CHEST

An Official Critical Care Societies Collaborative Statement—Burnout Syndrome in Critical Care Health-care Professionals

A Call for Action

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PODCAST

Burnout syndrome (BOS) occurs in all types of health-care professionals and is especially common in individuals who care for critically ill patients. The development of BOS is related to an imbalance of personal characteristics of the employee and work-related issues or other organizational factors. BOS is associated with many deleterious consequences, including increased rates of job turnover, reduced patient satisfaction, and decreased quality of care. BOS also directly affects the mental health and physical well-being of the many critical care physicians, nurses, and other health-care professionals who practice worldwide. Until recently, BOS and other psychological disorders in critical care health-care professionals remained relatively unrecognized. To raise awareness of BOS, the Critical Care Societies Collaborative (CCSC) developed this call to action. The present article reviews the diagnostic criteria, prevalence, causative factors, and consequences of BOS. It also discusses potential interventions that may be used to prevent and treat BOS. Finally, we urge multiple stakeholders to help mitigate the development of BOS in critical care health-care professionals and diminish the harmful consequences of BOS, both for critical care health-care professionals and for patients.

CHEST 2016; 150(1):17-26

KEY WORDS: burnout syndrome; critical care; ICU; moral distress; posttraumatic stress disorder

Psychological stress develops when an individual's external demands exceed their adaptive abilities. Although stress may help an individual become more focused, chronic and excessive stress has deleterious effects such as feeling pressured and being overwhelmed.

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ABBREVIATIONS: BOS = burnout syndrome; CCSC = Critical Care Societies Collaborative; MBI = Maslach Burnout Inventory; PTSD = posttraumatic stress disorder

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FUNDING/SUPPORT: This document was jointly developed by members of the Critical Care Societies Collaborative, which consists of the American Association of Critical Care Nurses, the American College of Chest Physicians, the American Thoracic Society, and the Society of Critical Care Medicine.

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DOI: http://dx.doi.org/10.1016/j.chest.2016.02.649

Extreme stress can result in insomnia, fatigue, irritability, anxiety, and depression. For many adults, the demands from their work environment are a major contributor to feeling stressed. Due to increasing expectations, longer hours, and a relative lack of community support in the workplace, the amount of work-related stress has increased over the last few decades. As a result, burnout syndrome (BOS) has become a common worldwide phenomenon, especially among members of high-stress professions: firefighters, police officers, teachers, and all types of health-care professionals. Compared with all high school graduates, physicians were 36% more likely to develop BOS.[1] Among physicians, those at the front line of care (family medicine, emergency medicine, and general internal medicine) report the highest rates of BOS (ie, > 40%).

Working in an ICU can be especially stressful because of the high patient morbidity and mortality, challenging daily work routines, and regular encounters with traumatic and ethical issues.[2,3] This level of nearly continuous and excessive stress can rapidly accelerate when caregivers perceive that there is insufficient time or limited resources to properly care for patients. Until recently, the critical care community was relatively unaware of the harmful effects of working in a stressful ICU environment, including the development of BOS and other psychological disorders.[3-10] Unfortunately, critical care health-care professionals have one of the highest rates of BOS (ie, > 50%),[11] and development of this disorder may adversely affect the ability to care for patients properly.

The Critical Care Societies Collaborative (CCSC) comprises four major US professional and scientific societies: the American Association of Critical-Care Nurses, the American College of Chest Physicians, the American Thoracic Society, and the Society of Critical Care Medicine. The CCSC convened a working group to acknowledge the importance of BOS and other psychological disorders in critical care health-care professionals and to publish a document in the society's four major journals that would focus attention on this issue. The primary objectives of the present commentary were to: (1) summarize the available literature regarding the diagnostic criteria, prevalence, causative factors, and consequences of BOS and related conditions, (2) raise awareness of BOS within the critical care community, and (3) inform multiple stakeholders of their potential roles in reducing BOS and its deleterious consequences in health-care professionals and their critically ill patients.

We searched the Cochrane Library and Medline by using PubMed for published research relevant to BOS. A variety of search terms were entered, including (but not limited to) the following: "burnout syndrome," "critical care," "nursing," "posttraumatic stress disorder," "moral distress," "resiliency," and "mindfulness." Search terms were grouped together and individually cross-matched. Pertinent review articles, editorials, books, and references from identified articles were also reviewed. We preferentially selected publications from the past 10 years but also included commonly referenced or highly regarded older publications.

What Is BOS?

First described in the 1970s, BOS is a work-related constellation of symptoms and signs that usually occurs in individuals with no history of psychological or psychiatric disorders.[12] BOS is triggered by a discrepancy between the expectations and ideals of the employee and the actual requirements of his or her position. Symptoms of BOS typically develop gradually and are usually absent when entering a new type of employment. In the initial stages of BOS, individuals feel emotional stress and increasing job-related disillusionment.[13] They subsequently lose the ability to adapt to the work environment and display negative attitudes toward their job, their coworkers, and their patients. Eventually, the three classic symptoms of BOS develop: exhaustion, depersonalization, and reduced personal accomplishment.[14] Exhaustion is generalized fatigue that can be related to devoting excessive time and effort to a task or project that is not perceived to be beneficial. For example, a feeling of exhaustion, particularly emotional exhaustion, may be caused by continuing to care for a patient who has a very poor chance of recovery. Depersonalization is a distant or indifferent attitude toward work. It manifests as negative, callous, and cynical behaviors or interaction with colleagues or patients in an impersonal manner. Depersonalization may be expressed as unprofessional comments directed toward coworkers, blaming patients for their medical problems, or the inability to express empathy or grief when a patient dies. Reduced personal accomplishment is the tendency to negatively evaluate the worth of one's work, feeling insufficient regarding the ability to perform one's job, and a generalized poor professional self-esteem.

Individuals with BOS may also develop nonspecific symptoms such as feeling frustrated, angry, fearful, or anxious (Table 1). They may also express an