

Wellness in the Workplace
An Information Paper
From the ACEP Well-Being Committee

Introduction

There is a growing body of literature on the lack of physician well-being over the past five years. The *Archives of Internal Medicine* in 2012 reported that United States physicians suffer more burnout than other American workers, with up to 50% of physicians reporting burnout.¹ Of all the specialties surveyed, emergency physicians reported the highest rate of burnout.¹ A recent survey by Medscape showed increased rates of physician unhappiness from 2013 to 2015, as does unpublished data from the authors of the 2012 *Archives* study.²

Extensive research over the past decade illustrates that burnout is not just a problem for individual physicians but one that has a profound effect on the quality of patient care.^{3,4} There is also concern that physician unhappiness leads to the early departure of physicians from the practice of medicine.

There are certain steps that individual physicians can take to develop resiliency and to continue to infuse meaning into their careers. Beyond basic self-care, recent research studies show that mindfulness training and the opportunity to meet in groups with fellow physicians to discuss important issues can be potent tools to decrease burnout, depression, and anxiety among physicians.⁵⁻⁹ There is also increasing evidence that environmental and institutional factors play a large role in contributing to physician burnout. Dr. Shanafelt and his colleagues describe five drivers of physician burnout and well-being, as follows: workload, work efficiency, work-life integration, autonomy/flexibility/control, and meaning in the work. He also suggests that, similar to how institutions have engaged in practice redesign with a focus on enhancing productivity, institutions now need to engage in redesign with the goal of creating a sustainable and fulfilling working environment for their physicians, nurses, and other allied health personnel.

The focus of this paper is on the institutional and departmental changes that can be implemented to improve workplace wellness in emergency departments (EDs) based on current best practices and the research that exists on the topic.

Wellness at the Institutional Level

There are many initiatives that can be implemented within hospitals that can improve the wellness of all physicians and health care workers in the hospital setting and more specifically in the ED. In 2011, the CDC published a report, *Healthy Hospital Choices*, and in 2012, in partnership with Prevention Partners, convened a Wellness Advisory Board. This resulted in the launch of pilot wellness programs at select hospitals throughout the country.^{10,11} The focus of these pilot hospital wellness programs included access to healthy foods in the hospital during all hours of operation, opportunities for physical activity at the workplace, a 100% smoke-free environment and available smoking cessation programs, and development of a culture of wellness.

Hospitals have taken a variety of approaches to the problem of providing healthy meals and snacks. Some hospitals have provided healthy foods, including salad bars, along with more standard fare and provided healthy food choices in vending machines. Other institutions, such as the Cleveland Clinic, have taken healthy hospital eating to a higher level. Several years ago, the Cleveland Clinic eliminated all fried foods, candy, and soda on campus. They offer only healthy food options in the cafeteria and in vending machines and have also established a hospital garden and a farmers market.

Of the pilot hospitals in the Workplace Wellness Study over half of them provided at least one of the following options for employee physical activity: designated walking routes around the campus, accessible and attractive stairwells, corporate challenges, exercise facilities onsite, health-related assessments, and onsite activity classes. Some institutions such as Stanford have offered additional opportunities, such as fitness assessments for employees, personal trainers, health and wellness counselors, and a program called Wellness on Wheels that provides fitness and healthy living classes to

departments.

Implementation of 100% tobacco-free environments was almost universal at the pilot hospitals (93%). These hospitals used signs to promote the smoke-free policy, and empowered security staff and employees to help support adherence to the policy. Providing smoking cessation programs for employees was more problematic; there was difficulty identifying tobacco users, providing resources, and following up on the success of the cessation programs.

The final recommendation of the Wellness Workplace study might be the most important. The study recommended that in order to promote a culture of wellness at hospitals there must be executive leadership that integrates wellness into the organization's missions and goals; human resource capacity, including a wellness committee and wellness champion; financial capacity to support wellness initiatives; and a commitment to evaluating the impact of wellness initiatives.

