

# Caring for Health Workers

Learning Brief

2013



## Achieving quality health care

### LESSONS FROM THE MATERNITY SETTING

The maternity setting can be a stressful environment. Health workers, generally, face many challenges in the public sector. These include poor infrastructure inherited from the apartheid era, staff shortages, increases in the burden of care due to task-shifting, long working hours, low morale and high attrition rates. In the maternity setting specifically, health workers are the primary interface between a particularly vulnerable population and health care. Research in two low-income communities in South Africa found antenatal depression rates between 39 and 47%. Limited mental health care in the public sector means that this population is likely to have a high level of unmet mental health needs. Psychological problems can impact on optimal health outcomes for pregnant women and their infants. Yet, current health worker training in South Africa does not equip nurses to manage health problems which are not purely physical in nature. In addition, health workers are not equipped to manage the stress they experience in this setting, and often have little knowledge of the support which may be available to them. This Learning Brief reflects on the lessons of the Perinatal Mental Health Project's work with health workers in the maternity setting.

### The Perinatal Mental Health Project (PMHP)

The PMHP is an independent initiative based at the University of Cape Town (UCT) and is a founding partner of the Alan J Flisher Centre for Public Mental Health (CPMH). The Project has been operating since 2002 in partnership with the Western Cape Department of Health (DOH). The Project addresses the crisis of maternal mental illness in disadvantaged communities. Our vision is to support universal maternal mental health services by developing, evaluating and optimising interventions and tools through service provision at 4 public obstetric facilities. In this way we can provide proven models and good practice for the DOH to take these services to scale.

The PMHP service model includes mental health screening for pregnant women as a routine part of antenatal care as well as free, therapeutic on-site counselling within maternity services. In addition, the PMHP prepares the environment and enhances scalability of maternal mental health services through 3 complementary programmes: Teaching and Training; Research; and Advocacy.

Maternal mental health interventions have been proven to promote positive health, social and developmental outcomes for women, their children, and therefore, society generally.

### Working conditions in maternity settings

A 2009 Human Science Research Council report found a high number and high degree of occupational stressors among nurses generally. Due to the large majority of the nursing

profession being made up of women, there are a range of other social factors that affect them. For example, a local 2005 study found that nearly 39% of nurses had experienced intimate partner violence in their lifetime. Nurses also earn lower salaries than most other professions in South Africa and are often unable to meet their most basic needs.

Nurses are often from the same community as their patients, and are likely to share the same stressful social conditions. Researchers show that this gives rise to a trend known as 'othering': if they are different from their patients, they can imagine that they are 'safe' from the hardships experienced by their patients. 'Othering' is also a defence mechanism to avoid the personal trauma of dealing with the difficult situations faced by many patients. This phenomenon can result in nurses disengaging from their patients and being unable to show empathy.

These factors, intensified by little organisational support, contribute significantly to emotional exhaustion, burnout and compassion fatigue. This affects health workers' own mental health, and in many cases has resulted in cases of patient abuse and neglect. This is particularly true in the highly charged maternity setting. Such behaviour can worsen or cause women's distress during pregnancy and labour.

*Perhaps if we spend more time on nurses' mental health they would be more sympathetic to patients ... where do I leave my problems to be able to care for others?*  
Enrolled Nursing Assistant, Cape Town

Mental illness increases the vulnerability of women already marginalised by poverty, gender-based violence, HIV/AIDS or refugee status. Because marginalised women may only engage with health services during pregnancy, maternity staff have a unique opportunity to lessen their distress and play an important role in promoting overall wellness for mother and child. However, after a decade of working with health workers in the maternity setting, the PMHP has learned that nurses feel overwhelmed by the high prevalence of mentally distressed women, that their training does not equip them sufficiently, that the resources do not exist to provide appropriate care for their patients, and that their working environment is unsupportive of health workers' own needs. Not being able to help their clients contributes to low morale and withdrawal from clients.

The policy of task-shifting attempts to increase access to more services using lower cadres of health professionals to provide care previously reserved for higher cadres. However, strengthening supervision, training and support structures are prerequisites for the successful implementation of this policy. Health workers' realities reflect that these structures are currently not adequate. As PMHP's model envisions the integration of maternal mental health services - with nurses as the frontline access points - the Project strongly advocates strengthening the relevant support structures required for task shifting, with particular priority given to the wellbeing of health workers.

Health workers' working conditions can lead to:

- ▶ burnout
- ▶ low morale, motivation or interest in work
- ▶ depression, anxiety and post-traumatic stress
- ▶ absenteeism
- ▶ feelings of anger and frustration
- ▶ feelings of helplessness and disempowerment

Without support, these factors can result in indifferent attitudes towards patients, clinical neglect, aggressive behaviour or reactive abuse. Such attitudes and behaviour have the potential to add significantly to the women's distress and can lead to obstetric complications and adverse maternal and child outcomes.

A 2013 research study found that nearly half of South African health workers are unsatisfied with their jobs and are actively seeking employment elsewhere. These findings were worse than those in other, less resourced health systems (such as Tanzania and Malawi).

