

Frequency of Burnout Syndrome in an Intensive Care Unit of Tertiary Care Hospital



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Most of us have days when we feel bored, overloaded or unappreciated.

And you feel like this

Stress

1. Emotions are overactive
2. Produces urgency and hyperactivity
3. Leads to anxiety disorders
4. Primary damage is physical

Burn out

1. Emotions are blunted
2. Produces helplessness and hopelessness
3. Leads to detachment and depression
4. Primary damage is emotional

Burnout is a state of emotional, mental, and physical **exhaustion** caused by excessive and prolonged stress.

It occurs when you feel overwhelmed and unable to meet constant demands.



Causes:

- Work related
- Lifestyle related
- Personality traits

Work related causes:

- Feeling like you have no control over work
- Lack of recognition for good work
- Monotonous or unchallenging work
- Working in unorganized or high pressure environment

Life style related causes:

- Little time for relaxing or socializing
- Taking too many responsibilities, without help of others
- Inadequate sleep
- Lack of close, supportive relationship

Personality traits:

- Perfectionist tendencies
- Pessimistic view of yourself/world
- High achieving, type A personality

- Burnout Syndrome (BOS) was identified in the early 1970s in human service professionals, most notably health care worker
- Physicians and nurses who work in intensive care units (ICU) are thought to have higher levels of burnout because of their stressful work
- Some cross-sectional surveys have reported 50% of ICU physicians and 33% critical care nurses suffer from severe BOS

- The most well studied measurement of burn out in the literature is the Maslach Burnout Inventory (MBI).
- Maslach and her colleague Jackson first identified the construct ‘burnout’ in the 1970s and developed a measure that weighs the effects

Emotional exhaustion

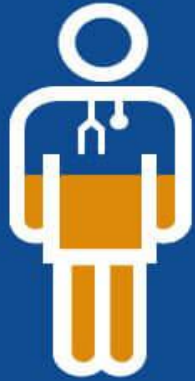
Depersonalization (negative or cynical attitudes toward patients)

Reduced sense of personal accomplishment

Burnout score classification:

Burnout syndrome is leveled on the Maslach Burnout Inventory-Human Service Survey (MBI-HSS).

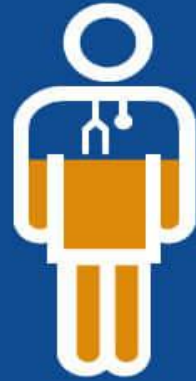
Burnout	Emotional exhaustion score	Depersonalization score	Personal accomplishment score
High	≥ 27	≥ 14	0-13
Moderate	17-26	9-13	31-36
Low	0-16	0-8	≥ 37



54%
of doctors
say they are
burned out.¹



88%
of doctors
are moderately
to severely stressed.²



59%
of doctors
wouldn't recommend
a career in medicine
to their children.³

1. Mayo Clinic 2014.

2. VITAL WorkLife & Cejka Search Physician Stress and Burnout Survey 2015.

3. Jackson Healthcare; 2013 Physician Outlook and Practice Trends.

Effects of burnout:



- High rates of job dissatisfaction
- Elevated rates of suicide, missed work time, and substance abuse
- Declines in empathy and professionalism resulting in profound negative effects on the doctor-patient relationship
- Poor patient care and satisfaction ratings
- Statistically increased medical error rate



Treatment & Care: Individual

Identify and integrate your values

- Into daily practices
- Into your “dream team” (e.g. current and ideal support teams)
- Into your billing and operation
- Innovate today



Nurture personal wellness

- Model self-care (e.g. sleep, exercise, regular medical care, learning)
- Develop stress reduction skills
- Foster relationships (e.g. friends, family, colleagues)
- Adopt religious practices
- Pursue hobbies



Treatment & Care: Organizational

Promote values

- Of the profession
- Of the organization

Provide adequate resources

- Efficiency at work unit level
- Effectiveness at all levels
- Outcome-focus at all levels



Support autonomy

- Flexibility
- Mastery

Promote work-life integration

- Healthcare is a calling
- Financial options

Promote meaning in work



HELP

TEAMWORK

TRUST

SUPPORT

Methodology:

- Cross-sectional study
- The period of four months (April to July, 2017)
- Department of Critical Care Medicine, BIRDEM General Hospital, Dhaka
- Total 93 staff (37 physicians, 44 nurses and 12 ward-attendants)

- After consent, the participants were given a structured questionnaire consisting of 2 parts.
- Part 1 addressed demographic information - gender, age, credentials, employment status, years in practice, work schedule, hours worked/week, smoking and alcohol habit, involvement in teaching and research works.
- Part 2 was MBI-HSS; an inventory consisting of 22 questions to assess three components of burnout; EE, DP, and lack of PA. These items were written in the form of statement about personal feelings and attitudes and answered on a 7- point scale from 0 as never to 6 as every day.

