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

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Acknowledgments

Leading Quote

> Staff mental health at (XXXX) 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 doctors bully staff. Majority of us want out!

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 association that promotes and protects the industrial, professional and democratic interests of a growing membership of approximately 5,500 members working in almost all areas of healthcare in Victoria – in public, community, disability, aged care 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 3 years 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 stretched workforce. It has also increased the occupational health and safety risk on allied health professionals with incidental infection risk from interacting with infected pandemic 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 above 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 out. This report provides an overview of the allied health professional workforce's workplace culture and climate, undertaken at the height of the pandemic's third wave in 2022, 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. This report has been prepared prior to the changed pandemic rules, where people who test positive no longer need to undertake mandatory isolation, which is likely to cause more stress upon the workforce.

Focus of the Study

This study is derived from a comprehensive survey on the Victorian Allied Health Professionals Association (VAHPA) workforce by a joint Swinburne University and RMIT research team. 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 providers in greater detail. Through the survey's responses, the report identifies that aspects of the work environment require attention and interventions to facilitate retention in these critical healthcare workforces. Additionally, this report is supported by allied health professional's qualitative responses. Finally, the report undertook a comparative analysis of attitudes at the start of 2022 to those eight months into the year and into the third year of the pandemic in Victoria.

Summary of Findings

This report presents the findings of an independent survey on allied health professionals conducted over a four-week period in August/September 2022. The survey examined allied health professionals' workplace well-being (e.g., workload, psychological safety, engagement, 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 this 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 exacerbated by the excessive amounts of additional tasks such as cleaning workspaces and the logistics of getting patients into treatment whilst managing density limits in waiting rooms during the pandemic. 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. Significantly, 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'), which has not changed over the last year. Nearly two thirds (65%) identified that this occurred daily. However, psychological safety was strong within the team environment, with most workers feeling well supported by their colleagues. This 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 and immersed in their work. However, the qualitative data highlighted the increasing pressures regarding these issues. In the context of burnout, the study found a majority of respondents found work exhausting, with a significant proportion (89%), indicating they were emotionally exhausted. Of this, over half (58%) 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. Our study provided some 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 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 one third (31%) up from 24% in the previous study of the respondents indicated they struggled to cope. In the longer term, these are concerning figures if not addressed as the percentage has climbed to nearly one in three respondents.

Looking at the broader picture, job satisfaction essentially describes a person's level of like or dislike for their job. It is seen as a default for the link between the perception of an individual's work and organisational fit. While over half of respondents (54%) liked their job, this is down from 64% in the previous study.

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 1 in 6 or 18 per cent indicating they intended to leave their profession in the next year, this rose to 1 in 2 (51% compared to 34%) in the long-term, with many 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 loss of knowledge and human capital 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.

Workplace Climate

Workplace Climate explores allied health workers' internal relationships to identify how well each area works and supports effective workplace operations.

Employee voice arrangements in the workplace are central to building effective communication, employee involvement, and cooperative workplace relations. As such, they have also been found to boost employee performance. There are many aspects of voice communications in the workplace that, in combination, provide a comprehensive view of the workplace climate. For example. Prohibitive voice refers to employee concerns over identifying the workplace's negative aspect, with potential personal consequences. Overall, there was strong support for a culture of speaking up on issues of concern. In terms of promotive voices or ways to improve the work environment, results showed strong support from 64 per cent of the workforce. This suggests a culture of open communication; however, about one third of the people feel that they could and would voice on workplace matters, which is a concern.

Interestingly, there appeared to be contradictory findings in the context of what is often seen as the antithesis of voice – silence. Despite the support for voice, there was concern from over half (57%) of respondents indicating that they remained silent on workplace issues. The majority (64%) indicated that the reason for keeping silent was a fear of retribution. It was also clear that the futility of getting change to occur was a decisive factor (70%) in silence. This may be linked to the perceived lack of support at work from the organisation (or senior management) and low levels of trust in senior management, examined below.

Overall, a third of respondents did not feel confident senior management would always treat them fairly (37%). However, with regard to line manager (or supervisor) support, this was found to be comparatively very positive (61%). Evidence supports supervisors' support as a critical workplace resource for individuals dealing with work demands. Our findings here indicate that the line manager's role may be critical in buffering the effects of a negative work environment in the context of allied health.

Interestingly, figures for organisational (i.e., senior management) support at work consistently reported between 28-38 per cent of respondents agreeing and strongly agreeing that there was trust in and support from senior management or the organisation. This was in contrast with line managers whose findings ranged from 48-62 per cent of respondents indicating positively towards both trust in and support from line managers.

The final criterion explored was that of the industrial relations climate. Noting the high work demands, this is an essential aspect of the work climate. Concerning the union and management relationship, 25 per cent of respondents agreed, and two per cent strongly agreed that the Union and management cooperate to ensure improvements are made to the workplace. Similar results (23%) were found when asking about the mutual respect union and management had for their respective goals, and 31 per cent of respondents (i.e., 'agree' and 'strongly agree') felt that the industrial agreement parties kept their word. However, a comparatively large proportion of respondents were ambivalent about these issues. It is also worth noting the results from a positive perspective on this aspect of climate often double that of negative responses.

Methodology

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

The survey was publicised through emails to VAHPA members in August 2022. 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 voluntary, anonymous, confidential, independent, and participants could choose not to complete any individual questions. A total of 930 usable responses were received from allied health professionals currently working in Victoria. 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 42 years old (SD = 20.9), and the majority were female (83%) and with a Bachelor's degree (43%), Master's degree (31%) or Graduate Diploma (10%). Typical respondents had 17 years of work experience (SD = 10.8) and worked in full-time positions (60%). Respondents were predominantly Physiotherapists (19.7%), Medical Imaging Technologists (18.8%), Occupational Therapists (15.5%), Social Workers (10.9%), Speech Pathologists (7%) and Radiation Therapists (3.7%). Table 1 provides more detailed information in relation to the demographic characteristics of the respondents.

Table 1: Demographic Information of Study Respondents

Gender (%)	
Female	83
Male	16
Other	1
Age (%)	
Mean	42
Minimum	23
Maximum	74
Job Role (%)	
Health Information Manager	1.3
Medical Imaging Technologist	18.9
Medical Laboratory Technician	0.4
Medical Photographer/Illustrator	0.1
Other	5.7
Behavioural Scientist	0.1
Cardiac Sonographer	1.6
Cardiac Physiologist (Technologist)	1.2
Community Development Worker	0.2
Dentist	0.1
Exercise Physiologist	1.3
Medical/Hosptial Librarian	0.3
Nuclear Medicine Technologist	2.9
Occupational Therapist	15.5
Orthoptist	0.7
Orthotists/Prosthetist	0.5
Physiotherapist	19.8
Podiatrist	3.9
Radiation Engineer	0.1
Radiation Therapist	3.7
Recreation Therapist	0.1
Research Technologist	0.1
Social Worker	10.9
Sonographer	3.4
Speech Pathologist	7.0
Welfare Worker	0.2
Total	100

Organisational Tenure (Mean)	
Years	17
Employment Load (%)	
Full-time	60
Part-time	40
Education Level (%)	
Vocational / Technical	0.3
Diploma	2.9
Graduate Diploma	9.5
Masters/Honours Degree	31
Doctorate/PhD	1.8
Bachelor's Degree	42.8
Honours	7.2
Other	1.1

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.

A significant majority (92%) of respondents indicated that their jobs required them to work very fast weekly. 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 4.18 (out of 5). This has slightly increased from study one 4.14 (out of 5). This raises the concern that such pressures can potentially result in less time to do the job well. The underlying concern 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%.

How often does your job require you to work very hard?
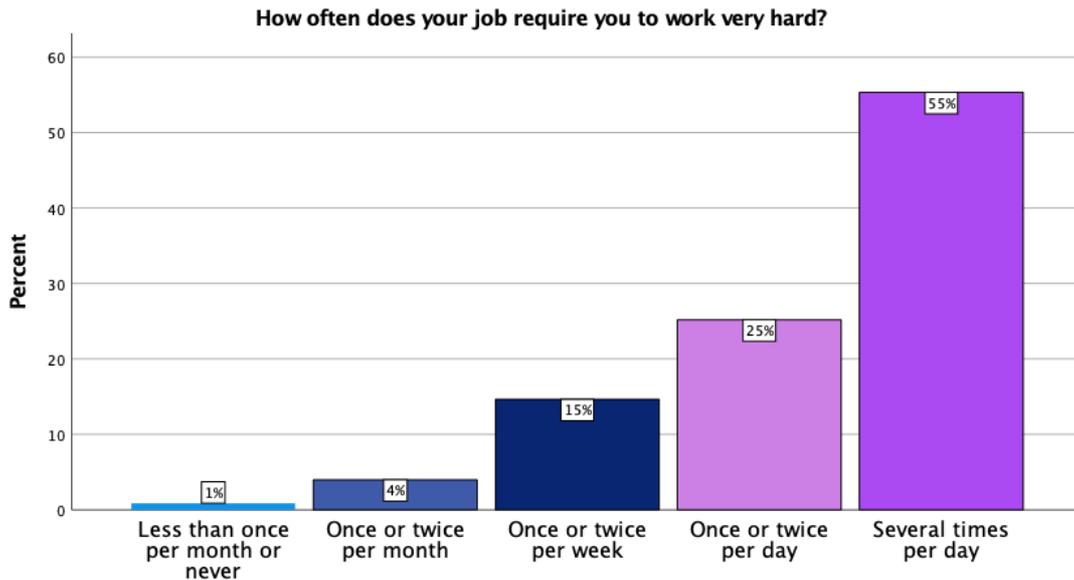
Ninety-five per cent of respondents indicated that their job required them to work very hard at least once or twice per week to several times per day. Of these, over half (55%) of respondents reported such feelings of work intensification several times per day. Similar results were found in first study indicating that there has been no improvement in tis indicator.

**How often does your job require you to work very fast?**
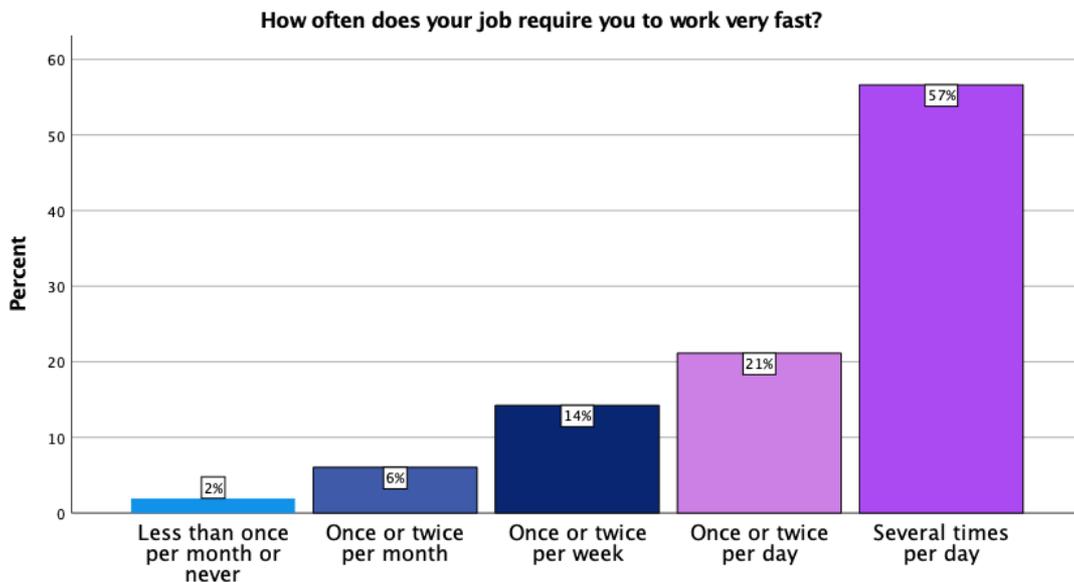
In addition to having to work very hard, over 78 per cent of respondents felt that they had to work very fast. This increases to 92 per cent at least once or twice per week to several times per day. In the context of jobs focused on quality, these two indicators are quite concerning and predispose these professionals to burnout and/or leave the profession.

**How often is there a great deal to be done?**
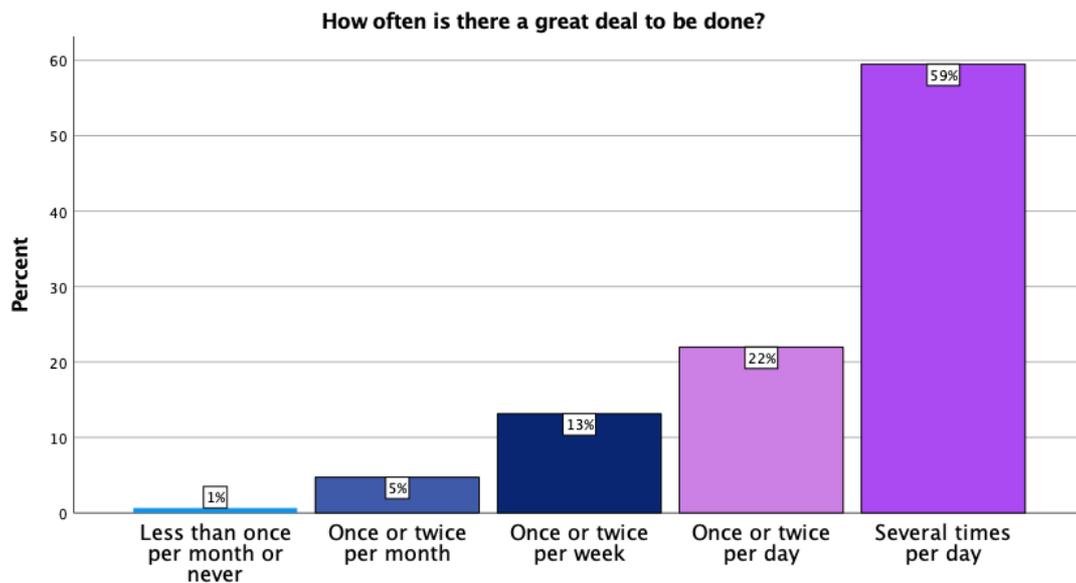
*Please note there may be a slight rounding error in the graph

Close to all those surveyed (94%) 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 (81%) indicated this was a frequent and daily occurrence. Similar results were the first survey.

How often does your job leave you with little time to get things done?
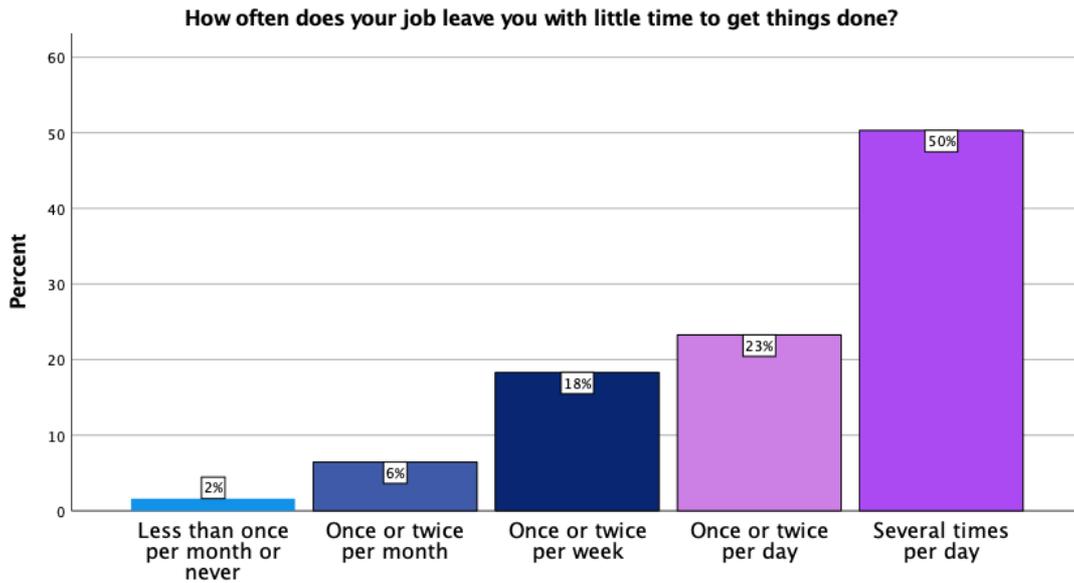
As a result of the workload, approximately 73 per cent of respondents indicated that they have little time to get things done once or twice per day or several times per day. This increases to over 91 per cent of respondents who indicate this occurs at least once or twice per week. Again, similar results were found in Study One.

How often do you have to do more work than you can do well?
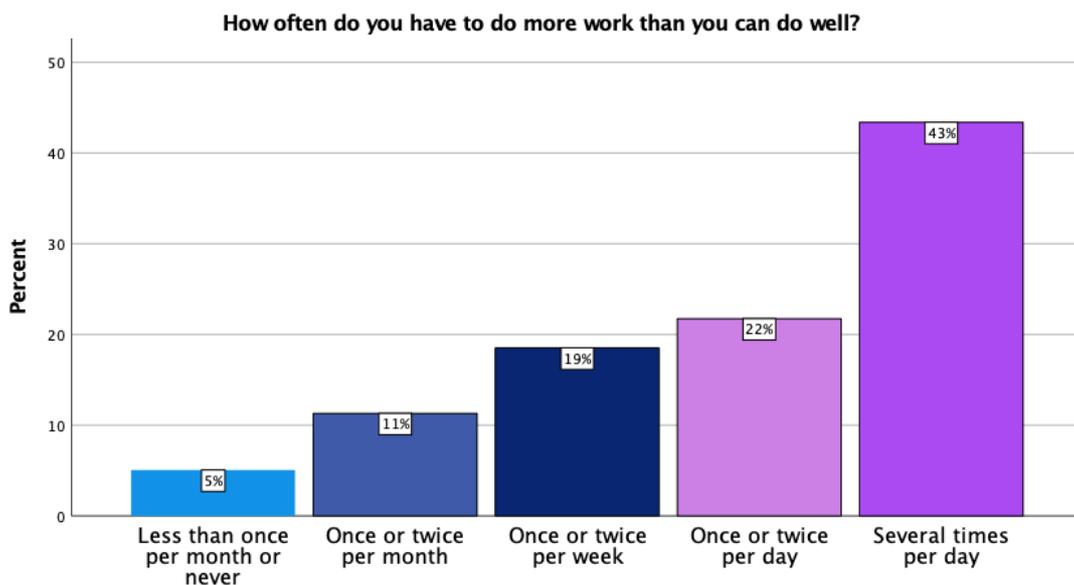
This final indicator on workloads should also be a cause for concern regarding the potential critical incident nature of the work. Eighty-four per cent of respondents reflected that they often have to do more work than they can do well (i.e., 'once or twice per week', 'once or twice per day' and 'several times per day'). More than six in 10 (65%) indicated this was a daily occurrence an increase from study One from 63 per cent. 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 about the intensification of work and the ability to adequately recovery. This is particularly concerning as the pandemic has added workload pressures.

My colleagues are exhausted (even if they won't necessarily admit it, it certainly shows) and it is getting harder to promote wellbeing and engage them 2+ years into this pandemic 452.

