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Editor's note: Annals has partnered with a small group of selected journals of international emergency medicine societies to share from each a highlighted research study, as selected monthly by their editors. Our goals are to increase awareness of our readership to research developments in the international emergency medicine literature, promote collaboration among the selected international emergency medicine journals, and support the improvement of emergency medicine worldwide, as described in the WAME statement at http://www.wame.org/about/policy-statements#Promoting%20Global%20Health. Abstracts are reproduced as published in the respective participating journals, and are not peer reviewed or edited by Annals.

African Journal of Emergency Medicine

afjem.com

Official Journal of the African Federation for Emergency Medicine, the Emergency Medicine Association of Tanzania, the Emergency Medicine Society of South Africa, the Egyptian Society of Emergency Medicine, the Libyan Emergency Medicine Association, the Ethiopian Society of Emergency Medicine Professionals, the Sudanese Emergency Medicine Society, the Society of Emergency Medicine Practitioners of Nigeria and the Rwanda Emergency Care Association

Clinical Teams’ Experiences of Crowding in Public Emergency Centres in Cape Town, South Africa

Van de Ruit C, Lahri S, Wallis LA. Clinical teams’ experiences of crowding in public emergency centres in Cape Town, South Africa. Afr J Emerg Med. 2020;10:52-57.

Introduction: Crowding is a significant challenge for emergency centres (ECs) globally. While South Africa is not alone in reckoning with high patient demand and insufficient resources to treat these patients, staff-to-patient ratios are generally lower than in the Global North. The study of crowding and its consequences for patient care is a key research priority for strengthening the quality and efficacy of emergency care in South Africa. The study set out to understand frontline staff’s perspectives on crowding in Cape Town public ECs to learn how they cope in such high-pressure working conditions, determine what they see as the factors contributing to crowding, and obtain their recommendations for reform.

Methods: This research is a qualitative study from interviews and observations at five ECs in Cape Town, conducted in June and July 2017. In total 43 staff were interviewed individually or in pairs. The interviews included physicians of varying levels of experience (25), and registered or enrolled nurses (18). Data were analysed with the qualitative text-analysis software NVivo.

Results: Both doctors and nurses saw crowding as a consequence of three factors: 1) limited bed space in the EC, 2) insufficient health professionals to care for admitted patients, and 3) the presence of boarders. Systemic or organizational factors as well as human resource scarcity were determined to be the key reasons for crowding.

Discussion: With its high patient acuity and volume and its limited human and material resources, South Africa is an important case study for understanding how emergency care providers manage working in crowded conditions. The solutions to crowding recommended by interviewees were to expand the EC workforce and to add discharge lounges and examination tables.

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Emergency Medicine Journal

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Official Journal of the Royal College of Emergency Medicine

Measuring ‘Need for Recovery’ as an Indicator of Staff Well-being in the Emergency Department: A Survey Study

Graham B, Cottee L, Smith JE, Mills M, Latour JM. Measuring ‘Need for Recovery’ as an indicator of staff well-being in the emergency department: a survey study. Emerg Med J. 2020; http://doi.org/10.1136/emermed-2019-208797.

Background: The Need for Recovery (NFR) Scale is an 11-item questionnaire that assesses how work affects intershift recovery. Items are summed to form a score with a maximum value of 100. Previously reported scores range from 38 in nurses to 55 in miners. This study aimed to determine the NFR Score among ED staff and to identify whether the NFR Score was associated with characteristics potentially implicated with recovery from work.

Methods: Staff in a single ED in the South West of England (annual attendances of 93 000) were asked to complete an electronic questionnaire incorporating the NFR Scale plus additional items relating to demographic, work-related and well-being characteristics, in their own time during January 2018.
Descriptive statistics are presented, including median NFR Scores and associations with additional characteristics. Thematic analysis of free-text comments from an open-ended question was undertaken.

**Results:** One hundred and sixty-eight responses were obtained (80.3% capture). Median NFR Score across all staff groups was 81.8 out of 100.0 (95% CI 72.7 to 81.8). Shift duration exceeding 12 hours, dissatisfaction with work–life balance and self-reported perceptions of burnout were associated with significantly elevated NFR Scores. Themes resulting from the open-ended question were ‘barriers to intershift recovery’ and ‘coping with work’.

**Conclusions:** The NFR Scores in this study exceeded scores reported elsewhere and were associated with some demographic, occupational and well-being characteristics. The NFR Scale has utility to measure the need for intershift recovery among ED staff. A larger study is warranted to identify specific determinants of recovery and to provide recommendations.

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