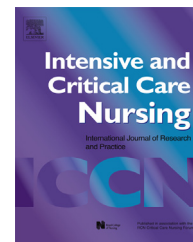




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ORIGINAL ARTICLE

# Relationship between job burnout, psychosocial factors and health care-associated infections in critical care units



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## KEYWORDS

Critical care units;  
Job burnout;  
Hospital infections;  
Psychosocial variables;  
Team communication;  
Team efficacy

## Summary

**Purpose:** Burnout is a serious problem for critical care unit workers because they are exposed to chronic psychosocial stressors, including high responsibility, advanced technology and high patient acuity. Recent evidence showed that staff burnout was directly associated with hospital infections, thus affecting quality and safety of care provided.

**Methods:** The research aim was to investigate how burnout was associated with some psychosocial factors and with health care-associated infections in hospitalised patients. A total of 130 healthcare professionals from critical care units completed a self-reported questionnaire. The infection data were collected prospectively over a six-month period.

**Results:** The results showed that emotional exhaustion was related to cynicism due to high work demands. Cynicism affected team communication, which in turn was positively related to team efficacy, thus acting as a mediator. Finally, team efficacy was negatively related to infections.

**Conclusions:** The study showed that emotional exhaustion and cynicism were related to psychosocial aspects, which in turn had a significant impact on healthcare-associated infections. Our findings suggest how burnout can indirectly affect healthcare-related infections as a result of the quality of teamwork. Thus, reducing burnout can be a good strategy to decrease infections, thus increasing workers' well-being while improving patient care.

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### Implications for Clinical Practice

- Managers can reduce emotional exhaustion and cynicism through protecting unit staff from being exposed to work overload, role ambiguity and conflicting demands, which can affect the quality of care to patients.
- Improving quality of communication among all team members can foster group cohesion and interaction, thus increasing their efficacy on patients.
- Increasing workers' organisational well-being can decrease healthcare-associated infections and improving patient care.
- A work environment able to promote quality of clinical practice and increase confidence in the staff member's job can decrease adverse events and healthcare-associated infections.

## Introduction

Workplaces are social environments characterised by interpersonal relationship, hierarchies and different management approaches. Psychosocial factors—such as work organisation, time allocation, social relationships, job content and workload—put certain mental and social demands on the worker. In this sense, psychological and social aspects of work are important factors in every workplace, and the recognition that these factors have an impact on the health and well-being of workers has grown in recent decade.

In the World Health Organisation (WHO) report (Leka and Jain, 2010), researchers highlighted the importance of effects of psychosocial factors on individuals' wellbeing. In fact, scientific evidence shows that in the long term, work-related stress and burnout can contribute to musculoskeletal disorders, hypertension, cardiovascular diseases and sleeping problems. In the health care context, research showed that health care professionals are exposed to a vast range of serious occupational stressors such as time pressure, reduced social support at work, high workload levels, uncertainty concerning patient treatment and high risk to develop negative emotional responses due to exposure to suffering and dying patients. Therefore, healthcare professionals are at high risk of suffering from distress and burnout, which may in turn have a significant impact on the quality of care provided. In addition, health care settings are characterised by continuous technological, social and demographic changes resulting in an increased work complexity and negative consequences on patients' wellbeing. Particularly, critical care units (CCUs) are demanding work environments due to challenges that staff have to face daily with critically ill patients. In this sense, these challenges represent the main source of work-related stress, and include changes in technology, increased responsibility and continual exposure to pain and death (Li and Lambert, 2008). Moreover, the incidence of healthcare-related infections is highest in CCUs compared to other hospital units. This is due to serious patient comorbidities and the use of invasive devices during hospitalisation (Doyle et al., 2011). For these reasons, CCUs can be considered "high-strain" workplaces in which it is likely to develop job dissatisfaction and adaptation disorders among health care professionals (e.g. Zhang et al., 2013). Nevertheless, a study has shown that when work and organisational well-being factors are supported, CCUs health care professionals can increase attachment to and job satisfaction with their own work (e.g. Galletta et al., 2014), thus

increasing staff performance (e.g. Pot and Koningsveld, 2009).

More recently, a study showed that high burnout levels in health care professionals were directly associated with inadequate hand hygiene and oversights in other practices for infection control, thereby resulting in an increased percentage of patient infections acquired during hospital stays (Cimiotti et al., 2012). Specifically, authors showed that any increase of 10% in burned-out staff was related to an increased rate of both urinary tract infections by approximately 1 per 1000 patients, and surgical site infections by more than 2 per 1000 patients.

Every year, in Italy, approximately 450–700 thousand patients are estimated to acquire a healthcare-associated infection while being treated for other conditions [ECDC, 2013; ISS, 2011]. Healthcare-associated infections are a relevant worldwide problem because of the associated morbidity and mortality, and correlation with an increased incidence of infections by antibiotic-resistant microorganisms. Nearly 20–30% of these infections are considered to be preventable via intensive hand hygiene and surveillance programmes. Nevertheless, employees' exposure to psychosocial risk factors due to high workload and low job control may increase adaptation disorder, stress and burnout, which can result in an inadequate quality of patient care (Poghosyan et al., 2010).

The main theories define job burnout as a negative reaction to chronic occupational stressors in which individuals are exposed to a prolonged misfit between both their needs and values and the job they perform (Leiter and Maslach, 2003; Maslach, 2003). Therefore, burnout is a psychological syndrome of chronic exhaustion, cynicism and personal inefficacy (Maslach et al., 1996). Emotional exhaustion is principally linked to the worker's experience of stress, which is in turn related to a decrease in emotional and physical resources. According to Leiter and Maslach (2005), "the experience of exhaustion reduces workers' initiative while progressively limiting their capacity for demanding work" (p. 50). Cynicism concerns a detachment from work in reaction to the overload of exhaustion (Maslach et al., 1996; Portoghese et al., 2014). In this sense, cynicism refers to the loss of enthusiasm and emotional involvement in work (Leiter and Maslach, 2005). Finally, the third component, perceived professional inefficacy, concerns the perception of ineffectiveness and lack of achievement and productivity at work (Leiter and Maslach, 2005). However, most research has shown that emotional exhaustion and cynicism are the two core burnout components (e.g. Bakker et al.,

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