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ATTITUDES, EMPATHY AND BURNOUT AMONG STAFF IN GERIATRIC AND PSYCHOGERIATRIC CARE

by

Sture Åström



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ABSTRACT

This study concerned assessments of attitudes towards demented patients among students and nursing staff as well as attitudes towards active euthanasia, wish to transfer to other jobs, ability of empathy and experience of burnout among nursing staff. The study aimed also to relate experience of burnout to attitudes towards demented patients, ability of empathy and experience of work with demented patients. The study was performed by use of questionnaires, scales measuring attitudes towards demented patients, experience of burnout and ability of empathy. Tape-recorded interviews were also included aiming to explore the staff's experience at work.

The results showed that a majority of the students and staff held positive attitudes towards demented patients. A small proportion intended to work solely with demented patients. Staff working in psychogeriatric care and somatic long-term care held more positive attitudes than staff working in acute medical care. Proportions of staff with positive attitudes varied depending on age, duration of employment, education and place of work. A larger proportion of staff in geriatric care than in acute care reported a wish to transfer to another job. LPN's in nursing homes to the largest proportion stated this wish to transfer.

A majority of both students and staff expressed negative attitudes towards active euthanasia to severely demented patients in the finale stage of life. However, most favourable attitudes towards active euthanasia were found among students with shorter health care education and among nurse's aides and LPN's.

The staff's empathy was judged as moderately high and there were no differences found in relation to sex, staff category or place of work.

Experience of burnout /tedium varied with the place of work and category of staff. Largest proportions at risk to develop burnout were found among those working in somatic long-term care and psychogeriatric care. RN's showed lower burnout scores than nurse's aides and LPN's.

Experience of burnout was correlated to attitudes towards demented patients, indicating that the lower burnout score the staff have the more positive are the attitudes. Burnout was also related to the staff's ability of empathy i.e. the lower degree of burnout the higher is the empathic ability. Regression analysis showed that "Experience of feed-back at work" and "Time spent at present place of work" were the most important factors for the staff's experience of burnout.

Key words: Attitudes, burnout, dementia care, empathy, institution, staff.

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ABBREVIATIONS:

LPN	Licensed practical nurse
RN	Registered nurse
MD	Medical doctor
ADPS	Attitudes towards Demented Patients Scale
ECRS	Empathy Construct Rating Scale
c. i.	Confidence interval
SPSS	Statistical Package for the Social Services
SAS	Statistical Analysis System

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Experience of burnout was correlated to attitudes towards demented patients, indicating that the lower burnout score the staff have the more positive are the attitudes. Burnout was also related to the staff's ability of empathy i.e. the lower degree of burnout the higher is the empathic ability. Regression analysis showed that "Experience of feed-back at work" and "Time spent at present place of work" were the most important factors for the staff's experience of burnout.

Key words: Attitudes, burnout, dementia care, empathy, institution, staff.

ORIGINAL PAPERS

This study (thesis) is based on the following papers, which will be referred to in the text by their Roman numerals:

- I Åström S. Health care students' attitudes towards, and intention to work with, patients suffering from dementia. *Journal of Advanced Nursing* 11, 651-659, 1986.
- II Åström S, Adolfsson R, Sandman PO, Wedman I, Winblad B. Attitudes of health care personnel towards demented patients. *Comprehensive Gerontology* B 1, 94-99, 1987.
- III Åström S, Norberg A, Nilsson M, Winblad B. Tedium among personnel working with geriatric patients. *Scandinavian Journal of Caring Sciences* 1, 125-132, 1987.
- IV Waxman HM, Åström S, Norberg A, Winblad B. Conflicting attitudes toward euthanasia for severely demented patients of health care professionals in Sweden. *Journal of the American Geriatrics Society* 36, 397-401, 1988.
- V Åström S, Waxman HM, Nilsson M, Norberg A, Winblad B. Wish to transfer to other jobs among long-term care workers. *Aging/Clinical and Experimental Research*, in press.
- VI Åström S, Nilsson M, Norberg A, Winblad B. Empathy, experience of burnout and attitudes towards demented patients among nursing staff in geriatric care. *Journal of Advanced Nursing*, in press.
- VII Åström S, Nilsson M, Norberg A, Sandman PO, Winblad B. Staff burnout in dementia care - relations to empathy and attitudes. Submitted.

INTRODUCTION

Work-related demands and strain among staff in long-term care institutions are high (Nygaard et al 1987). The large proportion of patients with dementia may contribute to this (Dehlin & Franze'n 1985, Henderson 1987, Nygaard et al 1987, Sandman et al 1988). Among patients over 65 years of age in institutions in Norway, Nygaard et al (1987) found that 53 per cent were moderately to severely demented while the corresponding figure for the total population was five per cent. Sandman et al (1988) found that the prevalence of dementia in institutions in northern Sweden varied from 90 per cent in psychogeriatric care, 63 per cent in somatic long-stay care and nursing homes, down to 18 per cent in homes for the aged. In a study made at nursing homes in southern Sweden more than one third of the patients were found to be severely demented and one third moderately demented (Dehlin & Franze'n 1985). The proportion of demented patients was 30 per cent in homes for the aged.

Dementia disorders are characterized by deteriorating communicative ability and behavioural disturbances (Bucht 1983, Lauter 1985, Reisberg 1986, Bayles & Kaszneck 1987, Dodwell 1987, Henderson 1987, Bollinger & Hardiman 1989, Hallberg 1990). The absence of effective treatment of dementia and the gradual worsening of intellectual deficits lead to the fact that institutional care is needed, at least in the later phases of dementia (Reisberg 1986, Dodwell 1987).

Nursing interventions in the care of demented patients should include care congruent with their basic needs, strengthen communication, facilitate the patients' orientation and promote autonomy (Wolanin & Phillips 1981). Skilled and purposeful nursing intervention is needed to compensate for the patient's deficits and to optimize both psycho-social and physical functioning (Alvermann 1979, Sperbeck & Whitbourne 1981, Arnetz 1983).

Nygaard et al (1987) found that almost all patients in mental as well as nursing homes imposed a heavy work load on the staff. Demented patients were found to impose a heavier psychiatric work load on the staff than non-demented patients (Sandman et al 1988). Staff working closely with demented patients experience considerable work-strain in their jobs (Crawford et al 1983, Howell 1984, Bollinger & Hardiman 1989). Some staff are able to resolve these feelings in a positive way and remain empathic, others may develop symptoms of exhaustion and feelings of low self-esteem, failure, helplessness, powerlessness (Sedgwick 1975). They may also experience the care of patients in the terminal state as meaningless (Åkerlund & Norberg 1989-90, Norberg & Asplund 1990). Strain in the relationship between the patient and his caregiver in home care has also been supposed to be related to patient abuse (Phillips 1983).

