



EXECUTIVE SUMMARY

THE GEM (GRATIFICATION IN EMERGENCY MEDICINE) PROJECT FACET 1: REWARDS AND RECOGNITION

ACEP Wellness Subcommittee Chairs: Diann Krywko, Rita Manfredi
Members: Kristen Nordenholz, Sarah Albers, Lauren Bland, Brent Gottesman,
Michelle Lall, Laura McPeake, Renhu Mital, Meeta Shah

INTRODUCTION

Being on the front line of medicine is an awesome privilege. For most emergency medicine physicians, it's a calling, stemming from a deep commitment to humanity. Because of that commitment, sacrifices and harsher difficulties are tolerated, and, unfortunately, vulnerability to exploitation¹ is raised. We are victims of abuse from patients, the medical care system, and even our colleagues. As we try to survive in the austere environment of emergency departments across the country, we feel unappreciated, overwhelmed, and possibly disengaged. Our joy may be waning and our commitment being tested.

Without joy, finding meaning in work is difficult. There has been shown to be a correlation between joy in work and employee satisfaction, patient care and experience^{2,3} productivity⁴, turnover, and financial performance⁵. The cost of turning over one physician alone is estimated to be \$1.3 million⁶, arguing that dissatisfaction is costly to both the employee and organization alike. Therefore, we all have a vested interest in creating a supportive, happy, sustainable work environment. Bringing back the gratification in practicing emergency medicine is essential if our specialty is to thrive (even survive) in the future of healthcare.

The IHI Framework for Improving Joy in Work IHI white paper⁷ recognizes that "joy in work is more than the absence of burnout or an issue of individual wellness; it is a system property." As such, it serves as a guide for healthcare organizations to understand what matters to employees, understand the barriers to joy in work, and create meaningful, high-leverage strategies addressing these issues. Among others, the paper describes the importance of joy in work and the four steps leaders can take to improve joy in work: 1- understanding what matters, 2- identifying the barriers, 3- commit to

systems approach to making joy in work a shared responsibility at all levels of the organization, and 4- use improvement science to test approaches. Committing to a systems approach (#3) means that making work joyful is the job of all-level leaders, as well as the individuals. According to the IHI paper, there are nine critical components of a system for ensuring a joyful, engaged workforce: **Rewards and Recognition**, Choice and Autonomy, Meaning and Purpose, Physical and Psychological Safety, Real-Time Measurement, Wellness and Resilience, Daily Improvement, and Camaraderie and Teamwork (Figure 1.)



Figure 1: The IHI Framework for Improving Joy in Work: Nine Critical Components⁷.

Emergency physicians are facing an epidemic, as evidenced by the burnout statistics⁸, like many other specialties. The need for a nationally coordinated, strategic, evidenced based and focused approach was recognized by ACEP in order to achieve greater long term success specific to EM as a unique specialty. The ACEP Wellness Cultural Change Subcommittee was subsequently tasked with developing a cultural change campaign for emergency physicians to focus on positive accomplishments in the emergency department (ED). Based on this charge and drawing heavily from the IHI paper, The GEM (Gratification in EM) Project was developed and Facet 1: Rewards and Recognition, was became the first of nine initiatives of the project.

OBJECTIVE

We sought to ask the critical question “What matters to us?”, determine the factors specific to gratification in emergency medicine, and specifically address the critical component of Rewards and Recognition within our specialty. Once obtained, that information might then be used by healthcare organizations and national emergency medicine organizations to improve gratification and ultimately lead to higher levels of personal and professional success and satisfaction for EM physicians.

METHODS

The study was conducted from April to May, 2018 via a REDCap™ (© Vanderbilt University) 30 question survey distributed by email to ACEP Wellness Section (n=760) and Wellbeing Subcommittee (n=45) members. Participation was entirely voluntary and confidential. Participants with completed surveys were entered into a gift card drawing. Reminder emails were sent to encourage participation. Information collected included demographics, perceptions of rewards and recognition, work wellness, specialty differences, pride, value as EM physician, and impediments to gratification in the workplace. Open ended questions, as well as finite value and 5-point scale questions, were utilized. Multiple response input was permitted, allowing for more responses than respondents. All results (%) are for total responses entered per question.

