Handbook on prevention of burn-out and control

learn to prevent and deal with job burnout effect

Handbook
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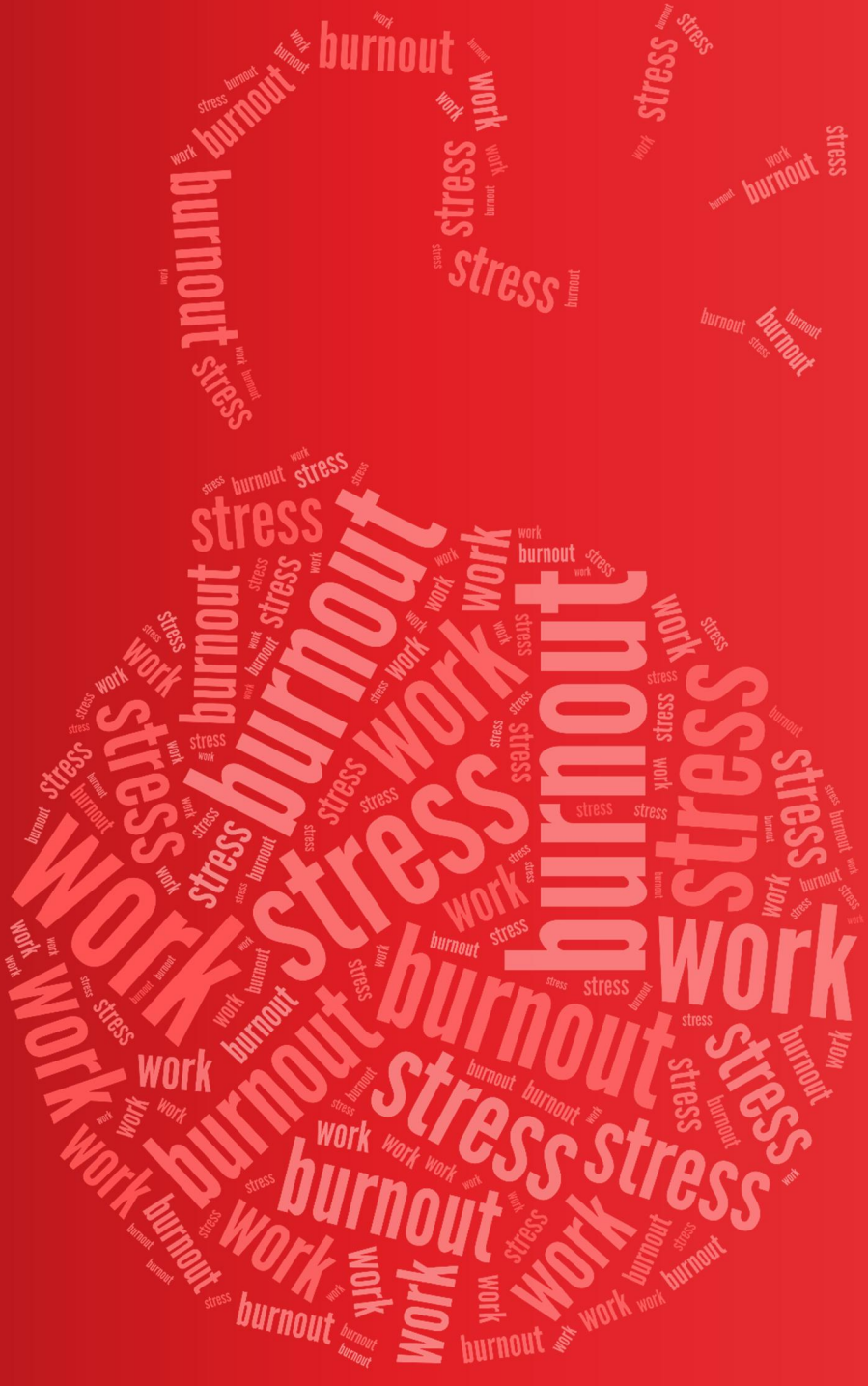

burnout
work
stress

Introduction

Progress in medicine prolongs lives of people. On the other hand demography shows rapid ageing of whole society. Unfortunately, longer lives do not mean better, healthier or quality lives. Those trends are going hand in hand and prepare us for future necessity of bigger support for people in need.

In the future, social and care sector will have to develop and deal with higher expectations. Social and care sector will have to develop for future years and will deal with bigger expectations. Job strain is a long-standing problem for nurses and care workers irrespective of nationality, type of nursing training, area or type of clinical or nonclinical work. And probably still will be also in the future development. It is necessary to continually approach burnout prevention methods in order to reduce it.

Nurses and care workers are stressful professions, as they are characterized by exposure to a wide range of delicate situations and circumstances that may be at risk of stress. Job stressors include factors such as excessive or high workloads, irregular and unsocial hours of work, physical tiredness, the emotional demands of dealing with sick patients and their families and with patients whose behaviours are difficult, and lack of staff support, uncertainty concerning treatment, conflict with colleagues, supervisors and medical staff, dealing with death and dying, management difficulties, issues involving patient care, concerns about technical knowledge and skills. All these factors show the critical aspects of these particular jobs that make workers as potential victims of burnout syndrome. For these reasons, it's very important to promote awareness raising campaigns aiming at dissemination of prevention measures and individual or group intervention patterns for coping with burn out.

The economic crisis, which has been affecting the majority of the EU states, has also an impact on these sectors and could be one of the additional stressors for burnout syndrome. Indeed the cuts in social, as well as health care fields, have contributed to reduce the salaries of those professions. This event together with the increasing care demand due to the ageing phenomenon have contributed to worsen the working conditions of these workers who will have a higher level of work overload, physical fatigue and uncertainty about their personal and professional future.

The impact of burnout could be profound not only into real lives of care workers/nurses who will directly experience its effects, but also into the lives of their clients/beneficiaries/patients, users and members of team. All in all it could have a negative impact on the quality of care services, also producing a negative economic effect too.

Despite the fact that burnout could appear in every working sector characterized by high workload, stress level, big expectations and strict relation with other people (see Demerout et al. 2001). The scope of this handbook is mainly focused on nurses, nursing students and care workers because they represent the main target group towards whom the project

partners address their activities and researches. Therefore this text will shortly describe this kind of target groups, pointing out the particularities related to the EU countries where they work.

Than the handbook will dedicate a large section on burnout syndrome theoretical background. The introduction to the theory of empowerment and prevention methods will be presented and practical exercises aiming at preventing and coping with this topic will also be part of the handbook too. The purpose of the handbook is to be a base material for trainers, who can use this material to deliver training courses on burnout prevention and coping measures to social and health care workers.

The training curricula were developed and tested during the project. The curricula are divided into 3 modules: (1) burnout syndrome: signs, symptoms, causes and effects; (2) burnout prevention and intervention strategies and (3) strategies for burnout control. The division of the curricula reflects also the structure of the handbook, in order to be able to fill in the course and provide the final target groups with relevant package of information.

In the following chapters the text will focus on practical exercises and strategies that will be a useful and supportive tool for nursing students, nurses and care workers in preventing and or coping with burnout. In particular, trainers can use the exercises incorporated in the handbook as training material. But many of them are available also for use by the readers themselves.

This way, the handbook is an innovative tool, mainly for the following reasons: (1) it gives an overview on how this issue is perceived and treated by the EU countries involved; (2) it focuses on a specific sector (health care sector) and on a specific target group;(3) it proposes a new approach in which the training for care workers and nurses could be enriched.

About the project

The "Learn to prevent and deal with burnout effect" Grundtvig project was supported by European funds and is generally dedicated to the problem of burnout in helping professions. Partners of the project are organizations working in the health care and social fields from Romania, Italy, Turkey, Czech Republic and Poland.

The project started in August 2012 and last till July 2014. During those two years a specific approach to prevent burn-out on the basis of shared information between participating countries was prepared.

The long-term aim of the project was to develop techniques, training methods and contents to support nursing students, nurses and care workers in preventing and coping with burn out. This important goal was achieved by exchange of experience, good practices, case studies, awareness campaign implemented by the 6 organizations providing training to or involved in other activities with nurses and care workers from the partner countries. The project addresses to a currently vulnerable working group, nursing students, nurses and care workers. It provides a pathway to improve their knowledge and competences in burn out prevention and control in order to improve their professional activities and personal development and help them better adapt to the main challenges of the European societies in the health care field - staff shortage, ageing population, labour migration.

The project has a clear European added value since it is aimed to improve the quality and accessibility of cross-border mobility of people involved in care workers or nurses adult education. This handbook was created through exchange of good practice, knowledge, case studies, work methodologies and their application from one participating country to the others. Cooperation and mutual learning from good practices are core for multilateral project approach.

According to the study carried out during the first phase of the project in Romania, Poland and Turkey no relevant researches or initiatives have been implemented and little interest has been shown to the burn out subject so far, even if it is about to become a collective phenomenon due to the economic crisis and health care systems reforms. In Italy and The

Czech Republic the risks and impact of job strain and burn out are better known and more researched, but still awareness raising campaigns and measures are needed.

The need to increase the motivation and openness for the learning activities on the topic is essential. It will improve attractiveness and efficiency in the nurses and care workers participation in training activities, as it is a high interest topic for personal and professional wellbeing and it can produce immediate, as well as long term benefits and results at individual, group work and sectorial level. For that reason project outputs were: the elaboration of a training curricula and this handbook that includes exercises/ case studies and best practices came up from the non-formal and informal experiences developed by nurses and care workers during their previous working activities, to be used as training tools to offer the proposed curricula. They are usually based on consolidated techniques coming from the clinical psychology. During the second year of the project a pilot test of the training was made in order to evaluate the training curricula and the workbook. The mutual cooperation between the project partners, the exchange of good practice, experience, knowledge and methods will improve the training and managerial skills of the staff involved and it will contribute to the consolidation of organizations at local, as well at international level.

In fact during the lifespan of the project, partner organizations realized that despite countries particularities and differences due to national and local health care systems and procedures, all of them are dealing with similar challenges and problems that can be overcome by sharing common methods and best practices.

Target groups of this handbook

The specific targets of this handbook are mainly those experts who take care of the burn-out prevention and aim at teaching and transferring important information, knowledge and strategies to those workers involved in the health care sector and directly affected by this syndrome – like nursing students, nurses and care workers who will become the project´s final beneficiaries.

We strongly believe that trainers, social service providers, local authorities and policymakers should be in specific way targets of this handbook too, because they can play a crucial role in the dissemination and publicity of the project aims and results enhancing the awareness of local communities on the burnout syndrome and on its prevention measures. In fact we are convinced that the promotion of good knowledge and comprehensive information on burnout symptoms and effects is a fundamental starting point to create adequate measures to support prevention and also secondary and tertiary intervention.

As it has been already mentioned above, the purpose of the illustrated course is not simply to raise awareness on the burnout issue, but it will be an operational tool helping some specific workers categories to find effective strategies to prevent and deal with burnout effects.

Hence, the main aim is to propose solutions, practical exercises and recommendations to prevent burnout by using case studies. The particularity of the case studies is that they have been elaborated by project partners with the intent of (1) highlighting the main critical aspects of health care workers in the involved countries; (2) stressing out the normal ways workers react to stressful situations; (3) giving alternative strategies that are more appropriate and effective than the traditional ones.

Similarities and specificities between partner countries

Economic situation

The so called economic crisis has affected all European countries. In some of them the situation is better, in some of them the situation is worse.

In connection to burnout prevention, it is necessary to state, that economic factors also could have an impact on burnout. The main threat is unemployment. This is also the risk that employees in social and health care are aware of in their everyday situations. The availability of new human resources, who have not suffered of burnout, basically brings the fear to speak about burnout syndrome in care workers. They become weak in their profession – for employers it could seem more reasonable to dismiss people and recruit new ones – without burnout, than to invest into human resources and combat various stages of burnout.

Nurses

Health sector professionals often face very difficult situation from their patients every day. They meet death very often. It is very hard to retain job satisfaction and could become an everyday struggle.

The risk of burnout syndrome is high. "Higher emotional exhaustion and greater job dissatisfaction in nurses were strongly and significantly associated with patient ratio. …. More likely nurses in hospitals with high patient-nurse-ratios were to exhibit burnout scores above published norms and to be dissatisfied with their jobs." (Aiken et al. 2002: p. 1987)

Nurses and care workers are doing their job in direct contact with the public and they claim tens relations more and more. The number of elderly patients as well as the number of patients with severe diseases has also contributed in putting pressure on the health personnel. Moreover new influencing factors appeared during the last few years. The economic crisis and the reforms of the health care systems in most Eastern European countries, such as Romania, Bulgaria, Poland, Ukraine and Turkey resulted in unsatisfactory payment and work conditions, labour migration and nurse shortage, exposing to the risk of an increasing level of burnout for the nurses who remained in the home countries as well as those migrating to host countries.

Romania

In 2000 Romania began a health sector reform project with the support and expertise of World Bank that entered in phase II in 2004. The main objectives of the reform were: elaborating an institutional and legal framework for the Romanian healthcare system; increasing the access to the curative and preventive medical services; improving decisional and organizational decentralization and reducing bureaucracy; cutting down the costs of the hospital medical assistance; increasing the capacity of the ambulatory medical assistance increasing the access of the patient to the modern medical treatments; creating and consolidating the qualified first aid and the emergency national medical assistance system.

Since 2010 the Ministry of Health is in the final phase of the realization of a healthcare institutions' rationalization strategy. It launched the restructuring and decentralisation of local authorities, about 9000 beds were cut, about 10% of the total and the local hospitals were transferred to municipalities; it cut off one manager for several hospitals to reduce costs. In 2010 health professionals' salaries have been reduced by 25% and the blocking of new hiring was enforced. This is worsening the already high amount of nurses and licensed doctors that each year leave the country and go working abroad. In 2011 about 3000 nurses and 2500 doctors are estimated to have left Romania.

Nurses are numerically the most important category of health professionals, about 190000 in 2013. Since 1994, they experienced a convergent movement of professionalization in the interior of the nurse profession that focused on two strategic directions: the first one was the initiation and consolidation of a professional regulatory body and the second one represented the introduction of the academic training for nurses.

Lately they have to face a larger number of institutional changes, such as: wages cut, hiring blockage, worsening of work conditions (lack of medical supplies and medicines, old and

insufficient medical equipment), etc. The increasing number of patients has been also felt very strongly.

