Digging into ourselves:

Experiences of public health sector managers in rural areas

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SUMMARY

This paper describes some results of a programme run over the past three years with groups of Department of Health managers at provincial, district, sub-district and facility levels, mostly in rural areas. It started as a crisis intervention in a district where 140 babies had died of diarrhoea and dehydration in the first three months of 2008, and "poor health care" was blamed. Instead of a focus on "fixing the system", the focus here is on "fixing the managers" who run the system. The results of the programme on "Effective Management and Leadership in a Resource-poor setting" have been extremely encouraging and it has been expanded, on request, to other districts.

Each group of about 14 people from a district participates in a series of four workshops, run by two skilled facilitators. A unique feature of this programme, and one on which the managers often comment, is that it focusses on the managers as people and on the issues that they raise. While examining their own management practices and behaviours, participants develop and expand their emotional intelligence, and begin to appreciate and support each other much more. The workshops are spaced 6 – 8 weeks apart so that participants have time to reflect on what they have learnt, try out new skills and behaviours, and report back at the next workshop on what has or has not worked for them. The facilitators spend time between the workshops analysing what has come out so far and planning exercises that will address those particular issues. For the participants it amounts to seven days of contact time with facilitators, spread over six months, and the workshops are close to where the managers live and work. The main costs are the time of a pair of facilitators, and their travel to and from the district.

Six groups of managers have completed a programme and five other groups are busy with their programmes. Qualitative evaluations and assessments of the programme, by participants, supervisors, facilitators and independent observers have all suggested a very positive impact and, although numbers are small, quantitative data suggests reduced levels of risk of burnout. Many people show renewed energy and enthusiasm for their work. A comment from an early participant was "We learned to dig into ourselves." And when they dig, many managers "find gold." They are generally very competent as well as committed and they come to see that "there is a lot that we can do ourselves." In every group the levels of compassion satisfaction are above average, and some individuals are way above average, indicating a very strong commitment to their work. These managers in rural areas want "to serve the people" and "to run good health services." This programme helps them to empower themselves, increase their sense of agency, release their creativity, work better as a team and enjoy their work more. Impoverished communities are likely to benefit.

So far the programme has only been run in the health sector, and much more remains to be done there. However it helps to address the "poverty of services" in rural areas and could work well in education and other sectors where people complain of "bad attitudes" and poor service delivery.

CONTEXT

Origins of programme and who it is for

The programme was developed first in early 2009 in response to a crisis in service delivery. In a very rural district in the Eastern Cape, 140 babies had died of diarrhoea and dehydration over a period of 3 months. Poor health care was blamed. Local managers felt responsible but did not know what they could do differently. They appeared to feel totally disempowered. In order to improve service delivery, this intervention was designed to address that disempowerment.

So far the programme has been run for six groups of managers: three at district level, one at sub-district level, and two at provincial level. Another four district level groups and one NGO group are busy with their programmes. Each group has been different and the programme is responsive to these different needs, using different inputs and exercises, some of which have been developed specifically for that group.

Numbers are still small, but it has generally been easier to complete the programme for the district level groups than at provincial level, and the potential impact may be greater at the district level. This is probably due to the fact that the organizational context is even more complex at provincial level than in the district, and groups at provincial level may need a longer, wider and more sustained intervention than is provided by this programme.

At this stage, the programme is recommended for groups of managers at district, sub-district and facility levels where the senior manager participates in the programme. A provincial ("head office") group can be considered if a senior provincial manager has seen a positive impact at district level and requests (and participates in) a head office group. Although it has only been tried so far in the health sector, the programme is likely to be equally relevant and helpful for district and facility level managers in education and perhaps other public sector departments.

Why programme is needed

There is a common perception that public servants in South Africa have lost any desire to "serve the people". Newspaper articles periodically highlight examples of uncaring and unprofessional behaviour by nurses, teachers, policemen and others. The public sector strike of 2010 with its stories of striking workers closing down operating theatres and whole hospitals in rural areas, did great damage to the reputations of health professionals. The Public Services Commission[1] found that nearly half of health service users rated health workers as average to poor on courtesy and on the provision of information, and only 27% believed they received redress for complaints. One of the key strategies of the Minister of Health and his department is to address and correct "the poor attitudes of staff" in hospitals and clinics.

[1] Public Services Commission, 2011

Yet there are also a significant number of articles in the press describing excellent clinics and hospitals. What underlies this problem of poor attitudes, and what makes the excellent health facilities different?

Over the past four years, some of us have spent many days interacting with nurses, doctors and managers working in remote sub-districts, clinics and hospitals in the Eastern Cape, and we have found far more "good" people and attitudes than "bad" people and attitudes. Many of these civil servants, particularly managers, have a very strong commitment to building "a better life for all". And an overwhelming majority of health users (83%), despite their concerns about courtesy and complaints, believe that they are receiving the services they need in a fair and equitable manner. [2] But there is often (though not always) a mismatch between the good intentions, commitment and hard work on the one hand, and the outcomes on the other. All too often "the system" simply does not work well enough to ensure that patients and communities benefit as much as they should. Many communities are poor and under-developed, with very limited employment, access to clean water supplies, decent sanitation and affordable public transport, all of which predisposes them to poor health, but nevertheless the health services are less effective than they should be.

Many managers (and others) in the public sector in South Africa complain of "stress" and "burn out". South Africa is a society in transition. There are still wide disparities between the rich and poor, high expectations of rapid socio-economic change, and high levels of frustration. Even before the current recession, 31% of managers[3] surveyed in one district said that they had "financial problems". Though they were employed, other members of their extended families were not, and those in employment are expected to feed, clothe and educate others. South Africa is also a society with high levels of violence and of HIV infection that affect most families in some way. In the same survey, significant numbers of managers said they were dealing, outside of their work, with one or more problems of bereavement, depression, relationships, chronic illness, alcohol or drug abuse. These non-work determinants are key to the mental health of people at work[4] and it is very likely that, before people come to work they already have high levels of underlying stress.

It is likely that their stress levels will often increase when they then come to work in a department of health or education, for example, where resources are limited and systems are often dysfunctional. Managers can experience a gap between personal and professional values and work circumstances. A possible outcome is what some have called, 'stressed institutions'[5], which are characterised by technical challenges such as weak institutional functioning including irregular and fruitless expenditure and poor health outcomes for health users; but also adaptive challenges that give rise to stressed, disempowered staff.

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[2] Public Services Commission, 2011

[3] EJB Associates 2009, Report to ECDOH (unpublished)

[4] Beauregard, N., Marchand, A. & Blanc, M.-E., 2011. *What do we know about the non-work determinants of workers' mental health? A systematic review of longitudinal studies*. BMC Public Health, 11(1), p.439. Available at: http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3141446&tool=pmcentrez&rendertype=abstract.

