



Dealing with Stress & Burnout in the ECDOH

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Origins

Ukhahlamba 2008

- 140 babies die of dehydration Jan-Mar
- EVERYBODY investigates
- Acting DM brought in but not given report
- Nov 2008 met with 22 local managers
 - Same people been there for years
 - What support needed?
 - Long list of very reasonable suggestions / requests
- But main impression
 - People feeling guilty and depressed
 - Traumatized, stressed and burnt out
 - Totally disempowered



“Course”

- Started as a crisis intervention
- To help improve service delivery
- Developed 1st by 2 trauma psychologists from CSVR
- Facilitators develop it continuously as defined by need
- Now been run with 5 groups: +/- 60 managers
- 3 phases, about 6 weeks apart, each of 2 days
 - Create a “safe space”. Allow personal and work stress to surface
 - Phase 1: Assess needs & understand context of THIS group + stress, burnout & self-care.
 - Phases 2 & 3: According to needs of that specific group.
 - eg. feedback since last session; personal growth; emotional intelligence; power, disempowerment & leadership; team building; managing people; more on stress
- Report-back 6 – 8 weeks after end of course
- 2 questionnaires at start and report-back

Impact in Chris Hani District

- Qualitative assessment by
 - Hospital Manager, Cala Hospital
 - Zoyisile Titi
- Key learnings
 - Understanding the working environment
 - Dealing with work-related stress

Impact on a group of Bhisho-based Directors

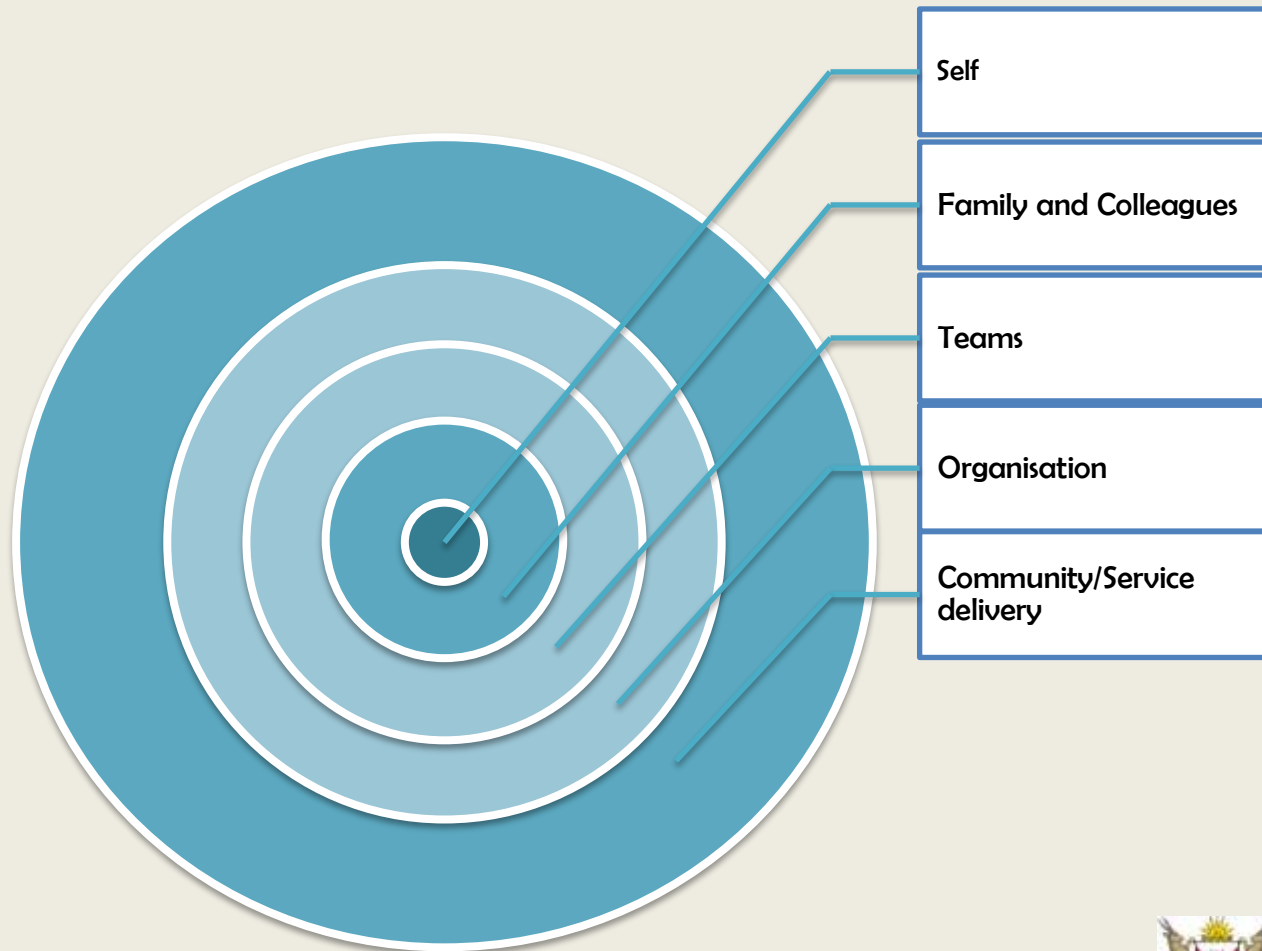
- Qualitative assessment by
 - Director, Transversal Services, ECDOH
 - Nozipiwo Gysman
 - Nourishing System
 - Catalyst
 - Sustaining the change

