Staying Well in the ICU: Stress, Moral Distress and Life After the ICU

Burnout, compassion fatigue, moral distress and the 4 A's, support after errors, sleep, PICS and PICS-F, diaries and family presence

WHAT YOU WILL DO

- Notice stress in yourself and your coworkers early, and say something.
- Use your unit's debriefs, peer support and employee assistance program (EAP); they are part of the job, not a sign of weakness.
- Speak up when a plan of care troubles you, through the team, your charge nurse or ethics.
- Tell patients and families what recovery can look like, including post-intensive care syndrome (PICS).
- Welcome families at the bedside and on rounds, and start or keep up an ICU diary where your unit uses them.

KNOW WHAT YOU ARE FEELING

Up to a third of critical care nurses report severe burnout symptoms (Moss 2016).

CONDITION	WHAT IT IS	WHAT YOU MAY NOTICE
Burnout	Exhaustion, depersonalization and reduced sense of accomplishment from work stress	Dread before shifts, cynical comments, feeling your work does not matter, poor sleep, headaches
Compassion fatigue	A gradual loss of compassion from caring for suffering people ("the cost of caring")	Numbness, less patience, avoiding patients or families
Moral distress	You believe you know the right action but feel unable to take it	Anger, guilt, powerlessness, sleep and appetite changes
Second victim	Distress after an error, adverse event or bad outcome you were part of	Replaying the event, shame, fear of judgment, loss of confidence

MORAL DISTRESS: THE AACN 4 A'S

1. Ask: Am I feeling moral distress? What is causing it?
2. Affirm: Name it as real, and commit to caring for yourself and acting on it.
3. Assess: Rate how severe it is, find the source, and weigh what is in your control.
4. Act: Make a plan and use it: raise it at rounds, request an ethics consult or a family meeting, ask for a debrief.

AACN expects every hospital to offer ethics committees, critical stress debriefings, crisis and grief counseling and an EAP. Find them before you need them.

AFTER A HARD SHIFT OR AN ERROR

- Talk it through: a team debrief, a trusted coworker, a mentor or a trained peer supporter.
- Most clinicians recover with local and peer support; ask for professional counseling (EAP) if it lingers.
- Report the event through your safety system; support and reporting go together.
- Protect sleep: make it a priority, keep the room dark, quiet and cool, plan time for it, and nap before a night shift if you can.
- Do not drive drowsy: 17 hours awake impairs you about as much as a 0.05% blood alcohol level.

> **SAFETY** If you or a coworker are thinking about suicide or are in crisis, call or text 988 (US), or chat at 988lifeline.org, any time. Veterans press 1.

FOR PATIENTS AND FAMILIES

Most adult ICU patients survive: in 3.45 million US ICU admissions from 2014 to 2023, about 11% died in the hospital (Moin 2025). Survival is often only the start of recovery.

In one US cohort, 64% of survivors had at least one PICS problem at 3 months (Marra 2018).

PICS DOMAIN	EXAMPLES
Physical	ICU-acquired weakness, fatigue, breathlessness, poor sleep
Cognitive	Trouble with memory, attention and planning
Mental health	Anxiety, depression, post-traumatic stress
PICS-F (family)	Anxiety, depression, post-traumatic stress, complicated grief

- Family presence: SCCM encourages open, flexible presence, and family participation in rounds and resuscitation.
- ICU diaries: short entries by staff and family that help the patient make sense of lost time later.
- Follow-up: tell families about post-ICU clinics and survivor support groups where they exist.
- Goals of care: make sure families know when the next meeting is. See the End of Life One-Pager for running one.

CALL FOR HELP WHEN

- You or a coworker mention self-harm or suicide: stay with them and connect them to 988, the EAP or emergency care.
- You cannot shake an event, are dreading every shift, or are using alcohol or drugs to cope.
- You think care is unsafe or against the patient's wishes and the team will not discuss it: go to the charge nurse, manager or ethics.
- A family member seems overwhelmed, unsafe or unable to cope: involve social work, chaplaincy or palliative care.

CHECK YOUR UNIT'S POLICY

Check your unit's policy for family presence hours, family on rounds and during codes, ICU diaries, how to request an ethics consult or debrief, and how to reach peer support and your EAP.

Sources (16) are listed with links at icubasics.com/sheets/icu-wellbeing.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. ICU Basics is an independent study aid not affiliated with any certifying body.