

Retaining the Psychology Workforce

Reasons for leaving and strategies for retention

Preliminary Analysis, Particularly for the Health Workforce

For the Psychology Workforce Task Group

November 2017



Introduction: Retention of Psychologists

At its August 2017 meeting the Psychology Workforce Task Group proposed that a study be conducted to explore the reasons why psychologists leave roles and to identify strategies that may assist in improving retention of psychologists, in particular within the health and social services workforce.

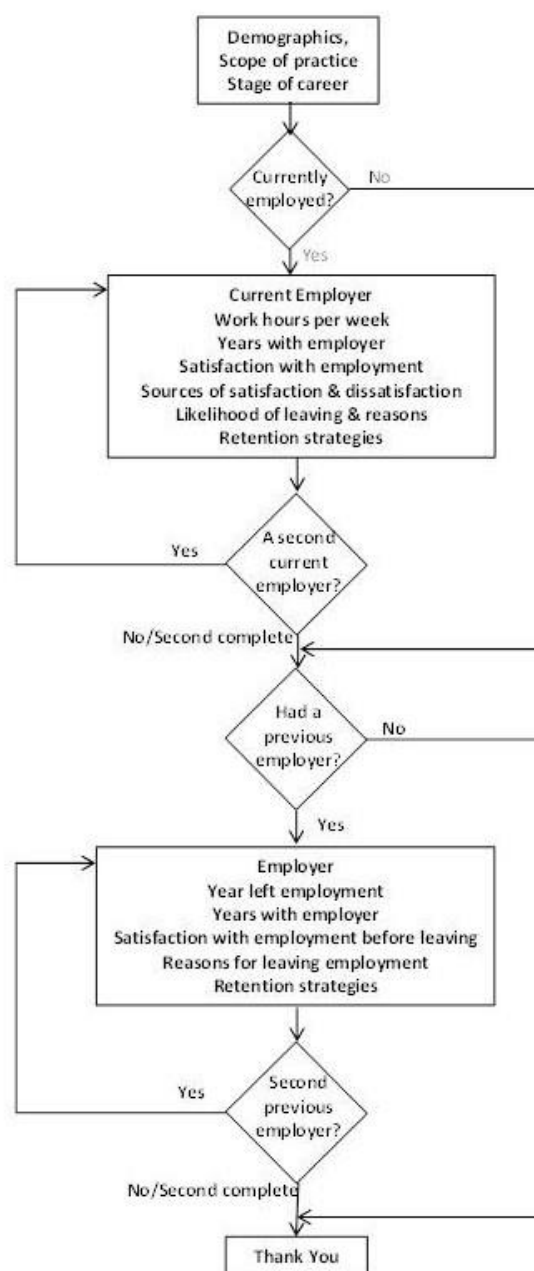
To undertake this study a survey was designed with the following aims.

1. Identify issues that lead to psychologists leaving jobs, particularly with government agencies
2. Identify strategies that could improve retention of psychologists in job roles
3. Assess baseline satisfaction levels for psychologists within current job roles

The survey was developed as a Survey Monkey survey. The logic and content of the survey is summarised in the diagramme to the right. All participants were invited to provide some basic demographic data (gender, age, up to two ethnicities) and information regarding their career as a psychologist (Scope of Practice, years since graduation), and then answer questions regarding up to two current positions and up to two former positions that they have worked in within the last ten years. This data included the type of employing organisation, hours worked, years employed by the organisation, level of satisfaction with employment (using dimensions and items derived from the Stress Scale for Mental Health Professionalsⁱ, sources of satisfaction and dissatisfaction, reasons for leaving, and potential strategies that could assist retention.

All registered psychologists were sent the survey by the NZ Psychologists Board and were invited to participate.

As this yielded a large amount of qualitative and quantitative data, this preliminary report looks at a limited range of quantitative analyses covering all sectors and some qualitative analysis related to the data for the health sector.



Results

Participants

A total of 634 psychologists responded, of which 588 (93%) reported on at least one current job role and 338 (53%) reported on at least one previous job role that they had left within the last ten years. As many participants reported on more than one current and/or former job role, a total of 732 current positions and 431 previous positions were reported on by participants. The following table shows the demographic and professional data for all participants.

Demographic Characteristics of Participants

Characteristic	Distribution					
Gender	Female 77%		Male 23%			
Ethnicity*	Caucasian NZ 62%		Caucasian from Europe 20%		Caucasian from Southern Africa 9%	
	Caucasian from other places (e.g., USA, Australia), 8%		Maori 7%			
	East Asian (China, Korea, Japan, etc.) 2.4%		West Asian (India, Pakistan, etc.) 1.4%			
	Pasifika 1.3%		Latin American 1.1%		South East Asian 0.6%	
			African 0.6%		Other 2,2%	
Age	20-29 years 9%		30-39 years 23%		40-49 years 28%	
	50-59 years 24%		60-69 years 14%		70+ years 2%	
Scope of Practice	Clinical 49%		Psychologist 33%		Educational 11%	
			Interns 4%		Counselling 2%	
					Other 1%	
Years since Qualification	Intern/Trainee 4%		0-2 years 12%		3-5 years 15%	
					(Early-career 31%)	
	6-9 years 16%		10-19 years 30%			
					(Mid-career 46%)	
	20-29 years 15%		30+ years 9%			
					(Later-career 24%)	

Notes: Up to two ethnicities per person recorded

The following table describes the sector and employer for current and previous positions reported about by participants in this study.

