Mental health workers' values and their congruency with recovery principles

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Abstract
Recovery in mental health emphasizes the empowerment of clients to discover and develop hope and a more satisfying life often in presence of ongoing symptoms of mental health.

Keywords
mental, their, values, recovery, principles, workers', health, congruency

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Mental health workers’ values and their congruency with recovery principles

Bianca A. Glaiz, Frank P. Deane and Virginia Williams

Abstract

Purpose – Recovery in mental health emphasises the empowerment of clients to discover and develop hope and a more satisfying life, often in the presence of ongoing symptoms of mental illness. Work values that are inextricable with values that underpin the recovery philosophy may be contributing to the challenges in implementing recovery values in practice. The purpose of this paper is to explore the types of work values espoused by Australian mental health workers and their degree of congruence with recovery values.

Design/methodology/approach – In total, 65 Australian mental health workers completed an open-ended work values question. Leximancer content analysis was used to generate a thematic work values profile followed by a theory-led thematic analysis of the responses to assess congruence with recovery values.

Findings – This sample valued client-centred practice that supports recovery, making a difference in others’ lives, work competence, being caring and empathic, and meaningful work. Overall, there was substantial congruence between work and recovery values, with less evidence of endorsement of values relating to strengths-based approaches, personal responsibility, and positive self-identity. These values should be targeted in future training initiatives.

Originality/value – The current study is the first study to identify the types of work values espoused by Australian mental health workers and to examine the degree to which they are recovery-consistent. This is an important research agenda given the high national and international priority to adopt a recovery orientation, and the need to identify and modify potential barriers to the implementation of recovery-oriented services.

Keywords Leximancer, Implementation, Content analysis, Recovery, Work values, Mental health

Paper type Research paper

Historically, the concept of recovery in mental health referred to the return to pre-morbid functioning and complete symptom remission, which was objectively measured on the basis of absence of symptoms, medication use, need for hospitalisation, and approximation to normal functioning (Amering and Schmolke, 2009; NSW Consumer Advisory Group, 2009; Slade et al., 2008). It has been suggested that this narrow view of recovery engendered pessimistic prognoses and low expectations for recovery from mental illness, which could contribute to chronicity and stigma (Roberts and Wolfson, 2004; Slade et al., 2008). A broader conceptualisation of recovery has emerged, which emphasises optimism about outcomes, the empowerment of clients to discover and develop a more meaningful and satisfying life, and personal and transformational processes that facilitate accepting and overcoming the limitations of mental illness (Amering and Schmolke, 2009; Oades et al., 2009; Slade et al., 2008, 2014). It places an emphasis on values promoting hope, autonomy, a positive identity, personal meaning and purpose in life, wellbeing, and the belief that people can and do recover from mental illness (Amering and Schmolke, 2009; Farkas et al., 2005; Mental Health Coordinating Council, 2009). A recent systematic review and narrative synthesis on personal recovery in mental illness identified five key recovery processes that form the acronym CHIME: connectedness; hope and optimism about the future; identity; meaning in life; and empowerment (Leamy et al., 2011).

This broader conceptualisation of recovery has become the central guiding philosophy of mental health policy and services in Australia (Ramon et al., 2007; Slade et al., 2008; Australian Health Ministers, 2009). Recovery principles are explicit in national and state-level health policy documents, designed to promote a recovery orientation to service delivery (Australian Health Ministers, 2009; NSW Consumer Advisory Group, 2009; Ramon et al., 2007; Rickwood, 2004).
There is growing research and training efforts to develop and implement recovery-oriented models and practices in Australia (e.g. Anderson et al., 2003; Oades et al., 2005).

