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EDITORIAL

Breaking point: the hidden crisis of emergency physician burnout

Rodrick Lim[1] · Al'ai Alvarez[2] · Brittany Cameron[3] · Sara Gray[4]

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Purpose

The current state of emergency physician health poses a significant threat to sustainability and effectiveness of healthcare systems. Burnout, an often overlooked risk to healthcare providers, directly compromises safety and quality of patient care [1]. A complex interplay of burnout, workplace violence, moral injury, and workforce attrition drives the system's decline, demanding urgent action [1].

Background

Emergency Medicine plays a vital role in healthcare system operations but faces critical challenges. Physicians treating acutely ill or injured patients increasingly face vulnerabilities. Current evidence reveals a distressed workforce necessitating immediate and ongoing attention. Factors contributing to the decline in readiness of emergency departments include severe overcrowding, nursing shortages, budget cuts, limited access to primary care, workflow inefficiencies, physician attrition, workplace violence and mistreatment, escalating administrative burden, and moral injury, all risk factors for burnout.

Physician burnout and workforce attrition indicate a substantial health gap, threatening the future of healthcare delivery. This issue aligns with the United Nations' Sustainable Development Goal of achieving 'Good Health and Well Being.' Adopted across North America, these goals initially served as a global roadmap for enhancing health financing and improving the health workforce's recruitment, development, and retention [2].

Emergency Medicine consistently ranks as the specialty with the highest rates of physician burnout. Recent Canadian studies reveal 60–86% of Emergency Medicine physicians experience burnout [3, 4]. The 2017 Canadian Medical Association's National Physician Health Survey reported that 48% of Canadian physicians and residents met criteria for depression, and 14% had considered suicide in the past year [5].

The Canadian Medical Association has reported a rise in burnout among all physicians, from 31% in 2017 to 53% in 2021 [5]. A 2019 United States study found a trend of 10–12.7% of emergency physicians leaving the specialty within five years of completing residency [6]. The Canadian Medical Association survey indicates half of the physicians plan to reduce clinical hours in the next 2 years [5]. In Ontario, the Ontario Health Coalition recorded 868 Emergency Department closures in 2023 due to staff shortages.

The financial impact of burnout on healthcare systems is profound. A 2019 cost–consequence analysis estimated burnout-related costs due to physician turnover and reduced clinical hours nationally and at the organizational level at an annual expenditure of approximately $4.6 billion in the United States [6]. At an organizational level, this equates to around $7,600 per employed physician each year. These

✉ Rodrick Lim
Rod.Lim@lhsc.on.ca

1 Department of Paediatrics, Schulich School of Medicine and Dentistry at the University of Western Ontario, Children's Health Research Institute, Children's Hospital at London Health Sciences Centre, London, ON, Canada

2 Department of Emergency Medicine, Stanford University School of Medicine, Palo Alto, CA, USA

3 Department of Emergency Medicine, Michael Garron Hospital, Toronto, ON, Canada

4 Division of Emergency Medicine and the Interdepartmental Division of Critical Care, Temerty Faculty of Medicine, University of Toronto, Toronto, ON, Canada

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Table 1 Recommendations to Promote Emergency Physician Well-being

