

CONTROVERSIES**Emergency physicians: “burned out” or “fired up”?**

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Background

It is a commonly upheld belief that emergency physicians (EPs) become burned out at an increased rate, compared with other physicians or to the population. The primary objective of this study was to survey physicians and other healthcare workers attending an emergency medicine (EM) conference to collect information on the signs of burnout. We sent a survey to delegates attending the International Conference on Emergency Medicine. Most respondents addressed important signs of well-being, such as a sense of enthusiasm and “fun.” Interests other than medicine and time for outside endeavours were also highly scored. On the other hand, cynicism was also identified as significant. Although more information is needed, this survey suggests that we are not as burned out as many think.

When asked to sit on a 2006 International Conference on Emergency Medicine (ICEM) panel to debate the purported rampant rate of burnout among EPs, we did not hesitate to support the “nay!” side. To our horror, a literature review uncovered only one article¹ to suggest that we were not fighting a losing battle.

The term ‘burnout’ was coined by Freudenberger in 1974.² It is defined as a syndrome of depersonalization, emotional exhaustion and a sense of low personal accomplishment.³ At any time, 40%–60% of the general physician population suffers from burnout^{4,5}; and 2 prior studies suggest a higher rate of 46%–93% in EPs.^{1,6} The literature reports a range of burnout rates, but the overall numbers appear to be higher for EM than for most other professions. Despite this dismal assessment, many students seem keen to follow in our foot-

steps, lining up for emergency electives, selectives, rotations, traineeships and residencies. If EM is so destructive, why are so many people clamoring to get in?

The data are not all depressing. In fact, one study concluded that, while EPs scored in the moderate-to-high range for depersonalization and emotional exhaustion, they also reported high levels of personal accomplishment.⁷ In addition, a survey of American Board of Emergency Medicine members reported a burnout rate of 25%—lower than the average physician rate.⁸ More recently, the Longitudinal Study of Emergency Physicians, a large randomized survey on “work and career satisfaction,” discovered that EPs found the current state of EM “exciting,” an adjective not usually found in the burnout literature.⁹ Recently published data¹⁰ provide professional satisfaction rates among 36 specialty groups in Canada. In this survey, EM physicians ranked fifteenth most satisfied among the groups surveyed.

Survey design

In order to assess the current status of emergency physician burnout, we developed an informal survey and just before the conference we emailed it to all 785 delegates who registered to attend the 2006 ICEM in Halifax, NS. The 18 survey questions, based on established markers of burnout explored each of the burnout ‘domains’ defined by Maslach (questions about sexual habits were excluded).³ For example, we assessed “emotional exhaustion” by asking questions about enthusiasm, about whether ED work was still fun, and questions relating to career choice and change. Similarly, we assessed “depersonalization” using

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Table 1. Demographics of survey respondents.

Variable (number of responses to questions)	n (%)	Variable (number of responses to questions)	n (%)
Home continent (n = 222)		Age, years (n = 223)	
Australia	37 (17)	<30	21 (9)
Europe	20 (9)	30–39	94 (42)
North America	159 (72)	40–49	63 (28)
Africa	0 (0)	50–59	39 (18)
Other	6 (3)*	>60	6 (3)
Years of EM practice (n = 222)		Sex (n = 222)	
<5	52 (23)	Male	146 (66)
5–9	59 (27)	Female	76 (34)
10–14	35 (16)	Percentage of practice in ED (n = 222)	
15–19	32 (14)	<25%	23 (10)
20–24	20 (9)	25%–49%	39 (18)
>25	24 (11)	50%–74%	43 (19)
Main other area of practice (n = 211)		≥75%	117 (53)
Administration	58 (27)	Practice setting (n = 222)	
Education	82 (39)	Academic institution	128 (58)
EMS	16 (8)	Regional hospital	39 (18)
Research	23 (11)	Community hospital	42 (19)
Family Medicinet	12 (6)	Rural or remote	9 (4)
Other	20 (9)	Other	4 (2)*

*Due to rounding, totals do not all equal 100%.
 †Separated due to prevalence in "other" category.
 EM = emergency medicine; EMS = emergency medical services

Table 2. Responses to questions about burnout.

