

## Dealing with suffering at work: Statistic and ergonomic comparison of physicians and nurses working in palliative care, oncology/hematology and geriatric care

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**Introduction:** We investigated **whether the multidisciplinary organization of work adopted in palliative care protects** against burnout and intent to leave the profession (ITL).

**Methods:** **1. Questionnaires** from **Representative Samples** of **2674 state-registered Nurses (RSN)** and **1924 Physicians (RSP)** were analyzed with SPSS.12 software and compared with data for palliative care nurses (PCN), palliative care physicians (PCP), oncologists/hematologists and geriatric care doctors.

**2. Ergonomic real tasks analysis of total work days** of Health care workers (HCWs), were conducted in order to understand where, when and with whom they are able to give social support for patients and obtain it for themselves.

### Results:

**1. Statistical results:** A high burnout score (CBI) was less frequent among PCN than among RSN (28.8% vs.

46.3%) and among PCP than among RSP (14.1% vs. 23.1%) (table 1).

For **RSN**, the most important factors linked to **burnout** were **high work/family conflict** (adj.OR=5.21), **poor teamwork** (adj.OR=2.26), **harassment by a superior** (adj.OR=1.92) and **fear of making mistakes** (adj.OR=1.86).

For the **RSP**, the most important factors were **high W/FC** (adj.OR=4.47) **substantial quantitative demand** (adj.OR=3.32), **poor teamwork** (adj.OR=2.21), **fear of making mistakes** (adj.OR=1.87), and **bad interpersonal relations** (adj.OR=1.71).

A serious **lack of quality of teamwork** appears to be associated with a higher risk **of intent to leave the profession** (adjOR=4.18 among RSN and 3.92 among RSP), as well as **burnout** (adjOR=3.55 for RSN and 2.21 for RSD) in multivariate analysis.

**All these risk factors were less frequent in palliative care.**

Table 1	BURNOUT	Registered Nurses			Physicians				
		Representative sample	Palliative care Nurses	p	Representative sample	Onco-haemato.	Geriatric care Phys.	Palliative care Phys.	p
Copenhagen Burnout Inventory	Low	53.7%	71.3%		57.6%	50.8%	53.8%	63.4%	
	High	46.3%	28.8%	**	42.4%	49.2%	46.2%	36.6%	ns
	N	2661	80		1870	59	106	71	
Patients' related burnout CBI	Low	77.5%	90.0%		76.9%	69.5%	76.9%	85.9%	
	High	22.5%	10.0%	**	23.1%	30.5%	23.1%	14.1%	ns * for PCP/RSP
	N	2650	80		1792	59	104	71	

**2. Ergonomic observations** of registered nurses demonstrate that possibilities to share information between HCWs and specifically between paramedical HCWs and physicians, to adapt holistic care to each

patient and to obtain psychological support, are developed only in palliative care units (table 2). These possibilities are linked with a higher ratio of exchange duration per patient

Table 2 VERBAL EXCHANGES	With patients or families		Within team	With physicians		Between RNs or between NAs		Associating RNs and NAs	
	Total duration (Nb)	Mean duration R=ratio exchange duration / patient.	Total duration (Nb)	Total duration (Nb)	Mean duration.	Total duration (Nb)	Mean duration.	Total duration (Nb)	Mean duration.
Palliative care. 1 RN / 3 pat. (75)	143 mn	2mn R=48 mn	250 mn (108)	86mn (20)	4mn30	49mn (34)	1mn26	115mn (42)	2mn50
Palliative care. 1 NA / 3 pat. (86)	162 mn	2mn R=54mn	281 mn (74)	109mn (11)	8mn30	19mn (11)	1mn42	153mn (52)	2mn50
Haematology 1 RN / 5 pat. (32)	62mn	1mn50 R=12mn10	140 mn (86)	18mn (15)	1mn05	91mn (49)	1mn50	41mn (22)	1mn50
Cancerology 1 RN / 9 pat.. (34)	88 mn	2mn36 R= 9mn50	172 mn (66)	21mn (9)	2mn20	58mn (33)	1mn50	93 (26)	3mn30
Geriatric care 1 RN / 46 pat. (55)	63mn	1mn10 R=1mn10	50 mn (28)	7mn (4)	1mn40	13mn (5)	2mn40	30mn (19)	1mn40
Geriatric care 1 RN / 65 pat. (10)	63mn	6mn30 R=0mn50	65 mn (10)	5mn (2)	2mn30	7mn (3)	2mn20	53mn (5)	10mn30

### Discussion:

This study highlights the importance of **interdisciplinary teamwork**. It demonstrates its positive effects for PCN and PCP. It is of utmost importance to reduce W/FC, to

improve working processes through collaboration, and to develop team training approaches and ward design to facilitate multidisciplinary teamwork.