Ethical conflicts are experienced daily by staff working close to patients with severe dementia. Difficulties to interpret the patient's wishes and help him to make appropriate decisions or to make decisions on behalf of the patient could lead to the experience of double bind conflicts and exhaustion in the caregiver (Åkerlund & Norberg 1985, Ekman & Norberg 1988).

The philosophy of care for demented patients in the final stage of their disease varies. The debate has concerned the maintenance of life, as well as if and when passive and active euthanasia should be used (Annas 1981, Baron 1981, Robertson 1983 a, Robertson 1983 b, Cassell & Janeton 1985, Segers 1988, Reichel & Dyck 1989). A totally different philosophy is advocated for example by caregivers in Israel. Their philosophy is grounded on the traditional Jewish sanctity of life ethics (Jakobovits 1983, Rosner 1983). In a study among staff in long-term care institutions in Israel most caregivers felt that, if necessary, force feeding should be used to keep the patient alive (Norberg & Hirschfeld 1987). As cultural and social values differ from one country to another direct comparisons are difficult to make.

In an American study investigating attitudes among medical students towards active euthanasia for terminally sick patients Carey & Posavac (1978) found that more than half of the students were positive towards active euthanasia, while 20 per cent of the staff nurses and 17 per cent of the physicians were positive. In another study among staff in long-term care the aim of which was to investigate beliefs and feelings regarding euthanasia Bosman et al (1987) found that passive euthanasia was acceptable for 87 per cent of the health care professionals working in long-term care

institutions in the USA, while one fifth of them accepted active euthanasia. Half of the respondents stated that they had participated in the decision to use passive euthanasia while one third had given their permission to passive euthanasia. Concerning active euthanasia 21 per cent had taken part in decisions to practise it while 37 per cent had consented to practising it and 20 per cent had acted in favour of active euthanasia.

In an interview study performed by Norberg et al (1987) among RN's, LPN's and nurse's aides in nursing homes in Sweden 41 per cent were positive to passive euthanasia while 14 per cent were positive to active euthanasia under certain circumstances, i.e. the patient's suffering is intense and incurable, or the patient has asked for active euthanasia in his will.

Attitude

The concept

The concept of attitude, influences on attitudes and the influence of attitudes on behaviour have been widely discussed in the literature (Allport 1935, Fuson 1942, Campbell 1950, Cohen 1966, Lutsky 1980). Definitions of attitudes have been categorized as probabilistic and latent process definitions (De Fleur & Westie 1963). In probabilistic definitions the emphasis is on behaviour and no assumptions are made about the causes of it, i.e. an attitude is "the probability of occurrence of a defined behaviour in a defined situation" (Fuson 1942). Latent process definitions aim at describing both behaviour and the psychological processes which determine a person's behaviour. An example of this kind of conceptualization is Allport's (1935) definition of attitude, as "a mental and neural state of readiness, organized through experience exerting a directive or dynamic influence upon the individual's response to all objects or situations with which it is associated". The problem with this definition is that if such processes are to be inferred it must be clear how they relate to observable behaviour (Lemon 1973).

The most common conceptualization of attitude regards it as mediating responses in a person to social situations and factors (Katz & Stotland 1959). Attitudes are supposed to consist of cognitive, affective and conative components (Krech et al 1962, Lambert & Lambert 1964, Lemon 1973, Tornstam 1979). The cognitive component could be how a patient is perceived by a caregiver and it represents her picture and opinion of the patient. The affective component could be concerned with

the caregiver's positive and negative feelings towards the patient. The caregiver's intention to behave or her actual behaviour towards the patient could be seen as consequences of the cognitive and affective components which constitute the conative component.

Favourable attitudes in a caregiver are for example developed by patients who satisfy her needs. Conversely, unfavourable attitudes are evoked by patients who frustrate her (Katz 1960). Studies on attitudes have shown that verbally expressed attitudes are not always consistent with actual behaviour (Saenger & Gilbert 1950, Kutner et al 1952, De Fleur & Westie 1958, Linn 1965).

Attitudes towards elderly

Attitudes towards elderly have been studied since the beginning of the 1950's when Tuckman & Lorge (1953) performed a series of studies. Studies have shown that positive attitudes towards old people can be found among students (Ivester & King 1977) and that education can lead to more positive attitudes (Schmit-Kayser & Minegerode 1975, Heller & Walsh 1976, Holzman et al 1978, Gomez et al 1985). In a recent study among medical students Green et al (1983) found correlations between an expressed intention to work with elderly patients and a positive experience of previous professional and personal contacts with elderly people, a belief that working with elderly people is rewarding, a high degree of comfort in the work with the elderly and positive attitudes towards them. Studies on the preference to work with demented patients have not been found.

In the USA a study investigating professional workers' (social service workers, psychologists and nurses) attitudes towards the elderly showed that old workers were more positive than young workers, nurses were more positive than others towards the aged and most of the professionals who chose to work with the elderly were positive to them (Wolk & Wolk 1971). In a recent study by Bagshaw & Adams (1985), among nursing staff in nursing homes in the USA found, that the RN's had less negative attitudes towards the elderly than LPN's and nurse's aides.

Empathy

The concept

Empathy has been defined in several ways (for a review see Holm 1985) and it has been related to the interaction between individuals. It has been characterized by

an ability to place oneself mentally and emotionally in the world of another person, to apprehend another's condition or state of mind, to be sensitive to current feelings, to communicate understanding back to the other and perceive his reaction to it (Truax & Carkhuff 1961, Hogan 1969, Kalisch 1973, Rogers 1975, LaMonica 1981, Bagshaw 1982). The ability to be empathic and act with empathy is dependent on several factors, such as personality, experienced physical and mental health and burnout (Bergin & Jasper 1969, Rogers 1975, Pines et al 1981, Maslach 1982).

