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Job satisfaction, work engagement and stress/burnout of elderly care staff: a qualitative research

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Abstract. *Background and aim of the work:* Faced with the widespread use of services and facilities for the care and assistance of the elderly, the aim of this study was to explore the factors that can affect job satisfaction, work engagement and stress / burnout of the professionals who work there. *Method:* 32 semi-structured interviews were administered to a not probabilistic sample of the different professional roles (coordinators, nurses, healthcare assistants, physiotherapists, community animators) of a Human Services Company in Reggio Emilia (Italy). This includes day-care and residential care facilities for the elderly. *Results:* The thematic content analysis showed that inter-professional collaboration and positive relationships with superiors, colleagues and elderly people favour the job satisfaction, while workload, high responsibilities, reduction of rest periods and contributory inequity create dissatisfaction. The work engagement is favoured by professional autonomy, a sense of belonging, professional growth, specific training, while it is disadvantaged by scarce career opportunities, job insecurity and low recognition of one's contribution. Finally, inadequate pay, work load, high turnover and strong emotional experiences related to elderly people increase work-related stress/burnout, while working autonomy, psychological support and good relationships with the elderly reduce it. Some specificities were found according to the different professional roles and the type of services offered. *Discussion and conclusions:* The results suggest organizational improvement strategies that take these factors into account. Among the improvement proposals we highlight, for example, the promotion of training events, a greater involvement of personnel in corporate decisions and an adequate psychological support for professionals. (www.actabiomedica.it)

Key words: Residential Care Facilities; elderly patients; health professionals; job satisfaction; work engagement; stress and burnout; interview

Introduction

In industrialized countries, the rise in the average age of the population has led to an increase in problems related to non-self-sufficiency and the need for care. In response to these new demands, we are witnessing the spreading out and diffusion of social and health services. In particular, intermediate facilities, such as residential ones and day centers, have the aim of guaranteeing the elderly population adequate health care, the maintenance of autonomy and suitable living conditions. Residential Care Facilities are social and health facilities dedicated to non-self-sufficient elderly, who need medical, nursing or rehabilitation, general or specialized assistance. They are "bridging realities" between the healthcare world and the social world, in which human capital represents the main resource (1).

Some studies conducted in Residential Care Facilities (2) show that elderly people feature critical clinical characteristics that seem to compromise their

relational capacity strongly. This condition often creates increased discomfort and frustration felt by the professional offering them assistance. Aid professionals must in fact meet requests that involve not only the use of technical skills, but also of emotional involvement and interpersonal skills (3), which allow them to guarantee targeted and dignified assistance.

The occupational well-being of health professionals is a topic of utmost importance, considering that the increase in workloads, the growing demands for the humanization of care and the consequent emotional overload of work, have a direct effect on work performance and consequently on the health of users. For example, staff satisfaction and the tendency towards turnover are closely linked to the quality of assistance. In fact, where professionals report a high quality of care levels, they also show high levels of job satisfaction (2).

Job satisfaction can be defined as a person's positive attitude towards work. It is an emotional response, which is the result of the congruence between work, personal values, expectations of personal and professional fulfillment and the well-being of professionals (4). In this sense, care models centered on the person (and not on the disease) are positively interconnected with the job satisfaction of professionals and a satisfactory relational climate (5). In order to be able to provide quality assistance and satisfy the needs of the assisted persons, professionals are therefore invited to personalize the assistance (6).

In addition to person-centered care, other factors that favor the job satisfaction of professionals who work with the elderly are: social cohesion in the team, professional autonomy, career development positive social relationships and working climate and effective leadership (7). In particular, leadership oriented towards empowerment (8) positively influences job satisfaction as it: enhances the staff to make its members grow both individually and professionally; facilitates feelings of work accomplishment through commitment and passion; implements different resources at an individual and organizational level (8). An effective leader provides for the staff on an emotional, organizational and managerial level, through motivation and support. Dissatisfaction, on the other hand, is generated when the staff is not adequately involved and the assigned tasks and time constraints prevent the possibility of relating (9).

