'Burnout syndrome' in health workers and caregivers and its impact on the performance in HIV/AIDS services: case study of the Rebiamul VCT and ART clinics of the Catholic Health Services of the Archdiocese of Mt Hagen

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Abstract

Health workers and caregivers working with HIV/AIDS patients are at risk of burnout syndrome. Although Papua New Guinea has generally done well in confronting the challenge of the HIV/AIDS epidemic over the last 30 years, and the infection rate seems to have stabilised, the few specialist clinics available to patients are stretched to capacity with a consequent impact on health workers and caregivers.

The study looked at workers at the Catholic Health Services VCT/ART Clinic in Mt Hagen. Data were collected with a self-administrated questionnaire formulated in English with Tok Pisin translation, semi-structured interviews and in focus group discussion.

Although the study examined staff at a single clinic, the findings may be useful to staff dealing with HIV/AIDS patients throughout Papua New Guinea. Burnout is not just a concern for health workers and caregivers; it affects patient outcomes, health service organizations and the family life of health workers. To prevent burnout, a close collaboration between the organization as well as those taking care of HIV/AIDS patients is needed.

The concept of burnout

The conceptualization of the phenomenon of burnout has been shaped over many years. Freudenberger (1974), who was the first to conduct a comprehensive study on burnout in the 1970s, defined it as a symptom of exhaustion. Maslach and Jackson (1981) further described it as a chronic emotional exhaustion, depersonalization and lack of personal accomplishment. Initially the phenomenon of burnout referred to human service professions such as health care, social work and psychotherapy (Maslach, Schaufeli, & Leiter, 2001). With time, as a result of close observation of the behaviour of the people, the concept of burnout has developed progressively (Maslach, Leiter, & Shaufeli, 2008; Howard, 2015), and as a global phenomenon is defined as a state of physical, emotional and mental exhaustion caused by long-term involvement in stressful and emotionally challenging situations (Maslach et al., 2008; Jimenez et al., 2006; Chauhan, 2009; Smith et al., 2014).

Multidimensional face of HIV/AIDS

To fully comprehend the burnout syndrome in the context of HIV/AIDS care, one needs to better understand the complexity of the condition. HIV/AIDS is a lifelong disease that affects every level of life. Apart from destroying a person's immune system, it also shatters other aspects of human life: psychological, physical, social, spiritual and economic (Nyaga, Kimani, Mwabu, & Kimeyi, 2004; Ashford, 2006; Steinitz, 2005). HIV/AIDS takes away the energy and purpose of life, decreases confidence and raises the feeling of depression. Fear can consume a person because the disclosure of HIV status to other family members is difficult. Disclosure brings the fear of stigma (Skinner & Mfecane, 2004; Ogden & Nyblade, 2005; WHO, 2005, 2009), the likelihood of violence (Lewis, Marua, & Walker, 2008), the loss of employment and social status (Huey, 2007). Other factors contributing to fear are uncertainty of what will happen to family and possibility of isolation from family and friends (Igo, n.d.).

The multidimensional face of HIV/AIDS makes health work difficult, demanding and increases the possibility of burnout syndrome and ongoing stress.

Burnout and professional challenges in HIV/AIDS care

HIV/AIDS is considered more than a health problem. It is a social issue (Singh & Banerjee, 2004). Many authors have been studying the demands and challenges that the nurses and caregivers of those with HIV/AIDS are facing (Tawfik & Kinoti, 2006; Gueritault-Chalvin et al. 2000).

There are specific stressors related to burnout syndrome in HIV caregivers. According to Maslach and Jackson (1981), Hall (2004), Gueritault-Chalvin et al. (2000) and Marchal et al. (2005), work overload and skill demands are considered the main determining factors in burnout. Anvari et al. (2011) underline the position that personality-types have a significant impact on job burnout. Tawfik and Kinoti (2006), and Hall (2004) concurred that excessive expectation both from the clients as well as from the organization, the complexity of the service, time pressure, and insufficient social resources for AIDS patients all lead to burnout.

Fear of HIV infection due to the constant exposure to infected blood is one of the main challenges in the HIV/AIDS field (Hall, 2004; Gueritault-Chalvin et al., 2000; Marchal et al., 2005; Aisien & Shobowale, 2005; Sadoh et al. 2006). Lack of supplies, such as gloves and protective clothing, coupled with poor training on universal precautions (Centre for Disease Control and Prevention, 2007), adds to the risk of being infected (Hall, 2004; Marchal et al., 2005). Frustration and a feeling of helplessness are experienced when coping within human suffering and the deaths of patients (Jimenez et al., 2006; Hall, 2004; UNAIDS, 2007; Igo, n.d.).

