EFFICIENT MEASURES FOR BURNOUT PREVENTION IN PALLIATIVE CARE

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Abstract

The term burnout, meaning "professional exhaustion", was introduced by Herbert Freudenberger in 1974. On May 21, 2014, the World Health Assembly, the decisional organ of the World Health Organization, voted the resolution for the integration and development of the capacity of palliative care services as a constituent part of the health systems. The resolution represents a major pace in the development of palliative care at world level, once the ministers responsible for the field took upon themselves - by means of information and training programs - the task of services' development, mainly at community level, the support from the part of the next of kins, the elaboration of educational programs, of guides and clinical protocols for specialists, of instruments for the monitorization of the quality of services provided, an easier access of patients to medication, as well as partnerships with the civil society.

Burnout is a state of emotional, mental and physical overfatigue caused by excessive and prolonged stress. It is installed mainly when the person affected with it feels care-worn and incapable of fulfilling his/her usual duties. As the stress continues, he/she will come to lose the interest or motivation which made him/her assume a certain position in the organizational hierarchy. The burnout phenomenon includes three components: emotional exhaustion, depersonalization and lack of professional accomplishment. The main observations on the phenomenon indicate that, apparently, the burnout level in palliative care is not higher than in other services, such as intensive therapy or surgery. Nevertheless, mention should be made of a characteristic of the palliative care services which influences the burnout level, namely the emotional relation created between the patient and the medical team, as a result of the prolonged duration of the care services.

Keywords: burnout syndrome, occupational duties, work-personal life interference, medical staff.

Burnout is a phenomenon characterized by fatigue and frustration, usually in relation with the working place, stress and devotion to some cause, with a mode of living unsuitable with one’s expectations. Even if, apparently, it seems associated with risk factors produced within a professional framework, it may affect any person. Palliative care services occur in a challenging environment, in which professionals are frequently faced with over-particular ethical decisions related to deep suffering, total pain, dignity in front of death and even death itself [1,2].

The authors focused on this topic as the health control and management of those who provide palliative care for the patients, together with the medical domain of palliative care, taken as a whole, represent „an honour and a privilege” and a challenge for any physician. Involved here is not only the fight with the disease, considered from a medical perspective, but the very pact with life – considered from a holistic perspective. At the same time, a good knowledge of the measures to be taken for preventing burnout appears as an obligation of each member of the medical team, first of all of the physician coordinating the palliative care group [3,4]. He has to recognize the characteristics of the burnout syndrome and to prevent its installation, both in himself and in his colleagues, for granting the health condition and efficiency of the care team to the benefit of the patients.

The paper presents the most efficient methods to be applied for preventing the burnout syndrome in the medical staff assuring palliative care [5-7].

The selected literature data show that, by the application of measures for preventing and treating the burnout syndrome, addressed to the
organizational climate, to each medical specialist in part, physician or medical assistant, as well as to the extraprofessional millieu – represented by family, the importance and extension of the burnout syndrome in the field of palliative care may be reduced to a level comparable or even lower than the one recorded in other fields of health care.

Burnout is a state of emotional, mental and physical overfatigue caused by excessive and prolonged stress. Clinicians who nurse patients with severe, incurable diseases face a higher risk of degraded personal well-being condition, including the moral stress, “compassion fatigue”, or the burnout syndrome. The last one is defined as “a progressive loss of idealism, energy and scope had in view, a condition experienced by those who assure health care, which is a result of the specific work they are doing” [8,9].

The present study aims at investigating the mediating role of the work-personal life interference between occupational duties (volume of work, emotional and cognitive requirements) and the burnout syndrome in a sample group of the medical staff providing palliative care in the hospitals of Iasi [10,11].

In February 2017, 124 questionnaires were filled in by the medical staff from the hospitals of Iasi offering palliative care.

The participants filled in:
1. the Maslach inventory for the burnout syndrome – the general variant,
2. the questionnaire on professional experience and work evaluation
3. the scale of negative interference between work and personal life, included in the Nijmegen questionnaire on the work-personal life interaction. All scales registered good psychometric properties. The relations between variables were tested by means of structural equations. The mediation relation was tested through analysis. Multigroup analyses were performed for testing whether the pattern is invariable as a function of age and medical specialty.

RESULTS

The tested pattern registered good indices of suitability.

Occupational duties appear as predictors for both the burnout syndrome and the work-personal life interference.

The work-personal life interference mediates partially the relation between occupational duties and the burnout syndrome. The obtained results show that cognitive duties are directly related to professional efficiency. Multigroup analyses confirmed pattern’s variance as a function of age and medical specialty.

