SWESEM Workplace Environment Policy
Version 0.1.3

Introduction

A doctor working in an emergency department is a vulnerable role in an operationally critical environment. As modern medicine continues to develop and population demographics change over time, the demand for efficiency, productivity and medical excellence has dramatically increased. The pressure of continually making critical decisions in a stressful setting means it is necessary to actively develop the workplace environment for all staff in order to retain medical personnel as well as their acquired knowledge and skills. Burnout; defined here as a work-related condition characterised by emotional exhaustion, depersonalisation with a reduced ability to relate to others and a lowered feeling of personal competence and accomplishment in one's work; is connected to heightened cynicism, diminished professionalism and poor quality patient care. Our objective, to combat fatigue and create a sustainable workplace environment for doctors in emergency departments in Sweden, is absolutely essential, both in order to retain medical personnel, but also for the development of the field of Emergency Medicine in Sweden.

It has been shown that both organisational and individual interventions can have an effect on doctors' health. The symptoms of tiredness and fatigue experienced by emergency physicians have a strong relationship with how their work is organised. The prerequisites that one always works in a way that is safe for patients while also being a part of a well functioning team, having an influence on the organisation one works in and minimising unsafe practices are important factors in combating burnout.

This document was created by a working group within SWESEM and is intended to be a guide for operational development amongst emergency departments nationally in order to assist in the implementation of emergency physicians. During the development of this policy, factors in several different areas were identified, which should be taken into consideration.

Work Climate

Work climate is an important factor regarding risk for burnout, but several protective elements can be promoted through conscious work within this area. The goal is to prevent cynicism and dehumanisation.

Professionalism, the possibility and ambition to deliver the best possible care to one's patients, is an essential part of a doctor's identity. When there is a shortage of resources, one is often faced with an ethical dilemma. When this happens frequently, it can lead to resignation and longstanding ethical stress, which can result in depersonalisation and blunting of empathy. Many of the criteria we use to measure results within emergency medicine are quantitative and centred

around productivity, such as the number of patients seen per doctor per hour, or time spent in the emergency department. This risks going against that which the doctor considers to be good care and creates a discrepancy; one sees that it is impossible to achieve such targets while simultaneously realising that the traits that identify an emergency physician are not perceived as important. An important part of this is therefore to appreciate and reward good care, discussion and medical reasoning, which is core to the practice of Emergency Medicine.

Good teamwork is one of the most important factors when it comes to fighting burnout. This is because a functioning team makes for easier communication, discourages a dehumanised approach and provides opportunities for reflection and better understanding of each other's work. The knowledge that responsibility for difficult cases and situations is shared with others lightens the burden for all those involved. A pitfall is that individual rolls can become unclear, which can have a negative effect. This can be avoided through formal teamwork training.

Recommendations:

- Promote education and strategies which focus on "soft values" in order to combat dehumanisation
- Work for an open climate where mistakes and achievements are discussed
- Involve all types of staff who work in the department in forming a joint view on all undertakings
- Provide training in teamwork

Leadership and Organisation

A clear leadership is key regarding the working environment in the emergency department. The willingness of a doctor to continue working in an emergency department has a strong correlation with the support and feedback they receive from the management. The management carries a large responsibility to make the running and organisation of the emergency department clear. To nurture a supportive culture focussing on doctors' wellbeing, not only on productivity measures, helps to combat burnout. In the exposed role emergency physicians have, with other specialities scrutinising the decisions they make, it is important that encouragement and positive feedback is given within their own department.

When one introduces emergency physicians to a hospital, one often inherits an organisation that has not changed in many years, where colleagues from other specialities work individual days or weeks. Shift times are unsociable and are often long and intensive with a heavy workload. The unsustainability in this already fragile system becomes clear with the introduction of doctors who will work in this environment for the whole of their professional life. Therefore when introducing emergency physicians it is important to formulate and

communicate concrete goals for the organisation of the emergency department and those of other specialities, both for the long and short term. This creates a transparency both for emergency physicians and for the other specialities. Before one achieves those goals, such as for example taking over front line medical staffing of the emergency department 24/7 with only emergency physicians, there must be a transition plan regarding how work will be organised until then. During this time there are two simultaneous systems. Decision pathways can become unclear, so they must be established in both the emergency department and the other specialities. Ambiguity creates a problematic workplace environment for junior doctors who are unsure where they should turn to for support.

