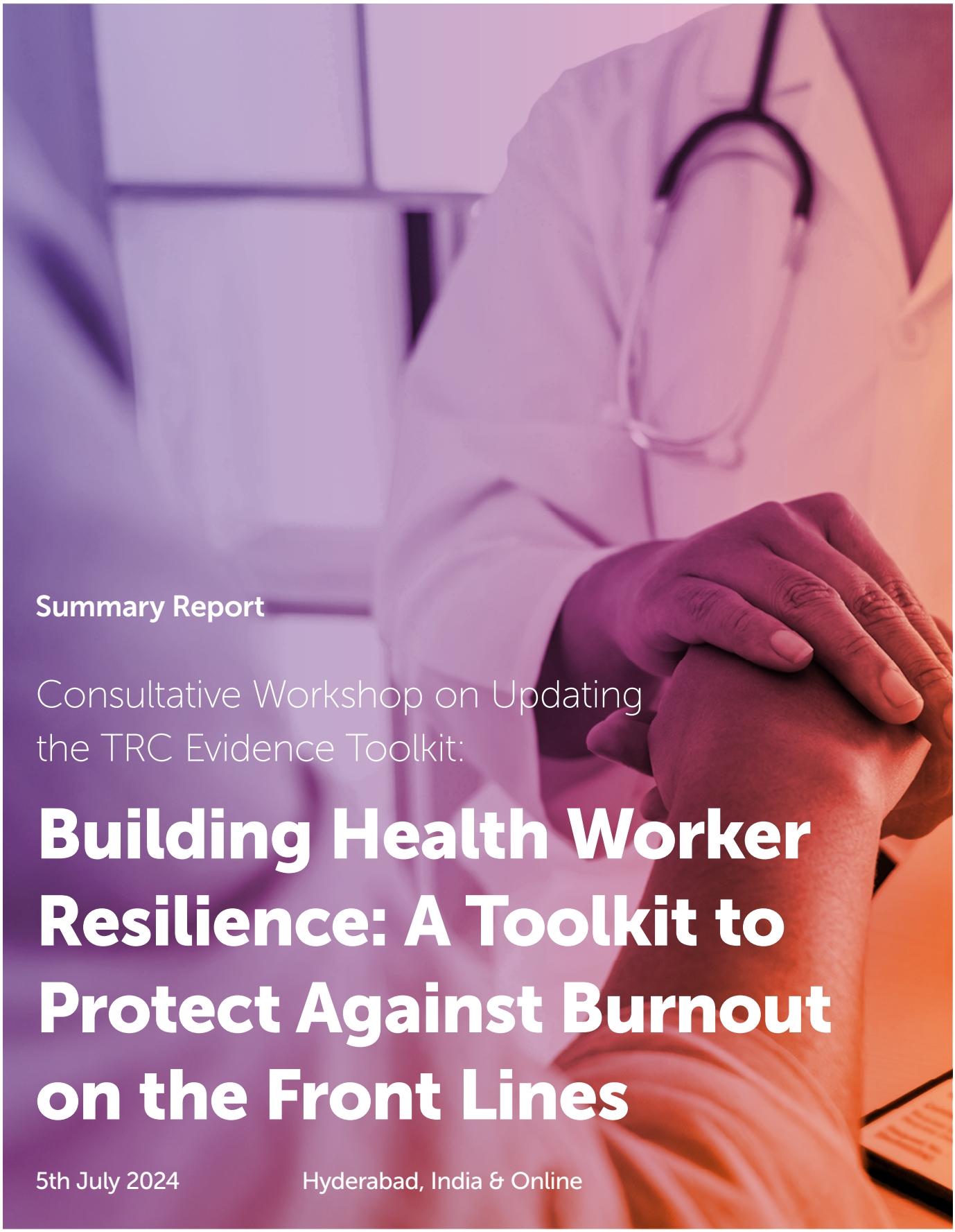

Summary Report

Consultative Workshop on Updating the TRC Evidence Toolkit:

