Findings from the Survey on Workplace Climate and Well-being of Victorian Allied Health Professionals

Volume One

By

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The Victorian Allied Health Professionals Association (VAHPA)

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Acknowledgments

We would specifically like to thank Andrew Hewat, the Assistant Secretary of the Victorian Allied Health Professionals Association, for his help, advice, and insightful comments that were invaluable in developing this research and report.

Leading Quote

“My workplace is toxic. The Managers devalue and disrespect Workers and have actively tried to block us from going to the Union to voice our concerns in a safe and fair manner when we are addressing issues of bullying and unacceptable and unprofessional behaviour. Our service is definitely NOT client-centred and holistic it is process and procedural driven and KPI driven. They closed a service without any consultation with workers or the Clients during Covid!!”

Contextual Overview

The frontline of medical care in Victoria is made up of medical professionals, including allied health professionals. The Victorian Allied Health Professionals Association (VAHPA) is a specialist union that promotes and protects the industrial, professional and democratic interests of a growing membership of approximately 5,100 members working in almost all areas of healthcare in Victoria – in public, community, disability and private healthcare.

The VAHPA represents members from the following professions:

- Behavioural Scientists
- Cardiac Sonographers
- Cardiac Physiologists (Technologists)
- Community Development Workers
- Dental Prosthetists
- Dentists
- Exercise Physiologists
- Health Information Managers
- Medical Illustrators
- Medical Imaging Technologists
- Medical Laboratory Technicians
- Medical Photographer/Illustrators
- Medical/Hospital Librarians
- Music Therapists
- Nuclear Medicine Technologists
- Occupational Therapists
- Orientation and Mobility Practitioners
- Orthoptists
- Orthotists / Prosthetists
- Physiotherapists
- Podiatrists
- Radiation Engineers
- Radiation Therapists
- Recreation Therapists
- Recreation Workers
- Rehabilitation Counsellors
- Research Technologists
- Safety Officers
- Social Planners
- Social Workers
- Sonographers
- Speech Pathologists
- Welfare Workers
- Youth Workers

The last 18 months have brought an unprecedented challenge with the advent of the COVID-19 pandemic. This pandemic has put an exceptional level of stress on an already busy and overstretched workforce. It has also increased the occupational health and safety risk on allied health professionals with incidental infection risk from interacting with infected COVID-19 patients, who may be COVID positive but not realise it. This can cause an increased level of stress and additional concerns and underlying tensions in the workforce – highlighted by the preceding leading quote. In addition to the pandemic's strain, there has been disruption and work intensification due to staff needing to quarantine due to potential infection. This has stretched the workforce's capabilities due to staff shortages and increased caseload, where fewer staff are asked to work harder and faster, and cover colleagues who are unable to work. This report provides an overview of the allied health professional workforce's workplace well-being and climate, undertaken at the height of the pandemic's third wave in 2021, which included a curfew in Victoria. Additionally, members have been affected by the six lockdowns in Victoria (resulting in various restrictions). This has led to the loss of work and has increased the mental health burden on staff.

Focus of the Study

This study is derived from a comprehensive survey on the Victorian Allied Health Professionals Association (VAHPA) workforce through a joint Swinburne University and RMIT University research team in conjunction with VAHPA. This study addresses the key indicators associated with workplace climate and well-being, including working conditions and organisational and management practices that characterise the work environments of allied health professionals in Victoria. In doing so, this study illuminates individual issues within the varied professions across public and private healthcare providers in greater detail. Through the survey's responses, the report identifies those aspects of the work environment which require attention and interventions to facilitate retention in these critical healthcare workforces. Additionally, this report investigates a group of allied health professional's qualitative responses. Finally, the report undertook a comparative analysis of attitudes at the start of 2021 to those eight months into the year and at the crest of the third wave in Victoria.

Summary of Findings

Volume one and two of this report presents the findings of an independent survey on allied health professionals conducted over a four-week period in August/September 2021. The survey examined allied health professionals' workplace well-being (e.g., workload, psychological safety, engagement, burnout, bullying, resilience, job satisfaction, occupational or professional turnover), workplace climate (e.g., employee voice, employee silence, organisational and supervisor support at work, trust in line manager and senior management, and industrial relations climate), stress level (Kessler K10), vaccination status, and attitude to the pandemic. The results are presented in in Volume one and two of the report.

Workplace Well-being

Starting with the key issue of workloads, the overwhelming majority of respondents reported high workloads, which qualitative data indicates is increasingly contributing to work intensification. This occurred consistently and significantly to a majority of the workforce, to the extent this was a daily occurrence. The key determinants of the reported high workload include inadequate staffing levels and rostering issues. Workers also indicated that they were being pressured to work faster, resulting in a backlog of paperwork and a feeling that the treatment provided was not optimal. There was a strong perception amongst respondents that the high workloads impacted the quality of their role. Concerning, 84 per cent of respondents indicated that they often have to do more work than they can do well (i.e., 'once or twice per week' and 'several times per day'). Nearly two thirds (63%) identified that this occurred daily. However, psychological safety was mixed within the team environment, with workers feeling well supported by their colleagues or otherwise ambivalent. Psychological safety is often seen as an important mitigating factor to work intensification, to protect from resources depletion, but in the long-term, these levels of work intensification cannot be maintained for the well-being of the staff or the safety of patients.

Exploring the aspect of Engagement and Burnout, which are critical indicators of individual well-being, the majority of respondents reported feeling enthusiastic (68.3%) and immersed (81.4%) in their work weekly or more regularly. The qualitative data highlighted the pressure regarding these issues. In the context of burnout, the study found a majority of respondents found work exhausting, with over half (57%), indicating they were emotionally exhausted often or always to a high degree. Of this, nearly half (48.6%) often felt burnout (i.e., often or always) due to their work. These are concerning findings regarding the general long-term health and well-being of the workforce.

Extensive research into bullying has indicated that the health sector has some of the highest reported incidences. Bullying has multiple negative effects on the workplace linked to productivity, morale, and turnover. This study provided

important findings that require further investigation. These respondents indicated that they had experienced bullying behaviour from either a supervisor, colleague, or other person related to work, particularly with pressures for working harder and faster or working to unrealistic timelines. Overall, the study finds that up to 33 per cent of respondents indicate that some of these behaviours are commonplace.

A key consideration to counter the negative aspect of the work environment can be an individual's resilience or the capacity to recover from setbacks. In our study, the results were mixed and suggested a more detailed analysis is required. The results generally show a cohort with resilience; however, a core of around a quarter (24%) of the respondents indicated they struggled to cope. In the longer term, these are concerning figures if not addressed as the percentage is likely to climb from 1 in 4 respondents.

Looking at the broader picture, job satisfaction essentially describes the level of like or dislike a person has for their job. It is seen as a default for the link between the perception of an individual's work and organisational fit. While nearly two-thirds of respondents (64.2%) liked their job and work environment (59.5%) and approximately fifty-five per cent (54.7%) were satisfied overall, fifteen per cent (15.2%) indicated that they did not like their job, with a higher percentage indicating dissatisfaction (24.5%). This slight increase in dissatisfaction may be related to several of the factors already identified and is supported by the qualitative data.

This section concludes with arguably the key indicators of the combined effect of these work-related issues – the employees' consideration of their intention to leave the profession. The key indicators identified several significant issues. With nearly one in six or seventeen per cent indicating they intended to leave their profession in the next year, this rose to nearly half in the long term (45.7%) reporting they are looking for a new career in the future. This is a highly skilled and educated workforce. While short-term job opportunities may appear scarce, it is important to note that they are considering leaving the profession. This is a loss of knowledge and capital that will be difficult to replace.

Building on the previous issues of work intensification, bullying, and signs of burnout, this study raises the potential problem of retaining these highly skilled allied health workers. While acknowledging the context of the study conducted during a pandemic, the results are a cause for concern and may signal systemic, longer-term issues that need consideration, and further investigation, not least as the economy begins to open up.

Methodology

This report's findings are based on data from a survey conducted by Swinburne University of Technology and RMIT University in collaboration with the Victorian Allied Health Professionals Association (VAHPA).

The survey was publicised through emails to VAHPA members in August 2021. Individual respondents were informed of the survey through an email bulletin seeking their participation, which also contained a hyperlink to the survey. Potential respondents were advised that the survey was entirely voluntary, anonymous, confidential, independent, and participants could choose not to complete any individual questions. A total of 1,291 usable responses were received from allied health professionals currently working in Victoria, which is a response rate of twenty-five per cent. All of the scales utilised in the survey had either been previously validated and published or used in similar large-scale nationwide studies in various fields.

Respondent Demographics

On average, respondents were 44 years old (SD = 17.7), and the majority were female (84%) and with a Bachelor's degree (43.3%), Master's degree (29.1%) or Graduate Diploma (9.1%). Typical respondents had 18 years of work experience (SD = 11.2) and worked in full-time positions (60%). Respondents were predominantly Physiotherapists (21.8%), Medical Imaging Technologists (19.1%), Occupational Therapists (15.4%), and Social Workers (10%), Speech Pathologists (6.2%) and Radiation Therapists (5%). Table 1 provides more detailed information in relation to the demographic characteristics of the

respondents.

Table 1: Demographic Information of Study Respondents

Gender (%)	
Female	84
Male	15
Other	1
Age (%)	
Mean	44
Minimum	22
Maximum	73
Job Role (%)	
Health Information Manager	1.7
Medical Imaging Technologist	19.1
Medical Laboratory Technician	0.7
Other	4.6
Behavioural Scientist	0.1
Cardiac Sonographer	1.3
Cardiac Physiologist (Technologist)	1.5
Community Development Worker	0.9
Dental Prosthetist	0.1
Exercise Physiologist	0.9
Medical/Hospital Librarian	0.5
Music Therapist	0.2
Nuclear Medicine Technologist	1.5
Occupational Therapist	15.4
Orientation and Mobility Practitioner	0.2
Orthoptist	0.3
Physiotherapist	21.8
Podiatrist	3.1
Radiation Engineer	0.1
Radiation Therapist	5.0
Recreation Therapist	0.2
Research Technologist	0.2
Safety Officer	0.1
Social Worker	10.0
Sonographer	3.6
Speech Pathologist	6.2
Welfare Worker	0.7
Total	100

Organisational Tenure (Mean)	
Years	18
Vaccination status (%)	
Vaccinated	93
Not vaccinated	7
Employment Load (%)	
Full-time	60
Part-time	40
Education Level (%)	
Vocational / Technical	0.4
Diploma	3.3
Graduate Diploma	9.1
Masters/Honours Degree	29.1
Doctorate/PhD	1.5
Bachelor's Degree	43.3
Honours	8.6
Other	4.7

Workplace Well-being

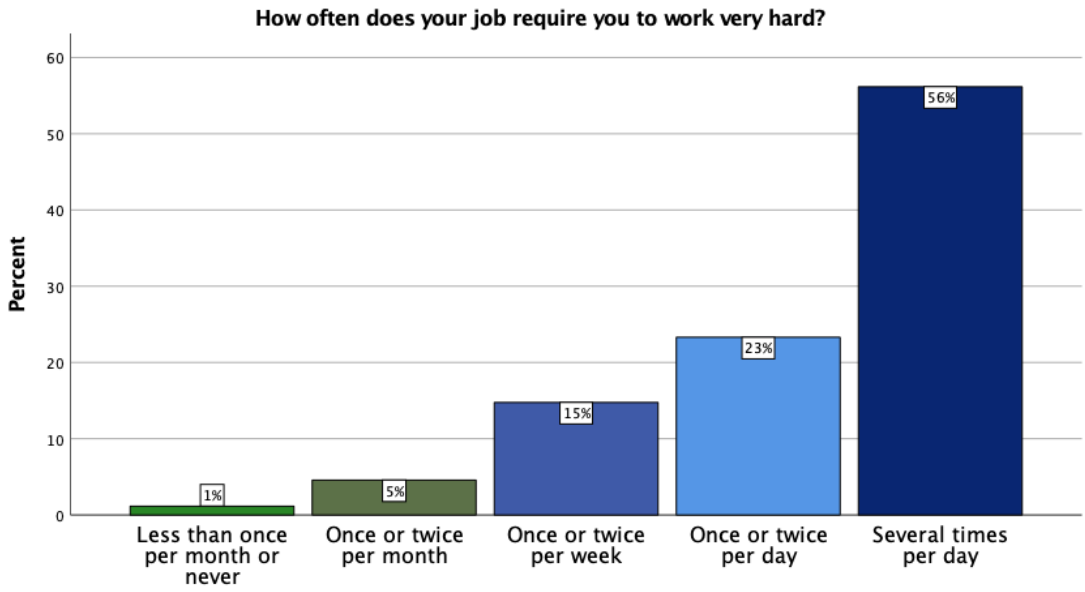
Workloads

This section of the survey asked respondents to explore the intensity of their work by indicating how frequently their job required them to work very fast, very hard, with little time to get things done, and with a great deal to be done, and how often there was more work than could be done well. Respondents used a 5-point scale (1 = less than once per month or never to 5 = several times per day) to answer these questions.