To investigate the process of empathy affective and cognitive components of empathy have been studied (Ross 1975). Empathy has also been investigated in relation to understanding and communication (Basch 1983). It can be assessed in different ways, for example as predictive empathy (Dymond 1950), situational empathy (Deutsch & Modle 1975) and trait empathy (Hogan 1975). Empathy and positive outcome of training in empathy among students and staff have also been measured (Kalisch 1971, LaMonica et al 1976, LaMonica & Karshmer 1978, Bagshaw 1982, Rogers 1982, Streit-Forest 1982, Ross 1983, Reynolds & Presly 1988).

Empathy among nursing staff

Empathy has been found to be positively associated with education in empathy, i.e. empathic ability increases with an increased educational level (LaMonica et al 1976, Forsyth 1977, 1979). However, Arnhoff (1954) and Weiss (1963) found that a decrease in empathy was related to an increased amount of training in psychology. Furthermore, empathy has been found to be related to helpful behaviour, creativity (Raile 1983) and positive patient outcome in professional work (Truax et al 1965, Rogers 1975, Williams 1979).

Among geriatric nurses Bagshaw (1982), as well as Bagshaw and Adams (1985) found that empathy was positively correlated with therapeutic orientation and negatively correlated with custodial orientation. There was more empathy and less custodial orientation among RN's than among LPN's and nurse's aides. In a survey Williams (1989) found that empathy was positively correlated with both emotional exhaustion and personal accomplishment among nurses, social workers and teachers. In a study by Pennington and Pierce (1985) nursing home staff with moderate experience (1-5 years) of dementia care were found to be more empathic than staff with a shorter or a longer experience than five years.

The importance of the interaction between the caregiver and a severely demented patient has been stressed by Athlin and Norberg (1987). They also discussed the value of the therapeutic use of self in the contact with the demented patient. Difficulties in the communication with demented patients seem important to the staff's opinion of the patient and might be experienced as a threat to commitment, thereby influencing the treatment of the patient (Ekman et al submitted).

Burnout

The concept

Models of occupational burnout have been developed from more general models of stress. According to Selye (1956), stress is a set of bodily defence against a noxious stimulus. His definition of stimulus focuses on environmental events that cause a response or a set of responses leading to specific reactions. In the 1960's the emphasis began to shift somewhat from stress per se to coping, and the importance of individual differences was focused upon (Lazarus & Folkman 1984 a). According to Lazarus and Folkman (1984 b), coping serves two main functions: managing or altering the problem of the environment causing the strain, and regulating the emotional response to the problem. The way a person copes is to a large degree determined by the resources available and the factors limiting the use of these resources.

Many books and articles have been written about burnout (Pines 1981, Maslach 1982, McConnell 1982, Muldary 1983, Golembiewski et al 1986). Freudenberger (1974) drew attention to the strain and the demands experienced by psychotherapists in a clinic for war veterans. He described how enthusiastic and empathic therapists changed during their work and started to experience symptoms of a physical, emotional or cognitive character which he named the syndrome of "burnout".

According to Maslach (1976, 1982), Freudenberger (1977), Forney et al (1982) and Cherniss (1980) general stress at work and burnout are synonymous, and caused for example by intraindividual variables, high workload, the lack of positive feed-back, the absence of adequate supervision and support as well as inappropriate work organization Cherniss (1980) saw work-strain as related to inappropriate work organization and unsatisfactory power structure. With regard to the fact that autonomy and participation are of great importance to the experience of work-strain, he concluded that the role structure and the experience of the role probably depend

on the experience of role conflicts and role ambiguity. Motivating factors, such as varied work tasks and a good knowledge are likely to have a mediating function.

As people react not only to their work-situation but also to conditions outside work, factors such as the social situation, intrapersonal problems and their own wishes and expectations must be taken into account when seeking explanations for the experience of burnout (Yasko 1981, Maslach 1982).

The experience of burnout is described as processes leading to the feelings of for instance helplessness and hopelessness, negative self-concept, somatic complaints and psychosomatic symptoms (Maslach 1976, 1982, Pines & Kafry 1978, Pines et al 1981, Belcastro 1982). Effects of the experience of burnout are related to poor job-satisfaction (Pines et al 1981, Maslach 1982), intentions to transfer to other jobs (Kasteler et al 1979, Jayaratne & Chess 1984) and staff turn-over (Gray-Toft & Anderson 1981, Waxman et al 1984). It seems logical to assume that ethical conflicts may also lead to burnout.

Pines et al (1981) suggested that the term "burnout" should be used only when a caregiver experiences physical, emotional and/or mental exhaustion in connection with deep emotional involvement with a patient over time. According to Pines et al (1981) high empathic ability results in deep emotional involvement thereby implying a risk for the development of burnout in the caregiver. General stress at work should be labelled "tedium". In this study I will try to separate the two concepts while in papers VI and VII only the term burnout has been used.

Burnout among nursing staff

A Swedish study (Beierholm et al 1989) found that a large proportion (45%) of nurses in medical and surgical care were at risk to develop burnout. An epidemiological study concerning the prevalence of burnout and tedium among social administrators showed that 12% experienced high burnout (Hallsten 1986). Studies measuring burnout and tedium among staff working with demented patients have not been found. Nursing staff working with geriatric patients are supposed to be sensitive to the experience of burnout due to their commitment to the patients (Pines et al 1981, Maslach 1982). Caring for institutionalized severely demented patients is often characterized by qualitative and quantitative overload due to things like high workload (Nygaard et al 1987), functional and behavioural decline in the patient (Sandman et al 1988) and ethical dilemmas confronting the caregiver

(Hermann 1984, Rango 1985, Åkerlund & Norberg 1985, Norberg et al 1987, Ekman & Norberg 1988).

Articles dealing with strain and the experience of burnout among caregivers working with demented patients have recently begun to appear in international journals. Morris et al (1988) concluded that caregivers' coping strategies as well as the quality of their relationships with demented patients and their families are important factors to the experience of work-related strain. Swedish interview studies among staff caring for demented patients have shown that caregivers are often confronted with difficulties when interpreting the patients' wishes, which leads to ethical conflicts (Åkerlund & Norberg 1985, Norberg et al 1987, Ekman & Norberg 1988).

Due to the complex nursing situation related to dementia and the staff's close relations to their patients, it could be supposed that some staff members experience burnout due to deep involvement with their patients, while others experience general work-strain (tedium) because of work over-load (Pines et al 1981). In this study work-strain will be defined in accordance with Pines et al (1981).

