



Critical Care
Services Ontario



Burnout in Critical Care

Provincial Report – 2022 Survey

Editions of This Report

| Burnout in Critical Care | |
|------------------------------|--|
| Version 1.0 | 2019 Inaugural Report |
| Version 2.0 | 2020 Report; Survey updated to reflect the impact of COVID-19 pandemic |
| Version 3.0 | 2022 Report: Survey includes the impact of ongoing COVID-19 pandemic |
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Public Information / Information for Hospital and System Stakeholders

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About Critical Care Services Ontario

Established in 2005, Critical Care Services Ontario (CCSO) led the implementation of Ontario's first Critical Care Strategy and now centrally coordinates and develops integrated system solutions for critical care (Adult, Paediatric, and Neonatal) and specialty programs aligned with critical care (Neurosurgery, Trauma and Burns, and the Life or Limb Policy). CCSO's work is the result of an ongoing collaboration between critical care providers, hospital administrators, partners from the Ministry of Health, Ontario Health, and other health system leaders.

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Introduction

Critical Care Services Ontario (CCSO) has been profiling workforce trends in critical care since 2007. In 2019, CCSO conducted the first voluntary Burnout Survey utilizing a 1-Measure Burnout Survey engaging frontline care providers in critical care units across the province. Since then CCSO has continued to survey critical care teams on an almost annual basis and has expanded the Burnout Survey to include additional questions relating to the impact of the COVID-19 pandemic on critical care workers and systems supports needed to alleviate burnout in Ontario's Critical Care Units.

This report summarizes the results of the 2022 Burnout Survey across Ontario's critical care teams. We hope our system partners will continue to find value in the analysis and presentation of information to help inform an adaptive and resilient critical care system.

On behalf of CCSO, we would like to extend a sincere thank you to all staff in critical care units across the province that participated, their openness to share their experiences, and the willingness of hospitals to better understand this important issue. The knowledge gained from this survey will provide a foundation for improvement efforts for critical care health human resources and staff wellness.

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1. 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.

(Fenner, 2019)

1.1. What is the Relevance of Burnout to Critical Care

While there is no one standard definition of burnout, there are common themes described in the literature including high emotional exhaustion, high levels of depersonalization including cynicism or detachment, and low feelings of personal accomplishment (Epp, 2012). Critical care staff are reported to be at a particularly high risk of burnout due to the unique job demands including frequently changing patient acuity and demands, complex care requirements, and frequent moral and ethical challenges. This constant stress increases the risk of Burnout Syndrome (Kerlin, McPeake, & Mikkelsen, 2020; Moss, Good, Gozal et al., 2016).

If not addressed, the consequences of burnout can have a negative and lasting impact on individuals, teams, and organizational outcomes. (Browning, 2019). These negative effects can include physical and emotional symptoms including difficulty sleeping, emotional instability, cynicism, and apathy and can lead to developing unhealthy coping techniques that may have significant longer-term health impacts, and post-traumatic stress disorder (Browning, 2019; Moss, Good, Gozal et. al, 2016). The unit level and organizational-level impact can include decreased reported patient satisfaction scores, increased errors, increase health care costs and increased staff turnover (Browning, 2019).

In an effort to increase the understanding of burnout within the critical care system in Ontario, CCSO has completed the 1-Measure Burnout Survey again in 2022 to increase awareness of the feelings of burnout reported by critical care staff and to inform system planning to provide support infrastructure for critical care staff. This report will detail the findings of the 2022 Burnout Survey findings.

1.2. About the 1- Measure Survey Question

The validated question (Dolan, 2015) posed to front-line critical care staff in the CCSO 1-Measure Burnout Survey and measured using a 5-point Likert scale using the definition cited above, and reads as follows:

Overall, based on the definition of burnout (Fenner, 2019) 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.

2. Participation in the Critical Care Burnout Survey

The 2022 CCSO Burnout Survey of front-line critical care staff included participation from 44 corporations across the province (out of a total 74 corporations with critical care units). The corporate participation included 102 critical care units or 42% of the units from participating corporations.

The 2022 burnout survey yielded the highest level of response from individual participants with varying contributions by patient population (adult, neonatal and paediatric) groups from participating corporations. The largest participation in the Burnout Survey was from the adult units with 86.8% of the total surveys submitted. This is consistent with their portion of the critical care system where the adult critical care units make up over 80% of Ontario's critical care system. The number of responses from neonatal and paediatric units was also consistent with their provincial portions of the critical care system at 11.2% and 2% respectively.

