



The College of Emergency Medicine

Maintaining wellbeing in Emergency Medicine



Excellence in Emergency Care

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Published

25th September 2013

Introduction

Wellness or wellbeing is often interpreted as the absence of illness but this is rather a simplistic approach. In fact, wellness is a dynamic interplay of physical, psychological and social factors. Wellbeing at work is determined by the interaction between the working environment, the nature of the work and the individual.

Work has an important role in promoting wellbeing and it is a significant determinant of self-esteem, identity and fulfilment, with opportunities for social interaction. Work can also have negative effects on wellbeing particularly in the form of stress. Work related stress is defined as 'the adverse reaction people have to excessive pressure or other types of demand placed upon them'. Although pressure can motivate and encourage enhanced performance, when pressure exceeds the ability to cope, it becomes a negative force in the form of stress.

Working environments that pose risks for wellbeing put high demands on a person without giving them sufficient control and support to manage those demands. A perceived imbalance between the effort required and the rewards of the job can lead to stress. A sense of injustice and unfairness arising from management processes or personal relationships can also increase stress and risks to mental health. Other stressful conditions include environmental factors such as noise.

Stress is not a medical condition, but research shows that prolonged stress is linked to psychological conditions such as anxiety and depression as well as physical conditions such as heart disease, back pain and headache.

Productivity at work can be reduced through lower levels of performance of those who are at work but experiencing stress or mental health problems. This is known as 'presenteeism.' Promoting wellbeing can yield economic benefits for the organisation, in terms of increased commitment and job satisfaction, staff retention, improved productivity and performance, and reduced staff absenteeism.

For Emergency Medicine (EM) to attract the brightest and the best to the specialty and be able to retain and motivate for the future, wellness at work needs to be an expectation of "business as usual". It is not unreasonable to suggest that wellbeing in EM translates in to better quality of care for patients.

This document aims to provide Emergency Physicians with the knowledge, skills and attitudes that are required to have a mindset of wellbeing at work throughout their career and which goes beyond avoidance and reduction of illness. The contents are relevant to Clinical Directors, Managers, Trust Executives and Commissioners.

What is it about Emergency Medicine?

EM is at the front line of care access. Clinicians work in a decision dense environment, with frequent interruptions and have to multitask on a background of moment to moment change, unpredictable workload and time pressure. Accepting a degree of risk and uncertainty in clinical decision making is the norm in a fishbowl atmosphere with decisions later dissected downstream by colleagues in other disciplines. Clinicians interact with a large number of people with varying degrees of collaboration and conflict. Managing flow on a micro and macro scale is integral to the job and yet many factors are beyond control such as 'access block'. Yet with good system design some of these factors can be mitigated and lead to helping the EM physician to be able to perform and enjoy their job more consistently.

Most EM clinicians thrive in this environment and it is part of their motivation. EM clinicians tend to have a resilient disposition but are not completely immune to, for example, the impact of violence and aggression, frequent attenders, trauma, death and child abuse. As a result of all these challenges, working in EM can bring out both positive and negative behaviours

For some individuals and in some circumstances the physical and emotional rigors of EM result in stress, burnout and fatigue. Burnout can be defined as depersonalisation, emotional exhaustion and dissociation. This might manifest in a number of ways: frustration, lack of motivation, cynicism, feelings of inadequacy and failure. Fatigue is not the same as tiredness, the latter is resolved with a refreshing sleep and the former is not.

There is a potential for error and an adverse effect on patient safety and quality of care. For the clinician stress, burnout and fatigue can lead to depression, defensive behaviours and unhealthy coping habits such as drug and alcohol dependence.

How to achieve and maintain wellbeing in EM?

Drawing on some of the practice in other occupations, such as aviation, and in companies that are considered the best to work for in the UK, this document incorporates a pragmatic approach with proscriptive and prescriptive aspects.

Proscriptive: things to avoid

- Poor job planning that you know will lead to stress and exhaustion.
- Taking on excessive non clinical activities that will not fit into your allocated SPA activities even with some latitude leading to significant stress from the beginning.
- EM physicians have ready access to a wide range of prescription only medicines but are strongly advised to avoid self-medication.
- As a general principle, colleagues should not consume drugs that may adversely affect their performance; however these may be prescribed as part of a treatment plan. Colleagues must consult with their GP or treating specialist and occupational health to monitor drugs that have this potential.

The College does not support the use of recreational drugs.

