

**ORIGINAL PAPER****BURNOUT AMONG HEALTHCARE WORKERS IN HOSPICE CARE****Helena Pavelková, Radka Bužgová***Department of Nursing and Midwifery, Faculty of Medicine, University of Ostrava, Czech Republic***Received January 6, 2015**  
**Accepted February 16, 2015****Abstract**

*Aim:* The aim of this survey was to determine the degree of burnout among healthcare workers caring for patients in hospices, sources of occupational stress and ways of coping with stress. Also to determine the associations between burnout and demographic characteristics of workers, type of hospice care and length of experience in hospice care. *Design:* A cross-sectional, observational study. *Methods:* The sample consisted of 241 healthcare professionals working in twenty hospices with a minimum length of experience in hospice care of 6 months. The Burnout Measure, a standardized questionnaire for the assessment of burnout, and our own questionnaire for determination of demographic data, sources of occupational stress and ways of coping with stress were used. *Results:* The survey found that the degree of burnout among healthcare workers in hospices was low and did not depend on demographic factors, length of experience or the type of hospice care. Burnout was found in 6% of workers and alarming levels in 28%. The main source of stress identified by the workers were administrative work and being confronted with suffering. The most common ways of coping with stress were spending time with their families; as the best prevention of burnout, they wished to meet their colleagues outside working hours. *Conclusion:* Burnout among workers in hospice care should be monitored in order to identify individuals requiring greater care and support.

**Keywords:** burnout, healthcare worker, palliative care, patient, hospice, dying.

**Introduction**

Burnout is a frequently discussed topic. The increasing work pace, rapidly growing demands on workers and people as such and crisis of interpersonal relations may contribute to the development of burnout. Burnout is defined as complete emotional, physical and mental exhaustion (Křivohlavý, 2012, p. 26). Kallwass (2007, p. 9) refers to burnout as a creeping threat to society. A burnt-out person is not capable of performance that is expected from him, which causes further frustration. Burnout is a problem for all professions working with people, especially for helping professions. Healthcare workers are among those most at risk of burnout. Especially working with dying patients is considered to pose a high risk. According to Křivohlavý (2012, p. 26), it was the situation of nurses in hospices that drew attention to the burnout for the first time.

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In hospice care, the most important factor is a multidisciplinary team of experts that assist and support a dying person and his/her family at the time of dying. High demands are placed on the team members. On a daily basis, they encounter suffering and the transience of life, seemingly futile battle, helplessness and grief. For this reason, it is necessary to take care of the psychological well-being of professional caregivers which may consequently affect the psychological well-being of their patients (Haškovcová, 2010, p. 281). There is an assumption that where there is a happy worker there is a satisfied patient (Funk, 2014, p. 82–84), therefore, high-quality care for patients is preceded by high-quality care for employees.

Detection of burnout among healthcare workers in hospice care can help identify those at risk and provide them with timely assistance and support. Burnout among healthcare workers in hospice care was studied by several authors in the USA (Alkema et al., 2008; Keidel, 2002; Swetz et al., 2009; Whitebird et al., 2013), Canada (Slocum-Gori et al., 2011), Poland (Kalicińska et al., 2012) and the UK (Payne, 2000). In the Czech Republic, burnout in hospice care was dealt with by Dvořáková et al. (2013). The studies show a high degree of stress among healthcare workers

(Alkema et al., 2008; Whitebird et al., 2011), but a lower incidence of burnout (Payne, 2001; Whitebird et al., 2011). Furthermore, some studies showed an association between burnout and job satisfaction (Slocum-Gori et al., 2011; Alkema et al., 2008). The frequent coping strategies were professional relationships, the opportunity to talk with others and personal relationships (Swetz et al., 2009).

## Aim

The aim of the survey was to determine the degree of burnout among healthcare workers caring for patients in hospices and its associations with the demographic characteristics of workers, length of experience and type of hospice care. Also to identify the sources of stress and ways of coping with stress.

## Methods

### Design

A cross-sectional, observational study.