Sector and Employer for Current and Previous Positions Reported

Sector	Employer Type	Current Positions		Previous Positions	
		N	%	N	%
Health/Disability	DHB/Secondary Health	185	25%	149	34%
	ACC	44	6%	11	3%
	NGO	33	5%	44	10%
	Primary Health	16	2%	23	5%
	Other	3	0.4%		
Education		115	16%	49	11%
Other Government	Corrections	44	6%	35	8%
	Other	21	3%	33	8%
Private Practice		185	25%	33	8%
Other	University/Academic	35	5%	21	5%
	Non-Health NGO	31	4%	21	5%

	Commercial/Industrial	12	2%	12	3%
	Volunteer	8	1%		
TOTAL		732		431	

Work Satisfaction: Current and Former Positions

Current Levels of Work Satisfaction: All Sectors

Participants who reported on current positions were asked to rate how satisfied they are in relation to eight different aspects of their working life at present. The following graph shows the mean satisfaction on each of these aspects for participants leaving roles in different sectors. Higher scores indicate higher satisfaction for all items.

Satisfaction with Aspects of Work in Current Role: By Sector



It is notable that the satisfaction for Education, Health, and Other Government positions is lower on most scales than for the Private Practice and Other (primarily academic, commercial/organisational, and non-health NGO) sectors, with this trend being statistically significant for many of the comparisons. Education consistently reported the lowest satisfaction with Health staff typically being second lowest. This difference, with Health, Education, and Other Government being lower, was most notable for satisfaction with organisational processes, resources, and overall level of satisfaction. This suggests that organisational processes and availability of resources needed to do the work well may be important targets for improving retention.

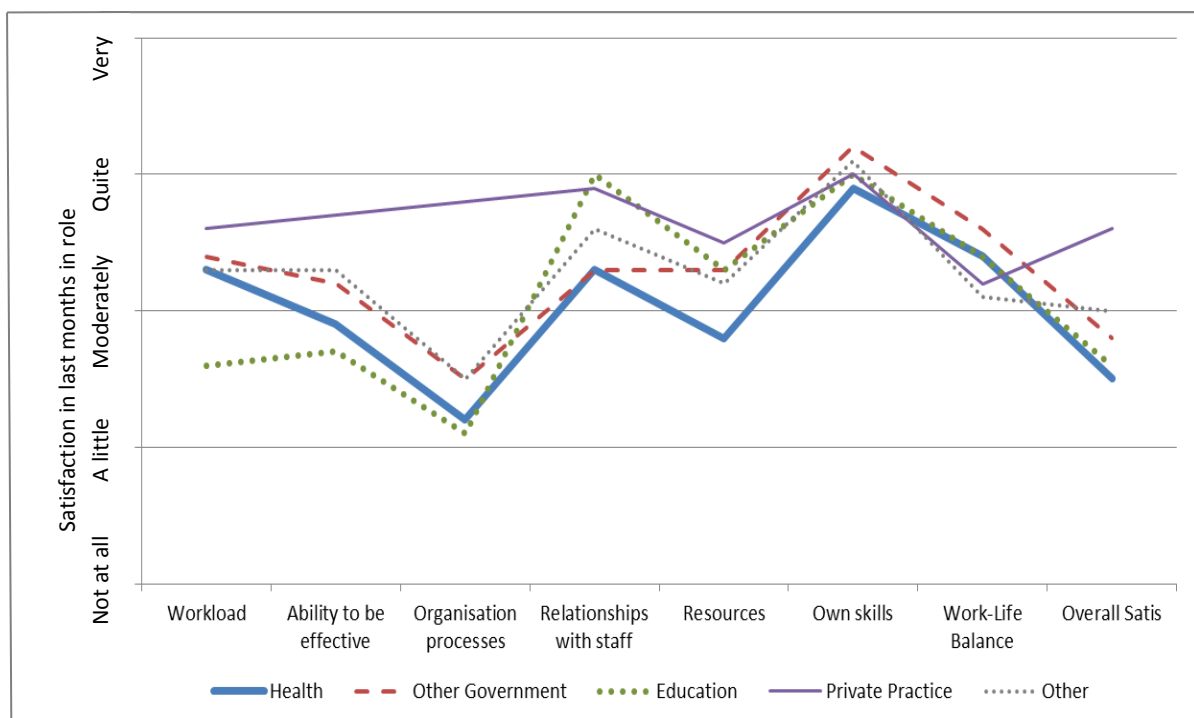
As would be expected, for most sectors including Health the level of satisfaction is substantially higher for current roles than was reported for former positions in the same sector in the months prior to leaving (see next graph). However, this was not the case for Education, where the levels of

satisfaction in current positions were similar to those reported by participants in the months prior to choosing to leave. This may suggest particularly poor morale and level of satisfaction in the Education sector.

Work Satisfaction in Months Prior to Leaving Former Roles: Different Sectors

Participants who reported about previous positions were asked to rate how satisfied they were in relation to eight different aspects of satisfaction with work in the months prior to leaving that role. The following graph shows the mean satisfaction on each of these aspects for participants leaving roles in different sectors. Higher scores indicate higher satisfaction for all items.