Positive relationships developed in the work environment contribute to job well-being (10) and reduce stress. Work-related stress has been acknowledged as a significant occupational risk that can occur in professionals who take care of others (11), which can compromise physical health, psychological well-being and job performance (12) and thus generate job dissatisfaction. A tense working climate, difficult interpersonal relationships, the lack of team spirit and a collaborative attitude affect the ability to express one's potential within the organization at best (13). Studies show that motivation, ethics, adaptive coping strategies, high resilience (meant as the ability to adapt to changes and cope with negative events), self-realization, a good social network, autonomy, interest in work, adequate economic recognition, adequate structural and environmental resources, and proportionate workload are protective factors from stress (14).

In the absence of such buffers, professionals can also be exposed to the risk of burnout, a real syndrome which involves compromising one's psycho-physical health and the helping relationship with patients, with repercussions in relations with colleagues, the team, the social network, the organization and the community (15). According to Maslach et al. (16), professional burnout includes three dimensions, each of which is reflected in specific symptoms: emotional exhaustion, understood as physical and mental fatigue, low morale and lack of energy, with reduced appetite, sleep disturbances and depression; depersonalization or cynicism, which refers to an impassive and impersonal response towards those receiving care; poor personal fulfillment, which is reflected in low self-esteem, a sense of incompetence and low productivity.

The antithesis of burnout is work engagement, which can be defined as a positive and satisfying psychological condition associated with work, characterized by energy, high involvement and a sense of work effectiveness (17). For Schaufeli (18) work engagement is characterized by: vigor (energy with which one dedicates himself/herself to the performance of tasks, resisting and knowing how to react to situations of stress or difficulty); dedication (the professional is proud of what he/she does, is involved and is willing

to make the necessary efforts to achieve the goals) and absorption (the ability to concentrate and carry out one's tasks efficiently, without distractions). The work engagement is a permanent cognitive-affective condition associated with: positive attitudes towards work and the organization; job satisfaction; commitment; performance; innovation; little intention of giving up one's job and positive organizational behaviors, such as personal initiative and motivation to learn. The "engaged" worker best expresses his/her skills and potential and shows proactive attitudes towards work within the company, which achieves higher levels of professional effectiveness and quality of the service offered. The construct of work engagement stems from the theoretical job demands-resources model (19), the assumption of which is that each profession is characterized by different dimensions, which can be summarized in two categories: job demands and job resources. The level of work engagement can therefore be favored by some resources in the organization, including, for example, decision-making autonomy, the possibility of support from colleagues and superiors, clarity of roles, the possibility of receiving feedback on the work carried out and team supervision. The latter, in particular, is an important tool in terms of health and work well-being as it is able to reduce emotional overload, stimulate motivation and strengthen an approach shared by the team, with repercussions on the professional quality provided. Supervision activates a process of reflection, learning, verification and evaluation that develops through the relationship between an experienced professional and one or more professionals in the sector, during the professional activity (20).

Some features of the worker, such as self-efficacy, optimism, resilience and perseverance in obtaining results, also represent personal resources that are positively correlated to work engagement. The engaged worker therefore best expresses his/her abilities and potential, drawing an advantage in terms of well-being and achievement, maintains high standards and is oriented towards improving performance (21), thus favoring proactive attitudes towards work (22).

Decreased workloads and turnover, professional recognition, fair pay, career opportunity and personal esteem positively affect motivation and satisfaction and increase the possibility of creating positive relationships and mutual collaboration, involvement, cooperation and motivation to achieve common goals (23). The awareness of contributing with one's work to the achievement of a common goal contributes to generating well-being and motivation (24).

A sensible work-life balance also has a positive impact on engagement. In fact, professionals who have a satisfying private life, who invest in free time, family, friendships, hobbies and sports, are workers who work more intensively, giving value to the work they perform (25).

Therefore, the need to develop corporate welfare tools follows such as private or parental permits, as well as those related to study and lifelong training in order to increase skills and knowledge and to develop one's career along with one's personal and professional growth path, contributing to the satisfaction of the human needs such as self-esteem, self-realization and sense of belonging (26).

Method

Aim

On the basis of these premises, a qualitative research design was selected, which aimed to understand in depth the factors that favor job satisfaction, work engagement and work-related stress/burnout of professionals who work with the elderly. In addition, an attempt was made to identify whether there are specificities depending on the different types of services (Residential Care Facilities vs. Day Centers for the elderly), the professional role of the participants and the state of health of the patients (presence vs absence of cognitive impairment).