# Building Health Worker Resilience: A Toolkit to Protect Against Burnout on the Front Lines

5th July 2024 Hyderabad, India & Online

The Resilience Collaborative

The George Institute for Global Health

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## Background and proposed approach

The Resilience Collaborative (TRC) is a global learning community that aims to advance learning and drive adoption of evidence-based strategies for health worker resilience, particularly in low-resource settings. *The Resilience Collaborative* was launched by the *Johnson & Johnson Center for Health Worker Innovation* in 2021 to support health workers and the organizations that care about them. The George Institute (TGI) is the current host organization for this global community of practice. The toolkit "Building Health Worker Resilience: A Toolkit to Protect Against Burnout on the Front Lines" was developed in 2021 to support organizations in managing health worker well-being.

## Workshop Overview

A consultative workshop was held to revisit the existing TRC Evidence Toolkit. The workshop aimed to outline actions needed to update and revise the toolkit, acknowledging changes in context since the pandemic and incorporating more recent evidence on resilience. The TRC host team shared user-experience findings, recent evidence on health worker resilience, and outlined principles for the toolkit's development. The workshop agenda and format were developed and facilitated in collaboration with the Action Lab, Monash University, incorporating their expertise in community engagement and human-centered design The planning stage included several rounds of discussions, scenario-based qualitative testing of the current toolkit, and multiple iterations of the agenda before finalizing it.

## Participants

A total of 25 participants attended the event, with 18 in-person and 7 online, including the TRC host team. These participants represented 11 organizations from 3 countries. The diverse group included professionals from leading mental health institutions and universities, including academicians, program managers, thought leaders, project implementation experts, researchers, and frontline health workers - nurses, psychologists, psychiatric social workers, psychiatrists, and dentists.

## Goals of the Workshop

1. *Revisit the existing TRC toolkit "Building Health Worker Resilience" and identify the gaps and determine what could be the scope for revised version.*
2. *Collaboratively identify and set criteria, laying the groundwork for updating resources that seek to build health worker resilience.*
3. *Iterate the needs and aspirations for the revised toolkit in the post-pandemic context.*

In addition to above, use a participatory approach to discuss the various challenges faced by frontline workers, the resources or support systems currently available, the important features or attributes for effectiveness, and how to design a more user-friendly and accessible toolkit. This was achieved through various group discussions and activities, including the mental health toolbox and storyboarding.

## Key Discussion Highlights & Recommendations

### *A. Defining Resilience and FLW*

a. *Participants emphasized the need to define "Resilience" and explore its usage across various geographical, contextual, and linguistic settings.*
   - Noted that many languages lack a single word for resilience.
   - The definition should be broad, accounting for its variations across different contexts and languages.

b. *Participants engaged in group discussions to share their perspectives on who qualifies as a Frontline Worker.*
   - FLWs are individuals who serve as the first point of contact for health-related issues, working closely with patients either in person or virtually within the community. In the Indian context, this includes roles such as ASHA workers, MBBS doctors, traditional healers, and informal sector providers.
   - FLWs play a critical role in prevention, treatment, and rehabilitation, often facing high-pressure scenarios and risks in their work.
   - Their responsibilities also include ensuring access to services at the last mile, adapting to various challenges, and providing essential support in both routine and emergency situations.

c. *Participants discussed the terminology used to describe frontline health workers*
   - specifically questioning the choice of the term "worker" and not "healthcare providers" or "healthcare professionals.

### *B. Key Challenges Frontline Health Workers Face Affecting Their Resilience:*

Frontline health workers face numerous challenges that significantly impact their health and well-being.

**Physical Challenges**

- Extended working hours and lack of flexibility.
- Exposure to extreme weather conditions and fatigue.
- Risk of communicable diseases and physical violence.
- Transportation issues and community backlash or violence.
- Women, in particular, bear a double burden of work, both at home and in the workplace.

