The Accident and Emergency Department of the Cornwall Regional Hospital's Training on Health Professionals (Nurses and Doctors) Burnout

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Executive Summary

Burnout among health care professionals, while a topic of research and discussion worldwide, has not been investigated much in the Caribbean region. Published studies from the region show that burnout affects health care professionals, especially those who work in the Accident and Emergency Departments.[3,7,15,17] This Capstone focused on Cornwall Regional Hospital in Jamaica. The training needs assessment was done to determine the perceptions of staff on burnout in the Accident and Emergency Department. The findings highlighted the general belief that burnout is being experienced by doctors and nurses in the department and there were suggestions of risk factors that contribute to this. From the findings and priorities identified by interviewees, a training program on health professional burnout was organized and recommendations were made on how burnout should be addressed in this context.

Preface:

While working in Jamaica in Summer Term, 2018, I took the **Training Methods and Continuing Education for Health Workers (**221.606.81) course. I thoroughly enjoyed learning the process of creating a training guide. At that point, I contemplated using the concepts learned as the foundation for my Capstone project and taking the further step of organizing a training program. After the course, I spent almost another year working in the Accident and Emergency Department of the Cornwall Regional Hospital. During that time, I pondered if burnout was evident there. This interest encouraged my decision to do a Capstone on "The Accident and Emergency Department of the Cornwall Regional Hospital's Training on Health Professionals (Nurses and Doctors) Burnout"

This project started with the Practicum aspect which involved the training needs assessment which examined the perceptions of burnout among nurses and doctors in the department. This needs assessment was followed by a workshop on what burnout is, how it is identified and what staff should do if they experience symptoms of burnout. I aimed to educate staff on burnout as well as to provoke further discussions on this topic.

My personal goals for this project included:

1. To assess the need for this training program and to work with stakeholders throughout the process
2. Use oral and written communication skills to present this public health related topic to the chosen population
3. Learn and practice the skills of qualitative research
4. Practice the skill of creating a training guide

This capstone also aided in improving areas highlighted in my MPH Goals Analysis, namely:

1. Use research methods to obtain information to advise policy
2. Create and present information effectively to scientific audiences.
3. Assess the management approach of health organizations and method to improve these organizations
4. Recognize the unique features of populations that influence their interactions, beliefs and abilities to advocate for change
5. Understand the process behind the creation and implementation of policies

Acknowledgment

I extend gratitude to my Academic Adviser, Renan Castillo who believed that this was the best of my Capstone ideas and encouraged me to pursue it. Thank you also to Dena Kirnon, my Practicum Preceptor and William Brieger my Capstone Adviser who have been so accommodating and given much advice that aided in making this project successful. Thank you also to other lecturers, MPH office personnel, Office of Public Health Practice and Training personnel, IRB personnel, Derek Harvey (Senior Medical Officer- Cornwall Regional Hospital), Maung Aung (Western Regional Health Authority- Jamaica), Ainsley Deer (Employee Assistance Program) and all other persons who have listened to questions or concerns and shared insight regarding this project. Finally, I say thank you to the staff of Cornwall Regional Hospital, especially the Accident and Emergency Department who were supportive throughout this project and were very willing to participate.

Introduction

Stress is "emotional and physiological reactions to stressors." [15, 20, 22] Burnout is defined as "a syndrome consisting of emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment, which is primarily driven by workplace stressors." [26] Stress is different from burnout in that it is less severe and occurs before burnout. [4,15,22] Also important is that stress is not the cause of burnout, but burnout will not occur if stress is not present. The converse is however not true as stress can be present without burnout. [8,15]

The definition of burnout presents psychological manifestations of longstanding stress. Emotional exhaustion is associated with workers feeling emotionally expended and thus no longer giving of themselves emotionally. Depersonalization refers to workers having negative feelings towards their patients and losing the empathy that is necessary for patient care. The feeling of reduced personal accomplishment is the health care worker undervaluing his/her work and seeing little room for educational or professional growth. These factors interact and present challenges not only for individual health providers but also for their patients and their organizations. [22,26]

Burnout has been implicated in issues such as fatigue, high levels of absenteeism, interpersonal problems with family, misuse and abuse of substances, depression, suicide and patient safety.[22,26.30,34,35] It has been researched and well documented among healthcare professionals, especially in the USA, however, there has been limited published material on burnout in the Caribbean region. This Capstone project thus intended to assess the perceptions of burnout among doctors and nurses working in the Accident and Emergency Department of the

Cornwall Regional Hospital to advise the development of a training program. The staff of the department were quite intrigued by this topic and thought that it was necessary.

Methods

Two main methods were utilized for the training needs assessment, Literature Review and Interviews of stakeholders. The Literature Review covered burnout in health professionals within Jamaica, the Caribbean region and worldwide. Johns Hopkins University's Scopus Database and Google Scholar were the main sources used to obtain articles. The search terms used were Burnout, Burnout Caribbean, Burnout Jamaica. The references of articles obtained were also used to search for related articles or websites with related information. Other articles were obtained through communication with my Practicum Adviser and lecturers.

Several types of stakeholders received in-depth interviews. Two interview outlines were created, the first for Hospital Administrators and the second for Nurses and Doctors. These were created to be unique to the Jamaican and Caribbean context and to attempt to obtain opinions about burnout within the Accident and Emergency Department and extending to the wider hospital, Jamaica and Caribbean region.

