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Is the burnout syndrome associated with elder mistreatment in nursing homes: results of a cross-sectional study among nurses

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As this issue has not yet been addressed in Croatia, our aim was to explore the presence of the burnout syndrome in nurses and see how it is related to their perception of elder mistreatment in nursing homes and extended care units. The burnout syndrome was assessed in 171 nursing professionals with a standardised Maslach Burnout Inventory for Human Services Survey (MBI-HSS) for three dimensions: emotional exhaustion (EE), depersonalisation (DP), and personal accomplishment (PA). High EE was reported by 43.9 %, high DP by 22.2 %, and low PA by 39.8 % of the respondents. Their perception of elder abuse and neglect was investigated with two self-completion questionnaires. The answers suggest that elder mistreatment in Croatian nursing homes and extended care units is more common than expected: 55 % witnessed shouting at a resident in anger, 43 % insulting and swearing at a resident, 42 % force-feeding the resident, 39 % ignoring a resident when they called, and 38 % neglecting to turn or move a resident to prevent pressure sores. We also established associations between a number of questionnaire items on perceived abuse and neglect and the burnout syndrome dimensions and determined the items that predicted the type and level of burnout in our respondents. One way to avoid the pitfalls that lead to abuse and neglect is education in schools and at work. We believe our research could contribute to this end.

KEY WORDS: *abuse; depersonalisation; emotional exhaustion; neglect; personal accomplishment; questionnaire*

Nursing homes and extended care institutions should be safe havens for the elderly, places where they feel at home and receive quality care and respect from caregivers (1-3). Yet, certain causes arising from the institution, caregivers, and care recipients may lead to elder mistreatment in these safe havens (4). Elder mistreatment can be broadly divided into neglect and abuse. Neglect refers to the intentional or unintentional failure to provide basic living conditions and necessary care and attention (5). Abuse can be physical, psychological, financial, or sexual (6, 7).

Violent and abusive behaviour of health personnel is often associated with work overload, as well as with evident lack of communication, strenuous relationships, and conflicts between health professionals (8). Caregivers can experience transference and countertransference, either in the sense that they see their future self in the care recipient or someone with whom they have unsolved issues in private life (6). A violent health professional is generally characterised by low education, alcohol and drug abuse, mental or personal issues, problems in relationships with others, dissatisfaction at work, low moral values, authoritative and punitive approach to others, and a lack of practice (6). Inexperienced and new nurses are often unprepared to provide competent care and meet the high expectations of long-term or palliative care patients, their families, own colleagues, and institution managers.

In addition, burnout is considered one of the main causes of elder mistreatment in nursing homes, especially those that are understaffed (9). Professional burnout is usually described as a set of physical and mental symptoms of exhaustion or as a delayed response to chronic emotional and interpersonal stress (10). In describing the burnout syndrome, Christina Maslach (one of the most prominent researchers in this field) uses a three-dimensional concept that includes emotional exhaustion (loss of energy and weakness due to the emotional depletion), depersonalisation (mental dissociation, cynicism, and loss of idealism), and poor personal accomplishment (inefficacy and low sense of competence) (11).

A number of factors may induce and aggravate stress in caregivers, including reduced work pleasure, long hours, inadequate salaries, high physical demands, increased workload due to understaffing, and deficient education and training (12, 13). In a broader biopsychosocial perspective, scientists are paying more and more attention to the psychological profile and sensitivity of health professionals

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for the elderly – most notably in terms of using personal resources and coping strategies in order to improve their resistance to stress (14).

To our knowledge, the relationship between the burnout syndrome in nurses and elder mistreatment has not yet been specifically investigated in Croatia, but there are several reports of elder mistreatment in families, whose primary aim is to increase the awareness of professionals about this issue (6, 15, 16).

In fact, mistreatment of the elder nursing home care recipients has rarely been tackled even on a global scale (17, 18). One recent prospective study from Hong Kong (19) suggests that abusive behaviour of caregivers toward Chinese elderly with dementia is associated with the symptoms of burnout. Another recent study from Switzerland (20) suggests that this problem should be addressed through staff training, better responsibility management, rotation of caregivers, and timely interventions.

