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The Effects of Burning-Out, Job Satisfaction and Training within the Nursing Staff in the Elderly Homes

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Abstract

While working, burning-out is a special type of anxiety marked by excessive exhaustion and the state of physical fatigue. This situation can reduce the level of job satisfaction at workplace. To cope up with this situation, employees require job training especially when handling the elderly in a healthcare setting. In the care for the elderly in caregiver facilities young people provide much of the care for old, often very old people. A professional's job in a home is not an easy. Consequently, staff exhibit high level of absenteeism as well as lack of fitness to continue with their jobs. For the greater part, psychological complaints can be held responsible. Staff providing care for the needy and the sick score relatively high on being emotionally burdened. Nurses who work with the elderly encounter many complex and potentially stressful care situations. This scenario is similar to that of nursing staff who work in highly demanding, labor and client intensive jobs. High stress at work can create morale problems that ultimately detract staff members from offering quality healthcare services. Within this paper, the role of medical staff is highlighted, from the aspect of the attention it dedicates to older people in nursing homes, as well as facing the real situation. On the basis of the above, medical personnel need to be trained further in order to handle any kind of condition of the elderly person, without disturbing the professionalism of the person. The purpose of this paper is to scrutinize what professionals in a healthcare setting encounter especially when nursing the elderly. This work will present self-efficacy of among the nursing stuff operating in elderly care facilities, stress and burn-out within healthcare facilities, training, education, quality and the level of job satisfaction among the staffs working in elderly healthcare homes.

Keywords

Nursing Staff, Elderly Homes, Training, Job Satisfaction, Burnout

1. Introduction

Burning-out is an exceptional type of stress while working, marked by loss of personality to undertake a given responsibility. Basically, this situation does not require seeking medicine because it is not a disease. Job satisfaction is a technique that measures the ability of employees to become comfortable with their piece of work at a given period and Job training involves the practice of seeking the level of competency, skills and knowledge in order for employees to perform a given duty in the workplace. In most incidences, workers tend to appreciate the type of environment whereby, they will be able to gain knowledge and skills in order to enhance their understanding and abilities to perform the respective responsibilities more ap-

propriately.

According to the studies of Leininger and Madeleine (190), burning-out especially in the field of nursing at elderly health care facilities, is the major cause of stress and depression on some staffs. In fact, the process of burning-out while nursing the elderly in healthcare has resulted to both mental and physical health. There are various causes of job-burnout especially when nursing the elderly and they include; working at extreme conditions, the imbalance between responsibilities and resting, poor support from the management, unstated nob responsibilities and insufficient emotional control when dealing with the elderly among other causes.

In order to cope-up with job-burnout, nursing stuffs should be equipped with effective professional training in order to improve their level of job satisfaction while working. Job satisfaction will contribute to the emergence of a constructive emotional state. The state of enhancing job satisfaction will play a huge role in reducing the effects of burn-out that include; stress, probability of contracting a disease and fatigue among many others. In a homecare setting, young people are usually affected by burn-out because they are responsible for caring for the elderly individuals who require their professional care.

2. Self-Efficacy among the Nursing Staff in the Elderly Homes

In the care for the elderly in caregiver facilities, young people provide much of the care for old, often very old people. A professional's job in a home care is not an easy one (Benjamin, 1991; Hallberg, Norberg, 1995). Consequently, staff exhibit high percentages of absenteeism as well as lack of fitness to continue with their jobs. For the greater part, psychological complaints can be held responsible. Staffs providing care for the needy and sick are recognized to be emotionally burdened. The increasing number of caregivers for the elderly appears to become exhausted and drained considering productivity of their daily work. These consequences are rather undesirable for both the persons involved and for the community as a whole. A very negative consequence might be a substantive job turnover of the caregivers for the elderly, which threatens the continuity of care in times of the growing population of homes for the elderly because of increasing numbers of old people in our society.

