

The analysis of occupational satisfaction of resident physicians having emergency medicine education

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ABSTRACT

Objectives. The personnel of Emergency Service (ES) is under stress due to the intensity of the resulting from the very nature of the work to be performed in this department, which is characterized by the need of providing rapidly medical care to patients with often severe or even life-treating health problem and by though working conditions. In our study, we aimed to determine the satisfaction of resident physicians about choosing the emergency medicine, the factors affecting this satisfaction, and the plans of these resident doctors. **Methods.** In our study, we surveyed 66 resident physicians working in 4 emergency centres. The resident physicians completed the survey form given to them. **Results.** Regarding the occupational satisfaction of 66 resident physicians participating working in emergency medicine department, we obtained the following results: 54.5% (n=36) satisfied, 22.7% (n=15) not satisfied, 9.1% (n=6) more satisfied than expected, and 9.1% (n=6) neither satisfied nor not satisfied. When the opinions of residents were asked about how likely it was that they would be working in emergency medicine in 10 years hence, 40.9% (n=27) of the participants stated that they wanted to work there, 36.4% (n=24) stated that they were not sure, and 22.7% (n=15) stated that they didn't want to work. **Conclusions.** The encouraging legal regulations in regard to physicians' rights about working in emergency medicine branch should be revised, working conditions should be improved, and it is important to provide young doctors with carrier and educational opportunities. Otherwise, it is likely that we might lose our national and international achievements in emergency medicine branch.

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Introduction

The personnel of Emergency Service (ES) is under stress due to the intensity of the department, the often severe health problems of the patients that receive the healthcare service there and the intense work schedules. Besides this pressure at work, the deteriorated social, familial and friendship

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relationships of the ES personnel are the main factors preparing the ground for burning out over the years [1]. The performed studies indicate that the rate of burn out in first ten years following the resident physician practice period is 1.5% [2]. According to the results of the research of Keller and Koenig, while still 53% of ES physicians stated that they were planning to work actively in ES after ten years, only 24% made this statement for 20 years later [3]. The major stressors affecting the resident physicians are seen to be too many patient examinations during the resident period, patient deaths, deterioration of the sleeping order, and long working hours [4]. In addition to them, working with difficult cases, problems in professional relationships, insufficient resources, and challenging and critical decisions also play a significant role in the development of burnout syndrome. It has been emphasized that 1 of every eight residents has significant stress syndrome and experiences emotional problems [5].

In our study, we aimed to determine the satisfaction of resident physicians, who are in emergency medicine education that has 20 years of history in our country, about choosing the emergency medicine, the factors affecting this satisfaction, and the future plans of these resident physicians. In addition, we wanted to determine the reasons for personnel problems in emergency healthcare services, an important problem in our country, and suggest possible solutions for it.

Methods

In our study, 66 resident physicians having emergency medicine education in 4 emergency medicine clinics (two university clinics and two education and research hospitals) have participated in our study. We reached the whole of the resident physician in study clinics. The resident physicians have filled the survey form given to them.

Statistical analysis

IBM Corp. (2012) IBM SPSS Statistics for Windows. Version 22.0 Armonk, NY: IBM Corp; 2012 Program was used for statistical analysis.

Results

In our study, 66 resident physicians having emergency medicine education in two university clinics and two education and research hospitals have participated in our study. The ages of participants varied between 25 and 45, with a mean age of 30.18. Among the participants, 65.2% (n=43) of the residents were male, and 34.8% (n=23) were female. In distribution by marital status, it was determined that 56.1% (n=37) were married, 6.1% (n=4) were engaged, and 37.9% (n=25) were single. In distribution by duration of working as resident physician, it was determined that 34.8% (n=23) of the participants had 25-36 month of experience, 25.8% (n=17) had 13-24 months, 21.2% (n=14) had 7-12 months, 9.1% (n=6) had 0-6 months, and 3% (n=2) had 49+ months. From the aspect of total years of experience in emergency service department, 39.4% (n=26) had been working in emergency service department for 3-6 years, 37.25% (n=25) for 1-3 years, 12.1% (n=8) for 0-1 year, 4.5% (n=3) for 6-10 years, and 4.5% (n=3) for 10 years or longer. While 45.5% (n=30) of resident physicians were working in a university hospital, 54.5% (n=36) were working in education and research hospitals. When the participants were asked about their emergency medicine choice in the medical specialty examination, 39.4% (n=26) stated that the rank was 5 or less. The portion of the ones that have chosen emergency medicine within first three preferences was 53% (n=35). The reasons for residents to choose emergency medicine specialty are presented in (Figure 1).

Accordingly, while 33.3% (n=22) stated that it was the branch, in which they wanted to work, 22.7% (n=15) said that they chose this branch because emergency medicine specialty was preferable for the future. While evaluating the satisfaction of working in emergency medicine branch, 54.5% (n=36) stated that they were satisfied (Figure 2).