The aim of this study was to explore the presence of the burnout syndrome in Croatian nurses and to see how its three dimensions are related to their perception of elder mistreatment in nursing homes.

PARTICIPANTS AND METHODS

Participants

The study covered most nursing homes (two state-owned and two private) and two extended care units (of the General Hospital Varaždin) in the Counties of Varaždin and Međimurje to provide an adequate sample of nursing professionals who work with the elderly.

Of the 200 invited professionals, 171 responded (85.5 % response rate) between October and December 2016. The eligibility criteria included nurses with a secondary school degree, bachelor degree, or graduate and postgraduate degrees in nursing. Most respondents were women with secondary school degree who worked in shifts and were assigned to work with the elderly instead of volunteering (Table 1). Furthermore, all respondents had direct contact with elderly residents. For this study we obtained the approvals of the ethics committees and heads of all institutions involved and written consents of all the participants.

Questionnaires and data collection

The initial questionnaire included demographic data (age, gender, marital status, having children), education level (secondary school, bachelor degree, master's degree), affiliation (nursing home or extended care unit), duration of employment, and work-related questions (number of employees, night shifts, workload).

In the first part of the study we assessed the burnout syndrome using a standardised Croatian version of the Maslach Burnout Inventory for Human Services Survey (MBI-HSS) (11), obtained from the Naklada Slap publisher. It included three dimensions:

a) emotional exhaustion (EE), which measures the feeling of extreme physical and psychological fatigue and overextension;

Table 1 *Demographics and median questionnaire scores of the surveyed nursing staff (N=171)*

Women: N (%)	148 (86.5 %)
Married or living with a partner: N (%)	118 (69.0 %)
Education – secondary school: N (%)	129 (75.4 %)
Education – bachelor degree: N (%)	39 (22.8 %)
Education – master's degree: N (%)	3 (1.8 %)
Has one or more children: N (%)	119 (69.6 %)
Too many care recipients: N (%)	116 (67.8 %)
Working in shifts (night shifts included): N (%)	107 (62.6 %)
Working in state-owned nursing home: N (%)	38 (22.2 %)
Working in privately-owned nursing home: N (%)	12 (7.0 %)
Working in extended care unit: N (%)	121 (70.8 %)
Assigned to work with the elderly without volunteering for it: N (%)	144 (84.2 %)
More than 100 residents in the institution: N (%)	129 (75.4 %)
Age (years): median (IQR)	41.0 (30.0-51.0)
Work experience (years): median (IQR)	20.0 (8.0-30.0)
Burnout EE score: median (IQR)	2.6 (1.6-3.9)
Burnout DP score: median (IQR)	0.8 (0.4-2.4)
Burnout PA score: median (IQR)	4.3 (3.5-5.1)
Perceived stress score: median (IQR)	18.0 (14.0-23.0)

EE – emotional exhaustion; DP – depersonalisation; PA – personal accomplishment

b) depersonalisation (DP), which measures an unfeeling and impersonal response to the recipients; and

c) personal accomplishment (PA), which measures the experience of one's competence and success at work.

The MBI-HSS contains 22 questions graded by the respondents on a 7-point Likert scale ranging from 0 to 6, where 0 means "never", 1 "a few times a year", 2 "once a month", 3 "a few times a month", 4 "once a week", 5 "a few times a week", and 6 "every day". The EE dimension has nine items with a maximum score of 54; DP five items with a maximum score of 30; and PA eight items with a maximum score of 48.

The scores correspond to three levels of burnout: low, moderate, and high. In the EE dimension, high burnout level is over 27, moderate between 17 and 26, and low below 16. In DP, high burnout level is over 13, moderate between 7 and 12, and low below 6. In PA, high burnout is over 39, moderate between 32 and 38, and low below 31.

