



# Personal interventions

## STAFF BURNOUT

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

### Key points

- Personal interventions attempt to increase aged care worker's psychological resources to cope with workplace stressors.
- The findings found three categories of personal interventions, including self-care, mindfulness, and gratitude intervention.
- The findings reported a total of 11 different interventions: six self-care, four mindfulness, and one gratitude intervention.

### What are interventions to prevent or manage staff burnout in aged care?

Burnout is an individual reaction in response to high job demands and low job resources. [1] Individuals who are burnt out exhibit high levels of emotional exhaustion, depersonalisation, and low levels of accomplishment. [1] Aged care workers are especially at risk in developing burnout due to the chronic stressors of their work, which can negatively affect the quality of work performance. [2-4] Implementing suitable interventions, whether at the individual or organisational level, or through a combination of both, can mitigate burnout among aged care workers. [2] Personal interventions attempt to increase aged careworker's psychological resources to cope with workplace stressors. [5] Organisational interventions focuses on changing the occupational context to reduce sources of stress within the workplace. [5]

A combined intervention takes on both personal and organisational perspectives. [5] A separate evidence theme was developed, which reported on organisational interventions. There were no findings on combined interventions relative to staff burnout for aged care workers.

## What do we know about personal interventions that prevent or manage staff burnout?

The 2022 scoping review found nine studies on personal interventions to mitigate burnout among aged care workers. [6-14] The 2023 update found an additional four studies that contributed to this theme. [15-18] This evidence theme provides research findings on effective personal interventions for the aged care workforce.

Personal interventions were allocated into three categories including:

- Skill Training (six interventions): self-care skills, compassion fatigue awareness training, stress management, refocus emotion regulation, improve skills on understanding and supporting challenging behaviour, participatory action-research (PAR) intervention. [6, 7, 12, 15]
- Mindfulness (four interventions): yoga, mindful meditation, mindfulness-based stress reduction, mindfulness based cognitive therapy [11, 17, 18]
- Gratitude (one intervention): gratitude journal. [16]

A list of interventions is available below (Tables 1-3), which report on delivery, significant (improvement and deteriorating) and non-significant outcomes, and duration of effectiveness.

*Note: Burnout subscales include emotional exhaustion, depersonalisation, and personal accomplishment.*

**Table 1. Skills training intervention**

Intervention	Mode of Delivery	Significant improvement outcomes	Significant deteriorating outcomes	No significant improvement	Duration of effectiveness
Self-care skills * [7]	In-person	Increased staff retention, quality of life, compassion satisfaction, and personal accomplishment. Decreased emotional exhaustion, depersonalisation, secondary traumatic stress.	No outcome identified	No outcome identified	1 to 4 months
Compassion fatigue awareness training [7]	In-person	Increased staff retention, quality of life, compassion satisfaction, and personal accomplishment. Decreased emotional exhaustion, depersonalisation, secondary traumatic stress.	No outcome identified	No outcome identified	1 to 4 months
Stress management programme [6]	Web-based	Decreased emotional exhaustion and depersonalisation	No outcome identified	There were no statistically significant differences in personal accomplishment outcomes	Post-intervention, 1 month
Refocus emotion regulation [12, 15]	Not reported	Decreased depersonalisation, cynicism, and social distancing [12, 15]	No outcome identified	There were no statistically significant differences in emotional exhaustion and personal accomplishment outcomes [12, 15]	Not measured [12, 15]
Improve skills on understanding and supporting challenging behaviour ** [8-10, 13]	In-person training session [8-10, 13]	Increased job satisfaction [10], quality of life [8], and feelings of burnout [13]	No outcome identified	There were no statistically significant differences for burnout (all-subscale) outcomes [8-10]	Not measured [10, 13], 4 months [9], 7 months [8]
Participatory action research (PAR) intervention [14]	In-person	No outcome identified	No outcome identified	Burnout (all-subscale)	12 months

**Note:** The study by Smythe et al. [13] reported qualitatively on burnout outcomes. \*The self-care skill was a 90-minute interactive educational presentation which included 12 short videos embedded in the presentation (What is in your self-care skills toolbox?)

**Table 2. Mindfulness interventions**

Intervention	Mode of Delivery	Significant improvement outcomes	Significant deteriorating outcomes	No significant improvement	Duration of effectiveness
Yoga [11, 17]	In-person (60 minutes per week) [11, 17]	Decreased emotional exhaustion, stress, and intention to leave. [11, 16] Improved personal accomplishment. [11, 17]	No outcome identified	There were no statistically significant differences in depersonalisation outcomes. [11, 17]	Not measured [11, 17]
Mindful mediation [17]	In-person (60 minutes per week)	Decreased emotional exhaustion, stress, and intention to leave. Improved personal accomplishment.	No outcome identified	There were no statistically significant differences in depersonalisation outcomes.	Not measured
Mindfulness Based Stress Reduction (MBSR) [18]	Online training	Decreased compassion fatigue, emotional exhaustion and depersonalisation. Increased personal accomplishment.	No outcome identified	No outcome identified	3 months
Mindfulness Based Cognitive Therapy (MBCT) [18]	Online training	Decreased compassion fatigue, emotional exhaustion and depersonalisation. Increased personal accomplishment.	No outcome identified	No outcome identified	3 months

**Table 3. Gratitude interventions**

Intervention	Mode of Delivery	Significant improvement outcomes	Significant deteriorating outcomes	No significant improvement	Duration of effectiveness
Gratitude journal [16]	In-person	Increased personal accomplishment and decreased emotional exhaustion and depersonalisation	No outcome identified	No outcome identified	21 days

## What can an individual do?

- Engage in skill training programs focusing on self-efficacy, self-care, compassion fatigue awareness training, stress management, refocus emotion regulation, and skill training on challenging behaviours.
- Incorporate mindfulness into daily routines through activities such as yoga, mindful meditation, mindfulness-based stress reduction, or mindfulness-based cognitive therapy.
- Foster a sense of gratitude by maintaining a gratitude journal and reflecting on positive aspects in both personal and professional life.

## What can an organisation do?

- Establish organisational initiatives for comprehensive skill training programs. These programs should be tailored to the unique challenges faced by aged care workers.
- Consider implementing gratitude journaling as a routine activity and provide resources or platforms for staff to share and acknowledge positive experiences.

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