

# **BURNOUT IN CRITICAL CARE**

PROVINCIAL REPORT  
2019 SURVEY



**CCSO** Critical Care Services Ontario

## Introduction

Critical Care Services Ontario (CCSO) is a provincial agency of the Ministry of Health (MOH) with a mandate to identify critical care system needs and collaborate with healthcare partners to improve access for patients, quality and system integration. A key goal of the 2018-2021 Ontario Critical Care Plan is to nurture People Strength; essentially to lead a future-ready people strategy that deepens skills in collaborative change management and team-based care.

CCSO has been profiling workforce trends in critical care staff since 2007 in the Critical Care Workforce Profile (CCWP). More recently, informed by feedback in the 2018-21 CCSO strategic planning process, the 2018 Town Hall tours and the CCSO 2019 Annual Quality Conference '*ICU Strain and Building People Strength*' CCSO has been including a People Strength pillar across its various programs.

In June and July of 2019 CCSO conducted a 1-Measure Burnout Survey of front-line critical care staff in Ontario. Hospital corporations had to "opt in" for their hospitals' critical care units to participate; determining which critical care units and staff were invited to participate in the survey. It was conducted with the intention to expand knowledge of burnout within critical care throughout the province and to provide a foundation for improvement efforts and strategies. This report summarizes the results of the survey across the province in front-line critical care staff.

We sincerely acknowledge all the staff in critical care teams across the province that participated, their openness to share their experiences and the willingness of hospitals to better understand this important issue.

## What is Burnout?

Burnout is defined as *an occupational condition characterized by emotional exhaustion, depersonalization, and a low sense of personal accomplishment*. Job burnout doesn't happen overnight. It is a gradual process that begins with chronic stress and evolves over time.<sup>1</sup>

## What is the Relevance of Burnout to Critical Care?

Critical care practitioners are reported to be at a particularly high risk of burnout due to the unique job demands present in intensive care unit environments. Critical care nurses more commonly experience Burnout Syndrome (BOS) with rates as high as 73% for emotional exhaustion, 60% for feeling a lack of personal accomplishment, and 48% noting depersonalization in their care.<sup>2</sup> Common subconscious behaviour due to chronic elevated work stress include<sup>3</sup>: Going into 'doing' mode; trying to increase a sense of control through use of power – bullying or coercion; making others feel fearful; micromanaging; taking the path of least resistance; dissociating from our suffering (and those around us); blaming, scape-goating; using policy punitively and; forming groups and cliques. The Consequences of burnout on the individual include exhaustion, worry, stress, poor decision-making, pessimism, and feeling disconnected. Meanwhile, impact on teams includes reduced team morale, poor communication, and negative emotional contagion.<sup>4</sup> The risk of burnout in critical care providers can significantly impact on recruitment and retention of staff, with potential negative impacts on the system's ability to maintain existing physical critical care capacity in operation for safe patient care.

## About the Survey Question

The validated question<sup>5</sup> posed to front-line critical care staff in the CCSO 1-Measure Burnout Survey was as follows:

*Overall, based on the definition of burnout, how would you rate your level of burnout?*

1. I enjoy my work. I have no symptoms of burnout.
2. *Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.*
3. *I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.*
4. *The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.*
5. *I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.*

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<sup>1</sup> Fenner, S. What is Job Burnout? – Definition, Signs & Symptoms. 2019. Chapter 3 (Lesson 7). *Human Resource Management: Help and Review*. Study.com

<sup>2</sup> Mealer M, Burnham EL, Goode CJ et al. The prevalence and impact of post traumatic stress disorder and burnout syndrome in nurses. *Depress Anxiety* 2009;26:1118-26.

<sup>3</sup> Chan LL., Burnout syndrome among critical care professionals: a cause for alarm. *Crit Care Altern* 2013; 21: 65-68.

<sup>4</sup> Ibid.

<sup>5</sup> Dolan ED., Using a Single Item to Measure Burnout in Primary Care Staff: A Psychometric Evaluation. *J Gen Intern Med*. 2015 May; 30(5): 582-587.

## Participation Rates in the 1-Measure Burnout Survey



**42**  
CORPORATIONS  
of 81 across the province  
participated in the survey.

**99**  
UNITS

or 63% of the units  
from the participating  
corporations took part  
in the survey.



