Changing Trends in Job Satisfaction and Burnout for Care Aides

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INTRODUCTION

The rapidly aging population and high rates of dementia and chronic disease comorbidities have led to an increased demand for care in long-term care (LTC) homes

Care aides, also known as personal support workers, orderlies, and nurse assistants, form the vast majority of the point-of care workforce in LTC homes.

Care aides often report moderate levels of exhaustion and cynicism which are cardinal indicators of burnout

Burnout among care aides has been linked to heavy workloads, limited resources, and challenges such as managing dementia-related responsive behaviors in residents.

INTRODUCTION

Burnout among care aides result in poor quality of care and quality of life for residents.

The COVID-19 pandemic intensified existing challenges in the LTC sector and introduced new ones for these vulnerable staff

Care aides faced widespread significant mental health challenges and physical health issues throughout the pandemic

It is essential to study trends in burnout for this important staff group

GAP

The ways in which work environments influence changes in quality of work life over time for care aides have been underexplored

Existing studies often focus on cross-sectional associations between work environments and quality of work life outcomes in LTC staff

Perceptions of care aides regarding their immediate work environments at the care unit level–as opposed to the broader LTC home or organizational levels–are particularly scarce.

Research into the nuances of work environments at the care unit level could reveal detailed insights into how immediate work settings impact staff well-being

PURPOSE

The study aimed to examine if and how the work environment of care units influenced the longitudinal changes in job satisfaction and burnout among LTC home care aides

This study reports trends in job satisfaction and burnout among LTC home care aides before the onset of the pandemic.

METHODS

Study Design: Retrospective longitudinal study

Data Source: Surveys collected by the Translating Research in Elder Care (TREC)

Setting: Alberta, British Columbia, and Manitoba.

Sample: LTC home care aides

Sample size: 631 care aides from 83 LTC homes

MEASURES

Job Satisfaction: Michigan Organisational Assessment Questionnaire (MOAQ)-Job Satisfaction Subscale

Burnout: 9-item version of Maslach Burnout Inventory-General Survey (MBI-GS)

Work Environment: 10 scales of the Alberta Context Tool (ACT)

ACT scales: leadership, culture, evaluation (feedback mechanisms), social capital, structural resources, formal interactions, informal interactions, organizational slack in staffing, organizational slack in space, and organizational slack in time

STATISTICAL ANALYSIS

Study periods: September 2014-May 2015 (T_1), May 2017-December 2017 (T_2), and September 2019-March 2020 (T_3).

Mixed-effects linear regression analysis to examine the association of the outcome with time points, care unit work environment while controlling for other characteristics

Moderation analysis; "time by work environment" interaction

KEY FINDINGS

Raw Scores of Job Satisfaction and Burnout by Time Point

Variables (Possible Range)	T1 (September 2014–May 2015)	T2 (May 2017 –December 2017)	T3 (September 2019–March 2020)	F Based on Repeated Measures ANOVA (P)	Significant Post Hoc Comparison*
	Mean (SD)	Mean (SD)	Mean (SD)		
Job satisfaction (1–5)	4.29 (.58)	4.26 (.63)	4.23 (.62)	3.25 (.043)	T_1 vs T_3
Burnout					
Exhaustion (0–6)	2.51 (1.68)	2.67 (1.65)	2.82 (1.75)	11.59 (<.001)	T_1 vs T_2 T_1 vs T_3
Cynicism (0–6)	2.49 (1.63)	2.74 (1.59)	2.79 (1.64)	10.71 (<.001)	T_1 vs T_2 T_1 vs T_3
Efficacy (0–6)	5.46 (.75)	5.38 (.87)	5.44 (.75)	2.53 (.08)	n/a

n/a, not applicable.

*Bonferroni-adjusted P value (.05/3 = .017) was referred to for multiple comparisons.

