



Burnout in the nursing home health care aide: A systematic review



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ARTICLE INFO

Article history:

Received 4 April 2016

Received in revised form 21 June 2016

Accepted 28 June 2016

Keywords:

Burnout
Care aides
Long term care
Systematic review
Nursing home

ABSTRACT

Objective: To systematically review the evidence on factors that influence burnout in health care aides working in nursing homes.

Design: Systematic literature review.

Data sources: Two search engines (Google and EBSCO Discovery Service) and five databases (MEDLINE, Scopus, CINAHL, PsycINFO and Proquest Dissertations & Theses) through to August 2013. Keywords: nursing home, health care aide and burnout (all synonyms were included).

Methods: Two authors independently assessed methodological quality, data extraction, analysis and synthesis on the 10 included publications. 100% reliability was found between the first and second authors. Data extracted included precipitating and buffering factors related to burnout, interventions and demographic information for the health care aide population. Data were synthesized according to individual and organizational factors.

Results: Our search and screening yielded 2787 titles and abstracts resulting in 83 manuscripts for full manuscript review and 10 included publications. Methodological quality assessments revealed 3 (30%) rated as low quality, 7 (70%) rated as medium quality. Independent variables were categorized as either *individual* or *organizational factors*. Methodological problems and heterogeneity in independent and dependant variables yielded few significant results. Only personal life (attributes of provider) was found to significantly buffer burnout (depersonalization, emotional exhaustion and personal accomplishment). Equivocal evidence was found for many of the organizational factors (work environment, workload and facility) supporting the need for further robust studies in this field. Of the two intervention studies, only dementia care mapping, and training in organizational respect buffered burnout.

Conclusion: Factors associated with burnout in health care aides are similar to those reported among nurses, although the level of evidence and low methodological rigor of these studies suggest more robust study designs are warranted. Our findings suggest research focused on this important but largely invisible group of care providers could yield important advances in understanding burnout in this group and yield potential interventions to buffer burnout and its consequences. Without mitigating the effects of burnout on nursing home health care aides, vulnerable older adults in residential care are at risk.

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1. Introduction

Health care aides (HCAs), the majority of which are unregulated, entry-level staff, are the primary care providers for residents in nursing home (NH) facilities (Estabrooks, Squires, Carleton, Cummings, & Norton, 2015; Hewko et al., 2015). HCAs (also described as personal support workers, continuing care assistants, residential care workers) account for 70–90% of staff in NHs and are responsible for up to 90% of the direct care provided to these residents (Bowers, Esmond, & Jacobson, 2003; Institute of Medicine, 1996). Studies have consistently shown that higher staff-to-resident ratios are related to higher quality of care (Castle, 2008; Harrington et al., 2012; Katz, 2011); staffing levels in NHs are often reported as inadequate for this vulnerable older adult population (Grabowski, Aschbrenner, Rome, & Bartels, 2010; Harrington et al., 2012). The dependency and medical complexity of this increasing population of old and very old adults in NHs is mounting. Residents in NHs commonly require assistance with one or more of the following: bathing, dressing, eating, transferring, toileting and walking (Sahyoun, Pratt, Lentzner, Dey, & Robinson, 2001). The medical complexity of these residents is exacerbated by frequent alterations in health including pressure ulcers (White-Chu, Flock, Struck, & Aronson, 2011), depression (Thakur & Blazer, 2008), infection (High et al., 2009), falls (Wallis & Campbell, 2011) and failure to thrive (Robertson & Montagnini, 2004). Coupled with this, is the increasing number of residents with dementia, reports of up to 57% in Canadian NHs (Canadian Institute of Health Information, 2009) and 48.5% in United States NHs (Harris-Kojetin, Sengupta, Park-Lee, & Valverde, 2013), further straining the HCA workforce and quality of care provided.

Organizational factors that precipitate burnout in allied health professions and health care aides include; characteristics of high workload, high acuity of residents or patients, little time to perform tasks, and lack of congruence between employee and employer values (Josefsson, Sonde, Winblad, & Wahlin, 2007; Leiter & Maslach, 2009; Stevens, 2008). In this review we used the term “precipitate” to indicate the cause of an event or situation that is undesirable. Burnout is an individual response associated with work related stress over a prolonged period of time which can affect job satisfaction, productivity, performance, turnover and well being of both the professional and recipient of work (Maslach & Jackson, 1981; Maslach, Jackson, & Leiter, 1996). Burnout is composed of emotional exhaustion: an individual’s loss of emotional resources and emotional/coping energy (Maslach & Jackson, 1981; Maslach et al., 1996); depersonalization: an individual’s detachment (including

emotional detachment) from the patient or resident, includes negative attitudes toward and lack of compassion for patient or resident (Maslach & Jackson, 1981; Maslach et al., 1996); and decreased personal accomplishment: an individual’s negative feelings towards their own work and perception of competence (Maslach & Jackson, 1981; Maslach et al., 1996). Coupled with a decrease in support and resources and an increase in demand for care, HCAs are being placed at higher risk for burnout than their nursing counterparts (Gerhard, 2000). Considering the importance of the HCAs role in NH care it would seem paramount to investigate the state of the science on burnout in NH-HCAs.

1.1. Scoping review of burnout literature

To determine the need for a systematic review of burnout of HCAs in NH settings and to develop operational definitions, a preliminary scoping review was conducted using SCOPUS and EBSCO databases. English studies through August 2013 were retrieved resulting in 14,955 titles pertaining to burnout in all health care professions. The search strategy for this preliminary scoping review is not reported in this manuscript. Of these, 11 reviews were kept for inclusion. Five were systematic and six were narrative reviews of which, three included mental health nurses and staff (Dickinson & Wright, 2008; Edwards, Burnard, Coyle, Fothergill, & Hannigan, 2000; Leiter & Harvie, 1996), three included nursing staff in unspecified settings (Duquette, Kerouac, Sandhu, & Beaudet, 1994; Edward & Hercelinskyj, 2007; Khamisa, Peltzer, & Oldenburg, 2013), and one each of nurses in palliative care settings (Pereira, Fonseca, & Carvalho, 2011), oncology settings (Toh, Ang, & Devi, 2012), critical care settings (Epp, 2012), all health care professionals in all settings (Bria, Băaban, & Dumitrașcu, 2012) and one of direct care workers employed with intellectually disabled adults (Skirrow & Hatton, 2007). No reviews retrieved focused on HCAs or NH settings.

The reviews reported two main themes in the study of burnout – factors that precipitated, and factors that buffered burnout. In each of these themes, we developed subcategories that provided the structure for our systematic review’s data extraction table, individual factors (Bria et al., 2012; Dickinson & Wright, 2008; Duquette et al., 1994; Edward & Hercelinskyj, 2007; Edwards et al., 2000; Epp, 2012; Khamisa et al., 2013; Leiter and Harvie, 1996; Pereira et al., 2011; Skirrow & Hatton, 2007; Toh et al., 2012) and organizational factors (Dickinson & Wright, 2008; Duquette et al., 1994; Edward & Hercelinskyj, 2007; Edwards et al., 2000; Leiter & Harvie, 1996; Pereira et al., 2011). Organizational influences were the most commonly cited precipitators and buffers of burnout. Pre-

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