Two key leaders who were interviewed were the Head of the Accident and Emergency Department (doctor) and the Nurse in Charge of the unit. The main focus of these interviews was to gather demographic information about the nurses and doctors in the department, to gain insight into the scheduling practices of the department and to determine the perceptions of burnout that exist among the leaders of the department.

In-depth interviews with nurses and doctors of the department were held to look at the views of junior and senior staff. Three staff members were interviewed within each category of junior nurse, junior doctor, senior doctor. Four senior nurses were interviewed since there was new information being provided by each person. These needs assessments provided information

on the staff members' perceptions of burnout in the department, the wider hospital, Jamaica and the Caribbean region as well as beliefs on whether there have been interventions to prevent or reduce burnout among healthcare professionals.

The interview data were then collated as junior and senior groups for nurses and doctors in order to assess the differences in perceptions between the groups. Using qualitative methods, the quotes or interpreted statements of respondents were compiled for each question, first into the subgroups, for example, junior doctor, senior nurse, and then into the larger groups- nurses and doctors. Responses were then categorized where possible. For example, risk factors of burnout at the hospital was categorized as Patient and/or relatives related problems, Problems with the structure/ nature of the department and Staff related issues. The similarities and differences in the experiences and perceptions about burnout are presented in a subsequent section.

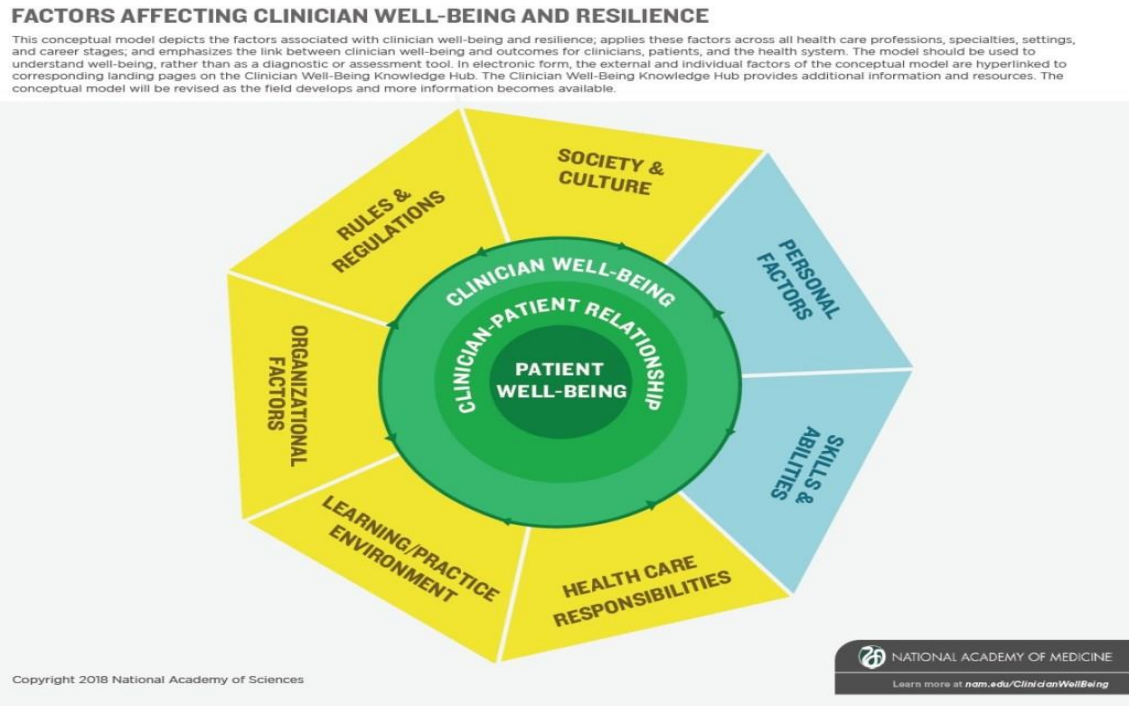
A training team was created, consisting of the author, two nurses and two doctors from the department. This team reviewed the key findings of the training needs assessment to determine if it was necessary to do a training program on health professional burnout for the department. Based on the results, the team decided to proceed with the training and a training guide was designed. The training program was conducted on January 15, 2020, and featured a presentation of the key findings of the needs assessment on burnout as well as presentations by the Head of the Employee Assistance Program of the Western Regional Health Authority, Dr. Ainsley Deer, on Stress management, Burnout identification and setting specific resources for individuals experiencing burnout. Two sessions were done with an overall attendance of fifteen members of staff.

This document presents the training needs assessment, highlighting the findings of the literature review and the discussions with nurses and doctors in the department. To enable replication of the training, the training guide is located in Appendix C.

