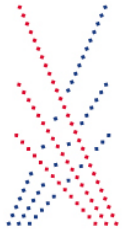

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Causes of occupational stress among mental health workers in the National Health Service.

There is a lack of understanding of what causes stress for NHS staff, what the NHS is doing to combat stress among its staff and what else could be done to address this pertinent problem. This paper therefore argues that there is need for more understanding of the causes of stress and potentially, helpful organisational responses is required. Stress is a helpful concept that is meaningful to people at work, even though from an academic point of view we might call it different, but it has been used very widely and is therefore regarded as an encompassing term. There is increasing evidence that stress in the workplace is a growing problem and an area of concern both for the employer and the employee and there is considerable evidence to prove that the scale of occupational stress is widespread in the UK (McKay et al 2006). This paper also draws on and seeks to contribute to occupational and conceptual stress areas of literatures by seeking to draw out the antecedents of workplace stress. By its very nature, this research is exploratory, aiming to ask questions in new ways and seeking more detailed answers in order to contribute to an already existing body of literature on occupational stress. This research intends to make considerable contributions to existing literature as till date, knowledge of occupational stress in organisations, its sources, causes and effects is very important with regards to policy development in coping strategies and managing the condition (Ashong et al 2016).

Although there is a growing body of research about stress in nursing, their primary focus has been on the general side of nursing rather than mental health nursing (Cooper and Mitchell 1990) and in contrast to doctors and nurses, mental health support workers are an understudied professional group within the NHS. It is therefore not surprising to find that little or no research has been carried out in the healthcare sector and in the nursing profession to ascertain occupational stress among these group of workforce and so there is need for research to identify workers at risk of sick leave due to occupational stress. From an HR perspective, these workers carry out a different role and have different needs and requirements from nurses hence, they have their own specific issues. As this group is part of the nursing profession and work in the same stressful conditions as nurses, the researcher felt a need to carry out a study on them. Unlike previous studies which focuses on other healthcare professionals mainly

nurses, this study focuses on mental health support workers. In addition, preventing and reducing sickness absence as a result of stress is challenging and new measures are needed to tackle this issue (Holmgren 2016). Good work environment and diversity has been associated to positive work-related attitudes on the part of employees which in turn lowers turnover and increases employee wellbeing (Kaplan et al, 2011).

One major reason why stress in the nursing profession is different from other context is that in other types of stressful work environments, the stakeholders involved are usually the employer and the employee but, in the nursing profession and indeed the NHS, occupational stress has not only consequences for the employer and the employees, but it also affects the patients (Mark 2008). Occupational stress is a worldwide issue and a major concern for employers (Donaldson-Feidler et al 2008). It is also widely investigated (Karkoulian et al 2016; Dall'Ora et al 2016; Ashong et al 2016; Errisuriz et al 2016; Jakobsen et al 2016; Fujimoto et al 2017). There is evidence of substantial financial burden imposed on society as a result of work-related stress (Hassard et al 2018). Studies indicate that the nursing profession is associated with stressful working conditions in addition to precarious work which leads to inadequate work ability index and suggest need for intervention measures at the workplace necessary to prevent a decrease in work ability (Fischer et al 2006). Early identification of workers at risk of sickness leave as a result of work-related stress is also a crucial concern for society in general and for the primary health care and to date no established method to this has been identified (Holmgren et al, 2016). Extant studies found out that the prevalence of stress in the workplace was highest in nurses followed by physicians (Chou et al 2014).

Mental health nursing is considered an unpopular choice by nursing students (Jansen & Venter 2015), and Stevens et al. (2013) found that it is one of the least desirable career choices at the start of student nurses' courses and remains so as they approach graduation. This also seem to continue into their first months of working, as researchers found that while job satisfaction scores over time usually went upwards for adult branch nurses (the general side of nursing), it went downwards for mental health side of nursing (Murrells et al. 2008). It is worthy to note that while job satisfaction among general nursing staff has been explored extensively (Aiken et al. 2013; Lu et al. 2012), information on perceptions and experiences regarding job satisfaction among mental health nurses is less explored (Aronson 2005). More so, fewer studies have researched job satisfaction of nursing staff within acute inpatient psychiatric clinics (Hanrahan et al. 2010; van Bogaert et al. 2013). Apparently, inpatient mental health nurses make up a significant portion of nurses, but their profession is often vaguely

articulated, and therefore, poorly comprehended outside of the professional inpatient environment (Delaney et al 2014). Seemingly, job satisfaction among nursing personnel is usually focussed on registered nurses, while the perspectives from nursing assistants are missing (Kalisch et al, 2014).

