The American College of Emergency Physicians (ACEP) believes in the wellbeing of all those who work in healthcare and are supportive of efforts that result in a Well Workplace. A Well Workplace is prioritized by organizational leaders and personnel working together to promote, build, and sustain personal and professional health and wellbeing. The focus of a Well Workplace should be included in the departmental mission statement.

Depending on location (academic medical center, community program, urban, suburban, rural, or critical access), ACEP recognizes that a Well Workplace has different appearances. Regardless of the setting, it is incumbent upon individual organizations to cultivate wellness, keeping it at the forefront of every decision and initiative.

Although the individual has responsibility for personal wellness, the primary emphasis should be on how the organization impacts the wellbeing of healthcare workers. This includes, however is not limited to, fully sponsored initiatives directed at:

**Organizational Influences**

1. Provision of adequate site resources to meet patient needs at all times.
2. Attention to facilities, addressing essentials such as lactation rooms, break rooms, and charting space.
3. Intentional policies addressing workplace safety and violence prevention for patients, families, and healthcare workers.
4. Leadership strategies to enhance physician engagement, satisfaction, and retention.
5. Fully transparent sick call, paid time off/vacation, bereavement, substantial family, parental and medical leave, and elder care policies consistent with state legislation.
6. Supportive environment with adequate mental health resources. Early recognition strategies to identify moral distress, physician impairment, mental health issues, and physician suicidality. These may include peer to peer and/or employee assistance programs.
7. Provide training in and address in real-time:
   a. Critical Incident Stress Management, Post-Traumatic Stress Disorder, adverse events, challenging cases.
   b. Mitigation of Compassion Fatigue, Second Victim Syndrome.
Practice Environment Influences

1. Full staffing of all workers in the department required for patient care, including ancillary staff and non-departmental employees such as transportation, environmental services, laboratory, radiological services, and security.3,4,14
2. Directed critical efforts with institutional leadership at the highest level to measure, report, and solve boarding15 and overcrowding16 burden.
3. Establishing physician-led on-site teams to adequately supervise non-physician providers if utilized.17,18
4. Prioritization of Diversity, Equity, and Inclusion for all.19,21
5. Attention to improving operational flow through human factors engineering.3,22
6. Best possible employee nutritional options available 24/7.9
7. Burden reduction of administrative tasks:
   a. Focused electronic medical record23 systems optimization, with paid on-line training and paid off-shift chart completion.24,25
   b. Reduction of non-essential communications, meetings, and email.26

Culture

1. Anonymous, comprehensive, and objective evaluation of wellness outcomes and departmental leadership by staff to ensure accountability to address, maintain, and improve workplace wellness.27
2. Transparent and equitable compensation, promotion, due process policies and clearly defined reasonable and sustainable productivity metrics.28
3. Establishment of effective departmental/hospital wellness committees.
4. Culture of teamwork, with expectation and enforcement of interdisciplinary respect, empathy, and collegiality.
5. Support programs that include, but are not limited to addressing:
   a. Recognition of the relevance of aging physicians in the workplace; retirement planning.29
   b. Litigation stressors.30
   c. Financial issues.31
   d. Mentoring and/or coaching.10,20,21
6. Individualized schedule optimization.32

References

11. H.R. 1667 - Dr. Lorna Breen Health Care Provider Protection Act. Congress.gov Web site. Published