Beyond the Wellness Workplace initiative and report, there are several hospital institutions and other corporations that have been singled out as providing healthy workplace environments that provide additional examples of how hospitals can promote wellness. At the Mayo Clinic, they have instituted regular structured meetings with groups of colleagues to discuss the challenges and virtues of being a physician. These groups have been shown to help restore physicians' sense of meaning and passion for work as well as to help reduce burnout.¹² At Stanford University, they introduced a "banking" system that allows physicians to bank time that they spend on tasks such as mentoring and committee work and use it to "buy" housecleaning services, prepared meals, and other services. They also provide access to life coaches to help physicians find better work-life integration.

Other notable institutional efforts to promote wellness that come from hospitals and other major corporations include access to onsite child care, easy access to lactation rooms, dedicated quiet space in the hospital (chapel, meditation room, etc.), spiritual support services, green space on campus, and concierge services (notary, dry cleaning, errands, etc.).

Wellness in the Emergency Department

The ED is often a chaotic and hectic environment, and most health care professionals who choose to practice emergency medicine are aware of this reality. Even with this awareness, however, there is no doubt that the quality of the daily work environment has a great impact on physician and staff wellness.

Of first priority is safety. Multiple studies have suggested that violence against health care workers, especially in the ED, is underreported and a frequent occurrence.^{13,14} Adequate security measures for every ED should be a priority and may include, depending on the ED and community environment, metal-detector screening of all patients and visitors, dedicated ED security staff, panic buttons in key patient care areas, and physician and staff training on dealing with violent patients, self-protection, and de-escalation techniques.

Having a collegial working environment is also important for workplace wellness. Good communication and teamwork between physicians, nurses, and ancillary staff in the ED is not only important to providing good patient care but creates a friendly and enjoyable working environment. There should be a focus on teambuilding skills and a culture of open and collaborative communication. This culture should also be created between ED physicians and staff and consulting physicians. An environment of collegiality and focusing on working in the best interests of the patient should be cultivated. A recent study suggests that two keys to collegial relationships are familiarity (knowing the person you are working with and understanding their perspective) and trust (knowing that the provider has patients' best interests in mind, is competent, etc.).¹⁵ Events outside of the ED that build trust and familiarity (simulation training, group training on mindful communication, etc.) can help foster a collegial work environment.

Other workplace environmental issues that have a significant impact on wellness and that need to be part of a well workplace in the ED include access to ambient light, control of noise pollution (overhead pages, frequent interruptions, etc.), clean and comfortable places to eat that are close to patient care areas to allow for response to emergencies, and ergonomically friendly and quiet work areas for charting and discussions regarding patient care.

Multiple recent studies have pointed to the hardship that electronic medical records (EMRs) have placed on physicians both in the ED and in other settings.^{16,17} Creation of more user friendly EMR systems that anticipate ED workflow or the use of scribes are possible solutions for this problem.

Another concern for emergency physicians in the United States is the reality or perception that they cannot take a break from the non-stop work in the ED. A culture seems to exist in many EDs that to take time to use the bathroom or eat a meal is a sign of weakness. Where and how this perception evolved is unclear; perhaps it is rooted in the inception of emergency medicine when most physicians were practicing single coverage with limited resources. For most other health care practitioners, working without breaks is no longer the norm, and if ED nursing staff can determine how to ensure their colleagues take a meaningful break to refuel physically and mentally, physicians should be able to do so as well.

Scheduling is a major concern in emergency medicine and has a great impact on physician wellness. At the minimum, groups should pay attention to circadian rhythms and schedule accordingly, with rotation from days, to swing, to nights, with appropriate days in between shifts to recover. Other options such as casino shifts (split shifts, for example 1900-0300 and 0300-1100) to cover nights and flexible scheduling, including shorter shifts, have been shown to improve physician wellness.

Other more global issues that EDs can consider to promote a well workplace include providing access to life coaching for physicians, annual faculty retreats, options for paid sabbaticals, support for continuing education/developing career niches, and programs that support routine critical incident debriefing after major incidents in the ED. A focus, both departmentally and institutionally, on limiting boarding of inpatients in the ED and the practice of hallway medicine would be beneficial both to health care provider wellness and to patient care.

In conclusion, there are many initiatives, both institutionally and departmentally that can improve workplace wellness for emergency physicians and other care providers and thus make providers more efficient and compassionate while improving the quality of patient care.

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