



# Interpersonal factors

## STAFF BURNOUT

**This evidence theme on interpersonal factors is a summary of one of the key topics identified by a scoping review of staff burnout research.**

### Key points

- Interpersonal factors are elements that shape how individuals engage with each other, including personal characteristics, communication dynamics, and external influences such as cultural norms and societal expectations.
- Relationships with residents/clients and next of kins, friends/family, colleagues, and managers/supervisors can contribute significantly to burnout symptoms.
- Some examples of interpersonal factors include lack of training, communication difficulties, and lack of support from family, friends, colleagues, and managers/supervisors.

### What are interpersonal factors?

Burnout is a complex occupational phenomenon that is influenced by personal, interpersonal, and organisational factors. [1] In this theme, interpersonal factors refer to elements that shape how individuals engage with each other, including personal characteristics like personality traits or external influences such as cultural norms and societal expectations. [2] These factors impact the quality of communication, depth of understanding, and overall dynamics of relationships among individuals. [2] In the context of aged care, where individuals are often providing care and support to older adults, interpersonal factors can be particularly impactful on the wellbeing of aged care workers and the quality of care being delivered. [3] There are a number of interpersonal factors that can increase an individual's susceptibility to burnout. [3, 4]

Personal and organisational and factors are discussed in separate evidence theme reports.

## What do we know about interpersonal factors contributing to burnout in aged care?

The 2022 scoping review found 27 studies on interpersonal factors contributing to burnout among aged care workers. [5-31] The 2023 update found an additional three studies that contributed to this theme. [32-34] Frequently reported interpersonal factors that contribute to staff burnout can be divided into four categories, namely, factors relating to: residents/clients and next of kins, family/friends, colleagues, and management/supervisors.

### Factors related to residents/clients and next of kins

- Persistent exposure to multiple chronic conditions, heavy care-needs, [7] and challenging behaviours [15] (dementia-related behaviours [18]).
- Experiences of aggression or violence. [6, 9, 12, 22] For example, verbal or physical abuse from residents, their families, or friends. [6, 12] One study reported intense interactions with residents and families created more interpersonal conflict. [8]
- Prolonged exposure to resident/client health deterioration. [13] One study found that failure to address emotional challenges (i.e. feelings of grief, guilt, fear, distress, angst) may lead to burnout. [13]
- Lack of religious and spiritual beliefs when dealing with resident death. [19]
- Lack of person-centred care delivery. [29, 33]
- Feeling dissatisfied with the quality of care provided to residents. [24, 27] One study specified quality of care for dementia residents. [24]
- Interestingly, aged care workers with high burnout levels were more likely to condone abuse among nursing home residents. [5]

### Factors related to family/friend

- Lack of social support [25, 26]
- Less time spent with family and friends [26]

### Factors related to colleagues

- Lack of support from colleagues [16, 21, 28, 32, 33, 35] One study found that support from colleagues increased burnout for aged care workers. [5]
- Workplace conflict [8]
- Lack of trained colleagues [14]

### Factors related to management/supervisors

- Neglecting to recognise the efforts of the workforce [10, 16, 21]
- Lack of supervisor support. [17, 21, 25, 28, 30, 34]
- Feeling that they were not listened to by managers [20, 23]
- Lack of trust with supervisors [23]
- Maintaining excessive control, and not allowing workers to exercise decision-making or voice concerns over working conditions and client care quality (i.e. lack of job autonomy). [10, 11, 23, 31] One study reported that the lack of social support demonstrates decreases job autonomy and satisfaction and increases burnout levels. [10]

### What can an individual do?

- Prioritise open and effective communication with colleagues, managers, and residents/clients' families.
- Take the initiative to enhance understanding of, and building skills in, dealing with responsive behaviours and end-of-life discussions.
- Develop personal coping mechanisms to manage the emotional challenges associated with caregiving.

