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Influence of organizational context on nursing home staff burnout: A cross-sectional survey of care aides in Western Canada

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ABSTRACT

Purpose: Our study examined care aide characteristics, organizational context, and frequency of dementia-related resident responsive behaviours associated with burnout. Burnout is the experience of emotional exhaustion, cynicism, and professional inefficacy. Care aide burnout has implications for turnover, staff health, and quality of care.

Design and methods: We used surveys collected from 1194 care aides from 30 urban nursing homes in three Western Canadian provinces. We used a mixed-effects regression analysis to assess care aide characteristics, dementia-related responsive behaviours, unit and facility characteristics, and organizational context predictors of care aide burnout. We measured burnout using the Maslach Burnout Inventory, Short Form.

Results: We found that care aides were at high risk for emotional exhaustion and cynicism, but report high professional efficacy. Statistically significant predictors of emotional exhaustion included English as a second language, medium facility size, organizational slack-staff, organizational slack-space, health (mental and physical) and dementia-related responsive behaviours. Statistically significant predictors of cynicism were care aide age, English as a second language, unit culture, evaluation (feedback of data), formal interactions, health (mental and physical) and dementia-related responsive behaviours. Statistically significant predictors of professional efficacy were unit culture and structural resources. Greater care aide job satisfaction was significantly associated with increased professional efficacy.

Implications: This study suggests that individual care aide and organization features are both predictive of care aide burnout. Unlike care aide or structural characteristics of the facility elements of the organizational context are potentially modifiable, and therefore amenable to intervention.

What is already known about the topic?

- Burnout in healthcare settings leads to increased turnover and absenteeism.
- Research examining burnout in care aides who work in nursing home settings indicates that individual characteristics such as age, education, and job satisfaction, predict burnout.

What this paper adds

- Our results demonstrate that care aides who work in nursing homes have moderate-high levels of emotional exhaustion and cynicism, but concurrently high levels of professional efficacy.
- We found that modifiable features of the organizational context including culture, evaluation (feedback of data), formal interactions, structural resources, organizational slack-staff, and organizational slack-space predict nursing home care aide burnout.

1. Introduction

Burnout is a psychological condition resulting from work-related stress (Maslach et al., 2001). It manifests in three

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dimensions: (1) emotional exhaustion, diminished emotional and physical resources, (2) cynicism, a negative and detached attitude towards one's job, and (3) lack of professional efficacy, a feeling of emotional accomplishment and meaning from one's work (Maslach and Jackson, 1981; Maslach et al., 2001). Burnout has costly implications for healthcare organizations and individual workers. It results in increased employee turnover and absenteeism and lower perceptions of job performance (Aiken et al., 2002; Leiter and Maslach, 2009; Parker and Kulik, 1995; Tourangeau et al., 2010; Van Bogaert et al., 2010). Researchers have reported that healthcare staff who are burnt out report providing lower quality of care to patients/residents (Jenkins and Allen, 1998; Spence Laschinger et al., 2001). Given the potential impact of care aide burnout on patient outcomes, identify causes of burnout is integral to staff quality of work life and quality of care.

Care aides (also known as nurses aides, personal support workers, continuing care assistants) are the largest work force in Canadian nursing homes (Hewko et al., 2015). Both in Canada and internationally, demand for care aides is expected to intensify with the rising population of older adults (Prince et al., 2013). Residents in nursing homes are frail, have multiple co-morbidities and thus complex care needs (Banerjee, 2007; Ramage-Morin, 2005; Statistics Canada, 2001). Care aides provide between 75 and 90% of direct care to residents and are central to resident quality of care and quality of life (Bowers et al., 2003; Estabrooks et al., 2015a, 2015b, 2015c; Janes et al., 2008). Their scope of practice encompasses a wide range of activities including: physical care, assistance with eating, dressing, bathing, and emotional care, and social interaction (Mallidou et al., 2013; McMullen et al., 2015). Care aides and registered nurses are frequently aggregated in analysis and not examined separately, even though their roles, education, and position within the facility hierarchy are vastly different (Abrahamson et al., 2009; Ahlin et al., 2013; Gosseries et al., 2012; Hasson and Arnetz, 2008; Kubicek et al., 2013). Research literature points to significant differences in sources of burnout between registered nurses and unregulated care aides. Compared to registered nurses in nursing homes settings, care aides report higher job demands and fewer opportunities to make decisions and give their opinion on the care of their residents (Morgan et al., 2002). Differences in professional roles and task responsibility lead to differing sources of stress amongst registered nurses and care aides. Nurses in nursing homes report stress due to mandatory reporting and inspection stressors, whereas care aides are more likely to be stressed due to inadequate information about a resident (Lapane and Hughes, 2007). Given the growing number of older adults requiring nursing home care, care aide's excessive workloads due to complex conditions (Andersen, 2009) and inadequate nursing home staffing levels, (Bowers et al., 2000) care aides are at a significant risk of burnout.

