

## **Short communication**

### **BURNOUT SYNDROME AMONG NURSES IN INTENSIVE CARE UNIT:**

#### **AN ESSENTIAL APPROACH**

##### **ABSTRACT-**

Intensive care units are specialized units of healthcare facilities where 24-hour advanced life support and care are provided by healthcare professionals, especially ~~n~~Nurses. ~~The, considered to be at high risk due to~~ stressful working environments including emergency care, high mortality & morbidity, ethical dilemmas, and pain care ~~predispose them to high risk of causing~~ physical and emotional exhaustion ~~that can lead to~~ ~~leading to~~ Burnout Syndrome. This article discusses the dimensions of Burnout Syndrome, factors for which Nurses are at risk for Burnout syndrome, and various interventions done at different levels to overcome Burnout syndrome.

**Comment [K1]:** Not required to be capitalized

**Keywords-** Nurses, Intensive Care Unit, Burnout Syndrome

##### **INTRODUCTION**

An intensive care unit is a specialized department of health care facility providing care to seriously ill patients with life-threatening illnesses requiring 24-hour advanced life support. Health professionals working in ICUs, including highly trained ~~Nurses and Doctors~~, need to be highly dedicated and invested to deliver safe, empathetic, and effective patient care. ~~Although~~ ICUs are considered highly stressful ~~environment~~ for ~~all~~ healthcare workers. ~~Besides the as~~ ~~more than~~ physical ~~toll work~~, ~~they are also under a tremendous~~ psychological ~~pressure~~ ~~factors are required~~ to deal with critically ill patients, including discussing the risk of death with patient

**Comment [K2]:** No need to capitalize

relatives, announcing a death in an unexpected situation and always being ready for an emergency.<sup>[1]</sup>

## **FACTS and STATISTICS**

Since December 2019, the COVID-19 pandemic in the Chinese city of Wuhan caused by SARS-CoV2 spreading internationally, with a series of waves, has caused devastation in countries leading to outrageous consequences, causing overloaded ICUs ~~and beating the overall~~that overwhelmed the hospital capacity.<sup>[2]</sup> During this time, the shortage of resources such as ICU beds, ventilators, and Personal Protective Equipment [PPE] apart from the disruption of healthcare delivery causes an increase in psychological burden among healthcare workers.<sup>[3]</sup> This situation further burdened health care workers with the need for highly effective patient care, fear of personal safety, and extended work timings which if persisted for a longer duration can lead to distress and burnout causing deterioration in quality of life, increased absenteeism, and psychological problems ultimately compromising patient care.

According to WHO 2022 report, Nurses account for about 50 percent of the global health workforce so, therefore more than 50 percent of the nurses contribute to the current shortage of health workers<sup>[4]</sup> due to which critical care nurses are at high risk for burnout as they often confronted by traumatic events leading to severe depression, exhaustion, and chronic physical complaints.

## **STRESS and BURNOUT**

In 1974, Freudenberger describes burnout as a mental state when an employee is not able to manage excessive working demands at the workplace. This state is most likely to occur in

employees who are more 'dedicated and committed' to their work but ultimately failure and inability to fulfill working demands cause insomnia, fatigue, frequent headaches characterized by frustration, anger, drug abuse, and signs of depression. Consequently, affecting an employee at both physical and emotional level which further impact the organization.<sup>[5,6]</sup> Due to the nature of work at ICUs requiring emergency care, physical strength, significant emotional work, and personal involvement, Nurses are more vulnerable to burnout. This has a poor impact on the individual itself but also affects the delivery of care to the patients. Burnout among nurses contributes to increased absenteeism, staff turnover, social isolation, and physical and emotional stress, ultimately affecting patient care.

