Back from the Edge:
Reducing and Preventing Occupational Stress in the Nursing Workforce in Very Remote Australia
To improve our understanding of workplace stressors in the nursing workforce by:

- Described stressors and measured levels of occupational stress;

- Developed, implemented & evaluated occupational stress interventions.
Research Team

The research was a partnership with

- CRANAplus
- Northern Territory Department of Health and Families (NTDH&F)
- Office of Aboriginal and Torres Strait Islander Health (OATSIH)
- Katherine West Health Board (KWHB)

The Research Team consisted of:

- Professor John Wakerman, Flinders NT
- Associate Professor Sue Lenthall, Flinders NT
- Professor Sabina Knight, Mt Isa Centre for Rural and Remote Health
- Professor Maureen Dollard, occupational health psychologist, UNISA
- Professor Sandra Dunn, Professor of Nursing at CDU
- Professor Martha Macleod, UNBC
- Dr. Greg Rickard, the Principal Nursing Advisor for the NTDOH
- Tess Opie, PhD, UNISA
Methods

- National survey to all registered nurses in very remote Australia.
- Participatory Action research in very Remote Northern Territory.
- Repeated national survey to all registered nurses in very remote Australia.
Adapted Job demands–resources model

**Job Demands**
1. Workplace Violence
2. Emotional Demands
3. Management
4. Co-workers
5. On-call
6. Workload
7. Responsibilities
8. Support
9. Infrastructure
10. Safety
11. Social Issues
12. Isolation
13. Intercultural Factors
14. Culture Shock
15. Remote Context

**System Capacity**
- Flexible and adaptable culture
- Consultation
- Communication
- Psychological safety climate

**Job Resources**
1. Supervision
2. Social Support
3. Opportunities for Professional Devt
4. Job Control
5. Possibilities for Development
6. Orientation
7. Resilience

**Negative Outcomes**
- Psychological Distress
- Emotional Exhaustion
- PTSD
- Physical Health

**Positive Outcomes**
- Work Engagement & Job Satisfaction
### Job Demands - Correlations with negative outcomes

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<th>VR WAVE 1</th>
<th>RANK</th>
<th>GHQ</th>
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<th>PTSD</th>
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Job demands

1. Remote context
   - Emotional demands
   - Social Issues
   - Staffing Issues
   - Intercultural issues
   - Isolation
   - Problems with equipment and infrastructure

2. Workload and responsibilities and expectations
   - responsibilities and expectations
   - Workload
   - Lack of support
   - On-call

3. Poor management

4. Violence and Safety concerns
   - Workplace violence
   - Safety concerns
Outcomes Summary

- Nurses in very remote Australia have high levels of Psychological Distress
  - Moderate levels of Emotional Exhaustion
  - High levels of work engagement and moderate levels of job satisfaction
Participatory action research organisational change model

1. Problem identification

2. Establishing project structure

3. Data gathering and preliminary diagnosis

4. Feedback to key groups

5. Joint diagnosis of problem

6. Occupational Stress Interventions
   - Joint action planning
   - Actions

7. Evaluation

8. Research transfer

Feedback to key groups

Joint diagnosis of problem

Occupational Stress Interventions
   - Joint action planning
   - Actions
Three levels of committees

Occupational stress interventions were developed through three levels of committees.

1. Workgroups consisting of RANs, workgroups of HCM

2. Two regional implementation committees consisting of Remote Manager, Remote DON, Nurse Coordinator, Professional Practice Nurse, CRANA Rep, Rep from RAN and HCM workgroups. Plus a Katherine West Implementation committee.

3. A high level reference group consisting of senior NTDHCS managers and CRANA, Union, AMSANT, Katherine West representatives
Occupational Stress Interventions

1. REMOTE CONTEXT
   - Increased orientation and cultural education
   - Internet access in the accommodation

2. WORKPLACE AND SCOPE OF PRACTICE
   - Orientation and education again
   - Increase of educators
   - RAN career structure
   - Increased staff, particularly Aboriginal staff
   - Increase permanent relievers

3. POOR MANAGEMENT
   - Education requirements for management

4. VIOLENCE AND SAFETY CONCERNS
   - Reducing single nurse clinics
   - Increasing second responders
Process Evaluation

Workshop evaluations

- Very positive
- RANS in particular appreciated the opportunity to debrief and to have input into changes.
- The least powerful gave the most positive feedback

Achievements

- Reduction in single nurse posts
- Strengthening of the NT education pathways program for RANs
Outcome Evaluation

No decrease in job demands or increase in job resources as few interventions were implemented in the time of the project. Interventions have continued to be implemented since the end of the project but slowly and haphazardly.

Reasons

- Disconnect with senior management and remote health professionals
- Lack of funding
- Lack of time
- Lack of commitment from senior management in the NT DOH
- Turnover of RANs