## CARING FOR GLOBAL MISSION WORKERS – BURNING OUT BURNOUT

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During my final year of medical school, I had the opportunity to serve at a mission hospital in an Asian country. With a deep sense of call and many months of preparation, I arrived on the "mission field" eager to meet some "real missionaries". Upon my arrival, I was given a tour of the hospital and introduced to Dr. Ivey* (not real name), the missionary physician who would serve as my supervisor. I was eager to see Christ-centred care in action, and on my first morning I joined Dr. Ivey and her team of local nurses for morning rounds.

My first impression of Dr. Ivey was that she looked tired, *really tired,* but I brushed off my concern and quietly carried on. Our first patient was a heavily pregnant woman who had come to the hospital to deliver her baby by caesarean section. Dr. Ivey wearily approached the bedside and picked up the medical chart. I was alarmed that we had not greeted the patient, but I willed myself to suspend judgement. After all, I was the newcomer and perhaps there was something I didn't understand about the local greeting customs.

After reviewing the chart, Dr. Ivey huffed in exasperation and released a barrage of complaints about the things that the nurses had done wrong. The nurses were quiet, *really quiet,* but that did not mean they were without feelings. Like a series of warning beacons, a flicker of knowing flashed from one set of eyes to another. Everyone understood what was happening; the shame of being openly chastised on a ward full of patients was palpable to all, except Dr. Ivey. She didn't understand. Sadly, she didn't have the capacity or margin to understand. Instead, her voice grew tighter, as she reiterated her complaints. I felt badly for her as I could see that underneath it all, she was trying very hard to salvage some meaningful connection with the very people she had come to

"minister to".

There were other alarm bells, but I stayed with Dr. Ivey hoping that her behaviour would change. Sadly, after a week I found it too difficult and when a local physician confided in me, *"Why don't these missionary doctors just go home!"*, I asked to be transferred to a different department. I felt terribly conflicted about this decision, but at that time I didn't know enough to understand that Dr. Ivey was likely suffering from burnout. My only instinct was to flee. There was so much I didn't know, but what I did know was that the most basic medical maxim, *"First, do no harm"*, was being violated. I also knew that my first exposure to medical missions did not look anything like the Christ-centered care I had hoped to see. And finally, I knew that if I remained with Dr. Ivey, it would be at

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the peril of my own mental and spiritual well-being. Nearly 25 years later, having served in other contexts and worked with other mission workers, I have come to appreciate how critical the care and development of mission workers is to the global mission endeavor. Real burnout and the lead up to it are not benign. It can destroy people, break relationships, and sink ministries. It should never be upheld as a rite of passage or badge of honour, although sometimes if we are honest, it is part of the darker side of mission culture.

Burnout is such a pervasive issue that the World Health Organization (WHO) included it for the first time in the International Classification of Diseases, ICD-10, which is a diagnostic tool that is used to classify and monitor causes of injury and death. In the most recent version, ICD-11, burnout was defined in greater detail and categorized as an occupational phenomenon rather than a medical condition. This distinction is important.

According to the ICD-11: Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

- feelings of energy depletion or exhaustion;
- increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
- reduced professional efficacy.[1]

This is a very cause of concern among us in the missionfield, because burnout is known to cluster with depressive symptoms, poorer health outcomes and increased work absenteeism and attrition.[2]

Over the years, I've provided care to many patients at mission hospitals. Despite this, I've often wondered if my greatest contribution to the global mission endeavor was through the kitchen table "member care", where I tried to offer help through deep listening, spirit-led counsel, conflict mediation, prayer, and good food. However, the longer I provided this "member care", the more convinced I became that something greater was amiss. Why did so many good workers start out well and end up going the way of Dr. Ivey? For years I wrestled with these questions, *"Surely there must be a better way to care for mission workers. If the LORD has given us all that we need to participate in the call of global missions, why do we often carry it out as if it were not so?"* (Mt 28:19, Act 1:4-8, 2 Cor 12:9, 2 Peter 1:3)

I return to the WHO's definition of burnout. The fact that it has been classified as an occupational phenomenon is significant. The definition recognizes that burnout is not solely about an individual's resources or coping strategies. Rather, burnout can be prevented and managed by focusing on protective