Satisfaction with Aspects of Work Prior to Leaving Former Role: By Sector



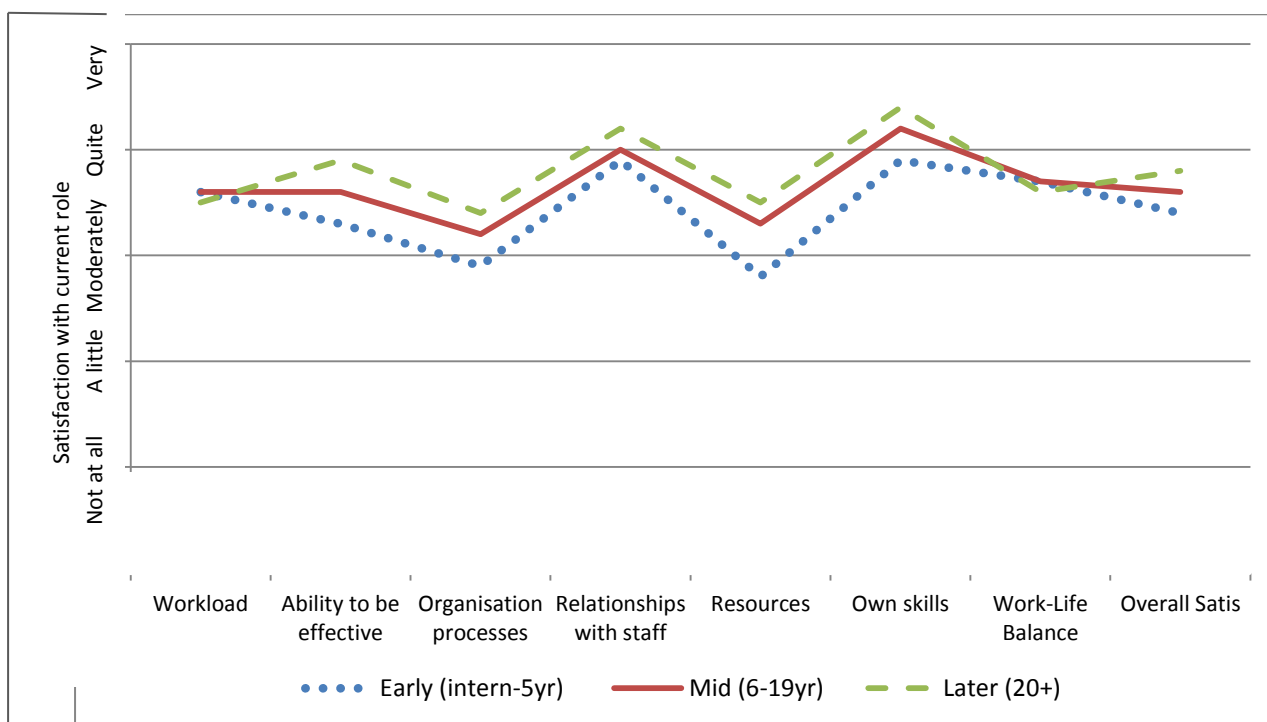
Many statistically significant differences were found between the groups. Psychologists who left Health positions consistently reported amongst the lowest average ratings in almost all aspects. The pattern for Education was more mixed than was found for current positions. Significant differences were found between the sectors in all variables except “Own skills” (“belief that have skills and training needed to do the job”) and “Work-life balance” (“satisfaction with work-life balance”).

As with current positions, satisfaction for psychologists who chose to leave Health positions was particularly low in areas of organisational processes and in having the resources available to do the job well. Satisfaction with relationships with other staff was also low for psychologists prior to leaving the Health sector. These results suggest that these reducing these three sources of dissatisfaction may be useful targets for improving retention in the psychology workforce.

Work Satisfaction: Career Stage

Satisfaction with current role was also assessed by the respondents' stage in their career. Early career was defined as from pre-qualification to 5 years post-qualification. Mid-career was defined as 6-19 years post-qualification. Later-career was defined as 20 or more years post-qualification. Mean satisfaction levels on the different measures are shown on the following graph.