A facilitator's perspective

Tanya Jacobs

- Needs-based approach and tool kit to support
- Participatory adult learning methodology
- Creating a safe space where people able to express and voice issues
- Importance of continuity between phases
- Define what the course can achieve and what is domain of organisational develop processes

Conceptual framework



Impact of burnout on service delivery

- Personal & inter-personal effects
 - Demotivation and lack of interest
 - Lack of caring
 - becoming cynical
 - absenteeism
 - professional distancing;
- Effects on team and organization
 - Breakdown of communication
 - lack of cooperation; demotivated team
 - no implementation of decisions, plans & projects
 - no cohesion and limited participation;
 - no trust and 'silo' approach
 - poor productivity.

Outcomes

- Greater self-esteem and self-confidence
- A more holistic view and deeper understanding of colleagues
- Application of knowledge gained in terms of self, teams and the organization
- Display of more effective emotional intelligence in relation to self, colleagues, team and organization
- Implement strategies to prevent burnout
- Identify and address burnout symptoms in self, colleagues and team
- Function more effectively as team members
- Improved team and organisational communication
- Increased awareness of power dynamics

Voices of the participants

- “Introspective exercises to improve self were enriching and then to work outward from self to team. Need to carry this forward and not be bogged down by the environment”
- “We can see the personal shifts because of this course we have been able to shift and feel that if others could do this it would improve communication, self-growth and better service delivery”
- “The course has helped me to empower hospital managers. I know how to ask, listen. I am able to see the bigger picture because my personal stuff is not interfering with my ability to hear”

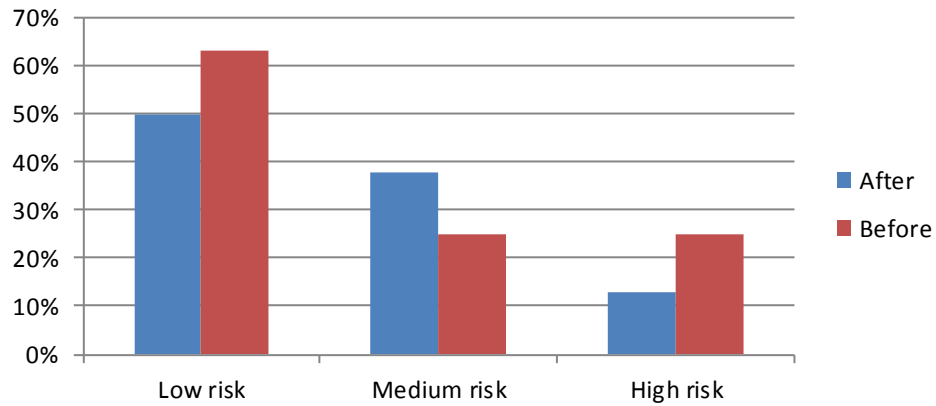
Some quantitative data

- For 1st three groups, 2 questionnaires completed at start and at report back:
- ProQOL:
 - International instrument, well validated. Measures:
 - Compassion Satisfaction
 - Compassion Fatigue
 - Burnout
- Leadership Behaviour Questionnaire:
 - ECDOH instrument developed in 2007

