Module 7 (2g)
Why do providers burn out? What can we do?
Using emotional competence to prevent or handle burnout

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Background for trainer

Provider "John" in the drawing is not able or willing to engage with the battered woman coming to seek his help. He has no emotional energy to share with her, he is probably very insensitive to and uninterested in her needs. He communicates very poorly.
"John" is emotionally exhausted.

He will probably refer to her as "***the patient***", or as "***the victim"*** – not as Mrs Anna who has been battered by her husband, feels very vulnerable, and needs empathy, compassion and care. "John" depersonalizes her, puts her in a category where he does not have to relate to her. He does not treat her as a person.

"John" will not have much satisfaction from his job. He will probably feel it is very difficult to go to work.
Our Provider "John" is suffering from Burnout.

In the literature, burnout is mainly described by three main symptoms: ***Emotional exhaustion***, the provider using ***depersonalization and/or categorization*** when talking about patients, and ***lack of job satisfaction.*** Many providers experiencing burnout also feel a sense of helplessness. We will explore each of these symptoms in the module, with the purpose of creating awareness that enables providers to recognize early when they are in danger of burning out, or when colleagues are in the danger zone. Taking early action prevents burnout from becoming a big problem for the providers, and for their patients.

Providers who suffer from burnout often do not communicate well, often do not provide patient centred care, and they are in danger of making medical errors. Their focus is on themselves, and on their unmet – and often un-recognized – needs: *To take care of their vulnerability – their need to rest, to recover from e.g. dealing with a death or a very difficult medical situation, or to cope with problems at home.* Patients can become a nuisance, a disturbance, and be branded "difficult", or put in another negative category. The provider will often blame others for problems she experiences.

Providers who suffer from burnout often react automatically and may get into conflicts. They may lack perspective and skills to see what is happening, be unable to be present and to step back and communicate with awareness and respect, unable to take the initiative to ask questions and explore a problem, or to listen attentively to a patient's story. ***In other words – they are lacking emotional competence***. The providers may have problems developing trust and establishing functional

professional relationships with patients and colleagues, as their awareness of emotions (*the patients', as well as their own*) is absent, or very low. Their motivation to work is low, they may not engage in anything or be able to appreciate anything, nor to use their critical thinking skills, or reflect on their situation and their status. They are simply emotionally exhausted, and often do not recognize or identify that this is the problem. This is especially true when many colleagues are overworked and feeling the same – and it is seen as "normal" to be burnt out.

The real reason or need behind a burnt out provider's negative actions is usually to protect his or her own feelings, to avoid having to engage, because she has nothing to give, emotionally. However, most providers may not be aware that this is what they do, their actions are often "just" judged as negative, and they receive more negativity from colleagues – rather than the understanding and help that they need to recognize that they are suffering from burnout, and that they need help to take appropriate action. They are in a negative downward spiral, and it will get worse. When a provider is suffering from burnout, and is not recognizing it, the alarm bells should ring with supervisors and colleagues – who should assist the provider to define the problem, take action and get help.

Burnout is a large problem for providers in many countries – with the negative consequences this situation has for patient centred care, as well as for the health and emotions of the providers themselves, and for their relationships with colleagues and supervisors. Burnout is a problem affecting the whole environment of the providers – particularly if the problem is more than a single person experiencing a number of different personal and work-related problems leading to burnout.

Research shows that the problem is extensive: For example, in the US, 60% of physicians show signs of burnout, while more than 50% of 3rd year medical students suffer burnout. In Kenya, a study at Kenyatta National Hospital showed that providers had profound burnout because of lack of resources and high workload. In South Africa, burnout is an increasing problem, causing many providers to leave the country to look for better working conditions (e.g. in the UK), and leaving an acute shortage of staff - which again exacerbates the problem for the remaining staff. In Malawi, a study among maternal health staff at a referral hospital showed that 72% reported emotional exhaustion, 43% reported depersonalization, and 74% experienced reduced personal accomplishment (Thorsen, V; BMC Nursing 2011). The problem is reported to be very big in resource-poor countries, but also in resource-rich countries (e.g US, and Norway).

Higher emotional intelligence (EI) is significantly related with lower stress and burnout in a sample of South African nurses. The moderator effect of EI in the stress–burnout relationship suggests that enhanced EI may help diminish burnout development when chronic stress is experienced.
Providers who give care to patients are required to relate to patients' emotional as well as physical needs and are somehow expected to cope well with managing patients' emotions as well as their own, without having had much (or any) training in how to do so. Some intervention studies have been conducted to help providers manage burnout and prevent it in the future – and these are typically teaching providers about recognizing and managing their own emotions, with awareness as a key skill to practice. Mindfulness Training is an example of what is being used.

In Kilifi, as well as in the other countries where our model has been implemented, no quantitative study has been conducted to measure burnout before and after the training process. However, most of the participants comment that the skills they have learned, and in particular the skills to recognize and manage their own emotions (*particularly their vulnerability*), have helped reduce the rate of burnout in their workplace. This observation is also confirmed by managers in several sections in the hospital in the independent evaluation conducted after two groups (50 providers) had been trained (LVCT, 2011).

Some examples (from endlines, after participants have been through 8 months of the training process, including 3-4 months of initial observation and reflection, a 5 days' workshop, and another 3-4 months of "Skills into practice"-observation tasks):

"The client is calmed down once you take care of their emotions and once I become aware of my automatic reactions and acknowledge them. Both of us now focus on the problem and forge on the best ways to get solution, rather than focus on who wins the argument."

"When I handle colleagues well the effect is that I create a good relationship at work hence it gives chance to team work and this brings about success in patient care."

