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Brief Reports

ISSUES OF CONCERN TO EMERGENCY PHYSICIANS IN PRE-RETIREMENT YEARS: A SURVEY

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□ **Abstract—Background: Many members of the American College of Emergency Physicians are now over the age of 50. Little is known regarding age-specific issues that may impact the careers of emergency physicians in the latter stages of their professional lives. Objectives: To determine issues of concern regarding aging and retirement among a cohort of emergency physicians in pre-retirement years. Methods: A survey of a randomized sample of 1000 American College of Emergency Physicians members over the age of 55 years was conducted with two separate mailings in the fall of 2006 and winter of 2007. The survey instrument consisted of 30 questions relating primarily to issues of health, finances, and the ability to practice emergency medicine. Four open-ended questions were included at the end of the survey, relating to means of promoting career longevity. Results: There were 802 usable responses received (response rate 80%). The average respondent was 57 years old and worked 30 clinical and 12 non-clinical h per week. The average estimated time to complete retirement was 7.8 years. Respondents generally viewed themselves as competent clinicians with improved ability to relate to patients and staff and little decline in procedural skills. However, a substantial proportion reported age-related concerns. Seventy-four percent reported less ability to recover from night shifts, 44% reported a higher level of emotional exhaustion at end of shift, 40% reported less ability to manage heavy patient volume, 36% reported less ability to handle stress of emergency medicine, 28% reported health limitations on ability to practice, 28% reported memory somewhat or considerably worse, and 25% reported less ability to incorporate new modalities of diagnosis and treatment. With regard to retirement-related issues, 42% reported concerns about adequate financial preparations and 44% reported concerns regarding loss of identity upon retirement. The practice modifications most commonly reported to impact career longevity were the reduction or elimination of night shifts, a reduction in the number of hours per shift, and an increase in physician and support staffing. Conclusions: Respondents to this survey generally viewed themselves as competent, empathic practitioners. Yet a substantial percentage acknowledged at least some degree of cognitive or physical decline. The results suggest a role for the national organizations in emergency medicine in endorsing practice modifications that promote career longevity and clinical competence among its senior members. © 2011 Elsevier Inc.**

□ **Keywords—physician retirement; aging physician; physician wellness; physician impairment; career longevity; cognitive decline; clinical competence**

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INTRODUCTION

A number of articles have appeared in the recent medical literature addressing issues of aging and retirement among physicians (1–14).

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Such issues would appear to have relevance to many members of the American College of Emergency Physicians (ACEP), 31% of whom are over the age of 50 years (personal communication, Karen Price, Member Services Representative, ACEP, June 6, 2007). Although it is assumed that certain life-stage issues are common to everyone in their pre-retirement years, little is known regarding issues that might be profession or specialty specific. Are older emergency physicians less able to tolerate shift work, heavy patient volume, difficult patients, or typical scheduling? Have they lost the dexterity to do certain procedures? Do they have concerns about cognitive decline?

In September 2005, the Well-Being Committee of the ACEP formed a subcommittee to promote dialogue and research on the aging emergency physician. Among the activities of the subcommittee was the distribution of a randomized survey to ACEP members over the age of 55 years in an effort to identify issues of concern to this population. The survey results are summarized in this report.

METHODS

A survey of a randomized sample of 1000 ACEP members over the age of 55 years was conducted with two separate mailings in the fall of 2006 and winter of 2007, the time interval between mailings being 7 weeks. It was funded by a section grant from the ACEP. Randomization was performed by staff within the Membership Division of the ACEP. The survey instrument (Figure 1) consisted of 30 questions, the first eight of which related to demographic data including age, marital status, number of years in practice, and number of hours currently working. Eighteen questions were designed to elicit self-reports related to issues of health, finances, and ability to practice emergency medicine. A four-point response format was used, with choices ranging from "strongly agree" to "strongly disagree." Four open-ended questions were also included. The survey was pre-assessed by a sampling of 14 emergency physicians within the age cohort, but not participating in the formal study. A total of 802 responses were received (response rate 80%).

Approval of the study was obtained by the Institutional Review Board of Oregon Health Sciences University.

Statistical Analysis

The data were analyzed using the Statistical Package for the Social Sciences version 15 (SPSS 15; SPSS Inc., Chicago, IL). Questions about respondents' demographic/personal/professional characteristics, concerns about retirement, and current limitations were analyzed using the univariate descriptive statistics features of SPSS 15. These provided means, standard deviations, range, and frequency distributions for the responses to each question. One-way univariate analyses of variance (ANOVAs) were used to compare the responses of different respondent subgroups (e.g., single, married, and divorced respondents). If the main effects analyses in the ANOVAS were significant, post hoc analyses of the three groups were conducted using Least Significant Difference post hoc tests. Pearson product moment correlations were used to examine the relationships among responses to different questions in the survey. For all analyses, the significance level was set at 0.05. However, in this report we do not discuss correlations of < 0.10 even if they were significant at this probability level. This is because the absolute size of such correlations was so small as to make them of little practical importance.

RESULTS

The results are summarized in Tables 1-3. The data presented in Table 2 represent a collapse of responses "disagree/strongly disagree" into a negative response, and "agree/strongly agree" into a positive response.

Demographics

Of the 802 responding physicians, the average age was 57.5 years, with a range of 23 years. Average length of practice was 26 years (range 41 years). Average clinical workload was 30 h per week (range 67 h), and non-clinical workload 12 h per week (range 60 h). The average estimated time to complete retirement was 7.8 years (range 25 years). The vast majority of respondents were married (84%), and were working full time (83%). The 3.7% of respondents that were fully retired were excluded from the analysis.

Issues of Concern

A substantial proportion of respondents reported age-related concerns. When asked to compare their current ability/status to ability/status 5 years previously, 74% reported less ability to recover from night shifts, 44% reported a higher level of emotional exhaustion at end of shift, 40% reported less ability to manage heavy patient volume, 36% reported less ability to handle stress of emergency medicine, 28% reported health limitations on ability to practice, 28% reported memory somewhat or considerably worse, and 25% reported less ability to incorporate new modalities of diagnosis and treatment. With regard to retirement-related issues, 58% reported