Preventing Carer Burnout

Inter-Mission Care and Rehabilitation Society (IMCARES)

UNAIDS BEST PRACTICE COLLECTION

Highlights

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Questions to ask.

Points to note.

Information to carry.

You wish to read more information?

This publication gives a brief overview of the organization and progress of the Positive Partnerships Program in Thailand, and outlines some lessons learnt. A longer document giving more detailed information about the Network can be accessed on the UNAIDS website at http://www.unaids.org/DocOrder/OrderForm.aspx

UNAIDS, the Joint United Nations Programme on HIV/AIDS, brings together the efforts and resources of ten UN system organizations to the global AIDS response. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Based in Geneva, the UNAIDS secretariat works on the ground in more than 80 countries worldwide.

Overview

Burnout is not a single event but a process in which everyday stresses and anxieties that are not addressed gradually undermine the carer's mental and physical health, so that eventually caregiving and personal relationships suffer. Burnout is the final stage in the stress process when everything falls apart. As a medical condition, burnout has no clear definition, but as a psychological condition it has been well defined[1] and is increasingly recognized by people in the caring professions. Burnout has long been identified as a crucial issue in HIV care and support; yet there is relatively little known about what measures can be taken to prevent or mitigate it.

This document looks at strategies to lessen the risk of carer burnout. It briefly reviews the approach developed and used by one faith-based organization to care for its staff and volunteers who work as carers in the community and also with the families of those living with HIV. The organization is guided by its beliefs but many of their approaches and lessons learnt can be used by secular nongovernmental organizations.

Contributing factors

The best way to prevent burnout is to reduce stress. A UNAIDS study[2] on caring for carers has highlighted the most common causes of stress. Much of the stress experienced by carers working with people living with HIV and those hospitalized with AIDS-defining conditions is in the nature of the work itself; they are dealing with an incurable condition that kills predominantly young adults, may cause severe suffering and is often heavily stigmatized. Stress may also be caused by organizational factors, such as the way a care programme is designed and managed. The most commonly-reported causes of stress among carers working with AIDS programmes include:

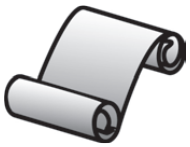
- financial hardship;
- oppressive workloads;
- secrecy and fear of disclosure among people living with HIV;
- deep emotional involvement with people living with HIV and their families;
- personal identification with the suffering of people with HIV;
- awareness of unmet needs of clients' children;
- lack of an effective voice in decisions that affect them and their work;
- inadequate support, supervision and recognition of their work;
- inadequate training, skills and preparation for the work;
- lack of clarity about what the caregiver is expected to do;
- lack of referral mechanisms; and
- lack of medication and health care materials.

1 Miller D (2000). Dying to care? Work, stress, and burnout in HIV/AIDS. London, Routledge.
2 UNAIDS (2000). Caring for carers: managing stress in those who care for people with HIV and AIDS. Case study. Geneva, UNAIDS.

General measures to prevent carer burnout

It should be emphasized that there is no single strategy to respond to or prevent carer burnout. Instead, flexibility, transparency and dialogue are needed in responding to the range of physical, psychological and spiritual needs of care providers:

- ***Recruiting staff carefully and creating good conditions of work*** – The recruitment process should not be rushed; it is important to ensure that new staff members are people who fit well with the organization and the task. Management should ensure that everything is clear – for example, job descriptions and tasks, pay rates and potential increases, availability of training and how achievements are rewarded. Management should discuss self-appraisal systems with staff and how to handle problems for individual staff both inside and outside work.



- ***Setting achievable targets*** – This can be managed by an assessment of what can be achieved in a day, with input from staff members and other workers. For example:
- Home-based care targets should include the time for travel to and from staff members' homes.
- As the needs of community work can be limitless, more specific targets should be identified. For example, nurses should be asked how many patients they can see in a day. Once the agreed limit is reached, only emergency cases should be seen thereafter, with other clients being asked to come to the next clinic session.
- Reporting duties should be kept to a minimum, with time given for this task. For example, if doctors' consultations finish at 17:00, this allows nurses half an hour to complete required documentation before leaving for home at 17:30.