Setting

The study took place between April 2019 and February 2020, at the Human Services Company of "Reggio Emilia Città delle Persone"- *"Reggio Emilia City of People"* - (Provincial Healthcare Company), selected according to a criterion of convenience. It is therefore specified that the study took place before the health emergency related to Covid-19, which led these facilities to be the focus of further serious problems.

Instrument

The survey tool selected is a semi-structured interview-built ad-hoc, lasting about 60 minutes.

Table 1 shows the areas of the interview, divided into 5 areas, for a total of 22 questions.

Participants

Participants were recruited with non-probabilistic sampling and, in particular, non-proportional stratified sampling. All professional types that deal with the elderly were involved within the selected company, for a total of 32 professionals, of which 22 women (68.75%). There were 6 professionals between coordinators and facility managers; 6 nurses; 6 physiotherapists; 6 healthcare assistants and 6 animators.

The age of the participants shows a range between 25 and 59 years with an average of 45.13 (SD = 10.84). Length of service varies from 2 months to 39 years, with an average of 186.69 months (SD = 141.25).

27 participants (84.38%) work in a residential facility and 5 in day centers (15.62%). All respondents care for elderly people with cognitive impairment.

Data analysis

Each interview was recorded, entirely transcribed and examined with thematic content analysis. Qualitative data was codified by three independent researchers. The inter-rater accordance was then computed (Cohen's Kappa Coefficient = .089).

Ethical considerations

The study was approved by the Reggio Emilia Ethics Committee (protocol n.2019 / 0085704 of 2019) and was conducted in accordance with introduced and authorized amendments as well as with the ethical principles of the Declaration of Helsinki (http://www.wma.net/e/policy/b3.htm). The participants were informed by the investigator on the purposes of the research and signed specific informed consent to the study and to the processing of personal data. An information note was attached to the consent, which clarified the voluntary participation in the research and the possibility of withdrawing from it at any time. The information also specified that the interview would be audio-recorded and that the data collected would be analyzed and disclosed in a strictly anonymous form.

Results

The results relating to the analysis of the constructs of the 32 interviews carried out are provided below.

1. Job satisfaction

With respect to job satisfaction, 7 sub-dimensions were analyzed*: work climate; leadership; interpersonal relationships; collaboration, cooperation or competition; exclusion, marginalization or discrimination; fairness in terms of pay, workload and responsibility; evaluation of job satisfaction in general.*

Within their work environment, 15 respondents (47%) declare the presence of a good *work climate*. This is attributed to the fact that we managed to build a good relationship with other professional figures*: "for me the climate is a generally positive climate [...] the relationship with other professional figures [...] is the very beautiful part of this work"* (Interview 28, Physiotherapist).

11 respondents (34%), on the other hand, declare low satisfaction with the work climate, referring to the difficulty of understanding and collaboration between the various professional figures, the lack of time, the scarcity of professionals and the general organizational climate: *"unfortunately every now and then […] Decisions that are not ours but are taken at a managerial or even regional level affect the work program of the SDGs, which create internal nervousness that can cause […] wars among the poor"* (Interview 6, Nurse).

For 6 respondents (19%), the climate is positive or negative depending on the situation or working period.

As regards *leadership*, 25 participants (78%) declared that the Facility Coordinators and the Nursing Coordinator are effective leaders, as they contribute to maintaining a positive climate, through their availabil-

Table 1. The Interview Guide

Area	Questions
Socio-personal data	Age
	Sex
	Professional role
	Job Division
	Length of Service
Elder-related problems and training courses	What are the problems that occur most frequently in the elderly you work with?
	During your work experience, did you participate in specific training courses on issues concerning care for the elderly? If so, please specify?
Working climate, leadership, relationships within the team, discrimination	How would you describe the general climate of your working environment?
	How much does your head of unit/manager favor or hinder the construction of a positive climate within the service? With what methods or tools?
	How would you define the interpersonal relationships you experience with colleagues and/or with your direct superiors?
	To what extent are collaboration and cooperation bonds created in the working group or vice versa competition bonds?
	To what extent are situations of exclusion/marginalization or forms of discrimination created in the working group?
Equity, professional growth, engagement, sense of belonging, job satisfaction	To what extent is equity an element that characterizes your job, in terms of pay, workload and responsibilities covered?
	In the time you have worked in this service, how much do you recognize as a growth in your professional role and skills? What has helped or hindered your professional growth?
	How much is your thought contribution required in the design of the service?
	How involved and welcomed do you feel in solving problems and/or proposing new ideas?
	How much autonomy in professional action is a quality that characterizes your work?
	What and how many are the tasks of your job that you consider useless for the quality of the service, which you are, however, obliged to perform?
	How attached do you feel to your company? Why?
	Can you describe, in general, what is your degree of job satisfaction?
Work-related stress and burnout	How much do you feel your job is at risk of stress and burnout?
	What, in your opinion, are the factors that favor or reduce stress and burnout?

