

RESILIENCE BUILDING FOR HEALTH PROVIDERS

Reflections and Practices for Consideration

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RESILIENCE BUILDING –WHAT, WHY and HOW?



Capacity to **'bounce back'** in the face of adversity . **Complex factors** determine resilience

Defining and measuring resilience is very difficult

RESILIENT PEOPLE HAVE

- Personal strengths (and emotional intelligence)
- Relational strengths and support – family, colleagues, community
- Cultural values and / or spiritual



IF WE BUILD OUR RESILIENCE, we should experience

- Increased emotional intelligence, self confidence, significance and ability to say what we need
- Value and Belonging, a sense of purpose
- Prevention and healing of our work and life trauma

WITH NO CLEAR SCIENTIFIC PROCESS TO BUILD RESILIENCE – CONTEXT AND CULTURE
Currently no consensus on an African SCALABLE FUNDABLE MODEL

THE RESILIENCE TIGHTROPE

Reaching our



Public Health System



Living our



A living, human system

2 systems need a different kind of investment

THIS IS OUR SPACE in time to be CREATIVE AS LEADERS

By acknowledging that people are the most important component of our system, lets think about:

WHAT DO WE KNOW?

About the state of our people?



LOOK FOR GOOD PRACTICE

To see what is possible and stimulate creativity



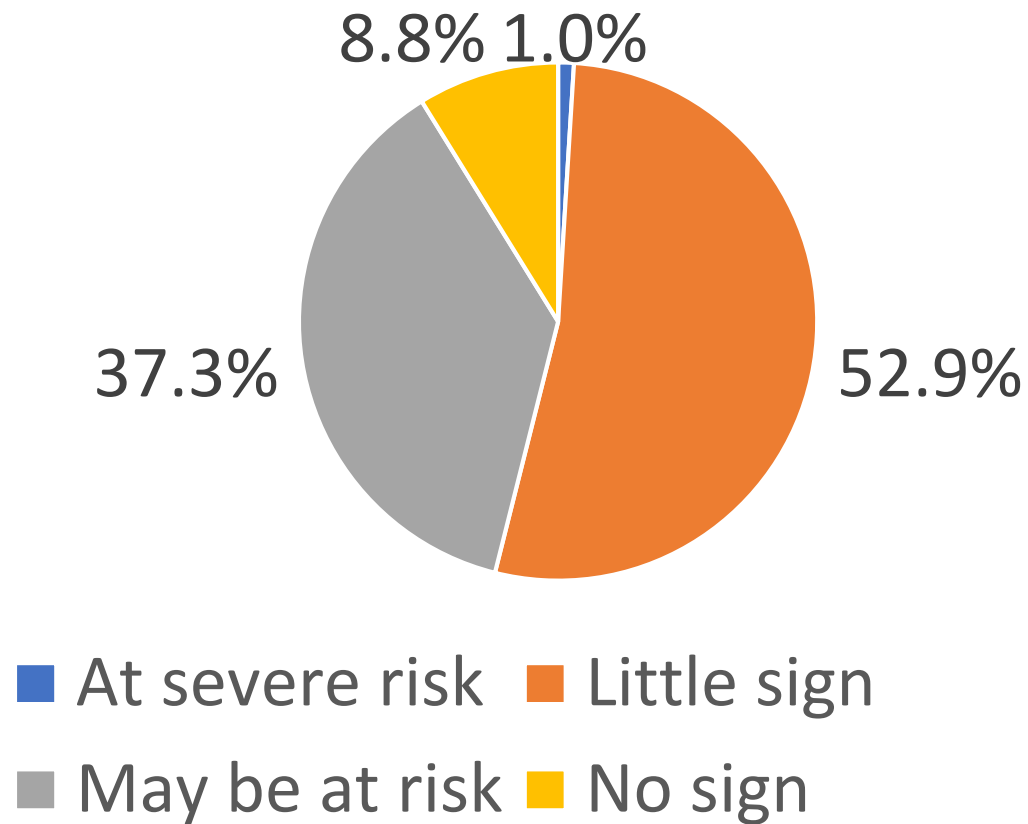
THINK ABOUT SYSTEM WIDE IMPROVEMENTS

That could make a significant contribution



WHAT DO WE KNOW ABOUT US?