I have worked in public health for a number of years. There is a noticeable increase in work and expectations over the past 2 years. I think this is because of reduced staffing, compounded by COVID. We are all exhausted and at breaking point. We regularly miss our breaks, work unpaid overtime.
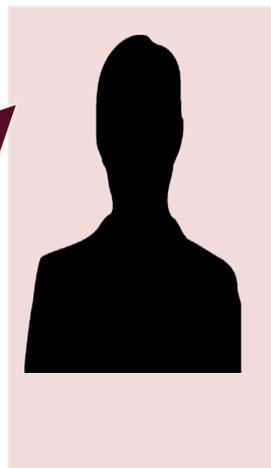
Workload is increasing year on year with no extra EFT or funding, it's becoming unsafe

It's getting harder and harder ….. I'm phasing out of the industry at Christmas.
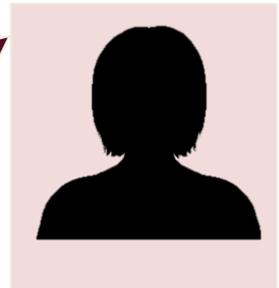
There is just too much for us all to do.
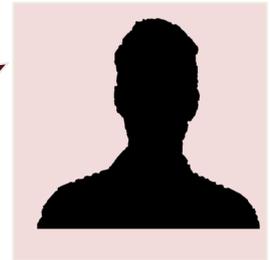
Psychological safety

Psychological safety is closely related to the concept of trust. Similarly, it is a cultivated climate developed over time through communication 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 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. Similar results were found in study one indicating that the situation is not improving.

If you make a mistake at work it is often held against you
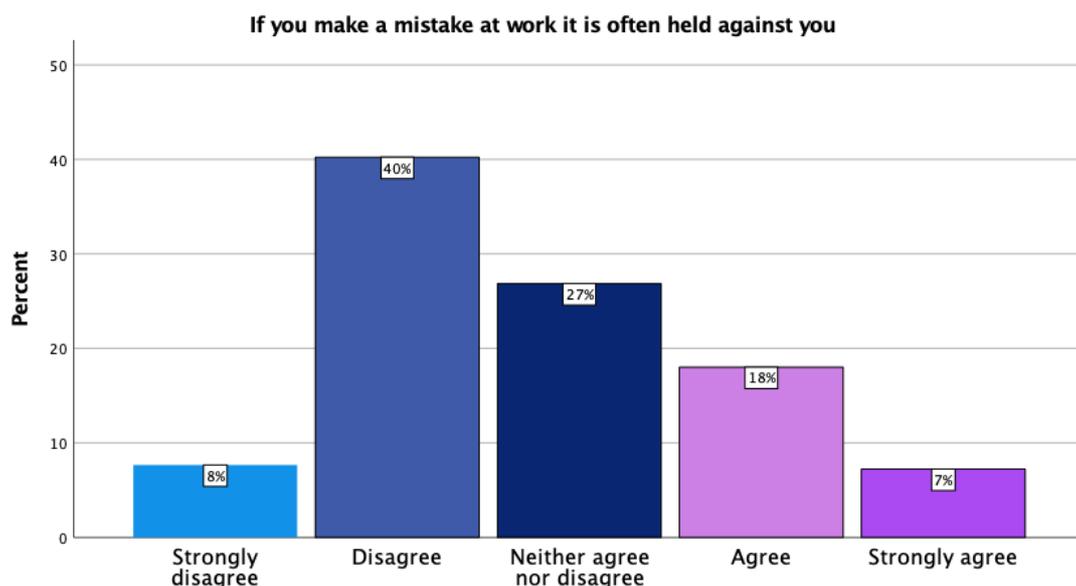
The findings show that around half (or 48%) disagreeing and strongly disagreeing that a mistake would be held against them and that only a quarter (25%) agree and agree strongly that a mistake would be held against them. This, we would argue, needs more in-depth analysis to determine the type and level of issues this relates to.

Members of my immediate team are able to bring up problems and tough issues
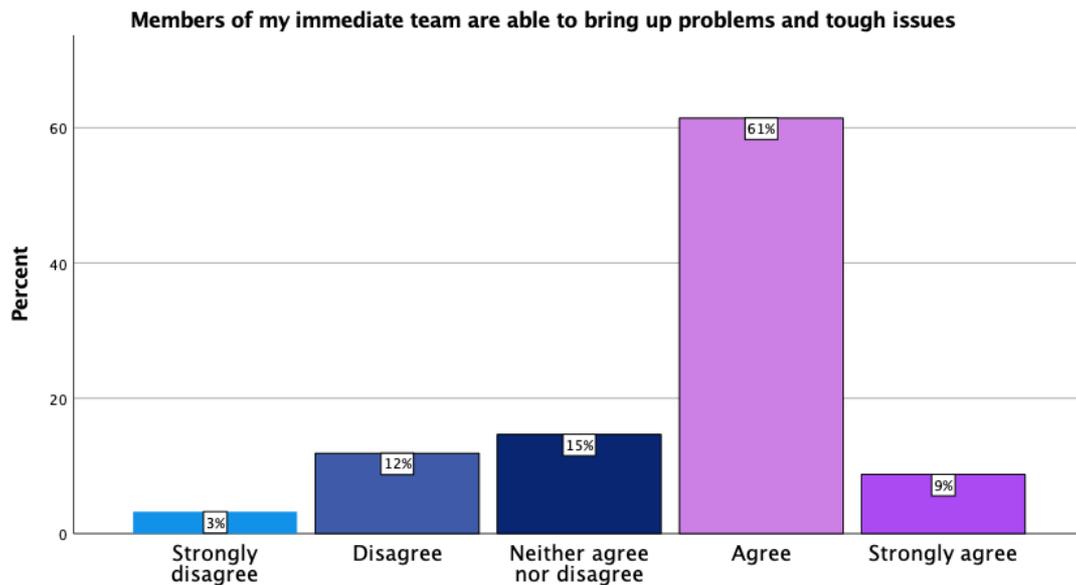

Again, good indicators of psychological safety with over two-thirds of the respondents (70%, i.e., 'agree' and 'strongly agree') reported that they felt they could bring up difficult problems and issues with one another in their teams. However, 15% disagreed and strongly disagreed, which indicates a concern with dealing with contentious or sensitive issues and the team's functioning. We note that employees felt 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.

**People on this team sometimes reject others for being different**
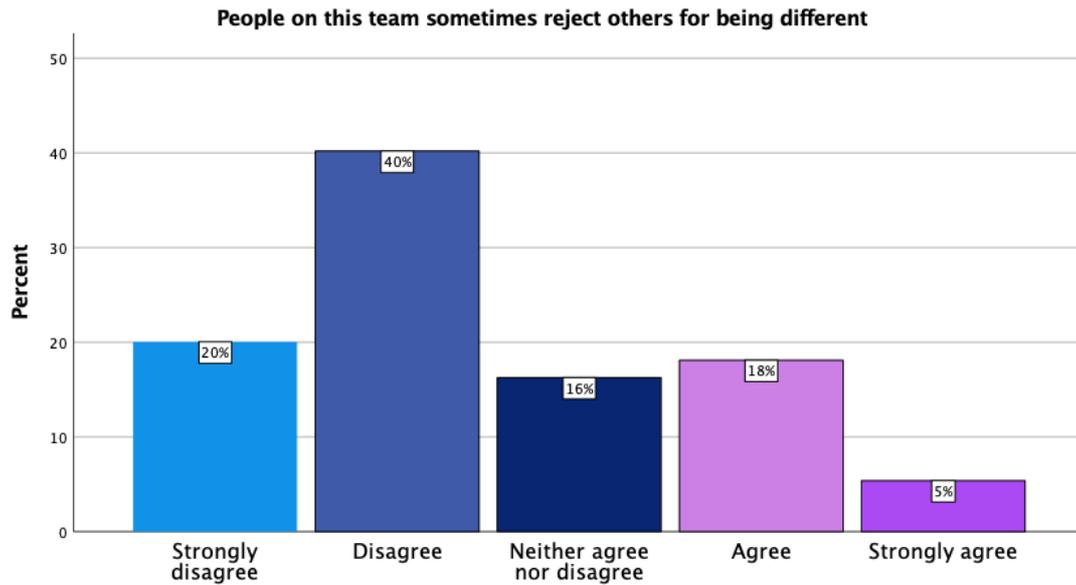
The results of this question provide both an interesting and concerning divide. While 60 per cent disagree and strongly disagree with the premise, 23 per cent agree. This may indicate some deep-seated issues, which we would suggest requires further in-depth study, as it could reflect a culture where bullying can take hold.

**It is safe to take a risk on this team**
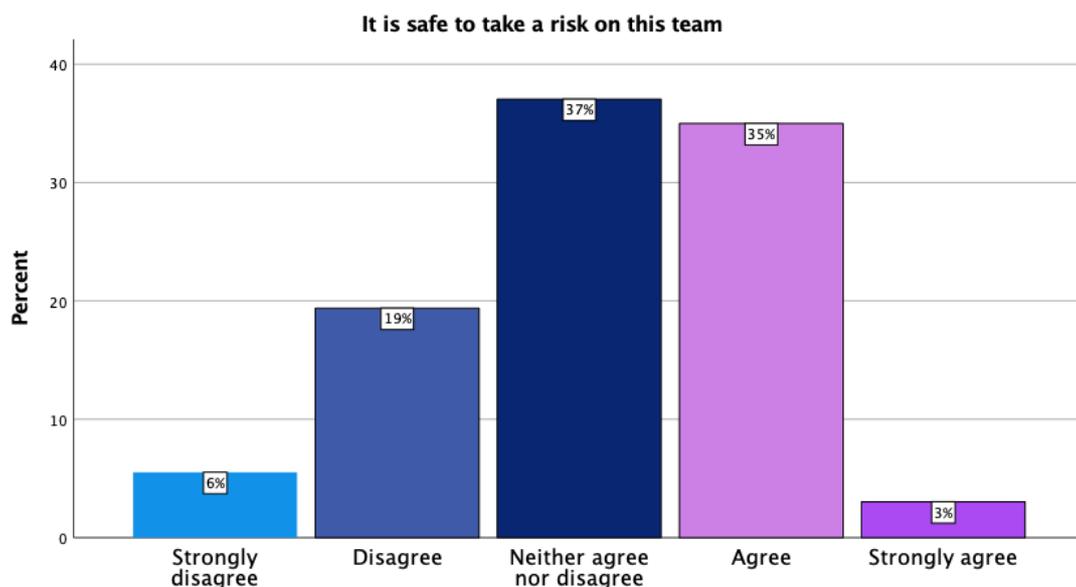
Interestingly, in comparison, a relatively balanced percentage of respondents (38%, i.e., 'strongly agree' and 'agree') reported feeling safe to take risks in the team. A quarter of respondents (25%) (i.e., 'strongly disagree' or 'disagree') with approximately on third (37%) ambivalent. This indicates that further and 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 the perception of what is deemed a risk in this healthcare environment.

It is difficult to ask other members of this team for help
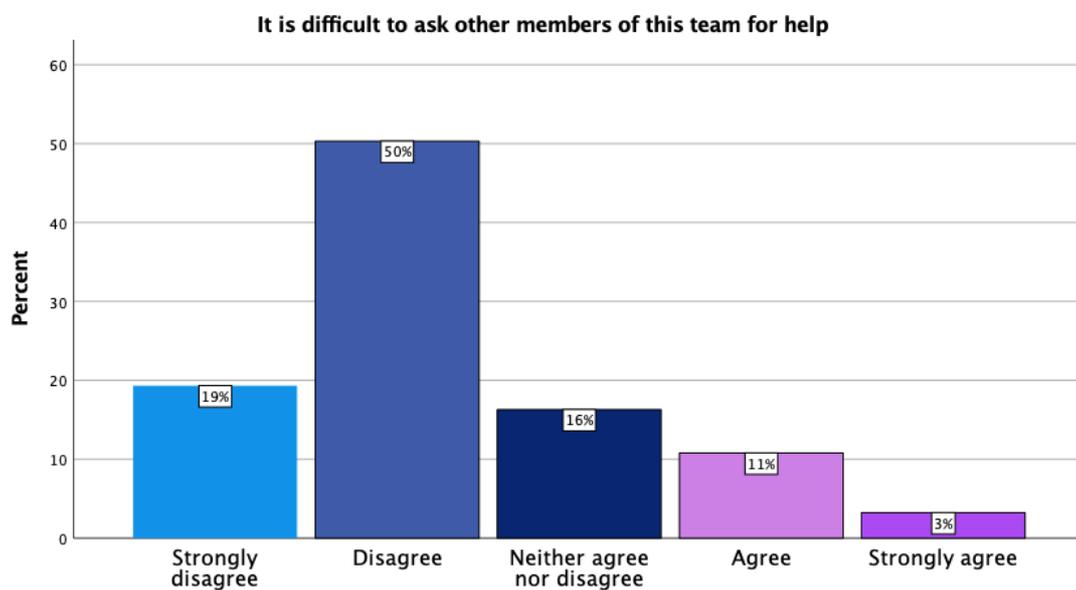
As expected in a highly team-orientated environment, nearly seven in 10 (69% 'strongly disagree' and 'disagree'). However, the expectations in such an environment might have been higher. Indeed, with almost one in six (16%) ambivalent and nearly one in seven (14%) agreeing and strongly agreeing, this 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 and reflects similar results reported in study one.

No one in this team would deliberately act in a way that undermines my efforts
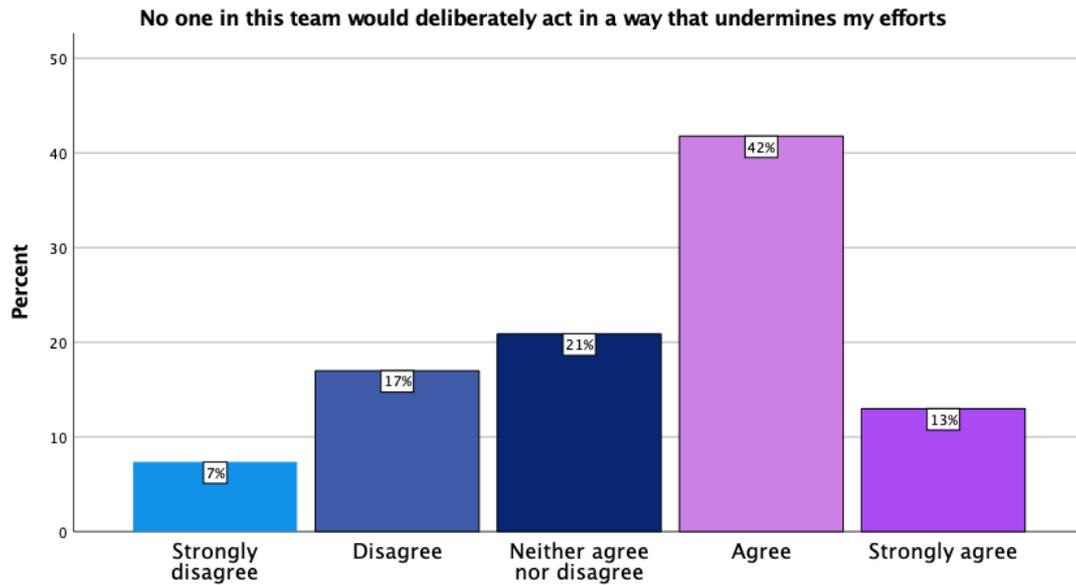
This follow-up question somewhat allays these concerns, with 55 per cent (i.e., 'agree' and 'strongly agree') of respondents in agreement that members of their teams would not deliberately undermine their efforts. This leaves approximately 24 per cent disagreeing and strongly disagreeing and 21 per cent ambivalent. This is a slight increase from study one in which 23.2 per cent disagreeing and strongly disagreeing and 23.2 per cent ambivalent. This potential for disharmony needs to be investigated further.

Working with members of this team, my unique skills and talents are valued and utilised
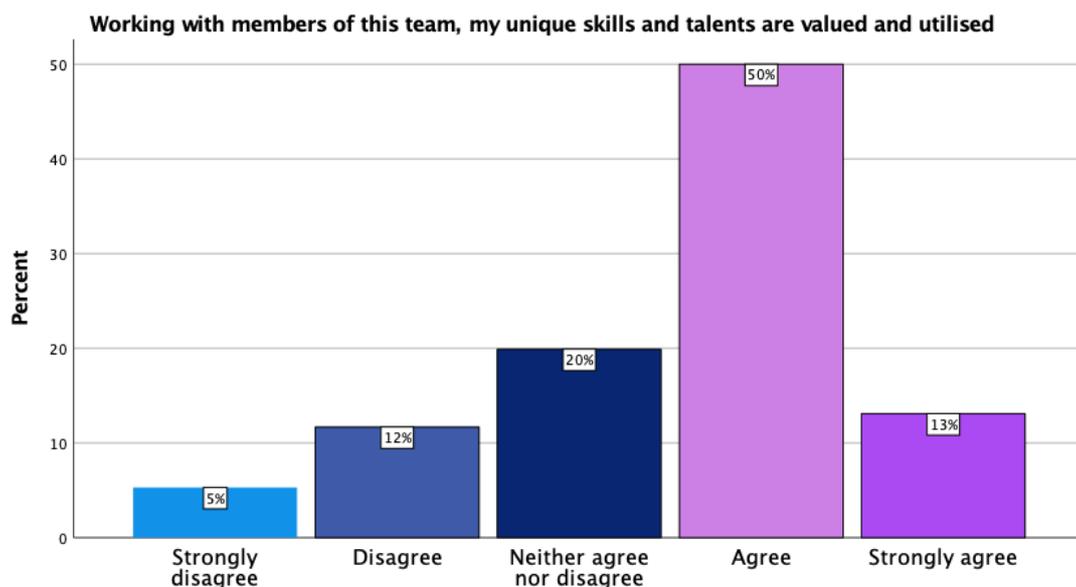
A further finding is that 63 per cent of the respondents (i.e., 'agree' and 'strongly agree') reported feeling that their unique skills and talents are valued and utilised within their teams. This contrasts with only 17 per cent disagreeing and strongly disagreeing, and 20 per cent ambivalent. Whilst this is an affirming finding, it is of concern when linked to the longer-term issues of intention to leave the profession discussed below. Similar results were found in Study One

Quotes from Respondents

The low sense of psychological safety in relationships between allied health professionals and higher management levels may be concerning, as qualitative data indicates.

Company (Management) promoting safe work places and practices with no follow through especially if 'efficiencies 'could be impacted

I find management are oblivious to the needs of workers. They do not listen when we have spoken up for our safety in order to help improve workflow within the department.