[5] Von Holdt, K. & M. Murphy, 2006. Public Hospitals in South Africa: Stressed Institutions Disempowered Management. Available at: www.npc.gov.za/MediaLib/Diagnostic/ InstitutionandGovernance2

And yet the managers, as individuals, are expected to provide first class services. Many managers set themselves (or are set) a multiplicity of targets, some of which are unrealistic and many of which depend also on others over whom they have no control. When they do not meet all these targets, they feel (and are told) that they have "failed their people". Although the underlying commitment to a more equitable society still predominates, many people are now emotionally exhausted and most do not believe that they as individuals can change anything. Many, many managers, even at a senior level, feel disempowered. They lack the agency to change 'the system', even though it is they who run that system. This programme was developed to address that disempowerment and lack of agency.

THE PROGRAMME

Seven days of workshop time over six months

Each Effective Management and Leadership (EM&L) programme is run by a pair of facilitators. They take a group of about 14 managers who work together in the same district through a series of four workshops over a period of six months, close to where they live and work. The group is defined by whoever attends on the first day, normally at the invitation of the District Manager, and it is very important that the District Manager is part of the group. This is to ensure that if the group "moves", they move together with the leader of their team. Attendance at these workshops is voluntary, and some people do choose to leave, but people cannot drop in and out. Nobody who does not attend on the first day can join the group later. The total time spent by participants out of their normal work is seven days.

The content of the four workshops varies greatly as each workshop focusses on the issues emerging from the needs assessment of that particular group of managers. Even where two groups deal with the same issue such as managing conflict, the way they deal with it may be very different, depending on the dynamics in the group and how and why the issue has been raised. In broad terms, the programme works outwards from the individual manager to the team, within the context of the organization (see: Underlying theory)

The major aims of the first workshop are to create a safe space where people feel free to talk and share their feelings, and to assess the needs of that particular group. Tools used for that needs assessment include observation by the facilitators and encouraging people to describe the context within which they work, to do a River of Life exercise, and to complete a ProQOL[6] questionnaire. Then next two workshops are based on that needs assessment. There is a gap of about 6 – 8 weeks between workshops so that participants have ample time to reflect on what they have learnt and to practice new skills and behaviours. At the start of the next workshop each person reports back to the group on what they have tried and what has or has not worked for them, and this often leads to fruitful discussion.

[6] © B Hudnall Stamm 2009 Professional Quality of Life Compassion Satisfaction and Fatigue Version 5 (ProQOL)

The closing workshop takes a different form. The purpose is for participants to consolidate what they have learnt, and how their behaviours have changed, by communicating this to their colleagues who have not been part of their programme. After the 'public' presentation, the group meets privately for one last session with an independent assessor who conducts a focus group, checks out that nobody needs further counselling, and asks them to complete the ProQOL questionnaire again.

Critical factors for success

There are a number of factors that are fundamental to the success of the programme.

Firstly, the facilitators must be professionals with high levels of integrity and emotional intelligence, and a range of skills, and able to empathise and communicate effectively with the participants. Both must have facilitation experience and be skilled in creating a "safe space", at least one must have counselling skills and experience, and one must have skills and experience in general Human Resource management (managing a team, managing poor performance, listening to others with respect, etc). Wherever possible at least one facilitator should be fluent in the mother tongues of most participants so that each is encouraged to describe feelings in their mother tongue.

Secondly, much of the power of this programme comes from the flexibility of the facilitators. Workshops two and three are designed to address the needs and issues raised in the needs assessment, but the facilitators must be alert at all times to what is happening in the group. They frequently change their plans in order to take advantage of and address issues that arise "in the moment" during the workshops. For example, if conflict emerges in a group, the aim is to facilitate immediate discussion and resolution of that conflict, and then to generalize. Participants learn infinitely more from this than from an abstract discussion. There are no lectures[7] and very few hand-outs. Participants have said that a key difference between this and other programmes is that "in this programme there was no fixed curriculum, it dealt with OUR issues."

A third important factor is that there is considerable emphasis on reflecting what other people have said, and on giving feedback. The facilitators model both these practices in the workshops and encourage participants to learn these skills.

Finally, the facilitators themselves model respectful relations between professionals who each contribute their own unique skills and perspectives, and who give each other constructive feedback. In this context it is helpful to have one older and one younger facilitator who, without saying anything, can model a respectful working relationship.

[7] At district level, most managers had attended one or more management training courses. In the sub-district however, most people had had no management training and facilitators had to provide some 'content'.

Monitoring and Evaluation

Because the programme affects individuals deeply, and because everything happens in a "closed" and confidential group, it is important that what happens to each group is carefully monitored and evaluated. High professional standards, and transparency, are essential.

The main methods and tools used during 2009 – 2012 to monitor what is happening during a programme and to evaluate the impact at the end, have been:

1. A brief report compiled by the facilitators after each of the first three workshops, which includes facilitators' observations on how different individuals in the group are participating and reacting;
2. Simple evaluation sheets at the end of each workshop;
3. The ProQOL questionnaire completed by each participant during the first workshop, and again six months later during the focus group discussion;
4. A focus group discussion with an independent assessor (without the facilitators present), six months after the start, immediately after the report-back session;
5. A report compiled by the independent assessor after facilitating the focus group discussion and reviewing the facilitators' reports, the evaluation forms, and the results of the ProQOL questionnaires.

Initially The Eastern Cape Leadership Behaviour[8] questionnaire was also completed by each participant at the start and again six months later, but it is designed as a 360 degree evaluation tool and we have not been able to use it in this way. The way the ProQOL questionnaire is explained and when it is administered in this programme was not uniform for the initial groups, though it is now, and this affects comparisons across groups. Although both the ProQOL and Leadership Behaviour questionnaires give satisfyingly quantitative results, the qualitative data from participants, facilitators and assessor are almost certainly more important.

The monitoring and evaluation of the programme is evolving with its development. Measuring 'soft' changes in attitudes and behaviour is difficult, and changes cannot usually be attributed to any one intervention. Nevertheless there is some international 'best practice' to draw upon. Work is starting on another tool that could better measure behaviours and well-being at work. It is hoped to have a first draft of this new tool ready for comment and for pilot late in 2012.

[8] Eastern Cape Department of Health 2008

UNDERLYING THEORY AND APPROACH

Address disempowerment

From their experience, the team responsible for the programme share a belief that most public sector managers, particularly in the rural areas, have skills, knowledge and a desire to deliver good services, but feel they lack the power to do any better than they do now. They lack agency. They are disempowered.

The programme aims to help managers to identify their spheres of influence and learn to identify those things that they cannot change and those that they are able to change. It then aims to help them to empower themselves, to regain energy and enthusiasm for their work, and to enhance their inter-personal and managerial skills. The programme seeks to promote personal growth in the belief that this will translate into greater job satisfaction and improved service delivery.