Risk of burnout by delegates (n=102)



- Average score: 30.3 (Little sign)
- Clinical (30.7), psychosocial (29.4) and designation unknown (32) reported similar levels of burnout
- The maximum burnout score was 51 (At severe risk) (n=1)

1. PEOPLE CENTERED TRAINING

Embedded **resilience building** into every training and mentorship opportunity



Adjusted our **STARTING POINT** and **OUTCOMES**

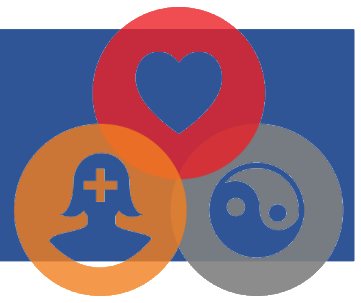
- **People first**, then skills
- **Traumatised** people **cannot learn or engage** in the way we expect

TIME AND SPACE was created for decompression to happen

WE EMBEDDED

- Fun and laughter
- Self care routines and self awareness exercises, and practiced this together
- Sharing stories, Listening and Debriefing

REFLECTIONS FROM TRAINERS



“In our Trainings we ensure that we leave plenty space and time for participants to **share their feelings** and to **debrief**. Sometimes we **can’t even finish the training topics** and it looks bad ... but for many HCPs, it is the first time they can release their stress. So many of them cry - sometimes we have to **stop the training** so that people can just cry. Other times we have to find a psychologist because there are so many issues.....”

“HCPs don’t know about **self care** – we teach them self care routines and they practice this over the few days we are with them. They learn about emotional intelligence -how to identify which are work related stressors and which are personal – the feedback we get is always so amazing –they HCPs tell us they now don’t take out their stress so much on their families.”

“When HCPs **hear the stories** of other people, they **don’t feel so isolated** and abandoned ... it also helps to break down the barriers that keep the systems from working well – we realize we all need each other.”

“When we mentor on site we can never get done – as soon as we arrive somewhere, we get **DEBRIEFED ON** by the OM’s. But are used to it by now – they need it.”

REFLECTIONS from HEALTH PROVIDERS

– RESILIENCE BUILDING NEEDS TIME AND SPACE



“We need **time away to process** – not more training. We can’t think when our minds are full of our trauma. We can’t keep the knowledge when we are in pain.”

“We need spaces where **we can be heard and not judged** – if we talk in our workspaces, then we are just judged... we are never enough. **We are just never good enough.**”

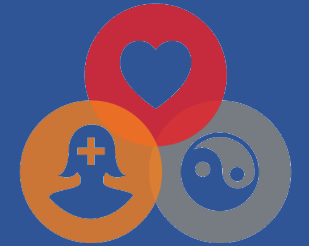
“**I am so affected by what I see** in the clinic – all the pregnant teenagers, with HIV and STIs and abortions... I go home and force my daughter to stay at home– she is not allowed to leave the house because **I am so afraid** of the risks. I think **it is not normal.**”

“We feel **powerless** yes... everyone on top of us is **pushing**. We don’t even see the people we are serving. **We have forgotten** why we are here.”

“When we hear the stories of other people, **we don’t feel so isolated**... it also helps to break down the barriers that keep us from working well – we realize we all need each other.”

2. BURNOUT PREVENTION TRAINING

Working with relationships in mind



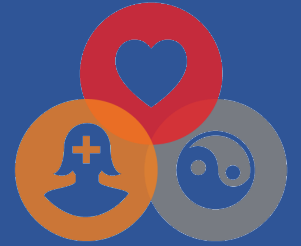
- Focus on CORE VALUES and RELATIONALLY HEALTHY ways to work
- We are in this together – connection through storytelling
- Ways of working that promote our solidarity and value as humans
- Because our HSS is so Hierarchical – those at the frontline can feel abused and powerless
- Solidarity, Understanding Occupational Health rights, Ubuntu, Strengths based leadership and fresh management styles helps to balance this

CRITICAL LEADERSHIP TASK:

1. We must think about the power imbalances in our current Global and continental context – HCPs must be heard, valued and invested in within a human rights context especially as the work demands increase
2. It is probably time for our Health systems to uphold the rights of the health worker more proactively and embed structural workplace support systems

3. STRUCTURAL RESILIENCE

Relational QI and Strategic partnerships



2 Clinics that would not perform, not matter how much training and support they got!

- Very clever Psych intern focused on RELATIONAL MAPPING and QI
 - Executed her plan from the microwave over
 - Discovered that the Relational process map had problems!
 - Extended to community political feuds

AHA MOMENTS!

1. People have human systems. Sometimes we cant fix a health system until we fix the human system.
2. Interns are very clever and are always looking for resilience building placements!

OUR SECRET BEST PRACTICE



As African Leaders we have this moment to reflect on a time when donor funding and programme funding will not support ongoing resilience support for our health providers (Our Human Health System). We have a Continental Best Practice of CONNECTEDNESS and RELATIONSHIP which makes us uniquely resilient

MY CREATIVE LEADERSHIP CHALLENGE:

Let us start the conversation about integrating the values and practice of UBUNTU into our Health system, and shift our balance thoughtfully from Data Driven to People Centered programming.

I have a suspicion that if we can do this:

VALUE EACH OTHER, HEAL EACH OTHER, PROTECT EACH OTHER, LISTEN TO EACH OTHER...

We will outrun and outpace this epidemic, and in solidarity with our international family, we will have drawn the best out of both worlds to beat this epidemic together!

