Introduction:
Burnout affecting the psychological and physical state of healthcare workers is recognised in the last 10 years. Burnout has been shown to affect the quality of care. Whilst some risk factors have been identified, there are gaps within the literature related to mental health and burnout. The aim of this study is to measure levels of burnout across 3 ICU units in the metropolitan setting.

Methods:
To determine the level of burnout we used 2 surveys, the Maslach Burnout Inventory human services survey (MBI-hss) and the Centre for Epidemiologic Studies Depression Scale (CES-D). With the MBI-hss we analysed 3 different variables of burnout; exhaustion, cynicism and emotional exhaustion. Basic demographic data and information regarding workout schedules were collected. We studied prevalence and contributing risk factors using and analysing the outcomes of the 2 self-scoring questionnaires. Analysis was performed using descriptive statistical analysis.

Results:
There were 90 respondents, 36% scored the threshold for depressive symptoms on the CES-D depression scale. Interestingly, 40% (CI 25.4-57.7%) of those meeting the score for depressive symptoms identified as having frequent restless sleep compared with 11% (4.6-21.8 %) from those not meeting. Gender did not affect depressive symptoms 35% of females and 37% of males met the threshold. With the MBI-hss for exhaustion the mean was 17.16 (SD 4.6) which is a high level of exhaustion, the second variable cynicism the mean score was 14.08 (SD 4.2), which was considered high. The final variable was emotional exhaustion the mean was 25.16 (SD 9.90), this is considered moderate levels of emotional exhaustion.

Conclusion:
There was high prevalence of burnout in ICU in all different categories as well as depressive symptoms. Age and gender had no affect on burnout. Interestingly, we identified that sleep and shift variables were linked to increased burnout.