



Can identified stressors be used to predict profession for mental health professionals?

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Abstract

A difference appears to exist between stressors reported for nurses and allied health professionals working in mental health. Prominent stressors for mental health nurses include workload, administration duties and a lack of resources. Whilst these also appear to be stressors for allied health professionals, the stressor 'professional self-doubt' has also been reported for social workers. This study aimed to examine the extent to which community mental health professionals could be identified as belonging to the nursing profession or an allied health profession based on their perceived sources of stress. Ninety-eight community mental health nurses and 85 allied health professionals working in Victoria's public mental health services completed the Mental Health Professionals Stress Scale. Discriminant analysis was utilised to test the predictive value of stressors to identify profession. The main stressors reported by nurses were workload, a lack of resources and organisational problems. For allied health professionals the highest reported stressors were workload, a lack of resources, client related difficulties and organisational problems. Mental health professionals in this study could not be identified as belonging to the nursing profession or an allied health profession based on their identified sources of stress. It could well be reflective of the shift to homogenous roles in mental health services. With this being the case, there may be benefits in implementing stress reducing strategies at an organisational level.

Keywords

mental health professionals, nursing, allied health professionals, mental health services, stressors

Introduction

Being a mental health professional has been identified as stressful (Edwards & Burnard, 2003a, 2003b; Fielding & Weaver, 1994; Meldrum & Yellowlees, 2000). Many stressors have been identified, with some evidence indicating that differences may exist between the mental health professions despite similar work roles (Cushway, Tyler & Nolan, 1996; Lloyd, McKenna & King, 2005; Onyett, Pillinger & Muijen, 1997).

The case management approach to service delivery within Australian mental health services has coincided with a rise in multidisciplinary teams (Greaves, King, Yellowlees et al., 2002). However, the majority of research in relation to stress and working in mental health has focused on stressors within specific professions (Prosser, Johnson, Kuipers et al., 1997). As nursing is the largest professional group working in this field, the bulk of research on stress in mental health has been collected in relation to psychiatric

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nursing (Cole, Keeble-Devlin, Megan et al., 2006; Edwards, Burnard, Coyle et al., 2000; Edwards & Burnard, 2003a; Gulliver, Towell & Peck, 2003).

Edwards et al. (2000) reviewed the evidence in the area of stress for community mental health nurses working in the United Kingdom. The main stressors identified were workload, administration duties, and a lack of resources. Other stressors identified as specific to the nursing profession included time management, inappropriate referrals, safety issues, role conflict, role ambiguity and a lack of supervision. The authors concluded that research in this field is confounded by various methodological problems, such as small sample sizes, the use of insufficient measures to conclude anything meaningful about the sample, and the lack of valid and reliable measures. Dunn and Ritter (1995), who also conducted a literature review on stress and mental health nursing, reported the same conclusion.

Burnard, Edwards, Fothergill et al. (2000) combined the Maslach Burnout Inventory a stress measurement tool, with an interview-based qualitative approach to identify the most stressful aspects for community mental health nurses working in Wales. They achieved a sample size of 301 nurses which equated to a 49% response rate. The authors concluded that community mental health nurses perceived themselves to be overworked, and struggling with considerable paperwork and administrative issues.

The findings of Burnard et al. (2000) concurred with the findings of studies conducted prior to the Edwards et al. (2000) literature review as well as studies conducted after that review (Carson, Maal, Roche et al., 1999; Edwards & Burnard, 2003a; Prosser et al., 1997). This suggests that an apparent pattern of stressors for mental health nurses appears to be emerging; namely, workload, organisational factors and a lack of resources.

While most research has focused on nurses, there have been several investigations of stress that have also looked at allied health professionals. Onyett et al. (1997) conducted a study of 445 members of community mental health teams, exploring levels of stress across the health professions. Although the largest represented

profession was nursing ($n = 197$), significant differences were found between the disciplines. Social workers fared poorly in comparison with other disciplines on burnout, team role and personal role clarity. The authors linked these findings with recent role conflicts caused by the introduction of case management with emphasis placed on providing generic services. Reid, Johnson, Morant et al. (1999) also found that community mental health social workers were susceptible to stress, reporting more concerns about role conflict and role ambiguity than any other professional.

