STRESS AND BURNOUT IN THE ICU: THE PERFECT STORM?

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#StopICUBurnout
CLOSE YOUR EYES
NOW OPEN YOUR EYES...

30 – 50%

45% of critical care Drs report symptoms of severe burnout

25 to 33% of critical care nurses report symptoms of severe burnout

71% in paediatric critical care

86% have at least one of the three classic symptoms


WHAT IS BURNOUT?
WHAT IS BURNOUT?

“exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration”

Merriam –Webster Dictionary
“chronic emotional exhaustion due to interpersonal stressors in professional relationships at the organisational level”

Maslach et al 2001
WHAT IS BURNOUT SYNDROME?
MASLACH 3-DIMENSIONAL MODEL

- Absence of energy & enthusiasm
- “worn out”

Emotional exhaustion

De-personalisation
- Treating patients as objects
- Cynical

Low personal accomplishment
- “What’s the use?”
- Low morale

Decreased effectiveness

Low morale

Decreased effectiveness

Decreased effectiveness
WHAT IS THE DIFFERENCE BETWEEN STRESS & BURNOUT?

<table>
<thead>
<tr>
<th>STRESS</th>
<th>BURNOUT</th>
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<tbody>
<tr>
<td>Over-engagement</td>
<td>Disengagement</td>
</tr>
<tr>
<td>Overactive emotions</td>
<td>Dulled emotions</td>
</tr>
<tr>
<td>Urgency &amp; hyperactivity</td>
<td>Helplessness &amp; hopelessness</td>
</tr>
<tr>
<td>Loss of energy</td>
<td>Loss of motivation, ideals &amp; hope</td>
</tr>
<tr>
<td>May lead to anxiety disorders</td>
<td>May lead to detachment &amp; depression</td>
</tr>
<tr>
<td>Large physical impact</td>
<td>Large emotional impact</td>
</tr>
<tr>
<td>May kill you prematurely</td>
<td>Life may not seem worth living</td>
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</tbody>
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A Critical Care Societies Collaborative Statement: Burnout Syndrome in Critical Care Health-care Professionals
A Call for Action

Marc Moss, Vicki S. Good, David Gozal, Ruth Kleinpell, and Curtis N. Sessler

This official statement of the American Association of Critical-Care Nurses (AACN), the American College of Chest Physicians (CHEST), the American Thoracic Society (ATS), and the Society of Critical Care Medicine (SCCM) was approved by the AACN, September 2015; CHEST, October 2015; the ATS, November 2015; and the SCCM, September 2015
1. Personal characteristics
2. Organisational factors
3. Quality of working relationships
4. Exposure to end of life issues
PERSONAL CHARACTERISTICS

- Self critical
- Unhelpful coping strategies
- Sleep deprivation
- Work-life imbalance
- Idealism
- Perfectionism
- Over commitment
- Perception of demands – on your time; emotionally
- Personal and family demands
- Often the best and most productive employees

Younger age independent risk factor for burnout among ICU nurses as has having an inadequate support system outside work

Poncet et al Burnout syndrome in critical care nursing staff. AJRCC 2007; 175; 698-704
Shanafelt et al The well-being of physicians. Am J Med 2003; 114; 513-519
ORGANISATIONAL FACTORS

- High workload
- Little control over work environment, the systems and service itself
- Insufficient rewards
- Shift work
  - sleep disruption
  - poor sleep quality
  - lack of sleep
# Organisational Factors

<table>
<thead>
<tr>
<th>Nurses</th>
<th>Doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rostering</td>
<td>Number of shifts</td>
</tr>
<tr>
<td>Rapid patient turnover</td>
<td>Shift patterns</td>
</tr>
<tr>
<td>Lack of participation</td>
<td>Ethical decision making</td>
</tr>
<tr>
<td>- Working groups</td>
<td>Feeling constrained within work</td>
</tr>
<tr>
<td>- Decision making</td>
<td>Role overload</td>
</tr>
</tbody>
</table>

**Burn out**
WORKING RELATIONSHIPS

- Relationships
  - patients
  - families
  - interdisciplinary

- Communication

- Conflict

- Team personalities

- Role conflict and ambiguity

- Challenging behaviours

- Staff support

- Team climate
END OF LIFE ISSUES

- Witnessing human suffering
- Death and dying
- Participating in and witnessing
- Foregoing life-sustaining therapies

Merlani et al Burnout in ICU caregivers: a multicenter study of factors associated to centers. AJRCC 2011; 184; 1140-1146
WHAT ARE THE CONSEQUENCES OF BURNOUT?