Staff attitudes, empathy and the experience of burnout related to dementia care

Based on the literature reviewed above, it seems logical to assume that stated positive attitudes towards demented patients and high empathic ability in the caregiver are most important when establishing contact with the patient. Positive attitudes are important, as they imply that the caregiver intends to act in a positive and therapeutic way in her relationship with the patient. A high empathic level in the caregiver makes it less difficult for her to establish a deep emotional contact. Accordingly, an ideal caregiver is characterized by positive attitudes and a high degree of empathy. The deep emotional contact, however, may over time lead to the development of burnout resulting in decreasing empathic ability and less positive attitudes towards the patient.

No studies have been found where the three concepts - attitudes, empathy and burnout - have been applied simultaneously to staff working with demented patients. However, based on the literature referred to above it seems reasonable to assume that more positive attitudes towards demented patients are related to high empathy

and a low amount of burnout while less positive attitudes are related to low empathy and a high amount of burnout.

Aims

-to investigate students' and staff's attitudes towards demented patients and to study the amount of theoretical instruction of the care of demented patients (I, II, IV).

-to investigate staff's experience of burnout (tedium) and their wish to transfer to other jobs (III, V).

-to investigate nursing staff's empathy and examine relationships between attitudes, empathy, the experience of burnout and the experience of work with demented patients (VI, VII).

METHOD

Subjects

Respondents were students (I) and staff (II-VII) (Table 1). The students were doing their final term of their professional education i.e. students taking the nursing study programme at Västerbotten's School of Nursing (upper secondary school) and medical students at the university of Umeå (for a description of the Swedish training of nursing staff, see Hjelm-Karlsson 1988). Nursing staff in the health care district of Umeå, northern Sweden, participated, (physicians, RN's, LPN's, nurse's aides and matrons at homes for the aged working in institutions for elderly and demented patients). The nursing staff worked in institutions in the health care district of Umeå, northern Sweden. Institutions included in the study were nursing homes, homes for the aged, clinics for psychogeriatric care, psychiatric long-stay care and acute care, somatic long- term care, acute medical care, orthopedic and neurological care. Sample sizes and response rates are presented below (Table 1).

Table 1 *Years of investigation, sample sizes and response rates of the study.*

Paper	Year	Sample n	Response rate		Non- response		
			n	%	n	%	
I	Students	1982	315	271	86	44	14
II	Nursing staff	1979	1188	724	61	464	39
III-V	Nursing staff	1983	1798	1136	63	662	37
VI	Nursing staff	1987	557	358	64	199	36
VII	Nursing staff	1988	60	60	100	0	0

Instruments

The questionnaire was based on semistructured questions and contained background variables, such as sex, age, education, training in the care of demented patients, time spent in health care and time spent at present place of work. Questions concerning job assignment and the wish to transfer to other jobs were also included. Studies I-V were performed anonymously while studies VI-VII were non-anonymous. Data were obtained by means of questionnaires, as well as tape-recorded interviews and instruments for the assessment of attitudes towards demented patients, ability of empathy and the experience of burnout (Table 2).

Table 2 *Instruments used in the study..*

Paper	Question- naires	ADPS	Burnout scale	ECRS	Interviews
I	X	X			
II	X	X			
III-V	X	X	X		
VI	X	X	X	X	
VII	X	X	X	X	X

The "Attitudes towards Dementia Patients Scale" (ADPS) was developed from the results of a pilot study in which questionnaires were distributed to a group of 60 nursing staff working in long-term care. It consists of 120 provocative statements concerning the care of demented patients. The statements are linked to a five-point scale. The 30 items which best provoked the respondents to state their answers in either direction ("fully agree" or "fully disagree") were included in a revised version of the questionnaire. The 30-item version of the scale ranged from 30 to 150 points. In papers I and IV separate items from the ADPS were used while in papers II and III the 30-item scale was used. The 20 items that turned out to be the most sensitive (loading .40 or higher) were used for the analysis of the attitudes in papers V-VII (Table 2). In the final version of the scale 20 points were regarded as the most positive and 100 points as the least positive attitude.

Empathy was assessed by LaMonica's (1981) Empathy Construct Rating Scale (ECRS). It contains 84 items describing how a person can feel or react to another person. The answers are given on a six-point scale from "identical" to "completely different". The lowest score (84 points) is interpreted as "lack of empathy" and 504 points as "well developed empathy". Respondents with scores >400 points out of 504 points were arbitrarily judged as moderately empathic.

The burnout scale used was constructed by Pines et al (1981) and consists of 21 items. The respondents state their answers on a seven-point scale and the total score is counted as equal to the mean of the answers to all the items. Respondents can score from 1.0 point up to 7.0 points. Those scoring 3.0 points or more are considered to be at risk to develop burnout (Pines 1981).

In the scales measuring attitudes, empathy and burnout the negative items were revised before the data processing. Performed statistical analysis of internal missing values in the burnout scale showed that compensation by imputation of mode values could be done in up to three internal missing values to avoid under- or overestimation of the results. Respondents with more than three missing values were excluded. Analogously, those with more than five missing values in the ADPS and more than 10 missing values in the ECRS were excluded.

The burnout scale and the empathy scale used were developed in the USA, translated into Swedish and retranslated into English. To ensure that the translations were correct, the Department of English, University of Umeå, was consulted.

The semistructured interview (VII) lasted for 2-4 hours and contained 241 questions concerning the interviewees' background, reasons for entering health care, experience of caring for demented patients, feed-back, job-satisfaction and strain in the work with demented patients. The interview contained twenty one questions related to job satisfaction and the expectations from the patients' families, supervisory staff and colleagues and the demands of the patients. These 21 questions were analysed in paper VII. Results from the other questions will be published elsewhere. The answers were stated on a five point analogue scale ranging from "minimal" to "maximal". Analysis of the interviews was made by listening to and coding the respondents' answers.

Reliability and validity of scales used in the study

Factor analysis of the responses on the attitude scale (ADPS) showed loadings in three main factors; "Human dignity" (factor 1), "Interest in demented patients" (factor 2) and "Meaning of care" (factor 3) (III). Factor analysis of the 20-item scale showed consistent figures, i.e the items loaded in the same factors when compared to the 30-item scale. Internal consistency of the attitude scale (ADPS) in the present study was found to be $r=.57$ between the total attitude scores and all items in the attitude scale. Attitude scores were also compared to separate items in the interviews. The results showed consistency between attitude scores and questions i.e. "Do you experience satisfaction when caring for demented patients?" ($r=.54$) and "Do you experience stimulation when caring for a patient in terminal state?" ($r=.28$) (VII).