1. World Health Organization. (2019). *Burn-out as an "occupational phenomenon": International Classification of Diseases*, https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases,

2. Ahola, K., Hakenen, J., Perhoniemi, R., Mutanen, P. (2014). *Burnout Research*, 2014:1, pp. 29-37, http://www.sciencedirect.com/science/article/pii/S2213058614000060

and contributing systemic factors in the workplace. As mission organizations seek to address burnout, a wholistic approach is required. One helpful way to think about burnout prevention is from a socio-ecological framework (i.e., individual, social, community and societal factors) which sits within the overarching kingdom framework that God is over all people, the earth and all of creation. (Ps 24:1).

I currently serve with a mission organization as the Global Director overseeing its international people development and care team. In some contexts, this may be referred to as "member care". People often assume that my role is about providing counselling services for burnt-out mission workers. While I firmly believe in the value of counselling, I will respond, *"I am not in the business of fixing burnt-out mission workers. I am in the business of trying to put those who fix burnt-out mission workers, out of business."*. I really do want to see burnout become a thing of the past. I really do want to make the traditional "fix-it when it's broken" approach to caring for mission workers obsolete by preventing burnout in the first place.

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If this was possible, and I believe it is, what would it look like? I am still learning, but I share a few ideas and invite you to engage with them to see how they may apply to your context. The following describes preventative interventions or practices at the higher levels of the socio-ecological & kingdom framework that ultimately seeks to shape an organization's culture.

**1. Start from the End: "What will our people look like on the last day they serve with us?"**

People enter our mission organizations and stay for variable lengths of time - some for months and others for years. The one thing that is universally consistent is that one day they will leave. When they leave, they will have important ministry to attend to such as caring for their families, serving in churches, entering the marketplace or another mission organization. Thus, the main objective of any "member care" or people development and care work, irrespective of the organization's mandate, must be to ensure that people leave the organization having grown more like Jesus. Thus, any related policies and programmatic activities should be assessed by indicators that point toward this goal. This is in fact the vision of my team,

and we work towards indicators that demonstrate that our people are growing more like Jesus. We work on strategies and initiatives that help people grow in their relationship with God, grow in their relationship with other people, grow in their ministry skills and effectiveness, and grow in their sense of well-being and resilience. When the people that God brings to our mission organizations leave exhausted, negative, and cynical, we will have missed the mark in helping them grow more like Jesus. And when churches see this result, it becomes the slow death knell for mission mobilization.

## 2. Address Grief and Become Storytellers.

For many years, I worked as a palliative care physician, caring for people and their families at the end-of-life. The parallels between palliative care and caring for people in global missions are strikingly similar. Those who are dying experience a series of transitions and losses that are reminiscent of the transitions and losses experienced by those that have chosen to follow Christ and die to themselves.

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In cross-cultural mission work the hardship of transition and grief is never a singular event, but a chronic condition. This hardship is a well-known occupational hazard, but that does not make it any easier to accept. The grief of transitions and losses are numerous throughout a mission worker's journey. Perhaps the most pervasive and discouraging is the grief of losing fellow mission workers who choose to leave prematurely or complete their time in ministry. Whatever the reason for attrition and turnover, the constant grief of losing people we love is real. This grief cannot be easily solved, it can only be lovingly managed.

How a mission organization addresses and manages grief, and the way in which it helps people make meaning of their grief, will promote greater resilience and stave off burnout. One way to do this at an organizational level is to promote, model, and nurture a culture of reflection and storytelling. In medicine, this kind of practice of valuing stories and experiences has been found to be so effective that it is an emerging discipline called narrative medicine. Among healthcare workers, storytelling and reflective practices have shown to promote communication, cultural competence, empathy, professionalism, and vitality while mitigating burnout.[3]

## 3. "Member Care" – Who are We Talking About?

Throughout this paper I have put the term "member care" in parenthesis to denote its limitations in describing what it means to care for global mission workers. In our organization, we use the terms "people care", or "people development and care", to acknowledge the importance of thinking beyond just the long-term cross-cultural mission worker. Whatever "member" may mean in your organization it is unlikely to be an inclusive term.

