



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

BURN OUT SYNDROME (BOS) IN INTENSIVE CARE UNIT STAFF

Mr. Benson K John¹, Dr. Rajwant Kaur Randhawa², Dr. Priyanka Chudhary³

Ph D Scholar¹, Professor², Associate Professor³

Desh Bhagat University, Off to NH1, Mandi Gobindgarh, District Fatehgarh Sahib, Punjab-147301, India

Abstract:

Introduction: A comprehensive evaluation of Burnout Syndrome in Intensive Care Unit workforce and in all three Burnout Syndrome domains: Emotional Exhaustion, Depersonalisation and lack of Personal Accomplishment.

Methods: A questionnaire was used incorporating the 22-item Maslach Burnout Inventory Human Services Survey for medical personnel. Burnout Syndrome domain scores were stratified by 'risk'. Associations with gender, profession and age-group were explored.

Results: In total, 996 multi-disciplinary responses were analyzed. For Emotional Exhaustion, females scored higher and nurses scored higher than doctors. For Depersonalisation, males and younger respondents scored higher.

Conclusion: Approximately one-third of Intensive Care Unit team-members are at 'high-risk' for Burnout Syndrome, though there are important differences according to domain, gender, age-group and profession. This data may encourage a more nuanced understanding of Burnout Syndrome and more personalised strategies for our heterogeneous workforce.

Keywords: Intensive care, Burnout Syndrome, wellbeing, Maslach Burnout Inventory, Depersonalisation, Emotional Exhaustion, Personal Accomplishment, multi-disciplinary, workplace stress

Introduction:

Intensive Care Units (ICUs) attract staff who are typically dedicated, driven and invested. These traits should help ICU healthcare professionals (HCPs) deliver patient-care that is safe, expedient and empathic. ICU HCPs may not, however, attend to their own psychological needs or those of colleagues. This workplace also comes with inherent stressors and distractions. Imbalance can impair practitioner wellbeing, increase work-related stress and lead to Burnout Syndrome (BOS).

Burnout syndrome was identified in the early 1970s in human service professionals, most notably health care workers. BOS has been described as an inability to cope with emotional stress at work or as excessive use of energy and resources leading to feelings of failure and exhaustion. Although depression affects nearly every aspect of the person's life, symptoms of burnout occur only at work; however, BOS also decreases overall well-being.

Definition:

It is also called stress syndrome. It is a syndrome conceptualized as resulting from chronic workplace that has not been successfully managed.

Domains:

Maslach Burnout Inventory (MBI) outlined three BOS domains: (i) Emotional Exhaustion (a feeling of nothing left to give); (ii) Depersonalization (whereby caregivers feel disconnected, negative or cynical) and (iii) lack of Personal Accomplishment (whereby caregivers feel inadequate and ineffective in their work).

Physical symptoms of BOS:

BOS include tiredness, insomnia, emotional liability, frustration and anxiety, exhaustion, lack of energy, reduced performance, concentration and memory problems and depression.

Research Methodology:

Laura Vincent conducted BOS study in UK ICU and it was descriptive study. 996 multidisciplinary responses were analyzed from intensive care staff include their Emotional exhaustion, depersonalization and personal accomplishment. It was random sampling technique. Data were extracted from survey monkey and transferred to spss. 2 part questionnaires (basic demographic data and 22 item self completion) and Maslach Burnout Inventory (MBI) Human Services Survey were used to collect the data. Multidisciplinary Respondents reported via a 7 point Likerts scale with 22 items questionnaire which include Emotional exhaustion (9), depersonalization (5) and personal accomplishment (8). Only complete MBI were included. Proportional data were compared using the chi-square test or Fishers exact test. P-value of < 0.05 were interpreted as significant.

Data analysis:

Specifically noted that, emotional exhaustion female staff scored high and nurses scored higher than doctors. In depersonalization males and younger respondents scored higher.

Depersonalisation and Emotional Exhaustion scores were strongly positively associated ($p < 0.0005$) and were both strongly inversely associated with Personal Accomplishment ($p < 0.0005$) (i.e. suffering from Emotional Exhaustion or Depersonalisation is associated with a lower sense of accomplishment).

Limitations of study:

1. Reduce generalizability
2. Distressing interpersonal interactions or one's personal life
3. It probes negative emotions of personal experience

Conclusion of study:

Approximately 1/3 of ICU team members are at high risk for BOS due to stress therefore it's called stress syndrome.

Consequences of BOS:

It (burnout) does not go away on its own rather it will get worse unless we address the underline issues causing it. If we ignore burn out, it will only cause us further harm down the line. Burn out feel burned out, empty and powerless. As performance decreases emotional exhaustion and fear of failure increase. Those affected feel completely overwhelmed and buried under a wealth of expectations from other people.

Solutions can be overcome BOS:

1. Take time off
2. Try to take a complete break from work (if burnout seems inevitable)
3. Go on vacation, use up sick days.
4. Ask for a temporary leave of absence
5. Use the time away to recharge our batteries and pursue other methods of recovery.

References:

1. Marie Ce'cile Poncet , Philippe Toullic, Burnout Syndrome in Critical Care Nursing Staff, American journal of respiratory and critical care medicine VOL 175 2007, 698-704.
2. Haifa A. Al-Turki, Rasha A. Al-Turki, Burnout syndrome among multinational nurses working in Saudi Arabia, Annals of African Medicine Vol. 9, No. 4; 2010: 226-229
3. Christina Maslach and Michael P. Leiter' Understanding the burnout experience: recent research and its implications for psychiatry, World Psychiatry. 2016 Jun; 15(2): 103–111.
4. Marc Moss, Vicki S. Good, David Gozal, A Critical Care Societies Collaborative Statement: Burnout Syndrome in Critical Care Health-care Professionals, American Journal of Respiratory and Critical Care Medicine Volume 194 Number 1 | July 1 2016, 106-113.
5. Laura Vincent & Peter G Brindley, Burnout Syndrome in UK Intensive Care Unit staff: Data from all three Burnout Syndrome domains and across professional groups, genders and ages Journal of the intensive care society 2019, Vol.20 (4), 363-369.