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(REVIEW ARTICLE)

Burnout among intensive care nurses and the role of social support: A narrative review

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Abstract

Introduction: Burnout is a growing phenomenon in the healthcare sector, particularly affecting nurses working in Intensive Care Units (ICUs).

Purpose: To identify burnout among Intensive Care Nurses and the role of social support.

Methodology: This narrative review was based on a bibliographic search of reviews and research studies drawn from international databases. The language other than English and Greek was the exclusion criterion for the articles.

Results: This literature review explores the causes and consequences of burnout among ICU nurses, the importance of social support, and recommended interventions drawn from the literature. Factors such as work intensity, time pressure, crisis management, and exposure to human suffering increase the vulnerability of these intensive care unit nurses. Research indicates that social support is a vital protective factor that can alleviate burnout symptoms and bolster the mental resilience of healthcare professionals.

Conclusion: Burnout is a critical issue for ICU nurses, leading to serious consequences for their personal well-being and the quality of care they provide. Appropriate measures, such as social support for ICU nurses, are urgently needed to mitigate the effects of burnout and ensure optimal patient care,

Keywords: Burnout; Intensive Care Unit; ICU nurses; Social support; Patient Quality of Care

1. Introduction

Occupational burnout was first identified in the 1970s by Herbert Freudenberger and systematically studied by Christina Maslach. It is a syndrome that results from prolonged work stress and encompasses three main characteristics: emotional exhaustion, depersonalization, and a diminished sense of personal agency [1-2]. A commonly accepted term for the phenomenon is Maslach (1982), which states that employees' emotional exhaustion leads to a diminished feeling of sympathy and/or respect toward customers and patients. This exhaustion affects every employee who comes into contact with others daily. Individuals perceive situations negatively; this is an internal psychological experience involving attitudes, motivations, expectations, and emotions, linked to various physical and psychological problems. It can occur even in people without a history of mental health issues, resulting in decreased productivity and performance [1-2].

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The phenomenon of burnout occurs at higher rates among healthcare professionals, particularly nurses and physicians, due to their daily direct contact with human suffering. Numerous studies have been conducted on the burnout of nurses working in hospitals, and it appears that this issue has been and continues to be a scourge with a negative impact on nurses [3-4]. In healthcare settings, especially in intensive care units, the nature of the work makes professionals vulnerable to burnout [5]. ICU nurses care for critically ill and unstable patients, involving intense physical and mental strain, along with the responsibility for immediate care. Frequent exposure to death, constant vigilance, and demanding shifts adversely affect well-being and job satisfaction in these professions [6].

2. Methodology

The methodology followed was based on the bibliographic search of reviews and research studies drawn from the international databases Medline, Pubmed, and Google Scholar. The keywords used were burnout, intensive care unit, ICU nurses, social support, and patient quality of care. The exclusion criterion of the articles was the language other than English and Greek.

3. Factors contributing to burnout and global data

According to Maslach, burnout is caused by the prolonged relationship between individuals and various dimensions such as workload, control, reward, social relevance, justice, and values [7]. In particular, excessive workload and numerous demands to deliver optimal care result in unbearable pressure, making it easier for health professionals to make mistakes and often neglect aspects of patient care. This negligence leads to ineffective care for patients, despite numerous studies highlighting the importance of providing holistic care aimed at improving the quality of life for patients, including those suffering from cardiovascular diseases [8-9]. Another dimension is control, as health professionals are often not provided with sufficient resources to complete their work safely, including personal protective measures and antiseptics. Financial constraints frequently prevent hospitals from supplying essential equipment, such as hand hygiene tools, which are of utmost importance [10]. Additionally, hospitals often fail to offer health professionals specific incentives, such as financial rewards for their contributions, resulting in underpayment, particularly among nurses. Consequently, the issue of injustice emerges as health professionals recognize the disparity between workload and remuneration. Furthermore, regarding social relevance, health professionals frequently feel disconnected from the interdisciplinary team, leading to feelings of isolation, disappointment, and diminished social support. Moreover, health professionals may experience limitations when their actions contradict their own aspirations and values [7].

The nature of work in ICUs is characterized by intensity, complexity, and emotional stress. Nurses must manage complex cases, respond immediately to emergencies, and collaborate with medical teams under time pressure. Staff shortages, overtime, frequent shift changes, and limited rest opportunities increase work-related stress [11-14]. Moreover, interpersonal conflicts in the workplace, insufficient support from management, and the lack of substantial recognition for their work exacerbate feelings of professional frustration [15-16]. These factors, combined with personal challenges and a lack of external social support, lead to gradual mental exhaustion and professional detachment [16-18]. According to international studies, the burnout rate among ICU nurses is alarmingly high. In the United States, 60% of ICU nurses display symptoms of burnout. The situation is similarly alarming in Europe, with rates exceeding 45% in several countries [19]. In Greece, the COVID-19 pandemic has underscored and worsened this phenomenon, with studies showing a rapid increase in the relevant indicators. Additionally, with the onset of the pandemic, numerous patients were admitted to intensive care units, pushing the workload to its maximum capacity, many of whom exhibited post-intensive care syndrome due to long-term hospitalization, frailty syndrome, and other related issues. Furthermore, the course of the pandemic also contributed to the emergence of post-COVID-19 syndrome, which, in turn, led to significant changes in the health landscape [19-23].

