



Missed Care, Risk of Burnout and the Role of Managerial Support in Nursing Homes

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Background



Increasing need for long-term care workers

- number of senior citizens
- complexity of care
- associated workload



Challenging **sustainability** and **quality of care** in nursing homes

(Ng et al., 2020; OECD, 2023; Song et al., 2020; World Health Organization, 2022)

Objectives



Assess **missed care** in nursing homes
Evaluate **risk of burnout** in care workers



Explore **association** between missed care and risk of burnout



Provide insight into the **role of managerial** support

Study design and sample

Cross-sectional, multicenter study

- Survey data of 1054 care workers
- 56 Belgian nursing homes
- Response rates
 - nursing home-level 15.3%
 - care worker-level 43.3%



Care worker-level characteristics

n (%)

Gender

Female	936 (89.7)
Male	103 (9.8)
Other	5 (0.5)

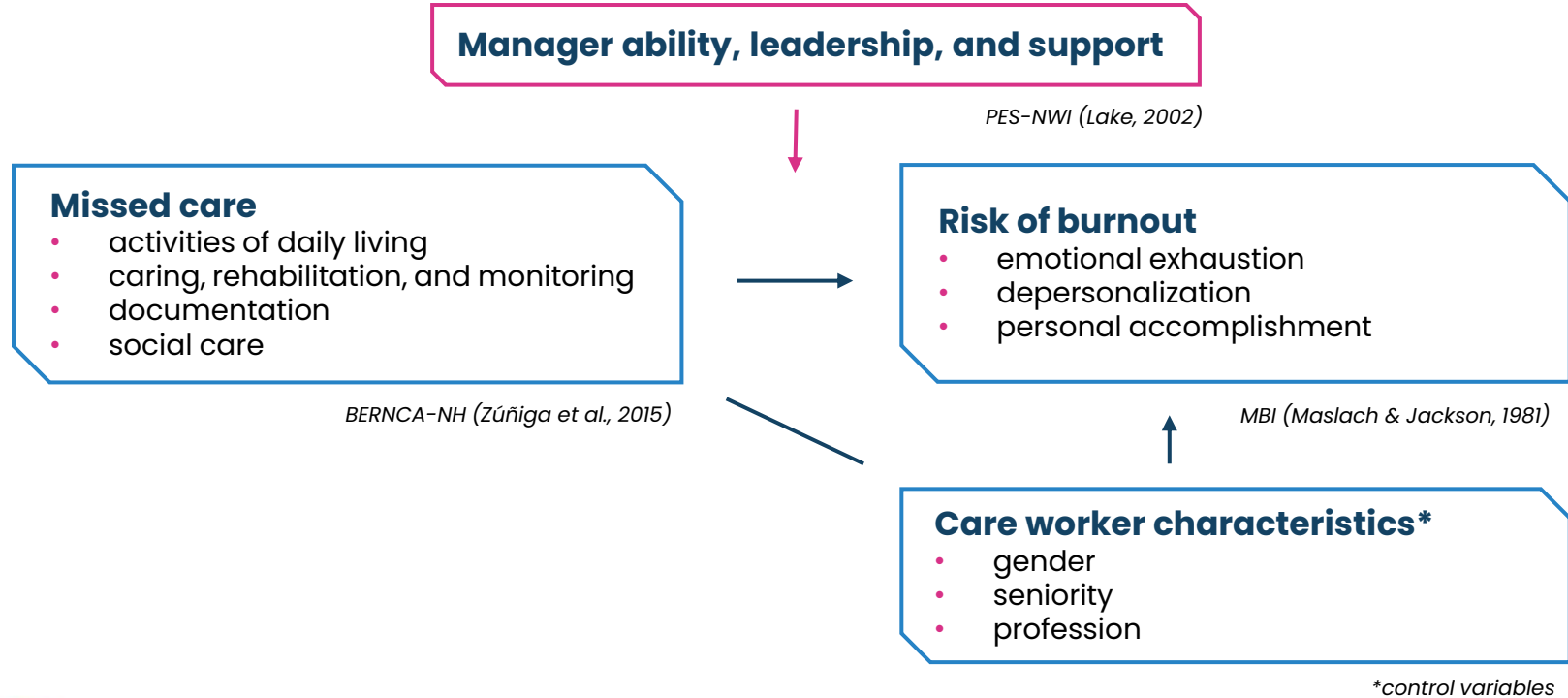
Seniority

In years, mean (SD)	16.1 (11.7)
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Profession