Satisfaction with Aspects of Work in Current Role: By Career Stage



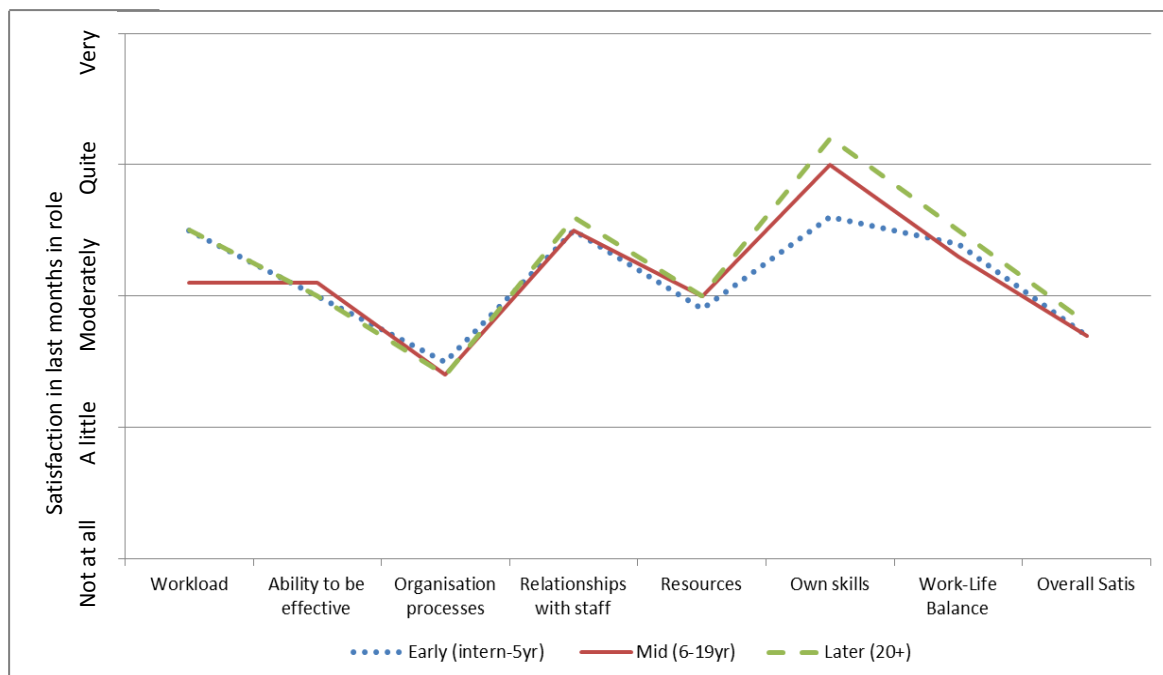
Levels of satisfaction were relatively similar with a small but statistically significant difference between those in different career stages. Early career psychologists typically showed slightly lower levels of satisfaction across most aspects measured, many of these differences being statistically significant. Satisfaction with most aspects appeared to rise over the career, although satisfaction with workload and work-life balance in particular did not improve. Satisfaction with relationships with other staff was consistent throughout the career also.

The largest differences were for organisation processes, availability of resources, satisfaction with ability to be effective, and confidence in ones' own training and skills. The particular concerns for early-career psychologists regarding ability to be effective and confidence in their own training and skills may suggest specific strategies to boost satisfaction in these areas as a useful target to increase retention of early-career psychologists.

Satisfaction in Months Prior to Leaving Former Roles: Stage of Career

Satisfaction with aspects of former roles was also analysed for participants who were at different stages of their career (Early = internship to 5 years post-qualification, Mid = 6-19 years, Later – 20+ years). The following graph shows the mean satisfaction on each of these aspects for participants at different stages of their career.

Satisfaction with Aspects of Work Prior to Leaving Former Role: By Career Stage



Satisfaction with level of own skills and training were significantly different between the different career stages in the months prior to leaving a previous job. Early Career psychologists were somewhat less satisfied with their skills than mid- and later- career psychologists, with no significant difference between the mid- and later-Career psychologists.

No other variables showed significant differences, indicating similar levels of satisfaction on different aspects of working life in the months prior to leaving a role for people at different stages of their career. Organisational processes remained the area of lowest satisfaction for psychologists in all stages of their career. Organisation processes, availability of resources to do the job well, and workload, were the three specific areas with the lowest average satisfaction ratings.

Compared with current positions, most aspects of work-related satisfaction were lower in the months prior to leaving previous positions, and the differences between psychologists at different stages of their career largely disappeared. This may indicate that mid- and later- career psychologists are not immune to the kinds of dissatisfaction that may contribute to attrition in the workforce, and that it weakens their confidence. Developing strategies for preventing diminished satisfaction with key aspects throughout the career are therefore likely to be important to improve retention.

Barriers to Retention: Reasons for Leaving Roles in Health

When reporting on current roles, respondents were asked to rate how likely they are to leave their position in the next five years. The following table shows these results for all respondents.

Psychologists Rating of Likelihood of Leaving Current Role Within the Next 5 Years

Likelihood of leaving current role	Health %	All Sectors %
Not at all	13%	21%
Slightly	18%	18%
Moderately	19%	16%
Quite	26%	19%
Very	24%	21%