4. Consequences of burnout

Burnout has significant consequences for both nurses and patients. On an individual level, it is associated with increased rates of anxiety, depression, and job dissatisfaction, which poses a major issue if no solutions are found, as all of these negatively impact health professionals, particularly nurses working in hospitals, making them feel apathetic about their work and consequently reducing the optimal provision of care [18,24]. Burnout in nurses can also lead to physical symptoms such as fatigue, sleep disturbances, gastrointestinal problems, and circadian rhythm disturbances. At the organizational level, burnout results in reduced performance, increased absenteeism, and early departures from work [24-26]. Furthermore, the quality of patient care suffers, as attention to detail decreases, errors increase, and both patient and family satisfaction decline [24-26]. Burnout in ICU nurses is closely linked to serious psychological

consequences. Repetitive stress, constant exposure to crises, and the inability to effectively relieve stress gradually lead to emotional exhaustion. Many nurses report losing their ability to respond emotionally to patients and begin to act coldly and distantly as a defense mechanism. Therefore, the negative impact of burnout on healthcare professionals is evident and is inextricably connected to the reduced provision of quality care [27].

5. The role of social support and strategies to address burnout

Social support is a vital means of protection against burnout. It encompasses emotional support, practical assistance, and a sense of belonging in a nurturing environment [3]. Studies indicate that fostering positive relationships with colleagues, supervisors, and friends significantly reduces stress and burnout levels. Nurses who perceive support from their social and work environments exhibit greater resilience to psychological stress and enjoy higher job satisfaction [28-29]. The integration of social support and workplace support systems plays a crucial role in tackling burnout among nurses in intensive care units. Specifically, organized workplace interventions are critical for preventing and managing burnout. Implementing employee support programs, offering psychological counseling, and encouraging participative management enhance job satisfaction. Furthermore, bolstering leadership and cultivating a culture of positive feedback can further promote the well-being of nurses [28-29].

Additionally, strategies like continuing education, professional training, and lifelong learning serve as effective measures to tackle the issue. More specifically, ongoing education and professional development are essential components in managing and preventing burnout. When nurses feel competent and adequately trained to handle challenging and demanding clinical situations, their stress levels decrease significantly, and their self-confidence improves. Educational programs that focus on developing emotional intelligence, recognizing and managing stress, as well as enhancing communication skills among nurses working in ICUs, positively influence the resolution of the issue [28-30].

6. Interventions and Recommendations

Implementing targeted interventions—including psychoeducation, individual counseling, communication skills enhancement, wellness initiatives, and leadership development—has been shown to play a pivotal role in reducing occupational burnout. These multidimensional strategies go beyond alleviating surface-level symptoms and address the underlying psychosocial factors contributing to burnout. Psychoeducational programs raise awareness of stress mechanisms and psychological well-being, while counseling provides structured support for processing emotional distress. Improvements in communication skills promote clearer interpersonal interactions, thus minimizing conflict and misunderstanding in professional settings. At the same time, wellness programs encourage holistic health practices that mitigate the long-term effects of stress. Leadership development further enhances organizational capacity by equipping leaders with the emotional intelligence and managerial skills necessary to foster supportive team dynamics [31-34].

Moreover, sustained investment in professional training, evidence-based stress management techniques, and organizational culture reform is essential for preventing and effectively managing burnout. Educational initiatives to build competencies in emotional regulation, time management, and conflict resolution enhance individual and collective resilience. Stress management strategies, such as mindfulness practices, workload restructuring, and relaxation techniques, enable employees to navigate occupational demands more effectively. Critically, the promotion of a psychologically safe, inclusive, and values-driven workplace culture reduces stigma associated with mental health concerns and facilitates open, constructive dialogue. Collectively, these interventions contribute to developing a resilient workforce and an organizational climate in which individuals are empowered not merely to endure, but to flourish [31-34].

7. Conclusion

Burnout among ICU nurses is a complex, multifactorial issue that requires a coordinated approach. Enhancing social support, both within and outside the workplace, along with organizational reforms, can significantly mitigate the effects of this phenomenon and contribute to building professional resilience. Additionally, strategies and measures such as psychoeducation, counseling, communication enhancement, wellness programs, and leadership can further reduce burnout and assist ICU nurses in managing it.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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