

From Burnout to Balance: Resilience Strategies for ICU Professionals

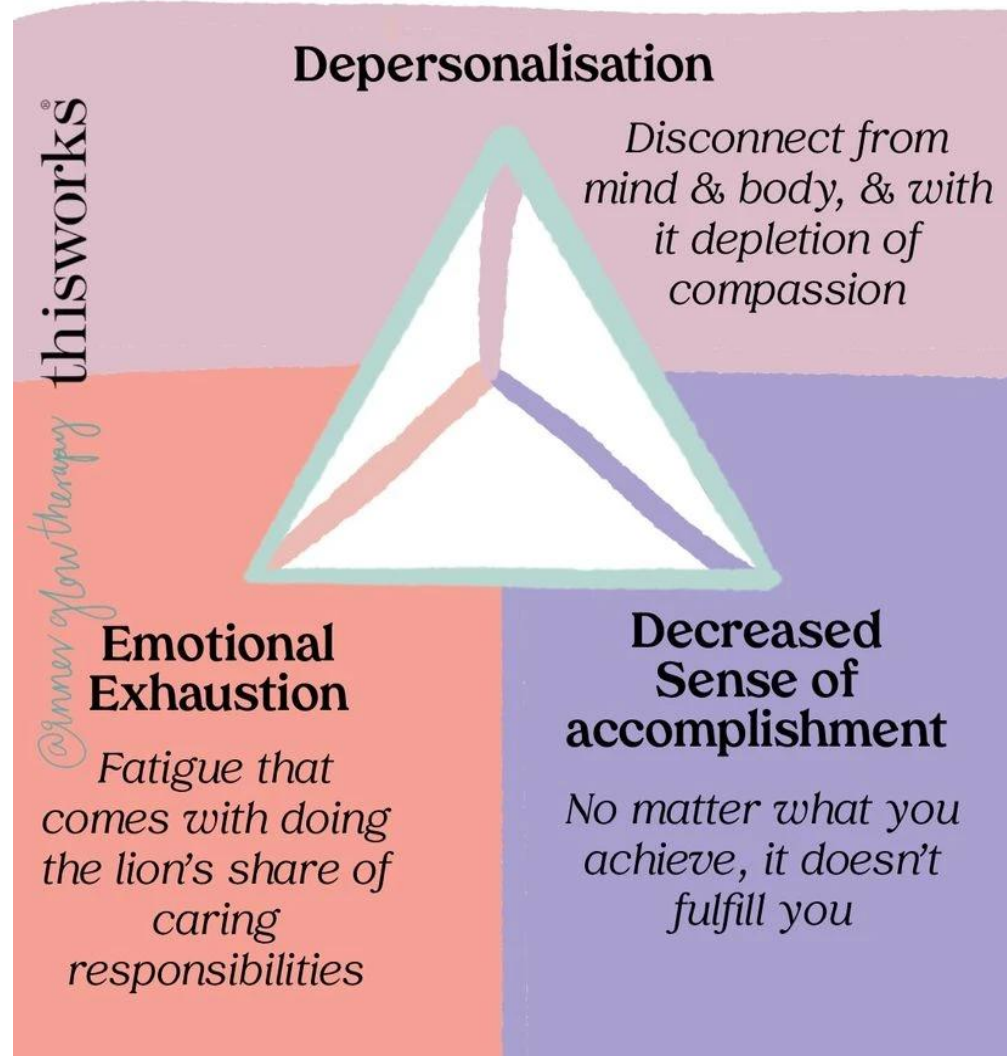
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BACCN Conference 2025
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- “It’s 4 a.m. in the ICU.
The alarms don’t stop. Neither do we.”

Maslach's 3 components

3 Components of burnout





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Why does it matter?