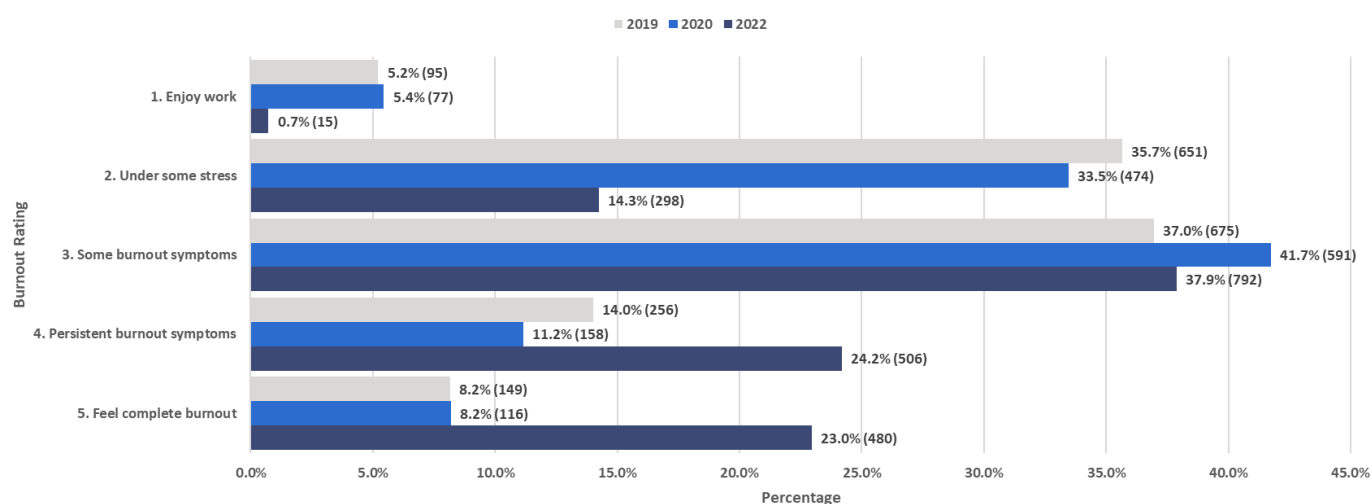
There was varied participation among the various disciplines, which is important to the findings as some published literature reports that burnout, often categorized as Burnout Syndrome (BOS), may have features of a social phenomenon more than an individual manifestation (Highfield, 2018). The majority of responses were from bedside nurses 78.5%, followed by 13.2% who were allied health professionals, 5.1% categorized as other, 1.7% physicians, and 1.5% were advanced practice nurses.

3. Critical Care Burnout Survey Overall Provincial Results

3.1. Provincial Burnout Score

In both 2019 and 2020, staff from participating critical care units across Ontario reported relatively similar symptoms of burnout. However, there was a significant increase in staff reporting that they were experiencing ‘persistent’ or ‘complete’ burnout in 2022. Staff reported ‘persistent burnout symptoms at a rate of’ 24.2% and ‘complete burnout’ at a rate of 23.0%. It is also notable that only 0.7% of those surveyed reported that they ‘enjoy work’, which is a significant decrease from previous years when 5.2% and 5.4% reported enjoying their work in 2019 and 2020 respectively. The 2022 results present a considerable opportunity for improvement.

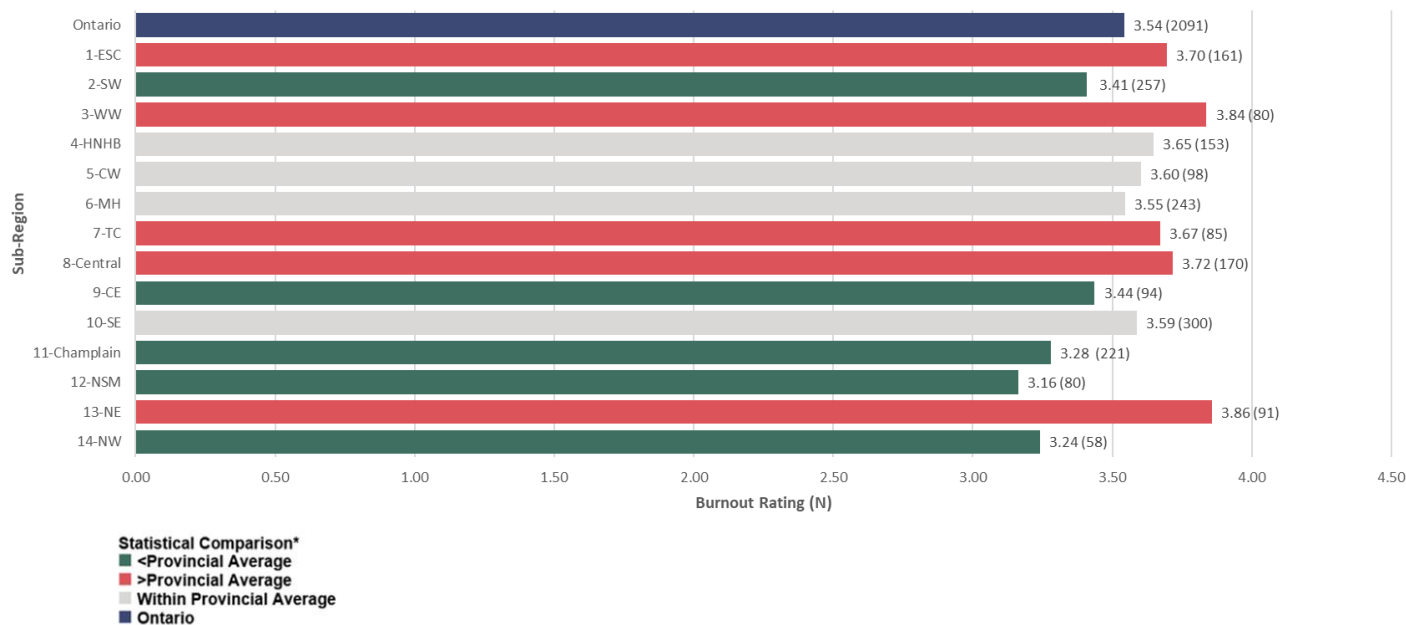
Figure 1: Provincial Burnout Score Distribution



3.2. Burnout Score by Sub-Region

Feelings of burnout varied somewhat across the Ontario Health sub-regions. The North East sub-region reported the highest burnout rating at 3.86, followed by the Waterloo Wellington sub-region at 3.84. There were 3 other sub-regions where the burnout rating was higher by a statistically significant amount than the provincial average including Erie St. Clair, Toronto and the Central sub-region. The lowest levels of burnout were reported in the North Simcoe Muskoka and Champlain sub-region.