The rhetoric of recovery appears to be widespread in mental health policy, research, service delivery and training programmes, but evidence demonstrating successful translation of recovery principles and values into practice at the service level is mixed. This is reported both nationally (Crowe et al., 2006) and internationally (Boardman et al., 2011; Siade et al., 2014). Within Australia, some studies report improvements in service providers’ knowledge about recovery principles and practices, and more hopeful and optimistic attitudes towards recovery following recovery-oriented service training (Crowe et al., 2006). However, studies have also found that rates of implementation of these recovery principles and values in clinical practice are still low following training interventions (Deane et al., 2006; Rickwood, 2004; Uppal et al., 2010). Factors such as leadership from management and few structures to support the practical translation of training have been found to account for the relatively slow and low rates of implementation of recovery knowledge, skills and values in practice in Australia (Deane et al., 2006; NSW Consumer Advisory Group, 2009; Oades et al., 2006; Uppal et al., 2010).

Internationally, an important underpinning factor impeding implementation of recovery principles and practices includes a prevailing clinical view of recovery (i.e. a “cure” or clinically meaningful reduction in symptoms) as opposed to facilitating a personal recovery in which the individual leads and defines their own journey towards a meaningful life (Siade et al., 2014). When making clinical decisions according to a values-based approach, the health worker needs to negotiate the clients’ and their own personal values within the context of modern healthcare, where complex and conflicting values are often in play (Petrova et al., 2006). A relevant factor in the implementation of recovery principles and practices that has yet to be tested relates to the degree to which the work values of the mental health workforce are recovery-consistent.

Research on organisational behaviour lends support to the proposition that the mental health workforce needs to understand, agree with, and internalise recovery values in order to develop recovery-oriented work attitudes and behaviours. Both work values and individual-organisational value congruence predict job motivation, motivation to learn, readiness to change, commitment to and identification with organisational goals, and job performance (Moos, 2010; Posner, 2010; Suare and Khuntia, 2010). There is a need to determine whether the work values of mental health workers and the degree to which they are congruent with recovery values has an influence of implementation of recovery-oriented practice.

The existing empirical literature exploring values, and in particular work values, of the mental health workforce is limited. Exploratory studies have identified major value orientations of professional and trainee mental health workers (Busacca et al., 2010; Consoli and Williams, 1999; Haugen and Tyler, 1991; Jansen and Bergin, 1988; Kelly, 1995). These studies used a variety of values measures, including the Schwartz Universal Values Questionnaire (SUVC) (Schwartz, 1992), which assesses general motivational values. The values that mental health professionals consider to be important for good mental health and for guiding therapeutic practice have been assessed using the mental health value instrument (Jensen and Bergin, 1988), the mental health value survey (Kelly, 1995), and the mental health value questionnaire (Tyler et al., 1983). Lastly, the Super Work Values Inventory-Revised (SWVI-R) (Zyliwski, 2006) has been used to assess the values that people consider to be important in their work. Among these studies, only four examine work values specifically. These have used the SWVI-R or modified versions of the mental health value instrument (Jensen and Bergin, 1988) that assesses values for guiding therapeutic practice (Busacca et al., 2010; Consoli and Williams, 1999; Jansen and Bergin, 1988; Kelly, 1995).

A consistent finding across all of these studies was the high levels of overall agreement regarding many value dimensions across professional groups (Busacca et al., 2010; Consoli and Williams, 1999; Haugen and Tyler, 1991; Jansen and Bergin, 1988; Kelly, 1995). For general motivational values, professional and trainee counsellors most highly value benevolence, self-direction, universism, and achievement (Busacca et al., 2010; Kelly, 1995). For mental health-specific work values there was high endorsement for autonomy, self-acceptance, purposeful living, career competence and achievement, positive human relatedness, and forgiveness (Consoli and Williams, 1999; Jansen and Bergin, 1988; Kelly, 1995).
However, the measures used in these studies were constructed almost three decades ago, prior to the current emphasis on "recovery-oriented services". It is possible that they do not include some of the values domains that have been emphasised in the recovery philosophy. Evidence of change in value systems over time among the counselling profession and with the recovery movement provides some justification for this concern (Katz and Beech, 1980; Mental Health Coordinating Council, 2008). Others have also noted that the mental health value instrument requires further validation (Kelly, 1999).