That said, it is important to recognize that personal growth of managers cannot, on its own, solve all the problems of service delivery. Consistent policies, good support from more senior managers, an efficient organizational structure and culture, and adequate infrastructure and resources are all important in enabling front line managers to do a good job. Conversely, even if the other components are in place, service delivery will fail if front line managers feel disempowered.

Transformative development principles and experiential, action learning

The programme has drawn heavily on the principles of transformative development. Participants are encouraged to learn for themselves, often by doing things that seem unusual. The learning action approach encourages active participation and reflection. In addition to improving knowledge, it allows participants to change or influence their perceptions, behaviours and responses to specific stimuli. This is achieved by clarifying the values, beliefs, needs and behaviours of participants, and then providing the appropriate information and skills necessary to help them to make appropriate and effective decisions for themselves.

Tools have been selected or developed that encourage participatory learning and have included focus group discussions, story-telling, interactive games and observation mapping. Where appropriate some information is given, for example on stress, burnout and self-care, personality types, management styles and communication, but the topics are discussed first. The single sheet hand outs do not pretend to cover the subject but are intended to remind participants of key points. “Teaching” as it is often understood, and giving of information, are kept to a minimum.

Build up Emotional Intelligence (EQ)

Emotional intelligence[9] (EQ)[10] is about self-awareness, self-esteem, self-confidence and effective communication. It includes understanding one's own beliefs and strengths, one's own reactions and responses to stimuli, one's own perceptions of self and the world, and one's relationships with others. Disempowerment is addressed by helping people to build up their emotional intelligence. Participants are helped, through a journey of self-discovery, to see how positive and confident feelings of 'self' are deeply connected to leadership and management styles and practices, and impact on the people they manage and thus the quality of service delivery. Greater emotional intelligence enables stronger and more effective management and leadership. If you understand yourself and your own perceptions, behaviours and complexities in a given context, you develop the capacity to understand other peoples' perceptions, reactions, behaviours and complexities in a similar context. This results in improved district or provincial management teams that work more efficiently towards service delivery and are able to bring the Batho Pele values to their work and decision-making. It also results in improved relationships with subordinates (mostly frontline workers), who feel supported, heard and acknowledged by managers. This is likely to result in improved attitudes towards patients.

People who understand themselves are better able to say and do the right thing at the right time and in the right manner. They know the value of listening carefully to others and of acknowledging what has been said. They know what, when and how to communicate. People who know themselves do not need to look to others for approval, nor to be competitive at other peoples' expense. Those who understand who they are and like who they are, are much less fearful of making mistakes. They are also much less likely to lash out in anger or spend time fearing things and worrying about things they cannot control. People with well-developed emotional intelligence take confident, assured steps in their personal and work lives. Managers with EQ are therefore able to produce satisfaction and success while inspiring and empowering others along the way. They are able to deal with the psychological and interpersonal 'culture" that often stands in the way of task accomplishment.

In as much as this programme can help participants to listen to themselves and each other, and to reflect on their own reactions and emotions, it can help them to build their own emotional intelligence. This will help them at home and at work, and enable them to collaborate more easily with others and to communicate more effectively. This in turn will lead to more effective management and leadership, and greater satisfaction and happiness, and hopefully to improved service delivery.

The programme starts therefore with getting participants to reflect and explore and reveal things about themselves and their specific needs in their work environments.

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[9] Mayer, J.D. & Salovey, P., 1995. Emotional intelligence and the construction and regulation of feelings. *Applied & Preventive Psychology*, 4, pp.197–208. Available at: http://www.unh.edu/emotional_intelligence/EI%20Assets/Reprints...EI%20Proper/EI1993%20Editorial%20on%20EI%20in%20Intelligence.pdf.

[10] Emotional Intelligence is often referred to in the literature as EQ, presumably from an older term, Emotional Quotient.

Creative Art Therapy

A powerful tool that is used to get participants to explore and reveal things about themselves is the "River of Life" exercise. The tool can be used in different ways. In this programme, participants are asked to draw a picture of their own lives from the time they qualified as professionals up until the present. The theory behind the River of Life exercise is the theory of Creative Art Therapy. There is good evidence of the value of drawings, from the observations of Freud and Jung right through to recent research on how traumatic memories are stored. Stuckey and Nobel [11]have reviewed the literature on all forms of creative therapy and their healing effects and benefits for health. Visual arts help to integrate life stories and express feelings, and facilitate verbal communication. Through creative expression, feelings can be identified and expressed within the safe place of fantasy.

Working outwards from self

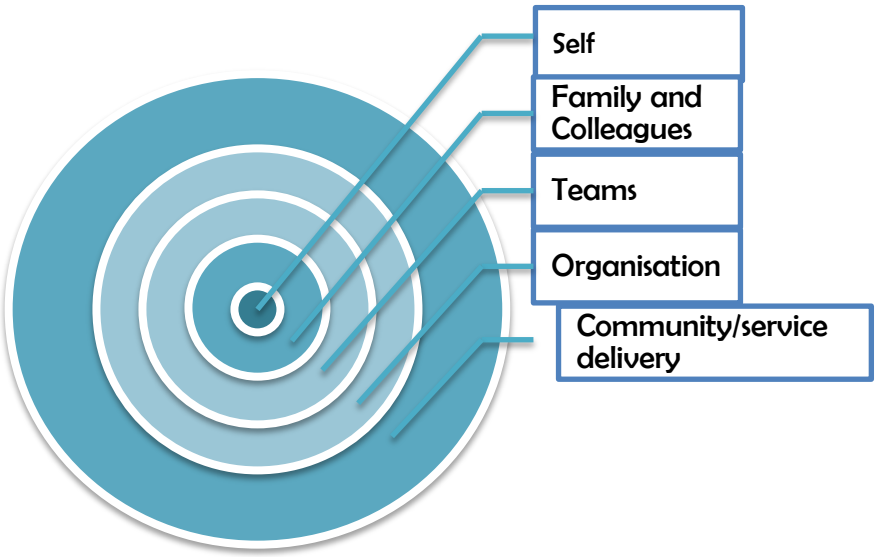
With its emphasis on building emotional intelligence, the programme focuses on the "self". At the same time, the facilitators draw attention to the multiple layers of "context" within which each person functions. They assist the participants to identify their own personal context of family and friends, their shared context of the organization for which they work, and the various organizational, political and socio-economic factors that impinge (positively or negatively) on their ability to work effectively.

When people are asked to identify the different factors in their context, there is a tendency for them to concentrate on and list the problems: the things that inhibit their ability to work effectively. It is important therefore for the facilitators to also draw out the positive influences. "What is it that made you want to work in the health services?" "What gives you satisfaction?" "Where does your commitment to serve your people come from?" This can be picked up again in discussion of people's River of Life. Participants are sometimes pleasantly surprised to be reminded of their former passion.