ity and listening, organizing meetings where they seek to highlight problems and solve them, sometimes even with the help of a psychologist: *"The Facility Coordinator is a person with a lot of patience who knows how to use common sense very well [...] the AAR (Responsible for Assistance Activities), on the other hand, is a person who leads […] A breath of incredible good humor […] they are two positive figures "*(Interview 10, Nurse).

The remaining 7 (22%) declare that the managers do not favor a good work climate: the difficulty that emerged is the fact that the Coordinator is overburdened with bureaucratic work and is unable to be adequately present to be able to identify the critical issues of assistance.

As for *interpersonal relationships*, 23 respondents (72%) declare that they have positive relationships, mainly due to collaboration, mutual esteem, respect and transparency between the various professional figures *"ah....good, good [...] when we have problems we face them, we do not hide, in the sense that if I have a problem with my colleague, I would talk about it […] we are fine* "(Interview 17, Nurse).

On the contrary, 7 interviewees (22%) speak of negative relationships, attributing them to a lack of relationship with the Management, to the lack of time, dialogue and collaboration. 2 participants (6%) declared to have both positive and negative relationships, due to personality differences.

Regarding the *ties of collaboration and cooperation*, 29 interviewees (91%) believe that within their working group there are inter-professional collaboration ties and excellent team work: *"a lot of collaboration, [...] with all the professionals […] Many times it has also happened that we might leave ours behind to help them […] I think that if there is collaboration, you live better within a group "*(Interview 16, Nurse).

2 participants (6%) declared that there is no collaboration, due to the lack of coalition between professionals, while 1 participant (3%) stated that collaboration is difficult for reasons due to the recent working reorganization of the facility.

For 16 interviewees (50%) there is no *competition*, while for 6 professionals (19%) it is present. The remaining participants did not express an opinion on the matter.

20 interviewees (63%) declare that they have never noticed situations of *exclusion, marginalization or discrimination*. This is traced back to the ability of managers to know how to enhance professionals through their work skills and their personal qualities, organizing, if necessary, meetings to heal critical issues: *"Absolutely no one is excluded [...] if a person doesn't go very well [...] we try to involve him/her. We try to be stimulating [...] There are sometimes certain meetings where if there is the need for a quarrel, we quarrel, but then [...] many times things are all overcome and just pass [...] "* (Interview 23, Physiotherapist).

10 professionals (31%) declare on the contrary situations of exclusion and marginalization: *"yes, I feel discriminated against and marginalized"* (Interview 1, Animator); *"It may happen that a person, either by character, by arrival times or by the way one works here, may be more marginalized"* (Interview 28, Physiotherapist). 2 professionals (6%) do not express an opinion on the matter.

With regard to *remuneration, workload and responsibility*, 23 professionals (72%), declare that the remuneration is not fair, referring to the growing care complexity of the host and the management of the family network, from the workload (physical and mental) of professionals and the increase in responsibility, not adequately recognized: *"There is no equity either, because you have a lot of responsibility, a huge load of work, and I am a single physiotherapist with 64 guests"* (interview 14, Physiotherapist). On the contrary, 7 professionals (22%) declare that the remuneration is fair and recognized with shift and overtime allowances. *"Yes [...] lately they have also given us the shift allowance that we did not have, [...] so the salary has also increased [...] all the extra hours I do, even half hours, are recognized as overtime "*(Interview 27, Coord./AAR). 2 professionals (6%) do not express an opinion on the matter.