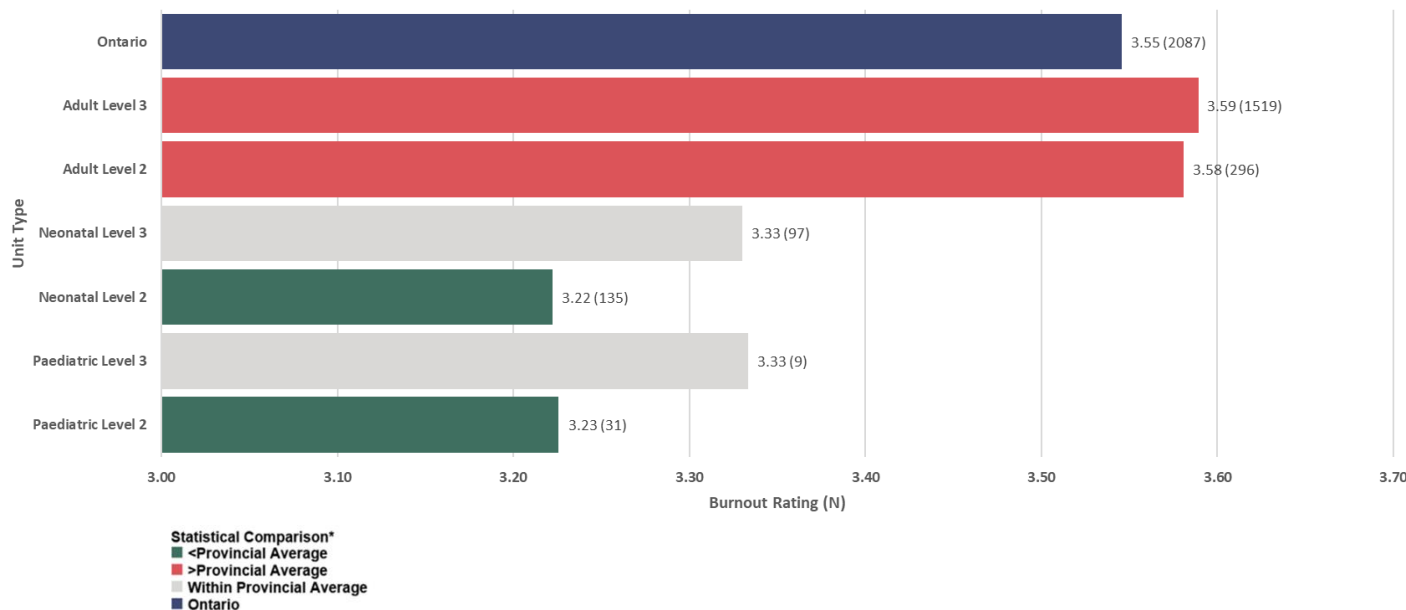
Figure 2: Statistical Significance for Burnout Rating by Sub-Region



3.3. Burnout Rating by Unit Type

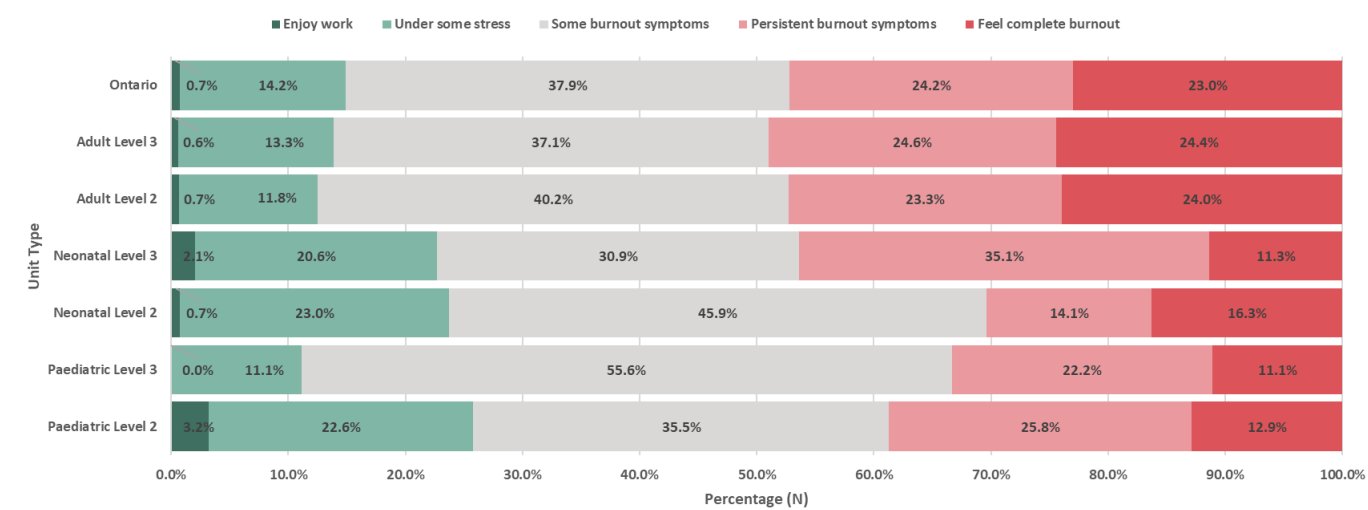
By unit type, respondents from paediatric and neonatal units reported levels of burnout at a rate lower or similar to that of the provincial average. Adult units reported the highest level of burnout.