Having provided care for some time, human service workers may feel exhausted by their work. In psychological literature, this phenomenon is called "burnout." Burnout is described as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur on individuals who do "people work" of some kind (Maslach, Jackson, 1981). Emotional exhaustion refers to feelings of being emotionally overextended, which may result in a negative, cold, and callous treatment of clients (depersonalization), and reduced personal accomplishment. An indication of the latter dimension is a negative evaluation of one's own working performance (Schaufeli, Maslach, Marek, 1993). From the very first description of this phenomenon as explained by Freudenberger (1974), burnout has been connected with "human service workers," that is, professionals who work for and with people, for instance staff caring for the elderly. Despite that, young people enthusiastically begin their first job in elder care, in the first year, many of them suffer from burnout symptoms. In many cases a relation is found between the well-being of staff and the behavior of clients. For instance, the clients' aggressive behavior may negatively affect the staff's well-being to such a degree that may cause the burnout symptoms to develop.

The burnout level of staff is related to the intensity or severity of the clients' behavior. Burnout in elder care may, among others, be attributed to two factors. The first factor is the aggressive behavior of the elderly residents. The second factor is the staff's perception of how to cope with aggression. This is referred to as perceived self-efficacy, which is discussed later.

Moving to a home for the elderly does not suddenly turn an aged person into a different person. On the contrary, someone's old habits, customs, and personal characteristics also move into the new surroundings (Freyne, Wrigley, 1996). McPherson, Eastley, Richards, and Mian (1994) state that just as in any community, different human behaviours occur in homes for the elderly. Until recently, it was not recognized or acknowledged that problems could arise between staff and the resident because of the latter's aggressive behaviour. Aggressive behaviour of clients in the public health sector is not always reported. For ex-

ample, in a study on nurses as patient assault victims, Lanza (1992) states that "the incidence of assault is high and vastly underreported". In a study on hospital violence Rosenthal, Edwards, Rosenthal, and Ackerman (1992) conclude that "underreporting of violent events by hospital personnel is a disturbing but frequent reality". When discussing stress among workers caring for the elderly McPherson et al. (1994) suggest that "stressed" staff tend to over-report, or that 'unstressed' staff tend to under-report aggression". Freyne and Wrigley (1996: 62) agree with McPherson et al. (1994) who found that 60-80% of aggressive incidents in homes for the elderly had been underreported. In a study on documentation of aggressive behavior in nursing home residents Beck, Robinson, and Baldwin (1992) conclude that "a major research problem in this area has been poor documentation and underreporting of aggressive episodes by staff", and also that "although 66% of the 1.3 million elderly nursing home residents in the US exhibit aggressive tendencies, research indicates that carers under document aggressive incidents.

As a result the extent of aggression is unknown" Schneider (1990) investigated the occurrence of aggressive behaviour among residents, among staff, and between residents and staff. Findings of this study showed that aggressive behaviour was found in each of these groups. Snowdon, Miller, and Vaughan (1996) examined the ways staff looked at aggressive behaviour, and found that aggressive behaviour is perceived differently by staff. Freyne and Wrigley (1996) found that staff involved in aggressive behaviour of residents often deny the aggressive character of their own behaviour. The authors suggest staff regard the existence of aggressive behaviours of the elderly as a failure on their parts.

3. Stress and Burnout within the Nursing Stuff

Nurses who work with the elderly confront many complex and potentially stressful care situations. Nowhere is this more true than for nursing staff who work in highly demanding, labor and client intensive jobs. High stress at work can create morale problems that ultimately detract from the staff member's job performance (Sheridan et al., 1990). The causal model depicted below(Figure 1), derived from research on work stress and morale among nursing employees in elderly homes, highlights both antecedents and outcomes of work-related stress.

