

Impact of the Covid-19 epidemic on nurses' working conditions and burnout in Belgium

Main results and recommendations

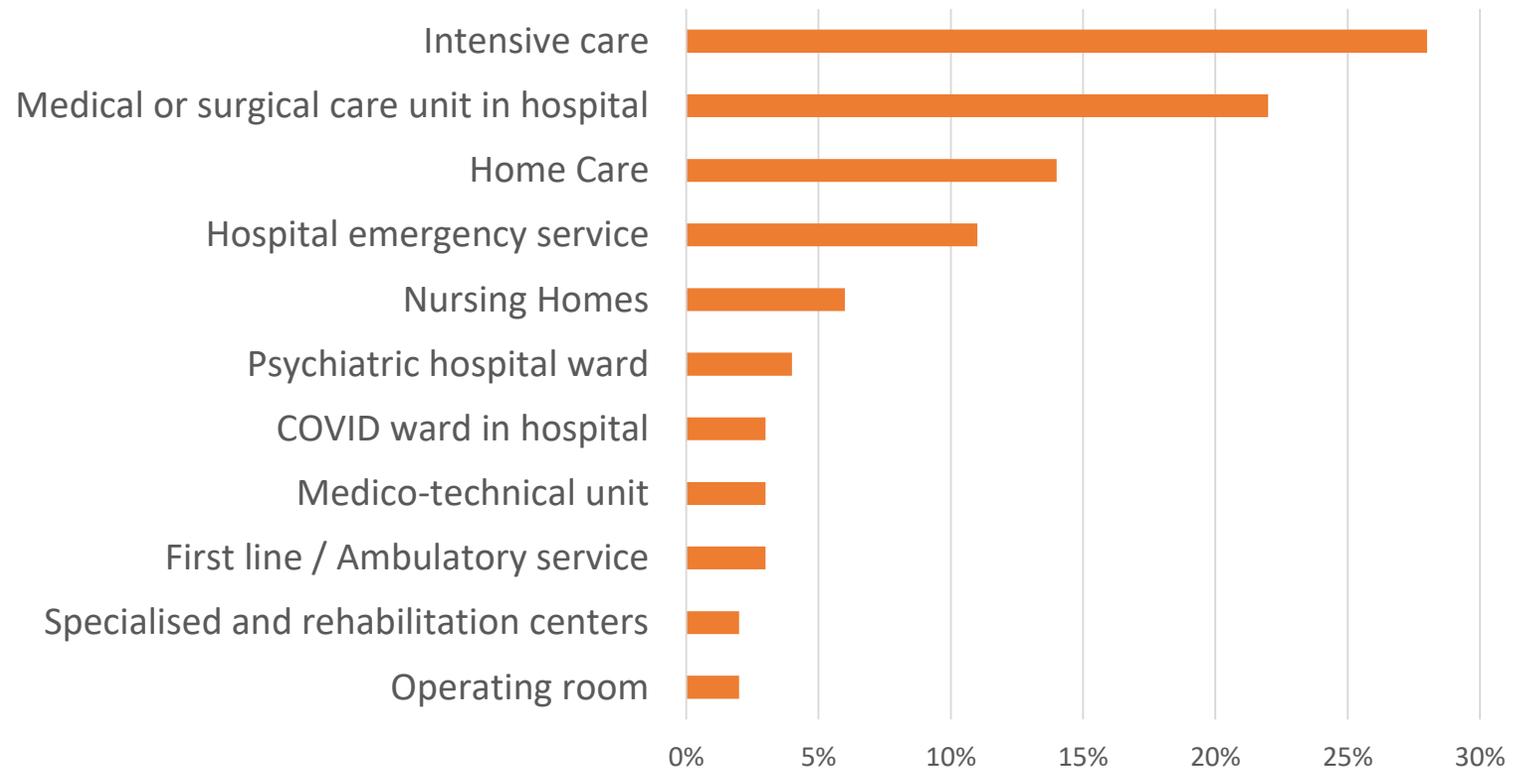


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Sample

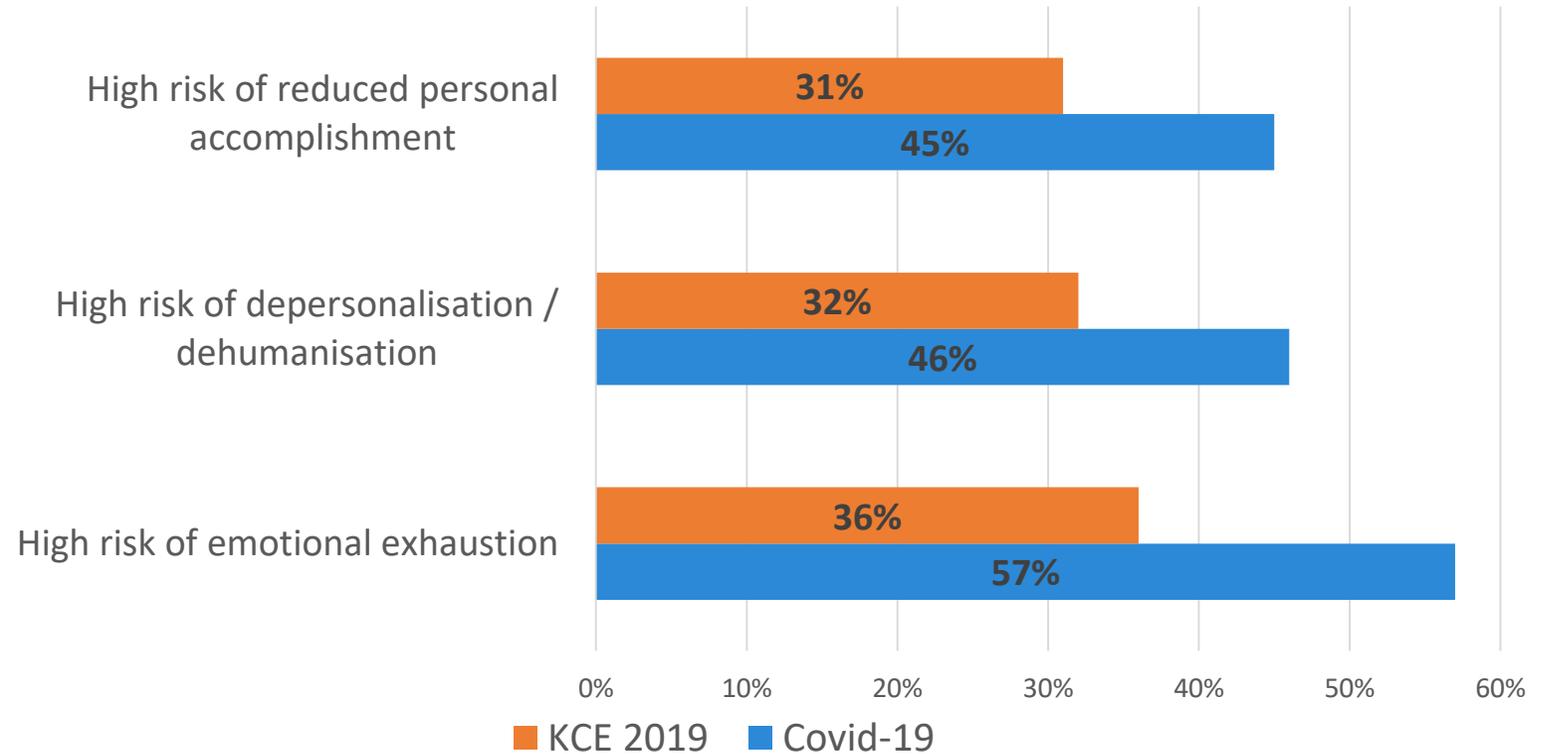
- 4552 French-speaking nurses (low response rate with Dutch-speaking nurses)
 - 29% Brussels-Capital Region
 - 71% Walloon Region
- For comparison, the KCE report (325B) on nursing staffing in acute hospitals published at the end of 2019 had a sample of 5000 nurses
- Representation of different health services:



Burnout assessment

Assessment tool: Maslach Burnout Inventory

- Captures the three main dimensions of burnout
- Scientifically validated and often used in healthcare (allows comparison groups)
- Used in 2019 in the KCE 325B study on nursing staffing in acute hospitals:



Taking into account the three dimensions, **71%** of nurses who responded to the survey since April 21 are at risk of burnout

Some groups more at risk of burnout

- Younger nurses (OR = 0.98, $p < 0.01$)
- Nurses with less seniority, regardless of their age (OR = 0.98, $p < 0.01$)

Warning ! Professional exhaustion of the young workforce who should still have a long career ...