Figure 3: Statistical Significance Burnout Rating by Unit Type



Respondents from adult level 3 and level 2 units reported the highest level of ‘persistent’ and ‘complete’ burnout with nearly 50.0% of respondents reporting both symptoms. Neonatal level 3 units reported the highest level of ‘persistent burnout symptoms’ (35.1%). The response rate of respondents reporting that they were “enjoying work” was low across all unit types and population (Figure 4).

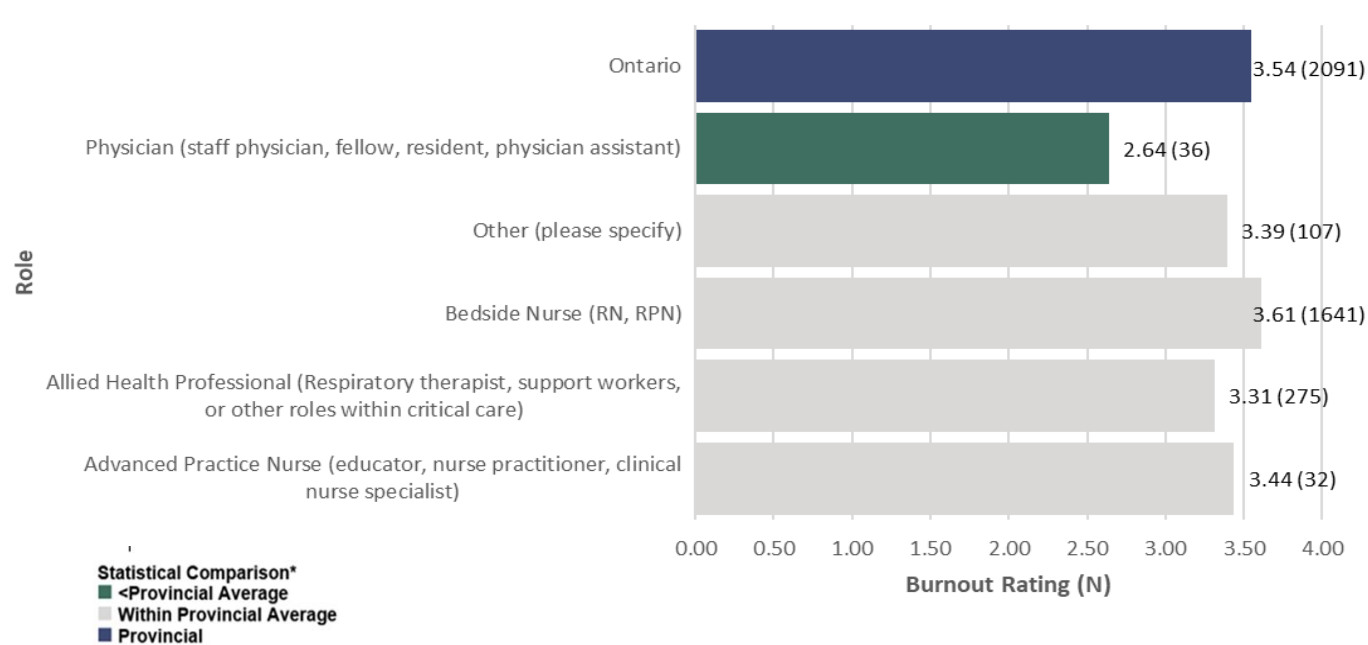
Figure 4: Burnout Rating Distribution by Unit Type and Level of Care



