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BURNOUT IN NURSES WHO WORK IN PALLIATIVE CARE: A SYSTEMATIC REVIEW

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ABSTRACT

This paper is a systematic review of burnout in nurses who work in palliative care. **Objectives**: To investigate and to analyze the current literature on burnout in nurses of palliative care. **Methods**: For this systematic review we made searches in electronic databases (CINAHL, MEDLINE, MEDICLATINA, SCIELO) in 2009-2015. **Results**: The burnout affects the nurse, the patient, the family and the team. Nurses are the professional group with higher levels of fatigue and burnout. The work overload, lack of working conditions for the provision of care to the patient and family, the disorganization of work, difficulties in interpersonal relationships with peers and relatives and lack of psychological support in the institution serve as risk factors for developing this syndrome. The mutual affection and support within the team, recognition of his work, seeing the benefit of actions/quality of life and well--being in patients and family are protective factors. To support policies of hospital workers increase satisfaction levels and help in preventing burnout. **Conclusions**: There is burnout in nurses in palliative care but at lower levels than nurses working in other services.
Descriptors: Burnout; nurses; palliative care; protective factors; risk factors.

INTRODUCTION

The nurse who takes care of a patient in end of life is often faced with feelings of loss and fear of being constantly exposed to death and suffering. Over time, this professional will learn to manage their losses and work their feelings to face death. However, in some situations, grief is not resolved by creating a personal instability situation. So, insomnia, headaches and fatigue have arisen. At a later stage, then this begins to be a distancing of patients and families and this is an indicator that the nurses need to watch over themselves, to seek help, counseling and an effective way to resolve losses of the past and learn, healthily, to process future losses. The nurse may seek support in formal and informal systems. The informal support demand the exchange of experiences between coworkers in switch of shift or other informal moments. Relaxation exercises, regular exercise or other recreational activities are also important. Formal systems undergo planned or organized meetings to assist the nurses that may be made by other professionals who provide advice (Murphy, 2007).

According to the Portuguese Palliative Care Association (APCP) (2015), "palliative care is defined as an active response to problems arising from the long, incurable and progressive disease in an attempt to prevent the suffering it generates and provide the highest quality

possible for life of these patients and their families. They are health active care, rigorous, combining science and humanism." This type of care is not associated with specific diagnoses, i.e. it does not seek only to cancer patients in advanced stage, but also the other progressive, serious and degenerative diseases in the terminal phase. Another misconception is that only older people need such care, terminal illness happens in all age groups. The monitoring teams must be interdisciplinary and direct care to the sick person, his family and those who are close to them at home or in an institution.

For Santos and Hormanez (2013), palliative care nurses are health professionals who are in direct and prolonged contact with patients and who first meet their needs. They establish strong links between nurse and patient/family, which can be both beneficial and great stress generators. Nursing requires that professionals are in constant relationship with each other, to listen and to help in solving problems. The burnout can occur due to the specificity of the workload in palliative care, for its emotional intensity and the intensity of relational involvement. Pereira *et al.* (2014, p. 56) characterize burnout as "a state of fatigue or frustration motivated by dedication to a cause, a way of life or a relationship that does not live up to expectations." According to the authors, there is a strong sense of loss of identity, the person is put in question, feels "empty" and "burn" (burn in and out, or be burned to exhaustion). Known as "professional exhaustion syndrome", burnout has been studied exhaustively by the social psychologist Christina Maslach that created a measuring instrument to assess the quality of working life (Gama, Barbosa & Vieira, 2014).

Burnout syndrome is defined as personal suffering that is derivative of emotional distress in working directly with people in situations of disease that leads to deterioration in workers' health, low productivity at work, absenteeism, increased risk of accidents and decreased quality of care. It develops a continuous and fluctuating form over time, leading to an imbalance between what is required and the resources available, it eventually appears defensive, with detachment and routine and mechanized care (Gonzalez, 2002). For Adam (2002) and Santos and Hormanez (2013), if it is not properly assisted, it can lead to more severe destructive behaviors. These destructive behaviors may be ended, according to Reig (2002), by the abuse of psychotropic drugs or other drugs like alcohol. Santos and Hormanez (2013) report that in order to escape this suffering, nurses can adopt defense mechanisms and coping less suitable strategies, and they can damage their relationship with patients and their families. The most common defense mechanisms are such a lie, tell the truth directly, to deceive with false hopes, using an exaggerated rationalism so that others do not understand their speech (too technical language), avoidance and neglect, among others.