"The changes I have seen is that when handled well they calm down but if not well handled, they remain with their tempers. It brings conflict between the health worker and the parent. As a result the patient ends up missing proper management (care)."

The causes of stress and burnout are usually linked to emotions. Recognizing danger signals in time, identifying the emotions that have been overlooked or pushed aside, and dealing with them, using emotional competence will usually reduce stress and prevent burnout.

During observation and reflection over several months, and with the basic training course to give them practical skills, providers in our courses have experienced that using emotional competence to recognize and manage their emotions is a key skill to better patient centred care, including – for them to take better care of their own emotional needs.

The main purpose of this module is to link this learning to burnout and to strengthen the awareness of the link between their own improved management of emotions, and the perceived reduction in burnout. Furthermore, the purpose is to enable them to identify, share and strengthen useful strategies they have developed and applied, affirm their growth and empower them to continue learning and using each other as resources in dealing with stress, conflict and prevention of burnout. ***Emphasizing the effects of this is important – it leads to better care for patients, better relationships with colleagues and supervisors, better job satisfaction and improved wellbeing for them as providers.***

Many participants report that they are dealing much better with these aspects towards the end of the learning process – without stress and burnout having been taught specifically as a topic (*the present modules of Stress in the basic workshop, and Burnout in the follow-up workshop were not taught in the first 6 countries in which the model was developed. These two modules were only added in the third round of the courses in Kilifi, after more than 50 providers in the hospital had been trained*).

This shows that becoming aware of the importance of emotions and learning emotional competence is the main "ingredient" that helps them deal better with stress and burnout. Thus, throughout the modules in the follow-up course, we need to continue to focus on these aspects. We also need to link the issues of stress and burnout to the module on conflict – to further strengthen this awareness.

There are 6 sections in this module. An overview:

1. **Introducing the topic and creating relevance:** Acknowledging that burnout is a problem, establishing that management of emotions is a key skill (slide 1)
2. **Sharing experiences of burnout, exploring effects on providers' own emotions and on communication; setting learning objectives and defining symptoms and consequences of burnout:** When sharing experiences of burnout, participants explore what burnout consists of and how it affects their emotions and their communication. They define and add to the learning objectives. The classical definition of the three main symptoms of burnout, and consequences on patient centred care, link their experiences to a global problem (slides 3-6)
3. **Overview of the problem of burnout, globally, and in countries in Africa:** Research in both resource-poor and resource-rich countries show a high prevalence of burnout among carers. Identifying the "missing link" to or emphasis on emotional competence in studies (slides 7-8)
4. **Exploring reasons for and consequences of burnout**: Participants explore further, from their own examples (slide 3) as well as from others, main reasons for burnout, and the relation to stress and conflict. Fear is emphasized as a main cause, and consequences highlighted – when early indicators are not acted on (slides 9-13)
5. **Sharing experiences of prevention of burnout; prevention strategies, and summary:** Participants further analyze strategies they have discovered and learned for how to prevent burnout. Main strategies include using emotional competence to recognize and manage emotions, particularly awareness, and active listening (slides 14-24)
6. **Role-play on listening to a stressed parent**: A familiar situation is used to practice recognizing and stepping back from automatic reactions to emotions, and using stress listening methods – which are essentially good communication methods that have been learned throughout the whole course process. The summing-up slide of the learning can be turned into a useful tool to remember and carry with them (slides 25-27).
7. **Resource slides from stress module**: These can be reviewed, to emphasize the connections between stress and burnout.

Further background about purpose and contents of the sections

1. Introducing the topic and creating relevance

Purposes of the introduction: to acknowledge burnout as a problem for participants in the group; to point out that a main symptom of burnout is emotional exhaustion; to stress that using emotional competence to recognize and manage emotions is a main key to preventing and handling burnout.

2. Sharing experiences of burnout – effects and consequences

Participants are invited to share experiences related to burnout, and to explore the effects of burnout on their own emotions, as well as on how they communicate. When sharing experiences of burnout, participants get a strong sense of how pervasive this problem is among them, and how it affects their emotions and their communication, and how it can also lead to conflict and a number of other negative consequences. It is useful to get out one or two examples from them to describe in plenary, and reflect on these experiences together, including on effects of burnout on their own emotions and on how they communicate with patients. Questions should be asked to identify vulnerability – which is often the main emotion having been overlooked (*for example – not listening to the body or mind's signals that it needs rest, continuing to work despite being exhausted*). These examples can then function as common reference points throughout the module.

Their experiences "translate" into learning objectives, where they can add relevant points to the pre-set objectives. These are confirmed and "sorted" by the classical definition of the three main symptoms of burnout, and consequences on quality of care.

If participants wish to add objectives, based on their learning needs, you need to make sure these are covered in the module: It is sometimes useful to ask the one(s) raising the new topic to take responsibility for reminding you to bring in the point – signaling that you DO think it is important, and you DO have the intention of bringing it in. But – sometimes trainers are also "stuck" in their own preparation for teaching the module, and they may need to be reminded.

3. Overview of the problem of burnout, globally, and in countries in Africa

There is an extensive body of research on burnout, with the main focus being to describe and document the extent of the problem. The main number of studies have been conducted in countries in the North. Research in both resource-poor and resource-rich countries shows a high prevalence of burnout among carers. There is a "missing link" in the research, as few intervention studies have been conducted to train providers to prevent or handle burnout, compared to the high number of quantitative studies conducted to describe the problem. Few studies emphasize emotional competence to recognize and manage emotions in these studies, although the focus on mindfulness as a helpful method is increasing.