A literature review by Lloyd, King and Chenoweth (2002b) identified specific stressors for the social work profession. The authors concluded that social workers were at high risk of stress and burnout. The prime stressors identified were role ambiguity, professional self-doubt, relationships with supervisors and workload. These stressors differ from the apparent pattern of stressors for mental health nurses; that is, a lack of resources, organisational factors and workload (Edwards & Burnard, 2003b; Lloyd et al., 2002b; Lloyd, King & Bassett, 2002a).

There is evidence that allied health professionals are more susceptible than nurses to stress associated with professional self-doubt when working in multidisciplinary teams in mental health (Cushway et al., 1996; Edwards & Burnard, 2003b; Lloyd et al., 2005). This is consistent with evidence that allied health professionals such as psychologists and occupational therapists may experience stress associated with reduced access to more profession specific roles in a service environment dominated by generic case management (King, Yellowlees, Nurcombe et al., 2002; Lloyd, McKenna & King, 2004).

While studies of specific groups suggests that the nature and extent of stress may be affected by variables such as occupation and work location, there has been relatively little use of multivariate analysis to investigate the role of such variables within a single sample. Sørgaard, Ryan, Hill et al. (2007) compared sources of stress amongst community and acute ward staff in six European centres. They found that neither burnout nor stress discriminated between acute ward and community staff in a multivariate analysis. The

stress measurement tools utilised in their study were also translated into different languages, which may have affected the validity of the tool and consequently the ability to differentiate between professions.

Exploring the similarities and differences amongst mental health professionals in terms of prominent stressors is vital to evaluating the effectiveness of the service and in developing interventions to minimise workplace stress. Further research in this area may indicate a need to target different sources of stress for nurses versus allied health professionals in spite of similar work roles. Enhancing this body of evidence is also a fundamental component to ensuring successful health care delivery, workplace management and professional training (Edwards & Burnard, 2003a, 2003b; Lloyd & King, 2001).

The aim of this study was to examine the extent to which nursing and allied health professionals working in community mental health services can be differentiated based on their perceived sources of stress. It was hypothesised that allied health professionals could be distinguished from nurses specifically in relation to professional self-doubt. This expectation was based on earlier findings, summarised above, that allied health professionals are less comfortable with the more generic case management roles than are nurses and are more troubled by limited opportunity to deploy specialist clinical skills.

Method

Design and analysis

This study utilised a cross-sectional survey to examine sources of stress experienced by health professionals working in public community mental health services in Victoria, Australia. The main data analysis approach was discriminant analysis. If assumptions are met, this form of analysis has a stronger statistical power than other predictive analysis strategies (Field, 2000).

Measure

The Mental Health Professionals Stress Scale (MHPSS) is a 42-item standardised measure designed specifically for mental health professionals (Cushway et al., 1996). The scale has seven subscales of stress: workload; client-related difficulties; organisational structure and processes; relationships and conflicts with other

professionals; a lack of resources; professional self-doubt; and home/work conflict. Each subscale consists of questions requiring a response ranging from 0 (does not apply to me) to 3 (does apply to me). Subscale mean scores are calculated, along with an overall mean stress score. Higher mean scores indicate higher levels of self-reported stress. All seven subscales have shown acceptable internal consistency (Cronbach's alphas ranging from 0.60 to 0.87), good discriminant validity, good reliability and high face validity (Cushway et al., 1996).

Procedure

Public community mental health services in Victoria Australia were contacted via email and notified of this research. Professionals who chose to participate provided brief demographic details and completed the MHPSS via a secured website. The survey was administered online as part of an investigation of caseload, and all mental health professionals in Victoria designated as case managers were encouraged to complete the survey. It is not possible to definitively determine the response rate as there is no data as to the total number of case managers employed within Victoria's mental health services. However, the response rate is estimated to be somewhat below 10% and is probably similar to that obtained in mailed surveys of similar groups in Australia (e.g. King, Le Bas & Spooner, 2000)

Participants

A total of 188 professionals completed the survey, with 52% identifying with the nursing profession. Allied health respondents (46%) comprised 19% social workers, 15% psychologists and 12% occupational therapists. Five psychiatrists also completed the survey, but their results were excluded due to limited numbers.