Poor management is creating an unsafe toxic environment

Engagement

Engagement has been defined as a positive, fulfilling, work-related state of mind (Schaufeli & Salanova, 2008). Respondents were asked questions capturing how they experience their work in 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, responses signal that the workforce is highly engaged in their work, with a mean score of 4.67 (out of 7) for engagement. As might be expected from health professionals, most respondents indicated they often felt bursting with energy, enthusiasm and immersed in their work. However, it is important to note that key areas such as low trust in senior management, continually intensifying workloads, and low levels of organisational support may contribute to initial signs of erosion on these high levels of engagement amongst respondents.
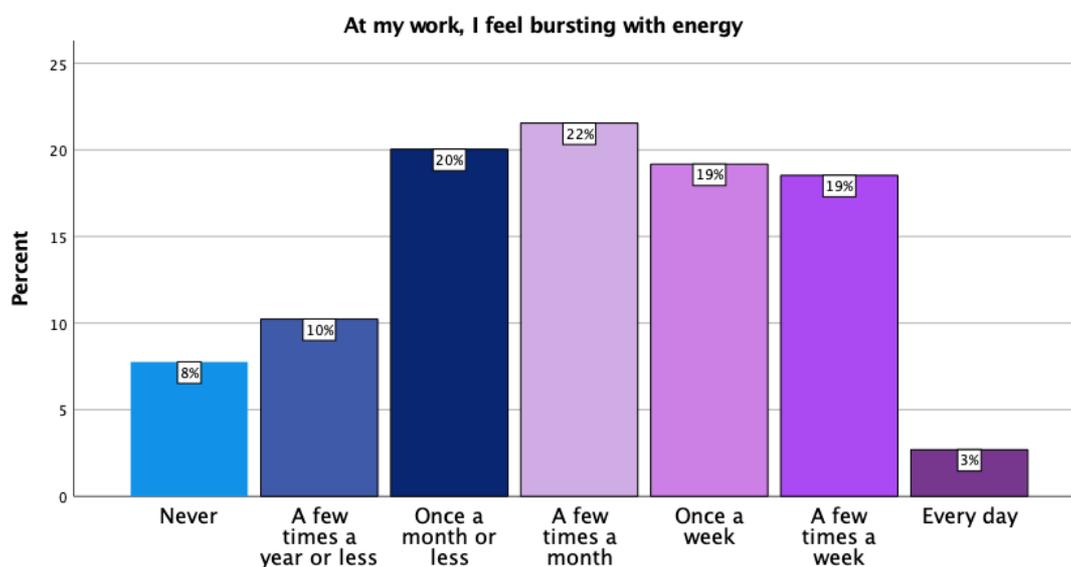

Nearly a quarter (22%) of respondents reported they felt they were bursting with energy at work (i.e., 'a few times a week' and 'every day'), with only approximately eight per cent reporting never feeling like this in their role.

I am immersed in my work

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
Percent	3%	4%	5%	10%	14%	32%	32%
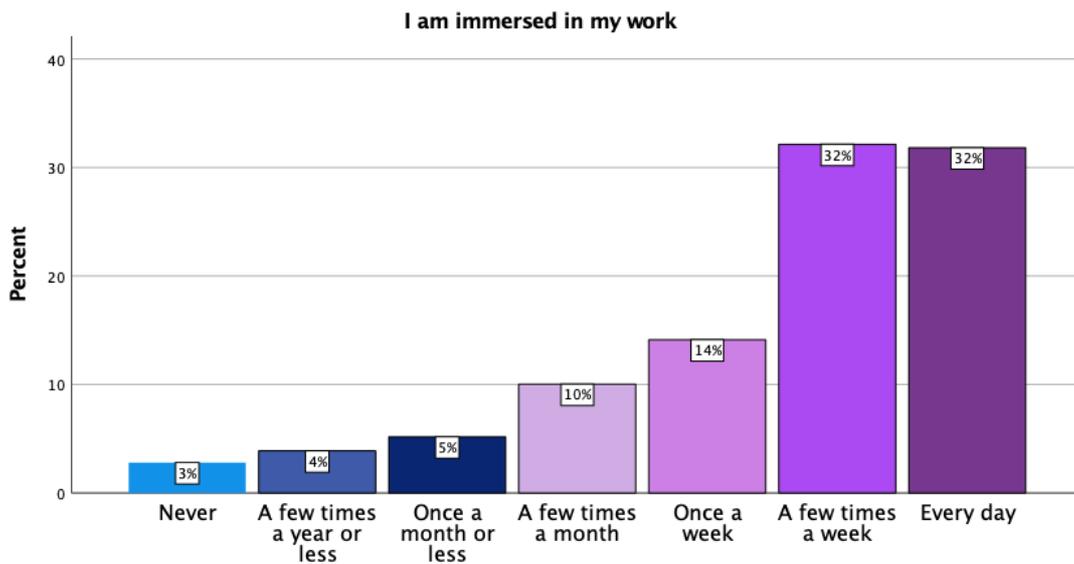
Over three-quarters, (78%) of respondents reported they were immersed in their work at least once a week to every day at work. Over two-thirds (68%) of respondents reported such feelings several times a week to every day in their workday.

My job inspires me

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
Percent	5%	8%	13%	18%	20%	24%	12%
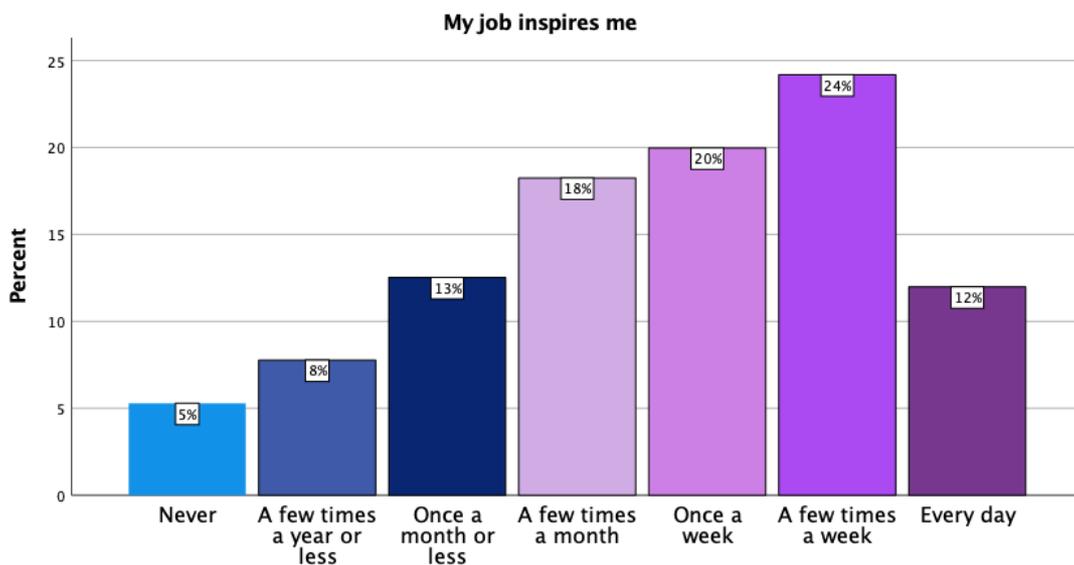
In addition, one third of respondents (36%) were inspired (e.g., a few times a week' and 'every day') by their jobs. One-eighth of respondents (12%) reported having such enthusiasm every day.

I am enthusiastic about my job
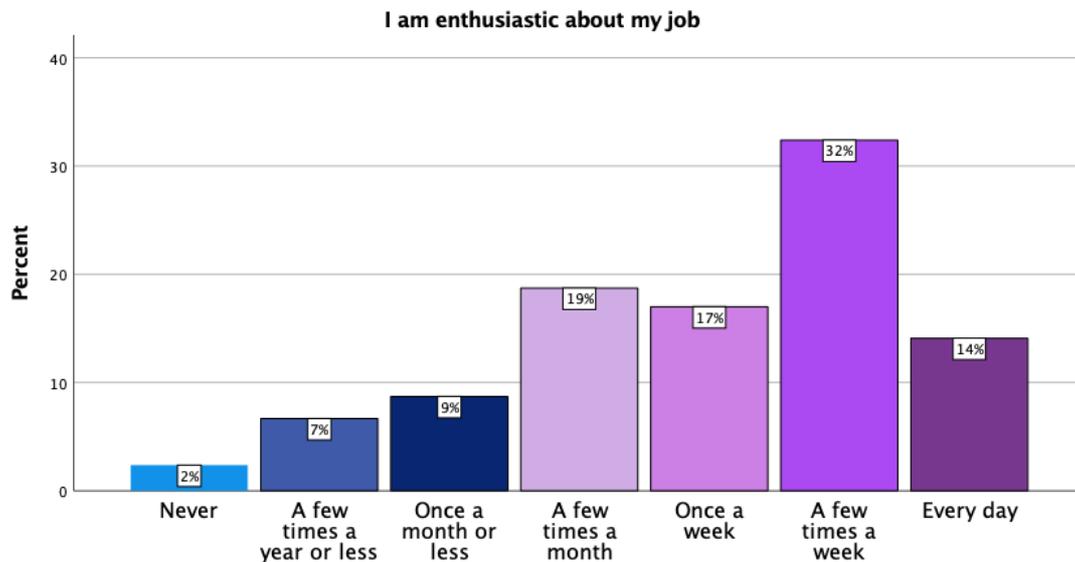
In addition, almost half of respondents (46%) were often enthusiastic (e.g., a few times a week' and 'every day') about their jobs. One in seven of respondents (14%) reported having such enthusiasm every day. Overall, this indicates a highly engaged workforce. However, it is worth noting that compared to the first study there has been a reduction from 49.8 and 16.3 per cent respectively.

Quotes from Respondents

A review of the qualitative responses mostly supports 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 (as the declined from survey one indicates) by the perceived disconnect between senior management and allied health, and mounting work intensification.

Allied health is put last and consistently underfunded and undervalued. It's making me think of leaving a profession I love. There is no respect from senior management….. The problem gets worse and worse and I worry how we will attract and retain good staff in the public sector with the ongoing culture of undervaluing, overworking with no sign of reprieve….

I feel as though I used to love my job, but it has only been 3 years working as a radiogrpaher in a company that does not value its employees, and I have never felt more burnt out and worthless as I do now. It is sad and disappointing.

I work part time in the community not on a ward where it is much more busier and stressful. My work days are flexible. I probably do more than I get paid but thats my choice cos I love working
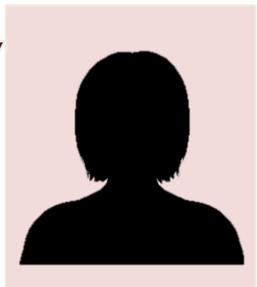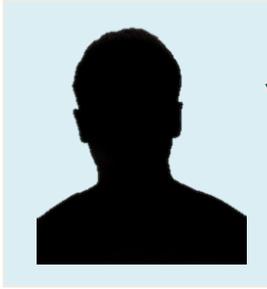
The amount of pressure we're under from a workload perspective has grown hugely. The stress from this, and supporting my team, is constant. I love being an OT, but I can no longer imagine myself doing this in the long term.

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 3.48 (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. This is also an increase from the first study which reported an average score of 3.36 (out of 5)

How often do you feel worn out at the end of the working day?
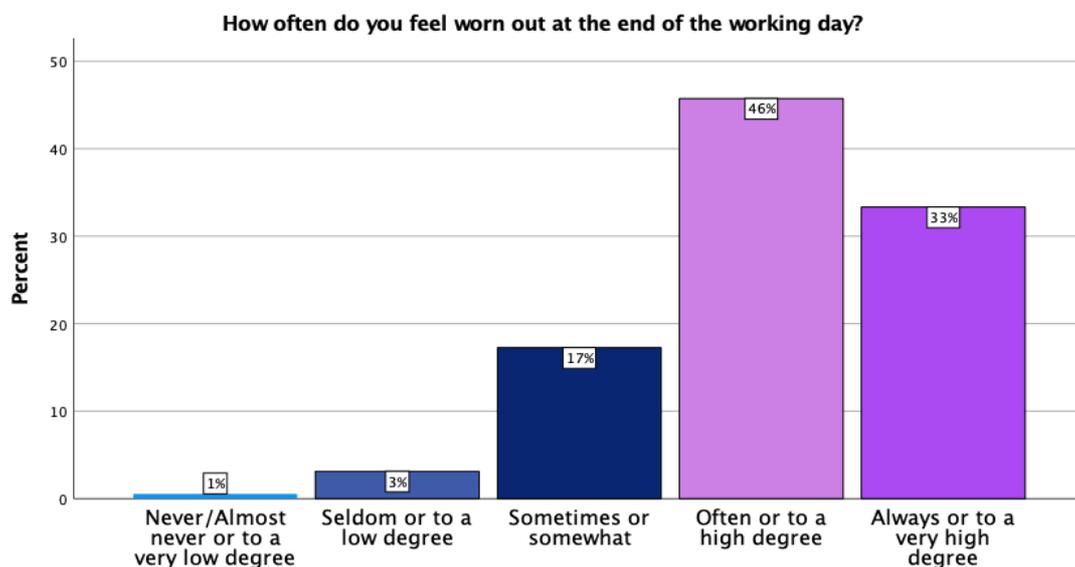
Significantly, nearly eighty per cent (79%) of respondents indicated that they are often or always (i.e., 'high degree' and 'very high degree') worn out at the end of the working day. This is a significant increase from 71.6 per cent reported in study one.

How often are you exhausted in the morning at the thought of another day at work?
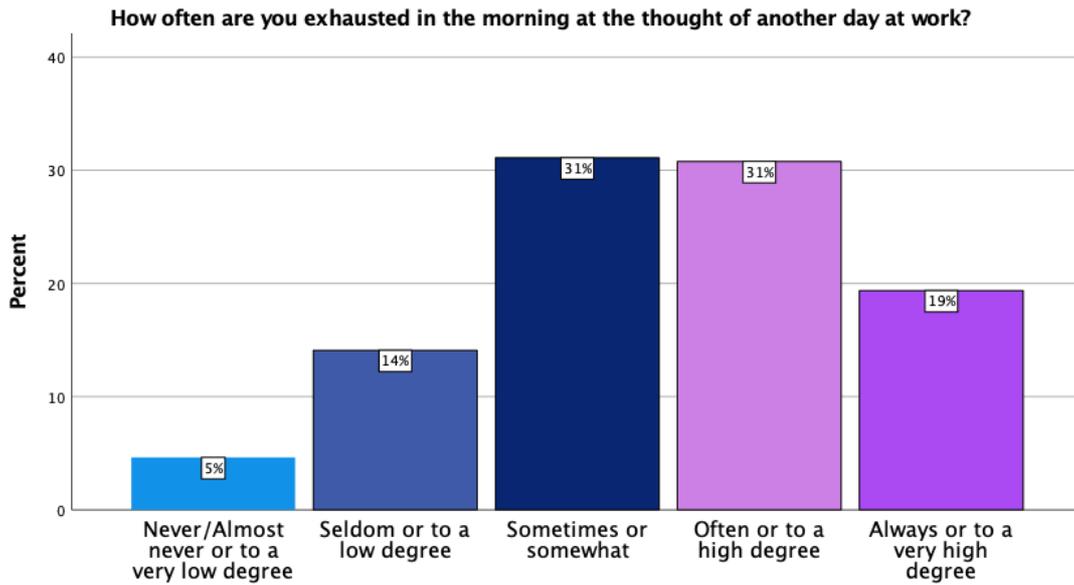
Half of the respondents (50%) reported that they were either often or always (i.e., 'high degree' and 'very high degree') exhausted in the morning at the thought of another day at work. This is a worrying trend when compared to 39.9 percent in survey one.

How often do you feel that every working hour is tiring for you?
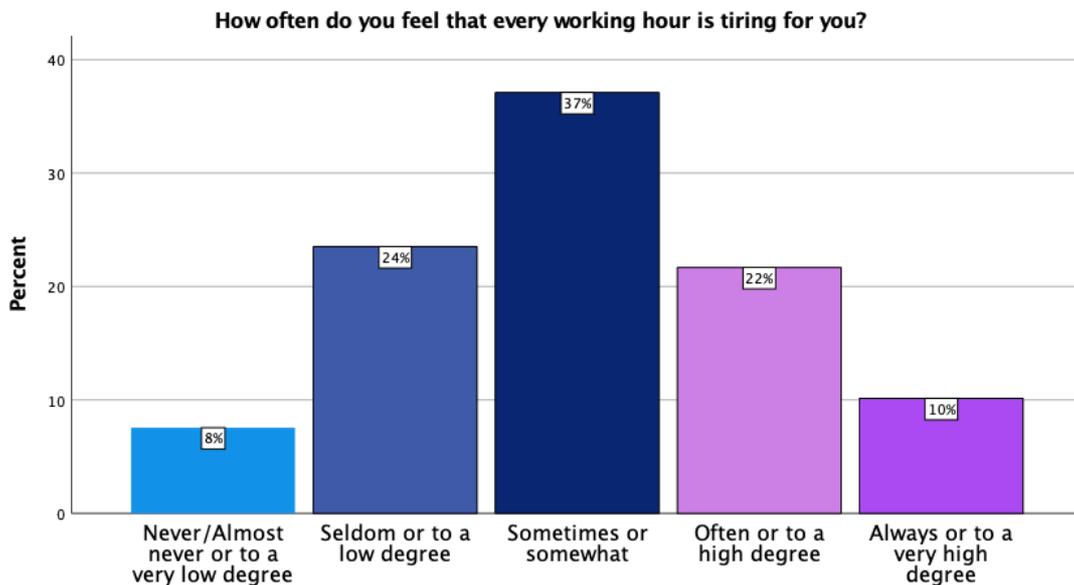
Over a quarter of respondents (32%) compared to 25% in study one indicated that they often or always (i.e., 'high degree' and 'very high degree') feel that they found every waking hour tiring, with 32 per cent disagreeing with this statement compared to 37.9% in study one.

How often do you have enough energy for family and friends during leisure time?
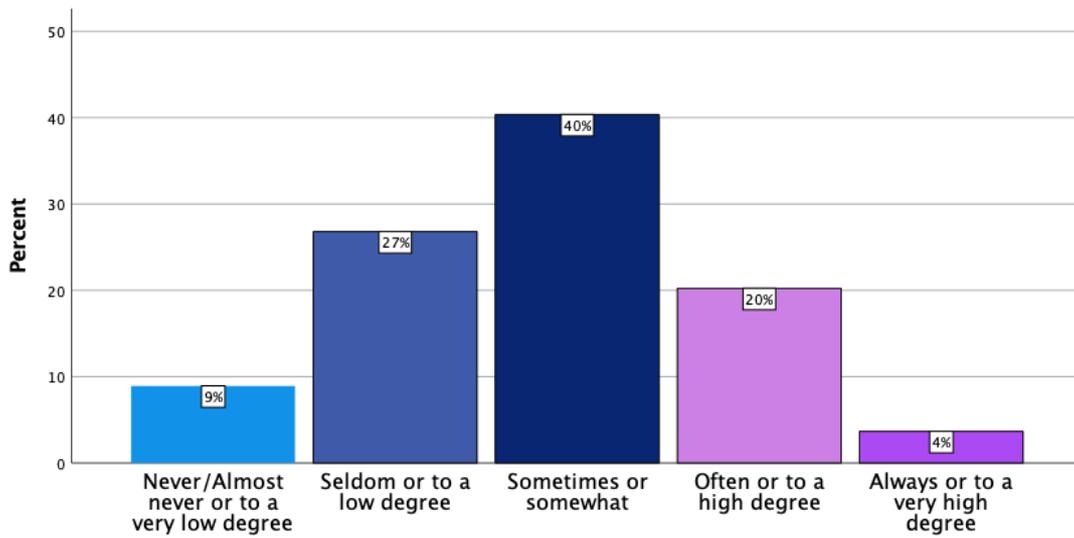

In terms of this impact on their lifestyle, 24 per cent of respondents indicated they seldom, if ever (i.e., 'very low degree' and 'low degree'), have enough energy reserved for family and friends outside of work in their leisure non-work time. This could indicate high workload pressures and overspilling to impact work-life balance and conflict, with only 36 per cent indicating they often and always (i.e., 'high degree' and 'very high degree) have enough energy for leisure time. In a worrying these trends were 10 to 15 per cent worse that study one findings (27.6 percent and 31.6 percent) meaning less Allied Health professionals have enough energy reserved for family and friends outside of work in their leisure non-work time.

