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Reducing occupational stress among registered nurses in very remote Australia: A participatory action research approach

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ABSTRACT

Background: Nurses in very remote areas of Australia (RANs), work in complex and isolated settings for which they are often inadequately prepared, and stress levels are high. This paper, based on the 'Back from the edge' project, evaluates the development and implementation of an intervention to reduce and prevent the impact of occupational stress in the RAN workforce in the Northern Territory.

Methods: The methods involved a combined participatory action research/organisational development model, involving seven steps, to develop and implement system changes within the (then) Northern Territory Department of Health and Families (NTDH&F). The development, implementation and evaluation was informed via information from participants collected during workshops and interviews. Pre and post surveys were undertaken to evaluate the study.

Results: Occupational stress interventions developed by the workgroups were categorised into four main groups: (1) remote context, (2) workload and scope of practice, (3) poor management, and (4) violence and safety concerns. The main interventions centred on promoting a well educated, stable workforce. There were very few measurable changes as a result of the interventions as many were not able to be implemented in the time period of the study, but implementation is continuing.

Conclusion: While the outcome evaluations showed few effects, the study through consensus approaches, provides a blueprint for reducing stress among remote area nurses and evidence which should inform policy and practice with respect to service delivery in remote areas.

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1. Background

Remote area practice is characterised by geographical, social and professional isolation - servicing a small, dispersed and highly mobile population with, high morbidity and mortality, climatic extremes, an extended practice role, a multidisciplinary approach and cross-cultural issues affecting everyday life (Wakerman 2004). Nurses who work in remote areas in Australia are called remote area nurses or 'RANs', and are defined as

...specialist practitioners that provide and co-ordinate a diverse range of health care services for remote, disadvantaged or isolated populations within Australia and her Territories and undertake appropriate educational preparation for their practice (CRANA 2003).

Nurses working in very remote areas, as defined by the Accessibility/Remoteness Index of Australia (ARIA+) (AIHW, 2004), are the mainstay of health services in these regions (Lenthall, Wakerman, Dollard et al., 2011). They work in complex and isolated settings that are often cross cultural, and for which they are usually inadequately prepared (Lenthall, Wakerman, Opie, M. Dollard et al., 2011).

Discussions between different health, professional and university groups in the Northern Territory identified occupational

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stress among RANs as a problem. In 2008, the, Northern Territory Department of Health and Families (NTDH&F), Council of Remote Area Nurses of Australia plus (CRANaplus), Commonwealth Health Department, Office of Aboriginal and Torres Strait Islander Health, Katherine West Health Board, Centre for Remote Health, Flinders University and University of Northern British Columbia, Canada, agreed to be partners on a successful Australian Research Council Linkage grant, 'Back from the edge: reducing occupational stress among RANs in the Northern Territory'. The ensuing study aimed to describe stressors, measure levels of occupational stress in RANs, and develop, implement and evaluate interventions that reduce and prevent the impact of occupational stress in the remote area nursing workplace. The first part of the study, described stressors and measured levels of occupational stress in RANs via a survey to all registered nurses in very remote Australia (Opie, Dollard et al., 2010). Given the high demand and under resourced environment, an extended Job Demands-Resources (JD-R) model (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) was adopted to examine stress among RANs. The model proposes that worker well-being is affected by a number of variables that can be categorised as either job demands or job resources. Job demands become stressors when the employee is required to expend considerable effort in order to meet them, with possible outcomes such as psychological distress and emotional exhaustion. In contrast, job resources serve a motivational function and may lead to positive work outcomes, such as work engagement and job satisfaction (Opie, Dollard et al., 2010). Additionally our model proposed a number of system capacity factors that could influence demands and resources, such as the climate for worker psychological health (i.e., psychosocial safety climate, Dollard & Karasek, 2010), flexible/adaptable culture (Lenthall, Wakerman, Opie, M.F. Dollard et al., 2011), consultation & preparation (Lenthall, Wakerman, Dollard et al., 2011), and communication systems (Lenthall, Wakerman, Dollard et al., 2011).