4. Exploring reasons for and consequences of burnout

Health providers are especially vulnerable to burnout, to a large extent because of the emotional challenges they meet in their work every day, and because so many have not had adequate training in how to handle the emotional aspects of such challenges. Participants explore further, from their own examples (discussed in slide 3) as well as from others, main reasons for burnout, and the relationship to stress. Fear, lack of awareness about emotional needs and lack of skills to recognize and take care of emotions are emphasized as main reasons, and consequences highlighted – when early indicators are not acted on.

5. Sharing experiences of prevention of burnout; prevention strategies, and summary

Participants further analyze strategies they have discovered and learned on how to prevent burnout. Main strategies include using emotional competence to recognize emotions, step back from automatic reactions, analyze reasons behind, and act with awareness. Active listening is a key skill. By becoming more aware of early symptoms of burnout, participants will strengthen their ability and motivation to take action to deal with these danger signs. They will learn to take care of their emotional needs before these develop into a burnout.

6. Role-play on listening to a stressed parent

A familiar situation in daily care is used to practice stress listening methods – which are essentially good communication methods that have been learned throughout the process. Summing up the learning can be a useful tool to remember and to carry with them. The link to the emotions is again a key element: this often requires looking behind the "surface cause" to the emotion behind it (often hurt, fear, guilt, insecurity or other strong emotions).

Time needed: 2 hours
Handouts: Role play script
Materials needed: Flipchart, marker pens, tape to put up flipcharts on the wall.
Facilitator/co-facilitator roles: This presentation is best done by an experienced trainer, by her/himself. Other trainers function as assistants, rather than "co-facilitators" (*see definition*).

Presentation slides: Comments, questions, main points to bring out

Why do providers burn out? What can we do?  Using emotional competence to prevent or handle burnout  By Ane Haaland Gladys Etemesi Phelomena Munga Hiza Dayo Mwanamvua Boga	**Ask:** Has anyone here experienced burnout? **Get** a show of hands – put up your own, if real. **Ask**: Does burnout affect your work? **Get** a confirmation **Add**: Burnout affects providers all over the world **Ask:** What happens to our emotions when we burn out, and to relations with others? **Get** suggestions. **Main points**: We are emotionally down, exhausted. No energy, no reflection, no critical thinking. We lose balance. Emotionally unstable – confront, or withdraw. Relations with others are suffering. We use automatic reactions, may get into conflict.
Share experiences of burnout with colleagues in the group • How did you **recognize** you are suffering from burnout? • How did you **feel**? • How do you **communicate?** • **What do you need to learn?** 	**Exercise 1: Sharing experiences of burnout** **Ask** them to discuss questions on slide, and note learning needs **Get** feedback on one point at a time **See** description of exercises at the end of the slides **Ask** for learning needs at the end – ask assistant trainer to note on flipchart, and hang this on the wall – as a reminder. Bring points together – to learn emotional competence
Objectives **To strengthen awareness and knowledge about** • Burnout as a problem for providers • Causes, signs and symptoms of burnout • The relationship between burnout and emotions • Effects of burnout on communication, relationship with patients and colleagues, and on patient centered care • Helpful strategies to prevent and handle burnout **To strengthen skills to** • Recognize early signs and symptoms of burnout • Using emotional competence to control and prevent burnout	**Read out** objectives **Compare** with learning needs – add these, if relevant. If new points are added – be sure to cover also these in the module (*One good method to prevent you from forgetting – ask for a volunteer to remind you of the point(s) during the discussions: this is a good "insurance" against forgetting. It also gives responsibility to participants to keep track of the learning, and motivates them to be partners in managing the module*. *If you cannot meet the needs they suggest – explain why, and find a solution – e.g. to deal with them later, in the strategy module?)*

Symptoms and consequences of burnout

- **Emotional exhaustion** - where one closes down emotionally to others and is not able to take in any more
- **Depersonalization** - distancing oneself from the situation. Branding patients as objects; categorizing
- **Dissatisfaction at work** – low morale, not feeling like working the following day, feeling less productive

Burnout can lead to Poor/lack of patient centered care
- treating patients with disrespect and disinterest
- ➢ Lawsuits - being taken to court for negligence of duty
- ➢ Medical errors - e.g. injecting an empty syringe

Relate this to the discussion on slide 2 – **"translate"** some of their comments to these 3 main symptoms.
Suggest that these become "warning signs" for finding out if they, or colleagues, are (about to be) burned out

Discuss consequences: Poor/lack of patient centred care; medical errors, conflict (add..)
Ask if they have experienced this
Agree on the seriousness of burnout, and the need to recognize, acknowledge and manage it, and – take action to build awareness and skills to prevent it

The nurse was rude

"In the unit apart from nurses, there are students, doctors, clinicians, and mothers in a very small room, very busy and stuffy. People/ staff react and are emotional.
A mother lost a baby and was not handled well, she was rushed to sign papers and no explanation how the baby died, the relatives reacted badly and ***the nurse was rude with a "don't care" attitude towards them, which made her to be reported to higher office."***

Read the example
Ask – what could be a reason the nurse was being rude?
Which emotions could be behind her reactions?

Facts on burnout in health services

Burnout: affecting people in the helping professions:

- ➢ I8-82% of carers burn out
- ➢ China - 66.5% – 87.8%
- ➢ 60% of US physicians show signs of burnout
- ➢ <50% of 3rd year medical students suffer burnout

Dubale et al.BMC Public Health (2019)

Explain: Burnout is a problem for carers all over the world. Much research has been done to quantify the problem in many countries.