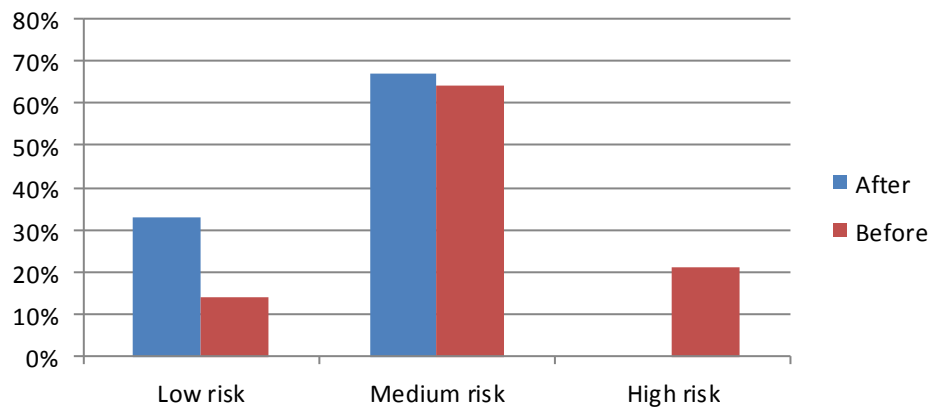
Quantitative data

- Small numbers in each group & category
- ProQOL scores supplement qualitative results
- Will show % in each group at start & at report back (six months later)
- At low, medium or high risk of:
 - Low compassion satisfaction: *Job not worth doing*
 - High compassion fatigue: *Can no longer care*
 - Burnout: *Can no longer cope*

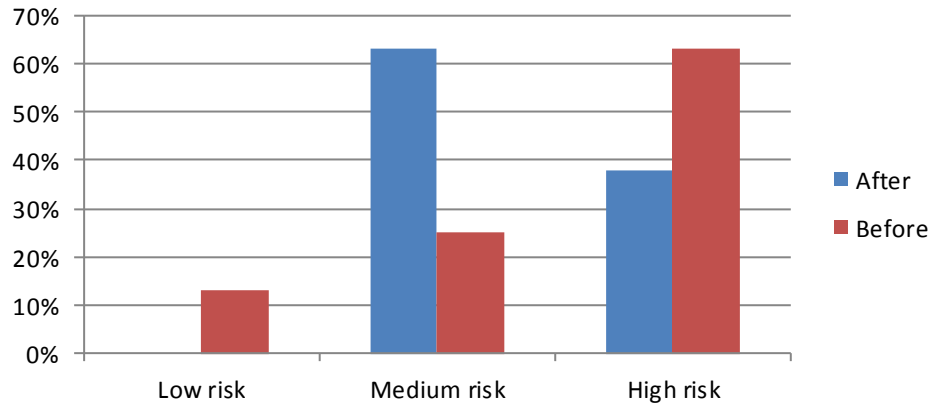
Risk of low compassion satisfaction: Sub-district group



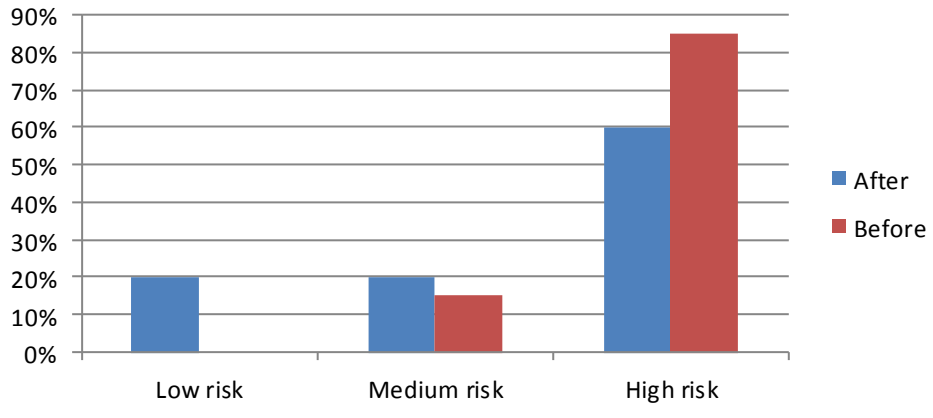
Risk of low compassion satisfaction: District A group



