

Staff Retention in the Emergency Department

A lot of what we know about the health of an emergency department can be distilled down to how well it retains the people who work there. The physical space, clinical pathways and broader organisational culture are all vitally important for delivering safe and high-quality emergency care. Whether these are done well or badly influences any number of quality measures, including retention. Still, it is the people working in the emergency department who define what it feels like to work there or visit as a patient or family member.

I've been interested in the problem of staff retention in emergency departments for over a decade now. In this article I will share a few nuggets that I have picked up from working with RCEM's Sustainable Working Practises Committee, the Emergency Medicine Trainees Association (EMTA), the Academy of Medical Royal Colleges, HEE's Enhancing Junior (Resident) Doctors Working Lives group, doing my PhD on staff retention, and generally talking about this stuff whenever I can, to whoever I can. I also helped organise an online study with RCEM on retention, the content of which further developed my thinking. The event is available on demand until February 2nd 2026 and I would highly recommend checking it out.

Foster psychological safety

A psychologically safe environment is one way staff feel able to speak up, seek help, and admit errors without fear of reprisal. Cultivating psychological safety has been linked with improving team function and reducing burnout.[1] Initiatives such as structured debriefs, Swartz Rounds, and peer support programmes can help.[2]

Leadership is equally important. Leaders who are visible, approachable and act with compassion are better positioned to understand and respond to workforce concerns.[3]

Prevent and address burnout

By now, we all know that emergency department clinicians consistently report high levels of burnout. While individual-focused interventions, such as mindfulness and resilience training, can help, they must be complemented by systemic change. RCEM and the SWPC have repeatedly advocated that emergency departments adopt models that mitigate excessive workloads, ensure adequate rest, and promote flexible scheduling. Access to staff rest facilities, mental health resources, and consistent protected breaks are not luxuries—they are prerequisites for sustainable performance.[4]

Develop your staff and show them a development pathway

Opportunities for career progression and professional development are strongly linked to improved retention[5]. Portfolio careers are a well-developed retention strategy for emergency physicians[6]. While they show promise, there is much work to do to ensure equity for the rest of the emergency department workforce.

Mentoring, role modelling, and a clearly set out CPD offering are vital for permanent staff, and there are examples where departments have significantly reduced nursing turnover by addressing this.[7]

Improve the work environment

The physical environment of the emergency department impacts staff well-being. Poorly maintained and ergonomically challenging workspaces contribute to stress and frustration. Investment in adequate rest space, functional equipment, and safe working conditions must be viewed not as secondary, but as integral to workforce strategy.

Making these changes can seem intimidating, but there are numerous examples of staff who have succeeded in making their department a better place to work. Work from the SWPC, coming later this year, aims to support departments in driving these changes.

Build the emergency department community

It's our colleagues who get us through challenging periods in the emergency department, and seeing co-workers flourish is one way we can develop joy in our clinical practice. People choose emergency medicine because they love the teamwork. People stay in emergency medicine because of the team.

Department's need a broad offering of activities to improve team cohesion. A New Year's Eve party in January is great for some staff, but will exclude others, as will a running club. One approach is to have a variety of activities aimed at building team cohesion that run throughout the year. That way, such activities become part of the department's culture rather than just being a one-off event, which may be seen as tokenistic.

Monitor your turnover data and listen to your staff

Departments which are forever losing people and having to replace them are likely to have ingrained problems driving this exodus. Sources of data, such as local and national staff surveys and exit interviews, can provide valuable insights into emerging issues. It is essential to be vigilant for these trends and take prompt action to address increases in turnover as soon as possible. Turnover breeds turnover, a phenomenon known as 'turnover contagion' — a term you are likely to hear more and more if you are interested in staff retention.

Conclusion

Workforce retention in the emergency department is not solely a human resources function—it is a critical component of clinical governance, operational resilience, and ethical healthcare delivery. As emergency medicine continues to evolve, so must our commitment to supporting the people who deliver it. By addressing the root causes of attrition and investing in staff well-being and development, we can build a sustainable future for emergency care.

Retention is not only about keeping staff—it is about enabling them to thrive.

References

- 1 Edmondson A. Psychological Safety and Learning Behavior in Work Teams. *Administrative Science Quarterly*. 1999;44:350–83. doi: 10.2307/2666999
- 2 Goodrich J. Supporting hospital staff to provide compassionate care: do Schwartz Center Rounds work in English hospitals? *J R Soc Med*. 2012;105:117–22. doi: 10.1258/jrsm.2011.110183
- 3 West M, Wallbank S. What Does The NHS Staff Survey 2024 Really Tell Us? The King's Fund. 2025. <https://www.kingsfund.org.uk/insight-and-analysis/blogs/nhs-staff-survey-2024-tell-us> (accessed 16 May 2025)
- 4 BMA. Caring for the mental health of the medical workforce. London, UK: British Medical Association 2019.
- 5 Darbyshire D, Brewster L, Isba R, *et al*. Retention of doctors in emergency medicine: a scoping review of the academic literature. *Emerg Med J*. 2021;38:663–72. doi: 10.1136/emered-2020-210450
- 6 Darbyshire D, Brewster L, Isba R, *et al*. Retaining doctors in emergency medicine: an ethnographic study of emergency departments in England. *BMJ Open*. 2024;14:e086733. doi: 10.1136/bmjopen-2024-086733
- 7 Evans C, Hughes C, Ward K. Improving staff recruitment and retention in the emergency department. *Nursing Times*. 2017. <https://www.nursingtimes.net/emergency-and-critical-care/improving-staff-recruitment-and-retention-in-the-emergency-department-27-03-2017/> (accessed 16 May 2025)