

Approved April 2024

## *Well Workplace*

Originated approved  
April 2024

The American College of Emergency Physicians (ACEP) believes in the wellbeing of all those who work in healthcare and are supportive of efforts that result in a Well Workplace. A Well Workplace is prioritized by organizational leaders and personnel working together to promote, build, and sustain personal and professional health and wellbeing. The focus of a Well Workplace should be included in the departmental mission statement.

Depending on location (academic medical center, community program, urban, suburban, rural, or critical access), ACEP recognizes that a Well Workplace has different appearances. Regardless of the setting, it is incumbent upon individual organizations to cultivate wellness, keeping it at the forefront of every decision and initiative.

Although the individual has responsibility for personal wellness, the primary emphasis should be on how the organization impacts the wellbeing of healthcare workers.<sup>1</sup> This includes, however is not limited to, fully sponsored initiatives directed at:

### **Organizational Influences**

1. Provision of adequate site resources to meet patient needs at all times.<sup>2,3,4</sup>
2. Attention to facilities, addressing essentials such as lactation rooms,<sup>5</sup> break rooms,<sup>6</sup> and charting space.<sup>3</sup>
3. Intentional policies addressing workplace safety and violence prevention for patients, families, and healthcare workers.<sup>3</sup>
4. Leadership strategies to enhance physician engagement, satisfaction, and retention.<sup>7</sup>
5. Fully transparent sick call, paid time off/vacation, bereavement, substantial family, parental and medical leave,<sup>8</sup> and elder care policies consistent with state legislation.<sup>9</sup>
6. Supportive environment with adequate mental health resources. Early recognition strategies to identify moral distress, physician impairment, mental health issues, and physician suicidality. These may include peer to peer<sup>10</sup> and/or employee assistance programs.<sup>11</sup>
7. Provide training in and address in real-time:
  - a. Critical Incident Stress Management, Post-Traumatic Stress Disorder, adverse events, challenging cases.<sup>12</sup>
  - b. Mitigation of Compassion Fatigue, Second Victim Syndrome.<sup>13</sup>

## Practice Environment Influences

1. Full staffing of all workers in the department required for patient care, including ancillary staff and non-departmental employees such as transportation, environmental services, laboratory, radiological services, and security.<sup>3,4,14</sup>
2. Directed critical efforts with institutional leadership at the highest level to measure, report, and solve boarding<sup>15</sup> and overcrowding<sup>16</sup> burden.
3. Establishing physician-led on-site teams to adequately supervise non-physician providers if utilized.<sup>17,18</sup>
4. Prioritization of Diversity, Equity, and Inclusion for all.<sup>19-21</sup>
5. Attention to improving operational flow through human factors engineering.<sup>3,22</sup>
6. Best possible employee nutritional options available 24/7.<sup>6</sup>
7. Burden reduction of administrative tasks:
  - a. Focused electronic medical record<sup>23</sup> systems optimization, with paid on-line training and paid off-shift chart completion.<sup>24,25</sup>
  - b. Reduction of non-essential communications, meetings, and email.<sup>26</sup>

## Culture

1. Anonymous, comprehensive, and objective evaluation of wellness outcomes and departmental leadership by staff to ensure accountability to address, maintain, and improve workplace wellness.<sup>27</sup>
2. Transparent and equitable compensation, promotion, due process policies and clearly defined reasonable and sustainable productivity metrics.<sup>28</sup>
3. Establishment of effective departmental/hospital wellness committees.
4. Culture of teamwork, with expectation and enforcement of interdisciplinary respect, empathy, and collegiality.
5. Support programs that include, but are not limited to addressing:
  - a. Recognition of the relevance of aging physicians in the workplace; retirement planning.<sup>29</sup>
  - b. Litigation stressors.<sup>30</sup>
  - c. Financial issues.<sup>31</sup>
  - d. Mentoring and/or coaching.<sup>19,20,21</sup>
6. Individualized schedule optimization.<sup>32</sup>

