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How to cite:

Vicary, Sarah (2019). Role over or roll over? Dirty work, shift and Mental Health Act Assessments. In: Approved Mental Health Professional National Conference 2019 Research-Informed Practice Practice-Informed Research?, 14 May 2019, Birmingham, United Kingdom.

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Role over or roll over?

Dirty work, shift and Mental Health Act Assessments

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This afternoon

- Introduce notion of role over
- Do so in the context of one sociological theory relating to behaviour in the workplace
- In a play on words, go on to question whether AMHPs roll over and will consider the implications of this

The study

Based on a study undertaken as part of my doctoral study.

One aim of which was to examine the experience of undertaking Mental Health Act Assessments from the perspective of AMHPs from eligible professional backgrounds (Vicary, 2016).

Methodology IPA

Phenomenology

- or, the focus on the lived experience
- to explore the experience of the Approved Mental Health Professional

Hermeneutics

- or, the meaning and significance for the person and how this is interpreted
- to explore what it means from their perspective

Idiography

- or, the concern with the particular
- focus on the particular designation of the Approved Mental Health Professional and analyses data in detail

Method

Purposive and
snowball
sample

- 5 Social workers
- 5 Nurse
- 2 Occupational Therapists

Ethical Approval

- University
- Association of Directors of Adult Social Services
- National Research Ethics

Access

- Local Authorities
- National Health Service Trusts

Method

Semi-structured interviews including the drawing and description of a Rich Picture

Specifically, the Rich Picture was used to depict their experience of undertaking the AMHP role

What is a Rich Picture?

Developed in the early 1980s as part of a Soft Systems Methodology for gathering information

Two purposes

- **Evoke** a no holds barred representation
- **Record** this representation

A rich picture is the first step in a diagramming method to portray organisational structures and to enable communication about their complexity

Not the picture alone

Without explanation, one person's picture is often a mystery to another observer

It is not meant to be a work of art but a working tool to assist in understanding

Finding

Focus this afternoon is one finding concerning AMHPs' perceptions of the behaviour of doctors.

As encapsulated in the verbatim phrase “role over,” AMHPs discuss being abandoned by doctors during the assessment process and sometimes even beforehand.

Role over

*It's role over for them. Respectfully, they've been part of that overall application, the AMHP makes the application but they've had to make that recommendation before we can do anything with that. But that for me just seems to be, that's been it from day dot even when I remember kind of going back years.....what I'd say is that I think there should be a bit more of a responsibility to actually feed more into the process with them, the reassuring side of things.
(Nurse 01)*

Doctor left

The consultant had left, because often what we [AMHPs] do is we do the assessment, this is fairly typical. (Occupational Therapist 02)

Doctor's leaving

And this is to depict two doctors who just leave they you know sometimes they are eligible for a payment and off they go so you're kind of left on your own. (Social Worker 4)

Dirty work

The concept of 'dirty work' (Hughes, 1971) is used in the sociological literature to explain the moral dimension of work. It concerns the behaviour of those with supposed higher status seeking to specialise in the most desirable elements of work and involves transferring the least desirable aspects to, usually, inferior others. However, transfer is not always possible, and, in such circumstances, workers justify having to do that work which is least desired, either by exaggerating its importance or its moral aspects (Hughes, 1971).

Dirty work as explored in most research concerning psychiatric occupations discusses justification:

(Emerson and Pollner, 1976) examined the behaviour of emergency mental health workers dealing with compulsory admission (Emerson and Pollner, 1976). This act of compulsion was viewed as *doing to* but signalled for participants a failure of therapeutic intervention or *doing for*.

in the United Kingdom, another study exploring the Approved Social Worker (ASW) role, the predecessor to the AMHP, described the anomalous nature of the work as dirty (Quirk *et al.*, 2000).

More recently, dirty work has been applied to data obtained from a study of social workers in community mental health teams who were also AMHPs (Morriss, 2014). This study, too, demonstrates justification when participants were shown to perceive AMHP work as a positive or therapeutic intervention and saw themselves as having status, thereby also dignifying it (Morriss, 2015).