Registered Nurses	283 (26.9)
Care Assistants	557 (52.8)
Allied Health Professionals	214 (20.3)

Measures

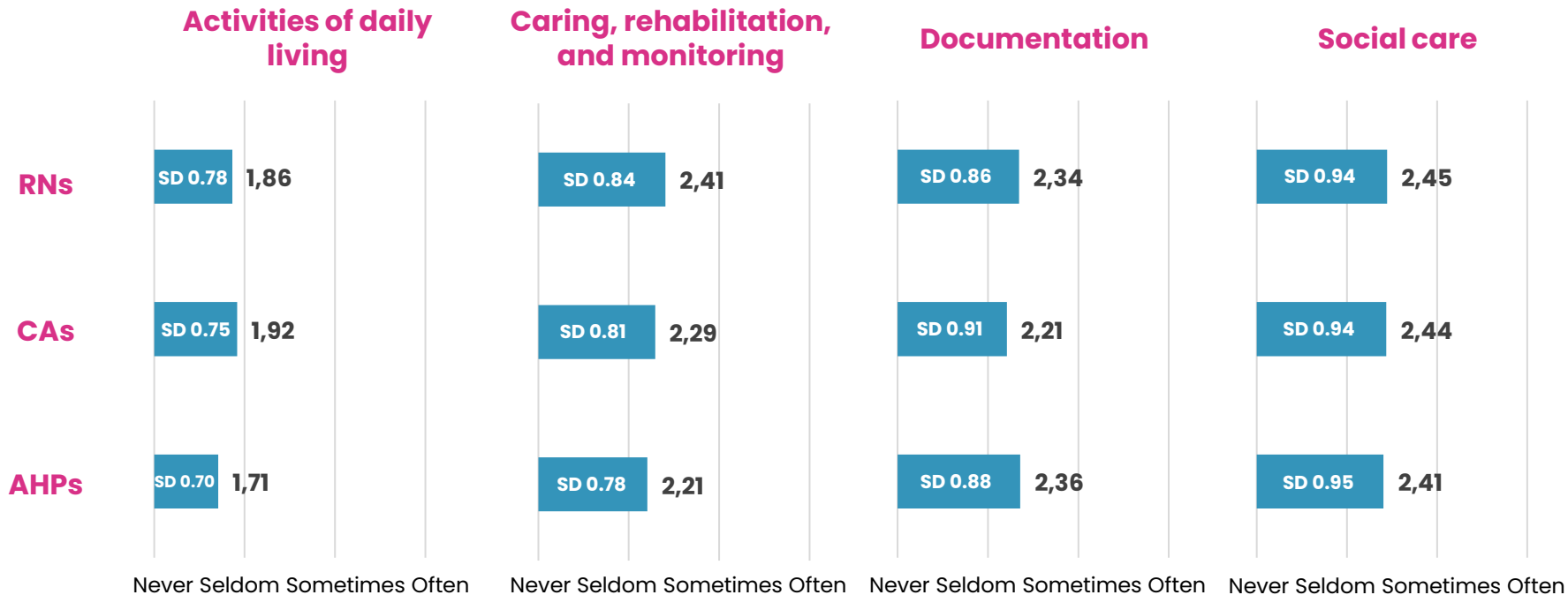


Statistics

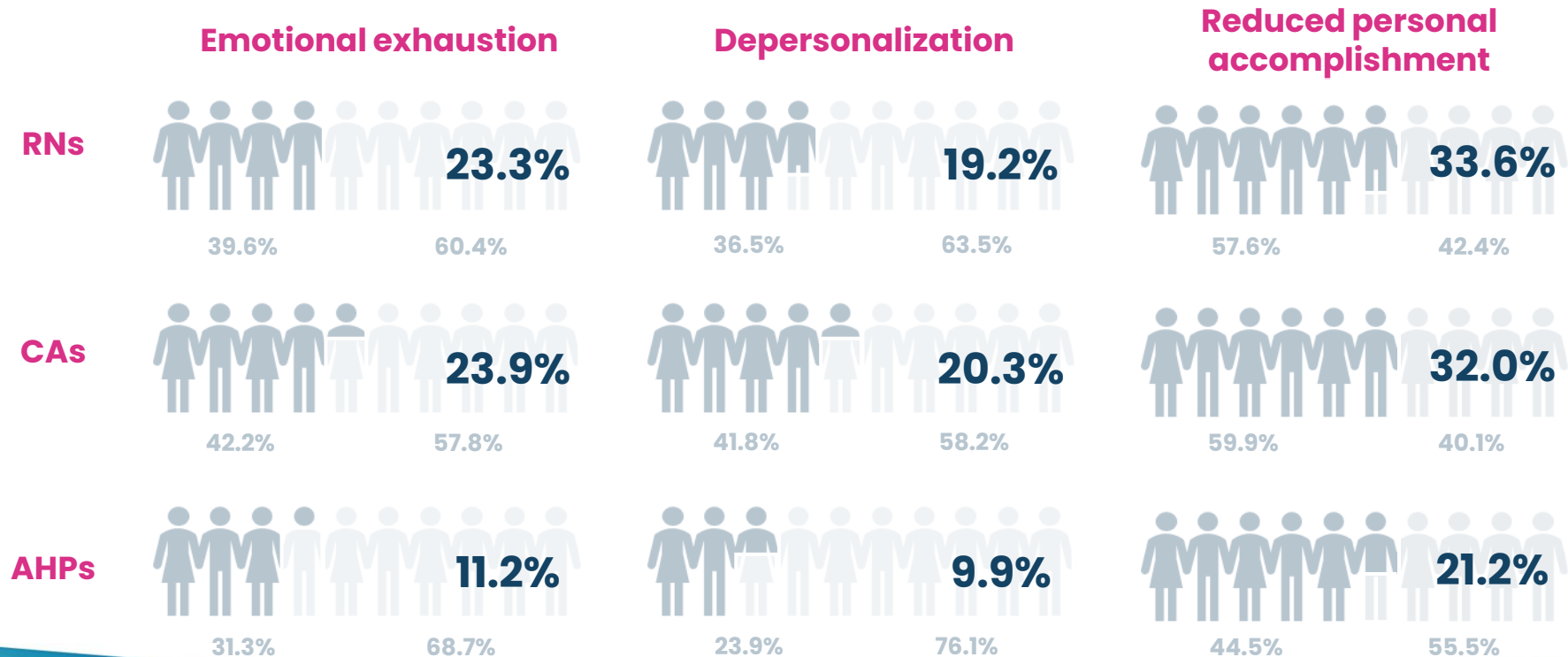
- Assess **missed care** in NHs and **risk of burnout** in care workers
 - Descriptive analysis of survey data on BERNCA-NH and MBI scales
- Explore **association** missed care and risk of burnout
 - Linear Mixed Model, care workers characteristics as control variables
- Provide insight into the **role of managerial support**
 - Adding managerial support as a moderator to existing model
 - Stratified results



Assessing missed care in nursing homes



Assessing risk of burnout in care workers



Association missed care and risk of burnout

Missed care measures	Burnout Emotional exhaustion			Burnout Depersonalization			Burnout Reduced Personal accomplishment		
	β 95% CI			β 95% CI			β 95% CI		
	Low	Moderate		Low	Moderate		Low	Moderate	
activities of daily living	0 - 18	19 - 26	> 26	0 - 5	6 - 9	> 9	> 39	34 - 39	0 - 33
caring, rehabilitation, and monitoring									
documentation									
social care									

* $p < 0.001$

Stratified based on managerial support

Missed care measures	Burnout Depersonalization		Burnout Depersonalization	
	Favorable man. support		Unfavorable man. support	
	β	95% CI	β	95% CI
activities of daily living	2.055*	(1.512, 2.598)	3.179*	(2.500, 3.859)
caring, rehabilitation, and monitoring	1.740*	(1.275, 2.205)	2.705*	(2.012, 3.399)
documentation	1.129*	(0.689, 1.569)	1.733*	(1.088, 2.379)
	Low	Moderate	High	
	0 – 5	6 – 9	> 9	

* $p < 0.001$

Implications for practice



Adequate work distribution and staffing

- reduce workload stress
- decrease missed care
- promote career development opportunities



Improve **working conditions, retention** and **recruitment**

(Castle, 2008; Tolson et al., 2011; White et al., 2020)

Conclusion, limitations and future research

- Importance of **minimizing missed care**
 - Regarded as an indicator for quality of care
 - Significantly associated with risk of burnout
- **Limited** overall **generalizability**
 - Cross-sectional design
 - Causal relationships could not be established
- **Longitudinal research** is essential
 - Development and evaluation of interventions improving managerial support, working conditions and wellbeing

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A cluster of colorful geometric shapes, including triangles and polygons in shades of pink, teal, and blue, positioned above the "THANK YOU" text.

THANK YOU



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