The Canadian Association of Critical Care Nurses (CACCN) develops position statements to provide summaries of CACCN views on issues pertaining to critical care nurses and their nursing practice. Critical care nurses from across the country participate in the creation and review of relevant position statements. CACCN position statements are reviewed at a minimum of every five years to ensure applicability to practice. The following statement was approved by the CACCN National Board of Directors on December 15, 2023. Please visit our website at caccn.ca to view all CACCN position statements.

Printing and copying for personal use is acceptable. Adoption, redistribution and / or commercial use is prohibited without express written permission of the CACCN. Please contact caccn@caccn.ca providing your name, email address, and the purpose for redistribution of the materials. The Board of Directors of CACCN will review your request and respond.

Critical Care Nurse Wellbeing

Background

Critical care nursing is a specialized field dedicated to providing patient and family centered care to individuals facing life-threatening health emergencies, while carrying out complex workloads (CACCN, 2017; Mealer & Jones, 2013). Critical Care nurses regularly contribute to navigating complex and high stakes situations including goals of care decision-making, adaptation to life altering diagnosis, palliation, and end of life care (Bruyeel et al., 2021; Moss et al., 2016). Working in critical care environments and caring for critically ill patients can lead to the decline of the wellbeing of nurses, making these nurses prone to higher levels of burnout than other areas of nursing (Moss et al., 2016; Poncet et al., 2007; Shorter & Stayt, 2009). When encountering the many stressors present in critical care environments, nurses may experience compassion fatique, post-traumatic stress disorder (PTSD), and other harmful physical, psychological, emotional, and spiritual sequelae which may affect their ability to provide safe patient care (Imes & Chasens, 2019; Jarden et al., 2018; Moss et al., 2016; Papathanassoglou & Kranikola, 2018). Further, research demonstrates that when there is a deficit of nurse wellbeing there can be reduced quality of care, lower patient satisfaction, an increased number of medical errors, and higher rates of healthcare associated infections (Moss et al., 2016). This can catalyze a downstream negative effect on the retention of nurses in this high acuity area and decreased job performance, low employee commitment to the organization, higher health care costs, and a reduction of employee creativity and innovation (Halbesleben, et al., 2008; Mealer & Jones, 2013).

Acknowledging the limited evidence grounding our understanding of nurse wellbeing it is important that further attention be paid to contexts of practice where nurses are understood to be at increased risk of the negative impacts of their work on their personal wellbeing. The concept of wellbeing is evolving and not well defined (Jarden et al., 2018; Jarden et al., 2019), but a concept analysis by Patrician et al. (2022) has offered a definition as "a nurse's positive evaluation of oneself and one's contributions to the work of nursing and allows the individual nurse to be the best whole person mentally, physically, emotionally, and spiritually they can be at any given point in time and the ability to adapt and overcome adversity to the extent possible" (Patrician et al., 2022, p.645). This endorses the ideal of wellbeing as "the best 'you' that you can be and bringing the best 'you' to your work, your team, unit, and/or organization." (Patrician et al., 2022, p.644). Recognizing the crucial role critical care nurses play in patients, family,

team, organization, and systems outcomes, it is imperative to prioritize their well-being and advocate for strategies that promote their wellness.

CACCN Position

The Canadian Association of Critical Care Nurses acknowledges the importance of critical care nurse wellbeing for the provision of quality patient care, including improved outcomes for patients, family, team, organization, and systems outcomes. Fostering nursing wellbeing is an integrative and shared responsibility between individual nurses, organizations, and health care systems.

CACCN endorses the following to facilitate critical care nurse wellbeing:

1. System Responsibilities:

Government support is needed to ensure safe and healthy workplaces to optimize nurses' wellbeing. Government bodies carry the duty to protect healthcare professionals (Rhéaume et al., 2022) and nurture the systems that sustain service and support practice. This includes policy, legislation, and funding for supportive work environments and access to mental health services aligned to the needs of critical care nurses (CNA, 2022; Damico et al, 2022; Guttormson et al, 2022; Kranikola et al 2015). Overt, thoughtful, and ongoing government support of the critical care nursing workforce in Canada has the capacity to uncover and address areas where critical care nursing environments can be optimized, work burdens and wellness resources are balanced, and research in this domain of health care provision is prioritized (CNA 2022; Kranikola et al, 2015; Kranikola, 2018).