**27%**  
BEDSIDE NURSES  
from units represented,  
participated in the survey.

For this initial work in surveying front-line critical care staff about burnout, 42 corporations across the province (out of a total 81 with critical care units) participated in the CCSO provincial 1-measure burnout survey. This corporate participation included 99 critical care units, or 63% of the units from participating corporations. Within these critical care units, 27% of bedside nurses participated in the survey.

Although there was generally good participation from across the province, hospitals of the TC LHIN did not participate as many cited ongoing work throughout their organizations to understand and support the issue of burnout and workplace wellness within their teams.

There was strong participation in the survey from across different unit types. From adult units, 26.7% of units participated in the survey, within paediatric units 31.1% of units participated and for neonatal units 38.9% participated in the survey.



Neonatal

**26.7%**



Paediatrics

**31.1%**



Adult

**38.9%**

There was strong participation across disciplines, which is important to the findings as some published literature reports that burnout, often categorized as Burnout Syndrome (BOS), may have features of a social phenomenon more than an individual manifestation<sup>6</sup>. The majority of respondents were bedside nurses 71.1%, followed by 9.8% who were allied health professionals, 3.2% categorized as other, 2.6% clerical administrative staff, and 1.2% who are advanced practice nurses.

**71.1%**  
Bedside Nurses



**9.8%**  
Allied Health  
Professionals



**2.6%**  
Clerical Admin  
Staff



**1.2%**  
Advanced  
Practice Nurse



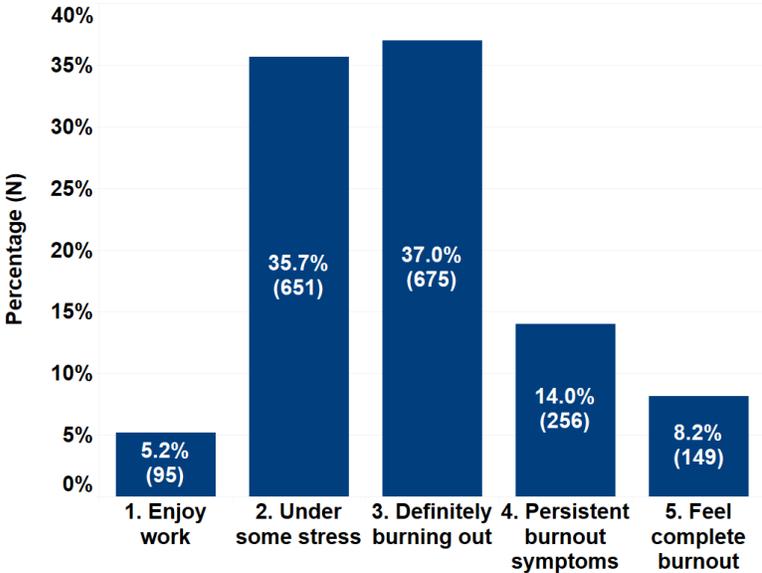
**15.3%**  
Other/Unknown

<sup>6</sup> Highfield J., Promoting Psychological Wellbeing and Reducing the Risk of Burnout in Critical Care Staff. National Health Service UK. 2018 Draft for Consultation.

# 1-Measure Burnout Survey Overall Provincial Results

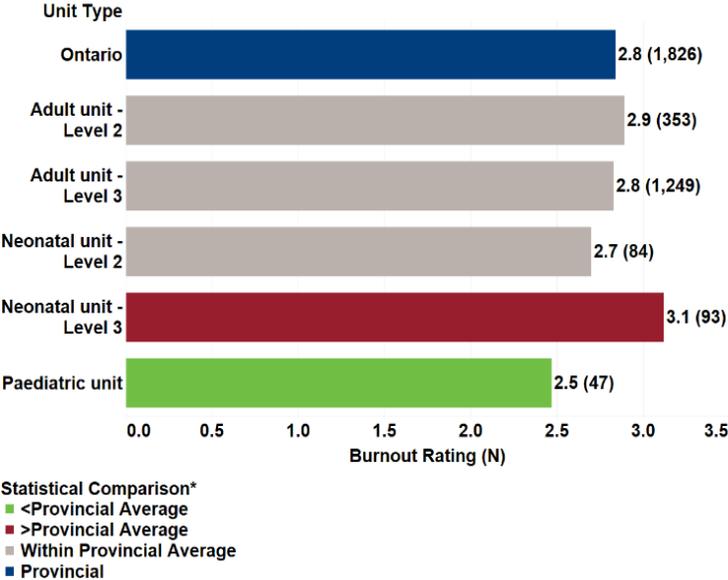
Staff from participating critical care units across Ontario report considerable symptoms of burnout. The average burnout score for those responding to the survey is 2.8, where 3 on the scale indicates “definitely burning out”. Collectively (responses at levels 3, 4 and 5), 59.2% of critical care staff across the province is experiencing symptoms of burnout. It is notable that only 5.2% of the provinces’ critical care staff, (the smallest portion of respondents) reported that they “enjoy work”. This presents a considerable opportunity for improvement.