Review of the Literature

High burnout rates have been documented in studies looking at doctors in Emergency Departments.[7,15] Features of the job including "unpredictable workload, high patient attendances, limited resources, repeated exposure to traumatic events, potentially violent situations, and critical decision-making" have contributed to this. [5,15]

Bringham, et al. created a conceptual model on "Factors Affecting Clinician Well-Being and Resilience". The central aspect of the model was the wellbeing of patients. Associated concepts in the wider circles were the relationship between clinicians and their patients and finally the wellbeing of the clinicians. External issues that influence the resilience and wellbeing of health professionals include "Socio-Cultural Factors; the Regulatory, Business, and Payer Environment; Organizational Factors; and the Learning/Practice Environment" [2, 35]



(National Academy of Medicine Action Collaborative on Clinician Well-Being, 2018)

Figure 1: Factors Affecting Clinician Well-Being and Resilience

Caribbean Perspectives

A hospital environment presents unique stressful challenges including illnesses and death, limited staff, demanding schedules and problematic equipment.[17, 24] In the Jamaican setting, other factors such as community violence, limited resources, high patient load (because of limited access to low-cost healthcare) and personal issues including finances and issues regarding provisions for child care and travel to work. These factors put healthcare professionals in Accident and Emergency departments in Jamaica at risk of burnout.[15,17, 33] Studies in Jamaica and the wider Caribbean region have shown high levels of stress and burnout among nurses, doctors and students in training for these professions.[3,12,15,17,36]

Lindo, et al used the General Health Questionnaire 30 (GHQ 30) to assess interactions between mental health and demographic and occupational differences among nurses and doctors at the Kingston Public Hospital (KPH) and the University Hospital of the West Indies (UHWI), Type A hospitals found in Jamaica's capital, Kingston. 81.9% of participants highlighted moderate to high levels of stress in the workplace. A contrasting 77.4% of persons thought that they had little or no stress from factors outside of the hospital. Cases, persons who met the criteria of the GHQ 30 for having a psychological problem, were identified among 27.4 % of the study population. Being a case was associated with high levels of stress from work and non-work-related factors, financial challenges in the past 6 months and working in violent areas. Cases were identified among KPH staff with 1-4 years of work experience and the likelihood of being a case decreased with more years of experience. On the other hand, at the UHWI, the highest number of cases were among those persons with between 5 and 9 years at that hospital, with a subsequent decline. [17]

One study was done using the Maslach Burnout Inventory to assess burnout among nursing staff at the Spanish Town Hospital in Jamaica. Here, the nurse to patient ratio was about 1:10 while in high-income countries this tends to be about 1:3. [3,16] The stresses associated with the job environment has caused nurses to be experiencing high levels of exhaustion, dissatisfaction, illnesses as well as high rates of being absent from work.[3]

The results from the Maslach Burnout Inventory suggested that burnout was "very high" among the study population especially for the issues of personal fulfillment and emotional exhaustion. Burnout was found to be associated with a longer time working as a nurse and the reason given was the high job demands. The study also looked at sick leave and found that nurses who called in sick more often were also displaying less burnout. Given that burnout could change over time, the authors theorized that this result suggests previously high burnout rates. Respondents also reported that they infrequently received support on the job whether from other nurses or managers. There were also minimal opportunities for developing team dynamics. [3]

In another study looking at physicians in the Emergency Department of an academic hospital center in Jamaica, 53% of the sample population experienced stress levels that were greater than the group's average. In addition to this, 70% of the doctors experienced "moderate to high levels of [emotional exhaustion]", 73% had "low to moderate" perception of personal accomplishment and 43% noted "moderate to high" depersonalization. The authors however observed that no doctor had a combination of low personal accomplishment with high levels of depersonalization and emotional exhaustion- which would have suggested high levels of burnout. The study also found a significant association between stress and two burnout features: emotional exhaustion ($p < 0.01$) and depersonalization ($p < 0.05$). Stress did not have a significant association with personal accomplishment. The authors opined that emotional exhaustion is the

main result of stress and the primary element of burnout and that this was supported by the strong association between stress and emotional exhaustion. [5,8,15]

Stress and the related features of burnout have been identified as early as during the training of health professionals. A study done at the St. Augustine (Trinidad and Tobago) campus of the University of the West Indies looking at stress, burnout and depression in medical students found that 53% of respondents were burnt-out. In the final year of medical school, the highest scores of emotional exhaustion and depersonalization were seen. Personal accomplishment scores, however, did not show significant differences between the years. As it relates to stress, students in the final two years of medical school had higher rates of stress than those in the first two years. Factors associated with decreased rates of burnout in this population included good "emotional support", a wholesome life (including exercise, leisure activities) and having the perception of deciding their schedules daily. The academic rigor of medical education, including the long hours and the vast knowledge to be obtained contributed to the perceptions of burnout. Also, burnout was found to be strongly associated with symptoms of depression among these students.[36]

A similar situation is seen with nursing students. One study looking at perceptions of stress among students in the second year of nursing school found that the clinical experience which begins in the second year of training and financial constraints are the two biggest sources of stress for that population. This study did not look at burnout, but from the evidence, high levels of stress would have put these students at greater risk of burnout.[12]

Migration and Burnout

Migration of health professionals, especially of nurses, from Jamaica, has serious implications for the nation's health workforce. As early as the mid-20th century, nurses have been migrating from Jamaica to high-income countries such as the United Kingdom, the USA and Canada. Almost 2000 nurses migrated during the 2002 to 2006 period. The nurses' reasons for leaving to work in other countries included dissatisfaction with their wages and working conditions, no job security, no pension benefits and issues with the management of human resources. The receiving countries offered improvements in each of these areas. [3,16]