Someone once asked me, "*Is the care that you provide also available to staff?*" This haunting question from a valued office staff worker, who didn't necessarily see himself as a missionary member, serves to remind me that our words are important. The choice of our words conveys to people that they are either in or out – valued or not valued - belong or don't belong. In our organization, the word "people" refers to all our mission workers for whom we have some organizational responsibility (i.e., long-term mission members, short-term mission associates, staff, and volunteers). On the surface this may seem trivial, but I would argue that this is one of the most significant cultural shifts that needs to take place in a mission organization to ensure that an underlying "us and them" narrative doesn't drive further disparity and divisions among its people. Where there is disparity there is the risk of division and conflicts which contribute to chronic workplace stress, burnout, and attrition.

## 4. Define Meaning and Close the Expectation Gap

When I started my role, I conducted an organizational needs assessment to determine what our people needed to flourish in their ministries. From this we learned that a significant contributor to burnout was the confusion and hurt people experience when expectations for care and development are not met. This is a particular concern for people who are in care intensive leadership roles. These leaders could list multiple care related activities (i.e., providing administrative support, making visitations, organizing prayer meetings and social gatherings, etc.) and yet, they were hurt when some of their workers expressed that "no one cared". This kind of mismatch in expectations often led leaders to feel ineffective and undervalued. The risk of burnout increases when there is a gap between workplace expectations and the perceived level of resources that workers feel they must possess to meet those expectations.

Care and development are goals that people universally agree are important. However, if you ask ten people what care and development means, you will likely end up with ten different responses. With

3. Remein, C. Childs E, Pasco JC, et al. (2019). Content and outcomes of narrative medicine programmes: a systematic review of the literature through 2019. *BMJ Open*, 2020:10, https://bmjopen.bmj.com/content/10/1/e031568.abstract

ten different responses to something as critical as care and development, it shouldn't surprise us when people become confused or even hurt when their expectations are not met.

Several years ago, our organization developed a mission wide survey to ask our people what they thought these words meant. Based on over 500 responses we defined several key words (e.g., care, development, ministry, team, outcomes) and developed a workbook for teams to engage with these more deeply. For example, we defined care as: *"Care is living out our biblical calling to love one another. We do this as we go about being and making disciples in communities where Christ is least known. Care isn't limited to a program; care happens as we love, listen, and encourage one another. Care is intentional. To care is to pursue excellence in who we are and what we do."*

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"Care-focused" organizations need to be vigilant about clarifying terminology and translating communications to their workers. Even when everyone speaks the same language, it is critical to clarify people's perceptions of care-related terminology and manage the gap in expectations. A formal needs assessment is not always necessary, but a consistent means of listening to workers is essential to achieving genuine understanding. "Care-focused" organizations will ask workers, rather than tell them, what their care and development needs are. Leaders in care intensive roles should regularly allow people to voice their needs and express how they would like to be developed. These kinds of practices decrease the gap in expectations and increase people's sense of autonomy and shared decision-making which help to mitigate stressors that lead to burnout.

### 5. Clarify the Spaces and Set the Stage

Creating clear and consistent roles is another way to mitigate stressors that lead to burnout. While we encourage this kind of practice for all our workers, it is also important to do this at an organizational and programmatic level. For instance, in our organization we have spent a great deal of time clarifying the roles and responsibilities of leaders in people management roles (i.e., country directors, personnel coordinators, human resources etc.) and those in people care and development roles (i.e., "member care", chaplaincy, pastoral care, and counselling). Both groups deeply care for mission workers, but they demonstrate their care through different roles. These roles are complementary and interdependent but at times exist in tension with competing interests.

Mission organizations need to create systems of reporting to ensure people and ministries remain transparent and accountable. However, they also need to develop spaces that allow people to seek safe and confidential support that is separate from their workplace evaluation and performance. There is no single solution to solve the competing interests of people management leaders who "need to know", and people care and development leaders who often "will not tell". Conflicts arise when leaders seek a single solution rather than accepting that in a complex system like a mission organization, competing interests will always exist.[4] Thus, competing interests need to be prayerfully identified and graciously managed through dialogue and collaboration. Clarifying these kinds of spaces is an on-going commitment. One way that we do this is by regularly updating our people related policies and guidelines. We also pay particular attention to principles and processes related to confidentiality and conflict management, as these are areas fraught with risk for misunderstanding.