The emergency department will always be a training platform for junior doctors, nurses, auxiliary nurses, students and doctors from other specialities on placement. Clinical supervision for all the above must be clear and decision pathways explicit. For example, to have a policy that all patients must be discussed with a specialist before they are sent home can contribute to a safe learning environment and ensure good clinical practise. Specialists in Emergency Medicine should therefore have admitting rights to the hospital. For times when there are no emergency medicine specialists immediately available, decision pathways for patients must be made obvious. If in this case the responsibility of supervising doctors in the emergency department falls on senior on-call doctors from other specialities, this should be clearly communicated and documented with the respective speciality.

A beneficial factor for creating a good working climate is the development of teams that take all patients regardless of presenting complaint, where nurses, doctors, auxiliary nurses and secretaries work closely together. In order to create the best conditions for successful teamwork, it is recommended that all staff start and finish work at the same time. This also makes it possible that all respective professions are able to hand over simultaneously. It facilitates communication between healthcare personnel and helps reduce the frequency of interruptions during work.

Overcrowding and a shortage of hospital beds contributes to a noticeably worsened workplace environment, making it necessary that escalation strategies, for times of high demand, are worked out.

Recommendations:

- Create support within the group, e.g. through regular meetings where both senior and junior colleagues can meet
- Have a clear plan for the introduction of emergency physicians and establish care pathways with the other specialities
- Involve doctors in development of the department
- Plan for overcapacity; to work continuously at full capacity is not sustainable
- Develop routines for escalation with high demand and overcrowding

- Minimise unnecessary work for doctors, e.g. registering on-call shifts or HR administration
- Management should strive to create conditions promote physician wellness and support their individual strategies for combating stress
- To facilitate organisational conditions to enable effective teamwork
- With serious incidents, there should be a standardised system for debriefing all personnel involved

Competence and Continual Professional Development

With the rapid progression of medical development, lifelong learning is an essential component of a doctor's professional roll. To strive to give the best care possible within one own speciality is a trait that should be rewarded within the department. To subsidise on-going training for doctors at all levels is critical for further development of the speciality.

It is important to ensure that doctors has the right knowledge and skills for the work they are expected to do. To put a junior doctor in a situation that oversteps their competence and experience is not only unsafe for patients but also harming for the junior doctor. Working in an emergency department requires specialist competence and doctors who are not yet specialists must always have access to clinical support in decision-making, both for patient safety, but also to protect and educate the junior doctor.

Time for continual professional development for residents must be provided. This could be in the form of journal clubs or regular teaching and training. Since Emergency Medicine is a relatively new speciality in Sweden, it can be unclear what one's unique skills, knowledge and identity as an emergency physician is. This becomes clearer through self-directed research within the department as well as regular training for residents.. For specialists, there ought to be time set aside outside clinical practice for further education and operational development. Around 70% clinical work is recommended. All junior doctors should have a named mentor and there should also be the possibility for doctors to partake in Balint groups. The attending doctor for any given shift has a vulnerable position and there may be a need for extended mentorship between specialists. Peer mentors within all staff working in the emergency department are a good way to develop informal support between different groups of healthcare professionals.

Recommendations:

- Clearly state what competence is required for each role in the emergency department as well as what is expected of doctors in the form of a position description
- Organise regular training days, whole days, for residents and specialists
- Put aside time for training and mentorship in the rota including time for specialists

- Create joint teaching for the whole team in order to increase competence amongst all staff and promote teamwork
- Non-specialists should have a named mentor. Make it possible to take part in other forms of mentorship such as Balint groups or peer support
- Support individual interests within Emergency Medicine, e.g. purchasing books or journals

Location and Equipment

The physical work environment should facilitate the workings of the Emergency Department. This includes custom-made workspaces, such as mobile workstations, which can be taken in to patients. The design of the premises should be based on the operation of the emergency department so that logistics are made as easy as possible. Quiet rooms, that allow smooth teamwork and where interruptions are minimal, are a requirement.