The main conditions include objective organizational characteristics such as: (1) the variety of tasks in nursing positions, (2) the degree to which supervisory authority is delegated, (3) the closeness of supervision, (4) the degree of specialization, (5) the skill level of the work, (6) the quantity of the work, and (7) the pace of the work. Subjective organizational characteristics include: (1) task reutilization, (2) communication, and (3) distributive justice. Social support includes perceived support from supervisors, coworkers, spouse, friends, and relatives.

Personal characteristics refer to variables such as age, sex, educational attainment, length of nursing service, occupational position or title, work status (e.g., full- or part-time), marital status, and number of relatives living nearby. Ethical dilemmas are situations in which no choice is clearly correct and the alternatives are equally unsatisfactory, while a philosophy of care incorporate standards of care and the nurses' personal beliefs regarding the residents' right of autonomy, their role in the decision making process, and their right to respectful treatment (Weiler et al., 1990).

A large body of literature has examined the outcomes of work-related stress, revealing a strong link between stress and adverse physical and psychological consequences. There is equally compelling evidence, however, that social support serves to mitigate against these adverse effects and reduces burnout among nurses. Burnout, a phenomenon characterized by loss of concern for residents, and physical, emotional and spiritual exhaustion, may lead to indifference or negative feelings toward elderly residents, overuse of chemical or physical restraints, and heightened potential for abuse. Burnout has also been shown to result in administrative difficulties such as high rates of tardiness, absenteeism, and attrition (Goldin, 1985).

The outcomes of work-related stress, according to the above model, include: (1) burnout, defined as a syndrome of emotional exhaustion, depersonalization, and lack of personal accomplishment; (2) depression, which is the degree of negative affect expe-

rienced by nursing personnel; (3) job satisfaction, which is the affective orientation of nursing personnel toward the work situation; and (4) work involvement, defined as the degree to which nursing personnel identify with the job (Weiler et al., 1990).

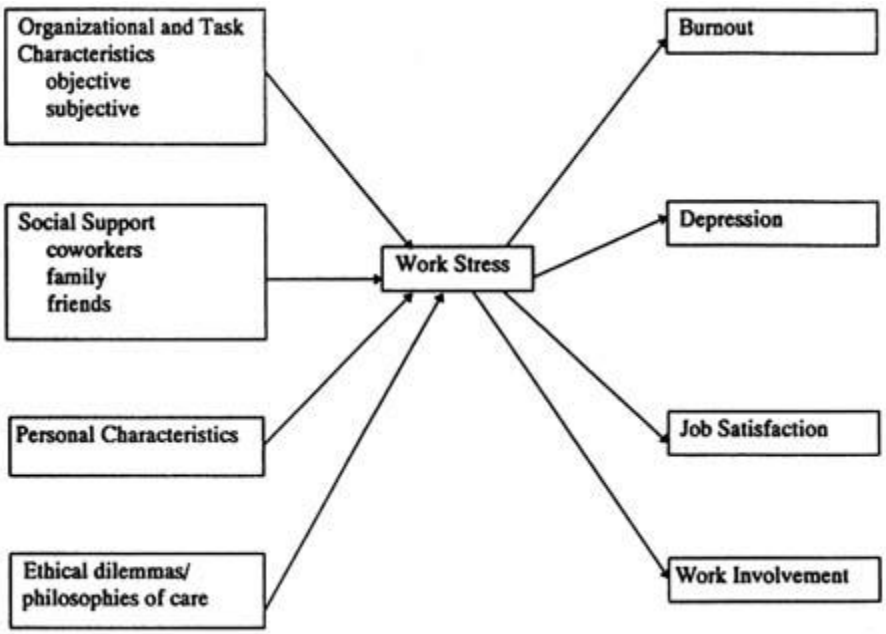

Figure 1. Casual model of work stress.

Source: Weiler, K., Buckwalter, K.C., Curry, J.P. Nurses (1990), Work-Related Stress, and Ethical Dilemmas. Pp. 320–339 in: D.M. Corr and C.A. Corr, eds. Nursing Care in an Aging Society. New York: Springer Publishing Company.