In the second part of the study we assessed how the respondents perceived elder mistreatment using two questionnaires. The first had 25 items (claims) designed to establish the caregivers' attitudes, experiences, and awareness of elder abuse and neglect. We developed these items based on a literature review, most frequent errors in the work of professional nursing staff, and personal experiences of the researchers. The respondents graded them on a 5-point Likert scale, where 1 means "I completely disagree", 2 "I mostly disagree", 3 "I neither agree nor disagree", 4 "I mostly agree", and 5 "I completely agree". The questionnaire was pretested in a validation pilot study.

The second questionnaire also consisted of 25 items to measure the rate of observed elder abuse and neglect. Twenty items have originally been developed by Drennan et al. (21) and used (with the authors' written permission) to cover the domains of neglect and physical, psychological, financial, and sexual abuse. We expanded the original questionnaire with five more items to account for the differences in Irish and Croatian education and elder care standards. These items were: "In the last 12 months have you seen a member of staff…" "…give laxatives (purgatives) just once a week"; "…often unnecessarily insert a urinary catheter"; "…force-feed a resident"; "… force a feeding tube in resident's mouth unnecessarily"; and "…encourage a resident to use inappropriate language".

The participants were asked to rate how often they witnessed the behaviour described by the items with replies ranging from never, once, 2-10 times, to more than 10 times.

The expanded questionnaire was pretested in a validation pilot study. Only the behaviours observed by more than 10 % of the respondents were recorded.

Statistical analysis

The analysis included only the items validated for internal consistency (Crombach $\alpha \geq 0.7$) in preliminary testing. All data were analysed using Statistica (StatSoft, v. 13.0, Dell Software, Austin, TX, USA).

The normality of distribution was analysed with the Kolmogorov-Smirnov test, and appropriate non-parametric tests were used in subsequent analysis. Differences between the burnout dimensions were analysed with the chi-squared test and the correlations between the burnout and mistreatment scores established with Spearman's correlation coefficients. Binary logistic regression was used to predict high burnout levels for each MBI-HSS dimension that significantly correlated with mistreatment items. All p-values <0.05 were considered statistically significant.

RESULTS AND DISCUSSION

Emotional exhaustion (EE) and depersonalisation (DP) were high in 43.9 % and 22.2 % of the respondents, respectively, while 39.8 % rated their personal accomplishment (PA) low (indicating high burnout level) (Table 2).

In the Irish study by Drennan et al. (21) only 14.8 % of respondents had a high level of EE, compared to our findings. Furthermore, only 8.4 % had high DP, while 60.7 % reported a high level of PA.

A cross-sectional survey by Cocco et al. (22) with 355 caregivers in three nursing homes and nine general hospital geriatric sections has demonstrated strong associations between high EE and professional role, general hospital working environment, female gender, and staff-to-resident ratio, then between high DP and disability and general hospital working environment, and low PA and professional role and general hospital working environment. Christina Maslach has also shown that high workload (such as too many responsibilities in a short amount of time) is strongly and consistently associated with the burnout syndrome, EE in particular (23).

Table 3 and Figures 1 and 2 show the results of the two questionnaires on elder abuse and neglect. More than half

Table 2 *Burnout levels by the three MBI-HSS dimensions (N=171)*

Dimension	Level	No. of respondents (N)	Frequency (%)
EE	Low	52	30.4 %
	Moderate	44	25.7 %
	High	75	43.9 %
DP	Low	106	62.0 %
	Moderate	27	15.8 %
	High	38	22.2 %
PA	Low	59	34.5 %
	Moderate	44	25.7 %
	High	68	39.8 %