The empathy scale (ECRS) has been analyzed for factor structure. Two main factors were obtained indicating positive and negative empathic reasoning respectively (VI). The reliability and the validity of the ECRS have also been found satisfactory (LaMonica 1981). The empathy scale is suggested to have "discriminant validity", although weak, ($r=.20$) when used as a self-reporting rating scale (LaMonica 1981). Test-retest reliability of the empathy scale with one month interval among staff ($n=18$) in community health care in Sweden was $r=.58$ (unpublished data). In the present study the internal consistency was tested by comparing the total empathy scores with separate items of the scale asked by the interviewer. The results showed correlations of $r=.34-35$ (VII).

Factor analysis of the burnout scale made by Pines (1981) revealed that the scale covers three factors; feelings of physical, emotional and mental exhaustion. The same factor structure was found by the author (unpublished data). Test -retest reliability of the burnout scale performed by Pines (1981) is found to be high ($r=.89-.93$) for a one- month interval. Performed test-retest among staff ($n=18$) in community health care in Sweden was $r=.66$. Construct validity of the burnout scale was tested among human service professionals in the USA, by correlation analysis and showed correlations to for example work satisfaction ($r=.62$) and life satisfaction ($r=.65$) The burnout scale has been used in papers III-VII and internal consistency measured by comparing the total burnout scores with all items in the scale was found to be $r= >.60$ (VII).

Results of tests made on the ADPS, the empathy scale and the burnout scale in the USA and in this study showed that the scales have good reliability and good validity. The performed test-retests in Sweden were conducted on a small sample of staff and in the ADPS a large number of internal missing values made test-retest reliability impossible to perform. Therefore further controls of the scales are needed. Also differences in the response rate, especially in relation to category of staff, must be taken into consideration when interpreting the results.

Statistics

Differences between groups were estimated by the use of 95% confidence intervals (II, V) and Chi-square test (IV). T-tests were used to establish differences between the means of the groups (VI, VII). Pearson's correlation coefficient was used to study the relation between attitudes, empathy and burnout (VII). Factor analysis (Varimax with rotation and normalization according to Kaiser) was used to evaluate factors important to the values stated on the burnout scale (III) and to investigate structures in the scales measuring attitudes (II,III), empathy and burnout and to evaluate the structure of interview questions (VII). Linear regression models were used to study important factors for the staff's experience of burnout. Statistics were performed by means of the SPSS, version 9.0 and the SAS, version 6.0.

RESULTS

Attitudes towards demented patients

The total time spent in theoretical training in the care of demented patients was five hours or less among students in upper secondary school and up to 10 hours among those at university courses. Only one third of all students thought that most of their knowledge concerning demented patients had been obtained from theoretical training.

The overall attitudes stated towards demented patients were positive. Twenty-five per cent of the students in upper secondary school intended to work with demented patients, while the figure among those at university level was 13 per cent (I). The proportion of staff that had been taught dementia care varied. Seventy per cent of the nurse's aides, 67 per cent of the LPN's, 62 per cent of the RN's and 92 per cent of the matrons had been taught this subject while the figure among the MD's was 33 per cent (II).

Most nursing staff (68%; c.i. 64-72%) expressed positive attitudes towards demented patients (II). A similar figure was found in a later study (V) where those working in geriatric care had the most positive attitudes (mean score 48.2 points on the 20-item ADPS) when compared to those in acute care (mean score 50.9 points, $p=.0001$). The attitudes varied with place of work (II). Staff working in psychogeriatric care (85%; c.i. 76-93%) and somatic long-term care (83%; c.i. 75-92%) showed the largest proportion of positive attitudes while staff working in medical care showed the smallest proportion of positive attitudes (51%; c.i. 55-70%). There was a connection between attitudes and the age of the staff, i.e. among 48 per cent (c.i. 40-56%) of the old staff (40-50 years) a larger proportion had positive attitudes towards demented patients compared to 31 per cent (c.i. 22-40%) among young staff (25-30 years). Furthermore, the duration of employment affected the result. Fifty-one per cent (c.i. 43-59%) of those who had worked for more than two but less than five years held positive attitudes compared to 36 per cent (c.i. 27-45%) of those who had worked two years or less. The same trend was found regarding the time spent at the present place of work; 40 per cent (c.i. 34-36%) of those who had worked for two years or less were positive. The corresponding figure for those who had worked for five to 10 years was 45 per cent (c.i. 37-53%) (II). The proportions of staff with positive attitudes (II) showed similar figures for

all categories investigated. In a later study (VI), RN's turned out to have significantly more positive attitudes than LPN's and nurse's aides.

More positive attitudes were found among staff who were self-assigned to their jobs in geriatric care (mean score 43.6 points) than among those in acute care (mean score 47.5 points). Respondents in geriatric care who were self-assigned had more positive attitudes (mean score 43.6 points) towards demented patients than those who were administratively assigned (mean score 47.0 points) or those for whom no other job was available (mean score 48.9 points) (V).

The attitudes expressed towards the levels of life maintainance of severely demented patients in the terminal stage of life (I, IV) showed that a majority of the respondents were negative to active euthanasia. However, favourable attitudes were found among 20 per cent of the health care students; 29 per cent of the students in upper secondary school and 12 per cent of the university students. The equivalent figures for staff showed that 38.9 per cent of the nurse's aides and 28.8 per cent of the LPN's had positive attitudes. Those with a long education, i.e. MD's and RN's, favoured active euthanasia to a lower extent (14.7 % respectively 20%). The figures were highest (41.2%) among nurse's aides in institutions with many demented patients and much lower among RN's (14.2%) and MD's (0%) in these institutions. Age was a significant predictor of attitudes positive towards active euthanasia for demented patients in the final stage of life, as older staff were in favour of it far more seldom ($p < .0001$) than young staff. 46.5 per cent of those below 24 favoured active euthanasia compared with 17.5 per cent of those aged 55-66 years. This age effect occurred in each category. Staff at a higher risk to develop burnout were more positive (46%) towards active euthanasia than those (30%) at a low risk ($p = .05$) (I, IV).

The intention to work with demented patients and the wish to transfer to other jobs.

A larger proportion (22%) of students at upper secondary school intended to work exclusively with demented patients than at university level (13%) (I). Among staff, only four per cent intended to work exclusively with demented patients.