It has been suggested that nursing personnel who work with elderly patients with Alzheimer's disease are especially vulnerable to the effects of stress and burnout. Alzheimer's disease elderly patients present many difficult care and management problems because of their progressive cognitive, functional, and psychosocial deterioration, which can result in bizarre and combative behaviors, emotional outbursts, and wandering. Moreover, nursing elderly home staff are often poorly trained to cope with the disruptive behaviors of residents, and they are therefore repeatedly frustrated by their inability to manage recurrent problems.

Many elderly homes are also not equipped with environmental structures or the support and service systems required to care appropriately for the person with Alzheimer's disease. A recent study, using a quasi-experimental design with repeated measures, examined whether staff who cared for Alzheimer's disease elderly patients on a special care unit were less stressed and less burned out than staff who cared for such patients on traditional (integrated) units. Findings revealed that the principal area of stress reduction for nursing personnel working with elderly people occurred with respect to staff knowledge, abilities, and resources. Subscale analysis indicated significantly less stress for staff who worked in the special care situations with respect to residents' verbal and physical behavior. The special care system for elderly people was designed specifically to provide the special environmental structures and support and service systems for the care of Alzheimer's disease patients that would enhance functioning and decrease associated behavioral problems. These may be important factors in reducing stress and burnout for staff caring for residents with Alzheimer's disease (Mobily et al., 1992).

The investigators also recommended that whenever possible, nursing staff who work with elderly residents who have Alzheimer's should be carefully screened and selected for their ability to be sensitive to the needs of these residents, their flexibility,

and their imagination, as well as ability to respond to persons with impaired communication and ever-changing moods (Coons, 1991). Specialized training in the care of elderly residents with Alzheimer's disease is also a critical factor (see next section, "Education and Training").

Research by Hare and Pratt (1988) has shown that higher levels of nursing burnout in both acute and long-term-care settings in the elderly homes may be related to the nature of the physically and emotionally strenuous work tasks, low status in comparison to other positions in the health care system, limited training, low wages and benefits and, of interest to this report, poor staffing-to-patient ratios. Further, problems with support in the work environment, especially from peers and supervisors, have repeatedly been shown to be a primary source of stress among nurses. It has also been suggested that nursing personnel who elect to work with elderly patients who have a poor chance of survival (as opposed to nursing personnel who do not work with these patients by choice) have reduced vulnerability to burnout because their work provides them with a sense of meaning. The interventions summarized below have been set forth to address organizational sources of stress in the long-term-care setting (Weiler et al., 1990, pp. 333-334):

- Improved in-service training, especially in multidimensional problems of the elderly, that emphasizes psychosocial and behavioral problems common in this population.
- Increased variety in job tasks.
- Improved supervision.
- Implementation of a management style that allows for feedback, flexibility, and sensitivity.
- Clear and realistic objectives for resident care.
- Higher wages and better benefits for staff.
- Adequate staffing levels.

It should be noted that the costs related to staff burnout, absenteeism, and turnover can far outweigh the costs associated with adequate staffing and compensation (Weiler et al., 1990).

Another source of work-related stress that may be amenable to change has to do with the effect of the physical environment and structural factors. Although very little research has been done in this area, work by Lyman (1987) suggests that physical and architectural features, such as adequate space, separate activity rooms, staff offices and toilet facilities, resident care facilities, barrier-free hallways, visible exits with amenities such as wide entry doors and ramps, and emergency exits, may decrease caregiver burden and stress. Enhancing social support networks is another important strategy that can serve as a buffer against the stresses inherent in working with the elderly. Interventions designed to strengthen supportive relationships among staff, staff training related to stress management, and work-related counseling and support groups have all been shown to reduce vulnerability to burnout, depression, and job dissatisfaction (Weiler et al., 1990).