EE – emotional exhaustion; DP – depersonalisation; PA – personal accomplishment

Table 3 *Attitudes and awareness of elder abuse and neglect*

Item	Median (IQR)
I adhere to the universal standards of care for the elderly.	4.0 (4.0-5.0)
I recognise physical changes in the elderly care recipients.	4.0 (4.0-5.0)
I recognise psycho-cognitive changes in the elderly care recipients.	4.0 (4.0-5.0)
I know how to communicate with an elderly person with dementia.	4.0 (4.0-5.0)
Day-to-day communication is quite burdensome when taking care of the elderly.	4.0 (3.0-5.0)
Elderly care recipients are often the main culprit for mistreatment by staff.	2.0 (1.0-3.0)
Elderly care recipients demand excessive care.	3.0 (2.0-3.0)
Elderly care recipients expect to be treated as equal partners in their care.	4.0 (3.0-4.0)
By dressing the elderly in their own clothes instead of hospital robes I help them preserve their sense of dignity.	4.0 (4.0-5.0)
The elderly should have at least 20 minutes for a meal.	4.0 (4.0-5.0)
One bowel movement per week is normal for elderly individuals.	1.0 (1.0-3.0)
Speaking up is encouraged when addressing an elderly individual to give them instructions.	4.0 (2.0-4.0)
Elderly care recipients often use nurse call bells unnecessarily.	3.0 (2.0-4.0)
Ethical treatment of the elderly is often neglected.	3.0 (2.0-4.0)
Health care of the elderly care recipients is quite demanding.	4.0 (3.0-4.0)
I need additional education on taking care of the elderly.	3.0 (2.0-4.0)
I read professional medical literature on how to take care of the elderly.	3.0 (3.0-4.0)
I attend lectures on care for the elderly.	4.0 (3.0-4.0)
Listening to the elderly telling stories is an important part of care process.	4.0 (3.0-4.0)
Occasional appropriation of one resident's belongings to take care of another should not be considered abuse.	3.0 (2.0-3.0)
I use babble talk and diminutives such as "sweetie, honey, sugar, granny" when I speak to an elderly care recipient.	2.0 (1.0-3.0)
Continent elderly care recipients attract staff's attention by urinating in bed.	2.0 (1.0-3.0)
I often need to smoke at work.	1.0 (1.0-3.0)
I believe that there is no elder mistreatment in my institution.	4.0 (3.0-5.0)
I work too long with the elderly.	3.0 (1.0-4.0)