3.4. Burnout Score by Role Type and Experience

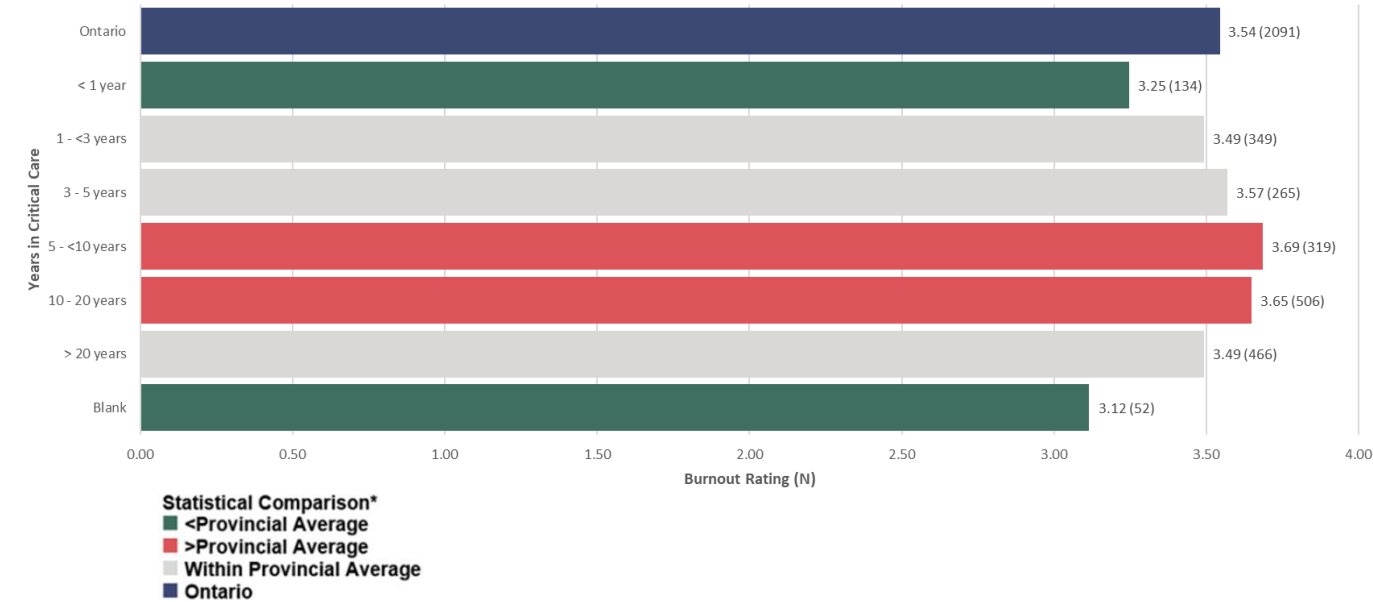
Of the roles surveyed, physicians reported feeling less burned out, at a score of 2.64. All other role types were within the range of the provincial average.

Figure 5: Statistical Significance for Burnout by Role Type



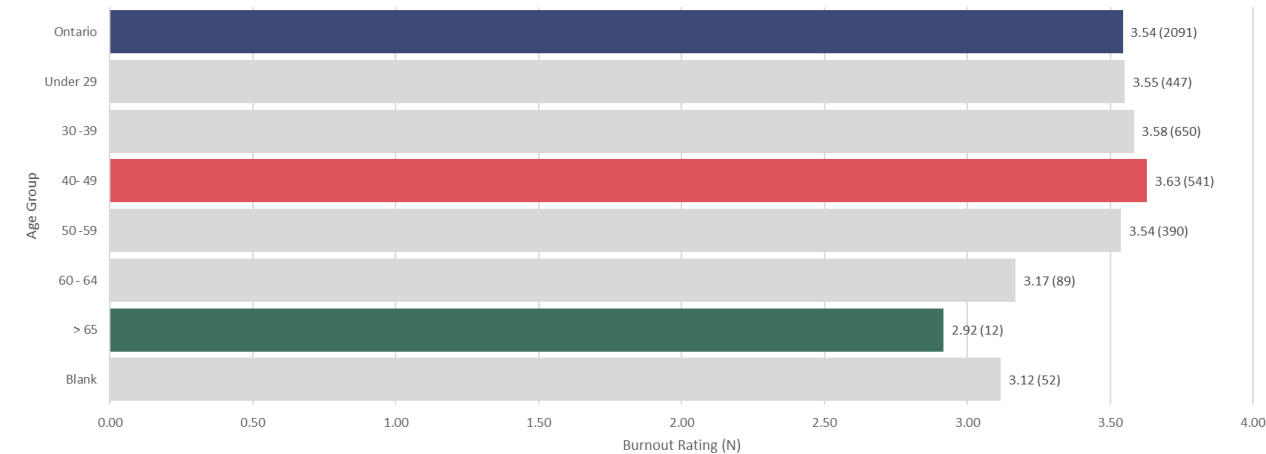
When examining the relationship between years of experience in critical care and feelings of burnout, the analysis found that staff early in their critical care career (less than 1 year of experience) reported lower levels of burnout (average score 3.25), than the provincial average. Critical care nurses with 5 to 10 and 10 to 20 years of experience reported the highest level of burnout.

Figure 6: Statistical Significance for Burnout by Rating by Years of Experience in Critical Care



The demographics and age group of survey respondents were also considered in the analysis. Figure 7, highlights that those ages 40-49 reported burnout scores significantly greater (average score 3.63) than the provincial average. Those over 65 years of age reported the lowest burnout scores (2.92), which was also statistically significant compared to the provincial average. These results by age group are fairly consistent with previous years' surveys.