KEY FINDINGS

Associations of Job Satisfaction and Burnout (Standardized Z-Scores) With Time Points and Care Unit Work Environment: Regression Coefficients and 95% Confidence Intervals[§]

	Job Satisfaction	Burnout–Exhaustion	Burnout–Cynicism	Burnout–Efficacy
Model 1				
Time point (Ref = T_1)				
T_2	−0.13[‡] (−0.21 to −0.05)	0.11[†] (0.03 to 0.19)	0.16[‡] (0.07 to 0.26)	−0.12 (−0.22 to 0.00)
T_3	−0.13[†] (−0.22 to −0.05)	0.21[‡,‖] (0.12 to 0.29)	0.21[‡] (0.11 to 0.31)	−0.05 (−0.15 to 0.05)
Care unit work environment (Ref = Less favorable)				
More favorable	0.16[‡] (0.08 to 0.25)	−0.14[†] (−0.23 to −0.05)	−0.08 (−0.18 to 0.01)	0.13[*] (0.03 to 0.23)
Model 2				
Time point (Ref = T_1)				
T_2	−0.17[†] (−0.29 to −0.05)	0.15[*] (0.02 to 0.27)	0.27[‡] (0.13 to 0.41)	−0.20[†] (−0.35 to −0.06)
T_3	−0.17[†] (−0.30 to −0.04)	0.31[‡,‖] (0.18 to 0.43)	0.28[‡] (0.13 to 0.42)	−0.12 (−0.27 to 0.03)
Care unit work environment (Ref = Less favorable)				
More favorable	0.12 (−0.01 to 0.24)	−0.05 (−0.19 to 0.08)	0.03 (−0.12 to 0.17)	0.03 (−0.12 to 0.18)
Interaction between time point and care unit work environment				
T_2 × More favorable	0.07 (−0.10 to 0.24)	−0.07 (−0.24 to 0.10)	−0.19[*] (−0.38 to −0.01)	0.16 (−0.04 to 0.35)
T_3 × More favorable	0.07 (−0.10 to 0.24)	−0.18[*] (−0.35 to −0.01)	−0.13 (−0.32 to 0.06)	0.14 (−0.06 to 0.33)
Average marginal effects of time points by care unit work environment				
For care aides from care units with less favorable work environment				
Time point (Ref = T_1)				
T_2	−0.17[†] (−0.29 to −0.05)	0.15[*] (0.02 to 0.27)	0.27[‡] (0.13 to 0.41)	−0.20[†] (−0.35 to −0.06)
T_3	−0.17[†] (−0.30 to −0.04)	0.31[‡,‖] (0.18 to 0.43)	0.28[‡] (0.13 to 0.42)	−0.12 (−0.27 to 0.03)
For care aides from care units with more favorable work environment				
Time point (Ref = T_1)				
T_2	−0.10 (−0.21 to 0.01)	0.08 (−0.04 to 0.19)	0.08 (−0.05 to 0.2)	−0.05 (−0.18 to 0.08)
T_3	−0.10 (−0.21 to 0.02)	0.13[*] (0.01 to 0.24)	0.15[*] (0.02 to 0.28)	0.02 (−0.12 to 0.15)