- Burnout may lead to
  - Post traumatic stress disorder
    - 20 – 30% critical care nurses
  - Alcohol abuse
  - Suicidal ideation

Reduction in quality of care
Increases in medical errors – worse outcomes – increased costs
Higher mortality ratios in hospitalised patients
Impaired professionalism
Reduced patient satisfaction
Higher staff turnover and absenteeism rates; longer breaks when at work
  - Workforce shortages
Low morale
Depression and suicidal ideation
Motor vehicle crashes and near-misses

Hunsaker et al 2015
Daniel 2004
Hall 2001
Hooper 2010
Young 2011
WHAT DOES BURNOUT LOOK LIKE?
WHAT DOES BURNOUT LOOK LIKE?

- Physical exhaustion
- Emotional exhaustion
- Helplessness
- Accident prone
- Loss of concern for people
- Communication difficulties

“[I look at burnout] as being kind of like a zombie: You lose your feeling, you lose your empathy. You don’t care as much.”

- Powerlessness
- Increased use of alcohol & drugs
- Cynicism
- Desperation
- Internalisation
WHAT DOES BURNOUT LOOK LIKE?

- Low job satisfaction
- Absenteeism
- Negativism
- Inflexibility
- Tension
- Low morale
- Complaining
- Frustration
- Anger
- Overworking
- Disruptive behaviours
- Depression
- Anxiety
- Sleep disturbance
- Fatigue
- Broken relationships
- Early retirement
- Suicide

"I am expected to do the job of three full-time registered nurses — mandatory overtime, long shifts with little pay, poor benefits, not to mention the compassion-exhaustion effect. It is back-breaking and emotionally draining work. That's why there's lots of burnout."
YOU MAY BE ON THE ROAD TO BURNOUT IF…..

Every day is a bad day

Caring about your work or home life seems like a chore

You’re exhausted all the time

The majority of your day is spent on tasks you find either numbingly boring or overwhelming

You feel like nothing you do makes a difference or is appreciated
WORKING IN AN ICU IS STRESSFUL
STRESS AND BURNOUT IN THE ICU: THE PERFECT STORM?

- High stress environment
- High stakes decisions
- Rapid fire action
- Too much to do at once
- Long hours/overtime
- Shift patterns
- Nights
- Confronting situations
  - Sickness
  - Death
  - Difference
- Trauma, blood, other gross stuff
- Conflict
  - Co-workers
  - Families
  - Management
- Futility
- Moral distress
- Compassion fatigue
- Death & dying
Which Physicians Are Most Burned Out?

- Emergency Medicine: 59%
- Ob/Gyn: 56%
- Family Medicine: 55%
- Internal Medicine: 55%
- Infectious Disease: 55%
- Rheumatology: 54%
- Plastic Surgery: 53%
- Ophthalmology: 53%
- Critical Care: 53%
- Cardiology: 52%
- Urology: 52%
- Neurology: 51%
- Pediatrics: 51%
- Anesthesiology: 51%
- Gastroenterology: 50%
- Nephrology: 50%
- Orthopedics: 49%
- Surgery: 49%
- Pulmonary Medicine: 49%
- Radiology: 49%
- Oncology: 47%
- Dermatology: 46%
- Diabetes & Endocrinology: 46%
- Pathology: 43%
- Ophthalmology: 43%
- Allergy & Immunology: 43%
- Psychiatry & Mental Health: 42%

How Severe Is Your Burnout?

- Urology: 4.6
- Otolaryngology: 4.5
- Oncology: 4.5
- Pathology: 4.4
- Cardiology: 4.4
- Allergy & Immunology: 4.3
- Surgery: 4.3
- Dermatology: 4.3
- Ob/Gyn: 4.3
- Internal Medicine: 4.3
- Plastic Surgery: 4.3
- Nephrology: 4.2
- Radiology: 4.2
- Critical Care: 4.2

What Are the Causes of Burnout?