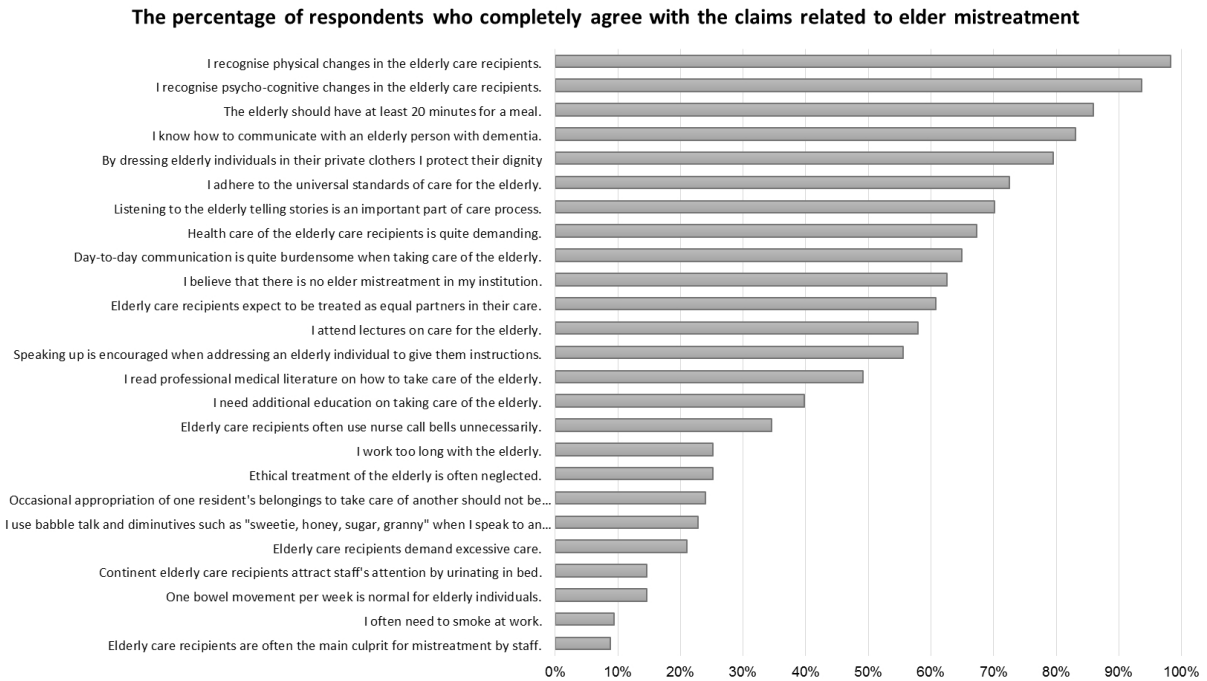

Figure 1 *The percentage of respondents who completely agree with the claims related to elder mistreatment*

Table 4 *Significant correlation coefficients between burnout dimensions in nursing staff and certain types of perceived neglect and abuse of the elderly individuals in the institutions (Spearman's correlation coefficients)*

Item		EE	DP	PA
I adhere to the universal standards of care for the elderly.	Rho	**-0.159**	-0.083	**0.155**
	P	**0.037**	0.281	**0.043**
Day-to-day communication is quite burdensome when taking care of the elderly.	Rho	**0.230**	**0.259**	**-0.174**
	P	**0.002**	**0.001**	**0.023**
Elderly care recipients are often the main culprit for mistreatment by staff.	Rho	0.067	**0.158**	-0.088
	P	0.385	**0.039**	0.254
Elderly care recipients demand excessive care.	Rho	**0.257**	**0.241**	**-0.173**
	P	**0.001**	**0.002**	**0.024**
Elderly care recipients expect to be treated as equal partners in their care.	Rho	**0.152**	**0.164**	0.061
	P	**0.048**	**0.032**	0.428
Elderly care recipients often use nurse call bells unnecessarily.	Rho	**0.254**	**0.244**	-0.104
	P	**0.001**	**0.001**	0.174
I need additional education on taking care of the elderly.	Rho	**0.179**	**0.219**	**-0.173**
	P	**0.019**	**0.004**	**0.024**
I read professional medical literature on how to take care of the elderly.	Rho	**-0.328**	**-0.333**	**0.273**
	P	**<0.001**	**<0.001**	**<0.001**
I attend lectures on care for the elderly.	Rho	**-0.325**	**-0.244**	0.167
	P	**<0.001**	**0.001**	0.029
I use babble talk and diminutives such as "sweetie, honey, sugar, granny" when I speak to an elderly care recipient.	Rho	**0.198**	**0.183**	0.051
	P	**0.009**	**0.017**	0.507
Continent elderly care recipients attract the staff's attention by urinating in bed.	Rho	**0.165**	-0.049	0.027
	P	**0.031**	0.528	0.728
I often need to smoke at work.	Rho	**0.232**	0.127	-0.063
	P	**0.002**	0.100	0.414
I work too long with the elderly.	Rho	**0.443**	**0.257**	**-0.231**
	P	**<0.001**	**0.001**	**0.002**
In the last 12 months have you seen a member of staff…				
often unnecessarily insert a urinary catheter.	Rho	**0.184**	**0.189**	-0.060
	P	**0.016**	**0.013**	0.437
kick a resident or hit with a fist.	Rho	0.022	**0.160**	0.060
	P	0.773	**0.037**	0.436
shout at a resident in anger.	Rho	0.126	**0.201**	-0.065
	P	0.100	**0.008**	0.399
deny a resident food or privileges as part of punishment.	Rho	-0.117	-0.068	**0.169**
	P	0.129	0.378	**0.027**
Occasional appropriation of one resident's belongings to take care of another should not be considered abuse.	Rho	0.141	**0.163**	-0.120
	P	0.066	**0.033**	0.118

EE – emotional exhaustion; DP – depersonalisation; PA – personal accomplishment

of our respondents had witnessed shouting at a resident in anger (55 %), 43 % insulting and swearing at a resident, 42 % force-feeding the resident, 39 % ignoring a resident when they called, and 38 % neglecting to turn or move a resident to prevent pressure sores. These answers suggest that elder mistreatment in Croatian nursing homes and extended care units is more common than expected.