As for the *perception of job satisfaction*, more than half of the interviewees (63%) declared themselves satisfied. Satisfaction comes from the exercise of one's profession and above all from the relationship that is established with the assisted guests: *"I feel connected to my elderly, [...] for me it is good for them [...] many things that they give you anyhow, you carry them inside, they give you a boost "*(Interview 32, Healthcare assistant).

In addition to this, some also feel gratified by corporate awards: *"I personally had great gratifications from my managers [...] they helped me in need, but beyond this I have always received great esteem and I am proud of it"* (Interview 18, Coord./AAR).

2 participants (6%) are satisfied with their profession, but not with the working environment. On the contrary, 10 professionals (31%) are not very satisfied mainly due to the stress caused by the exercise of their profession, the lack of cohesion with other professionals and the poor corporate recognition: *"maybe I say this*

because I am at the beginning, but the degree of satisfaction is little" (Interview 3, Physiotherapist); *"Now it is difficult […] in the sense that things could improve a lot"* (Interview 29, Healthcare assistant).

2. Work engagement

The construct of work engagement consists of 5 sub-dimensions: *professional growth; the contribution of thought and involvement in problems and new ideas; professional autonomy; any tasks deemed unnecessary for the quality of the service; the sense of belonging to the company.*

With regard to *professional growth*, 24 interviewees (75%) acknowledge that they have had professional development, mainly favored by working autonomy, acquired experience and training: *"the fact that I had the opportunity to do training courses "*(interview 2, Anim.), even if, on the part of someone, the training should focus more on the relational, than technical aspects: *"while I think there are good training activities at a technical level on procedures, use of tools within the workplace, perhaps more opportunities for training are needed at a more general level, at the level of relational management skills "*(Interview 28, Physiotherapist).

3 respondents (9%) believe that they have not grown professionally, while 5 (16%) did not answer. The obstacles to one's professional growth are identified in not feeling part of a project, in the continuous turnover and in the employment contract.

Regarding the *contribution of thought*, 18 (56%) interviewees believe they are involved and free to express their opinion, while 4 (12.5%) report that their opinion is not relevant for decision-making purposes. Other 4 participants stated instead that they are involved with regard to issues concerning guest care, but not with respect to broader organizational reflections: *"the contribution of thought is required [...] for all activities involving guests, the organization of the department and the service itself; therefore in this sense [..] there are moments of team reunion and multidisciplinary discussion [...] I think that the problem in general is instead feeling at the center of the company organization, of everything that concerns certain aspects in which your professional life is ending "*(Interview 28, Physiotherapist).

Finally, 6 respondents (19%) stated that their thought contribution is not required.

As regards the *involvement in the solution of problems and in the proposal of new ideas*, 18 interviewees (56%) believe they feel involved and listened to: *"yes, in the operational unit [...] I feel I have succeeded [..] to carry out very small things for the well-being of people"* (Interview 24, Nurse).

7 of these specify that they are involved in relation to their area of expertise, while 5 emphasize that they can make proposals, but with the doubt that they will then be accepted.

Another 10 interviewees (31%), believe they feel welcomed in the proposal of solutions and ideas exclusively for problems inherent to guests and their daily practical work, but not at an organizational or structural level *"as regards the professional commitment with the elderly person, there is more chance that your ideas will be accepted; instead in the organization of the service in general, there I would say that we have no word [..] the opening is there, but we are not yet able to carry out many projects "*(Interview 15, Physiotherapist).

When asked how much *autonomy in acting* characterizes their work, 25 professionals (78%) answer in the affirmative way, *"I have autonomy, [...] I can independently decide what to do at the moment"* (Interview 18, Coord./AAR). 4 participants believe they do not feel autonomous or have limited autonomy, while 3 of them have not provided any answer to the question.

As regards the *performance of tasks deemed unnecessary for the quality of the service*, 14 participants (44%) reported that they do not perform tasks outside their professional profile or such for which they feel an obligation or a burden in their performance; *no, I have to say on the contrary that… here, on the other hand, the role is well defined [..] I believe that I do not have inappropriate duties"* (Interview 27, Coord./AAR)*: "I believe there are no things that I consider useless; it is all necessary [...] I am lucky enough to dedicate myself expressly only to nursing things [..] and I do not find useless things [..] everything is inherent to my profession"* (Interview 24, Nurse).

