

Low morale and burnout; is the solution to teach a values-based spiritual approach?

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Summary

In the busy and stressful environment of hospitals and community care how can we bring the best care to our patients and at the same time feel enriched by the work?

In times of low morale and burnout in staff it is important to return to the values that form the foundation of medical and nursing practice. These organisational values are drawn from individual's personal values. A newly developed modular educational package is described that advocates that values should be an essential part of the training of health care professionals at all levels. A spiritual approach is adopted to bring a fresh look to these deep-rooted problems and concludes that self-development and self care of the professionals is an essential component in providing excellent patient care.

Current challenges of low morale and burnout

It seems that over recent years there has been a decline in morale in health care professionals and a feeling of not being valued where once a sense of vocation flourished. A survey of general practitioners shows 2/3 saying morale was low or very low and the same survey 80% reported work related stress was unmanageable (BMA 2001). A recent editorial titled 'Why are Doctors so unhappy? Suggests that 'the most obvious cause of doctor's unhappiness is that they feel overworked and under supported' (Smith 2001). The author goes onto to suggest other factors are 'diminished control, more change and increased accountability', and acknowledges the cause runs much deeper.

Doctors and nurses may feel worn out by work at times but when this becomes a chronic state they suffer from burnout. Burnout is 'a state of physical emotional and mental exhaustion caused by long term involvement in situations that are emotionally exhausting' (Pines 1988). It is characterised by feelings of being emotionally drained (emotional exhaustion), the development of negative attitudes and feelings towards patients (depersonalisation) and a growing devaluation of self-competence and achievement (reduced personal accomplishment) (Maslach & Schaufeli 1993, Maslach 1993). Nurses are considered to be particularly susceptible to burnout. Their jobs are typically stressful and emotionally demanding, since nurses are repeatedly confronted with people's needs, problems and suffering (Bakker et al. 2000).

Seeking solutions

How do we bring hope to beleaguered healthcare workers by reminding them of their early enthusiasm, building self-respect and being optimistic about

the future? How do we prevent burnout, raise morale, enjoy our work and feel good about ourselves? How do we not only survive but also thrive at work?

Early in 2000 a charity called the Janki Foundation that is committed to promoting holistic care, invited a group to meet to explore these questions (Janki 2000). This core group brought their experience from work and teaching in their own specialties, (general practice, psychiatry, nursing, medical education, complementary therapy, occupational health, and organisational consulting) and drew on a wide variety of other sources. They considered that the issues of low morale and burnout were essentially a spiritual problem and that health care professionals need to find meaning and purpose in their work, and reconnect with their personal values so to be able to create a positive vision for their future. They decided to develop and design an educational program to teach values using an innovative spiritual approach to tackle the issues on a personal level and its consequences at an organisational level.

Values

There are many statements of values for health care professionals and one of the earliest and best-known is the Hippocratic oath.

Prompted by the recognised fall in morale, the British Medical Association held a summit meeting on 'Core values for the medical profession' (BMA 1994). They concluded that changes in society, demography, healthcare organisation, patients' expectations and techniques of medical care were challenging doctors' traditional role and core values. The summit called for a re-evaluation, redefinition and restatement of core values, which it defined as '*ancient virtues distilled over time*', and recognised these values as the profession's greatest asset, greater even than scientific knowledge and sophisticated technology. The core values of the medical profession identified by that summit were caring, compassion, integrity, competence, confidentiality, responsibility, advocacy and the spirit of enquiry. An earlier publication by the Royal College of General Practitioners, 'What sort of doctor' values statement, stresses good communication skills, reflective practice and an obligation to maintain one's own health (RCGP 1983). A more recent article 'pleads to restore the enthusiasm and resilience of early years' and identified as key values excellence, kindness, integrity, and loving relationships (Clever 2001). We are reminded that values act as a guiding principal for individuals and organisations. (Pendleton et al. 2002). However much our professional bodies give us, these guiding principals ultimately values derive from our own inner values. We need to constantly remind ourselves of these values by making them part of our education at all levels.

Teaching Values

As healthcare professionals, much of our training is geared towards acquiring knowledge and learning practical skills. Less time is spent on communication skills and even less time is spent on looking after ourselves. With this in mind the core group adopted three key principles when teaching values.

