



CORRESPONDENCE

## Burnout in the intensive care unit: it's a team problem

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### To the Editor,

In 2016, the Critical Care Societies Collaborative published a call to action to raise awareness of burnout and its impact on critical care health professionals.<sup>1</sup> In an effort to understand the magnitude of the issue at our institution, the Department of Critical Care Medicine, Dalhousie University, Nova Scotia completed a survey of its regional intensive care units (ICU) in January 2018. This included an academic adult, an academic pediatric, and a community adult ICU. Following approval from the Nova Scotia Health Authority Research Ethics Board (2017-12-08), surveys were distributed by email to 271 adult and pediatric ICU team members (166 nurses, 78 respiratory therapists, and 27 physicians). Survey design included participant demographics, the Maslach Burnout Inventory (MBI) - Human Services Survey for Medical Personnel<sup>2</sup> and a question on moral distress. Moral distress occurs when, for a variety of reasons, an individual feels they cannot provide ethically appropriate care. Participants were provided with a definition of moral distress as well as examples of clinical situations and internal and external constraints, which may contribute to

this problem. Respondents rated the frequency of moral distress they experienced according to a seven-point Likert scale (ranging from never to everyday).

**Table** Level of burnout by Maslach Burnout Inventory domain and profession

Burnout	RT <i>n</i> = 48	RN <i>n</i> = 93	MD <i>n</i> = 24	Total <i>n</i> = 165
Emotional exhaustion <i>n</i> (%)				
Low	12 (25)	31 (33)	12 (50)	55 (33)
Moderate	23 (48)	35 (38)	7 (29)	65 (39)
High	13 (27)	27 (29)	5 (21)	45 (27)
Depersonalization <i>n</i> (%)				
Low	31 (65)	45 (48)	11 (46)	87 (53)
Moderate	12 (25)	34 (37)	9 (38)	55 (33)
High	5 (10)	14 (15)	4 (17)	23 (14)
Personal accomplishment <i>n</i> (%)				
Low	14 (29)	29 (31)	3 (13)	46 (28)
Moderate	20 (42)	34 (37)	7 (29)	61 (37)
High	14 (29)	30 (32)	14 (58)	58 (35)
Moral distress				
	RT <i>n</i> = 43	RN <i>n</i> = 87	MD <i>n</i> = 24	Total <i>n</i> = 154
None	0 (0)	0 (0)	0 (0)	0 (0)
A few times a year or less	14 (33)	22 (25)	10 (42)	46 (30)
Once a month or less	4 (9)	16 (18)	3 (13)	23 (15)
Few times a month	12 (28)	22 (25)	5 (21)	39 (25)
Once a week	4 (9)	12 (14)	4 (17)	20 (13)
A few times a week	8 (19)	14 (16)	2 (8)	24 (15)
Every day	1 (2)	1 (1)	0 (0)	2 (1)

MD = medical doctor; RN = registered nurse; RT = respiratory therapist

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One hundred and sixty-five (60.9%) of the ICU healthcare providers completed the survey. Response rates varied between professional groups; from 89% among physicians to 56% among nurses. Symptoms of burnout were demonstrated in all of the MBI domains (Table). High levels of emotional exhaustion and a low sense of personal accomplishment were found in more than 25% of our respondents. Also, high levels of depersonalization were found in more than 10% of participants.

Moral distress was also a significant issue for our respondents (Table); 55.2% of participants reported moral distress at least a few times a month and 29.9% reported it at least once a week. Spearman correlation coefficients showed significant positive associations between moral distress and the burnout domains emotional exhaustion ( $r = 0.58$ ,  $P < 0.001$ ) and depersonalization ( $r = 0.34$ ,  $P < 0.001$ ), and a negative association with personal accomplishment ( $r = -0.16$ ,  $P < 0.05$ ).

The rates of burnout reported in this cross-sectional survey are consistent with rates reported internationally and nationally<sup>1,3,4</sup> and contribute to the limited published incidence of burnout in Canadian ICU.<sup>5</sup> Our results reflect the experience of burnout in Halifax and cannot be generalized to the country as a whole. Nevertheless, our results suggest that, although rates may vary by profession, burnout is a problem for the team as a whole and may be prevalent across care providers. As we consider solutions, although some may be specific to the individual profession, it will be essential to consider interventions that are inclusive of the broader healthcare team.

**Conflicts of interest** None declared.

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