Flinders University | Research Centre for Palliative Care, Death & Dying

Burnout in providing end-of-life care in the residential aged care setting

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Overview

- Study context
  - Australian residential aged care
  - What is burnout?
- What we did
- General findings
- Role of death and dying
- Risk reduction approaches
- What might be done?

Study context

Aged Care Research & Industry Innovation Australia

Australian Government
Aged Care Quality and Safety Commission

- Research grants and workforce capacity building around innovation
- Work organised around named priority topics
- Knowledge and Implementation Hub provides evidence and resources

- Burnout - key ACQSC priority

Study context

Australian residential aged care

- Complex care needs
- Low ratio of nurses to careworkers
- Recruitment/retention challenges
- Uncertain regulatory environment
- Multiple nurse roles

Study context

Aged care is palliative and end-of-life care

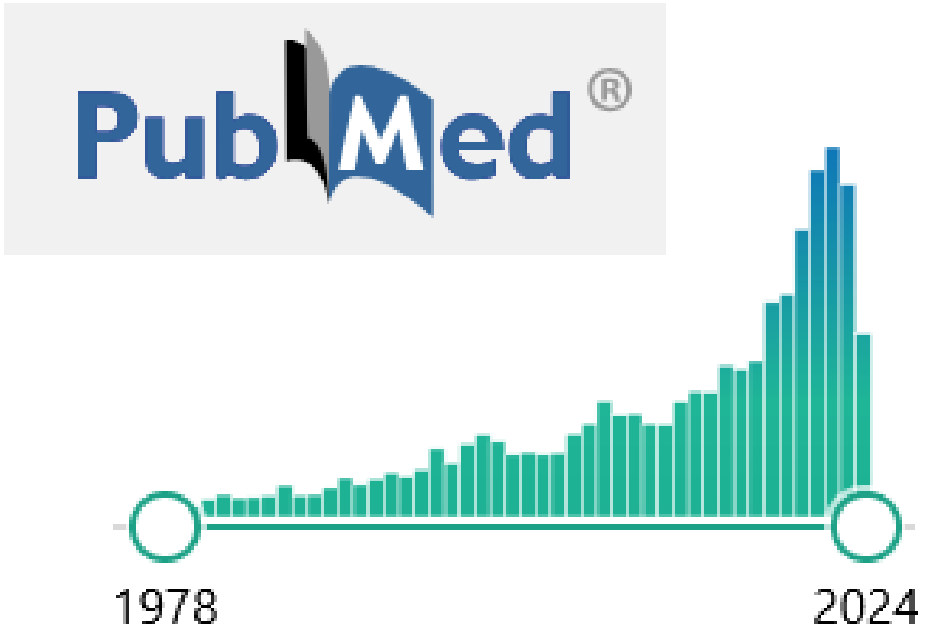
- 62,062 deaths in RACFs 2022-23 (AIHW)
- Not specialist palliative care but high palliative care needs (*92%)
- COVID-19 deaths

*Humphrey et al 2024

Study context

What is burnout?

- Occupational phenomenon
- Results from chronic workplace stress that has not been successfully managed (WHO*)
- Not a disease/condition or failure of personal resilience