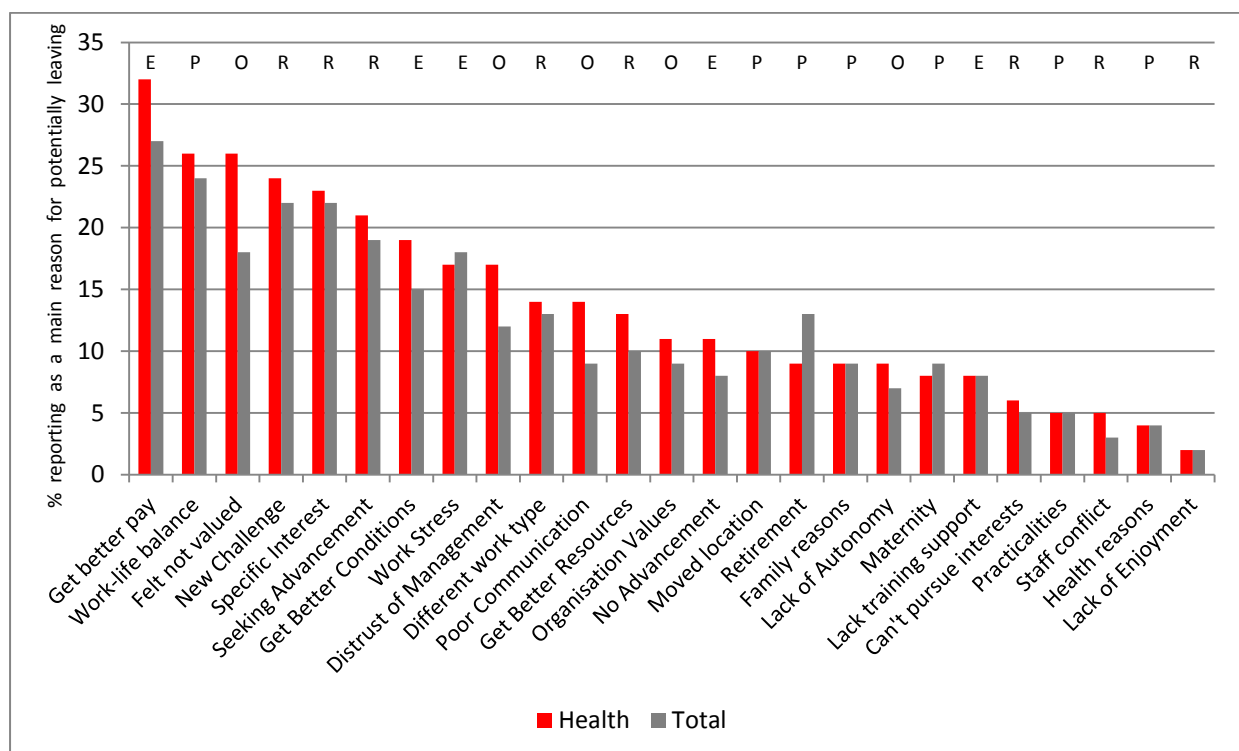
This indicates that a large proportion of psychologists are likely to change jobs within the next 5 years. Psychologists working in Health were significantly more likely to be considering a change in position than were psychologists across all sectors, with 56% of all psychologists and 69% of psychologists currently working in the Health reporting a moderate to high probability of changing positions. Quantitative and qualitative approaches were taken to exploring the reasons why psychologists may be looking to change roles, and these are reported below.

Reasons for Potentially Leaving Current Roles

Participants who indicated that they were slightly, moderately, quite, or very likely to leave their current role in the next 5 years were provided with a list of 25 common reasons for leaving a job and were asked to indicate the reasons (up to four) that most strongly reflected why they were considering leaving.

The following graph shows the proportion of respondents indicating each reason as a significant driver for leaving, for Health positions and for all positions.

Main Reasons for Potentially Leaving Current Role: Health Compared with All Sectors



These results indicate a relatively similar overall pattern of reasons for leaving for Health compared with the total for all sectors. Compared to all sectors, psychologists working in Health were substantially more likely to report their reasons for considering leaving as: To get better pay and working conditions; to get better access to the resources they needed to do their work well; because of not feeling valued; because of distrust of management; and because of poor communication with management. Staff conflict was also substantially more frequently cited as a reason for considering leaving than it was across all sectors. A lack of opportunity for career advancement was also more frequently endorsed by Health staff than by all respondents.

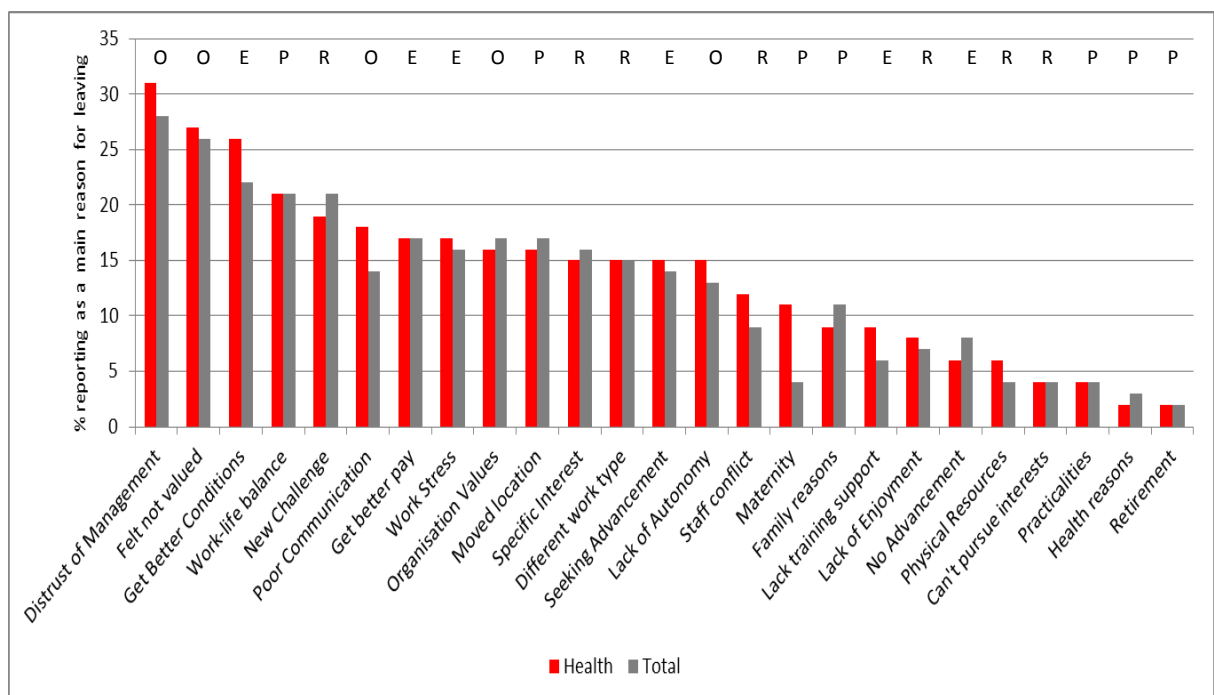
The reasons were divided into four broad categories: E= employment conditions, O=organisational factors, P=personal factors, R = role-related factors. The letters above each pair of bars on the graph indicate which of the four categories the reason belongs to. Reasons from all four categories are represented in the ten most commonly endorsed reasons for leaving, indicating that strategies to bring about improved retention could target a wide variety of aspects of work. While all categories are represented, role-related, employment-related, and organisational-related reasons were more

strongly represented in the top ten, suggesting that strategies to address these issues may be particularly important to improve retention.