Gueritault-Chalvin et al. (2000) specify that the care worker's identification with the patients' suffering and the compassion given could aggravate emotional stress. The authors observe that the identification by the care worker is age related. If patients and caregivers are also similar in age, caregivers are more likely to share in the emotions and anxieties that patients near to death experience. Fear of stigma and discrimination associated with HIV/AIDS (Hall, 2004; Skinner & Mfecane, 2004; Ogden & Nyblade 2005; UNAIDS, 2007) and secrecy and fear of disclosure of the status are the most commonly reported causes of stress and burnout among health workers. Other challenges include concern for patients' family, political and economic pressures, lack of supplementary support (Hall, 2004) and being exposed to the criticism and ridicule from colleagues (Raviola, Machoki, Mwaikambo, & Delvecchio Good, 2002). These all make caring for people living with HIV virus highly stressful and increase the risk of experiencing burnout.

Burnout and its impact on staff performance

Burnout is a very painful experience (Pines, 2002) and as a process (UNAID, 2007) can deeply affect a person's life (Subramanian & Vinoth, 2012) as well as the professional performance of the caregiver (Gueritault-Chalvin et al., 2000; Jimenez et al., 2006; Borritz, 2006). According to Maslach (1993), burnout is a social problem, and it should be constantly monitored. Research demonstrates that the consequences of burnout among HIV/AIDS health workers are visible in low morale, reduced work performance and productivity, critical or cynical behaviour, absenteeism, pessimistic attitudes and negative feelings about the job, the organization and co-workers (Anvari et al., 2011; De Silva, Hewage, & Fonseka, 2009). Relations with patients can become very difficult and adverse. Psychological and physical health as well as the quality of life can be affected (Maslach & Jackson, 1981).

Ways to prevent burnout

A number of factors have been identified which moderate occupational stress and burnout (Gueritult-Chalvin et al., 2000; Hall, 2004; WHO, 2005). Burnout as a phenomenon requires a sophisticated, sensitive and constant response. Anvari et al. (2011) suggest using a range of interventional plans which moderate job burnout. To strengthen the capacity of the caregivers to cope with the responsibilities and challenges, several different coping strategies are proposed (Carver, Scheier & Weintraub, 1989). Coping strategies describe the behaviour that helps the care worker to function well in a given situation. She or he will choose the techniques suitable to what are the causes of the stress, which are peculiar to her or his situation (UNICEF, 2009). A problem-focused strategy (internal coping style), if adopted, can alleviate stressful situations. An emotion-focused strategy (external coping style) is intended to regulate the emotional consequences of stressful events. While Gueritault-Chalvin et al. (2000) demonstrate that using a primarily external coping style leads to higher levels of burnout, Thoits (1995) claims that this is only effective if the potential environmental stressor as well as the emotions can be controlled.

Howard (2015) further proposes that if the three areas of the life (personal, occupational and family) are not regularly monitored, the likelihood of burnout increases. Suitable preventative actions can diminish or prevent burnout.

According to Hall (2004), organizational support in terms of infection control equipment, access to the counselling for work related stress and the presence of HIV/AIDS official policy could diminish burnout. Good support and supervision are essential elements. Successful practices of faith-based organizations suggest that faith and practical measures can help to prevent burnout among the caregivers (UNAIDS, 2007) as well as physical exercise, reflections and various recreation events (Subramanian & Vinoth 2012).

As presented here, the understanding of burnout syndrome has evolved over years. The purpose of this study is to contribute to the understanding of factors contributing to burnout syndrome and the means to lower it among HIV/AIDS care providers in Papua New Guinea.

Study context

HIV/AIDS reached Papua New Guinea (PNG) in 1987 when the first case of HIV was diagnosed (WHO, 2005). Between this date and 2007, 95% of all new cases in the Pacific occurred in PNG. This is a staggering statistic. According to the WHO report, the estimated number of people living with the virus in 2015 was 40 000 (UNAIDS, 2015). Although the new infection rate is stable, the number of people infected is increasing. This means the number of people requiring community support and medical service are growing, which is having an impact on health care workers.