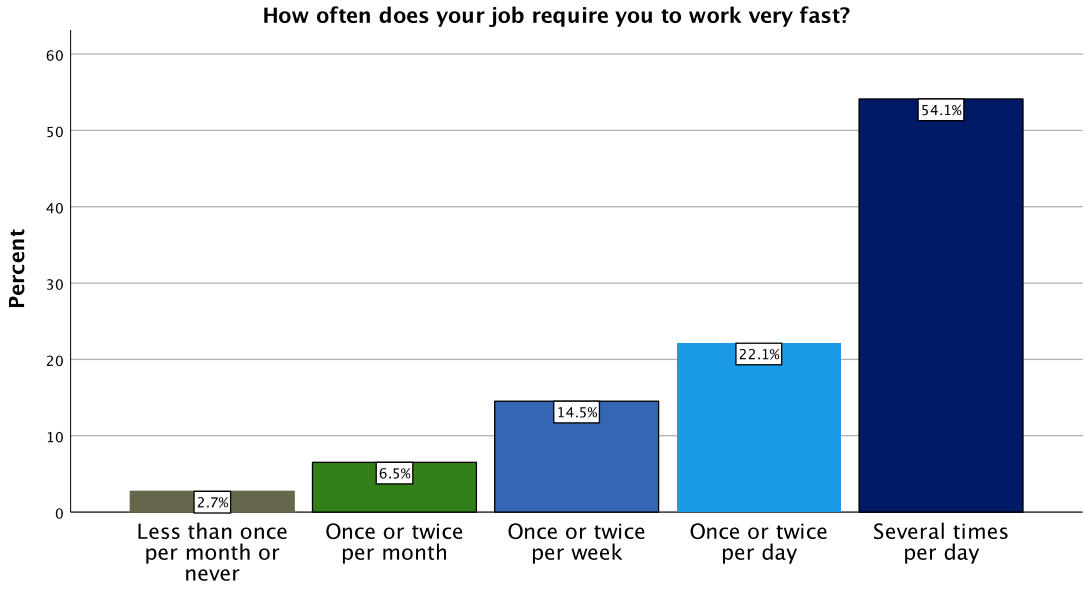
Overall, a significant majority (90%) of respondents indicated that their jobs required them to work very fast. Additionally, there is often a great deal to be done at work, with this occurring for some at least once or twice per week to several times per day (94%). The mean score for workloads among respondents is relatively high, at 4.14 (out of 5). This raises the concerns that such pressures can potentially result in less time to do the job well. The underlying concern here is work intensification and the increased pressure on quality when completing the job. The qualitative responses have supported this.

Note

Please note that in some instances, there may be a slight rounding error in some graphs, the data are accurate, but in some instances, the data may be slightly over or under 100%.

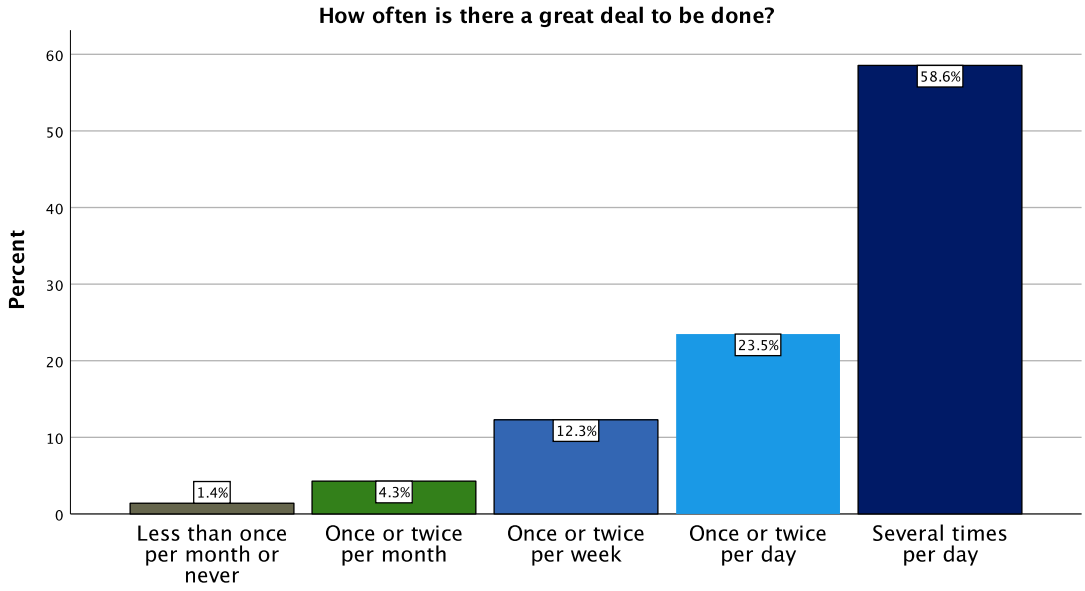


Ninety-four per cent of respondents indicated that their job required them to work very hard at least once or twice per week to several times per day. Of these, over half (56%) of respondents reported such feelings of work intensification several times per day.

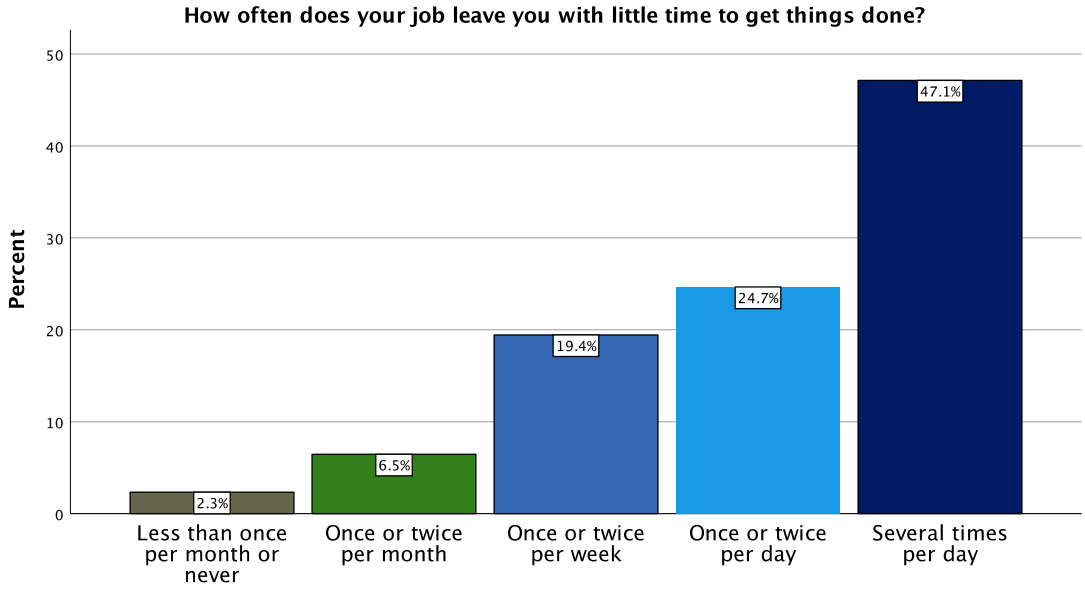


In addition to having to work very hard, over seventy-six per cent (76.2%) of respondents felt that they had to work very fast at least once or twice per day to several times per day. This increases to over ninety per cent (90.7%) at least

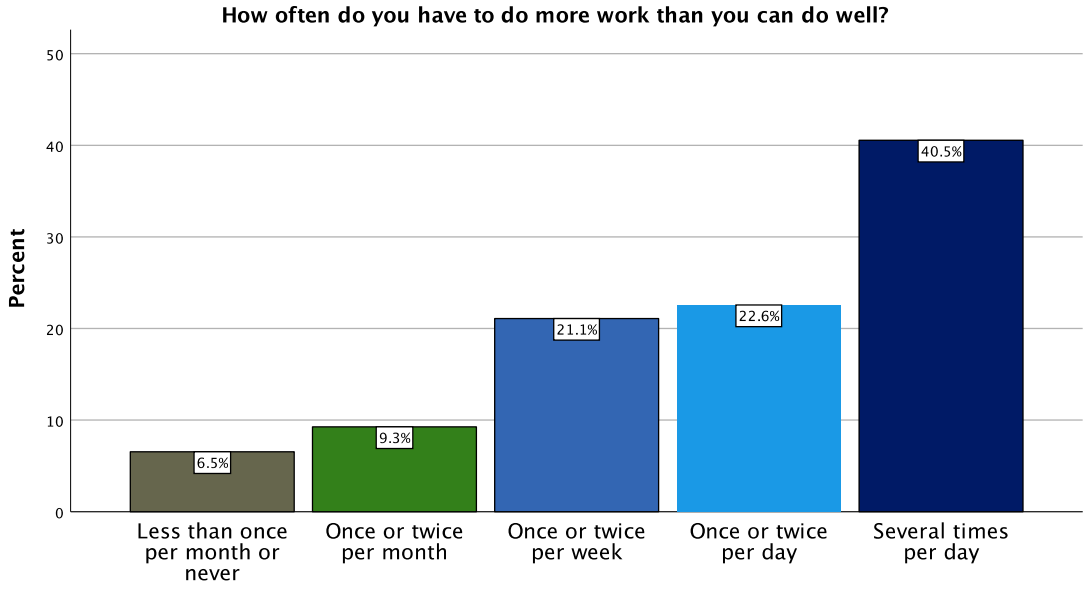
once or twice per week to several times per day. In the context of jobs that are focused on quality, these two indicators are quite concerning, particularly as these factors are likely to predispose individuals to burnout and/or leave the profession.



Close to all those surveyed, (94.4%) indicated they often had a great deal to do (i.e., 'once or twice per week', ‘once or twice per day’ and ‘several times per day'). A substantial majority of this group (82.1%) indicated this was a frequent and daily occurrence.



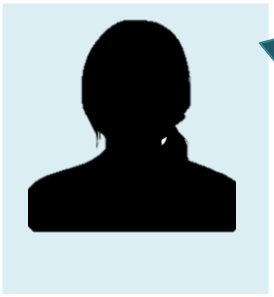
With a large majority of respondents reporting having to work hard, fast, and having a great deal to do, it is not surprising that approximately seventy-two per cent of respondents indicated that they have little time to get things done once or twice per day or several times per day. This increases to over ninety-one per cent (91.2%) of respondents who indicate this occurs at least once or twice per week.



This final indicator on workloads should also be a cause for concern regarding the potential critical incident nature of the work. Over eighty-four per cent of respondents reflected that they often have to do more work than they can do well (i.e., 'once or twice per week', ‘once or twice per day’ and 'several times per day'). With over six in 10 (63.1%) indicating this occurred several times a day. As indicated above, this is very concerning for the sector and particularly for those respondents with patient interactions; when staff feel that they do not have enough time to do a job well, the potential for error increases, which can have catastrophic consequences, not least in a pandemic.

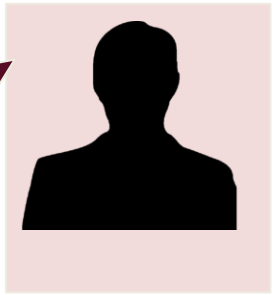
Quotes from Respondents

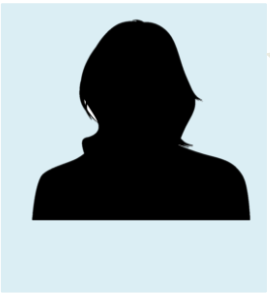
Qualitative data provided by respondents consistently expressed concerns that rostering systems do not allow adequate recovery. This is particularly concerning as the pandemic has added workload pressures that continue to be disregarded in the rostering systems, likely exacerbating existing issues of work intensification.



"Massive problems with senior management making decisions about increasing work demands and not consulting the workers actually doing the job. No EFT increases and staff becoming overloaded."

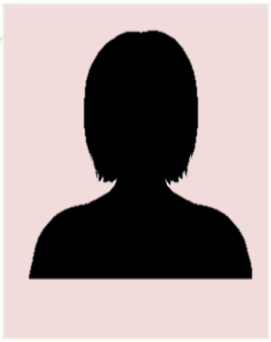
"The lack of leave cover and being short staffed is a major contributor to the responses to this, also a sense of lack of understanding and respect for allied health professionals and their importance in public health."





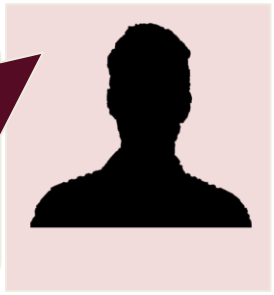
"Understaffing in our department is having a significant effect on the staffs' work life balance and emotional any physical health. It is not sustainable."

"Covid has changed our workplace hugely. The 24 hour 7 day a week expectation of service is so incredibly demanding. The shift /work life balance is harder and harder to manage as shifts are out of control. There is just greater expectation all the time."



“Increase patient load with no increase of EFT and working in PPE has increased stress and fatigue”

“I only have a good work/life balance because I chose to work part time and in a role below my level of experience. I would not be able to achieve this balance if I had to work full time due to the demands of the job both physically, mentally, emotionally and excessive workload/ expectation in-public health.”

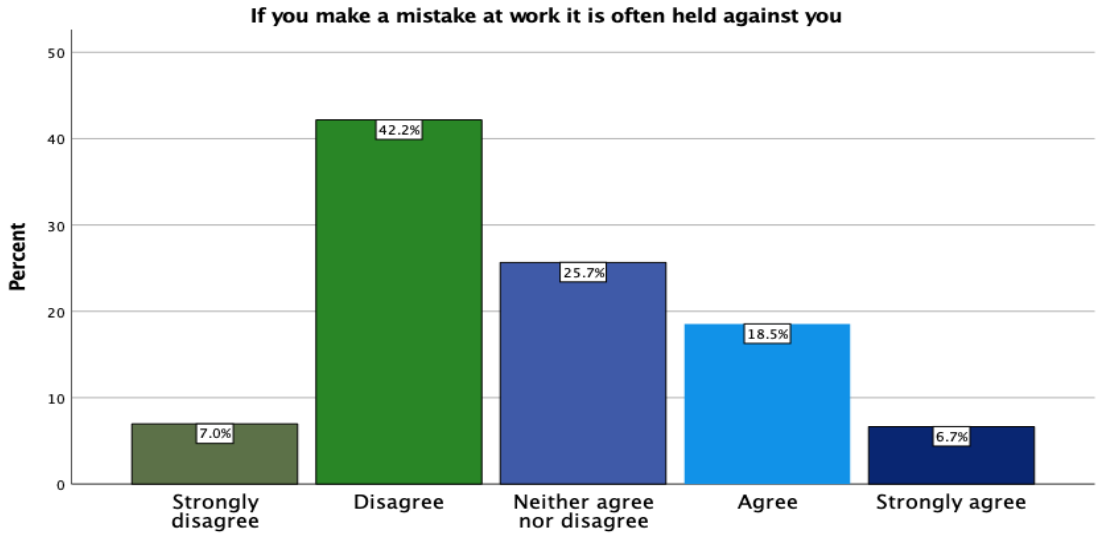


“It's hard to have a good work life balance in a busy hospital. Shift and weekend work is frequent, tiring and unrewarding.”