An equal number of participants (44%) feel instead of having to carry out activities that they do not consider related to their role*: "useless, no ... everything is needed [...] is that they are not within my competence [...] like the pharmacy order [...] all the health data that must be sent to the region [...] the entire part of the book-*

ing of visits" (Interview 5, Nurse). 4 respondents did not answer.

20 interviewees (63%) say they feel a *sense of belonging to the company* and this is attributed to both the recent job stabilization and the clarity of professional roles within the company*: "I finally feel I belong [...] I consider it a personal success also working for this company [..] you know who you are, what you have to do and what they want from you "*(interview 27, AAR)*; "I feel part of the company, especially since there was a permanent hiring that we waited for many years [...] it was the company that wanted to do it and it is an important thing [...] an employee who does not feel comfortable, does not feel welcomed by the company, does not work well and does not feel part of the company, I can confirm this "*(Interview 15, Physiotherapist).

7 respondents (22%) do not feel connected to the company, but only to their work and the elderly; 3 participants (9%) instead feel they are grateful to the company, but do not see in it a future of professional growth. Only 2 respondents (6%) did not answer the question.

3. Stress/Burnout

The sub-dimensions investigated here concern: *the risk of stress/burnout related to the work situation, factors favoring stress and burnout and protective factors.*

27 (83%) interviewees recognize themselves at *risk of stress/burnout*: this figure is linked to the type of guest, the length of stay and the death of the people the professionals take care of: *"is your work at high risk of stress/burnout? […] Yes, very, very, very much (cries)"* (Interview 2, Animator)*; "Yes, definitely, we have colleagues who unfortunately were expelled from the department because they couldn't take it anymore"* (Interview 29, Healthcare assistant). Only 5 respondents declare that they do not feel at risk.

With reference to the *favoring factors*, the first, cited by 23 professionals (72%), is the *inadequate remuneration* and increasing *responsibility*: *"but then I have to say that the responsibility is great but it is not recognized and as regards my salary […] is not suitable "*(interview 1, Anim.); *"growing responsibility […] inadequate pay"* (interview 15, Physiotherapist).

Other favoring factors, for 16 interviewees (50%), are the recent *reorganization* of the company and the *turnover* of staff: *"a young person enters for a month, a month and a half [...] I saw 12 nurses pass by"* (Interview 14, Physiotherapist*); "the reorganization was significant as a change [...] there was a large turnover"* (Interview 7, Coord./AAR).

For 15 interviewees (47%) the high *workload* is a source of stress *"we are used to always running and not listening to each other because of the workload"* (Interview 3, Healthcare assistant).

The *climate* and the *working environment* also have a significant impact on stress. In particular, 50% of the interviewees indicated the different training among operators and the presence of forms of exclusion, which cause a sense of inequity and work tension.

The increased risk of burnout is also linked to the *type of guest*. In fact, 47% of those interviewed reports that close contact with the elderly and the length of hospitalization often lead to emotional involvement: *"always being in contact with sick people, with illnesses, with death [...] relatives who let off steam on you […] the special core of dementia, there is pure madhouse! Everyone screaming from morning to evening, they are aggressive, they hit"* (Interview 29, Healthcare assistant)*; "Imagine what stress it can be, that is, I have done everything… but death is the best obtainable result"* (Interview 10, Nurse).

Although there is a real risk of stress/burnout, operators are able to find *protective factors* that provide stimuli and support the profession.

The main protective factor for 25 interviewees (78%) is *psychological support*, which is obtained through team meetings within their own working group, but also through the support of a psychologist: *"also a psychologist, someone who helps us out […] when there are heavy situations […] to understand how to deal with situations "*(interview 32, SHO)*; "the one who can help you a lot, talk, share your discomfort"* (Interview 6, Nurse).

The second protective factor, identified by 12 interviewees (37.5%), is the *patient/relative relationship*: *"managing these things creates a bond that becomes a sort of second family"* (interview 6, Nurse)*; "It becomes almost a sort of second family […] And of course you are naturally able to give, you are able to give a lot, but you are able to receive much more"* (Interview 5, Nurse).

For 9 respondents (28%) it was effective to reduce the state of stress/burnout moving from a Residential Facility to a Day Center or asking for a part-time: *"I*

chose years ago to work part-time at 24 hours [...] So [...] I was assigned to this smaller structure where I believe there is a correspondence between workload and work size" (Interview 19, Coord./AAR).

