

Burnout and depression among Canadian emergency physicians

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Burnout is a work-related syndrome involving emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment.¹ In this issue of *CJEM*, Lim et al.² published a landmark study reporting burnout (as measured by the 22-item Maslach Inventory), depression (measured by PHQ-9), and suicidal thoughts among Canadian emergency physicians in 2019. This study is the first of its kind to measure the mental health and well-being of Canadian emergency physicians. The investigators are to be praised for their efforts to include Canadian emergency physicians of all backgrounds, with equitable representation among academic and community hospitals, genders, age groups, and training.

Among the 384 participants, Lim et al.² reported staggering rates of burnout, with 86% meeting at least one criterion for burnout (81% registering high depersonalization scores and 69% with high emotional exhaustion scores). Fourteen percent of participants had considered suicide during their career. Forty-two percent of participants experienced depression (ranging from mild to severe). Being burned out was associated with being between ages 30 and 39 (compared with 40–49) and training certified through the Canadian College of Family Physicians – Emergency Medicine (CCFP-EM) program compared with Fellowship of the Royal College of Physicians of Canada (FRCP-EM) program. Even more concerning was the very strong association between any degree of depression and burnout, indicating that Canadian emergency physicians who suffer depression also have to manage burnout.

These findings are alarming. For comparison, the Canadian Medical Association 2018 member survey (2,947 participants) reported a 30% burnout rate, 34% depression rate, and 19% of participants had experienced suicidal

ideation.³ Medscape surveyed 15,000 U.S. physicians reporting an overall burnout rate of 42%.⁴ A study on 1,522 U.S. EM residents reported burnout rates of 76% (95% confidence interval [CI]: 74% to 78%).⁵

There could be several explanations why Lim and colleagues² found such high rates of burnout. Currently, there are 3,396 CCFP-EM members in good standing with CCFP and 1,117 active fellows certified in EM with Royal College of Physicians and Surgeons of Canada (personal communication, June 2020). It is difficult to estimate the total number of emergency physicians in Canada; however, there will be at least 5,000. We do not know whether a survey on burnout tended to attract respondents who were burned out, therefore overrepresenting rates. Additionally, there are several versions of the Maslach Burnout Inventory, and it is possible that sensitivity for burnout differs between versions. However, it is clear that burnout is a serious issue among those sampled. Around two out of three physicians experiencing burnout do not seek help for their condition,⁴ so it is important that physicians, hospitals, and professional bodies act to identify, treat, and mitigate the condition among emergency physicians. Both individual-focused and organizational interventions can reduce physician burnout.⁶

In this same issue of *CJEM*, Maniuk et al.⁷ published an expert-derived emergency department toolkit to promote wellness, describing six evidence-based techniques to promote well-being: mindfulness meditation, exercising, limiting social media, checking in regularly with loved ones, experimenting with new recipes, and engaging in mental health resources. These important and easily actionable items provide Canadian emergency departments and emergency physicians a base on which to build daily strength and resilience.

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