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Title

Nurse resiliency in the Burn ICU

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Nurse Resiliency in the Burn ICU

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TBSA%



Background

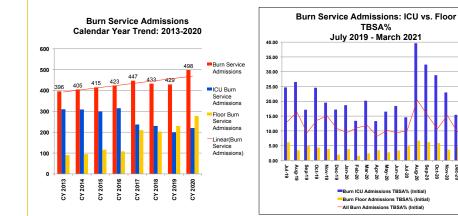
In 2020, California set an unprecedented record for wildfires, resulting in numerous patients becoming severely burned. The University of California Davis Firefighters Regional Burn Center cared for many of these burn-injured patients, while continuing to care for other severely injured patients. These challenges are becoming more frequent, as the average daily census and admission numbers have been increasing over the past several years. The Burn service's admissions over the last three years have totaled 433, 429, and 498, respectively. Additionally, there was a spike in total body surface area percentage (TBSA%) during this year's wildfires. Compounding these challenges, the COVID-19 pandemic may have caused additional stress for Burn Intensive Care Unit (BICU) staff both professionally and personally.

Purpose

The purpose of this study is to determine if the BICU staff are experiencing burnout and traumatic stress.

Methods

A Professional Quality of Life Survey (ProQOL5) was provided to the staff. to measure compassion, satisfaction, and compassion fatigue. 19 of 55 nurses on staff responded to the anonymous, paper survey.



Results

Our survey showed that all 19 respondents had average compassion satisfaction, 69% had average burnout, while 31% had below average burnout, and 63.2% had average secondary traumatic stress with 36.8% having low secondary traumatic stress. The BICU census has increased, the staff's resiliency and job satisfaction are at average levels.



Conclusion

Results show that the BICU staff has an average work guality of life, as represented by burnout and secondary traumatic stress levels. While the unit census increased during COVID-19 the staff remained resilient.

Implications

Having a designated "Support U Peer Responders" group available for staff that are feeling stressed could help improve staff resiliency and job satisfaction. A limitation of this study was the low response rate of 34.5% (19/55 nurses), and those staff that are more "burned out" may be less likely to respond, affecting the results.

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