Solutions to burnout and psychological distress in critical care clinicians

Deena Kelly Costa PhD, RN
Assistant Professor

@DeenaKCosta
Funding

- Agency for Healthcare Research and Quality (K08)
- Pilot funding from UM Center for complexity and Self-management of Chronic Disease (P20 pilot funding)
- In-kind research support from MHA Keystone Center
1. Burnout and psychological distress are common “costs” in critical care
2. Current solutions mistakenly focus on individual clinicians (because systems change is hard)
3. Multi-pronged solutions are essential
1. Burnout and psychological distress are common “costs” in critical care

2. Current solutions mistakenly focus on individual clinicians (because systems change is hard)

3. Multi-pronged solutions are essential
friend: wanna come over and have wine?

me:
Burnout is an individual response to work-related events.

- Typified by emotional exhaustion, depersonalization and reduced personal accomplishment.
Burnout syndrome estimates range as high as 70% of the healthcare professional population in ICUs.

86% of ICU nurses met criteria for burnout syndrome.

1 in 5 ICU nurses have PTSD symptoms and meet diagnostic criteria.

1 in 4 ICU physicians presented with symptoms of depression.
Costs of caring

- Decreased patient and nurse satisfaction
- Increased rates of depression and suicide
- Lower quality of care
- High turnover – more likely to leave job

Vahey et al., 2004; Aiken et al., 2010; Embriaco et al, 2012
Emotion and burnout are pervasive

- Ethnographic study to examine patient and family engagement
- Burnout and emotion bubbled up

"When my son was 21, this kid was 21. He had a chronic lung disease that was going to kill him. Big family there. He started to desat. So I tried all my tricks and then I had to pop him off the ventilator and bag him. He was conscious and his family was there. His family says to him “Do you want to go to Jesus now? And the kid says yes. I don’t want to go back on the ventilator. So now what do I do? I’m standing there literally holding the bag....And it was kind of dark and it was in the evening. And it was November and that one bothered me just because of his age and because of the situation” (Nurse)
1. Burnout and psychological distress are common “costs” in critical care

2. Current solutions mistakenly focus on individual clinicians (because systems change is hard)

3. Multi-pronged solutions are essential
The Cost of Caring: Emotion, Burnout, and Psychological Distress in Critical Care Clinicians

Deena Kelly Costa¹,² and Marc Moss³

Costa & Moss, Annals ATS, 2018
Individual solutions

Mindfulness

Yoga

Resilience training
Mindfulness

An On-the-Job Mindfulness-based Intervention For Pediatric ICU Nurses: A Pilot
Tina Gauthier PhD\textsuperscript{a,1}, Rika M.L. Meyer PhD\textsuperscript{b,*,1}, Dagmar Grefe PhD\textsuperscript{c}, Jeffrey I. Gold PhD\textsuperscript{b,d}

- Small pilot in one pediatric ICU (n=38)
- 5 minute mindfulness meditation associated with decrease in stress & burnout post intervention

Gauthier et al., Journal of Pediatric Nursing, 2017
Yoga for Self-Care and Burnout Prevention Among Nurses

Gina K. Alexander, PhD, MPH, MSN, RN\textsuperscript{1}, Kari Rollins, DO\textsuperscript{2}, Danielle Walker, PhD, MSN, RN, CNE\textsuperscript{1}, Lily Wong, RN, MHSM\textsuperscript{3}, and Jacquelyn Pennings, PhD\textsuperscript{4}

- Small RCT (n=40 RNs, 20 in each arm)
- 8 week yoga intervention associated with decrease in burnout post intervention
Resilience training

Feasibility and Acceptability of a Resilience Training Program for Intensive Care Unit Nurses

By Meredith Mealer, PhD, David Conrad, LCSW, John Evans, MAT, MA, EdD, Karen Jooste, MD, Janet Solyntjes, MA, Barbara Rothbaum, PhD, and Marc Moss, MD

- 12-week RCT
- Multi-modal intervention
  - Workshop
  - Writing
  - Counseling
  - Mindfulness based stress reduction

Mealer et al., AJCC, 2014
These interventions can be effective but are more common because...

SYSTEMS CHANGE IS HARD
So, these interventions can be helpful… just insufficient as primary solution!
1. Burnout and psychological distress are common “costs” in critical care

2. Current solutions mistakenly focus on individual clinicians (because systems change is hard)

3. Multi-pronged solutions are essential
Foundational solutions

• Creative days off
• Organizational resilience
Creative days off

Symptoms of depression in ICU physicians

Nathalie Embriaco\textsuperscript{1,3}, Sami Hraiech\textsuperscript{1,3}, Elie Azoulay\textsuperscript{2,3}, Karine Baumstarck-Barrau\textsuperscript{4,3}, Jean-Marie Forel\textsuperscript{1,3}, Nancy Kentish-Barnes\textsuperscript{2,3}, Frédéric Pochard\textsuperscript{5,3}, Anderson Loundou\textsuperscript{4,3}, Antoine Roch\textsuperscript{1,3} and Laurent Papazian\textsuperscript{1,3*}

• Longer interval from last nonworking weekend was significantly associated with depressive symptoms

• Need mental health days with no repercussions

• Team support or additional staff to cover these days
Organizational resilience

What Is Resilience and How Can It Be Nurtured? A Systematic Review of Empirical Literature on Organizational Resilience

Edwine Barasa¹², Rahab Mbau¹, Lucy Gilson³⁴

• “Systems ability to continue to meet objectives in face of its challenges…not just capacity but adapt and transform”
Organizational resilience

Learning Health System

High Reliability Organization
Interprofessional team solutions

- Medical pause
- Team debriefings
- Storytelling
“The pause slows our racing minds, offering mental space so that we are not drawn into the vortex of failure versus success...
We give ourselves the opportunity to forgive – and be forgiven...
it is both communal and individual.
We are called to bear witness to the reality of loss and the acceptance of reality”

Bartels, *Crit Care Nurse*, 2014, p.75
Team debriefings

• Code compassion
  – Called by any team member after challenging patient experience

  – Mobile compassion cart
    • trained debriefer, food, hot chocolate and mindfulness approaches to breakroom

Kelly et al., Nursing Management, 2017
Power of storytelling

• Oral or written

• Way to integrate into own personal life narrative

• Can lead to post-traumatic growth

All of us have our own burdens, names chiseled on our hearts. We carry their bodies in silence. We carry them alone, refusing to cry. We hold them close and keep the living at arm’s length. We shouldn’t carry these bodies alone...they want us to carry them home, carry them home and then let go. They didn’t die so that we could watch each other suffer. Our patients, our families, they deserve more. They deserve more. We deserve more”
You weren’t expected to pass then. You were screaming in pain, nothing I did made it better. You were a DNR but not comfort measures. When the team came in we realized you were dying. They left. I sat there & held your hand in silence. I cried all the way home. #thosewecarry

......

-it ended 3 hours ago...but I could tell she was close and did not want her with somebody she did not know.
Conclusions

• Burnout in healthcare is a crisis

• Recognize and use language to indicate that burnout is a problem for ALL clinicians

• Focus on multi-pronged solutions - system and team can serve as foundation
Thank you!

@DeenaKCosta

dkcosta@umich.edu