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Dear Dr. Daniel Lakoff,

Greeting on Wellness Week from a cold and fresh Ireland, and a belated Happy St Patrick's Day to all!!

It is my pleasure to serve on the ACEP Wellness sub committee as an international member, and so nice to meet all of you colleagues in San Diego 2018, USA with this important topic high on the agenda. The support and leadership from ACEP is very much appreciated. Many thanks for your request to provide an update from the Irish perspective.

When we discuss physician wellness it tends to lead us to check on burnout rates. In Ireland, there had been little or no investigation into physician burnout until our study published last year. Of course, by the time individual burnout is measured as present - it can be argued that any healthy balance is already lost. It is also very important that depression or other mental health disorders are not mistaken and in fact '*written off*' as burnout.

In our study, Chernoff et al, (2018) which covered a cross section of staff, we found that the short, 16-item Oldenburg Burnout Inventory (OLBI) was a valid and reliable

measure of burnout in healthcare systems. We found 70% of our emergency department physicians screened positive for burnout. Interestingly, a history of Depression was found to be significantly associated with a self-report of burnout in the cohort measured, which included nursing staff, radiographers, porters & administration staff<sup>1</sup>.

Our research and exploration lead us to formulate that with Physician leadership and education, we may potentially improve unhealthy and/ or toxic systems and environments, only in association with those hospital managers and policy makers who are tasked with the responsibility of quality & systems improvement in our Emergency Departments. It is safe to say I think, that this real work has not yet begun here.

We note that in some countries, especially the USA, there is a fear of accessing help as a physician in distress. This is due to a real or perceived potential threat to licencing and practice and other stigmas. Perhaps, of interest to our international colleagues, in Ireland, we have a separate and independant Practitioner Health Matters Programme<sup>2</sup>. This Programme offers confidential professional care and support for doctors in Ireland who may experience mental health disorders or who may have substance misuse problems. This programme is distinct from both the regulatory bodies and employers, and this is essential. Equally, it has been endorsed by a Memorandum of Understanding by the professional councils and is also supported by representative organisations and training bodies across the Colleges.

Hopefully the sharing of information between our countries can help increase momentum and influence and guide improvements.

Again, many thanks to ACEP and the individual leaders for their support and interest.

Ref;

1) Burnout in the Emergency Department hospital staff at Cork University Hospital  
Peter Chernoff, Comfort Adedokun, Iomhar O'Sullivan, John McManus, Ann Payne

Irish Journal of Medical Science (IJMS) pp 1–8

<https://link.springer.com/article/10.1007%2Fs11845-018-1871-5>

2) Practitioner Health Matters programme<sup>2</sup>

<https://practitionerhealth.ie>