The difficulties nurses encounter more and more often at the workplace are increased workload, job pressure, decreased quality of the team work, decline in relations with the patients, decrease in job satisfaction, professional exhaustion.

Italy

The data about nursing sector in Italy show mainly a lack of personnel and an insufficient turn over of trained nurses. In particular the OECD's report illustrates that in Italy there are 5,4 nurses for every 1000 inhabitants, considering that the European average is 6,9, in the country 99.000 nurses are still needed in order to meet the EU trend.

Moreover, some additional critical factors such as: low salary level, complicated and expansive refresher training courses, low social recognition of nurse job, uncomfortable shifts, bad physical and psychological conditions, drive nurses to an early retirement. Concerning the nursing sector, it's important to remark that an increasing number of foreign nurses especially from developing countries have been employed in Italian medical private and public facilities [from the nurses total number of 342.000, 20,000 are foreigners]. These migrant workers besides facing problems related to their different nationality, culture and mother language (e.g.: communication and social integration barriers), have to accept worse working conditions than Italian nurses (short-term contracts, lower salary level, etc.) and it contributes to increase the burnout level of this professional category.

In addition, some field researches demonstrate that within the nursing sector the number of workers' injuries has strongly increased in the last years: nurses are the main victims of accidents at work (i.e.: device's loss of control, slippage…) possibly due to stress and burnout.

In Italy the stress and burnout syndrome are considered work-related diseases, for that reason they are regulated within the legal framework linked to "Health and Safety risks at work" D.Lgs 81/08. In particular, Article 2 provides a definition of "Health" combining social and psychological aspects: health is defined as a *status of complete physical, mental and social wellbeing it doesn't means only absence of a disease*. So, among the protection measures, it's mentioned the planned risks prevention related also to ergonomics solutions and to initiatives reducing the effects of a repetitive job (art. 15).

National Law is the result of the implementation of EU Agreements and guidelines, an example is Article 28 which stresses out the fact that the risks' evaluation at work has to take into account whatever risks on health and safety for the worker including those risks linked to work-related stress[1]. In connection with Article 28, Article 32 makes compulsory a specific training for the prevention and protection services supervisor on risks prevention at work (even on risk of stress job-related). Moreover, the employers are invited to pay particular attention to the problems related to physical and mental stress within their workplace (art. 174).

Although the above mentioned Laws constitute a strong legal framework for the regulation of stress and burnout syndrome within this job sector, the main critical aspect is that it's not concretely applied. In fact, the compulsory training courses that workers have to attend according to the law, give very general information about stress and burnout symptoms and effects, for that reason workers' awareness on this topic is still very low.

In addition to the Law regulation, in Italy, another important tool in treating some aspects related to stress and burnout is the Codes of Medical and Nursing Deontology. Indeed this document contains articles about: refreshing and lifelong vocational training, mutual respect, relationships with other health professions, learning from mistakes approach, respect of solidarity, integrity/loyalty. All those topics are very relevant for the prevention and control of

[1] Implementation of EU Agreement 8. 10. 2004

burnout syndrome, they could become part of a largest national system that can be adopted at national level as theoretical framework of this important issue.

Czech Republic

Health sector in Czech Republic is structuralized according to the law. There are private as well as public hospitals. But the system of education of professional workers is the same for both. The rules are setting the necessity of further education for nurses – who have to undergo various specialized trainings and courses to retain their professional level. The rules of the education programs are set by public notice N.39 from 2005 Sb. Burnout prevention is usually not the topic of those courses itself, nevertheless could become one. The topic is usually integrated in the psychology and communication training etc.

The similar system is not obvious for doctors. Their education is based on specialization, but life-long-learning and further education is voluntary. The psycho-hygiene and burnout prevention is usually seen as personal problem. The question of systematic support is not settled.

On the other hand the social care is much more focused on psycho-hygiene. The area is bound by Social Services Act, which founded Quality Standards of Social Services. In this area, there is the obligation of further education and live-long-training. It is necessary to fulfil 24 hours/year of courses, further education, workshops or supervision. The goal is to ensure quality of services, quality of care and also prevention of maltreatment by insufficient knowledge or burnout.

Regarding the migration in the care – there is necessary to state that care chains are led from the east countries - mainly Slovakia and Ukraine. Slovaks are usually nurses in local hospitals, Ukraine's are helpers in hospitals or at home care. There is no language barrier with Slovaks (because of common history with Czechs), the problem could be with Ukrainians who have to understand the orders of Czech nurses/doctors. Still Slovak nurses/doctors speak Slovak not Czech and for Ukrainians misunderstandings are reported, leading to problems in care taking.

Those could be specific burnout factors for specifics target groups.

Poland

The medical staff is employed in a variety of ways, still mostly on the basis of an employment contract (contract based on the provisions of the Labour Code), then more and more often on the basis of the contract (civil law contract based on the provisions of the Civil Code) , as well as in the form of self-employment. The health care system does not provide minimum wages for different groups of medical personnel. The entities providing health care services financed from public funds employed 82 900 doctors, 12 100 dentists, 200 pharmacists, 24, 200 500 22 400 nurses and midwives (data from 2009).

Indicators for the key types of medical personnel show that their number per 1000 inhabitants in Poland was lower than the average of the EU15: 2.2 doctors (compared to 3.5 in the EU15), 5.2 nurses (9.1), 0.3 dentists (0.7) and 0.6 pharmacists (0.8). The number of physicians per 1000 population in Poland is lower than in most Western European countries and since 2003 it has declined, mainly because of the emigration associated with better wages and working conditions, and with a clearer perspective of professional development abroad.

Since 2005, the health system was subject to further changes. To a large extent complementary reforms were made through policy initiatives aimed at, inter alia: improving health care information, defining the guaranteed services, reducing corruption, strengthening patients' rights and improving the quality of services (e.g. Act of 6 November 2008 on the Accreditation of Healthcare), the introduction of the private health insurance and raising awareness on the problem of emigration of medical personnel and human resources deficit. In 2010-2011 a package of bills of health was taken which have implemented many of the

projected plans, but also it tightened the financial system voltage (e.g. restrictions on the drug reimbursement system).

Turkey

The "Health Transformation Programme" was put into practice during the last nine years. The main purpose of the Health Transformation Programme can be defined as "The provision of quality and sustainable health services accessible for everyone in an effective, quality and equitable manner."

Since then, the quality of healthcare services has increased, people's access to healthcare services became easier and while the citizens' satisfaction by healthcare services was 39% in 2003, it exceeded 80% in 2011.

Along with the newly established ones, the number of faculties of medicine reached 74 in 2010. 61 of these faculties provide medical education, while 53 of these faculties provide education in specialised in medicine. Moreover, 61 training and research hospitals subordinated to the Ministry of Health provide training in specialised in medicine. On the other hand, the number of faculties of dentistry has reached 31, while the number of faculties of pharmaceuticals has reached 19, both numbers including the newly established faculties. Furthermore, there are a total of 257 health related faculties and higher education institutions subordinated to the Council of Higher Education. On the other side, there are 283 vocational high schools of health subordinated to the Ministry of National Education.

Education in health is on a continuous rise.

While the number of the faculties of medicine was 21 during the academic years of 1986-1987, this number rose to 56 during the academic year of 2008 – 2009. While the number of students enrolled in the said faculties rose from 29.759 to 35.454 during the same period, the number of faculty members rose from 2.007 to 8.695. Accordingly, the number of students per academic staff declined from 14,8 to 3,9. With regard to the number of students per academic staff, it is seen that we are better off than many European countries.

The number of doctors is on a continuous rise

By the year 2010, there were a total of 111.211 doctors, 31.978 of them being practitioners, 58.258 of them being specialists and 20.975 of them still continuing their education in medical expertise. 63.622 of these doctors work for the Ministry of Health, 25.015 of them work in universities, while 22.574 of them work in the private sector.

While the number of the faculties of dentistry was eight in the 1983-1984 academic year, this number rose to 31 during the 2008-2009 academic year and 19 of these faculties provide ongoing education. The number of students attending the faculties of dentistry rose from 3.598 to 6.322 and the number of members of faculty rose from 504 to 1.355. While the number of students per academic staff was 7,1, this number declined to 6,4. There are 19.264 actively working orthodontologists in our country. 5.776 of those work for the Ministry of Health, while 900 of them work for universities and 12.588 work in the private sector.

Care workers

The ageing of the European population causes an increased demand of health care provision for the elderly, which in countries such as Italy, Greece, Spain, Germany, etc. are covered by women migrating mainly from Eastern European countries available to work privately for families as live-in caregivers. For these care workers the lack of free time and private space, the social isolation and the constant responsibility for the old person - especially if the cared-for person suffers from dementia - can result in stress, burn out and fatigue (Karakayali 2007a, p. 80). The high dependence of the worker on the employer makes it difficult for them to

declare their own needs and to refuse work they do not feel comfortable with or capable of doing.

Italian specificity

In Italy, the increasing demand of elderly care together with the lack of economic resources by the National Government to answer to this important social need have generated the employment of migrant women in the care sector. In fact in the past 15 years a lot of women have left their own countries (the majority of them come from Eastern Europe) to work as carers in Italy, in order to improve the economic situation of their families. These women are between 30-50 years, they have a good average level of literacy but they don't know Italian when they arrive in the Country. This linguistic barrier implies big problems of communication with: elderly people, elderly family and the other care experts. At the beginning they usually come alone and are available to work on cohabitation with the elderly person they assist, so that they live and work in the same place and that means that they don't have enough privacy and their free time is not so well defined (when the elderly person is not self-sufficient they will be requested to work 24 hours per day). Moreover, the fact that their work place is a private house lets the job escape to the usual labour control and procedures (risks assessments, and so on) and for that reason the employers (private families) often ignore labour rights and duties and often prefer to hire the care worker in an informal way (black/grey job). Finally, migrant women used to work in different sectors in their native countries so that they have no experience in carrying out care activities and, once they started working they have no time to attend specific training courses.

In Italy, as in the other partner organizations Countries, the project activities and outputs will be addressed to two specific professional profiles: nurses and health care workers that, among the helping professions working in the national territory, are particularly at risk of burnout syndrome. Both profiles present critical factors linked to the two elements identified by Maslach: (1) the vulnerable clients-workers relation and (2) the job organization (working regulations, workplace, etc.). In the following paragraphs some details of nurses and health care workers social and working contexts will be given.

Polish specificity

The research of the Central Statistical Office carried out in the second quarter of 2011 shows that teachers, doctors, nurses, educators, caregivers and traders are on the first places of a list of the most overworked and discouraged to work professions in our country.

Every twentieth doctor and every tenth teacher in Poland works two jobs. Taking into account the fact that these professions are stressful and require a huge commitment, the additional activities will not increase the efficiency of their work. Fatigue and increase work-related frustration translates into a decrease in efficiency, which in some cases is as high as 50 percent.

From 5 to 25 percent of doctors and teachers suffer from burnout. This syndrome also affects those working in other professions. These are mostly educators, caregivers, social workers, therapists. For many of them, burnout prevents the further work and it is necessary for them to change the professional environment and reduce stress.

Czech Republic specificity

There is not strictly used "care workers" as terminus technicus for either social or health care workers. It could be used for both. Nevertheless in the case of social sphere, as was already mentioned it is regulated by law and the care workers have to be trained. In the case of health care the basic training is also required.

Health care worker, as well as in social care sphere are usually low skilled persons, who are providing only the basic help for those in need – domestic help, help with eating, bringing the

shopping etc. Others activities which require more intensive work with client/person in need are dedicated to more trained specialists (social workers, nurses).

The social sphere is mainly the occupation of social **workers.** Social work is focused on meeting clients' needs on one hand and presenting social norms and agenda on the other hand. This way, it becomes a very stressful occupation and could bring a lot of possible stressors as a base for burnout. Despite this fact, social workers are not often in focus of the attention (Lloyd et al. 2002).

Good practice:

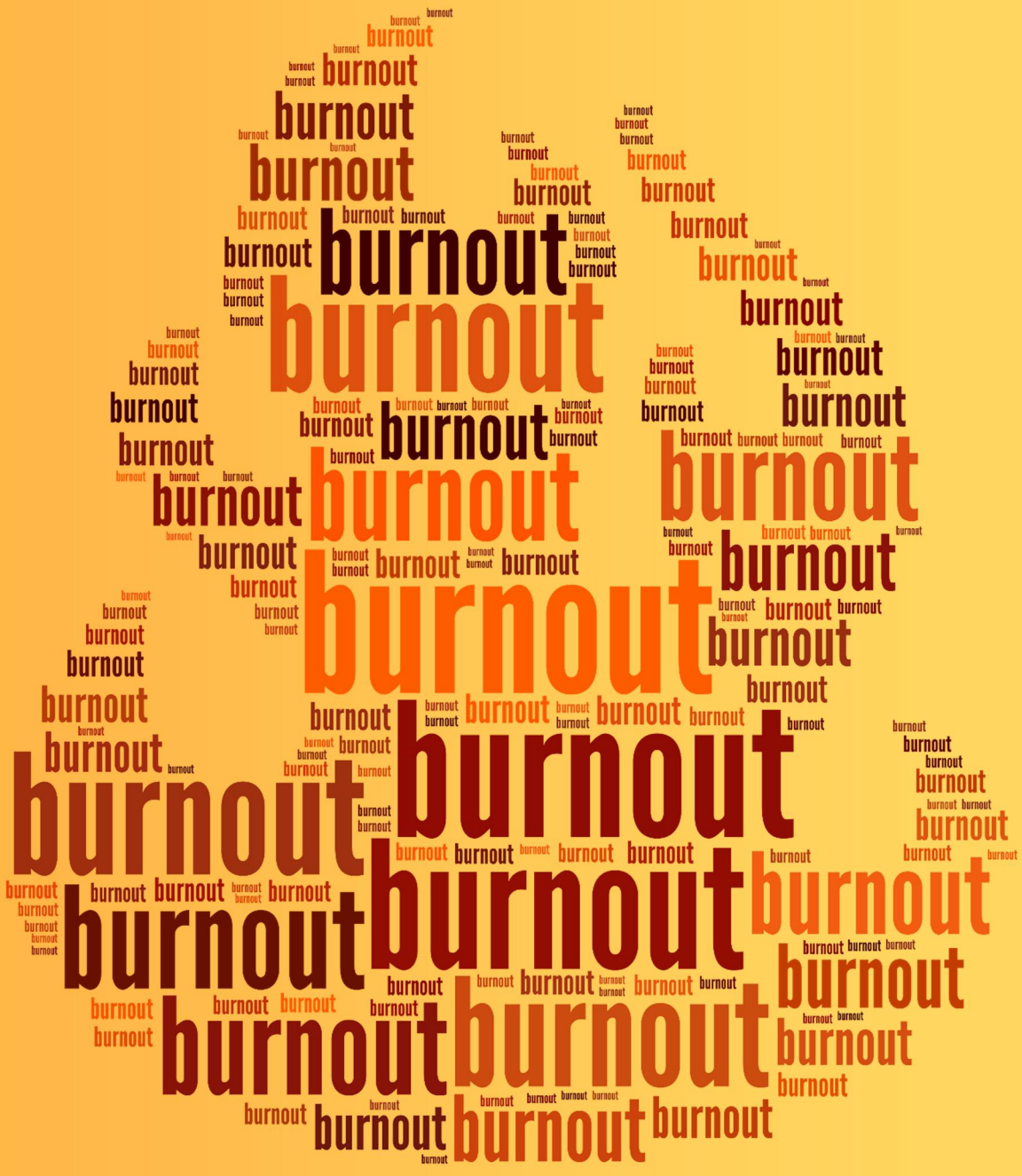
This is not the case of the Czech Republic, where burnout prevention in social sphere is one of the cores for quality services. Quality Standards of Social Care sets the responsibility of quality service (according to L. n. 108/2006) also on education and further support of employees. Prevention of burnout is in the centre of the attention.