The migration of Jamaican nurses to high- income countries has resulted in brain drain and fewer workers in the Jamaican health system. This has resulted in an increase in wait time for patients and more work being covered by the persons who remain. The negative spiral continues with more staff becoming dissatisfied and experiencing burnout and leading to more health professionals leaving the island. [20]

Burnout Prevention

Up to 2014, one study that aimed to investigate the relationship between stress, coping and burnout concluded that good stress management and positive coping mechanisms by physicians would help to reduce their susceptibility to burnout. This placed the responsibility of preventing burnout on healthcare professionals and ignored the primary role that managers or administrators play in achieving this objective.[15] Putting this burden on health professionals prevents the root cause of burnout from being addressed. Also, identifying and addressing burnout in healthcare professionals proves challenging as these persons are cultured to continue

working regardless of any stresses that they experience and to hide any burnout related experiences from their colleagues so that they are not viewed as inadequate. [26,35]

An important concept from the literature is that healthcare providers do not cause burnout and are not responsible for preventing it. Also, preventative measures that are focused on individuals are not adequate to address burnout. The role of managers in encouraging and demonstrating changes that will enable health care providers to do effective, efficient patient care and experience happiness and fulfillment is also important. Initiatives including increased time off and increased interpersonal relationship-building activities for staff should be prioritized. [26,35]

Given the implications of burnout, it is vital that preventative interventions are utilized. These interventions can be placed in two groups, interventions that are geared towards individuals and interventions that address the workplace. [1,26,27] Interventions that are geared towards individuals include measures that enhance communication and coping skills as well as offer meditation or other methods that encourage mindfulness. Organizational interventions include factors such as schedule adjustments, decreased workload and other organizational changes that encourage a community-oriented work environment with more staff autonomy, better supervisor- staff relations and relationships between staff as well as more inclusive decisions. [26]

The more beneficial of the two groups is the organizational interventions. The most successful pieces of evidence of burnout reduction were seen in cases of a multidimensional approach to burnout prevention. Aspects of this approach typically include improved team communication and teamwork, and an increased ability of staff to influence decisions within their organizations. An environment that empowers staff to speak about their stressors and which

has interventions to decrease stress in the workplace is likely the best approach to reducing the occurrence of burnout. [18, 21, 26]

Interventions that address individuals have been found to have minimal effect in reducing burnout.[21,26,31] The fact that health care professionals are not the cause of their burnout is an important consideration in arguing against interventions that only address individuals because such interventions may endorse health providers thinking that they are responsible for their burnout.[6, 26,29]

Identifying health care providers who are at the greatest risk is also an important factor in burnout prevention. The stressors experienced by providers in different environments and with different periods of work-experience are different and thus require different approaches. Physicians who graduated recently and those that function at the secondary care level have a greater burnout risk.[26,28] Organizational interventions such as mentorship programs, improved synergy on the job and leadership training are suggested as interventions that are best for these physician groups.[9,10,13,14,26]

Background of the Training Site

Cornwall Regional Hospital (CRH), located in St. James, Jamaica, is one of three Type-A hospitals in Jamaica and the only one of the three that is found outside of the parish of Kingston.[11] Cornwall Regional Hospital gives residents of western Jamaica (mainly Trelawny, Westmoreland, Hanover) access to Type A medical care, which includes secondary and tertiary level care and thus gets referrals from other healthcare facilities in this part of the island.[32] (Also See Appendices A and B)

In 2017, the staff of the hospital became concerned about symptoms that they were experiencing while at work, including wheezing, cough, itching, erythema. It was later confirmed that there was an air quality issue within the main hospital building that had resulted mainly from mold and fiberglass particles. The Minister of Health and his team decided to close the building for renovations and to relocate the services to other areas. Some relocation was to the Falmouth General Public Hospital in the neighboring parish of Trelawny and other buildings in St. James. The Accident and Emergency Department was relocated to the building that previously housed the Mount Salem Health Centre on the hospital's compound. This building provided less space than the original department did, including fewer consultation rooms and a smaller waiting area. There have been constructions over the past three years to attempt to remedy this limitation.

Utilization

Using the July -September 2019 utilization figures, the average number of new patients registered daily in the Accident and Emergency Department is 121.

Nurses

The department's nursing team consists of 34 nurses, three males and 31 females (including 2 on vacation and 3 who are currently in the Midwifery training program) and 2 Nurse Managers. The department has been plagued by large numbers of nurses resigning. In the past three years, fifteen nurses have left the department for work overseas and one nurse went to a private health facility in Jamaica.

The department has eight Certified Emergency Registered Nurses (CERN) including the two Nurse Managers and four nurses who are midwifery trained. Adequate coverage of the department requires 19 nurses on each shift for the morning and afternoon and 12 on the night shift. However, there are challenges with staffing because of the total number of nurses available to work and compounded by the fact that nurses may call in sick or unable to report. There are usually 11-12 nurses on each of the morning or afternoon shifts and 8 on the night shift.

Table 1: Current Nurse to Patient Ratio

Area	**Nurse to Patient Ratio**
Temporary in-transit area (for Accident and Emergency Department patients awaiting review and patients admitted to specialties)	1:12
Trauma 1 (main trauma area)	1:2
Trauma 2 (for stabilized patients)	1:13
Asthma Bay (for patients requiring nebulization)	1:10
Average	**1:9**

This is similar to the previously mentioned study at the Spanish Town Hospital where there was a 1:10 nurse to patient ratio. In high-income countries, this ratio tends to be lower at about 1:3.[3,16] This underscores the challenge of the high patient numbers that the nurses in the department experience.

