



BURNOUT IN CRITICAL CARE

PROVINCIAL REPORT
2020 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 of care, 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). In 2019, CCSO conducted a voluntary 1-Measure Burnout Survey engaging frontline care providers in critical care units across Ontario.

This year, in light of the current pandemic environment, CCSO expanded the Burnout Survey to include additional questions relating to COVID-19 and its impacts on burnout across critical care units. The most recent survey was conducted in July 2020 after the peak of the first wave of COVID-19. The intent of the survey was to gain a better understanding of burnout levels within Ontario's critical care units including the influence of COVID-19 on feelings of burnout. The knowledge gained from the survey will provide a foundation for improvement efforts for critical care staff wellness. This report summarizes the results of the survey across the province for 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.¹

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.² Common subconscious behaviour due to chronic elevated work stress include³: 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, scapegoating; 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.⁴ 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 1-Measur Survey Question

The validated question⁵ posed to front-line critical care staff in the CCSO 1 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.*

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

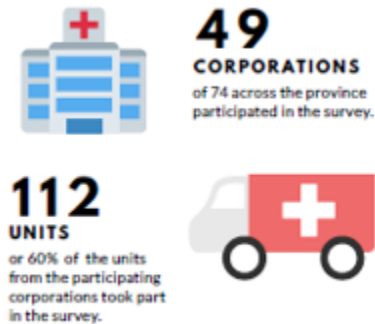
² Mealer M, Burnham EL, Goode CJ et al. The prevalence and impact of post traumatic stress disorder and burnout syndrome in nurses. *Depress Anxiety* 2009;26:1118-26.

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

⁴ Ibid.

⁵ 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.

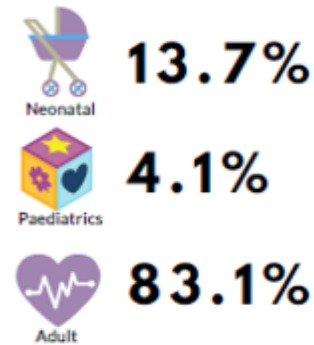
Participation Rates in the Critical Care Burnout Survey



The 2020 CCSO burnout survey of front-line critical care staff about burnout included participation from 42 corporations across the province (out of a total 74 with critical care units). This corporate participation included 112 critical care units, or 60% of the units from participating corporations.

Although there was generally good participation from critical care units across the province, coinciding COVID-19 pandemic planning at the sites may have presented challenges for burnout survey completion.

Overall participation in the burnout survey varied among the different critical care unit types (adult, paediatrics & neonatal). The largest participation came from adult critical care units at 83.1%, which makes up over 80% of Ontario’s critical care system. Participation from neonatal and paediatric critical care units was significantly lower at 13.7%, & 4.1% respectfully, which aligns with their critical care representation.



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 manifestation⁶. The majority of respondents were bedside nurses 73.0%, followed by 9.8% who were allied health professionals, 3.9% categorized as other, 3.0% clerical administrative staff, and 1.6% were advanced practice nurses. Newly surveyed this year were physicians who practiced at a rate of 3.7%.

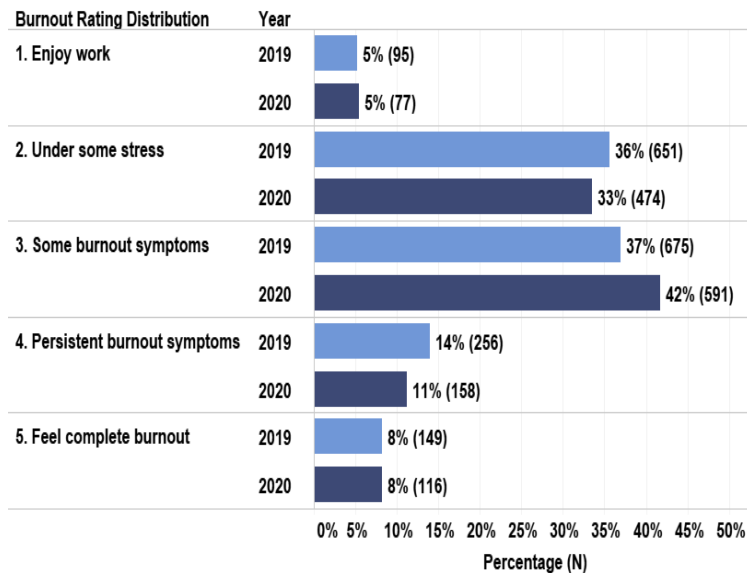


⁶ Highfield J., Promoting Psychological Wellbeing and Reducing the Risk of Burnout in Critical Care Staff. National Health Service UK. 2018 Draft for Consultation.