The first was to put professional caregivers at the centre of healthcare delivery by adopting the ideal of 'physician heal thyself'. The belief is that by

nourishing and supporting ourselves and paying attention to our self-development it will raise morale and restore within ourselves the sense of purpose and altruism we had at the outset of our careers. The second is that we believe that spirituality is best learned through direct experience so the style of teaching is important; the program should be facilitated rather than taught. There should be time for silence, reflection and sharing in a supportive easy environment. Thirdly the learning experience should be relevant to our work and lives with an emphasis on action planning and evaluation, with a commitment to ongoing learning

Many of the sessions were piloted and tested, and a consultation group was sent the material for comment. The challenge has been to develop an acceptable educational program that health care professionals can relate to, while holding the essence of spirituality.

A spiritual approach

In the health care professions there are many different methods used to teach the skills and the art of each discipline. Traditionally, formal lectures, personal study, tutorials and practical experience are used alongside apprenticeship learning. The core group felt that to teach values, we would adopt a spiritual approach. The teaching needed to be in small groups with the exercises mainly experiential, personal and at a deep level. We felt meditation and visualisation to be essential, as is the need for deeper reflective and listening exercises. We used 'Appreciative Inquiry' as a method of adopting positive attitudes (Cooperrider 1999). Finally we felt it essential a spiritual approach needs to be creative and playful.

Meditation

Meditation is being silent and using the time to learn about our mind and our thoughts. The method we advocate does not involve reciting any mantras or using incense or chimes. It is simply focussing our awareness on the peace within. By using positive and peaceful thoughts, we can move towards the calm and silent centre of our consciousness. There is a powerful sense of wonder when that peaceful place within is found. It is not a state of passive emptiness. Quite the contrary; by actively letting go of negative feelings, we open up space to experience very positive feelings. Such meditative practice helps to quieten our mind and bring calm to our work.

Visualisation

Often images we have in our mind are of past negative experiences and when we dwell on them it causes us unhappiness or frustration. Visualisation is simply using our mind to create new positive images that will help us be more optimistic in our attitude. By using exercises to build up positive images of past successes and a better future, it can have profound affects on our self-respect and create positive attitudes.

Reflection

'Reflective practice' is learning from past experience, and in health care is a well-established method of evaluating concerns with the aim of improving clinical practice. It is a useful discipline to create a structure that reviews our professional progress.

The spiritual approach to reflection is to evaluate our inner response with the aim of helping our self-development. It is taking a detached view of a situation by standing back and examining our own emotional reactions and feelings. It is a way of moving into a place of calm and peacefulness so we can observe how we responded. This way we can begin to understand that our own feelings of anger, anxiety and attachment are something that can be released. We can then focus on what went right and the positive contributions we make. The aim of this type of reflection is to strengthen self-esteem by learning from mistakes, observing our feelings and building on positive experiences.

Listening

Perhaps the most important aspect of any communication is how we listen. The spiritual approach is a deep listening. Such listening is dependent on the listener finding peacefulness within and giving their full attention without distraction. This can be practiced by keeping our mind clear and focusing on what the other person is saying in a non-judgemental way. Finally, with this type of listening it is good to have an open heart by having an attitude of kindness. It brings benefit not only to those being listened to but also the listener themselves.

Appreciation

In healthcare we are taught to be careful and develop a critical attitude. This is appropriate for many situations in the technical side of medical care but is not when dealing with many aspects of patient care, interactions with colleagues and our personal lives. Appreciation looks at individuals and groups from the perspective of valuing what works best, drawing on existing skills and shared values to seek solutions, rather than focusing on the problem and apportioning blame. It assumes that in every team, group or society, something works and the task for the group is to embrace this. This approach is used throughout the program to encourage co-operation during the sessions and to take it into our teams at work.

Creativity

There are an unlimited number of ways to be creative and a spiritual approach encourages creativity as a way of discovering new solutions. Ideas often come to us when we give ourselves some silent space. Equally sometimes when we are taken up totally with something or are under pressure and ready are to drop preconceptions, ideas may then begin to flow. Some practical ways of being creative are by using painting, drawing or writing poetry. We encourage facilitators to experiment with new ways of exploring and developing exercises to teach values. It may mean taking some risk and behaving outside our normal role.