Western Highlands Province was split into two halves, namely Western Highlands Province (WHP) and Jiwaka Province, in 2012. At the time of the 2011 census, the (new) WHP had 362,850 inhabitants (NSO, 2014).[1] Although there are anecdotal claims that WHP has a higher prevalence of HIV infection than the national average (e.g. Baker, 2013), accurate data are hard to come by and none of the NDoH, UNAIDS or WHO disaggregates prevalence data by province (e.g. AidsDataHub[2]; NDoH, 2016). The population is primarily made up of rural communities maintaining their traditional ways of living, and there are no barriers to movement between tribes and villages. High use of drugs and alcohol has significant effects on sexual and aggressive behaviour (AIDS Projects Management Group, 2010; King & Lupiwa, (2009); NACPNG, 2010). Violence against women, polygamy, relationships

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[1] At the quoted national rate of increase of 3.1% p.a., 2011 population figures may be multiplied by approximately 1.25 to obtain the population in 2018.

[2] The HIV and AIDS Data Hub for Asia Pacific supported by UNAIDS, UNICEF, WHO and the Asian Development Bank, http://www.aidsdatahub.org.

with multiple partners, and commercial sex are well recognized as both a cause and consequence of the high level of HIV infection in the area (Kelly et al. 2012).

Church-run health services in Papua New Guinea, of which Catholic Health Services (CHS) are a part, play a very significant role not only in the life of individual churches, but also in the whole society (McNamara, 1986). The Catholic Church is deeply concerned about outbreak of HIV because of its deleterious impact on individuals and the society (CBC, 2005, 2015). At the national level, the Catholic HIV-AIDS Policy (CBC, 2005) describes the HIV/AIDS as a human illness, which should be seen and treated in the spirit of Christ with compassion and love. The crisis of moral values, as well as the lack of full understanding of human sexuality has greatly contributed to the spread of the disease. Hope, faith and love that the Catholic Church proclaims in providing constant care and support to those infected and affected with HIV virus fully express the faithfulness for the mission of Jesus (Kelly, 2009).

CHS, based in the Archdiocese of Mt Hagen, provides 40% of the health care in the province. A specialist branch, Catholic HIV/AIDS Services (CHAS), has willingly taken the responsibility not only for prevention, care and treatment, but in a special way embracing the people infected and affected with HIV virus with a compassionate spirit for nearly three decades. CHAS runs eleven Voluntary Counselling and Testing (VCT) Centres attached to Health Centres, two urban clinics, three VCT standalone and four Antiretroviral Therapy (ART) clinics. Since 2000, the health workers employed by CHS have been consistently trained in various health, social and spiritual areas related to HIV issues (Kelly, 2009). In addition, the health workers are regularly updated with new forms of HIV testing, counselling and ART treatment. CHAS is well-received by patients because of the non-judgmental attitudes of staff and the emphasis on patient care. Attitudes towards clients such as respect, honesty, trust, confidentiality, non-judgmental thinking, readiness of the staff to attend the client in providing care and treatment are the values that the Health Policy Manual (CBC, 2015) proclaims and the health providers are expected to express when assisting the patients (Igo, n.d.; Steinitz, 2005).

The VCT Centre in Rebiamul began operating in 2002 when it offered voluntary counselling and testing to all who, at a time of stigma and suspicion, had the courage to want to find out their HIV status. In both the VCT Centre and the ART Clinic, the number of patients has increased from a few hundred per year in the period 2004-2006 to thousands in 2015. At the Rebiamul VCT Centre alone 3626 patients were tested in 2015, compared to 4489 at all other CHS clinics (Clinic Manager, personal communication, May 2016).

Besides the routine assistance to patients visiting the clinics, staff are involved in outreach and educational programs. These programs include:

- Regular visits to Baisu prison in order to provide counselling and testing as well as ARV treatment for prisoners;
- Home based care provided for the very sick;

- Visiting HIV+ pregnant mothers and children with birth-acquired HIV;
- Outreach educational programs combined with counselling and testing in remote parts of WHP;
- Training in issues related to HIV common in many places;
- Child protection program; and,
- Care of the HIV orphans and vulnerable children.

Research design

The following questions guided the study:

- What are staff perceptions of working with people living with HIV?
- Are staff experiencing burnout syndrome?
- What work-related factors contribute to burnout syndrome among staff?
- What external pressures impact on the work performance of staff?
- What is the role of the organization in managing staff wellbeing and preventing burnout?
- What kind of assistance does the organization provide to help staff work with people living with HIV?

A case study design was applied in the reported research because, as a deep investigation of a particular situation, it can provide more accurate responses than a purely statistical study (Zainal, 2007). A case study focusses on a small study group; in this case the fifteen staff at the ART and VCT clinics at Rebiamul in Mt Hagen Diocese – health workers, counsellors, volunteers, counter clerks and ancillary staff – participated in the study.

