



Published in final edited form as:

*Crit Care Med.* 2020 February ; 48(2): 249–253. doi:10.1097/CCM.0000000000003964.

## The Critical Nature of Addressing Burnout Prevention: Results from the Critical Care Societies Collaborative’s National Summit on Prevention and Management of Burnout in the ICU

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### Abstract

**Objective:** To summarize the results of expert discussions and recommendations from a National Summit on the Prevention and Management of Burnout in the ICU.

**Data Sources:** Literature review; Critical Care Societies Collaborative (CCSC) Statement on Burnout Syndrome in Critical Care Health Care Professionals: A Call for Action; CCSC’s National Summit on Prevention and Management of Burnout in the ICU.

**Study Selection:** Not applicable

**Data Extraction:** The CCSC comprises the four major critical care-focused U.S. professional and scientific societies, which are the American Association of Critical-Care Nurses, American Thoracic Society, American College of Chest Physicians and Society of Critical Care Medicine. The CCSC, recognizing the importance of addressing burnout among critical care professionals, published a call for action in 2016 that reviewed relevant research and addressed potential interventions for mitigating burnout.

**Data Synthesis:** Building on the call for action, the CCSC sponsored the National Summit on Prevention and Management of Burnout in the ICU with 55 invited experts in various fields including psychology, sociology, integrative medicine, psychiatry, suicide prevention, bereavement

support, ethics, palliative care, meditation, mindfulness-based stress reduction, among others. Attendees joined one of five breakout groups, which focused on: 1) factors influencing burnout in ICU professionals, 2) identifying burnout in ICU professionals, 3) the value of organizational interventions in addressing burnout, 4) the value of individual interventions in addressing burnout, and 5) advancing the research agenda

**Conclusions:** Attendees were unanimous in their identification of burnout as a recognized and imminent risk that is embedded in the fabric of critical care work. Recommendations were made for both organizational and individual accountability to effectively mitigate burnout. Priorities identified included raising awareness among critical care clinicians and key stakeholders, advocating for workplace changes to promote healthy work environments, and promoting research to further explore practical strategies to address, mitigate, and prevent burnout.

### Keywords

resilience; intensive care unit; burnout; clinician well-being; critical care

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### Overview

The increasing interest in burnout syndrome (BOS) among healthcare providers is raising awareness on the importance of addressing, mitigating, and preventing burnout.

A number of initiatives have been launched to address burnout and promote resilience, including those of the National Academy of Medicine (NAM), American Medical Association (AMA), American Nurses Association (ANA), and Accreditation Council for Graduate Medical Education (ACGME).<sup>1-4</sup> These programs clearly show that a national conversation has been started with the ultimate goal of addressing burnout in healthcare professionals and emphasize the unique concern among professional organizations on the toll that burnout is imposing on healthcare workers and their patients.

### Burnout in Critical Care Healthcare Clinicians

The consequences of clinician burnout are significant, with implications for workplace morale, patient safety, quality of care, and costs of care, including costs related to clinician turnover.<sup>5</sup> While research has substantiated that all healthcare providers are at risk for burnout, critical care clinicians are at particular risk. Recent surveys indicate that intensivists have the highest rate of burnout among all specialties,<sup>6</sup> and critical care nurses have also been shown to have high rates of burnout.<sup>7-9</sup> Notwithstanding the pervasive nature of burnout among all types of healthcare professionals, important differences exist in critical care providers. In addition to the elevated rates of burnout among intensive care unit (ICU) clinicians, the triggers of burnout in the ICU are unique, and relate to exposure to pain, death and dying, open wounds, trauma and tragedy, and the perception of delivering inappropriate care.<sup>7</sup>

There is no single and readily identifiable cause of burnout; rather, many factors can contribute to it. A recent perspective highlighted that the increasing clerical burden, due in part to electronic medical record documentation requirements, is one of the largest drivers of

burnout in healthcare.<sup>10</sup> However, the unique characteristics of working in the ICU exposes clinicians to inordinately high levels of stress, conflicts regarding goals of care, and moral distress from providing care to patients at high risk of death. These factors all lead to increased risk of burnout and potentially unique opportunities to mitigate such enhanced risk by directly and interactively addressing the particular clusters of precipitating factors that emerge in the ICU.

## Critical Care Societies Collaborative

The Critical Care Societies Collaborative (CCSC) comprises the four major critical care-focused U.S. professional and scientific societies, which are the American Association of Critical-Care Nurses (AACN), American Thoracic Society (ATS), American College of Chest Physicians (CHEST) and Society of Critical Care Medicine (SCCM). The CCSC, recognizing the importance of addressing burnout among critical care professionals, published a call for action in 2016 that reviewed relevant research and addressed potential interventions for mitigating burnout.<sup>11</sup> Highlighted in the call for action was recognition that the ICU environment poses challenges to clinicians because of the nature of critical illness and because organizational and individual risk factors can result in moral distress, compassion fatigue, and psychological distress, which can lead to BOS. In a coordinated effort to further promote the dissemination of awareness and gauge membership feedback, the CCSC has also sponsored symposia at its member organizations' national meetings, including AACN's National Teaching Institute & Critical Care Exposition, SCCM's annual Congress, and the CHEST Annual Meeting and American Thoracic Society International Conference. The CCSC has also developed information on BOS, which can be found on its website, and has promoted social media conversations, including the use of the hashtag #stopICU burnout.

