



Contact:
SCCM: Joash Mencias
(630) 344-2009
JMencias@pcipr.com

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Post-Intensive Care Unit Clinics May Help Reduce Healthcare Professional Burnout

Videos, photos, and stories of ICU patient survivor progress help confirm the value of healthcare teams' work.

- Post-ICU clinics not only help patients recover from a stay in the intensive care unit (ICU), they may also help reduce burnout for ICU healthcare professionals, as shown by research presented at the Society of Critical Care Medicine's (SCCM) 2023 Critical Care Congress.
- By sharing photos, videos, and stories of patients' progress and through other avenues, post-ICU clinics reconnect critical care professionals with their former patients.

SAN FRANCISCO – Special post-ICU clinics designed to help patients recover from a critical illness after hospital discharge also may reduce burnout among ICU healthcare professionals by connecting them with the patient's survival journey, suggests research being presented at the [SCCM's 2023 Critical Care Congress](#).

Before the COVID-19 pandemic, up to 54% of nurses and physicians said they were experiencing burnout.¹ Also, 76% of healthcare workers reported exhaustion and burnout the first year of the pandemic.² New research suggests that post-ICU clinics may help ease burnout for ICU clinicians while also benefiting patients. Many ICUs and hospitals have aimed to ease burnout among their staff by offering programs such as art therapy, yoga and meditation.

"Those are good self-care strategies for healthcare professionals, but they put the responsibility on the clinician to pursue them," said Tammy L. Eaton, PhD, MSc, RN, lead author of the study and a postdoctoral research fellow at the University of Michigan, Ann Arbor. "Connecting healthcare professionals with former patients' survival journeys—including through videos, photographs, written stories, and even in-person visits—shifts the focus of addressing burnout and gives ICU professionals purpose and stamina to keep going."

More than half of patients who spend time in the ICU have post-intensive care syndrome (PICS), which can include physical (e.g., muscle weakness, difficulty walking), cognitive, and mental health impairment. Post-ICU clinics follow up with ICU survivors and their families by screening for and treating PICS. For example, they may offer patients physical, respiratory, occupational, or speech therapy; ensure that their medications are appropriate; provide psychotherapy for anxiety and depression; and help connect them to social resources as needed, such as transportation to medical appointments.

The study findings were unexpected, resulting from an analysis of interview transcripts from 29 post-ICU healthcare professionals (including physicians, nurses, pharmacists, social workers, psychologists, and physical and occupational therapists) at 15 sites in the United States, Canada, and the United Kingdom. The analysis was designed to understand how the pandemic changed post-ICU recovery care delivery. Unprompted, the interviewees discussed burnout and noted how the post-ICU programs may help. The researchers identified two methods identified by healthcare professionals for reducing symptoms of burnout: visualizing and communicating treatment successes, such as through pictures, videos, and stories and exposure to or expression of humanizing behaviors, such as the development of compassionate and empathetic relationships with former patients and their family members in a way that was not possible in the ICU.

The post-ICU clinics, typically located at the same hospital where the patient was treated, updated the healthcare professionals in a variety of ways, including through videos, photos, and survivor stories featured in staff newsletters and thank-you letters written by the patient or families to the ICU team. In some cases, the patient and/or family visited the ICU or the ICU healthcare professionals visited the post-ICU clinic or had celebration lunches with the survivors.

Post-ICU clinics are uncommon, with most located in large metropolitan areas and at academic medical centers. However, the number of post-COVID-19 clinics has increased. “While post-ICU clinics are one way to reconnect ICU survivors and their families with ICU healthcare professionals, there are other potential mechanisms to implement reconnection with patients and their families, such as multidisciplinary ICU team-led initiatives,” said Dr. Eaton. “When I was an ICU nurse, I took care of a man who had a head trauma after a fall. A year and a half later, I was walking through a mall and a young man stopped me and said, ‘You took care of me in the ICU.’ It was the first time I’d seen anyone I took care of in the ICU after they left. I remember thinking, ‘Oh my gosh, this is exactly why I’m doing this.’”

SCCM has conducted research to study burnout among healthcare professionals and offers recommended best practices on its website for avoiding burnout. “Study after study has demonstrated the impact that burnout syndrome has on the healthcare professional and the health system, which unfortunately impacts patient care and outcomes,” said Heather Meissen, DNP, ACNP, CCRN, FAANP, FCCM, associate professor at Nell Hodgson Woodruff School of Nursing at Emory University in Atlanta. “We need to work together to fight this growing trend so the future critical care workforce can thrive. Connecting with former patients after they leave can help alleviate burnout and keep us coming back to work each day.”

References:

1. National Academy of Science. *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*. National Academy of Science; 2019.
2. Mental Health America. The mental health of healthcare workers in COVID-19. Accessed January 18, 2023. <https://mhanational.org/mental-health-healthcare-workers-covid-19>

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