There is also a need to particularly identify the work values of Australian mental health workers since prior research has mostly involved American mental health professionals and did not include mental health support workers, who constitute a very large and growing occupational group in mental health services in Australia (Australian Government, 2012).

To date, only one article has directly addressed the question regarding the degree of value congruency and this was between the professional work values and core recovery values of social workers (Carpenter, 2002). The article provided a conceptual discussion of the alignment between core recovery values and social work values as defined by the profession’s Code of Ethics/Conduct. It was argued that recovery values are highly compatible with social work values, providing a preliminary conceptual justification for the proposed value congruency argument. Unfortunately, there was no direct assessment of social workers’ values so that the degree of congruence could be examined.

The aims of the current study are twofold. First, to describe and clarify the work values of mental health workers in Australia using an exploratory work values measure. Second, to gauge the degree to which the work values held by Australian mental health workers are recovery-consistent by systematically examining the content of the work values in reference to core recovery values identified in the literature. This is an important research agenda given recent mental health policies advocating for recovery-oriented service provision (Australian Health Ministers, 2009).

**Methods**

**Participants**

Participants were 65 mental health support workers employed by a large non-government organisation that provides mental health services across New South Wales, Australia. This organisation provides a range of support services to individuals with persistent and recurring mental health problems. The sample consisted of mental health support workers, who were participants in the two-day collaborative recovery training program in 2011 (see Oades et al., 2005 for details of the training programme). The final sample that was selected for inclusion in this study was based on those who provided completed questionnaires (93 per cent).

**Measures**

An open-ended question regarding work values was used to explore the types of work values that mental health workers believe are important and seek to express in their actions. The question read: "What type of work would you like to do in an ideal world? What kind of worker would you like to be with respect to your work, your employer, and co-workers? Some people value doing work that allows them to bring their unique talents to bear, work that allows them to express themselves, or work that ‘makes a difference’ in other people’s lives. Regardless of what others value, what kind of work would you value doing – and what kind of worker would you value being? Please write down your work/career values".

**Procedure**

Participants attended a two-day collaborative recovery training program as part of their workplace requirements and were offered participation in the study. Participation was entirely voluntary. The study protocol was reviewed and approved by the Human Research Ethics Committee at the University of Wollongong.
On the morning of Day 1 responses to the open-ended work values question were collected from the participants as part of a larger questionnaire that was designed to assess several other training outcomes. This questionnaire also included questions regarding background information, such as age, gender, work role and length of time working in the mental health profession.

Data analysis

Language was viewed as an external expression of inner values. The qualitative content analysis of the open-ended responses to the work values question used a qualitative data analysis tool known as Leximancer (ver. 4, www.leximancer.com). Leximancer is a text analytics software that performs automatic thematic analyses of text data and produces a concept map – a visual representation of the concepts, and clusters of concepts, that emerge from the data (Leximancer, 2011). Leximancer identifies the most frequent concepts in the text to generate a text-grounded thesaurus and then explores the interrelationships between these concepts to generate clusters of concepts, known as semantic themes (Leximancer, 2011). The advantages of using Leximancer over manual coding include its reliance on objective algorithms to quantitatively generate the qualitative content analysis, its grounded approach to data analysis, and its ability to objectively identify and visually depict the centrality, rank-ordering, and connectedness of concepts (Smith and Humphreys, 2005).

Method using Leximancer

An automatic analysis of the open-ended responses to the work values question was conducted using Leximancer’s default settings. The only exception was to change the processing of two sentence blocks to one sentence block since the majority of the participants’ responses constituted a few words or no more than one sentence (e.g. “make a difference to peoples’ lives” or “compassion, support, empowerment”).

The automatically generated thesaurus was then explored for concepts to merge or remove by systematically cross-checking the text segments that generated each concept. The following concepts were merged due to their related semantic content: client, consumer, people, and others; making a difference, helping, change and assist; and caring, compassionate and empathy. Other concepts were removed if the words had low semantic content and low relevance as indicated by Leximancer’s statistical output. Such concepts were often words associated with a more relevant values concept (e.g. reach in relation to “reach potential”). Removal of the additional concepts did not alter the thematic profile, but was justified on the basis that it provided clearer, more parsimonious concept map.