How often is your work emotionally exhausting?
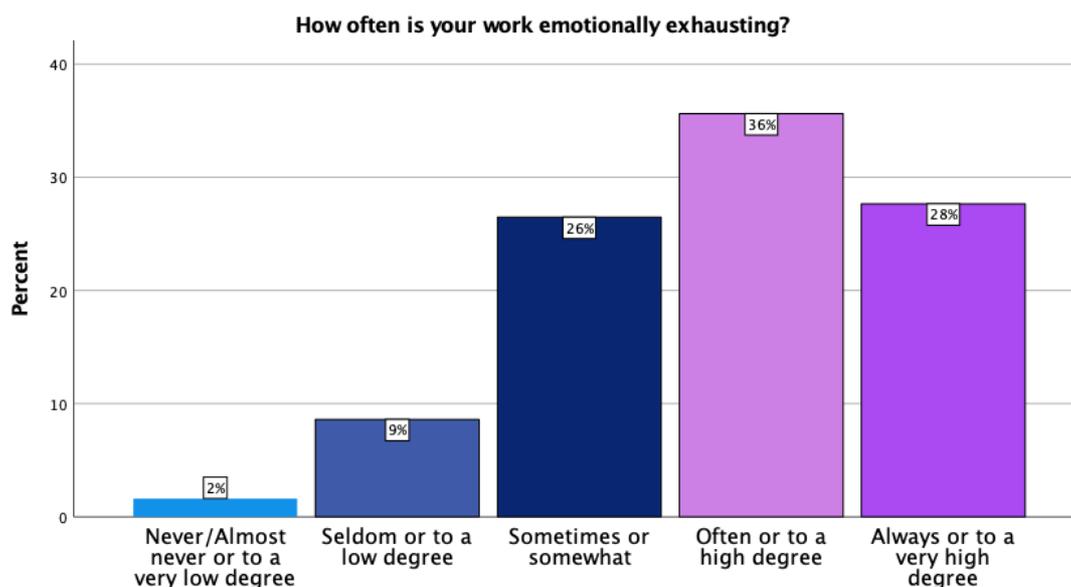
Supporting the findings on previous burnout-related questions, nearly two-thirds (64%) of respondents report their work to be often or always (i.e., 'high degree' and 'very high degree') emotionally exhausting. This is an increase compared to study one which reported 57 per cent. Only 11 per cent disagreeing (i.e., 'very low degree' and 'low degree').

How often does your work frustrate you?
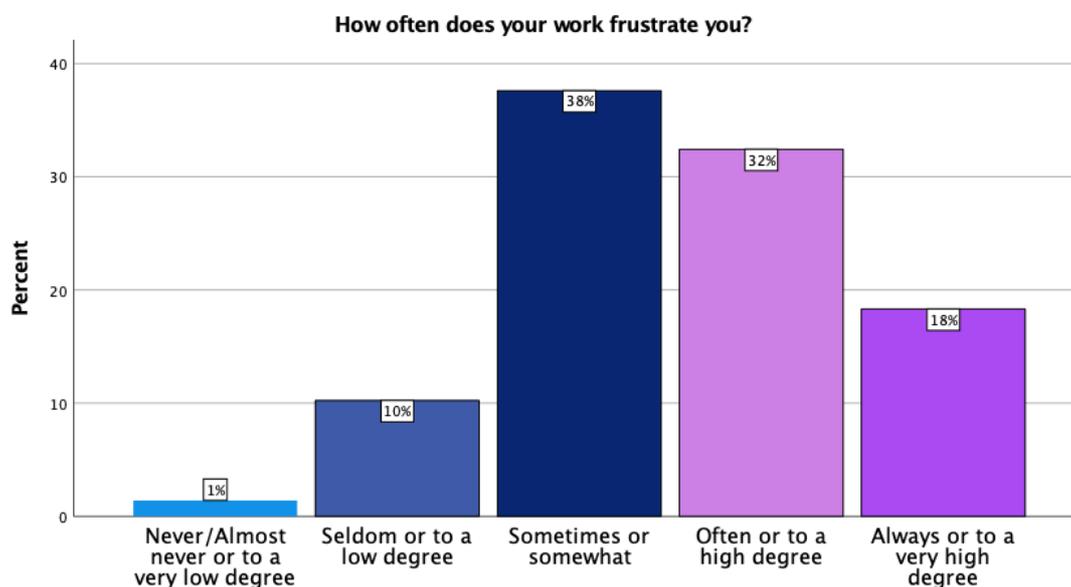
Half of those surveyed (50%) felt that their work is often or always (i.e., 'high degree' and 'very high degree') frustrating compared to 11 per cent who disagreed (i.e., 'very low degree' and 'low degree') — an aspect of the study worth examining further, as this is a significant increase from 44.4 % in study one.

How often do you feel burnt out because of your work?
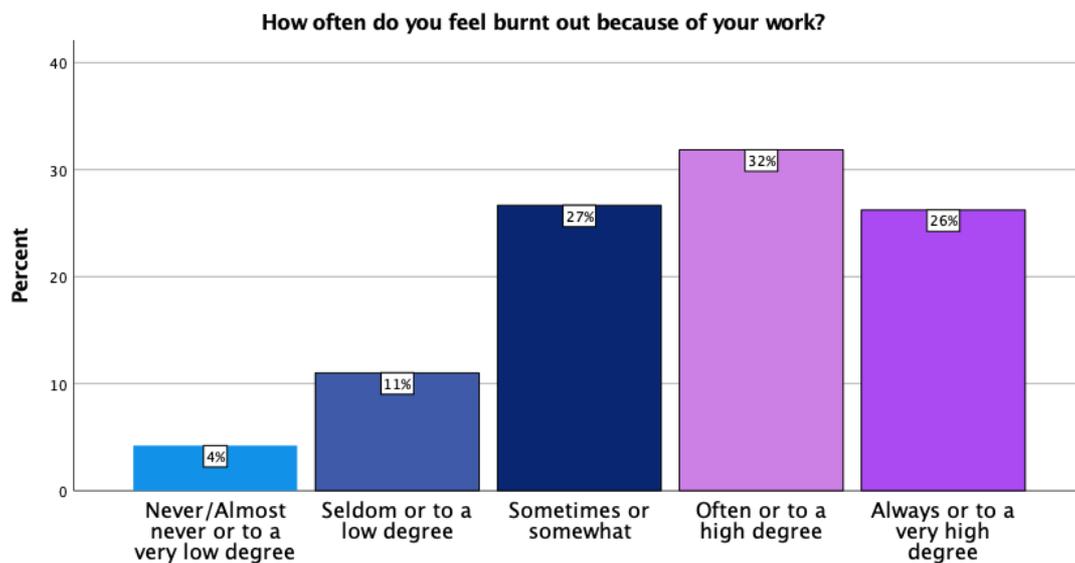
Well over half (58%) of the respondents indicated that they often or always (i.e., 'high degree' and 'very high degree') felt burnt out due to their work. This is again a significant increase from study one (48.6%). Only 15 per cent felt that they were not burnt out. Clearly, there is a concern about the level of burnout emerging in this workforce.

Generally, as may be expected with an ongoing pandemic, the measures of burnout in the workforce have indicated a cohort approaching burnout, which has worsened over the last year compared to results from 2021.

Quotes from Respondents

The qualitative data provides some insights into some of the contributing factors fuelling burnout among respondents. A review of the qualitative data affirms the relatively high and frequent reports of burnout-related feelings, as illustrated by the charts above. Coupled with insufficient support from managers and resources to enable allied health to carry out their work effectively, such circumstances contribute to stress, frustration, and increasing exhaustion among respondents – to an extent where some are beginning to question the viability of remaining in their job or profession.
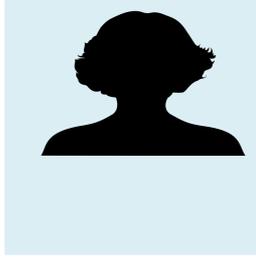
> I feel people who have worked in health for a long time thought it would be a hump (pandemic) we would get over. We are not getting over the hump. It's not going back to normal. We are all burnt out and over it. Reduced staff. More pressure to get patients out. There is…. No management contact… I am leaving. It's sad as I never thought I would leave

> I currently feel like they (management) are working us quite hard and that employees are being 'used up' and worn out.
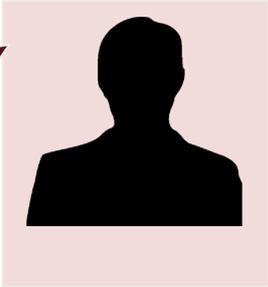
> Burnout is a serious problem in healthcare which has been exacerbated by the pandemic.

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). 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. 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.

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 sickness, absenteeism, turnover, and counterproductive behaviours such as 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	18	82	27	73	21	79
Persistent and unjustified criticisms and monitoring of your work	19	81	19	81	12	88
Persistent attempts of to humiliate you in front of your colleagues	9	91	15	85	8	92
Intimidatory use of discipline or competence procedures	15	85	10	90	7	93
Undermining of your personal integrity	17	83	18	82	12	88
Destructive innuendo and sarcasm	13	87	20	80	11	89
Verbal and non-verbal threats	9	91	8	92	10	90
Making inappropriate jokes about you	7	93	11	89	8	92
Persistent teasing	2	98	6	94	2	98
Physical violence	0.4	99.6	0.8	99.2	5	95
Violence to your personal property	0.5	99.5	1	99	1	99
Withholding of necessary information from you	29	71	23	77	14	86
Freezing out, ignoring or excluding	20	80	22	78	12	88
Undue pressure to produce work	35	65	19	81	16	84
Setting of impossible deadlines	27	73	143	86	12	88
Shifting goal posts without telling you	29	71	16	84	12	88
Constant undervaluing of your efforts	25	75	20	80	13	87
Removal of areas of responsibility without consultation	20	70	9	91	7	93
Persistent attempts to demoralise you	12	88	11	89	7	93
Unreasonable refusal of applications for leave, training, or promotion	20	80	8	92	6	94

As seen from the comprehensive review of bullying in 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 subordinates (29%). Another worrying trend is that 29 per cent of workers felt that their supervisor withheld necessary information (up from 23%), noting this is a health services environment. In addition, workers felt that there were persistent attempts to belittle or undermine their work (18%), had persistent or unjustified criticism (19%), or had their personal integrity undermined (17%). Further, 35 per cent felt undue pressure to produce work, and their efforts were undervalued (25%). Comparative to other forms of bullying behaviour, 13 per cent had been subjected to innuendo and sarcasm. 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.

> …bullying and targeting staff for speaking up about increasing workloads and positions not being back filled, leadership by fear and control of staff to prevent issues from being discussed among staff due to constant threat of who next will be targeted and bullied by management… instead of addressing the actual issues to look after hard working staff and our wellbeing.

> I've experienced years of "bullying" by my direct manager and a select few colleges. To a point that I've become so overwhelmed by this I've taken sick/stress leave. I have tried to combat this with HR and Union but the under handed behaviour is too hard to prove and I'm left with no other option but look for other work. .. It's just too hard to fight mentally and the higher these bully's go up the chain the worse things get.
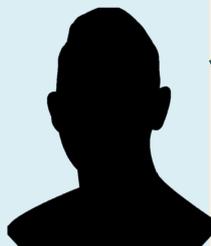
Major bullying, exclusion, undermining the team. We were all too frightened to address with (senior) management. Other staff came and went, had exit interviews and still nothing was done..…Has definitely affected me deeply.

.

Managers that exhibit bullying behaviour towards staff are not reprimanded by HR or senior management, resulting in huge staff turnover. Need more internal and external employee support in the workplace to force senior management to address poor employee treatment.
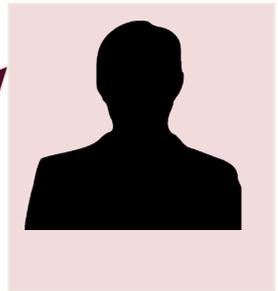
VAHPA needs to tackle bullying …...

Resilience

Resilience is 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). 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 33 per cent of respondents consistently did not feel they could show resilience across all indicators. Notably, 43% of respondents reported feeling it difficult to snap back after something bad happened. This is a significant increase from survey one (32.8%). 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.

**I tend to bounce back quickly after hard times**
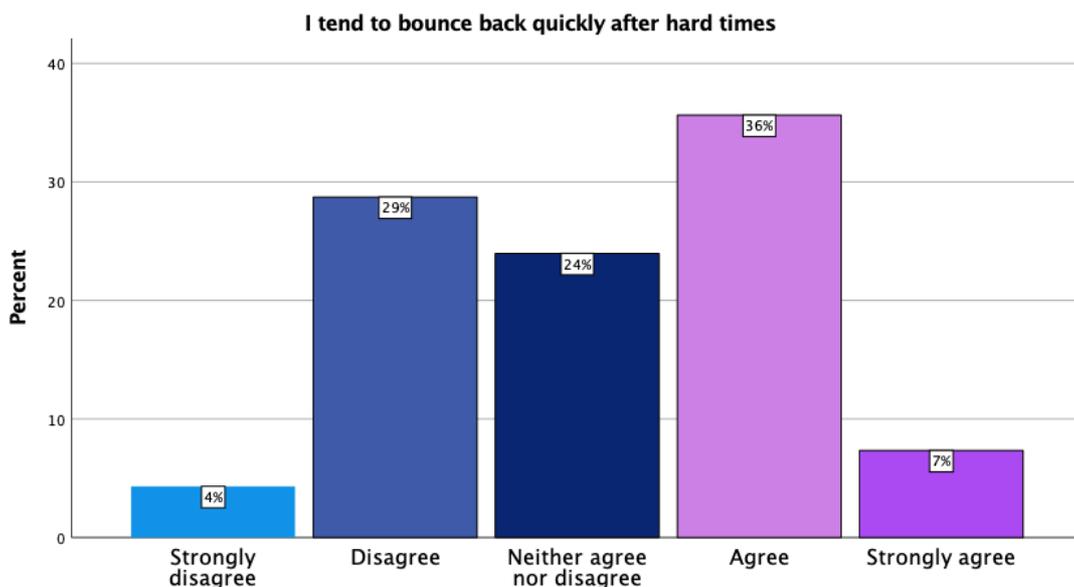
Over four in 10 of the respondents (43%, 'agree' and 'strongly agree') felt they were able to bounce back quickly after hard times. Again, one-third (33%, i.e., 'strongly disagree' and 'disagree') of respondents reported that they did not feel as though they can overcome difficult times quickly.

## I have a hard time making it through stressful events
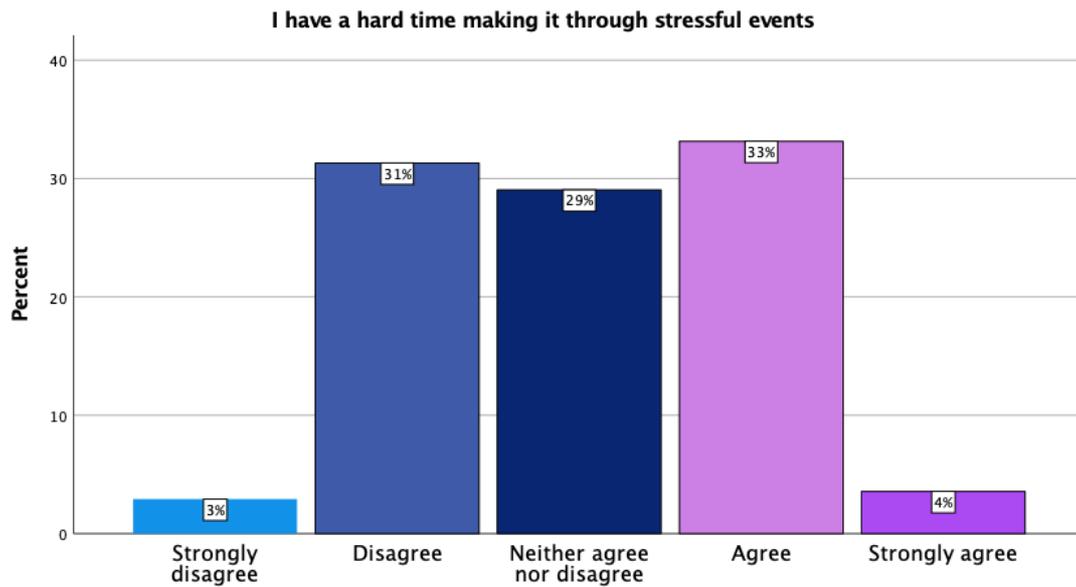
While many respondents reported being able to bounce back quickly after going through challenging times, many also reported that this recovery process may not always be easy. Over one-third of respondents (37%) agreed or strongly agreed that they have a hard time making it through stressful events.

It does not take me long to recover from a stressful event
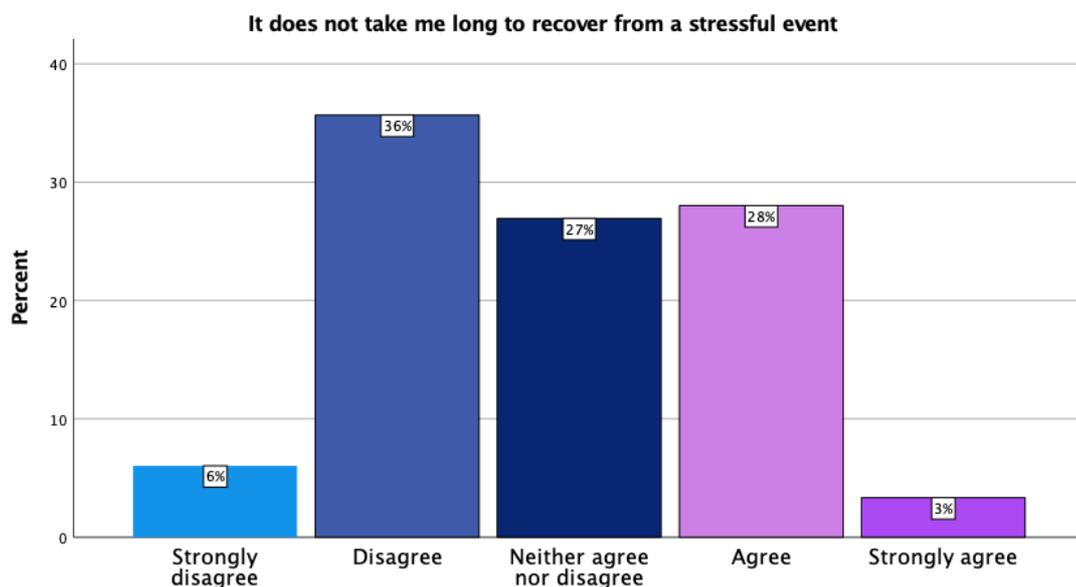
Over three in 10 respondents (31%, 'agree' and 'strongly agree') reported that their recovery from a stressful event does not take long. A significant minority, one-third (42%) of respondents (i.e., 'disagree' and 'strongly disagree'), found that recovering from stressful events took a long time.