Figure 7: Statistical Significance for Burnout by Rating by Age Groups

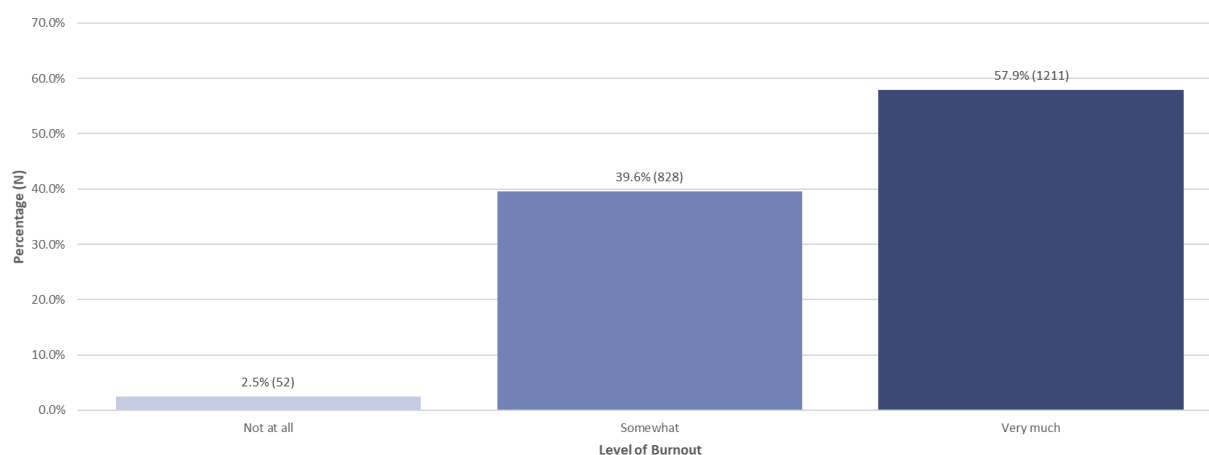


4. Impacts of COVID-19 on Critical Care Burnout

The COVID-19 pandemic has resulted in a considerable amount of physical and emotional pressure on all healthcare workers. In order to understand the level of additional strain the pandemic has put on critical care staff, CCSO included survey questions pertaining to COVID-19 and its impact on burnout.

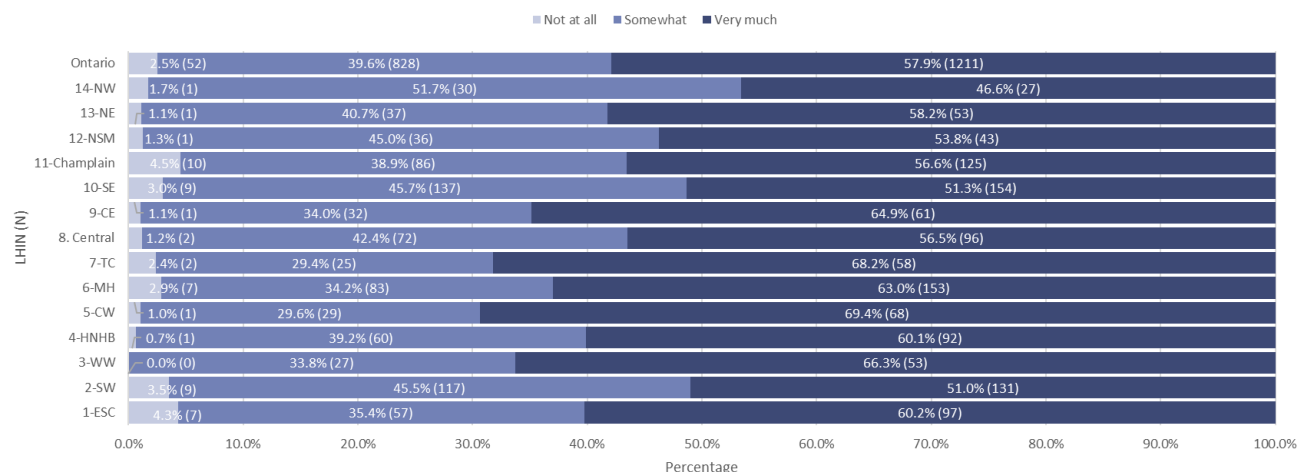
Approximately 97.0% of respondents reported feeling that their level of burnout has been directly impacted by COVID-19, either somewhat or very much. The 2022 results demonstrate a significant increase in those reporting feeling of burnout 'very much' impacted by COVID-19 (57.9%) compared to 36.X in 2020.