In geriatric care 39.8 per cent (c.i. 35.8-43.8%) reported a wish to transfer to another job compared to 28.4 per cent (c.i. 23.6-33.2%) in acute care. LPN's in

geriatric care had the largest (45.7%, c.i. 38.4-53.0%) proportion wishing to transfer. The corresponding figure in acute care was 26.1 per cent (c.i. 17.3-34.9%). Comparisons between category and place of work showed that LPN's in nursing homes (n=65) had the largest proportion (60.0% c.i. 48.1-71.9%) stating a wish to transfer (V).

Empathy in the staff

Empathic ability among the staff showed no significant difference in relation to the present place of work. In relation to the category of staff there was no difference in empathy except for RN's, who showed a higher ($p=.05$; mean score 416.2 points) degree of empathy than nurse's aides (mean score 404.3 points). According to place of work and category of staff RN's in somatic long-term care turned out to have ($p=.002$) higher empathic ability (mean score 427.2 points) than nurse's aides (mean score 404.3 points) in nursing homes and RN's in psychogeriatric care ($p=.01$) (VI).

Experience of burnout in the staff

Experience of burnout (tedium) in the staff varied with the place of work and education. Among those working in somatic long-term care, 27 per cent had high burnout scores. The figure for psychogeriatric care was 23 per cent. The lowest proportions were found among those working in highly specialized clinics like orthopedic care and neurological care (12% and 8% respectively) (III).

The overall figure showed that in general nursing staff were not at risk to develop burnout but those working in the nursing home had higher mean scores (2.8 points; $p=.02$) than those working in the somatic long-term care clinic (2.5 points) (VI).

According to category of staff nurse's aides to the largest (35%) proportion were at risk to develop burnout. Experience of burnout in relation to category of staff and place of work, showed that the largest proportion of those at risk was found in the nursing home (LPN's 45.7 %, nurse's aides 37.5% and RN' s 21.7%) (VI). Respondents wishing to transfer to another job (27%) were at risk to develop burnout to a larger proportion than those who did not want to transfer (16%) (III) .

Comparisons between the burnout scores of each category of staff showed a lower mean score ($p=.007$) among RN's than among LPN's and nurse's aides. No difference was found between LPN's and nurse's aides (VI).

Correlations between attitudes, empathy and burnout

Attitudes among the staff were found to be correlated to empathy, i.e. the better attitudes the caregiver had the higher was her empathy (VI,VII). Burnout was related to empathy i.e. the lower burnout score the caregiver had the higher her empathy was. Burnout was correlated to attitudes, i.e. the higher burnout the less positive were the caregiver's attitudes (VI, VII).

Data from 21 interview questions, four background questions and assessed attitudes towards demented patients, ability of empathy and experience of burnout among sixty nursing staff (VII) were analysed by regression analysis. The analysis showed that "Experience of feed-back at work" and "Time spent at present place of work" were the most important factors for burnout in the staff.

Respondents with high empathy experienced "A close contact with the patient" as the most stimulating thing at work while those with low empathy experienced the "Patient's improvement" as the most stimulating thing (VII).

DISCUSSION

In this study, the amount of theoretical training in the care of demented patients, attitudes towards demented patients and the intention to work with them were investigated among students and staff. Furthermore, job assignment, the wish to transfer to other jobs and the experience of burnout and tedium were studied among staff. This study also covered an investigation of the experience of the care of demented patients, empathy and correlations between attitudes, and empathy and the experience of burnout among nursing staff. Throughout the discussion comparable studies will be discussed. However, it might be hazardous to make direct comparisons between staff attitudes, burnout and empathy depending on cultural differences, the year of investigation, rate off turnover among staff, differences in

educational levels among staff, differences in staff - patient ratio, work organization and the patients cared for. Differing in measurements and test methods are also important factors.

Education, attitudes, and intentions to work with demented patients

Because of dementia patients' decline in physical, cognitive and communicative abilities, a negative view of the patient and his abilities may be evoked in the caregiver. Lutsky (1980) thinks that when the caregiver is faced with the patient or the knowledge about a severe disease in him her feelings of doubt arouse negative attitudes towards the patient. Therefore, it is vitally important to students and staff to have a theoretical knowledge about dementia diseases and the symptoms related to the progress of dementia. The fact that few students wished to work solely with demented patients could be related to their lack of knowledge due to the few hours of theoretical education. Other factors of importance are the philosophy of care, the organization of care and availability of support in the work. The care organization should be arranged so that the caregiver gets to know the patient and his disabilities as well as his abilities. In this work the patient's record, interviews and talks with his relatives, friends and staff in institutions where he was cared for earlier, can help the caregiver.

The results showed that a majority of the staff did not see their knowledge about dementia as a result of the theoretical training they had had but rather as a result of their clinical practice as staff. The amount of theoretical training concerning dementia has probably increased since this study started. A better theoretical knowledge about dementia may be one reason why RN's in a more recent study of attitudes turned out to have more positive attitudes than nurse's aides and LPN's (VI).

More time and training of students and staff in further training in clinics with demented patients and a close contact with these patients over time might increase the number of students and staff willing to work with demented patients. Results from a study among medical students support this belief; a connection was found between the intention to work with elderly patients and the quality of the contact with the elderly (Green et al 1983). Other studies aiming at developing better attitudes and investigating the relationship between attitudes and actual behaviour among students and staff have shown conflicting results (Kutner et al 1952, Ivester & King 1977, Gomez et al 1985). The conflicting results might depend on the

contents of the training given to the students but also on the instructor's competence and attitudes towards the patients (Wilhite & Johnson 1976).

In this study the overall attitudes towards demented patients were found to be positive. In an investigation among nursing staff in geriatric care in Scotland, Jones & Galliard (1983) noted the same thing. In the present study the proportion of staff with positive attitudes was larger in geriatric care than in acute care and those working in psychogeriatric and somatic long-term care had the largest proportions of positive attitudes. This result seems logical as staff in these institutions daily care for demented patients and thereby get to know them in detail which is very important when interpreting for example the patients will. Staff in these institutions have, as a primary responsibility to care for demented patients which probably also is important to the attitudes among the staff.

It was surprising that so many respondents in this study felt positive to demented patients. Due to the patients' decreased functional ability and their behavioural disturbances even less positive attitudes could be expected. Sarosi (1968) found that "bad" patients identified by staff were emotionally unstable, could not communicate readily with the staff and were aggressive. However, the positive tone of this study might be connected to the fact that working daily in institutions staffed and organized for the care of demented patients leads to the staff getting to know their patients as individuals. Thereby they can interpret the patient's wishes more easily.