Doctors

The doctors have also had less staff than would be expected for the department. There are currently 22 doctors (including three who are on vacation and other forms of leave) within the department which ideally requires 25 doctors. The head of the department and the only Consultant is also the only Emergency Medicine trained doctor. Ideally, there should be three more consultants in the department.

Table 2: Number of Doctors Required per shift and number present

Shift	Ideal Number	Actual number
Morning	9	7
Afternoon	7	6
Night	5	3 or 4

Doctors also experience staff calling in sick on the shifts- 2 or 3 on the morning shifts, 1 in the afternoon and infrequently on the night shift. There are usually attempts to have someone cover these shifts.

Results of Training Needs Assessment

Demographic information of the Interviewees:

Gender: All interviewees except one nurse were females. The tables below provide further demographic information on the interviewees.

Table 3: Years since graduation:

Interviewees	**Years**
Nurses	
Junior Nurses	4-5
Senior nurses	5 – 14
Doctors	
Junior doctors	2-5
Senior doctors	7- 14

Table 4: Years working in the Accident and Emergency Department

Interviewees	**Years**
Nurses	
Junior Nurses	0.5- 2.25
Senior nurses	2- 6
Doctors	
Junior doctors	<1- 3
Senior doctors	5-7

Table 5: Job Classification levels of doctors and nurses interviewed (excluding administrators)

Job Classification	Number of Interviewees
Nurses	
RN1*	5
RN1 and CERN**	2
Doctors	
MO 1***	4
MO 2	2

*RN- Registered Nurse, **CERN - Certified Emergency Registered Nurse, *** MO- Medical Officer

Of note, the initial aim was to determine seniority based on the job classifications. This however proved difficult as the years of service for some staff members were not equivalent to the job classifications making it more difficult to identify persons with the more advanced job classifications. Seniority was thus used based on how it has been in the department. There have been no written guidelines for this, but for the nurses, persons have been designated senior staff based on their years of nursing experience (5 years) and/or their level of professional expertise. For the doctors, seniority tended to be based on having two years or more experience in the department and on professional expertise.

Perceptions of Burnout

All nurses and doctors believed that burnout has been demonstrated by clinical staff in the Accident and Emergency Department. Definitions of burnout provided by staff members included:

- "State in which you are physically, mentally, emotionally exhausted due to stressors at work"
- "So overwhelmed that you are unable to do your job efficiently, as well as you don't have the drive anymore to even come to work. Also, mentally, physically and emotionally exhausted. "

The evidence given by staff that suggests that burnout exists within the hospital included:

- Persons verbalize that they are tired, overwhelmed, need more rest and time away from work.
- Verbalization of feeling sad, depressed, frustrated when they come to work.
- Decreased job satisfaction and demotivation - "persons come to work with a long face, not enthusiastic, ready to go home as soon as they arrive"
- Illnesses: "Nurses [and doctors] are tired and thus get sick easily"
- Persons have been calling in sick regularly, tardiness, absenteeism
    - Sick leave is sometimes used as a coping mechanism when feeling overwhelmed
    - "persons have been waking up late as they are not getting enough rest, especially when they worked 16 hours the previous day [ending at 10 pm]"
- Staff are sometimes aggressive toward each other

- There is "Mass migration of nurses- especially CERNs" — the main reason is dissatisfaction with their salaries but burnout is another factor

Factors that influence burnout in the Accident and Emergency Department included:

Patient and/or relatives related problems

- Aggressive, boisterous patients and relatives who abuse staff verbally and physically sometimes. They are at times rude to staff but this tends to be based on long waiting times.

Problems with the structure/ nature of the department

- Low doctor and nurse: patient ratio
- Cramped space and limited resources
    - "no space to work, not having the required equipment and manpower"
- Persons have to work additional hours (sessions) to make ends meet
- Inadequate rest area for staff—only a small lunchroom is available
- Department has minimal recreational activities
- "Traumatic cases experienced" contribute to mental stress

Problems directly experienced by staff members:

- Triage can be stressful- "all the complaints come to the triage doctor so many doctors don't want to work in triage".

- The expectation of supervisors is unrealistic despite staff being tired.
- Nurses are required to do more tasks and adopt roles that are beyond their job description. Nurses "overwork covering other health care workers duties that are not in their job description"
- More pressure on more senior nurses as with more nurses migrating, new nurses need to be trained and nurses with more experience have to absorb more tasks in addition to supervisory roles.
- Poor work ethics—"not doing work as they should; not carrying out duties based on the plan for care throughout the day; some persons avoid tasks that they don't like"
- Safety concerns " the fact that someone can shoot/ stab you…The security guards don't have guns, staff do not feel safe, especially with patients being aggressive"

All interviewed staff members believed that Jamaica has been handing health professional burnout poorly. CRH has no protocols in place for managing burnout among staff members. There have been a few initiatives within the hospital but staff believe these have been inadequate. These initiatives included:

