

Rebuild resilience in emergency physicians to prevent burnout during COVID-19 pandemic

Barbra E. Backus^a, N. Dorscheidt^b, B.M. Gerretsen^a and P. Dobson^c

European Journal of Emergency Medicine 2021, 28:262–263

^aDepartment of Emergency Medicine, Erasmus Medical Center, Rotterdam,

^bDepartment of Emergency Medicine, Dijklander Hospital, Hoorn, The Netherlands and ^cBrainWorkshops, London, UK

Correspondence to Barbra Backus, MD, PhD, Department of Emergency Medicine, Erasmus Medical Center, Doctor Molewaterplein 40, 3015 GD, Rotterdam, The Netherlands

Tel: +31 647944555; e-mail: barbrabackus@hotmail.com

Received 12 February 2021 Accepted 13 February 2021

The ongoing pandemic due to coronavirus disease (COVID-19) is not only causing casualties amongst patients but is also putting an enormous strain on healthcare workers worldwide. Especially those working in emergency and acute care [1,2].

Despite being a generally resilient group of healthcare workers, emergency physicians and residents have a notoriously high risk of developing burnout [3–5]. Reasons named are their enormous dedication towards patients and their work, thrive for perfection and emotional workload. Additionally, the irregularity of the job, including shift work, a strained work-life balance and sleep-disturbances that go together with (long) nightshifts put extra pressure on emergency physicians and challenge their resilience [6].

The COVID-19 pandemic has further increased the amount of healthcare workers suffering from exhaustion and subsequent burnout symptoms [7,8]. A survey of frontline emergency medicine providers during the first COVID-19 peak found that the majority experienced stress, anxiety, fear and concerns about personal safety due to COVID19, with many at risk for burnout [9]. Shifts are heavier than ever before, with a higher emotional burden, seeing relatively young patients die from COVID, and the amount and duration of shifts are often scaled up. More staff is needed, or colleagues aren't able to work, suffering from COVID-19 themselves. These extended shifts not only increase the risk for burnout but also have a negative effect on productivity and the quality of patient care [10,11].

But even if doctors recognize being on the edge of burnout, suffering from insufficient sleep and energy, an inability to switch off, and an increased emotional burden, many just soldier on. They believe it is part of their job and responsibility to care for others before themselves. Unfortunately, among many doctors and nurses, it is not generally 'accepted' to admit feelings of being overwhelmed, exhausted or overburdened. Perhaps these healthcare workers do not realize how burnout affects their capability of taking care of patients, and caring for

themselves as well [12,13]. Eventually, burnout can lead to serious substance abuse, like sleeping pills, alcohol and drugs, unwanted resignations, early retirements and even suicides [6,9].

Without interference, the COVID-19 pandemic will cause the second pandemic of physicians with burnout [14], which might affect emergency medicine for many more years than the pandemic itself. Now is the time to invest in clinician wellbeing in order to decrease physical and emotional harm to healthcare workers at the frontline [7,15]. In the race to respond to the COVID-19 crisis, we must not neglect to care for ourselves and our colleagues. Several suggestions have been made on how to take care of physicians and nurses working directly with COVID-19 patients, like the availability of good personal protection material, recruitment of supportive staff and investment in psychological support. Also, the importance of resilience training and mindfulness was mentioned [1,15].

Although there is already a wealth of data and resources focusing on resilience and mindfulness, not many of them are dedicated to those working in emergency medicine or critical care. We, therefore, aimed to produce a neat, free and easily accessible library of short videos, audio fragments and text resources that will offer practical tips, techniques and strategies to help health professionals recover their resilience, manage stress, improve their sleep and maintain their mental health and well-being. The content is created with an experienced psychologist and three emergency physicians. Topics discussed include how to focus on what you can control, switch off after a heavy shift, improve the quality of your sleep, prioritize your recovery and relaxation and build resilience habits. The videos are now available for physicians, nurses, supporting staff and paramedics worldwide on <https://academy.brainworkshops.co.uk/lab>.