The mean age for respondents was 41.1 years ($SD = 9.9$) with ages ranging from 22 to 64 years. Respondents on average had 15.1 years ($SD = 10.1$) of experience in mental health, with a range from 6 months to 42 years. The majority of respondents were females (70%). The distribution of services consisted of 65% adult mental health services, 19% child and adolescent mental health services and 17% aged mental health services.

Results

Discriminant analysis

A discriminant analysis was conducted to examine whether sources of stress can be used to predict membership of a particular profession. There was no statistical evidence to suggest that the two samples (nurses and allied health professionals) had different discriminant function scores (*Wilks' Lambda* = 0.97, $p = 0.59$). In other words, MHPSS scores obtained in this study did not predict membership of a professional group. Because age was significantly correlated with stress associated with organisational problems ($r = .16$, $p < .05$) and approached negative correlation with professional self-doubt ($r = -.14$, $p = .07$), it was entered as a covariate in a secondary multivariate analysis of variance with professional grouping as the independent variable and the MHPSS total and subscales as dependent variables. This analysis indicated there was no significant difference between professional groups for any of the dependent variables and no effect for age, confirming the results of the discriminant analysis.

Sources of stress

The MHPSS overall and subscale mean scores are displayed in Table 1. Overall mean scores for nurses and allied health professionals were 1.30 ($SD = 0.51$) and 1.20 ($SD = 0.51$) respectively. The highest mean subscale scores reported for nurses were workload, organisational problems, and a lack of resources. The highest reported sources of stress for allied health professionals were workload, a lack of resources, client related difficulties, and organisational problems. Mean subscale results for nurses and allied health professionals were compared with an independent sample t-test. No statistically significant differences were found on any subscale.

Discussion

The findings of this study suggest that community mental health professionals cannot be identified as belonging to the nursing profession or an allied health profession based on their perceived sources of stress. The hypothesis that sources of stress can predict membership to a particular professional group arose from apparent differences reported in the

Table 1. MHPSS subscale scores for Nurses and Allied Health Professionals

MHPSS subscales	Nurses n = 98	Allied Health n = 85
	<i>M (SD)</i>	<i>M (SD)</i>
Workload	1.74 (0.70)	1.69 (0.68)
Organisational problems	1.48 (0.74)	1.30 (0.75)
Lack of resources	1.47 (0.66)	1.34 (0.71)
Client related difficulties	1.35 (0.63)	1.31 (0.66)
Professional self-doubt	1.13 (0.65)	1.16 (0.72)
Relationship and conflicts with colleagues	1.01 (0.68)	0.94 (0.69)
Home work conflicts	0.91 (0.62)	0.78 (0.66)
Overall score	1.30 (0.51)	1.2 (0.51)

mental health literature (Cushway et al., 1996; Lloyd et al., 2005; Onyett et al., 1997). The findings of this study are consistent with a number of studies highlighting workload, a lack of resources and organisational problems as the main stressors faced by mental health nurses (Cushway et al., 1996; Edwards et al., 2000; Edwards & Burns, 2003a). One of the most predominant stressors identified in the literature for allied health professionals working in mental health is professional self-doubt (Cushway et al., 1996; Lloyd et al., 2005; Yau, 1995). This stressor was not highlighted as a key factor in this study. The main stressors reported by allied health professionals were workload, a lack of resources, client-related difficulties, and organisational problems.

Greaves et al. (2002) stated that role blurring is a significant feature of working in a community mental health team with a case management approach. Yau (1995) suggested that professional self-doubt could become a critical concern if the professional lacked a clear understanding of their role and professional competence within this field. This study's findings may indicate that allied health professionals have overcome the challenges of maintaining a unique professional identity whilst performing generic roles. This is a possible explanation as to why professional self-doubt was not reported as a significant stressor. The suggestion that allied health professionals have tailored their professional identity to cope with changes in the provision of service delivery is gaining support in the literature. Greaves et al. (2002) examined the competence of mental

health occupational therapists working in community settings and concluded that they have adapted well to the case management approach.