Supervision as preventive measure is a supported activity in social care as such. Unfortunately prevention of burnout is not always systematic and in many cases it is reduced at supervision for personal in direct care and not for managerial and organizational level.

Students

Students of medicine, nursing or social work are specific target groups of the burnout syndrome prevention. They are drilled in the theoretical background and the study is very hard. When approaching the practice, it could be very difficult for them to realize differences between theory and practice. The burnout could be also the topic when meeting workers affected by this syndrome.

Which are their own strategies to prevent burnout already before starting job? What is their role in prevention of burnout syndrome in practice? All those questions play a crucial role.


burnout

Theoretical background

The general tendency towards change and refinement in all fields of life enforces such a rhythm that more and more people find with difficulty possibilities to recharge their physical and emotional batteries. Burnout is more and more a globalized syndrome rooted not in a primary biological cause, but produced by society, labour market and quality of work relationships between people.

The burnout phenomenon has to do with labour organizations was interpreted ''via a greater social diagnosis, that of an achievement-, control-, and tempo-incited culture characterized by labour organizations that are increasingly anorexic, in which fewer and fewer must do more and more. Old structures distinguished by stability, security, and inertia seemed to be replaced by neurotic cults of change, manic corporate cultures (''funky business'') and short project jobs. Individual performances were pressured. Employers demanded not just competence, involvement, and independence of their employees, but also flexibility and accessibility. The individual expected, in turn, quick and visible rewards. No one had time anymore for the old coffee breaks and socializing. New technology required new knowledge as well as uninterrupted accessibility; it was necessary to adapt oneself to a continuous flow of information and communication, even a new time-and-space conception.'' (Arnetz & Ekman 2006, p.15)

Burnout occurs as a consequence of an imbalance between demands, opportunities and resources in the working environment on one hand and skills and expectations of the employee on the other hand. The wrong fit produces psychological strain that may contribute to stress accumulation and health deterioration in the absence of appropriate coping mechanisms.

The high demands characteristic to the health and social professions nowadays often produce emotional exhaustion which leads to a defensive coping strategy in which individuals make efforts to distance themselves from the emotional stressors and from the job itself. In such situations individuals work commitment is highly decreasing. (Skinner & Roche 2005)

Another major point in burnout occurrence is the availability of resources, technology and equipment but also, emotional resources such as personal support, rewards for a job well done, performance incentives and regular, appropriate performance feedback.

The lack of ability to balance one's work and personal life is also a significant factor in the accumulation of chronic stress.

In the following sections of the handbook we aim to elucidate some of the practical implications of burnout such as: definition of burnout, symptoms and antecedents of burnout.

Definition of burnout

There exists various definitions of burnout, but one thing is always the same. The metaphor of burning the initial fire and enthusiasm for work, passion for users and clients, expectation of help and provision of help on one side and frustration, demotivation and tiredness after some time when those criteria are not met. The capacity and resources to work are not end-less.

The concept of burnout was developed to describe a multifaceted syndrome characterized by ''depersonalization, emotional exhaustion and a sense of low personal accomplishment that leads to decreased effectiveness at work" (Shanafelt 2002). It is ''a state of mental and / or physical exhaustion caused by excessive and prolonged stress.'' (AIHW 2002)

It was first described by Herbert Freudenberger in his volume Staff burnout (1974), probably based on Graham Greene's novel *A Burnt-Out Case* published in 1960, which describes a protagonist suffering from burnout.

Burnout is a work-related phenomenon (Schaufeli & Taris 2005) caused by a continuous mismatch between a person and his/her environment. The mental weariness results from the inappropriate interaction between work and the individual.

The metaphor of a burning house from which only the frame stands still is quite commonly used to describe a person affected by burnout.

Symptoms of burnout

Effects named in table are very severe and could end-up in very difficult situation. Herbert Freudenberger (1974) describes the evolution of burnout: at fist the affected person could react by working harder, than when realizes that it is not the solution the next phases of the burnout as neglecting needs, displacement of conflicts, revisiting values, denial of emerging problem, withdrawal, behavioural changes, depersonalization, emptiness, depression and burnout could occur.

The final user/client could be intensively affected in worst cases. The lack of attention at work has a very profound impact on them and the quality of services and help offered is rapidly decreasing. Elder abuse and neglect could be the outcome sometimes. "According to the Ontario Coalition of Senior Citizens' Organizations elder abuse frequently occurs when primary caregivers experience "burn-out or significant stress". This includes professional caregivers who are facing a growing caseload, as well as complex care responsibilities within the context of an under-funded system of services. This also refers to family caregivers who are expected to provide care for aging relatives in the context of dwindling government services and supports. Reports by Health Canada and the Government of Nova Scotia also support this notion. They both report that elder abuse can result when a caregiver's stress is exacerbated by a lack of available information and resources about caring for an aging person. Furthermore, a caregiver's own issues such as unemployment, substance abuse, personal relationship problems and unresolved family conflict can contribute to the occurrence of elder abuse" (OHCR 2013, p. 3).

SYMPTOMS OF BURNOUT

PHYSICAL BREAKDOWN	Bad sleep quality
	Appetite changes
	Bad concentration
	Reduced energy
	Strain and prostration
	Headache
	Digestive problems
	Psychosomatic disorders
EMOTIONAL BREAKDOWN	Feeling to have little emotional recourses left
	Feeling overburdened
	Low desire to have contacts with clients/ colleagues
	Feeling ungratified
	Disenchantment: inability to see positive results within the care setting
	Job perception as an heavy burden
	The change of the job perception: at the beginning it was satisfying then it starts becoming disheartening
	Feeling powerless in the face of clients' suffering and requests
	Chronic anxiety
	Apathy
	Depression
	Melancholy
	Forgetfulness
	Self-medication through alcohol and drugs (pain reliever)
DEPERSONALIZATION	Negative, cynical and indifferent approach towards people (dehumanization of people)
	Conflicting attitude
	Low tolerance towards frustration and nervousness
	Low engagement
	Demotivation
	Inability in communicating in an effective way

Figure 1
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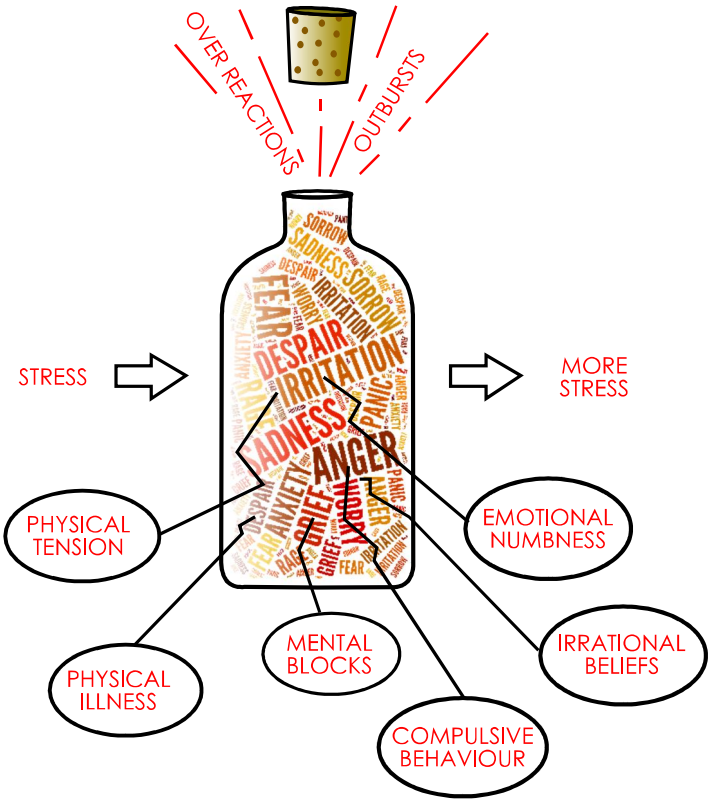


Difference between stress and burnout

Stress is a subjective feeling, based on an individual perspective.

Stress is characterized by over engagement and emotional overreactions, while burnout produces disengagement, loss of motivation, depression and helplessness.

Burnout is primarily a psychological condition which can also manifest with physical problems. Excessive stress will result in physical problems.

Burnout is not simply excessive stress, it is rather is a complex human reaction to stress.

How can burnout be measured?

The prevalence and persistence of burnout symptoms as chronic condition require early actions to be taken. Burnout measure is highly recommended as a screening instrument in organizations or by professional development providers.

Christina Maslach and her colleague Susan Jackson published the first version of the **Maslach Burnout Inventory (MBI)** in 1981.

The MBI includes three components of burnout: emotional exhaustion (to be overworked and drained of emotional resources), depersonalization (a negative attitude towards the individuals who should receive care) and personal accomplishment (a feeling of reduced competence and success in work). It became the "golden standard" for measuring burnout among employees who work with people.

Later, Maslach and her team developed a general version of the MBI, the **MBI-General Survey (MBI-GS)**, that included three components (exhaustion, cynicism, personal efficacy) as well, but formulated in a way that allowed everyone in the workforce to participate.

Pines and Aronson developed another burnout instrument - **the Burnout Measure (BM)** (1981) which included measures for physical, emotional and mental exhaustion.

After taking into consideration the criticism of MBI and MBI-GS and after new testing, a Danish team elaborated the **Copenhagen Burnout Inventory** (CBI) focusing on exhaustion due to three specific domains in the person's life: general exhaustion, exhaustion attributed to work in general and exhaustion attributed to work with clients.

For our target groups, health and social services staff, we recommend screening with either the Maslach Burnout Inventory (MBI) (Annex 1) or the Copenhagen Burnout Inventory (CBI) (Annex 2).

Burnout antecedents

Table provides main antecedents of burnout, grouped in the area of job, work place and individual characteristic.

Risk factors of burnout

The factors of professional stress culminating with the burn out syndrome have multiplied and diversified during the last years. When speaking about it we could recognize different groups of risk factors: individual factors including social background and type of personality, occupational and organizational factors (Maslach et al., 2001).

Individual factors

Among these it is necessary to stress out the importance of behaviour type of the person. People have different autobiographies and different approach to stress, as well as coping mechanism. What could be for one person a stressor, for another person it is not perceived so. Also family and social support is the point – this does not mean, that family has to be protective factor for everybody. Again the individual characteristics are important.

Burnout produces stronger effects on:

- women and lower qualified persons more than men and higher qualified ones;
- nurturing persons who anticipate the needs of others
- over-committed persons and those with unrealistic job expectations
- persons who feel alone and need someone to fill them up
- powerless people
- those who are perfectionist and workaholics (Type A personality persons)
- people struggling with their own power, autonomy and identity
- individuals with deteriorated health

Organizational and occupational factors

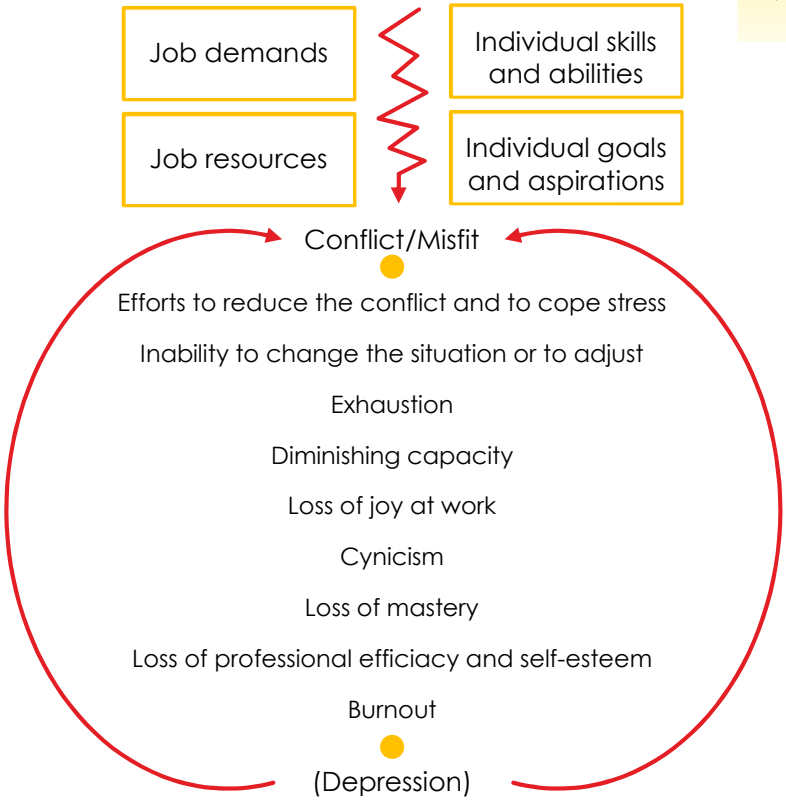
Among these it is necessary to bear in mind the specificity of the health and social work employees and the particularities of the work place as well:

- work in direct contact with the patients/clients
- exposure to high number of elderly patients or to patients with severe diseases
- staff shortages
- excessive workloads and overtime requirements
- work rhythm intensification and deadlines reduction
- increased quantitative and qualitative job demands
- lack of autonomy
- role ambiguity
- fear management

ANTECEDENTS OF BURNOUT

KIND OF JOB: HELPING PROFESSIONS	Client's emotional load
	Professional culture linked to the idea that workers shouldn't complain
	Positive mood as a job requirement (worker has to keep his/her chin up)
	Exasperation due to dissatisfied families
WORKING PLACE	High level *work strain* setting (contradiction between very demanding working requests and poor worker control and autonomy possibility)
	Very authoritarian setting /inadequate participation in making decisions
	Hostility and tensions with colleagues
	Competitiveness within the staff group
	Insufficient social working support
	Excess load: setting with a discrepancy between the number of requests to answer and the available time to do it
	Excess load: staff reduction
	Problems in communicating with supervisors (supervisors don't listen to the workers requests and don't take into account workers needs)
	Low satisfaction: discrepancy between worker expectations and their fulfilment within the working place/ discrepancy between worker engagement and worker recognition
PERSONAL CHARACTERISTICS	Low training and academic background for the specific job
	High expectations
	Difficulties in asking for help
	Difficulties in taking a break (especially if people are performing high level jobs or have a large experience)
	Difficulties in asking for a counselling support
	Difficulties in sharing thoughts and emotions
	Difficulties in sharing feelings and working issues with partner and family
	Lack of use of the peers social system
	Fear
	Guilt
	Helplessness
	Excessive involvement with some patients
	Job change wish [but feeling to be (economically) trapped at work]
	Inability to say no to family and colleagues

Process of burnout (from Kalimo & Toppinen, 1997).