The data were collected using a self-administrated questionnaire formulated in English with Tok Pisin translation (all 15 participants returned questionnaires), semi-structured interviews (six interviews conducted) and two focus group discussions. The first group was composed of professional health workers; the second group was composed of volunteers, mentors, counter clerks and ancillary staff. Although the first group received their training in English, and were fluent English speakers, the interviews and group discussions were conducted in Tok Pisin for both groups. Tok Pisin tends to be the language of the workplace as well as being the language used to communicate with the clients of the clinics.

A technical difficulty is that the term ‘burnout syndrome’ does not translate directly into Tok Pisin. Instead, the following expressions were used: *i no gat strong long wok wantaim lain husat i gat dispela sik nogut; mi taiet long displa wok; mi les long harim olgeta wori long sikmanmeri,* etc. Interviews and group discussions were audio-recorded for accuracy of collected data.

Audio recordings were transcribed, coded and analyzed with QDA Miner Lite software. For quantitative analysis, descriptive statistical analyses were done in SPSS software to generate answers to the research questions.

A potentially significant ethical issue was the fact that that the primary researcher was the manager of the HIV program in Archdiocese of Mt Hagen. To ensure that participants felt free to express their opinions, a research assistant was employed to conduct and transcribe data from interviews and group discussions so that the researcher had access to textual data only.[3]

Study findings

The respondents for this study were 15 health workers and caregivers at the Mt Hagen ART and VCT clinics. Twelve of the 15 were women. Eleven of the 15 had 3-10 years of working experience in the HIV field; the other four were Mentor Mothers[4] who are volunteers. Generally, the financial status of the respondents was rated as good (financial difficulty as a cause of stress was considered by respondents, and not considered important, see below).

The research performed among the health workers and caregivers showed the variety of perceptions of their emotional exhaustion and tiredness. To try to identify the most important factors that directly influence the occurrence of stress at work and its impact on their performance, participants had a chance to look into the issue from different perspectives, as presented in the following sections.

Staff perception of the specificity of working with HIV patients

All but one of the participants agreed that HIV patients need more care and care than any others. One nurse said:

> 'I see that HIV /AIDS is a special sickness, very different from the other sicknesses. The patients need special attention and care. They expect to be known by name and to be seen as a person'.

Another added:

> 'This nursing work in the ART clinic is totally different than other nursing. I feel I have to be very careful and well prepared as to what kind of words I can use in order to address the clients. Some patients have mental disturbance, then I have to be very kind to them, and I have to be a caring and loving nurse towards them. I have to trust myself; I have to trust the patients too. I try to respect their rights too'.

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[3] Informed consent was sought from those participating in interviews and the focus group discussions. The request letter seeking permission to conduct research at Rebiamul ART and VCT Clinics as well as using the name of the clinic in the research report was sent to the Archbishop of the Archdiocese as well as to the Health Manager of the Catholic Health Service in Mt. Hagen; the researcher obtained required permissions. The study obtained ethical clearance from the Faculty Research Committee of the DWU Faculty of Arts and Social Sciences.

[4] Mentor Mothers – HIV/AIDS positive women who were trained to provide assistance to HIV/AIDS positive pregnant women and breastfeeding mothers.

All participants agreed that caring for HIV patients requires quality professional preparation as well as the capacity to overcome daily stress. All but one agreed that dealing with human suffering could affect their psychological wellbeing. Most said that dealing with the patients' problems could lead to staff burnout.

Good communication skills were something highly valued by all as being necessary to work effectively with HIV patients. All participants said that caregivers have to possess a deep sensitivity to the needs of the patients. Companionate approaches, friendliness, smiles, respecting the rights of the patients are all required. A nursing officer shared:

> 'I remember one patient was brought to the clinic very sick. I thought he would die, but actually he recovered. Then I understood how important it is to take care of the patients. I was of course afraid of touching the sick (person), but when I saw another nurse putting in the IV drip and touching him, I also got the confidence and courage to do so. Love is the most important thing. If we love the people then we do not fear (we can touch them, approach them, etc.).'