- Seminars on stress management held once yearly in the past 2 years
- Nurses' Fun Day organized by Nurses Association of Jamaica once yearly
- Cornwall Regional Hospital's Annual Staff Appreciation Day
- Accident and Emergency Department's Annual Christmas Party
- Nurses Gift exchange in Accident and Emergency Department
- Coffee break—in Accident and Emergency about once every 4 months

- Competitions such as Sports Day and netball and football competitions
- To address the limited bedspace, 4-6 recliners have been added on the wards, but this has had minimal impact because there are still many patients who need beds.
- There have been attempts at addressing the low numbers of nurses- for example, Cuban nurses are being hired. This, however, introduces issues of language barrier and the need to train them to work in the Jamaican setting. Also, in some cases, nurses who have completed nursing school have started to work before being licensed. This is helpful but risky as they need to be observed by a registered nurse and sometimes, there is too much work to be done to always be supervising them.

In answering the question of whether a training/workshop on burnout was necessary for the department, all interviewees believed that it was important that the hospital's administrators have access to this information. Ten of the interviewed staff members (five doctors and five nurses) believed that both doctors, nurses and administrators would benefit from the training program.

Discussion and Conclusions

A training needs assessment is always necessary before creating a training program. For this project, the needs assessment via in-depth interviews was used to gauge the beliefs of staff about the presence of burnout in the Accident and Emergency Department and to provide further information on its features. All interviewed nurses and doctors believed that burnout was being experienced by clinical staff in the department. They relayed evidence of its existence, including physical elements such as illnesses, emotional elements for example aggression, frustration, demotivation and actions including tardiness, absenteeism and the migration of nurses to other countries. Contributing factors to burnout identified by staff included problems with the department such as the low staff to patient ratio, staff-related problems such as some persons having poor work ethics and patient-related problems such as aggressive patients and relatives. These factors, especially when combined with the challenges being experienced as a result of the relocation of the department, have compounded the stressors experienced by the staff.

For this project, the training needs assessment findings guided the training committee's decisions on the training priorities. All nurses and doctors who were interviewed agreed that burnout prevention training should be prioritized. Such training was deemed necessary for administrators ("supervisors, nursing admin, WRHA [Western Regional Health Authority]") to prevent the burnout of staff. The in-depth interviews, however also presented the need for nurses, doctors and other staff members to be educated about burnout and identifying its features. For this reason as well as the limited time and resources available to plan the training program, the committee decided to open the training to the doctors, nurses and their managers from the

Accident and Emergency department. The hope was that there can be future workshops directed towards the administrators outside of the department.

The training priorities that were selected were:

- How to manage stressors
- How to identify burnout in oneself or a colleague
- Setting specific resources that can be accessed if someone experiences features of burnout

Burnout among healthcare providers is a real problem that needs to be addressed. It has also been recognized in other settings that have not experienced the unique challenges of Cornwall Regional Hospital. The literature has shown that the risk factors of burnout are best controlled by the administrative or managerial arm of healthcare organizations. Individuals should not be blamed for being burnt out and initiatives that target individuals are less likely to decrease burnout rates than do initiatives that tackle changes at the organizational level. [26,35]

It is thus prudent to say that this also applies to the Accident and Emergency Department of Cornwall Regional Hospital. There need to be methods to prevent burnout among staff. Although creating a list of recommendations was not the initial aim for this project, the needs assessment methods highlighted views in the literature and the in-depth interviews about how burnout can be addressed by different stakeholders. These recommendations will now be presented.

Jamaica Specific Recommendations

The Minister of Health/ Ministry of Health should:

- Introduce policy on the management of burnout in healthcare professionals
- Work with the Ministries of Labor and Finance on reforming the work schedules and break requirements for health care professionals and to be involved in salary negotiations- with the aim being an increased base salary so that the bulk of salaries are not dependent on sessions.

Hospital management should:

- Introduce policy-driven structural modifications to reduce occupational stressors[15]
- Engage in more inclusive decision making
- Actively assess perceptions of staff about their jobs, including how satisfied they are
- Ensure that staff have scheduled breaks and access to psychotherapy
- Introduce staff bonding exercises such as socials and excursions
- Present staff empowerment methods- including workshops on managing fatigue, offering scholarships for further studies
- Offer incentives for good job performance [3]

Professional Associations should:

- Negotiate for improved salaries, benefits, working conditions
- Initiate team building and rejuvenation programs or activities

Doctors and Nurses should:

- Work with their unions to advocate for improved salaries, benefits, working conditions, vacation or other time off from work.

This training program was accessed mainly by the nurses and doctors of the Accident and Emergency Department. Future workshops/training programs should be directed towards administrators. Also, Jamaica and the Caribbean region need further assessment of experiences of burnout among healthcare professionals. As Caribbean Ministries of Health move to prevent health professionals burnout, this Capstone, the included training guide and recommendations will hopefully present useful material to guide interventions.

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Appendices

Appendix A:

Map of Jamaica

"The map shows Jamaica with parish boundaries, the national capital Kingston, parish capitals, major cities, main roads, and major airports.

Jamaica's Administrative Divisions

The map shows Jamaica's 14 parishes grouped into three historic counties which have no administrative relevance.