### What can an organisation do?

- Implement programs that foster a sense of teamwork and community among aged care workers.
- Invest in comprehensive training programs to equip workers with the necessary skills for diverse caregiving situations.
- Implement recognition and reward systems to acknowledge the hard work and dedication of aged care workers.
- Provide managers with leadership training as strong leadership can minimise distress and create psychological safety and inclusivity among staff members. [36]

## References

- Maslach C, Leiter MP. Understanding the burnout experience: Recent research and its implications for psychiatry. *World psychiatry*. 2016;15(2):103-111.
- Amsters D, Schuur S, Pershouse K, Power B, Harestad Y, Kendall M, et al. Factors which facilitate or impede interpersonal interactions and relationships after spinal cord injury: A scoping review with suggestions for rehabilitation. *Rehabilitation research and practice*. 2016;2016.
- Zutavern S, Seifried J. Exploring well-being at work—an interview study on how it professionals perceive their workplace. *Frontiers in psychology*. 2021;12:688219.
- Consiglio C. Interpersonal strain at work: A new burnout facet relevant for the health of hospital staff. *Burnout Research*. 2014;1(2):69-75.
- Boerner K, Gleason H, Jopp DS. Burnout after patient death: Challenges for direct care workers. *Journal of pain and symptom management*. 2017;54(3):317-325.
- Brophy J, Keith M, Hurley M. Breaking point: Violence against long-term care staff. *New solutions: a journal of environmental and occupational health policy*. 2019;29(1):10-35.
- Chamberlain SA, Hoben M, Squires JE, Cummings GG, Norton P, Estabrooks CA. Who is (still) looking after mom and dad? Few improvements in care aides' quality-of-work life. *Canadian Journal on Aging/La revue canadienne du vieillissement*. 2019;38(1):35-50.
- Falzarano F, Reid MC, Schultz L, Meador RH, Pillemer K. Getting along in assisted living: Quality of relationships between family members and staff. *The Gerontologist*. 2020;60(8):1445-1455.
- Hirata H, Harvath TA. The relationship between exposure to dementia-related aggressive behavior and occupational stress among Japanese care workers. *Journal of gerontological nursing*. 2015;41(4):38-46.
- Kim B, Liu L, Ishikawa H, Park S-H. Relationships between social support, job autonomy, job satisfaction, and burnout among care workers in long-term care facilities in Hawaii. *Educational Gerontology*. 2019;45(1):57-68.
- Kim BJ, Ishikawa H, Liu L, Ohwa M, Sawada Y, Lim HY, et al. The effects of job autonomy and job satisfaction on burnout among careworkers in long-term care settings: Policy and practice implications for Japan and South Korea. *Educational Gerontology*. 2018;44(5-6):289-300.
- Ko A, Takasaki K, Chiba Y, Fukahori H, Igarashi A, Takai Y, et al. Aggression exhibited by older dementia clients toward staff in Japanese long-term care. *Journal of elder abuse & neglect*. 2012;24(1):1-16.
- Pott K, Chan K, Leclerc A, Bernard C, Song A, Puyat J, et al. Death in long-term care: Focus groups and interviews identify strategies to alleviate staff burnout. *Journal of Long-Term Care*. 2020;2020:131-143.
- Savundranayagam MY, Docherty-Skippen SM, Basque SR. Qualitative insights into the working conditions of personal support workers in long-term care in the context of a person-centered communication training intervention. *Research in Gerontological Nursing*. 2021;14(5):245-253.
- Schmidt SG, Dichter MN, Palm R, Hasselhorn HM. Distress experienced by nurses in response to the challenging behaviour of residents—evidence from German nursing homes. *Journal of clinical nursing*. 2012;21(21-22):3134-3142.
- Yeatts DE, Seckin G, Shen Y, Thompson M, Auden D, Cready CM. Burnout among direct-care workers in nursing homes: Influences of organisational, workplace, interpersonal and personal characteristics. *Journal of Clinical Nursing*. 2018;27(19-20):3652-3665.
- Cao X, Naruse T. Effect of time pressure on the burnout of home-visiting nurses: The moderating role of relational coordination with nursing managers. *Japan Journal of Nursing Science*. 2019;16(2):221-231.
- Estabrooks CA, Squires JE, Carleton HL, Cummings GG, Norton PG. Who is looking after mom and dad? Unregulated workers in Canadian long-term care homes. *Canadian Journal on Aging/La Revue canadienne du vieillissement*. 2015;34(1):47-59.
- Frey R, Balmer D, Robinson J, Slark J, McLeod H, Gott M, et al. "To a better place": The role of religious belief for staff in residential aged care in coping with resident deaths. *European Journal of Integrative Medicine*. 2018;19:89-99.
- Jeon Y-H, Luscombe G, Chenoweth L, Stein-Parbury J, Brodaty H, King M, et al. Staff outcomes from the caring for aged dementia care resident study (CADRES): A cluster randomised trial. *International journal of nursing studies*. 2012;49(5):508-518.
- Kim BJ, Lee S-y. A cross-sectional study on the impacts of perceived job value, job maintenance, and social support on burnout among long-term care staff in Hawaii. *International Journal of Environmental Research and Public Health*. 2021;18(2):476.
- Nandan C, MacDonald JB, Wiener KK. Burnout in aged care workers: The impact of work-home conflict and patient aggression. *Traumatology*. 2022;29(1):46.
- Olley R. Hear me, see me, trust you—job burnout and disengagement of Australian aged care workers. *Leadership in Health Services*. 2022;36(1):111-124.
- Schmidt SG, Dichter MN, Bartholomeyczik S, Hasselhorn HM. The satisfaction with the quality of dementia care and the health, burnout and work ability of nurses: A longitudinal analysis of 50 German nursing homes. *Geriatric Nursing*. 2014;35(1):42-46.
- Woodhead EL, Northrop L, Edelstein B. Stress, social support, and burnout among long-term care nursing staff. *Journal of applied gerontology*. 2016;35(1):84-105.
- Åhlin J, Ericson-Lidman E, Eriksson S, Norberg A, Strandberg G. Longitudinal relationships between stress of conscience and concepts of importance. *Nursing Ethics*. 2013;20(8):927-942.
- Åhlin J, Ericson-Lidman E, Norberg A, Strandberg G. A comparison of assessments and relationships of stress of conscience, perceptions of conscience, burnout and social support between healthcare personnel working at two different organizations for care of older people. *Scandinavian journal of caring sciences*. 2015;29(2):277-287.