Optimize workflows and staffing to improve efficiency of practice
● Allocate the necessary resources and personnel to continuously streamline administrative processes to reduce burdens and inefficiencies. Commit and support at all levels, (ex. American Medical Association)[A], to address the reduction of tasks system wide. This includes implementing necessary legal and privacy solutions to facilitate these improvements
● Ensure adequate staffing to manage patient loads effectively and prevent excessive and unsafe workloads. This requires not only ensuring appropriate and sustained funding but also developing a national workforce strategy for long-term planning beyond the immediate crises
● Leverage technology solutions to enhance patient care and remove unnecessary tasks. This includes optimizing the role of the electronic health record and supporting improvements to streamline workflows for effective integration of multiple systems
Workload safeguards:
● Require regular assessment and monitoring of physician workload and stress, supporting and implementing adjustments on an ongoing basis
● Ensure direct accountability of administrators for physician health as a Key Quality Indicator
Workplace violence coalition
● Demand a safe working environment for physicians. This requires the direct tracking and reporting of physician attrition, as well as workplace violence
● Zero-tolerance policy for workplace violence; trained security personnel on-site 24/7; formal reporting and follow-up for staff who experience workplace violence
Address moral injury
● Create and support forums for discussing and addressing moral injury, allowing physicians to reflect on challenging cases and seek support in a safe environment
● Support training or expertise for emergency physicians to navigate complex ethical dilemmas
Mental health support programs
● Establish accessible and robust mental health support programs (ex-Employee assistance programs as responsibility of hospital), including counseling services and peer support groups that are readily accessible to physicians regardless of location of practice
● Provide funding and support to normalize discussions around mental health and reduce stigma by encouraging open communication
● Help physicians navigate the system to ensure that emergency physicians are aware of and have easy access to these programs
Support training on resilience strategies
● Provide funding and training programs that equip emergency physicians with evidence-based strategies to increase the ability to manage stress, enhance resilience, and prevent burnout and provide a continuous voice to monitor, adjust, and support workplace health
Promote a positive work culture
● Monitor, support, and innovate to provide a positive and supportive work culture that values the well-being of healthcare professionals
● Support programs that recognize and celebrate achievements and reinforce a sense of accomplishment
● Support and encourage teamwork and collaboration, fostering a sense of camaraderie among emergency medicine teams and their hospitals
● Support efforts toward Equity, Diversity and Inclusion
Flexible scheduling/autonomy
● Implement flexible scheduling options to accommodate diverse work preferences and individual needs and ensure competing demands such as committee work / academic activity are viewed with this lens
Continuous professional development
● Support, fund and protect ongoing education and training opportunities to keep emergency physicians engaged and up to date
● Protect opportunities for professional growth and skill development to prevent burnout
Research and data collection
● Invest and support research to understand the unique stressors faced by emergency physicians and tailor interventions accordingly
● Collect and analyze data on burnout rates, job satisfaction, and other relevant metrics to inform continuous improvement efforts and require hospital accountability

[A]American Medical Association. AMA Advocacy in Action. Accessed: December 30, 2023. https://www.ama-assn.org/health-care-advocacy/federal-advocacy/ama-advocacy-action

figures highlight the substantial economic benefit of investing in strategies to reduce burnout.

Analysis

The Quintuple Aim, an internationally recognized framework, promotes an effective and sustainable healthcare system and includes: (a) Improving the patient and caregiver

Table 2 Interplay of drivers of Burnout, interventions and responsibilities

Drivers of burnout	Interventions										Responsibility			
	Efficiency of practice	Workload safeguards	Violence coalition	Moral injury	Mental health supports	Resilience strategies	Positive work culture	Autonomy	CPD	Support research	Individual	Group	Hospital	Government
Relational breakdown														
Distrust														
Between the workforce and administration	x	x	x	x	x	x	x	x				x	x	
Within teams	x	x	x	x	x	x	x	x			X	x	x	
Between workers and patients/community	x	x	x	x	x	x	x				X	x	x	
Values conflict														
Working/learning in suboptimal and/or unethical circumstances	x	x	x	x	x	x	x		x	x		x	x	x
Insufficient training and supports	x	x	x	x		x	x		x	x	X	x	x	x
Lack of control														
Lack of voice	x	x	x	x	x	x	x	x	x			x	x	x
Fear of retaliation	x	x		x	x		x	x				x	x	x
Inequities														
Unfair treatment and discrimination		x	x	x	x		x	x	x	x		x	x	x
Inadequate compensation and benefits		x		x			x	x	x	x		x	x	x
Operational breakdown														
Lack of safety														
Workplace violence and hazards	x	x	x	x			x			x		x	x	x
Inadequate, mismatched, and/or stigmatizing mental health supports		x	x	x	x	x	x			x			x	x
Excessive demands														
Physical, emotional, and cognitive overload	x	x	x	x	x	x	x		x	x	X	x	x	
Insufficient staffing and resources	x	x	x	x			x			x		x	x	x
Inefficiencies														
Administrative Burden	x	x		x						x		x	x	x
Chaotic Workflows/poor communication	x	x	x	x		x	x		x	x	X	x	x	