The results of the first survey confirmed that RANs suffer high levels of occupational stress and emotional exhaustion (Opie, Dollard et al., 2010). However, RANs also reported high levels of work engagement and moderate levels of job satisfaction. The job demands most strongly associated with increased levels of occupational stress, as assessed by emotional exhaustion and symptoms of post-traumatic stress disorder (PTSD), were: emotional demands, responsibilities and expectations, social issues, workload, staffing issues, poor management, isolation, safety concerns, violence, the remote context, culture shock, difficulties with equipment and infrastructure, and lack of support (Opie et al., 2009). This paper presents the results of the second part of this study, namely developing, implementing and evaluating interventions that potentially reduce and prevent the impact of occupational stress in the remote area nursing workforce in the Northern Territory.

1.1. Occupational stress interventions

Occupational stress interventions may be categorised by the type and level of application. Primary interventions are aimed at reducing exposure to psychologically harmful working conditions; secondary, or stress management, interventions are aimed to enable people to use skills to deal with potentially harmful working conditions; and tertiary interventions are aimed to treat people who have been harmed in some way by work related stress (Keegel et al., 2007; Lamontagne, Keegel, Louie, Ostry, & Landsbergis, 2007). Interventions may also be categorised according to their target: individual, group, or the organisation (Cox, Karanika, Griffiths, & Houdmont, 2007; Bergerman, Corabian, & Harstall, 2009; Giga, Cooper, & Faragher, 2003; Karanika et al., 2007.). Most interventions in the literature have aimed at the individual level (Cox et al., 2007). A meta-analysis to determine the effectiveness of stress management interventions found that relaxation interventions were

most frequently used, while organisational interventions, although described as potentially the most effective, continued to be scarce (Richardson & Rothstein 2008). Rather than target the individual or the team, the 'Back from the Edge' project aimed to develop primary, secondary and tertiary occupational stress interventions, since comprehensive approaches are most effective (Lamontagne et al., 2007).

1.2. Intervention framework

This intervention aspect of the study is based on the action research model of planned change, which involves both participatory action research (M.F. Dollard, le Blanc, & Cotton, 2008) and organisational development. Participatory action research is a collective, self-reflective inquiry that researchers and participants undertake together so they can understand and improve upon the practices in which they participate, and the situations in which they find themselves (Baum, MacDougall, & Smith, 2006). Organisational development is 'the process of increasing organisational effectiveness and facilitating personal and organisational change through the use of interventions driven by social and behavioural science knowledge' (Anderson 2010; p 3). The combined participatory action research/organisational development (PAR/OD) model, an adaptation of Cummings model, (Cummings & Worley, 2008) was adopted to develop and implement system changes within the NTDH&F. It involved seven 'steps', with steps four to six being repeated in a cyclical framework (Fig. 1). This model was particularly pertinent as this was an attempt to effect organisational change through the harnessing of necessary management and front-line staff commitment and solutions. In line with PAR principles, it attempted to address power relationships by adopting a bottom up approach aimed to form a partnership with participants (Dollard et al., 2008). Problem solving and enquiry was encouraged and dialogue was used to critically examine reality and try to reach agreement on a shared reality.

1.3. Ethics approval

Ethics approval was granted by the Central Australian Human Research Ethics Committee, the Top End Human Research Ethics Committee and two university research ethics committees.

2. Methods

The target population were RANs in very remote areas in the Northern Territory. Data on possible occupational stress interventions and process evaluations was gathered through workgroups of RANs and health centre managers working in remote Aboriginal communities in Central Australia and in the Top End of the Northern Territory. These groups, were facilitated by the lead investigator, generally met for a whole day, three times in the PAR/OD cycle described above. Information from the first BFTE survey were presented and then discussed by the workgroups. The workgroups then proposed numerous possible interventions. Participation at all levels of the NTDH&F was a key strategy in the intervention and the proposed interventions were then further developed in workshops with implementation committees comprising middle managers in Central Australia and in the Top End. Some interventions were implemented at the middle management level; others were referred to the high level reference group. This group was created to ensure there was capacity and commitment to implement the developed occupational stress interventions. The high level reference group comprised representatives from the NTDH&F, the Aboriginal Medical Services Alliance of the Northern Territory; the Australian Nursing Federation; the Office of Aboriginal and Torres Strait Islander Health; and the Council of Remote Area Nurses of

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