After completing the Leximancer analysis, the data were also manually coded into themes as a method of triangulation in order to check and establish the validity of the Leximancer output. There was agreement in the thematic profiles that emerged from applying these two methods of content analysis.

Theory-led thematic analysis

Congruence between self-reported work values and recovery values was examined by conducting a theory-led thematic analysis (Boyatzis, 1988; Braun and Clarke, 2006). The data set was examined for themes around the core recovery values identified in the literature, which included the values of hope and optimism, empowerment, self-determination/autonomy/choice, individualised and person-centred care, positive self-identity, personal responsibility, strengths-based, meaning and purpose, holistic, growth potential, equality, social inclusion and connectedness, and respect (Farkas et al., 2005; Stade, 2009; Stade et al., 2008; Australian Health Ministers, 2009; Leamy et al., 2011). Themes of recovery values were identified at the semantic level, hence exemplars included both explicit or direct and implied or indirect evidence of the various recovery values (Boyatzis, 1988; Braun and Clarke, 2006).

The frequency of occurrence of particular recovery values across the data set was also counted in order to ascertain the prevalence of the recovery values theme (Braun and Clarke, 2006). For responses where there was no explicit or implicit reference to recovery values, the content
was also closely examined for counter-examples to those core recovery values, and received a relevant code. This ensured that each response was given full and equal attention and allowed for discounting evidence to also be considered in the analysis. The overall prevalence of recovery values themes across the entire data set was considered to determine the degree of value congruence between individuals’ work values and core recovery values.

Results

Participants

The sample constituted mostly females (69.1 per cent), with most participants aged between 18 and 30 years (37.9 per cent), followed by 41-50 years (28.8 per cent), 31-40 years (22.3 per cent), and 51-60 years (10.5 per cent). Participants had an overall mean of four years working in the mental health profession, and an average of two years in their current job role. The most commonly endorsed professional affiliation was “Other” (39.7 per cent) (frequently noted as “support worker”), followed by welfare worker (37.9 per cent), social worker (13.8 per cent), psychologist (5.2 per cent), and nurse (3.4 per cent).

Work values themes and concepts

The concept map of the work values responses (Figure 1) shows that the most prominent and central theme was the client. This theme included concepts relating to the individuality, autonomy, and empowerment of the client, client-centred practice, impacting the life/lives of the client, the client’s recovery process, and client outcomes in terms of reaching their potential, achieving best possible outcomes, and achieving client-defined goals. Examples of participant responses that reflect this concept cluster include: “be a worker who enables people to reach their potential, to enjoy fulfilment in life, to discover their strengths”, and “to be involved in clients’ recovery by identifying client needs, goals and to work with other client agencies to achieve their goals”.

The second most prominent theme was making a difference, which encompassed the values of helping, assisting others, enabling change, and providing support. The theme circle, overlaps with the client theme circle, indicating an association between these two themes. That is, making a difference and helping is in reference to the client’s life, recovery and outcomes. The connecting line between the concept difference and life indicates a common association between these terms. For example, a common participant response was “making a difference in peoples’ lives”.

Additional participant responses that constitute this concept cluster include: “I enjoy helping others where I can so I choose to be a carer” and “to assist the wellbeing and welfare of a person”.

The third most prominent theme was related to the worker and their use of skills and knowledge in their job role. The concepts of worker, skills and knowledge are linked to the theme making a difference as indicated by the connecting line and the close proximity between these two theme circles. The following responses illustrate these connections: “a worker that uses his skills and knowledge to make a difference in other peoples’ lives” and “a worker who can apply theoretical knowledge to reality, using experience to analyse and reflect upon theoretical knowledge to improve my practice”. The concept worker also made reference to work achievement and competence, for example: “a worker who has the ability to bring forth the recovery process with individuals”.

