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Care for the caregiver: Stress relief and burnout among health workers in HIV care

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ABSTRACT

Introduction **Health care facilities in resource-limited settings are faced with numerous challenges including high patient loads and shortage of trained health workers. However, there still remains a dearth of scientific evidence to assess and address issues associated with stress and burnout among health workers providing HIV care.**

Methods **An annual assessment was conducted using a site capacity assessment tool to evaluate the quality of care at 18 HIV health facilities. Questions to determine stress management and HIV care among health workers were graded from 0–5 (lowest to highest score). Data on performance of health facilities were summarized on an excel sheet.**

Results **Majority of the health facilities (67%) did not have polices or practices in place to relieve stress faced by staff in providing care for persons with HIV/AIDS.Less than half of the health facilities (44.4%) had policies on PEP, confidential HIV testing and counseling as well as referral for care and treatment for staff that are found to be HIV positive.**

Conclusion **Evaluating and addressing issues associated with stress, burnout, as well as providing HIV care services among health workers in HIV settings is imperative for provision of good quality of care.**

INTRODUCTION

The HIV epidemic has greatly contributed to the strain on the health workforce in Sub-Saharan Africa. Worldwide there are approximately 34 million people living with HIV (PLHIV), nearly 70% of these cases are in Sub Saharan Africa[1]. Moreover, the global HIV prevalence is expected to increase in the next ten years indicating that more resources are required to strengthen the weak health systems. In order to ensure quality HIV/AIDS care, countries need to pay critical attention to acquiring and maintaining the essential professional competence in the management of HIV-related illnesses as well as ensuring the availability of support services that are required for the comprehensive care of HIV complications[1].Health workers in high HIV prevalence settings are faced with the dual burden of both physical and the emotional risks associated with work overload and minimal motivation while providing this care[2].

Furthermore, health workers are prone to HIV infection since the epidemic is generalized and HIV is a major cause of health worker mortality in Africa[3,4]. A study in South Africa showed that 15.7% of health workers in private and public sectors in four provinces had HIV[5]. In Malawi, one in 10 health workers were estimated to have died of AIDS since

the start of the epidemic till 1997[6] and other authors found an annual death rate of 2% among nursing and clinical cadres, identifying AIDS and TB as the most common causes of death[7].There is a dearth of information in resource-limited settings on stress relief evaluation or interventions to address factors related to stress and burnout in order to improve service delivery. Out of the 172 papers reviewed to determine staff support interventions, none was from low limited resource settings[8]. It is therefore vital to conduct studies in such settings to obtain information that can be utilized to address stress and burnout among HIV care health providers.

The aim of this assessment was to evaluate health care provider stress and burnout practices and policies at 18 health facilities providing HIV care services.

METHODS

As part of a program evaluation, an annual assessment was conducted in 18 AIDSRelief (AR) health facilities to evaluate the structures in place targeted to address issues of stress and burnout as well as HIV care services for health workers. These facilities are located inthe Northern, Central and Western part of the country with over 84,500 patients who are receiving HIV care.

Data was collected using the AR annual capacity assessment tool that was piloted, validated and used in six African Countries. The assessment tool was designed to identify structures, policies and facilities that evaluate stress, burnout and HIV care among health workers at their facilities. Questions to determine the level of performance were graded from 0 – 5 with zero (0) as the lowest level of performance and five (5) the highest. We assessed the presence of policies, interventions targeted at reducing stress among health workers and HIV care among the health providers. Table 1 shows the assessment scores and descriptors for staff sustainability.

This assessment was conducted as part of a routine quality improvement program activity. All technical assistance teams consisting of doctors, nurses, laboratory technicians, quality improvement and community based treatment specialist were trained on how to administer the assessment tool at the health facilities.
Permission from the respondents and management teams at the facilities was sought before administering the tool. The facility staff was trained on elements of the tool, the assessment process and respondents at the facility would read through the questions and obtain clarity. Data were entered into a Microsoft excel database and analysed using Microsoft excel.