Cornwall County:

Hanover (Lucea)

Saint Elizabeth (Black River)

Saint James (Montego Bay)

Trelawny (Falmouth)

Westmoreland (Savanna-la-Mar)

Middlesex County:

Clarendon (May Pen)

Manchester (Mandeville)

Saint Ann (St. Ann's Bay)

Saint Catherine (Spanish Town)

Saint Mary (Port Maria)

Surrey County:

Kingston (Kingston)

Portland (Port Antonio)

Saint Andrew (Half Way Tree)

Saint Thomas (Morant Bay)"

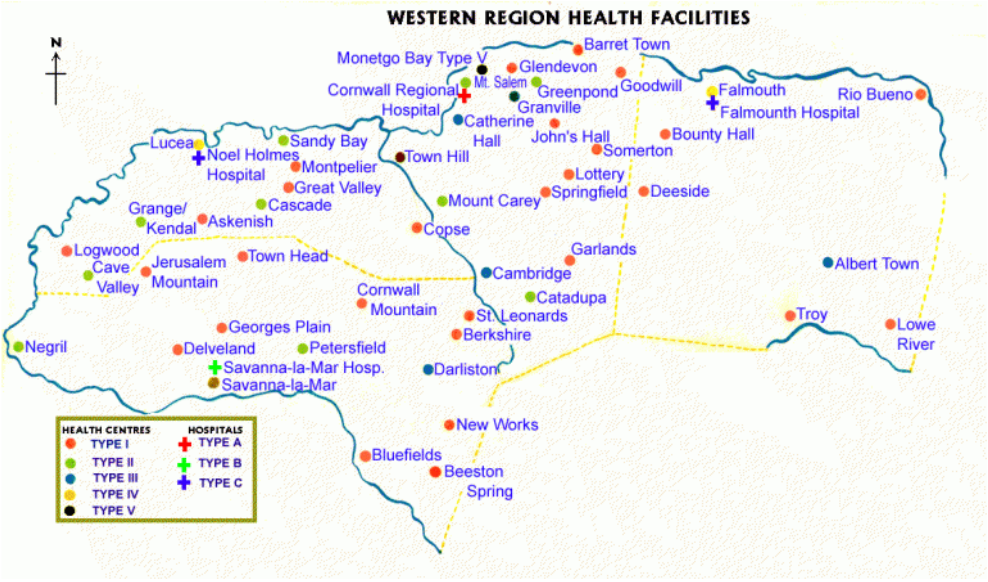
Source:

Nations Online. Map of Jamaica, Caribbean. Retrieved from

https://www.nationsonline.org/oneworld/map/jamaica-administrative-map.htm

Appendix B

Map of the Health Facilities Managed by the Western Regional Health Authority



Hospitals	Description
Type A	These hospitals provide comprehensive secondary and tertiary health care services and are referral centers for hospitals both in the public and private health systems.
Type B	These hospitals provide primary and secondary care services.
Type C	Type C hospitals provide primary care services and basic secondary care services.
Health Centres	**Description**
Type 5	These are comprehensive health centers and are located only in urban areas.
Type 4	This health centre administers the health programme of the parish and accommodates the medical officer of health and parish staff.
Type 3	This is the headquarters of the Health District and may serve a population of 20,000 people through a number of types 1 and 2 health centers.
Type 2	This health centre provides a higher level of expertise than a Type 1 facility and is equipped with a resident staff nurse who is able to provide simple treatment for common illnesses.
Type 1	These are the smallest units that provide services that are closely integrated to the community. It is staffed by one midwife and a community health aide who deliver basic maternal and child health, nutrition, family planning and immunization services.

Source: Western Regional Health Authority. (2018). Our Regional Hospitals. Retrieved from https://www.wrha.gov.jm/about-us/

Appendix C: The Training Guide

Training Outline and Materials

This training focusses on informing healthcare professionals of burnout, its causes, how it can be prevented and available resources if it is experienced. The training was initially created for persons who do direct patient care, but the information is also useful for administrative personnel as it is at the administration level that much of the change to prevent burnout will be needed.

Venue:

To minimize cost, once available, a meeting or conference room on the hospital compound should be used.

Timing:

The training will be done over an approximately three hours period. There will be two sessions covering the same information, with a one-hour break between sessions. Other training days could be organized to facilitate other staff members or hospital administrators who are unable to attend.

Facilitation:

The facilitators will be the MPH candidate and a representative from the Employee Assistance Program. Another facilitator from the hospital or the regional health authority (psychology department) could also be asked to present.

Necessary materials/equipment and Budget

Item	Cost (USD)	Notes
Training Venue	$0	No added cost
Laptop, projector, extension cords	$0	No added cost—obtained from Offices at Cornwall Regional Hospital
Training Handouts	$40	
Survey and evaluation sheets	$30	Doing online surveys could eliminate this cost
Stationery: Folders, Plain/ Folder leaves, pens, (for each trainee)	$40	
Flip Charts, markers, index cards	$30	
Portable whiteboard and cleaner and dry erase markers	$100	
Lunch (23 persons at $12.50 each)	$287.5	Includes participants and presenters

Participation Certificates (certificate papers, printing, black permanent marker to complete the names)	$30	
Guest presenter gift items (2-3)	$100	
Stress relief toys/motivational stress balls for participants	$50	
Continuing Medical Education application (Jamaica Medical Council)	$50	
Miscellaneous costs (any additional costs that have not already been considered)	$50	
Total	**$807.50**	