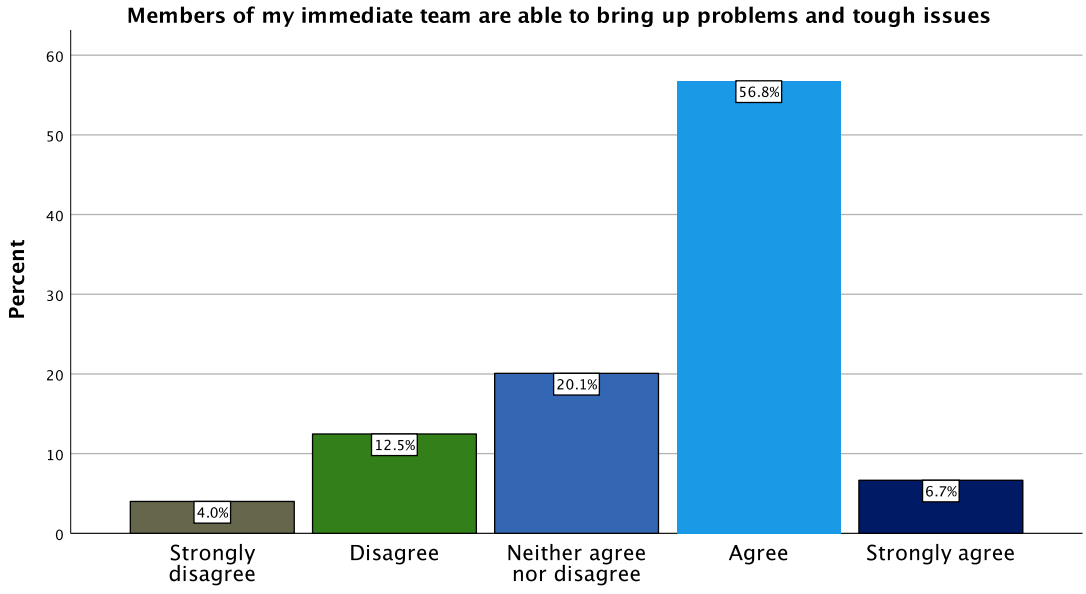
Psychological safety

Psychological safety is closely related to the concept of trust. Similarly, it is a cultivated climate and developed over time through communications and interactions among and between members (Ilgen, Hollenbeck, Johnson, & Jundt, 2005). It refers to a sense of confidence and safety that individuals will not be attacked, ridiculed, or penalised for proposing or voicing ideas (Edmondson, 1999). Such climate is often considered critical as it enables individuals to acknowledge and discuss problems and errors without fear of retribution and inhibition, contribute ideas and perspectives while respectfully considering others' views (Hülsheger, Anderson, & Salgado, 2009). To capture our respondents' feelings of psychological safety, they were asked how safe they felt admitting mistakes or voicing concerns and how other team members at work responded to these. Respondents used a 5-point scale (1 = strongly disagree to 5 = strongly agree) to answer these items.

Overall, respondents reported a mean of 3 (out of 5) for psychological safety, not a very strong score at first indication. The results analysed below show some mixed and concerning findings around issues of psychological safety which warrants further investigation.

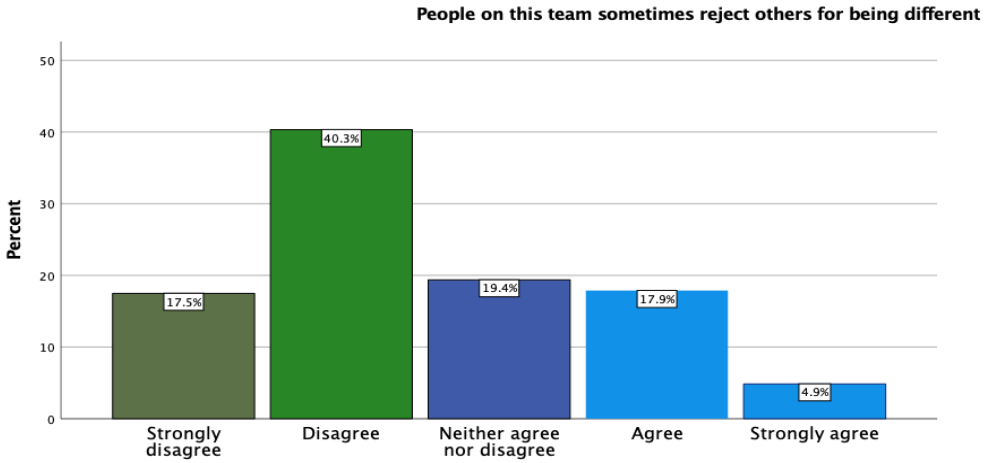


The findings show that around half (or 49.2%) disagreeing and strongly disagreeing that a mistake would be held against them. Only a quarter (25.2%) agree and agree strongly that a mistake would be held against them. This, we would argue, needs more in-depth analysis to determine the type and level (i.e., at the team, unit or organisational level) of issues this relates to.

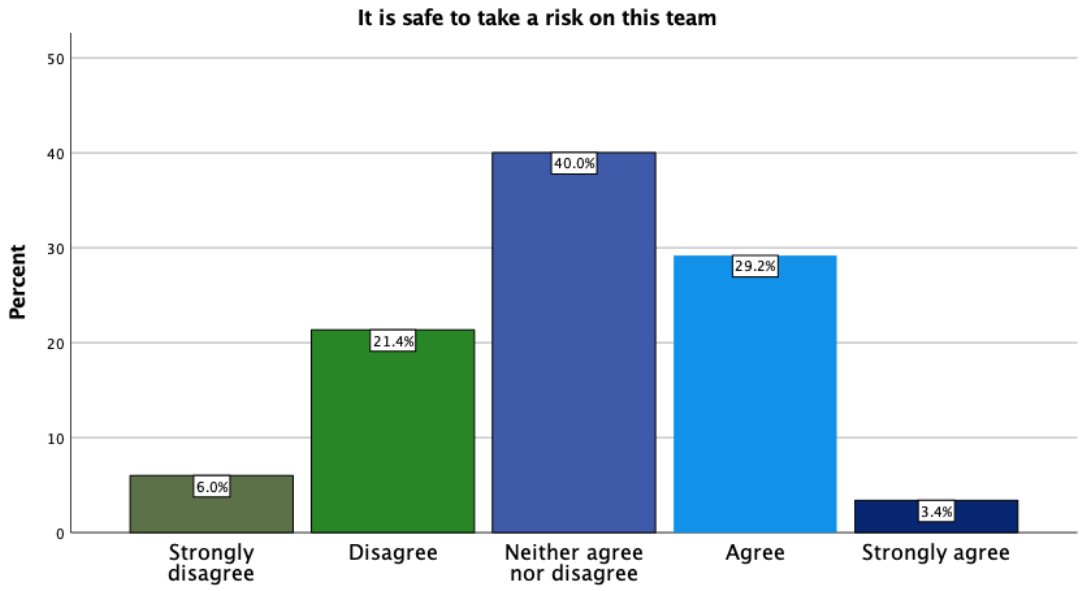


Again, good indicators of psychological safety with nearly two-thirds of the respondents (63.5%, i.e., 'agree' and 'strongly agree') reported that they felt they could bring up difficult problems and issues with one another in their teams. However, one in six (16.5%) disagreed and strongly disagreed, which

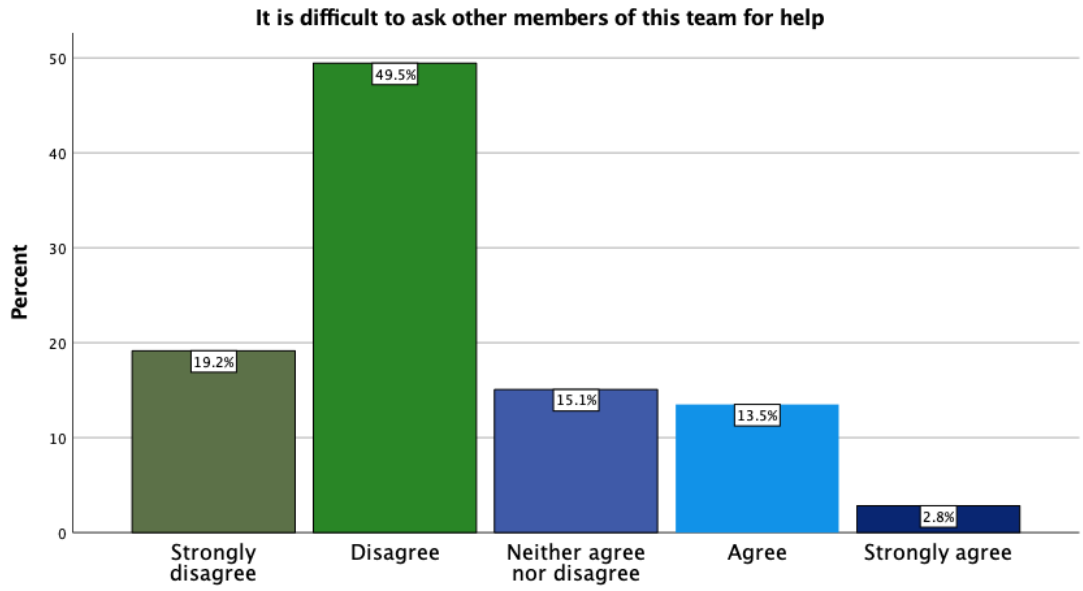
indicates a concern with dealing with contentious or sensitive issues, as well as the team's functioning. We note that the majority employees felt that they could voice concerns, advise others of undesirable behaviour, report coordination problems with management, and speak up honestly in the face of dissenting opinions. However, whether these are acted upon is analysed in the voice and silence section of this report.



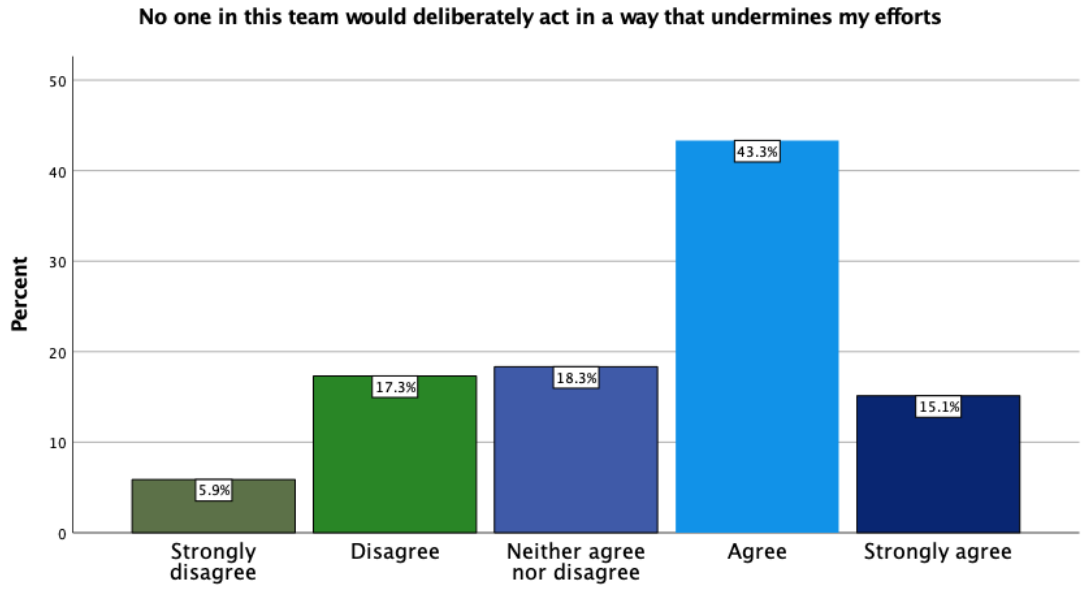
The results of this question provide both an interesting and concerning divide. While nearly six in 10 (57.8%) disagree and strongly disagree with the premise, over one in five (22.8%) agree and strongly agree. This may indicate some deep-seated issues, which we would suggest further in-depth study, as it could reflect a culture where bullying can take hold.



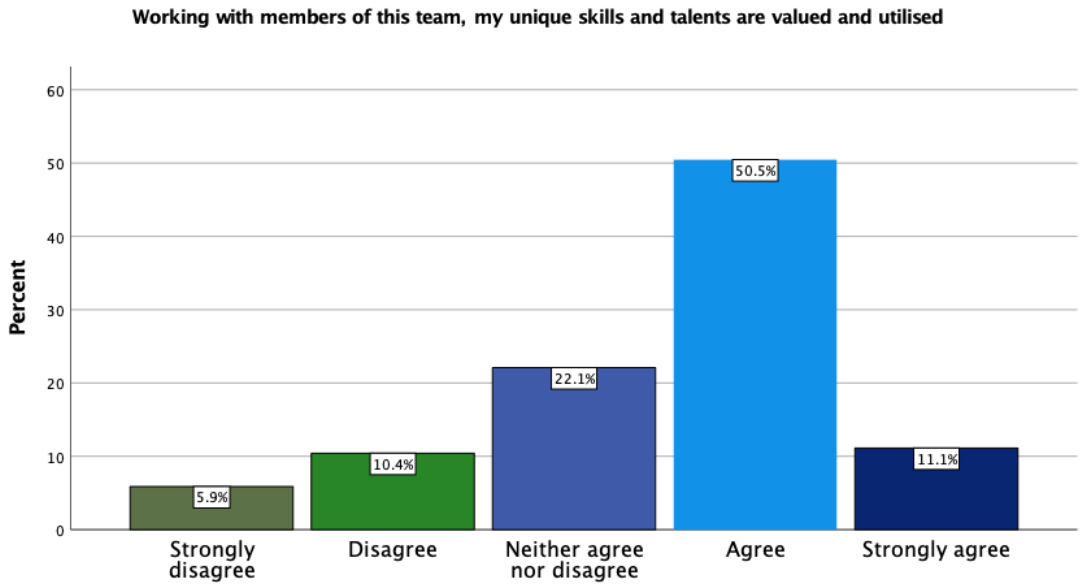
Interestingly, in comparison, a relatively equal percentage of respondents (32.6%, i.e., 'strongly agree' and 'agree') reported feeling safe to take risks in the team. A similar proportion of respondents (27.4%), (i.e., 'strongly disagree' or 'disagree') with 4 in 10 (40%) ambivalent. This indicates that further or more detailed research needs to be undertaken to investigate the determinants of such ambivalence related to perceived safety in risk-taking within teams. A potential contributor to such results may be attributable to the perception of what is deemed a risk in this healthcare environment.