Less work has been done on introducing and teaching methods to prevent burnout – like our course aims to do

Read out the facts about burnout

Studies on burnout in Africa

Study: Kenyatta National Hospital: 95.4%
- **Main causes:** Work environment/resources
  - Dealing with relatives, Personal factors

Sub-Saharan Africa: 40-80%, increasing:
- Many HPs leave the country:
  - looking for better working conditions
  - leaving an acute shortage

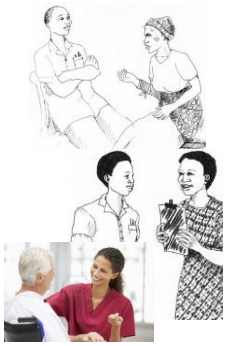
Malawi: Maternity staff burnout
- 72% emotional exhaustion
- 43% depersonalization
- 74% reduced personal accomplishment

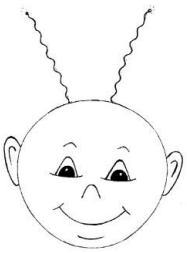
Studies are looking at external causes for burnout, mainly

Give further facts from African studies
Ask: HPs burn out bec of lack of resources and high work load – what could be ***other reasons***?
These studies point at external factors causing burnout – could there also be internal factors (i.e. how providers are trained to handle this)?
Let them buzz briefly

Main points: Studies, and health systems, often limit definition of factors to external ones, which providers cannot easily influence.
Learning to manage emotions has made a big difference to providers preventing burnout.
It ***empowers*** providers to take action.
At the same time emphasize and agree – communication and emotional competence training alone can of course not solve the health system crisis.

Why do providers burn out, emotionally? **Discuss in groups:** ***What are reasons providers burn out?*** ***Can stress lead to burnout?*** 	**Exercise 2: Why do providers burn out?** **Ask** them to discuss why providers burn out, write reasons on flipchart, and hang on the wall **Refer** back to the module on stress in the basic course, and also ask them to discuss relation between stress and burnout. **Let** participants review and reflect on each other's points. Ask them to circle the **reasons they can influence;** ***Sum up: Focus on action they can take*** **See** description of procedure and main points after the slides.
Some other causes of burn out • **Prolonged stressful situations** at work • **Lack of emotional competence** skills to identify and handle stress constructively • **Not able to say no** and negotiate • **Fear, often not acknowledged** • **Inability** of providers to **invest energy in themselves** as they serve patients • **Lack of awareness** about emotional needs • **Lack of skills** to take care of emotions • ***Note: Most of these are internal factors*** • ***Consequences for abilities to take action?***  	**Review** these additional points – **refer and relate** to discussion in exercise 2, above **Ask** which points they can influence – **Encourage** the conclusion that they can take action on influencing the *internal factors*, i.e. the factors related to managing their own skills and emotions, and that using their new skills can help prevent burnout. **Remind them** that when they are emotionally exhausted, the will and ability to take action is very low. Helping each other to recognize and take action when a colleague suffers from burnout, will strengthen collaboration in the team. It will also help providers' wellbeing
"It made me sad to the core" *"I was on night duty with my colleagues and the night was extremely busy. At the break of day, we were at our worst burn out!* *When time came to hand over our shift, my "senior" as I will call her for now tried in every aspect to look for any minor anomalies she could lay her mind on. This almost brought how I handled my emotions to the death bed after coming this far! (Remember I'm only human) she never appreciated anything we did through the night shift and it made me sad to the core!"*	**Read the example** **Ask** what can be behind the "senior's" action **Ask** what can be consequences on the staff, when seniors behave like this **Reflect together**
What can happen over time? **If you let** • **STRESS rule your day –** • **Insecurity turn to Anger –** • **Overwork to becoming overwhelmed..** **Build up** **Bomb blast** **BURN OUT!** 	**Ask** – what can happen over time if you do not take action on early warning signs of stress and burnout? If you spend a lot of your day being angry? **Flash the points – and explain**: If you "swallow" your emotions over time, and do not deal with them – they will build up, and you may lose control/have a "bomb blast". You may say things you regret **Ask:** Has anyone experienced this? **Get** a few responses/confirmation

Situations that can lead to BOMB BLAST • *"I controlled my emotions but my biggest challenges still remains, the pain that remains inside, the anger and bitterness of letting someone intimidate you and not being able to confront him/ her back. Each time I see that nurse, I feel very angry at her"* • *" Wherever I grow angry, I accumulate energy for revenge! I am surprised to realize how much evil I can think; it means given time I can do a lot of damage".*  	**Let us look** at how some participants handle anger now: **Read out** examples **Ask:** What difference has it made to these participants, to become aware of the emotions, and to learn emotional competence? **Let them buzz briefly** **Main points:** Emotions are still there – but now they recognize them, and step back from the automatic reactions HOWEVER – many still carry the anger in them **Need** to handle emotions – take care of your own Also need to identify the causes of the problem – talk to the other person, solve the problem
Which strategies can you use to prevent stress and burnout? • **Share experiences of how you prevent stress and burnout :** – **what you do already?** – **what can you learn from others?** • Reflect on **effects on you** – if you have less stress and burnout? • **Effect** on handling colleagues, and **patients?** 	**Exercise 3: How can you prevent burnout?** **Read out** the questions on the slide. **Let** them discuss **See** instructions at the end of the slides.
The serenity prayer • **(Higher power), grant me** – **the serenity to accept things I cannot change;** – **the courage to change the things I can, and** – **wisdom to know the difference.**	**Ask** if anyone is familiar with this piece of wisdom. **Ask** how we can use this, in our work
Strategies to prevent burnout: Evidence from literature  ➢ **Work place: support from management** ➢ Team building experiencies ➢ Wellness support programmes ➢ Social support from colleagues ➢ Emotional management and emotion control ➢ Use of emotion-focused coping strategies or trainings ➢ **Work - life balance** **In addition – a number of self-care activities you find enjoyable, will help:** • Listen to music, sing; read a book • Engage in and support community activities • Do something physical– swim, dance, walk, run • Spend time with family/friends • Go on vacation ➢ **Seek personal therpy** 	**Introduce** the evidence from literature **Ask them to buzz in pairs –** • How much of this support do they have in the workplace? • Which of the personal self-care strategies do they use? • What can they do to put more of this knowledge into action? **Get feedback, discuss briefly.**