- conflicts in cooperation
- concurrence and rivalry
- lack of supervisor's support
- lack of appreciation
- reduced advancement opportunities
- unsatisfactory payment
- restructuring and changes in organizational hierarchy
- decrease of ethical work norms
- inappropriate work conditions
- lack of inadequacy of equipment
- work migration

How does burnout develop? What are the main stages?

Stage 1: The person has an initial belief that his/her job will satisfy his/her expectations.

He/she has boundless energy and enthusiasm. He/she is committed, involved and enthusiastic.

He/she has a positive outlook on his/her job and believes that anything is possible and achievable.

Stage 2: There is an awareness that his/her expectations were unrealistic.

Needs are not satisfied.

Rewards and recognitions are scarce.

Disillusionment and disappointment grow.

Stage 3: The person feels drained of energy, no longer enthusiastic, but exhausted, detached from his/her work, and without accomplishment. Chronic fatigue, irritability and other burnout physical, psychological and social symptoms have installed.

Stage 4: Despair is dominant and life seems pointless.

He/she has a negative attitude and behaviour.

Physical and mental exhaustion. Decrease of work performance.

Possibility of suicide, stroke or heart failure.

Stage 5: The person takes control and overcome the burnout symptoms.

Consequences of burnout on future work ability and health

According to burnout studies and theories, burnout is assumed to lead to poor health, physiological illness (Maslach et al., 1996) and even work disability. It is also related to impairment of the immunological system, cardiovascular diseases among men and musculoskeletal disorders among women (Honkonen et al., 2006), metabolic syndrome, a change in levels of stress hormones, low-grade inflammation, blood coagulation and fibrinolysis (Melamed et al., 2006a). It may lead to depressive disorders, alcohol consumption and sleep troubles.

Burnout is clinically recognized according to the International Classification of Diseases (ICD-10; World Health Organization, 1992) or psychiatric classification systems, such as DSM-IV (American Psychiatric Association, 1994) only in some countries in Europe (Sweden, Switzerland, Netherlands) where it justifies sickness compensation or disability categorization.

It is important to know that burnout not only develops gradually but recovery from severe burnout is also slow, the consequences being hospitalization, long sickness absence leaves, temporary and chronic work disability and pensions (Toppinen-Tanner, 2011).

Scientists also noticed that people who have health problems or suffer from burnout approach their jobs with low resources, manifest withdrawal behaviours and experience their work situation more negatively (de Lange, Taris, Kompier, Houtman & Bongers, 2005).

Why managers should care and prevent burnout?

It is estimated that already 3–7% of population suffers from serious burnout and 1 in 5 nurses would experience burnout in their nursing career and consequently leave the profession (Wharton, 2004), condition that has serious implications on maintaining their work ability and well-being in their everyday activities (Toppinen-Tanner, 2011).

Among the burnout effects on patients there are: higher hospitalization periods, higher morbidity rate, increased number of falls, complaints, infections, pressure sores, higher number of medication errors.

Burnout is difficult and takes long time to cure becoming more and more an ''economic, human and social burden to societies and individuals'' (*ibid*., p.11). On the other hand, awareness of its implications, workplace development and health promotion have been shown to offer results against it.


coping
strategy
care

Prevention and intervention measures

Next steps and challenges

When knowing how the burnout works, what are the antecedents, symptoms and risk factors, it is also necessary to stress the possible approach to this syndrome. There exists various approaches and programmes and we provide only short introduction to them. Readers are strongly advice to follow the bibliography, if interested in any of them.

We can divide the approach as **person-directed or work-directed** interventions. Person-directed intervention is opposed to work-related intervention. Person-directed interventions are seen as short-term impacted (for 6 month), while combined intervention impact lasts for longer than 12 month (Awa et al. 2010). Therefore the prevention should be targeted on **organizational level as well as on individual level.**

Prevention and intervention strategies

On **organizational level** it is necessary to have good human management. It means to have clear and systematic structure of organization with clear communication strategies. Evaluation of work, support for further education and training, profound the competences should be supported. The open atmosphere to give feedback to organizational structure is necessary for openness to change as well as prevention of burnout from organizational level. "The bottom line is that job burnout is all about mismatches, a mismatch between the individual and their job, or between the individual and their workplace environment. So any good prevention strategy has got to aim to reduce these mismatches and increase job engagement" (Nelson and Maslach 2011, p. 2).

Nelson and Maslach (2011) identified 6 key workplace dimension to prevent those mismatches: (1) workload, (2) control, (3) reward and recognition, (4) workplace community, (5) fairness and (6) conflict between values.

► For more information **get inspired** by bibliography or use exercise Job burnout prevention.

Individual strategies to cope with problems are necessary to bear in minds, when speaking about prevention and intervention strategies to burnout. We generally can speak about internal sources and external sources when combating burnout (Korunka et al. 2011).

Internal sources are always based on individuals themselves. Features of burnout among health professionals relies on previous experiences and own coping mechanism with stress.

Different individual prefers different strategies. Adaptation to situation of illness, sufferance, death brings various stages and being familiar with them could be an integral source of empowerment

► For more information get inspired by bibliography: E. K. Ross or use exercise Stress and burnout.

Other challenges of health care professionals and care workers have been already mentioned in the theoretical part of this handbook. We would like only to stress that it is necessary to bear in mind context and the situation (migrant status, isolation, violence, relation with patient family and community itself) and organizational context (type of work, work condition, workload etc.).

Internal sources to prevent burnout are mainly connected with awareness of the problem. Than when signs occurred, the knowledge of the burnout syndrome provide basic orientation where and how to refresh individual internal sources. Also positive individual traits and positive institutions for improving quality of life plays important role (Seligman and Csikszentmihalyi 2000 or Křivohlavý).

In the individual level, the most used strategies so far, within the burnout prevention or treatment projects addressed to different kind of professions (not only the helping professions) belong to the cognitive – behavioral approach. Between most commonly mentioned are active coping strategies, positive evaluation and self-evaluation, positive thinking, psycho education, training about the use of positive coping strategies, the stress management and the training for relaxation and acquisition of effective flexibility and communication skills improvement.

You can find short description of those strategies in following paragraphs.

External sources for prevention of burnout are those who are relying on external input. Despite the fact that their efficiency relies on individual factors. Their goal is to transform the situation and act indirectly the emotions (Korunka et al. 2011).

On organizational level it is mainly **Supervision** - external self-support by external psychology undergoing supervision training. Experiences from participating: talking to others in a similar situation, knowledge, sense of belonging, self-confidence, structure, relief of symptoms (Pross 2006) and **Intervision** - regular self-examination by collegial intervision – intervision training is necessary for professionally led intervision.

Furthermore, the creation of places where workers can share information, experiences and feeling through the self-help aid groups among colleagues has been very useful in terms of burnout management.

Supporting group among colleagues with similar problems, Experiences from participating: talking to others in a similar situation, knowledge, sense of belonging, self-confidence, structure, relief of symptoms (Kretova et al. 2007)

Psychotherapeutic action programs are based mainly on training on: relaxation, stress management, cognitive therapy, reinsertion programs. Those programs are hardly only external or internal source of prevention, as there is always necessity of individual cooperation.

Psycho-education consists of providing the client with up-to-date, factually accurate information on his/her condition. When speaking about burnout prevention we are claiming, that rising awareness about this topic is crucial necessity connected with psycho-education of target groups.

Teaching of positive strategies focused on the emotions: = REFLECTION (developing self-awareness; integrating emotion and rationale; acquiring insight and understanding, , questioning themselves, exploring alternative perspective on their own thoughts, feelings actions and behaviours as well as other's); using COUNSELING OR COGNITIVE BEHAVIOURAL

THERAPIES; using CLINIC SUPERVISION. Teaching how to manage NEGATIVE strategies (linked to burnout or stress increasing): hostility, self-delusion (wishful thinking), escapism (is. Alcohol abuse). It is also mentioned **SELF-CARE – but has different meaning**: Promotion of an healthy lifestyle (exercises, relaxation, diet, decompression routine, to do exercises after work or change the working clothes) (Fearon and Nicol 2011).

Self-care is the approach in which people learn how to fix limits for people's own time and energy, avoiding the excessive involvement, taking part to the staff socialization moments, keep the communication with the colleagues open, immediately find a solution to misunderstanding, taking part to workshops and trainings on burnout information, keeping an healthy balance between private and professional life, dedicating similar time to the job and to other aspects like: free time, family, relaxation, putting into practice at home the mechanisms to avoid job-related stressors, finding an activity able to create a mental and physical diversion from the job (Spinetta et al. 2000).

Intervention methods

It is very difficult to divide the line between prevention (primary prevention) and intervention methods. Intervention measures are focused mainly on secondary and tertiary prevention. Despite the fact, some of the prevention methods could be useful in later stage of burnout too. We mean mainly relaxation, self-care and work of supporting group.

These are some intervention methods applied in practice across Europe:

Low-threshold Interapy program (computer-driven self-help program)[2] is working since 2001 and is dedicated to the Dutch speaking professionals, who prefers to treat their burnout problems online. Using protocols and text-based assignments, psychologists communicate with clients. Treatment is cognitive behavioral based (Lange et al. 2004).

Health genetic approach focuses on health promotion at work. It means focus on physical, mental, social and spiritual health, on resources and skills instead than on the disease and possible risks. "There is a high degree of work burnout that has not yet be accompanied with significant impairment of quality of living and work ability. That is why a **salutogenetic approach** in the prevention is useful" (Arandelovic et al. 2010).

Cognitive behavioural trainings aimed at strengthen working and coping skills, social support or different kind of relaxation exercises; psychotherapy; counselling; training on flexible, communication, recreational music making skills. Ideally should be combined with **organization-directed interventions** to have longer lasting positive effects.

Programme based on psycho-synthesis the program is based on the exploring the structure of the own psyche and becoming familiar with the content of the subconscious. The main target is to be familiar with itself. BASIC PSYCHOSYNTESIS PRINCIPLES are personal development and human values, value on life, goals and expectations (Van Dierendonck et al 2005). .

Time management various techniques and organizational tools could be used to reduce time stress of many of the jobs. Time management courses are widely accessible. Their examples shows how to organize the priorities in the work and help to reassure about the values at work of oneself.

Mindfulness based program – mindfulness-based stress reduction (MBSR) programs could be seen also as a prevention practice of burnout (Irving et al. 2009). The aim of those programs is to enhance well-being and ability of coping with stress (Bishop 2002).

[2] More info on www.interapy.nl, http://www.interapy.nl/over-interapy/interapy-international

Counselling techniques could be part of the intervention. Those techniques are various, but should be based on the following principles:

- Help the nurse/care worker develop a realistic picture of herself/himself;
- Help the nurse/care worker set realistic goals for herself/himself;
- Help the nurse/care worker accentuate the positive and retain hope;
- Help the nurse/care worker develop a detached concern for recipients of her/his efforts and develop a sense of organizational involvement;
- Help the nurse/care worker maintain an active personal social life outside of work and take time-outs when needed.

Strategies for burnout control

As shown in this handbook, various approaches to burnout prevention and control could be used.

While in the past coping was seen mainly as reactive, a strategy to be used once stress had been experienced, more recently coping is being seen as something one can do before stress occurs (Greenglass 2002), it is to say **Positive coping**.

We speak about reactive, proactive coping and preventive coping. **Proactive coping** is future oriented and incorporates a confirmatory and positive approach to dealing with stressors. It is focused on challenging goals and personal growth, which could be find in challenging situation.

► For more information get inspired by Proactive Coping Inventory[3] (Šolcová, Lukavský, Greenglass 2006).

Cognitive restructuring (ie:, restructuring of negative experiences and other positive coping strategies): **Cognitive restructuring** accentuates the realistic assessment of challenging situations. It was found to reduce the probability of the development of burnout and depression symptoms (Veronika et al. 2013).

Philophonetics counseling it addresses feelings of victimization, disorientation, loss of decision making power, lack of interpersonal boundaries, disconnection from one's inner being and resources (Sherwood and Tagar 2002).

Self hypnosis is integrated in strategies for self-care, setting boundaries and increasing inner strength and resilience. In hypnosis attitude changes can be made with promotion of compassion satisfaction and job engagement. Hypnosis gives emphasis on mobilizing positive resources and positive psychology, which is very helpful (Ruysschaert 2009)

Relaxation could have been in various forms. Between most commonly used relaxation techniques we can name also walking, breathing, or muscle relaxation. For example when sitting we can clench one´s fist for a while and then quickly come loose. More profound relaxation techniques are Schultz authogenetic training, Reich release of various body parts or Jackobson progressive relaxation (Křivohlavý 2010).