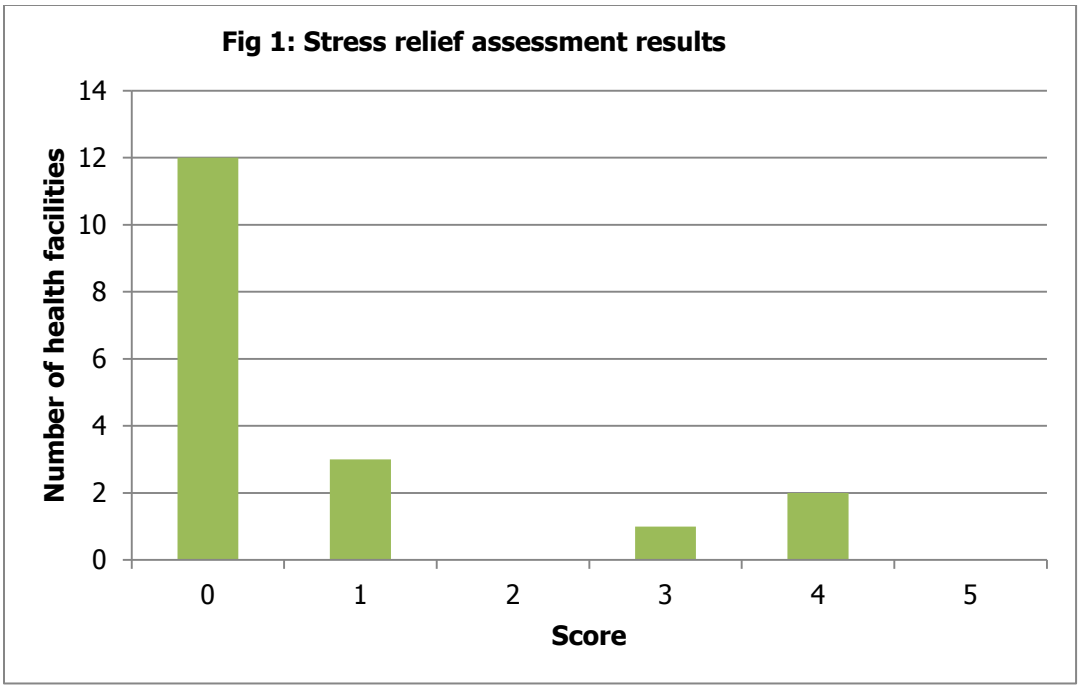
RESULTS

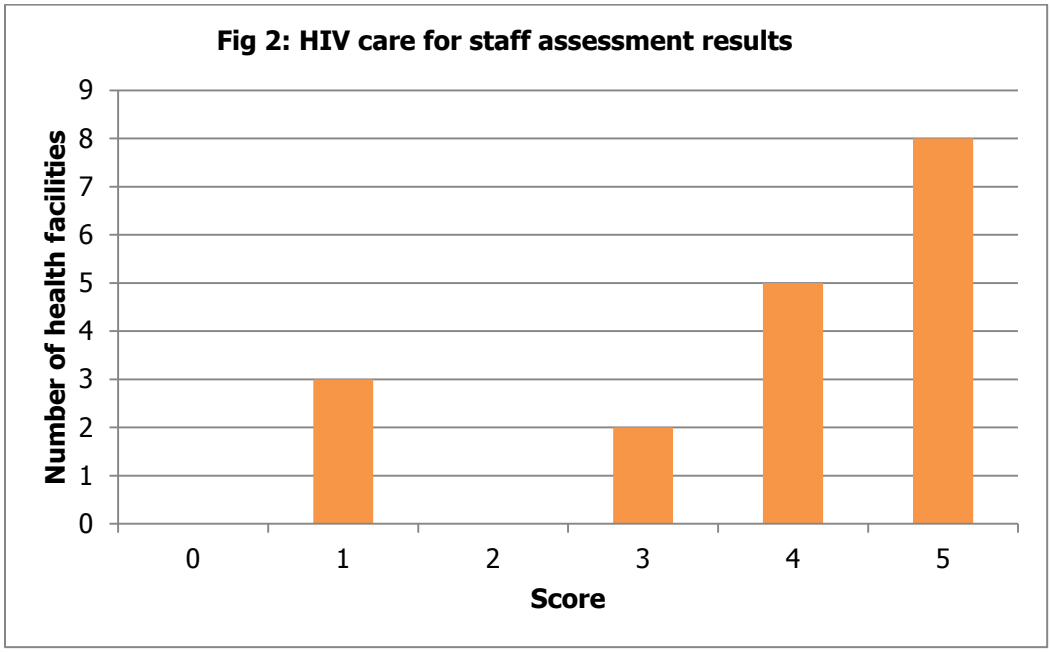
Majority (67%) of the health facilities scored zero as they had no policies and practices in place to recognize or relieve stress faced by staff in providing care for persons with HIV and AIDS. Health workers in only 17% of the facilities received training on stress relief and none of the health facilities scored the maximum score of 5 which meant that they did not have policies, staff counseling and evaluation of stress relief activities (Fig 1).

Out of the 18 health facilities, 44.4% scored the highest mark which implied that they had policies on Post-Exposure Prophylaxis (PEP), confidential HIV testing and counseling as well as referral for care and treatment for staff that are found to be HIV positive. In 27.8% of the health facilities, exposure risks and need for routine HIV testing were discussed but no efforts were made to ensure that health providers sought for HIV care and treatment. Very few (16.7%) of the health facilities provided PEP on individual basis (Fig 2).

Table 1 Staff Sustainability (Care for Providers)

Indicator	0	1	2	3	4	5
Stress Relief for Staff	No policies or practices are in place to recognize or relieve stress faced by staff in providing care for persons with HIV/AIDS.	Staff has received basic training in stress relief and methods of stress reduction are being investigated.	Staff members have been involved in development of stress relief methods for the workplace but no routine activities identified or policies in place.	