As would be expected in a highly team-orientated environment, nearly seven in 10 (68.7% 'strongly disagree' and 'disagree') can seek support. However, the expectations in such an environment might have been higher. Indeed, with almost one in six (15.1%) ambivalent and nearly one in six (16.3%) agreeing and strongly agreeing, this is a concern that a substantial percentage of those surveyed did not feel they could reach out to other members for assistance in their teams.



This follow-up question somewhat allays these concerns, with nearly six in 10 (58.4%) (i.e., ‘agree’ and ‘strongly agree’) of respondents in agreement that members of their teams would not deliberately undermine their efforts. This leaves over twenty-three per cent (23.2%) disagreeing and strongly disagreeing and 18 per cent ambivalent. This potential for disharmony needs to be investigated further.

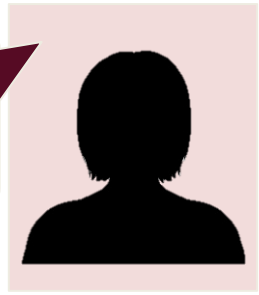


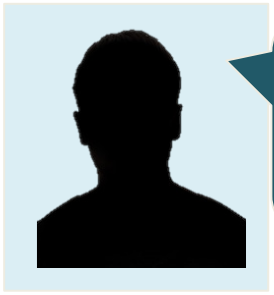
A further finding is that over six in 10 (61.6%) of the respondents (i.e., 'agree' and 'strongly agree') reported feeling that their unique skills and talents are valued and utilised within their teams. This contrasts with only 16 per cent disagreeing and strongly disagreeing, and twenty-two per cent ambivalent. Whilst this is an affirming finding, it is of concern when it is linked to the longer-term issues of intention to leave the profession discussed below.

Quotes from Respondents

The sense of psychological safety in relationships between allied health professionals and higher management levels may be concerning as qualitative data indicates a level of apprehension in key sharing information related to personal, employee, and patient safety.

“I’m concerned about constant pressure to have AHA taking over some of my clinical responsibilities which I feel is inappropriate. I need admin support, not them seeing my clients.”





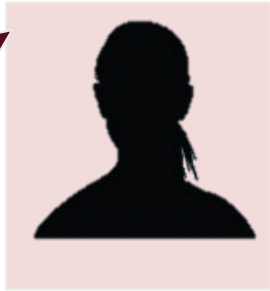
“Massive problems with senior management making decisions about increasing work demands and not consulting the workers actually doing the job. No EFT increases and staff becoming overloaded.”

“It is not about the clients we see which has tripled. It is management with unrealistic expectations. My problem is that management have no understanding of work as a solo health clinician in a public emergency department.”

“I feel my direct manager and team support me and care for me however the organisation and the people that run it do not care about their staff or their patients. It is draining knowing that I can do a lot of work and no one cares.”

"Sometimes our line manager can appear to be supportive but at other times not, as the organisation is trying to promote a workplace of supportive wellbeing and work life balance but the culture is still old school where you are monitored micro-managed with regards to your productivity and not the outcomes you achieve at work."

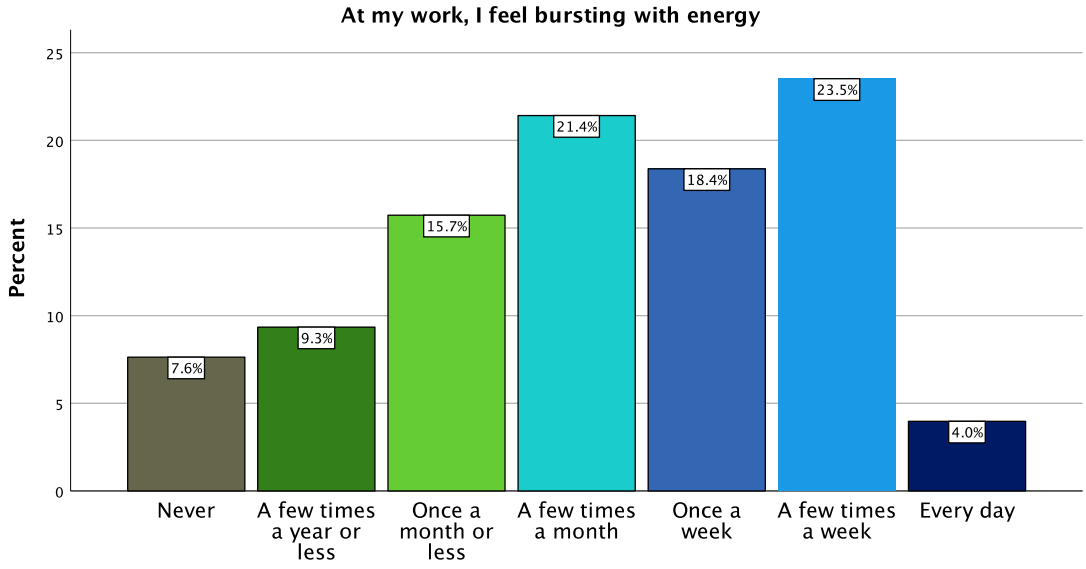
"A team and respect is defined by communication. Managers only communicate with seniors and seniors only communicate with managers, then staff on the floor aren't respected or part of the team. We are invisible."



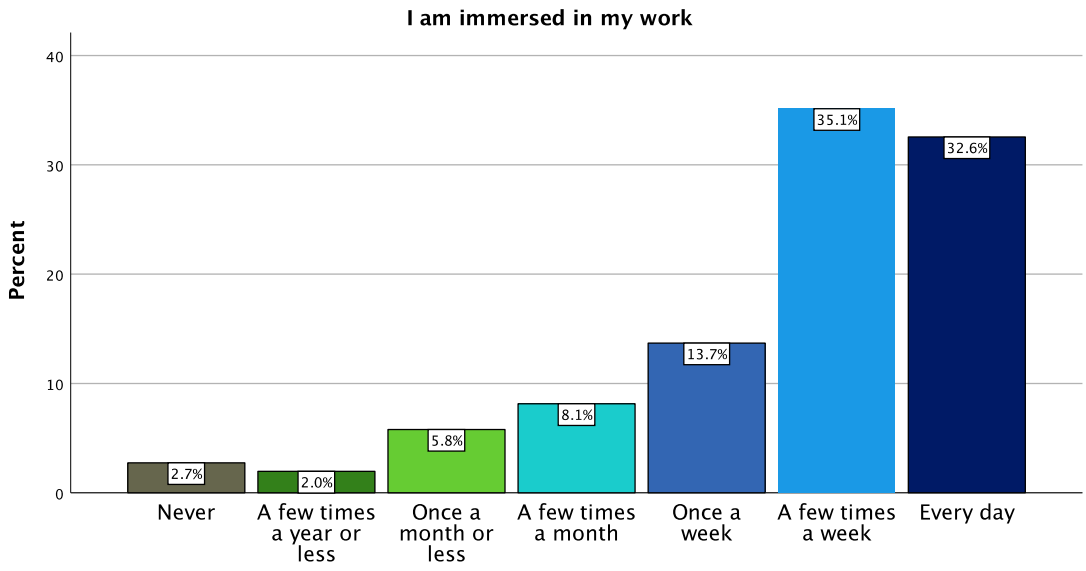
Engagement

Engagement has been defined as a positive, fulfilling, work-related state of mind (Schaufeli & Salanova, 2008). Respondents were asked questions that capture how they experience their work in relation to three areas. These characteristics can be defined as; vigour - if work is stimulating and energetic, dedication - if work is a significant and meaningful pursuit, and absorption - if work is engrossing. Responses were recorded on a 7-point scale (0 = never, 6 = everyday).

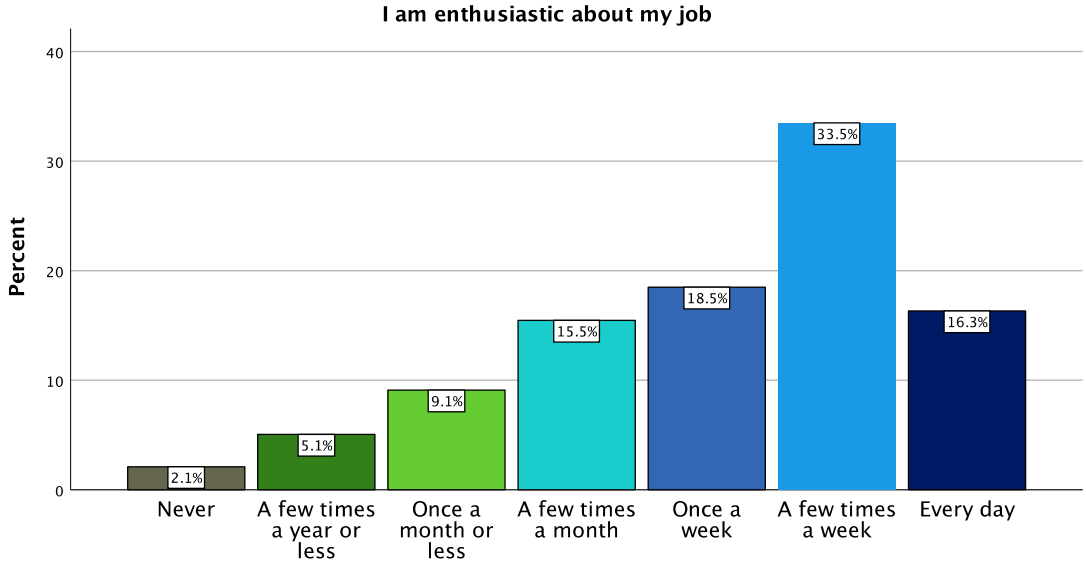
Overall, the workforce is highly engaged in their work, with a mean score of 4.2 (out of 7) for engagement. As might be expected from health professionals, most respondents indicated they often felt eager, enthusiastic and immersed in their work. Qualitative data collected also mostly correlated with such findings. However, it is important to note that key areas such as low trust in senior management and continually intensifying workloads may contribute to initial signs of erosion on these high levels of engagement amongst respondents.



Over a quarter (27.5%) of respondents reported they felt they were bursting with energy at work (i.e., 'a few times a week' and 'every day'), with only approximately eight per cent reporting never feeling like this in their role.



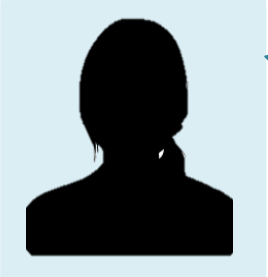
More than four in five (81.4%) of respondents reported they were immersed in their work at least once a week to every day at work. Over two-thirds (67.7%) of respondents reported such feelings several times a week to every day in their workday.



In addition, almost half of respondents (49.8%) were often enthusiastic (e.g., a few times a week' and 'every day') about their jobs. One sixth of respondents (16.3%) reported having such enthusiasm every day. Overall, this indicates a highly engaged workforce.

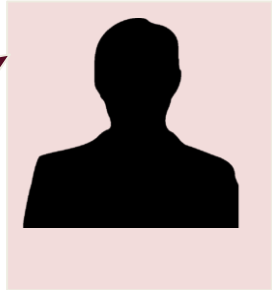
Quotes from Respondents

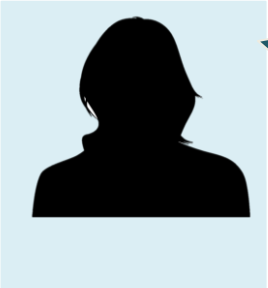
A review of the qualitative data is mostly in support of the quantitative data reported above. Respondents indicate having enthusiastic and intrinsic love for the nature of the job. However, it is noted that such engagement towards the job may be increasingly eroded by the perceived disconnect between senior management and allied health workers, mounting work intensification and perception of futility (as discussed under employee silence in volume 2), particularly regarding resolving issues pertaining to bullying.



"I have recently left working in an acute hospital setting due to the toxic culture and lack of management support and am now working in a lovely community health setting :)"

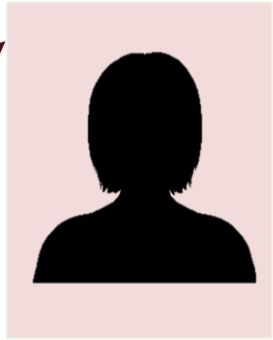
"I work part time in the community not on a ward where it is much busier and stressful. My work days are flexible. I probably do do more than I get paid but that's my choice cos I love working."





"Allied health is put last and consistently underfunded and undervalued. It's making me think of leaving a profession I love."