Another protective factor, cited by 10 professionals (31%) is the *autonomy* that can be acquired through the construction of projects or in the management of evaluations on the guests of the Residential Care Facilities: *"it is professionalizing because a similar autonomy of course I would never succeed to find in a hospital "* (Interview 5, Nurse).

For 4 respondents (12.5%), *training* is very useful for managing daily life within the Centers, for understanding the behavior of patients with dementia and for implementing strategies to manage them.

4. Differences depending on professional role

Below are provided some specificities, in relation to the professional role covered. Overall, it emerges that working well-being is greater for physiotherapists and less for animators.

In particular, with regard to job satisfaction, considering all the sub-dimensions analyzed, it emerged that the most satisfied category is that of the healthcare assistants, followed by nurses and Coordinators AARs: interpersonal relationships, collaboration and the working climate are the most satisfying elements. The least satisfied profession is instead, that of the animators who underline a lack of collaboration and a working climate that is not entirely favorable.

With regard to the dimension of work engagement, the professionals who are more "engaged" are physiotherapists: in fact, 84% of them declare a strong involvement in work, in solving problems and proposing new ones. They identify work autonomy as the predominant resource, both for the absence of the figure of a physiatrist, and for the freedom to act that characterizes their work. The same goes for nurses, who feel autonomous in assisting their guests. The category that most refers to a sense of belonging to the company is that of Coordinators/AARs. The least involved professionals are the healthcare assistants and the animators, especially with regard to the contribution of thought.

As far as stress/burnout is concerned, it turns out that the least stressed professionals at the lowest risk of burnout are physiotherapists, given that 50% declare that they are not at risk. The AARs, the Coordinators, the healthcare assistants and the nurses believe instead to be exposed to high risk. In particular, the animators are the ones who express the highest perception of risk: only 1 in 6 reports that they are not at risk.

5. Differences depending on types of services

Possible differences in relation to the types of services are reported below.

Taking into consideration job satisfaction, low job satisfaction appears evident for the professions that operate mainly within residences. With regard to the dimension of work engagement, there are no substantial differences between professionals who work in Residential Care Facilities and those in day centers. The only relevant fact is that none of the categories that are more "engaged" work in day centers. The category that mostly reports professional growth is that of nurses. All categories, and to a lesser extent nurses, feel they can contribute to the planning phase of their service.

As far as stress/burnout is concerned, it is greater for those who work in Residential Care Facilities and in particular in those where there is a "dementia unit".

6. Differences depending on patients' state of health

There are no substantial differences regarding the state of health of the patients since, in the totality of the facilities, all the elderly are affected by various chronic diseases, with significant physical and mental disabilities. They often suffer from cognitive impairment, behavioral disturbances, wandering and Alzheimer's. The interviews show that guests' dementia is present in every service.

Discussion

The main purpose of the research was to explore, through qualitative research, job satisfaction, work engagement and work-related stress/burnout of professionals working in a facility that deals with the care and assistance of the elderly, highlighting the presence of specificities according to the professional role cov-

ered, the type of service offered and the health status of the users.

In line with the literature, the results show that a high turnover, a high workload, a reduction in rest periods and the perception of poor pay equity, not only economic (allowances, rewards, promotions, awards), are linked to poor job satisfaction within the Residential Care facilities (27).

The importance of the relationship with the Coordinators/AARs was also highlighted, who confirm how their leadership function conditions the achievement and maintenance of satisfaction, under various aspects, including the working climate, the feedback provided to the staff and the positive relationships in the team (8).

The data also show that interprofessional collaboration and positive relationships with superiors, colleagues and the elderly promote job satisfaction. In this regard, the least satisfied professionals are the animators, who complain, in fact, of a lack of interprofessional collaboration.

Regardless of professional roles, positive relationships and collaboration within the team also protect against stress/burnout and emerge as work engagement factors and are an important resource for the organization (3).

Work engagement is also favored by professional development, training and acquired experience, as stated in particular by nurses, and by the involvement of problem solving and working autonomy, as especially physiotherapists declare. The theme of autonomy deserves further study. If, in fact, it would seem appropriate to preserve professional autonomy, this should not mean avoiding confrontation and mutual collaboration, which appear to be valuable elements for the quality of service and working well-being given that they allow to overcome personalistic individualism and the difficulty of dialogue between different professional cultures in the multidisciplinary team.