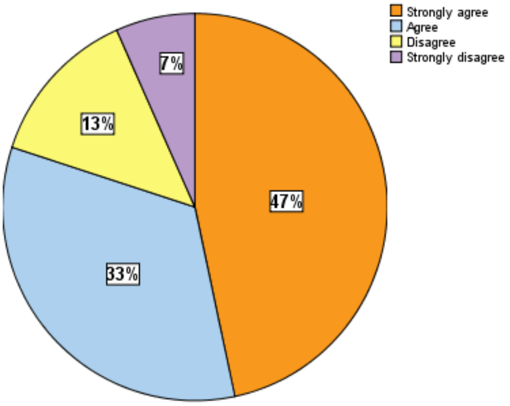

Figure 1. Staff agreement with the statement: The fear of being infected through blood contact can increase exhaustion.

The majority (80%) agreed that the fear of being infected through blood contact could increase exhaustion (Figure 1), as well as affecting the capacity to cope with human suffering. These fears affect the psychological wellbeing of the caregivers. Equally, facing every day the death and suffering of the patients consumes a lot of energy. According to a majority of the participants (73%), personal wellbeing can be affected while dealing with general issues such violence, rape cases and child abuse.

Although all but one expressed that caring for people infected with HIV virus is challenging (Figure 2), the same number agreed that care for HIV/AIDS patients gives them personal satisfaction. One of the health workers shared:

> 'My family was not happy that I was still going to see some patients after my working hours; they expected from me that I should have time for them, not for HIV patients. My husband even told me that the first family for me is HIV patients, and we, the real family, are coming second. But now they understand that I am like a mother for those people'.

While asked about the feelings connected to this specific work of caring for HIV/AIDS patients, the health workers and care givers conveyed that tiredness, exhaustion, and sense of helplessness are the main ones. Although all of them confirmed that this work requires a lot of energy, and they all felt tired, they also experienced inner joy and satisfaction.

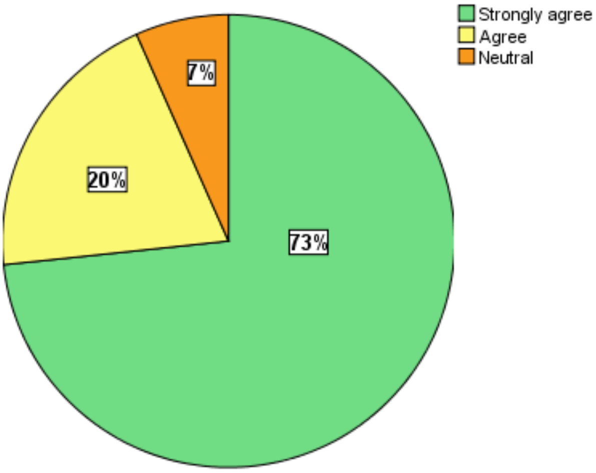

Figure 2. Staff agreement with the statement: Care for people infected with HIV virus is challenging.

Internal work-related factors contributing to the burnout syndrome

The fear of being infected is the one of the internal work-related factors contributing to the burnout syndrome. Most of the participants (80%) pointed out that lack of gloves and protective clothing has a part in this fear. Another concern was that gloves might not be used properly; a female nurse commented:

> 'The first patient I met in the new work place and checked his blood came up positive. I felt very afraid, I was unsecure and scared that maybe I did not use gloves properly and I too could be infected'.

All appreciated that the wellbeing of patients, and the recognition and gratitude that patients showed in return, helped in encouraging better performance. Most (80%) agreed that knowing AIDS is incurable is a factor that adding to job fatigue and reducing work performance and general wellbeing. Nonetheless, all said that being concerned about patient outcomes makes them feel confident in their work.

Asked if they felt emotionally drained from working with HIV patients, staff gave different answers. Five said they were emotionally affected, two were neutral on this issue, while eight said they did not feel in any way worn out from their work (Figure 3).

Therefore, although most said their emotional wellbeing was good, the same number agreed that any critical and cynical behaviour towards patients could be the symptoms of overtiredness. One commented that a factor in staff exhaustion was:

> ‘to give the counselling to the same patients, because they do not change their behaviour, they are not faithful to taking the treatment, to see many of the patients out at night on the street, to feel they are not honest’.

Another said:

> ‘I feel frustrated when I see the people do not care about their health, they are infecting others, I feel so angry with some people that I would like to stop the medicine. Some of the patients take the medicine for another person and are registered in different clinics under different names’.