The EMR (electronic medical records) needs to be user-friendly and easy to learn. In emergency medicine, the requirement to quickly access previous information about a patient is essential. If an IT-system is difficult to navigate, it creates stress and anxiety that critical information may have been missed in during urgent decision making. Accessibility and functionality 24/7 is an obvious requirement. The emergency department is usually a noisy workplace with potentially numerous alarms sounding at any one time. To work in an environment where one is frequently interrupted, both from alarms, but also from questions from colleagues, patients and relatives, is cognitively exhausting. It is important to cleanse the environment, both through minimising alarms, but also through a healthy communication between colleagues to minimise interruptions.

The possibility of leaving the emergency department and going to a quiet workplace to perform administrative tasks is necessary if one is to get involved in continued education and organisational development. Every doctor should have access to their own workplace where they can perform administrative tasks as well as other non-clinical tasks and project work. This reinforces one's role and identity as an emergency physician.

Resources should be available to doctors to enable them to look after their health whilst at work. Some examples of this would be access to an on-call room after a shift to allow a doctor to sleep before travelling home, gym facilities to allow exercise on site before or after work and access to healthy food 24/7.

Recommendations:

- Strive for premises which are fit for purpose. Quiet rooms must be available to staff close to the emergency department
- Lay down the requirements of the IT-system
- Minimise alarms where possible

- Provide training in healthy communication
- Every doctor should be provided with a place where confidential material can be safely stored
- Those working late or at night should have access to an on-call room after their shift

Threats, Violence and Harassment

In many professions, one can end up in threatening or violent situations. The emergency department is a place where there is increased risk of this. Here one meets people of all sorts: frightened, shocked, those under the influence of drugs or alcohol; but also patients who, because of a severe physiological disturbance, may be appear threatening or overly extroverted. Training should be focussed on communication, de-escalation and identification of potentially threatening situations. This should be included at induction and be repeated regularly. There should also be clear security protocols in place, involving working closely with security staff or the police so that help is quickly available when required. If someone becomes a victim of threats or violence, there must be a clear action plan for how to proceed.

In contrast to threats and violence from patients, where a zero-tolerance policy can be counterproductive, there has to be zero-tolerance regarding sexual harassment and discrimination in the workplace. There should be procedures for what should happen when someone reports discrimination or harassment and it is vital that there is a well thought out plan of how to look after those affected.

Recommendations:

- Provide training to all personnel in communication and de-escalation strategies in threatening situations. Make sure it is updated annually
- Work out protocols for contacting security staff or the police
- Have a written policy regarding the reporting of harassment or discrimination, which is accessible to all

Rota / Schedule

Ensuring an operationally critical environment 24/7 puts a lot of demands on creating a staff rota. Patient flow and fluctuations in workload throughout the day must be taken into consideration, but also doctors' physical and psychological health. Safeguarding adequate time to recover after the intense work and continuous decision-making that goes on working in the emergency department is absolutely essential in order to maintain patient-safety, prevent loss of medical staff and also reduce illness..[1] What one considers unsociable hours differs between individuals, but for the most part this means work at weekends, nights and late evenings. It is working at these times that has the

greatest effect on one's social and family life, as well as the possibility of doing other recreational activities. Work scheduled outside normal "office hours" should incorporate a penalty for the employer in order to prevent the creation of an unreasonable work rota. Therefore a quota system should be used to indicate work times that are considered unsociable.