Example: How you handle stress and burnout now? • *"I used to feel stressed, get angry very fast when a person comes at a time when I'm so tired and almost time to come out of work for either lunch or evening. I'm now able to step back – listen first then give answer. By stepping back when am angry has really helped me"* 	**Read out** the example **Ask** for reflections
"The good feeling lasts forever" • *"My first month in NICU wasn't easy for me, I wasn't confident in nursing babies in NICU. But I happened to have worked on night shifts with a senior nurse who really supported me. She taught me many things and was always ready to teach, correct and guide me .* • *This indeed built my confidence in the unit, I therefore reacted positively by wanting to learn more and ask questions.* • ***The good feeling lasts forever"***	**Read out** the example. **Ask** for reflections
Strategies to prevent burn out: **Use emotional competence skills** • **Recognize** warning signs early:**Step back – analyze - ACT!** • ***Acknowledge and deal with the causes of negative emotions and exhaustion - "refuel /re-energize" by e.g:*** – Asking for and accepting help – Talk with someone about your feelings; learn about emotions – Sharing good stories, jokes with friends: Laugh! – Have good talks with friends; share meals – Have good interactions with patients, colleagues, friends – Appreciate and give compliments – Give (and receive) hugs ➢ ***Makes you re-connect, feel balancedand*** ➢ ***move on with work*** 	**Sum up** the strategies – relate to examples and discussions throughout the module **Ask** for reflections, comments and questions **Emphasize** (and repeat, if necessary) the emotional competence skills (below)
Preventing stress frombuilding up to a burnout: **Using emotional competence skills** **Step 1: Recognize:** ➢ Recognize your own emotions: Are you overworked? Sad? Frustrated? Feeling stressed? **Step 2: Acknowledge be aware** ➢ Get antenna out. Think! **Step 3: Step back - analyze** ➢ Stop automatic reactions. Analyse reasons for emotions. Reflect on consequences. **Step 4: Act – with understanding** ➢ Based on analysis – act, with awareness of your needs, and with kindness to yourself ➢ Do something that restores your energy, and makes you want to go to work tomorrow ***If relevant – also recognize and analyse emotions and needs of patients, and/or colleagues*** 	**Sum up** how you can use the EC skills to prevent burnout **Reflect, and discuss**

YOU have
to change
the way
YOU handle
the causes of stress and burnout
yourself!

If you expect** the **people** from the outside **to change
you get nowhere!

Look at internal factors for burnout – and ACT!

Sum up – emphasize -
the need to take charge of recognizing the need for, building and practicing their EC skills

To smile does not mean absence of
sorrow, or stress, or conflicts, or burnout

It means
the ability
to deal with it
constructively

Explain: Research has shown that authentic smiling has strong beneficial effects to both parties

Emphasize the power of smiling – both to the provider, and to the patient

In the UK, nurses are now routinely given training courses in how and why to use smiling as a conscious communication strategy with their patients.

Summary:
Recognize and prevent burnout

- **Recognize burnout danger signs: Take action**
- ***Say NO with awareness and respect***
  - Acknowledge if/how present workload wears you down: Analyse and discuss emotional and practical consequences
- **Focus on common goal:** Treat patients well; do a good job
- **Value your own contribution** (humbly), then supervisor will (likely) also value you
- **Appreciate** your supervisor, andcolleagues, to prevent emotional exhaustion!
- ***Main methods: Emotional competence***

Awareness, + active listening

Sum up the module by emphasizing main points:
→ Burnout is a key work related health problem for providers, and can lead to serious consequences
→ Can cause poor patient centered care, medical mistakes, poor relationships, and conflict – if not recognized and acted on
Communication skills can help in recognizing danger signs, and in taking action to handle and to prevent burnout.
Main methods: Emotional competence – with Awareness, and active listening

Reducing burnout will improve job satisfaction for providers, and strengthen patient centred care

In summary – preventing burnout

- Recognize , acknowledge and ***take a step back*** from emotions
- Reflect – get **clarity**

- Use emotional competence to take ***a step forward*** – to **solve the problem – with awareness**