RESULTS

Response rate was 6.6% (53/805). Respondents were equally distributed in their career phase (40% early, 28% mid, 32% late) as well as practice site (Academic/University 40%, Community with EM training 26%, Community 34%), with majority earning a \$201-300,000 salary (52%).

Emergency physicians feel internal reward from patient care Always/Very Often (A/VO) 65% of the time, and the same for teaching (A/VO = 63%). Administrative duties give the feeling of internal reward Sometimes/Rarely (S/R) 76% of the time. Regarding external recognition, 89% of EM physicians believe that it matters to their gratification. Forty-three % desired words of affirmation, followed by acts of service (26%) and Tangible gifts (25%) as meaningful rewards and recognition programs desired. They believed recognition of clinical services was most important (35%) [with 48% of clinical recognition category response for good clinical outcomes/patient care/difficult cases], 31% for administrative leadership outcomes, 24% for academic achievements, and 13% personal accomplishments. However, only 8% felt it occurred A/VO (8%), S (30%), and R/Never(N) (62%). When it did, written form was most common (55%) with the majority of written being in the form of email (67%). Verbal recognition occurred 35% of the time, and gifts 10%.

Clinically, EM physicians believe what makes a good day in the ED are positive patient interactions and comments (23%), great patient care (23%), teamwork and communication (15%) and not being overwhelmed with patient flow and hectic pace (14%). Academically, a good day is made by learning/developing/teaching something new to students (18%), seeing that 'magic moment' (16%), followed equally (11%) by appreciative learners, scholarly product outcome, good teaching interaction. Effective teamwork/collaboration (20%), efficient routine task completion (17%), and meaningful project success (11%) help create an administrative good day.

EM physicians are proud of who they are (95%), with treating vulnerable patient populations (25%), being there 24/7 (19%), and having our unique knowledge and skillset (16%) being the top sources of that pride. What matters to EM physicians most in their work are the human interactions (45%) followed by facility/flow (32%) and personal accomplishments (23%). The majority of respondents perceive the best part of work

comes from human interaction (62%), followed by academic items (29%). Only 9% believe that the best part are the controlled work hours.

Negative responses predominated (61%) when asked what fundamentally makes EM different from other specialties professionally and psychologically (61% and 78% respectively). Of the negative professional difference responses, 21% listed the high level and constant stress/chaos, and 14% listing consultant issues/interfacing/believe they can do our job/fishbowl/lack of respect as our professional difference. The highest positive professional difference response input was that we are always there/24/7/no cap/no refusal (41%). Psychologically, of the negative input, 29% of responses listed the relentless stress/pressure without control and no recovery time and 15% stated the stressful/horrific/impact of trauma and difficult patient cases. Of the psychological positive difference in comparison to other specialties, the top input response (20%) was that “we run to when others run away, and do it 365/24/7.”

Detriments to a good day at work are led by the inefficient workflow and physical department (57%), with lack of resources being cited as the number one frustration (14%). This was followed by administrative and leadership issues (23%), with angry consultants and having to fight for patient care being reported as the second highest frustration to having a good day at work. EM Physicians feel devalued/undervalued/disregarded A/VO (39%), S/R (54%) and N (7%) by hospital admin (52%), other physicians (30%) and by ancillary staff and patients (18%). 44% of all respondents feel underpaid as EM Physicians. Support by ED administration is perceived to occur S/R by 71% of responses, and by hospital administration S/R/N 85%. Only 20% feel leaders listen A/VO, and 80% S/R.

There is no EM department champion for gratification/joy 80%, and of the remaining 20%, 75% were not aware of any capacity (funds/time) to make change. Only 27% of depts./institutions have employed measurement tools, with the majority of those being the MBI (36%), however, most had not initiated any programs and limited feedback was given on those initiated (33%).

