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A psychoeducational approach for prevention of burnout among teachers dealing with HIV/AIDS in South Africa

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ABSTRACT

Teaching is one of the most stressful occupations, with high stress and burnout levels of teachers necessitating intervention. This is especially relevant for South African teachers tasked with additional responsibilities of dealing with HIV/AIDS issues, as well as attending to normal curricula duties. A burnout prevention intervention, based on Paulo Freire's adult educational approach, using transpersonal psychology techniques, was introduced to HIV/AIDS coordinator teachers ($n = 27$) at high-risk schools in the Western Cape, South Africa, who attended six three-hour weekly workshops. This paper presents the bottom-up thematic analyses of the group, as well as individual global analysis ($n = 10$) of the qualitative data, derived from focus group interviews and workshop evaluations after the intervention, providing insights into the experiences of workshop participants and their teaching contexts. The mind map of one participant is illustrated. The findings of the study confirmed that transpersonal practices (TP) presented in psychoeducation workshops were helpful in mediating stress and burnout in the work and personal contexts of teachers dealing with HIV/AIDS. TP offer practical applications of right brain emotional and social intelligence practices that could be incorporated into care and wellness school programmes for teachers vulnerable to stressors related to HIV/AIDS.

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Introduction

There is widespread concern for teacher well-being, with stress and trauma studies in educational contexts featuring alongside those of other professions like nursing, policing and firefighting, both internationally (Castle & Buckler, 2009; Kokkinos, 2007; Schwarzer & Hallum, 2008; Wood & McCarthy, 2002) and in South Africa (Brand, 2007; Johnson, 2013; Leon, 2000; Van Wyk, 2006). A 2010 South African Democratic Teachers' Union Report (<http://www.sadtu.org.za>) on teacher well-being in public schools pointed out that, despite the fact that South Africa needs 33,000 teachers, many are feeling stressed and leaving the profession.

While South African public schools need to recruit more teachers, a burnout crisis in the teaching profession is steadily worsening. Large numbers of teachers have left the profession due to contract termination, resignation and mortality (Human Sciences Research Council [HSRC], 2005). In addition, 55% of teachers have considered resigning due to factors such as inadequate remuneration and increased workload (HSRC, 2005). Lack of student discipline is cited as the greatest stressor in high-risk secondary schools on the Cape Flats, with

65% of teachers reporting to be burnt out (Johnson, 2013).

Sociocultural factors, such as a culture of violence against women, lack of education and poverty, increase vulnerability to infection (Richter et al., 2011). These authors point out that sociocultural factors cannot be separated from structural interventions at a societal level. According to the 2014 Avert Report on the Global Epidemic of HIV/AIDS (<http://www.avert.org>), of 34 million people living with the disease globally, 50% are women and 3.3 million children. South Africa has the largest prevalence, with 25 million people infected, representing 17.9% of the population. Fear of stigma and discrimination is the main reason for non-disclosure and reticence to obtain treatment, with children being particularly vulnerable as a result of becoming infected and orphaned. They may be rejected by society, denied access to schooling and health care and suffer from ostracism, as well as physical and verbal abuse.

At each school, teachers are required to have appropriate HIV/AIDS knowledge, skills, attitudes and values that could be transferred to peers, learners and their families. In the Western Cape Education Department (WCED), the responsibility of HIV/AIDS has been

transferred to district level, but teachers are still expected to cope with everyday health realities in the schools, with severe emotional, financial, social, health-related and pedagogical challenges (Woods, 2008).

The significance of this study is that, to date, no research has been conducted in the South African educational context on the impact of psychoeducational workshops utilising transpersonal practices (TP) in addressing the overwhelming needs of teachers dealing with HIV/AIDS and other stressors. TP have been reported to have successfully mediated trauma and facilitated healing in several South American countries (Cane, 2000).

Stress and burnout

Stress research has traditionally been contextualised in terms of traumas in socio-historical contexts, and stress defined in relation to life events, reflecting an individual's life stage and social roles (Folkman, 2011; Lazarus & Folkman, 1984). Physical and psychological symptoms of stress include high blood pressure, coronary heart disease, ulcers and anxiety. Prolonged stress can lead to burnout, marked by emotional exhaustion, lack of personal accomplishment and depersonalisation (Maslach, 1982), with a perception of unmet needs. Symptoms include depression, exhaustion, depersonalisation, disillusionment, anger, discontent and personal dissatisfaction (Freudenberger, 1974).