Summary again –
Emotional competence, explained briefly

Role-play: **The mother is stressed** 	**Role-play 1: The mother is stressed** **Divide** in groups of 3, and facilitate the role-play. **See** description and procedure after exercises, below the slides.
Main points: Stress listening 1. **Manage your own emotions - Stay present and calm.** – Do not get «infected» by her stress – **Step back from anger and other emotions:** Stay friendly, use personal communication style 2. **Manage patient's emotions - Respond constructively:** – **Show respect –** communicate with an open mind – **Listen** - Focus on understanding her problem – **Ask open questions** (short, simple) to find the cause of the anger/stress. Do not correct misinterpretations – **Avoid haste:** Haste is the worst enemy of stress listening – **Encourage the person to find solutions**. Suggested solutions should be expressed, if possible using her own reasoning. – **Help the person to get a solution**. Ask "What would you do?" "What idea do you have?" Do not cut short.	**Sum up** main points from discussion after role play, add these points/use these points to structure the summing up. *(But NB – do not use these points INSTEAD OF the points they come up with!!)* **Emphasize** the empowerment aspect of encouraging the mother to ***come up with her own solutions:*** *The solutions will probably be practical and implementable if she finds them herself, and she will be motivated to implement them.* If the provider comes up with "standard, good solutions", they may not be the right ones, and she may be less committed to implementing them (they are not "her own". The provider must be aware of and use emotional competence skills to empower the patient to discover and implement the right action, and have the intent to help the patient to explore these. This process happens as a respectful dialogue, with a conscious aim, and a lot of active listening. Humor is often an important "ingredient".
Tips for stress listening (2) 3. **Avoid the following when the person is stressed:** – Smiling and small talk – Patronising, e.g. "take a deep breath" – Interruptions – Hiding behind the desk 4. **Helpful things to do:** – Maintain continuous eye contact – Seek informal seating, to encourage communication – Seat the person and maintain a serious manner 5. **The goal:** • When communicating openly, with respect, **the person's self-esteem is not challenged**, and the angry outburst is used to **stimulate constructive responses**.	
Resource slides from Stress module • These can be repeated – to emphasize the link between stress and burnout	**Review these slides –** To remind them of the connections between stress and burnout

Useful strategies to prevent stress

- **Develop awareness:**
  - Recognize the situation (identify danger signals)
  - Identify and deal with the cause(s) of stress
  - Acknowledge the situation as it is
- **Take a step back/ Choose the right time**

- Negotiate with your boss
- Apologize?
- Share the issue with a colleague
- Take a rest/break

Buzz:

- ***Which of these strategies take care of your emotions? How?***

Taking care of emotions – preventing or dealing with stress

At work

- Share with people you trust: burden of stress reduces
- Take a (tea?)break – breathe!
- Do something physical – walk?
- Share a joke, Smile
- Cry

At home

- Listen to music, sing; read a book
- Look at photos with family – link to good moments
- Do something physical – swim, dance, walk, run
- Prepare a good meal, enjoy good smells - with

Preventing stress from building up: Identifying and handling emotions

Step 1: Recognize:

- Recognize your own emotions: Are you overworked? Feeling stressed, in general? If so-

Step 2: Acknowledge

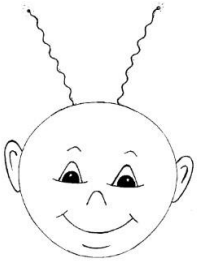
- Get antenna out. Decide to be aware

Step 3: Step back

- When meeting patients or colleagues- stop automatic reactions, try to be fully present

Step 4: Listen with ears, eyes and heart:

- If patient is upset, or scared– deal with emotions first. Set your own stress aside (***for now***)
- When the patient trusts you, the quality in the communication can soothe your stress (***for now***)



Step 5: Take care of your needs: Find cause of stress

Exercises, role-play and story

Exercise 1: Share experiences of burnout with colleagues

Purpose: To strengthen awareness about what burnout is, and how it manifests itself in the body (physical signs and symptoms), and emotionally, by sharing experiences about what has happened to themselves and their colleagues. Furthermore, to realize the effects of burnout on their own emotions, and to discover the effects of burnout on how they communicate with and relate to patients and colleagues. Finally, to assess and define what they need to learn, to be able to recognize and manage burnout when it happens, and to prevent it from happening.

Procedure:

1. **Ask** participants to share experiences about burnout, and discuss questions on slide (10 min)
2. **Get** a couple of examples from providers who have experienced burnout themselves, probe to get "the story" – ask how they felt, how they handled patients, and how they communicated (*NB: when you get examples – don't start probing on examples they tell about "others" – they will not have the details you need to get a good understanding of how burnout affects them, as they will not know about the feelings of the other person*). Emphasize that you want examples that **they themselves** have experienced.
3. After getting the stories, **get additional feedback** on one question at a time, from several groups. Ask assistant trainer to take notes on flipchart. Conclude main point(s) for every question.
4. **On learning needs**: let them mention some; then read out objectives and add their points.

Main points:

Refer to slide 5 – symptoms and consequences

- **How you recognize burnout**, and how you feel – examples: "I don't want to talk to anyone"; "Thought process becomes derailed – and end before I have concluded"; "Can't think"; "Feel out of place"; "Drowsy";
- **Handling patients**: "I shout at patients"; "I ignore patients".
- **Some say – after the learning process:** Feelings of burnout are still there – but – they control them by a) Control/step back; b) Handle the emotions – take care of your own, and c) Identify the cause of the problem – talk to the other person and help him or her solve the problem.

Exercise 2: Why do providers burn out, emotionally?

Purpose: To strengthen awareness about reasons providers burn out, by analyzing and reflecting on their own examples, and on knowledge provided so far. Furthermore, to strengthen awareness about emotional competence to recognize and manage emotions being a main factor in handling burnout. Finally, to strengthen awareness about the connection between stress and burnout.

Procedure:

1. **Ask** participants to refer back to their discussions on sharing experiences about burnout, and analyze and reflect on reasons they burned out, including the relation to stress. Ask them to write reasons on flipcharts, and hang on wall when finished.
2. **Let** them review and reflect on each other's points. Ask them to circle (with contrasting colors) the reasons they can influence when using their skills. Refer back to the discussion about stress in the basic course, where they separated the external factors (lack of

equipment, work rosters, etc), most of which they **could not** influence, from the internal factors (awareness, knowledge, skills) – most of which they **could** influence.