Individuals generally have very little control over most external factors. What people can control, however, are their reactions and responses to these external factors. Greater self-awareness and more considered reactions and responses, allows for more rational action and less stress, and may even have a favourable influence on those outside factors.

Overleaf is a graphic to illustrate the model used starting with the core – 'self' and working outwards to ensure better and more empathic service delivery.

[11] Stuckey & Nobel A m J P u b l i c H e a l t h . 2010;100:254–263.



Carers need care

An important link to this focus on the "self" is the understanding that carers need care. The strain on people involved in caring for those living with long term illness is well recognised [12] and has opened the way for a renewed focus on work-related stress of health workers linked to" high expectations coupled with insufficient time, skills and/or social support at work"[13]. This is particularly true in the health sector where front-line managers and their staff are continually faced with the realities of pain and suffering and death, and the frequent perception that, with more resources, more could have been done to help. While there is a great need for care for the carers, there are usually very few people or resources available within the organization to provide that care. There is also a culture in many countries, including in South Africa, that admitting to needing care oneself is a sign of weakness. This is often true for stress and psychological illness, and even for these conditions preventive health care is generally seen as less important than curative care. Many managers rush between doing their work for the benefit of the community, meeting the demands of higher level managers, and looking after their families. Even when they do see the need, it is remarkable how difficult many managers find it to give any time to looking after themselves.

It is this understanding that underlies, in this programme, the emphasis given to self-care. The message is simple: "If you cannot love and care for yourself, you cannot properly love and care for others." Managers with low self-care create a similar uncaring culture in their sections or departments.

[12]Joint United Nations Programme on HIV/AIDS, 2000. *Caring for Carers. Managing Stress in those who care for people with HIV and AIDS. UNAIDS Case Study*, Geneva:UNAIDS. Available at: http://data.unaids.org/publications/IRC-pub02/jc717-caringcarers_en.pdf.
[13]Marine, A. et al. 2009, Preventing occupational stress in healthcare workers. *Cochrane Summaries (Online*), January 21, 2009:p.CD002892. Available at: http://www.ncbi.nlm.nih.gov/pubmed/17054155.

RESULTS

Although six groups in the Eastern Cape Department of Health have each completed a series of three workshops, the two groups of provincial level managers did not have a formal report-back, focus group discussion or second ProQOL questionnaire and have therefore been excluded. The data from one district group is unfortunately not available, although informal evaluations were very positive. What is presented therefore are the data from three of the four district-level groups, the first two and the last one. A total of 37 managers participated across these three groups. Of these 37, 1 manager died during the programme, 1 was promoted to another district, several were unable to attend the final workshop because of other work commitments, and a few submitted incomplete ProQOL questionnaires either at the start or at the end. The qualitative results include all 37 participants but quantitative changes in ProQOL scores could only be assessed in 25 of them.

We looked for changes in the management behaviours of individuals and groups. For the qualitative data we present the pre-intervention views of participants and facilitators, and follow this with their post-intervention evaluations of change. For the quantitative ProQOL data we present only summary results with more detailed results in appendix 1. We analysed the qualitative results thematically, describing changes using the Mayer & Salovey model of Emotional Intelligence[14]. We present evidence of the impact of these changes at the individual and team levels.

The qualitative evaluations of this programme have all suggested a major impact on the participants. Every group has raised and discussed different issues, and even where the same issues have been raised, the context and the discussion have been very different. Nevertheless there are common threads.

Commitment to improving services

One of the striking features noted by the facilitators and the assessor in all groups was the high levels of commitment of almost all participants. People spoke with deep feeling about how they would like to contribute to delivering good health services, and about how hard they worked, often under very difficult circumstances. This level of commitment was supported by the findings from the ProQOL questionnaires. The distributions of scores for compassion satisfaction in each of the four groups of health managers were significantly higher than the standard norms for professionals in many contexts. All individuals had moderate or high levels of compassion satisfaction, and several individuals had very high levels, with nobody in the "normal" low range".

Considerable skills

The facilitators are not themselves health professionals but many of them have management experience and all can recognize good and bad practices. All facilitators were impressed with the general level of

[14]Mayer, J.D. and D. Caruso, 2002. The Effective Leader: understanding and applying emotional intelligence. *Ivey Business Journal*, November/December 2002. Available at: http://www.iveybusinessjournal.com/wp-content/uploads/2002/11/mayer-figure-1-2002.png

skills of participants. These are people who know what to do to run good health services. In discussion they often came up with practical suggestions about how they could work together more effectively. Several participants in the sub-district group had had no management training and the facilitators had to provide some 'management content', but at district level this was generally not needed. Participants clearly often found it difficult to implement good management practices, but the facilitators felt strongly that, in a more conducive environment, these individuals had sufficient skills to run very much more effective services.

Participants Pre-intervention

Participants painted pre-intervention pictures of fragmentation, poor relationships, shifting blame and conflict.

> *"Most of us were about to lose their minds, becoming crazy about the frustrations we are experiencing in the Department not knowing what to do, not talking to one another, just doing things our own way. We were not working as a team. We were sort of competing and really that support was not there. No one wanted to support any other person."*
>
> *Instead of checking my contribution and how I could solve the matter; I'd point fingers at somebody else.*
>
> *Why we are like this? It is that we never worked together, we never communicated with each other, we never acknowledged each other, and we all tried to be more clever than the other. Everyone wanted to shine and be the first one. That was what was happening…. Someone is always sitting there and waiting: 'Where would I highlight her deficits and deficiencies so that they shine more than what the intention is. Whenever a person was trying something we wouldn't talk to the person, we would talk about the person and about the problem but not correcting it here and now.*

For participants the consequences of working in a stressed environment included deteriorating trust, feelings of powerlessness and increased isolation. Six different people:

> *"[I had] no trust for managers and the staff that I supported."*
>
> *"I felt like my manager was tramping on my rights, she was like forcing things to me"*
>
> *"The response of people [to me] was negative and I had no solution"*
>
> *"I'd shut down when stressed."*
>
> *"Ohh, I was tired, you know, I did not have a meaning of coming to work you know, things like that. Really, it was burnout actually."*

Our quantitative data from ProQOL expand this picture. Pre-intervention, all managers had above average scores for risks of burnout and secondary traumatic stress[15]. These scores are well above the standardised average for people working in under-resourced stressful environments, and suggested that

[15] The standardised average is 50 for both burnout and secondary traumatic stress and the total group averages for participants were 55.2 for burnout and 55 for secondary traumatic stress.

a significant proportion of managers were at high risk of burnout (40%) and of experiencing secondary traumatic stress(44%).

