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**Coping with staff burnout and post-traumatic stress in intensive care**

**Type:**

Abstract

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**Introduction/Hypothesis:**

To examine the association between coping strategies and symptoms of burnout and work-related post-traumatic stress in staff working in intensive care.

**Methods:**

Design: Cross-sectional survey  
Setting: Seven (three adult and four pediatric) ICUs  
Participants: Three hundred and seventy-seven ICU staff  
Measures: Brief Resilience Scale; abbreviated Maslach Burnout Inventory; Trauma Screening Questionnaire

**Results:**

The prevalence of burnout (high emotional exhaustion and/or high depersonalisation) was 37% and the prevalence of clinically significant post-traumatic stress symptoms was 13%. Hierarchical logistic regression demonstrated that self-reported resilience was strongly protective against both forms of work-related distress (burnout OR=0.52, CI:0.36-0.74, p<0.001; post-traumatic stress OR=0.28, CI:0.16,0.46, p<0.001) and that physicians were twice as likely as nurses to meet criteria for burnout (OR=0.47, CI:0.26, 0.85, p=0.012). After controlling for resilience, professional role and unit type the following coping strategies were independently associated with outcomes: attending debriefs reduced risk of burnout (OR=0.45, CI:0.21, 0.95, p=0.036) while the odds of post-traumatic stress were less if staff used 'talking to seniors' (OR=0.43, ,(CI:0.20, 0.92, p=0.029) or 'outside interests/hobbies' (OR=0.46, CI:0.23, 0.93, p=0.030) to cope with stress. Venting emotion (OR=1.92, CI:1.12, 3.31, p=0.018) and abusing alcohol (OR=2.30, CI:1.26,4.20, p=0.006) were associated with a doubling in rates of burnout.

**Conclusions:**

The use of particular coping strategies was systematically associated with symptoms of burnout and work-related post-traumatic stress in this group of intensive care staff, even after controlling for resilience and other non-modifiable factors. More research on how best to promote adaptive coping is needed in these challenging settings.

**General Classification:**

Clinical Research

**Patient Type:**

Adult

**Category:**

Quality and Safety

**Category Alternate 1 (optional):**

Professional Development

**Category Alternate 2 (optional):**

Education

**Keywords:**

healthcare delivery

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professional development

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