FIGURE 1: PROVINCIAL BURNOUT SCORE DISTRIBUTION



## Burnout Score by Unit Type

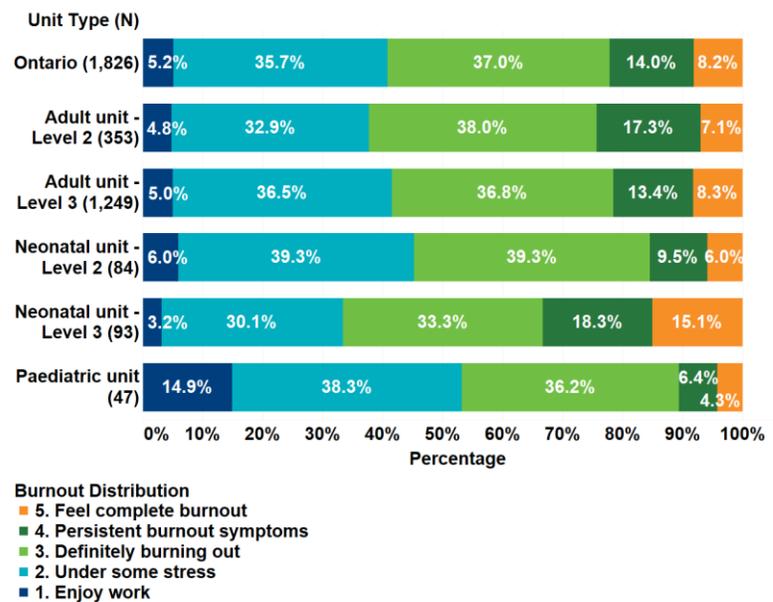
FIGURE 2: STATISTICAL SIGNIFICANCE FOR BURNOUT RATING BY UNIT TYPE AND LEVEL OF CARE



Respondents from neonatal level 3 units (average burnout score of 3.1) are more significantly burned out compared to the provincial average. Anecdotal feedback from attendees at 2019 CCSO Town Hall meetings, indicated that some elements within the NICU level 3 caregiver experience may relate to strain associated with thresholds of viability for patients. Supporting teams through these challenging patient scenarios is an opportunity for further exploration.

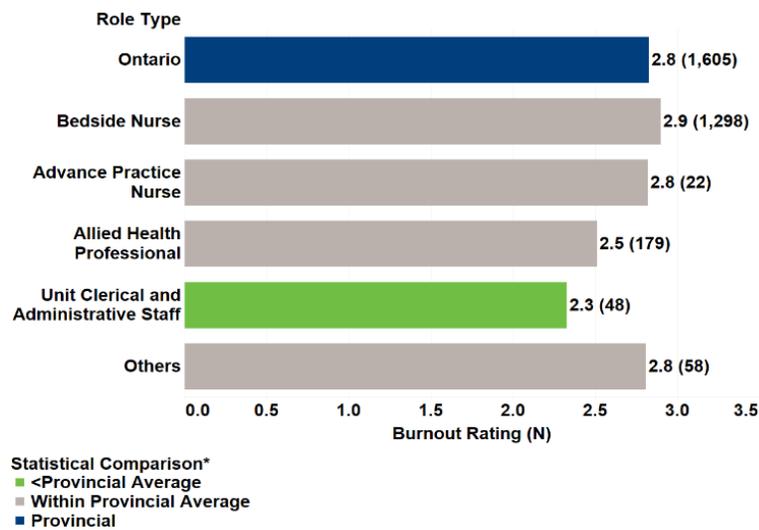
Respondents from neonatal level 3 units also reported the largest proportions of staff indicating their “burnout symptoms won’t go away” (18.3%), with 15.1% responding that they feel “completely burned out”. Meanwhile, paediatric critical care units had the largest proportion of staff reporting that they “enjoy work”, and the least reported responses of having “persistent burnout symptoms” (6.4%) or that they “feel complete burnout” (4.3%).