Figure 8: COVID-19 Impact on Level of Burnout



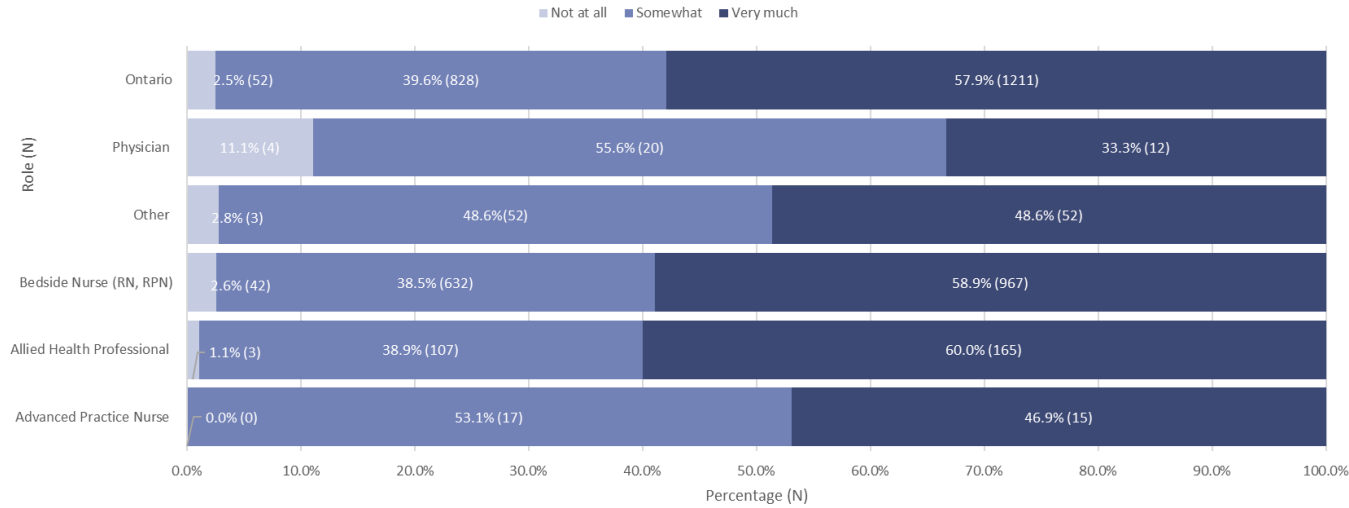
Impacts from the COVID-19 pandemic on feelings of burnout were experienced by all sub-regions in the province. Central West, Toronto, and Waterloo Wellington sub-regions reported the highest level of burnout resulting from the impact of the COVID-19 pandemic.

Figure 9: COVID-19 Impact by Sub-Region



Allied Health Professionals and Nurses reported more impact from the COVID-19 pandemic for feelings of burnout than other healthcare roles. Although 33% of Physicians reported feeling very impacted by the COVID-19 pandemic, which was less than other roles, the number of responses from physicians was very low so this may influence the overall interpretation of results.

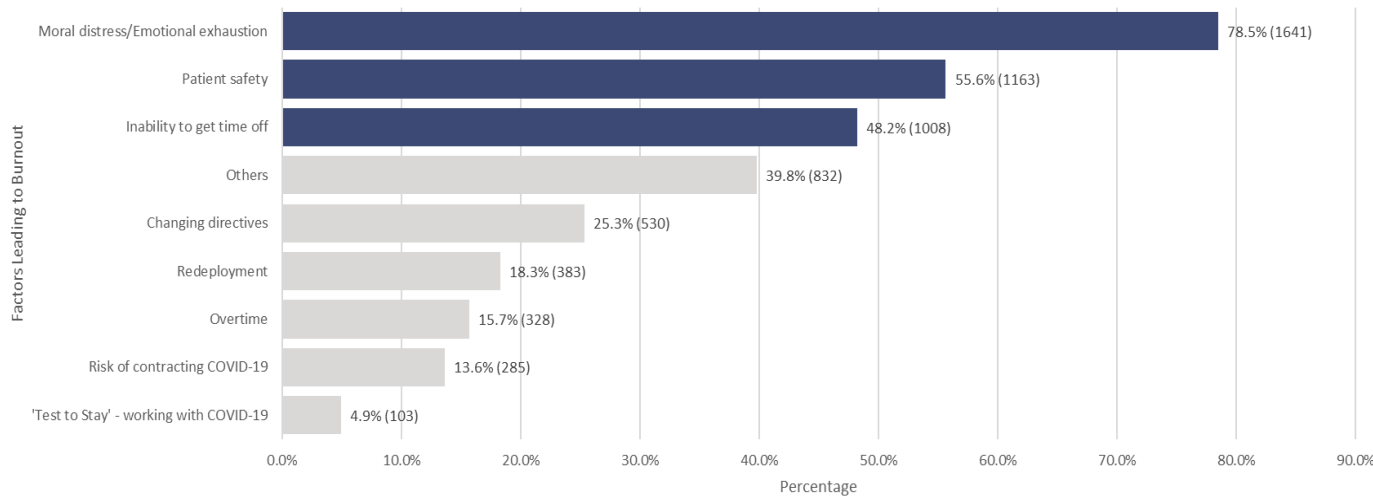
Figure 10: COVID-19 Impact by Role



*NOTE: Physicians had a low number of respondents which may have impacted results.