Moreover, even the sense of belonging to the service, with which common motivations and objectives are shared, also favors work engagement, as the Coordinators/AARs especially declare. The engaged worker, in fact, invests his/her energy on the goals and success of the organization; he/she is active and transmits positive feedback (28). The interviews confirm, in fact, that the professionals trained and raised in roles within the company feel a strong sense of belonging, good self-esteem and a sense of self-fulfillment (26). Work engagement, on the other hand, is disadvantaged by poor recognition, limited career opportunities, job insecurity and poor consideration of one's own contribution of thought, as also highlighted in the literature (29). There is therefore a need to strengthen the involvement of individual professionals in corporate decision-making processes (14). It would therefore seem optimal to give more space to the conversation, to the comparison between management and workers and to cooperation between the Structure and the local service.

Self-reported stress is very high for the participants of the facility; it has been mainly attributed to organizational problems, such as high workloads, fast pace, reduction of rest and turnover, confirming the data present in the literature (30). On the contrary, stress is reduced if there are the conditions to create positive relationships with the work group, aimed at achieving a common goal, and good relationships with users (14, 23).

In particular, from the analysis of the interviews, it emerges that the relationship created towards the elderly during assistance seems to generate ambivalent feelings, which alternate between the emotional satisfaction given by the human bond with the user and physical fatigue and psychological care, as well as frustration and ethical suffering (5), which require the need for adequate psychological support, to protect the professional.

The results highlight that older adults with cognitive impairment engage professionals both at professional and human level. Witnessing the decline and death of patients, looked after for a long time, promotes a high risk of stress/burnout, especially in the opinion of those who work in residential facilities and in the "dementia unit". Some professionals have also highlighted that there is no time dedicated to the "re-elaboration of grief" for professionals, nor more generally to the issue of degenerative disease and end of life.

Conclusions

The experiences that the socio-health professionals who, with different qualifications and roles, encoun-

ter in residential and day care facilities for the elderly, are united by the centrality of the user, who is in a state of particular need and difficulty, and by the centrality of the work group (team), within an organized setting. Coping with difficult and complex situations in work activities that involve intense interpersonal relationships can lead to the perception of not having adequate resources, demotivation, professional disaffection, job dissatisfaction, stress, conflicts and maladjustment.

There seems to be a need to encourage tools that help professionals give meaning to working life experiences, even painful ones, thanks to the implementation of adequate psychological support and team supervision, which offers the possibility of comparing experiences, optimizing the learning potential. Emotional and/or organizational supervision seems essential in offering containment, support and prevention of the health of the professional.

Specific training is also a priority, as it favors the value of one's work identity, increases one's knowledge/skills, improves performance, protects one's well-being and improves effectiveness and working efficiency (31). In the training, valid theoretical-conceptual and technical-operational references should be proposed which can be drawn upon in identifying tools and strategies, to effectively address situations experienced as problems in the organization.

The present research has several limitations, linked to the narrowness of the sample examined and the choice of a single-centre study of limited scope, selected with a non-probabilistic sampling. These limitations can be undoubtedly overcome with quantitative studies, even better if randomized multicentre, which will allow to determine more precisely the impact of the variables examined.

Despite these limitations, we hope that this research can offer an opportunity to activate processes to improve the quality of the service offered, through the introduction of monitoring tools that are functional to the corporate bodies, appointed to assess the organizational well-being of the workers who operate in facilities for the elderly. It is hoped that the Healthcare Services Companies and Public bodies that regulate the management of these services will pay more attention to the working conditions of professionals, even and especially after the emergence of the Covid-19 pandemic.

Although the present research took place before the health emergency, the pandemic in progress has led to the drafting of new recommendations for Residential Care Facilities, which further strengthen the results obtained before that event. These recommendations include, for example: promote daily huddles with staff to provide updates and address concerns; provide more engagement between supervisors and staff with an emphasis on appreciation of the work being done; pay close attention to the emotional health and well-being of the staff; keep the staff motivated and support staff morale; ensure at least one manager is physically present to address questions and concerns of staff on all shifts or assure staff of appropriate hours, including no overtime and provide rest periods to avoid burnout (32).

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