- Whilst there is no limit legally of blood alcohol content, and no random drug and alcohol testing within the NHS, colleagues are discouraged from consuming alcohol within 8 hours of planned shift and to avoid alcohol while on call.
- Whilst it is recognised that caffeine and “energy” drinks containing caffeine can enhance acute performance, an overreliance on caffeine is likely to adversely affect quality of subsequent sleep.

Prescriptive: things to engage in

- The GMC requires that all doctors register with a GP.
- EM consultants should actively seek out, and line managers/employers should offer, mentorship for those new in substantive posts.
- Colleagues are encouraged to embrace a duty of candour and be open with their close working colleagues if they have an illness, disability or require treatment that may affect their performance. Colleagues are encouraged to feedback promptly if they feel the work or wellbeing of that physician as patient is a concern.
- Wellbeing at work starts before arriving and colleagues are encouraged to avoid long commutes to work. Some industries prescribe an upper limit of commuting time. Physicians should liaise with colleagues to adjust shift times to enable better commuting and explore shift adjustments to synchronize with public transport. If a long commute is unavoidable then colleagues should consider a nap before work not exceeding 45 minutes.
- The quality, duration and quantity of break periods deserve particular attention. Rather than the traditional 30 minute break, colleagues should explore the approach of more frequent breaks 5 to 15 minutes break after 1 to 2 hours of work. Some occupations, such as Air Traffic Control, robustly enforce these breaks to ensure staff are not tired at

work. Colleagues are discouraged from only taking a break that foreshortens their shift length.

- Exercise is recommended during the break period and colleagues are encouraged to lobby employer for time and space and equipment to facilitate this.
- In addition to breaks colleagues should actively consider different working environments and move between the resuscitation room, majors or minors for part of the shift. Even within a certain functional area, colleagues should avoid prolonged periods which may become stagnant. For example one working area may have no natural light or fresh air, whereas another may do.
- There is a considerable body of evidence around napping. Taking a nap after a long commute to work or before the commute home after a shift should be considered. However, napping should be limited to anywhere from 10 - 40 minutes to avoid deeper sleep and avoid subsequent post sleep inertia.
- The benefits of a balanced diet and exercise are assumed to be well understood by physicians to contribute to long term wellbeing but this knowledge has not been tested. There is potential learning from the balanced daily rations that military colleagues consume when in "operational theatre" and also the energy supplements used by triathletes and iron man participants.
- Emergency physicians who have a long term condition (LTC) are encouraged to liaise with their GP and occupational health to assess whether they have a condition which may be included under the Disability Act. This enables reasonable and pragmatic adjustment to their working conditions such as changes to office seating, alterations in timing and duration of shifts, and review of on call commitments.
- Colleagues must be transparent in their appraisals if they have health conditions which affect them (or have the potential to affect them). For example, a colleague with a LTC in remission has the potential for relapse, so while they are currently well, they need to be honest with themselves and others about potential for deterioration.

What makes a good employer?

It is instructive to read the views of employees in the top 100 companies to work for in the UK. While incentives of monetary value are mentioned, there are other factors in the work environment. A genuine concern about work life balance is frequently mentioned as well as working in an open, fair and honest culture. Motivation is a theme with employees encouraged to give of their best every day. A social conscience and involvement in charitable work bring a sense of cohesion. Success is recognised in ways that are perceived as meaningful.

Recommendations

1. Promoting and enhancing EM physicians' wellbeing requires a strategic and coordinated approach. Trusts have clear employer responsibilities but Clinical Directors and managers are required to make these transparent and easy to access.
2. Wellness education must be considered as part of the curriculum for EM focusing on resilience rather than dealing with the unintended end point of physician burnout.
3. Wellness needs to be "business as usual" for sustainable careers.
4. Employing Trusts and hospitals should explore opportunities for promoting EM physicians mental wellbeing and manage risks.
5. Support and advice must be accessible and affordable.
6. Sharing knowledge and insights of best practice wellness is encouraged.
7. Emergency Physicians must understand their own responsibility for personal wellness and be able to look at ways to design their working lives to help maintain balance.