3. **Ask** them for insights from this analysis, and relate to empowerment

Main points:

- **Reasons for burnout**: See the next slide
- **External reasons** are e.g. lack of equipment, work load
- **Internal reasons** are lack of awareness, knowledge and skills (*mainly on emotional aspects, and how to manage these*) – including managing stress. A big problem is often the expectations – including the unspoken ones – from the "culture" (*medical, and/or national culture*) – that you should say YES to all requests, without asking questions.
- **Insights** can be that they are actually able to influence many (or most) of the factors that lead to burnout – by using awareness, communication skills and emotional competence skills.

The Serenity Prayer

If appropriate – share the "Serenity Prayer" with the group – this is not linked to a particular religion, but can be used to relate to any "Higher Power"/God. It is a useful piece of wisdom:

- **"God, grant me**
  - **the serenity to accept things I cannot change;**
  - **the courage to change the things I can, and**
  - **wisdom to know the difference.**"

Exercise 3: How can you prevent burn out?

Purpose: To strengthen awareness about useful strategies to prevent burnout, through sharing experiences about what group members have done, and learn from each other. Furthermore, to gain insights on reasons why (some of) these strategies work well, by analyzing and reflecting on the effects of the useful strategies.

Procedure:

1. **Ask** participants to share experiences about what they do to prevent burnout, and how and why the different strategies work. What can they learn from each other?
2. **Get** feedback: Ask for a couple of examples, probe to get details
3. **Have** an assistant trainer take notes on main strategies and reasons why they work, as they come up in the discussion, on flipchart. Give him/her time to sum up main points from the discussion, if appropriate.

Main points:

- Refer to strategies
- **Main reasons** why strategies work are often use of emotional competence skills: awareness, and ability to discover signs of problems early – and take action before they become big, or get out of hand.
- **Being able to** recognize and step back from emotions is a key point
- **Openness** to talk about burnout is essential. Having colleagues and/or supervisors with whom you can talk, is very helpful.
- **Knowledge** about what to look for/how to identify danger signs for burnout is needed: The three main symptoms provide awareness.

- **Encourage participants to make a simple "poster"** (A4 sheet, printed on computer, and laminated?) with main signs of burnout, a drawing, and suggestion to take action – to hang on the wall in the staff room – to strengthen awareness, and promote discussion?

Role play 1: The mother is stressed

Divide participants in groups of 3, ask them to define who should be the provider, the stressed mother with a sick baby, and the observer. Give out the roles.
Ask groups to write their reflections and learning points on flip chart.

The roles:

1. The Provider

You are an experienced provider in a ward in a small hospital/clinic. A parent comes to you, clearly agitated and angry, and says "Nurse, I am totally fed up, I want to take my son and go home".
He/she is the parent of a 5 year old boy who has been in and out of the ward several times, and has now stayed for 2 days. You can see the parent is agitated and stressed.
Use your skills to listen to him/her, and communicate constructively.

2. The Parent

You are a mother/father with a five years old son, who has been in and out the ward several times with different illnesses. Two days ago your son was admitted again because he has fever and was coughing.
The doctor said your son is malnourished, too, and has to be given special foods.
Today your son has profuse diarrhea and other mothers are saying this is due to the special foods.
You are really worried the diarrhea will worsen your son's health, and decide to take him home immediately. He is your only son, and your hope for the family's future.
You go and see the nurse/CO, and tell him your decision to go home.
If the nurse/CO is listening well, and is interested to understand your reasons, you may negotiate, and decide to stay. If she/he tries to convince you, without asking questions in a friendly non-judgmental way and trying to understand your perspective, you will take your son and leave the hospital.

3. The Observer

- Note which skills the provider is using, both verbal and non-verbal.
- Note what he/she is doing which has a positive effect on the stressed patient, and what the provider is doing which is not helpful/is stressing the patient further.

After the interaction, let the "provider" first assess his/her own performance, especially what he/she did to listen to the stressed parent, and what it was that worked well – and what did NOT work well. Let the "parent" assess how he/she felt he/she was listened to, and the reasons he/she took the action they did. Then, the observer adds his/her own feedback. Finally, the group can discuss what insights and learning they got from doing this role-play.

Facilitate reflections on the learning from this role-play, and let assistant facilitator write insights on the flipchart. Hang on the wall.
After reviewing each other's flipcharts, the slides with a summary of the points can be shown, and used to sum up the discussion and appreciate the learning.

Excercise: Using a story to communicate handling burnout

Note: *You can use this story as an exercise, instead of the role play (or in addition to, if time permits).*

A story is a very "live" way to bring up how a work situation which is not handled well can lead to burnout, and to illustrate consequences of burnout – by telling the story, and asking participants to analyze what happened, and what they can learn from this. Participants can then relate the story to their own life and can use the learning to take early steps to prevent burnout.
It is difficult to use someone else's story, but the story below can be used as a basis to adapt your own story, or the story of one of the trainers, and use it in this module. It can also be used as it is, if you think participants will recognize the themes and challenges Anna faces.

NOTE: The person who has experienced the story him/herself should not be the one to run the analysis – he/she will be too involved in the story to be able to "rise above it", see the overall points, and analyze it effectively. The person with the story will often have a tendency to focus too much on the details, and on "getting the story right" – rather than focusing on the learning points.