This research is located in the context of teachers in violence-prone, low-income communities, where factors of poverty, crime, violence, drug abuse and child neglect have been present in schools and wider society for multiple generations. The impact of stress, burnout and multiple types of trauma in teachers' experiences needs to be taken into consideration in any approach to healing.

Methods

Transpersonal-orientated stress intervention

The intervention for HIV/AIDS coordinator teachers was an adaptation of the eight-day core training entitled "Living in Wellness", which Capacitar SA designed for South Africa. Due to time constraints imposed by the research, including the limited availability of teachers, weekly three-hour workshops were held over six sessions.

TP activities offer practical applications of latest psychoneurobiological understandings of brain responses to threat, (Schore, 2012), with right brain emotional and social intelligence practices (Cane, 2000) that included personal reflections, insights into trauma healing and

the recovery process, consideration of the impact of trauma on the brain, immune system boost and cross-lateral exercises. Focus was placed on the importance of multicultural rituals, with opening and closing circles, songs and dance and healing practices from all over the world.

The group-based intervention had exercises to manage emotions (such as Finger Holds, and emotional processing with Emotional Freedom Technique [EFT]), and dealt with physical symptoms (acupressure for pain relief, Tai Chi for calming down and Pal dan Gum energising exercises). The workshops included both intra- and interpersonal processing of the TP activities (Johnson, 2010). Using the popular adult education teaching approach of Freire (1972) with an emphasis on the important exploration of dialogue, participants were encouraged to discuss their own liberatory practice in the context of personal, community and societal healing.

This article describes the qualitative analyses of a broader mixed-methods study, focusing on how participants individually and collectively experienced the workshops, with bottom-up thematic analysis from a focus group interview and written workshop evaluation questionnaires ($n = 27$) for an understanding of the experience of the whole group, and individual ($n = 10$) global analysis (GBA) (Henning, 2004). This latter analysis of one individual participant's experience is provided to illustrate personal reflections of the process. The broader research consisted of a quasi-experimental mixed-methods study, using the Beck Anxiety Inventory (Beck & Steer, 1993) to measure anxiety and the Copenhagen Burnout Inventory (Kristensen & Borritz, 1999) to measure personal, work and client dimensions of burnout. HIV/AIDS coordinator teachers also completed questionnaires about perceived stressors in their work for a contextual understanding at the pre-test phase of this study (Johnson, 2010). The quantitative results of the study affirming the reduction in anxiety and burnout levels have been reported elsewhere (Johnson & Naidoo, 2013).

Participants

Within school districts, HIV/AIDS coordinator teachers were given psychological support due to heavy emotional demands and they were invited by metro support teams to participate in burnout prevention interventions. Of the 60 teachers who were informed of the research at district meetings, 30 volunteered to take part in the workshops, while 27 from an adjoining district agreed to be the control group for the quantitative part of the study. A total of 27 participants completed the workshops (Table 1).

Table 1. Demographics of intervention and control groups.

Measures	Intervention (<i>n</i> = 27)		Control (<i>n</i> = 27)		
	<i>f</i>	%	<i>f</i>	%	
Gender	Male	–	5	18.5	
	Female	27	100.0	22	81.5
Marital status	Single	6	22.2	3	11.1
	Married	15	55.6	18	66.7
	Divorced	5	18.5	5	18.5
	Widow	1	3.7	1	3.7
Race	Coloured	21	77.8	21	77.8
	Black	6	22.2	3	11.1
	White	–	–	3	11.1
Religion	Christian	22	77.8	23	85.2
	Muslim	5	22.2	3	11.1
	Other	–	–	1	3.7
Class grade	Grade 1–7	23	85.2	19	70.4
	Grade 8–12	4	14.8	8	29.6

The participants in the intervention group were from 17 schools from the Cape Flats. All were female; most were married ($n = 15$), and 22 indicated their religious affiliation to be Christian. The majority ($n = 23$) were primary school teachers and 4 were high school teachers. The mean age was 47.