Growth in research interest in staff burnout

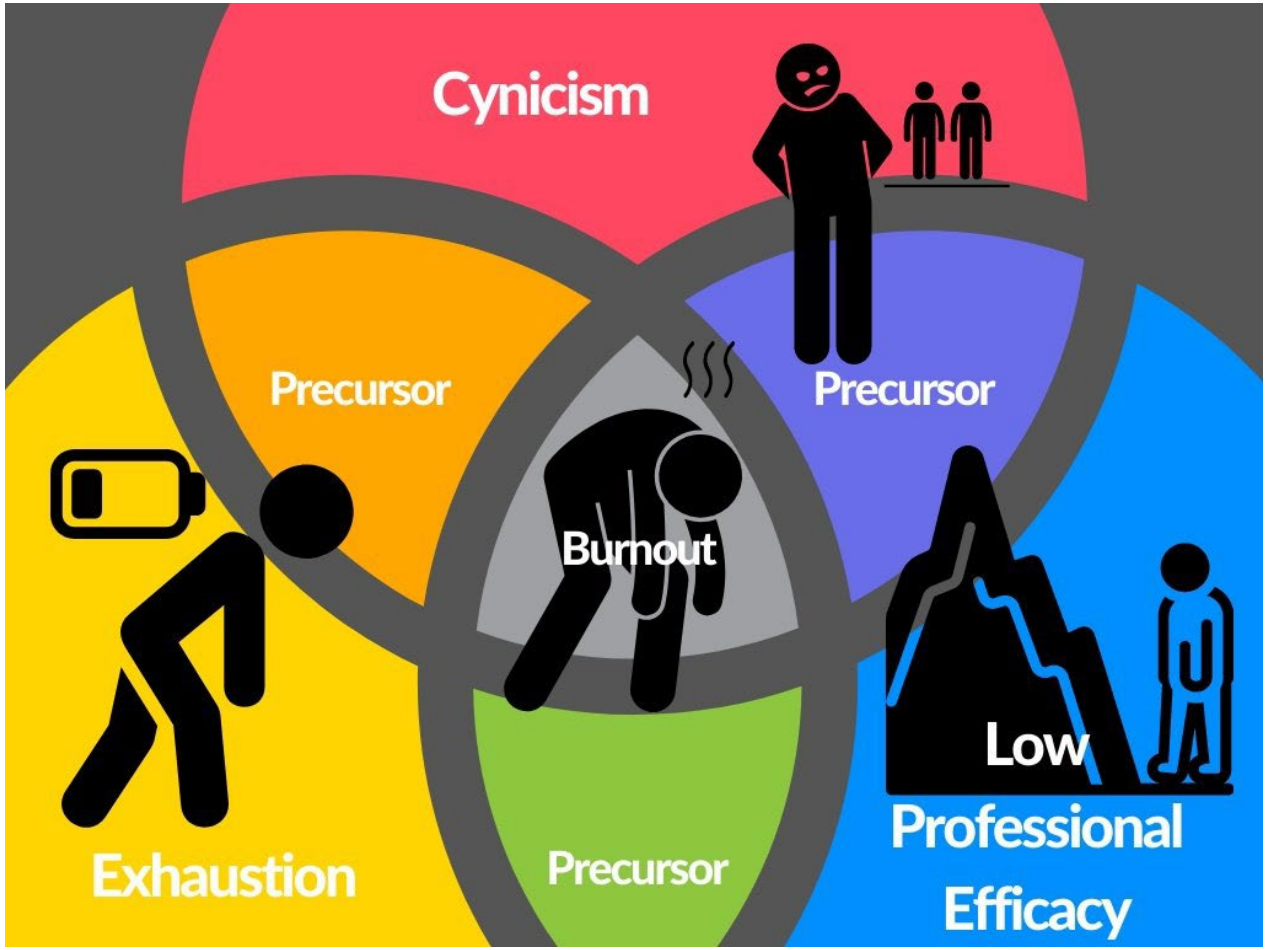
*International Classification of Disease (ICD) 11th revision

Study context

Burnout dimensions

- Emotional exhaustion
- Depersonalisation (cynicism)
- Low professional accomplishment or efficacy

Measured via a validated tool, e.g. Maslach Burnout Inventory



What we did

Rapid review of research literature

- English language studies published 2012-May 2024
- 14 countries with well-developed aged care systems (Dyer 2019)
- Measured (tool) or self-described burnout
- Mapped key topics
  - Prevalence, consequences, potential risks, preventative factors, tested interventions