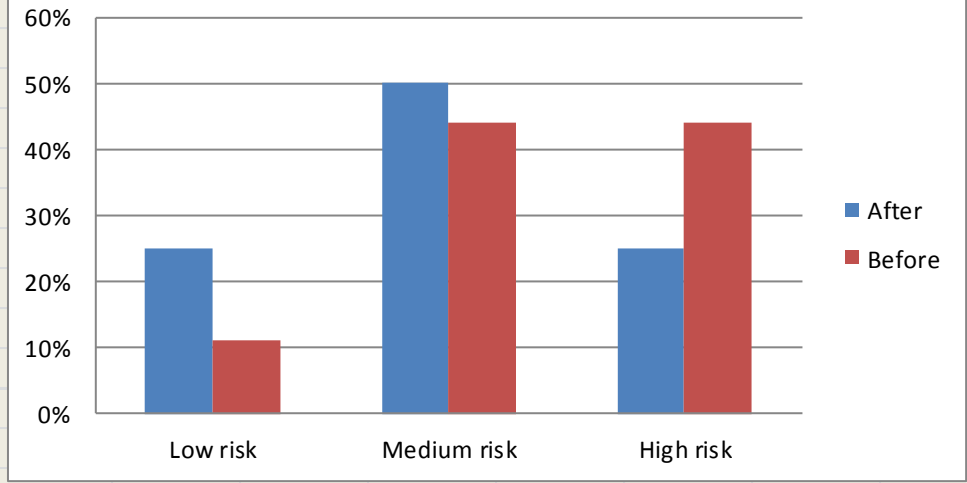
Risk of compassion fatigue: Sub-district group



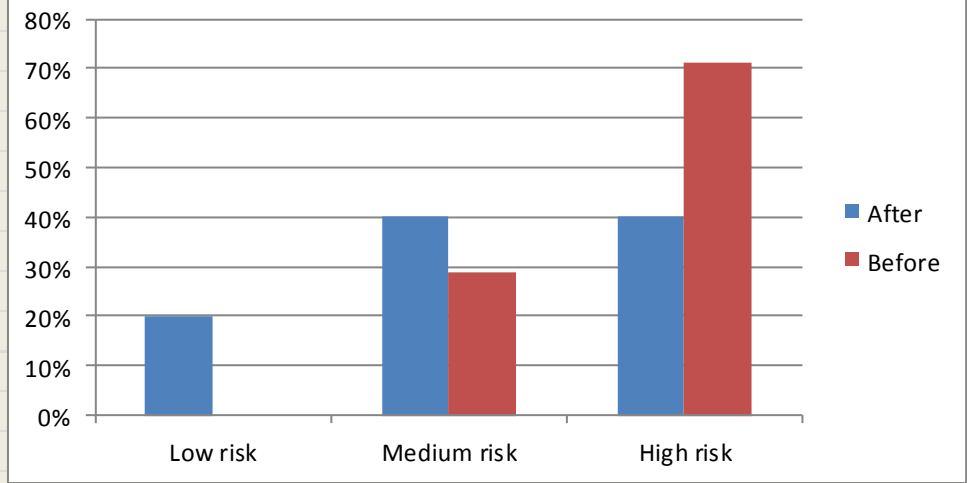
Risk of compassion fatigue: District A group



Risk of burnout: Sub-district group



Risk of Burnout: District A group



Some Quotes:

Before training

- We managers were

After training:

- “We learned strategies for dealing with stress and taking mental health seriously”
- I now am able to look at the characters I am dealing with and am dealing better with colleagues”
- “Understanding our context-helped us to see how to manage with limited resources”
- “We learned not to let the context paralyse us”
- “I used to blame government, now I have a different perspective and know that there is something I can do”

Quotes from other groups

- “Now we see each other”
- “We are no longer depressed”
- “Conflict will be there, but I can manage it differently.”
- “...we feel we are a team today”

- “I learnt about burnout and other things that I did not realise are part of my system. Now I am seeing myself as fresh...”

Conclusions

- What started as a crisis intervention
 - Is useful to help improve service delivery
 - Wherever stress and burnout are major problems
 - ? Most useful at district and sub-district levels
- Facilitators **MUST** be professionally competent
 - To “hold people” when trauma surfaces, and
 - To refer for formal, individual counselling
- Course applicable in many Govt departments
- How to sustain change?

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