The fourth most prominent theme that emerged was caring, which included the concept empathy. This theme was linked to the client theme. This is illustrated in the following examples: “help people in their recovery, have empathy with others and be a good listener”, and “supportive, caring, helping others, have empathy”. However, the caring and empathy themes did not overlap with any other themes. Examples of participant responses include: “[be] someone who has empathy, respect, understanding” and “be a caring, kind and respectful person”.

The least prominent theme meaningful did not overlap with any other themes, indicating that this concept was used in unique or independent contexts. Examples statements include: “provide meaningful services to a person which helps them reconnect with their community”, and “to work in an environment that I find meaningful and intellectually stimulating”. However, the meaningful theme was linked to the concepts client lives, reflected in statements such as, “help people to be free from suffering and happier in their lives and live meaningful lives.”
Work and recovery value congruence

The results of the thematic analysis approached from a recovery perspective revealed substantial congruence between participants self-reported work values and core recovery values identified in the literature. The majority of the responses (66 per cent) showed a mixture of direct and indirect evidence of endorsement of the core recovery values, with none showing evidence of values that conflicted with a recovery orientation. Responses that did not make direct or indirect reference to recovery values (34 per cent) typically cited valued worker qualities, job roles, and work values (e.g. “caring, passionate, professional, integrity”) that were unrelated to the consumer and thus could not be evaluated for the degree of congruence with recovery values.

The values of empowerment and self-determination, autonomy and choice were directly evident in participant responses (e.g. “assisting others to move in a positive and empowering direction” and “to be present with people through crisis and empower them to be independent”). Evidence of the value of individualised and person-centred care (e.g. “client-driven practice” and “encourages recovery as defined by the client”) along with a strength-based focus (e.g. “work which allows the clients’ strengths and abilities to be used”) were both present. Values related to finding meaning in life were directly evident (e.g. “help people be free from suffering and happier in their lives and live meaningful lives” and “to teach new skills that enhance a persons life and give them purpose”). The value of respect was noted (e.g. “respect individuality of person” and
"respect the dignity of clients") along with two responses noting "equality". Values related to social inclusion and connectedness were reflected in statements such as: "social justice is access, equity and participation for all" and "provide meaningful services to a person that helps them reconnect with their community".

There was only indirect evidence of a holistic perspective in participants' approach to helping/supporting clients as can be seen in the following responses: "value supporting people at work and home" and "I would like to teach new skills". Similarly, indirect evidence was found for the values related to supporting the establishment of a positive self-identity, meaning in life, and growth potential. For example, "to show everyone is unique and worthwhile" and "help people reach their best quality of life". There was only indirect evidence of endorsement of the value of growth potential in participants' responses. Examples included: "seeing clients making progress" and "working with people to help support them to get farther in life".

The values of hope and personal responsibility were not explicit or clear in participant responses.

Discussion

What are the work values espoused by Australian mental health workers?

The findings generated by Leximancer content analysis revealed a thematic profile of five values domains. The top two most important values domains cited by these mental health workers related to the consumers' recovery process and outcomes, and making a difference in others' lives or helping others. The majority of the responses that underpinned the themes client and make a difference made reference to the desire to help others and the satisfaction that comes from making positive contributions to the consumers' lives. These findings suggest that it is likely that many people working in the field of mental health are primarily motivated by the value they place on preserving and enhancing the welfare of others, as well as the intrinsic rewards experienced from helping others and witnessing positive outcomes for their clients.

The third most important values domain related to valued worker skills and knowledge used to assist the consumer in their recovery. This value domain relates to both worker capabilities and the achievement of successful treatment outcomes. This finding is consistent with previous research that reported career competence and achievement at work as the third or fourth most important general motivational and work value domain amongst a range of mental health professionals (Busacca et al., 2010; Jensen and Bergin, 1988; Kelly, 1995). However, the high endorsement for achievement values found in previous studies using the SVUQ referred predominantly to self-fockussed achievement values, such as valuing personal success and other features of performance like capability, ambition, and influence (Busacca et al., 2010; Kelly, 1995; Schwartz, 1992). In contrast, participants in our study described valued capabilities and an achievement-orientation that was predominantly other-fockussed — i.e. related to improving consumer outcomes. This further reflects the prominent altruistic-orientation of this sample of mental health workers, indicative of a value priority for benevolence (Schwartz, 1992). It also reinforces the importance of qualitative measures in discovering values yet to be adequately captured in quantitative instruments.