In this study the attitudes of the respondents differed along with their age, duration of employment and time spent at the present place of work. Their age might be important to their attitudes as caregivers have been found to develop positive attitudes towards patients who satisfy their needs (Katz 1960). It seems logical as the staff have needs for being helpful to persons who can not help themselves. It has been shown by Norberg and Asplund (1990). Young staff have often worked for a shorter time with demented patients and are less experienced than older staff. Young staff might have difficulties to interpret the declining communicative ability and behavioural disturbances of demented patients, and so they experience their work with these patients as more unsatisfactory.

Difficulties to understand the patients and interpret their wishes may lead to ambiguity among staff (Ekman & Norberg 1988). Older staff can use their long experience of work and life and cope better in these situations (Lazarus & Folkman 1984 b) therefore they may also express more positive attitudes than young staff.

More positive attitudes among those working in psychogeriatric and somatic long-term care than among those working in acute medical care might be connected to differences in the philosophy of care but they might also be related to the absence of an adequate knowledge about dementia among staff working in medical care. The assignment to work with demented patients might also be of great importance as staff in geriatric care who were self-assigned to their jobs turned out to be more positive than staff who were administratively assigned.

Staff opinion about euthanasia in dementia care

Consistent with other studies where attitudes towards active euthanasia for severely ill geriatric patients were examined (Carey & Posavac 1978, Travis et al 1984, Norberg et al 1987), the majority of the students and the nursing staff in this study were against active euthanasia as an alternative for severely demented patients. However, a larger proportion of students in upper secondary school than on university level reported positive attitudes towards active euthanasia. LPN's and nurse's aides were more positive than RN's and MD's. Positive attitudes towards active euthanasia may reflect a genuine concern for the patients' reduced quality of life. However, it might also be an indication of burnout in the staff (Maslach 1982) whose decreased empathy and commitment lead to the fact that they see the patient as an object and not as a subject (cf. Athlin et al 1990). The latter interpretation is supported by the fact that a larger proportion of respondents at a high risk to develop burnout (46%) favoured active euthanasia compared with those at a low risk (30%). Young staff were more favourable to active euthanasia than old staff. The reasons for this might be their difficulties to establish contact with demented patients due to their limited theoretical knowledge about dementia and to their shorter clinical experience. Another reason might be that old staff recognize the difficulties in advocating an active euthanasia policy or the hazard of becoming involved in and responsible for the decision to offer active euthanasia to patients they care for. This interpretation is supported by Carey & Posavac's (1978) argument; their result indicated that young staff were more positively inclined towards active euthanasia than old staff.

The wish to transfer to other jobs among the staff

It seems logical to assume that various roles of the staff and the various types of work organization influence their wish to transfer to other jobs. The large proportion (39.8%) wishing to transfer among staff working in geriatric care can be compared with the data of a study made by Waxman et al (1984). They found that the turnover rate differed from one institution to another and that more than 60 per cent of the nurse's aides in one long-term care institution transferred during one year.

Unsatisfactory work is supposed to be one reason for the stated wish among staff to transfer (Stout & Posner 1984). The large proportion of LPN's in geriatric care and especially of those working in nursing homes who said they wished to transfer in the present study might indicate that they were not satisfied with their work. A possible explanation could be heavy workload. Sandman et al (1988) found that the population of patients in geriatric care, at the institutions where this study was performed imposes work-strain and a heavy workload on the staff. The situation has become worse since there are more and more patients with dementia causing even more strain in the staff (Sandman & Eriksson, unpublished). This might lead to modified roles among staff and difficulties to cope with the situation. The expressed wishes to transfer might be a consequence of unsuccessful coping among this staff.

Direct comparisons with the studies reported above must be made with caution as the staff's actual rate of turnover was not measured in this study; the actual turnover rate was not studied. The figure for staff turnover among the staff investigated remains unknown but it has increased during the last few years (personal communication). In 1987 the figures for a large city in Sweden (Stockholm) showed turnover rates of between 26 per cent (RN's) and 46 per cent (nurse's aides) (Lundin 1990).

Empathy and the experience of burnout in the staff

The caregiver's empathic ability is dependent on several factors, for example her personality, knowledge and level of strain (Maslach 1982, Holm 1985). One reason why RN's had a better empathic ability than the nurse's aides might be the lower level of burnout in RN's. RN's usually have more varied roles and spend less time with the patients than nurse's aides. It seems logical to relate such factors to a lower level of burnout. The lower degree of empathy among nurse's aides might also be

interpreted as a defence against further emotional exhaustion (Williams 1989). Wards with a heavy workload and a lot of stress may also be highly motivating, workers can experience emotional exhaustion but still be strongly committed to their jobs.

The experience of physical and psychological overload due to the growing workload in these institutions may, as argued by Nygaard et al (1987), be one reason for the high number of staff with high burnout scores in somatic long-term care (27%) and psychogeriatric care (23%). Sandman et al (1988) over time found an increased number of dementia patients needing more and more help with dressing, washing and eating. The proportion of patients with communicative difficulties also increased in geriatric care. This might contribute to the experience of overload among the respondents of this study. Difficulties to adjust to geriatric care, which Berg et al (1976) found to be more common among young staff than among old staff in nursing homes, may also cause strain in the staff. In other studies, ethical conflicts (Åkerlund & Norberg 1985) and the lack of commitment have been found to lead to difficulties in the relationship with the patient (Athlin et al 1990). It has also been suggested that communicative difficulties lead to a lower degree of commitment (Ekman et al submitted). The lack of commitment is related to depersonalization which is believed to be a factor in the experience of burnout (Maslach 1982). Therefore it is not surprising that large proportions of the staff investigated were at risk to develop burnout.

As shown by Athlin & Norberg (1987) a change from the task assignment to a patient assignment system may lead to more positive attitudes towards the patients and satisfaction in the staff. Such an organizational change has been carried out in some of the institutions investigated in this study and the experience of burnout among the nurse's aides and LPN's in geriatric care (VI) who, to large proportions were at risk to develop burnout might now decrease due to this organizational change. However, the patient assignment system leads to more personal involvement among staff and it might therefore be experienced as both rewarding and demanding. Thus it seems very important that the change from the task assignment to a patient assignment system is based on a well-defined care philosophy and that students and staff are trained to adopt the changing roles. Therefore it is necessary to develop support systems for these staff. Otherwise the patient assignment system risks being regarded only as another way of administering care to the patients.