- Compared to nurses in medical or surgical hospital ward:
 - Nurses in nursing homes (OR = 1.37, $p < 0.001$)
 - Nurses in Covid wards in hospitals (OR = 1.32, $p < 0.001$)
 - Nurses in hospital emergency services (OR = 1.29, $p < 0.01$)
 - Nurses in intensive care units (OR = 1.25, $p < 0.01$)

Risk factors for burnout

1) Increased workload since the covid-19 epidemic

- For 70% of nurses the workload increased following the covid-19 epidemic
- More present in some services ($K\chi^2 = 608.4, p < 0.001$) :
 - Nursing homes: 91%
 - Intensive care units: 89%
 - Specialised and rehabilitation centers: 82%
 - Covid wards in hospitals: 77%
- Nurses who report an increase in their workload since the start of the Covid-19 epidemic are **81% more likely to be at risk of burnout** than nurses whose workload has remained the same ($p < 0.001$)

Risk factors for burnout

2) Increase in working time beyond full time since the start of the Covid-19 epidemic

- The working time of 18% of nurses exceeds a full time since the start of the covid-19 epidemic
- More present in some services ($K\chi^2 = 157.01, p < 0.001$) :
 - Home Care: 24%
 - Nursing homes: 22%
 - Intensive care units: 21%
 - Covid wards in hospitals: 21%
- Compared to nurses with 100% working time, nurses who have worked more than full time since the start of the covid-19 epidemic are **16% more likely to be at risk of burnout** ($p < 0.001$)

Risk factors for burnout

3) Not having adequate and sufficient protective equipment for Covid-19

- 61% of nurses declare that they do not have adequate and sufficient equipment in their service when faced with Covid-19
- More present in some services ($\text{K}\chi^2 = 145.64, p < 0.001$) :
 - Home Care: 81%
 - Psychiatric services: 77%
 - Specialised and rehabilitation centers: 73%
 - Nursing homes: 66%
- Compared to nurses who consider that they have enough adequate equipment, nurses who declare that they do not have it have are **51% more likely to be at risk of burnout** ($p < 0.001$)

Risk factors for burnout

4) Others risk factors for burnout

- Increase in patient / nurse ratio (OR = 1.13, $p < 0.01$): for detailed recommendations on this ratio in Belgium see the KCE 325B report
- Having an imposed schedule, with no possibility of choice, since the covid-19 epidemic: concerns 60% of nurses, 27% more likely to be at risk of burnout ($p < 0.001$)
- Number of Covid-19 patients to be treated and number of Covid-19 patient deaths: significantly associated with the risk of burnout and should also draw our attention to the risk of post traumatic stress disorder (PTSD)

Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis

Steve Kisely,^{1,2,3,4} Nicola Warren,^{1,3} Laura McMahon,³ Christine Dalais,³ Irene Henry,¹
Dan Siskind^{1,2,5}

Recommendations to deal with psychological problems in healthcare workers in novel outbreaks

Individual factors	Service / system factors
Sufficient rest and time off	Workload: <ul style="list-style-type: none"> • Appropriate work shift and regular breaks • Reducing the density of patients on wards • Redeployment of wards and human resources
Opportunities for reflection on the effects of stress (debriefing*)	Access to adequate personal protection
Training and education around infectious diseases	Practical and psychological support
	Clear communication

* Expert: Jean-Christophe Servotte ULG

Conclusions

7 nurses out of 10 who responded to the survey are at risk of burnout: the risks for nurses, patients and our health systems must not be overlooked!

1) Act on risk factors (prevention): Short and long-term actions

- Act on all services, do not forget home care services, nursing homes, etc.
- Act on working conditions (i.e. sufficient protective equipment for covid-19)
- Act on the workload (patient / nurse ratio), schedules and days of rest
- Act for the profession: See UGIB / AUVB memorandum <https://www.auvb.be/fr/a-propos-de-nous/memorandum-2019/>

2) Care for Caregivers (treatment):

- Implement psychological support interventions for caregivers (burnout, PTSD, etc.) in collaboration with **(1)** mental health professionals (psychiatrists, psychologists, etc.), **(2)** with employers (e.g. médecine du travail), and **(3)** with experts (e.g. Médecins Sans Frontière)

**Thank you
for
listening !**

