team status by showing encouraging teamwork (13), group cohesion and low turnover. Cohesive healthcare teams have 5 key features:(a) transparent goals with measurable results, (b) clinical and executive systems, (c) division of labor, (d) preparation of every team member and (e) functional communication (14, 15).

Empirical studies about the teams of patient healthcare indicate that teams with higher cohesiveness are correlated with better measures of clinical outcome, greater patient satisfaction and enhanced patient outcomes (16, 17). Previous studies about nurses have demonstrated that serious issues in work design and personnel management endanger the provision of sufficient healthcare (18). In spite of this body of knowledge, cost reduction initiatives in hospitals and reorganization associated with nursing shortages have made managers use floating assignments and decreased the time available for comprehensive discussions. As a result, confrontational feelings may grow between occupational groups, and there might be low circulation of information, with probable outcomes for patients' safety, healthcare quality and job development chances for nurses (19). Organizational and administrative supports for nursing as a job seem to have an intense effect on dissatisfaction and burnout among nurses and are directly and independently associated with healthcare quality (20, 21). Likewise, the results show that the physical and emotional issues of physicians need team discussions of work organization and selection of tools. Much more comprehension and many more extensive discussions are required to find strategies that may positively affect the environment in which nurses and doctors work (19).

2- Factors associated with burnout:

Burnout can result from different factors, such as environmental factors (workload, understaffed hospital, unmanageable environment, violence, trauma, and stressful conditions such as the death of a patient), personal issues (age, gender and personality), and coping skills. In regard with coping skills, it was stated that emergency physicians, who complained about considerable emotional exhaustion, are more likely to use short-term coping techniques (e.g., crying, daydreaming) than long-term coping techniques (e.g., talking about problems with other people, making substitute plans). Similar relationship was seen in emergency department nurses (22). It was also indicated that the outcomes of

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burnout among emergency department staff (e.g., poor job performance, negative effects on family life, high turnover rate) also affected emergency department patient healthcare, that is, the emergency department staff who experienced burnout showed lower concern for patients (23, 24). Both similarities and differences were reported between burnout in emergency department physicians and in emergency department nurses, suggesting exclusive studies for each job (25, 26).

A variety of coping skills was reported to be used by emergency department staff. The major coping skills used by the staff are mostly positive and active coping skills that have been proved to have a positive influence on the understanding and management of stress and general accomplishment in the workplace (27, 28). The commonly used strategies emphasize on the significance of social support and problem solving skills and both of them are among the processes that health institutions and educational processes are able to support and improve (29, 30). In other literature, it has been indicated that the coping skills of emergency department professionals may influence the risk of burnout (31). Several studies indicated that resilience training may be helpful to staff who work in stressful environments like first responders (32, 33), but there is limited literature about the use of resilience training for emergency department staff. By evaluation of the coping strategies of emergency department staff, it may be possible to start resilience training and vaccination interventions to prevent potential burnout by analyzing different strategies to control the detected stressors. Nonetheless, this does not disregard the necessity for organizational identification and response to underlying causes of stress among the staff. Actually, there is recent literature indicating that organizational strategies may be employed to enhance the wellbeing of the staff, including strategies for culture change, team construction and leadership (34).

Internal factors such as being worried about making mistakes at work are also a source of stress. There is a circle for these factors. Actually, the risk of a medical wrongdoing lawsuit can be pretty scary, and many physicians respond to such an event with distrust and anger, that is followed by depression (22). Support groups for doctors who fight lawsuit are present in several medical societies, and might help relieve the isolation of the doctor. It was showed that emergency physicians had lower levels of burnout earlier in their professions (35, 36).

It is recommended that relevant authorities know that the signs of burnout comprise potential precursors of more severe disorder, such as alcohol abuse, drug abuse, and suicidal thoughts. Future studies must focus on the administration of interventions that are designed to improve job satisfaction and manage burnout and also on the assessment of the effect of these interventions.

For preventing the premature departure of the physicians, it is important to enhance work-life balance, the process of working by cooperation, multidisciplinary teamwork and to progress team training perspectives and improve ward design to make teamwork easier.

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The significance of team building to decrease the rate of burnout and turnover was shown in previous surveys, even in particular healthcare settings. Fundamental safety initiatives in hospitals must focus on conventional health interventions to develop wards that are arranged in a way that physicians and non-physician professionals work cooperatively as teams. The extent to which nurses and doctors access information, resources, support and chances in their job environment might have an effect on the apprehended quality of cooperation with doctors and managers, the level of job strain experienced in the job environment, and finally their health (37, 38). Common administration structures have been demonstrated to be very successful in empowering nurses for professional practice in preceding research (39). The implementation of an action research model to facilitate change by helping active participation of the whole staff has been found to be positively conducive to the growth and administration of change efforts (40, 41).

It is not amazing to accept that higher job satisfaction and quality of care, and also lower burnout or mental health problems among healthcare workers have a close association with the status of teamwork. Furthermore, improvement in team collaboration and sharing the decisions are the factors related to lower overtime, lower emotional distress and lower rate of replacement.

Conclusion:

In spite of the high burnout rates among physicians in emergency medicine, little research has been done in this field. Also, there is no enough data exits on prevention of burnout among emergency department nurses and physicians and new studies should be done. Factors that cause burnout in various emergency medicine populations should be evaluated, and proper interventions should be designed to lower burnout. It is necessary to notify and support the progress of emergency department through regular evaluation of the understanding of the staff regarding emergency department working environment that allows local, national and international comparisons.

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