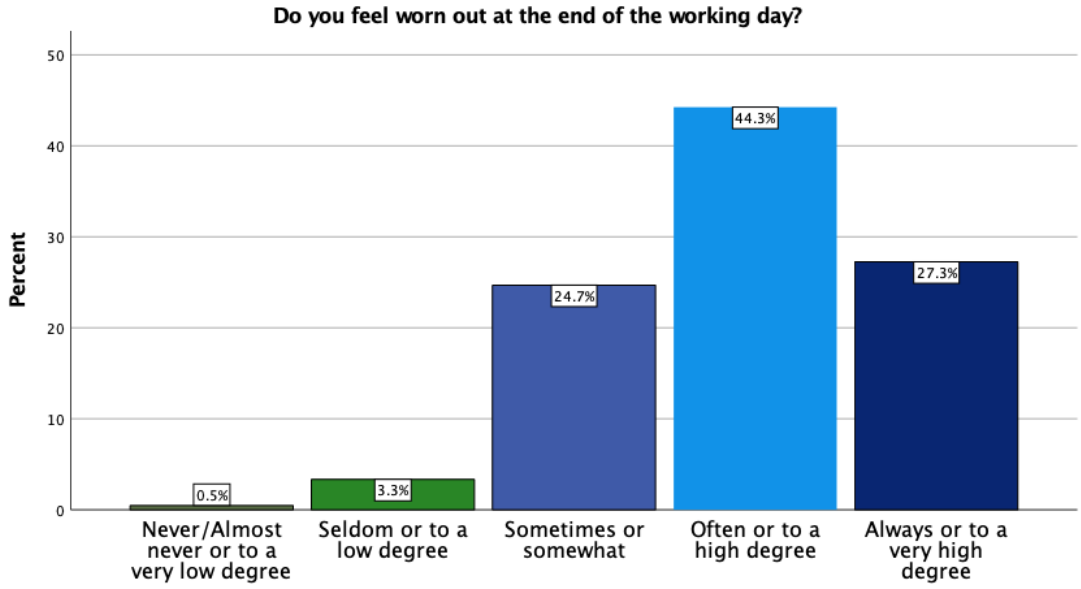
“The team in which I work and the team leader are very supportive however from an overall organisational perspective there feels to be a disconnect between what is happening for workers on the front line despite clearly expressing concerns around the insufficient staffing, unsustainable case loads and staff burnout/ high turnover.”



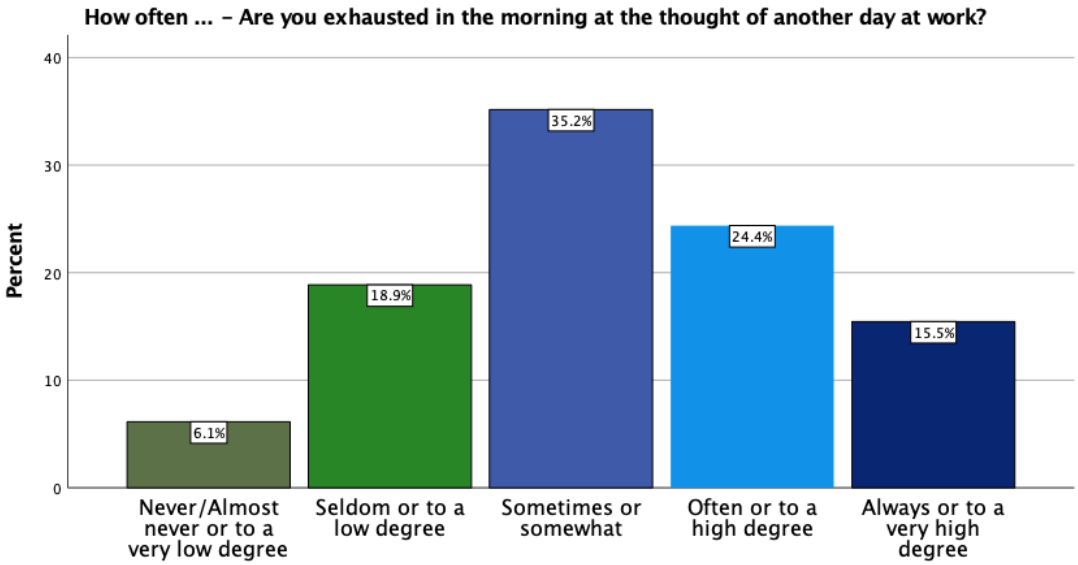
Burnout

Burnout has been conceptualised as a condition where an individual feels overextended and depleted of their emotional, mental, and physical resources due to the work in which they are engaged (Maslach, Schaufeli, & Leiter, 2001; Schaufeli, Leiter, & Maslach, 2009). Such states are often precursors to feelings of overload, which may lead to cognitive and emotive detachment from work (Barkhuizen, Rothmann, & van de Vijver, 2014). Specifically, the risk of experiencing burnout is prevalent in caring professional fields (Bejerot, 2005; Bilge, 2006). This study measured burnout using the Copenhagen Burnout Inventory's work burnout scale (CBI; Kristensen, Borritz, Villadsen, & Kristensen et al., 2005). Respondents recorded their responses on a five-point scale ranging from 1 = never or to a very low degree to 5 = always or to a very high degree.

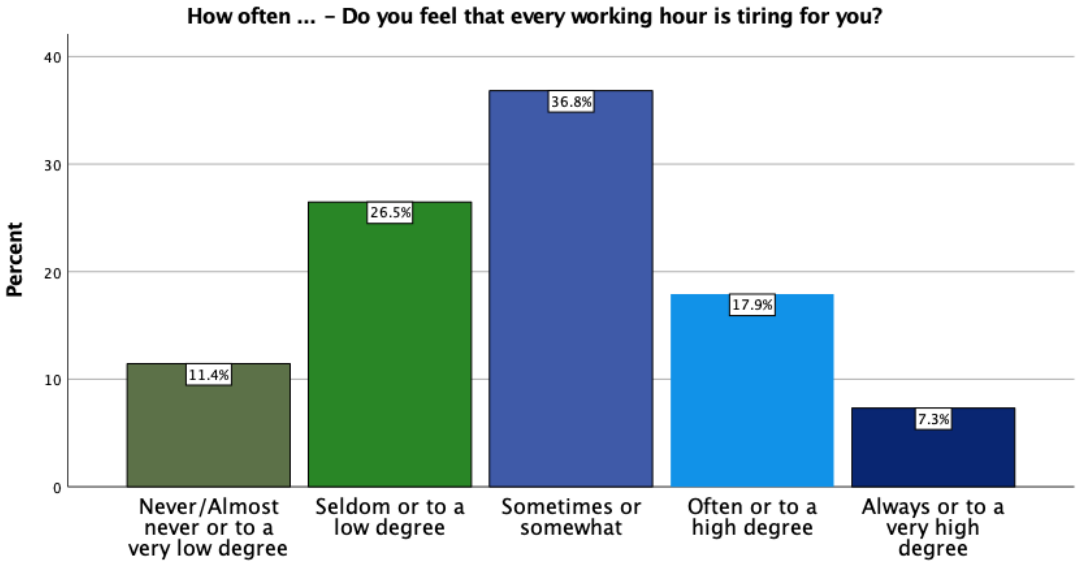
Overall, the results indicate many employees are approaching burnout, reporting an average score of 3.36 (out of 5). On their own, these are concerning findings, but when considered alongside the findings on work intensification, high levels of burnout reinforce these issues and concerns, which we note are within the realms of management to address.



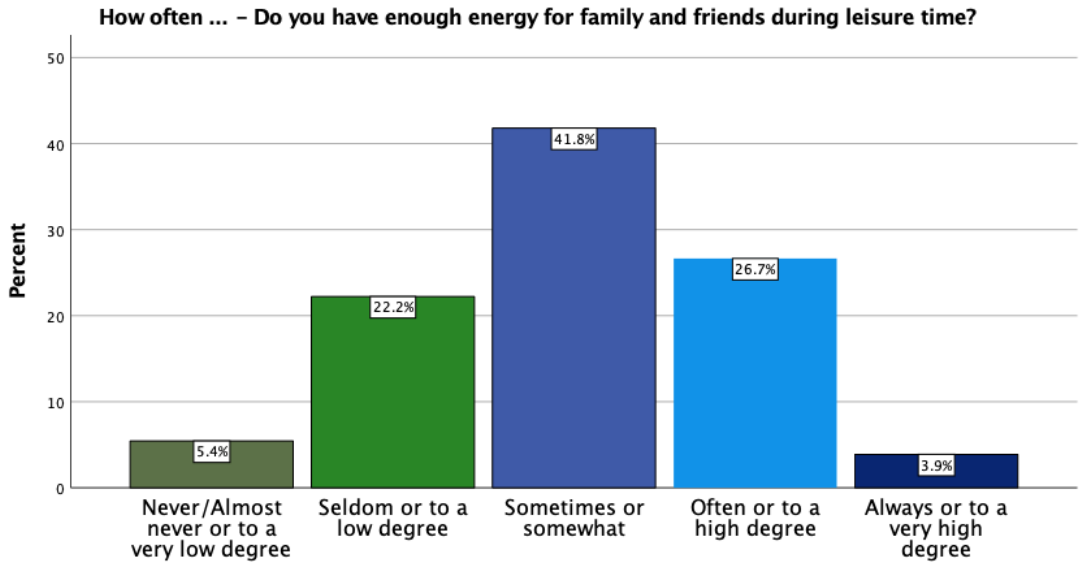
Significantly, over seven in 10 (71.6%) of respondents indicated that they are often or always (i.e., 'high degree' and 'very high degree') worn out at the end of the working day.



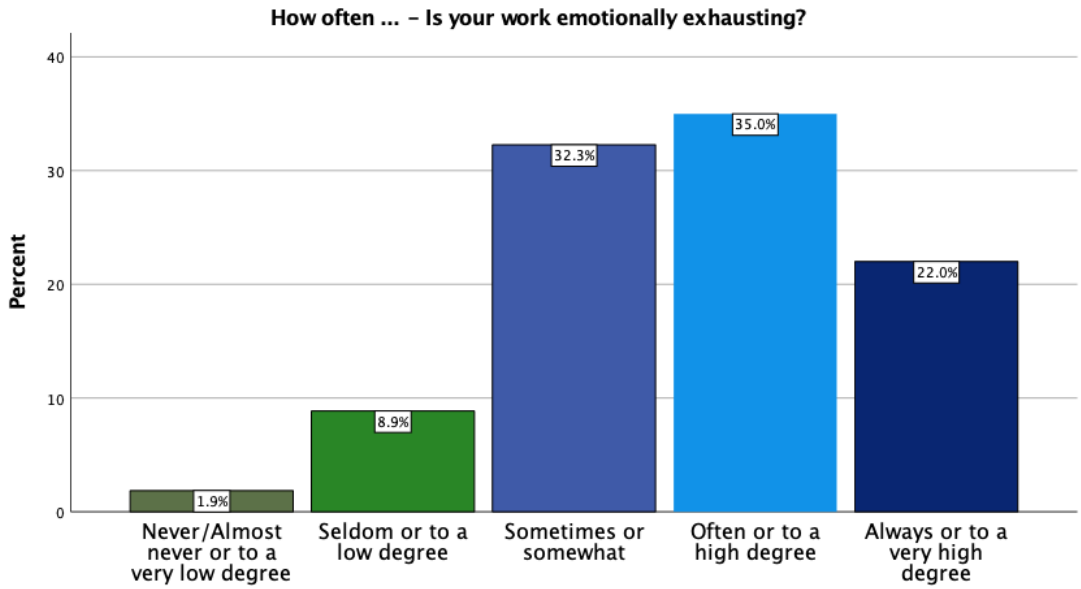
Nearly four in 10 of the respondents (39.9%) reported that they were either often or always (i.e., 'high degree' and 'very high degree') exhausted in the morning at the thought of another day at work.



Comparatively, over a quarter of respondents (25.2%) indicated that they often or always (i.e., 'high degree' and 'very high degree') feel that they found every waking hour tiring, with over a third (37.9%) per cent disagreeing with this statement.

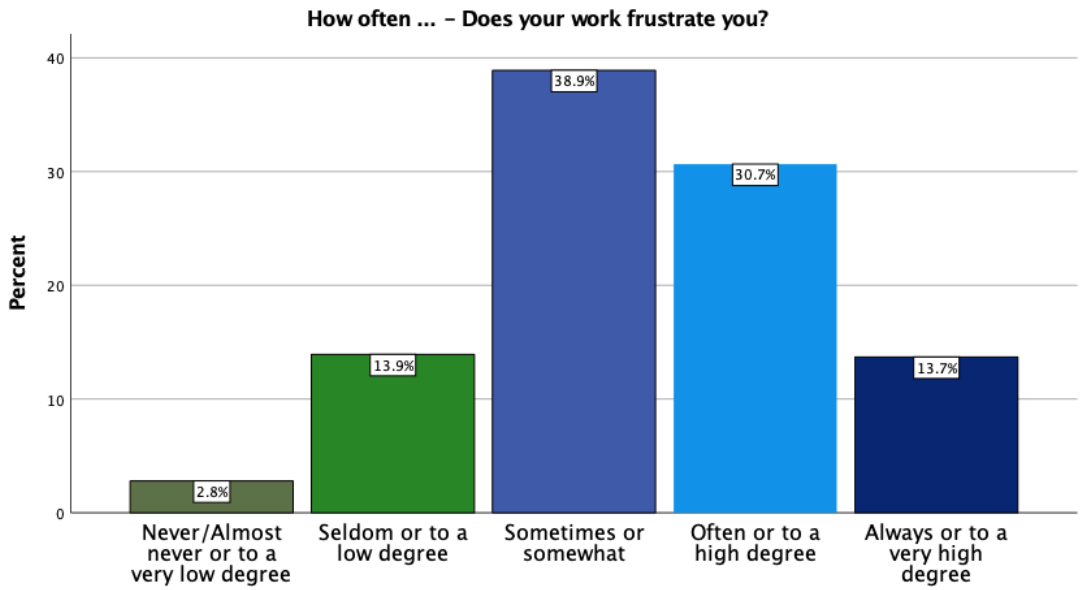


In terms of this impact on their lifestyle, over a quarter (27.6%) of respondents indicated they seldom if ever (i.e., 'very low degree' and 'low degree') have enough energy reserved for family and friends outside of work in their leisure non-work time. This could indicate high workload pressures overspilling to impact work-life balance and conflict, with only around three in 10 (31.6%) indicating they often and always (i.e., ‘high degree’ and ‘very high degree’) have enough energy for leisure time.