### Caring for health workers: PMHP activities

The PMHP has learned that by caring for health workers, maternal and infant health outcomes are improved. At the same time, the overall sustainability of the nursing profession is supported. Sustaining health workers is a priority in addressing the crisis of human resources for health in South Africa. Yet, few strategies or resources currently exist to support health workers with their particular challenges.

The PMHP is frequently approached to extend its mental health services to health workers in our partnering facilities. This has not been in the PMHP's mandate. However, the Project believes that if health workers' own mental illness prevents them from providing empathic, quality care, then the Project must advocate for health worker support as an integral part of its maternal mental health service model. In the interim, the PMHP provides support where time and resources allow.

### Counselling

Counsellors have provided individual counselling sessions where possible, as well as referrals for further support or treatment where available. Should they be aware of a particular issue, crisis or challenge, counsellors make themselves available in the nurses' tea room for informal conversations or debriefing where they can offer support and suggest resources.

### Support groups

The PMHP started facilitating support groups to staff at some of its service sites. A volunteer clinical psychologist was able to provide monthly sessions at the Retreat Midwife Obstetric Unit from August to December in 2012. PMHP's Clinical Services Coordinator provided support to maternity staff at the Hanover Park Midwife Obstetric Unit and worked closely with facility management to develop a staff support programme. As a Clinical Psychologist, she also provided debriefing sessions (group and individual) on an ad hoc basis at other facilities where staff experienced specific traumas e.g. managing suicide or neonatal loss. Positive feedback shows a high need for these kinds of support services.

### Training

PMHP's training includes mental health literacy, empathic engagement, basic counselling skills and techniques for self-care. Wellness support for health workers is the key ingredient which transforms knowledge and skills into quality care. See 'Recommendations' for specific self-care strategies.



PMHP training modules, such as the 'Secret History' method, builds empathy between health worker and clients, while improving motivation and morale among health workers. This way uses problem-based learning, participatory and transformative teaching processes, such as group role-play. These techniques reflect on professional identity, power and the process of 'othering'. Staff walk in their clients' 'shoes' by enacting familiar narratives from the lives of mothers in their care. In addition, staff can express their own anxieties and emotions, and leave feeling validated and 'heard'.

Time is given to impart skills which help health workers to identify, clarify and to manage their own emotional distress in the health care setting. Our evaluation has shown that these skills have a knock on effect in health workers' personal lives. Training re-activates health workers' own skills, instincts and agency, empowering them to develop their own plans for being more aware, responsive and supportive of the needs of clients, themselves and each other.

### Caring for health workers: Lessons learned

The PMHP's experience highlights issues and challenges which may be useful in developing support systems for health workers. These lessons are summarised below.

- ▶ Health workers often share the same social stressors as their clients, yet need to put their personal problems aside in performance of their professional duties. This separation of personal distress from their work proves challenging for some.



- ▶ Staff emotional issues are largely ignored. There are few debriefing or support opportunities, especially in cases of loss such as when a stillbirth or neonatal death occurs, or when a patient commits suicide. The impact of work stress can impact on health workers' private lives.
- ▶ Nurses feel overwhelmed by the impacts of task shifting, which contributes to their withdrawal from their patients and low morale.
- ▶ Registered nurses feel that too much responsibility is placed on community service nurses. These new graduates are often posted as regular staff members, with a full load of responsibilities. This increases the burden on the qualified health worker, increases risk of errors, and increases the risk of burnout and emotional strain on both the community service and registered nurse.
- ▶ New staff need support to adjust to the obstetric environment. Even if they have experience in other areas and settings, maternity settings can be more challenging on a professional and emotional level.
- ▶ Where the Western Cape DOH does offer access to a support service provider, health facility managers have noted the following challenges:

- **Logistics:** It is not always possible to bring staff together for debriefing due to a lack of time and space.
- **Continuity of care:** It has not yet been possible to have the existing service provider provide support which meets the specific needs of each facility. From time to time, generic support groups are provided, with different counsellors facilitating the sessions. This is contrary to established practice in providing support groups where continuity of care is required to create trust and group cohesion. In addition, continuity of service maximises the use of time and resources by avoiding repetition.
- **Budget allocations:** Health workers face high levels of stress and trauma. In communities where the PMHP works, staff experience on-going and chronic violence. Patients here are also affected by more mental health problems, with greater severity. The PMHP works with facility managers, where possible, to plan support and debriefing programme for their staff. A challenge is that this kind of intervention for health workers has not, as yet, received budgetary consideration by the DOH. To sustain quality health services in traumatised communities requires a financial and political commitment.

