Back from the edge: reducing and preventing occupational stress in the remote area nursing workforce

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Introduction

Remote area practice is characterised by geographical, social and professional isolation - a small, dispersed and highly mobile population, climatic extremes, high population morbidity and mortality, 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)

'Back from the Edge' research project

The 'Back from the Edge' research program had two major objectives.

- describe stressors and measure levels of occupational stress among registered nurses in very remote Australia

- develop, implement and evaluate actions that reduce & prevent occupational stress.

To describe and measure levels of occupational stress a survey was distributed to all (1009) registered nurses in very remote Australia. The survey measured psychological distress by the General Health Questionnaire-12 (GHQ-12) (Goldberg & Williams, 1991), emotional exhaustion by Maslach Burnout Inventory (MBI), (Maslach, Jackson, & Leiter, 1996), the work engagement by the Utrecht Work Engagement Scale-9, (Schaufeli & Bakker, 2003) and a question on job satisfaction.

The questionnaire also included a RAN specific RAN-Specific Job Demands Scale and examined job resources. Job Demands included items addressing workplace violence, emotional demands, issues surrounding management and co-workers, on-call, workload, responsibilities and expectations, support, infrastructure and equipment, safety concerns, social issues, isolation, and inter-cultural factors. Workplace resources included items addressing supervision, social support, opportunities for professional development, job control, and skill development and application.

The results confirmed that RANs suffer particularly high levels of occupational stress with significantly higher scores than other samples. Compared with norms from the Maslach Burnout Inventory Manual (Maslach, et al., 1996) for a sample of health professionals (including physicians and nurses), nurses working in very remote Australia had significantly higher scores on emotional exhaustion. However RANs also displayed high levels of work engagement relative to other samples, they also reported moderate levels of job satisfaction.

Causes of stress

The top five correlations between psychological distress, emotional exhaustion, symptoms of post traumatic stress and job demands were the following.

Job Demands			
Wave 1		**Wave 2**	
1	Responsibilities and Expectations	1	Social issues
2	Social issues	2	Workload
3	Violence - witnessed	2	Emotional Demands
4	Emotional demands	2	Isolation
5	Staffing Issues	5	Responsibilities and Expectations

Job resources

There was a positive relationship between supervision, opportunities for development and skill development and application, and job satisfaction. Social support and job control were also positively correlated with job satisfaction. Results further indicate statistically significant positive relationships between all job resources and work engagement.

Methods

To develop organisational level stress interventions we utilised a participatory action research approach. Workgroups of RANs and health service managers working in remote Indigenous communities in central Australia and in the Top End of the Northern Territory discussed the results from the national survey, then developed action plans aimed at organisational rather than individual changes. The action plans were further workshopped with implementation committees of middle managers in central Australia and in the NT Top End. Some actions were implemented at this level; others were referred to the high level reference group which contained senior managers for consideration and implementation. Three cycles of this action research were conducted over a 12 month period.

Results

One of the main priorities of the workgroups was the education of RANs. Nurses perceived that the education of RANs was still far from sufficient. The number of vacancies and the increase in agency and short term staff in recent years is causing increased stress among permanent staff. In particular participants reported significant orientation burnout, where in a small team they were required to orientate new staff continuously. Participants also reported feeling anxious about the skills and knowledge of many short term and agency staff as they often came to the communities without any orientation.

Actions that were developed included the strengthening of the NT education pathways program for RANs and establishing a steering group to support that initiative. A career structure for RANs was also introduced that enables less experienced registered nurses to be employed at a lower level and supported to develop their skills. The NT Department of Health and Families has a very good orientation program for RANs which all permanent staff are required to undertake. They are also allowing some agency staff to participate. However, the orientation of short term and agency staff is still an issue.

Further actions included the establishment of education requirements for managers and linking these to career pathways. Other actions concerning the education of RANs included increased on-site education of RANs and improved education on vicarious trauma and post traumatic stress disorder (PTSD).

Another identified priority was the need to increase permanent relief staff to enable RANs to take leave and attend professional development program. Recommendations were made to the health authority to increase the current casual pool and establish permanent reliever positions.

To reduce workload of RANs it was decided to reduce single nurse clinics by employing additional staff. These were reduced in Central Australia from 6 to 2. Measures were introduced to reduce workload from visiting teams and to increase employment and training of ancillary staff including admin, cleaners, drivers etc

Safety while on-call was a significant issue. It was agreed that all clinics would get a telephone, intercom system and the use of drivers for night time call outs would be investigated. Managing aggression and risk management would be reintroduced as part of RAN orientation and risk assessment procedures would be reviewed.

Actions were also developed to improve infrastructure and equipment. An equipment manager position was introduced. Participants also discussed numerous strategies to increase accommodation, a major limiting factor to increasing staff, improve cleanliness of clinics and accommodation and improve the maintenance and repairs to clinic and staff accommodation and ensure that every community had at least two vehicles. However effecting systemic change in these areas proved difficult.

RANs are the backbone of remote area health service delivery to the neediest populations in Australia. High levels of occupational stress among RANs contribute to turnover of staff and quality of health service delivery. By employing a bottom-up action research approach, RANS were empowered to contribute to system changes to decrease occupational stress.

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