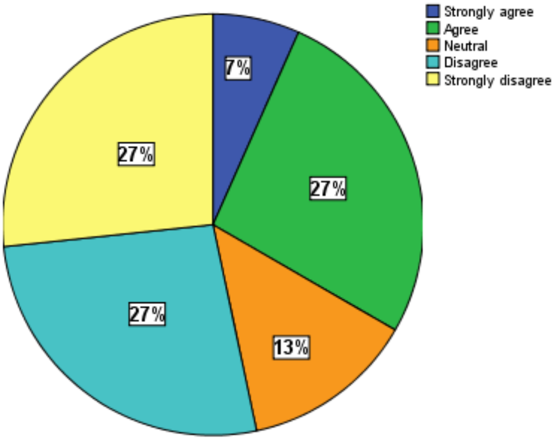

Figure 3. Staff agreement with the statement: Feeling of being emotionally drained from the work

The emotional overtiredness affects the nurses’ family members as well. Some of them shared:

> ‘After a busy day I feel very weak, and this affects my relationship with my family. I need some relaxation and peace, but my family expects from me some work and attention’.
>
> ‘I need more rest after some very difficult counselling with the reactive cases’.
>
> ‘I have 3 girls under 5 years old, so I am alone with the girls, I have to take care of them, and I feel exhausted and restless’.

> ‘Sometimes my family does not understand me, my tiredness, my need to share my frustration with them’.

Although all of them feel very confident in their work and deal very effectively with the problems of the patients, they also experience helplessness and vulnerability. A Mentor Mother confessed:

> ‘Giving community awareness as mentor mothers – not always feeling that people understand us. Sometimes the people throw stones at us or use nasty words’.

The majority expressed that the lack of necessary equipment discouraged them from performing well.

The working day varies from 7 to more than 8 hours in length. Most (80%) felt emotionally exhausted after a busy day in the clinic. The symptoms observed as a result of exhaustion were emotional sensitivity (67%), depression and uncertainty (47%), in some cases tearfulness, lack of self-control and fear (34%). One of the nurses shared:

> ‘Sometimes I work until late, sometimes the patients too they come late, and then I am very angry and exhausted. But as I already told, I get new strength when I come home and I see my children and family. Yes, very often I need a break and relax. Sometimes I feel angry with the nurses too when they do not listen to me. A good network is very important. If I am too much tired, then I can be also unfriendly to the staff as well as to my children’.

The findings displayed the connection between the number of patients seen weekly and the feeling of tiredness (Table 1).

Patients seen per week	**Emotionally exhausted**	**Not emotionally exhausted**
10-20	1 (50%)	1 (50%)
50-100	6 (75%)	2 (25%)
>100	5 (100%)	0 (0%)
Total	12	3

Table 1. Relation between patients attended to weekly and feelings of emotional exhaustion among health workers VCT Centre and ART Clinic in Rebiamul, Mt Hagen in 2016.

A nursing officer said:

> ‘The clinic needs more nurses to work, because it is very demanding work. Apart from the screening of the patients, a lot of paper work is expected from me to be done. Another thing is the delay of salaries, and this is also very frustrating’.

External non work-related pressures influencing work performance

Family problems, like having to care for family members in time of sickness and tribal fighting affecting the extended family, were recognized as important, non work-related pressure affecting performance (60%). Stigma and discrimination regarding the patients were also recognized as partially affecting staff dedication (53%). Roadblocks, society and community problems, *haus krai* (funerals), bride price, marriage and personal problems were also mentioned.

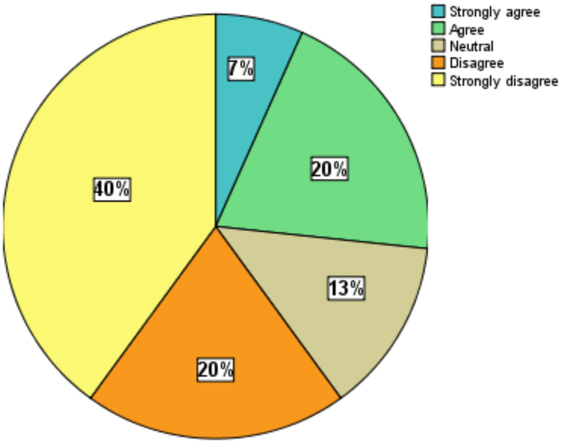

Figure 4. Staff agreement with the statement: HIV in own family can diminish personal commitment.

It can be seen in Figure 4 that about a quarter of the staff agreed that the presence of HIV in their own families diminished their personal commitment. However, more than half disagreed with the statement which may lead to the conclusion that dealing with HIV at home has prompted this group to make an extra level of commitment.

The role of the organization

The role of the organization in managing staff wellbeing and dedication to duty consists in providing a clear work description is a point which was valued by all. All but one staff members valued being called by name by the manager. They also agreed that criticism in public, and ambiguous comments increased tiredness and stress (Fig. 5).