It is hard for me to snap back when something bad happens
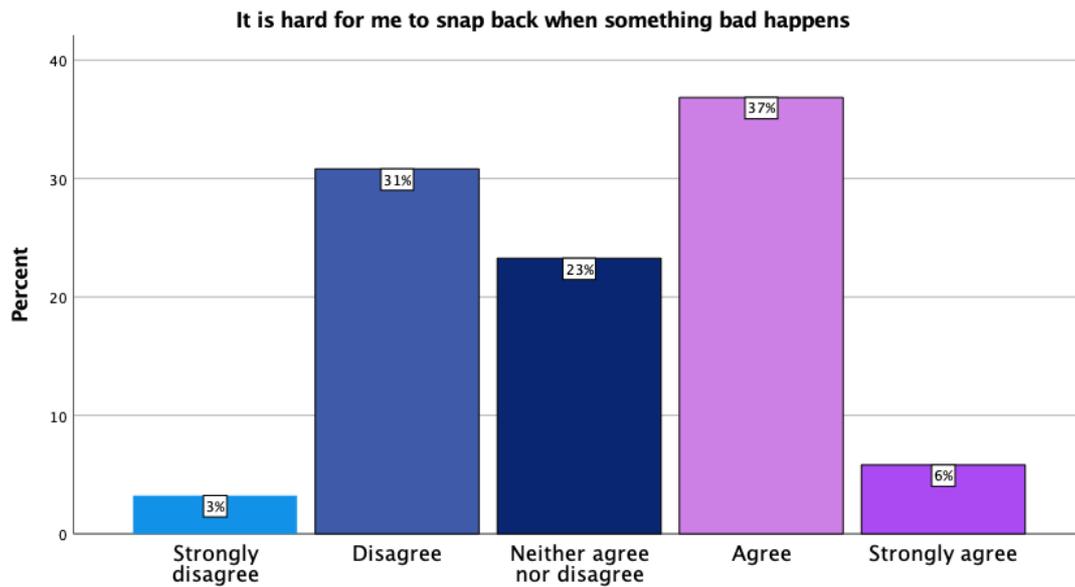
While over one-third of respondents (34%, i.e., 'strongly disagree' and 'disagree') were able to recover from bad incidents relatively quickly, over four in 10 (43%, i.e., 'agree' and 'strongly agree') of respondents indicated that it is difficult for them to revert to normal when they experience something bad.

I usually come through difficult times with little trouble
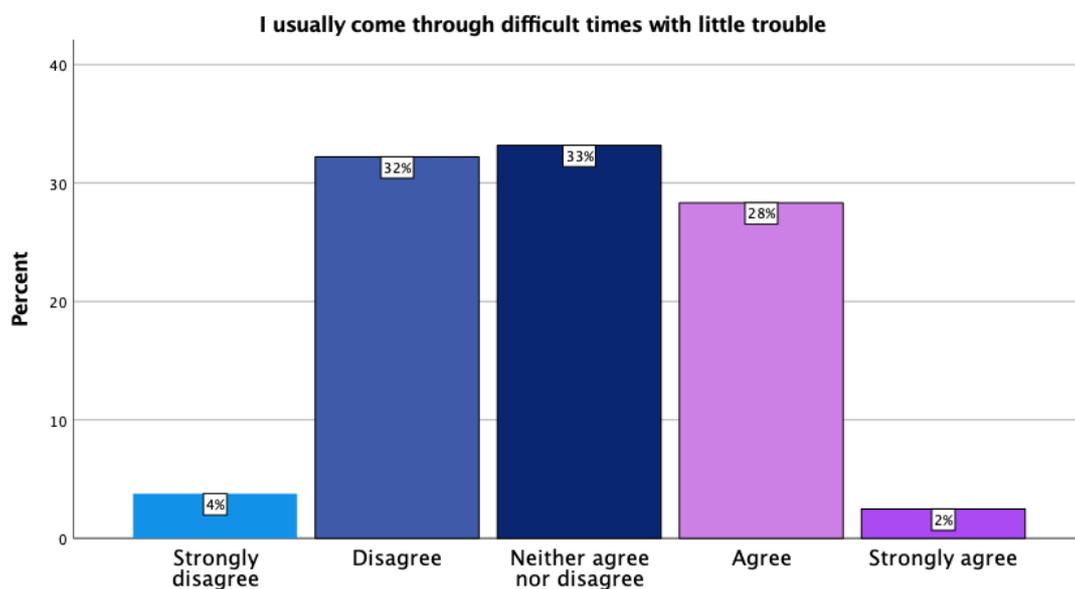
The final instrument in the section identified that over one-third of respondents (36%, i.e., 'strongly disagree' and 'disagree') compared to 30.5% in study one indicated that they did feel they usually come through difficult times with little trouble. Three in 10 (30%, i.e., 'agree' and 'strongly agree') compare to 34.6 in study one of respondents indicated challenging times impacted 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 trouble 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 in resolving work issues, these factors could point towards a concerning climate which could push the proportion of respondents reconsidering their long-term viability within the allied health sector post this highly critical health crisis caused by the pandemic.

Quotes from Respondents

> **After 30 years in my profession most of those working in very busy Emergency Departments, I have never before felt that I wanted to leave until now. The pressure on the staff is unrelenting, the bad days are every day and I am exhausted …. It is an unsustainable situation for radiographers working incredibly busy and changing shifts. ……Thanks for listening.**

> Morale across my workplace is low. Morale in the OT department is very low. There is high staff turnover.

Job satisfaction

Job satisfaction describes a person's level of like or dislike 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 3.12 (out of 5). However, this is a decrease from study one 3.38 (out of 5).

All in all, I am satisfied with my job
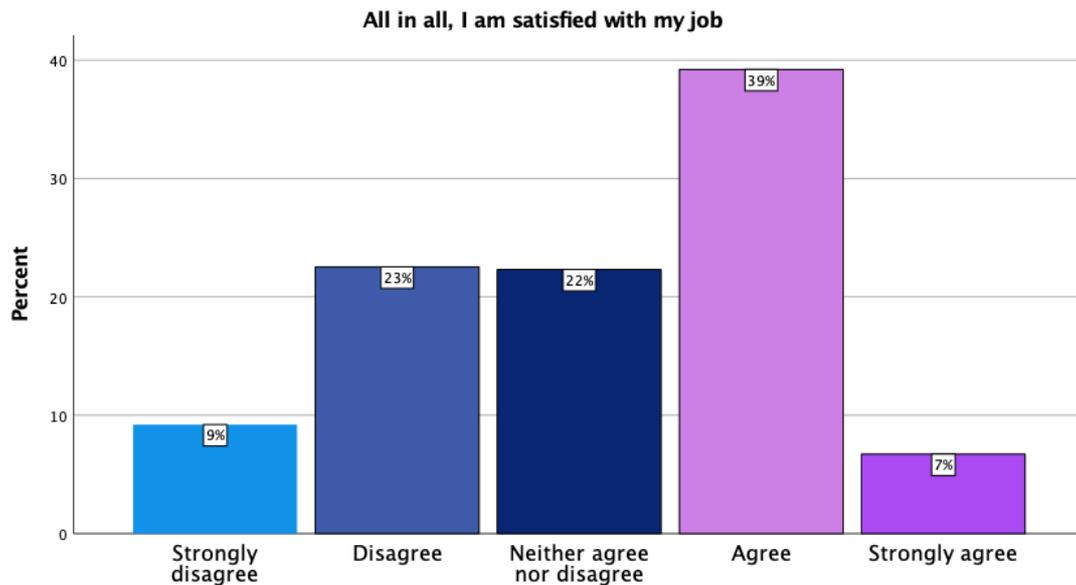
Just under half (46%) of respondents (i.e., 'agree' and 'strongly agree') indicated that overall, they are satisfied with their job. A significant decrease from study one 54.7%. Approximately one-third (32%) of respondents disagreed or strongly disagreed a worrying change from study one (24.5%). This presents a concerning finding for a profession with a strong perceived vocational element. Again, this may be linked to other workplace culture and climate aspects.

In general, I like working here
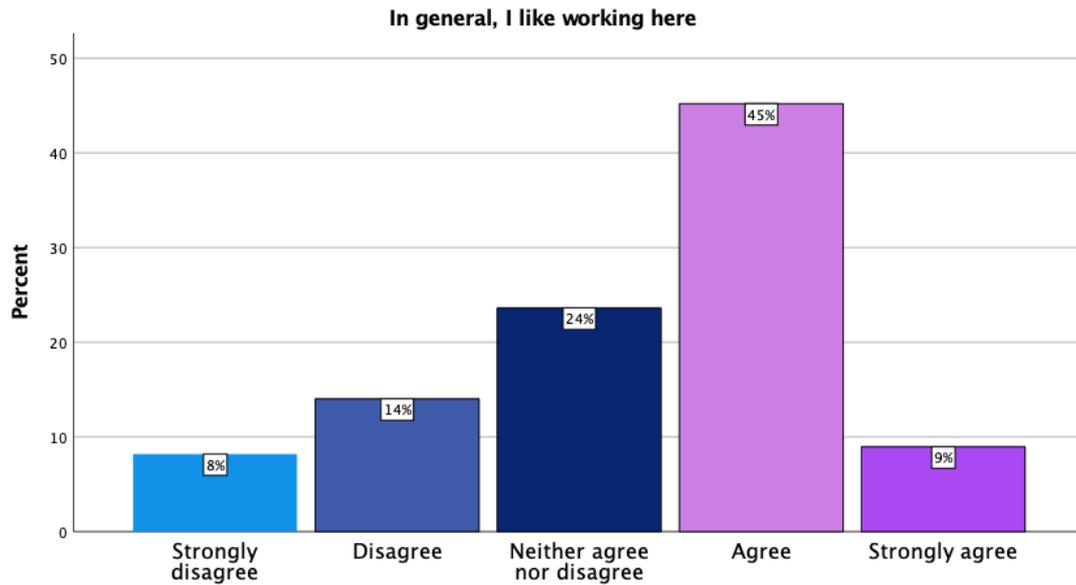
Over half (54%) of respondents ('agree' and 'strongly agree') felt that in general, they liked working in their organisations. Only 22 per cent reported disagreeing and strongly disagreeing with this statement.

In general, I don't like my job
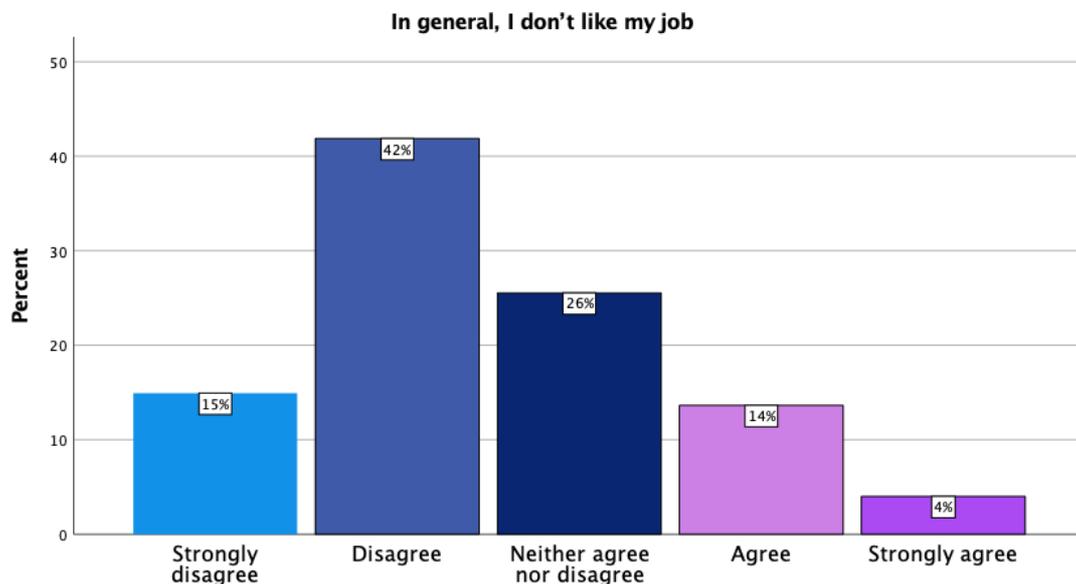
Similarly, only 18 per cent of respondents agreed and strongly agreed that they did not like their jobs in general, against 57 per cent who did (i.e., 'strongly disagree' and 'disagree'). This is more in line with what would be expected; however, the lack of satisfaction with their job among the one in six respondents is worth further exploration.

Quotes from Respondents

Feel like quitting the profession. Very stressful

I like the job I do but it's all too hard and fast now due to managements KPIs and an increasing workload. We are all burnt out.
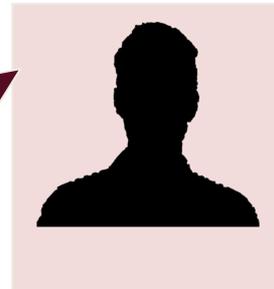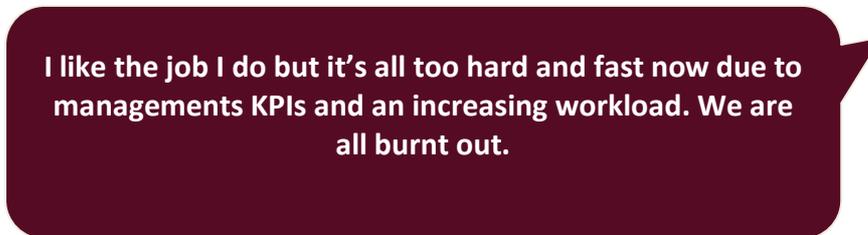
Have job satisfaction however injury rate in sonography is very high and the BMI of our patients is becoming extreme so the job has become very physically demanding.

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 of these professionals. 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 2.94 out of 5 (2.8 out of 5 in study one). When asked about long-term career decisions, over four in 10 (40%, i.e., 'often' and 'always') indicated they often think about quitting the profession, rising to half (51%) likely and very likely to consider other career opportunities in the future. This is an increase from study one (45.7%). This raises significant retention issues for highly skilled frontline health workers.

How likely is it that you will leave your profession within the next year?

Response	Percent
Very unlikely	29%
Unlikely	35%
Neutral	16%
Likely	12%
Very likely	8%
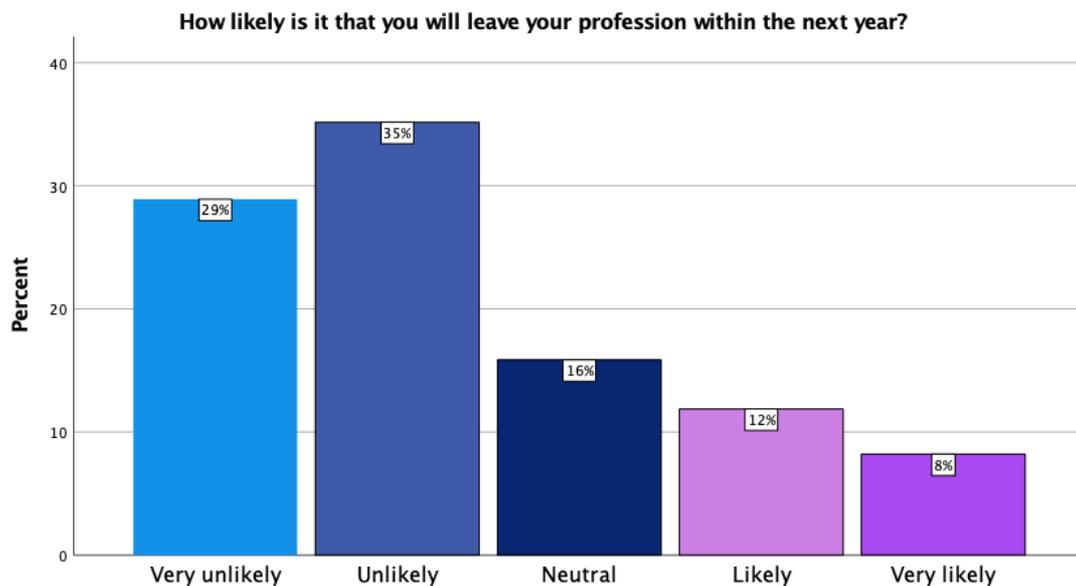
Approximately 20 per cent (i.e., 'likely' and 'very likely') of respondents indicated intentions to actively look for a job in a different profession in the next year (17% in study one). This is a relatively high number, and should concern management considerably.

How frequently do you think about getting out of your chosen profession?
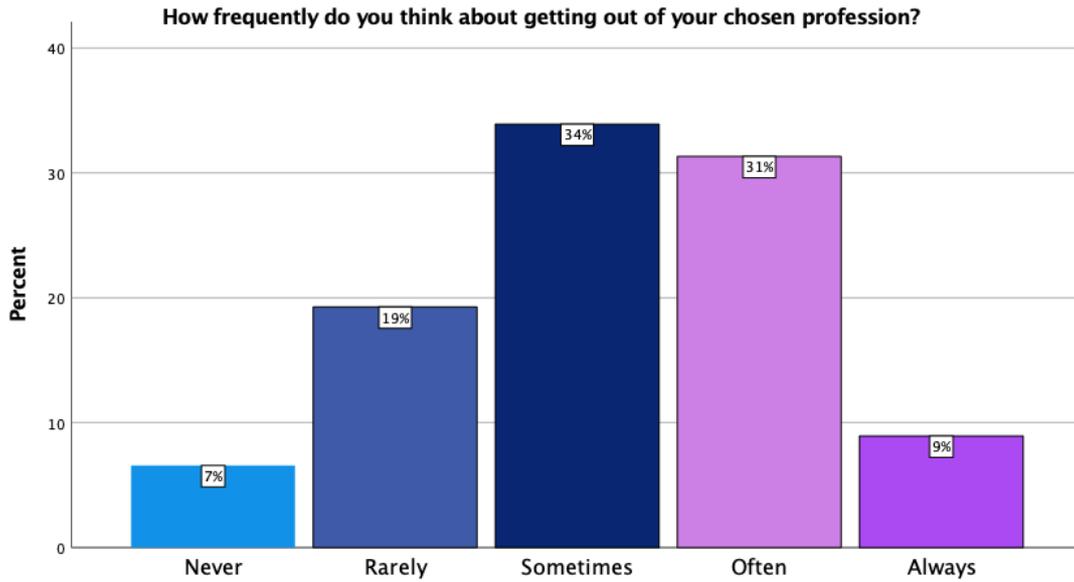
Four in 10 respondents (40%, i.e., 'often' and 'always') reported frequently having thoughts of leaving their allied health profession. An increase from study one 34.1%. An increase of over 15 per cent.

How likely is it that you will explore other career opportunities?
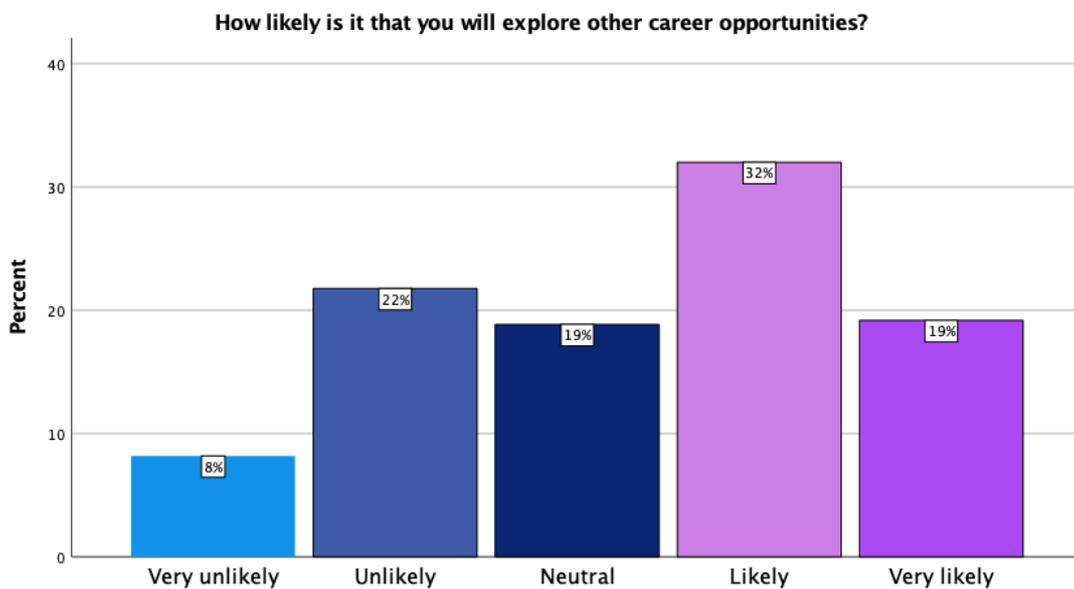
Over half (51%) of respondents (i.e., 'likely' and 'very likely') indicated probabilities of looking for a different career in the future. A 10 per cent increase from 45.7% in study one. Projecting ahead, there is cause for concern regarding the retention of these highly skilled and educated staff. This 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 skill gap in certain professions and may have serious knowledge management implications.