► For more information get inspired by bibliography or use exercise Cooping technigues or Relaxing exercise.

Very interesting approach is also **Guided imagery** training which is necessary to be lead by external professional. In this training you are guided to imagine various situations with goal to solve problem situation and reduce stress (Utay and Miller 2006).

[3] Online: http://www.psu.cas.cz/index.php?option=com_content&view=article&id=159&Itemid=129

► For more information get inspired by bibliography or use exercise Guided imagery technique.

Psychoeducation to teach self-care behaviours (6 hours lessons, twice per month) is training consisted of relaxation and guided imagination training, artistic exploration of proactive coping strategies, elaboration of a personalized wellbeing plan. **Psycho-educational intervention** for stress reduction and the prevention of burnout: Discussion of nursing-specific risk factors, practice with relaxation techniques, and exploration via art are used (Kravits et al. 2010)

Innovative practices to prevent and cope with burnout syndrome

Illustrative case: The Italian situation

In Italy there aren't many specific academic curricular activities on burnout syndrome's effects and corresponding prevention / coping strategies within University courses.

Usually in the psychology courses delivered within Nursing and Medicine Universities Departments, professors give students basic general information about what burnout is through traditional lectures. An example of this approach is represented byte course of Sociology of the Nursing University of Ferrara, in which Professor Maria Rita Magnarella dedicates a specific module to the topic titled "Burnout in helping professions". The content of the module aimed at provide students with a general definition, factors and symptoms of stress and burn syndrome and a prevention strategies using traditional frontal lesson.

Lately several vocational organizations offer short professional training courses about burnout using active learning methods such as case study or role playing. Although that represents an important initiative for the development of this topic, unfortunately this kind of courses are addressed to few workers within restrictive professional fields (e.g.: physiotherapy), so that the majority of workers operating in the helping professions haven't the possibility to access to burnout prevention training opportunities.

Despite these critical aspects, there are some interesting academic courses proposed within the curricula of Nursing Department of the University of Bologna, that can be considered as good practices for The "Learn to prevent and deal with job burnout effect" European project. In particular, Professor Francesco Burrai is responsible of two courses based on the holistic approach. It's a model based on the wellness paradigm, which indicates that the total wellness is the balance, integration and harmony of the physical, intellectual, emotional and spiritual aspects of the human condition. According to this approach human condition has seen as one collective living system and diseases and its symptoms can become allies that can show people the right way to find solution and to achieve the wellbeing. So that, it's very important to study and analyse the interaction among people and the context where they live and work. One of the most important implication of this model is to place the responsibility of healing back into the hands of the individual.

The two courses delivered at University by Professor Francesco Burrai[4] foreseen different teaching methodologies (frontal lessons, demonstration of holistic techniques, etc.) and are structured as follow:

[4] Professor Burrai has a University Degree in Nursing and Obstetrics and a Doctorate PhD in Psychology Ayurveda Specialty. He has a large experience in teaching holistic nursing and Communication and relation in Nursing University. Moreover he coordinated several projects in the sound and video application to the Intensive therapy patients.

Holistic nursing: the students gain knowledge on holistic philosophy and psychology, and learn techniques about relaxation, hypnosis, guided imagery, yoga meditation, art/music/chromo/aroma/clown therapy.

Complementary therapies techniques for nurses and patients wellbeing holistic nursing. Through dynamic lecture and laboratory experiences the students learn about holistic nursing and main nursing holistic techniques.

ANZIANI E NON SOLO SOC. COOP. AND THE TRAINING COURSE FOR DOMESTIC CARE WORKERS: how a burnout prevention and coping module can be implemented?

Anziani e non solo cooperative society has elaborated, as a result of an Equal project, an important training tool for elderly domestic care workers, titled "Aspasia", that can be delivered in different ways (e-learning platform, self-learning material, traditional class lessons) according to the trainees' needs. The traditional course is organized in 13 lessons lasting 4 hours each and facing the most pertinent topics to perform this kind of job (personal hygiene, mobilization, nutrition and feeding, elderly diseases, first aid, etc). Among these topics there is one module dedicated to the "communication and relation" related to this particular job and to the involved actors (older person, elderly family, care experts and care worker). This lesson is delivered by a psychologist that using the role playing methodology lets trainees experience the main critical aspects of their profession. As partner organization of this European project, ANS would like to introduce in the above mentioned module, useful and detailed information and concrete strategies to support trainees in preventing and coping with the burnout syndrome, in order to improve the quality of the vocational training provided and to raise awareness on this important issue.

An illustrative program implemented in Poland STOP burnout

Burnout can affect anyone, regardless of profession and his position. Just you perform a stressful job and you are overloaded with lots of responsibilities, doomed to repetition and monotony at work. To help you break out of this depressive state - it will be continue the implementation of a regional program for the prevention of burnout, which will be attended by 52 firms from Kujawy and Pomerania. Voivodship government has allocated this year for this purpose almost 150 thousand. The first meeting for the leaders of the program was held on 11th March, 2014.

The project carries out regional occupational service in Bydgoszcz, Torun and Wloclawek. As part of the project is planned: a survey in the workplace, which will determine the scale of the problem of burnout, meeting with the leaders of the prevention of individual establishments participating in the program, training for managers, employees of health and safety, doctors and nurses about the nature of the program and the stressful factors at work, training showing ways to cope with stress, conflict resolution and negotiation principles, for some employees will be organized group therapy and individual psychological consultations, conference presenting examples of good practices in the prevention of burnout.

This year's first meeting of the project leaders with firms was held March 11 in the Marshal's Office. The purpose of the meeting is to exchange experiences with the project last year and improvement of skills in project management.

A survey in the firms will begin soon and will last until April 16. The first training of trainers was scheduled on March 25 at the Academic Medical Clinic in Torun. It will be chaired by the staff of the National Service for Health Promotion at Work of the Institute of Occupational Medicine. prof. J. Nofer in Lodz. Teams of trainers will also have classes for managers and employees in individual workplaces.

excercise
training
workout

Case studies and training exercises

Research proved that empowered professionals provide better quality services[5]. Empowered nurses are more likely to have increased autonomy, job satisfaction and commitment, and lower job stress and burnout. Access to information, resources, support, and the opportunity to learn and develop are empowering and provide means for positive work environment transformation.

In order to better explain the above mentioned concepts related to burnout, we provide a collection of case studies and exercises that can be used either individually and in informal groups or related to the training curricula we offer in Annex 3 during formal professional development training activities.

Case studies

Some cases are just presented others are structured according to the following elements: family description, work situation, general description of the comprehensive situation, problem perception of the person affected by burnout, comments/solutions proposed by experts. After the presentation of the case the main individual and organizational factors are identified.

For the purposes of this handbook we are focusing mainly on nursing students, nurses and care workers. Therefore we additionally pay specific attention to the occupation as doctor, social worker, carer or psychologist. Through the case studies the majority of the above mentioned professions are covered and the main problems on burnout syndrome are illustrated following a general structure.

Through the specific case, it's possible to identify the most significant stress factors that characterize nurses and care workers. General speaking we can say that some of these factors can be part of these professions irrespective of the specific work place (hospital, polyclinic, practice, resting home or the patient's own place) and they produce negative effects on health care workers physical and mental health, on their productivity, on work climate and quality. The exceeding stress turns into burn out which has even more devastating effects on the person affected, i.e. physical exhaustion, rigidity to change or loss of flexibility, decreased

[5] R. M. Kanter conceptualized the theory of empowerment after researching nurses burnout. She proved that structural and psychological empowerment in the workplace positively affects nurses' perceptions of job strain and work satisfaction, which in turn ameliorate against the effects of chronic job stress and burnout. (1977; 1979; 1993)

communication, physical symptoms, apathy, cynicism and emotional exhaustion, low job performance and low job satisfaction. At organizational level decrease of work quality, long time work absences and even suicide occur in such situations. In a recent French study, it was pointed out that the number of suicides at work increased alarmingly and that one of five suicide attempts occurred at work or in the immediate proximity, researchers concluding that the suicide attempts were connected to work factors (Grebot 2009).

Case study 1

Family anamnesis: Eva is happily married already 13 years, she has no children. She has her parents who became old and also his husband has grandfather who is already very old. The care of him is mainly on Eva, as she is sought as a professional. Also gender stereotypes plays a role.

Work biography: After completing her high school she decided to be a professional social worker. So she went for a degree on University and it took her 5 years of study. During her study she already worked in the social sphere (at Crisis Intervention Phone for Children), as there were an need of the workers.

She worked day and night shifts firstly for full time and during that period she completed her studies. Now she is 9 years employed as social worker within one employer. Gradually she got more responsibilities as senior worker. Moreover she started to work on various project. She is responsible for intervision in the team and she is still working full time on day/night shifts scheme.

Despite this fact during her employment history her wage was upgrade only once. It is already 7 years. Last year on the contrary she agreed to cut her salary, as there have been cuts in public funding and employer didn´t have enough of money to fulfil the agreed amount.

Actual state: She feels exhausted by workload and also by financial means. She believes she does deserve more. The day/night shift systems is convenient for her in some ways: it provides her with some leisure time which she dedicate to the care of the family. On the other hand the nights are more and more difficult for her – she cannot sleep neither when she has to.

The state of husband grandfather got worse. He is 92 and suffers various illnesses. It takes her more and more free time. Usually after night shift she goes to see grandfather instead of having some rest. She has to think how to deal with this problem for future because she knows well that the independent living in those condition has to be strongly supported by other family members/or other support. The problems of clients sometimes seems to her small in the comparison with her owns.

The workload is immense and the organizational structure force to obey the rules: a lot of administrative, less time for direct work with clients. When changes proposed, no answer and no systematic support appears. When she provide intervision in the team she ask herself is it is working, when answers are never coming.

She feels trapped: without possibility to change. As she has to create good conditions at home she consistently has less and less force to focus on the users and clients. And because of her family problem she is worrying about displaying inconvenience with the situation: nothing can change and she will only attract the attention of the director and could be dismissed as someone who is replace-able.

Own vision of the problem: When thinking about it she realizes she could be burnout. She is already long time on one place and the supervision is not working for her at the moment. There exists supervision, but it is used to create common technical approach, no attention is paid to emotions, relaxation or psychological support. When trying to pay attention to it, the supervisor and director was against it. The director is present at the supervision and sees it as a tool for control how the team is quality working.

She wondered to quit a job and to find new one. But she is afraid of leaving, because she is worrying not find new job quickly which would cause the problem for wholefamily system and the care provided to her parents and grandfather.

Commentary: Burnout was developing during the time. As Eva mentioned she gradually combat it using various approaches – relaxation techniques outside the work, getting more energy from family relationships. But also by changing her working schedule – she got possibility to ask for shifts according her needs and it was non-financial benefit of this job.

There have been proposed individual therapy and solution for her own family first, which could be first step to decrease her burden and which help her to focus on own burnout syndrome. She agreed and now is working half time, with attention to her burnout prevention.

Case study 2

Mihaela is a nurse in an elderly nursing home for 2 years. She is 48 and she works as a nurse for 14 years.

Going to work is harder and harder to her lately. Especially in the weekends. She is by herself with 150 patients to which she has to provide supervision, usual treatment and care whenever she is called for. She almost never makes it in time, although she takes only 15 minute break out of the 30 minutes she is entitled to. She feels exhausted all the time she finishes her shift because of the work, the kilometers she walks, the thousands of questions the old people ask. They always ask the same questions, but they speak at the same time and have no patience to let her finish answering. She can't stand their questions any more. On Sundays the visitors come. They also ask lots of questions, some of them make reproaches on the quality of the care. And she needs to answer politely to all the questions and demands.

During the last few weeks many old people have been dying in her shift. It happened before but not so often and it didn't affect her so much. It's also that she has to deal with these cases alone, either because there is no other nurse in the shift or because she is with new colleagues that are more afraid and panicked with the situation than she is.

Before, in the first months after hiring in the nursing home, she was patient, enthusiastic and sociable with everyone, patients, colleagues and superiors. In time the number of personnel severely decreased, the nurses that had been hired remained only for several months and left. It's difficult and depressing. Too much work for the money. The organization of tasks was also better before. They tried to speak to the manager several times. She told them who didn't like there should search for a different job.

She just wants to be left alone to do her job. She is rarely in the mood to talk to people. Even at home she barely speaks to her husband. She has no force to do it. When she arrives home all that she wants is to rest, to sleep, but there are already a few months since she wakes up at 4 o'clock in the morning and cannot sleep any longer. She gets up almost as tired as she went to bed.

Things can no longer go on like this, she knows that, but she doesn't know what to do. She is desperate…

Family anamnesis: - Mihaela is married, mother of 3 children, 2 girls and a boy and grandmother of 2. Before being a nurse she had a parental leave for raising her children. She has a normal health.

Work biography: - Mihaela works from the age of 18. She was employed as a nurse helper in the psychiatric municipal hospital. Simultaneously with her professional activity she attended the courses of the nursing school and after graduation could change her job for a nurse position at the same hospital. She is a registered nurse for 14 years but she works at the elderly nursing home for only 2 years. The motivation for changing job was to be less demanding and closer to home.

Actual state: Mihaela's work conditions are difficult. She is overloaded because of the high number of patients and of the fact that she does not receive enough help from colleagues during the shifts.

Own vision of the problem: Mihaela does no longer like to go to work and feels uncomfortable and even scared of what may occur during her shift. It's difficult for her to find something attractive and motivating at her job. Before she enjoyed discussing with colleagues and patients, making jokes, now she has no more time for it.

She is no longer sure she can perform well her job. The job demands are too high for her resources of energy and reserves of patience. There are too many patients, they all need to be treated urgently and politely. She is afraid that an emergency may occur and she will not be able to have the correct reactions. Deaths became terrifying events for her, mostly because of the family and other patients' manifestations. She feels treated like a machine by the direction of the organization and salary is unsatisfactory for the work she does. She receives no additional payment for her effort of covering the work of several employees.

Commentary: Mihaela suffers from burnout which installed gradually during the last year because of the difficult work conditions and also because of the lack of time for herself during which she could relax and recover physically and emotionally. The lack of debriefing and also the lack of professional and emotional support contributes to the degradation of her mood and health. Unless she makes a change in her professional life her health and well-being will constantly degrade.