Most importantly, agreed targets should be adhered to. Staff should not find it too hard to reach them and should feel that they themselves set them.

- ***Fostering interpersonal relationships and creating a time for sharing*** – Sometimes called team-building, this can be promoted through specific events – for example, weekly get-togethers over lunch and an annual picnic. Using work time to ensure that staff members have the opportunity to discuss disagreements and sort out any problems is also useful. This type of "debriefing" allows issues to be reviewed and addressed before they fester and create disharmony.
- ***Ensuring a safe work environment*** – An array of common sense, practical measures can be introduced to protect the safety of staff. For example:
- Send two people together for home-based care and community outreach, for company and security in settings that are potentially dangerous.

- During extreme heat in summer, consider shortening home-based visits.
- Where nurses rotate between clinics, ensure that they remain at any given clinic for a reasonable period of time so that their daily lives can follow a regular pattern and they do not have to experience the constant turmoil of change.
- Provide staff members, particularly nurses, access to post-exposure prophylaxis in the event of exposure through needle stick injury. However, as importantly, medical doctors should explain to staff members that working with tuberculosis and HIV-positive clients is never without risk, though the relative risk of HIV infection through occupational exposure is minimal. Universal precautions should be adhered to.
- Provide vaccination for a number of infections at no cost.
- ***Not promising clients more than can be delivered*** – Staff should be encouraged not to promise more than can be delivered. This has two rationales: patients are not disappointed and staff members are not stressed by failure.
- ***Making sure there is time for more than just being a service provider*** – When staff members work, they are not just givers but also receivers. Many staff members do not see themselves solely as service providers but feel they are received into families with love, which provides them with additional strength. The positive feedback from clients greatly supports carers in their mission.
- ***Ensuring transparency with staff about available funding*** – Management should be open with the staff about what funds are available so that staff members are aware of the financial health of the organization and what funds are available for which projects. This is particularly important in developing new, community-based projects and ensuring ownership.
- ***Responding to community-identified needs*** – The inspiration for projects should come from the field workers and clients, rather than being imposed by management or in response to the priorities of donors. Clients should be encouraged to express their desires and needs, and field staff should bring forward proposals for new projects or programmes based on observed needs.
- ***Integrating services under one roof*** – If possible, provide a range of services such as clinics, day care centres for children and training classes for women. Staff members should be encouraged to move around the centre and to be with children if they have experienced highly emotional experiences, such as being with a dying person in a hospital or at home. Having children on site is in itself a healing process, taking staff members away from the darker side of their work.

Faith-based care providers

While there are no global estimates on the percentage of care provided by faith-based organizations, there is widespread recognition that faith-based organizations play a crucial role in providing care and support to people living with HIV and their families in many countries, particularly in remote and rural areas. In 2006, Cardinal Lozano Barragan, President of the Pontifical Council for Health Pastoral Care, estimated that the Catholic Church, in particular the Good Samaritan Foundation, administers 27% of the AIDS care provided globally.[3]

A 2006 report by the African Religious Health Assets Programme and the World Health Organization on faith-based organizations' involvement in care in Lesotho and Zambia found that Christian hospitals and health centres provide about 40% of HIV care and treatment services in Lesotho. Almost one third of the HIV treatment facilities in Zambia are run by faith-based organizations.[4] From anecdotal evidence from faith-based organizations working in different countries two common themes are clear:

- ***Take time for prayer, reflection and devotion*** – In many faith-based organizations, personal faith is central to people's motivation and work. Organizations can provide a loving and caring environment in which care of the spirit is a focus as much as the physical care of its staff and clients: for example, shared daily devotions can play a central role in the life of the organization.
- ***See the Church as a source of spiritual nourishment for the staff*** – A Christian organization cannot necessarily supply the nourishment and fellowship a care provider receives from his or her local church. Staff members should be encouraged to be involved in their own church activities; in some organizations it is a policy that leave applications for church retreats or family camps are always approved.

