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Correspondence

Comparison of the prevalence of burnout risk between ICU and non-ICU nurses during the COVID-19 outbreak in French-speaking Belgium

Dear Editor,

During the COVID-19 outbreak, (intensive care unit) ICU nurses working with COVID-19 patients were exposed to unfavourable working conditions which may increase their risk of burnout (Kok et al., 2021; Lasalvia et al., 2021). Indeed, we recently published a study in the present journal on the prevalence of burnout risk and associated factors among ICU nurses during the COVID-19 outbreak in Belgium (Bruyneel et al., 2021b). This study specifically targeted ICU nurses, but one question remained outstanding: "*Are ICU nurses more or less at risk of burnout than non-ICU nurses during the Covid-19 pandemic?*".

Data were collected on nurses in the French-speaking part of Belgium between April 21 and May 04, 2020, using a web-based survey. The two groups (ICU and non-ICU) were formed by asking respondents for the department in which they work. The risk of burnout was assessed using the French-version of the validated Maslach Burnout Inventory (MBI) scale which captures the following dimensions of burnout: emotional exhaustion (EE), depersonalisation (DP) and reduced personal achievement (PA). To estimate the overall prevalence of burnout, we considered that an individual with a high risk in at least one of the three dimensions can be considered to be at risk of burnout, as in other studies.

Regarding the overall prevalence of burnout risk, ICU nurses had a lower probability of being at risk of burnout compared to non-ICU nurses (68% vs 72%, OR = 0.82, 95%CI: 0.72–0.95) (Fig. 1). Considering each dimension of the MBI separately, ICU nurses were significantly less at risk of PA (OR = 0.66, 95%CI: 0.62–0.72) but significantly more at risk of EE (OR = 1.23, 95%CI: 1.07–1.42) and DP (OR = 1.44, 95%CI: 1.23–1.67) compared to non-ICU nurses.

The high risk in EE and DP in ICU nurses compared to non-ICU nurses is probably explained by differences in job characteristics, environment, and patient population. The ICU is known to be highly stressful, demanding, work intensity, much higher degree of difficulty with regards to patient disease status, and imposition of higher emotional stress on both family members and patients. The higher proportion of COVID-19 deaths and greater workload in the ICU group may also explain these differences (Bruyneel et al., 2021a).

Conversely, the lower risk of PA may be explained by the significant autonomy and the feeling of competence of ICU nurses. Indeed, in Belgium, specialised nurses in ICU can independently manage mechanical ventilation, sedation, vasoactive drugs, etc. In addition, being on the front line in the fight against the pandemic may also have a beneficial effect on their sense of accomplishment. In conclusion, these additional analyses show the importance of separately considering the different dimensions of burnout. In the context of a pandemic, particular attention must be paid to the dimensions of emotional exhaustion and depersonalisation of ICU nurses.

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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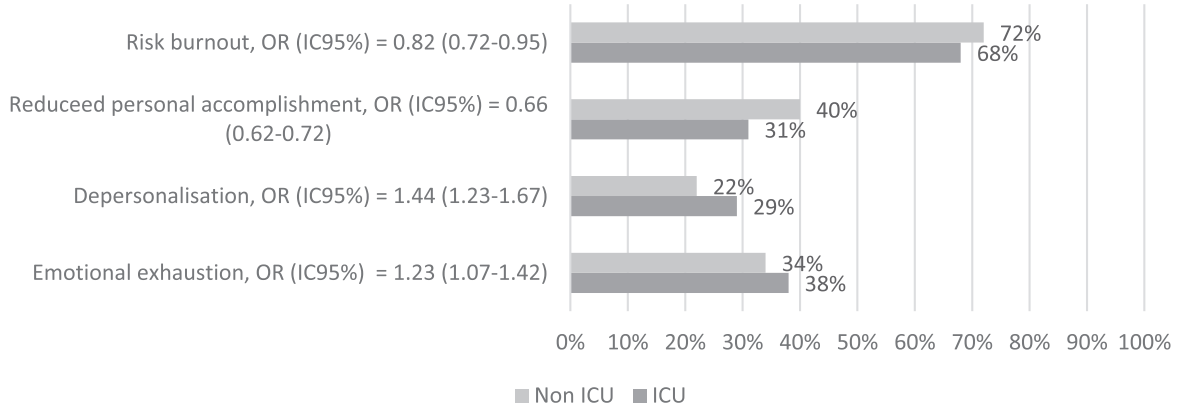

Fig. 1. Prevalence of burnout risk and high-risk dimensions of MBI for ICU nurses compared to non-ICU nurses.