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Description

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The study will utilise principles of participatory action research to deliver an ACT based intervention to enhance psychological flexibility. The proposed research is expected to contribute to the recognised lack of empirical work investigating the role that the concept of psychological flexibility may play in achieving organisational outcomes.

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Psychological flexibility as a mechanism of change in the quality of care in health care settings: A brief review of literature and study outline

Gorjana Brkic

Abstract

The construct of psychological flexibility is emerging as a relevant variable for study of individual and organisational outcomes. This paper provides a brief review of literature on the effectiveness of Acceptance and Commitment Therapy ACT in the workplace settings and outlines elements of the current study, seeking to investigate psychological flexibility as a change mechanism in the quality of care in health settings. It is hypothesised that enhancing psychological flexibility will have a positive effect on the quality of care delivered and the capacity of employees to cope with the demands of the workplace as evidenced in better psychological health and greater resilience. The study will utilise principles of participatory action research to deliver an ACT based intervention to enhance psychological flexibility. The proposed research is expected to contribute to the recognised lack of empirical work investigating the role that the concept of psychological flexibility may play in achieving organisational outcomes.

Introduction

Health care service providers in Australia are regularly faced with increasingly complex needs of people who seek its services. The complex nature of care is likely to have a substantial impact on the health workforce, such that the care provided is not characterized purely by managing clinical symptoms, but also by the ability of workers to proactively and flexibly respond to the changing needs of patients. It is recognized (e.g. Access Economics, 2010) that this may require a paradigm shift in the way that care is delivered, moving away from the traditional hierarchical, task focused approach to a more fluid approach that recognizes the role of individual responsibility, while creating a culture that values shared goals and decision making. Until recently, the literature on organisational outcomes has concentrated on macro-level factors to explain effectiveness of individuals in their workplace. While the literature acknowledges that a range of individual factors may be associated with organisational outcomes (e.g. Bond, Flaxman & Bunce, 2008; Wanberg & Banas, 2000), there is substantially less empirical work in this area compared to the study of organisational factors. A relatively new variable in organisational research – the concept of psychological flexibility, the key mechanism of change in the Acceptance and Commitment Therapy (ACT) model (Hayes *et al*, 2006), is emerging as a relevant variable for study of individual and organisational outcomes.

The concept of psychological flexibility is derived from the Relational Frame Theory (RFT, Hayes, Barnes-Holmes & Roche (2001), a behaviour analytic approach to understanding complex human functioning. As the basis for explaining human functioning, the RFT provides an analysis of concepts such as relational frames, rule-goverened behaviour and the construction of self.

The theory suggests that common psychological problems arise from the complexities of human language, expressed as “contextually controlled pattern of behaviour” (Bond, Hayes & Barnes-Homes, 2006, pp. 27). It aims to describe and explain behavioural processes and outcomes of verbal events, using the previously mentioned concepts (Hayes, Bunting, Herbst, Bond & Barnes-Holmes, 2006). For an overview of RFT and its concepts in organizational contexts see Stewart, Barnes-Holmes, Barnes-Holmes, Bond and Hayes (2006). There are six key processes that are involved in psychological flexibility, the overarching concept in the ACT model of human effectiveness, including cognitive defusion, acceptance, contact with the present moment, self-as-context, values and committed action. Psychological flexibility is defined as “contacting the present moment as a conscious human being, and, based on what the situation affords, acting in accordance with one’s chosen values” (Bond, Hayes & Barnes-Holmes, 2006, pp. 28). Higher levels of psychological flexibility are proposed to fulfil a two-fold function. The first involves a willingness to experience thoughts, feelings and sensations (both pleasant and unpleasant) without attempting to change them or control them. The second involves utilizing the energy that would have otherwise been put towards changing or controlling psychological events into behaviours that are consistent with one’s values and goals (Bond & Bunce 2003). In clinical settings, the concept has been operationalised in ACT. Figure 1 depicts the 6 key processed of ACT targeted by ACT practitioners. A considerable amount of literature is now available to show an association between higher levels of psychological flexibility and positive outcomes in psychotherapy (e.g. see Ruiz, 2010 for a review of empirical evidence of ACT processes and outcomes in clinical settings). A limited number of studies, however, have dealt with this concept in organizational settings. Rather than it being indicative of the lack of relevance for the workplace, it is more likely a depiction of research trends which, until recently, have focused on the study of better established individual variables such as employee attitudes to organisational events (e.g. Armenakis, Harris & Mossholder, 1993; Wanberg and Banas, 2000; Herscovitch & Meyer, 2002) and various personality focused dispositional factors, such as locus of control (e.g. Lau & Woodman, 1995; Oreg, 2003), openness to experience (e.g. Oreg, 2003), self-esteem (e.g. Wanberg & Banas, 2000) and self-efficacy (e.g. Bandura, 1997), among others. Bond, Flaxman and Bunce (2008) cited the existence of only 27 studies in 2008 that investigated psychological flexibility in a workplace environment. The majority of the studies have been meditational, investigating associations between psychological flexibility (or individual components, such as mindfulness, values-based goals and acceptance), psychological outcomes and work related variables such as absenteeism, motivation and job satisfaction. In addition, Bond and Hayes (2002) have developed a psychological flexibility-enhancing intervention for the workplace and have assessed its effectiveness in relation to work-related stress, propensity to innovate, general mental health, job satisfaction and others. This paper will provide a brief review of literature on effectiveness of ACT at work, focusing on individual and organisational outcomes. In light of the literature, the paper will outline elements of the current study, seeking to investigate psychological flexibility as a change mechanism in the quality of care in health settings.