Studies have reported associations between age, years of experience and professional self-doubt (Cushway et al., 1996; Greaves et al., 2002; Lloyd et al., 2005). Lloyd et al. (2005) in a study of stressors experienced by occupational therapists and social workers in mental health settings found an association between age and professional self-doubt, with younger therapists reporting more professional self-doubt. These findings were also supported by Cushway et al. (1996) for clinical psychologists. The mean age of allied health professionals surveyed for this study was 41 years with an average of 15 years of experience in mental health. We found a weak but significant positive relationship between age and stress associated with organisational difficulties and a weak negative relationship that approached significance between age and professional self-doubt. However there was no overall relationship between stress and either age or years of experience.

In developing the MHPSS, Cushway et al. (1996) examined sources of stress for psychiatric nurses and clinical psychologists. They concluded that the MHPSS is capable of distinguishing sources of stress characteristic of the different professional groups. Our study's findings were inconsistent with Cushway et al.'s (1996) conclusions as no significant differences were identified between the professional groups of nursing and allied health. It may be there are real differences with respect to stress experienced by different professionals but that they are not among the stress dimensions measured by the MHPSS.

Alternatively, the inconsistent findings between this study and Cushway et al. (1996) may indicate the emergence of a homogenous population amongst mental health professionals. Case management results in professionals performing both generic and discipline specific services (King, Meadows & Le Bas, 2004). Utilisation of this approach in community mental health services has resulted in health professionals with different qualifications being employed to provide the same service (King et al., 2004; Lloyd et al., 2002a, 2002b).

Consequently, mental health professionals may be experiencing the same level and form of stress regardless of their professional background.

Notwithstanding failure to predict membership to a particular profession based on perceived sources of stress, the main sources of stress for mental health professionals identified in this study were consistent with previous findings (Cushway et al., 1996; Edwards & Burnard, 2003a; Edwards et al., 2000; Lloyd et al., 2005). Workload, a lack of resources, organisational problems and client related difficulties have been reported as significant stressors for both nurses and allied health professionals working in mental health (Cushway et al., 1996; Edwards & Burnard, 2003a; Edwards et al., 2000; Lloyd et al., 2005). The consistent identification of key stressors for mental health professionals highlights areas that may need reforming. If all mental health professionals are indicating the same stressors in spite of their professional background, the implementation of stress reducing strategies at an organisational level may be effective. Identifying and reducing stressors faced by mental health professionals is important in ensuring consumers receive high quality health care. Addressing stressors experienced by mental health professionals is also necessary to retain qualified and experienced professionals in this field (Evans et al., 2006; Lloyd & King, 2001).

Limitations of the study

The generalisation of these findings may be limited due to confines of the research design. The first limitation is the restriction of data collection to mental health professionals working in Victoria's public health system. Sources of stress for mental health professionals working in private settings were not explored. It is possible that differences may exist between health professionals in public and private settings. Secondly, a response bias may have influenced the results and limited the overall sample size. Reasons for not responding to this study were not explored. It is feasible that the mental health professionals who chose not to participate in this study did so as they were currently experiencing high degrees of stress. This would impact on the results as the findings may not be a true representation of the prominent stressors facing mental health professionals.

The final limitation to the research design involved the collapsing of data into two groups; nurses and allied health professionals. It is possible that potential differences exist between the professions grouped under the classification of 'allied health'. The low number of responses from the individual professions grouped in this category may have limited the ability to predict profession based on identified sources of stress. This might also explain why this study's results did not concur with the conclusion by Cushway et al. (1996) that the MHPSS is capable of distinguishing differences between professional groups. Cushway et al. (1996) utilised a larger sample size than this current study and limited their comparison to two specific professions; psychiatric nurses and clinical psychologists.

Future research

This study has provided information on stressors experienced by community mental health professionals. The majority of the findings concur with previous research, reinforcing the notion that mental health professionals are facing consistently identified significant stressors. These findings are also noteworthy in suggesting that, at least so far as stress is concerned, the different professions have more in common than might be expected and that a range of professions working in the same context of mental health services identify the same stressors. It is likely that the factors associated with individual experience of stress are more complex than those investigated in this study and further research is needed to identify these factors. Further research exploring differences in sources of stress amongst the professions might also assist in the development of effective stress management interventions and might indicate whether professional groups require unique interventions.

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