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Professional burnout and workforce attrition in emergency departments: an analysis from Tuscany, Italy

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Abstract

Emergency Departments (EDs) in Italy are facing a severe workforce crisis characterized by high attrition rates and difficulty in recruiting new physicians. This study aims to analyse the demographic characteristics, professional satisfaction, and underlying drivers of burnout among ED physicians in Italy, with a specific focus on the Tuscany region. We conducted a cross-sectional survey of 336 medical doctors working in Emergency Medicine. We have distributed an ad hoc questionnaire to investigate demographic profiles, employment status, specific sources of professional distress, and intentions to leave the field. The respondents were predominantly senior specialists (46% with >5 years of experience), while residents accounted for approximately 20% of the sample. The workforce is significantly aging, with 46 % of respondents over 60 years old. High levels of dissatisfaction were reported: the primary drivers of burnout were excessive workload (65%), inadequate salary (61%), inappropriate ED visits (60%), and the phenomenon of boarding (55%). Consequently, a significant proportion of physicians expressed an intention to leave the Emergency Department due to compromised work-life balance and structural inefficiencies. The study highlights a critical instability in the Italian Emergency Medicine workforce, driven by an aging population of specialists and systemic organizational failures rather than purely clinical stressors. Urgent interventions addressing salary, workload distribution, and hospital overcrowding (boarding) are essential to prevent further attrition and ensure the sustainability of the emergency healthcare system.

Key words: emergency medicine; burnout; workforce attrition; Italy; healthcare management; boarding.

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Introduction

Emergency Departments (EDs) across many healthcare systems are facing unprecedented workforce challenges, driven by increasing patient demand, structural inefficiencies, and growing dissatisfaction among clinicians.[1,2] In Italy, these pressures appear particularly acute, with persistent difficulties in recruiting and retaining qualified Emergency Medicine physicians. Reports of excessive workloads, inadequate compensation, unsafe working environments, and limited career sustainability have raised concerns about the long-term viability of the specialty.[3,4]

The development of Emergency Medicine in Italy has been slowed by delays in specialist training and an insufficient growth in the number of physicians, factors that contribute to increasing pressure on emergency departments and challenge the sustainability of the specialty.[5]

To better understand the extent and underlying drivers of this crisis, we conducted a cross-sectional survey of 336 medical doctors (comprising specialists and residents) – primarily from the Tuscany region. No other healthcare professionals (*e.g.*, nurses, technicians) were included in the sample. The survey aimed to capture, primarily from the Tuscany region. An ad hoc questionnaire was developed by a Emergency physician to specifically address local organizational challenges. The survey aimed to capture demographic characteristics, professional conditions, specific sources of distress (e.g., boarding, salary, shift work), and intentions to leave the Emergency Department. The complete questionnaire is available in the *Supplementary Material.* The findings highlight a deeply strained workforce, characterized by an aging demographic, high levels of burnout, and widespread intentions to abandon the specialty. The survey also underscores the presence of systemic organizational problems, such as boarding and inappropriate ED access, which compound personal and professional challenges. This introduction sets the stage for a detailed analysis of the workforce crisis in Emergency Medicine, with the goal of informing targeted policy interventions and promoting a more sustainable future for the specialty. The survey data, based on 336 responses, primarily from Tuscany (76%), depict a workforce in deep crisis, marked by widespread dissatisfaction with working conditions and pessimism regarding the future of Emergency Medicine.

Results

Demographic composition and employment conditions

The survey respondents (n=336) were predominantly fully qualified specialists (72%), divided into senior specialists with

more than 5 years of experience (46 %) and junior specialists (26 %). Residents in Emergency Medicine accounted for approximately 20% of the sample (including 13 % already employed under temporary specific legislative provisions, known as 'DL Calabria', and remaining trainees). Finally, 8% of respondents were physicians who had recently left the Emergency Department but were reached via professional networks. This distribution is consistent with the age demographics, where only 24 % of respondents were under 40 years of age and 46% are older than 60. This imbalance signals a severe generational turnover issue, with imminent loss of senior staff and insufficient recruitment of younger physicians.

Although 86 % still work in the ED, most report significant dissatisfaction, underscoring the fragility of current retention.

Intentions to leave and perceived unsustainability

Only 27 % report no intention of leaving the ED. The remaining 72 % have considered leaving, planned to leave, or already exited the department, confirming a substantial erosion of the workforce.