**Emotional challenges**

- Emotionally, frontline health workers deal with transference, Transference of emotions from patients.
- Social stigma and emotional breakdowns.
- Lack of peer support and acknowledgment.
- Anger, poor family support, and lack of respect.
- Limited career progression.
- Delayed or missing payments of incentives/ salaries, leading to demotivation

**Mental Health Challenges**

- Chronic stress,
- Burnout,
- Anxiety
- Anger, and sleep disturbances.
- Stigma

The physical demands of their roles, combined with the constant need to adapt to various challenges, often in both routine and emergency situations, can take a significant toll. Moreover, the high-pressure scenarios they regularly face intensify emotional and mental health challenges. This makes it essential to address these issues holistically to strengthen their resilience and improve their overall well-being.

### *C. Features or attributes should a resilience-building toolkit include to be most effective for frontline health workers?*

*A resilience-building toolkit for frontline health workers should be simple yet comprehensive*

- Tailored to cultural and contextual needs.
- Available in regional languages.
- Interactive, intuitive, and ethically designed.
- Compliant with country-specific data privacy laws.
- Open-access, available in both digital and physical formats.
- Includes videos, audio, and visually appealing elements (e.g., pictorial depictions).
- Human-centric and user-friendly.
- Easily adaptable and regularly updated.
  - » Incorporates feedback mechanisms for continuous improvement.

The discussion extended to strengthening the ecosystem for resilience and mental well-being, with peer support identified as a key strategy.

### *D. Core Principles for Revision of toolkit:*

i. ***Accountability:*** *Should be primarily with the organization, though responsibility can be shared to some extent. The organization's role is to create a supportive environment for health workers, avoiding additional burden on frontline workers (FLWs). Additionally, role of middle managers, supportive supervision, interpersonal skills of managers are some critical components, emphasizing the layers of support across different levels on day-to-day basis, rather than a simple binary approach - FLWs and the organization.*

ii. ***Implementation Strategy:*** *Start with high-level frameworks and later develop detailed action plans to implement and empower FLWs. This approach applies not only to the toolkit but also to all TRC activities.*

iii. ***Inclusion and Co-creation:*** *Participants agreed to use the word "Co-Creation" instead of Inclusion.*

iv. ***Influence Policy:*** *Incorporating policy and advocacy considerations as a key principle in the toolkit is essential. Moving forward, the TRC should mandate the integration of these elements into its framework. This approach will ensure that policy influences and advocacy are systematically addressed and aligned with the toolkit's objectives and TRC's strategic direction.*

v. ***Leadership, culture and a systemic lens*** *and co-creation, holistic approach and health system perspective and health as a whole*

vi. ***Validated and non-validated interventions (Indigenous knowledge):*** *Important to go beyond the validated interventions*

vii. ***Evidence – Alternate evidence Vs evidence (published and on grey lit?):*** *We should be open to the idea of alternative evidence, culture specific and context specific interventions. Researchers could also validate for the local populations. Good to use validated scales or*

viii. ***Toolkit revision – Paid exercise vs volunteered:*** *Incentives important for contribution to this toolkit, FLWs who volunteer (to whom this toolkit is being developed) should be incentivized.*

### *E. Toolkit design to be user-friendly and accessible for FLW*

To ensure the resilience toolkit user-friendly and accessible for frontline health workers, the following recommendations were provided:

- ***Toolkit Design for FLWs:***
  - » Employ a variety of formats and approaches to make the resilience toolkit user-friendly and accessible for frontline health workers.
  - » Use hard copy materials like paper-based case studies and manuals for detailed guidance, along with short and concise content to fit time constraints.
  - » Incorporate interactive methods such as roleplays, street plays, and folk arts to enhance engagement.
  - » Offer diverse learning tools like podcasts, animations, and interactive infographics.
- ***Broader Reach and Accessibility:***
  - » Utilize social media, government frameworks, and digital formats like mobile apps.
  - » Include additional features such as skill development programs, helpline services, and Computer-Assisted Personal Interviewing (CAPI) for data collection.
- ***Consistent Training and Development:***
  - » Implement mandatory orientation programs to ensure consistent training.
  - » Establish a steering committee to guide development, ensuring the toolkit is scalable and aligned with policy and advocacy efforts for wider implementation.