According to Pereira, Fonseca and Carvalho (2011), and Slocum-Gori, Hemsworth, Chan, Carson and Kazanjian (2011), the lack of confidence, time pressure, overwork, the difficulty in giving bad news, the deal with pain, suffering, death, professional practice time and lack of patient economic conditions to pay for treatments can be stress-generating factors in self-esteem. Santos and Hormanez (2013) argue that inadequate expectations regarding the type of work performed, the perfectionism, the spirit of sacrifice and idealism are insecure emotional conflicts generators and changes in self-esteem. According to Pereira *et al.* (2011) and Pereira *et al.* (2014), direct and systematic contact with suffering, vulnerability and finitude of human life, as well as the ethical decisions that have to be taken daily, make the context of particularly demanding and stressful palliative care.

Pereira *et al.* (2014) claim that the risk factors are organized in three levels: intrapersonal, professional/organizational and social. For the personal level there are personal ideal requirements, that are too high in most cases, in view of the reality; for professional/organizational level there are the work overload, communication difficulties, workplace, organizational complexity, isolation, devaluation of professionals, role conflicts and psychoemotional overload associated with care in the face of death and suffering. Finally the social level influences the ideals of excellence and a possible fragile socio-economic situation.

Despite the stress generated by the assistance to terminally disease, this is an inherent and unavoidable aspect of professional nursing life. This stress is likely to be reduced, eliminated and controlled. The reflection and the sharing of experiences on the experience of professionals are essential because, as advocated by Pereira *et al.* (2011) and the French Society for Accompaniment and Palliative Care (SFAP) (1999), they are renovating, support professionals, lead to an adjustment of their motivation and help in decision-making. Pereira Fonseca and Carvalho (2012) and SFAP (1999) argue that the moments of "switch shift" are useful opportunities to realize this shared experience. We need nurses to accept their limits for the avoidance of feelings of guilt and internal conflict. You must still find an activity to revitalize their strength and serve as an "escape". Peters *et al.* (2012) report that the best way to prevent work-related stress in the area of palliative care undergoes intervene with targeted actions in order to reduce the risk factors, increasing protective factors, to improve the comprehensive and continuous training of professionals and improve communication. For Pereira *et al.* (2012) it is important to invest in personal growth as a protective factor against emotional exhaustion.

Sometimes it is useful to the support of a professional (psychologist or psychotherapist, for example) to help nurses in dealing with their emotions and feelings. It is important that they learn to deal with death, with the limitations (personal and professional) and feelings of fear, anger, grief and sorrow, as stated Slocum-Gori *et al.* (2011) and Twycross (2001). To

Twycross (2001) important strategies are to preserve the physical and emotional health of nurses who go to work in a team with sharing decisions and responsibilities, mutual support and respect for the effective communication within the team, that adequate resources and services support, by setting realistic goals to keep themselves open for support of patients, the compliance with the time off, food and rest of the professionals and have time available for recreation (hobbies and spiritual restoration). Other studies show that younger nurses, female, single or divorced or nursing students are the most exposed to the problem (Slocum-Guri *et al.*, 2011).

The aim of this work is to research and critical analysis of the current literature on burnout in nurses in palliative care.

METHODS

This work consists of a literature review, which according to Fortin (2000) consists of making a critical examination to a set of relevant publications for the research. Therefore, we can integrate the information explained in a number of previous studies in which we can identify similar and differences, reflecting on them.

This literature review followed all the stages of the methodological process and left the following scientific question: "Is there burnout in nurses who work in palliative care?".

Given the question we have joined the following keywords as search keywords: burnout, nurses, palliative care, protective factors and risk factors. The survey was conducted in the following scientific databases: CINAHL complete, Medline, Lilacs and Cochrane Library and in the EBSCO search engine between February and March, 2015.

They analyzed 39 articles and from them, eight met the inclusion criteria. We defined as inclusion criteria: original articles on nurses (exclusively or inserted into a health professional group), to exercise functions in palliative care units in hospital or community setting, publications from January 2011 to January 2015, with full text, in Portuguese and English, and freely accessible (unpaid). We excluded publications on informal caregivers, children in terminal phase and on ethnic minorities, repeated texts were also rejected. The search results are presented in Table 1.