Playfulness

Fun and laughter is essential to balance some of the serious discussion that may occur during the teaching sessions. Being playful is being spontaneous and carefree, with a willingness to risk getting it wrong. It is a good way of letting go of barriers and overcoming difficulties. Having 'lightness' in our manner encourages tolerance in our listening and softness in our judgments. Playing simple games is something many of us are at first inhibited to do but when we do, it can be a moving experience. It helps to connect at a deeper level beyond normal conversation and discussion and in a group, when we have fun, we can drop all our pretences and 'just be ourselves'.

Modules for Values

Using the spiritual approach we focused on seven themes that could be run as modules over a day session; values, peace, positivity, compassion, co-operation, self-care and healing. Each session starts with an introduction and outline of the day with a space for silence. The theme of the module is investigated using reflection and listening in pairs with feedback to the group. There may then be a meditation or visualisation. There is time for breaks and suggested movement exercises with further exercises to apply what has been learnt to our work. Time is then spent on summarising, evaluating and closure.

Values

An exploration of what values mean to us personally and how they apply to our life is the foundation of the spiritual approach. They are the principals that we choose to live by and are an inner resource that we can draw on. Knowing and living by our values enriches our self-development and leads to an understanding of the purpose of our lives. It is the key to bringing meaning to our lives and raising morale.

Peace

Central to this theme is the idea that being peaceful is our natural state. In each one of us there is an innate core of calm and tranquillity. In the session we use simple yet powerful ways to rediscover our inner peace. By practicing peacefulness we access our positive qualities, which build our self-respect and contentment. It is the medicine for burnout.

Positivity

We do have the choice and power to change the way we think, even with health care professionals that out of habit think critically and often negatively. Relearning to observe our thoughts and changing them to be more positive makes us feel good and ultimately our patients and colleagues will benefit from our optimism.

Compassion

Compassion brings humanity to healthcare and although it is the expression of our innate qualities such as patience, generosity and kindness, it is something that we can develop and practice. Yet there are barriers that prevent the true expression of compassion that we need to acknowledge in ourselves. Anger, anxiety, guilt and attachments are the ever-present shadow aspects that need to be tackled in such an education program.

Co-operation

For a group of people to work well together, it is essential that they understand what thoughts, attitudes, feelings and behaviour helps them cooperate successfully. One can then build team spirit in non-competitive ways so tasks become creative and enjoyable.

Self-care

The focus on this session is looking after oneself by reflecting on what we already do and what we would like to do in the future. The question, 'who am I?' explores this theme at a deeper level. Ultimately, by recognizing our own worth, we are better able to acknowledge the intrinsic worth of others. This leads to mutual respect and harmony in all our relationships. We benefit, our colleagues benefit, and our patients benefit.

Healing and caring

There is a need for individual clarity concerning the words health, healing, spirit and spirituality so we can continue to develop the ideals of holistic health and make spiritual care intrinsic to our work as health care professionals.

Guidelines for trainers

The success of the sessions will be largely dependent on how they are conducted, so there are detailed guidelines and training sessions for the facilitators. We encourage facilitators to draw on their own personal experiences, anecdotes and stories. This will reveal not only their wisdom in spiritual terms, but also their vulnerability. Exercises should not be rushed and conducted at an easy pace, as some of the questions in the exercises may seem simple but they can be quite profound. Sharing in pairs and small groups can be a rare opportunity for health care professionals to discuss some of their own issues.

Conclusion

We already know that low morale and burnout are prevalent in doctors and nurses and need to be urgently addressed. There are some excellent values statements produced by professional bodies, but to make them real they need to be owned at a personal level first, and then integrated into the workplace. We contend this is best done through a spiritual approach, using meditation, visualisation, reflection, listening, appreciation, creativity and playfulness. An

educational package has been developed that is presented in a practical, personal and experiential way, which focuses on self-development and self-care. It builds self-esteem and renews a sense of purpose amongst health care professionals, consequently improving patient care and reversing the trend of deteriorating morale and burnout amongst staff.

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