Nursing assistants also regarded as non-registered nurses (whose roles and titles are diverse across the UK) are employed to work directly under nurses (RNs) to support the nursing workforce of over a quarter of a million (Buchan et al 2002), in other words, they supplement and complement nurses. In England, they form around a quarter of the NHS workforce and their numbers continue to increase at a much faster rate than their qualified counterparts (Health and Social Care Information Centre 2016). Using the NHS agenda for change banding, they are employed on bands 2 and 3. They are regarded as practitioners who take on healthcare roles but without professional registration characterised as the 'eyes' and 'ears' of registered practitioners (Wilberforce et al 2017). They take up different job titles such as nursing assistants, community healthcare assistant, time and recovery worker, auxiliary aide, associate and support workers which is the term adopted in this thesis (International Council of Nurses 2000). There are a growing number of nursing assistants employed by the National Health Service in the UK to assist registered nurses to provide nursing care to patients, but little is known about what makes up their workforce including the changing nature of their roles (Spilsbury et al 2004). The relationship between both parties is widely discussed in academic literatures and going by sociological theory, it has been regarded as one that is based on conflict and misunderstanding and in most cases registered nurses are seen to undervalue and underestimate the capabilities and the potentials of nursing assistants (Reeve 1994; Spilsbury et al 2004; Baldwin et al 2003). Although nursing assistants play a vital role in the delivery of care to patients, it is important to note that their work has been greatly unacknowledged over the years and there is a general lack of understanding as to what their contribution to patient care is (Thornley 2000). There is a clear distinction between nursing assistants and registered nurses but the division of nursing activities between the two seem to be based on unsubstantiated arguments which lacks empirical data and are of questionable quality (Spilsbury 2004). Studies has also shown that there is substantial difference between both occupations in terms of the perceptions of what the roles of nursing assistant involve within the care process (Savage 1998; Baldwin et al 2003).

Contemporary theories of stress help us to understand the construct of work-related stress and helps us to view it as an active collaboration between the individual and the

environment. These theories implicitly or explicitly help to recognise the psychological processes which may be emotion, cognition and perception (Griffiths, et al 2010). They also help to understand how the individuals recognises and responds to stressful conditions, how they attempt to cope with that experience and how this might impact on their social, physical and psychological health. The major contemporary theories in the scientific literature helps to clarify the causes and mechanisms underpinning occupational stress. Many of these theories have been adopted to guide interventions. Three structural models that helps to describe key variables in relation to outcomes are the Person-Environment Fit theory (P-E Fit theory), Job Demand-Control (Support) theory and Effort-Reward Imbalance Model (ERI model). The fourth theory which is the Transactional Model is generally referred to as the process model that helps to describe the mechanisms that reinforce outcomes and antecedents.

An important theory that fits into work-related stress and which this research seeks to contribute to is 'the stress and coping theory' (Lazarus and Folkman 1984), which provides a framework for testing hypothesis about the stress process as it relates to physical and mental health, this framework lays emphasis on two core concepts which are appraisal and concept (Folkman 2013). Also, the transactional model of stress which is a theory of work-related stress is also useful as its core concepts are based on appraisal which is grouped into primary and secondary appraisal: the primary appraisal is when an individual acknowledges that there is something at stake and the secondary is what can be done about it (Dewe et al 2012). These theories provide understanding of how stress can be managed in the workplace.

Methodology

Methodology describes the research strategy within a study which a researcher uses as a guide to subsequent choice of methods (Crotty 1998). The choices we make therefore when using a research method helps to create a step in the research process between setting objectives and commencing field-work (Buchanan et al 2007). A qualitative approach would be adopted with this ethnographic case study research using a single case in an NHS Trust. As previously mentioned, this study seeks to draw out the antecedents of workplace stress within a healthcare Trust, hence, the choice of methodology (a qualitative inductive methodology) is directed by a combination of philosophical and pragmatic considerations. The ontological and epistemological position of this research is interpretivism. This theoretical framework posits that "to understand this world of meaning, one must interpret it" (Schwandt, 1994, p. 118). The justification for taking an interpretivist stance is that it will provide me an insight into people's subjective experience of working in a stressful environment. Using interpretivism, I would also be able to explore the specifics of the given phenomenon under study in order to understand the reality behind it (Remenyi et al 1998).

Additionally, a more exploratory inductive work is needed because the inductive approach would help to develop an understanding of how people interpret their social world and also give an explanation of what is going on in a particular context for example how employees would perceive their work experience and they make sense of workplace stress. The backdrop of this study as an under-researched area (mental health workers) requiring an extensive exploration is also central to the decision of going for an inductive approach. It is anticipated that this will provide a new perspective of occupational stress that will provoke debates and start new conversations. By so doing, I am hoping that it will make a conceptual contribution to the working environment and a framework that will be developed, will be embedded into line managers approach, HR practices such as training, adequate selection and appraisal of occupational health specialists and other stress management activities.

Data Collection

Before commencement of data collection, HR policies and documents will be reviewed. This research seeks to draw on a broad set of data and produces findings that are applicable beyond

the immediate boundaries of the research study (Bhattacharjee 2012). Since qualitative research is usually associated with the social constructionist paradigm which emphasises the socially constructed nature of reality (Berger and Luckmann, 1966), its implication is that qualitative researchers study things in their natural settings (Bhattacharjee 2012). This research will use three main methods of data collection:

1. With the Trust's permission, mental health workers, their line managers and key staff such as HR representatives and occupational health specialists will be interviewed.

2. Ethnographic field notes will allow me to formally record after my shifts my reflections of what is happening among frontline staff.

3. Organisational documents containing policies and procedures for managing and preventing stress, will also be collected.

The purpose of using each of these data collection methods is that use of interviews and field notes will give a depiction of the causes of stress leave among mental health workers while organisational documents will provide a stronger evidence base for the existing Trust responses to occupational stress and absences among its staff.

Data Analysis

I intend to use thematic analysis by first transcribing the data and looking out for themes in the transcript that make sense or have connection with the research question (King 2004). Analysing data via qualitative means comprises of working with data, organizing it and breaking it into manageable forms and finding out what's important and Miles and Huberman (1984) emphasises a procedure called "pattern coding" where data will be coded during and after collection. A coding style of grouping variables into tabular form for the purpose of interpretative analysis will also be used (Strauss and Corbin 1990).

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