This video library, together with a previous existing 'working smarter' program from the same psychologist is currently investigated in a randomized trial amongst almost 70 Dutch emergency physicians in the iPOWER study. This study aims to improve resilience and decrease

burnout symptoms via online training with these two programmes.

We hope to prove that the resilience videos and working smarter programme are successful in reducing burnout symptoms in emergency physicians. But perhaps most importantly, we aim to create awareness for this growing global problem. Our intention is to encourage clinicians to speak freely about the stressors they are facing and to advocate for their own health as well as the health of their colleagues.

Acknowledgements

Conflicts of interest

P. Dobson is the founder of BrainWorkshops. For the remaining authors, there are no conflicts of interest.

References

- Garcia-Castrillo L, Petrino R, Leach R, Dodt C, Behringer W, Khoury A, Sabbe M. European Society of Emergency Medicine Position paper on Emergency Medical Systems' response to COVID-19. *Eur J Emerg Med* 2020; **27**:174–177.
- Möckel M, Bachmann U, Behringer W, Pfäfflin F, Stegemann MS. How emergency departments prepare for virus disease outbreaks like COVID-19. *Eur J Emerg Med* 2020; **27**:161–162.
- McKinley N, McCain RS, Convie L, Clarke M, Dempster M, Campbell WJ, Kirk SJ. Resilience, burnout and coping mechanisms in UK doctors: a cross-sectional study. *BMJ Open* 2020; **10**:e031765.
- Verougstraete D, Hachimi Idrissi S. The impact of burn-out on emergency physicians and emergency medicine residents: a systematic review. *Acta Clin Belg* 2020; **75**:57–79.
- Lim R, Aarsen KV, Sara Gray S, Rang L, Fitzpatrick J, Fischer L. Emergency medicine physician burnout and wellness in Canada before COVID19: a national survey. *CJEM* 2020; **22**: 603–607
- Philippon A. Work shift duration for emergency physicians – the shorter, the better: the French experience. *Eur J Emerg Med*. December 2019; **26**:396–397
- Fitzpatrick K, Patterson R, Morley K, Stoltzfus J, Stankewicz H. Physician wellness during a pandemic. *West J Emerg Med* 2020; **21**:83–87.
- Freund Y. The challenge of emergency medicine facing the COVID-19 outbreak. *Eur J Emerg Med* 2020; **27**:155.
- de Wit K, Mercuri M, Wallner C, Clayton N, Archambault P, Ritchie K, *et al.*; Network of Canadian Emergency Researchers. Canadian emergency physician psychological distress and burnout during the first 10 weeks of COVID-19: a mixed-methods study. *J Am Coll Emerg Physicians Open*. 2020; **1**: 1030–1038.
- Bloom B. Work shifts in hospitals' emergency departments: the UK experience. *Eur J Emerg Med* 2019; **26**:392–393.
- Takagi K, Tagami T. Work-style reform of emergency physicians: the Japanese experience. *Eur J Emerg Med* 2019; **26**:398–399.
- West CP, Tan AD, Habermann TM, Sloan JA, Shanafelt TD. Association of resident fatigue and distress with perceived medical errors. *JAMA* 2009; **302**:1294–1300.
- Shanafelt TD, Bradley KA, Wipf JE, Back AL. Burnout and self-reported patient care in an internal medicine residency program. *Ann Intern Med* 2002; **136**:358–367.
- Dzau V, Kirch D, Nasca T. Preventing a parallel pandemic: a national strategy to protect clinicians' well-being. *New England J Medicine*. 2020; **383**:513–515.
- Shah K, Chaudhari G, Kamrai D, Lail A, Patel RS. How essential is to focus on physician's health and burnout in coronavirus (COVID-19) pandemic? *Cureus* 2020; **12**:e7538.