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Burnout in the field of geriatric medicine: Review of the literature



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ABSTRACT

Introduction: The objective of this literature review is to identify the prevalence of high burnout scores, the factors explaining this prevalence, and to describe interventions to prevent burnout among healthcare workers in geriatric care.

Material and methods: The MEDLINE and PubMed databases were searched for articles published between 1980 and 2013. The following MeSH terms were used to identify factors explaining burnout: Geriatric; long term care; nursing home; nurse; doctor; nurse in training or physician in training; physician; home help; elderly person; resident; dementia; intervention; occupational and/or emotional exhaustion; burnout; MBI. Only studies performed in the context of geriatric care were retained.

Result: There are many studies in the literature pertaining to burnout, but few focus particularly on the specific environment of geriatric care. Overall, 12 articles were selected that evaluated burnout using self-administered questionnaires. Many factors combine to explain the existence of burnout among healthcare workers in geriatric medicine: Extrinsic (environmental) risk factors; Individual (personality) factors; Intrinsic (profession-related) factors. Our review of the literature identified 9 interventional studies in which the primary or secondary endpoint was the MBI. Many results show interesting effects about intervention on health workers.

Discussion: The findings of this literature review clearly identify burnout as a multifactorial phenomenon that affects a number of dimensions, and which can lead to a chronic state of depression. Geriatric care, and consequently, healthcare workers in this specific discipline are at high risk of professional exhaustion.

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1. Introduction

Geriatric care facilities are increasingly numerous nowadays, and healthcare management objectives may differ between establishments. However, regardless of whether the facilities provide short, medium or long-term care, a multidisciplinary approach is the almost always the rule. Carers in the geriatric setting, including nurses' aides, nurses, matrons, psychologists, physiotherapists, physicians and other healthcare professionals, have to manage a wide range of conditions simultaneously, ranging from patients with multiple diseases, to psychological and

behavioural instability, functional alterations, frailty and ultimately, end-of-life issues.

This complexity, arising from the profile of the patients cared for in the geriatric setting, can have important repercussions on the professionals who care for them. These consequences most often become manifest through the development of professional burnout syndrome [1]. This syndrome was first studied in the United States and Canada, and the concept has gained ground considerably in modern societies over the last 10 years. Indeed, as pointed out by some authors, the number of publications containing the word "burnout" increased 8-fold between the 1970s and the 1990s [2].

Maslach described burnout as comprising three main dimensions: emotional exhaustion, or the feeling of being overwhelmed or exhausted by one's work; secondly, depersonalisation, that translates into a lack of sensitivity with impersonal responses to patients; and thirdly, a feeling of inefficacy and lack of personal accomplishment in one's work. Based on this theory, the Maslach Burnout Inventory (MBI) was developed and is currently

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considered as the gold standard instrument for evaluating professional burnout. Burnout arising within the context of a relationship of helping, is mainly found in people with careers in healthcare. The complexity of the symptoms, in addition to their non-specific nature, can have serious repercussions on health [3], including anxiety, depression, headaches, digestive disorders, etc.

The possible causes of burnout are as varied as its symptoms. It appears to be linked to the personality of the person themselves [4], as well as to the type of care they administer, and the working environment [5]. Clearly, burnout is thus a multifactorial phenomenon whose repercussions primarily affect the individual.

There are many constraints on the working environment in geriatric care facilities nowadays, related to patient-specific issues or patients' families, or organisation and budgetary issues. This can create an environment that puts healthcare workers at risk. Insufficient time for each patient, stemming from structural constraints and reduced working hours, can have a direct impact on the healthcare worker, as well as on the patient. It is also likely that burnout is at least partially responsible for absenteeism among the workforce in geriatric care. However, contrary to palliative care or critical care departments, the difficulty of the working environment in geriatric care [6] is not sufficiently well established to warrant specific guidelines for prevention of burnout syndrome in this context [6].

The objective of this literature review is to identify the prevalence of high burnout scores, the factors explaining this prevalence, and to describe interventions to prevent burnout among healthcare workers in geriatric care.

2. Methods

The MEDLINE and PubMed databases were searched for articles published between 1980 and 2013. Selected languages were English, French, Portuguese, German and Spanish. The flow-chart of the search is shown in Fig. 1. The following MeSH terms were used to identify factors explaining burnout: Geriatric; long term care; nursing home; nurse; doctor; nurse in training or physician in training; physician; home help; elderly person; resident; dementia; intervention; occupational and/or emotional exhaustion; burnout; MBI. Only studies performed in the context of geriatric care were retained.