28. Åhlin J, Ericson-Lidman E, Strandberg G. Assessments of stress of conscience, burnout and social support amongst care providers in home care and residential care for older people. *Scandinavian journal of caring sciences*. 2022;36(1):131-141.
29. Hunter PV, McCleary L, Akhtar-Danesh N, Goodridge D, Hadjistavropoulos T, Kaasalainen S, et al. Mind the gap: Is the canadian long-term care workforce ready for a palliative care mandate? *Ageing & Society*. 2020;40(6): 1223-1243.
30. Smythe A, Jenkins C, Galant-Miecznikowska M, Dyer J, Downs M, Bentham P, et al. A qualitative study exploring nursing home nurses' experiences of training in person centred dementia care on burnout. *Nurse education in practice*. 2020;44:102745.
31. Möckli N, Denhaerynck K, De Geest S, Leppla L, Beckmann S, Hediger H, et al. The home care work environment's relationships with work engagement and burnout: A cross-sectional multi-centre study in switzerland. *Health & social care in the community*. 2020;28(6):1989-2003.
32. Fattori A, Pedruzzi M, Cantarella C, Bonzini M. The burden in palliative care assistance: A comparison of psychosocial risks and burnout between inpatient hospice and home care services workers. *Palliative & Supportive Care*. 2023;21(1):49-56.
33. Eder LL, Meyer B. The role of self-endangering cognitions between long term-care nurses' altruistic job motives and exhaustion. *Frontiers in Health Services*. 2023;3:1100225.
34. Daghastash H, Haegdorens F, Gillis K, Sloomans S, De Smedt K, Van Bogaert P, et al. A hospitality improvement intervention in residential care does not warrant staff job satisfaction or turnover intention: A cross-sectional survey study investigating the hostmanship program. *Cureus*. 2022;14(3).
35. Corpora M, Kelley M, Kasler K, Heppner A, Van Haitsma K, Abbott KM. "It's been a whole new world": Staff perceptions of implementing a person-centered communication intervention during the covid-19 pandemic. *Journal of gerontological nursing*. 2021;47(5): 9-13.
36. Hallam KT, Popovic N, Karimi L. Identifying the key elements of psychologically safe workplaces in healthcare settings. *Brain Sciences*. 2023;13(10):1450.

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