Of the resident physicians, 40.9% (n=27) emphasized that their dissatisfaction was due to their hospital, 25.8% (n=22) stressed that the dissatisfaction would disappear after changing the hospital, and 25.8% (n=17) stated that changing the hospital would impact their level of dissatisfaction. Of the resident physicians, 27.3% (n=18) have emphasized that they were planning to work in 2nd step hospital in the future (Table 1).

The question about whether the emergency medicine residents are planning to work in emergency medicine branch in coming ten years was answered



Figure 1. Reasons to choose the field of emergency medicine resident

Table 1. The future plans of the emergency medicine residents

Future plans	n (%)
2 nd Step Public Hospital	18 (27.3)
2 nd Step Private Hospital	12 (18.2)
Staff at University Hospital	12 (18.2)
Staff at Training and Research Hospital	8 (12.1)
Not the Clinician	9 (13.6)
Work Outside the Health Sector	7 (10.6)

Table 2. Preferred choice other than emergency medicine?

Province	n (%)
Unanswered	12 (18.2)
Emergency Medicine	11 (16.7)
Forensic Medicine	1 (1.5)
Family Medicine	1 (1.5)
Anesthesia	4 (6.1)
Biochemistry	3 (4.5)
Dermatology	4 (6.1)
Physical Therapy and Rehabilitation	10 (15.2)
General Surgery	1 (1.5)
Ophthalmology	1 (1.5)
Obstetrics and Gynecology	1 (1.5)
Ear Nose Throat Surgery	1 (1.5)
Neurology	1 (1.5)
Orthopedics	3 (4.5)
Psychiatry	1 (1.5)
Radiological	11 (16.7)

positively by only 40.9% (n=27) of the participants. They also were asked about which branch they would be likely to choose if given that option According to their answers (see Table 2), 16.7% (n=11) responded that they would choose emergency medicine again.

Discussion

Work environment describes the whole of working conditions being effective on individual and his/her behaviours [6]. When evaluated together with night works, the working hours of the physicians, regarding working conditions, are seen to be risky, tiresome, and long when compared with other professions. A study carried out on healthcare personnel working in healthcare institutions in the city centre of Manisa showed that the working times increased the burnout. Within this context, the emotional exhaustion scores of the individuals having worked in cottage hospitals for ten years or longer were found to be higher [7]. In performed studies, the rate of exhaustion in first ten years following the resident physician period was found to be 1.5% per year [2]. According to the results of the research of Keller and Koenig [3], 53% of ES physicians stated that they would like to work actively in ES after ten years while only 24% made this statement for 20 years later. In our study, 63.6% of the residents seemed to be pleased about their choices. 25.8% of the residents thought that changing the hospital would not have effect regarding the

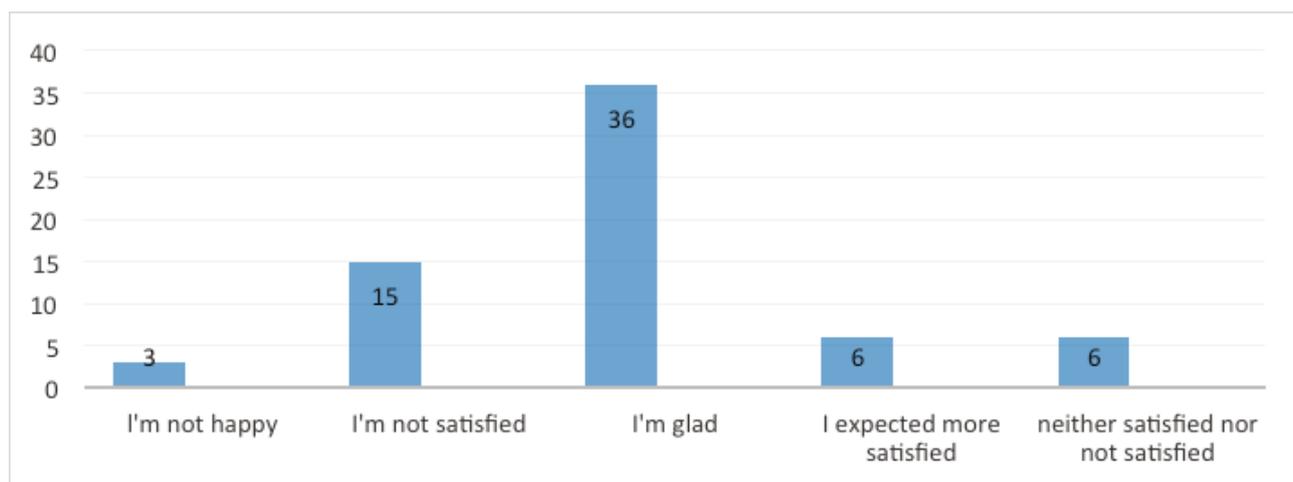


Figure 2. The satisfaction level of residents

dissatisfaction.

