



## Guest Editorial

# From Research to Action – Can We Prevent Burnout in Critical Care?

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## INTRODUCTION

Due to the unique work environment, emergency and critical care department nurses face high job pressure, often resulting in burnout and a high turnover rate (Liu et al 2023). Burnout is most commonly related to work stress and is defined as a state of physical and emotional depletion caused by exposure to a stressful work environment (Khamisa et al., 2015). While the concept of burnout syndrome is well explored, we still do not have effective strategies for prevention, especially in very stressful clinical settings such as critical care units. Nurses are crucial providers of medical care and need much empathy to meet the needs of their patients. Consequently, nurses are the most vulnerable to burnout among healthcare workers (Kalliath and Morris, 2002; Khamisa et al., 2015). It is very often that work conditions are one of the main reasons for the occurrence of burnout, and it is important to create a healthy work environment. Healthy settings involve a holistic and multidisciplinary method that integrates actions toward risk factors (Friganovic et al., 2017). In hospital settings, a high level of stress can lead to depression, anxiety, decreased job satisfaction, and lower loyalty to the organization (Friganovic et al., 2017).

## BURNOUT IN CRITICAL CARE

Burnout syndrome is well detected in work settings where health care workers are exposed to high levels of stress and heavy workload. However, the incidence is still high, and burnout represents a major problem for

health care workers. A cross-sectional study by Friganovic and Selič of Croatian Critical Care Nurses showed that male nurses had higher rates of depersonalization, higher levels of nursing education, and higher self-report of personal accomplishment compared to their female counterparts (Friganovic et al. 2020). The findings of this study suggest that advanced education may be a protective factor for burnout, but the reasons for this were fully elucidated (Friganovic et al., 2020). In an Italian study of burnout in 140 critical care nurses, physical quality of life was less than optimal, suggesting that burnout was related to poorer emotional and work-life quality of life (Cecere et al., 2023). Their research stressed the importance of assessing the quality of life of critical care nurses (Cecere et al. 2023). They suggest that nurses should take proper care of their health by adopting the right health behaviors and that this alone can lead to improved work conditions, thus increasing the quality of care for critically ill patients (Cecere et al., 2023).

### **BURNOUT AND COVID 19**

Critical care nurses are highly exposed to different sources of stress in the workplace compared to other nurses (Friganovic et al. 2020). They have a higher incidence of burnout, and it is logical that the COVID-19 pandemic increased their burnout rate (Rizzo, et al, 2023). Pountney et al., (2022), in their qualitative study, stated that pediatric critical care nurses showed symptoms of posttraumatic stress disorder and a higher rate of burnout, and COVID-19 increased this risk and incidence. Results from this qualitative study highlighted the need for a psychologically safe space to process distress and trauma experienced during their work. However, there is a need for deeper insight and different approaches to confirm this thesis. Liang et al. found that burnout could affect PTSD symptoms in nursing staff, and depression could mediate this relationship (Liang et al. 2024). They also concluded that age, as a demographic feature, moderated the relationship between burnout/depression and PTSD, and the effects were strong and significant among younger participants in the relationship between burnout and PTSD, especially during COVID-19 (Liang et al. 2024).

### **ACTION POINTS TO PREVENT, DETECT, AND TREAT BURNOUT**

While most work in nursing practice related to burnout is based on convenience cross-sectional survey data, the following action points to prevent, detect, and treat burnout are suggested.

1. Implement burnout and stress curriculums in nursing schools to raise awareness, and, hopefully, prevention.
2. Strengthen the curriculum on coping strategies in nursing schools and within the workplace

3. Provide prevention courses in hospitals for administrators and front-line staff
4. Take pre-emptive actions to prevent burnout, such as counseling after stressful events and appropriate staffing and scheduling.
5. Develop, test, and implement burnout detection programs
6. Develop and implement curative programs for nurses with a high risk of burnout
7. Implement a Centre for Healthy Work Environments.

## CONCLUSION

There is no special solution for burnout prevention, but we have enough knowledge to create prevention programs that can be modified and tested according to the special needs of every collective. A healthy work environment should be of primary interest to every healthcare institution. Implementation of healthy work environment programs should be facilitated in the health care sector to reduce the amount of stress and lower the prevalence of burnout.

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