Burnout in Critical Care Nursing Staff

What We Know

› Burnout is typically described as a syndrome that is characterized by emotional exhaustion, depersonalization (i.e., a perception of being disconnected from others), cynicism, reduced perception of personal ability, and reduced personal accomplishment. Burnout is an important health condition that can result from chronic job-related stress (for more information, see Evidence-Based Care Sheet: Job Stress and Burnout in Nurses). Healthcare professionals including nurses, are among the groups that are most at risk for developing burnout (3,4,7,9,10).

• Burnout contributes to physical and psychological illness, which can lead to absenteeism, staff turnover, reduce productivity and efficiency, cause compassion fatigue (i.e., a debilitating weariness brought on by repetitive, empathic responses to pain and suffering of others), and compromise patient care. Burnout can lead to nurses leaving the profession (3,4,7,8,10).

– Consequences of nurse turnover include reduced quality of patient care, higher costs associated with patient care, and decreased hospital profitability, due in part to the high costs associated with recruiting and training new critical care nurses (8,10).

– Researchers aiming to establish a correlation between depressive symptoms and job burnout found that among 91 intensive care nurses, 10.98% had depressive symptoms and 14.29% experienced job burnout. A strong association was found between depersonalization and emotional exhaustion, and greater symptoms of depression (12).

– Authors of an observational study on the impact of burnout, high workload, and job satisfaction on incidents in the intensive care unit (ICU) found that among 53 nursing professionals, 77.4% reported moderate levels of stress, 56.6% reported job dissatisfaction, and 17% reported burnout. In addition, 73.24% of these participants had high workloads. Despite these findings, there was no correlation found between burnout and adverse patient effects (11).

› Nurses who care for patients in certain specialty areas—including critical care areas—can be more susceptible to stress and burnout than nurses who work in other specialty areas (4,7,9,10).

• Burnout affects up to 45% of critical care nurses (8).

• Characteristics of the critical care work environment that can contribute to the increased risk for burnout include

– the high acuity of patients and the need for complex care, which results in a heavy workload for critical care nurses (4,7,9,10).

– coping with patient deaths and the emotional trauma experienced by family members and other staff members related to patient deaths (9,10).

– the use of complex technological equipment that is integral to patient monitoring and care in critical care units but that can malfunction and overwhelm novice nurses (4).

– In addition, stress levels in critical care nurses can be increased by the precise attention to detail that is required and the high level of noise that results from the use of many alarms.
ethical and moral dilemmas, including being asked to perform tasks that conflict with the nurse’s personal values. For example, family members might wish to continue aggressive medical treatment that the nurse believes will not benefit the patient\(^4\).\(^7\)

the need to care for the patient’s family, and to balance care for the family with care for the patient. The nurse might worry that he/she is not able to provide family members with acceptable answers or that he/she might say the wrong thing, which can affect family members’ ability to cope\(^4\).

organizational factors such as inadequate staffing\(^10\)

- In a 2012 study of 935 critical care nurses in South Africa, investigators reported that burnout was associated with dissatisfaction with wages, a lack of opportunities for advancement, inadequate staffing and resources, and a lack of nurse participation in making decisions\(^6\).

- The composition of the ICU care team can affect the rate of burnout; researchers in a study of 3,052 ICU physicians, nurses, and nursing assistants in Switzerland found that burnout rates were lower in healthcare providers who worked in teams with a higher proportion of female nurses\(^8\).

- Personal characteristics can influence an individual critical care nurse’s risk of developing burnout\(^7,8,10\).

- Investigators in Spain who conducted a questionnaire-based study of 80 critical care nurses observed a correlation between experiential avoidance (i.e., a coping mechanism in which an individual uses conscious and purposeful efforts to avoid experiencing certain negative thoughts, emotions, or sensations) and burnout; in addition, personal characteristics that were associated with higher burnout levels included being over the age of 30, being single, and being a smoker\(^2\).

- In the study of ICU team members in Switzerland mentioned above, personal characteristics associated with higher risk of burnout included being a nursing assistant, being male, being under 40 years of age, and having no children\(^8\).

- Researchers compared burnout levels and job satisfaction between Generation X (i.e., born 1961–1981) and Y (i.e., born 1981–2000) nurses; they found that among 144 participants, no significant differences were observed between the groups. Due to these findings, researchers concluded that rather than observing for generation-related characteristics that attribute to job satisfaction or burnout, researchers should focus on assessing individual personalities\(^1\).

There is limited published evidence regarding strategies for reducing burnout in critical care nurses\(^4,10\).

- Creating a supportive environment through improved communication and support from colleagues can reduce stress and burnout in critical care nurses\(^4\).

- The Critical Care Societies Collaborative (CCSC) identified that multidimensional interventions that include interventions focused on enhancing the ICU environment and interventions focused on helping individuals cope with their environment are more likely to successfully prevent and treat burnout syndrome in critical care nurses than any single intervention\(^10\).

- A researcher evaluated the effect of a critical care setting on job burnout and found that among 144 nurses in intensive care, those who had strong relationships with the medical team, better work setting control, and greater autonomy had higher job satisfaction in addition to better adherence to safe and effective practice\(^2\).

- Researchers reported that among 726 nurses working in intensive care, meaningful recognition of work was significantly correlated with lower rates of nurse burnout and compassion fatigue. In addition, facilities with fewer instances of recognition were found to have a higher likelihood of nurse burnout\(^5\).

- Coworker support can have an impact on reducing traumatic stress and anxiety in practitioners who have made a mistake. Researchers analyzed the effects of mistakes on practitioners working in the neonatal intensive care unit (NICU) and found that among 463 participants, 19% reported having higher levels of burnout and depression following an adverse event or mistake. Researchers also found that low coworker support was associated with worse depressive symptoms\(^13\).

- Steps that nurse managers in the ICU can perform to decrease risk for burnout in staff members include\(^4,10\):
  - establishing innovative staffing models that allow for adequate time away from the critical care setting
  - lessening moral distress for ICU nurses by being available and assisting in planning patient care
  - having a counselor or psychologist available for helping critical care nurses cope with difficult situations, including patient deaths

- Self-care strategies that critical care nurses can use to reduce stress and the potential for burnout include\(^4,10\):
  - maintaining work-life balance measures
  - implementing stress reduction techniques (e.g., meditation, exercise)
  - making healthy lifestyle choices, including eating a balanced diet, taking vacations, getting enough sleep, reducing stress, and limiting intake of alcohol, caffeine, and nicotine
– taking breaks at work
– delegating tasks when appropriate
– declining overtime work when they do not want to work or are unable to work

**What We Can Do**

› Learn about burnout in critical care nurses so you can accurately assess your risk for burnout and that of your colleagues; share this information with your colleagues
› Collaborate with other nurses in your work environment to reduce the risk for burnout
  • Take advantage of services (e.g., counseling) that are available through your employer
  • Participate in training programs to enhance your skills related to communication, conflict resolution, and self-care
  • Provide psychosocial support to your colleagues who might be experiencing stress and burnout; develop and attend a support group for critical care nurses
Coding Matrix
References are rated using the following codes, listed in order of strength:

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<td>SR</td>
<td>Published systematic or integrative literature review</td>
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References