Table 1 - Search results performed on scientific databases

		Cinahl complete	Medline	Lilacs	Cochrane	Library
Descriptors in English	"*Burnout*", "Nurses", "Palliative care" and "Healthcare professionals"	20	19	0	0	0
Number of articles	Found	20	19	0	0	0
	Excluded	15	12	0	0	0
	Selectioned	5	3	0	0	0
	Repeated	0	4	0	0	0
Total or articles found for review:	8 Articles					

For Cruz and Nunes (2012), it is important to use standard tools of critical evaluation to estimate the quality of published research. And there are several instruments for this study, we selected the study adapted by Crombie (1996), according to Steele, Bialocerkowski and Grimmer (2003), cited by Cruz and Nunes (2012). The quality of each selected article was evaluated according to this scale. The articles were evaluated with these instruments and 6 of the 8 articles were considered "methodological quality" and 2 "moderate methodological quality."

RESULTS AND DISCUSSION

The synthesis of information derived from the set of selected items from the analysis was collected in the following chart to facilitate their systematization and presentation objectively (Chart 1).

Chart 1 - Summary of studies

Title, journal, authors and year	Type of study	Participants	Data collection instrument	Results
Burnout in nurses working in Portuguese palliative care teams: a mixed methods study, *International Journal of Palliative Nursing*, Pereira *et al.* (2012)	Quantitative, qualitative, observational, retrospective study on burnout in Portuguese nurses who work in palliative care teams	They were applied 73 questionnaires, 11 interviews with Portuguese nurses who work in palliative care and also direct observation of work contexts of 9 palliative care teams	Questionnaire with demographic data, translated and validated the version of the Maslach Burnout Inventory (MBI) Semi-structured interviews 240 hours of direct observation	Nurses to perform duties in palliative care units have lower levels of burnout than other services and the risk factors are: work overload, lack of conditions for the provision of care to the patient and family, disorganized work, difficulties in interpersonal relationships with colleagues and family of the patient, and the lack of psychological support in the institution. The protective factors are: ethics within the team (mutual affection and support), recognition of his work, to see the benefit of their actions on the quality of life and well-being in patients and family.
Is work *stress* in palliative care nurses a cause for concern? A literature review, *International Journal of Palliative Nursing*. Peters *et al.* (2012)	Systematic review of the literature on stress of palliative care nurses	16 articles - 8 on stress in palliative care nurses in hospitals; 5 on coping strategies used; 3 on burnout in nursing	They were selected 15 articles in English published between 1990 and 2010, using electronic scientific databases and journals *International Journal of Palliative Nursing*, *American Journal of Hospice and Palliative Medicine*.	The risk of burnout is not higher in palliative care nurses (more training and experience to deal with suffering, death and other issues related to this type of care). Most stressors agents come in organizational factors and working conditions. It is important the institutional support with training on coping strategies, emotional support and formal and informal meetings in work contexts.
Attitude to death in professionals and nursing students: a review of scientific literature of the last decade, *Ciência & Saúde Coletiva*, Santos & Hormanez (2013)	Systematic Review of the Literature	35 articles of nurses in hospitals and health institutions, and nursing students	35 items were selected for the body of research, 4 online scientific databases were used	The lack of support systems in institutions and continued exposure to death and suffering lead to feelings of disappointment and helplessness. Training institutions have neglected the subject of death, leading to poor preparation in this area. Spirituality works as a protective factor. Older nurses have a more positive attitude towards caring for the terminally ill.

Chart 1 - Summary of studies

Title, journal, authors and year	Type of study	Participants	Data collection instrument	Results
Understanding Compassion Satisfaction, Compassion Fatigue and Burnout: A survey of the hospice palliative care workforce, *Palliative Medicine*, Slocum-Gori *et al.* (2011)	Retrospective, cross-sectional and analytical study	630 employees in hospitals and palliative care units in Canada (administrative, clinical and volunteer staff) Sample Type: for Convenience	Questionnaire of self-completion with: - Demographic data and characteristics of professional practice - Stamm – the Professional Quality of Life Scale (ProQOL)	Burnout levels in palliative care nurses are lower than those of nurses from other types of care. This type of work is a protective factor and promoter of satisfaction. The part-time work leads to lower levels of fatigue and burnout. Nurses are the professional group at greatest risk of burnout. Hospital policies to support workers increase satisfaction levels and help to prevent burnout (e.g. psychological support).
Burnout in palliative care: A systematic review, *Nursing Ethics*, Pereira *et al.* (2011)	Systematic review of the literature on burnout in palliative care	10 quantitative studies, 4 qualitative and 1 systematic review of doctors and nurses to perform duties in a hospital or palliative care units	15 selected articles published (1999 and 2009) with manual search in journals on Palliative Care and online electronic scientific databases	When institutions offer the possibility for professionals to share their feelings, decreases the risk of burnout. This affects the nurse, the patient, the family and the team. They were identified the following risk factors: lack of confidence in communication, lack of time, problems in communicating bad news, difficult to deal with suffering, with death, with the pain, unprofessional practice time and economic difficulties of the patient/family
Professional compassion fatigue: what is the true cost of nurses caring for the dying?, *International Journal of Palliative Nursing*, Melvin (2012)	Qualitative descriptive and exploratory study	Interviews with six nurses with more than 10 years of experience in palliative care in the USA. Sample Type: for convenience.	Semi-structured interviews with interview guide approved by the University of Vermont - Human Subjects Research Committee	Some nurses had gone through a state of exhaustion but have developed coping strategies to stay healthy. There are emotional consequences for nurses who provide palliative care for long periods, it is important to identify signs and symptoms of alarm and seek assistance/help. Further studies are suggested on the extent of the problem, specific causes and coping strategies.

