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AUTHOR Reed, John C.  
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ABSTRACT

Individuals who work in the helping professions (physicians, counselors, nurses, pastors, and social workers) often work with individuals in stressful crisis situations. In addition to working in high stress situations, helpers in rural areas also suffer from isolation from support networks and peers that are available to urban helpers. This isolation may contribute to rural helpers' burnout and symptoms of excessive stress. The Rural Health Outreach Program (RHOP) was developed to help these rural helpers cope with stress and burnout. The RHOP presents stress management programs through rural community agencies to identify stress, origins of stress, symptoms of excessive stress, and techniques to help manage stress and prevent burnout. The programs are skills-based and cover such topics as relaxation, massage, program development, confrontation, motivation, visualization, problem solving, conflict management, communication, and time management. The programs are presented in a basic format of "Tell, Show, Do." Results from the program thus far are encouraging. All community agencies that have started the program are continuing. The program seems successful in that the helpers in the rural areas report more satisfaction in their work and they are still on the job. (NB)

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# MANAGING STRESS AND BURNOUT AMONG HELPERS IN RURAL AREAS

[John C. Reed]

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## Managing Stress and Burnout Among Helpers in Rural Areas

People who help other people such as counselors, nurses, physicians, pastors and social workers are frequently called to work with individuals in stressful crisis situations. In addition to the taxing circumstances of working in high stress situations, helpers in rural areas are faced with the added problem of isolation from support networks and peers that are available to urban helpers. The added condition of isolation from help and support of peers contributes to rural helpers burnout and symptoms of excessive stress. One approach to help helpers in rural areas cope with stress and burnout has been developed by the Rural Health Outreach Program (RHOP) of the School of Nursing at the University of Texas at Arlington.

The purpose of the stress management program implemented by the RHOP is twofold:

1. To teach helpers in rural areas programs and techniques to manage stress and reduce burnout, and
2. To encourage the helpers to teach their clients and clients' families programs and techniques to manage and reduce stress.

The stress management programs are presented through rural community agencies such as, hospitals, nursing homes, home health agencies, schools and personal care centers. The participants in a program at any given time may vary from 5 or 6 to as many as

20-25.

The series of stress management programs were designed to: identify stress, origins of stress, symptoms of excessive stress and techniques that could help manage stress and prevent burnout. The programs were designed to be presented in one or two hour sessions. The sessions were designed for helpers though other employees of the community agency frequently participated. At each agency, the programs were scheduled about one month apart with homework or an individual project for each participant to plan or accomplish before the next session.

The programs are skills based in that in each program a skill or procedure was presented that the helper could use as well as teach as a technique for managing stress. The programs covered such skills as:

Relaxation	Visualization
Message	Problem Solving
Program Development	Handling Conflict
How to Confront	Communicating to Help
Motivation	Time Management

The programs are presented in a basic format of Tell, Show, Do. Each subject in the "Tell" section of the program is presented to answer the following questions:

1. What is it?
2. Where did it come from?
3. What do you use it for?

The "Show" section of the session answered the question. "How do you do it?" A demonstration of the technique is presented or role-played with the participants. Following is the "Do" section, where the participants are coached and encouraged as they practice the skill with each other. The participants are asked to practice the skill with their peers until they are comfortable with the skill before they begin teaching or using the technique with clients.

After the "Do" section, the participants are shown how they can know "if they did it right." Behavior cues and client statements serve as indices of success. In closing a session a brief review of the skill is presented and a homework assignment based on the new skill is given to the participants that will be assessed when the next program is presented on whatever date has been set.

Results from the program thus far are encouraging. All community agencies that have started the program are continuing. Twelve agencies are currently participating in the program. On the individual participant level, there is evidence of change: some participants have: changed their eating habits, began and are maintaining a regular exercise program, developing a support network within the community, forming groups to accomplish common goals and reported still having stress but feeling better about it. A number of participants have reported using the skills in working with their clients and clients' families. Some partici-

pants have developed teaching programs for the skills that they are using with groups they work with. The program seems successful in that the helpers in the rural areas report more satisfaction in their work and they are still on the job.