In Drennan's Irish report (21), 57.6 % of nurses reported one or more neglectful acts by other members of staff, while 27.4 % admitted that they had been personally involved in at least one of those acts. The most commonly reported (both observed and involved) acts were ignoring a call from a resident and not bringing a resident to the toilet upon asking. The flagrant differences between our findings and the Irish study (21) point to a much better staff-to-resident ratio in Ireland, more caretakers who perform ancillary tasks instead of educated nurses, and better education of all key stakeholders.

Table 4 summarises which dimensions of the burnout syndrome correlate significantly (positively or negatively) with which items of elder abuse and neglect. These items were subsequently used in regression modelling to predict the probability of burnout.

The probability of high EE significantly increases in respondents who think that the elderly care recipients often use nurse call bells unnecessarily (OR=1.65), respondents who often need a cigarette (OR=1.62), who think they work too long with the elderly (OR=1.54), and those who often observe unnecessary insertion of a urinary catheter (OR=1.59). In contrast, those who attend lectures on care for the elderly have the lowest probability of high EE (OR=0.59) (Table 5).

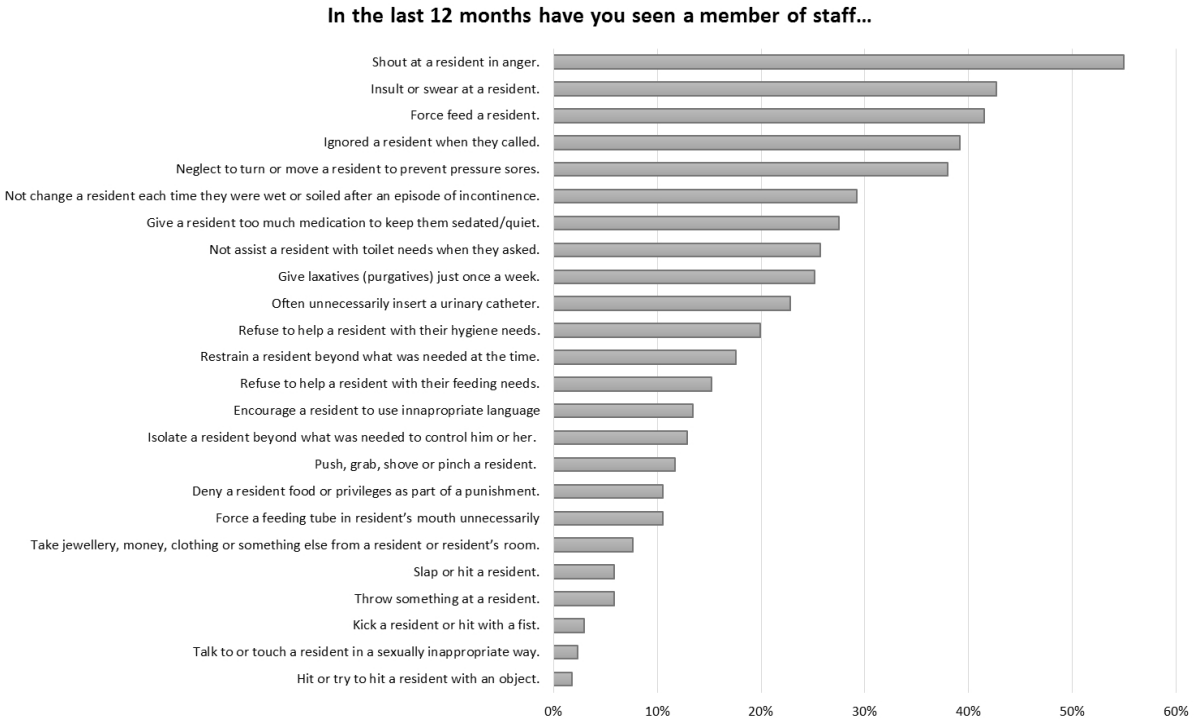

Figure 2 *The percentage of respondents who witnessed abuse or neglect in the last 12 months*