Nursing professional and regulatory bodies (e.g., unions, licensing bodies, accreditation bodies) can optimize safe patient care by advocating and developing strategies that promote nurses' mental, physical, social, and professional wellbeing including optimizing nurse workload, facilitating staff retention measures, recognizing specialty nursing practice, and promoting autonomy in nursing and its scopes of practice (AACN, 2020; CNA, 2009; CNA, 2022).

2. Organizational Responsibilities:

Organizations and employers can create culturally safe, respectful, inclusive, and healthy work environments by minimizing work-related stress (Munro et al., 2022; Rushton et al., 2015). This can be accomplished through ensuring collaboration, respectful communication, authentic leadership, shared decision making, meaningful recognition, promotion of self-care, social support, and team engagement (Kranikola & MPouzika, 2018; Leiter & Maslach, 1999; Maslach & Leiter, 2008; McAdam & Erikson, 2020; Munro et al., 2022).

Organizations and employers can develop policies and accessible programs that work to destignatize mental illness among critical care clinicians (Karanikola & Mpouzik, 2018). Suggested programs can include access to professional psychological services and utilizing peer-to-peer support and peer debriefing (Badger, 2008; Guttormson et al., 2022).

3. Individual strategies:

Critical care nurses not only deserve to feel well but have a professional responsibility to be well at work (American Nurses Association, 2015; Canadian Nurses Association, 2017). Although nurses are not solely responsible for creating healthy work environments (Jarden et al., 2019b), they can advocate for interventions that promote their wellbeing in the workplace. Key strategies for wellbeing include physical health, work-life balance, and strong personal relationships; recognizing when they are not well and seeking support accordingly (Jarden et al., 2021; McElligott & Turnier, 2020).

Critical care nurses can engage in self-care practices to improve resilience, promote healing, and enhance compassion for self and others as a preventative measure and intervention (Gee et al., 2022; McAdam & Erikson, 2020; Salmon & Morehead, 2019). They can also advocate for accessible areas of rest, opportunities for mindfulness, reflection, and physical activity at work, strong interprofessional support and collaboration, development of social networks, and an increased sense of community (Gee et al., 2022; Herron et al., 2022; Jarden et al., 2019a; Henderson et al., 2022; Rheaume et al., 2022). Individuals can foster wellness within their environment by prioritizing personal and team well-being.

Supporting critical care nurses' wellbeing requires a multilevel approach and is a shared responsibility of health care systems. Systems, organizations, and individuals must take responsibility for the wellbeing of nurses by providing adequate educational opportunities, accessible programming, research funding, and the creation of policies promoting safe critical care work environments. In doing so, improved critical care nurse wellbeing will promote staff retention, improve job satisfaction, and optimize patient care and outcomes.

Approved by the	CACCN	Board	of Dire	ectors
		Dec	embe	r 2023

This position statement was developed with contributions from the following CACCN Members:

- Christine Filipek, MN, RN, CNCC(C), CACCN Director at Large, Statement Co-Chair, Provincial Critical Care Educator & Coordinator, Alberta Health Services
- Mélanie Gauthier, M. Int. Care N., RN, CNCC(C), CACCN Past President, Statement Co-Chair, Program Director BN(I) On-Campus & Assistant Professor, Ingram School of Nursing, McGill University, Critical Care Nurse Clinician, Royal Victoria Hospital, McGill University Health Center
- Rosalind Garland, RN, MSc(A), Faculty Lecturer, Ingram School of Nursing, McGill University, Nurse Clinician, MSICU, Jewish General Hospital
- Aninder (Angie) Grewal, BSc, RN, Research Coordinator, University of Alberta, Faculty of Nursing, Registered Nurse, ICU, Misericordia Community Hospital, Edmonton
- Alex Jackowski BScN, RN, Registered Nurse, ICU, Orillia Soldiers Memorial Hospital
- Amy Neumann MN, RN, Academic Coordinator, Athabasca University, Faculty of Health Disciplines

The Position Statement Committee and the National Board of Directors thank the CACCN members from across the country for their expert review of the Critical Care Nurse Wellbeing statement.