Consequences of staff burnout

<EVIDENCE THEMES

Pre-pandemic staff burnout prevalence

Impacts of COVID-19

Personal factors

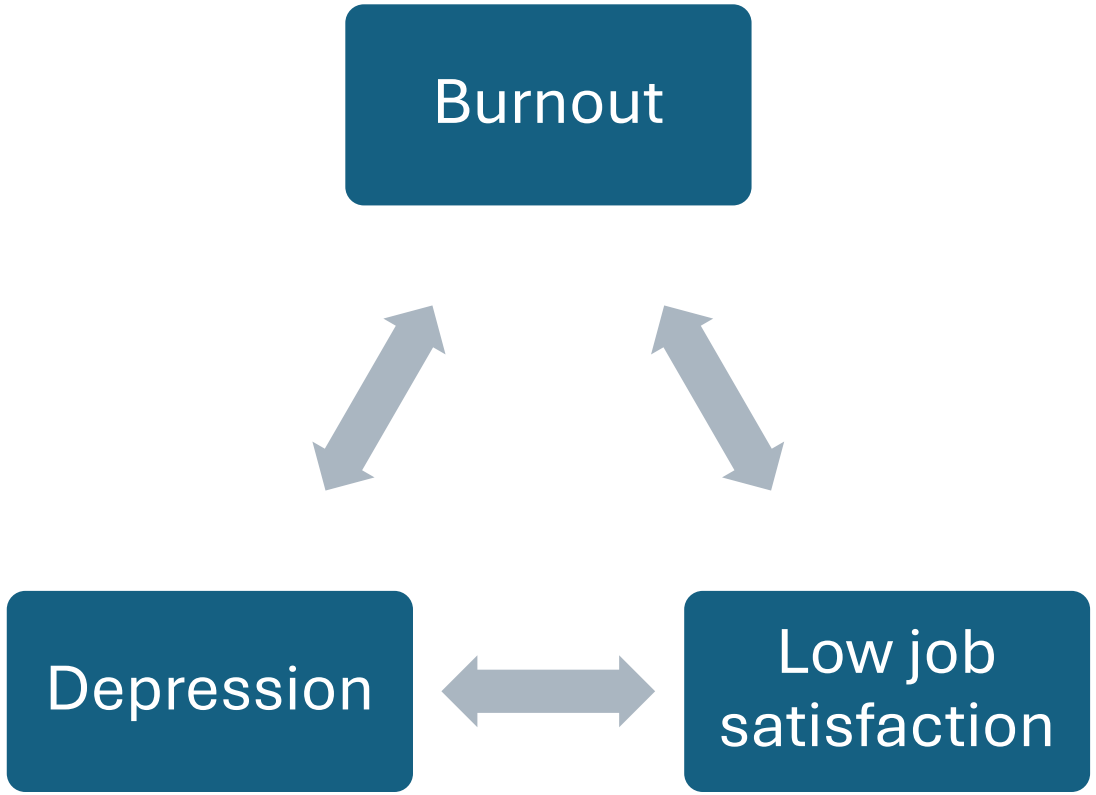
Key points

- Aged care workers' health is influenced by working conditions, which can lead to burnout.
- Recognising the impact of burnout can be beneficial by identifying potential implications and applying preventative interventions.
- Examples of burnout consequences included decreased work satisfaction, job autonomy, client-centred care, organisational productivity, and lowered organisational citizenship behaviours.

General findings

Research characteristics

- Few Australian studies
- Nurses and care workers experiences grouped together
- Correlational studies
  - Highlight a possible relationship between factors
  - Can’t prove causation or direction of relationships.



General findings

Burnout prevalence

- Affects **30-50%** of aged care workers
  - Mostly from pre-COVID Canada/USA
  - Increasing over time

- Compared to:
  - 69% of acute care nurses (Eley 2023)
  - 20% of the specialist palliative care workforce (Parola 2017)

General findings

Impact on staff

- Poor job satisfaction
- Reduced mental health, esp. depression
- Work-life imbalance
- Increased risks for CHD, MI, stroke, T2DM
- Less willingness to undertake palliative care training

General findings

Impact on organisations

- Higher absenteeism
- Increased staff intentions to leave organisation
- Most impacted:
  - Younger staff
  - Staff with English as a second language

