



PROVIDER BURNOUT

Work with clients living with HIV/AIDS brings both clinical challenges and personal rewards.

Burnout is referred to by some as bereavement overload. HIV disease has brought many social workers into the field of death and dying counseling. Additionally, social workers are called upon to work with care givers facilitating normal grieving or dealing with complicated grief as an occupational aspect of AIDS work. Social Workers working in this field need to understand burnout to be effective with care givers at risk and to understand their own potential for burnout.

Burnout is a lowered energy, enthusiasm and idealism for doing one's job. Garfield describes it as a loss of concern for the people we serve and for the work we are doing. Unlike fatigue, burnout does not resolve after a given amount of rest and recreation. (Garfield, 1989)

Symptoms: (Garfield, 1989)

- reduced productivity
- impaired performance
- increased opposition to change
- chronic fatigue, insomnia, bodily aches and pains
- decreased interest in interacting with coworkers and clients
- dislike of work environment
- expressed dislike for recipients of service
- increased use of formal procedures to process complaints

Elements that Contribute to Burnout:

- lack of social support systems in the work area
- isolation on the job
- many difficult and repetitive situations
- no breaks in the action
- too much direct contact with recipients of services
- unrealistic self-expectations: wanting to do it all
- excessive individual responsibility
- no self-monitored time out
- lack of support and collaboration

Stressors Inherent in Work with HIV+ Persons:

- stigma (for example, the triple stigma often associated with being a gay man, having AIDS, and dying) compounds all other stressors and denies care givers reinforcement for their work
- weight of the responsibility: (for example, decisions regarding treatment vs. no treatment, drug treatment (addiction), and pain control; being the client's sole source of support or advocacy)
- negotiating conflicting personal rights and needs: of clients, the client's family, significant others, staff and self.
- systems frustrations: working within a system that is not set up to deal with clients as they are dying, with substance abuse (addictions) and infectious diseases.

Managing Burnout at Work:

- case staffing
- case consultations with an expert
- clear assignment of specific duties (particularly to hospital staff)
- drawing and maintaining clear boundaries on professional obligations
- enlisting help of volunteers from community organizations
- "time-out" activities
- varying tasks and responsibilities
- building in "mental health days"
- continuing education
- staff retreats
- discussion/process/support groups
- memorial services

Managing Burnout in Private Life:

- meditation, relaxation, self-hypnosis
- massage
- regular exercise
- personal growth, recovery work
- recreational activities
- peer support group
- individual therapy
- working on AIDS Quilt panel
- grief work
- sharing experiences, feelings with family/peers or "Telling our Stories:

Source: Psychology, Gay Men & HIV Disease: Trainers Manual American Psychological Association (1993).