Stress of conscience and burnout among healthcare personnel working in residential care of older people

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Akademisk avhandling

som med vederbörligt tillstånd av Rektor vid Umeå universitet för avläggande av medicine doktorsexamen framläggs till offentligt försvar i Vårdvetarhusets aula, fredagen den 20 mars, kl. 09:00. Avhandlingen kommer att försvaras på svenska.

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Abstract

**Background:** Studies have shown that stress of conscience is associated with the well-being of healthcare personnel and the quality of care they provide. It seems important to organize the care of older people in such a way that healthcare personnel can stay healthy at their workplace, especially as the aging population is expected to grow. Knowledge about stress of conscience and related important phenomena as well as aspects in daily care that can generate troubled conscience can be used in order to develop measures that promotes healthcare personnel's well being.

**Aim:** The overall aim of this thesis was to describe, compare, and investigate longitudinal relationships between stress of conscience, perceptions of conscience, burnout, social support and person-centred care among healthcare personnel working in two different organisations for residential care of older people. Furthermore, the aim was to deepen the understanding of some aspects of importance that generate troubled conscience at each of the two organisations. Important aspects were shown to be working with guidelines and working during times of downsizing and reorganisation.

**Methods:**
Studies I and II took quantitative approaches with a longitudinal design (I) (baseline n = 488, follow-up n = 277) and a cross-sectional design (II) (n = 98), while studies III (n = 8) and IV (n= 7) were based on a qualitative approach. The studies were conducted at two different organisations for care of older people chosen to be as different from each other as possible regarding their characteristics.

**Results:** The main results showed that the healthcare personnel reported higher levels of stress of conscience than have been reported in other studies. Perceiving one's conscience as a burden, having high levels of emotional exhaustion and depersonalisation, and noticing disturbing conflicts between co-workers were positively associated with stress of conscience. Women reported higher levels of stress of conscience and less social support from their co-workers compared to men. An overall understanding of care providers experiences of guidelines in daily work was revealed as struggling to do their best; prioritising between arcane guidelines while keeping the residents’ needs in the foreground. An overall understanding of care providers' experiences of working during times of downsizing and reorganisation was revealed as perceiving oneself as pinioned in between current circumstances to provide care and what one’s conscience conveyed.

**Conclusion:** The results of the thesis show that it is important to provide healthcare personnel with opportunities to follow and express what their conscience tells them at their workplace. Support, knowledge, involvement, time, and additional resources are key issues that can help care providers to work more constructively with guidelines in their daily practice. An overall understanding of the results is that it seems important to organize the residential care of older people in such a way that registered nurses and leaders are able to be present in healthcare personnel’s daily practice. Further studies are needed in order to investigate the importance of gender in relation to stress of conscience and if different kinds of support are needed for women than for men in order to buffer the effects of stress of conscience. Finally, more longitudinal multilevel studies are needed in order to investigate how organisations’ characteristics and organisational changes affect healthcare personnel's levels of stress of conscience.