

# Reducing Burnout and Caregiving Stress among Interdisciplinary Staff in Long Term Care

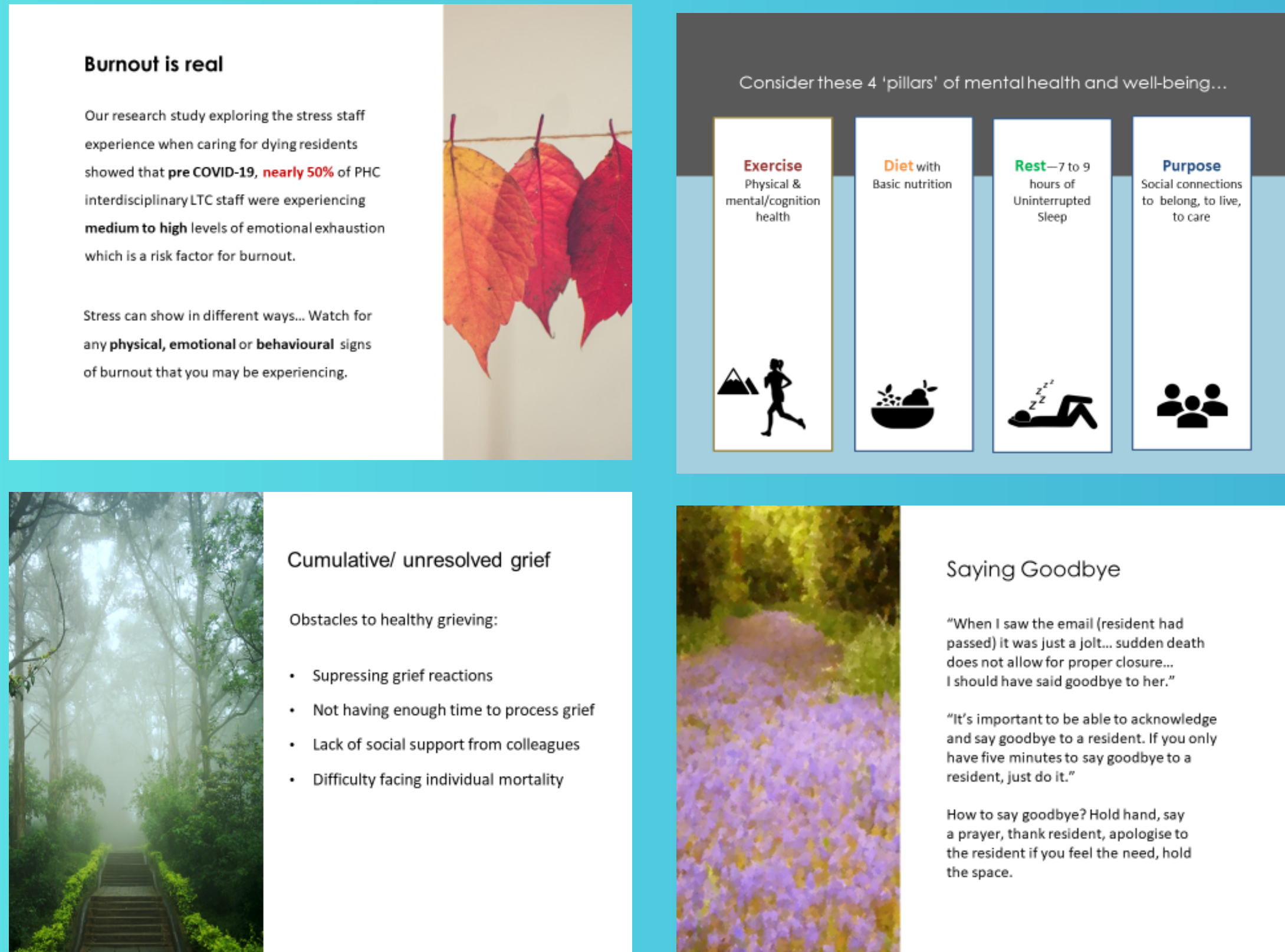
Karen Pott, BScOT; Anne Leclerc, MRSc, BScPT; Kit Chan, BSc, RD; Annes Song, BScN, BSc; Chris Bernard, MDiv; You Na Choi, BA; Patricia Rodney, MSN, PhD; Joseph H. Puyat, PhD, MA (Psych)\*

\*Principal Investigator (jpuyat@cheos.ubc.ca)