For the focus group interview component of the study, a random sample of 10 participants was chosen by selecting names drawn out of a box. This sample consisted of women aged between 45 and 57 years, with a mean age of 51. Most were married ($n = 6$), with some single ($n = 2$) or divorced ($n = 2$). All participants had children, ranging from 13 to 30 years of age. The majority were Christian ($n = 8$), with the rest Muslim.

Data collection

In the qualitative study, participants ($n = 27$) completed a range of data sets comprising demographic and perceived stress questionnaires, workshop feedback forms and a focus group interview ($n = 10$), which were used for bottom-up thematic analysis and GBA. The focus group interview was audio-recorded with permission obtained beforehand in the consent forms. The tapes were transcribed and data drawn from participants' input.

The GBA utilised various analytic procedures, such as reading a set of data, composing a verbal landscape in which both the person and setting were painted, creating line sketches from global data and forming a mind map around a central concept. A thematic, networked analysis (Henning, 2004) was constructed, with a rationalised version assembled, based on theoretical notions. Once these portraits were drawn up, each participant was asked to comment on the interpretation, and feedback was incorporated in the final compilation.

Findings

The greatest perceived work stressor reported by teachers was lack of adequate departmental support, particularly staff support for the additional responsibilities of being HIV/AIDS coordinator at the school. Other stressors included no time to complete tasks and dealing with infected children, lack of materials, misbehaviour of children and work overload. In their role as teachers, the administrative load was the overwhelming work stressor, with overcrowded classes and work overload also being problematic.

Thematic analysis

Bottom-up themes which emerged from focus group qualitative data were: increased consciousness; personal empowerment; role empowerment as carers; emotional intelligence; mindfulness; heart coherence; processing traumatic pain; multiculturalism; self-acceptance; light heartedness; interconnectedness, sharing; forgiveness; changing brain patterns and wholeness.

Participants reported experiencing an increased awareness of consciousness, which facilitated healing by awakening them to their own growth process. "I am personally conscious of what will be the outcome if I act like this or I act like that." A sense of personal power was gained in the transpersonal intervention. "I've been given new life – more than that I cannot ask." With an increase in self-awareness, participants reported being more able to recognise the threats in their environment to well-being.

The transpersonal toolkit supplied in the form of experiential learning, manuals and music resources assisted in the reduction of burnout levels as delegates felt more confident and in control when dealing with psychological crises in their personal context, family, at school and in the community. "I can help people, actually, now with what I have learnt here."

Emotional intelligence was an important factor in the mediation of stress and burnout (Goleman & Lantieri, 2008). As delegates became aware of what they were feeling, they were able to work with the emotions, releasing negativity and drawing in positive energy. "I am a relaxed person; I can control my emotions." Helping others with their emotions followed, in the family, in the classroom and in the wider community context. "Some kids have seen their mothers die and are so angry – Capacitar can help to control emotions."

Mindfulness is a way of non-judgemental being in the present moment, creating mind-sight, a term Siegel (2010) uses to describe neural integration in the move towards optimal health. For some delegates, this was a

unique opportunity to sit and relax and get in tune with their inner needs and feelings. “I learnt to really relax, find time to sit and just do nothing. Before, I could not see myself doing nothing.”

The positive connection made between thinking and feeling was found to bring a balance and harmony to the whole system. “I learnt you can do something for yourself, first, before you can help another ... You feel stronger in yourself and able to cope much better.” In learning to heal the traumas of their lives, participants felt empowered to cope better. TP helped participants to start processing traumatic pain, returning them to a balanced, calm state, alleviating anxiety and stress and reducing the likelihood of the development of burnout. “I’ve come with trauma and a lot of pain from different facets of my life and I am dealing with them one by one.”

Despite their differences of religion and race, participants were able to feel a unity of being together. “We are people of different backgrounds, unique, but Capacitar can also bring us together as one person because we have something in common here.” It may well be that participating in a group-based process had beneficial outcomes for some participants.

