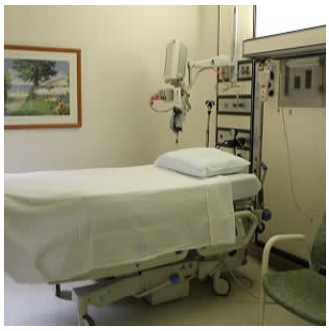
ICU
MANAGEMENT & PRACTICE

Helping ICU clinicians provide 'high touch and high tech' care



Caring is a fundamental component of high-quality critical care. "Yet, in the often myopic view to maximise the lives of others, we fail to recognise the chronic and insidious undoing critical care can have on clinicians," say Deena Kelly Costa, PhD, RN, Institute for Healthcare Policy and Innovation, University of Michigan, and Marc Moss, MD, Division of Pulmonary Sciences and Critical Care, University of Colorado School of Medicine.

Various emotions are natural responses to working in intensive care. These range from feelings of guilt, sadness, anger, and grief to emotional exhaustion and depersonalisation, as seen in burnout syndrome.

In a commentary published in Annals of the American Thoracic Society, Costa and Moss note that critical care clinicians have some of the highest rates of burnout syndrome in healthcare. Moreover, ICU clinicians are also dealing with more serious forms of psychological distress. Indeed, estimates indicate that nearly one-quarter of all intensivists have symptoms of depression. In addition to burnout, understanding depression and other severe forms of psychological distress in ICU clinicians is critical to supporting the current critical care workforce, according to the commentary.

In 2016, the Critical Care Collaborative Societies published a call to action about ICU clinician burnout, urging clinicians, administrators, and healthcare systems to acknowledge, address, and work to prevent burnout. However, the current management approaches for burnout and other forms of psychological distress focus on individual coping, resting much of the responsibility on the clinicians. Some coping strategies may be effective in the short term, but can have long-term negative consequences, according to the commentary. These unhealthy coping strategies include denial, depersonalisation, compartmentalisation, suppression, social isolation, and substance abuse.

"Clinicians unable to put aside their emotions and grief can feel as if this is a character flaw, which creates more stigma on an already stigmatised mental health condition. Sadly, such stigma can perpetuate the cycle of guilt, sadness, depersonalisation, and loss of accomplishment that are hallmark signs of burnout or psychological distress," Costa and Moss explain.

The emotional impact of critical care is inevitable, but the way our current healthcare system operates can sometimes amplify this emotional impact, the authors say. Although collaboration is highly encouraged in the ICU, the systems to support such practices are limited, as practice occurs primarily in silos and clinicians rotate frequently, shift-to-shift and month-to-month. There is less opportunity to foster a community among team members. Focusing on strategies to manage the emotions before they progress, according to the authors, is one key way to help develop a supportive community for individuals, interprofessional teams, and healthcare systems.

In conclusion, the authors say: "Solutions must be multipronged and need to honour and respect the act of caring, recognise and support those that care, and work to improve the healthcare systems to allow clinicians to provide 'high touch and high tech' care. If not, critical care runs the risk of losing a substantial portion of the workforce and potentially losing the most valuable part of critical care — the caring."

Source: Annals of the American Thoracic Society
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