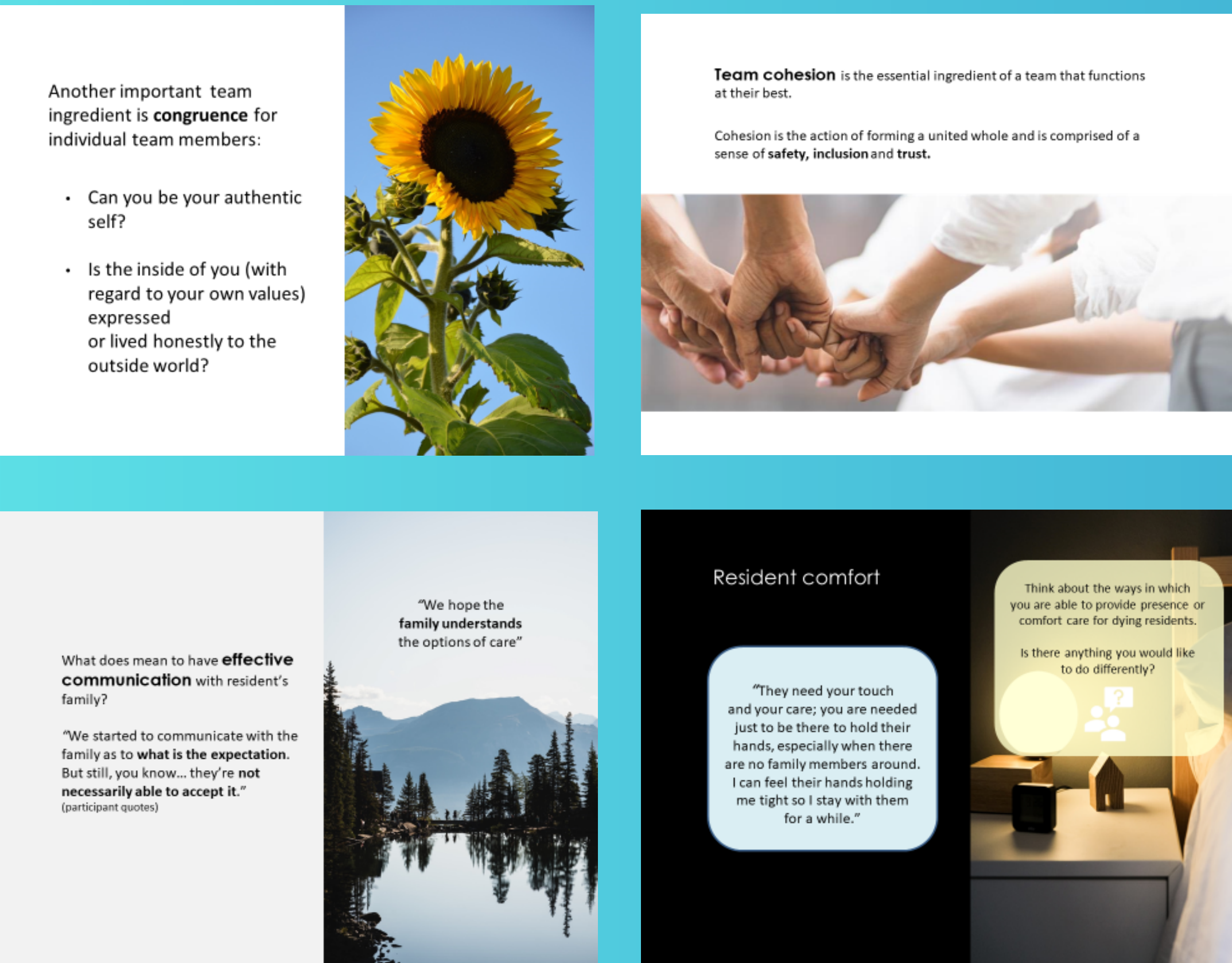
## Module 1: Strategies for the INDIVIDUAL

The first module focuses on self-care challenges and strategies for SELF management at home and in the workplace. These strategies include self-care, nurturing resilience, cultivating self-awareness and mindfulness, saying goodbye and allowing time to grieve, debrief and reflect.



## Module 2: Strategies for the TEAM

The second module focuses on team challenges and specific TEAM strategies that can be implemented in the workplace. These strategies include nurturing team relationships, improving team communication, strengthening team support, building and nurturing relationships with residents and their families, fostering effective communication with residents and their families, and supporting families and residents at end-of-life.



**Background:** Burnout is prevalent among long-term care staff, affecting healthcare providers' well-being, quality of patient care, and overall functioning of healthcare organizations. Existing strategies to alleviate burnout, however, remain limited.

**Aim:** To examine the feasibility of implementing online modules with the primary goal of determining participant recruitment and retention rates, completion time and participants' satisfaction with the modules. A secondary goal was to describe changes in burnout and related symptoms associated with completing the modules.

**Setting:** This feasibility study was conducted in five Providence Health Care long-term care sites. Eligible participants were clinical staff who worked at least one day per month

**Results:** A total of 103 study participants consented to participate, 31 (30.1%) of whom were lost to follow-up. Of the remaining 72 participants, 64 (88.9%) completed the modules and all questionnaires. Most participants reported completing the modules in an hour (89%) and found the modules easy to understand (98%), and useful (89%). Mean scores on burnout and secondary traumatic stress decreased by 0.9 (95% CI:0.1, 1.8; d=0.3) and 1.4 (95% CI: 0.4, 2.4; d=0.4), respectively.

**Conclusions:** Modules that teach strategies to reduce burnout are feasible to deliver and have the potential to reduce burnout and related symptoms.