Critical Care Burnout Survey Overall Provincial Results

Provincial Burnout Score

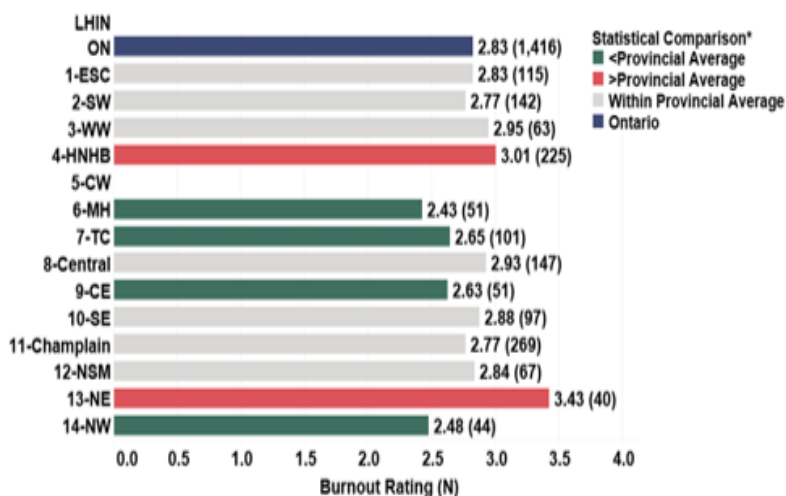
FIGURE 1: PROVINCIAL BURNOUT SCORE DISTRIBUTION



In both 2019 and 2020, staff from participating critical care units across Ontario reported relatively similar symptoms of burnout, despite the ongoing 2020 COVID-19 pandemic. The average burnout score for those responding to the survey in both 2019 and 2020 was 2.8, where 3 on the scale indicates “definitely burning out”. Collectively 61.0% of critical care staff across the province (responses at levels 3, 4 and 5) are experiencing symptoms of burnout. It is notable that only 5.0% of the provinces’ critical care staff, (the smallest portion of respondents) reported that they “enjoy work”. This presents a considerable opportunity for improvement.

Burnout Score by LHIN

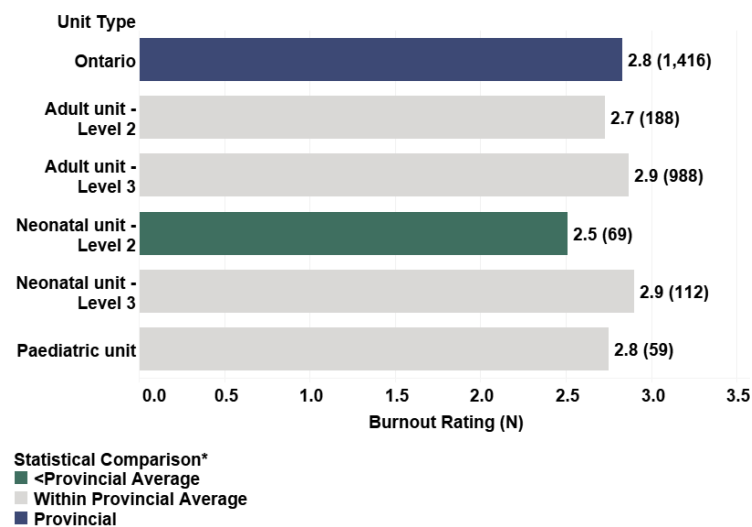
FIGURE 2: STATISTICAL SIGNIFICANCE FOR BURNOUT RATING BY LHIN



Feelings of burnout across the majority of Local Health Integration Networks (LHINs) was within the provincial average. The North East LHIN reported the highest burnout rating at 3.43, followed by the Hamilton Niagara Haldimand Brant LHIN at 3.01. There were 4 LHINs which had results lower than the provincial average including Mississauga Halton, Toronto Central, Central East, and North West LHINs.