Training Schedule

Time	Session	Title
Session 1		
8:30-8:45 AM	1.1	Registration
8:45- 9:45 AM	1.2	Introduction to Burnout and Overview of the Training Needs Assessment findings
9:45- 10:00 AM	1.3	Questions/ feedback/ BREAK
10:00-10:45 AM	1.4	Stress Management
10:45 -11:30	1.5	Burnout- identification and steps to take if it is identified
11:30-12:00	1.6	Wrap up
12:00 AM – 1:00 PM	**BREAK**	
Session 2		
1:00- 1:15 PM	2.1	Registration
1:15- 2:15 AM	2.2	Introduction to Burnout and Overview of the Training Needs Assessment findings
2:15 PM- 2:30 PM	2.3	Questions/ feedback/ BREAK
2:30- 3:15 PM	2.4	Stress Management
3:15 PM -4:00 PM	2.5	Burnout- identification and steps to take if it is identified
4:00-4:30 PM	2.6	Wrap up

Training narratives

Introduction to Burnout and Overview of In-depth Interview findings

The introductory session aims to develop camaraderie between trainers and the trainees and to inform trainees of the elements of the training program. Welcome will be offered by one of the program organizers. Participants will also be encouraged to introduce themselves.

After these introductions, there will be an introduction to the concepts of stress and burnout. Formal definitions will be provided, followed by information on burnout in healthcare professionals worldwide and zooming in on Jamaica and the wider Caribbean region.

Questions/ feedback/ BREAK

Participants and trainers will have the opportunity to discuss the first presentation of the session. Persons may also refresh themselves as necessary.

Stress Management

The second presenter will provide information on stress management for healthcare providers. The presenter may use this session to demonstrate stress management techniques.

Burnout- identification and steps to take if it is identified

The second presenter (or a third presenter) will continue with further information on burnout in the setting of the healthcare facility. Participants will be instructed on how to identify symptoms/signs of burnout in themselves or colleagues.

Participants will be given general information on what should be done if burnout is identified. They will also be informed of the regional health authority or hospital's provisions for personnel who are burnt out.

Wrap up session

A call to action encouraging further dialogue among the Ministry of Health officials, hospital administrators, unions/associations representing nurses and doctors (Nurses Association of Jamaica and Jamaica Medical Doctors' Association) to encourage change. This will be done by the first presenter. Participants will be allowed to ask any remaining questions and give feedback. The session will end with a vote of thanks.

Evaluation Plan

Process evaluation/ monitoring

Trainers will arrive before registration time to ensure that the room is prepared for the participants. The projector should be positioned in an appropriate location. There should enough chairs for all participants. The schedule should be adhered to but can be adjusted if necessary. There should also be a liaison with the caterer to ensure that the meals arrive in time for the Lunch Break.

Presenters should observe participants to determine if they are attentive and if they are not, alter presentation to gain their attention. Participants will be asked to critique each session using a short guide that will be distributed to participants at the end of the session.

Follow Up- Evaluation

Approximately three hours of training is not enough to cover the wealth of information that is available on this topic. Similarly, evaluation cannot be completed in this short time frame. The final evaluation would include anonymous surveys to determine how the information presented has benefitted participants.

Appendix D

Presentation Evaluation Sheet

Date……

Topic of Session……..

Presenter……..

Feedback on presentation (Include any strengths or weaknesses you identified)

……

……..……

……

……

Appendix E

Follow up Evaluation

1. Do you believe that the training provided skills that you now use in managing stress?

   ……

   ……

   ……

2. Since the training, have there been any organizational changes to prevent burnout?

   ……

   ……

   ……

3. Do you have any suggestions for further work that the presenters could do to have a greater impact?

   ……

   ……

   ……

Appendix F

Hospital Administrator Interview Guide:

1. Do you believe that health professionals burnout is a problem experienced by the staff of the Cornwall Regional Hospital? If yes, what suggests this?

2. Could you share the numbers of doctors and nurses that have resigned their positions at the hospital? Have these persons identified their reasons for leaving?

3. Could you share the retention rates of staff of the Accident and Emergency Department? Have staff that left for other departments noted reasons for the change?

4. Has the hospital taken any steps to address burnout among staff?

Appendix G

In-Depth Interview Guide :

1. Years since graduation
2. Gender of group member
3. Number of years in department
4. Job level
5. Shift most commonly worked
6. What do you identify as burnout in health professionals?
7. Do you believe that burnout is a reality in the Accident and Emergency Department or at your hospital? If yes, could you suggest evidence of burnout that you have seen among nurses and doctors?
8. What are the risk factors of burnout at your hospital?
9. Are there any risk factors that are present in the Accident and Emergency Department that may not be present in other departments at the hospital?
10. Are there other risk factors in Jamaica or the wider Caribbean that may not be at your hospital?
11. Do you believe that Jamaica does an adequate job of addressing health professional burnout?
12. Do you believe that the Caribbean region does an adequate job of addressing burnout among health professionals?

13. Has your organization provided training on preventing or coping with burnout in the past?
14. Do you believe that a training program on burnout in health professionals is necessary? Why/ why not?
15. Do you believe that the creation of a training guide would be helpful in addressing burnout in health professionals in Jamaica and the Caribbean?