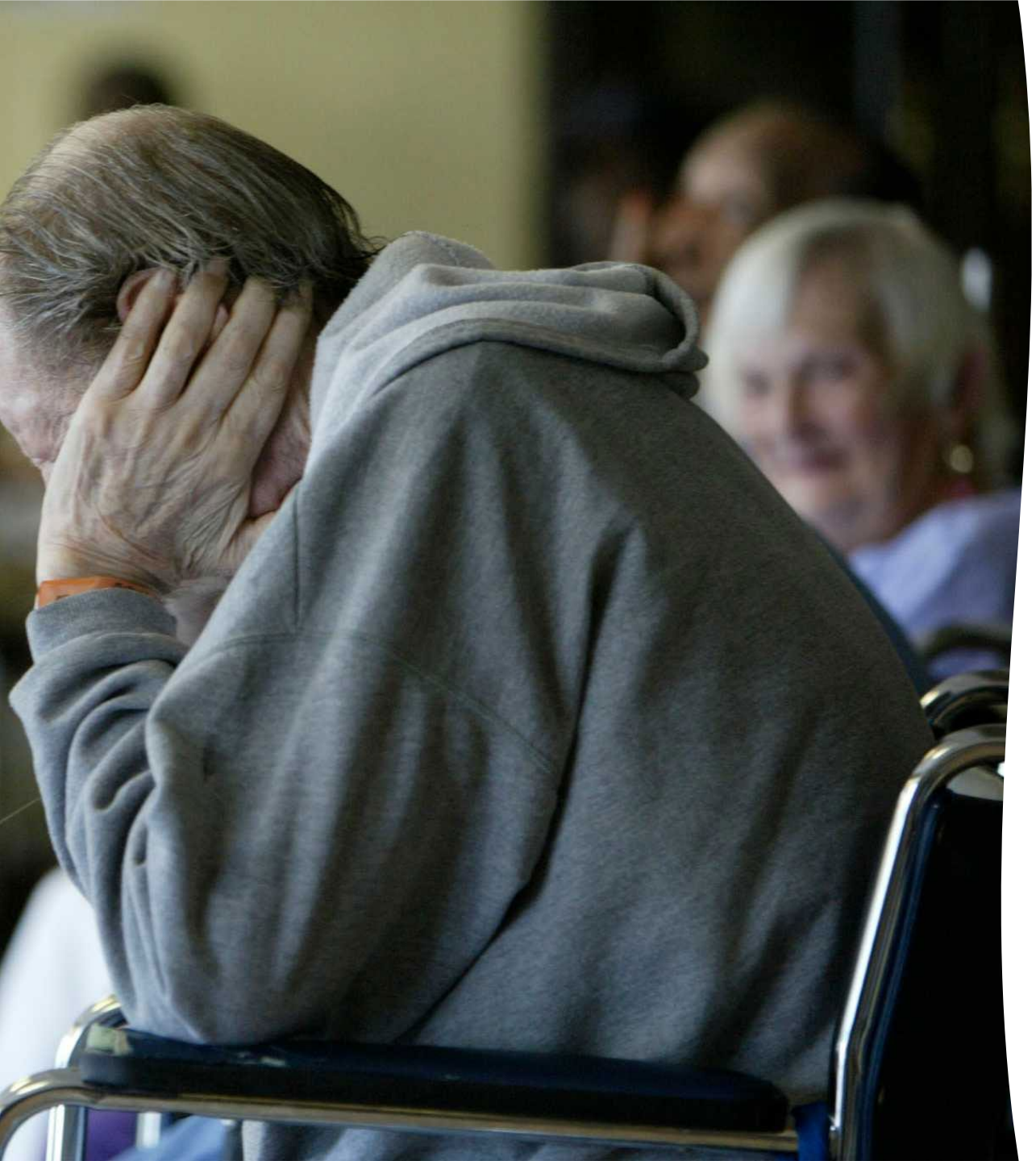
24%

of the total RAC direct care workforce identify as culturally and linguistically diverse

72%

are personal care workers compared to 24% nurses and 4% allied health professionals

AIHW. 2020 Aged Care Workforce Census



General findings

Impact on residents

- Less person-centred care
- Interrupted, rushed, delayed, or missed care or care errors
- Abuse or neglect
- Higher rates tube feeding, pressure ulcers, and pneumonia at end of life
- Reduced staff engagement with/emotional support of people with dementia.

General findings

System factors

- Maintaining regulatory compliance
- Sector understaffing
    - Long hours, heavy workload
- Lower pay
    - Perceived professional standing
- Public scrutiny of failures
    - Stigma and blame

Herald Sun

MONDAY, AUGUST 10, 2020 OPINION 19

Failures in aged care must result in change

LIKE many in the community, COTA (Council On The Ageing) joins families and friends in mourning the people we have lost in Victorian nursing homes during this pandemic — and we know this death toll will continue to rise.

It is a struggle to find the language to describe what has been

IAN YATES

"success" was due to the community containing the virus by adhering to the lockdown, so there was almost no community transmission.

I said the jury was out on how well the aged-care sector would do if that changed. I am really disappointed that I was right.

However, while certain aged-care providers will doubtlessly be found guilty of terrible failures, the system

19. Seven have died. There are about one million people receiving home care and support services in Australia.

There are risks for them from COVID-19 itself, because they and their carers live in the community. But clients are also at risk if their care is withdrawn because a provider is under pressure, or it's not delivered appropriately, or at all,

Staff leave in their thousands, data shows

Christopher Kelly February 16, 2024

In all, more than 10,000 staff left their aged care workplace during July-September last year.