- Too many bureaucratic tasks: 5.3
- Spending too many hours at work: 4.7
- Feeling like just a cog in a wheel: 4.6
- Increasing computerization of practice (EHRs): 4.5
- Income not high enough: 4.1
- Too many difficult patients: 4.0
- Insurance issues: 4.0
- Maintenance of certification requirements: 4.0
- Lack of professional fulfillment: 3.9
- Threat of malpractice: 3.9
- Too many patient appointments in a day: 3.9
- Difficult employer, colleagues, or staff: 3.7
- The impact of the Affordable Care Act: 3.7
- Inability to provide patients with the quality care that they need: 3.7
- Compassion fatigue (overexposure to death, violence, and/or other loss in patients): 3.5
- Family stress: 3.1
- Inability to keep up with current research and recommendations: 3.1

Burnout by Gender

Minor medical complaints contributing to doctor burnout

LEIGHTON KEITH
Last updated 17:13, July 6 2016

WHAT ABOUT IN NEW ZEALAND?
Burnout rife among senior doctors and dentists in New Zealand hospitals says report

6:11 AM Friday Aug 12, 2016

An alarming new report shows the country's top medical specialists are struggling with burnout. Photo / File
Chambers C. Burnout in New Zealand's senior medical profession. The Specialist 2016:3-6.
## HIGH LEVELS OF PHYSICAL AND PSYCHOLOGICAL EXHAUSTION ACROSS ALL DHBs

<table>
<thead>
<tr>
<th></th>
<th>% of ASMS members with burnout</th>
<th>%Female</th>
<th>%Male</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal burnout</td>
<td>50.1%</td>
<td>59.4%</td>
<td>43.9%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Work-related burnout</td>
<td>42.1%</td>
<td>46.9%</td>
<td>39%</td>
<td>0.003</td>
</tr>
<tr>
<td>Patient-related burnout</td>
<td>15.7%</td>
<td>17%</td>
<td>15.6%</td>
<td>0.26</td>
</tr>
</tbody>
</table>

Chambers C. Burnout in New Zealand's senior medical profession. The Specialist 2016:3-6.
<table>
<thead>
<tr>
<th>Response rate: 1,487/3,740 (40%) 51% left comments for qualitative analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall burnout (%)</td>
</tr>
<tr>
<td>All participants</td>
</tr>
<tr>
<td>All female participants</td>
</tr>
<tr>
<td>All male participants</td>
</tr>
<tr>
<td>All participants aged 30-39</td>
</tr>
<tr>
<td>All participants aged 40-49</td>
</tr>
<tr>
<td>All participants aged 50-59</td>
</tr>
<tr>
<td>All participants aged over 60</td>
</tr>
<tr>
<td>Female participants aged 30-39</td>
</tr>
<tr>
<td>Male participants aged 30-39</td>
</tr>
<tr>
<td>Anaesthesia</td>
</tr>
<tr>
<td>Dentistry</td>
</tr>
<tr>
<td>Diagnostic &amp; Interventional Radiology</td>
</tr>
<tr>
<td>Emergency Medicine</td>
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<tr>
<td>General Practice</td>
</tr>
<tr>
<td>Internal Medicine</td>
</tr>
<tr>
<td>Obstetrics/Gynaecology</td>
</tr>
<tr>
<td>Paediatrics</td>
</tr>
<tr>
<td>Pathology</td>
</tr>
<tr>
<td>Psychiatry</td>
</tr>
<tr>
<td>Surgery</td>
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</tbody>
</table>
"The inefficiencies and bureaucratic Kafkaesque nightmare slowly erodes your will to live."

"The staff shortage in our department is so chronic that a 'normal' weekly roster is almost unheard of."

"There's the increasing pressure to see more and more patients and spend more and more time at the coal face,"

'I know that when I've been very tired I find it harder to emotionally engage with patients.'
We advocate for a multilevel strategy in order to address ICM workforce sustainability and welfare. The prevention and remediation of burnout requires consideration of both individual and systemic factors.

CONCLUSION

- There needs to be a culture change within health, so that practitioners feel able to seek help.
- Colleagues must recognise their ethical responsibility to take action if a health or competence problem is not being adequately addressed.
- Professional burnout carries hidden costs:
  - for individual health professionals, their colleagues, their patients and their families.
  - In addition it is a financial burden on the health system as a whole.
- We need steps to prevent, recognise and treat burnout in New Zealand.

THANK YOU

NURSE BURNOUT

- Wrinkles from constant smile
- Cauliflower ears from stethoscopes
- Hard of hearing from listening to patient ailments and doctor complaints
- Teeth lost in fight with drunken ER patient
- Mental fatigue from C.E. classes
- Sagging female attributes from patient pinches
- Ulcer from holding back urge to punch somebody out
- Stomach bulge from never being able to pee
- Finger cancer from too many rectal exams and temperatures
- Varicose veins from hours of standing to assist the doctor to change a bandaid
- Worn down tennis shoes from running after and/or from doctor
- Hair frazzled from bad nerves
- Bloodshot eyes from night shift
- Poor vision from deciphering doctor's handwriting
- Bad posture from bending over beds
- Torn pockets from pens and pencils due to constant theft

Hand lost from (99 year old) patient's bite