## Recommendations and Way Forward

i. ***Global Inputs from FLWs:*** *Gather inputs from frontline workers (FLWs), including those working in the community globally, to finalize the scope of the revised version of the toolkit.*

ii. ***Synthesize and Incorporate Recent Evidence:*** *Integrate recent post-pandemic evidence, including both validated and alternative sources, while being open to diverse ideas and cultural contexts.*

iii. ***Define 'Resilience':*** *Clearly define 'Resilience' and explore its application in various geographical, contextual, and linguistic settings, acknowledging that there isn't a single word for resilience in different languages.*

iv. ***Promote 'Co-creation':*** *Emphasize the use of 'Co-creation' instead of 'Inclusion' to highlight collaborative approaches.*

v. ***Broader Health System Impact:*** *Focus on the broader impact on the health system. While the accountability for building and implementing resilience programs should primarily lie with the organization, the responsibility can be shared.*

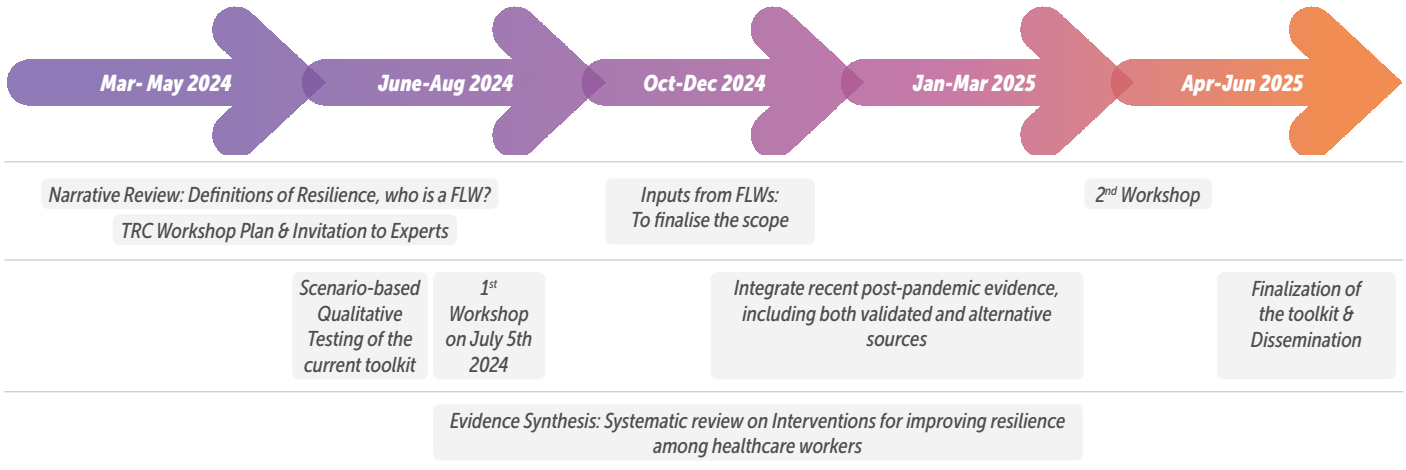
vi. ***Utilize Digital Formats:*** *Leverage social media and digital formats like mobile apps to ensure broader reach and accessibility. Include additional features such as skill development programs, helpline services, and Computer-Assisted Personal Interviewing (CAPI) for data collection.*

vii. ***Mandatory Orientation Programs:*** *Implement mandatory orientation programs to ensure consistent training across the board.*

viii. ***Working group:*** *Establish a steering committee to guide the development of the toolkit, ensuring it is scalable and aligned with policy and advocacy efforts for wider implementation.*

ix. ***Government Structures and Frameworks:*** *Ensure that government structures and process frameworks provide structured access to the toolkit, reinforcing its integration into existing systems.*

## Timelines

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