Laughter and fun, with dance and music, were essential elements of healing in the workshops. Laughter and social connection have been attributed to stress and burnout reduction (Griner-Abraham, 2009). A sense of humour and, indeed, fun can reduce the level of stress hormones, giving a physical and emotional release. “I like music. I enjoyed the Leadership Dance.” Changes were made to self-concept and core beliefs: “I’ve recognised that I need to take time for myself; you can do things for yourself”. This recognition can be an important step in the acceptance of an HIV/AIDS positive diagnosis, when stigmatisation and shame can affect self-acceptance.

In considering healing and transformation of the community and society, Cane (2000) points out that community is central to healing trauma at all levels. Because healing of trauma cannot be done in isolation, nor is it an individual process, the group interaction in workshops was part of the healing process.

Several participants learnt to care for themselves and forgive others. Practices like the Figure 8 exercise (Krystal, 1993) set free old patterns of thinking, feeling and behaving, allowing people to release from past hurts; they were able to forgive and move on with their lives.

TP have the potential to interrupt established behavioural patterns and create new neural pathways. “Your brain must decide, I want to do it, believe it. I would say it is a mind shift. And this brings about a change.” Old patterns, leading to stress and burnout, were redirected into more healthy behaviours.

Delegates were able to connect with the mental, physical and spiritual components of their being and this mind-body-spirit integration contributed to the combating of burnout (Mines, 2003). Without this integration, healing is fragmentary. “Capacitar is for the mind, it’s for the body, and it’s for the soul and even the spirit is uplifted first. You can feel the goodness of this and you can feel your whole body relax.”

Global analysis data

The accumulative data of one participant (DG) are presented to illustrate her personal narrative.

Line sketches – DG

DG, ‘The Empowered Helper’, was a 49-year-old educator working in a primary school. She was a Christian, married with three children, ranging from 13 to 27 years of age. She felt challenged by the problems of her learners, who had learning difficulties. She was also challenged by her own son, who “has a lot of anger in him and I don’t know how to help him”. Dealing with stressors, DG described herself as shutting down when stressed. She sometimes found comfort in shopping, listening to music or “eating a lot”.

For DG, highlights of the workshops included learning about self-care, and enjoyed several exercises, like Finger Holds, Tai Chi, breathing, cross-laterals, EFT and massage. She also reported using the map of human consciousness, and practised polarity exercises for deep relaxation. Her personal discoveries were: “I’m a relaxed person. I can control my emotions. I know my body better. Breathing helped me to be healthier. I know how to deal with problems without getting angry. I control myself better” (Figure 1).

Mind map and portrait of “The Empowered Helper”

DG, The Empowered Helper, expressed gratitude for the opportunity to attend “such a great workshop to heal myself”. She said that the transpersonal techniques helped her in her healing and changed her in many ways. Central to this change was a sense of self-empowerment and a belief in her ability to heal others.

Gaining control over her life, DG showed shifts in her emotional intelligence: “Now I am able to handle my emotions. Previously I would burst out, or say things which maybe at the end of the day I will regret”. Having experienced this healing, DG became more effective in her work, with a heightened sense of awareness: “It doesn’t only change me, but heals the little ones inside the classroom ... It’s another approach that helps them”. She started to think about giving back to others, with self-affirmation and the development of self-esteem.