In the same way, lack of appreciation and recognition decreases performance (73%).

All of the participants agreed that good leadership plays a very important role in the performance of the workers. Similarly, satisfactory cooperation with the manager is one of the major factors in enhancing quality of the work performance. Correspondingly, proper planning and scheduling of the outreach programs and other activities make the work easier. However, most (80%) of them expressed that the variety of the programs and activities that take place in the clinic can distract their focus from the patients' needs.

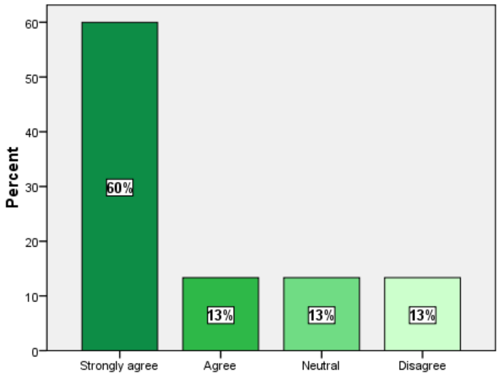

Figure 5. Staff agreement with the statement: Criticism, scolding in public, ambiguous comments, increases the tiredness and stress.

It seems that high expectations coming from the organization do not influence exhaustion.

Highly appreciated by all were the actions the organization takes regularly in order to increase the job performance, such as going on training courses, updating information, all sorts of in-services, evaluations, supervisory visits, sharing of experiences and frequent staff meetings.

Recreational events and outings helped in maintaining a good atmosphere in the work place, as well as spiritual activities like common prayer, retreats, faith sharing – all these positively affected the work performance. Staff also pointed out that a clean and pleasant environment in the clinic makes them dynamic and more energetic. Short breaks with a cup of tea or coffee, a chat with a colleague, helps them in recovering strength and vigour.

While asking about the attitude towards the job, all of them expressed that they like their job, they feel very compassionate and comfortable listening and talking to the patients, and that it is their choice to work with HIV patients. One said:

> 'Working with HIV patients I consider very important. The patients trust me, they show a big respect toward me, and very often I try to put myself in this situation, to feel their pain and struggle. I have had many trainings, I feel competent and ready to do this job. Not always I feel strong enough to face the problems of the patients'.

The atmosphere in the work place was described as welcoming, compassionate and sociable.

Training received	**Participants**	**Percentage**
STI (Sexual Transmitted Illnesses)	10	67%
VCT (Voluntary Counselling and Testing)	9	60%
PPTCT (Prevention of Parents to Child Transmission)	9	60%
Couple Counselling	9	60%
PICT (Preventive Initiated Counselling and Testing)	8	54%
Child Protection	6	40%
MM (Mentor Mothers)	6	40%
Database	5	34%
Quality Assurance	3	20%
DBS (Dry Blood Spot)	3	20%

Table 2. Training provided for health workers and caregivers.

Another important support that the organization provides for the health workers is training courses (Table 2). VCT, PICT, STI, PPTCT, Couple Counselling, DBS, MM were the most appreciated services valued by the participants. The variety of training offered to the staff assured the holistic and multidimensional approach to the people infected and affected with HIV virus.

Discussion

The findings of this study complement the results of studies done by Gueritault-Chalvin et al., (2000), Raviola et al. (2002), Hall (2004), Ramanathan, et al., (2010), Hallum-Montes et al. (2013), Makhado and Davhana-Maselesele (2016), and Qiao et al. (2016) on occupational burnout among AIDS care providers. All studies agree that working with HIV/AIDS patients is challenging.

Reflecting on the participants' perception on specificity of working with people with HIV, this study has identified particular factors that affect the caregivers' wellbeing. The specifics of working with the incurable patients, feeling helpless, dealing with the deaths of patients and the confidentiality required concerning a patient's HIV/AIDS status are the main sources of stress that contribute to professional burnout.

According to Raviola et al. (2002), Aisien and Shobowale (2005), and Sadoh et al. (2006), a fear of being infected is one of the main causes of burnout. This study concurred that the lack of essential resources, such as gloves and protective clothes, compromises patients' care and destructively affects staff performance.

Among non-work related factors contributing to the burnout syndrome, personal security is the one of the burning issues (Raviola et al., 2002; Huey, 2007; Worth et al., 2012). In PNG, nurses are exposed to dangerous situations on their way to work, such as tribal fighting and roadblocks, and violence is not uncommon even in the workplace. The, community and family problems, sickness in the family – all these diminish their commitment and increases frustration and contribute to caregiver burnout.