## References

1. Manfredi R, Krywko D. [From Self to System: Being Well in Emergency Medicine](#). *ACEP Wellness Guidebook*. 2024.
2. [Model of Clinical Practice of Emergency Medicine](#). ACEP Web site. Published June 2023. Accessed March 1, 2024.
3. [Safer Working Conditions for Emergency Department Staff](#). ACEP Web site. Published April 2021. Accessed March 1, 2024.
4. [Emergency Department Planning and Resource Guides](#). ACEP Web site. Originally published December 1985. Updated and approved April 2021. Accessed March 1, 2024.
5. [Support for Nursing Mothers](#). ACEP Web site. Originally published February 2020. Updated and approved October 2013. Accessed March 1, 2024.
6. [Food and Drink for Staff in the Emergency Department](#). ACEP Web site. Published April 2020. Accessed March 1, 2024.
7. Kase J, Doolittle B. Job and life satisfaction among emergency physicians: a qualitative study. *PLoSOne*. 2023;18(2):e0279425.
8. [Family and Medical Leave](#). ACEP Web site. Originally published June 1990. Updated and approved August 2022. Accessed March 1, 2024.
9. [Assignment of Benefits](#). ACEP Web site. Originally published April 2006. Updated and approved January 2024. Accessed March 1, 2024.
10. Physician Wellness Hub. [Peer to Peer](#). ACEP Web site. Published June 2020. Accessed March 1, 2024.
11. [H.R. 1667 - Dr. Lorna Breen Health Care Provider Protection Act](#). Congress.gov Web site. Published

- March 18, 2022. Accessed March 1, 2024.
12. [Disclosure of Medical Errors](#). ACEP Web site. Originally published September 2003. Updated and approved March 2023. Accessed March 1, 2024.
  13. Physician Wellness Hub. [Compassion Fatigue](#). ACEP Web site. Accessed March 1, 2024.
  14. [Emergency Department Nurse Staffing](#). ACEP Web site. Originally published June 1999. Updated and approved April 2022. Accessed March 1, 2024.
  15. [Boarding of Admitted and Intensive Care Patients in the Emergency Department](#). ACEP Web site. Originally published October 2000. Updated and approved February 2023. Accessed March 1, 2024.
  16. [Crowding](#). ACEP Web site. Originally published January 2006. Updated and approved April 2019. Accessed March 1, 2024.
  17. [State Board of Medicine Regulation of Non-Physician Practitioners Practicing Medicine](#). ACEP Web site. Published April 2023. Accessed March 1, 2024.
  18. [Guidelines Regarding the Role of Physician Assistants and Nurse Practitioners in the Emergency Department](#). ACEP Web site. Published June 2023. Accessed March 1, 2024.
  19. [Workforce Diversity in Health Care Settings](#). ACEP Web site. Originally published October 2001. Updated and approved June 2023. Accessed March 1, 2024.
  20. [Maximizing the Potential of Women in Emergency Medicine Women in Medicine](#). ACEP Web site. Originally published October 2014. Updated and approved February 2020. Accessed March 1, 2024.
  21. [Overcoming Barriers to Promotion of Women and Underrepresented in Medicine \(URiM\) Faculty in Academic Emergency Medicine](#). ACEP Web site. Published October 2020. Accessed March 1, 2024.
  22. Wears R, Perry S. Human factors and ergonomics in the emergency department. *Ann Emerg Med*. 2022 Aug;40(2):206-12. doi: <https://doi.org/10.1067/mem.2002.124900>
  23. [Patient Medical Records in the Emergency Department](#). ACEP Web site. Originally published January 1997. Updated and approved June 2022. Accessed March 1, 2024.
  24. [CME Burden](#). ACEP Web site. Originally published April 2016. Updated and approved January 2022. Accessed March 1, 2024.
  25. [Compensated Time for Faculty Academic Administration and Teaching Involvement](#). ACEP Web site. Published June 2019. Accessed March 1, 2024.
  26. [Health Information Technology for Emergency Care](#). ACEP Web site. Originally published October 1998. Updated and approved April 2021. Accessed March 1, 2024.
  27. [FSMB Policy on Physician Wellness and Burnout](#). Federation of State Medical Boards Web site. Published April 2018. Accessed March 1, 2024.
  28. [Compensation Arrangements for Emergency Physicians](#). ACEP Web site. Originally published 1988. Updated and approved April 2021. Accessed March 1, 2024.
  29. [Considerations for Emergency Physicians in Pre-Retirement Years](#). ACEP Web site. Originally published June 2009. Reaffirmed January 2021. Accessed March 1, 2024.
  30. [Protection of Physicians and Other Health Care Professionals from Criminal Liability for Medical Care Provided](#). ACEP Web site. Published June 2022. Accessed March 1, 2024.
  31. [Medical Practice Review and the Practice of Medicine](#). ACEP Web site. Originally published May 2018. Updated and approved January 2024. Accessed March 1, 2024.
  32. [Emergency Physician Shift Work](#). ACEP Web site. Originally published September 1994. Updated and approved September 2003. Accessed March 1, 2024.