

Symposium

Introduction

Meredith Mealer, PhD
Symposium Editor

Promoting Well-Being and Resilience in Critical Care Nursing

Meredith Mealer, PhD

It is difficult to pick up a journal or attend a professional meeting without encountering discussion about the well-being of health care clinicians working in stressful acute care environments. It is equally difficult to navigate the multiple concepts that have been developed and used to assess the distressing consequences of working with acute and critically ill patients. These consequences, however, are variable and dependent on the specific health care discipline. For example, the prevalence of moral distress, compassion fatigue, secondary traumatic stress, vicarious traumatization, burnout syndrome, post-traumatic stress disorder (PTSD), anxiety, and depression is high among a variety of health care populations including nurses, physicians, physical therapists, respiratory therapists, and mental health providers.¹⁻⁷ Critical care clinicians and critical care nurses in particular have a significantly higher prevalence of psychological distress compared with their acute care and outpatient colleagues.^{1,8} The evidence suggests that approximately 25% of critical care nurses experience symptoms consistent with PTSD, 21% experience anxiety, 14% experience depression, and 85% experience burnout syndrome.¹

Recently, burnout syndrome has been in the spotlight; many professional organizations and societies have implicated burnout syndrome as a causative factor in clinician distress. Substance abuse, occupational injury, and suicide are cited as personal consequences of burnout syndrome in a recent report by The National Academy of Sciences, Engineering, and Medicine (NASEM), *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being*.⁹ This is an encouraging step as we try to develop interventions to mitigate symptoms of distress, improve well-being, build resilience, and improve overall clinician and patient satisfaction with the health care environment.

In this symposium series, 5 articles will address the challenges of achieving a healthy work-life balance and potential individual and organizational strategies to help mitigate distress and improve resilience. The first article, by Rushon and Pappas, is a summary of the consensus study that was conducted by the NASEM. This consensus study examined the evidence on clinician burnout and well-being through the lens of the system and what specific systems approaches may be used to improve well-being. Critical care nurses can use the report as a leverage point for change; participate in identifying the systematic patterns of an organization that contribute to overall clinician well-being;

Meredith Mealer is Associate Professor, Department of Physical Medicine and Rehabilitation, University of Colorado Anschutz Medical Campus, 12631 E 17th Ave, Suite 1201, Aurora, CO 80045 (Meredith.Mealer@cuanschutz.edu).

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create multidisciplinary connections with colleagues; collaborate with local, regional, and national colleagues to identify priorities and intervention approaches; and identify innovative approaches for change.

The remaining 4 articles in the series take an in-depth look at burnout syndrome and the distress experienced by critical care nurses, as well as exploring promising strategies to support resilience and the obligation of critical care societies to incorporate and spearhead efforts that promote change. Epstein and colleagues discuss the concepts of mattering, moral distress, and secondary traumatic stress as they relate to burnout syndrome and the consequences of critical care nursing. They describe health care organizations as *moral communities* that are responsible for implementing systemic changes to address moral distress and burnout. The third article by Cochran et al presents data from a research study examining the prevalence of burnout within an international critical care organization and discusses the unique opportunity for critical care organizations to monitor trends, disseminate resources, and guide the direction of efforts to reduce stress in the workplace and improve well-being. The final 2 articles, by Cheung et al and Reed et al, discuss the use of positive emotion skills and creative arts interventions as strategies to improve resilience and reduce the level of distress experienced in the workplace.

This series on promoting well-being and resilience in critical care nurses, a timely

examination of the newly released NASEM consensus report discussing the priority of addressing caregiver distress,⁹ offers a useful summary of the report and discusses promising strategies and interventions for nurses and organizations to use to help them mitigate clinician distress and improve overall well-being.

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