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▶ **Whole team training to reduce burn-out amongst staff on an in-patient alcohol ward.**

Hill R.G., Atnas C.I., Ryan P. et al.
Journal of Substance Use: 2010, 15(1), p. 42–50.
Request reprint using your default e-mail program or write to Dr Hill at Robert.hill@slam.nhs.uk

Staff stress and the potential for burn-out were high on a London inpatient alcohol treatment ward. Whole-team training seemed to help, reflected especially in feelings of greater competence in working with sometimes challenging and complex patients.

Summary Occupational stress and burn-out are common among hospital and community-based mental health staff; staff working where aggression and violence occur are at particular risk. The Maslach Burn-out Inventory is a questionnaire often used to measure these variables. It assesses feelings of emotional exhaustion, depersonalisation, and personal accomplishment. The results confirm high levels of stress and strain among mental health professionals, yet very little empirical work has been undertaken on ways to demonstrably redress this situation, and the few studies that have been done generally had a weak research design.

The featured report derives from the EU-funded OSCAR project (Occupational Stress with Mental Health Clients in Acute Response). In five European countries, this aimed to gather information on occupational stress and burn-out among mental health workers in acute psychiatric hospital and community settings, investigate the causes, and test ways to reduce the problem. The strategy was to work with whole staff teams in order to affect team culture and introduce and 'bed down' working practices aimed at stress reduction.

In Britain the project was implemented at a mixed-sex, 16-bed inpatient ward in south east England offering generally a 28-day programme including group and individual therapy and detoxification for adults dependent on alcohol. It averaged five admissions a week. The ward had 19 staff; three quarters were women and two thirds had worked on the ward for under three years. Only one reported receiving training at work for dealing with stress.

These staff completed the Maslach Burn-out Inventory. Three months later, as a team they underwent a two-day stress-reduction training course, the impacts of which were assessed by repeating the inventory a month later.

Main findings

Four main sources of stress at work were identified. These were: group-work; dealing with complex clients; effectively evaluating the shift; and client aggression. Before training, staff scored as suffering on average a high level of emotional exhaustion and of depersonalisation, though on the latter scale only half the team had scores in the high category. Personal accomplishment scores were in the low to medium range.

After training, emotional exhaustion and depersonalisation were had diminished but only slightly and not to a statistically significant degree. However, feelings of personal accomplishment had risen quite substantially and significantly to on average a high level.

The authors' conclusions

The results suggest that staff stress and burn-out on the ward were marginally higher than in-patient community and mental health psychiatric teams in the OSCAR project. This might be because alcohol problem patients can be quite forceful and demanding, and sometimes more disinhibited than those with mental health problems. Comments to staff about their work or about them personally may be experienced as more salient when they come from clients who do not have a major mental health problem. Also, the ward has a high patient turnover; new relationships are continually being established between staff and patients and among the patients themselves. The experience of detoxification is clearly challenging for clients, and can easily turn in to increased demands on staff, compounded by poor physical health which staff need to monitor. Another important factor may have been the extensive group programme patients are expected to attend and staff to facilitate, a contrast to mental health teams.

Staff who attended the training found it very effective as a team-building forum, to identify areas for change, and as a space to focus on plans for achieving this. Also, it is encouraging to that the training did appear to bring about some measurable changes on the scales designed to assess stress and burn-out, in particular a positive effect on team members' feelings of competence and achievement in their work with clients. The implication is that time for the ward team to focus on their own needs in a highly demanding environment is a necessity which should be built in to the yearly working cycle.

Caution is demanded because there was no control group who were not trained against whom the changes in the staff team's scores could be benchmarked, and these changes were measured only in the short term.

This draft entry is currently subject to consultation and correction by the study authors.

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