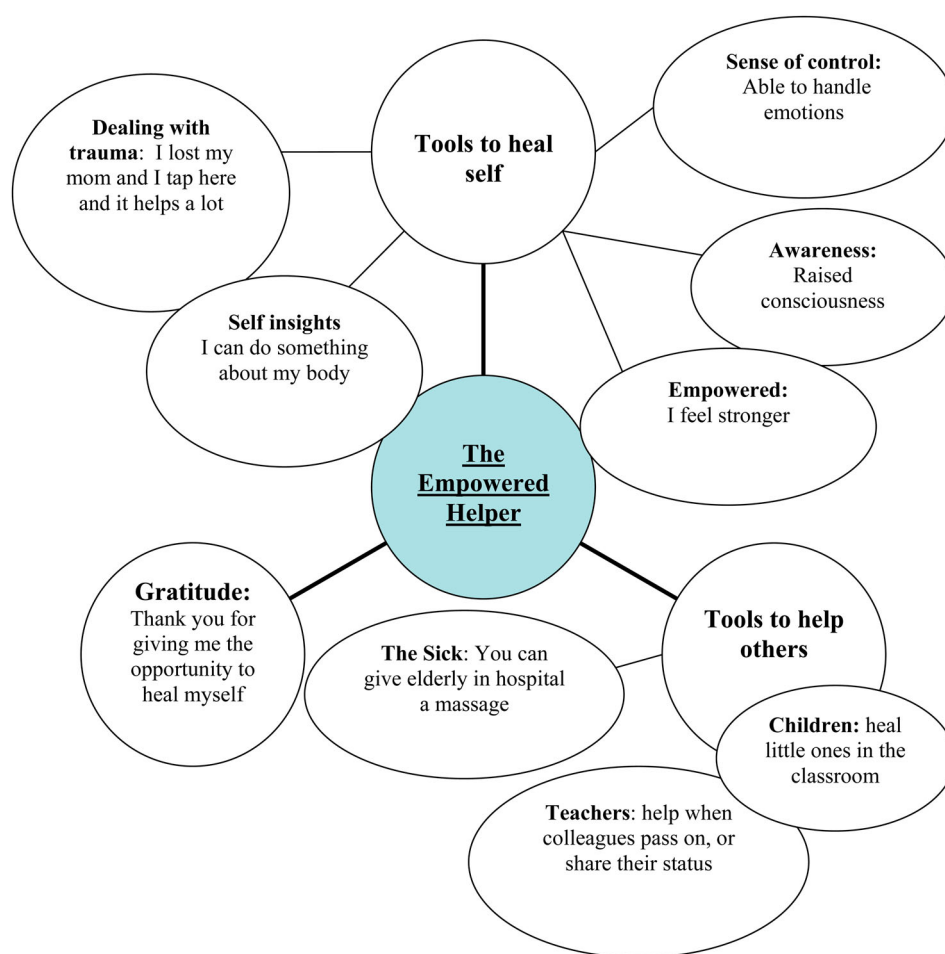


Figure 1. Mind map of "The Empowered Helper".

She wanted to help sick children at school and inform parents about HIV/AIDS. She felt empowered as an HIV/AIDS coordinator: "I feel stronger in the meetings ... There are people that need me. I can help people, actually, now with what I have learnt here".

A similar process was followed for each of the other nine participants in the focus group (Johnson, 2010). The composite mind maps of the participants provide an elucidating account, not only of their individual experiences of the intervention, but how stress manifests in their work and personal life.

Discussion

The aim of this study was to seek a better way forward for teachers dealing with HIV/AIDS, who run the risk of suffering from stress and burnout in schools on the Cape Flats. In many schools in poor, low-resource areas of South Africa, the teacher is the one adult who can be a solid anchor for the child. Maintaining teacher health and preventing stress and burnout should be a priority

for the Department of Education, not only for the sake of the teachers, but also for the children.

In an essential regulatory interactive repair pattern, the teacher can have the same positive effect on the child, just as the mother induces a stress response in her infant and is able to attune regulation of the infant negative state (Schore, 2012). The emotional intelligence fostered in workshops helped teachers to model this relational regulation using a range of techniques that they can apply to themselves and in their interaction with learners. Notwithstanding the levels of stress encountered, this study illustrated the resilience and growth-orientated nature of the human psyche (Maslow, 1950; Seligman & Csikszentmihalyi, 2000). Strengthening of skills for emotional and social challenges in schools dealing with HIV/AIDS and general stressors could be a vital resource for teachers in embattled learning environments.

Conclusion

This research found that TP can meaningfully mediate stress and burnout for teachers in stressful contexts,

including dealing with learners suffering from HIV/AIDS in South Africa. Since this study, the WCED has implemented Capacitar training in numerous schools through their district psychologists and the importance of psychoeducational TP for self-care has been realised in multiple school challenges, such as handling disability and traumatic stressors. The workshops culminated from a request from an HIV/AIDS workshop delegate who challenged Dr Cane on her visit to South Africa: “You and I will both die; you from unknown causes, me possibly from my disease ... Teach us how to live and die in wellness” (Cane, 2008).

Disclosure statement

No potential conflict of interest was reported by the authors.

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