

Examining the Toll: A Scoping Review of Psychological Distress in NICU Providers

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Objectives

The neonatal intensive care unit (NICU) is a physically and psychologically demanding work environment where healthcare providers monitor acutely ill infants while also supporting parents who are often stressed and may be experiencing traumatic stress. Despite increased attention to the mental health of parents/caregivers in the NICU, there is an oft-forgotten third player--the providers themselves. This is the first scoping review examining the extant research on burnout, secondary traumatic stress, moral distress, and other psychological distress responses in NICU medical providers. This information can contribute to our ability to support the medical providers who care for infants/families during the perinatal time period.

Methods

Following PRISMA-ScR guidelines (Page et. al., 2021), PsychInfo, Ovid, MEDLINE, Embase, and CINAHL databases were searched for relevant research publications using keywords. Co-author dyads—all members of the National Network of NICU Psychologists (NNNP) Research Committee, assessed eligibility criteria through abstract review and extracted data from full text review.

Results

The initial search yielded 1,205 distinct publications; 120 were selected for full-text review. A total of 59 were deemed relevant and categorized based on methodology (quantitative (n = 46), qualitative (n = 11), both (n = 2)) and psychological construct--specifically (1) burnout, (2) secondary traumatic stress, (3) moral distress, and (4) "other distress" (i.e., compassion fatigue, anxiety, physiologic stress response). All publications included NICU nurses while 19 publications also included other NICU medical providers. Data on prevalence, associations, major themes and psychometric(s) were extracted. Most publications identified moderate levels of negative job-related exposures and outcomes in NICU providers, while some highlighted personal and systemic risk factors and/or protective factors. Highlights of key findings for each of the four constructs will be presented.

Conclusions

The strength and nature of the association between NICU job-related exposures and psychological response differed depending on the study sample, setting, psychometric(s) used, and how measures were scored/interpreted. The array of research designs and analytic approaches posed a significant challenge to comparing results across studies. Standardization of methodological approach and psychometrics, replication of findings in larger and more diverse samples, and assessing the efficacy of existing psychological interventions for this unique population is clearly warranted and can provide important information for NICU staff education and training as well as future intervention, advocacy and policy recommendations. Ultimately, attending to the mental health of providers is critical to providing the best support for parents and families during medical challenges experienced within the perinatal time period.

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Disclosures

None