There are greater demands for higher front-line competence than previously. Medical advancement and a shortage of hospital beds means that decision-making at the front-line, at the level of the primary on-call doctor, has been brought forward and become more difficult. Hard decisions are being made all hours of the day, which requires well-rested and alert personnel in order to give the best care as well as uphold patient safety. The nature of the workload in our emergency departments is generally such that there is no question of occasional on-call work, but rather continuous shift work. Shift work with frequent switching between night, day and evening work requires constant readjustment of one's circadian rhythm, or body-clock, which is connected with an increased risk of heart disease, sleep disorders, depression and peptic ulcers.[4] It also affects social and family life, as well as the possibility of partaking in leisure activities during spare time. Consideration of the risks of shift work should be taken into account when writing a rota. The goal, preservation of the circadian rhythm to allow staff to be well rested throughout their shift, can be achieved by trying to follow the natural sleep cycle. It is generally beneficial to push the day back: day shift, followed by evening, followed by night. It is also effective to safeguard a few hours sleep between midnight and 6 o'clock in the morning. One way of doing this, which should be considered, is ending the night shift at 4 o' clock, so-called Casino scheduling.[5]

There should be a system for allowing rota requests to allow personnel to have more influence over their work patterns. It is recommended that a scheduling programme be used here, which can generate a rota based on personnel competence / seniority and staffing requirements, as well as taking into account requests. The rota should be fair, i.e. it must abide by the law regarding work hours, as well as doctors' employment contracts, which specify that work must be divided evenly among employees. One should be able to log in from home to see changes to the rota when they are not at work. There should be the possibility of planning in extended periods of leave as well as allowing time for research. Clarity regarding deadlines, allocation of shifts and the possibility of swapping is paramount. Doctors' staff meetings must be scheduled. However, with consideration given to the considerable irregularity of working times amongst staff, it is recommended that in addition to weekly meetings, there should also be full day or half day meetings scheduled, where the majority of staff are able to attend. It must also be possible to take into account individual circumstances, advanced age or other conditions such as pregnancy. As per recommendations by Sveriges Läkarförbund (the Swedish doctors' union) one should be offered to forgo working night shifts after the age of 55 years. Additionally, after turning 60, one may request to go down to part-time work.

At peak times, time for clinical work should be limited. For example, a day shift totalling 8 hours can comprise 6 hours of clinical work and 1.5 hours of administrative time, with the possibility of "flexing" out (using overtime earned from other shifts to leave early/arrive late). It is important that there is a buffer in the rota as it is during this time that doctors can engage themselves in the operation of the department, work on other projects and deal with issues in which one is interested. To spend 20% of one's time working on something that is meaningful to oneself is an important way to combat burnout.[6] Furthermore, full days should be provided for self-study as well as occasional half days for administration. If during clinical work time it is not possible to leave the department to take a proper lunch break, and instead one can only short meal-breaks, time taken to eat should not be deducted from paid work time.

Since one of the biggest factors for success is good teamwork, development of the department ought to involve synchronisation of shift times for doctors and other healthcare personnel. Shifts should overlap to allow time for handover. Consider having shared workplace meetings. The technical challenges of writing a rota will vary depending on the size of the emergency department as well as available staffing. Be clear about different doctors' roles and positions, e.g. junior doctors who are pre-specialist training, those on placement from other specialities and students. Mentorship support and supervision must be available to specialist trainees at all times.

Recommendations:

- Use a quota system to mark antisocial work times as well as workload patterns
- Follow the natural sleep-wake cycle when creating a rota
- Consider "Casino scheduling" and avoid having long night shifts
- Have a system for rota requests with clear guidelines for requesting leave and the possibility of swaps
- Use a computer program for the rota that can even be accessed from home
- Schedule full and half days for meetings
- Allocate shifts fairly, following recommendations from Sveriges Läkarförbund (the Swedish doctors' union)
- Reduce clinical work time on the "shop floor" to 6 hours at times of peak demand
- Set aside time in the rota for education, administration and work on other projects within the department
- Work towards synchronised working times for all members of the healthcare team; all staff should start and finish their shifts at the same time
- When creating the rota, be clear as to what level of competence is required for each position and interchangeability between different medical staff

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