The fourth most prominent values theme that emerged consisted of the benevolent qualities caring and empathy. The importance of being caring and having empathy amongst this sample of mental health workers is consistent with high consensus found amongst professional counselors for the value theme compassionate responsiveness and the value loving which was ranked as the most important instrumental value (Katz and Beech, 1980; Kelly, 1995). Additionally, Gatch and Gatch (2011) found that the majority of the mental health professionals in their sample had high levels of emotional empathy and expressed a desire to help those suffering with mental health problems. Together these findings suggest that benevolent qualities such as caring, compassion, and empathy are commonly valued amongst mental health workers. This is notable given that empathy is a critical factor in effective therapeutic relationships and has been related to improved treatment outcomes in mental health (Burns and Hoekema, 1992; Mercer and Reynolds, 2002).
The lowest ranked values theme that emerged was meaningful, which referred to workers desire to provide meaningful consumer services, helping the consumer discover meaning in life, and experiencing work that is meaningful. Thus, this domain is both worker- and client-oriented and highlights that valuing meaningful experiences in life and work are common priorities in the human value system (Steger and Dik, 2006; Steger et al., 2009). Previous research has also found high agreement amongst mental health professionals that having a sense of purpose and finding fulfillment in work are important values for guiding and evaluating therapeutic practice, as well as for their own good mental health (Jensen and Bergin, 1988). Identification of this values domain is notable since prior surveys of mental health professionals have not included this domain (e.g. SVUQ or Super’s Work Values Inventory scales) (Busacca et al., 2010; Kelly, 1995; Schwartz, 1992; Zytowski, 2006).

In sum, there was significant overlap between the current values profile generated by Leximancer and those reported in previous studies examining the work values of the mental health workforce (Busacca et al., 2010; Consoli and Williams, 1999; Jensen and Bergin, 1988; Kelly, 1995). It is possible that there may be a typical work values profile characteristic of the mental health workforce that generalises across nationality, occupational role, and time (Consoli and Williams, 1999; Jensen and Bergin, 1988; Kelly, 1995). Moreover, there was significant overlap between the current findings using an open-ended work values question and those studies that used the mental health value instrument (Jensen and Bergin, 1988) to assess values for guiding therapeutic practice (Consoli and Williams, 1999; Jensen and Bergin, 1988; Kelly, 1995). Super’s Work Values Inventory (Zytowski, 2006) does not incorporate values domains relating to benevolence or altruism and meaningful work, which were deemed important work values by this sample. This highlights the importance of using profession-specific work values measures.

Are the work values congruent with core recovery values?

The results of the thematic analysis approached from a recovery perspective revealed substantial congruence between participants’ self-reported work values and the core recovery values identified in the literature. Direct evidence was found for the core recovery values of empowerment, self-determination, autonomy and choice, individualised and person-centred care, the value of a strengths-based approach to recovery, finding meaning in life, and respect. Notably, endorsement of the above values domain also emerged within both the client life and meaningful concepts/themes in the Leximancer analysis. In contrast, while the recovery values of equality, social inclusion and connectedness were also directly evident in participant responses, they were not apparent in the Leximancer themes. This may be due to the fact that some of the responses that reflected these core recovery values used a range of recovery-oriented terminology that may not be identified as concepts by Leximancer. For example, responses that included “consumer participation and ownership”, “social justice” and “reconnect with their community” all reflect the recovery values of equality, social inclusion and connectedness, yet these were not conceptualised together in the Leximancer thematic analysis. This discrepancy highlights a potential weakness in using text analytics software that may not be able to identify shared meaning if the terminology is highly context-specific, as it is in the field of mental health.