A total of 54 % describe the expected workload in the next three years as "barely sustainable," and 20 % as "unsustainable." Only one quarter view it as manageable, highlighting workload as a major determinant of attrition (Figure 1).

Table 1 details the specific determinants of this professional malaise. While inadequate remuneration (61%) remains a significant concern, the data suggests that the crisis is predominantly driven by working conditions. The combination of excessive workload (65%), inappropriate access to care (60%), and boarding (55%) creates a condition that put pressure on emergency physician. These systemic bottlenecks appear to impact physician well-being more heavily than direct safety threats, such as aggression (36%), highlighting that the desire to leave is a reaction to a dysfunctional workflow rather than the clinical nature of the job

Reasons for leaving (among those who already left)

i) Excessive shifts/poor work–life balance (70.3%); ii) low salary (35.1%); iii) hostile environment/aggression (27%)

Work-life balance is the most prominent determinant, twice as influential as compensation.

Strategies for improvement and future outlook

Factors making EM more attractive

Respondents identified the following priorities to improve recruitment and retention: i) salary adjustment (71.9%); ii) more balanced and flexible shifts (60.3%); iii) enhanced safety and workplace protection (39.7%)

Subgroup analysis: physicians who have left the ED

A distinct analysis was conducted on the subgroup of respondents who have already resigned from their Emergency Medicine positions (n=27). Unlike the active workforce, where dissatisfaction is widespread, but employment continues, this group identified the incompatibility of the job with a sustainable private life as the definitive trigger for departure. Specifically, 88% of former ED physicians cited 'Excessive shifts and poor quality of life' as the primary reason for resignation. This factor far outweighed 'low salary' (23.1%), which appeared less critical than 'hostile environment and aggression' (30.8%) and boarding (55%). These findings suggest that while salary is a dissatisfier for the active workforce, the ultimate decision to quit is driven by physical exhaustion and the need for a predictable lifestyle."

Advice to young physicians

Alarmingly, 56.8% (Figure 2) of respondents would discourage young doctors from pursuing a career in emergency medicine, highlighting not only concerns about the perceived lack of sustainability but also broader systemic issues. Many professionals report that current working conditions, including high patient volumes, extended shifts, administrative burdens, and limited resources, create an environment that is difficult to endure long-term. This perception of unsustainability may also impact the appeal of the specialty for new generations, potentially leading to workforce shortages and a perpetuation of stress and burnout within the field. Addressing these challenges is therefore crucial, not only to retain experienced clinicians but also to ensure that emergency medicine remains an attractive and viable career path for future doctors.

Table 1. Primary sources of professional distress and discomfort among emergency physicians.

Source of discomfort	%
Excessive shifts and workload	65
Inadeguate salary	61
Inappropriate ED visits	60
Boarding	55
Verbal or physical aggression	36

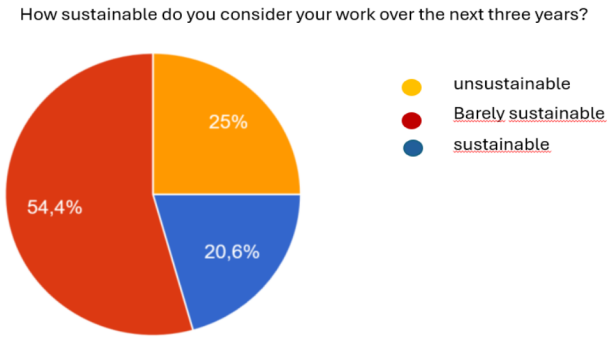


Figure 1. Perceived sustainability of the workload over the next three years.

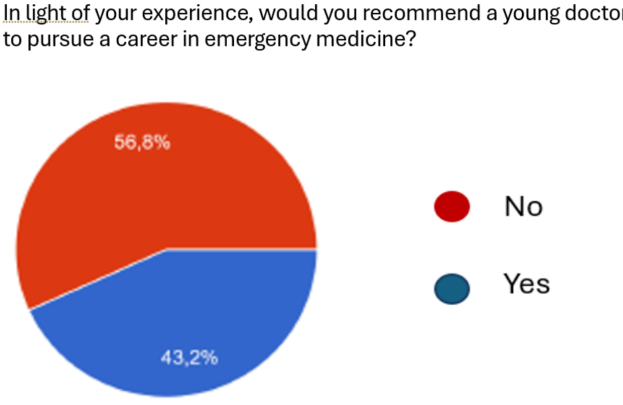


Figure 2. Physician recommendations regarding a career in Emergency Medicine.