Interestingly although the participants admitted to frequent emotional and physical exhaustion after work, only one expressed a desire to change their workplace leading to the conclusion that participants were satisfied with their job. A similar relationship between work burnout and job was reported by Perry et.al. (2014). While reporting high burnout experienced among health care providers in four African countries the researchers noted their positive attitude towards work, with the majority considering their job as personally fulfilling. Regardless of age and the years of work experience, the majority of respondents consciously chose to work with HIV patients. In spite of working in struggling health systems where workloads are high and resources are minimal, the respondents consider their profession as a special vocation. This could be considered a reason why caregivers participating in this study in spite of the constant delay in salaries and quite low remuneration did not lose the commitment to help the patients, to visit some of them after working hours, to advocate for them. Further, the job satisfaction declared by majority of respondents was linked with a good teamwork, friendly atmosphere among the staff, satisfactory support from the management side, as well as the ability to receive mutual support in the difficult care of HIV patients.

The role of the organization is crucial in supporting staff in their work. Management has a duty to identify those factors that contribute to the job burnout and undertake possible measure to prevent the burnout in employees by offering assistance and solutions. Some studies have shown (Benneth & Kelaher, 1994; Ginossar, et al., 2014; Hall, 2004) that particular management strategies such as providing a proper work description, trainings, good team work and communication, support from supervisor, recreation programs, all sort of in-services, flexible work schedule, evaluations, sharing the experiences, etc., have successfully improved job performance and have diminished emotional exhaustion. The participants in this study highly valued the formative and restorative activities that were offered to the staff over the last years to support them and as a mean of burnout reduction.

For HIV staff, a necessary step in managing overtiredness and exhaustion is to admit and recognize the stressful nature of HIV/AIDS work as well as acceptance of the limitations of one’s human nature. Each of them has to develop a coping strategy (Subramanian & Vinoth, 2012) as a way to overcome daily frustration. The research shows that caregivers and health workers are fully aware of their reactions and feelings, and are mindful what steps and actions can be taken to ease their stress. A human approach such as a cup of coffee with another colleague, friendly talk, a short break, a smile and entertaining jokes, socializing, good relations with the loved ones back at home are the most powerful practical remedies in lessening burnout.

Several researchers rank prayer and religion high among the best stress preventions and remedies (Giaquinto & Spiridigliozzi, 2007; Hartwick & Kang, 2013). According to UNAIDS (2007), people who are more religious and spiritual are better able to cope with stress and pressures coming from the work environment. This study confirmed that a good and trustful atmosphere in the work place supported by some spiritual activities such common prayer, faith sharing, retreats, help in overcoming the not always evitable daily frustrations. Taking into consideration that health workers and caregivers represent different denominations, the diversities of spirituality they share evidently enriches and strengthens them and consequently helps to reduce caregiver burnout.

Study limitations

This study was limited to a small group of participants. Although the setting of the study is one of the busiest in PNG and data collected give ample information regarding burnout syndrome and its impact on job performance, the findings and conclusions of the study are arguably related to this particular location and may not be generalizable to other HIV/AIDS-care provision settings in the country.

Another limitation is related to the burnout concept and difficulties of defining it in pidgin language. The misinterpretation of the concept in the translation process as well as lack of vocabulary in pidgin could have influenced the research results (van Nes, Abma, Johsson & Deeg; 2010; Squires, 2009).

Conclusions

Burnout is a complex process, in which anxiety and daily stresses affect mental and physical health of the caregivers. As a crucial issue in HIV care and support, burnout is still considered as an unknown phenomenon and is usually ignored by the organizational management as well as by the caregivers themselves. There is relatively little known about what actions can be taken to prevent or diminish it.

The purpose of this research was to explore the connection between stress and challenges forthcoming from the services provided by the Rebiamul health workers and caregivers, and how those factors affect the performance and wellbeing of the staff. The study pointed out several issues that affect their life as well as the job performance. Looking into the daily situation, it has to be admitted, that the HIV virus will still touch many lives. That means the health personnel have to be continuously trained and motivated through various strategies to be ready to dedicate themselves in taking care of the sick. Secondly, to avoid overtiredness and exhaustion, enough staff should be employed to respond effectively to the patient's needs.

Lastly, it is highly recommended that similar research exploring burnout issues across PNG as a whole be conducted. It is expected that the deeper understanding of work-related issues among HIV health workers will help improve the wellbeing of the staff involved, as well as their delivery of health services to the public.

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