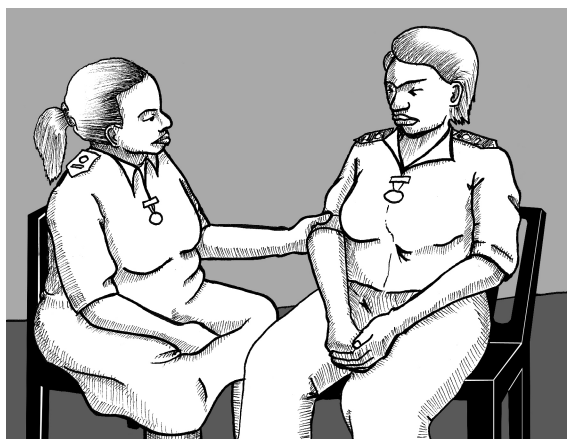
### Recommendations

The first step to caring for health workers is creating a supportive environment. Support should be provided through supervision: in addition to monitoring staff, supervision should offer health workers the opportunity for debriefing and mentorship, and promote self-care.

### Self-care strategies

- ▶ **Take time out** to be alone, reflect, practice deep breathing or listen to music as a relaxation technique.
- ▶ **Get adequate sleep.** Lack of sleep can impact on your functioning, your mood, and how you are able to cope with stress.
- ▶ **Take a walk.** Time in nature and fresh air can be relaxing. Step outside for your tea break, or take a walk after work with a friend, colleague or relative.
- ▶ **Pay attention to your physical wellbeing.** Identify what happens to your body when you feel sad, stressed or angry. Do you get headaches? Do you experience gastrointestinal problems? Does your back ache? Do you become forgetful, feel less able to make decisions or concentrate? Are you tearful, irritable or detached? Knowing how you react to stress can help you take better care of yourself during stressful times.
- ▶ **Pay attention to proper nutrition.** Try not to skip meals. Healthy meal choices can give you energy, while too much caffeine, sugar, nicotine, salt or starchy foods can make you feel tired and worsen your mood or stress symptoms. Drink enough water.

- ▶ **Identify your support networks.** Do you have a close friend, colleague or family member you can talk to? Can you visit your church? Can you join a group activity or support group in your neighbourhood? Does your facility have access to a counselling service for health workers? Do you make time to socialise outside of work with friends who are supportive, positive and have healthy habits? Avoid people who are critical, judgemental or negative.
- ▶ **Ask for help.** Speak to someone you trust when you feel anxious, sad or stressed. Talking about your feelings can help you feel better. Ask your supervisor or manager for help in identifying support services, such as counselling, for health workers.



### How to promote a caring working environment

At a facility and management level, a range of simple yet effective techniques can be employed to promote a supportive and enabling working environment. Specific suggestions are noted here:

- ▶ **Routinise staff wellbeing.** Allocate specific line management tasks, time, resources and physical space for staff wellness.
- ▶ **Supervision should include more than reporting on targets.** It should also assess the qualitative experience of care-giving and its impacts on the health worker.
- ▶ **Provide space.** Where possible, facility managers should try to make a private, physical space available for staff to take a time out or to debrief. The space to discuss challenges, needs and feelings should also be made available in supervision and training.
- ▶ **Support healthy lifestyles.** Supervisors should encourage staff not to work through meal times. Wherever possible, healthy meal options should be available in staff canteens, kitchens or at staff gatherings.

- ▶ **Nurse education, training and professional development** should include components which empower health workers and enhance efficiency. The PMHP suggests:
  - Facilitate participatory training methods which facilitate empathy with clients and break down the phenomenon of 'othering'.
  - Develop interactive role-plays which allow health workers to express their feelings and needs.
  - Identify strategies and resources to manage work place distress, such as mentorship, support groups, or counselling services.

*When you're busy, you forget that your patient is a person. We talk and act without thinking, but when you walk in your patient's shoes, you realise what you are doing.* Registered Nurse, Cape Town

- ▶ **Build team unity.** Facility managers should encourage staff to work together as a team, and make space and time available for team reflection and peer support. Staff who trust each other and feel team cohesion are more likely to provide meaningful support to each other and work more efficiently.
- ▶ **Identify support.** Where support services are available to health workers, information should be shared with staff and contact details should be easily available. Facility managers should be encouraged to identify additional support services, such as counselling services, which may be available for their staff.
- ▶ **Political will.** Health managers at the government level should be urged to budget for adequate health worker support programmes.

### Conclusion

To improve the quality of care given to vulnerable women in maternity settings, the PMHP has identified the need to work with maternity staff in a transformative and affirming way. By caring for health workers, the PMHP has found that, despite being located in busy, low-resourced facilities, nurses are able to provide quality, empathic care. At PMHP's service sites, maternity staff are actively engaged in providing quality mental health services, in addition to their existing workload. This is an important finding in the contexts of task-shifting and the crisis of human resources for health in South Africa.

Caring for nurses is a public health priority, not only in the maternity setting, but throughout the public health care system. Nurses are the largest workforce category in the mental health system and the frontline workers called on by the global health community to respond to the World Health Organisation maxim 'no health without mental health'. Mental illness among health workers is related to occupational stressors, and has been strongly associated with various impairments in their work functioning, client safety, and overall client wellbeing. When health workers' wellbeing is addressed, their job satisfaction and performance increases as does the wellbeing of those in their care.

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