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4-1-2019

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Rusher, Jayden and McClaskey, Barbara, "Critical Care Nurses at Higher Risk of Burnout" (2019). *Posters*. 54.

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# Critical Care Nurses at Higher Risk of Burnout

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## Purpose

The purpose of this review of literature was to explore the relationship between critical care units and nurses working on those units exhibiting more characteristics of burnout.

## PICOT Statement

- ❖ **Population:** Nurses working high intensity care units
- ❖ **Intervention:** Shorter hours, better nurse to patient ratio, and more assistance by physicians
- ❖ **Comparison:** Nurses working on units with less critical decision making and less chances/stress of life threatening situations
- ❖ **Outcome:** Less burnout on units and higher patient satisfaction
- ❖ **Timeline:** Duration of stay in the intensive care unit

## Background

- ❖ The high level of stress experienced by nurses leads to moral distress, burnout, and a host of detrimental effects
- ❖ 1 in 5 nurses will leave their position within a year
- ❖ High stress of these nurses is leading to substance abuse, depression, anxiety, decreased job satisfaction, reduced organizational loyalty and intent to leave nursing practice
- ❖ Excessive workload- emotional and spiritual demands
- ❖ Dealing with uncertain outcomes- death and dying
- ❖ Inadequate preparation dealing with patients and family
- ❖ Insufficient staff support
- ❖ Quick decision making essential for patients needs and well being

## Summary

In the studies conducted there was a direct correlation between critical care units and a high risk of nurses who work on those units exhibiting more characteristics of burn out.

Nurses with experience showed depersonalization, emotional exhaustion, and moral distress while hope was decreased

Due to this, all factors came with low levels of personal accomplishment



## Interventions and Outcomes Reported in Literature

“Hospitals with multidimensional interventions that address the ICU environmental culture and individual practitioner level are more likely to successfully prevent and treat burnout syndrome. The benefit of any potential burnout syndrome intervention needs to be weighed against the costs associated with its implementation and maintenance” (Moss, 2016).

**Strategies for the nurses working within these units (Intensive Care, Medical Surgical and Pediatrics) include:**

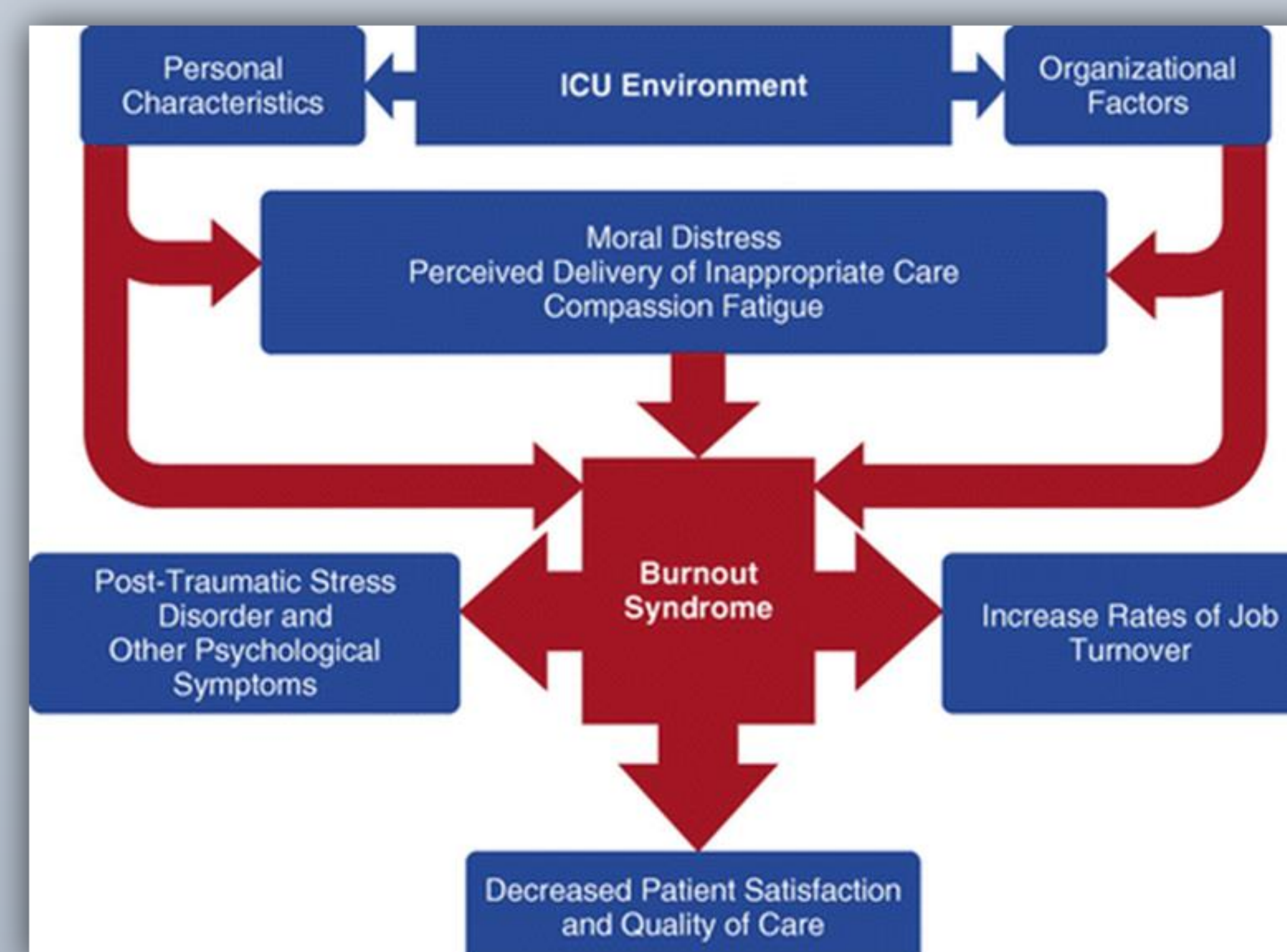
- ❖ Interventions focused on enhancing the ICU environment
- ❖ interventions focused on helping individuals cope with their environment
- ❖ Multidimensional interventions

**Establishing/maintaining a healthy work environment that fosters respect is so important in a hospital setting and must be done to keep the nurses from getting burnout so quickly.**

- ❖ Skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership

**All of this is accomplished by:**

- ❖ Team debriefings
- ❖ Structured communication
- ❖ Collaborating with team members on critical decisions



## Consequences of Burnout

Employees	Employers	Colleagues	Patients
<ul style="list-style-type: none"><li>• Personal Health</li><li>• Family Difficulties</li><li>• Work Performance</li></ul>	<ul style="list-style-type: none"><li>• Absenteeism</li><li>• Presenteeism</li><li>• Turnover</li></ul>	<ul style="list-style-type: none"><li>• Acquired Burnout</li></ul>	<ul style="list-style-type: none"><li>• Quality of Care</li><li>• Medical Errors</li><li>• Decrease Access</li></ul>

## Gaps in the Literature

- ❖ Not one certain action to prevent ICU burnout is effective enough, it is a combination of hospitals approach and nurses coping. Together, those can further increase the odds of retention and patient satisfaction later on.
- ❖ Some nurses were not able to participate/not qualified in these surveys.
- ❖ Not all units of the hospital were included in the survey, but are also at risk for developing burnout.
- ❖ Nurses with three years of experience were significantly more burnt out compared to the nurses with less experience.

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