Chart 1 - Summary of studies

Title, journal, authors and year	Type of study	Participants	Data collection instrument	Results
Personal determinants of nurses's burnout in the end of life care, *European Journal of Oncology* Nursing, Gama *et al.* (2014)	Descriptive correlational study and on personal determinants of burnout in nurses in patient care at end of life	Nonrandomized sample of 360 nurses in internal medicine, oncology, hematology and palliative care services of 5 hospitals in Lisbon (Portugal)	360 questionnaires of nurses with sociodemographic and experimental data, with the *Maslach Burnout Inventory*, *the Adult Attachment Scale*, *The Purpose and Meaning in Life Test and Death attitude profile* in adapted versions	In palliative care services, the SCORE of burnout is lower, as well as the exhaust levels. The professional achievement levels are higher than those presented in the other services. Risk factors for developing burnout are related to the environmental and organizational stress, emotional and psychological stress and personal stress. Having a purpose for their lives and coping with death and suffering or another are protective factors. It is important to focus on training to improve personal skills.
Burnout in doctors and nurses: quantitative, multicenter study in palliative care units in Portugal, Journal of Nursing Reference, Pereira *et al.* (2014)	Quantitative, descriptive and correlational study	88 nurses integrated into 9 palliative care teams in Portugal	88 questionnaires filled with sociodemographic characterization of life experiences in the workplace and the Maslach Burnout Inventory	The results are similar to those found in other studies. Nurses who work in palliative care do not have a higher risk of developing burnout. The nurses that have conflicts with other professionals have increased risk of developing this syndrome. As protective factors there are dedication to a religion, post-graduate training in palliative care or the provision of effective communication and coordination of networks within and outside the team.

Population/sample

The target population of the studies analyzed consists of hospital health care professionals who work in palliative care, but also in medical services, oncology and hematology. They are mostly nurses, but there are also doctors, managers, volunteers and nursing students of different ages and different profession times.

The sample size varies between 6 and 630. We analyzed four articles with convenience sampling (Melvin, 2012; Pereira *et al.*, 2012; Pereira *et al.*, 2014; Slocum-Gori *et al.*, 2011), an article sample that is not randomized (Gama *et al.*, 2014.) and three systematic reviews (Pereira *et al.*, 2011; Peters *et al.*, 2012; Santos and Hormanez, 2013).

Data collection tools

Among the chosen data collection instruments, the self-completion questionnaires are the most used. Adapted versions were use in Sdtamm - The Professional Quality of Life Scale (ProQOL) (Slocum-Gori *et al.*, 2011.), the Maslach Burnout Inventory (MBI) (Gama *et al.*, 2014; Pereira *et al.*, 2012; Pereira *et al.*, 2014), the Adult Attachment Scale, the Purpose and Meaning in the Life Test and Death Attitude Profile (Gama *et al.*, 2014). The validity of these questionnaires is referred in several studies. In order to complete the information collected and better characterize the population, we still used some questionnaires for demographic data collection (Gama *et al.*, 2014; Pereira *et al.*, 2012; Pereira *et al.*, 2014; Slocum-Gori *et al.*, 2011) and professional practice data (Pereira *et al.*, 2014; Slocum-Gori *et al.*, 2011). Two articles were conducted in semi-structured interviews with approved interview guides (Melvin, 2012; Pereira *et al.*, 2012.). The study done by Pereira *et al.* (2012) also includes 240 hours of direct observation of professional work contexts.