### Sample

The research sample consisted of 241 healthcare workers working in twenty hospices (12 inpatient and 8 mobile). Of those, 202 worked in inpatient hospices and 39 worked in mobile hospices. Two criteria of selection were determined, the length of experience in hospice care of at least 6 months and being a healthcare worker in a hospice. A questionnaire survey was conducted during February and March, 2014. Executives of 25 hospices were approached with a request for participation in the survey; twenty hospices agreed to cooperate. A total of 438 questionnaires were distributed; of those, 261 were completed, a return rate of 60%. Twenty questionnaires were excluded due to a short length of experience in hospice care, missing data on the length of experience in hospice care or inadequate positions.

## Data collection

To determine burnout scores, the Burnout Measure, a standardized questionnaire developed by Dr. Pines was used (Jankovský, 2003; Pines, Aronson, 1998). The questionnaire contains 21 questions to be answered on a seven-point Likert scale. Burnout scores were calculated as previously reported (Jankovský, 2003) and categorized into four levels: very good to good (less than 3), alarming (3 to 3.9), burnout (4 to 5), acute crisis (more than 5). Furthermore, our own 10-item questionnaire was used to determine the demographic data (position, age, education, marital status, children), length of experience in hospice care, main sources of stress, way of coping with stress, and proposed measures for preventing burnout in the workplace.

## Data analysis

The questionnaire data were processed with the Microsoft Office Excel spreadsheet software and subsequently evaluated using the NCSS 2007. For description of the results, descriptive statistics was used – the absolute and relative frequency, arithmetic mean, standard deviation (SD) and median (MED). The association between the examined factors was tested by the Kruskal-Wallis and Wilcoxon two-sample tests at a statistical significance level of 5%. The associations between burnout and age and length of experience in hospice were determined using the Spearman correlation coefficient.

## Results

The research sample consisted of 241 healthcare workers in hospice care. The largest group of respondents comprised 139 general nurses (57.7%); the smallest group comprised 2 physicians (0.8%). The socio-demographic characteristics of the sample and length of experience in hospice care are shown in Table 1.

**Table 1** Characteristics of the research sample

Characteristics	N (%)	Characteristics	N (%)
<b>Position</b>		<b>Education</b>	
Physician	2 (0.8)	Professional course	58 (24.1)
Attendant/orderly	100 (41.5)	Secondary school	127 (52.7)
General nurse	139 (57.7)	High school	19 (7.9)
<b>Age</b>		University	37 (15.4)
20–30 years	38 (15.8)	<b>Marital status</b>	
31–40 years	78 (32.4)	Married	145 (60.2)
41–50 years	79 (32.8)	Common-law married	6 (2.5)
> 50 years	46 (19.1)	Divorced	39 (16.2)
<b>Length of experience in hospice</b>		Single	47 (19.5)
≤ 5 years	126 (54.3)	Widowed	4 (1.7)
6–10 years	86 (37.1)	<b>Children</b>	
≥ 11 years	20 (8.6)	Yes	184 (76.4)
		No	57 (23.7)

### Burnout

The degree of burnout among healthcare workers in hospice care was found to be low. Burnout was found in 14 (5.8%) respondents, alarming levels in 68 (28.2%) respondents. The mean burnout score was 2.8 (SD = 0.8; MED = 2.7, range = 1–5.3).

There was no significant difference in burnout with respect to respondents' positions ( $p = 0.997$ ), see Table 2. The comparison was performed only in the groups of general nurses and attendants/orderlies. Physicians were not included in the comparison because of their small number in the sample ( $n = 2$ ).

**Table 2** Burnout scores among different groups of respondents

Burnout scores	Entire sample	Hospital attendant/orderly	Nurse
	(n = 241) N (%)	(n = 100) N (%)	(n = 139) N (%)
Good	157 (65.2)	65 (65)	91 (65)
Alarming	68 (28.2)	27 (27)	40 (29)
Acute crisis	2 (0.8)	1 (1)	1 (1)
Burnout	14 (5.8)	7 (7)	7 (5)
Testing of difference			P = 0.997

### Burnout according to the workers' socio-demographic characteristics and the length of experience

No statistically significant difference was found in the degree of burnout according to the type of hospice ( $p$