CPD continuous professional development

Workplace Change Collaborative. National Framework for Addressing Burnout and Moral Injury in the Health and Public Safety Workforce. October 31, 2023 Assessed December 2024 https://assets-global.website-files.com/6501f7cd641704cdd528e56c/653e59a4385d013d44a15fd3_WCC%20Addressing%20Burnout%20and%20Moral%20Injury%20Framework.pdf

experience, (b) Improving the health of populations, (c) Reducing the per capita cost of health care, (d) Improving clinician well-being, (e) Improving health equity. The framework expanded the original Triple Aim to "'improving the work life of providers" and a lens on the impact of social determinants of health [7, 8]. Despite heightened awareness, it appears clear that physician retention risks and career longevity have not been adequately addressed.

Emergency physician well-being is a 'wicked problem,' a concept introduced by Rittel and Webber, lacking straightforward solutions due to complexity and dynamic nature. Systemic factors, like inefficient workflows and resource shortages, root deeply in burnout. Effectively addressing this 'wicked problem' requires ongoing interdisciplinary collaboration among healthcare administrators, policymakers, and medical professionals [9, 10]. Challenges like moral injury, workplace inefficiencies, and systems issues, such as overcrowding, compound the problem, creating a tangled web of interconnected challenges. Moral injury, for example, is an important driver of burnout that occurs when clinicians participate in, witness, or fail to prevent actions conflicting with their core beliefs and values. For example, in Toronto Emergency Departments, patients with housing insecurity have surged by nearly 70% since 2018, highlighting the toll of social inequities.

These challenges resist simple one-step solutions and blur lines of responsibility or accountability. Addressing these problems requires acknowledging the systemic responsibilities within healthcare organizations and institutions. Burnout extends beyond individual physicians and is deeply rooted in systemic factors like inefficient workflows, inadequate staffing, and resource shortages. Solutions must shift from individual blame to broader changes in the healthcare system, fostering a culture that prioritizes and safeguards emergency physicians' mental health and well-being, ensuring a safe and thriving work environment. A safe work environment is not just desirable but a fundamental requirement. The Canadian Association of Emergency Physicians commissioned the EM:POWER Task Force, with the goal to propose a new framework for the future of emergency care within a redesigned healthcare ecosystem, one that is sustainable and fulfills the goals of the quintuple aim.

Stanford's Model of Professional Fulfillment outlines essential elements for optimizing clinician well-being and reducing burnout. The model emphasizes organizational-level changes to foster a culture of wellness and practice efficiency. Our recommendations to address this wicked problem center around 11 categories: optimizing workflows and staffing to improve the efficiency of practice, mental health support programs, training on resilience strategies, promoting a positive work culture, flexible scheduling and autonomy, continuous professional development, addressing moral injury, employee assistance programs, workload monitoring and assessment, a workplace violence coalition, and efforts toward research and data collection (Table 1). As well, the interplay between burnout drivers, these initiatives, and the shared responsibilities are important to state and can work together to drive positive change (Table 2).

Conclusion

The crisis of burnout and attrition among emergency physicians demands immediate, multifaceted action. It represents a 'wicked problem' requiring a unified, sustained systemic responsibility. Solutions should prioritize the mental health and well-being of emergency physicians, ensuring a safe working environment, and cultivating a more resilient and sustainable healthcare system, ultimately benefiting everyone.

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Declarations

Conflict of interests All authors declare that they have no conflicts of interest.

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