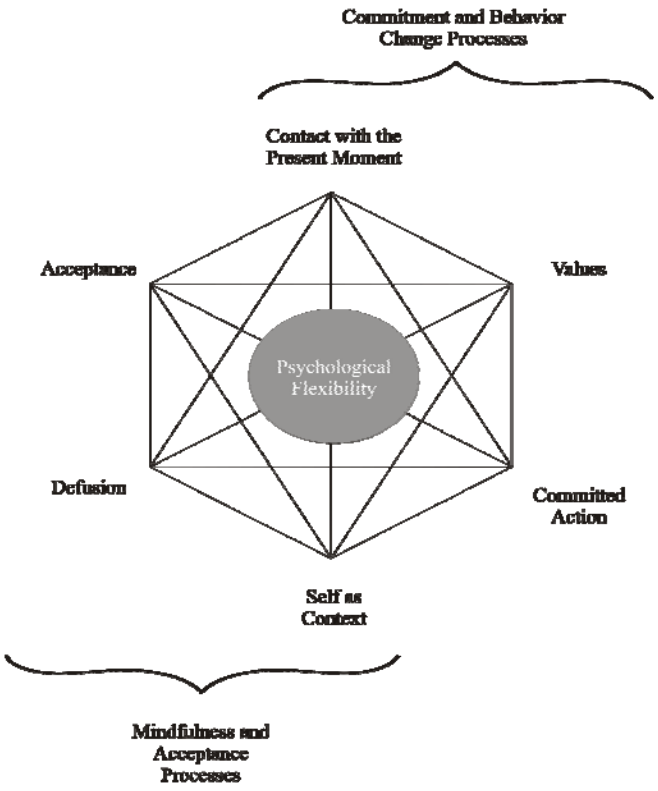

Figure 1: The six core components of psychological flexibility targeted by ACT (Ciarrochi, Billich & Godsel, 2010)

Evidence for ACT in the workplace: individual and organisational outcomes

One of the key theoretical underpinnings of ACT that makes it well suited for application in the workplace is its grounding in the behaviourist wing of psychology, and particularly its emphasis on the context in which behaviour takes place (Bond, Hayes & Barnes-Holmes 2006). ACT researchers take the view that behaviour is influenced by the external environment rather than caused by internal constructs. This assumption guides the application of ACT with the view to understand how to predict and influence psychological flexibility within a given context, rather than to alter or influence internal constructs directly. In other words, ACT seeks to influence the relationship between the individual and his or her environment, rather than the individual himself.