FIGURE 3: BURNOUT RATING DISTRIBUTION BY UNIT TYPE AND LEVEL OF CARE



### Burnout Score by Role Type and Experience

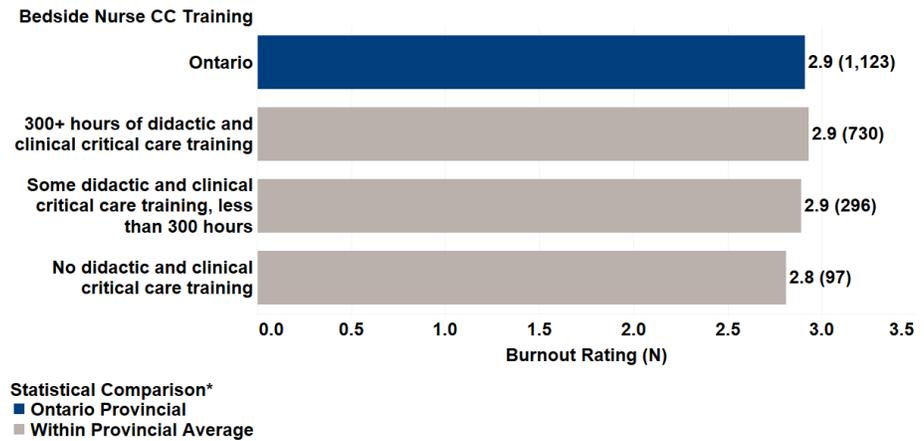
FIGURE 4: STATISTICAL SIGNIFICANCE FOR BURNOUT RATING BY ROLE TYPE



Burnout scores across most role types were not statistically significant from the provincial average overall. Clerical and administrative staff, however, reported feeling less burned out, at a score of 2.3. Survey respondents who did not identify a role type were excluded from this analysis.

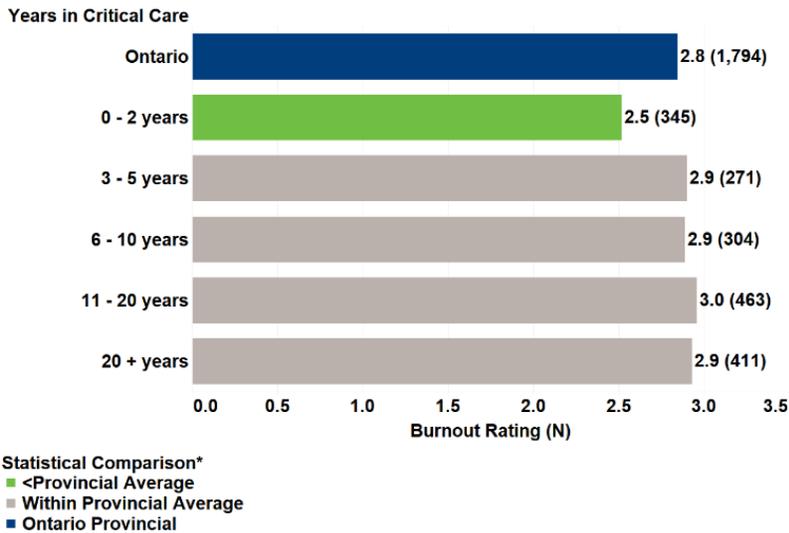
The Analysis also examined if there was a difference in feelings of burnout symptoms based on the amount of critical care training nursing staff had. As the graph to the right shows, feelings of burnout were similar for nursing staff independent of the amount of critical care training the staff member had.