Policies are in place for routine use of stress relief and other methods identified to encourage self-care and improve employee satisfaction with workplace but activities only take place sporadically.	Yearly in-service is offered on stress relief techniques and policies are in place to provide routine mechanism for stress relief and regular group activities are offered but few staff take part and no staff satisfaction survey performed	All staff are trained in self-care techniques and regular activities and policies are in place to provide varied types of staff counseling and support to be chosen by individuals and regular surveys are conducted regarding effectiveness of stress relief program.
HIV Care for Staff	No policies or practices are in place to provide confidential HIV counseling and testing, post-exposure prophylaxis (PEP), or ART for HIV clinic staff.	Post-exposure prophylaxis is offered on an individual basis; policies and practices are not clear.	Staff are informed regarding mechanisms for PEP at time of employment but no efforts are made to provide routine HIV testing to staff.	Policies are in place for PEP and staff informed on regular basis and encouraged to use service; no documentation re attempts to provide HIV care to potentially HIV+ employees.	Workplace exposure risks and need for routine HIV testing are discussed with staff at least annually. No efforts to assure that employees seek HIV care and treatment.	Clear policies for post-exposure prophylaxis, confidential mechanism for HIV counseling and testing for individual staff, and referral for care and treatment outside the workplace are in place and staff are regularly encouraged to use this mechanism of self-care.