General findings

Workplace factors

- Lack of ‘team’ culture
- Workplace conflict – between staff or with family members
- Altercations with residents
- Insufficient recognition and rewards from managers
- Having no voice or sense of influence in workplace decisions.

General findings

Individual factors

- Conflict between personal values and organisational ones
  - Moral distress
- Lack of time, material resources or training to meet job requirements
- Working outside scope of practice

Role of death and dying

Cumulative impact of end-of-life care

- Bearing witness to irreversible deterioration and suffering

I see so much pain, so much discomfort … people who have pressure sores for many years… and it's not nice to see…. I consider it as a torture … maybe get a visit once a year … totally isolated from family and friends…. I think it's very undignified.

- Caring for people with advanced dementia
  - Lack of knowledge as to the course of the disease
  - Misconceptions around responsive behaviours
  - Challenges recognising pain.

Role of death and dying

Professional-personal relationships

- Close, intimate, whole person care
- Reciprocal appreciation, ‘close friends’, ‘like family’, ‘love’
- Connections to family.

Role of death and dying

Pre-death care experiences

- Inability to provide higher level of care

  You're short staffed, you're trying to run around to care for all the people that are up and about and moving around and you have a palliative resident who is bedridden and you're almost feeling like that person … is being neglected.

- Not being present at time of death

  I don't even have time to spend at an actively dying resident's bedside … And that's really difficult when you've spent quite a bit of time with these residents

- Unsuitable spaces for dying

  When it's in a shared four-bed room, family are crowded around the bed, curtains wrapped around them because there's no room.

Emotional exhaustion

You almost sit in grief; you have no energy … You think about it … no matter what … it's inside you …. Everything is going through us … diseases and deaths … Everything.

I cut the job as soon as I leave [the facility]. I've learned to do this because I have to survive. And I've learned it through these years.

Role of death and dying

Reduced sense of professional accomplishment

I felt very … why? What happened? Have we done anything wrong? Have we not done what we were supposed to do for him?

It makes me think I'm not good at it, and I get angry with myself, well why can't you do it, other people manage … they do. … I need to carry on … and if it half kills me, I'll carry on ….

Role of death and dying

After death experiences

- Rushing to clean and refill rooms

  We are to be like machines … fill the bed before it gets cold.

- Loss of relationship with the resident's family
- Professional expectations around grief as 'display rules'
- Death as 'silent and silenced'
- Lack of memorials, rituals, acknowledgement.

Role of death and dying

Bereavement support for staff

- Management perspective

  We try to be supportive. We sit back and let them ask or reach out

  Experience teaches what and how. You need to clear your head at the time.