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In our case, it was only after clarifying the space between people management leaders and people development and care leaders, that we could develop more specific programs such as a global chaplaincy and pastoral care team. Chaplains and pastors who minister to people inside a mission organization need enough space, but a defined space, to exercise their gifts. Healthy boundaries enable people to flourish (Psalm 16:5-6) but sorting out those boundaries is often complicated. It's hard work because there are often deep, unexamined, competing values that arise during boundary discussions. The liminal space between professions is prone to misunderstanding and conflict. People often don't realize the extent to which their thinking and perspectives are shaped by their educational and professional training. A diversity of training and professions is a gift to the body of Christ, but at times it can make people blind to the differing perspectives of others. In missions we make much of our need for cross-cultural intelligence. In the same

4. Johnston, B. (2014). *Polarity Management: Identifying and Managing Unsolvable Problems*. HRD Press.

way, we should address the need for greater cross-professional intelligence so we can fully leverage the benefits of inter-professional collaboration. With humility, wisdom, and perseverance the work of establishing clear boundaries can set the stage for leaders to carry out their ministries with greater freedom and security. This kind of ecosystem level work prevents future stress and conflict and will mitigate worker burnout.

### 6. Adopt a growth and development mindset
Another mitigating factor for burnout is for mission workers to be well-equipped and trained for their work. The way to promote this at an organizational level is by creating a culture of lifelong learning where people are curious and eager to grow and develop. This kind of growth and development mindset enables mission workers to become like children (Mt 18:2-5), growing in a posture of humility and wonderment. In recent years, a plethora of resources have been developed to support mission workers. The options are dizzying, but mission organizations could do their workers a great service by curating resources and creating spaces that allow people to learn together in community and build learning networks. Curating training resources in key areas such as interpersonal skills, team development, biblical peacemaking and conflict resolution will help reduce the risk of burnout. However, more important than the provision of training platforms and content is the role of modeling by leaders. One of the most powerful ways people learn is by following the example of those they trust and look up to. Whether we are conscious of it or not, we are always picking up the knowledge, attitudes, and behaviours of our leaders. Hence, it's important to know that mission leadership burnout is one of the greatest risk factors for burnout among mission workers. Leaders set the pace and play a significant role in creating workplace culture. It is not just the unpleasant stress of working with leaders who are burnt-out (or approaching it) that can lead to burnout, but it is the unhealthy workplace practices that they implicitly promote that allows burnout to prevail.[5]

### 7. Think Networks and Long-Term Sustainability
If we are to effect meaningful care-related change in the mission organization ecosystem, we need to recognize that it will not come about by any one person, one discipline or one profession. How should a mission organization think long-term about its policies, strategies, and programs to promote protective factors or mitigate risk factors for burnout? I would propose that it begins with resisting the over-professionalization of care. In our organization's definition of care, we are deliberate about stating that, "*care isn't limited to a program,*" but rather it's about "*who we are and all that we do.*". While there

will always be a role for specialist care providers (i.e., chaplains, pastors, counsellors), they cannot, nor should they be, encouraged to meet all the needs of mission workers. One helpful way to think about creating a sustainable culture of care is to help everyone in the organization understand that care is not a specific group of people, but about a network of care providers. The "7 S's of care" is a helpful way to remember the various strands of this network:

1) Saviour (God is our ultimate care provider)
2) Self-Care (Everyone is responsible to steward their own well-being)
3) Sender (Supporters and churches)
4) Structure (Organizational policies and procedures)
5) Shepherd (People in formal leadership roles)
6) Staff (Fellow co-workers or team members)
7) Specialist (Professional care givers like chaplains, pastors, counsellors).[6]

### 8. Ending Where We Started – At the End
A godly colleague recently retired after many years of faithful service. At his retirement party, he reflected on the things he had learned and the ways in which he saw God worked. However, the one thing that caught my attention was his regret when he shared, "I wish I had prayed more." It reminded me of an article I had read about the late evangelist, Billy Graham who shared, "*I would also spend more time in spiritual nurture, seeking to grow closer to God so I could become more like Christ. I would spend more time in prayer, not just for myself but for others. I would spend more time studying the Bible and meditating on its truth, not only for sermon preparation but to apply its message to my life. It is far too easy for someone in my position to read the Bible only with an eye on a future sermon, overlooking the message God has for me through its pages.*".[7]

