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NIGHT SHIFTS IN EMERGENCY MEDICINE: THE AMERICAN BOARD OF EMERGENCY MEDICINE LONGITUDINAL STUDY OF EMERGENCY PHYSICIANS

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Abstract—Background: Night shift work is an integral component of the practice of emergency medicine (EM). Previous studies have demonstrated the challenges of night shift work to health and well being among health care providers. **Objective:** This study was undertaken to describe the self-reported experience of emergency physicians regarding night shift work with respect to quality of life and career satisfaction. **Methods:** The 2008 American Board of Emergency Medicine (ABEM) Longitudinal Study of Emergency Physicians (LSEP) was administered by mail to 1003 ABEM diplomates. **Results:** Among 819 participants in the 2008 LSEP Physician Survey, most participants responded that night shift work negatively influenced job satisfaction with a moderate or major negative influence (58%; n = 467/800). Forty-three percent of participants indicated that night shifts had caused them to think about leaving EM (n = 344/809). Most participants responded that working night shifts has had mild negative effects (51%; n = 407/800) or major negative effects (9%; n = 68) on their health. Respondents were asked to describe how working night shifts has affected their health. Common themes included fatigue (36%), poor quality of sleep (35%), mood decrement/irritability (29%), and health maintenance challenges (19%). Among participants in the 2008 LSEP Retired Physician Survey, night shifts were a factor in the decision to retire for 56% of participants. **Conclusions:** Emergency physicians report negative impacts of night shift work, including fatigue, poor quality of sleep, mood decrement, irritability, and health challenges. Night shifts have a negative

influence on job satisfaction and can be a factor in the decision to retire. © 2014 Elsevier Inc.

Keywords—night shift; job satisfaction; physician wellness; sleep; fatigue

INTRODUCTION

Throughout history, doctors have traditionally been available to their patients at all times of the day and night. Providing medical care at night has become a standard component of the specialty of emergency medicine (EM). To accomplish this, many EM physicians work their share of night shifts along with other day shifts, often in a random fashion, throughout each month. Rotating shifts leads to circadian disruption. This desynchronization and the resultant decrement in the health and well being of our nation's emergency physicians have been described previously (1). However, there are also benefits to shift work, including limited hours and availability during routine work days. Because of these perceived advantages, EM is often considered to have an appealing lifestyle within the field of medicine.

According to the American College of Emergency Physicians' Wellness Section, "The adverse effect of constantly

rotating shifts is the single most important reason given for premature attrition from the field” (2,3). Goldberg and Thomas, in a study on “Issues of Concern in Pre-retirement Years,” a 5-year comparative report, found that 74% of respondents felt that recovery from night shifts was worse to much worse (4). The perspective of emergency physicians (EPs) regarding night shifts with respect to quality of life and career satisfaction has not been described previously.

This study was undertaken to describe and evaluate the perspective on night shifts of EPs currently practicing EM, as well as those who have retired or changed from EM to an alternate career.

MATERIALS AND METHODS

Study Design and Setting

This is a secondary data analysis of data gathered from the 2008 Longitudinal Study of Emergency Physicians (LSEP). The survey included 12 questions on career practice setting, overall career satisfaction, and nightshift-specific career satisfaction. The Research Committee of the American Board of Emergency Medicine (ABEM) created the 2008 survey. This panel of experts had reviewed literature on night shifts before developing the questions. The Board of Directors of ABEM approved the survey (Appendix). Additional information was also analyzed from the 2008 LSEP Retired Physician Survey and 2008 Alternate Occupation Survey. The study was reviewed and deemed exempt by the Colorado Multiple Institutional Review Board.

Selection of Study Participants

The ABEM LSEP was initiated in 1994 to describe the development of EM through surveys around various topics thought to impact career satisfaction and longevity. EM residents are invited to participate by ABEM in a voluntary resident survey, the Longitudinal Study of Emergency Medicine Residents (LSEMR). Residents who opt to participate in that survey are automatically sent an invitation to participate in the LSEP after completion of residency. They are removed from the LSEP if they request this. Upon entry into the LSEP, they are asked to participate and complete the survey. Their completion denotes consent.

Methods and Measurements

LSEP participants are asked to complete a lengthy survey every 5 years and an abbreviated topic-focused interim survey every year. This 2008 survey represents one of the interim surveys. The 1003 EPs were surveyed via United States Postal Service mail with three follow-up mailings to the nonresponders. These 1003 EPs had self-designated as “clinically active” on the 2007 interim survey. The surveys are returned with the individual’s name on it. The data are deidentified and used in aggregate form for purposes such as this article. Eight hundred and nineteen individuals responded, for a response rate of 82%.

Data collection for this survey began mid-May 2008 and ended September 1, 2008. Participants were sent a cover letter about the survey, a copy of the survey, and a postage-paid return envelope. Survey responses were entered into an SAS data file on the ABEM regular server at ABEM headquarters in Lansing, MI by ABEM staff. Paper copies of this 2008 survey are stored in a secure location at ABEM headquarters.

Outcomes

Primary outcomes measures included self-reported status of night shift work and the effects on health and career, as reported by study participants.

Analysis

All analyses were conducted using SAS software (version 9.2, SAS Institute Inc, Cary, NC). We computed descriptive information on overall career satisfaction, night shift work presence, quantity, and impact.

RESULTS

Characteristics of Study Subjects

Among 819 participants in the 2008 EM LSEP Physician Survey (82% response rate), the majority ($n = 770$ [94%]) practiced EM, including clinical, administrative, academic, and consulting. Other respondents practiced an EM subspecialty ($n = 47$ [6%]), urgent care ($n = 97$ [12%]), occupational medicine ($n = 28$ [3%]), critical care ($n = 16$ [2%]), or other ($n = 93$ [11%]) (including internal medicine, physical and rehabilitative medicine, family medicine, military, and other practice settings). Many respondents omitted the optional demographic information. Among 295 participants who provided their age, mean age was 48.5 years ($n = 295$). Among 167 participants who provided their sex, the majority of respondents were male (female $n = 54$, male $n = 113$). Data were also analyzed from the 2008 LSEP Retired Physician Survey (85 participants [75% response rate]) and 2008 Alternate Occupation Survey (101 participants [90% response rate]).

Main Results

Sixty-six percent of participants were very satisfied or satisfied with their career in EM ($n = 305/811$). Fifty-eight percent of participants responded that night shift work negatively influences job satisfaction with a moderate or major negative influence ($n = 467/800$).

Length of night shifts is most commonly 7–8 h (Table 1). Most participants worked 1–6 night shifts per month typically ($n = 495/726$ [68%]). Compared with 5 years ago, most participants worked the same number of night shifts ($n = 302$ [37%]) or fewer night shifts

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