Meso and Micro Level Workforce Challenges in Psychiatric Rehabilitation

Abstract

Objective: Results of an exploratory study are presented which examined workforce challenges in Australia’s most established psychiatric rehabilitation sector. The study had the two-fold aim of investigating workforce challenges at an organizational (‘meso’) level and at the level of direct-service workers’ daily practice (‘micro’). Methods: Data from 23 key informant interviews conducted with service managers and long-serving staff were analyzed through basic descriptive and thematic analyses. Results: Organizations faced significant annual staff turnover (25.6%), specific staff supply shortages, and challenges in recruiting staff with adequate experience and longevity to match the complexity of client issues. Workers equally encountered challenges in this increasingly complex and rapidly changing field of work. Conclusions & Implications for practice: Workforce strategies designed to attract/retain experienced staff can improve workforce cohesiveness and sustainability, as can training and support activities aimed at equipping staff to reflect on and operate in dynamic and changing work environments.

Keywords: community mental health services, psychiatric rehabilitation, nonprofit organizations, workforce
Introduction

Very little research evidence contributes to our understanding of workforce challenges in the psychiatric rehabilitation sector in Australia (Blankertz & Robinson, 1997; Productivity Commission, 2010; VICSERV, 2010). Workforce challenges of staff turnover, supply shortages, demanding staffing ratios, and levels of stress and burnout identified elsewhere in the mental health field (Department of Human Services, 2005; Prosser et al., 1996) can have a severe impact on organizational capacity, the wellbeing and retention of staff, and the quality and continuity of mental health services (Sainsbury Centre for Mental Health, 2000; Selden, 2010).

This study explored meso (organizational) and micro (service worker) level workforce challenges on the example of the largely nongovernment Victorian Psychiatric Disability Rehabilitation and Support (or PDRS) sector. This is the most established sector of its kind in Australia, and comprises a workforce of 1,500 staff who provide mainly non-clinical services including: home-based outreach, day-programs, housing-support, residential rehabilitation, mutual support and self-help and respite care. More recently the sector has experienced a significant expansion and a trend towards program diversification (Department of Human Services, 2007). Study findings contribute to an evidence-based understanding of workforce dynamics in the Victorian PDRS and related sectors and inform service and sector level workforce planning.
Methods

Twenty-three semi-structured interviews were conducted with sectoral key informants (15 service managers, six long-serving rehabilitation workers and two other informants). Interviewees were recruited through the newsletter of the Victorian sector peak body. The sample included eleven organizations from metropolitan and regional services operating a range of service types (including most commonly home-based outreach, residential, supported-housing and day-programs). Interviews, which elicited information on: 1) interviewee and organization, 2) meso challenges (including staff turnover, supply and demand) and 3) micro challenges, were recorded and transcribed. Transcripts were analyzed through a combination of basic descriptive and thematic analyses using QSR NVIVO8.
Results

Meso Workforce Challenges

Organizational staff turnover. The average annual staff turnover rate among participating organizations (defined as the proportion of staff who left a post and moved to another) was high with 25.6% (range 0-58%). This included seven services with rates between 33-58%.

Turnover reasons. The five key reasons for turnover related to the intention to: 1) take up work in the clinical sector; 2) improve levels of pay; 3) advance professional development or specialization; 4) lack of challenge in the current role; and 5) changes affecting either organization and/or worker role.

Turnover patterns. There was a clear tendency for younger staff and recent graduates to move on from positions more quickly, often well before the two-year mark. By contrast, older and more experienced workers tended to stay on longer (often for several years). A number of interviewees identified a domino-effect in turnover.

Turnover impact. The data highlighted a pronounced negative impact of turnover at: a) service-level (time, costs and resources invested in recruitment and training and reduced service capacity), b) team-level (additional client and workloads, loss of expertise and momentum, informal induction of new staff) and c) consumer-level (disruption of continuity and trust in the recovery process, longer waiting list, reduced service availability).

Staff supply and demand. Increases in staff demand were reported by many organizations, with service sites involved in an average of two recruitment rounds per year (range 0-5).

Perspectives on the adequacy of staff supply were divided, with some evidence of fluctuation. Recent tertiary-qualified graduates with little work experience were relatively easy to
recruit. Applicants with significant related work experience (and a relevant qualification), and occupational therapists were in very short supply. Staff demand was increasingly related to a need for experienced and professional staff with expertise in psychosocial rehabilitation. By contrast, organizations prioritized professional qualifications over applicant experience in recruitment.

**Intra-organizational challenges.** Wide-ranging organizational change processes (evident in rapid service growth, new program development, competitive tendering and realignment of organizational and management structures) at times diminished the capacity to provide adequate levels of staff support.

**Micro Workforce Challenges**

**Micro challenges.** The seven key challenges for direct-service workers consisted in:

1) collaboration with clinical services; 2) boundary issues in the consumer-worker relationship; 3) staff burnout; 4) challenging behaviors; 5) slow consumer progress; 6) rapid organizational change; and 7) lacking role clarity.

**Future micro challenges.** Future micro challenges were projected to emerge in relation to: 1) dual diagnosis; 2) collaboration with clinical services; 3) complex consumer issues; 4) increased client or workloads; and 5) work with clients at both ends of the age bracket.
Discussion

Study findings highlight the Victorian PDRS sector as a field in transition, which is rapidly growing in size, complexity and professionalism. Increasing service demand and sector recognition in mental health policy underpin these developments and provide the impetus for a stronger alignment of organizational and staff capacities with best-practice standards and diverse and complex client needs.

Organizations faced significant meso workforce challenges in high turnover (Blankertz & Robinson, 1997; Department of Human Services, 2005), increasing staff demand and specific supply shortages. The retention of young staff who were migrating towards the clinical sector and greater levels of professional recognition/advancement/ remuneration loomed as another issue (Lyons, 2001). Micro workforce challenges reflected fundamental sector changes. At the core of the experience of rehabilitation workers appeared to be the paradox of two contradictory timelines: rapid organizational change (impacting on nature, structure and demands of work) in a field characterized by a focus on the promotion of relatively slow-paced recovery processes.

In view of study findings, it needs to be questioned if a heavy emphasis on qualifications (and reliance on inexperienced graduates) alone will satisfy the growing needs of services to provide the continuity/quality of care required to assist consumers in the future. If the sector is to move beyond its status as an entry-level training ground, a concerted suite of strategies will be required to address workforce sustainability issues. Such strategies could benefit from a stronger focus on attracting and retaining valued staff experience and involve: training up career changers, increased salary competitiveness, sector-wide portability of entitlements, national accreditation,
employment in-line with professional qualification, development of positive organizational cultures supportive of intrinsic motivation and professional development, as well as creation of sector career paths and specialist positions.

Study findings further highlight the ability of staff to operate in increasingly complex and changing environments as a key prerequisite for effective and sustainable work in the sector. The importance of reflective practice, supervision, training and support processes cannot be underestimated in that these strategies support workers in their capacity to perform in the increasingly complex and rapidly changing field of psychiatric rehabilitation.

**Study Limitations**

The relatively small sample, whilst inclusive of a range of program types, did not include employment, respite, carer-support and rural/remote services.

**Conclusions**

Victorian PDRS sector organizations and direct-service staff are subject to significant workforce challenges which will need to be adequately addressed if the psychiatric rehabilitation sector is to fulfill its vitally important role within the changing mental health field in the future. Key study findings have direct implications for understanding workforce dynamics in comparable sectors and workforce planning. Future research into dynamic sector work-environments could benefit from the explicit incorporation of multilevel perspectives (i.e., micro, meso and macro).
References


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