The emerging research on ACT at work is focused on understanding how ACT can inform the well-being of employees, particularly in the context of stress at work (Bond et al. 2010). One of the first studies to investigate the utility of psychological flexibility in the workplace was the study by Bond and Bunce (2000). The study compared an ACT based stress management intervention to a Cognitive-Behavioural Therapy (CBT) based stress management intervention in an experimental study involving 3 groups, with a total of 90 participants. They found that the ACT intervention significantly improved general mental health, depressive symptoms and a work related

variable – propensity to innovate, among the participants of that group. Importantly, the study lends empirical support to the hypothesised mechanism of change in ACT – the change in outcome variables was mediated by processes such as acceptance of undesirable thoughts and feelings, rather than by change in presence of those thoughts or by directly modifying work stressors. A subsequent study, by the same authors investigated the influences of an organisational variable – job control, and psychological flexibility on stress-related individual outcomes (Bond & Bunce 2003). The two-wave panel study involving a total of 412 participants at time 2, tested the extent to which psychological flexibility predicted mental health, job satisfaction and performance (objectively measured), one year later, while accounting for the predictive effects of job control. The findings indicated that higher levels of psychological flexibility initially, predicted better mental health and performance one year later. The study also found that greater levels of psychological flexibility at time 1 enhanced the relationship between higher levels of job control at time 1 and better mental health and performance at time 2. These findings suggest that individuals with higher psychological flexibility are better able to utilise the resources in their environment, by having a greater awareness of the level of control in a given situation and by being less likely to focus that awareness on trying to control their internal states. In addition, the study did not find a reciprocal relationship between psychological flexibility and mental health and performance, suggesting that psychological flexibility affected outcomes on these two variables, and not the reverse.

A more recent study by Bond, Flaxman and Bunce (2008) demonstrated the relevance of psychological flexibility in the context of an intervention aiming to improve aspects of work planning and performance measurement. They utilised the principles of participatory action research to introduce changes to work planning processes and modify the frequency of work planning cycles for distribution of work among team members. The study also established structured time for individualised performance feedback and development planning, which was initially identified as a problem area by the team. They found that, in comparison to a control group, the intervention improved employees' mental health and absence levels, and this was especially true for those individuals who had greater levels of psychological flexibility at the start of the intervention, as they perceived that they had greater levels of control on the job, following the intervention. This finding is significant as it highlights the role of context in employee outcomes. It also suggests that interventions aiming to improve organisational outcomes may benefit from targeting psychological flexibility prior to introducing work changes. A related finding has been reported in the context of performance and learning on the job (Bond & Flaxman 2006) where call centre workers were required to undertake a training course to learn a new software system and apply it in their workplace. The findings showed that higher levels of psychological flexibility predicted enhanced learning and better performance (as measured by meeting a performance-to-target ratio).

Similarly, a cross-sectional study by Brkic and DelFabbro (2010) found that individuals, who had greater levels of psychological flexibility and change-specific self efficacy, were more likely to report higher levels of commitment to

a large scale organisational change. The study was conduced in a mental health facility undergoing extensive changes, including relocation to temporary facilities while a new hospital was being built followed by the introduction of a new model of care. Large scale organisational change is commonly considered a potentially highly stressful event for employees, and within that sample, almost a half (47%) responded positively to the statement "Based on previous experience of change in an organisation, I feel anxious about this change". The findings suggest that individuals, who had a belief in their ability to handle the changes and a willingness to experience the thoughts and emotions associated with the experience of the changes occurring in the workplace, were more likely to report being committed to the changes that the organisation was introducing.

A longitudinal study by Williams, Ciarrochi and Deane (2010) assessed a range of psychological variables (experiential avoidance, thought suppression, low awareness of feelings and mindfulness) and the extent they predicted wellbeing of police recruits as they transitioned into the workplace. All of the process variables (i.e. mindfulness, thought suppression, difficulty identifying feelings and low acceptance) were found to be associated with poorer mental health. Also, while thought suppression and difficulty identifying feelings were able to predict depression at Time 2, mindfulness was found to be the strongest predictor. These psychological mechanisms seem particularly relevant to health care settings where individuals are also required to expend considerable emotional energy as part of their daily work. Worley (2005) for example identifies the notion of "compassion fatigue" in caring professionals which is expressed as a "physical, emotional and spiritual fatigue or exhaustion that takes over a person and causes a decline in his ability to experience joy or to feel and care for others" (p. 415). A recent qualitative study by Corlis, Sheidow and Smith (2010) offers staff reflections on their experience of providing care in an aged care residential setting, e.g. "some residents are very demanding; it makes you feel tired and sometimes burnt out mentally" (p. 9) or on experiencing death of a resident, e.g. "We had to be strong for the other residents, but it does put a strain on us and makes more tired and you want to go home but you have to be here and be strong for everyone else" (p.10). The same study also highlights some coping strategies that staff have used to minimise the effects of stress in their work, such as " I don't allow myself to get close enough to them for it to affect me emotionally, specifically when resident's health is deteriorating" (p.12). This highlights that such strategies employ suppression and avoidance in dealing with the emotional component of the demands of the workplace which may not be the most effective or productive approach to managing the expected psychological strain that staff are likely to feel in a caring environment. It brings into question the capacity of staff to effectively deal with the demands of the workplace and the impact that may have on the quality of care provided. For example, within the limited evidence available in health care settings, a study by Hayes, et al. (2004) showed that an ACT-based intervention may be able to produce beneficial outcomes in this context. They investigated attitudes of drug abuse counsellors towards their clients and conducted a 1-day ACT group workshop aiming to alter the believability of stigmatising thoughts that the counsellors retained about their clients. The intervention utilised the processes of acceptance, defusion, mindfulness and