Correlations between attitudes, empathy, the experience of burnout and experience of work

The results of this study indicated that there is a relationship between positive attitudes and empathy (VII). According to Lemon (1973) and Tornstam (1979), attitudes show the way a person perceives another person. Staff who are empathic probably have a less rigid picture of the patient. It is therefore logical that empathy is related to positive attitudes. Empathy and the experience of burnout correlated positively indicating that the higher the experience of burnout is the lower is the empathy in the staff, which is in accordance with findings of other studies (Pines et al 1981, Maslach 1982).

A number of other authors (Cherniss 1980, Pines et al 1981, Maslach 1982) found that empathy correlated with burnout in staff exhibiting a high degree of empathy due to their commitment and involvement in the patient. According to Pines et al (1981), these persons are especially prone to burnout due to their deep involvement in the patients. In a study among 492 nurses, social workers and teachers Williams (1989) found that empathy correlated with both personal accomplishment and emotional exhaustion. He argued that "as long as personal accomplishment remains, the individual may be able to tolerate emotional exhaustion". Accordingly, staff exhibiting a high degree of both empathy and burnout probably have well developed mechanisms enabling them to cope. However, sustained experience of burnout (Williams 1989) or the absence of sufficient strategies to cope (Lazarus & Folkman 1984 a) may result in decreased empathy or the development of burnout symptoms.

Burnout correlated with less positive attitudes in this study, which is in accordance with results presented by Pines et al (1981) and Maslach (1982). The correlation between burnout and attitudes is logical as feelings of burnout contain physical, emotional and mental exhaustion. Such feelings might be difficult to cope with and therefore they affect the staff's attitudes towards their patients.

Among those with the highest empathic ability "A close contact with the patient" was experienced as the most stimulating factor at work while those with the lowest empathic ability experienced "Patient's improvement" as the most important factor. According to Pines et al (1981) caregivers experience various types of strain in their contact with the patient. Consequently caregivers with a high empathic ability risk to developing burnout. A respondent with a low empathic ability seems to be more

oriented towards improvement of the demented patient. This respondent's experience of the patient's improvement will interfere with his sense of effectiveness (Sedgwick 1975). Consequently he will be at the risk to develop a feeling of incompetence or he will fail in his contact with the demented patient due to the patient's functional decline (Bollinger & Hardiman 1989). According to Pines et al (1981) this caregiver will experience tedium.

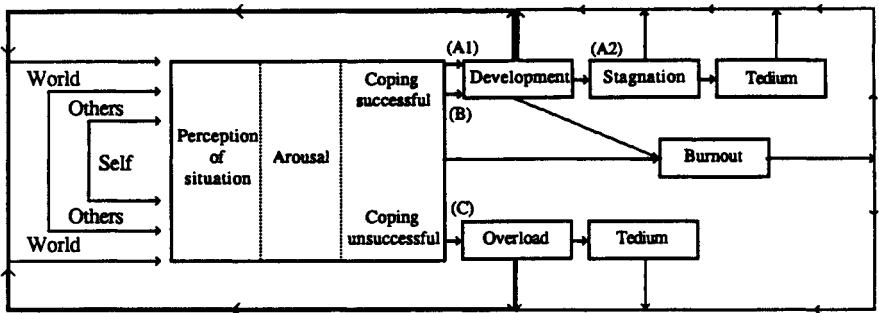
As this study did not examine the staff's behaviour in relation to attitudes, empathy and burnout further studies should be most valuable to interpret the effects of these factors on the patient-staff relationship. Further development of the concept of burnout might thereby also be possible.

GENERAL DISCUSSION

A model for the development of burnout and tedium

Based on the literature (reviewed in the introduction) and the results of this study a model for the development of burnout and tedium was constructed (Figure 1).

Figure 1 *A model of burnout development.*



The model presupposes a process containing cultural factors, social factors, environmental factors, individual factors, the perception of the situation and the ability to cope. The person I am and how I relate to myself, others and the my world are factors determining how I perceive a situation and become aroused by it.

Depending on whether I cope successfully or unsuccessfully with the demands of the situation three different results are possible:

The ideal result contains successful coping with a situation (A1) and the situation is experienced as developmental by me. The feelings may, however, change with time and shift into stagnation (A2). If this feeling continues, the situation will be experienced as demanding and imposing strain. In this model the term "tedium" is used as synonymous with strain (cf Pines et al, 1981).

The second way (B) is preceded by successful coping and the experience of development in the work situation. If this situation concerns caring and I am deeply involved emotionally with a patient, my emotional commitment may lead to burnout (Pines et al 1981).

The third way (C) is preceded by the unsuccessful coping with a situation. If the situation is related to physical or psychological overload, unsuitable roles or power structures for example, I may experience tedium (Pines et al 1981).

As shown in the model experience of burnout is an ongoing process where influences from the world and others are contained (internalized) in self. Consequently the perception and coping in, for example a straining care situation will be affected by the set of individual characteristics but also by the environment including place of living, religion, family situation, work environment etc.

CONCLUSIONS

The main findings of this study were:

Most students and staff expressed positive attitudes towards demented patients. The staff working in psychogeriatric care and somatic long-term care had the largest proportion of positive attitudes towards demented patients.

RN's turned out to have more positive attitudes than LPN's and nurse's aides. The largest proportion of staff expressing positive attitudes was found among those (40-50 years) and those with a longer duration of employment, a longer time spent at the present place of work and self-assignment to the present position.

A larger proportion of staff in geriatric care than in acute care expressed a wish to transfer to other jobs.

A majority of students and staff and especially those with long health care training expressed negative attitudes towards active euthanasia for severely demented patients at the end of life while nearly a quarter of the nurse's aides and nearly a third of the LPN's were positive to it.

Staff with high empathic ability experienced the "Close contact with patients" as the most stimulating factor at work and those with low empathic ability experienced the "Patient's improvement" as the most stimulating thing.

The staff showed moderately well developed empathy and there were no differences with regard to sex, staff category or place of work.

Experience of burnout varied in relation to category of staff and place of work. Larger proportions of staff at risk to develop burnout was found among those working in geriatric care compared to those in acute care.

Experience of burnout correlated with less positive attitudes and lower empathy in the staff.

"Experience of feed-back at work" and "Time spent at present place of work" were the most important factors of the experience of burnout in the staff.

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