Reasons for Leaving – Former Roles

When reporting on roles that they had left within the last ten years, participants were provided with the same list of 25 reasons people report leaving jobs and were asked to indicate up to four that most strongly reflected their reasons for leaving the former position. The following graph shows the frequency with which the different reasons were endorsed as reasons for leaving health sector positions compared to all positions in all sectors

Main Reasons for Leaving Former Position: Health Compared with All Sectors



Although the ordering of reasons for leaving reported for previous jobs is somewhat different from those for leaving current jobs (reported above) the most common reasons are relatively similar with seven of the top ten reasons reported for potentially leaving current jobs also being in the top ten for leaving previous jobs.

While the trend is not strong, organisational issues (distrust of management, not feeling valued, poor communication, dissatisfaction with organisational values) and working conditions (going to roles with better conditions or better pay, work stress, etc) were amongst the most commonly endorsed reasons for leaving. Personal issues (maternity, retirement, family reasons, etc) and work-role related factors (disinterest or not enjoying the work, etc) tended to be less common reasons for leaving.

Qualitative Analysis of Why Psychologists Intend to Leave the Health Service

To explore the kinds of difficulties that may encourage psychologists to leave their current job, an open ended question “If you are likely to stop working in this role in the next five years, why are you likely to do this” was asked of respondents reporting on currently held positions who had described themselves as “a little,” “moderately”, “quite” or “very” likely to leave in the next five years.

Analysis of this data for psychologists currently working in Health was undertaken using the inductive categorisation method of content analysisⁱⁱ to identify major and minor themes emerging from this data. This method involved systematic categorisation of data into themes by reading through the interview responses, identifying the distinct ideas that emerged, grouping related ideas into thematic categories, and then naming the categories to best reflect the theme that unifies their content. The number of comments related to each distinct idea and category were recorded to assess the relative salience of the idea across the group of respondents, but this should be taken as indicative only of the importance or prevalence of that theme.

The following graphic (next page) shows the main categories of reasons that respondents reported may lead to them leaving their current positions in health, and summarises examples of the specific concerns within each category. The categories are presented in descending order of frequency with which concerns pertaining to them were mentioned by participants, and the shaded (blue) area of each box is proportional to the number of mentions of concerns within the category compared to the number mentioning the most common category (“Demand-Driven Stress”). The examples are given in approximately decreasing order of frequency also.

These results largely echo the quantitative findings about aspects of work that may impact negatively on psychologist retention within the health sector. They extend the quantitative data by providing greater depth of understanding of the specific kinds of concerns staff have and which may impact on retention. These concerns are incorporated in the conclusions section of this study and linked with suggested potential strategies for addressing them.

Similar qualitative data was gathered for former positions but this has not to date been analysed.

Reasons for Considering Leaving: Psychologists Currently in the Health Sector

<p>Demand-Driven Stress High caseload/workload. Long waiting lists. Constant demands to work harder. Unrecognised additional roles for seniors psychologists. Risk of burnout.</p>
<p>Insufficient Salary and Career Progression Opportunities Pay levels unsatisfactory – compare poorly with Corrections or private practice. Inequitable conditions. Minimal career progression pathway/structure.</p>
<p>Ineffective Work Processes Time-consuming & unhelpful documentation/record systems. Unwieldy administrative systems. Excessive/ineffective meeting structures. Many barriers to working smarter.</p>
<p>Ineffective Clinical Service Delivery Approaches Psychologists being used as keyworkers reduces time for psychological work. Pressure to reduce length of therapy below effective. Overvaluing of “bio” in biopsychosocial.</p>
<p>Devaluing of Psychologists Work/Contribution. Lack of understanding/recognition of the value/contribution of psychologists by management and other staff. Poor utilisation of psychologists.</p>
<p>Unhelpful Leadership/Management Performance Unskilled and ineffective management. Unsupportive/negative attitude/ bullying managers. Ongoing critical issues not addressed by management, Micro-management.</p>
<p>Stress Due to Lower-than-Required Staff Numbers. Insufficient psychologist and other staff to meet demand on services. Staff numbers static in face of increasing referrals. Staff turnover.</p>
<p>Ineffective Organisational Structure and Function Poor communication within organisation. Disorganisation in services. Siloed services. Conflict in the agendas of different leaders/managers.</p>
<p>Lack of Necessary Physical Resources Lack of physical resources needed to do job well. Insufficient IT resource. Insufficient access to resources limits effectiveness.</p>
<p>Inadequate Working Conditions Lack of clinical space / space not fit for purpose. Unsuitable office space. Lack of flexibility in employment conditions (e.g, for working parents)</p>
<p>Problem Staff Relationships Toxic staff politics. Difficult personal styles of some staff/managers. Lack of collegial support. Concerns about competence of some staff.</p>
<p>Limited Opportunities for Professional Development Difficulties accessing training/development resources and adequate supervision. Struggle to get agreement to reasonable requests to attend relevant training.</p>
<p>Other Barriers to Retention Broader System Issues – Insufficient funding, Poor liaison with other services, Poverty. Client Characteristics – Increasingly high acuity/complexity of clients. Vicarious trauma. Service Priorities – Appear financially driven rather than client focused. Ineffective Utilisation of Staff in Service Development – Poor consultation. Staff ignored.</p>