CONCLUSION

Emergency physicians derive internal reward from patient care and teaching, and little from administrative duties. They strongly believe in external reward, mostly in the form of words of affirmation, especially for recognition of clinical services. However, it rarely occurs.

We believe patient interactions and great patient care make a good day in the clinical arena, and teaching new ideas and seeing that magic moment in learners in the academic arena. Administratively, teamwork tops the list. Our colleagues take pride in treating vulnerable patient populations at all times, without restrictions. What matters most to us? Human interaction.

Unfortunately, we also believe that what makes us different from other specialties are mostly negative. Professionally we deal with high levels of constant chaos and stress. Furthermore, interactions with consultants are suboptimal. Psychologically, this same relentless stress with no recovery time and the impact of the horrific cases makes us negatively unique.

Impediments to our job are led by facility and environmental issues, with lack of adequate resources being priority. Sadly, the second largest impediment being angry consultants and having to advocate intensely for patient care. We feel devalued most of the time by hospital administration and other physicians, and feel supported rarely by our own ED administration. The overwhelming majority do not feel leaders listen. While the data demonstrates the need for intervention, less than 20% of program had a department champion for wellness and very few had capacity to make changes and/or had done so.

To reiterate, without gratification, it is difficult to find meaning in work. And since there is a correlation between joy in work and employee satisfaction, patient care and experience^{2,3} productivity⁴, physician turnover, and financial performance⁵, we all have a vested interest in creating a supportive, happy, sustainable work environment. Bringing back the gratification in practicing emergency medicine is essential if our specialty is to thrive (even survive) in the future of healthcare. When emergency medicine thrives, not only does the hospital benefit financially, the patients benefit personally and medically, leading to better satisfaction and scores that measure the same. This results in gratification for everyone.

Future studies may investigate the gratification of allied health professionals (nursing, advanced practice providers, physical therapy, pharmacy...), and the impact that physician gratification has on them and vice versa. Addressing all persons involved in the care of the patient may optimize the health care experience even further.

LIMITATIONS

We recognize several limitations to our survey and study. This survey was a quantitative psychological research via internet based survey. Though equally distributed across career phase and practice site, the sample size is limited compared to the 39,579 active EM physicians in 2015⁹. The survey population may be skewed as those active in the wellness committee were the only participants, who may have different opinions than the general population. Further, within this respondent pool, a non-response, non-sampling error may have altered results. Timing of survey (in relation to major life events) may have transiently affected participant's responses. Answers to open ended questions were placed into categories based on authors best presumption

GEM PROJECT COMMITTEE RECOMMENDATIONS

The GEM Project Committee recognizes that the solution to obtaining gratification in EM is a complicated, multifactorial matter. We must promote increased appreciation of EM internally and externally, recognizing the unique nature and challenges of our specialty, in order to increase and sustain gratification in the workplace. Solutions must be sought and addressed at the national level as a priority, yet be tailored to individual divisions/departments. As such, to create a culture change in EM, the committee recommends that ACEP accomplish the following actions going forward:

1. Complete the longitudinal GEM project with further investigation into each of the 8 remaining facets (critical components).
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2. Foster ongoing investigation into the rewards and recognition facet as begun by this committee.
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3. Create dedicated venues for Wellness Champions to assemble, share data and best practices, and learn from each other (e.g.: conferences, workshops, websites, social media).
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4. Develop a national data-base of evidenced-based tools and strategies easily available to champions/divisions/departments to work to achieve gratification at an institutional and divisional/departmental level.

Furthermore, it is also the committee's recommendation that each individual EM division/department, to the best of its ability regardless of size or location:

5. Appoint an internal Wellness Champion and/or Committee to focus on EM physician wellbeing and to address the specific stressors and challenges within EM.
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6. Assign or elect and support individual Wellness Champions to meet with fellow delegates (once a venue is established) to create specific goals for individual EDs and EDs worldwide.

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