## **RISK FACTORS**

According to WHO, Burnout is an occupational phenomenon<sup>[7]</sup> conceptualized as a syndrome resulting from prolonged job stress which is not successfully managed caused by physical and emotional stress which further has negative effects on the quality of patient care. There are risk factors for burnout among ICU professionals that need to be identified to reduce the prevalence and incidence of burnout among them. A systematic review<sup>[8]</sup> suggested age, sex, marital status, educational status, working environment, connection with colleagues, and working experience in ICU are identified risk factors for burnout in an ICU. Other risk factors include long working hours, job dissatisfaction, the role of leadership in an emergency, and moral injury. Also, time pressure, excessive shift works, lack of support from colleagues and higher authority, and lack of control over work tasks are important risk factors for health professionals, especially Nurses Burnout.<sup>[9]</sup>

**Comment [K3]:** capitalization

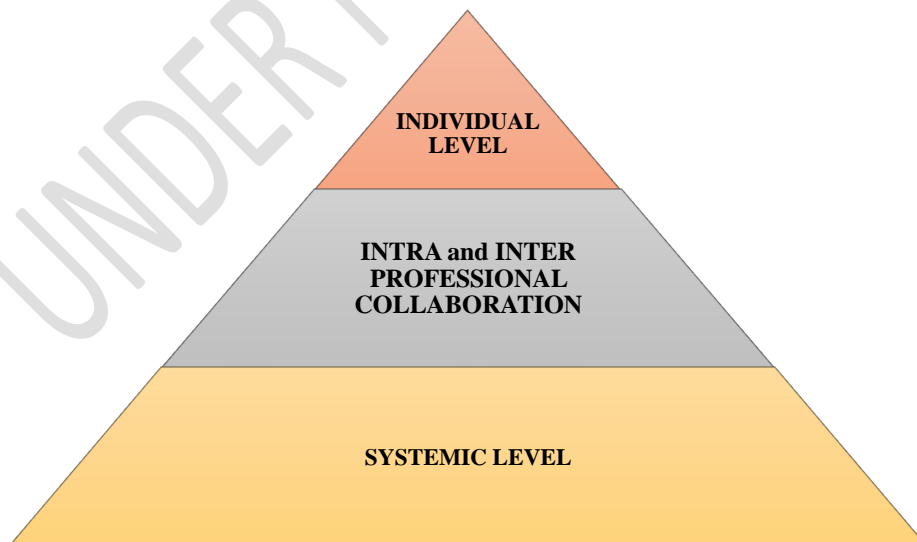
## **BURNOUT SYNDROME**

These risk factors can be identified at an early stage by measuring the burnout syndrome with a questionnaire developed by the social psychologist Maslach, based on three dimensions that are Exhaustion, Cynicism or Depersonalization, and Inefficacy or lack of personal accomplishment<sup>[10]</sup> also known as Maslach Burnout Inventory widely used today. Relating these dimensions to nurses, exhaustion is when a Nurse is exhausted either physically or emotionally and he/she felt completely drained due to high work demand. Depersonalization is the feeling of detachment from self and others, this is usually triggered by emotional stressors at the workplace and Personal Accomplishment is when nurses have a feeling of being incompetent, not able to work professionally, and negative self-perception. <sup>[11]</sup> After measuring these domains of MBI, one can examine Burnout Syndrome among ICUs healthcare professionals especially Nurses considered to be more at high risk, so that early interventions can be done.

**What can be the interventions to cope-up with Burn-out Syndrome?**

Comment [K4]: burnout

Burn-out Syndrome must be addressed at three levels, as depicted in **Fig 1**



**Fig 1** shows three Intervention levels of Burnout Syndrome.

1. At the **Individual Level**, Nurses have to find out the problem they are going through and further, it needs to be solved.

- Young Nurses' must develop emotional resilience which can increase their growth potential at a young age and single or without children Nurses are found to be at major risk for Burn-out Syndrome.
- Maintaining health status by meeting daily basic needs of nutrition and rest for the body.
- Maintaining effective body and mind relationships.
- Taking a break from a continuous working schedule, and spending time with family and friends.
- Exploring new hobby, places, or things that relieve stress and brings joy in life.
- Deep breathing exercises and meditation should be adopted in daily routines to support self-care.
- Being assertive, so that he/she can confidently deal with any situation and openly express their feelings with retaining the right to say 'NO' without violating any rules can help reduce burnout.
- Be assured that all patient care and needed documentation is been accomplished during duty hours to prevent stress and feelings of low personal accomplishment.
- Keeping oneself updated with the latest technology and information through authentic resources and enhancing skills by attending workshops and conferences helps in effective decision-making.