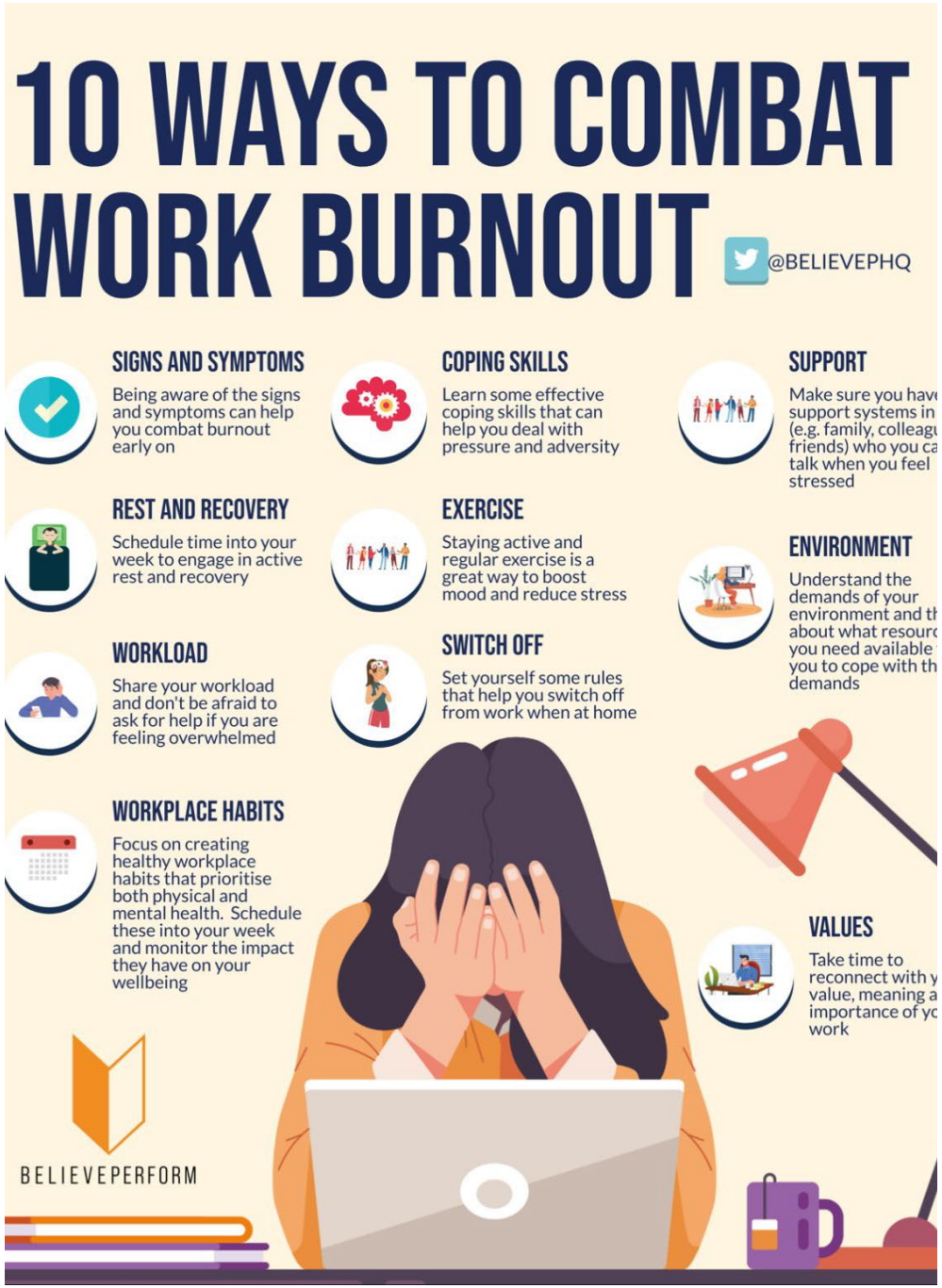
- Nurse perspective

  There are people who died 15 years ago, and I remember them well …. I have them with me, everyone who has lived here for a while. In the end, they are part of our lives in a way.

Risk reduction approaches

Focus on self-care

- One-size fits all, standalone solution – too simplistic?
- Ignores the social and organisational elements to burnout
- Distracts from workplace responsibility to mitigate risks.



Risk reduction approaches

Individual worker-level interventions

Not shown to be effective	Mixed or inconclusive findings across studies	Small/moderate effects
Gratitude journal	Mindfulness	Stress management training
Self-compassion training	Yoga	Daily positive work reflection
Breathing	Self-efficacy training	Compassion fatigue awareness training
‘Stress of conscience’ problem-based learning		Self-care skills training

Risk reduction approaches

Organisational-level interventions

Effective	Mixed or inconclusive findings
Dementia-specific case conferences	Responsive behaviours training
Communication skills training	Dementia knowledge training
Emotion-oriented care therapies: reminiscence therapy, sensory stimulation (Snoezelen)	Dementia care mapping
Introducing OT/cognitive rehabilitation programs	Dementia isolation toolkit

What might be done

Normalising death in aged care

- RAC as care for the living AND the dying

  '… for many nurses and carers, to use that phrase 'dying' or 'end of life' is quite difficult for them'

- Help staff connect with the meaning and value in their care
  - Role for specialist palliative care?