Quotes from Respondents

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

There's a general attitude that if you question things too much, the work environment will get more difficult c/o pressure from managers and colleagues have resigned because of this. There's a feeling that we the clinicians are vulnerable & the line managers are in control and safe in their jobs. We are not respected as health care professionals with many years of experience

Workplace Climate

Prohibitive voice

Prohibitive voice refers to expressing or voicing concerns that negatively impact the workplace and the organisation. Importantly, prohibitive voice has been linked to psychological safety (Liang et al., 2012) and is particularly pertinent within healthcare settings. The lack of prohibitive voice and psychological safety could result in negative and dangerous implications regarding employee and patient care and safety quality.

Respondents of this study averaged a score of 3.32 out of 5 on prohibitive voice indicators. Overall, there were strong indications of a culture prepared to address problems with the work units, which indicates a relatively robust voice system, which can be linked to the high joint consultative processes. However, as noted in the Psychological Safety section, higher promotive voice levels may be seen within 'the unit' or more proximal team. Still, some qualitative data indicate that such levels of promotive voice and psychological safety may not always extend to the broader workplace context (i.e., beyond the work unit or team).

I dare to voice out opinions on things that might affect efficiency in the organisation, even if that would embarrass others
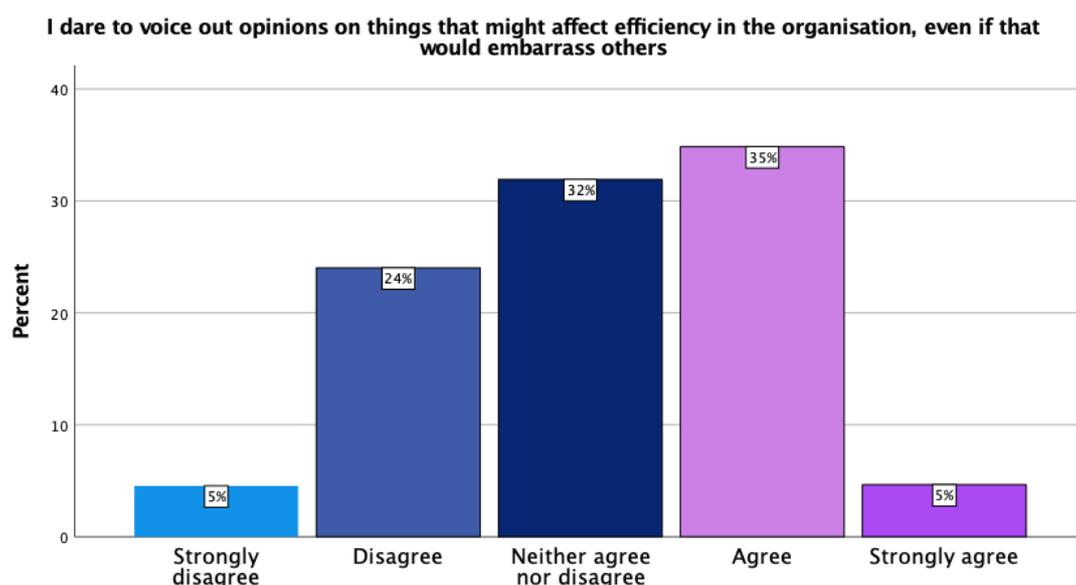
Four out of ten of the respondents (40%) agreed and strongly agreed that they were able to voice out opinions that might affect efficiency in the unit, even if that would embarrass others. Although a significant minority, 29 per cent (i.e.,

'strongly disagree' and 'disagree') indicated that they would not consider doing so.

I dare to point out problems when they appear in the organisation even if that would hamper relationships with other colleagues
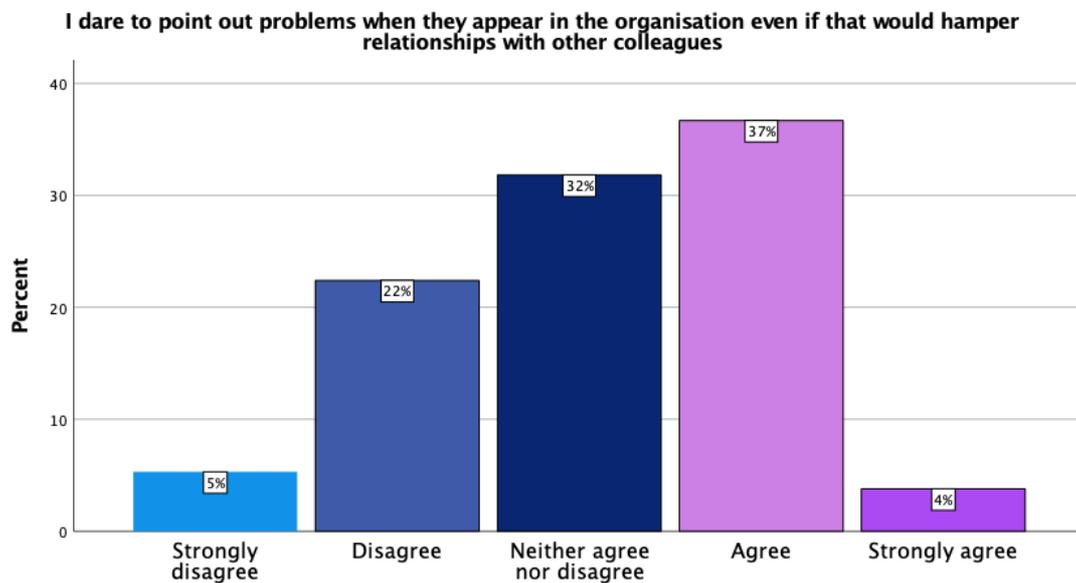

Over four in 10 (41%) of respondents (i.e., 'agree' and 'strongly agree') indicated that they dared to bring up issues when they arise, even if it has the potential to impact relationships with other colleagues. Similar to the previous indicator, a smaller but significant number, 27 per cent of respondents (i.e., 'strongly disagree' and 'disagree') indicated that they would not.

I advise other colleagues against undesirable behaviours that would hamper job performance
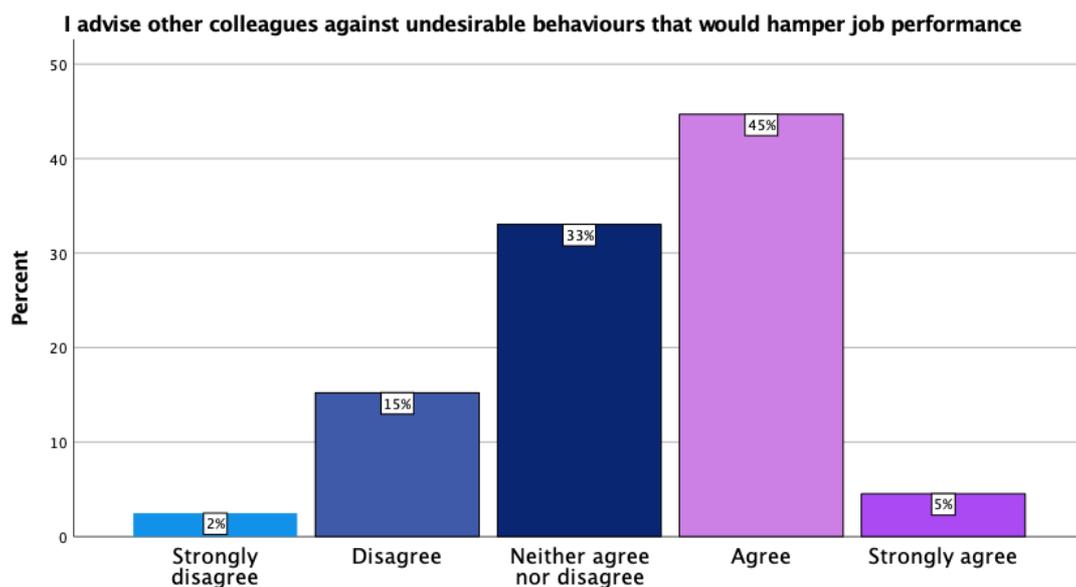
Half of those surveyed (50%) agreed and strongly agreed that they would advise other colleges against undesirable behaviours that are likely to have a negative impact on their job performance. Only seventeen per cent (i.e., 'strongly disagree' and 'disagree') indicated they were not inclined to do so. This would suggest a strong positive communication culture overall.

I proactively report coordination problems in the workplace to management (i.e., line manager)
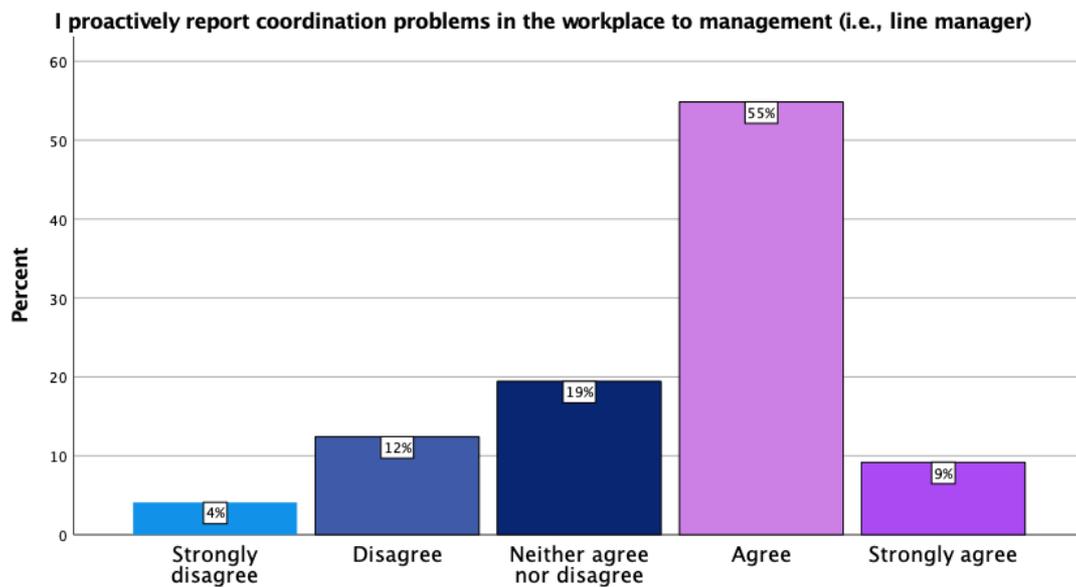
Again, a strong culture of voice emerged, with sixty-four per cent of respondents (i.e., 'agree' and 'strongly agree') would proactively report to management issues of coordination problems at the workplace. Only sixteen per cent of respondents reported (i.e., 'strongly disagree' and 'disagree') being inclined not to do so. This is an increase from fifty-eight per cent reported in study one.

I speak up honestly with problems that might cause serious loss to the organisation even when/though dissenting opinions exist
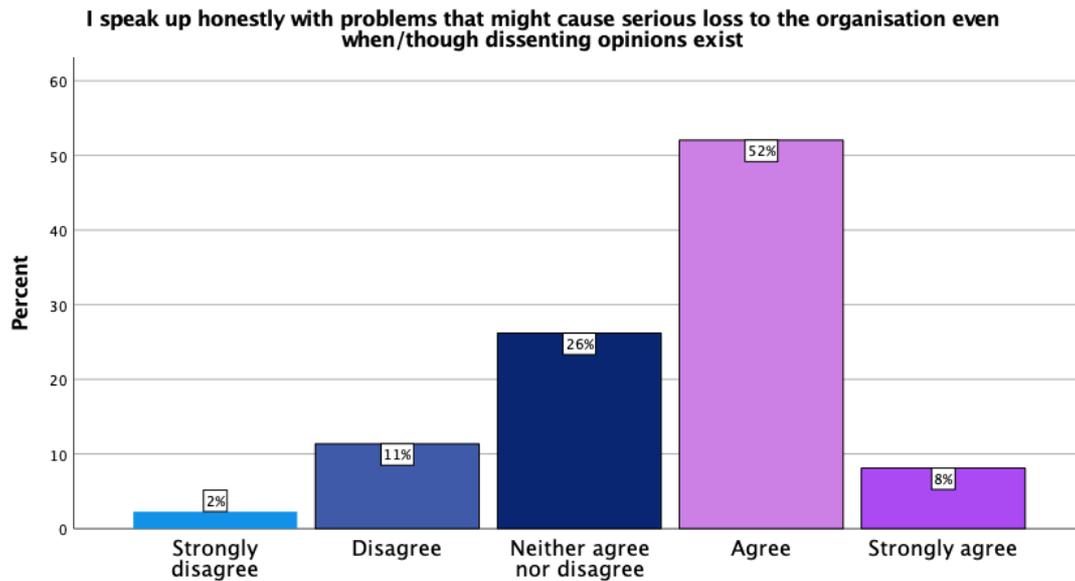
Sixty per cent of respondents (i.e., 'agree' and 'strongly agree') indicated that despite being potentially met with dissenting opinions, they would still voice issues that may cause significant negative consequences to the work unit. Thirteen per cent of respondents (i.e., 'strongly disagree' and 'disagree') reported being not inclined to do so.

This study finds that when issues need to be addressed, a significant majority of those surveyed indicated that they would speak up to ensure that matter was addressed. This is a positive aspect of the culture, but we note that a small core of around 10 per cent was inclined not to raise issues that would negatively affect the workplace. Again, in a diverse work environment that is Applied Health, this may be localised or specific to a profession. Similar results were found in study one. We would suggest this might require some attention and further investigation where these issues at the workplace could have significant implications for both employee and patient safety and care.

Promotive voice

As the concept suggests, promotive voice focuses on identity and promotes better work patterns and practices to benefit the work unit and organisation. The mean score for a promotive voice among respondents is strong at 3.53 (out of 5). Results on each promotive voice indicator below highlight the proactive approach of respondents to suggesting an improvement to work practices. Our findings likely relate to robust levels of psychological safety within the work team environment, which acts as an enabler for promotive voice

within the unit. It could also indicate that there is a culture of support for ideas from the 'floor' taken on board. This is also an aspect of voice we will explore further in the next section.

I proactively develop and make suggestions for issues that may influence the organisation
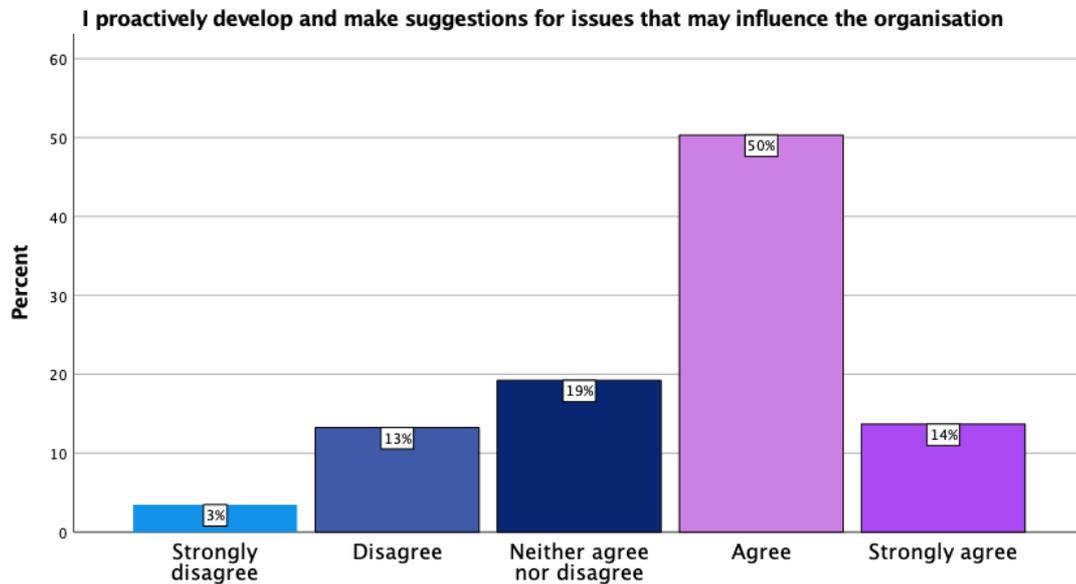

Nearly two-thirds (64%) of respondents agree and strongly agree that they would proactively develop and make suggestions for problems that may influence their organisation. However, it is interesting to note that just sixteen per cent disagreed and strongly disagreed.

I proactively suggest new projects which are beneficial to the organisation
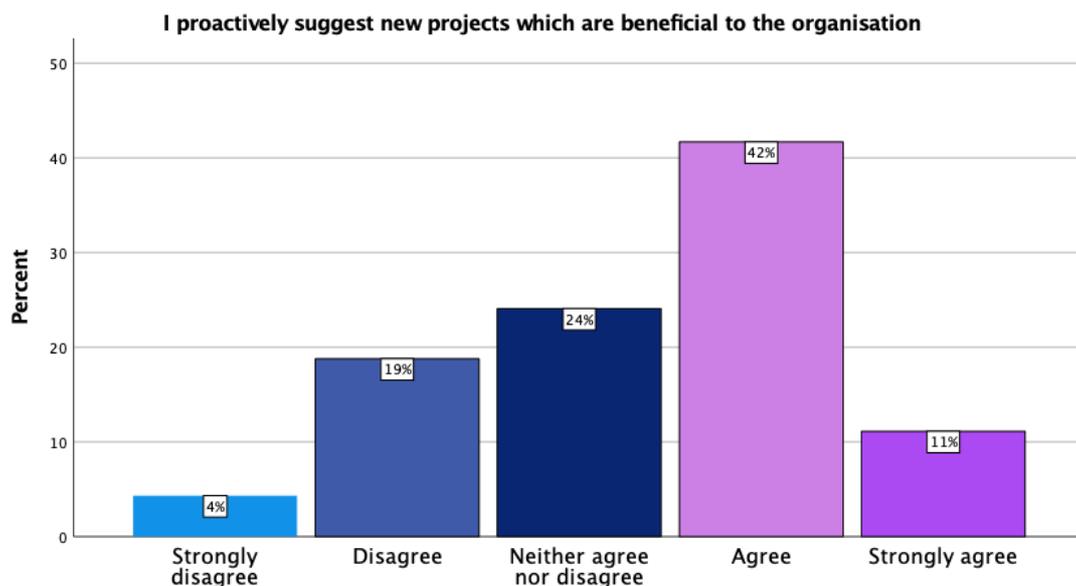
Over half (53%) of respondents (i.e., 'agree' and 'strongly agree') indicated that they would proactively suggest new projects which would benefit the organisation. Again, a substantial minority (23%, i.e., 'strongly disagree' and 'disagree') indicated they would not. This may be linked to the significant issue of workloads identified in the qualitative data from this study.

