

Impact of the Covid-19 epidemic on nurses' working conditions and burnout in Belgium

Main results and recommendations

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BELGIUM



1 country

1 federal government responsible for hospital policy

3 regions (Flanders, Wallonia, Brussels-Capital) and 3 communities (Flemish, French-speaking and German-speaking) responsible for Rest and nursing home & home care sector

8 ministers of health

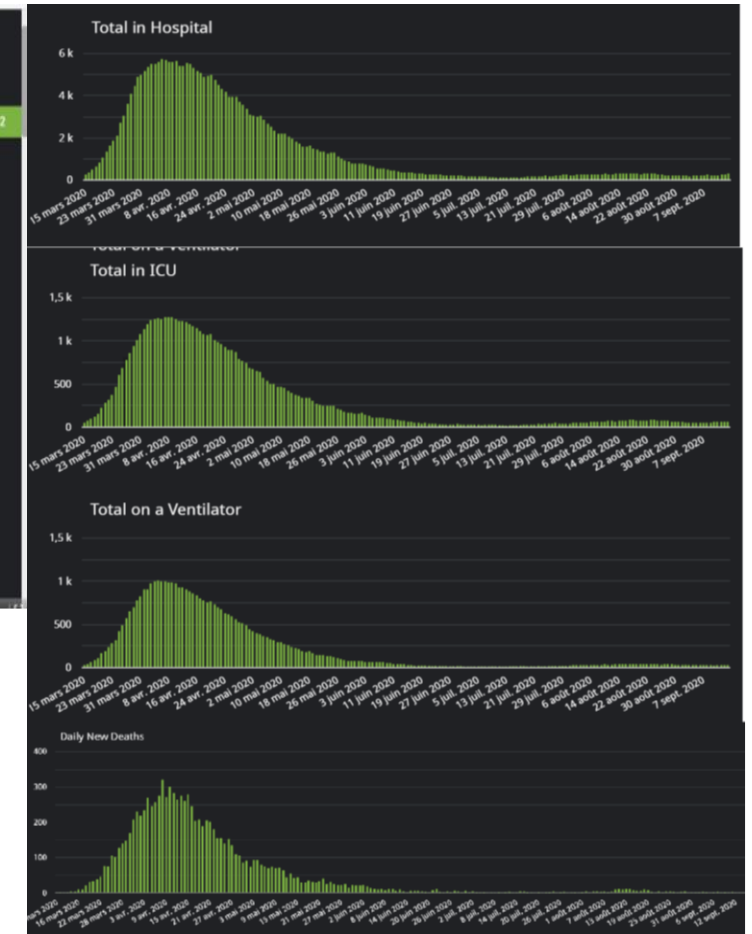
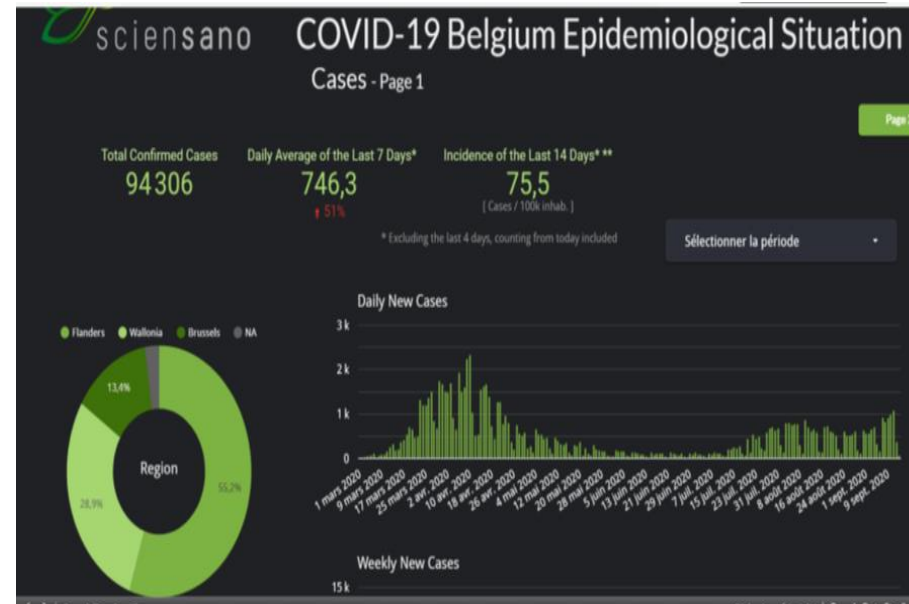
More than 11. 426,000 inhabitants