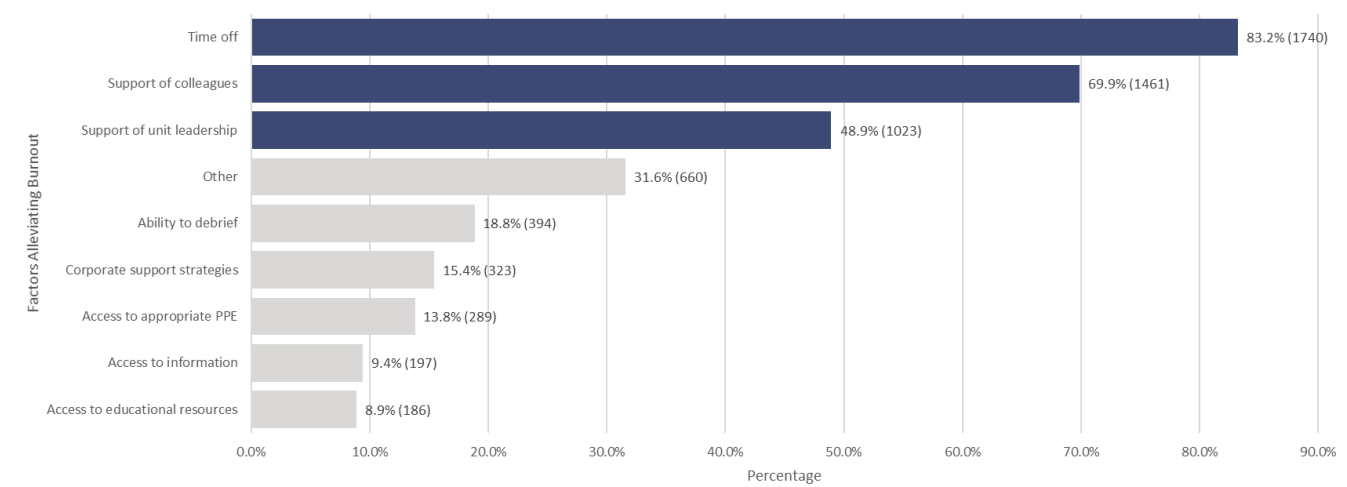
The factors leading to burnout as a result of COVID-19 have shifted since 2020. While the ‘risk of transmitting COVID-19’ was reported as the number one factor from COVID-19 impacting burnout in 2020, in 2022, ‘moral distress/emotional exhaustion’ (78.5%) was reported as the primary factor from COVID-19 leading to burnout. This was followed by ‘patient safety’ and inability to get time off’.

Figure 11: Top 3 COVID-19 Factors Leading to Burnout



Respondents were also asked to identify the top 3 factors that assisted with alleviating burnout. ‘Time off’ continues to be reported as the leading factor to alleviate feelings of burnout at 83.2%, followed by 69.9% of respondents identifying ‘support from colleagues’ as the secondary factor. ‘Support from leadership’ was also identified as a top 3 alleviating factor at just under 50.0%.

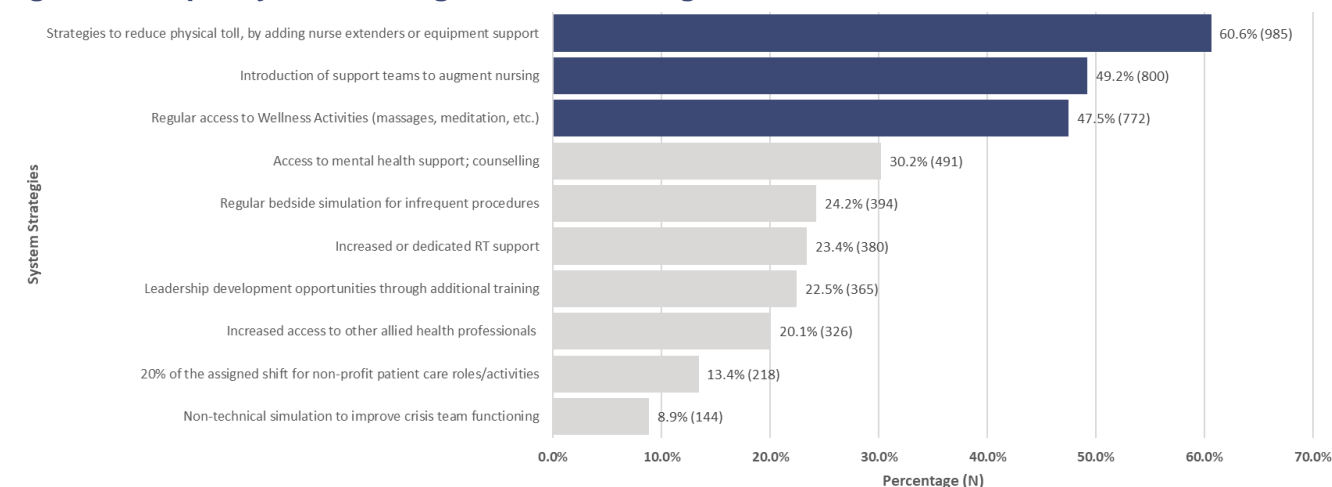
Figure 12: Top 3 COVID-19 Factors Alleviating Burnout



5. Retention Strategies

Respondents were asked to identify the top 3 system strategies that would help them remain in critical care. The introduction of support teams for nursing staff and nurse extenders was reported among the top 2 strategies. Access to wellness activities was identified by 47.8% of respondents. Additionally, the ‘other’ category was selected by 954 respondents and responses included highlighting strategies such as an increase to pay, appropriate patient staffing ratios, and work-life balance as system strategies needed to retain people in critical care.

Figure 13: Top 3 System Strategies for Remaining in Critical Care



6. Conclusion

Identification of and addressing the factors that contribute to the feeling of burnout among staff in critical care environments is essential for ongoing high-functioning and high-quality patient care. It is important to understand why staff are leaving the critical care system or their profession and to focus on building work environments that support and nurture healthcare professionals.

The 2022 Provincial Burnout Report provides a glimpse into the ongoing state of burnout among the critical care workforce in Ontario's critical care system. Since 2019, there has been an upward trend of burnout levels among critical care staff, which has been dramatically accelerated by the COVID-19 pandemic.

In an ongoing effort to support the current Health Human Resource (HHR) challenges, CCSO is working to implement strategic initiatives for critical care nursing and healthcare staff as it relates to training, retention and wellness.

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