Result:

Table I: Profession of the study subjects (n=93)

Profession	Frequency (n)	Percentage (%)
Doctor	37	39.8
Nurse	44	47.3
Ward-attendent	12	12.9
Total	93	100.0

Table II: Distribution of the study subjects according to age (n=93)

Age (years)	Frequency (n)	Percentage (%)
<20	0	0
20 - 29	49	52.7
30 - 39	39	41.9
≥40	5	5.4
Total	93	100.0

Table III: Distribution of the study subjects according to marital status (n=93)

Marital status	Frequency (n)	Percentage (%)
Married	54	58.1
Unmarried	39	41.9
Total	93	100.0

Table IV: Distribution of the study subjects according to education (n=93)

Education	Frequency (n)	Percentage (%)
Below SSC	7	7.5
SSC	3	3.2
HSC	4	4.3
Diploma	33	35.5
BSc in Nursing	6	6.5
Masters	3	3.2
MBBS	37	39.8
Total	93	100.0

Table V: Working experience of the study subjects (n=93)

Working experience in ICU (years)	Frequency (n)	Percentage (%)
1 - 5	54	58.1
6 - 10	32	34.4
>10	7	7.5
Total	93	100.0

Table VI: Distribution of the study subjects according working days/month in ICU (n=93)

Working days/month in ICU	Frequency (n)	Percentage (%)
5 - 10	4	4.3
10 - 15	20	21.5
15 - 20	12	12.9
20 - 25	57	61.3
Total	93	100.0

Table VII: Distribution of the study subjects according to duty in ICU (n=93)

Duty in ICU	Frequency (n)	Percentage (%)
Daily	14	15.1
Shifting	79	84.9
Total	93	100.0

Table VIII: Distribution of the study subjects according to number of working days at night shift (n=93)

Working at night shift/month in ICU (days)	Frequency (n)	Percentage (%)
1 - 5	6	6.5
6 - 10	78	83.9
>10	5	5.4
Total	89	100.0

Table IX: Distribution of the study subjects according to number of patients taking care per day (n=93)

No. of patients take care	Frequency (n)	Percentage (%)
1 - 5	58	62.4
6 - 10	21	22.6
>10	7	7.5
Total	86	100.0

Table X: Distribution of the study subjects according to smoking habit (n=93)

Smoking habit	Frequency (n)	Percentage (%)
Yes	16	17.2
No	77	82.8
Total	93	100.0

Table XI: Distribution of the study subjects according to alcoholic (n=93)

Alcoholic	Frequency (n)	Percentage (%)
Yes	4	4.3
No	89	95.7
Total	93	100.0

Table XII: Distribution of the study subjects according to involvement in research work (n=93)

Involvement in research work	Frequency (n)	Percentage (%)
Yes	21	22.6
No	72	77.4
Total	93	100.0

Table XIII: Distribution of the study subjects according to involvement in teaching (n=93)

Involvement in teaching	Frequency (n)	Percentage (%)
Yes	34	36.6
No	59	63.4
Total	93	100.0

Table XIV: Distribution of the study subjects supporting the ICU guidelines (n=93)

Do you support guideline	Frequency (n)	Percentage (%)
Yes	91	97.8
No	2	2.2
Total	93	100.0

Table XV: Distribution of the study subjects according to EE (n=93)

EE	Frequency (n)	Percentage (%)
High	43	46.2
Moderate	47	50.5
Low	3	3.2

Table XVI: Distribution of the study subjects according to DP (n=93)

DP	Frequency (n)	Percentage (%)
High	30	32.3
Moderate	27	29.0
Low	36	38.7

Table XVII: Distribution of the study subjects according to PA (n=93)

PA	Frequency (n)	Percentage (%)
High	76	81.7
Moderate	17	18.3

Discussion:

- The ICU staffs are constantly surrounded by critically ill patients, faced with ethical dilemmas, particularly prone to be affected by BOS.
- Here, majority of responders were nurse, in the age group 20-29 years and married. Educational qualifications varied according to job status.
- Workload is usually associated with burnout. The workload of ICU staff is physically demanding, allows limited rest and associated with sleep deprivation.

- Majority of the study population had a working experience in ICU (1-5 year); 21-30 working days/month and shifting duty. 83.9% of staff had usually 6-10 night shifts/month and 62.4% were involved in 1-5 patients' care during duty period.
- Small portion of this study population had smoking and alcohol intake habit
- Majority were not involved in research activities (only physicians involved in research) and teaching (both physicians and nurses involved in teaching)
- Most of responders (97.8%) were supportive of existing ICU guidelines

- Majority of the staff (96.7%) had been suffering from moderate to high EE and 61.3% had been suffering from moderate to high DP; 81.7% scored high on the PA subscale.
- These findings are consistent with other studies but the incidence rate is much higher than previous studies.
- It may be due to inclusion of all ICU staff in this study rather than only physicians or only nurses. Single institute survey may also be the cause of high incidence of BOS.

- In this study, we did not try to make any correlation between the contributory factors and BOS, as it was a simple study to see the demographic profile and burnout frequency.
- Further studies should be done to identify the relationship between these factors and burnout severity

Conclusion:

BOS may be considered a marker of the health of the caregiver team. Indeed severe BOS is frequent in ICU staff, has an important impact on quality of life. This study results suggest that majority of ICU staff are affected by some level of burnout.

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Thank You!