values clarification, showing reduced stigma and prejudice on the part of the counsellors post intervention and at three months follow-up.

This brief overview of the relevant literature suggests that the evidence for the effectiveness of ACT in the workplace is increasing. Specifically, research exploring individual outcome, has identified a number of beneficial effects associated with higher levels of psychological flexibility, such as enhanced mental health, a greater ability to notice the level of control one has in the workplace, enhanced ability to learn new material and apply it to the job and reduced levels of stigma in counselling situations. The construct has also been associated with positive work-related outcomes, such as increased productivity and increased propensity to innovate. Bond and Hayes (2002) however have called for future evaluations of ACT-based interventions, investigating both individual and organisational outcomes. Failing to show the effectiveness of ACT for producing beneficial outcomes for organisations would limit its relevance and applicability past the well-established clinical settings.

Aims

The present study will seek to evaluate the impact of an ACT-based intervention on the quality of care in a health care setting, with the focus on measuring both individual and organisational outcomes. Specifically, it will investigate whether greater psychological flexibility increases the capacity of employees to cope with the demands of the workplace as evidenced in better psychological health and enhanced quality of care.

Methodology

At present, this study is yet to gain formal confirmation from a participating organisation. Preliminary interest in supporting the study has been gained from a mental health facility and an aged care service provider. It is expected that confirming the context in which the study will be carried out, will enable development of a more definitive methodological approach that is responsive to the organisation's needs. However, based on the literature sourced so far, it is tentatively suggested that the concept of compassion fatigue, defined as the "physical, emotional and spiritual fatigue or exhaustion that takes over a person and causes a decline in his ability to experience joy or to feel and care for others" (Worley, 2005, p. 415), is a relevant variable for study in the health settings suggested above.

Upon gaining confirmation from a participating organisation, it is expected that a control and an intervention group will be established. Both groups will be asked to complete a collection of baseline measures focusing on psychological health factors such as psychological flexibility, mindfulness and stress factors related to compassion fatigue and burnout. A baseline measure related to the quality of care, within the organisational context, will also be established. The study will utilise principles of participatory action research, working closely with management of the organisation to determine the most appropriate approach for delivering the intervention. The intervention will follow the Bond and Hayes (2002) 2+1 approach, involving 2 workshops across two consecutive weeks and a follow up workshop 3 months later. Theoretically, the intervention will aim to increase the 6 key elements of

psychological flexibility. However, there is some indication (e.g. Ciarrochi, 2010) that so far there is sufficient evidence that ACT improves 3 elements – “it reduces believability of dysfunctional thoughts, increases acceptance of private experience, and reduces believability that private experience acts as a barrier to action” (Ciarrochi, 2010, p. 20), while more research is needed on the remaining 3. It is suggested that, showing that individual markers of psychological flexibility can be improved individually, will enable better customisation of interventions in line with a client’s needs. Following the intervention, employees will be asked to complete the same collection of measures 3 months later to assess sustainability of any changes that may have been achieved. A report will be made available to the organisation if required. The proposed research is expected to contribute to the recognised lack of empirical work investigating the role that individual factors and psychological mechanisms such as flexibility may play in achieving organisational outcomes. In addition, it will add to the growing body of literature on the effectiveness and applicability of the ACT model to organisational settings.

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