Looking after the emergency medicine workforce: lessons from the pandemic

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In this month's *EMJ*, there are two reports looking at the well-being of emergency medicine staff during the early stages of the pandemic.[1 2] These are both small qualitative studies, one from Canada and one from the USA, but the findings will resonate with many clinicians worldwide. The authors have performed a useful service to document and archive their findings to inform better responses in future pandemics. This qualitative research compliments existing quantitative work.[3]

Data collection was at the beginning of the pandemic, where the great uncertainty about the course was a trigger for all sorts of anxiety. There are a number of factors causing staff distress that will have been common to everyone, such as collapsing childcare and health anxiety. There are factors related to working in healthcare, such uncertainty about personal protective equipment, bringing COVID-19 home and compromising care. However, the factors specific to emergency medicine are the most valuable. It is clear that many residents felt their education and development was hindered by the pandemic, partly because the service demands fluctuated wildly, but also the time and ability to engage in peer support activities was reduced. The pandemic has really taught us the value of socialisation and peer support as an important aid to professional development. The lack of a safe working environment was repeatedly identified as a problem. The poor design of many of our departments led to an unsafe working environment and this created further stress.

The findings from both these studies need to be viewed alongside an emerging literature and key reports in the grey literature. In the UK, the 2022 annual General Medical Council (GMC) survey of trainees and trainers identified that emergency medicine was the specialty with the highest levels of burnout and this had substantially worsened in the last year. The well-being of healthcare workers is increasingly recognised as important for quality care. Where burnout leads to burnaway, the pressure on remaining staff only increases and creates a vicious cycle. Burnt-out, overworked and unhappy staff are more prone to being involved in adverse incidents affecting patients.[4] Interestingly, the Canadian paper identifies that staff did not want to be identified as 'heroes'. This will resonate with UK staff; in the early stages of the first lockdown the entire nation seemed to come out of their houses once a week at 6pm in a collective 'clap for carers'. Initially, this was quite moving, but rapidly became contrived and eventually felt insincere and trite.

The Chief Executive of the UK GMC commented at a conference:

> Last year, nearly 10,000 doctors gave up their license to practice in the UK. The research found out that the main reason was not because they had fallen out of love with medicine, but they can't tolerate the environment in which they practice. This is senseless waste of talent, not least because these issues are preventable….[5]

Each year, the GMC conducts a survey of all trainees in the UK. In November 2021, the GMC reported that the 'Top 5 Reasons why learners were unlikely to recommend their placements were rota and staffing issues – 68%; lack of learning opportunities – 56%; inadequate education and teaching – 55%; high workload – 52%; and, culture of the working environment – 51%'. This, in turn, negatively impacted the health and well-being of 38.8% of trainees.

As an inherently practical specialty, the big question we have from these studies is how matters can be improved. Staff distress and burnout has continued since the early, uncertain stages of the pandemic and may have got worse as fragile public healthcare systems deal with a staffing crisis. The causes of burnout are multifactorial and this means no single intervention will work in isolation and multiple agencies have responsibility.[6] Broadly, interventions need to target the following areas: terms and conditions, development, manageable workloads and supportive culture.

The Royal College of Emergency Medicine (RCEM) launched an online Wellbeing Assessment Tool along with the 87% team in April 2022, which allowed the physicians and all the allied healthcare professionals in emergency medicine to participate in a self-assessment questionnaire, and helped us gain an insight about their well-being. The purpose of the data collection and analysis was to be able to provide tailored recommendations, tools, strategies and techniques to improve the mental health and well-being of the users. Anonymous aggregate data confirm many of the findings from research studies. However, three areas of strength were identified as important for resilience building across the RCEM membership—adaptability, emotional support and work satisfaction. Despite the challenges faced by the specialty and the pressures that come from working within the ED, 93% of the members still reported that they find their work full of meaning and purpose and they are passionate about their job role.

In collaboration with the team of clinical psychologists and leading well-being providers, the RCEM Sustainable Workforce Practice Committee has provided a list of recommendations and tools to all the members to improve their mental health and well-being. There is an updated list of resources available on the RCEM website which includes the 87% Wellbeing App, and Individual Assistance Programme providing 24/7 confidential helpline support to all the members in collaboration with Health Assured and RCEM Wellbeing Compendium. While RCEM does what it can to support the staff, it is clear that employers and government must also act to support the emergency medicine workforce; failing to do so is both short-sighted and unconscionable.

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