Notes: Shows category title then representative examples of the reasons for potentially leaving reported by psychologist currently working in the health sector. Categories in decreasing order of how commonly suggested. Examples in approximately decreasing order of frequency. Blue/shaded area of box represents the proportion of reasons in the category compared to the most common category (Demand-driven Stress).

Strategies for Enhancing Retention in the Health System

To explore strategies that may improve retention of psychologists in health sector positions, an open ended question “what could have been done differently that would have encouraged you to stay?” was asked for each participant who reported that they had left a health position within the last ten years.

Analysis of this data was undertaken using the inductive categorisation method of content analysis, described above.

The following graphic gives the main categories reported for health positions, and summarises examples of the kinds of strategies that may have led to the psychologists staying in those positions rather than leaving. The strategies are presented in descending order of frequency with which they were mentioned by participants, and the shaded (blue) area of each box is proportional to the number of mentions of that kind of strategy compared to the number mentioning the most common category (“Enhancing Management Leadership Approach). The examples are approximately in decreasing order of frequency also.

These results show a wide range of potential strategies that may assist with improving retention of psychologists in the health setting. They have been incorporated into the Conclusions section which summarises many of the barriers to retention of the psychology workforce in health discussed by participants in this study, and reports potential strategies for addressing these barriers that also arose from the study.

Strategies That May Have Improved Retention: Psychologists Who Left Health

<p>Enhancing Management/Leadership Approach Improve skills and effectiveness of managers. Increase supportiveness of managers. Address and stop bullying by managers.</p>
<p>Strategies to Reduce Demand-Driven Stress Establish/maintain realistic workload expectations. Support with risky clients. Improve processes for allocating/balancing caseloads. Initiatives to prevent burnout.</p>
<p>Establishing More Effective Work Processes Simplify & streamline clinical and other documentation and administrative processes. Clearer understandings about what is expected. Utilise stafftime more effectively.</p>
<p>Salary and Career Development Higher pay – at least on parity with Corrections. Clear pathway and opportunities for career development.</p>
<p>Provide Necessary Resources and Working Conditions to do the Job Well Processes that ensure that resources needed to do job well are obtained. Adequate working environment, clinical space etc. Safe working environment.</p>
<p>Explicitly Valuing Psychologist’s Contribution Recognition by management of value added by psychologists. Helping staff to understand the role/value of psychology/psychological therapy.</p>
<p>Improving Effectiveness of Psychological Practice. Don’t have psychologists keyworking – poor use of time. Use outcomes to guide therapy. Appropriate oversight of psychologists work.</p>
<p>Workforce Numbers Sufficient to Meet Demand More psychologists to meet demand. Mix of experience levels of staff. More non-psychologist staff to improve overall team function.</p>
<p>Improving Overall Clinical Team Function More efficient MDT meeting approaches. Improved interdisciplinary coordination. Less focus on medications, broader biopsychosocial approach.</p>
<p>Enhancing Access to Professional Development More opportunities/funding for training/upskilling and supervision/mentoring. Reasonable autonomy in deciding needs.</p>
<p>Developing a Positive Organisational Culture. Managing bullying/discrimination and dysfunctional staff relations early. Specific initiatives to improve team environment and staff retention. Encourage innovation.</p>
<p>Improving Organisational Level Function More collaborative/transparent management approach. Allowing reasonable autonomy.</p>
<p>Other Suggested Strategies Broader System Strategies – Improved funding, reducing culture of fear for professionals Work-Life Balance Strategies – Reasonable flexibility e.g., working hours More Psychologists in Leadership – better support</p>

Notes: Shows category title then representative examples of the specific strategies suggested by participants. Categories in decreasing order of how commonly suggested. Examples in approximately decreasing order of frequency. Blue/shaded area of box represents proportion of strategy suggested compared to the most common retention strategy (Enhancing Management/Leadership Approach).

Conclusions: Possible Strategies for Improving Retention of Psychologists in the Health Workforce

A consistent picture emerged across current and previous roles and across quantitative and qualitative data about the types of barriers that impede retention of psychologists within the Health workforce, and potential strategies that may assist to improve retention. The following table summarises many of the barriers to retention, and potential strategies to improve retention that were identified in relation to the health services in this study.

Further data awaits analysis and, along with further discussion, is likely to lead to further development of the following table.