146,000 active nurses in healthcare (89,787 in Flanders and 56,307 in Wallonia)

- 77,000 in the hospital sector
- 16,745 in (Rest and) Nursing Homes
- 8,500 in the home sector

Covid-19 & Belgium Epidemiological Situation

February 2019 – March 18 to May 11 – May 11 to now



Source: <https://epistat.wiv-isp.be/covid/covid-19.html>

Personnel Protective Equipment

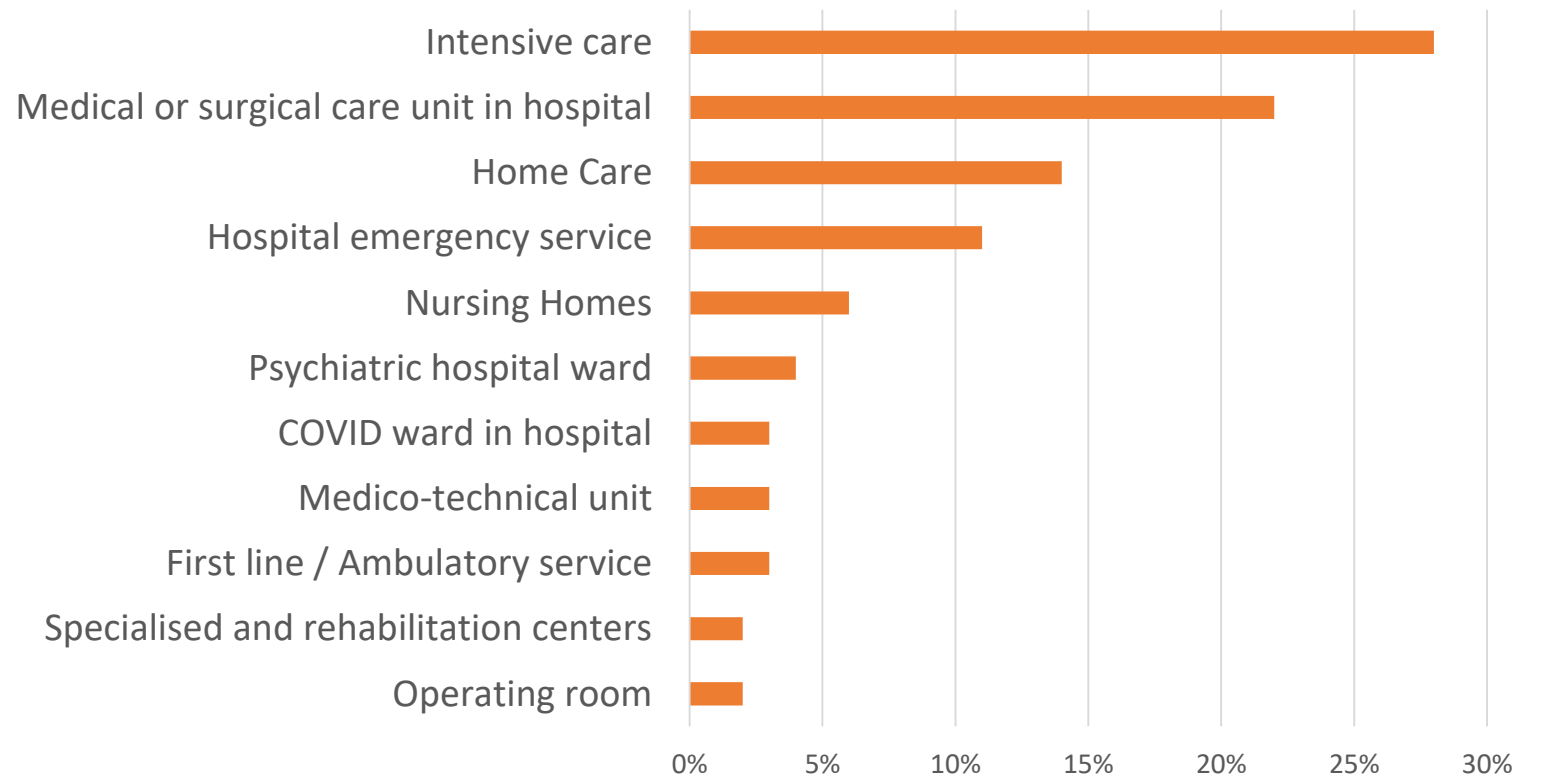
- Personal Protective Equipment (PPE):
- shortages of equipment (masks, aprons, gloves, etc -disinfectants), concerns about equipment compliance, drug shortages and a lack and / or inconsistency of recommendations.