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Let's think about this from an organizational perspective. On the day when our mission organizations "retire", will they have any regrets and what will they be? Hopefully they are not the wistful words, "*We wish we had prayed more.*" When it comes to burnout prevention, prayer changes everything, and corporate prayer (i.e., when the people of God

5. Schwartz, T, Pines, E. (2019). Leading On Empty: How Leaders Drive their People to Burnout. *Forbes*, https://www.forbes.com/sites/theenergyproject/2019/07/31/leading-on-empty-how-leaders-drive-their-people-to-burnout/?sh=7e1dcba12503

6. YWAM International Member Care. *The 7 S's of Member Care*, https://www.ywammembercare.net

7. Earls, A, (2019). Biggest Regrets of Billy Graham's Life, *Lifeway Research*, https://research.lifeway.com/2019/02/21/3-biggest-regrets-of-billy-grahams-life/

pray together) changes it many times over! The scope of this paper is too small to explore corporate prayer in great depth, but I don't think I am overstating it when I write that corporate prayer is likely the single greatest protective and mitigating factor when it comes to burnout prevention. In fact, I cannot think of anything more powerful than a rich corporate prayer life to help mission workers grow deeper in their sense of belonging to God (i.e., deepening spiritual maturity and growing intimacy with God), deeper in their sense of belonging to one another (i.e., unity, interdependence, and mutual support) and deeper in their sense of belonging to the larger mission organization (i.e., commitment to the greater purpose of one's team, organization, and global mission endeavor).

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> A life of prayer that is Spirit led and reflects an ever-growing dependence on God and deepening unity in the Body of Christ is critical if we want to see people flourish. God has given us all that we need to participate in His call to missions. The problem is we often forget to choose the "better thing" (Lk 10:42) and busy ourselves with lesser priorities.

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Organizations need to prayerfully discern strategies and invest their best resources to develop an organizational culture of prayer. By this I do not mean mandating or pressuring people to attend prayer meetings which will only lead to meaningless ritualization – an obligatory duty which will contribute to burnout. Instead, we need to focus on creating opportunities and practices that nurture a growing intimacy with God through prayer. A life of prayer that is Spirit led and reflects an ever-growing dependence on God and deepening unity in the Body of Christ is critical if we want to see people flourish. God has given us all that we need to participate in His call to missions. The problem is we often forget to choose the "better thing" (Lk 10:42) and busy ourselves with lesser priorities. This kind of forgetting does not have to become endemic in an organization.

In our organization, some of the most meaningful times of corporate prayer have included ample time for silence, stillness, and meditative reflection on God's word. Often it has been the simple reading of God's word together in community – once, twice, three times, savouring its goodness and allowing it to soak deep into our hearts that has rendered some of the most honest and earnest times of prayer. During these times many of us were deeply moved and sensed God's loving presence drawing us closer to Himself and one another. It's tempting to conduct our prayer meetings by listing all our needs and praying through them in a mechanical way. While God knows our needs and welcomes us to express them, our needs will look very different when we allow God to have the first word. As Eugene Peterson wrote, "*Prayer is not something we think up to get God's attention or enlist his favor. Prayer is answering speech. The first word is God's word. Prayer is a human word and is never the first word, never the primary word, never the initiating and shaping word simply because we are never first; never primary . . . The first word everywhere and always is God's word to us, not ours to him.*"[8]

How would Dr. Ivey and many others who have experienced the deep discouragement of burnout fared if they were part of an organization that prioritized the well-being of their people over the demands of the work? What would have happened to these people if their organizations measured the success of their ministry outreach by the extent to which they were growing more like Jesus? We don't have to wonder. Burnout is preventable and God will give us the wisdom to know how to prevent it.

May the LORD give the workers of His Harvest an abundance of grace so that they yield their fruit in season and their leaves do not wither as they make Christ known among the nations. (Ps 1:3).

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8. Peterson, E. (1991). *Answering God: The Psalms as Tools for Prayers*. Harper.



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