1.1. Predictors of care aide burnout

Research on care aide suggests that care aide characteristics (e.g., job satisfaction, age, education level) are associated with burnout (Anderson, 2008; Gerhard, 2000; Martone, 1993; Yeatts et al., 2010). Care aides in nursing homes work in an environment where over 60% of residents have a dementia related disease (Canadian Study of Health and Aging Working Group, 1994; Estabrooks et al., 2013). As a result, care aides are at risk of experiencing dementia-related responsive behaviours, defined as behaviours (words, gestures, actions) by residents that manifest in expressions of aggression (Alzheimer Society of Ontario, 2014). Research has found that care aide experiences of dementia-related responsive behaviours has been associated with increased burnout (Bostrom et al., 2012; Novak and Chappell, 1994). Therefore, both care aide characteristics and care aide experience of resident responsive behaviours influence the experience of burnout in nursing homes.

Furthermore, the work environment (i.e., organizational context) influences staff burnout. Organizational context is the environment in which care is provided or the environment where change is to be implemented (Rycroft-Malone, 2004). Workers experience burnout when stressors and supports available in the organization are out of balance (Leiter and Maslach, 1999; Maslach and Leiter, 1997). This imbalance in organizational resources results in a poor quality work environment that can negatively affect staff health and well-being. We consider the organizational context of nursing homes as elements of the facility and unit work environment (Estabrooks et al., 2009a, 2009b, 2009c). A unit in a nursing home is a geographic area in a facility with dedicated management, and a group of care providers (care aides, nurses, managers) who work together providing care for a group of residents (Estabrooks et al., 2011a, 2011b). Research has found that modifiable elements of the organizational context are associated with improved resident outcomes (Estabrooks et al., 2015a, 2015b, 2015c). Elements of organizational context that include authentic leadership (Spence Laschinger and Fida, 2014), and availability of organizational resources (e.g., physical space, time), predict lower risk of burnout (Toh et al., 2012). However, evidence for organizational factors are inconsistent in the nursing home research literature (Cooper et al., 2016), necessitating further research on organizational predictors of care aide burnout. This study uses data collected from Translating Research in Elder Care (TREC), a longitudinal program of research in nursing homes focused on staff work life and resident quality of care (Estabrooks et al., 2009a, 2009b, 2009c). The purpose of this study is to examine factors related to care aide burnout in nursing homes. We hypothesized that individual care aide characteristics, care aide experience of responsive behaviours, and work environment (i.e., organizational context) were associated with care aide burnout.

2. Methods

2.1. Sampling and data collection

We used care aide survey data collected from the first phase (2007–2012) of the Translating Research in Elder Care (TREC) program of research. The TREC database includes information collected from 36 (30 urban, 6 rural) nursing homes from Alberta, Saskatchewan, and Manitoba (Estabrooks et al., 2009a, 2009b, 2009c). Urban nursing homes were sampled using a stratified random sampling framework (owner-operator model, bed size, province). Rural nursing homes were sampled using convenience sampling; in this study, we excluded the rural homes because they were not a stratified random sample. In this study, we excluded rural homes because their results would not be generalizable given that they were selected through convenience sampling. Our initial dataset contained 1381 care aide surveys from the 30 randomly sampled urban nursing homes. Our analysis included only those care aide surveys with no missing information in the variables of interest, leaving 1194 care aide surveys from 30 urban homes in the current sample.

2.2. Data sources

TREC data include care aide, unit, and facility level surveys (Estabrooks et al., 2009a, 2009b, 2009c). Trained data collectors administered the care aide survey using computer assisted personal interviewing methods (Squires et al., 2012).