The measuring instrument most frequently mentioned in the literature of the field is the Maslach Burnout Inventory (MBI), introduced in 1981 - the standard instrument for burnout level measurement. MBI achieves a tridimensional description of the syndrome, as emotional exhaustion, depersonalization and lack of professional accomplishment. Depersonalization refers to altered relations with the others; it may be manifested either as dependence on the persons around or as negativism and a cynical attitude. The lack of professional success may be manifested either by the tendency of negative self-appreciation of one’s abilities, achievements and professional accomplishments, or by the limitation of one’s own possibilities and obligations for the others. Consequently, the person feels he is professionally incapable of attaining his objectives.

In palliative and oncological services, the frequency at which the three aspects of burnout is manifested is of 69% - for emotional exhaustion, 10–25% - for depersonalization and 33–50% - for inefficiency and professional failure. More than that, specialists in palliative care may experience moral stress, defined as the impossibility of acting according to one’s personal and professional values, as a result of some institutional restrictions, as well as of the emotional fatigue related to the exposure to dramatic stories (compassion fatigue), characterized by diminished emotional energy necessary for patients’ nursing.

The personal factors that may provoke burnout are: feminine sex, work done by oneself, lack of personal control upon events, failure of personal accomplishment. To be married and to have children represent protective factors against the burnout phenomenon. The professional element includes: a busy work schedule, a too high
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number of patients, insufficient financial and staff resources, unsuitable management, lack of control on one’s own job, disagreement between the objectives of the job and the personal ones. One should also add the high number of duties, the absence of other similar services, confrontation with the “conspiracy of silence”, periods of repeated deceases, excessive emotional stress, or ambiguities of several therapeutical decisions.

Usually, the main causes of the burnout syndrome are: the lack of communication, the low competence of the subordinated staff, decisional uncertainty, team instability (frequent changes of the team members), conflicts among the members of the group, low moral condition.

From an organizational perspective, the burnout sources might include:

- Lack of appreciation for the quality of the activity performed,
- Lack of encouragement and of moral recognition,
- Equivocal sanitary legislation,
- Scarce interdisciplinary communication,
- Unsuitable equipments and critical working conditions,
- Lack of medication, excessive bureaucracy,
- Reduced professional perspectives,
- Major financial difficulties (12-14).

Knowledge of the major impact of the burnout syndrome upon professionals in palliative care, as well as upon the patients, assures a good command over the prevention methods. These methods address the three levels of syndrome’s manifestation: personal, professional and organizational.

Strategies at personal level aim at improving the physical well-being through exercises, an adequate rest program, adequate alimentation, personal health condition, improved personal relations with the family (children, husband/wife, friends, fiancé/fiancée), friends outside the working place, hobbies (music, dance, painting, writing), varied practical activity (writing, research, teaching), establishment of certain personal limits (to be true to yourself, to forgive yourself, to have a precise schedule and inner equilibrium). Equally important are the discussions with the others (confessions, small talks with the family and with the psychotherapist, psychic hygiene), realistic expectations, meditation (reflections, prayers, religious services, spirituality, time spent in the open, voyages, holidays).

At professional level, the prevention strategies include: discussions with the team members, supervision, time allocated to listen to patient’s complaints, briefings, commemorations of the deceased patients, good fellowship, support groups, Balint groups (15,16).

At organizational level, mention may be made of a system of rewards, of the recognition of the importance of team work and of its valorisation, of the compliance with the time table, of sufficient human resources, adequate personnel policies, realization of protocols, reduced bureaucracy, improved legislation.

Application of adequate measures for preventing the burnout syndrome is recommended for maintaining a good physical and mental health condition of the palliative care staff, exposed to a major risk of burnout, in parallels with an optimum nursing of the patients affected with incurable, final-stage diseases (17,18).

CONCLUSIONS

The burnout syndrome represents a real threat for all representatives of the sanitary system. In spite of the researches devoted to such topic, developed along more than 35 years, few studies provide complex data on the vulnerable aspects of the medical profession, the more so that, generally, everybody has high expectations from the medical staff.

The present study focuses on the essential role of the work-personal life interference in the development of the burnout syndrome among the representatives of the medical staff. The results obtained have practical implications in the elaboration of prevention programmes and in the interventions necessary for impeding burnout installation among the medical staff representatives.

Even if, apparently, it seems associated with risk factors resulting from a certain professional milieu, this disease may affect any person, especially those who have to take important ethical decisions.
Once known that the population suffers from serious methodological issues, future researches should be focused on the identification of the elements which cause an increased volume of work and on the exhaustion it induces. The theoretical and longitudinal structures are important for a successful investigation of the field.

References