3 United States Embassy to the Holy See (2006). Embassy Hosts Conference to Mark World AIDS Day and the 25th Anniversary of the First Reporting of the HIV Virus, December 20, 2006. http://vatican.usembassy.gov/viewer/article.asp?article=/file2007_01/alia/a7010305.htm

4 African Religious Health Assets Programme (ARHAP) and the World Health Organization (2006). Appreciating assets: mapping, understanding, translating, and engaging religious health assets in Zambia and Lesotho. http://www.arhap.uct.ac.za/about.php

The Inter-Mission Care and Rehabilitation Society (IMCARES), Mumbai, India

The Inter-Mission Care and Rehabilitation Society is a registered charitable society based in Mumbai, Maharashtra State, India. In 2007, IMCARES had over 40 full-time paid staff members, 10 full-time community training course trainees (who are paid a stipend) and a variable number of Indian and foreign volunteers (between five and eight). Together they reach between 6000 and 7000 people per year through IMCARES' medical clinics, which provide primary health care as well as referrals to hospitals for antiretroviral therapy and other medical treatment, and to directly observed treatment short course (DOTS) programmes for tuberculosis. They also provide care to some 65 people living with HIV.

IMCARES describes itself as an interdenominational, evangelical Christian social organization targeting the poorest and most needy groups in the city. IMCARES has pioneered holistic ministry on the pavements and in the slums over the past 25 years. Members of staff of IMCARES come from some 17 different Christian denominations in Mumbai.

The 2006 estimate of HIV prevalence in India released by the National AIDS Control Organization was approximately 0.36%, which corresponds to an estimated 2 million to 3.1 million people living with HIV in the country. In response to this situation, the IMCARES approach focuses on delivering quality services and not on quantity. IMCARES' actions are not so much about saving lives but rather ensuring that people live and die with dignity. Providing care to an ever-increasing number of clients or expanding the size of the organization are not among the aims of IMCARES. While staff members have performance targets, the emphasis is on living a life of faith and responding to situations and circumstances as they present themselves.

HIV is being mainstreamed across the projects being implemented by IMCARES. For example, if a man is HIV-positive, his children may attend the pre-school or after-school care centre and his wife may be integrated into the women's development programme. The family as a unit is taken care of under the Inter-Mission Prevention of AIDS through Care and Training (IMPACT) Project: food rations are provided; referrals to antiretroviral therapy programmes are made; medical clinic treatment is provided for sexually transmitted and opportunistic infections, such as skin infections; and family planning and counselling are provided.

The influence of secure funding

The funding base for IMCARES is largely secure; this is greatly beneficial for both day-to-day operations and long-term planning and responses. IMCARES and its staff members do not face many of the insecurities that other organizations face and the beneficial impact of this on operations should not be underestimated. Globally, civil society organizations consistently highlight funding as a core issue for organizational sustainability and in providing a secure working environment. At IMCARES, staff members know the amount of funds available and this transparency provides certainty in terms of employment, the freedom to think about new projects or how to improve existing ones and the ability to address the outstanding needs of staff members. IMCARES has a core fund for emergencies of approximately US$ 125 000. Knowledge of security of funding removes one of the major causes of stress – whether an organization has funds to continue. This financial stability is extremely important in creating a secure work environment for staff, most of whom have families and other commitments.

IMCARES efforts to prevent carer burnout

The care providers at IMCARES believe they do not suffer burnout because they have learnt to depend on God, and they believe that "Whole Person Care for persons providing Whole Person Care" is very important. Their work is not just about serving the poor and the needy, but also caring for the care providers and being sensitive to their needs.

IMCARES has recognized that investing in its staff members provides a number of benefits, not least maximizing positive outcomes for its clients, and is an essential component in preventing carer burnout. In practice, this means that basic working conditions such as salaries and entitlements are in line with government laws and regulations; there is transparency about available financial resources; staff members have the freedom and encouragement to take initiatives; they have ownership of projects and write project applications; there is practical training; and, crucially for IMCARES staff members, prayer and devotion are at the core of daily life.