On the other hand, underneath these layers of "*ash*" (as one manager referred to the consequences of burnout and trauma), we also found high levels of compassion satisfaction. This was one of the striking features in all groups. People spoke with deep feeling about how they would like to contribute to delivering good health services, and about the meaning their work holds for them. All managers revealed above average levels of compassion satisfaction. This is important, because compassion satisfaction help build resilience against burnout and trauma. Amongst the managers in our sample, 40% had very high compassion satisfaction. The normal distribution is 25%.

A further big impact on motivation came from a loss of agency many experienced. At the start of each programme, as people described the organizational context in which they worked, they tended to attribute almost all problems to the failures of others. Chief among them was the failure of "them" to provide sufficient resources. This tended to mask their personal sense of failure, disempowerment, and lack of motivation. However, it also appeared to mask their implicit acceptance of a culture of scarcity and low standards. This could be summarised as a belief that, "Because there is 'no money', we accept that standards will be low and outcomes will be poor, and we cannot do anything about this."

Post intervention

We examined our qualitative data by exploring evidence of shifts in recognising and understanding one's own emotions (self-awareness) and regulating these emotions (self-management) so that one remains engaged in one's work and positive in one's outlook (motivation); and are able to recognise and understand other people's emotions (express empathy) and managing relationships better (demonstrate social skills).

Effects on Individuals

Self-awareness

The greatest improvement reported across all the groups was increased self-awareness. Participants reported how the training helped them to develop an increased understanding of how their past experiences have affected the way they deal with current issues. The creative art therapy exercise, "River of Life" was particularly effective. Amongst other things, it helped them to remember their experiences with their "*previous bosses"* and the big influence that these *"bosses"* had on how they experienced their work. Without this heightened awareness it is unlikely that individuals can learn how to manage their feelings so that they can contribute to their team and organisation's performance.

> *"I had problems with staff, but maybe I did not know myself."*
>
> *"…some of our problems were caused by us."*
>
> *"[I used to] raise my voice or shout when under pressure."*
>
> *"[I was} arrogant when being approached."*
>
> *"[I] isolated myself and didn't contribute towards the development of the department."*

Self-regulation

As participants' self-awareness grew, they got in touch with their own power as managers and became conscious about the role they play in shaping their subordinates' attitudes and experiences. Participants reported that understanding of their own character traits (one of the elements of the programme), was very useful in helping them to have a better understanding of how others experienced them and to identify those aspects of their behaviour that could be improved.

> *"Through poor communication… 'bayahleba', you get and give hurt, but through the workshop I learnt to not cover myself."*

> *"I now have an understanding of myself as a 'controller'"*

> *"[I was] uncooperative in giving any support because I wasn't recognised as a core person in the departmental structure."*

Motivation

During the initial assessment of needs, many managers complained of "stress" and "burnout". They were excited when the facilitators said that this would be addressed, and surprised at the simple steps that were suggested to help them deal with their own stress. When they reported back at subsequent workshops, they often expressed even more surprise at how effective these simple steps had been, in combination with some self-reflection, in helping them to 'change gear' when they got home and to reduce their stress. "*Everything was relieved from my shoulders",* explained one participant. Sharing some of their stresses) with their colleagues, giving themselves permission to relax and taking time to do so, all appeared to help a great deal. In the process many managers saw themselves developing better listening skills: The overall effect for many participants was increased levels of motivation.

> *"[I learnt] not to be judgemental, but to listen and give thought about the situation."*

> *"What helped me most is that "me time", because even though one was working under pressure at work when you are out of the job you would carry some of that problems with you. So in life one had never experienced a relaxed atmosphere"*

> *"When you wake up in the morning thinking juu I am still going to that place … yah, but now that [feeling] has really decreased, up to gone. Yes, there are those days, but it has really decreased, that feeling of not wanting to be at work although you should be at work"*

Empathy

For some managers high levels of personal stress and anxiety about their own performance, led to a blunting of their ability to understand how they influence and affect others.

> "*When we started we were not aware that we were isolating some of the managers"*

> *"I have learnt that people are unique and I've started to accept them as they are and give them the necessary support."*

> *"[I] also learnt how to express myself in a way that is not going to be offending to other people or stepping on other peoples' [toes], to clarify my role and also understand where other people come from"*
>
> *"I use a holistic approach to understand an individual, which gives a better position to understand them."*

Experiential exercises helped managers recognise their communication and listening styles and learn to understand their subordinates and managers' point of view and stressors; and communicate empathetically:

> *"I have learnt to use the "I message" and this has made me more polite in handling issues."*
>
> *"[I] also learnt how to express myself in a way that is not going to be offending to other people or stepping on other people, to clarify my role and also understand where other people come from and that actually helped me"*
>
> *"I have learnt that it is good for me to know the [personality] category in which I belong so that at least I can be able to modify it sometimes to fit a situation and to be able to consider others."*

Social Skills and Conflict Management

Better insight into their own behaviour has enabled participants to recognise and appreciate other behavioural and leadership styles and to value these differences as important in achieving team and organisational effectiveness.

> *"What I discovered is that when you are a leader then everyone is very important. We label people and cause them to withdraw."*
>
> *"If I can see how work is interlinked with a common objective, I will be willing to compromise and not fight"*
>
> *"Conflict will be there, but I can manage it differently depending on the needs of the situation"*
>
> *"We need each other and different types of people are needed and it is a blessing if all is there… I learnt how to match my leadership style to people and have seen the difference"*

Quantitative data on changes[16] in risks of burnout and/or secondary traumatic stress

Our post-intervention quantitative data for the total group (obtained from ProQOL) shows that although average scores for risk burnout and secondary traumatic stress for the group did not change significantly at the end of six months, there were interesting shifts for individuals.Initially 9 people were at very high

[16] We have used the term "recovered" to refer to participants who were no longer in the at risk group by the end of the programme. We termed those whose scores changed positively, but who remained in the same risk group, improved. Unchanged refers to people whose scores remained in the same risk group, and deteriorated refers to those whose scores increased. For those who 'deteriorated" we did not distinguish between small and large changes.

risk of burnout, 4 of them dropped to a normal level (recovered) and another 4 dropped to a moderate level of risk (improved). The burnout score deteriorated further for 1 participant.

Similarly whilst the total group's average score for risk of secondary traumatic stress did not show significant change post-intervention, there were again interesting changes for individuals. Half of those at high risk recovered or improved.

These changes in ProQOL scores, and particularly the 'deterioration' recorded for some individuals who did not initially appear to be at high risk, are explored further in the Discussion section.

Commitment to improving services

The high levels of commitment observed by the facilitators were supported by the findings from the ProQOL questionnaires. The distributions of scores for compassion satisfaction in each of the four groups of health managers were significantly higher than the standard norms for professionals in many contexts. All individuals had moderate or high levels of compassion satisfaction, and several individuals had very high levels, with nobody in the "normal" low range.