What might be done

Enfranchising staff grief

- Establish best practice approaches:
  - Formal policies and procedures around time off and attendance at funerals
  - Observations such as rituals, guards of honour, sacred pauses, within facility
- Validate individual staff grief responses:
  - Informal and formal support
  - Debriefing opportunities
  - Training and education on end-of-life care

What might be done

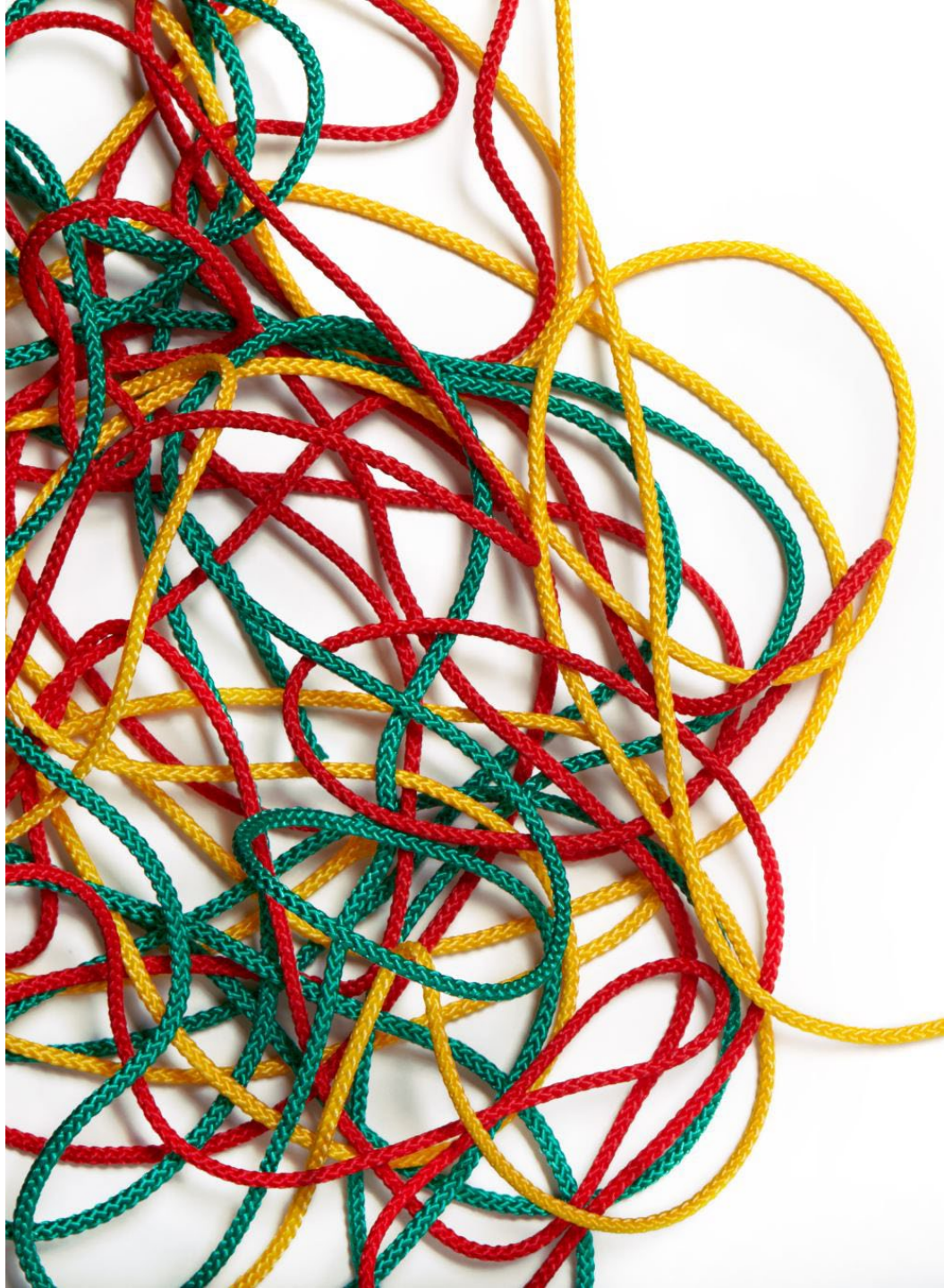
Strengthening sense of professional accomplishment

- Protects against emotional exhaustion and depersonalisation
- Supervisor and organisation support:
  - Resources and ongoing training
  - Culture of open communication
  - Decisional autonomy
  - Genuine organisational commitment to person-centred care.

What might be done

Holistic approach

- Self-care, organisational support, AND systemic changes required
- Collective responsibility of governments, providers, managers, Individuals
- Nurse and Midwife Health Program Australia
  - $25.2 million Government help line initiative to manage/reduce burnout.
- More Australian research needed.



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Thank you