The supervisor who criticized, and the colleague who could not say no: Turning the cycle of blame into taking responsibility for change

Anna is a very competent nurse, trainer and community organizer working in a team with a supervisor, Mr. Super, who is very active and demands a lot from his workers. Mr. Super's style is impersonal, he appears very aloof and does not mix with the other staff. Anna is afraid of him. She does not dare to say no when he adds more and more tasks to her already very busy schedule. This has consequences for the quality of her work, and Mr Super has been criticizing her frequently the last month. Mr. B never appreciates her or her colleagues for the good work they do, but – when there is a mistake, he is quickly there to point it out.

Mr Super's criticism hurts Anna, who takes pride in her work, and feels he is the one who is responsible for her not doing her work well. She is angry with him, and blames him bluntly to her colleagues, but not to him directly. She takes out her anger on her patients, whom she often treats very roughly and does not give them a chance to talk. She also takes it out on her children, and often gives them a whack – which she wishes she could have given to Mr. Super. The children fear her, and the situation in the home is not good. She argues with her neighbors, whom she feels take advantage of her. Anna becomes more and more stressed, and the situation gets worse – until she is put on sick leave for burnout.

During the last months, she has also started communication skills training, and has started to look at her own communication behavior. She has noticed that she is in general quite irritated with people she perceives to be below her, and she does not listen well. She finally gets time to reflect..

She learns to recognize and take care of her emotions – rather than let her fear dominate her interactions. She decides to take responsibility for making some changes. When she reflects over the situation with her supervisor, she concludes that she does not think he has bad intentions (to hurt her, or to make her look foolish) – he is "just" unaware, and is also under a lot of stress. Anna decides to talk with him at the next opportunity.

Back at work, she is called in to Mr. Super's office, and given a number of new tasks. She feels the old fear and automatic reaction to shut up and protect herself, and – then she takes a deep breath, steps back, and asks him some questions: How has he felt about her work lately (he says it has not been up to standard). Anna says she agrees, and – that it has been primarily because she has had too many tasks, and that she has been frustrated that she could not do as good a job as she wants to. She said she felt hurt that he criticized her so strongly without seeing the full picture of her workload, and said she had not been able to talk to him about the problem earlier. This contributed

to her burning out and having to go on sick leave. She says she would like to change this, and get back to doing the jobs well – and asks if he agrees, and if they can explore some options for how to manage her work differently. To her surprise, he agrees, and says he is sorry if he hurt her – this was not his intention: He gave her that much work because he knew she was competent and effective, and he himself was under pressure to get a lot of things done. He had also been wondering what was going on with her, since she did not deliver as well as she used to.

This conversation changes the relationship between them. He sees her point, and they discuss, in a respectful manner, how to meet their common goal – to do good work together, to treat the patients well, and to help others learn.

Anna was the one to initiate the change.

Procedure:

1. **Give the story as a handout** to the participants, asking them to read it, and then discuss
2. **Show** the summary slide – Story of colleague who blamed (*to help them identify what happened, and let them use time to define and discuss the strategies she used*)
3. **Ask participants** to discuss the questions in groups, and note on flipcharts:
    a. What did the provider DO (ask them to identify the different actions she took and strategies she used);
    b. What were the results (to identify the consequences of her actions), and
    c. What are learning and action points from this story, to prevent burnout.
4. **Sum up** the learning.

Slides that can be used (you can also make your own):

Story of colleague who blamed, and could not say no

- Could not say no to her supervisor
- Given too much work, no appreciation
- Used to be hurt; be angry - at her children
- Used to **blame and blame and blame** the supervisor all the time
- **BURNT OUT**

What did she do?

- Recognize and acknowledge (awareness)
- Stepped back & Started asking questions
- Took responsibility: *She had to change*
- Took care of her emotions - refuel & energize
- Considered options;
- Took action after a trigger

Applied empathy strategy; used power constructively: ***Focus on common goal***

Results?

- Supervisor **heard her:**

  - Did not realize she was hurt – because she never spoke up
  - Said he had not meant to hurt her
  - Acknowledged she is a good worker
- **Apologized**
- Now, **relationship is based on respect**:
  - Workload more manageable
  - No demeaning behavior
  - She is productive at work

Learning and action points to prevent burnout

- **Recognize danger signs for burnout: Take action**
- **Say NO with awareness and respect, using emotional competence**:
  - Acknowledge how present workload wears you down: Emotional and practical consequences
  - Focus on common goal: Treat patients well; do a good job
  - Value your own contribution (humbly), then supervisor will (likely) also value you
- **Appreciate** your supervisor, and colleagues, to prevent emotional exhaustion!

From the slides: Tips for stress listening

Manage your own emotions - Stay present and calm.

  - Do not get «infected» by her stress
  - **Step back from anger and other emotions:** Stay friendly, use personal communication style

2. Manage patient's emotions - Respond constructively:

  - **Show respect –** communicate with an open mind
  - **Listen** - Focus on understanding her problem
  - **Ask open questions** (short, simple) to find the cause of the anger/stress. Do not correct misinterpretations
  - **Avoid haste:** Haste is the worst enemy of stress listening
  - **Encourage the person to find solutions**. Suggested solutions should be expressed, if possible using her own reasoning.
  - **Help the person to get a solution**. Ask "What would you do?" "What idea do you have?" Do not cut short.

3. Avoid the following when the person is stressed:

  - Smiling and small talk
  - Patronizing, e.g. "take a deep breath"
  - Interruptions
  - Hiding behind the desk

4. Helpful things to do:

  - Maintain continuous eye contact
  - Seek informal seating, to encourage communication
  - Seat the person and maintain a serious manner

5. The goal:

- When communicating openly, with respect, **the person's self-esteem is not challenged**, and the angry outburst is used to **stimulate constructive responses**.