References

American Association of Colleges of Nursing (AACN). (2020). *AACN members endorse resolution calling for action to address nurse well-being*. https://www.aacnnursing.org/news-data/all-news/article/resolution-nurse-well-being-resilience

American Nurses Association. (2015). Code of ethics for nurses with interpretive statements. Retrieved from https://www.nursingworld.org/codeofethics

Bruyneel, A., Smith, P., Tack, J., & Pirson, M. (2021). Prevalence of burnout risk and factors associated with burnout risk among ICU nurses during the COVID-19 outbreak in French speaking Belgium. *Intensive & Critical Care Nursing, 65*, 103059-103059. https://doi.org/10.1016/j.iccn.2021.103059

Canadian Association of Critical Care Nurses (CACCN) (2017). Standards for Critical Care Nursing Practice. https://caccn.ca/wp-content/uploads/2019/05/STCACCN-2017-Standards-5th-Ed.pdf

Canadian Nurses Association (CNA). (2017). *Code of ethics for registered nurses*. Ottawa: Author. Retrieved at https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/nursing/Code of Ethics 2017 Edition e.pdf

Canadian Nurses Association (CNA). (2009). Tested solutions for eliminating Canada's Registered nurse Shortages. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/RN_Highlights_e.pdf

Canadian Nurses Association (CNA). (2022). Addressing Canada's Health Workforce Crisis. https://www.ourcommons.ca/Content/Committee/441/HUMA/Brief/BR11678849/brexternal/CanadianNursesAssociation-e.pdf

Damico, V., Demoro, G., Bolgi, S., Molina, F., D'alessandro, A., Murano, L., Russello, G., & Cataldi, G. (2022). Impact of COVID-19 outbreak on ICU nurses' mental health. An Italian multicenter study. *Professioni Infermieristiche, 75*(1), 51-58. https://doi.org/10.7429/pi.2022.751058

Gee, P.M., Weston, M.L., Harshman, T. & Kelly, L.A. (2022). Beyond burnout and resilience: the disillusionment phase of COVID-19. *AACN Advanced Critical Care, 33*(2), 134-142. https://doi.org/10.4037/aacnacc2022248

Guttormson, J. L., Calkins, K., McAndrew, N., Fitzgerald, J., Losurdo, H., & Loonsfoot, D. (2022). Critical care nurse burnout, moral distress, and mental health during the COVID-19 pandemic: a United States survey. *Heart & Lung*, *55*, 127–133. https://doi.org/10.1016/j.hrtlng.2022.04.015

Halbesleben, J. R. B., Wakefield, B. J., Wakefield, D. S., & Cooper, L. B. (2008). Nurse burnout and patient safety outcomes: Nurse safety perception versus reporting behavior. *Western Journal of Nursing Research*, *30*(5), 560-577. https://doi.org/10.1177/0193945907311322

Henderson, A., Takashima, M., Burmeister, E., Strube, P., & Winch, S. (2022). Towards the idea of "clinical capital": A longitudinal study exploring nurses' dispositions and workplace manifestations in an Australian intensive care unit. *Journal of Advanced Nursing*, 78(11), 3673–3686. https://doi.org/10.1111/jan.15264

Herron, K., Lonergan, G., Travis, S., Rowan, P., Hutton, J., Kelly, L., Jordan, D., Beattie, J., Hampshire, P., McCarthy, J., Ryan, S. & Tsang, H. K. (2022). Evaluating a psychological support service focused on the needs of critical care and theater staff in the first wave of COVID-19. *British*