Table 5 *Items predicting a high (OR>1) or low (OR<1) burnout level for emotional exhaustion*

Item	OR	95 % CI		P
		Lower	Upper	
Elderly care recipients often use nurse call bells unnecessarily.	1.651	1.063	2.563	**0.026**
I attend lectures on care for the elderly.	0.590	0.389	0.896	**0.013**
I often need to smoke at work.	1.628	1.133	2.340	**0.008**
I work too long with the elderly.	1.542	1.125	2.114	**0.007**
In the last 12 months have you seen a member of staff…often unnecessarily insert a urinary catheter.	1.593	0.953	2.663	**0.076**

R^2=42.3 %; P<0.001; HL test P=0.983; 56 % on 77 %; OR – odds ratio; CI – confidence interval

Table 6 *Items predicting a high (OR>1) or low (OR<1) burnout level for depersonalisation*

Item	OR	95 % CI		P
		Lower	Upper	
Elderly care recipients expect to be treated as equal partners in their care.	1.812	1.034	3,176	**0.038**
I read professional medical literature on how to take care of the elderly.	0.442	0.256	0.761	**0.003**
Continent elderly care recipients attract staffs' attention by urinating in bed.	0.545	0.335	0.888	**0.015**

R^2=44 %; P<0.001; HL test P=0.786; 71 % on 81 %; OR – odds ratio; CI – confidence interval

Table 7 *Items predicting a high (OR>1) or low (OR<1) burnout level for personal accomplishment*

Item	OR	95 % CI		P
		Lower	Upper	
I need additional education on taking care of the elderly.	1.599	1.172	2.182	**0.003**
I read professional medical literature on how to take care of the elderly.	0.566	0.389	0.825	**0.003**
In the last 12 months have you seen a member of staff…deny a resident food or privileges as part of punishment.	0.387	0.153	0.979	**0.045**

R^2=25 %; P<0.001; HL test P=0.058; 60 % on 69 %; OR – odds ratio; CI – confidence interval

It is no wonder that exhausted and stressed professionals think that the elderly abuse call bells for no apparent reason. They may even justify neglect, abuse, and certain violent actions (7). Nursing is considered a profession that copes with high amounts of stress, pain, and suffering on a daily basis, and nursing interventions are often demanding, inconvenient, degrading, and sometimes outright scary (24). The association between EE and cigarette smoking is also not surprising; the same pattern can be observed in everyday life in people under stress.

The probability of high DP increases significantly in nurses who cannot come to terms with the expectations of the elderly to participate in care as their equals (OR=1.81) and who believe that continent care recipients attract attention by urinating in bed (OR=0.545) (Table 6). Generally speaking, nurses have difficulty in acknowledging an elderly individual as a partner in care. This finding reflects some of the six common characteristics of abusive caregivers of elderly individuals: low job satisfaction, perception of elderly individual as a child, burnout syndrome, inability to cope with a stressful work environment, domestic violence, mental illness, and drug/alcohol abuse (25). Conversely, the probability of high DP significantly drops in nurses who read professional medical literature on how to take care of the elderly (OR=0.44) (Table 6).

Finally, the sense of PA is likely to be lower in nurses who admit they need additional education on taking care of the elderly (OR=1.59) and likely to be higher in those who read professional literature on taking care of the elderly (OR=0.56) or those who have seen others deny residents food or privileges as part of punishment (OR=0.387) (Table 7).