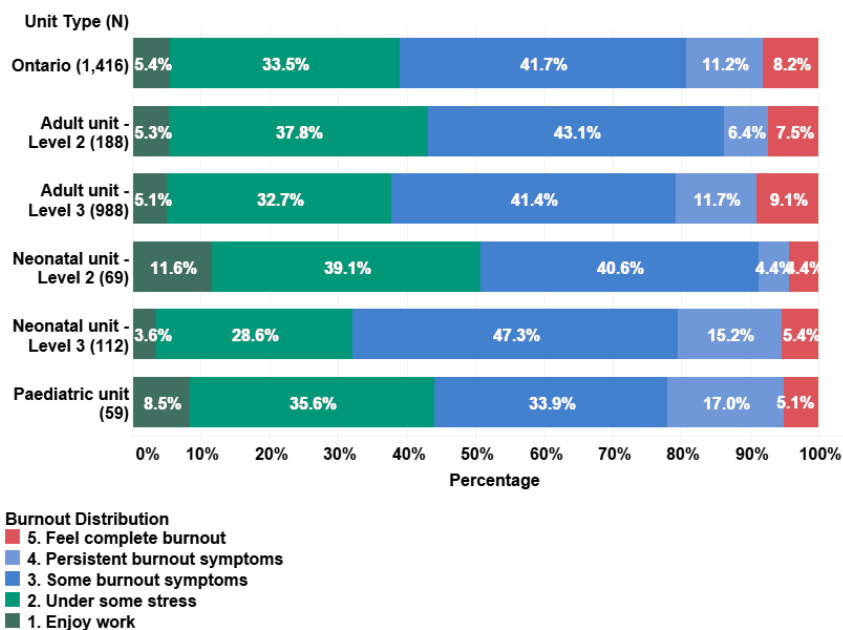
Burnout Score by Unit Type

FIGURE 3: STATISTICAL SIGNIFICANCE FOR BURNOUT RATING BY UNIT TYPE AND LEVEL OF CARE



By unit level, respondents from neonatal level 2 units reported the lowest level of burnout at a rate of 2.5, lower than the provincial average.

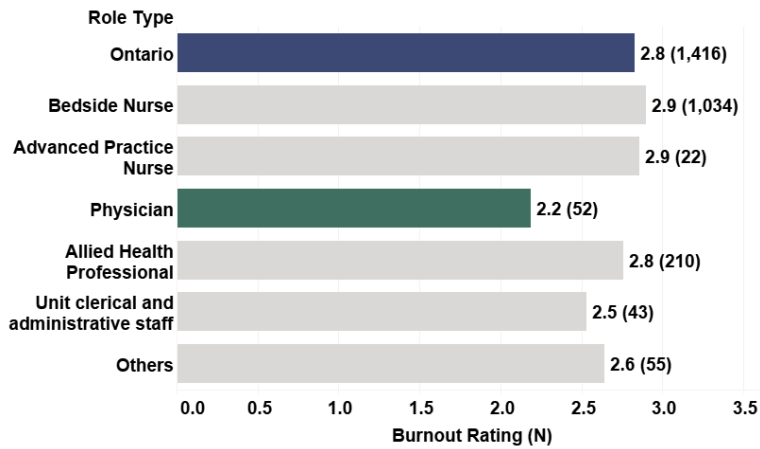
FIGURE 4: BURNOUT RATING DISTRIBUTION BY UNIT TYPE AND LEVEL OF CARE



Respondents from adult level 3 units reported the highest level of “complete burnout” with 9.1% of respondents reporting that symptom. While 11.6% of respondents from neonatal level 2 units reported “enjoying work”.