A sick leave and some therapy sessions are recommended in a first phase for debriefing, regain self-confidence and emotional balance. Relaxation and emotional support is also recommended by all possible means: walks, massage sessions, creative activities, meetings and activities with her family and friends.

She is recommended to make efforts to change her job in the conditions in which she cannot obtain the support of the organization in decreasing her work tasks and be doubled during the shifts by competent and independent colleagues.

Case study 3

Elena, Mihai and Victor are nurses on the same ophthalmology hospital ward. They have been working in the ward for many years.

The problems began when the professor V. died and doctor M. became the chief of the section. She did not prove to be a patient, good organizer and team worker as her predecessor, but a chaotic, choleric and dominator person. Work became very difficult for all the nurses in the ward. Being a good doctor there were plenty of patients, still the consultations and the interventions were too many and not well programmed so that to have enough personnel, instruments and materials. Post operatory care was done on the rush and nurses were always afraid something could go wrong and become their responsibility.

Along the years all the nurses retired or moved to a different ward, only Elena, Mihai and Victor remained. However the consequences of the work environment left deep traces in their lives. Elena was hospitalized for depression three times in a psychiatric hospital, had many grey hairs and was extremely worn out for her 45 years old. She is still under permanent medication. Mihai had 2 surgical interventions for ulcer and looks also exhausted and too old for his age. They both mention difficulties in enjoying good things in life, in preventing fear to be the first reaction for any news and to feel empathy for their patients. What they dislike most is the feeling of guilt and insufficiency they often have about their work. Victor seems not so much affected by the situation. He is a cheerful, extroverted person, who has the courage to speak openly about the situation with everyone in the hospital. He even confronted the chief of the section several times, that is why he has at a certain extent a privileged position in the ward. He has a special situation at home: his wife suffered a stroke and she is left side paralyzed, so he has for some years a hard time at home too, being in charge with his wife care and the other family duties.

Family anamnesis: Elena is 45. She is divorced, mother of a 9 years old daughter. She lives with her mother, father and daughter in a flat with 2 rooms. She had a severe depression after her divorce which relapsed several times, more and more often lately.

Mihai is 38, married, father of a 12 year old boy. He had 2 surgical interventions for ulcer in the last 3 years. His mother died a year and a half ago from cancer.

Victor is 54. He is married and father of 2 girls. During the last 4 years he cared for his wife who suffered from a stroke and is left side paralysed. He has had a hard time taking care of his family and house. He enjoys a good health.

Work biography: Elena is a nurse for 26 years. She graduated the Nursing school of three years in the general speciality. She works in the ophthalmology hospital ward from the beginning of her career.

Mihai is a nurse for 17 years. Before being a nurse in this ward he in the surgery ward at the same hospital for 5 years, but he preferred the ophthalmology ward because it was calmer, less stressful and with a less conflict inclined team.

Victor was a brancadier for about 8 years at the Municipal Hospital, then he qualified as a nurse after graduating the Nursing School. He worked in various wards and moved to the ophthalmology warden this hospital 6 years ago.

Actual state: Elena, Mihai and Victor are in a very good professional relationship, even if they are different as temperament. What they have in common is that they all love their profession and in the past they loved their job as well. They care for the patients and are committed in their professional activity.

They dislike the management style and the atmosphere on the ward. They feel disrespected and overloaded with tasks. The professional risks they are forced to assume are high and unjustified. The treatment to which they are subjected by the chief of the ward is unfair.

Own vision of the problem: All 3 declare the present situation is unacceptable but all the measures they took, including the complaints at the hospital manager, remained without echo.

They tried to move to a different ward but presently there are no positions available.

What they can do is to adapt to the present situation, try to avoid conflicts with the ward chief and professional unpleasant situations as hard as they can. For Victor is easier than for Elena and Mihai because he is more detached from work due to his need to split between the very demanding roles he has at home and also because he learned to speak and laugh of what bothers him. Even if it is a tough job for the moment he can live with it.

On the contrary, Elena and Mihai feel exhausted and afraid all the time. They are afraid of conflicts with doctors, patients, family members because there are no conditions to do their job properly in the way it is organized and on the other hand they have no energy to sustain a conflict. They wait for the worst and feel the situation can no longer continue in this way.

Commentary: Elena and Mihai are in an advanced stage of burnout. Not only their emotional and affective state is affected, but their health is also seriously damaged. A change of job is advisable in their case, as well as therapy. Their state requires the enhancement of some burnout control strategies, such as debriefing, search for emotional and social support from relatives and friends, relaxation, positive thinking, change of routine. Professional help is recommended.

For Victor a burnout prevention and control training would be advisable in order to strengthen his balance and self confidence.

Case study 4

Family anamnesis: Subject is the youngest one of 3 sisters. Mother and father are alive and healthy. Sisters are housewives. None of family members suffers from burnout.

Personal information; Mrs. Öztürk is 57 years old. She is both a nurse and a teacher and she knows how stresful is the health work. She is married.

Work Biography: Mrs. Öztürk has been working as a nursing training teacher ay Silifke Health vocational high school for 27 years. Before her current job, she had worked as a nurse for 8 years. She is a respected figure among health staff in Silifke.

Family life: She is married and she has a happy marriage.

Actual State: Working life; Mrs. Öztürk doesn't suffer from burnout deeply because her current job is teaching. Still thank to her experiences as nurse and as a nursing trainer, she has lots to say about working environment of nurses and health workers. According to Mrs. Öztürk, the most common reasons that might cause job burnout are; workload, shifts (24h or 16 h shifts), looking after to many patients (avarage 25 per day), work related stress ,hard family life and lack of good relations with superiors. Nurse students do not suffer from burnout much but they are asked to do task which are not related with job like cleaning rooms and doing administrative paperworks and these might be stressing for them. According to Öztürk, nurses and nursing students should be given in-service training to cope with burnout.

Own vision of problem; working environment and relations with superiors are two of the main reasons of the job burnout. Also relations within family effects the job burnout

Commentary: Basically administrators then nurses should be encouraged for better and supportive working environment.

Case study 5

Family anamnesis; Mrs. Serin is 39 years old, she has two kids.

Work biography; Mrs. Serin has been working as a nurse for 22 years. She is working at internal Disease department in Silifke State hospital.

Actual state: Family life; She feels sometimes unhappy because of arguments at home. She says '' my working at nights and working at the weekends cause arguments at home and I have sever quarrels with my husband so we are about to divorce''

Working life; She complains basically about irregular working hours, She states that night shifts are nightmare for her. She says that '' after working 16 hours, I feel completely exhausted, it makes me nervous and cause lack of concentration. Once while I was checking the results of blood test on the computer, I fell asleep and then I woke up when the printer started to work, during working hours, I have to take care of at least 20 patients and paid companions as well, sometimes I have to work at the weekends.''

Own vision of the problem: workload and high number of patients per nurse are two of burnout reasons. Also, nurses who are not supported by his/her partner might have burnout.

Commentary: Not just the nurses but also parents of nurses' (the closest companies) awareness about job burnout should be raised.

Case study 6

Veronica, an experienced registered nurse works in a high dependency unit at Warsaw General Hospital. She has a perfectionist personality, with high expectations of herself and high ideals of her job. Having worked in this ward 9 months, she is seen by her colleagues as efficient, reliable, precise in her cares and non-confrontational. The nurses appreciate this, as they can

often ask favours of veronica without any discussion. It is a Friday morning; the ward is full. A colleague calls up sick. Armed with this knowledge the Clinical Nurse Coordinator approaches Veronica prior to handover to ask her to take on a few extra clients, at the time hinting that the hospital is not prepared to hire an agency nurse and a pool nurse cannot be found. After handover, Veronica realises she has the mammoth task of caring for 8 moderate to high dependent patients. She feels overwhelmed by the thought but insists to herself she can handle it. The time for medication round comes and all patients require administration of 2-3 different types of drugs. Pride and distrust of other nurses' capabilities prevents her from asking for assistance. She is beginning to acquire a headache over the daunting workload ahead of her. Observations are to be completed for the entirety of her patient load. Throughout this process Veronica has to search for the diagnostic equipment of which she requires. The ward has limited equipment making this simplistic task time-consuming which forces Veronica to miss out on her tea break

Irritable and frustrated she forgets to take a blood sugar level of one of her patients. Her CNC sights this and takes Veronica aside to chastise. Veronica does not argue but now feels despondent and low. The course of the shift does not become any less demanding. Ashamed of her mistake she pushes herself harder for the remainder of the shift and misses lunch.

The end of 8hrs of hell draws near and Veronica is in emotional turmoil. This is not the first time this has occurred. Veronica finishes her shift with overwhelming feelings of frustration, resentment and low self-esteem. Veronica is on a collision course with burnout.

Case study 7

Ana is a second-year resident in a demanding internal medicine residency program. She is generally regarded as one of the most talented residents and has just been elected to the chief resident position for the next year. For several months, however, she has been feeling a significant amount of burnout. Ana's mood has become low, her energy level has dropped and she is having difficulty getting out of bed in the morning. She is in the middle of a very demanding ICU (Intensive Care Unit) rotation, during which she is on call every third night, so at first she thinks that it might just be sleep deprivation causing the problem. But she continues to feel increasingly unwell both physically and emotionally.

To make matters worse, Ana's mother was recently diagnosed with breast cancer. Her mother lives over a thousand miles away, and it's impossible to visit her, since Ana only has one day per week off from work. Her mother reassures her, saying, "Don't worry about me – keep working." Nevertheless, Ana can't stop thinking about her mother and is having a hard time focusing on medicine. She has to force herself to complete tasks and she stops doing the extra reading on medical cases that she usually enjoys. She is feeling overwhelmed and increasingly hopeless about life and, in spite of her many past successes, she is starting to regard herself as a complete failure.

Ana also feels that she is not able to care for her patients as well as she used to in previous rotations. The other day when a patient was admitted with recurrent fainting episodes, she took a brief history from the patient and did not do a thorough job asking about family history, missing the fact that both the patient and other family members had histories of blood clots. As a result, she did not think to work the patient up for a pulmonary embolus (blood clots to the lungs) even though he had had some shortness of breath on admission, which is a common presenting symptom of this dangerous condition. If a colleague had not thought about this possibility and suggested the requisite testing, the patient's life might have been in danger. Ana feels that she did not spend enough time talking to the patient; she also feels that if she were doing her usual amount of reading of the medical literature, she would have been better prepared.

Ana is worried because she was briefly diagnosed with clinical depression as a teenager, and her symptoms are beginning to resemble what she felt back then. She knows, however, that she cannot drop out of rotation; there is no one who can take her place in her ICU, and her

not being there would force the other residents to be on call every other night, giving them an intolerable work load. Even if it were possible to find a substitute for the rotation, she does not have any vacation time left and she can't progress to the third year if she takes off any more time.

Ana is afraid to tell anyone how she feels because she knows that people in the program will start to regard her as a "weak" resident if she complains. Besides, all the other residents are working just as hard and don't seem to be having any problem. She will not even discuss the situation with her family at home because she does not want to disappoint them. She is feeling completely trapped and wonders why she went into the medical field in the first place; she would do anything at this point to escape it.

Training exercises

The handbook and the curriculum are two complementary training tools to support nurses, nursing students and care workers in strengthening their knowledge and skills to deal and prevent burnout effects. In particular the curriculum is organized in three modules: (I) Burnout syndrome: signs, symptoms, causes-effects; (II) Burnout prevention and intervention strategies; (III) Strategies for burnout control.

Each module is structured in activities and exercises according to specific learning objectives and establishes some important guidelines for the training structure: content activity, methods, duration, evaluation criteria and resources. All the theoretical and practical training material mentioned in the curriculum are contained within the handbook, in fact the column "resources" of the curriculum table indicates the handbook pages where the corresponding information can be found.

During the project we have researched for, elaborated and tested some of the exercises enclosed in the curricula we offer during a burnout prevention pilot training addressed to hospital nurses. Those exercises are enlisted in this handbook for your use.

- Exercise: stress and burnout
- Burnout relaxing exercise
- Exercise: job burnout prevention
- Exercise: Burnout causes and triggers
- Exercise: Guided imagery technique
- Exercise: Coping techniques

EXERCISE: STRESS AND BURNOUT

Goal: Identify differences between stress and burnout

Objectives:

Understand the meaning of burnout

Discuss about the participant's work experiences

Methodology: large and small group discussions

Materials:

- White sheets
- Coloured sheets (red, green, yellow, light blue)
- Pens
- Flip board
- Markers

Participants: Large group (20-25 individuals) divided into small groups (4-5 individuals each). The groups can be created with:

Individuals from the same country/geographical area

Individuals from different countries

Please notice: in the first case the dialogue is facilitated and may be shown some cultural aspects country-related.

In the second-one individuals from different countries may discuss from different points of view.

Activities description:

Trainer creates small groups according the number of the participants (see "Participants paragraph")

Trainer explains to the participants the activities they are requested to do about the case study

All groups will work simultaneously on the case study (see "Resource 1"): they should read the text, answer to the questions of each section and report the most relevant aspects come up from their discussion in different colour paper (see "Resource2")

Every group (try to let participate all group members) has to present the results to the others

Trainer summarizes the comments come up

Trainer illustrates to participants the table "Stress vs Burnout" (see "Resource 3) relating to the case study analysed

Please notice that trainer will give the group the case study's section separately, only when they finish answering to one section's questions they can go on and they can receive the following section..

Tips for trainers:

Support the group(s) to reflect about:

- Time (overworking, tight deadlines, insistent demands, …)
- Resources (lack of skills)
- Personality (expectations, …)
- Emotional symptoms (o correlates)
- Physical symptoms
- Relationships (o correlates)

Schedule the time for each working section within this module.

Resources:

RESOURCE 1: Case nr 1 – Domestic Care worker

Eva is 55 years old. She left Moldova 5 years ago because her salary as a teacher was too low to sustain her family, and decided to move to Italy and find a job.

In Italy, she has been working as a domestic care worker for 5 years, always with the same elderly man called Mario. She supported Mario in carrying out all his daily activities: food preparation, drug administration, afternoon walks. Eva and Mario got along well, as they longstanding relationship was based on reciprocal trust and collaboration". In her free time, Eva used to cultivate her hobbies like reading, painting and cooking, and to go out with her friends. Unfortunately, one day Mario fell down and broke his femur, and Mario's daughter, Liliana, who lives in another town, asked Eva to live in the same house as Mario.