- Developing 'Problem-focused' coping skills to cope-up with stressful working environments and accepting the difficulties of the job. Therefore, showing a more positive coping response. <sup>[12]</sup>
- Respecting your profession and considering the periods of high patient care demand as an inevitable component of it.

2. **Intra and Inter-Professional Collaboration** – It is well known that Intra and Inter-professional collaboration is very much needed in all work areas but it plays an important role in healthcare settings especially ICUs as teamwork is highly needed here as an emergency response or keen observation for better patient health outcome.

Communicating with colleagues or **i**ntra-professional collaboration is both physically and emotionally supportive of each other and is also directly associated with lower burnout.

<sup>[13]</sup> It helps to ease the burden of care and exchange of information and skill enhancement.

Whereas effective Inter-Professional Collaboration supports team-based patient care involving the active participation of each discipline, resulting in the best quality of care for patients. Also, clinical communication, that is, between Doctors and Nurses can help to prevent medical errors, and decrease mortality rates<sup>[14]</sup> by ensuring nurses have all the needed information to treat patients safely.

We need to know that every health professional plays a vital role in the health care team as every profession has its own philosophy and different knowledge base. <sup>[15]</sup> A sense of togetherness boosts staff morale, improving staff relationships. Hence, resulting in better patient outcomes, more health benefits to all healthcare providers, and, most importantly, job satisfaction.

3. System solutions are essential at the **systemic level** besides Individual, Intra, and Inter-Professional Collaboration. Nursing is the most stressful and exhausting profession, causing physical and emotional exhaustion. <sup>[16]</sup> An organization must be education focus for its health care professionals. Organizing Induction training programs and skill development programs for newly joined Nurses' will boost their confidence and enhance their decision-making power, which is highly required as ICU nurses either while giving care to the patients or in an ethical dilemma. Also, in this new era of technology, online programs can be conducted to enhance nurses' knowledge and attitude towards their profession may significantly improve their mental health and symptoms of depression. <sup>[17]</sup>

Being an ICU Nurse, one can understand the common situations of emergency care which are, performing cardiopulmonary resuscitation, assisting in endotracheal intubation, inserting a central venous catheter, arterial lines, and difficult patient care, of which there are positive outcomes or 'survivors', <sup>[18]</sup> which are celebrated or appreciated rarely by workplace or organizational leaders, eventually decreasing morale and self-esteem. Further, this specialized care in ICUs may be perceived as a burden by HCPs resulting in BOS.

An organization must ensure the availability of ample resources in emergency patient care to reduce stress at work and prevent ethical dilemmas. Providing better remuneration for the work done will satisfy nurses to do their best and boost their confidence to face daily new challenges in an ICU. Being a higher authority in a hospital assures equal distribution of work to the nurses working at the same pay level and position irrespective of caste, gender, financial status, and power will enhance teamwork, reducing psychological and physical exhaustion resulting in exclusive patient care and health outcome.

Organizational support and Hospital management had a protective effect on burnout<sup>5</sup>. There is a need to prevent and address burnout for which inter-professional leaders and organizational administration should discuss various approaches to rule out these challenging situations of HCPs.

### Conclusion

Knowing the dimensions of Burnout Syndrome and how Nurses are at risk for BOS, there is a need to implement the interventions at Individual, Intra & Inter-professional, and systemic levels focusing on recognizing and reducing physical and psychological symptoms. Otherwise, there may be a risk of losing a significant potential workforce, and thus, the most invaluable part of critical care, that is, **caring**, needs to be honored and respected. Nursing is an individual awe-inspiring profession that needs to formulate measures to have a healthy workforce to provide quality patient care, decrease medical errors, enhance performance levels, and finally job satisfaction.

Comment [K5]: not abbreviated before

### REFERENCES

1. Saravanabavan, L., Sivakumar, M. N., & Hisham, M. (2019). Stress and burnout among intensive care unit healthcare professionals in an Indian tertiary care hospital. *Indian Journal of Critical Care Medicine*, 23(10). <https://doi.org/10.5005/jp-journals-10071-23265>