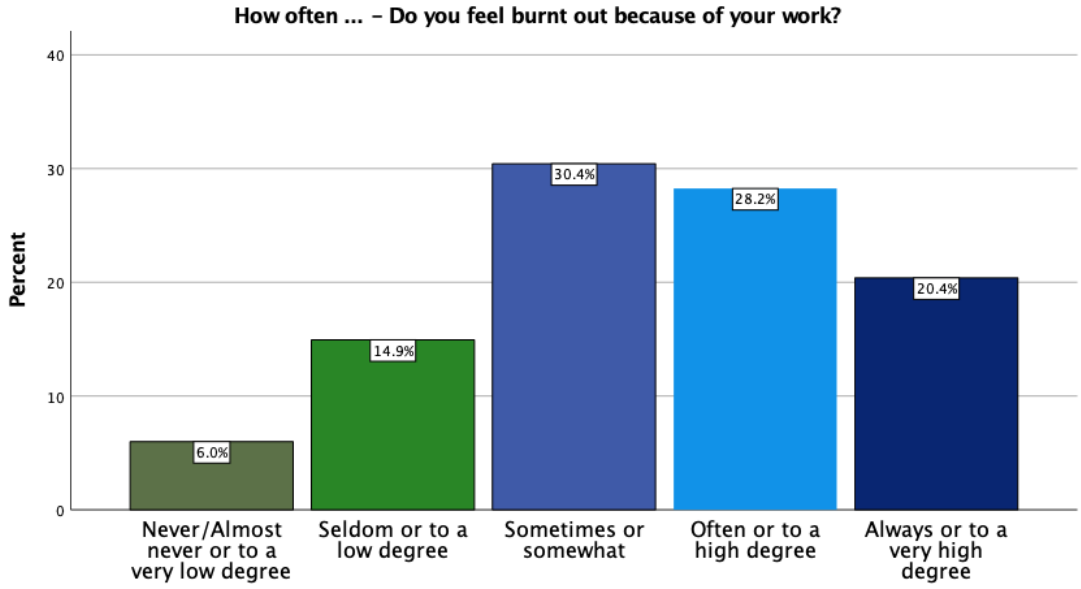


Supporting the findings on previous burnout-related questions, over half (57%) of respondents report their work to be often or always (i.e., 'high degree' and

'very high degree') emotionally exhausting, with only one in 10 (10.8%) disagreeing (i.e., ‘very low degree’ and ‘low degree’).



Pushing toward half those surveyed (44.4%) felt that their work is often or always (i.e., 'high degree' and 'very high degree') frustrating compared to one in six (16.7%) who disagreed (i.e., ‘very low degree’ and ‘low degree’) — an aspect of the study worth examining further.

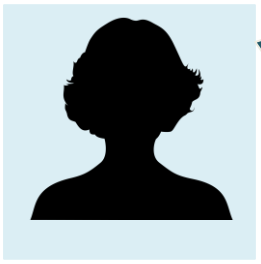


Again, approaching half (48.6%) of the respondents indicated that they often or always (i.e., 'high degree' and 'very high degree') felt burnt out due to their work.

Only twenty-one per cent felt that they were not burnt out. Clearly, there is a concern for the level of burnout emerging in this workforce.

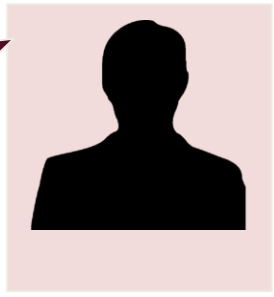
Quotes from Respondents

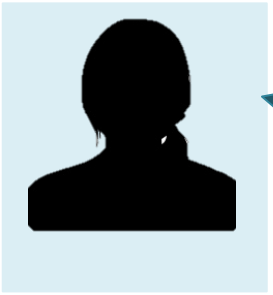
Qualitative data supports the high reports of feelings related to burnout. The qualitative data indicates several contributing factors fuelling burnout among respondents. Insufficient support from managers and resources to enable allied health to carry out their work effectively, leading to stress, frustration, and increasing exhaustion among respondents – leading some to question the viability of remaining in their profession.



The burnout of COVID-19 is real and while my employer has been proactive in ensuring staff are informed, I am aware that other health services have not shown the same level of transparency or care towards their staff.

“I have had to take my long service leave because my work is so stressful”





“I have decided to leave my profession and embark on an alternate career due to the burnout from my jobs”

Bullying

Bullying is a form of workplace behaviour that can be defined as a repetitive, threatening, or demeaning actions that include behaviour that seeks to socially exclude an individual or negatively affect an individual's health and safety (both physical and psychological) as well as their work (Fox & Cowan, 2015). A review of workplace bullying across various industries by Zapf et al. (2011) concluded that the healthcare sector has some of the highest bullying incidences. From an organisational perspective, bullying is associated with higher staff turnover levels, decreased morale, loss of productivity, poor working relationships, and an overall toxic work culture.

Respondents scores for bullying are indicated in the table below. When interpreting this data, a holistic approach should be taken, given the harmful effect of bullying and incivility on the well-being, health, and productivity of the victim and others in the workplace. Incivility often spirals via a contagion effect and may be displaced upon other targets who may be more 'available.' Additionally, workplace bullying is ultimately costly to organisations owing to increased levels of sickness, absenteeism, turnover, and counterproductive behaviours and compromised quality of service/work.

Table 2 Bullying landscape

Have you experienced any of the following at your workplace in the allied healthcare industry	By my supervisor %		By another colleague %		By another person %	
	Yes	No	Yes	No	Yes	No
Persistent attempts to belittle or undermine your work	17	83	27	73	19	81
Persistent and unjustified criticisms and monitoring of your work	22	78	20	80	11	89
Persistent attempts of to humiliate you in front of your colleagues	8	92	13	87	7	93
Intimidatory use of discipline or competence procedures	13	87	7	93	6	94
Undermining of your personal integrity	16	84	16	84	10	90
Destructive innuendo and sarcasm	13	87	17	83	11	89
Verbal and non-verbal threats	9	91	6	94	10	90
Making inappropriate jokes about you	5	95	9	91	8	92
Persistent teasing	3	97	4	96	2	98
Physical violence	1	99	0.5	99.5	4	96
Violence to your personal property	0.5	99.5	0.5	99.5	1	99
Withholding of necessary information from you	23	77	20	80	12	88
Freezing out, ignoring or excluding	18	82	21	79	11	89
Undue pressure to produce work	33	67	18	82	14	86
Setting of impossible deadlines	25	75	13	85	11	89
Shifting goal posts without telling you	29	71	14	86	12	88
Constant undervaluing of your efforts	22	78	18	82	13	87
Removal of areas of responsibility without consultation	21	79	8	92	6	94
Persistent attempts to demoralise you	10	90	9	91	5	95
Unreasonable refusal of applications for leave, training, or promotion	20	80	5	95	5	95

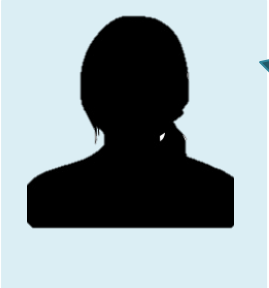
As can be seen from the comprehensive review of bullying Table 2, bullying appears both ingrained and systemic in the workplace for a significant number of Allied Health Professionals. Examples such as supervisors shifting goalposts without telling them (29%). Another worrying trend is that twenty-three per cent of workers felt that their supervisor withheld necessary information, noting this is a health services environment. In addition, workers felt that there were persistent attempts to belittle or undermine their work (17%), had persistent or unjustified criticism (22%), or had their personal integrity undermined (16%). Further, thirty-three per cent felt undue pressure from supervisors to produce work, and their efforts were undervalued by supervisors (22%). Comparative to other forms of bullying behaviour, thirteen per cent had been subjected to innuendo and sarcasm by supervisors. In workplaces that now often indicate zero tolerance to bullying, figures like these are concerning and require further investigation.

Quotes from Respondents

A review of the qualitative responses sheds some light on the nature of workplace bullying and the context surrounding these instances.

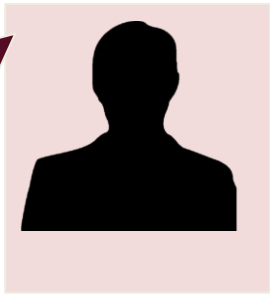
"Staff mental health at (XXXXX) Health is horrifyingly bad and management have done nothing to help. I am concerned that someone will take their life from the pressure that is being put on them. The oncologists bully staff. Majority of us want out!"

"Large health services need to be accountable for upholding covid safe practices
Most of my mental state was due to bullying at my workplace and not COVID. It was the extent of the bullying from one individual that led me to give up on healthcare overall, and I am still in therapy and medication due to the actions of this individual."



"Morale across my workplace is low. Morale in the OT department is very low. There is high staff turnover. Long serving staff members have been bullied and encouraged to leave."

"Healthcare staff morale is at an all time low affecting patient care and service. I have struggled immensely as a result of an unsupported and under resourced working environment that has been ongoing way before covid-19. I have witnessed an immense amount of pressure and colleague's mental wellbeing is worryingly low."



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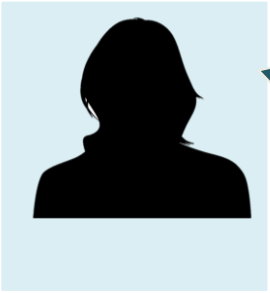
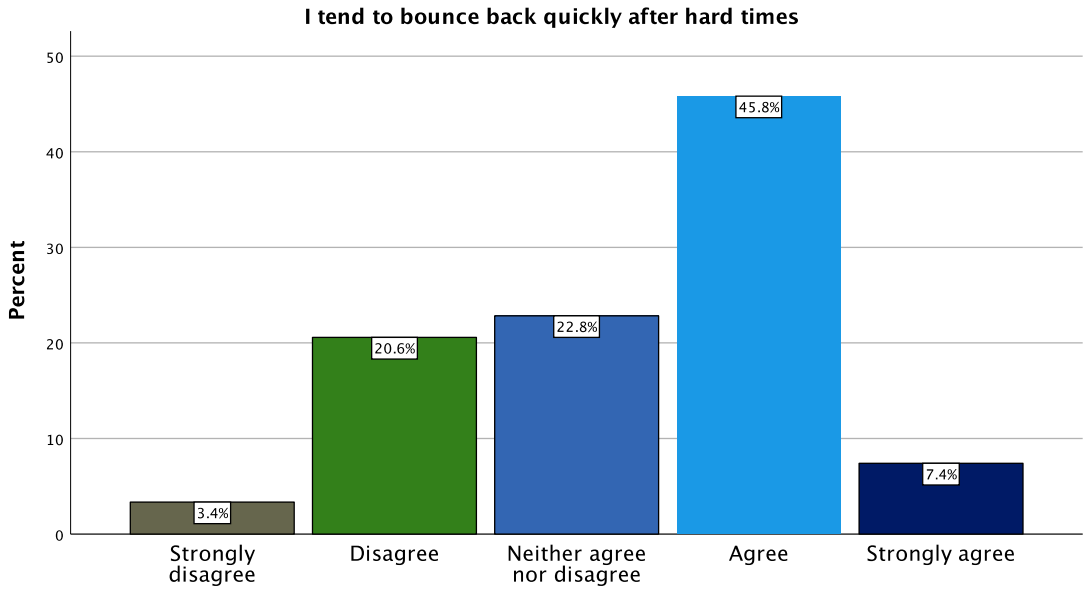


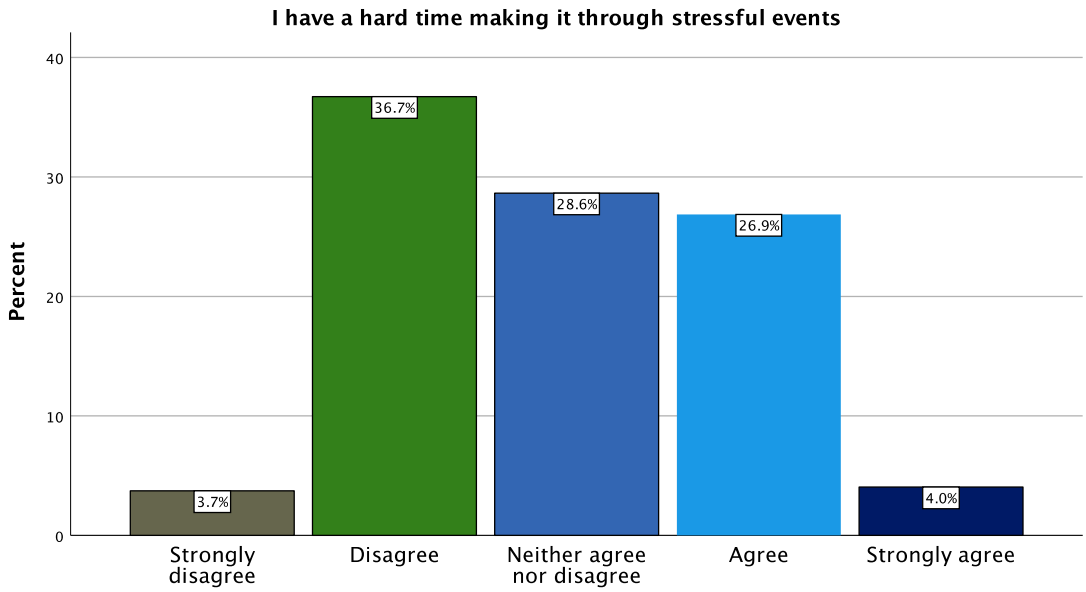
"We are all under a lot of pressure and worried for the safety of our patients due to shortages/pressure throughout the entire public health system"