Burnout Score by Role Type and Experience

FIGURE 5: STATISTICAL SIGNIFICANCE FOR BURNOUT RATING BY ROLE TYPE

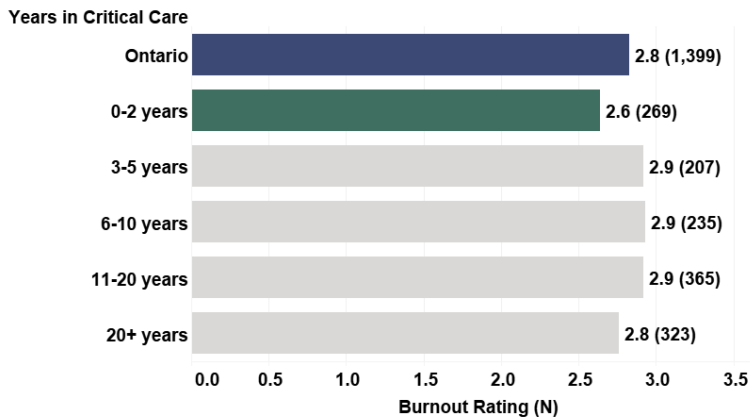


Statistical Comparison*
 ■ <Provincial Average
 ■ Within Provincial Average
 ■ Provincial

Of the roles surveyed, physicians reported feeling less burned out, at a score of 2.2. All other role types were within the range of the provincial average.

Burnout Score by Years of Experience in Critical Care

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

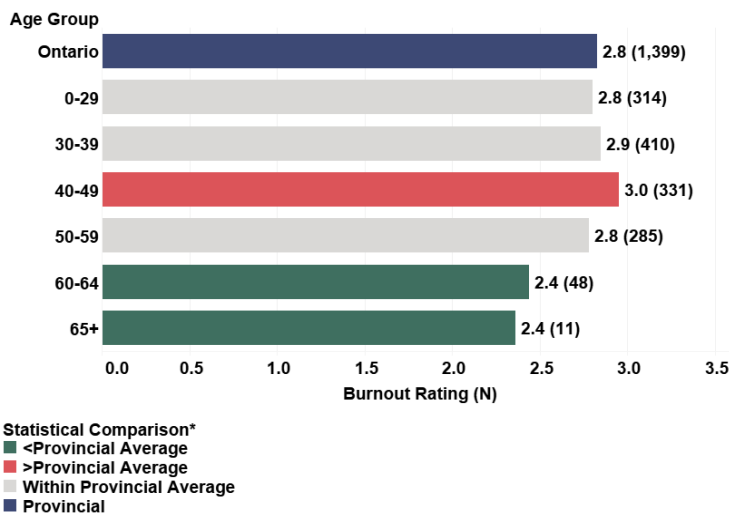


Statistical Comparison*
 ■ <Provincial Average
 ■ Within Provincial Average
 ■ Provincial

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) reported lower levels of burnout (average score of 2.6), than the provincial average overall.

Burnout Score by Age Group

FIGURE 7: STATISTICAL SIGNIFICANCE FOR BURNOUT RATING BY AGE GROUPS



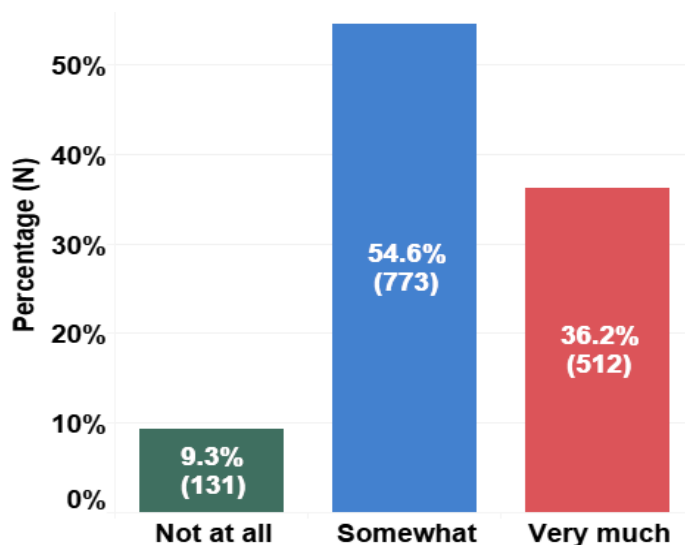
The demographics and age group of survey respondents were also considered in the analysis of results provincially.

Figure 7: highlights that those ages 40-49 report burnout scores significantly greater (average score of 3.0) than the provincial average. Meanwhile, those aged 60 and older reported the lowest burnout scores (average score of 2.4), which was also statistically significant lower than the provincial average. These results by age group are consistent with the finding from 2019 as well.