DISCUSSION

In this study 67% of the facilities did not have policies or practices to address stress among health workers. This concurs with other authors who assert that while the physical risk of work overload may sometimes be addressed, emotional risk is largely left to the individual and there is little done by institutions to minimize this[9]. Similarly, while various interventions including task-shifting, hiring of lay health workers and technology[10-12] have been utilized to address issues of staffing, little has been done to address issues concerning the emotional

and psychological wellbeing of existing health workers[13]. It is evident from this assessment that the health workers in these facilities are prone to burnout. This can lead to low productivity, reduced motivation to care for patients, increased desire to find other jobs and problems in interpersonal relationships[11,14,15]. However, findings by other authors showed that despite the high patient loads, health workers had low levels of stress and were motivated[16]. It is also generally accepted that health workers who are supported are confident and are in a better position to manage their own and patients' emotional status[17] leading to better health outcomes like improved adherence, better service delivery, satisfaction, morbidity and mortality[8,18].

A number of effective ways of addressing stress issues among health workers have been suggested[19]. These include interventions that are directed at changing the working environment for example, changing the way work is organized and interventions focusing on individuals such as teaching personal skills and relaxation skills[19]. Other studies have also suggested that management interventions to manage stress among health workers have been found to be beneficial[20-22]. A reduction in burnout among health workers using training methods was reported[23]; while other authors found no benefit of training on health worker burnout or job satisfaction[24]. For better outcomes using training methods to reduce stress and burnout among health workers, it is essential to conduct refresher trainings and ensure that the curriculum is effective. Peer-support groups have been especially found to be beneficial in reducing stress and burn out among health workers[25].

Our study also found that in relation to HIV care for staff about half of the facilities had clear policies for post-exposure prophylaxis, confidential mechanism for HIV counseling and testing for individual staff. In addition, these facilities had referral procedures for care and treatment outside the workplace and staff were regularly encouraged to use this mechanism of self-care. This demonstrates that whereas PEP remains paramount in prevention of HIV transmission[26], some health workers miss out on such services. A study reported that 63% of health workers and their dependents underwent HIV testing and counseling, accessed ART and benefited from support groups at a clinic in Malawi.[4] However, stigma and discrimination were reported as barriers to accessing these services. Provision of confidential and accessible rooms in the work place as well as raising awareness among health staff could reduce this. Another study showed that there was a gap between provision of guidelines on PEP and actual practices among health workers; and lack of institutional support[27]. The need to reinforce guidelines and management support is essential in order to realize better uptake of PEP. The recommendation for PEP states that affected individuals ought to take their medication within 6 hours of exposure[28]. However, in the UK 78% of health workers exposed to an HIV patient began PEP after significant exposure in 2007 and only 37% of these commenced treatment within one hour and 89% in 24 hours[29]. This situation is worse in resource limited settings where access to ART is still a challenge. In Malawi inadequate PEP services with poor attendance of follow up visits and lack of data on side effects were cited[30]. Therefore there is urgent need to assess and scale up existing services that target health providers working in HIV settings.

One of the main limitations of this assessment is that we did not determine the health workers experiences in relation to stress, burnout and access to HIV care. Future operations research may need to explore this.

CONCLUSION

It is important to target interventions to address issues of stress, burnout and HIV among health workers in order to maintain their vital skills and knowledge, which are crucial for provision of quality HIV care. Health workers especially in the era of HIV/AIDS must maintain personal and professional lifestyle habits that will keep them healthy, engaged in pursuits other than their profession, and connected with family, friends, and colleagues. In addition, they should seek supportive relationships with colleagues and ensure a work-life balance that fits their overall priorities. Health organizations should focus on creating a healthy work environment in which health workers feel supported

by their peers and their supervisors. Organizations should make available stress management workshops and other educational programs that target health workers' psychosocial well-being and interpersonal skills. Above all, health facilities must ensure that safe healthcare staffing patterns are in place.

Competing interests

The authors declare no competing interest.

Authors' contributions

Ruth Atukunda participated in the coordination of the study and drafted the manuscript.

Peter Memiah participated in the coordination of the study and drafting of the manuscript.

Constance Shumba designed the study and participated in coordination and helped to draft the manuscript. .

All authors read and approved the final manuscript.

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