Resilience

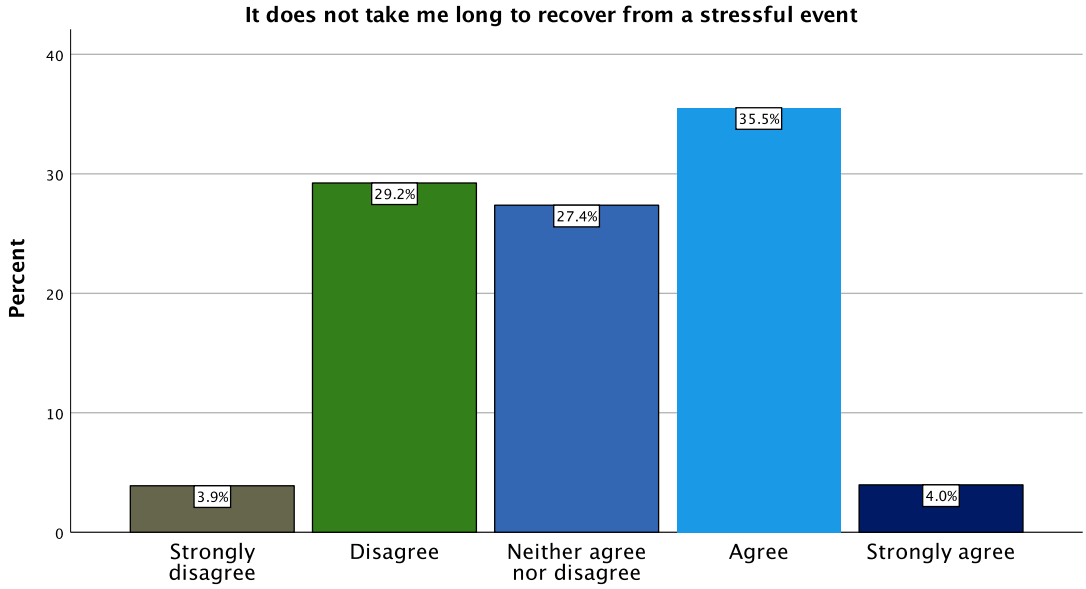
Resilience is seen as an important feature in dealing with the negative aspect of work. Resilience is an employee's ability to recover or rebound after a setback to challenging circumstances at work (Zaura, Hall & Murray, 2010). Overall, respondents reported a mean score of 2.99 (out of 5). The majority of respondents indicated they were able to demonstrate all facets of resilience. However, it is interesting to note that at least twenty-four per cent of respondents consistently did not feel they could show resilience across all indicators. Notably, at almost one third (32.8%) of respondents reported feeling it difficult to snap back after something bad happened. This requires further exploration as research has noted resilience to be a key aspect in mitigating negative health and well-being consequences such as burnout.



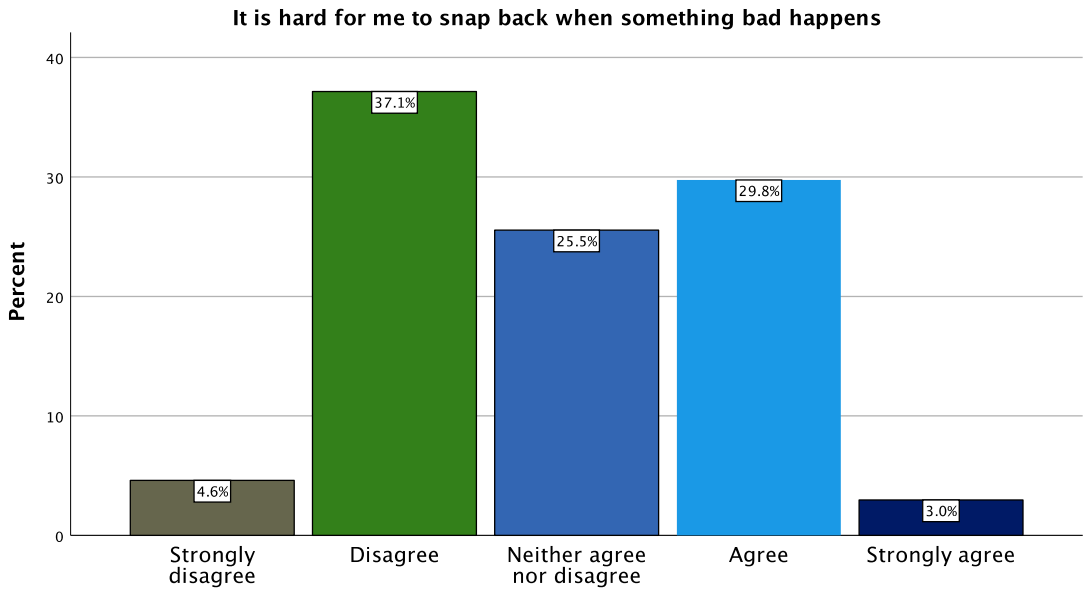
Over half of the respondents (53.2%, 'agree' and 'strongly agree') that they were able to bounce back quickly after hard times. Again, nearly one quarter (24%, i.e., ‘strongly disagree’ and ‘disagree’) of respondents reported that they did not feel as though they can overcome difficult times quickly.



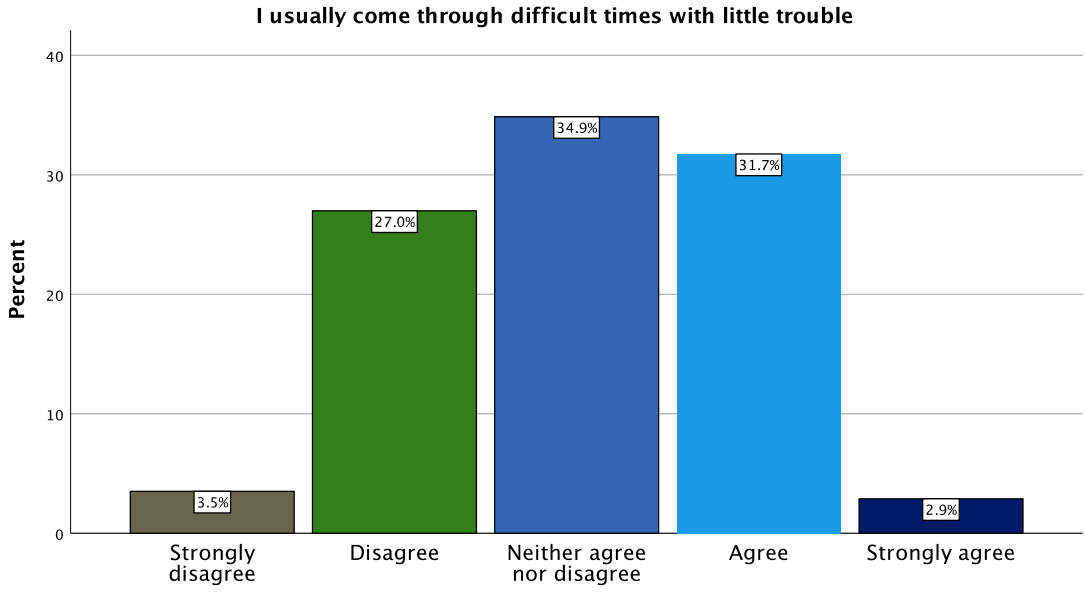
While 4 in 10 respondents reported being able to bounce back quickly after going through challenging times, many also report that this recovery process may not always be an easy one. Over three in 10 respondents (30.9%) agreed or strongly agreed that they have a hard time making it through stressful events.



Nearly four in 10 respondents (39.5%, 'agree' and 'strongly agree') reported that their recovery from a stressful event does not take long. A significant minority, around one-third (33.1%) of respondents (i.e., 'disagree' and 'strongly disagree'), found that recovering from stressful events took a long time.



While over four in 10 respondents (41.7%, i.e., ‘strongly disagree’ and ‘disagree’) were able to recover from bad incidents relatively quickly, nearly one third (32.8%, i.e., ‘agree’ and ‘strongly agree’) of respondents indicated that it is difficult for them to revert to normal when they experience something bad.

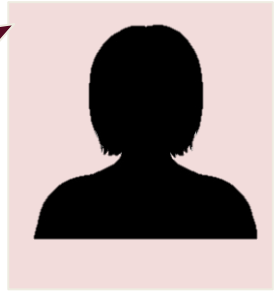


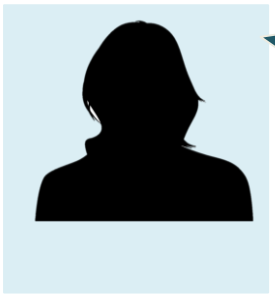
The final instrument in the section identified that over three in 10 respondents (30.5%, i.e., 'strongly disagree' and 'disagree') indicated that they did feel they usually come through difficult times with little trouble. One third (34.6%, i.e., ‘agree’ and ‘strongly agree') of respondents indicated challenging times did impact on them.

While showing a workforce with a majority having strong resilience, a consistent and concerning significant percentage of the workforce (i.e., around one-third) are potentially having troubles recovering and bouncing back from adversity. This should raise concerns for those managing these situations. Taken into consideration alongside findings of high levels of burnout, work intensification and a general distrust of senior management (see volume 2) in resolving work issues, these factors could point towards a concerning climate which could push the proportion of respondents reconsidering their long-term tenure within the allied health sector post this highly critical health crisis caused by the pandemic.

Quotes from Respondents

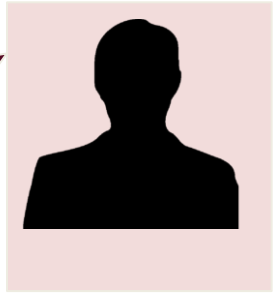
"Poor mental health this year due to COVID - need a break!"





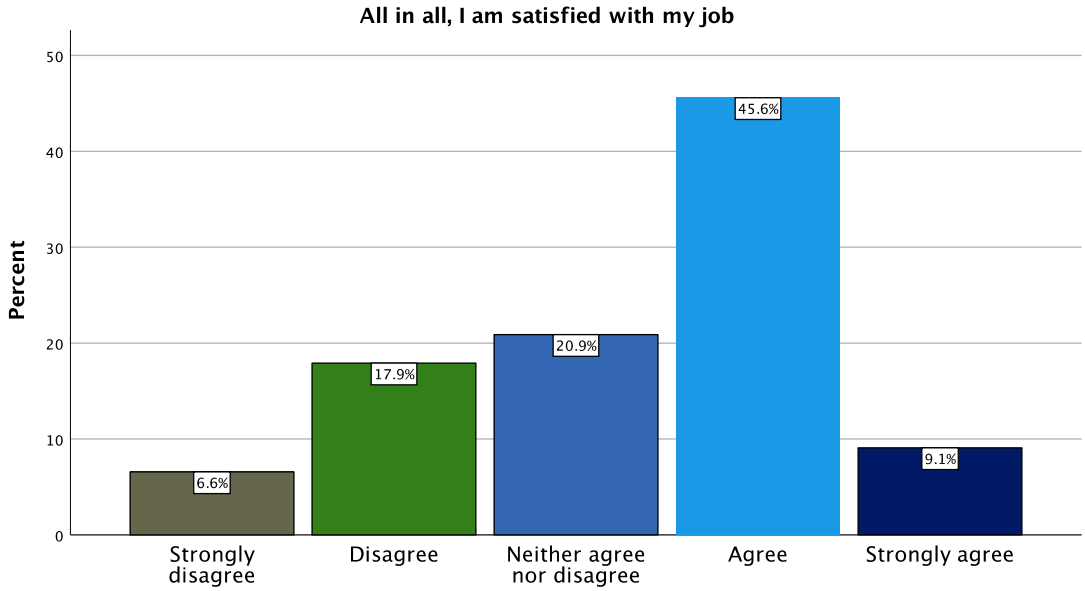
"Colleagues are fantastic. Most stress and undervalue stem from management."

"Understaffed and overworked - we are expected to do more with less and are not given any time to perform higher duties."

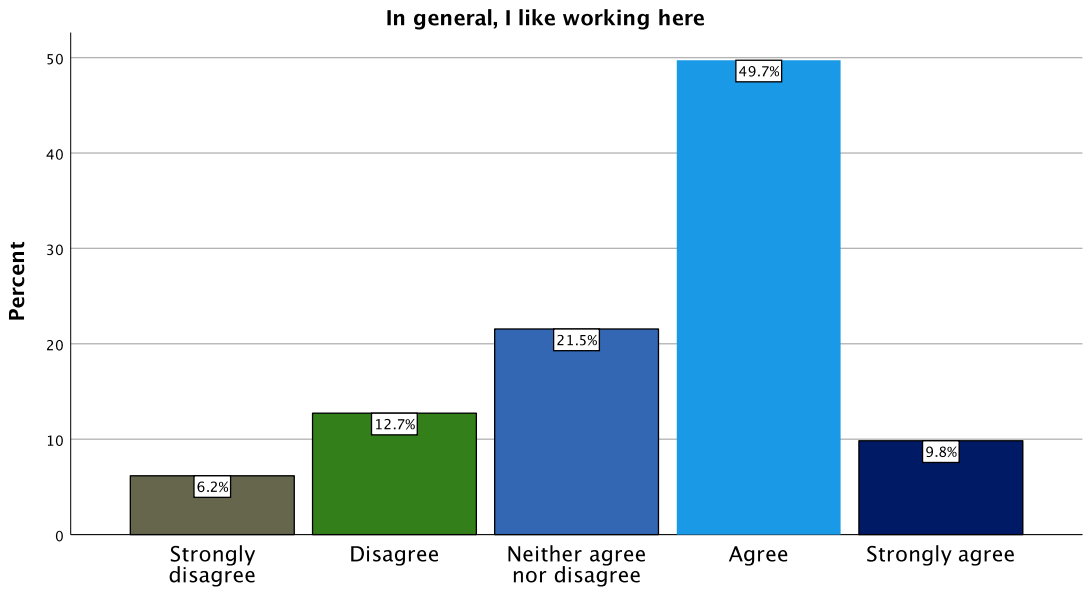


Job satisfaction

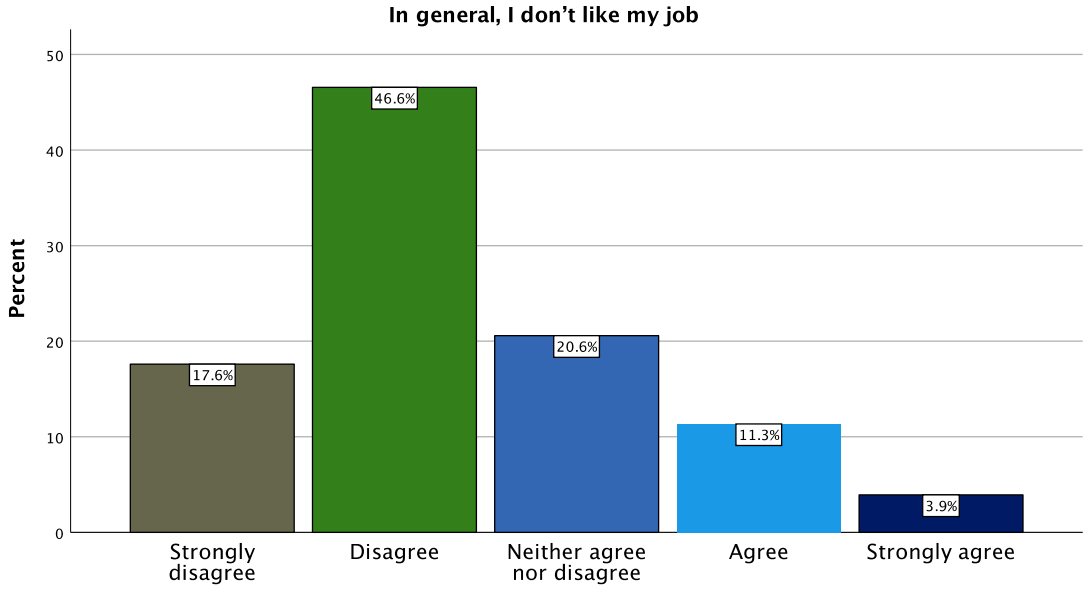
Job satisfaction describes the level of like or dislike a person has for their job. It is also seen as a default for the link between the individuals' perception of work and organisational fit (Lok & Crawford, 2001). The average score for respondents' job satisfaction was relatively good at 3.38 (out of 5).