If the caregiver is not able to cope with the permanent stress in their working environment, conflicts with their elderly residents are inevitable (26, 27). In addition to a supportive working environment, the promotion of cultural values in the workplace (28), especially in the times of economic scarcity, and assigning managerial roles to nurses (29) may be quite effective in successfully tackling the burnout syndrome.

Professionals working with the elderly are expected to be proficient not only in health care but also in non-violent conflict resolution and coping with stress (6). Nevertheless, certain knowledge deficits are found in caregivers, which should be addressed by systematic education, appropriate protocols, and adequate assessment (30). Furthermore, professional education should be organised in the working environment, preferably between shifts when most professionals are in the institution.

CONCLUSIONS

The interpretation of our findings may be somewhat limited by the possibility of social desirability and recall bias. Another possible limitation is the sample (N=171), but with the response rate as high as ours (85.5 %) and the general scarcity of nursing staff in homes and extended care units, it can be considered more than adequate for Croatia.

Previous research in Croatia has not comprehensively analysed the perception of elder mistreatment in nursing homes, nor was the issue related to the burnout syndrome. As our and other studies point out, education is clearly associated with lower burnout levels. Luckily, Croatia has taken steps toward improvement since 2013, when it started to harmonise the nursing studies curricula with the European Directive 2005/36/EC (31), which requires inclusion of more subjects other than biomedical sciences. For example, the Sociology of Health course now pays more attention to violence and mistreatment, whereas the class hours for the Health Care for the Elderly course has been doubled. Continuing education of nurses could also address the issue of mistreatment and interactions between the nurse and the resident in order to predict the pitfalls that lead to abuse and neglect. We believe our research could contribute to acknowledging this issue in academia and profession and moving toward resolving it in practice.

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Je li sindrom izgaranja povezan sa zlostavljanjem starijih i nemoćnih osoba u domovima: rezultati presječnog istraživanja u medicinskih sestara i tehničara

Budući da ovaj problem dosad nije obrađivan u Hrvatskoj, naš je cilj bio istražiti postoji li povezanost između sindroma izgaranja u medicinskih sestara/tehničara i njihove percepcije zlostavljanja starijih osoba u domovima za starije i nemoćne te službama za produljeno liječenje. U našem presječnom istraživanju sudjelovala je 171 medicinska sestra i tehničar u kojih je sindrom izgaranja ispitan standardiziranim upitnikom Christine Maslach za stručnjake pomagačkih zanimanja (MBI-HSS) te analiziran u tri dimenzije: emocionalna iscrpljenost (EI), depersonalizacija (DP) i osobno postignuće (OP). Visoka razina EI-ja pronađena je u 43,9 %, visoka razina DP u 22,2 %, a niska razina OP u 39,8 % ispitanika. Za ocjenjivanje percepcije zlostavljanja i zanemarivanja starijih osoba korištena su dva dodatna upitnika, a rezultati upozoravaju na to da se zlostavljanje i zanemarivanje u hrvatskim domovima za starije i nemoćne osobe viđa češće od očekivanog: 55 % ispitanika svjedočilo je vikanju na osobu starije dobi, 43 % vrijeđanju i psovanju, 42 % nasilnom hranjenju, 39 % ignoriranju poziva osobe starije dobi, a 38 % odbijanju okretanja osobe starije dobi kako bi se spriječili bolni pritisci. Uočena je povezanost između spomenutih dimenzija sindroma izgaranja s percepcijom nasilja nad starijim osoba te je pokazano da određeni stavovi i zapažanja ispitanika u vezi sa zlostavljanjem i zanemarivanjem starijih osoba mogu predvidjeti povećanu ili smanjenu pripadnost trima dimenzijama sindroma izgaranja u naših ispitanika. Adekvatna edukacija jedan je od načina kako izbjeći okidače koji mogu dovesti do zlostavljanja i zanemarivanja starijih osoba, a vjerujemo kako je naše istraživanje korak u tom smjeru.

KLJUČNE RIJEČI: *depersonalizacija; emocionalna iscrpljenost; osobno postignuće; upitnik, zanemarivanje; zlostavljanje*