I raise suggestions to improve the organisation's working procedures
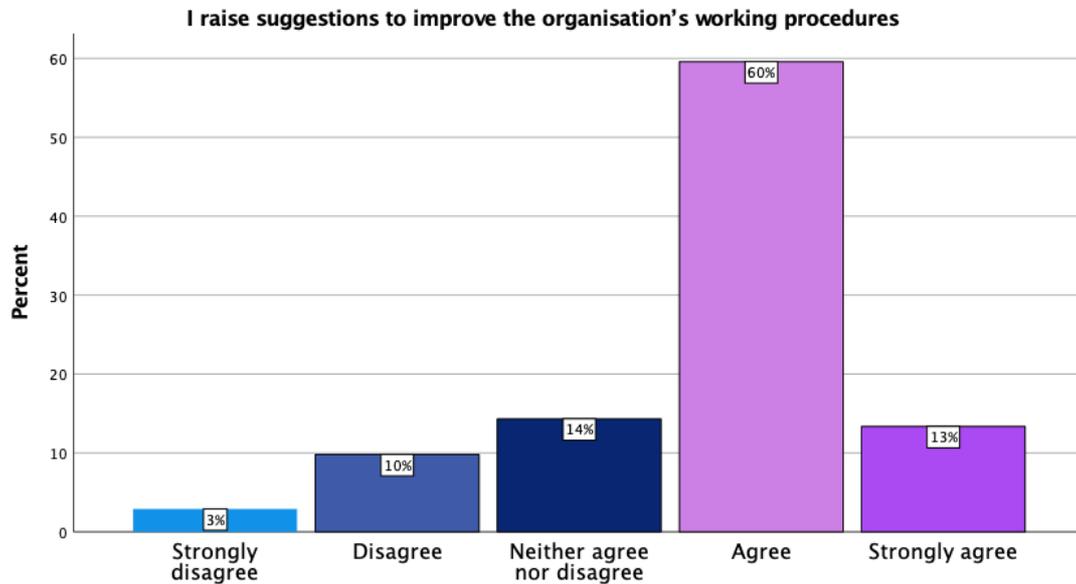
Nearly three-quarters (73%) of respondents (i.e., 'agree' and 'strongly agree') reported that they would voice suggestions to assist with improving working procedures in the work unit. One in eight (13%) disagreed and strongly disagreed. This again reflects a strong positive culture to improve the work policies and processes.

I make constructive suggestions to improve the organisation's operations
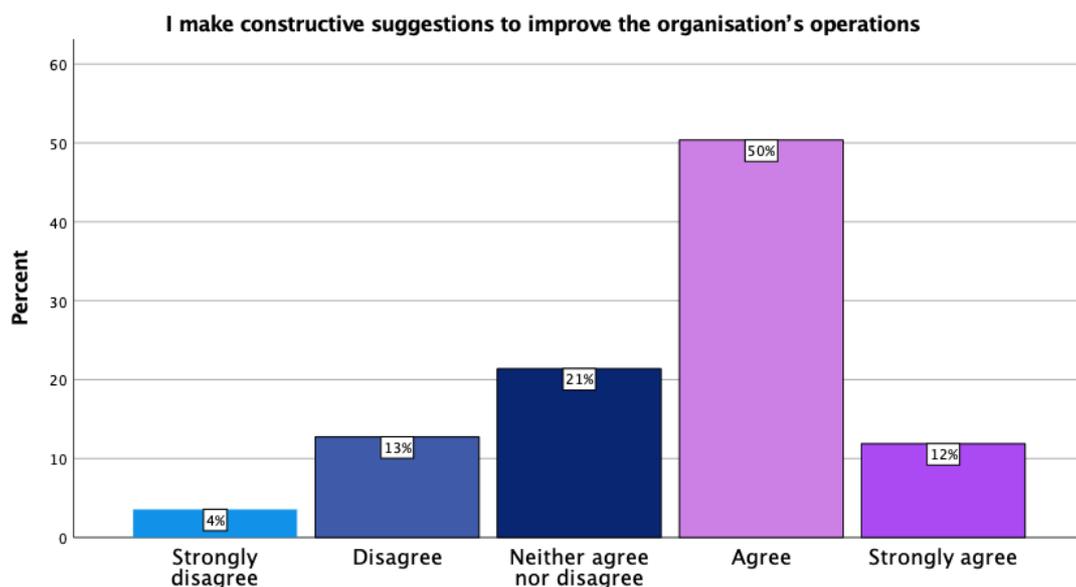
Consistent with the previous findings the majority, nearly two thirds of respondents (62%, i.e., 'agree' and 'strongly agree') reported they were likely to make constructive suggestions to improve their work unit's operations. Again, only one in six (17%, i.e., 'strongly disagree' and 'disagree') were not.

**I proactively voice out constructive suggestions that help the organisation reach its goals**
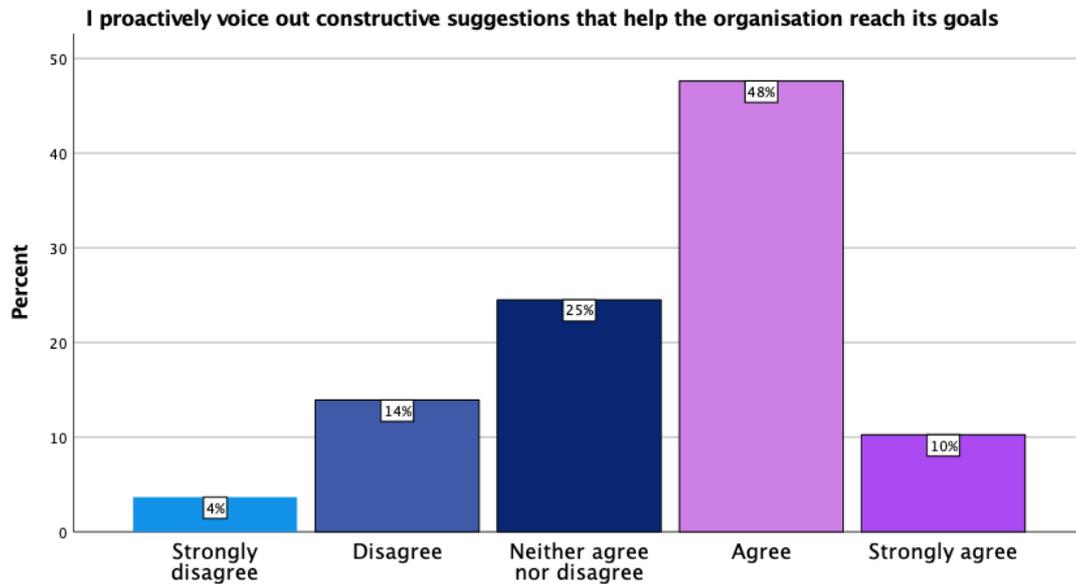
Fifty-eight per cent of respondents agreed and strongly agreed that they would proactively voice constructive suggestions to assist their respective work unit in attaining its goals. In contrast, eighteen per cent (i.e., 'strongly disagree' and 'disagree') would not. These findings would suggest that the workforce generally feel comfortable making suggestions and wanting to contribute to improving workplace practices. These findings are similar to those in study one.

Employee Silence

Employee silence is where an employee deliberately withholds information, ideas, and/or opinions about work-related improvements (Van Dyne et al., 2003). Within this literature, research suggests that employee silence is often fuelled by either the fear of retribution for voicing or the futility of not getting a response (Donaghey et al., 2011).

Respondents in this study averaged 3.49 out of 5 for employee silence indicators. A consistently large proportion of respondents (ranging from 40% to 70%, i.e., 'strongly agree' and 'agree') across all employee silence indicators indicating they have remained silent due to fear of negative consequences, and/or futility, or appearing vulnerable to others.

I remained silent ... – because of fear of negative consequences
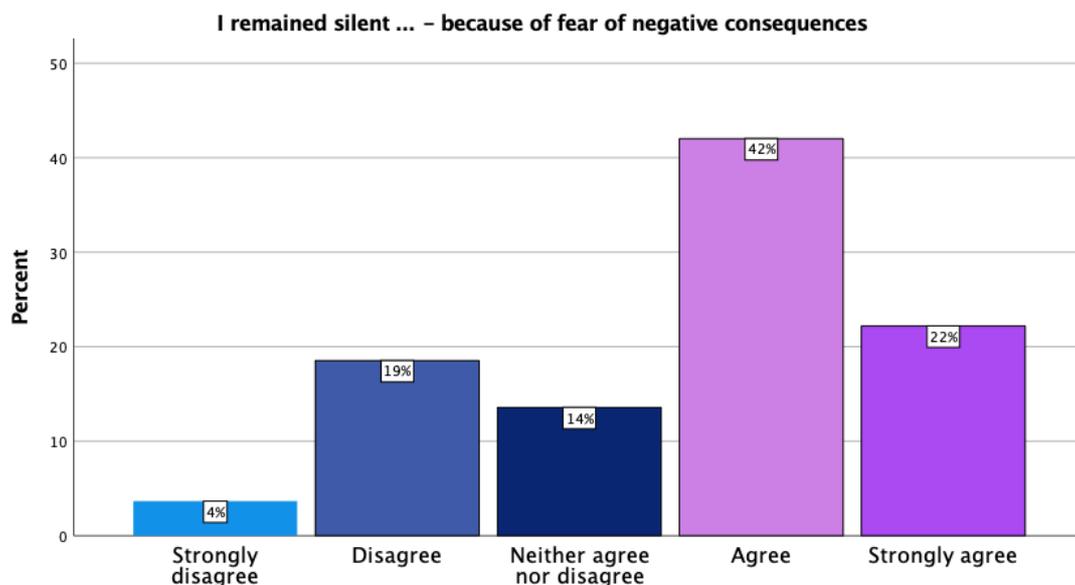
Sixty-four per cent of respondents agree or strongly agree that they have remained silent because they fear negative consequences. This is a slight increase from study one (60%). This is a significant and concerning majority.

I remained silent ... – because I fear disadvantages from speaking up
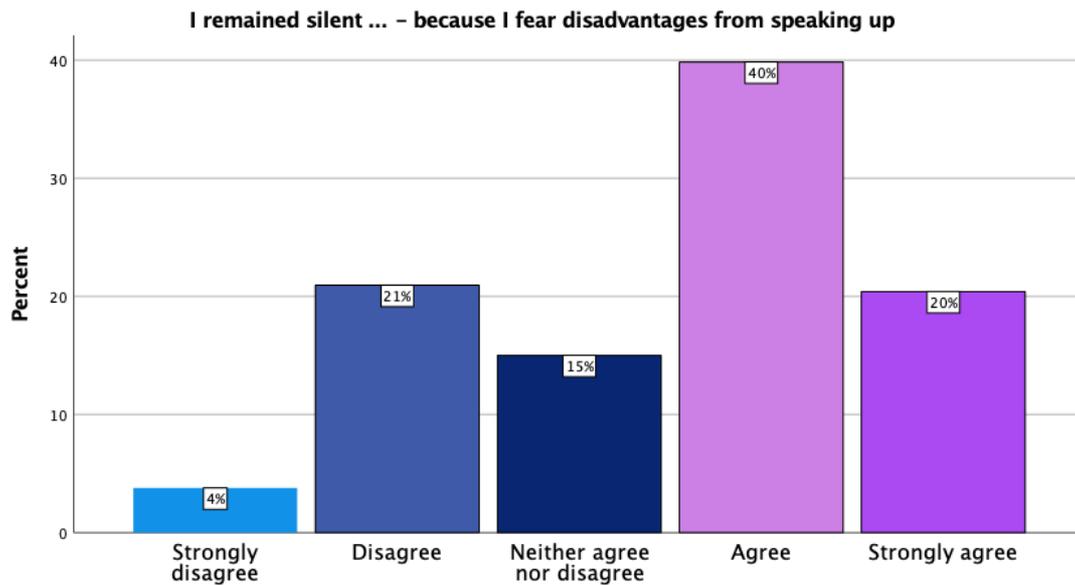
A similar majority of respondents of nearly 6 in 10 allied health professionals (60%, 'agree' and 'strongly agree') again report a fear in voicing and thus remain silent due to perceived negative consequences. An increase from study one (57.9%).

I remained silent ... – because it would make me vulnerable in the face of colleagues or line managers
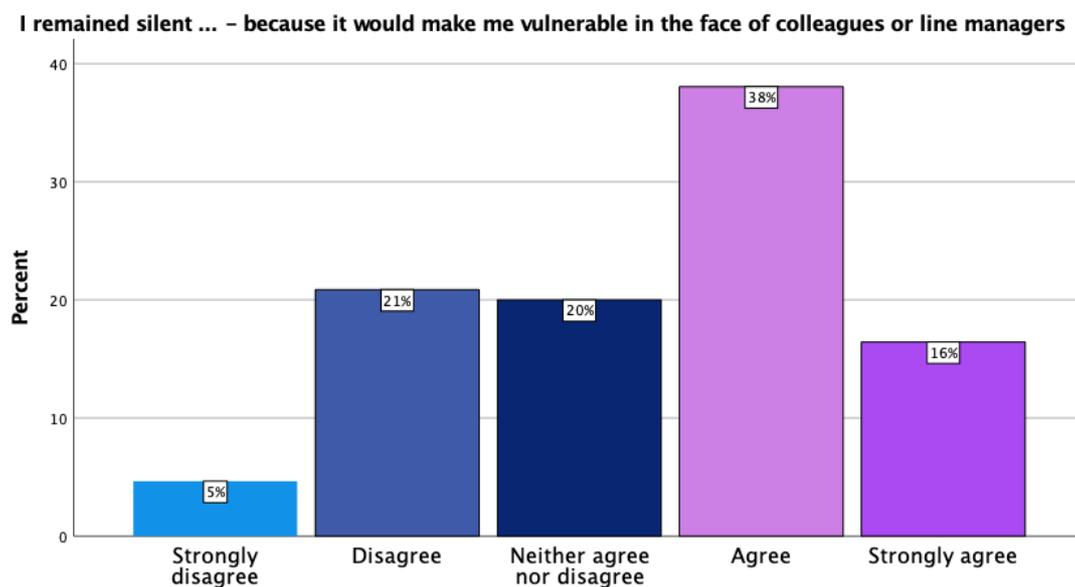
A lesser percentage but still a clear majority (54%) of respondents (i.e., 'agreed' and 'strongly agreed') have remained silent in work situations as they were of the view that speaking up would have put them in a vulnerable position in the face of colleagues or supervisors.

I remained silent ... – because I will not find a sympathetic ear, anyway
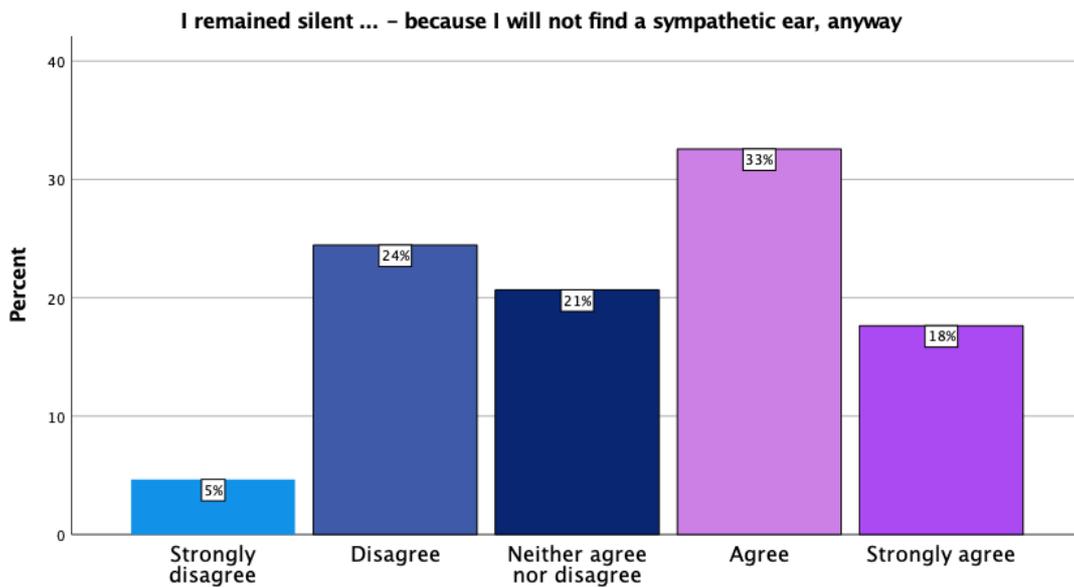
In terms of futility, over half (51%, i.e., 'agree' and 'strongly agree') of respondents reported that they had remained silent as they believed they would not be received with an understanding ear. A slight increase from study 1 (49.4%). Only 29 per cent of respondents disagreed or strongly disagreed with this statement.

I remained silent ... – because my line managers are not open to my concerns
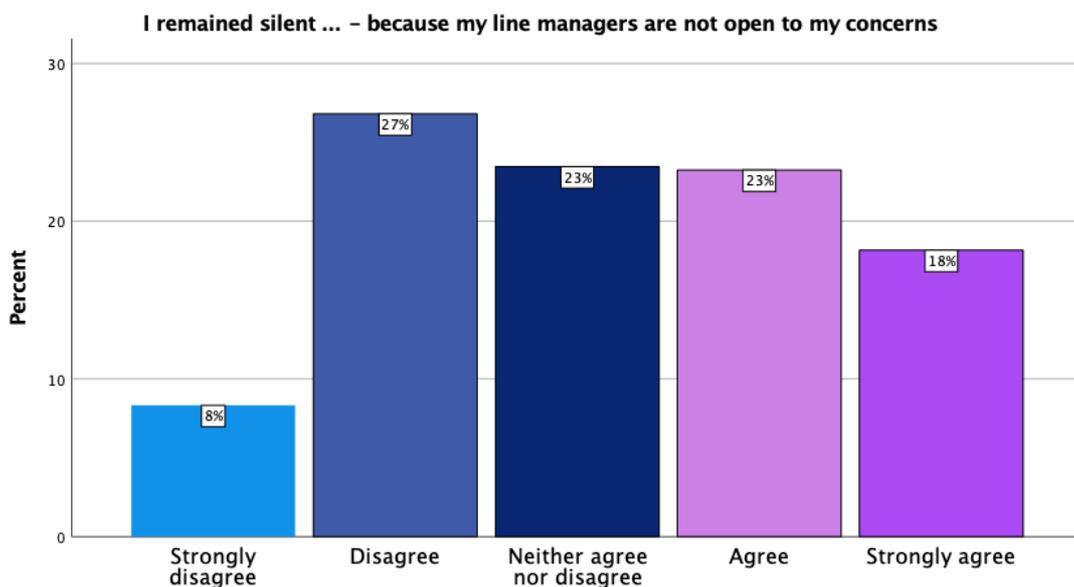
On a more positive note, a slightly smaller percentage of respondents, 41 per cent (i.e., 'agree' and 'strongly agree'), responded that they had remained silent as they thought their supervisors were not open to their concerns. In contrast,

a similar number (35%) disagreed and strongly disagreed with this statement. Again, a significant minority and in this environment of critical health care, we would suggest issues to be explored further.

