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

Main results and recommendations

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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

Personal 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.
• 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.
• 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 chirurgical 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)
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** \((p<0.001)\)
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 ($p<0.001$)
Conclusions

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)
Thank you for listening!