A Comparative Study of Grief Support and Burnout among Nursing Home Staff

Applied Research Session Summary with Dr. Hawes
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Introduction

- Nursing home staff are exposed and deal with death in daily work occurrences.
- The purpose of this study was to determine if there was a relationship between grief support and burnout among different workers in nursing homes.

Rationale

- In the United States, it is estimated that about 25% of deaths occur in nursing homes or long-term care facilities each year (CDC, 2020). These statistics have been compounded during the COVID-19 pandemic (Davidson & Szanton, 2020).
- As a result, growing numbers of older adults make end-of-life decisions and receive end of life services in nursing homes (Gilissen et al., 2020); and nursing home staff are increasingly exposed to death in daily work occurrences (Boerner et al., 2017).
- Increased exposure to death in nursing homes by staff may have negative outcomes, such as increased risk of burnout, which can impact on the quality of care provided to residents.

Methodology

- Student and faculty researchers completed Institutional Review Board (IRB) training.
- Following training on research ethics and interviewing techniques, University of Wisconsin-Eau Claire Health Care Administration program residency students collected data about facility and staff characteristics at 37 skilled nursing facilities within five states (WI, MN, IA, IL, and CO).
- At each site, residency students administered surveys (Maslach Burnout Inventory and Grief Support Scale) to different long-term care workers examining burnout and grief support.
- Survey responses were analyzed using multiple regression analysis to determine if there a relationship between grief support and burnout among workers in nursing homes AND if there a difference in grief support and burnout between different categories of nursing staff.

The Relationship Between Grief Support & Burnout among Staff

Findings indicate that 95% of sampled workers were exposed to at least one death at work; yet 31% percent of the sample never received any formal grief training. Examining the comparative dimensions of burnout, the highest percentage of workers with exhaustion and depersonalization ratings were RNs, nurse practitioners, and physicians, followed by CNAs. The lowest ratings of personal accomplishment were by direct support workers (maids/janitors housekeeping and laundry food service workers). Controlling for NH and individual characteristics, multivariate logistic regression showed that compared to workers who received low grief support, those who received high grief support were more likely to report high personal achievement and low feelings of depersonalization (i.e., impersonal response to residents).

Overall Takeaways and Practical Applications

Prioritize formal grief training: Nursing home administrators should recognize the high exposure to death experienced by workers in the nursing home setting and address the significant number of employees who have not received formal grief training. Implementing comprehensive grief training programs can help provide support to workers and enhance their ability to cope with the emotional challenges of their work.

Address burnout among RNs, nurse practitioners, and physicians: The study highlights that these healthcare professionals exhibit higher levels of burnout, including exhaustion and depersonalization. Nursing home administrators should focus on developing targeted interventions and support systems for these specific groups, such as providing opportunities for self-care, fostering a supportive work environment, and offering resources for managing stress and burnout.

Recognize and support direct support workers: The findings indicate that direct support workers, including maids, janitors, housekeeping staff, and food service workers, reported the lowest ratings of personal accomplishment. Nursing home administrators should acknowledge their contributions to the care team and implement strategies to enhance their sense of personal achievement, such as recognizing their efforts, providing opportunities for professional development, and promoting a positive work culture.

Acknowledgements

NOTE: This research is currently under review at a journal- please share with preceptor, but refrain from sharing this document publicly/publishing online.

Contact

Please contact Dr. Frances Hawes at Hawesfm@uwec.edu with any questions about this research report.

Long term care workers categories and level of patient contact

LTC Worker Categories	Level of direct interaction with workers	Worker Titles
Aides and personal care workers	provide medical and/or personal care and come into direct and frequent contact with patients.	CNA's
Direct contact support workers	do not provide medical or personal care but are likely to come into frequent contact with patients due to the nature of their work.	maids/janitors housekeeping and laundry food service workers
Health care providers	provide direct (though possibly less frequent) clinical services to patients.	registered nurses nurse practitioners physicians
Social workers and other behavioral health workers	provide less frequent but direct services to patients.	social workers counselors behavioral health workers
Other support workers and managers	Staff are unlikely to come into regular direct contact with patients.	office and administrative managers and staff receptionists nutritionists groundskeeping and facilities workers

True et al., 2020