- Imes, C. C., & Chasens, E. R. (2019). Rotating shifts negatively impacts health and wellness among intensive care nurses. *Workplace Health & Safety, 67*(5), 241-249. https://doi.org/10.1177/2165079918820866
- Jarden, R. J., Sandham, M., Siegert, R. J., & Koziol-McLain, J. (2018). Intensive care nurse conceptions of well-being: a prototype analysis. *Nursing in Critical Care, 23*(6), 324-331. https://onlinelibrary.wiley.com/doi/10.1111/nicc.12379
- Jarden, R., Narayanan, A., Sandham, M., Siegert, R.J., Koziol-McLain, J. (2019a). Bibliometric mapping of intensive care nurse wellbeing: development and application of the new iAnalysis model. *BMC Nursing 18*(21), 1-11. https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-019-0343-1
- Jarden, R. J., Sandham, M., Siegert, R. J., & Koziol-McLain, J. (2019b). Conceptual model for intensive care nurse work well-being: A qualitative secondary analysis. *Nursing in Critical Care, 25*(2), 74–83. https://doi.org/10.1111/nicc.12485
- Jarden, R. J., Sandham, M., Siegert, R. J., & Koziol-McLain, J. (2021). General well-being of intensive care nurses: A prototype analysis. *Nursing in Critical Care, 28*(1), 88-100. https://www.researchgate.net/publication/354056342_General_well-being_of_intensive_care_nurses_A_prototype_analysis
- Kranikola, M. N. K., & Mpouzika, M. D. A. (2018). Time to create a healthy work environment in ICU: a review of current evidence and commentary. *Connect the world of Critical Care Nursing, 12*(2):44-47. https://www.researchgate.net/publication/328035050
- Karanikola, M., Giannakopoulou, M., Mpouzika, M., Kaite, C. P., Tsiaousis, G. Z., & Papathanassoglou, E. D. (2015). Dysfunctional psychological responses among Intensive Care Unit nurses: a systematic review of the literature. *Revista da Escola de Enfermagem da U S P, 49*(5), 847–857. https://doi.org/10.1590/S0080-623420150000500020
- Karanikola, M. N. (2018). Time to create a healthy work environment in ICU: a review of current evidence and commentary. *Connect the World of Critical Care Nursing, 12*(2), 44. https://www.researchgate.net/publication/328035050_Time_to_create_a_healthy_work_environment_in_ICU_a_review_of_current_evidence_and_commentary
- Leiter, M.P., & Maslach, C. (1999). Six areas of worklife: a model of organizational context of burnout. *Journal of Health and Human Services Administration 21*(4), 472-489. https://www.researchgate.net/publication/12693291_Six_areas_of_worklife_A_model_of_the_organizational_context_of_burnout
- Maslach, C., & Leiter, M. P. (2008). Early predictors of job burnout and engagement. *The Journal of Applied Psychology*, *93*(3),498-512. https://pubmed.ncbi.nlm.nih.gov/18457483/
- McAdam, J. L., & Erikson, A. (2020). Self-care in the bereavement process. *Critical Care Nursing Clinics of North America*, 33(3), 421-437. https://doi.org/10.1016/j.cnc.2020.05.005
- McElligott, D., & Turnier, J. (2020). Integrative health and wellness assessment tool. *Critical Care Nursing Clinics of North America*, 32(3), 439-450. https://doi.org/10.1016/j.cnc.2020.05.006
- Mealer, M., & Jones, J. (2013). Posttraumatic stress disorder in the nursing population: A concept analysis. *Nursing forum (Hillsdale)*, *48*(4), 279-288. https://doi.org/10.1111/nuf.12045

Moss, M., Good, V. S., Gozal, D., Kleinpell, R., & Sessler, C. N. (2016). An official critical care societies collaborative statement. *Critical care medicine, 44*(7), 1414. https://doi.org/10.1097/CCM.000000000001885

Papathanassoglou, E., & Kranikola, M. (2018). Stress in critical care nurses: a policy perspective. *British Association of Critical Care Nurses*, 23(3),117-120. https://doi.org/10.1111/nicc.12352

Poncet, M. C., Toullic, P., Papazian, L., Kentish-Barnes, N., Timsit, J.-F., Pochard, F., Chevret, S. Schlemmer, B., & Azoulay, É. (2007). Burnout syndrome in critical care nursing staff. *American Journal of Respiratory and Critical Care Medicine*, *175*(7), 698–704. https://doi.org/10.1164/rccm.200606-806oc

Patrician, P. A., Bakerjian, D., Billings, R., Chenot, T., Hooper, V., Johnson, C. S., & Sables-Baus, S. (2022). Nurse well-being: A concept analysis. *Nursing outlook, 70*(4), 639-650. https://doi.org/10.1016/j.outlook.2022.03.014

Rheaume, A., Breau, M., & Boudreau, S. (2022). A critical incident study of ICU nurses during the covid-19 pandemic. *Nursing Ethics*, 29(2), 317-329. https://journals.sagepub.com/doi/full/10.1177/09697330211043270

Rushton, C.H., Batcheller, J., Schroeder, K., & Donohue, P. (2015). Burnout and resilience among nurses practicing in high-tense settings. *American Journal of Critical Care, 24*(5), 412-419. https://pubmed.ncbi.nlm.nih.gov/26330434/

Salmon, G., & Morehead, A. (2019). Posttraumatic Stress Syndrome and Implications for Practice in Critical Care Nurses. *Critical Care Nursing Clinics of North America*, 31(4), 517. https://doi.org/10.1016/j.cnc.2019.07.007

Shorter, M., & Stayt, L. C. (2010). Critical care nurses' experiences of grief in an adult intensive care unit. *Journal of advanced nursing*, *66*(1), 159-167. https://pubmed.ncbi.nlm.nih.gov/20423442/