Action Research in Preventing Workplace Burnout in Rural Remote Community Mental Health Nursing

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Candidate's Certificate

I certify that the thesis entitled **"Action Research In Preventing Workplace Burnout In Rural Remote Community Mental Health Nursing"** and submitted for the degree of "DOCTOR OF PHILOSOPHY" is the result of my own research.

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IN LOVING MEMORY OF BEN

1974-2002

“Forever young”

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ABBREVIATIONS

A & E	Accident and Emergency Department
ABS	Australian Bureau of Statistics
ACEM	Australasian College of Emergency Medicine
ATS	Australasian Triage Scale
BMSE	Brief Mental Status Examination
CEO	Chief Executive Officer
CMHST	Community Mental Health Support Team
CMHT	Community Mental Health Team
CNC	Clinical Nurse Consultant
ED	Emergency Department
GP	General Practitioner
MBI	Maslach Burnout Inventory
MHA	Mental Health Assessment
MO	Medical Officer
MPS	Multi-purpose Service
MSE	Mental Status Examination
NHMRC	National Health and Medical Research Council
NSW	New South Wales
PCA	Personal Care Attendant
RN	Registered Nurse
RRMA	Rural, Remote and Metropolitan Areas
SCARC	Senate Community Affairs Reference Committee
SLA	Statistical Local Area
TAFE	Technical and Further Education

DEFINITION OF TERMS

Community Mental Health Team: a team of multidisciplinary health professionals in a field of nursing that is a blend of primary health care and mental health nursing practice within public health nursing (Treatment Protocol Project, 2003). These teams are comprised of psychiatrists, psychologists, social workers, occupational therapists, clinical nurse consultants, clinical nurse specialists, and registered nurses. Although not all centres have the full complement of staff, specialty fields covered in these teams include child and adolescence nurses and drug and alcohol counsellors (Treatment Protocol Project, 2003). The provision of service is preventative, curative and rehabilitative. The philosophy of care is based on the belief that care directed to the individual, the family, and the group contributes to the health care of the population as a whole (Treatment Protocol Project, 2003).

Critical Group: a practitioner group participating in collaborative discourse both theoretically and practically to build a language by which they may analyse and improve their understandings and actions in a given situation. The 'action research of the group is achieved through the critically examined action of individual group members' (Kemmis & McTaggart, 1988, p.5). For the purpose of this study, the participants will collectively be known as 'critical group'.

Emancipatory Action Research: a practitioner group that takes joint responsibility for the development of practice, understandings and situations. The role of an outside researcher is minimal. The role, even as a facilitator, would actually undermine the progress of the group in a collaborative response to the process (Owens, Stein & Chenoweth, 1999).

Reflectivity: a term used for introspection in the research setting whilst still engaged in the research, the aim of this introspection should be immediately employed to reflexively examine the data collected and the ways it is to be analysed (Willis, 2006).

Rural Remote: a distinctive characteristic relating to large distances (hundreds, up to thousands, of kilometres) from the greater populated metropolitan and regional settings. The Rural, Remote and Metropolitan Areas (RRMA) classification is a 'geographical classification based on statistical local areas (SLAs), and allocates each SLA in Australia to a category based on population numbers and an index of remoteness' (Clark et al., 2007, p. 443). The 'RRMA classification estimates seven RRMA categories: capital cities; other metropolitan centres (urban centre population > 100 000); large rural centres (population 25 000–99 000); small rural centres (population 10 000–24 999); other rural areas (population < 10 000); remote centres (population > 5000); and other remote areas (population < 5000)' (Clark et al., 2007, p.443). The area in this research has a population of less than 5000.

ABSTRACT

The social phenomenon of stress and workplace burnout has spanned over five decades. Despite a plethora of literature that exists, there still remain problematic issues that neither scientific investigation or government legislation have been able to resolve. The literature examined throughout this research is extensive and does reflect this 50-year period. It demonstrates that studies into this phenomenon have attempted to define stress, identify causal factors of workplace stress, workplace burnout and environmental congruence; and discusses strategies (focused on both the individual and organizational levels) that have been implemented to effect beneficial outcomes for individuals affected by any one of these. As this thesis continues, the more recent literature gives a greater recognition to violence in the workplace and legislative enactments as preventative measures to reduce the heavy burden of costs, both physical and financial, to organizations. This extensive literature review indicates no answer to the problem has been identified to date and that this phenomenon remains, giving a clear indication that further scientific investigation is required to find a solution to what was described as the most serious health issue of the 20th century. Based on the literature examined this health issue has now gone well beyond the 20th century, giving relevance to the research study described in this thesis. The investigation is validated as vital and should be used as a basis for further research.

This study undertook a collaborative social process, action research, empowering participants to identify and change stressful factors identified within their practice indicative to rural remote community mental health teams. A critical social theory arose out of the problems within the context of the research setting, based on the ideal that the significant issues for this group of individuals within this organization could be solved through the action research process. The group ‘existed’ within the issues indicative to this rural remote area, however these issues were outside their control. Through the

implementation of the action research process courses of actions were undertaken that provided enlightenment in self-knowledge with dialogue heightening collective empowerment to effect change within their practice.

The action research process, being a holistic process, facilitated this change in practice, developed and refined theory as it proceeded in a cyclic fashion within this local setting. It concerned actual not abstract practices in the social world in which these participants practice. This methodology facilitated examining the significant stressors identified by the Community Mental Health Support Team (CMHST) that caused distress, allowing them to implement changes in their practice. The forum provided an avenue that could reduce stressors significantly and prevent ongoing occupational stress that contributes to workplace burnout. It offered an opportunity to work with a group of participants in a non-hierarchical and non-exploitative manner and enabled members of this group to identify their roles as effective practitioners, empowering them to effect the changes they deemed as essential criteria to reduce the stress they were experiencing indicative to their remoteness.

Critical reviewing throughout the data collection attempted to understand and redefine these significant issues. It aimed to acknowledge the way things were relative to how things could be improved from organizational, personal and wider community perspectives. Simple principles and guidelines of action research were followed potentiating acceptance as a rigorous research approach from a positivist perspective whilst retaining the attributes that characterise action research.

There are solutions to the dilemma of the employee overcoming the debilitating effects of stress leading to workplace burnout. This includes the cooperation of managers, policy

makers, academic researchers and government officials working collaboratively to reduce the impact of occupational stress. Through this collaborative process, changes can be effected to ensure the health of the nation improves and that relevant recognition is given to the fact that there is a significant threat to a healthy workforce. Examining the nursing profession from a social perspective provides alternatives to medicalising workplace injuries and illnesses.