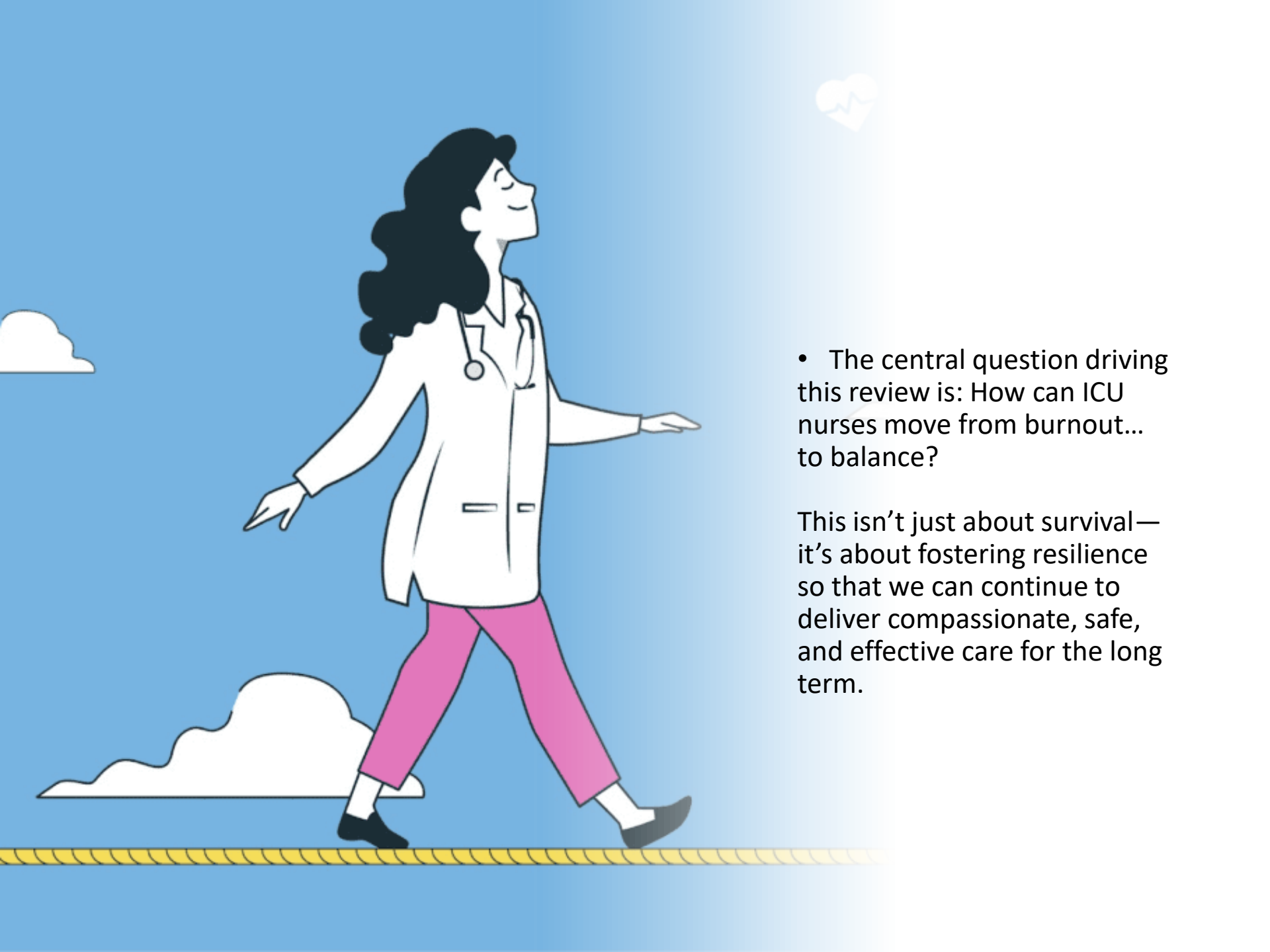
According to the **NHS Staff Survey (2023)**, over **one-third of nurses report feeling burned out** and emotionally exhausted. In critical care units, this rate is even higher due to the continuous exposure to life-threatening emergencies and high workload intensity.



Aim of Literature Review

How can ICU nurses move from burnout... to balance?





- The central question driving this review is: How can ICU nurses move from burnout... to balance?

This isn't just about survival—it's about fostering resilience so that we can continue to deliver compassionate, safe, and effective care for the long term.

Sawyer et al. (2021): Resilience, Insight,
Self-Compassion, and Empowerment
(RISE): A Randomized Controlled Trial of a
Psychoeducational Group Program for
Nurses

Type of Study: Randomized Controlled
Trial (RCT)



FINDINGS



RISE programme • ↑
Resilience • ↑ Self-
compassion • ↓ Burnout
symptoms

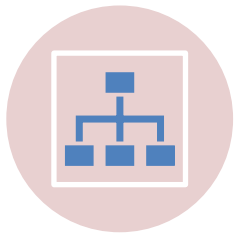
Lin et al. (2023) – Resilience Strategies
for ICU Nurses
Study Information
Author: Lin et al. (2023)
Title: Resilience Strategies for ICU Nurses
Type of Study: Randomized Controlled
Trial (RCT)



FINDINGS



Mindfulness-based interventions (MBIs) reduce emotional exhaustion and depersonalisation among ICU nurses.