For other important recovery values, there was only indirect or implied evidence of endorsement of these values in participants’ responses (e.g. hope and optimism). However, there was no clear evidence for the two values of personal responsibility and establishing a positive identity. These values could also be related in that they can involve valuing consumers’ self-management of their illness and life responsibilities as well as supporting an identity that recognises the person as separate from or more than just their illness (Shepherd et al., 2008). It is unclear whether such values are a lower priority amongst these mental health workers or whether this indicates that these two recovery values are not understood and/or accepted by these mental health workers. Identification of these less explicit recovery values may provide a point of focus for future training or values clarification.

Overall there was a high degree of compatibility between work values and core recovery values. The importance of recovery-consistent values amongst mental health workers is positive in that it is consistent with most mental health work contexts. As such values conflict is less likely to be a pervasive problem which potentially reduces the likelihood of work stress and dissatisfaction.
High values compatibility makes it easier for mental health workers to take a values-based approach to clinical decision making (Petrova et al., 2006). However, if there is good compatibility between work and recovery values then it is unlikely to be value incompatibility that contributes to low rates of recovery-oriented practices (Farkas et al., 2005; Mancini et al., 2005; Oades et al., 2009; Rickwood, 2004). Instead, other factors such as the capacity for effectively enacting these recovery values (e.g., specific recovery practice skills), sources of motivation to enact values in practice, cultural and/or contextual factors (e.g., high caseloads, staff turnover, degree of risk) may interact to reduce transfer of training in recovery skills into practice. This remains for future research to explore.

Limitations

The results should be considered in light of the study limitations. First, the study used a sample from one mental health organisation so the opinions expressed by participants do not necessarily reflect the views of all Australian mental health support workers. The assessment of recovery value congruence relied on our review of the recovery literature but other underlying values might have been identified by others. However, given the lack of both a validated mental health work values measure and recovery values measure, the theory-led thematic analysis method was a reasonable first step.

Finally, it is also possible that social desirability influences biased participant responses and thus inflated the degree of value congruence. Previous research has identified distinctions between espoused and in-use values within organisational settings due to social pressures to conform to organisational values and demands (Megginson and Ravin, 1998). In the current context, the participating organisation espoused a recovery orientation. Further, being key humanistic values that are unlikely to be disputed as fundamental to providing good healthcare (Holoway, 2008; Tiley and Cowan, 2011), recovery values can be liable to being over arduously espoused without due consideration to the real life practicalities of how they are to be implemented (MacCulloch, 2011). For example, mental health workers can find it unclear how to navigate perceived mental health system priorities, such as productivity and efficiency and other performance targets, with recovery-oriented practice (Le Boutillier et al., 2015). If social or policy pressures are sufficient, workers and the organisations they work within can embrace the rhetoric of recovery orientation, but not necessarily “walk the talk” and implement it successfully in practice. Nonetheless, should such social desirability effects have contributed to the current findings, the results demonstrate at least an awareness of and capacity to describe recovery-consistent values amongst mental health workers.

Conclusions

The current study is the first study to identify the types of work values held by Australian mental health support workers and to examine the degree to which they are recovery-consistent. This is an important research agenda given the high national priority to adopt a recovery orientation, and the need to identify and modify potential barriers to the implementation of recovery-oriented services (Australian Health Ministers, 2009; Deane et al., 2006; NSW Consumer Advisory Group, 2009; Oades et al., 2009; Uppal et al., 2010). While recovery-inconsistent work values at the individual worker level has been raised as a potential barrier to recovery-oriented practices, the current findings suggest mental health workers hold many of the same values that are consistent with the recovery paradigm. Future research examining the implementation of recovery-oriented practices in Australia should consider including measures of staff work values and recovery value congruence to validate and extend the current findings. This research would benefit from exploring the impact of different factors on recovery value congruence and implementation of recovery-oriented practices, such as culture (i.e., individualist vs collectivist) and different contexts (e.g., high vs low risk situations).

References


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