Eva was very happy about this decision, as she could save more money and according to her it would be easy to move to Mario's.

Eva was happy about this decision, as she could save more money but she knew that the work would became more demanding.

Questions for Discussion:

What is the difference between a) and b)? What expectations had Eva in case a) and b)? (Do you think that expectations can influence the way people react to problems?) Do you remember the expectations you had when you started working? What do you think now of your initial expectations? Have them been satisfied?

Nevertheless, a difficult time started. Mario became frail and solitary, he didn't want to go outside for his daily walk. He preferred to stay at home and he didn't want Eva to leave him alone.

Consequently, she went out and met her friends less often than usual.

Questions for Discussion:

How do you think Eva felt when she went out? And when she stayed at home with Mario? *Have you ever given up you free time for job reasons? If yes, how did you feel?*

Mario's health got worse and Eva had to help him doing more things she never had

done so she was no longer able to well organize the daily activity. Mario more and more often needed the help of Eva many times during the night. She felt lacking energy and concentration.

After a few weeks in this situation, she started to feel tired, depressed, and physically exhausted. She had sleep difficulties, as it used to take her three hours to fall asleep, and often had headaches.

During the day, she often **felt** angry, impatient.

Questions for Discussions:

In your opinion, what could be Eva's feelings (anger, impatience, depression) due to? How do you think Eva's status could affect her work? Have you ever felt sick without symptoms of some kind?

She felt she had no rest.

She asked Liliana to hire someone for the night care but she said that she tough Eva was becoming lazy. After that Liliana began to over-control Eva's work and to criticize it.

Questions for Discussions:

In your opinion, What problems do Eva and Liliana have? How do you think Eva felt? In your job have you ever had trouble in relationships with parents, doctors, …?

Eva felt trapped and hopeless. She thought that her job had become too frustrating, as she didn't have adequate skills to keep working for Mario all day long. She felt discouraged and disappointed. She avoided her friend because she felt not to have enough energy to go out. She couldn't relax during her free-time because she was always thinking to Mario and the work's problems.

RESOURCE 2

RED sheet: personal feelings and thoughts

GREEN sheet: physical and behavioural aspects

YELLOW sheet: interpersonal aspects (relations with colleagues, care experts, etc)

LIGHT BLUE sheet: job related aspects (job motivation, etc.)

RESOURCE 3

Differences between stress and burnout

Stress	Burnout
Characterized by over engagement	Characterized by disengagement
Emotions are over reactive	Emotions are blunted
Produces urgency and hyperactivity	Produces helplessness and hopelessness
Loss of energy	Loss of motivation, ideals, and hope
Characterized by anxiety disorders	Characterized by o detachment and depression
Primary damage is physical	Primary damage is emotional
May shorten your life	May make life seem not worth living

BURNOUT RELAXING EXERCISE

Number of participants: 16

Duration: 40 min.

Trainer: Sport Trainer

SESSION ONE – 10 min.

Trainer gives information about "What is burnout and how to deal with it ''

SESSION TWO – 20 min.

Relaxing sportive activities

Trainer gives directions. During the first ten minutes participants do body relaxing movements

During the second ten minutes, participants do more relieving activities like cycling.

SESSION THREE - 10 min.

Trainer wants participants to lie on the floor and close their eyes for 5 minutes.

Trainers plays a relaxing NEY (Ney is a traditional musical instrument and basically known for its relaxing effect) band and reads a story of an imaginery situation.

- Close your eyes and imagine that you are on the beach and walking with the best friend...

(this kind of hypnosis texts are available on the NLP books and websites)

Trainer asks "How do you feel?'' and wants participants to tell how they feel now: tired , or with energy?

EXERCISE: JOB BURNOUT PREVENTION

Job the burnout syndrome prevention precautions must be in two dimension. First individualistic precautions, second organisational precautions.

Organisational precautions

1-Precautions that must be taken by government

A Modern and democratic administrative principle should be applied.

Necessary legal regulations which organise the heath workers tasks and authorities should be determined.

There should be a fair reward system.

Workload should be lessened.

Problems like lack of staff and low salary should be overcome.

Social facilities should be increased and supported.

2- Precautions that must be taken by administrator of the workplace.

- task descriptions of the health workers should be clear
- beginners should be given orientation program and be guided
- appropriate tasks should be given to the most appropriate health workers
- appropriate task delivery should be made
- according to needs of the units, an effective staff plan should be made and number of the staff should be increased
- regular team meetings should be carried out to see staff' ideas and complains.
- there must be permanent problem solving mechanism
- health workers should be trained to learn how to deal with obstacles in the workplace by themselves
- obstacles should be handled immediately
- administrators should show that they are always ready to help and support the staff in case of problems
- permanent training opportunities should be available
- fair use of reward system

- a democratic and participative managing system should be carried out
- an understanding, flexible, fair and participative leader in the workplace is effective in the prevention of the burnout syndrome

Individualistic Precautions

Manage the stressors that contribute to job burnout. Once you've identified what's fueling your feelings of job burnout, you can make a plan to address the issues.

Evaluate your options. Discuss specific concerns with your supervisor. Perhaps you can work together to change expectations or reach compromises or solutions. Is job sharing an option? What about telecommuting or flexing your time? Would it help to establish a mentoring relationship? What are the options for continuing education or professional development?

Adjust your attitude. If you've become cynical at work, consider ways to improve your outlook. Rediscover enjoyable aspects of your work. Recognize co-workers for valuable contributions or a job well done. Take short breaks throughout the day. Spend time away from work doing things you enjoy.

Seek support. Whether you reach out to co-workers, friends, loved ones or others, support and collaboration may help you cope with job stress and feelings of burnout. If you have access to an employee assistance program (EAP), take advantage of the available services.

Assess your interests, skills and passions. An honest assessment can help you decide whether you should consider an alternative job, such as one that's less demanding or one that better matches your interests or core values.

Get some exercise. Regular physical activity, like walking or biking, can help you to better deal with stress. It can also help get your mind off work and focus on something else.

EXERCISE: BURNOUT CAUSES AND TRIGGERS

Goal: Be able to identify burnout causes and triggers

Objectives:

- learn the main burnout causes and triggers
- be able to identify burnout causes and triggers in specific cases

Methodology: large and small group discussions

Place: training room

Materials:

Case studies sheets

White sheets

Pens

Flip board

Markers

Participants: large group (20-25 individuals).

Activities description:

Explain: Burnout causes and triggers (see "Resource 1")

Exercise: Read the cases proposed, discuss and identify the causes and triggers of burnout. (see "Resource 2" and "Resource 3").

Tips for trainers: encourage all participants to participate to the group discussions.

Resources:

Resource 1. Burnout triggers and causes

Causes:

- Long-term relationship problems
- Competition and rivalries
- Conflict with co-workers
- Excessive work, long hours of work or night shift work
- On-going highly pressured work, tight deadlines and last minutes projects
- Work demands and pressures that are not matched to their

knowledge and abilities and which challenge their ability to cope
- Drab and monotonous jobs, job insecurity
- Resources assessed to be inadequate to tackle the demands
- Lack of opportunities for advancement
- Unpleasant physical conditions at work
- Loneliness
- Persistent financial worries.

Factors and triggers:

- Illness, disease, injuries
- Disabilities
- Overcrowding
- Natural disasters
- Death of loved ones
- Divorce

Resource 2. Case study

Elena, Mihai and Victor are nurses on the same ophthalmology hospital ward. They have been working in the ward for many years.

The problems began when the professor V. died and doctor M. became the chief of the section. She did not prove to be a patient, good organizer and team worker as her predecessor, but a chaotic, choleric and dominator person. Work became very difficult for all the nurses in the ward. Being a good doctor there were plenty of patients, still the consultations and the interventions were too many and not well programmed so that to have enough personnel, instruments and materials. Post operatory care was done on the rush and nurses were always afraid something could go wrong and become their responsibility.

Along the years all the nurses retired or moved to a different ward, only Elena, Mihai and Victor remained. However the consequences of the work environment left deep traces in their lives. Elena was hospitalized for depression three times in a psychiatric hospital, had many grey hairs and was extremely worn out for her 45 years old. She is still under permanent medication. Mihai had 2 surgical interventions for ulcer and looks also exhausted and too old for his age. They both mention difficulties in enjoying good things in life, in preventing fear to be the first reaction for any news and to feel empathy for their patients. What they dislike most is the feeling of guilt and insufficiency they often have about their work. Victor seems not so much affected by the situation. He is a cheerful, extroverted person, who has the courage to speak openly about the situation with everyone in the hospital. He even confronted the chief of the section several times, that is why he has at a certain extent a privileged position in the ward. He has a special situation at home: his wife suffered a stroke and she is left side paralyzed, so he has for some years a hard time at home too, being in charge with his wife care and the other family duties.

Resource 3. Case study

Mihaela is a nurse in an elderly nursing home for 2 years. She is 48 and she works as a nurse for 14 years.

Going to work is harder and harder to her lately. Especially in the weekends. She is by herself with 150 patients to which she has to provide supervision, usual treatment and care whenever she is called for. She almost never makes it in time, although she takes only 15 minute break out of the 30 minutes she is entitled to. She feels exhausted all the time she finishes her shift because of the work, the kilometres she walks, the thousands of questions the old people ask. They always ask the same questions, but they speak at the same time and have no patience to let her finish answering. She can't stand their questions any more. On Sundays the visitors come. They also ask lots of questions, some of them make reproaches on the quality of the care. And she needs to answer politely to all the questions and demands.

During the last few weeks many old people have been dying in her shift. It happened before but not so often and it didn't affect her so much. It's also that she has to deal with these cases alone, either because there is no other nurse in the shift or because she is with new colleagues that are more afraid and panicked with the situation than she is.

Before, in the first months after hiring in the nursing home, she was patient, enthusiastic and sociable with everyone, patients, colleagues and superiors. In time the number of personnel severely decreased, the nurses that had been hired remained only for several months and left. It's difficult and depressing. Too much work for the money. The organization of tasks was also better before. They tried to speak to the manager several times. She told them who didn't like there should search for a different job.

She just wants to be left alone to do her job. She is rarely in the mood to talk to people. Even at home she barely speaks to her husband. She has no force to do it. When she arrives home all that she wants is to rest, to sleep, but there are already a few months since she wakes up at 4 o'clock in the morning and cannot sleep any longer. She gets up almost as tired as she went to bed.

Things can no longer go on like this, she knows that, but she doesn't know what to do. She is desperate…

EXERCISE: GUIDED IMAGERY TECHNIQUE

Goal: Learn and experience the guided imagery technique to prevent burnout effects

Objectives:

- learn a guided imagery technique
- learn to apply this technique on daily basis

Methodology: group exercise

Place: quiet room

Participants: large group (20-25 individuals).

Activities description:

Explain the guided imagery technique and its benefits

Exercise: "The Lake" (see "Resource 1").

Discuss about the exercise

Tips for trainers: give enough time to participants to relax.

Resource 2. The Lake exercise

Sit down or lay down in a calm, dark room. Breath in and breath out several times. Close your eyes.

Imagine yourself to be on a path, walking, on a beautiful day. You are going to your favourite lake, a lake where you have been before or one that you only imagine. As you are getting close you can smell the breeze of the lake. Now you can see the lake in front of you. You notice the vegetation and the wild life in it. You slowly get into the water. It is cool and fresh.

In your imagination anything is possible. Allow yourself to become the lake, to become this body of water. Notice yourself while doing it. Notice your dephts, the calm the stillness of yourself as the lake. Notice how the breeze or even the storm can only form ripple on your surface. You are calm, patient, moving, settled, centred. While you keep this calm and quietness in your body release your worries, thoughts and tensions from your body by breathing out. Nothing can disturb you.

You can come back anytime you wish to this feeling of calmness and quietness and depth by a simple deep breath.

Breath in and breath out several times. Now allow yourself to re-emerge from the lake and find yourself standing on the edge. Knowing that this feeling is always available to you, begin to walk back from the lake. Feel the smell of the lake again. Become aware of the sounds and movements in the room. Open your eyes fully present of the here and the now. Remember that your breath can connect you anytime with the lake, every time you begin your work day or when you feel stressed. You can do this after or before each patient you have to deal with.

I recommend you to practice this exercise at least once a week for burnout prevention and control. It will help you become more calm and patient.

EXERCISE: COPING TECHNIQUES

Goal: Experience the breathing technique to cope with burnout

Objectives:

- learn a breathing technique
- learn to apply this technique on daily life

Methodology: group exercise

Place: quiet room

Participants: large group (20-25 individuals).

Activities description:

Explain: Coping techniques

Exercise: Breath 2/1 (see "Resource 1")

Discuss about the exercise and other simple techniques that participants may know (see "Resource 2")

Tips for trainers: give enough time to participants to relax**.**

Resources:

Resource 1: Breathing 2/1

The trainer should let participants seat in a quite place and try to make them relax.

Once the right level of "peace" will be reached, teacher should softly talk to the participants saying some sentences as follow:

"Breathe in once and breathe out twice (you can count 1 when you breath in and 1-2 when you breath out). Keep on breathing 2/1, you can feel your hearth calming down. Every time you breathe in imagine that you are pleasantly breathing clean and bright air. Every time you breathe out imagine to throw out all your worries, diseases, fears, discomfort and negative thoughts. Let it all came out of your body as dirty smoke".

Resource 2: Burnout prevention tips

Start the day with a relaxing ritual. Rather than jumping out of bed as soon as you wake up, spend at least fifteen minutes meditating, writing in your journal, doing gentle stretching exercises or reading something that inspires you.

Adopt healthy eating, exercising, and sleeping habits. When you eat well, do regular physical activity and get plenty of rest, you have the energy and resilience to deal with life's problems and challenges.

Set boundaries. Don't overextend yourself. Learn how to say "no" to requests on your time. If you find this difficult, remind yourself that saying "no" allows you to say "yes" to the things that you truly want to do.

Take a daily break from technology. During the day (maybe 30 minutes every day) try to take some time to disconnect yourself from technologies. Put away your laptop, turn off your phone, and stop checking email.