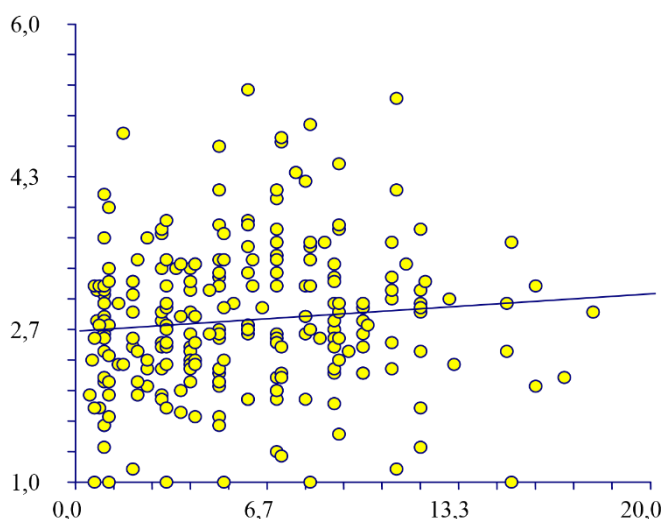
= 0.978), education ( $p = 0.376$ ), marital status ( $p = 0.790$ ) or children ( $p = 0.850$ ), see Table 3.

**Table 3** Differences in the degree of burnout according to socio-demographic characteristics (n = 241)

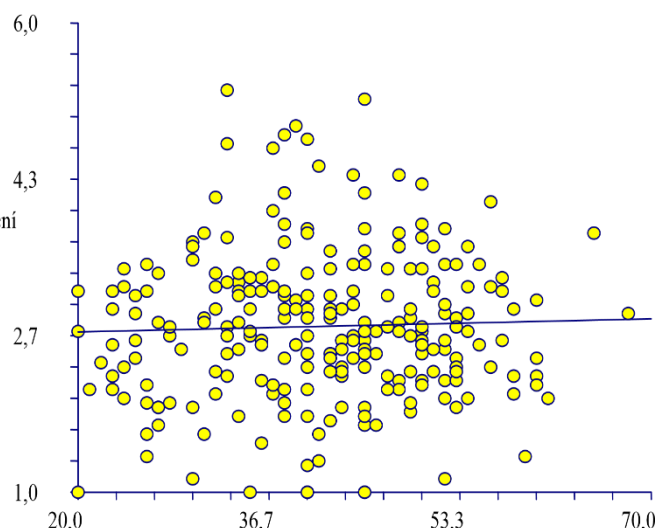
	Burnout/alarming n (%)	MED	p
<b>Type of hospice</b>			
Inpatient	68 (33.7)	2.7	0.978
Mobile	14 (35.9)	2.6	
<b>Education</b>			
Professional course	17 (29.3)	2.6	0.376
Secondary school	45 (35.4)	2.8	
High school	10 (52.6)	3.1	
University	10 (27.0)	2.7	
<b>Marital status</b>			
Married	46 (31.7)	2.7	0.790
Common-married	1 (16.7)	2.8	
Divorced	15 (38.5)	2.7	
Single	18 (38.3)	2.8	
Widowed	2 (50.0)	3.2	
<b>Children</b>			
Yes	62 (33.7)	2.7	0.850
No	20 (35.1)	2.8	

Using the Spearman correlation coefficient, no association was found between the respondents' burnout and age ( $r = 0.01$ ;  $p = 0.831$ ) or length of

experience in hospice care ( $r = 0.13$ ;  $p = 0.049$ ), see Figures 1 and 2.



**Figure 1** Correlation between burnout and age



**Figure 2** Correlation between burnout and length of experience in hospice care

### Sources of stress in healthcare workers

The main source of stress identified by healthcare workers were administrative work (28.2%) and being confronted with suffering (22.4%). The third most important source of stress was time pressure at work

(21.2%). Conversely, the least distressing for healthcare workers were relationships with patients (1.7%), see Table 4. The most common defenses against stress reported by healthcare workers were support from their families (49.5%) and interests/hobbies (19.5%).

**Table 4** The most common sources of stress and defense against it

Source of stress	n (%)	Most common defense against stress	n (%)
Administrative work	68 (28.2)	Support from the family	120 (49.8)
Being confronted with suffering	54 (22.4)	Interests/hobbies	47 (19.5)
Time pressure	51 (21.2)	Solitude	18 (7.5)
Relationships with relatives of patients	16 (6.6)	Company	16 (6.6)
Responsibility at work	16 (6.6)	Sport	14 (5.8)
Relationships with colleagues	15 (6.2)	Relaxation techniques	13 (5.4)
Relationships with superiors	12 (5.0)	Friends	9 (3.7)
Individual decision-making	5 (2.1)	Professional help	4 (1.7)
Relationships with patients	4 (1.7)		

The most effective ways to prevent burnout identified by healthcare workers were meeting with colleagues outside working hours at the workplace (24.9%), praise from superiors (21.6%), more workers at the workplace (14.5%), reward (14.1%), training/ further education (3.3%) and better workplace equipment (2.1%).