Effect on Teams

Understanding of team members

Through an increased awareness of each other's personalities and communication styles, team members reported that they had better understanding of each other and now personalised issues much less. Rivers of life also provided an opportunity for team members to get to know each other more as people and thus deal with the misunderstandings and false assumptions that team members made about each other due to lack of knowledge. As one participant put it, it helped them to "*set aside the interpersonal clutter*" so they can go on with the "*real*" business.

Improved communication

Participants reported that they had learnt the power of conscious communication. The programme helped them to see the value of listening, reflecting and showing empathy. It made staff feel heard, understood and supported. Conversely, a breakdown of communication was seen to have wide ramifications. In one district, an exercise that was seemingly innocuous, requiring the group to make an object from a set of verbal instructions, resulted in significant initial discomfort and eventual deep learning. In the exercise it emerged that almost everyone heard the same instructions differently which resulted in a lot of blaming of the bad instructions and much self-recrimination. As the day continued the quietly spoken more reticent group members emerged as natural thinkers and planners, while some of the more overtly confident participants' were paralysed at times. The tendency for group members to blame each other and look for a scapegoat was illuminating for them to witness. The detailed and painstaking debriefing after this and other exercises led the group to see their application in the workplace and group members began to give each other feedback about their helpful and unhelpful actions and reactions in the workplace.

Rethinking performance management

The issue of how performance was managed was raised and addressed in two groups. In these groups there was a marked shift from seeing performance management as just ticking boxes at the end of the year to seeing it as an opportunity to listen and hear what staff members were saying, and finding ways of supporting them. The communication and self-awareness skills that the managers learnt during the training helped the managers to conduct their performance management sessions in a more containing and supportive manner.

Gender and cultural issues

Gender and cultural issues were discussed as a major issue in one group. The question asked was how a Xhosa woman could maintain eye contact with a man and/or confront a man on issues of importance? There was significant learning in the group as younger and older members of the group shared their points of view and looked at options for integrating a more confident style. The greatest learning came from the male senior manager. He said that the main adjustment had to come from the men, and he encouraged the women in his team to look him in the eye "*even if it was uncomfortable*" for both parties.

Positive outcomes beyond the workplace

One of the outcomes that surprised participants was the positive impact on other interpersonal relationships such as family and the community at large. Some participants reported using the river of life and personality traits questionnaire on their family members and churches. They reported that these resulted in improved relationships in these areas of their lives. This in turn helped them to bring a more positive outlook to their work.

DISCUSSION

Addressing "poor attitudes"

One of the key strategies of the Minister of Health and his department is to address and correct "the poor attitudes of staff" in hospitals and clinics. Many people assume that people have poor attitudes because they lack commitment. Our work has however shown that the majority of the managers have above average levels of compassion satisfaction and commitment to their work. The high levels for risk of burnout and risk of secondary traumatic stress amongst the groups with whom we have worked, suggests that the "poor attitude problem" may be indicative of "psychologically wounded" public servants.

This differentiation is crucial in shaping interventions for improving "attitude". It suggests that we should be investing energy and money in reducing the risks of burnout, encouraging self-care and providing spaces for healing. We should look at introducing not just the "Batho Pele principles" but also the "Kunjani Principle" (How are you). The Kunjani principle is a principle of first asking the nurses, the managers and other public servants how they are, before making requests or issuing instructions. It is when they feel "seen", acknowledged and validated that people are able to truly apply the "Batho Pele

principles". Human beings cannot give what they do not have: for them to validate and care for others, they need to feel validated and cared for themselves.

There is good evidence that this Effective Management and Leadership (EM&L) programme can assist with this.

Tools to evaluate impact

We believe that this programme is valuable if it helps individuals to have greater self-respect and dignity, and to treat others with more respect. However, from the perspectives of top managers and funders, it also needs to change management behaviours. The qualitative evaluations that we have done so far (self-, facilitators' and assessor's evaluations), and the ProQOL evaluations, are all useful. However we believe that we can do better at measuring "soft" behaviours such as listening to people. They can be measured, but they must be measured in context. For example, correct answers about how to listen, and even evidence of listening in a test situation, may suggest that a manager listens well, but a better test will be whether colleagues and subordinates feel heard by individuals and/or a team of managers. We are currently working on a tool that we hope will be simple to use and will give reliable results.

Quantitative (ProQOL) data

Some of the changes in the ProQOL scores for the risks of burnout and secondary traumatic stress appear to contradict the qualitative data. Most people with high scores improved, but other people's scores deteriorated over the six months, and the averages for the total group did not change. Three facts must be considered. Firstly the number of participants is small and any changes are not statistically significant. Secondly, in these groups the initial ProQOL questionnaires were completed early on the first day, before trust had been well established, and before the River of Life exercise had encouraged people to open up to their colleagues and reveal their feelings. The facilitators observed that there was at first some hesitancy to acknowledge burnout and secondary trauma as part of legitimate work experience. Acknowledging that one might experience work related stress and trauma, might be perceived as weakness. However, results from the ProQOL scores did also help to open a space where participants could safely reach for support and seek professional help outside the programme.

Following this analysis of these results, facilitators now introduce the ProQOL questionnaire on the second day of the first, needs assessment workshop. They explain it in a uniform manner and ask participants to complete it. This approach should make it easier to interpret changes in the scores of future groups.

Management training

There are a large number of management training courses being offered in the public health sector at present, often at considerable expense. We question the value of so many courses. Sometimes the main value is that the week of the course is a welcome break from the harsh environment in which people work. Critical independent evaluation of the impact of management courses (and of this programme) may be difficult, but is essential. Clearly people do need skills in order to manage in a complex

environment, but providing more information to people who feel disempowered to change anything, will not change the health services.

Health Systems Strengthening

Strengthening of health systems is another area where there are many initiatives and a considerable amount of money is spent. Some initiatives are very helpful and yield impressive results in the short term, but the long term impact of, for example, the Initiative for Sub-District Support (ISDS) has been disappointing. The usual conclusion is that "the system does not support the good changes made, and so the system must be fixed." While there are many inefficiencies in the system, we suggest that "fixing the people who run the system" may be a pre-requisite to fixing the system.

Sustainability

At the end of every programme, the question is asked, "How are the positive changes going to be sustained?" The short and brutal answer is that people must sustain the changes themselves. The programme is not designed to "fix the system". Rather the programme is designed to help people to survive better in the system, to empower themselves, and to start fixing the system themselves.

"The system" usually does need to be fixed. It often does not work in support of district-level managers and the people they serve. Most management remains authoritarian and top-down, with district-level managers summoned to meetings and sent to workshops by national and provincial managers who seldom if ever ask what people will have to stop doing in order to attend. This seriously disrupts service delivery and creates huge stress. In addition, the disclaimers issued by the Auditor General often reflect supply chain problems that impact most seriously on staff at the periphery, particularly in rural areas.