Question and response (number of responses out of 223)	n (%)	Question and response (number of responses out of 223)	n (%)
Have you ever considered changing careers? (n = 217–219)*†		Do you encourage students to choose EM? (n = 219)	
Yes	78 (36)	Yes	167 (76)
No	139 (64)	No	6 (3)
Has EM allowed time for outside interests? (n = 214)		Sometimes	44 (20)
Yes	169 (79)	Other	2 (1)
No	45 (21)	Has cynicism become a way of life for you? (n = 219)	
Are you still enthusiastic about ED work? (n = 222)		Yes	24 (11)
Yes	194 (87)	No	34 (15)
No	9 (4)	Sometimes	135 (62)
Sometimes	19 (9)†	Always	26 (12)
Is ED work still "fun" for you? (n = 220)‡		Your time with family and friends has? (n = 220)	
Yes	195 (89)	Increased	34 (15)
No	19 (9)	Decreased	110 (50)
Sometimes	6 (3)	Remained the same	74 (34)
		Not interested	2 (1)

*The number of responses to this question varied because there were some applicable text responses that were not responses to this specific question.
 †These questions had 2 parts. Some respondents provided no details, others provided only their alternative career choices, which resulted in a greater number of responses than there were to "yes" or "no".
 ‡Due to rounding, the totals are greater than 100%
 ED = emergency department; EM = emergency medicine

questions pertaining to outside interests, family time and cynicism. Finally, we assessed "sense of accomplishment" by asking respondents whether they would encourage students to choose a career in EM and whether they felt they positively affected patients' lives.

Survey results

Table 1 describes the survey population, showing that 223 (28%) of the 785 contacted subjects returned the survey within the 2-week time frame. Physicians constituted 87% of respondents. Table 2 summarizes physicians' attitudes toward their work. When offered a chance to provide 3 descriptors that characterize their work, the majority (85% of first responses, 79% of second responses and 66% of third responses) were positive, as shown in Table 3. Our respondents also reported participating in a wide range of leisure, outdoor and sports activities. There were volunteers, professional river guides, Cub Scout leaders, car racers, and even a goat farmer, which suggested at least some life balance. Our respondents appear to be coping well and to be using innovative strategies to adapt to the high intensity, shift-work and time pressures of EM, which are all significant stressors. The notion of a career in EM as an evolving portfolio of activities (only one of which is clinical medicine¹¹) will favour the adaptive behaviours we believe are key to survival.

EM has evolved over the years, as have EPs. We are not the "high paid traffic cops" we once were, triaging patients to other specialists and waiting to be seized by our own true calling within medicine. EM has become a sustainable career with its own skill-set, research agenda and administrative challenges. From an educational perspective, EM offers medicine "where the rubber hits the road" like no other specialty can. We have developed specialized expertise and gained reputations as excellent teachers of knowledge, attitude and procedures. Who better to deal with SARS, pan-

demia, international issues, disasters and life itself? With changes in EM practice and EM practitioners, it is not surprising that satisfaction would also change. Attrition was high in the early days of EM, but this may be because many of those who left had no intention of being career emergency department physicians. As a young specialty and area of focus, we should be proud of our progress and attempt to determine the scope of this problem amid our peers.

Summary

While our survey was flawed and informal, it gives us reason for hope, and it suggests emergency physicians are not as burned out as many believe. Where we work, we see people who smile at small things, live for the day and have fun. There are good shifts, bad shifts, sad ones and challenging ones—but never boring shifts.

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Table 3. How do you characterize EM work?*

First response	Second response	Third response
Challenging	Hectic	Fun
Multitasking	Rewarding	Teamwork
Variety	Exasperating	Have to be nuts
Fast; exciting	Dynamic	Demanding; stressful
Instant gratification	Intense	Frustrating; litigious
Diverse	Stimulating	Always learning
Whoever	Whatever	Whenever

*A sample of 177 responses to this question. EM = emergency medicine

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