Impacts of COVID-19 on Critical Care Burnout

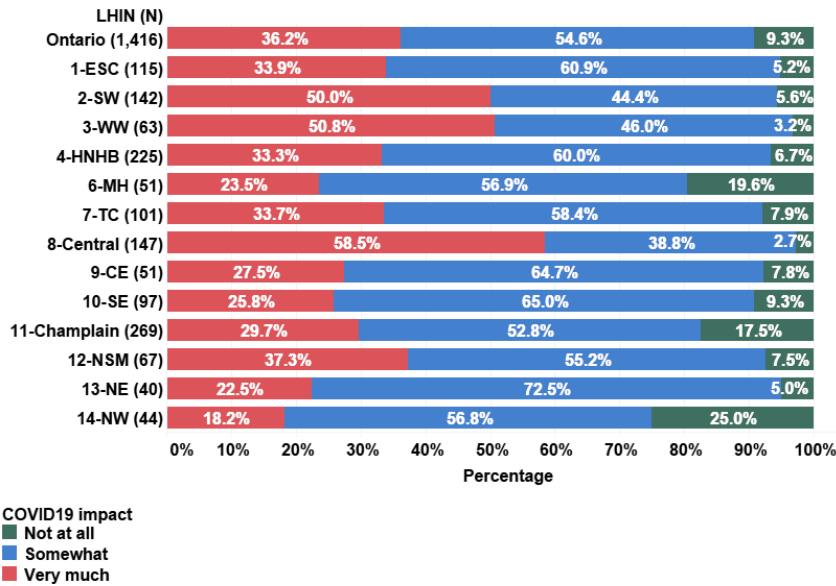
The COVID-19 pandemic has put a considerable amount of physical and emotional strain on frontline healthcare workers. In order to understand the level of additional pressures the virus has put on critical care staff, CCSO expanded the 2020 Burnout Survey to include additional questions relating to COVID-19 and its impacts on burnout.

FIGURE 8: COVID-19 IMPACT ON LEVEL OF BURNOUT



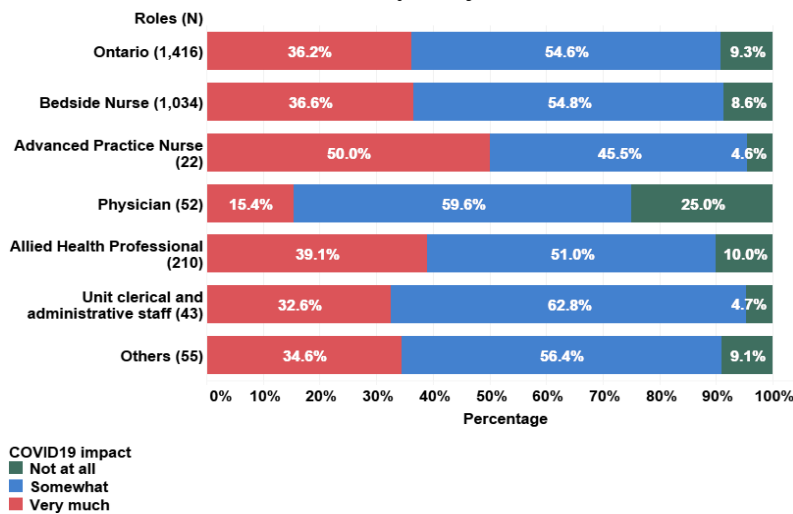
Over 90% of respondents reported feeling that their level of burnout has been directly impacted by COVID-19 (response 'somewhat' or 'very much').

FIGURE 9: COVID-19 IMPACT ON BURNOUT BY LHIN



Impacts from COVID-19 on feelings of burnout in the South West, Waterloo Wellington & Central LHIN areas are greater in the “very much” category compared to those provincially. The Central LHIN experienced a high number of COVID-19 cases in wave 1, which could have impacted the high level of burnout reported by that LHIN.