Moving towards professionalism

Originally, IMCARES began with the work of one person, then two, and then more. By 2007, it had over 40 staff members. Growth in the number of staff and projects and changes in the environment in which it operates have meant that IMCARES has had to evolve.

Originally, IMCARES operated loosely with no formal hierarchy or specialization, growing and responding to needs as and when they arose. However, as it has grown as an organization, IMCARES has had to introduce organizational norms and structures. A move towards professionalism, away from a charity model and towards a charity-based development model, has taken place. The ultimate beneficiaries of this are clients, but the quality of working conditions for staff members have also improved.

This process was not without its conflicts. There was much focused dialogue within IMCARES with the intention of staff members coming together to decide on actions and to own them. Professionalism has also involved learning to keep a balance between personal and professional relationships.

Improving the recruitment process

Recruiting people to work for IMCARES, whether staff or volunteers, happens in a variety of ways. As part of its strategy for encouraging churches to respond to HIV and the social conditions prevalent in their communities, IMCARES has screened its videos in churches in Mumbai and encourages its staff members to speak from the pulpits in their own churches about the work of IMCARES. This word of mouth advocacy may spark an interest in hearers to work with IMCARES.

IMCARES also uses more direct methods for recruiting staff members such as advertising, particularly when there are specific positions to be filled. The recruitment process is tailored to finding people who have a desire to do something special and who are willing to go the extra mile to give something of themselves.

IMCARES takes time when recruiting new staff members. Believing that working with IMCARES is more of a calling than a job, IMCARES encourages prospective staff members to think and pray about whether working with IMCARES will give them fulfilment.

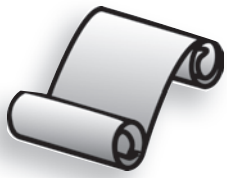
It is a minimum requirement that all IMCARES staff members have completed up to year 10 of school (school leaving certificate). But, as with many of IMCARES' ways of working, there are always pragmatic exceptions to the rule. While a person cannot be a staff member without this minimum education level, IMCARES has found creative ways to engage committed people while they complete their studies.

In the event that someone begins working for IMCARES, depending on their experience, they are trained and placed on probation for a period, normally between six months and one year, after which they become a permanent staff member. However, recruitment also emphasizes willingness and ability to learn on the job as major criteria for hiring, rather than a formal professional training. Currently, about 50% of IMCARES staff members come from the same communities that they serve, with at least one person from the local community working in each community care centre.

The structure and organization of staffing is designed to facilitate on-the-job training and support. It includes a system of rotation between locations for training and to facilitate team building, as well as new staff members receiving on-site guidance through monitoring visits by experienced supervisory staff.

Engaging in training

IMCARES views its staff members as its most valuable resource. Ongoing training provides staff members with the skills and knowledge necessary to be able to fulfil their roles as carers and to cope with the environments in which they work.



IMCARES provides training not only on work-related issues such as understanding the health and social impacts of HIV, acquiring computer skills, but also on other issues and life skills that have a direct impact on the lives of staff members such as saving money, health insurance entitlements and how the health insurance scheme operates. Furthermore, IMCARES provides much of its staff training through hands-on experience. In recognition that the central requirement of staff is a willingness to serve, IMCARES operates on the basis that if staff members have this core motivation then experience is the best teacher.

However, as IMCARES has grown and become more formally organized, training activities have been extended to include organizational development, HIV, home-based care, project management and values-based living as well as occupational health and safety for nurses. Funding partners (including TearFund UK and Inter-Mission Germany) also provide regular training support. Much of this training, which is provided to a limited number of managers through seminars, workshops and conferences in English, is then translated into Hindi and passed on to the staff using the training of trainers methodology.

The IMPACT Project care providers working with people living with HIV who are often sick also receive special training on HIV-related issues. For example, nurses receive special training in universal precautions, the avoidance of needle stick injuries (and understanding of the infection risk of accidents) and protecting themselves from tuberculosis infection in clinical settings.