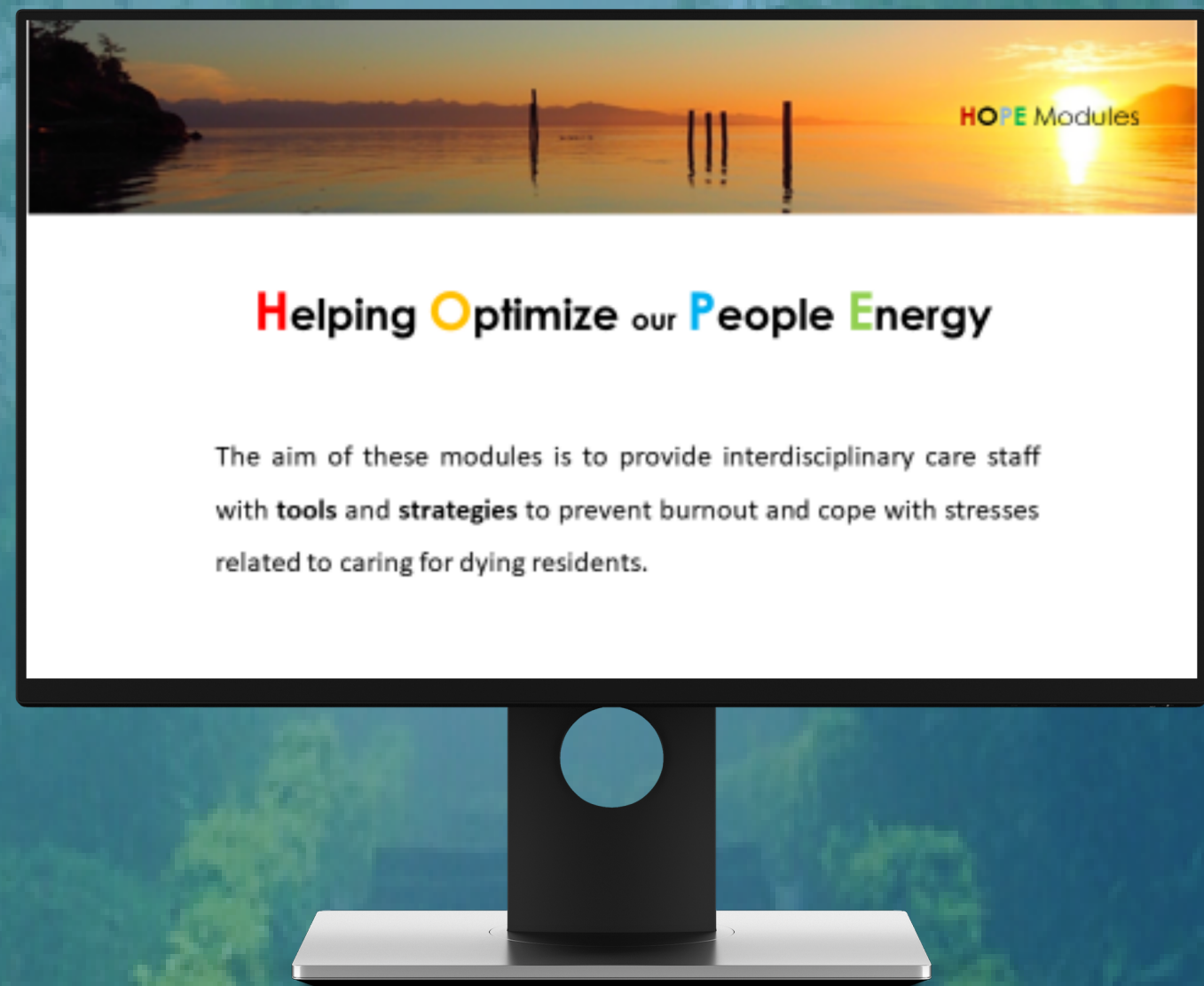
*This research was supported with funds from WorkSafeBC through the Innovation at Work Program. The views, findings, opinions, and conclusions expressed in this poster are solely the authors' and do not represent the views of WorkSafeBC, CHÉOS, UBC or Providence Health Care (PHC), the healthcare organization that granted access to the study sites.*

*"Recognizing the wear and tear it has on the people providing the service. It's not just a one off... it's a continuous, repetitive thing that happens again and again" (participant quote)*

*With Relationship Centered Care all of our relationships are reciprocal; I affect you; you affect me. Increasing exhaustion in the work place affects our physical and mental/ psychological well-being, our relationships with colleagues, residents and their families, and the quality of care we are able to provide. (Dr David Kuhl)*

In this **Phase 3 study** we developed two online modules, named HOPE (Helping Optimize our People Energy), based on inputs from experts in the fields of relationship-based practice, team wellness, end-of-life/palliative care, as well as our previous study findings. These modules are available in LearningHub.

Strategies to alleviate staff stress and burnout related to death and dying in long-term care



[learninghub.phsa.ca](https://learninghub.phsa.ca)

course number: 26536