

Psychological stress and lower-back injuries in mental health professionals:

An experiential exploration

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Introduction

- Life-event research over the last 30 years focused on the impact of stress and stressful events on the course of many physical problems → Investigators concluded that there was inadequate investigation of stress as related to lower back pain (LBP).

- Within the province of Alberta (2006), 9,220 individuals were afflicted with some form of work-related back injury → Previous research studies have suggested that up to 80% of the general population will suffer from lower back pain at least once over the course of their lives.

- Although mental health workers experience similar stressors faced by workers in other fields, they also experience additional stressors associated with:

- working with individuals with mental health difficulties and certain clients' characteristics
- professional self-doubt and isolation
- high workloads
- poor management
- certain professions view of support as stigmatizing
- fear of being compared to clients
- engagement in a process of assessing the clinical skill level/personal qualities of sources of support prior to request of support

Research Questions

- **Goal:** To ascertain the mental health professional's experience of the psychological and physical symptoms of stress, such as lower-back injuries.

- This project attempted to answer the following questions:

- 1) Do mental health professionals experience psychological or physical symptoms of stress? If so, what interventions do these individuals utilize to alleviate their psychological (i.e., depression, anxiety, or stress) and/or physical symptoms (e.g., lower-back injuries, LBIs) of stress?
- 2) What treatments do these individuals perceive as effective or not effective in treating any of the aforementioned issues?
- 3) What etiological work or non work-related factors do these individuals believe contributed to and/or detracted from their difficulties?

Research Methodology/Design

Six participants were accepted based upon the following criteria:

- a) Participants were at least 18 years of age.
- b) Volunteers included three males and three females.
- c) The interviewees were employed as mental health professionals.
- d) All participants stated that they truthfully and fully answered interview questions.

- A semi-structured, counselling-style interview was used to gather data.

- Interview questions were adapted from an established survey form (Depression Anxiety Stress Scale 42 or DASS 42) developed by S. H. Lovibond and P. F. Lovibond.

- Interviewer asked primary questions and secondary follow-up questions. Secondary questions clarified aspects addressed by primary questions, and confirmed the existence or absence of specific symptoms of depression, anxiety, or stress.

- Additional questions ascertained if the participants experienced any medical problems, such as LBI/LBP, and if these problems affected their life.

- Medical questions were also designed to determine if participants perceived problems in these areas as stressful.

- Interviewer directed subjects to rate these emotional or physical states on a ten-point scale (i.e., 1 to 3 as low, 4 to 7 as moderate, 8 to 10 as the high).

- Each interview was analyzed separately, in terms of similarities and differences in the individual responses between interviewees.



Definitions

Stress: the adverse internal and behavioural responses experienced by an individual, to one or more influences which have physical, emotional, or social origins

Lower back injury (LBI): any form of physical strain or sprain to the muscles, tendons, or ligaments of the lower back, located near the lumbar vertebrae of the spinal column. This injury may coincide with bulging, displaced, or herniated discs located between the lumbar vertebrae of the lower back

Mental health professional: mental health worker may refer to any individual, psychologist, psychiatrist, social worker, nurse, or counsellor, who provides treatment or services to clients with emotional, behavioural, or psychiatric problems.



Results

Condition	Symptom	Mr. A	Ms. B	Mr. C	Mrs. D	Mr. E	Mrs. F
Symptoms of Depression	Lack of interest	☆☆	⊙	☆☆	☆☆	☆☆	☆☆
	Deval. of life	☆☆	⊙	☆☆	☆☆	☆☆	☆☆
	Self-deprecation	☆☆	☆☆	☆☆	☆☆	☆☆	☆☆
	Inertia	☆☆	☆☆	☆☆	☆☆	☆☆	☆☆
	Anhedonia	☆☆	☆☆	☆☆	☆☆	☆☆	☆☆
	Dysphoria	☆☆	☆☆	☆☆	☆☆	☆☆	☆☆
Symptoms of Anxiety	Hopetlessness	☆☆	☆☆	☆☆	☆☆	☆☆	☆☆
	Skeletal muscle effects	☆☆	⊙	☆☆	⊙	⊙	⊙
	Autonomic arousal	☆☆	⊙	☆☆	☆☆	⊙	⊙
Symptoms of Stress	Subjective experience of anxious affect	☆☆	☆☆	⊙	☆☆	☆☆	☆☆
	Difficulty relaxing	☆☆	☆☆	☆☆	⊙	☆☆	☆☆
	Nervous arousal	☆☆	☆☆	☆☆	⊙	☆☆	☆☆
	Easily agitated	☆☆	☆☆	☆☆	⊙	☆☆	☆☆
Lower-back injury (LBI)/ Lower-back pain (LBP)	Irritable	☆☆	☆☆	⊙	☆☆	☆☆	☆☆
	Impatient	☆☆	☆☆	⊙	☆☆	☆☆	☆☆
	Past LBI	YES	YES	YES	YES	YES	YES
	LBP	☆☆	☆☆	☆☆	☆☆	☆☆	☆☆

Legend: Participants' Reported Ratings of Severity of Above Symptoms: HIGH☆☆☆☆ MODERATE☆☆☆ LOW☆☆ ABSENT⊙

Conclusions

Several themes were discovered in the content of the majority of the interviews:

- 1) Presence of psychological symptoms of depression, anxiety, and stress in all of the interviewees.
- 2) The interviewees' use of highly individualized variety of physical and psychological methods to cope with psychological symptoms of depression, anxiety, and stress.
- 3) Important role played by collegial support in stress management and coping.
- 4) Presence of physical symptoms of stress (LBP), and previous LBIs, in all mental health workers.
- 5) Use of predominantly physical methods to treat physical symptoms of stress (LBP).
- 6) Sense of meaningfulness and satisfaction derived from counselling work.

- For this project the themes were not discovered with the use of any statistical formula. They were discovered via the investigator's correlation of the responses made by each mental health professional. These themes in no way imply the evidence for an enduring psychological or physical principle or property.

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For further information

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