Recently nurses and care givers have requested more information and training on antiretroviral therapies, particularly the new drugs. They have felt that they needed to increase their own knowledge so as to be able to both inform and discuss with clients new antiretroviral therapies and other drugs that are becoming available. These needs expressed by the care providers reflect the increasingly fast-moving changes in treatment and access to therapies. The speed with which information is moving is fundamentally changing the relationship between care provider and client.

An important resource for IMCARES' management has been the Myers-Briggs Type Indicator[5] training to assess staff members' behaviours and personalities, and matching strengths and interests to areas of work. This is an intensive, three-week training in three units of one week with the addition of a mentor for six months. In addition to the course materials being translated into Hindi for training IMCARES' staff members, the MBTI training provides a useful resource for learning about staff strengths and weaknesses.

IMCARES also encourages its staff members to undertake training outside the organization. Staff can bring ideas of what types of training they need to IMCARES, and the organization searches to see what training is available. Alternatively, a staff member may have identified a specific course that they would like to undertake. Many members of staff pay for the cost of training themselves, although sometimes it may be directly subsidized by IMCARES. In addition, IMCARES rewards staff for undertaking training through the salary review process.

Encouraging networking

IMCARES has found that many organizations are afraid of networking, fearing that their staff will move to another organization in the network. IMCARES believes that even if staff members do move to other organizations, they will take the philosophy of IMCARES with them. As such, IMCARES does not view staff moving to another organization as a loss but rather as an opportunity. IMCARES sees networking as an important way to exchange information and ideas, and strengthening contacts between organizations can only benefit clients.

IMCARES fosters non-competitive openness between organizations, particularly through the Fellowship of Care Providers, which recognizes that the greatest strength of any HIV project is the field staff, who need opportunities to refresh themselves and interact as a peer group. Staff members feel good when they can meet like-minded people who are struggling with similar challenges, and this provides a forum for exchanging information and creating a dialogue on successes.

Fostering the IMCARES family

IMCARES expends much time, energy and thought on ensuring that its members of staff genuinely feel that they are valued members of a family, as well as ensuring they take time out from the harsh conditions and emotionally draining situations in which they work. For example:

- **Wednesdays are kept as open days** – On this day, staff members gather together in the IMCARES office or a different location to spend time in fellowship.

5 http://www.personalitypathways.com/type_inventory.html

- **Staff retreats** – IMCARES undertakes annual staff retreats to which the spouses and children of staff are invited. While not all staff members take up this opportunity, financial constraints are not an obstacle to participation. Depending on the financial situation of the family, IMCARES may subsidize or pay the costs of a staff member and his or her family.
- **Family visits** – IMCARES places emphasis on visiting staff members in their homes in the event of hardship or illness. This is partly in recognition that families are making financial and other sacrifices if a family member comes to work for IMCARES, but also to strengthen solidarity between staff members.
- **Christmas celebrations** – IMCARES invites all staff members and their families to Christmas celebrations held in Mumbai, providing the possibility of accommodation for those who require it.
- **Creating a relaxing and supportive workplace environment** – At IMCARES headquarters, efforts to create a relaxing environment for the staff have included refurbishing the training hall; installing air conditioning, an aquarium and a table tennis facility; and landscaping the garden.

Job security

Once new staff members have completed their probation period, they become permanent staff with full entitlements. People are hired as staff members; they are not tied to a specific project. Many organizations employ staff on a contract system tied to specific projects. If, for whatever reason, funding for the project ceases, staff can find themselves unemployed. The fact that IMCARES staff members are employed by the organization rather than on a project basis means that their employment is secure. While this has financial implications for the organization, it does create a secure working environment. Staff members do not have to worry about whether they will have a job next week or next month.

Entitlements

Staff entitlements are in line with statutory entitlements, neither low nor lavish. All staff members are encouraged to ask the accounts department if they have questions about entitlements, health insurance or other work conditions-related issues. Staff entitlements include those described below.