Barriers/issues to Retention of Psychologists in Health	Strategies/Implications to Address the Barriers/Improve Retention
Reasons for leaving related to 1) employment conditions, 2) organisational function, 3) work-role, and 4) personal aspects are all rated in the top ten reasons for people considering leaving jobs in health.	<ul style="list-style-type: none"> • Strategies targeting change in all four categories of reasons for attrition could positively influence retention. • Strategies targeting different categories will be helpful because they will require different resources, can draw on different resources etc.
Reasons related to Work-role and Employment conditions were most strongly represented in the top ten reasons for leaving,	<ul style="list-style-type: none"> • Strategies described below
Staff at all career stages similarly affected by most drivers of dissatisfaction leading to attrition.	<ul style="list-style-type: none"> • Consider that some strategies below will need to be adjusted to address the issues for staff at different stages in their career.
Work-Role Related Barriers/Issues	
Demand-Driven Stress was a major cause for attrition. This included high workload/caseloads; long waiting lists; and expanding job-role demands.	<ul style="list-style-type: none"> • Explicit and reasonable expectations • Develop more effective wait-listing approaches • More use of stepped care to meet client needs • Psychologists supporting stepped care involvement by other staff • Increase MDT and individual support for risky clients • Improve case allocation processes within teams
Stress on psychologists and the whole service due to inadequate staff numbers to provide an effective and safe service was seen as a significant driver of staff turnover and attrition.	<ul style="list-style-type: none"> • Establish firm basis for identifying numbers of psychologists and service staff needed to adequately meet demand. • Ministry and employers to use these numbers to advocate for appropriate staffing levels
Lack of Resources to do the job well was also a barrier to retention of staff. This included having resources such as computers, cars, and up-to-date tests, and also included adequate working conditions such as appropriate offices and clinical space and a safe working environment.	<ul style="list-style-type: none"> • Clear, consistent, and streamlined processes for requesting, justifying, and obtaining resources that are needed to do the job well. • Clear guidelines for working conditions most appropriate for groups such as psychologists. Obligation on employers to provide if possible (similar to OSH requirements) • Identify inefficiencies due to lack of resources and address these. • Use front-line staff to help identify resource-driven bottle-necks (e.g., consultation, “competition”) • Pharmac-style approach to get improved pricing for nationally-used resources (eg neuropsych tests). Would be for broader range of resources used in health than just those used by psychologists (e.g., all of Allied health)

<p>Frustrations and attrition sometimes due to difficulties in maintaining effective psychological practice within the health services.</p>	<ul style="list-style-type: none"> • Stop psychologists from being utilised as generic key-workers unless there is a strong clinical reason to do so and it is carefully maintained to ensure it does not prevent them working “at top of licence” • Ensure psychological practice is appropriately tailored to be able to function effectively within the context it is being used without losing its integrity. • Develop resources/guidelines to assist managers to know how to assist psychologists to be able to work effectively.
<p>Lower level of belief in ability to be effective and in own skills for early-career psychologists.</p>	<ul style="list-style-type: none"> • Improve orientation/training for early-career psychologists • Additional early-career mentoring and support
<p>Poor understanding of the psychologists’ role by management and other staff, leading to perceived devaluing of psychologists and often poor utilisation was seen as a risk for retention.</p>	<ul style="list-style-type: none"> • Work by psychologists and professional organisations to assist this understanding and to assist psychologists to have good approaches to build this knowledge. • Explicit acknowledgement by management of the value of the role of psychologists (and other disciplines)
<p>Sometimes poor relationships with non-psychologist staff presented as a risk</p>	<ul style="list-style-type: none"> • Ensure bullying by staff of other staff is addressed. • Work by management and staff to develop positive organisational culture within health services
<p>Employment Conditions-Related Barriers/Issues</p>	
<p>Insufficient salary and structures/processes for career progression</p>	<ul style="list-style-type: none"> • Higher pay – salary commensurate with Corrections • Clearer pathway for career progression/ development • Encouragement of psychologists to take on extended roles, and tangible recognition if they do. • Remove anomaly that in many instances if a psychologist considers taking on a leadership role, it will reduce their salary.
<p>Limited funding and support for professional development activities.</p>	<ul style="list-style-type: none"> • More access to, and streamlined processes for obtaining, funding for appropriate professional development opportunities. • Reasonable autonomy for determining appropriate professional development opportunities
	<ul style="list-style-type: none"> • Organisations supporting appropriate supervision and mentoring for psychologists
<p>Organisational Processes-Related Barriers/Issues</p>	
<p>Unhelpful leadership/management performance and ineffective organisational structure and function were a significant risk in relation to attrition.</p>	<ul style="list-style-type: none"> • Improve skills and effectiveness of managers • Organisational culture that engenders more positive culture between managers and clinical staff • Address issue of managers who use bullying • Encourage staff input into service development and innovation. • More transparent and collaborative management style. • More effective change management processes and more recognition of the organisational costs associated with poorly envisioned, planned, or undertaken change management.
<p>Poor administrative and clinical service delivery processes were also seen as a risk. This included ineffective and ponderous clinical and documentation systems, inefficient MDT and other meeting processes,</p>	<ul style="list-style-type: none"> • Simplify/streamline clinical and other documentation and administrative processes. • Clarify understanding of what is expected of staff. • Use MDT meeting structures that are more targeted in terms of relation of those attending to the client and in terms of clinical outcomes • Reduce/revise inefficient/ineffective meetings including clinical and administrative meetings

References

ⁱ Cushway, D., Tyler, P.A., & Nolan, P. (1996). Development of a stress scale for mental health professionals. *British Journal of Clinical Psychology*, 35, 279-295.

ⁱⁱ Greene, J.C., Whitmore, E., & Sappington, H. (1987). The craft of evaluation: Strategies for qualitative data analysis. *Evaluation Practice*, 8, 5-11.