**FIGURE 5: STATISTICAL SIGNIFICANCE FOR BURNOUT RATING BY AMOUNT OF CRITICAL CARE NURSE TRAINING**



### Burnout Score by Years of Experience in Critical Care

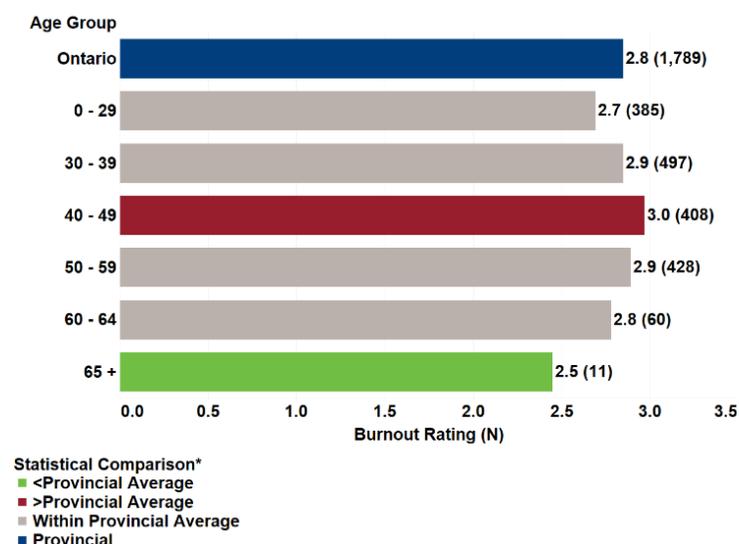
**FIGURE 6: STATISTICAL SIGNIFICANCE FIR BURNOUT RATING BY YEARS EXPERIENCE IN CRITICAL CARE**



When examining the relationship between years of experience in critical care and feelings of burnout, our analysis found that staff early in their critical care career (less than 2 years of experience) did report feeling a lower burden of burnout (average score of 2.5), than the provincial average overall.

## Burnout Score by Age Group

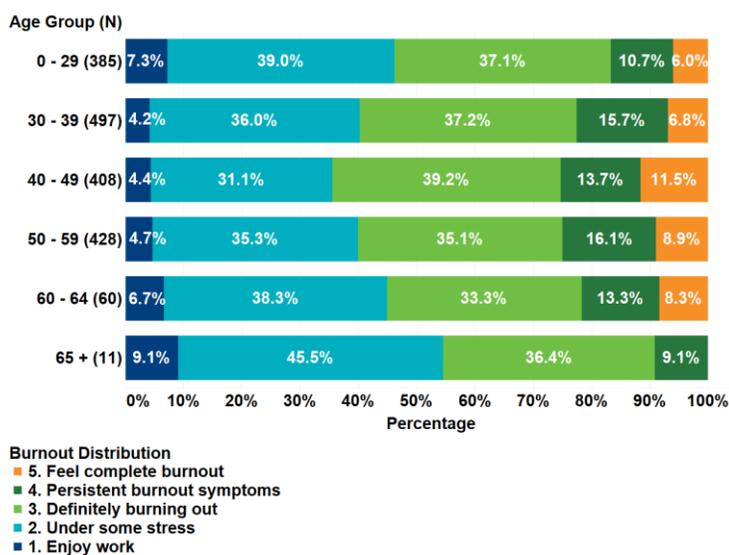
FIGURE 7: STATISTICAL SIGNIFICANCE FOR BURNOUT RATING BY AGE GROUPS



The demographics and age group of survey respondents were also considered in the analysis of results provincially. Fig 7 highlights that those age 40-49 report burnout scores significantly greater (average score of 3.0) than the provincial average. Meanwhile, those aged 65 and older reported the lowest burnout scores (average score of 2.5), which was also statistically significant lower than the provincial average.

FIGURE 8: BURNOUT DISTRIBUTION RATING BY AGE GROUP

When examining responses across the 5-point scale, those aged 40-49 reported the largest proportion (11.5%) of respondents feeling “completely burned out”. Meanwhile, those age 50-59 reported the largest proportion who had “burnout symptoms that won’t go away” at 16.1%.



## Conclusion

This is the first provincial-level survey to give a glimpse into the state of burnout for staff in Ontario's critical care system. It is an important first step in gauging burnout in critical care and setting the stage to further study the impact of unique stresses of the work environment and patient complexity factors. Focus on People Strength is a key element in Ontario's Critical Care Plan and the results of this Burnout survey provide ample opportunities to work collaboratively with system partners to better understand the issues and advance solutions to tackle the issue collectively within units.

CCSO is committed to identifying and sharing a suite of practical tools and resources that can be accessed and shared with the system. This has been compiled by searching published literature, reviewing strategies used in other jurisdictions and sourcing tools known to be developed and/or used by international quality improvement organizations. These resources and tools have been collated and are available on the CCSO website. The intent is to have resources available that may be useful or hold potential solutions for individuals, unit managers or critical care leadership working in partnership to better understand and address factors contributing to symptoms of burnout in the system.

The 1-measure burnout survey will be incorporated into CCSO's bi-annual Critical Care Workforce Profile survey. This will provide a mechanism to track the experience of burnout in the system over time. In this way, the work and the opportunities for improvement will continue to have an ongoing focus.