2. Sasidharan, S., & Dhillon, H. (2021). Intensive care unit stress and burnout among healthcare workers: The wake-up call is blaring! *Indian Journal of Psychiatry*, 63(6), 606–609. [https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry\\_464\\_21](https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_464_21)
3. Azoulay, E., De Waele, J., Ferrer, R., Staudinger, T., Borkowska, M., Pova, P., Iliopoulou, K., Artigas, A., Schaller, S. J., Hari, M. S., Pellegrini, M., Darmon, M., Kesecioglu, J., & Cecconi, M. (2020). Symptoms of burnout in intensive care unit specialists facing the COVID-19 outbreak. *Annals of Intensive Care*, 10(1). <https://doi.org/10.1186/s13613-020-00722-3>
4. World Health Organization (WHO), Nursing and Midwifery. 2022 March 18 <https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery>
5. Dall’Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: A theoretical review. In *Human Resources for Health* (Vol. 18, Issue 1). <https://doi.org/10.1186/s12960-020-00469-9>
6. Dechasa, D. B., Worku, T., Baraki, N., Merga, B. T., & Asfaw, H. (2021). Burnout and associated factors among nurses working in public hospitals of Harari region and Dire Dawa administration, eastern Ethiopia. A cross-sectional study. *PLoS ONE*, 16(10 October). <https://doi.org/10.1371/journal.pone.0258224>

7. World Health Organization (WHO), Burn-out an “occupational phenomenon” International Classification of Diseases. 2019 May 28 <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>
8. Chuang, C. H., Tseng, P. C., Lin, C. Y., Lin, K. H., & Chen, Y. Y. (2016). Burnout in the intensive care unit professionals: A systematic review. In *Medicine (United States)* (Vol. 95, Issue 50). <https://doi.org/10.1097/MD.0000000000005629>
9. International Labour Organization. (2018 December 19) Decent Working Time for Nursing Personnel: Critical for Worker Well-being and Quality Care
10. Vincent, L., Brindley, P. G., Highfield, J., Innes, R., Greig, P., & Suntharalingam, G. (2019). Burnout Syndrome in UK Intensive Care Unit staff: Data from all three Burnout Syndrome domains and across professional groups, genders, and ages. *Journal of the Intensive Care Society*, 20(4). <https://doi.org/10.1177/1751143719860391>
11. Olaleye, T. T., Christianson, T. M., & Hoot, T. J. (2022). Nurse burnout and resiliency in critical care nurses: A scoping review. In *International Journal of Africa Nursing Sciences* (Vol. 17). <https://doi.org/10.1016/j.ijans.2022.100461>
12. Gardiner, S. M. (2004). Ethics and global climate change. In *Ethics* (Vol. 114, Issue 3). <https://doi.org/10.1086/382247>

13. Kilroy, S., Bosak, J., Chênevert, D., Flood, P. C., & Hill, K. (2022). Reducing burnout among nurses: The role of high-involvement work practices and colleague support. *Health Care Management Review*, 47(2). <https://doi.org/10.1097/HMR.0000000000000304>
14. Bosch, B., & Mansell, H. (2015). Interprofessional collaboration in health care: Lessons to be learned from competitive sports. In *Canadian Pharmacists Journal* (Vol. 148, Issue 4). <https://doi.org/10.1177/1715163515588106>
15. Connor O'Will. 5 Benefits of Interprofessional Collaboration in Healthcare. 2019 November 4 <https://tigerconnect.com/blog/5-benefits-of-interprofessional-collaboration-in-healthcare/>
16. de Oliveira, S. M., de Alcantara Sousa, L. V., Vieira Gadelha, M. do S., & do Nascimento, V. B. (2019). Prevention Actions of Burnout Syndrome in Nurses: An Integrating Literature Review. *Clinical Practice & Epidemiology in Mental Health*, 15(1). <https://doi.org/10.2174/1745017901915010064>
17. Aryankhesal, A., Mohammadibakhsh, R., Hamidi, Y., Alidoost, S., Behzadifar, M., Sohrabi, R., & Farhadi, Z. (2019). Interventions on reducing burnout in physicians and nurses: A systematic review. *Medical Journal of The Islamic Republic of Iran*. <https://doi.org/10.47176/mjiri.33.77>

18. Costa, D. K., & Moss, M. (2018). The cost of caring: Emotion, burnout, and psychological distress in critical care clinicians. In *Annals of the American Thoracic Society* (Vol. 15, Issue 7). <https://doi.org/10.1513/AnnalsATS.201804-269PS>

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