Nourish your creative side. Creativity is a powerful antidote to burnout. Try something new, start a fun project, or resume a favourite hobby. Choose activities that have nothing to do with your job.

Learn how to manage stress. When you're on the road to burnout, you may feel helpless. But you can have more ways to control stress than you may imagine.

EXERCISE: TYPE A AND TYPE B PERSONALITY TRAITS

Goal: To make trainees aware of the own personality type and of their potential predisposition to burnout

Objectives:

- get to know the type A and B personality traits
- analyse their own personality

Methodology: large group exercise, individually, small groups exercise

Place: training room

Participants: large group (20-25 individuals).

Activities description:

Explain the type A and B personality traits

Ask participants to analyse themselves and make a list of type A traits and a list of type B traits, then decide which is dominant (see "Resource").

Discuss about the burnout predisposition given by each of the traits from type A list in small groups so that each participant has the opportunity to express herself/himself.

Tips for trainers: give enough time to participants to relax.

Resource:

Type A personality traits

Type A persons are ambitious, rigidly organized, very conscious, sensitive, truthful, impatient, always try to help others, take on more than they can handle, want other people to get to the point, proactive, and obsessed with time management. They are often high-achieving "workaholics" who multi-task, push themselves with deadlines, and hate both delays and ambivalence.

Type B personality traits

Type B individuals are in contrast to those with type A personalities. They live at a lower stress level and typically work steadily, enjoying achievement but not becoming stressed when they do not achieve. When faced with competition, they do not mind losing and either enjoy the game or back down. They may be creative and enjoy exploring ideas and concepts. They are often reflective, thinking about the outer and inner worlds.


energy
work
joy

Conclusions

The "Learn to prevent and deal with burnout effect" project was focusing on the problem of burnout in helping professions and handbook reflected this focus on health professionals and care workers.

Burnout syndrome was theoretically enlightened in the first part of the handbook. Partner countries specificities was clarified, so the theoretical part reflects specific approach to burnout in health care professionals and care workers in Romania, Italy, Turkey, Czech Republic and Poland.

Than we have focused on the prevention and intervention measures of burnout. Literature search showed different approaches to burnout prevention and we summarized the most important from our perception. As showed, burnout prevention could be seen also in connection with salutogenesis, well-being and coping strategies. We preferred to show the wide connection and to get inspiration from various sources to provide help needed in prevention and coping with burnout syndrome.

Third part of the handbook is strongly interconnected with curricula as the outcome of the project. We used practical exercises and examples to clarify not only theoretical background, but also to show how intervention measures could work. Case studies are part of the illustration.

Basically, trainers can use both curriculum and handbook as complementary tools to carry out training sections on burnout prevention and dealing strategies. They can follow the structure of the curriculum as general framework from which they can select the information of the handbook (case studies, burnout strategies, ice breaking techniques, etc.) according to the trainees' background and experience on the topic, to the country they come from. In that way trainers can easily elaborate their own course using modules and information produced within the project that are the most respondent and relevant to the target group they work for.

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Annexes

During the handbook we have mentioned various tools and measures of burnout. It is very handful to use those tools, but the copyright plays significant role. We strongly encourage readers to get familiar with legal procedures and expertize needed to use those inventories (CBI, MBI).

Also we would like to mention the translation dimension. It is necessary to pay attention to translation and its appropriateness.

Annex 1. Maslach Burnout Inventory (MBI).

More information on http://www.mindgarden.com/products/mbi.htm

Annex 2. Copenhagen Burnout Inventory (CBI)

Online
http://www.arbejdsmiljoforskning.dk/en/publikationer/spoergeskemaer/udbraendthed

or http://www.up.ac.za/hrresearch/index.php?sid=59675&lang=en

Annex 3. Burnout prevention and control training curricula

CURRICULUM FOR NURSES, NURSE STUDENTS AND CARE WORKERS "Learn to prevent and deal with job burnout effects"

Type of training: initial training

Number of hours: 8

Target group: nurses, nurse students and care workers

No. of trainees: max. 28

MODULE I - BURNOUT SYNDROME: SIGNS, SYMPTHOMS, CAUSES EFFECTS

TIME: 2 hours 15 min

Objectives	Content Activity	Methods	Materials and equipment	Duration	Evaluation Criteria	Resources
Introduce the activity Get participants to know each other Make a set of rules that everyone agrees with Identify trainees expectations	Introduce the training plan Introduction of participants Training rules elaboration Training expectations assessment	Icebreaker Chart rules Expectations tree	Flipchart, papers, markers	20 min.	Participation in group activities Elaboration of the training rules	
Understand the burnout disorder	Burnout presentation -Definition -Differential diagnosis of burnout syndrome	Brainstorming Presentation	Flipchart, papers, markers, Video projector	20 min.	Ability to understand and explain the burn out disorder	Handbook: "Definition of burn out" p.13
Get to know and identify the main signs and symptoms of burnout	Signs and symptoms of burn-out syndrome	Interactive presentation, Lecture	Video projector	20 min.	Encouraging personal reflection	Handbook ''Symptoms of burnout'' p.13
Identify differences between burnout and stress	Presentation of differences between burnout and stress	Work in groups: elaboration of posters Plenary presentation of posters and discussions	Flipchart, papers, markers, Video projector	10 min.	Active participation in group activities	Handbook ''Difference between stress and burnout'' p. 16 ''Exercise Stress and burnout'' p.39

Be able to identify different stages of burnout syndrome	Burnout Stages	Lecture Presentation of images	Flipchart, papers, markers, Images of different stages Video projector	10 min.	Active participation in the activities	Handbook ''How does burnout develop**?** What are the main stages?'' p. 19
Be able to identify burnout causes and triggers	Presentation of : -individual factors: importance of behaviour type - family features - work related features depending on type of medical unit and ward -team factors -organizational factors -health system and social related risk factors	Interactive presentation	Flipchart, papers, markers, Video projector	20 min.	Active participation in the activities Encouraging personal reflection	Handbook ''Burnout antecedents'' p.17 ''Risk factors of burnout'' p.18
Introduce some syndrome assessment tools and their importance	Presentation of some syndrome assessment tools: -Maslach Burnout Inventory -Copehagen Inventory	Presentation	Video projector	10 min.	Active participation in the activities	Handbook ''How can burnout be measured?'' p.16
Self-assess the level of burnout	Self-asses the level of burnout Self-assess the own type of behaviour (behaviour type A or B)	Test burnout syndrome Self-assessment questionnaire type of behaviour	Tests	10 min.	Fill in the burnout self-assessment test and the behaviour type test	Handbook ''Exercise: Type A and type B personality traits'' p. 54
Raise awareness on personal, occupational and social burnout trends and understand the risk factors to which each participant may be exposed in the professional career	Discussion of test results	Group discussion		15 min	Active participation in the discussion	Handbook ''Burnout antecedents'' p.17

MODULE II – BURNOUT PREVENTION AND INTERVENTION STRATEGIES

TIME: 3 hours

Objectives	Content Activity	Methods	Materials and equipment	Duration	Evaluation Criteria	Resources
Raise awareness on specific factors leading to burnout among care workers	Features of burnout among health professionals - adaptation to situations of illness, sufferance, death, risks of professional diseases - other challenges at the beginning of the career: e.g. team work integration, immigrant status, isolation, adaptation to the patient and family, work conditions, lack of personnel, overload, emergency conditions, violence, etc.	Case studies presentation Group discussions	Flipchart, paper, markers	45 min.	Active participation in group exercises Capacity to understand the specifics of work conditions and profession.	Handbook ''Cases studies'' pp. 29 - 37
Get to know the effects and consequences of burnout syndrome	Presentation of the effects and consequences of burnout: Individual Interpersonal organizational	Interactive presentation; Presentation of case studies Group work Group discussion	Flipchart, paper, markers	45 min.	Ability to assess the effects and consequences of burnout syndrome	Handbook ''Consequences of burnout on future work ability and health'' p.20 ''Exercise: Burnout causes and triggers'' p. 47
Get to know and be able to apply preventive strategies	Preventive measures at different levels: organizational individual: develop social skills; programs for time management; effective communication techniques; individual strategies. Social Interpersonal relationship.	Interactive presentation; Skill development exercises; role plays.	Video projection	30 min.	Active participation in discussions Ability to implement strategies for prevention.	Handbook "Prevention methods" p.22 ''Exercise: Job burnout prevention'' p.45

Change attitudes and reaction mechanisms	Presentation of: Relaxation techniques Meditation	Interactive presentation; Relaxation exercises and meditation.	Video projection. Flipchart, paper, markers	30 min.	Active participation in discussions Ability to apply relaxation techniques.	Handbook – ''Exercise: Guided imagery technique'' p. 50
Develop coping mechanisms	Learning of new skills and abilities: context and situation; strengthening of social support; positive thinking	Interactive presentation; Skill development exercises: role plays	Flipchart, paper, markers	30 min.	Active participation in discussions ; Ability to apply coping mechanisms.	Handbook "Prevention and intervention strategies" p.22

MODULE III – STRATEGIES FOR BOURNOUT CONTROL

TIME: 2 hours 45 min

Objectives	Content Activity	Methods	Materials and equipment	Duration	Evaluation Criteria	Resources
Get to know specific types of coping.	Presentation of different types of coping: positive coping proactive coping	Interactive presentation Role plays	Video projection Flipchart, paper, markers	30 min.	Active participation in discussions. The ability to enumerate and explain specific types of coping.	Handbook ''Exercise: Coping techniques'' p. 52
Introduce some cognitive interventional strategies	Learn some coping strategies focused on problem (associated to a reduced stress) Learn some positive strategies focused on the emotions = Reflection Teaching how to manage negative strategies Self-Care: Promotion of an healthy lifestyle (exercises, relaxation, diet, decompression routine)	Interactive presentation	Video projection, Flipchart, paper, markers	45 min.	The ability to apply coping mechanisms	Handbook ''Positive strategies'' p. 25
Introduce some psycho-educational interventions for stress reduction and prevention of burnout	Psycho-education to teach self-care behaviours: Relaxation and guided imagination training, artistic exploration of proactive coping strategies, elaboration of a personalized well-being plan	Interactive presentation, Skill development exercises: role plays	Flipchart, paper, markers	30 min.	Active participation in discussions; Ability to apply coping mechanisms	Handbook ''Relaxation'' p.26 ''Burnout relaxing exercise'' p.45 ''Psycho-education'' p. 27 ''Exercise: Guided imagery'' p.50

Reflecting peer-support group	Discussion, focusing on job-related stress and burnout according to the nursing speciality, medical unit, hospital ward	Discussion in groups Whole group discussion		20 min.	Active participation in activities.	Handbook ''Supportin g group'' p.3
Learn some intervention strategies	Presentation of intervention strategies: awareness of the problem; accountability cognitive clarity develop coping mechanisms	Interactive presentation; Skill development exercises, role plays.	Flipchart, paper, markers	25 min.	Active participation in discussions. The ability to apply coping mechanisms.	Handbook "Intervention methods" p.24
Draw conclusions and evaluate the training activity	Discuss the utility of the training activity and draw a personal prevention plan by each participants Conclusions drawn by the course participants. Evaluate the training activity	Draw an individual prevention plan Group discussion on the basis of the expectations tree Fill in the training evaluation	Paper Expectations tree Evaluation form	15 min.	Active participation in discussions and evaluation.	

Project partners

Asociatia Everest - Iaşi, România

Asociatia Everest is a non-profit Romanian association that is active since 2010 in the field of training and social support for adults and young people. It provides vocational education, formal and informal adult education, health education and health promotion, awareness raising campaigns and social and health research. The association provides continuous professional development for nurses, midwives and care workers, develops support materials for these activities, elaborates studies and researches in the nursing field.

Website of the organization: www.asociatiaeverest.ro

Contact person: Silvia Popovici, asociatia.everest@gmail.com

The "FORMATEMP" Training, Counselling, Professional Orientation and Work Placement Center- Bucharest, Romania

A non-profit organization created in 2011, by a group of 15 founding members, for the support of civil society through the programmes it is running. The activities of the association are available for all citizens no matter of age, religion, sexual or political orientation.

Website of the organization: www.formatemp.ro

Contact person: Valentin Dimon, valentin.dimon@gmail.com

INFORJOB Padova, Italy

A national network, gathering 28 training agencies and 6 associations of migrant women located all around Italy. Its main aim is to improve the quality of the service provided by members thanks to peer learning, exchange of best practices, networking. INFORJOB also coordinates research projects and experimental practices in the field of education and training.

Website of the organization: http://www.inforjob.it/

Contact person: Licia Boccaletti, progetti@anzianienonsolo.it

SılıfkeToplum SaglıgıBaşkanlıgı - İÇEL, Turkey

Human Health Centre administration is the umbrella organization of health sector in Silifke. Administration is subsidiary institution of Mersin Province Directorate of Health Services.

Human Health Centre administration contains 10 family health centres, 5 dispensaries, a state hospital a teeth-care centre. With 78 doctors and 288 health services workers, administration gives health service to 115.000 people. Also Human Health Centre administration gives welfare services at home, short and long term treatment services, health education services at schools and public health services.

Website of the organization: www.mersinsaglik.gov.tr

Contact person: Ali Ermenek, ermenekali@hotmail.com, silifketsm@hotmail.com

Możesz więcej - Warsow, Poland

Since 2003 Społeczne Towarzystwo Pomocy Geriatrii has increased its activities in supporting disabled and older people to improve their vocational and social situations. Our organization offers Warsaw's over-50 population a range of services including legal advice, psychological support, computer training, online banking workshops, physiotherapy, and art, chess, photography and poetry classes. In 2013 there have been change of the name and now it is called Stowarzyszenie "Możesz więcej".

Website of the organization: www.mozeszwiecej.waw.pl

Contact person: Artur Grabowski, a.grabowski@mozeszwiecej.waw.pl

The Institute of Gerontology -Prague, Czech Republic

The "Institute of Gerontology" is an institution which was founded by the organization ZIVOT90. ZIVOT 90 has more than 20 years of experience providing vocational service to elderly adults, it is social service provider (registered according to law about Quality standards in social services) and employs more of 80 care workers, including health care workers, social workers and counsellors. The scope if Institute of Gerontology is to focus on training, research and education in favour of people 50+ and thus improve their lives.

Website of the organization: www.zivot90.cz

Contact person: Klára Čmolíková Cozlová, klara.cozlova@zivot90.cz

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