2.1. To investigate the prevalence and explanatory factors of burnout

Selection criteria were as follows: relevance of the study; number of subjects; main factors observed to be related to burnout; professions targeted. Using these criteria, a preliminary read of all articles identified by the search was performed, and relevant articles selected. A manual search of the reference lists of all selected articles helped to identify other studies that had not been identified in the initial search. There were no specific inclusion criteria, except the use of the Maslach Burnout Inventory [5] (MBI) or the Copenhagen Burnout Inventory (CBI) [7] to evaluate burnout. For all articles that were excluded after first reading, the reasons for exclusion were noted. The main reasons were low rate of participation and studies that were not specific to the field of geriatric care (e.g. covering psychiatry, oncology etc). Given that there are very few studies specifically in the field of geriatric medicine, the literature search was performed from 1980 to present. For selected articles, the reading grid noted the type of study, the aim of the study, its duration, the rate of prevalence of burnout reported, any observations regarding the high burnout score, and factors reported to be related to burnout by multivariate analysis.

2.2. To investigate interventions to prevent burnout

We selected original articles reporting studies performed in the field of geriatric medicine, and studies using the MBI as the primary endpoint. We used the same classification criteria for interventional studies as those described Marine et al. [8]. In their study, Marine et al. distinguished between person-directed interventions (centred on reducing stress at a personal level and improving competence of workers and superiors) and work-directed interventions (focused on changes to the working environment, organisation of work, attitude and communication). For our review, the reference periods were classified as in the study by Marine et al., namely short-term (0–1 month), medium term (1 month to 1 year) and long-term (beyond 1 year after intervention). The criteria and methods used for our review are in part similar to those of Westermann et al. [9] in their systematic review. The reading grid noted the methodology, the number of subjects, the endpoints, the time period studied, and the results reported.

3. Results

3.1. Prevalence and explanatory factors of burnout among healthcare workers in the field of geriatric medicine

There are many studies in the literature pertaining to burnout, but few focus particularly on the specific environment of geriatric care. Overall, 12 articles were selected that evaluated burnout using self-administered questionnaires. The majority of these studies (8/12) used the MBI to measure burnout, or the short version (MBI-NL) ($n = 1$) [10], which explores the emotional exhaustion component. The other 3 studies used other instruments, namely the Copenhagen Burnout Inventory (CBI) ($n = 2$) [7] or the Staff Burnout Scale for Health Professionals (SBS-HP) ($n = 1$) [11]. Among the 12 studies identified by our search, 5 were cohort studies, and 7 were cross-sectional studies (repeated or not). These 12 studies are described in Table 1.

3.1.1. Participation and prevalence

The studies we identified reported risk scores for burnout ranging from 25% [12] to 75% [13] of participants among healthcare workers in geriatric care facilities. In the 5 cohort studies, the number of participants ranged from 60 [14] to 39,684 healthcare workers [6,13]. In the 7 cross-sectional studies, the number of participants ranged from 21 [15] to 2392 [16]. The average response rate was between 60 and 100%. Almost all studies used an anonymized self-administered questionnaire ($n = 10$), with only one study [14,17] using a nominative questionnaire ($n = 2$). The majority of studies (9/12) were specifically performed in geriatric care facilities, with structural differences between countries. The healthcare workers involved were mainly nurses, licensed practical nurses, nurses' aides, and carers in nursing homes, hospitals and other geriatric care facilities (Table 1).

3.1.2. The effect of the geriatric medicine discipline

The specificity of the work context in geriatric medicine, which involves healthcare in the context of multiple chronic diseases that are often progressing with little perspective of improvement, is often associated with burnout syndrome [18]. In the literature, high burnout scores are common. The publications by Estry-Behar et al. [13,19,20] reporting on the PRESST-NEXT and SESMAT studies yield much useful information on burnout syndrome and its explanatory factors. In a study among 39,894 carers across 10 European countries from the PRESST-NEXT cohort [6], the authors showed that caregivers working in nursing homes had a high burnout score in 50.1% of cases, as compared to a European average across the 10 participating countries of 32.5%. Each year,

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