

# Workplace Safety: Both Physical and Emotional

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To the Editor,

We read with great interest the article by D'Ettoire et al. on workplace safety and violence against health-care workers in emergency medicine recently published in your esteemed journal (1). Authors address one of the critical issues faced in healthcare industry today. We wish to complement the article with some additional thoughts. As authors try to find remedies to minimize workplace violence against the healthcare providers by optimizing number of night shifts and adopting constant forward-rotating shift schedules, we need to augment this effort by continual effort to improve education and sensitivity amongst the colleagues to be able to emotionally support each other. An important aspect to this is to also provide religious and spiritual support to the healthcare staff (and patients) upon request. Evidence supports improvement in overall well-being and a protective benefit against burnout with religious and spiritual beliefs in healthcare providers (2, 3). As quite aptly pointed out by other seasoned authors; based on decades of experience, commonality of common sense has been a declining asset in our current set up of medical practice, whether it has a component moral decline associated with it remains debatable(4). Daily physician care by the physicians themselves and peers is an aspect that needs to be highlighted and inculcated in our medical practice. This aspect of psychological safety (in addition to physical safety) in work place of practicing physicians is rarely discussed and the results are tangible, indicated by high burnout rates and poor sense of accomplishment. To make matters worse we often shy away from open discussions regarding the issue.

Is this a curse of modern practice? We are all taught the importance of teamwork in medicine, but why

is it that only a few members of our fraternity take it to heart (5). We all understand the concept that “Divided we fall” and seamless collaboration and mutual respect makes our work easy and improves patient outcomes (6). This is common sense (or so it should be). Despite this knowledge it is not uncommon to see physicians and peers demonstrating less than ideal comportment when it comes to display of mutual respect for a colleague and often from a specialty with whom there has been a difficult encounter in the past. Why is it difficult to collaborate care for a patient across the specialties on a Friday afternoon, when we all know that the only party benefiting from this would be a patient in need? Factors like these and more add to dissatisfaction amongst colleagues and affect patient-physician relationships. Interprofessional education focusing on four competencies of cultivating respect between clinicians of different professions, understanding different roles, communicating effectively and building relationships for healthy team dynamics can be an effective tool to address this issue aiming for collaborative conduct and improving workplace safety.

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