Many departments do need some sort of Organizational Development (OD) intervention. However, such an intervention is more likely to result in a system that works for the districts if the district-level managers themselves are invited, and feel sufficiently empowered to participate fully in the discussions. If district-level managers feel so disempowered that they sit passively while senior provincial (or national) managers take decisions on what changes will be implemented, the system is unlikely to be fixed. Managers will still need to learn how to operate effectively within a very imperfect system.

The "ideal" we believe would be for several groups of managers at facility, sub-district and district levels in a department to be taken through a programme such as this before participating fully in an Organizational Development intervention for the department.

Nevertheless, in the current situation, there is a need for help from senior managers in the department. They can give (and some have given) great encouragement to the groups by endorsing the programme, asking for new districts to be taken through the programme, and attending the report back workshops. They can also help by showing a greater willingness to listen to what district level managers are saying, and by addressing the most acute needs as identified by the front-line managers. If district-level managers feel valued, and heard, by their seniors, it will be much easier for those district level managers to maintain their improved levels of energy, commitment and efficiency.

New policies and new organograms

In any sector, there are many ideas on how to do things better. Some of these ideas come from politicians and top managers who are given responsibility "to deliver", while other ideas come from academics and research workers all over the world. South Africa is widely recognized as being in the forefront of developing and adopting good policies, but significant improvements as a result of adopting new policies are not common. Many departments, particularly at provincial level, have experienced frequent changes in their political and administrative leadership, with subsequent adoption of "new priorities" and new "10 point plans", and there have been frequent "organizational shake ups" and "new organograms". From the perspective of those managers with whom we have been working, the people "at the coal face", every new policy and every change means a disruption, and more work. At the very least, services are disrupted while people attend meetings to hear the changes explained, and attend training courses on how to implement them. The National Development Plan[17] of November 2011 drew attention to this problem across all sectors. We endorse their plea to limit the number and frequency of changes.

Potential benefit of this programme in the education sector

As indicated above, this programme has only been used so far in the health sector. However there is as much concern about the attitudes of teachers as there is about the attitudes of health care workers. Teachers are often depicted in the media as being interested only in their salaries and benefits, and not in the quality of education for learners. And yet there are also often articles in the press describing good schools and excellent teachers in very disadvantaged communities[18]. Again, as with the health services, what is it that makes a difference between excellent schools and poor schools? When, in an unrelated study in 2007, the ProQOL questionnaire was given to teachers in North West province to complete, the initial analysis showed normal levels of compassion satisfaction but remarkably high levels of risk of burnout[19]

It seems to us likely that there are many educators who want to teach effectively but who feel disempowered and emotionally exhausted. It is possible that this programme, run for a principal and group of teachers in a school, could make a significant difference and could release new energy and enthusiasm.

Implications for addressing poverty and inequality

This training has raised some important issues on where the best places are for intervening if we want to create shifts in poverty and inequality and if we want to ensure equitable access to services for the poor. Investing in new policies and programmes may have value, but investing in the social capital of those that are supposed to provide these services is likely to give much greater returns on the investment. Our evidence suggests that, in a department that has a very poor reputation for service

[17] National Development Plan for South Africa, Draft November 2011, Overview p23.
[18] Jonathan Jansen series of articles in The Times. www.timeslive.co.za
[19] Tim Wilson, personal observation

delivery, the majority of frontline managers are skilled people who are committed to working hard and trying to improve service delivery. Promoting and practising a culture of respect for frontline people and their work, and drawing on their ideas and experience, will cost much less than an extra 0.2% wage increase, and is likely to yield much greater productivity. The public sector needs to focus on creating a culture of caring, support and validation for its staff, which will translate into a "Batho Pele culture". We believe that this can happen through investing in the emotional intelligence, first of its managers and leaders, and then of all staff.

POTENTIAL DANGERS OF THE PROGRAMME

As with any intervention, particularly in a fragile situation, there are risks associated with this intervention. It contains many elements of trauma counselling, but it is a short-term intervention. Most individuals and groups will benefit greatly from the programme but individuals are encouraged to talk about their own traumatic experiences. Strong feelings of pain and anger can surface for the group members as they are encouraged to talk about their own traumatic experiences both within the healthcare system and personally where relevant. The facilitators need to have skills to contain the heightened emotions of group members, "hold" their emotional pain and understand the range of responses the group and the group members might enact. They need to ensure that at all times appropriate boundaries are observed so that the space remains safe for the individual group/team members, mindful that these are colleagues who need to continue to work together and support each other. Facilitators must have the skills to read the group's emotional status and know when not to open up too much. Finally the facilitators must know where to refer people for individual counselling where appropriate, must assist members of the group, as far as possible, to hold each other, and must help participants to become more self-sufficient as individuals and as a group.

This programme has been designed as a professional intervention by skilled facilitators. **The methodology is very powerful and if used well it can help individuals and groups to gain new skills and to improve service delivery. However, if the methodology is used by facilitators who do not have appropriate training and experience, and people can be damaged.**

CONCLUSIONS

There are a number of conclusions that the authors would like to draw:

1. Services in rural areas need to be improved to address some aspects of poverty and inequality.
2. Many, and possibly most, managers at district and sub-district levels in the Eastern Cape Department of Health (ECDOH) (and probably in other sectors also) have the skills to provide better services, are committed to doing so, and are willing to work hard. When they dig into themselves and their core values, they often find gold.
3. Almost all of these managers work under conditions of considerable stress. Some stresses come from their personal lives, others from the poverty of the communities in which they work and

the general lack of resources. However a major stressor is the organizational culture within which they work, and which can sometimes be frankly abusive.

4. Despite their skills and commitment, many managers feel totally disempowered. They could reasonably be termed "Wounded managers".
5. Many managers are told continually, by the province, the national department, and the press, that the services for which they are responsible are of a very low standard, and by implication that they have "failed their people"
6. Feelings of failure, if unaddressed, will affect the culture of the department and the district. Managers shape the culture and mood of their departments. If they feel demotivated and overwhelmed, it is likely that these feelings of demotivation and helplessness will spread within their sections or districts.
7. In this context, the programme on Effective Leadership and Management in a resource-poor setting can have a significant beneficial impact, can remind people of who they are and what their values are, and can release enormous energy for change.