4. Education and Training for Better Personal Approach

Although previous research has provided inconclusive evidence of a strong relationship between the care provider's attitudes toward the elderly and the quality of resident care (Wright, 1988) argued that dedicated and compassionate nursing staff are essential for maintaining high quality care on a day-to-day basis within the elderly homes. Further, few would disagree that nurse aides need to be skilled in providing care, given that they make up about 85 percent of nursing home personnel and provide the majority of direct care. Yet many nurse aides are functionally illiterate, untrained, and inadequate to the tasks at hand. With the number of cognitively impaired and functionally dependent residents in nursing homes, sophisticated approaches for care are required that are beyond the knowledge and skill of persons with one year or less of training. The need for competent professionals who are caring, qualified, and compassionate caregivers has been documented by research on residents in long-term-care settings. However, the reality is that the majority (96 percent) of directors of elderly nursing homes in

long-term-care facilities are not academically prepared for their positions (Bahr, 1991), having little or no specific education about the aging process, gerontological nursing principles, or managerial skills. The lack of educationally prepared persons who understand the unique health and social needs of older adults and who are effective managers of assisting nursing staff is a critical problem (Bahr, 1991).

Much of the published literature on education in long-term elderly care discusses the need for more training and adequate supervision of staff. Methods most commonly used in staff training are didactic, using both verbal and written instruction, but there has been relatively little effort to study systematically the success of these methods with long-term-care staff, or to evaluate their ability to maintain therapeutic staff behaviors over time. In a review of the literature on this topic, Burgio and Burgio (1990, p. 289) urge the development of efficient training procedures "to teach nursing assistants basic therapeutic principles and skills," and argue that "management systems must be designed and implemented to assure that these skills will be performed appropriately and consistently in the natural environment." They also outline a number of strategies to overcome organizational resistance to staff-management interventions.

Burgio and Burgio (1990) suggest that an important step in motivating staff to perform patient-related tasks is effective in-service training, which should include: (1) didactic instruction presented both in verbal and written formats, (2) modeling of the procedure by a trainer, and (3) role playing by the trainees coupled with immediate trainer feedback regarding their performance. The attitudes of staff affect not only their own expectations about their working lives, but also the way in which they approach residents. Thus an important aspect of in-service training is to correct the tendencies to view residents as childlike, unreliable, and manipulative, and to reduce depersonalization of physical care and the neglect of psychosocial needs.

Assessment of training outcomes includes more than simple paper and pencil tests to determine knowledge of the procedure; rather, assessment should also include a checklist assessment of skill performance in a situation that permits immediate corrective feedback and praise, followed by assessment of the trainee's skill performance on the nursing unit. Burgio and Burgio (1990) argue that these assessments should take place immediately following the in-service training, as well as at regular intervals thereafter, with remedial training sessions required in the event of poor performance.

5. Quality of the Nursing Stuff within the Elderly Homes

Difficulty recruiting and retaining qualified personnel to provide direct care in elderly homes remains a crucial problem, although the number of staff per se may not be the whole answer to the provision of quality care in elderly nursing homes. According to Fries (1994), different states have different staffing levels, but the relative use for types of residents remains constant. Much of staffing is also driven by the type of resources and use of the available staff time is discretionary (Fries, 1994). Thus, adding additional staff may result in some more staff time for all residents and not more time for those who really need it. At the special panel session on "Quality and Staffing in Elderly Homes" held at the 1994 Gerontological Society of America meeting, Fries argued the need, based on his data, to be more efficient in the use of current numbers of staff before it is assumed that higher staffing numbers are needed in elderly homes. He questioned whether some residents in elderly homes truly need that level of care, but rather are encouraged to be in nursing homes by flat rate reimbursement systems. Further, Fries (1994) suggested that higher quality may be possible by changing some staff practices in nursing homes without substantially greater resource investment. For example, use of fewer chemical and physical restraints was found to save staff time. Despite the considerable experience of his research team in implementing highly specific protocols for managing incontinence, 100 percent compliance was never achieved. Thus, while nursing staff in nursing homes should have higher salaries and more help, just giving them more money and adding more staff is not the total answer. More specific protocol and management technologies also are needed in order to actually achieve higher quality care. Finally, consistent administrative support and leadership are also needed to guide staff performance so that it will result in quality outcomes.