Shift

Dirty work also involves shift, usually attempted by those with perceived higher status, or professional standing, who transfer work to others with a perceived lower status (Hughes, 1971).

One study into psychiatric occupations in England acknowledges this aspect of dirty work but first, in much the same way as others, its participants are shown to categorise work they perceive as not therapeutic as dirty and in the act of doing so justify it (Brown, 1989). However, shifting routine psychiatric tasks to others is also evidenced; workers perceiving themselves of a higher occupational standing are shown to transfer menial work to others with perceived lower occupational standing (Brown 1989). The justification for doing so is made by the workers doing the shift, through status.

Discuss shift as it is shown to occur during Mental Health Act Assessments but justification of it comes from those who are subject to it and not by the occupation doing the shifting. This is a different understanding of this aspect of dirty work.

The literature to date that applies dirty work to psychiatric occupations omits to explicitly identify the transfer of work that is perceived as dirty to others, the second aspect of dirty work. Shift, as I am referring to it, is the focus of this finding.

Because it was four o'clock, it was four o'clock. Like I say our consultants here are brilliant I've known them go out at five to five. They are not God they are not angels but they are very conscientious and very, very supportive. So I've known them go out at five o'clock to help an AMHP in the community not mebecause they don't want them out there they want everything sorted as quick as possible. To get the best outcome, but he preferred to go home. (Nurse 05)

Interestingly, the participant justifies this behaviour, otherwise viewing this colleague as “conscientious” and “supportive”. Nonetheless, having to rearrange left her with an underlying sense of dissatisfaction.

After we went back to his cell and we talked about the outcome and we were all in agreement that he could go home with support erm and the consultant said to me, 'right so I'll leave you to let him know then....ok then, see you later' and I thought, thanks for that. Do you know what I mean - you've just gone to all that, all those lengths to preserve yourself and to make sure that you're safe and now it's right, it's Friday, it's ten past five, I'm out of here. (Nurse 02)

And then he did also say can you document everything you know on our record, our electronic record system. (Nurse 02)

But, she refuses. The participant in effect blocks what she perceives as the doctor's abandonment and she has in a small way, blocked an attempted shift of work by the doctor:

I said, "no sorry no that's, you need to do that I'm the AMHP here you need to do that. I've got my action form here to complete. You need to go and do that." And he had his tail between his legs a bit. (Nurse 02)

These data show that from the perspective of nurse AMHPs a doctor is attempting to shift work to a seemingly lower occupation. Both nurses appear buoyed by their own altered and possibly perceived higher status as an AMHP. However, these reported attempts at blocking are few. Instead the data show that AMHPs perceive shift achieved by doctors. When it comes to another aspect of the assessment process, the medical responsibility of obtaining a bed is shifted to AMHPs. As one female nurse states, doctors shift the responsibility of getting a hospital bed through “the art of delegation”:

Interviewer

So I thought it was the consultant's duty to get the bed

Respondent

No, well they delegate. They delegate to us, the art of delegation

(Nurse 05)

And so shift, the second aspect of dirty work is accomplished.

Hypothesis

AMHPs show frustration at being abandoned but despite blocking some attempts by doctors to shift work (their second perception of the behaviour of doctors) AMHPs instead provide a justification.

To play on the verbatim quote, they roll over?

Implications?

I argue that it indicates a fundamental weakness in the current process since it suggests a narrow understanding by doctors, places AMHPs from all professional backgrounds under unnecessary pressure (imagined and real) and may result in a poor experience for the person being assessed, all of which warrants re-examination and, considering the independent review, is timely.

References

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Questions
Comments?

Published literature to date supports the assertion that dirty work is integrated into the whole [occupation] and that any occupations, including psychiatric ones, have “ambiguities and apparent contradictions in the combination of duties” (Hughes, 1971 p. 309). The foremost of these ambiguities is that the worker continues to undertake the work even though they may object to it morally. In so doing they justify the work or dignify it for themselves. Justification, in effect launders dirty work into that which is perceived by the people who are required to do it as clean.