Prevalence of burnout syndrome

This syndrome affects emotionally nurses but ultimately it also harms the patient, the family and the work team and as such it is important to identify early signs and symptoms (Melvin, 2012; Pereira *et al.*, 2011.).

Confirming what the literature shows, the specific context of palliative care presents burnout levels of the same nurses, or even lower, than in other areas of care, particularly in medical services, oncology or hematology (Gama *et al.* 2014; Pereira *et al.*, 2012; Pereira *et al.*, 2014; Peters *et al.*, 2012; Slocum-Gori *et al.*, 2011). This is because palliative care nurses have more experience in dealing with death, the suffering and the pain. This makes it easier for them to find coping mechanisms that make the face and solve emotional problems resulting from the type of care they provide (Peters *et al.*, 2012). Nurses have also higher levels of job satisfaction (Gama *et al.*, 2014) and satisfaction with their work, because they can see, for the most part, recognition of their commitment and the positive impact of the quality of life of patients and their families.

Risk factors

Risk factors that can lead to the development of burnout are related to organizational, emotional and formative problems. The lack of support systems in institutions and continued exposure to death and suffering leads to feelings of disappointment and helplessness in the professionals. This may appears feelings of failure, sadness, disappointment, discontent, dissatisfaction, guilt, grief, anxiety, depression, weakness, self-rejection, low self-esteem, pain, injustice, helplessness, defeatism, failure, helplessness, shock, disgust, anger, frustration and uncertainty. These emotions have repercussions on the work life of

nurses that strives to mobilize their defenses in an attempt to better cope with the situation (Santos and Hormanez, 2013). Organizational issues are related to the lack of support systems in the institution, among them the lack of psychological support, lack of time to practice the profession and work overload, lack of conditions for the provision of care, poor work organization and issues within the work team (nurses or other health professionals). The emotional character of factors are related to the care provider and are due to problems of lack of confidence in communication, in relationship with the patient and family, problems in delivering bad news, dealing with the suffering, the pain and death and possible financial difficulties of patients and their families (Gama *et al.*, 2014; Pereira *et al.*, 2011; Pereira *et al.*, 2012; Peters *et al.*, 2012).

Protective factors

The risk of developing burnout syndrome is relatively low because nurses are protected by factors that limit the impact of stressful situations, demanding and causing suffering. Factors that protect nurses are in particular the type of work performed and the satisfaction derived from this; ethics in work teams based, mostly, on love and mutual support; the recognition of family and sick of the work and benefits. In addition to the personal factors the institutional factors can make a contribution, notably through support policies to workers, with psychological support offices, formal meetings to foster reflection and sharing, among others. Health systems can increase the satisfaction of professionals through institutional programs and policies, based on empathy, to support the workforce (Gama *et al.*, 2014; Pereira *et al.*, 2012; Slocum-Gori *et al.*, 2011). Santos and Hormanez (2013) still extol spirituality and years of professional experience as a protective factor in preventing burnout.

The importance of training

The specialized vocational training in this area support nurses to improve their personal skills, helping them to better cope with emotionally challenging situations they face on a day-to-day and thus to defend their mental health (Gama *et al.*, 2014).

According to Gama *et al.* (2014), Pereira *et al.* (2014) and Santos and Hormanez (2013), the lack of initial training or post-graduate professionals working in palliative care means that they are more exposed to developing this syndrome, because they are not well prepared to work with issues of grief and death. Santos and Hormanez (2013) argue that the subject of death has been neglected by the training institutions, which is misconduct generator. These authors have advised a greater investment in the area of palliative care, both in the initial training of nurses as in postgraduate training.

CONCLUSION

The professional practice in palliative care may provoke feelings and various emotions that can be stressful. Professionals, especially nurses, are affected by the suffering of those who provide daily care. The burnout syndrome develops when the adopted coping mechanisms are ineffective. Stress is an intrinsic and inevitable aspect of working life, but the way it is understood and faced marks the difference in the operation, adaptation and quality of life of health professionals (Reig, 2002). This may have a number of negative consequences for the worker, for the team and for the organization.

Working in palliative care is not considered a risk but it is often identified as a protective factor and job satisfaction promoter. Support policies of hospitals such as psychological support to workers, the existence of formal and informal meetings in teams, increase satisfaction levels and help to prevent burnout.

It was found in the analyzed studies that nurses who work in palliative care services have lower levels of professional exhaustion, compared with nurses in other services (medicine, surgery, cardiology, etc.).

The analyzed studies also stress the importance of training in the acquisition of personal and Professional skills to properly manage the Professional exhaustion inherent to work in palliative care.

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