Salaries

- Salaries range between 3500 and 14 000 Indian rupees (approximately US$ 88 and US$ 350) per month. The salary scale was revised in 2006 after IMCARES convinced Inter-Mission Germany and TearFund UK to cover the staff costs for the IMPACT Project. Salaries are now competitive with other faith-based organizations but below those offered by nongovernmental organizations and government agencies.
- The staffing grade system was developed by IMCARES, and payments are in line with the government's minimum wage levels.
- The salary structure is performance-based. Staff set their own targets, and performance against these targets is assessed during the appraisal process, with pay rises made accordingly.
- IMCARES may contribute to the costs of staff training or in some instances staff members pay the entire amount. However, staff members undergoing training are entitled to a double pay rise.
- In addition, IMCARES has an Employee Provident Fund, offers gratuity payments when leaving IMCARES and contributes to a pension fund for staff members 59 years of age and over.

Health insurance

In 2007, the cost of health insurance was 2000 Indian rupees (US$ 50) per person per year, half of which is paid by IMCARES and half by each staff member.

Holidays

All staff members are entitled to the statutory holiday entitlements, which include 23 days holiday per year and six days institutional leave, as well as 10 days sick leave.

Parental leave

Women are entitled to 90 days maternity leave. This is the one area that management identified as a place where discrimination takes place in the workplace, as currently fathers receive no paternity leave.

Special measures

IMCARES provides statutory entitlements, but the organization is also extremely flexible when unforeseen circumstances arise. In effect, there has been an array of ad hoc measures to respond to urgent or severe problems that various staff members have faced.

Furthermore, IMCARES responds to family problems, providing extra leave when it is needed. In the event of such needs arising, the director explains the situation to the board and seeks approval for extraordinary measures. IMCARES has also responded to financial burdens placed on parents. Schools now require that fees be paid in full at the beginning of the year. IMCARES has responded to this change by advancing the money to its staff, which is repaid during the course of the year. IMCARES believes that putting its staff at ease reduces stress and ultimately ensures that clients receive better care.

Care provider ownership of projects

Care providers are involved in every part of the design of the logical framework, budgeting, reporting and evaluation. This in itself reduces stress, as the targets they set are realistic and SMART.[6] Management personnel are encouraged to give a springboard effect to the project, giving directions and corrections wherever necessary but always making sure that the care providers at the field level feel in control rather than imposing a top-down approach, which tends to pressure staff. Staff members regularly carry out self-appraisals, and actions are taken to ensure that projects are implemented in line with the original vision.

Operational transparency

IMCARES is open regarding available financial resources. It encourages staff to propose innovations to projects and to develop new projects that respond to the needs that they identify in the communities in which they serve. This can lead to discussions and disagreements on the organization's priorities. However, if there are disagreements, they are discussed openly, and sometimes the proposals of staff members are accepted. Clients are also sometimes asked about their needs and services adjusted accordingly.

IMCARES also seeks to be transparent with donors, whether large or small. If funding is provided for a specific project, this is noted in reports. If there is a dispute with donors over how money has been spent, IMCARES is open about why money was spent in a certain way, and explains that its first priority is to respond to community-identified needs rather than donor priorities.

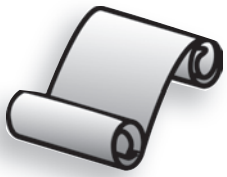
[6] Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) is a mnemonic used in project management at the project objective-setting stage. It is a way of evaluating whether the objectives that are being set are appropriate for the individual project.

Daily diaries

Each staff member is required to complete a daily diary, which becomes the property of IMCARES. Diary entries are four to five lines on each of the following: reflections on the daily devotion; what work they did that day; and what they learned. Diaries are housed in the library for anyone to view, and are used for monitoring and evaluation purposes. Members of staff are aware that if they have not completed their daily entry then they have (in effect) not worked that day.

The diaries provide both staff and supervisors with a means of reviewing how they are doing, both in work accomplished and levels of morale; ongoing low staff morale and discouragement will be revealed by the diary entries. Furthermore, the diaries serve as part of IMCARES' institutional memory. For example, if a staff member needs to find out what activities a certain staff member undertook in a specific location and they know the approximate date, they can find the entry in the diary filed in the library.