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Discussion

Our findings paint a concerning picture of Emergency Medicine in Italy, mirroring an important resignation trends observed globally in healthcare systems post-COVID-19.(1) The demographic analysis reveals a dangerously polarized workforce: the predominance of senior specialists (over 46% aged >60) combined with a limited influx of young residents highlights a generational gap that threatens the future sustainability of the system.

A critical finding of this study is the direct correlation between structural inefficiencies and physician burnout. While excessive workload remains the leading stressor (645%), the fact that 55% of respondents explicitly identified "boarding" as a primary cause of distress is significant. This confirms that burnout in Italian EDs is not merely a result of clinical intensity but largely stems from moral injury caused by systemic overcrowding. As widely documented by Morley *et al.* and Pines *et al.*, boarding forces emergency physicians to provide ward-level care in unsuited environments, increasing cognitive load, compromising patient safety, and reducing job satisfaction.[6,7]

Furthermore, the high incidence of verbal and physical aggression (cited by 36% of respondents) aligns with recent international and national data identifying the ED as a high-risk environment for workplace violence.[8,9] This hostility, coupled with perceived inadequate remuneration (61%), contributes to a feeling of professional devaluation.

In conclusion, our data suggests that the attrition rate in Italian EDs is driven less by the intrinsic nature of emergency medicine and more by modifiable organizational failures. Interventions focused solely on individual resilience will likely fail; as suggested by West *et al.*, systemic changes addressing access block (boarding) and staffing ratios are urgently needed to retain the remaining workforce.[10]

Conclusions

Emergency Medicine is perceived as increasingly unsustainable, characterized by excessive workloads, inadequate compensation, and a hostile work environment. Structural issues, such as boarding and inappropriate ED utilization, further intensify pressures on clinicians. Coupled with an aging workforce and insufficient attraction of younger doctors, these factors signal a specialty facing significant instability. Physicians are leaving not solely because of salary concerns, but primarily due to compromised work–life balance and systemic organizational shortcomings. Addressing the crisis requires comprehensive strategies that improve compensation, rebalance workloads, ensure staff safety, and tackle the structural inefficiencies driving clinician burnout.

References

1. Shanafelt TD, West CP, Dyrbye LN, et al. Changes in Burnout and Satisfaction With Work-Life Integration in Physicians During the First 2 Years of the COVID-19 Pandemic. Mayo Clin Proc 2022;97:2248–58.
2. Hodkinson A, Zhou, A, Johnson J, et al. Associations of physician burnout with career engagement and quality of patient care: systematic review and meta-analysis. BMJ 2022;378:e070442.
3. Petrino R, Riesgo LGC, Yilmaz B. Burnout in emergency medicine professionals after 2 years of the COVID-19 pandemic: a threat to the healthcare system? Eur J Emerg Med 2022;29:279–84.
4. Gnerre P, Rivetti C, Rossi AP, et al. Work stress and burnout among physicians and nurses in Internal and Emergency Departments. Ital J Med 2017;11:151.
5. Lazzeri C, Orso D. New trajectories for emergency medicine in Italy. Eur J Emerg Med 2021;28:260–1.
6. Morley C, Unwin M, Peterson GM, et al. Emergency department crowding: A systematic review of causes, consequences and solutions. PLoS One 2018;13:e0203316.
7. Pines JM, Iyer S, Disbot M, et al. The effect of emergency department crowding on patient satisfaction for admitted patients. Acad Emerg Med 2008;15:825–31.
8. La Torre G, Firenze A, Di Gioia LP, et al. Workplace violence among healthcare workers, a multicenter study in Italy. Public Health 2022;208:9–13.
9. Phillips JP. Workplace Violence against health care workers in the United States. N Engl J Med 2016;374:1661–9.
10. West CP, Dyrbye LN, Erwin PJ, Shanafelt TD. Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis. Lancet 2016;388:2272–81.

Online supplementary materials
Questionnaire: Emergency in Emergency Rooms: What Doctors Think.

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Consent for publications: the participants gave their consent for the present study.

Availability of data and materials: all data generated or analyzed during this study are included in this published article.

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