### Discussion

The aim of the survey was to determine whether healthcare workers caring for patients in hospices suffer from burnout. The degree of burnout among

healthcare workers was found to be low. This confirms the findings of studies that reported high levels of stress in hospice care, but low (Alkema et al., 2008; Whitebird et al., 2011) or average degrees of burnout among workers (Alkema et al., 2008). Despite that, alarming levels were found almost in a third of the workers. These employees should receive adequate attention from their employers.

The survey did not confirm an association between burnout and socio-demographic characteristics of workers and length of experience.

The main sources of stress identified by workers were administrative work, being confronted with suffering and time pressure at work. Conversely, the least distressing for healthcare workers were relationships with patients. According to Rodrigues and Chaves (2008, p. 2–3), the major stress factor for oncology nurses are patients' death, crisis situations and problems in the team. Also Payne (2000, p. 401) stated that the main source of stress in hospice nurses was being confronted with death and dying. Pereir et al. (2012) examined empirical studies of burnout published between 1999 and 2009 and found that the most common sources of stress at work in hospices included time pressure, lack of confidence and confrontation with pain, death and dying, but not administrative work, as was the case in the Czech Republic. Similarly, Zálešáková and Bužgová (2011) found administrative work to be the most common source of mental stress in oncology nurses. According to Křivohlavý (2012, p. 77–79), the most frequent reasons for leaving the job reported by workers during the period of burnout were contempt and rejection by colleagues and superiors, incompetent superiors, lack of feedback and meaningless tasks. Administrative work may be considered useless by healthcare workers in hospices. Senseless acts and unreasonable changes of regulations as sources of stress were also mentioned by Maroon (2012, p. 59, p. 63), based on his experience of a supervisor.

In the present survey, workers most commonly prevented stress by support from their families and interests. In their study of 547 hospice workers in Minnesota, Whitebird et al. (2013) found that the workers avoided stress by physical activity and social contacts. The family as a defense against work-related stress and prevention of burnout was also evidenced by Zálešáková and Bužgová (2011) and Funk (2014).

In the present survey, the most frequent prevention of burnout at work was meeting with colleagues outside working hours and praise from superiors. Similarly, some studies showed good professional relationships as an effective strategy for coping with stress (Swetz et al., 2009). Lynn (in Wessells et al, 2010, p. 24) stressed the need to promote a safe atmosphere at work, where everyone can even show his/her own vulnerability. The author proposed regular weekly team meetings where team members can share their worries. He also suggested a more efficient use of leisure time, regular work breaks for lunch or coffee or proper holidays. Funk (2014, p. 82–83) noted that it is important that employees feel support and at least moral appreciation from superiors; he underlined the importance of high-quality supervision and team culture. Maroon (2012, p. 60–64) pointed out that internal compensation, that is, a sense of self-

importance, self-realization and praise from superiors, are a better protection against burnout than external compensation in the form of financial rewards. In his opinion, for most workers, recognition is of greater importance than financial reward. He stresses the importance of regular meetings, where they can provide one another with social support.

## Conclusion

The survey found that the degree of burnout among healthcare workers in hospice care was low and was not dependent on demographic factors and length of experience. Nonetheless, it was a source of stress, particularly due to excessive administrative work and confrontation with suffering. Burnout should be monitored in workers in hospice care in order to identify those requiring greater care and support. Employees showing alarming levels of burnout should receive adequate attention.

## Ethical aspects and conflict of interest

The survey complied with ethical rules. Hospice executives gave consent with the survey in their workplaces. Individual healthcare workers participated voluntarily. The authors declare that they are not aware of any conflicts of interest.

## Author contribution

Conception and design (HP, RB), data analysis and interpretation (HP), manuscript draft (HP, RB), critical revision of the manuscript (HP, RB), final approval of the manuscript (RB).

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