## National Summit on Prevention and Management of Burnout in the ICU

Building on the call for action, the CCSC recently sponsored the National Summit on Prevention and Management of Burnout in the ICU and invited 55 experts in fields including psychology, sociology, employee assistance, integrative medicine, psychiatry, suicide prevention, occupational medicine, nursing, social work, sleep medicine, bereavement support, ethics, palliative care, meditation, mindfulness-based stress reduction, and research.<sup>12</sup> Former ICU patients and graduate psychology, pharmacy, and nursing students also attended to offer diverse viewpoints and expertise and to formulate approaches that accelerate actions to address and prevent BOS. A number of national organizations were represented, including the American Hospital Association, National Patient Safety Foundation, the Joint Commission, ACGME, American Foundation for Suicide Prevention, NAM, the Institute for Healthcare Improvement, and Shambhala Meditation Center. The goals of the summit were to focus on identification, risk factors, and interventions for prevention and mitigation of burnout, as well as areas important to developing a research agenda as it pertains to critical care healthcare professionals.

Attendees joined one of five breakout groups, which focused on: 1) factors influencing burnout in ICU professionals, 2) identifying burnout in ICU professionals, 3) the value of

organizational interventions in addressing burnout, 4) the value of individual interventions in addressing burnout, and 5) advancing the research agenda. Attendees were unanimous in their identification of burnout as a recognized and imminent risk that is embedded in the fabric of critical care work. Therefore, targeting measures to address the stressful ICU environment was acknowledged as a key component in mitigating burnout in ICU clinicians. A number of thematic concepts, both distinct and overlapping, emerged from the breakout group discussions, as outlined in Tables 1 through 5.

Summit attendees discussed the value of various interventions and the role of organizations in promoting healthy work environments. Discussants determined that both organizational and individual accountability are needed to effectively mitigate BOS. While they acknowledged greater awareness of the need to build resilience and promote healthy work environments, additional resources are needed to aid clinical application. Areas for additional research with implications for ICU clinicians were also identified, including measures to identify and quantify risks for burnout and the impact of targeted interventions.

## Discussion

Research has established that both organizational interventions, including appropriate staffing, meaningful recognition, team building, or altering work schedules, and individual interventions, including stress reduction training, relaxation techniques, exercise, meditation, healthy eating, and sleep hygiene measures, can reduce the risk of burnout.<sup>13,14</sup> However, additional information is needed on which strategies are most useful for critical care clinicians and whether a more specifically tailored approach is necessary to achieve optimal results. Recently published reports on efforts to reduce burnout and promote engagement have demonstrated that deliberate, sustained, and comprehensive efforts by organizations can make a difference.<sup>15</sup> Because a number of factors affect clinician well-being and resilience, both organizational and individual interventions bring value to managing work-related stress, improving well-being, and alleviating fatigue and moral distress.<sup>16</sup> The national attention that is being focused on addressing workplace environments as well as resources for building clinician resilience by entities such as NAM's Clinician Well-being Knowledge Hub,<sup>17</sup> AMA's Steps Forward module on reducing burnout,<sup>18</sup> ANA's Healthy Nurse Healthy Nation grand challenge<sup>3</sup> and AACN's Healthy Work Environment standards<sup>19</sup> showcase broad-based support. In today's challenging healthcare environment, there is a strong business case to be made for organizations and individuals to invest in efforts to reduce burnout and promote engagement.<sup>15</sup>

## Implications

Summit attendees identified that the CCSC could partner with other organizations that are already focusing on the work environment and burnout and share what is being done to address it. Based on the summit, the CCSC will continue to raise awareness, disseminate information to critical care clinicians and key stakeholders, advocate for workplace changes to promote healthy work environments, and promote research to further explore practical strategies to address, mitigate, and prevent BOS. A number of resources from the summit are on the CCSC website.<sup>12</sup> The CCSC also plans to launch a call for research on the prevention

and mitigation of burnout among critical care professionals. NAM's ongoing work to address clinician well-being and resilience highlights the critical role that organizations, including professional societies, can play in promoting awareness, recognition, and management of burnout for healthcare clinicians.<sup>20–21</sup> NAM plans to expand its recently launched resource website<sup>22</sup> as one way to promote awareness. Use of this resource and others is another important role that the CCSC can play.

Because ICU care revolves around life-threatening critical illness, addressing the prevention of burnout in the ICU has also become critical. The CCSC member organizations will continue to push for improved awareness of BOS among their members, disseminate knowledge, and facilitate access to individual and organizational tools to promote recognition of BOS. The CCSC will also continue to address the prevention, identification, and mitigation of burnout in ICU healthcare professionals. The future of the profession and optimal patient care depend on it.

## Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

## Acknowledgement:

This manuscript reports on the work of a Critical Care Societies Collaborative (CCSC) workgroup. The CCSC comprises the four major U.S. professional and scientific societies dedicated to the care of critically ill patients, which are the American Association of Critical-Care Nurses, the American College of Chest Physicians, the American Thoracic Society, and the Society of Critical Care Medicine.

**Copyright form disclosure:** Dr. Kleinpell received support for article research from the Critical Care Societies Collaborative (CCSC)/SCCM. Dr. Moss received support for article research from the NIH. Dr. Good received other support from American Association of Critical Care Nurses. Dr. Sessler received funding from American College of Chest Physicians (CHEST) (travel expenses for service on the Board of Regents and for service on the CCSC). Dr. Gozal disclosed that he does not have any potential conflicts of interest.

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**Table 1**

## Institutional Resources and Measures Being Implemented

	Number	Percent
<b>Organizational Measures</b>		
Healthy food choices on campus	331	55.8
On-campus exercise/gym facilities	263	44.5
Self-scheduling	258	43.5
Ability to take personal/respice days	148	25
Interpersonal/communication training	131	22.1
Limit the maximum number of days to work consecutively in the ICU	114	19.2
Respice room	91	15.3
Staff support groups	66	11.1
ICU team building training	63	10.6
<b>Individual Measures</b>		
Yoga class	115	19.4
Mindfulness based stress reduction class	107	18
Meditation class	58	9.8

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