Personnel Protective Equipment

- Hospitals were less affected by the shortage
- the nursing homes and home care sector was faced with a great lack of equipment
- Hospitals have stopped elective activities
- When the government obtained sufficient material, it distributed it to the health workers..

Sample

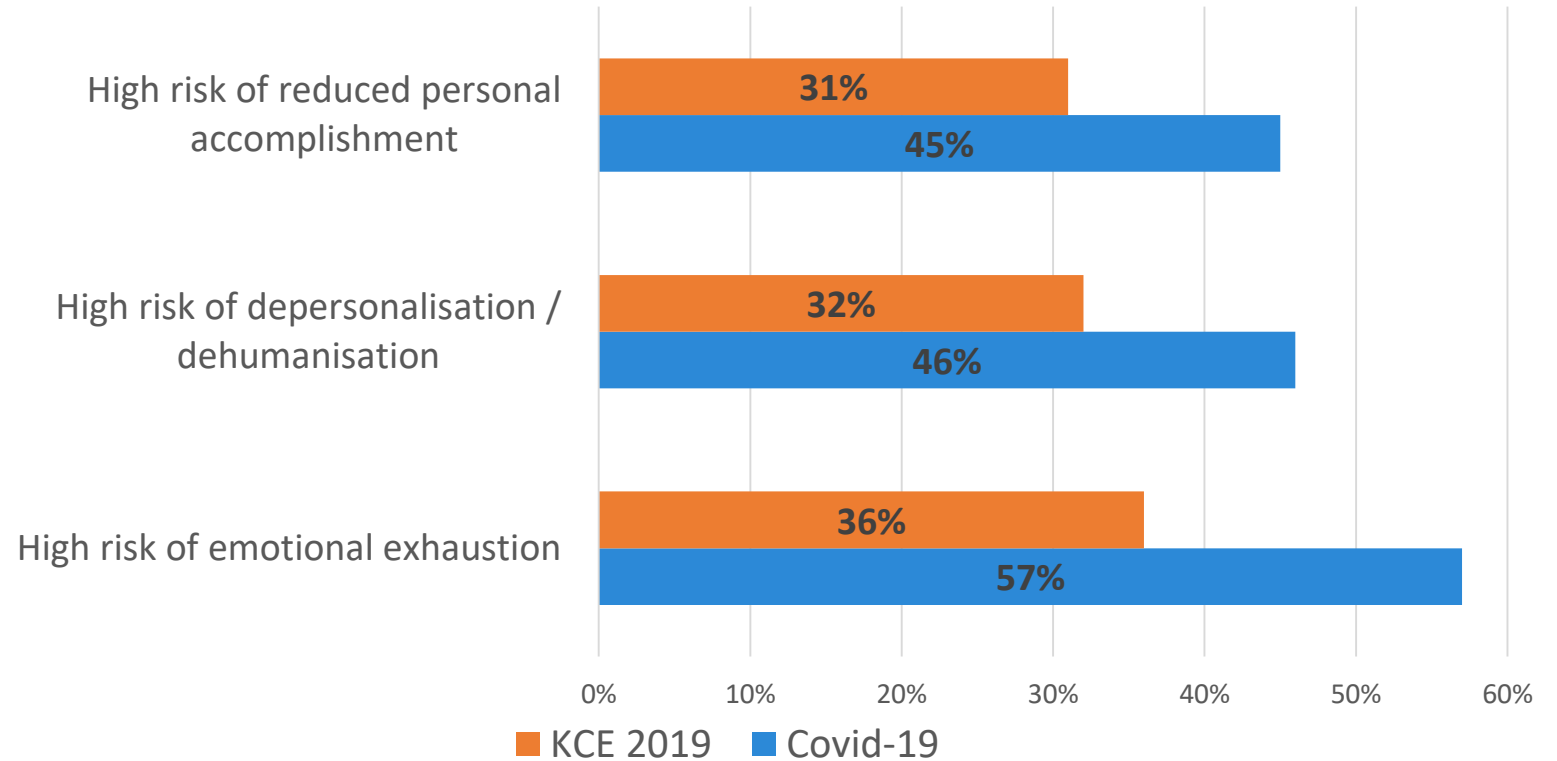
- 4552 French-speaking nurses (low response rate with Dutch-speaking nurses)
 - 29% Brussels-Capital Region
 - 71% Walloon Region
- For comparison, the KCE report (325B) on nursing staffing in acute hospitals published at the end of 2019 had a sample of 5000 nurses
- Representation of different health services:



Burnout assessment

Assessment tool: Maslach Burnout Inventory

- Captures the three main dimensions of burnout
- Scientifically validated and often used in healthcare (allows comparison groups)
- Used in 2019 in the KCE 325B study on nursing staffing in acute hospitals:



Taking into account the three dimensions, **71%** of nurses who responded to the survey since April 21 are at risk of burnout

Some groups more at risk of burnout

- Younger nurses (OR = 0.98, $p < 0.01$)
- Nurses with less seniority, regardless of their age (OR = 0.98, $p < 0.01$)

Warning ! Professional exhaustion of the young workforce who should still have a long career ...

- Compared to nurses in medical or surgical hospital ward:
 - Nurses in nursing homes (OR = 1.37, $p < 0.001$)
 - Nurses in Covid wards in hospitals (OR = 1.32, $p < 0.001$)
 - Nurses in hospital emergency services (OR = 1.29, $p < 0.01$)
 - Nurses in intensive care units (OR = 1.25, $p < 0.01$)

Risk factors for burnout

1) Increased workload since the covid-19 epidemic

- For 70% of nurses the workload increased following the covid-19 epidemic
- Nurses who report an increase in their workload since the start of the Covid-19 epidemic are **81% more likely to be at risk of burnout** than nurses whose workload has remained the same ($p < 0.001$)

2) Increase in working time beyond full time since the start of the Covid-19 epidemic

- The working time of 18% of nurses exceeds a full time since the start of the covid-19 epidemic
- Compared to nurses with 100% working time, nurses who have worked more than full time since the start of the covid-19 epidemic are **16% more likely to be at risk of burnout** ($p < 0.001$)

Risk factors for burnout

3) Not having adequate and sufficient protective equipment for Covid-19

- 61% of nurses declare that they do not have adequate and sufficient equipment in their service when faced with Covid-19
- Compared to nurses who consider that they have enough adequate equipment, nurses who declare that they do not have it have are **51% more likely to be at risk of burnout** ($p < 0.001$)

7 nurses out of 10 who responded to the survey are at risk of burnout: the risks for nurses, patients and our health systems must not be overlooked!

1) Act on risk factors (prevention): **Short and long-term actions**

- Act on all services, do not forget home care services, nursing homes, etc.
- Act on working conditions (i.e. sufficient protective equipment for covid-19)
- Act on the workload (patient / nurse ratio), schedules and days of rest

2) Care for Caregivers (treatment):

- Implement psychological support interventions for caregivers (burnout, PTSD, etc.) in collaboration with **(1)** mental health professionals (psychiatrists, psychologists, etc.), **(2)** with employers (e.g. médecine du travail), and **(3)** with experts (e.g. Médecins Sans Frontière)

Conclusions

Thank you
for
listening !