InterventionsOrganizational / relational support (peer groups, open communication, manager support) significantly helps buffer burnout.



Effective strategies: Training in resilience skills, psychological coping, and self-care were commonly effective.

Palliative Medicine (2025). 'Prevalence of burnout in healthcare professionals providing palliative care and the effect of interventions to reduce symptoms: A systematic literature review'. Palliative Medicine.

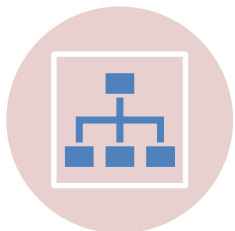
Type of Study: Systematic Literature Review



FINDINGS



Burnout prevalence: 3–66% among palliative care nurses
Emotional exhaustion: 3–49%
Depersonalization: 1–48%



Interventions: Organisational approaches were more effective than individual ones



Effective strategies: Mindfulness, peer coaching, and communication training

Vincent et al.(2019): Burnout Syndrome in UK Intensive Care Unit staff: Data from all three Burnout Syndrome domains and across professional groups, genders, and ages.

Study: Quantitative ,Cross-sectional survey-based study.

Country: United Kingdom



FINDINGS

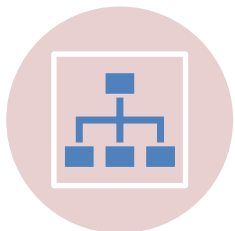


Over 33% of UK ICU staff are at high risk of burnout,

with emotional exhaustion more common in females

(**≥35%**) and nurses (**≥40%**). Depersonalisation is higher in males (**≥30%**) and younger staff (**≥32%**),

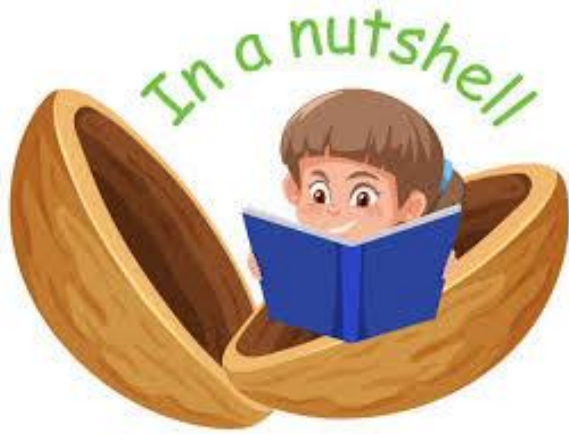
while nurses report burnout rates 1.5x higher than doctors .



Interventions: Resilience training and system-level interventions are crucial for burnout prevention



Effective strategies: Mindfulness, peer coaching, staffing ratios



- When we put these studies together, a clear theme emerges resilience is not just about the individual.

It is shaped by our environment. Supportive leadership, peer connections, and organizational commitment to well-being all act as protective factors.

So, resilience must be seen as a shared responsibility, not something that sits solely on the shoulders of individual ICU staff.

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Resilience training



- Mindfulness exercises



- Peer support groups



- Organizational reform



- Debriefing



- Continuous evaluation



“MY JOURNEY SO FAR:



CREATING SPACES FOR WELLBEING AND
RESILIENCE IN OUR ICU AND IN OUR
HOSPITAL”

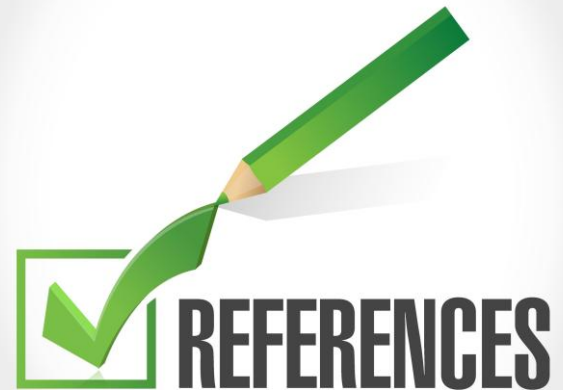


FINAL THOUGHTS

- “Caring for the carers is the most powerful way to care for our patients.”

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- I WELCOME YOUR QUESTIONS / SUGGESTIONS/YOUR EXPERIENCES
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