Managing stress



As already reviewed, IMCARES has introduced an array of practical efforts to reduce stress, such as: keeping Wednesdays as an open day; setting achievable work-related targets; making provision for shared responsibility and case sharing; ensuring clearly defined working hours; recognizing faith as central to IMCARES' staff member's work; and providing practical care for care providers when they are ill or in need.

- ***Setting targets*** – IMCARES assesses workloads with the input of staff so that targets are realistic and attainable. For example, a calculation is made about the time that each home visit takes, including average walking/travel time between homes and rest time between visits, and the eight-hour working day is divided by this time. This provides the maximum number of visits per day, which sets the limit on how many people can receive home visits. The only way to increase the number of home visits is by increasing the number of available staff. In effect, IMCARES ensures that staff members are not over-taxed or stressed by unrealistic work demands.
- ***Shared responsibility and case sharing*** – While each staff member has their own project areas, case sharing takes place in the event of emergencies. For example, the Charkop slum is a considerable distance from the hospital. If a client from Charkop becomes ill and needs to be hospitalized, rather than Charkop staff visiting the client with all the travel involved, IMCARES staff members in closer proximity to the hospital undertake visiting duties in combination with family members.
- ***Clearly defined working hours*** – Nurses and care workers in the medical clinics not only have clearly defined work hours, there is also a half-hour period at the end of the day in which any issues between staff that have arisen during the day can

be solved. This debriefing time means that when staff members finish work, they do not take work home with them and their home time is spent with their family, rather than worrying over real or perceived problems.

- ***Practical care for the care providers*** – This is also part of IMCARES' work. For example, if a staff member is sick, whoever is closest will visit. Further, staff members know each other's families through annual retreats, Christmas gatherings and other events. As a result, the staff members are also a source of counselling and support for each other.
- ***Caring for the director*** – Successful leaders require care and support. The director knows that he can pick up the telephone at any time of the day or night and board members will listen; in this sense, the board is a major source of support through its availability and hands on approach. The staff teams are also a source of support for the director. The position involves frequent travel of over 22 000 km annually. Mobile phones allow staff members to keep in contact with him when he is travelling. Staff members also pray for the director and (as with all IMCARES members) home visits are extended to him and his family.
- ***The role of board members*** – The Board plays an important supportive role in IMCARES' work. In addition to being a source of support to the director, board members sometimes attend staff meetings, offering encouragement and expressions of appreciation for staff and the director, which helps reduce stress.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

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UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR UNICEF WFP UNDP UNFPA UNODC ILO UNESCO WHO WORLD BANK

UNAIDS BEST PRACTICE COLLECTION

The UNAIDS Best Practice Collection

- is a series of information materials from UNAIDS that promote learning, share experience and empower people and partners (people living with HIV, affected communities, civil society, governments, the private sector and international organizations) engaged in an expanded response to the AIDS epidemic and its impact;
- provides a voice to those working to combat the epidemic and mitigate its effects;
- provides information about what has worked in specific settings, for the benefit of others facing similar challenges;
- fills a gap in key policy and programmatic areas by providing technical and strategic guidance as well as state-of-the-art knowledge on prevention, care and impact-alleviation in multiple settings;
- aims at stimulating new initiatives in the interest of scaling up the country-level response to the AIDS epidemic; and
- is a UNAIDS interagency effort in partnership with other organizations and parties.

Find out more about the Best Practice Collection and other UNAIDS publications from www.unaids.org. Readers are encouraged to send their comments and suggestions to the UNAIDS Secretariat in care of the Best Practice Manager, UNAIDS, 20 avenue Appia, 1211 Geneva 27, Switzerland.

As a medical condition, burnout has no clear definition, but as a psychological condition it has been well defined and is increasingly recognised by people in the caring professions. Carer burnout has long been identified as a crucial issue in providing HIV care and support yet there is relatively little known about what measures can be taken to prevent or mitigate it. This document briefly examines how one faith-based organization has developed and implemented strategies to prevent burnout among its staff working with people living with HIV.

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