Only just over half (54.7%) of respondents (i.e., 'agree' and 'strongly agree') indicated that overall, they are satisfied with their job. Approximately one quarter (24.5%) of respondents disagreed or strongly disagreed. This dissent presents as a concerning finding for a profession with a strong perceived vocational element. Again, this may be linked to other aspects of the workplace culture and climate.



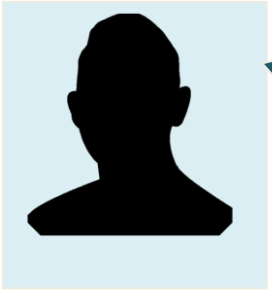
Nearly 6 in 10 (59.5%) respondents ('agree' and 'strongly agree') felt that in general, they liked working in their organisations. Nearly one in five (18.9%) reported disagreeing and strongly disagreeing with this statement.



Similarly, only one in six (15.2%) of respondents agreed and strongly agreed that they did not like their jobs in general, against nearly two thirds (64.2%) who did (i.e., 'strongly disagree' and 'disagree'). This is more in line with what would be expected; however, the lack of satisfaction with their job among one in six respondents is worth further exploration.

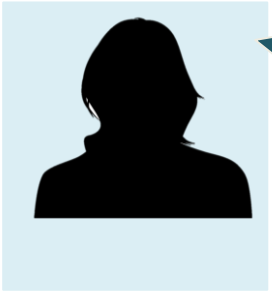
Quotes from Respondents

A review of the qualitative data reveals a general and underlying theme of high levels of frustration, stress, and resource depletion for an overstretched and overworked segment of the healthcare workforce. Whilst we see high levels of job satisfaction as reported and discussed above, there are also indications that if the factors such as increasing workloads, poor lines of communication between the workforce and senior management, and a lack of focus on building support systems within organisations to safeguard internal and external sustainability of the workforce, it is likely high levels of job satisfaction may not be sustainable.



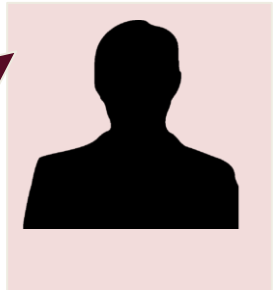
High targets are impacting how I feel about my work. I've been more stressed about work this year compared to any other year with all of the additional Covid requirements, constant changes and statistics. My colleagues also feel this way.

"don't know the purpose of this but I don't think you've captured the exhaustion and frustration of Covid chaos, constant change"



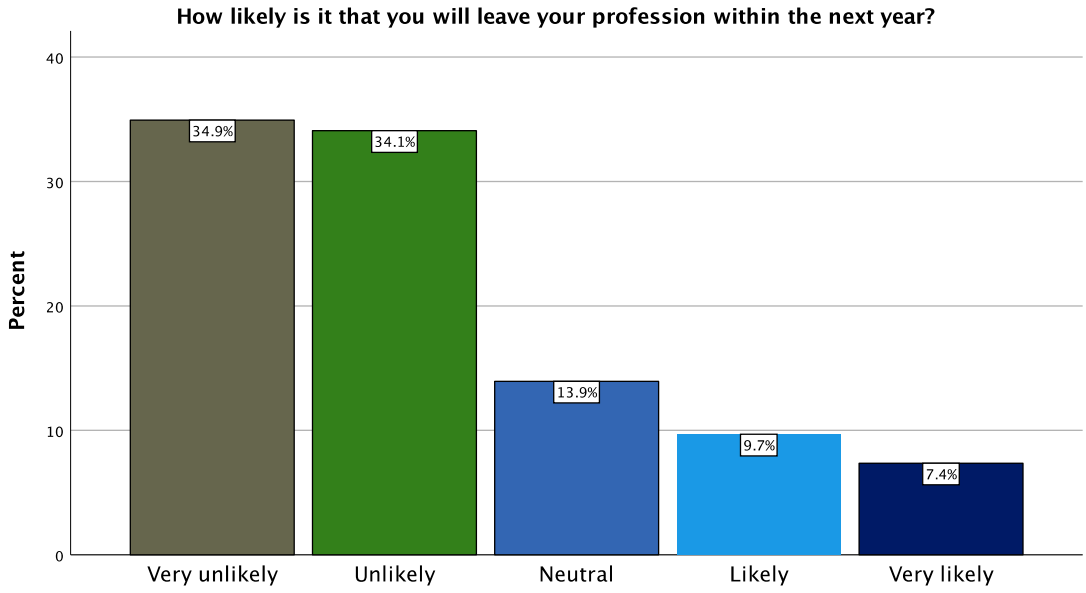
"Health care workforce and leadership value and encourage self-sacrifice for a greater good. I think this is at times to our detriment."

"Extreme workplace budget issues as a result of covid and other competition have resulted in staff not being replaced and increased pressure on staff left behind. This has resulted in increased stress and feelings that upper management don't care about the longevity of their workforce."

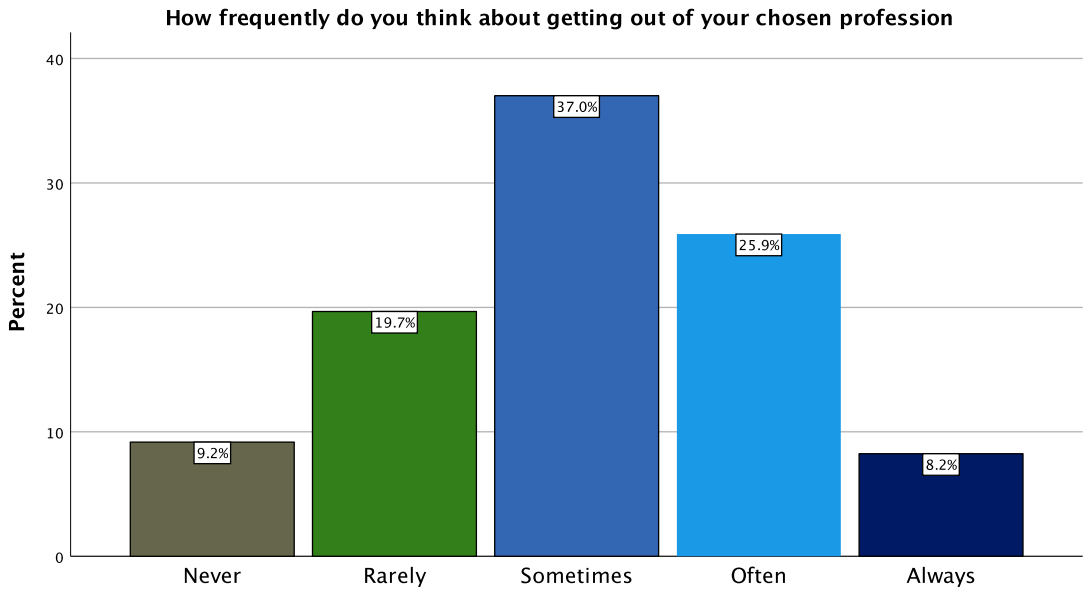


Intention to leave the profession

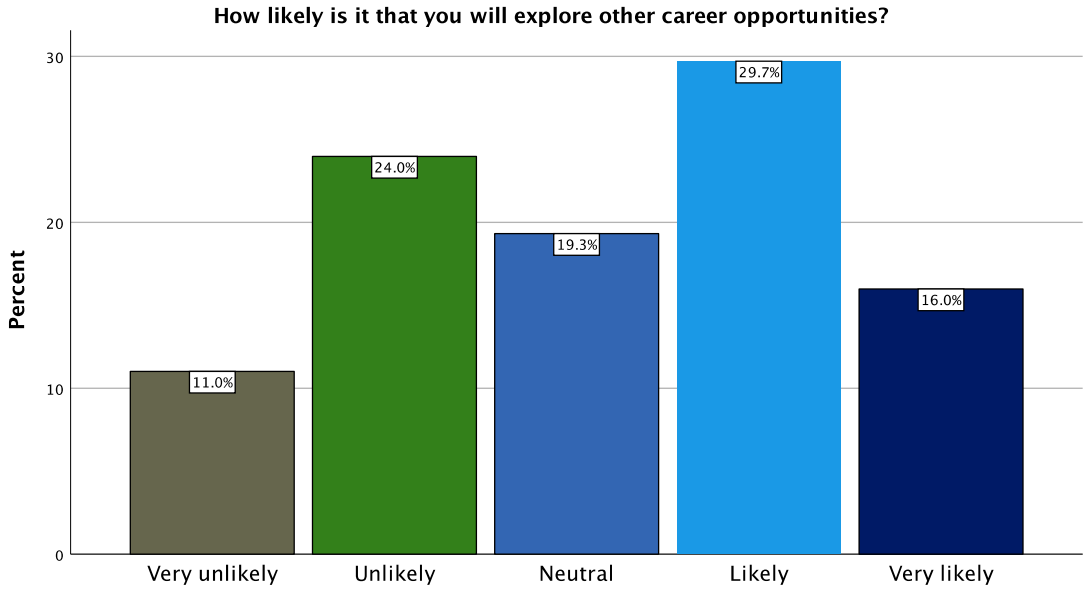
The three significant indicators highlight that seventeen per cent of respondents indicate an agreement with an intention to seek new employment opportunities in the next year or approaching 1 in 5. For management, this arguably may be the most significant indicator of allied health workplace well-being in terms of their potential to act on their discontent with work. Respondents' intention to leave the profession score averaged 2.8 out of 5. When asked about long-term career decisions, over one third (34.1%, i.e., ‘often’ and ‘always’) indicated they often think about quitting the profession, rising to nearly half (45.7%) likely and very likely to consider other career opportunities in the future. This raises significant retention issues for highly skilled frontline health workers.



Approximately seventeen per cent (i.e., ‘likely’ and ‘very likely’) of respondents indicated intentions to actively look for a job in a different profession in the next year. This is a relatively high number, despite the relatively tight job market and current economic uncertainty. However, as the job market is expected to ease in the coming year this should provide considerable concern for management. These are highly educated staff who are looking to change professions within the next year.



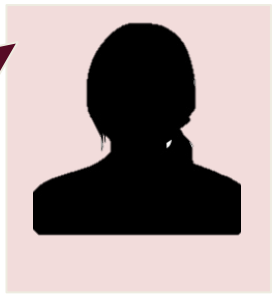
Over one-third of the respondents (34.1%, i.e., ‘often’ and ‘always’) reported frequently having thoughts of leaving their allied health profession.



Nearly half (45.7%) of respondents (i.e., ‘likely’ and ‘very likely’) indicated probabilities of looking for a different career in the future. Projecting ahead, there is cause for concern regarding the retention of these highly skilled and educated staff. This is particularly concerning as the question asks if these respondents are going to leave their profession, not just their employer. This can potentially leave a major skills gap in certain industries and may have serious knowledge management implications.

Quotes from Respondents

"I feel that senior management of our organisation (not line management) have paid lip service to our stress levels. There are many of us that have resigned, retired or taken long service leave to try to alleviate the stress we have been feeling."



I am planning to retire at end of year

"Staff get tired, overwhelmed with the workload, disheartened and as a result leave."

Conclusion

Overall, responses signal that the workforce is highly engaged in their work but demands from high workload levels appear to undermine engagement levels among allied health workers, waning motivation, and increased stress through the pandemic. While the intention to leave is low, the more long-term focus suggests a potential retention problem in the near future, which can be addressed before it arises if appropriate policies and practices are enacted. To conclude, we use one of the quotes for this study to illustrate this study's focus.

> **Sonographer workloads have increased to ridiculous levels in both the public and private sectors. What is expected to be included in an exam has increased as ultrasound systems have got better, whilst examination times have been reduced. Worksheets and report writing have increased in the detail being required. Bonus $ for scanning extra patients should be made illegal in regard to the Medicare rebate, as this encourages a low standard of patient care and examination quality. Ultrasound examinations per day should be capped, and breaks made mandatory in the booking schedule. There should also be mandatory report writing time.**

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