Appendix 1 - An everyday guide to wellbeing in EM

1. **Don't sweat the small stuff:** some of the day-to-day niggles, you just have to let go. There are some things you can change, and there are some things you can't. Focus on what you know you can change – fight battles to win the 'war'.
2. **Taking pleasure from the little things:** If a patient contact or a bit of shop floor teaching has gone well, then give yourself a metaphorical pat on the back. No one else probably will but at least you will know it was a good job well done. Accept compliments that you do receive and log them for your personal satisfaction.
3. **Staying positive:** Your patients need this as much as the staff around you. Much as you may feel that people won't hear if you grumble or moan, they always do. So try and stay positive, particularly when on the shop floor or in communal staff areas. Remember being in the ED is like being on stage and everyone is watching. Being a leader can be hard but that involves giving everyone around you a real sense of positive direction (and finding ways to manage their frustrations and expectations).
4. **Making the most of job planning:** This is absolutely vital. As much as possible try to be clear on your job plan and try to stick to it. Be rigorous in your time management and efficiency during your SPA time so that you maximise this time. You can then justifiably say 'no' if asked to take on other SPA activities as you are being as efficient as you can be and all your time is filled. For shop floor time, try as much as possible to finish patient cases before your shift ends. Minimise handovers but where this is unavoidable be clear and safe.
5. **Learning to say 'no' politely:** Another key life skill that keeps you happy and engaged. Remember you can always revisit it if you just haven't got the time to take more on right now.
6. **Working as a team player:** A good team is key – support your colleagues and they will support you. Support your staff and they will support you. Even small gestures enhance and build a great culture.
7. **Gaining 'cerebral bandwidth':** Do other things to give your mind a rest from EM – this may be exercise or a hobby or another activity. Having this regular time away from work to do something you enjoy will make you fresher each time you go back.
8. **Special interests:** Consider a special interest which you can focus on for one day a week either as part of your job plan (most preferable) or in your own time but paid (next preferable) or unpaid (least preferable but do-able if it is something you are passionate about). Finding innovative ways to bring variety to your core job with things that you are passionate about will help in your sustainable working and general wellbeing.
9. **Annual and other leave:** Make sure you take all your leave (annual, study and days off in lieu/public holidays) and use this time to do things other than work related. This is your time to recharge, relax and enjoy. This is your time, so make good use of it and make sure you take time regularly so that you can pace yourself in between.
10. **Family and friends:** This is a given and of course should be number one! Find ways to protect your time to get the right work-life balance.

You may have more ideas and top tips as to how to maintain wellbeing in EM. Let us know!!

What to do if things are going wrong for you or one of your colleagues

Be mindful of the signs

- Irritability with patients, colleagues, peers, people outside work
- Lack of enjoyment from work
- Sleep disturbance
- Over-eating /not eating
- Increased alcohol consumption
- Drug use
- Low mood
- Worsening physical health

What to do

- Take stock
- Speak to someone: family, friends, a trusted colleague, mentor or college advisor
- Get help locally i.e. occupational health, staff support helplines or counselling services at Trust
- Involve your line manager early if you feel able to do this
- If it is a colleague – speak to them if you have a good relationship or tactfully ask someone who is close to them for their views

Plan for prevention

- Be self-aware and develop “mindfulness”.
- Make sure you know the early warning signs
- Act early
- Take care of yourself and look out for your team too

References

Promoting Mental Health Wellbeing at Work - NICE Public Health Guideline 29, NICE, November 2009

<http://www.nice.org.uk/nicemedia/live/12331/45893/45893.pdf>

Workplace wellness in Australia. PricewaterhouseCoopers, September 2010

<http://www.pwc.com.au/industry/healthcare/assets/Workplace-Wellness-Sep10.pdf>

Physician burnout, Burger E. Annals of Emergency Medicine Volume 61, No 3: March 2013

<http://www.annemergmed.com/article/S0196-0644%2813%2900002-4/abstract>

Good Medical Practice 2013, GMC, 2013

http://www.gmc-uk.org/guidance/good_medical_practice.asp

Sunday Times 100 Best Companies 2013, The Sunday Times

<http://features.thesundaytimes.co.uk/public/best100companies/live/template>

Managing shift work: Health and Safety guidance, Health and Safety Executive, HSG256 2006,

<http://www.hse.gov.uk/pubns/books/hsg256.htm>

Strategies for coping with stress in emergency medicine: Early education is vital. Schmitz et al. J Emerg Trauma Shock. 2012 Jan-Mar; 5(1): 64–69

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3299157/>

Civil Aviation Publication 716 Aviation Maintenance Human Factors. Civil Aviation Authority 2002

www.caa.co.uk/docs/33/CAP716.PDF

Civil Aviation Publication 737 Crew Resource Management (CRM) Training. Civil Aviation Authority 2006

www.caa.co.uk/docs/33/CAP737.PDF

Further reading

Wellness Book for Emergency Physicians. American College of Emergency Physicians. 2004

This can be downloaded here:

<http://www.acep.org/Content.aspx?id=32184>



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Incorporated by Royal Charter, 2008

Registered Charity number 1122689