Moreover, 24.2% of the residents seemed to plan to quit working actively as physician or to work in professions that were not related to healthcare at all. In questioning the willingness of the emergency medicine residents about working in emergency medicine branch after ten years, only 40.9% of the residents considered this as likely. In a study of Keller and Koenig, the percentage of 54% found in the eagerness to work in emergency medicine branch after ten years is higher than the portion found in our study, and it indicated that the weight of the working conditions in emergency services are sufficient [3]. In the study of Sen J. et al., the emergency medicine positions' rate of being preferred in our country has been examined. In that study, the data of the period between years 2007 and 2012 were reviewed, and the rate of graduation from emergency medicine resident programs was found to be 66.1% [8]. Also, in a study carried out by the young physicians in Europe, was determined that 50% of the physicians felt disenchanted about their professional choice while 60% felt pleased and 33% felt significantly dissatisfied with the working conditions [9]. In a report prepared in 2012 upon request of the Ministry of Health, the reasons for the dissatisfaction of emergency medicine resident and the reasons for manpower shortage in many emergency departments were listed [10]. According to our study, the 54.5% of the satisfaction rate of our residents seems to be a lower satisfaction rate. The intensity of emergency services in our country and the workloads affect the level of the satisfaction of our residents, and only 1 out of every two persons seems to be satisfied. Interestingly, when

the future plans were examined, 24.2% answered that they either did not want to work as physician actively, or that they wanted work in professions outside the healthcare sector. In other words, it is interesting that one out of every four emergency medicine residents is planning not to have any active role in emergency medicine practice in future even if they would become a specialist in this branch.

Moreover, the portion of our residents planning to work in second stop public hospitals, where the employment and need of emergency medicine specialists are at highest level, is only 27.3%, and this portion corresponds with barely 1 out of every four residents. These values lead to the prediction that the problem of persisting shortage of emergency medicine specialists is unlikely to be resolved in short- or even in medium-term.

Consistently with this forecast, the question of "Would you like to choose another branch if you have an opportunity?" directed to emergency medicine residents was answered by only 16.7% residents that they would again choose the emergency medicine branch. The remaining 83.3% stated that they would prefer other branches that have less daily patient application have regular working hours and more quiet working environments. These statements indicate how our emergency department residents feel suffocated. It is seen that only 28.8% of the residents opted emergency medicine as one their first three preferences. in the examination for specialty in medicine (TUS).

Again, in another question, when asked about their reasons for choosing emergency medicine, 44% of the participants stated that selection was based on its

lower score requirement or the working conditions. It is sad to see that according to these data, the primary factor for choosing emergency medicine are at best practical rather than motivated by the willingness to work in this field. The actual conditions led the emergency medicine to become a branch that is chosen due to practical reasons rather than driven by any particular interest and eagerness, and we believe that this situation poses a significant risk for the emergency medicine community, since no abatement of manpower shortage is to be expected. In our study, the portion of those stating that they frequently read professional scientific studies (except while preparing presentations) was found to be only 4.5%. It is clear that this portion is very small. Despite that, 65.1% believe that their education is sufficient. In a study that is carried out on the knowledge level of emergency medicine residents in our country, up to 80% have stated that the knowledge of residents about topics such as cardiovascular emergencies, resuscitation, and trauma is sufficient [11]. The resident physicians' thought about education's sufficiency with the lack of literature reading habit is conflicting. But, even if the educational programs were comprehensive and academically excellent, it doesn't seem possible to gain professional competency without personal effort and habit of reading the publications.

Conclusions

Emergency medicine is still a relatively new medical branch in our country. Many physicians do still not know the limits of emergency medicine specialty. The chronic problems in our national emergency healthcare services and the increasing patient load have converted the need of qualified and enough personnel into a pressing priority. Despite this need in our country, no encouraging changes are made in this branch, and the number of burnouts of specialist-resident physicians working in emergency medicine system keeps increasing. The presence of drawbacks related to being in emergency medicine branch after ten years, even during having specialty education, emphasizes the difficulty of achieving the qualified and enough number of physicians in this branch. Unfortunately, resident physicians start to experience unwillingness about their emergency medicine choice even in their first years of residency program. It is required to make changes to encourage legal regulations towards physicians working in

emergency medicine branch as soon as possible, and to allow young physicians to choose emergency medicine eagerly and willingly. Otherwise, it is likely that we might lose our national and international achievements in emergency medicine that we gained in 20 years at a cost of significant efforts, or these accomplishments might decline.

Conflict of interest

The authors disclosed no conflict of interest during the preparation or publication of this manuscript.

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