T_1: September 2014–May 2015; T_2: May 2017–December 2017; T_3: September 2019–March 2020.
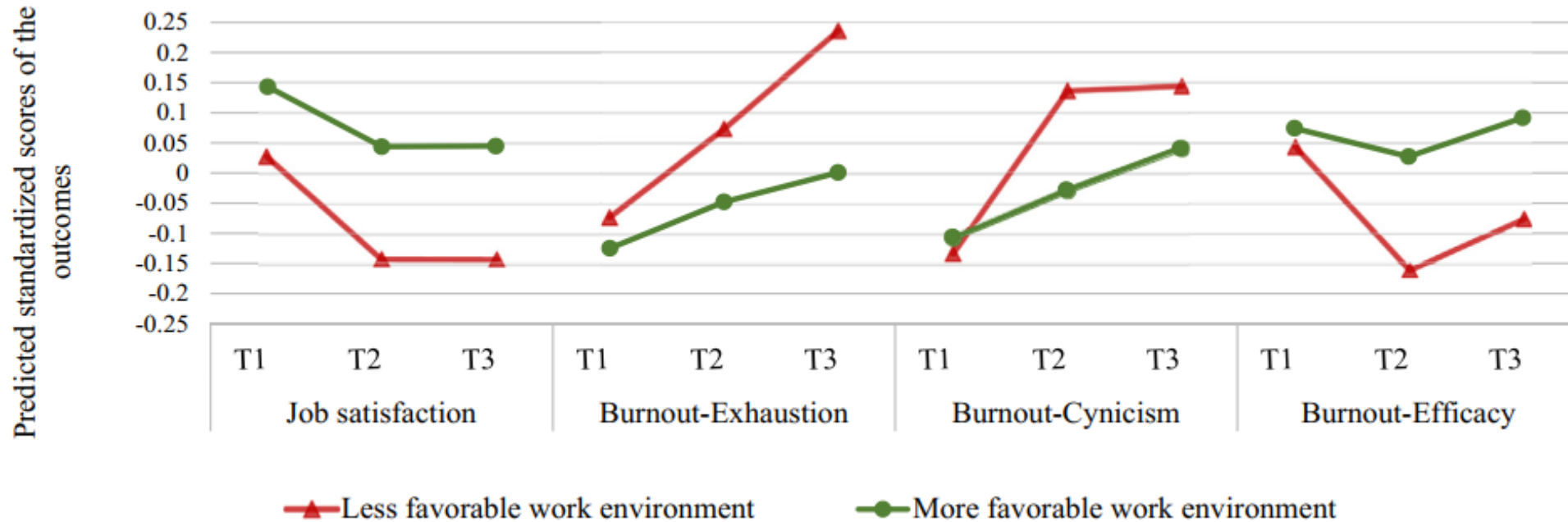[*]$P < .01$.
[†]$P < .001$.
[‡]$P < .05$.

- Statistically significant differences between T_1 and T_2, and between T_1 and T_3 (P < .01) in all outcomes except for burnout efficacy.
- **Care aides working in a more favorable environment reported better outcomes, regardless of time points, compared with those working in a less favorable environment**

KEY FINDINGS

- The "time by work environment" interaction was statistically significant for burnout-exhaustion and burnout-cynicism
- Care aides working in units with a less favorable work environment showed greater increases in exhaustion from T1 to T3 and in cynicism from T1 to T2, compared to those in more favorable work environments.

PROPOSED INTERVENTIONS

INFORM: Improving **N**ursing **H**ome **C**are Through **F**eedback **O**n perfo**RM**ance data

Purpose: Designed to increase involvement of care aides in formal team communications about resident care in nursing homes

INFORM was an audit and feedback intervention based on goal setting theory, designed to improve performance.

Components: learning and performance goals for increasing care aide involvement in decisions, creating action plans, defining measures of success, reporting progress and challenges implementing action plans

PROPOSED INTERVENTIONS

SCOPE: Safer **C**are for **O**lder **P**ersons in Residential Care **E**nvironments

Purpose: Designed to empower care aides to lead, with coaching support, QI activities that help them to use best evidence in their practice, and secondarily to improve their quality of work life and engagement

SCOPE is based on a modified *Institute for Healthcare Improvement (IHI) Breakthrough Collaborative Series* model that uses the PlanDo-Study-Act (PDSA) approach to improving care

DISCUSSION

Longitudinal analysis revealed a concerning trend of worsening job satisfaction and burnout from 2014 to 2020

Findings align with other longitudinal studies which suggested that employees in unfavourable work environments experienced a statistically significant decline in job satisfaction with increased emotional exhaustion

Findings suggest that the protective effect of favorable work environments within care units could be long lasting

There is the need for research into specific work environment factors at the clinical microsystem level to guide the development of targeted interventions

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