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APPENDIX 1: DETAILED ProQOL RESULTS[20]

Participant	CS-1	Verdict CS-1	CS-2	Verdict Ct-2	Difference CS scores	Change CS
ORTP6	56	MOD-HIGH	54	MOD	-2	deteriorated
ORTP8	60	HIGH	59	HIGH	-1	deteriorated
S6	51	MOD	51	MOD	0	unchanged
S3	57	MOD-HIGH	56	MOD-HIGH	-2	deteriorated
JG14	51	MOD	50	MOD	-1	deteriorated
ORTP5	58	HIGH	54	MOD	-3	deteriorated
ORTP2	56	MOD-HIGH	54	MOD	-1	deteriorated
JG11	52	MOD	56	MOD-HIGH	4	improved
S1	53	MOD	52	MOD	-1	deteriorated
ORTP1	60	HIGH	60	HIGH	0	unchanged
ORTP10	53	MOD	57	MOD-HIGH	5	improved
JG10	59	HIGH	57	MOD-HIGH	-2	deteriorated
ORTP11	54	MOD	56	MOD-HIGH	2	improved
JG2	59	HIGH	57	MOD-HIGH	-3	deteriorated
ORTP3	52	MOD	51	MOD	-1	deteriorated
JG3	54	MOD	56	MOD-HIGH	1	improved
S5	57	MOD-HIGH	58	HIGH	2	recovered
ORTP9	51	MOD	51	MOD	0	unchanged
JG4	53	MOD	58	HIGH	5	recovered
JG13	56	MOD-HIGH	57	MOD-HIGH	0	unchanged
S7	59	HIGH	59	HIGH	0	unchanged
JG12	56	MOD-HIGH	55	MOD-HIGH	-1	deteriorated
S4	54	MOD	54	MOD	0	unchanged
ORTP7	51	MOD	52	MOD	1	improved
ORTP4	56	MOD-HIGH	56	MOD-HIGH	0	unchanged

[20] CS 1 = Compassion Satisfaction Pre-test; BO 1 = Burnout Pre-test; STS 1 = Secondary Traumatic Stress Pre-test; CS 2 = Compassion Satisfaction Pre-test; BO 2 = Burnout Pre-test; STS 2 = Secondary Traumatic Stress Pre-test; Verdict = where the score falls; Difference = between pre- and post-test; Change = verdict on difference between pre-test and post-test.

Participant	BO-1	Verdict BO-1	BO-2	Verdict BO-2	Difference BO scores	Change BO
ORTP6	60	HIGH	56	MOD-HIGH	3	improved
ORTP8	60	HIGH	50	MOD	9	recovered
S6	58	HIGH	51	MOD	7	recovered
S3	55	MOD-HIGH	57	HIGH	-2	deteriorated
JG14	55	MOD-HIGH	59	HIGH	-5	deteriorated
ORTP5	56	MOD-HIGH	58	HIGH	-3	deteriorated
ORTP2	55	MOD-HIGH	56	MOD-HIGH	-2	deteriorated
JG11	57	HIGH	52	MOD	6	recovered
S1	58	HIGH	59	HIGH	-1	deteriorated
ORTP1	58	HIGH	51	MOD	7	recovered
ORTP10	55	MOD-HIGH	51	MOD	4	recovered
JG10	52	MOD	55	MOD-HIGH	-3	deteriorated
ORTP11	55	MOD-HIGH	54	MOD	1	improved
JG2	51	MOD	53	MOD	-1	deteriorated
ORTP3	51	MOD	57	HIGH	-7	deteriorated
JG3	52	MOD	51	MOD	1	improved
S5	52	MOD	52	MOD	0	unchanged
ORTP9	56	MOD-HIGH	58	HIGH	-3	deteriorated
JG4	60	HIGH	57	HIGH	2	improved
JG13	58	HIGH	57	HIGH	1	improved
S7	51	MOD	54	MOD	-3	deteriorated
JG12	56	MOD-HIGH	57	HIGH	-1	deteriorated
S4	58	HIGH	56	MOD-HIGH	1	improved
ORTP7	52	MOD	57	HIGH	-6	deteriorated
ORTP4	52	MOD	57	HIGH	-5	deteriorated

Participant	STS-1	Verdict STS-1	STS-2	Verdict STS-2	Difference STS scores	Change STS
ORTP6	59	HIGH	56	MOD-HIGH	3	improved
ORTP8	59	HIGH	55	MOD-HIGH	4	improved
S6	58	HIGH	56	MOD-HIGH	2	improved
S3	56	MOD-HIGH	56	MOD-HIGH	1	improved
JG14	56	MOD-HIGH	55	MOD-HIGH	1	improved
ORTP5	54	MOD	56	MOD-HIGH	-3	deteriorated
ORTP2	53	MOD	55	MOD-HIGH	-2	deteriorated
JG11	59	HIGH	54	MOD	5	recovered
S1	56	MOD-HIGH	54	MOD	2	improved
ORTP1	55	MOD-HIGH	54	MOD	2	improved
ORTP10	54	MOD	52	MOD	2	improved
JG10	54	MOD	54	MOD	0	unchanged
ORTP11	53	MOD	51	MOD	2	improved
JG2	52	MOD	51	MOD	1	improved
ORTP3	51	MOD	50	MOD	1	improved
JG3	50	MOD	51	MOD	0	unchanged
S5	50	MOD	50	MOD	0	unchanged
ORTP9	60	HIGH	60	HIGH	0	unchanged
JG4	57	HIGH	57	HIGH	0	unchanged
JG13	57	HIGH	59	HIGH	-2	deteriorated
S7	57	HIGH	58	HIGH	-1	deteriorated
JG12	55	MOD-HIGH	59	HIGH	-4	deteriorated
S4	54	MOD	58	HIGH	-4	deteriorated
ORTP7	52	MOD	58	HIGH	-5	deteriorated
ORTP4	52	MOD	58	HIGH	-6	deteriorated

Changes to pre-intervention Compassion Satisfaction Scores	n	%
HIGH	**6**	**24.0%**
deteriorated	4	66.7%
unchanged	2	33.3%
MOD-HIGH	**7**	**28.0%**
deteriorated	4	57.1%
recovered	1	14.3%
unchanged	2	28.6%
MOD	**12**	**48.0%**
deteriorated	3	25.0%
improved	5	41.7%
recovered	1	8.3%
unchanged	3	25.0%

Changes to pre-intervention Risk of Burnout Scores	n	%
HIGH	**9**	**36.0%**
deteriorated	1	11.1%
improved	4	44.4%
recovered	4	44.4%
MOD-HIGH	**8**	**32.0%**
deteriorated	6	75.0%
improved	1	12.5%
recovered	1	12.5%
MOD	**8**	**32.0%**
deteriorated	6	75.0%
improved	1	12.5%
unchanged	1	12.5%

Changes to pre-intervention Risk of Secondary Traumatic Stress Scores	n	%
HIGH	**8**	**32.0%**
deteriorated	2	25.0%
improved	3	37.5%
recovered	1	12.5%
unchanged	2	25.0%
MOD-HIGH	**5**	**20.0%**
deteriorated	1	20.0%
improved	4	80.0%
MOD	**12**	**48.0%**
deteriorated	5	41.7%
improved	4	33.3%
unchanged	3	25.0%