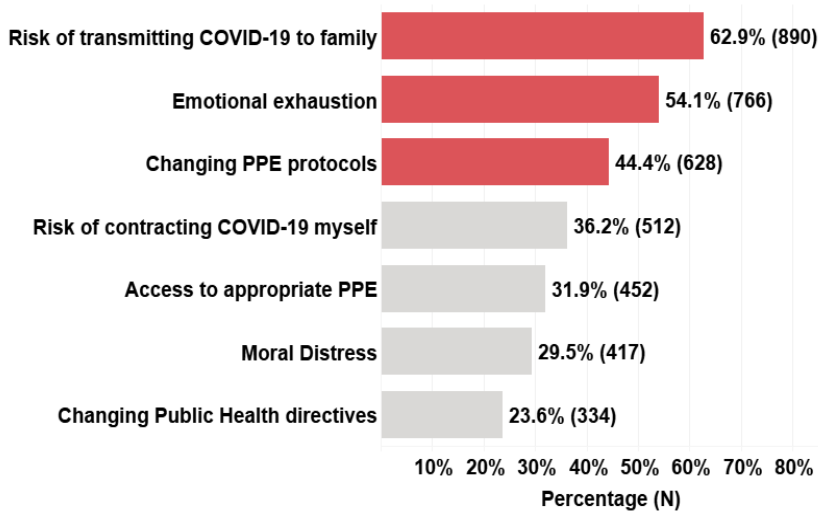
FIGURE 10: COVID-19 IMPACTS BY ROLE



Advanced Practice Nurses reported more impact from COVID-19 for feelings of burnout than other role. Physicians reported (15.4%) less impact from COVID-19 for feelings of burnout than other roles.

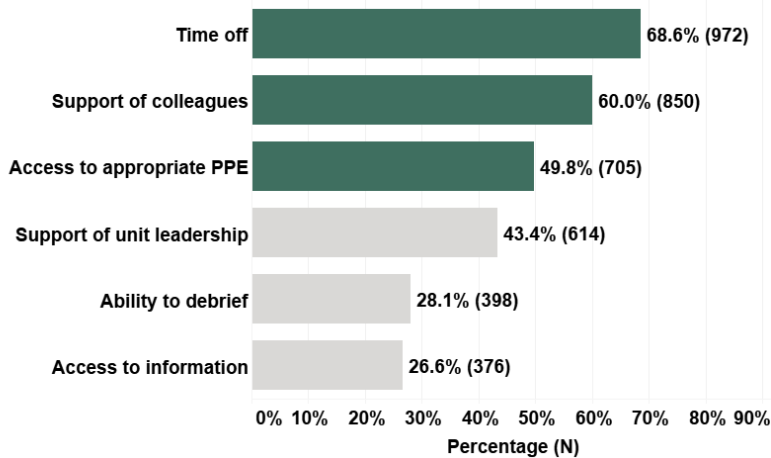
* Both roles had lower number of respondents which may have impacted results.

FIGURE 11: TOP 3 COVID-19 FACTORS LEADING TO BURNOUT



Respondents reported the leading factors of COVID-19 impacting burnout as “Risk of transmitting COVID to family” (62.9%). “Emotional exhaustion” (54.1%) and “changing Personal Protective Equipment (PPE) protocols” (44.4%).

FIGURE 12: TOP 3 COVID-19 FACTORS ALLEVIATING BURNOUT



Respondents were also asked to identify the top 3 COVID-19 factors that assisted with alleviating burnout. “Time off” was reported as the leading factor at 68.6%, followed by 60.0% of respondents identifying “Support of colleagues” as the secondary leading factor. “Access to PPE” was also identified as an alleviating factor at just under 50%.

This provincial level survey provides a glimpse into the ongoing state of burnout among critical care staff in Ontario's critical care system in both static and pandemic related states. The 2020 burnout survey, which was conducted in the month of July, does not conclude whether wave one of COVID-19 resulted in an overall increase on burnout levels among critical care staff in the province. To gain additional insight into COVID-19 and burnout levels there may be value in re-issuing the survey to coincide with future pandemic waves. The survey is an important tool in gauging burnout levels in critical care and setting the stage to further study the impact of unique stresses of the work environment.

CCSO is committed to identifying and sharing a suite of practical tools and resources that can be accessed and shared with the critical care 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 tools have been collated and currently include COVID-19 related resources 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 health care system.