Although there are mixed results from research comparing quality to nursing hours within the elderly homes, several studies have found nursing hours significantly related to quality indicators.

Other research supports the notion that staffing is an important variable that influences eating behavior. The consequences of inadequate staffing of the elderly people can include: (1) the feeding of residents in a hurried manner that does not preserve their dignity (e.g., giving residents a large amount of food with each bite, feeding several residents at once, mixing food), and (2) inadequate nutritional intake, resulting in weight loss in residents and necessitating the use of liquid supplements and sometimes tube feedings. These finding are supported by research conducted by Blaum and colleagues (in press), which shows low nutrition of residents associated with their being fed by staff.

Willcocks and colleagues (1987) also found that staff-oriented rather than resident-oriented practices were strongest in homes with the lowest staffing levels. Staff shortages resulted in dispensing with flexibility for both residents and staff and opting for formalization of the care regime in order to complete what was regarded as essential work. Homes with higher ratios of staff-to-resident hours and a higher proportion of part-time staff rather than full-time staff were more likely to have resident-oriented practices as well as higher levels of agreement between staff and residents about what constitutes ideal environmental features.

6.

6.1. Quality and Nursing Staff Satisfaction

There is no simple relationship between how staff regard the quality of their working life, staff turnover, and the quality of resident care, although most agree that dissatisfied staff are more likely to produce poor quality of care (Bond and Bond, 1987).

The behavior and attitudes can play a critical role in the quality of life of elderly home residents, and yet high attrition rates and alienation have been reported by nursing assistants. Kane (1994) has argued persuasively that the frontline workers, who most directly affect the daily experiences of nursing in the elderly home residents receive the "least social investment" in terms of job training, wages, benefits, and social support. Because they have little autonomy in terms of altering their daily routine, these frontline workers may tend to focus more on the tasks than on the resident for whom the tasks are being performed, resulting in poor quality care.

A review of the research literature finds several studies suggesting that an adequate number of well prepared and stable personnel is essential for quality care. The reciprocal relationship between quality of care and levels of staff turnover has been referred to since found that high turnover of nurses in acute hospitals was related to length of patient stay. Garibaldi and colleagues (1981) found that the physical care of nursing home residents in the United States deteriorated during periods of high staff turnover, while Stryker (1981) hypothesized that depression, disengagement, disorientation, and isolation among long-term-care residents is likely to increase when staff-resident relationships are disrupted by high turnover. Thus, staff hours available, the relationships between full-time and part-time staff, and staff turnover are likely to be relevant to the quality of care. Further, staff turnover may be related to other circumstances associated with quality care. Moreover, in facilities where value was placed on involvement of nurse aides in the care planning process, there was a substantially lower turnover rate after controlling for a number of other theoretically relevant factors.

7.

Difficulty recruiting and retaining qualified personnel to provide direct care in elderly homes remains a crucial problem, although the number of staff per se may not be the whole answer to the provision of quality care in elderly nursing homes.

Within this paper, the role of medical staff is highlighted, from the aspect of the attention it dedicates to older people in nursing homes, as well as facing the real situation. On the basis of the above, medical personnel need to be further trained in order to be able to handle any kind of condition of the elderly person, without disturbing the professionalism of the person.

The more the conditions for predicting the communication and the relationship between the nurse and the old person are created, the more there is the possibility of solving the real situation without additional pressure among the medical personnel in relation to the situation factor that sometimes prevails.

Finally, an important step in motivating staff to perform patient-related tasks is effective in-service training, which should include: didactic instruction presented both in verbal and written formats, modeling of the procedure by a trainer, and role playing by the trainees coupled with immediate trainer feedback regarding their performance.

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