I remained silent … – because nothing will change, anyway
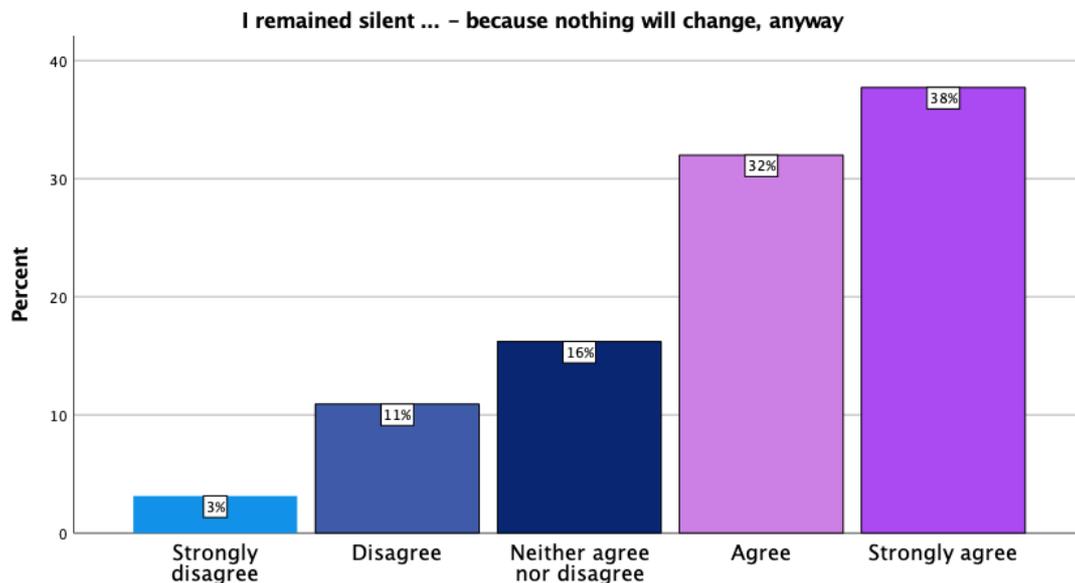
This final point is perhaps the most concerning item in this section because there appears to be a perception of futility in raising issues. Seventy per cent of respondents agreed and strongly agreed that they had remained silent at work because they held a sense of futility – that nothing will change, regardless of whether the matter is being voiced. This is an increase from Sixty –Eight percent in study one. In a health profession context, this is not only a concern but also an area in the control of management and is worth further investigation.

Quotes from Respondents

> My workplace is toxic the Managers devalue & disrespect Social 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're addressing issues of bullying and unacceptable + unprofessional behaviour. … They closed a service without any consultation with workers or the Clients during Covid!!
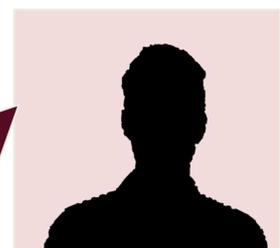
Oppressive environment- so no one speaks up- difficult to capture as it's not bullying and my Team Leader is great. We have 3 Managers and 3 Team Leaders in a staff of about 30x - it's always tense- so my biggest concern is oppressive environment eg calendars monitoring of all staff-by Mgt who want us to be productive and justify it every minute.
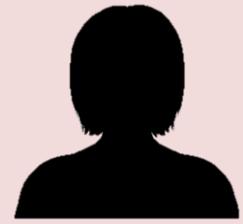
The organisation has allowed for feedback but has said once given that there will be no outcome/recognition of the suggestions. Poor faith in organisation as a whole …….

There is lack of safety in reporting anything to anyone in to the hierarchy of management as they all back each other - you'll be next in line to be sacked if you lift your head

….poor management, clinicians having no voice/ feed back mechanisms, ……watching skilled and valuable workers leaving after many years of service because they are flogged, covering for multiple colleagues, burning out…. Get a career where you have a voice, … with managers that care about their stuff and don't micromanage and belittle you…..

My manager discourages people from speaking up, …., has cancelled all staff meetings and yet we are going to through a major change in community rehab.

Trust in Senior Management

Trust is an integral factor in influencing organisational success, stability, and employee well-being (Cook & Wall, 1980; Tyler & Kramer, 1996; Shaw, 1997). This survey explored the perceived levels of trust allied health workers have in senior management and direct supervisors. Adapting Cook and Wall's (1980) trust measure, this section of the survey asked respondents several questions regarding employees' trust in senior management and direct supervisors.

Overall, respondents' mean score for trust in senior management indicators mirrors the mean score for organisational support at work, at 2.86 out of 5.
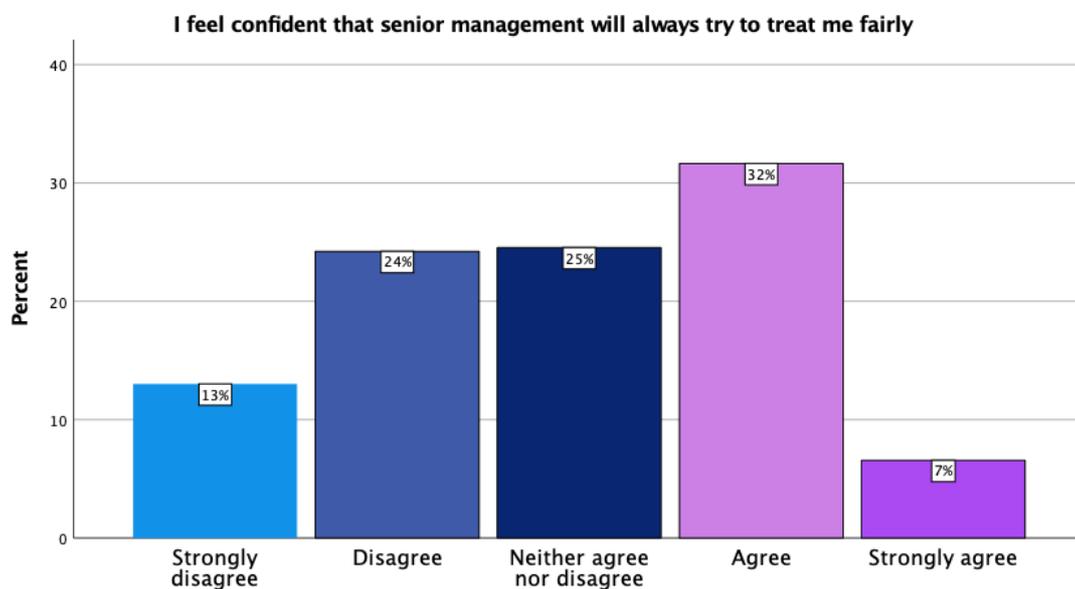
Approximately thirty-nine per cent of respondents (i.e., 'agree' and 'strongly agree') indicated having confidence that the senior management would always attempt to treat them fairly (much less than half). This contrasts with 37 per cent of respondents who either disagreed or strongly disagreed with this statement. Only seven per cent strongly agreed. Indicating to us a significant underlying tension with senior management, potentially with forms of organisational justice.

Senior management is sincere in its attempts to take account of employees' points of view
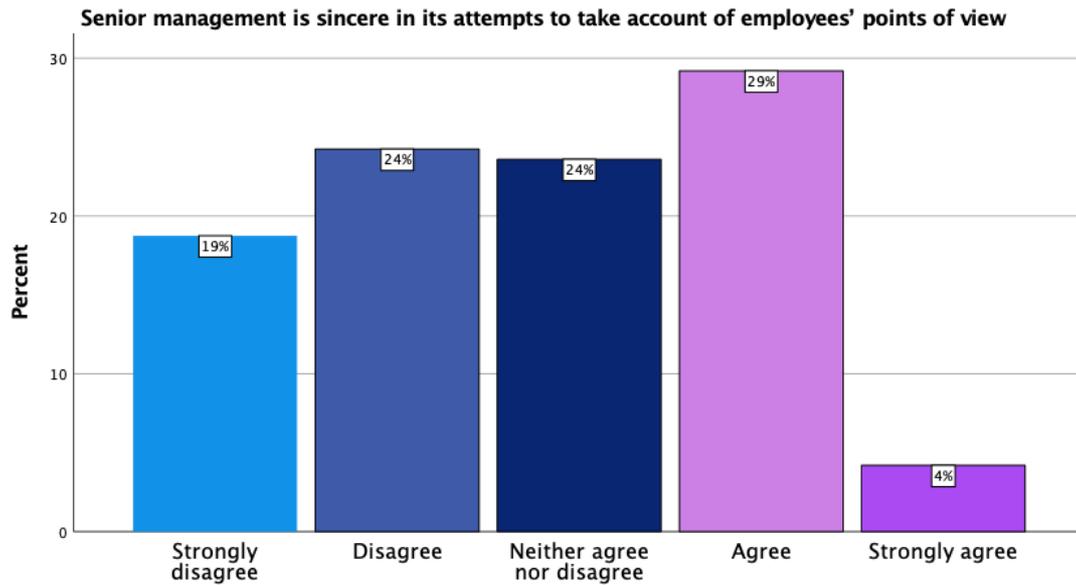

One-third of respondents (33%, i.e., 'agree' and 'strongly agree') reported feeling that senior management sincerely considers employees' points of view. However, 43 per cent of respondents (i.e., 'strongly disagree' and 'disagree') did not share that view and felt that employees' perspectives are not always sincerely considered by senior management. Again, this would be a concern that needs to be investigated more fully.

Senior management can be trusted to make sensible decisions for this organisation's future
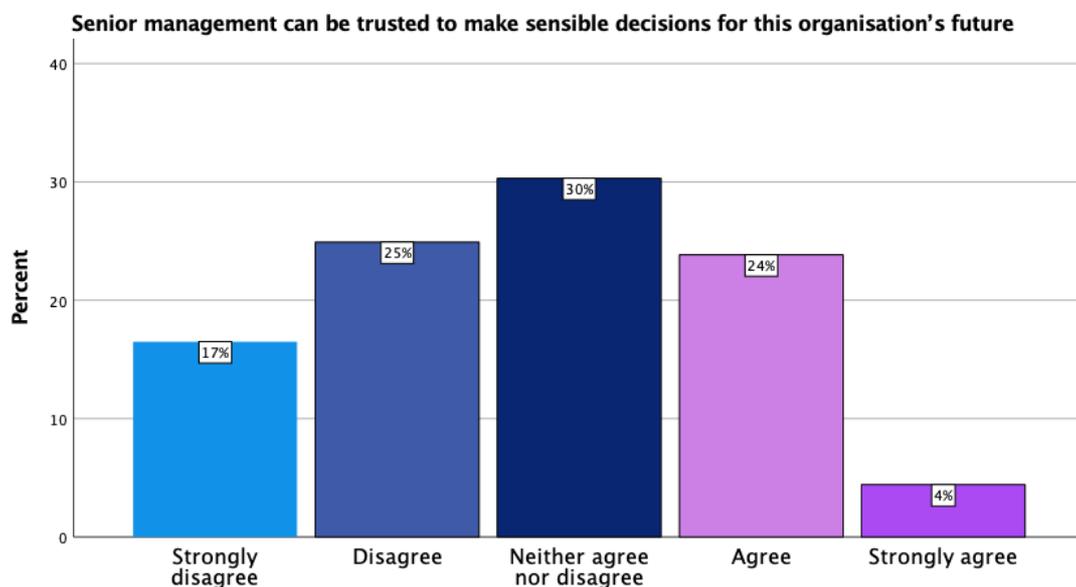
Over one quarter (28%) of respondents agree and strongly agree that they were able to trust senior management to make sensible decisions for the sake of the organisation's future. Nearly one in four (42%) of respondents (i.e., 'strongly disagree' and 'disagree) reported not being able to trust senior management

concerning making sound decisions for the organisation's future. This is an increase from study ones findings of (39%).

Our senior management would be prepared to gain advantage by deceiving the workers
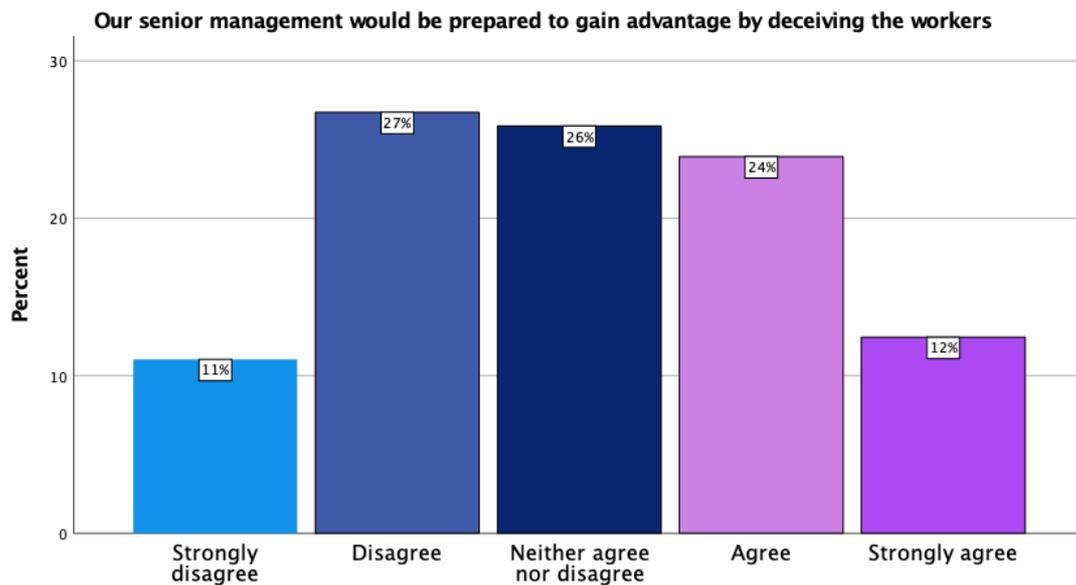
Over one third of the respondents (36%, 'agree' and 'strongly agree') indicated that they were of the view that senior management would resort to deceiving employees to gain certain advantages. An increase from study one (33.9). This is counterbalanced by 38% of respondents who (i.e., 'strongly disagree' and 'disagree') believed that senior management would gain advantages by deceiving workers. This finding is troubling and indicates a lack of trust in senior management.

Quotes from Respondents

> **Management is more lacking in trust & much more micro managing than previous bosses**
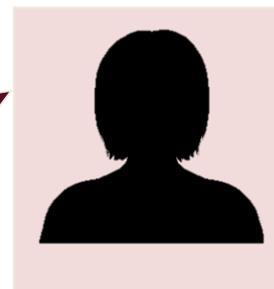
I have recently left working in an acute hospital setting due to the toxic culture and lack of management support and am now working in a lovely community health setting :)

I think our direct managers do their best, upper management only considers profits and unfortunately their decisions are the ones that our managers need to enforce, if they agree or not.
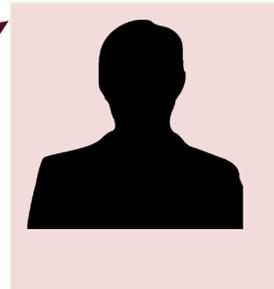
OT are excellent managers and supervisors.

Trust in Line Manager

Respondents recorded a mean score of 3.2 out of 5 for trust in line managers. This is comparatively higher than trust in senior managers, whose mean score was only 2.86 out of 5. These comparatively higher mean scores for trust in line managers also mirror findings related to perceived support at work from the organisation (or senior management) and supervisors.

I feel confident that my line manager will always try to treat me fairly

Strongly disagree: 9%
Disagree: 13%
Neither agree nor disagree: 17%
Agree: 40%
Strongly agree: 21%
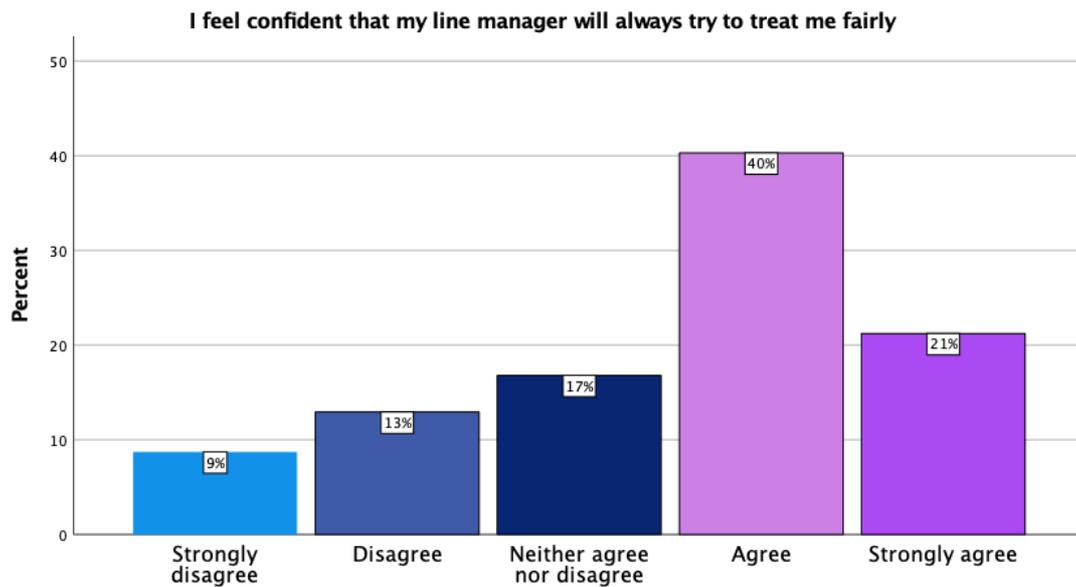
Possibly reflecting a closer working relationship, over 6 out of 10 respondents (61%, i.e., 'agree' and 'strongly agree') of respondents indicated that they were of the view that their line manager would treat them fairly.

My line manager is sincere in attempts to take account of employees' points of view
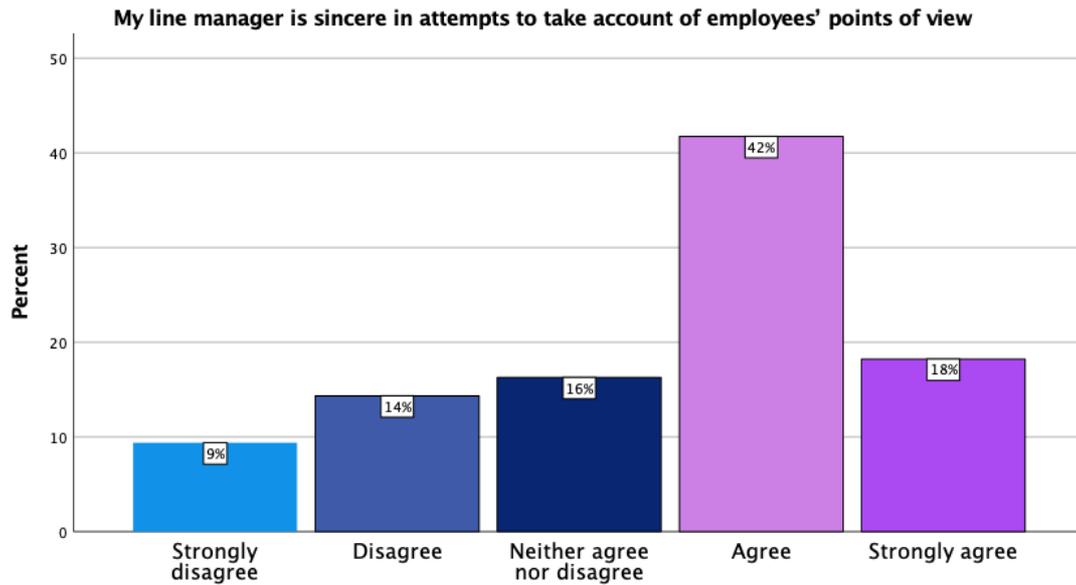

Similarly, sixty per cent of respondents (i.e., 'agree' and 'strongly agree') reported feeling that their line managers sincerely considered their points of view, with only Nine per cent of respondents strongly disagreeing. Comparative to trust in senior management, a larger proportion of respondents have indicated this trust element towards their line managers. Although more than one in five disagreed (23%).

My line manager can be trusted to make sensible decisions for this organisation's future
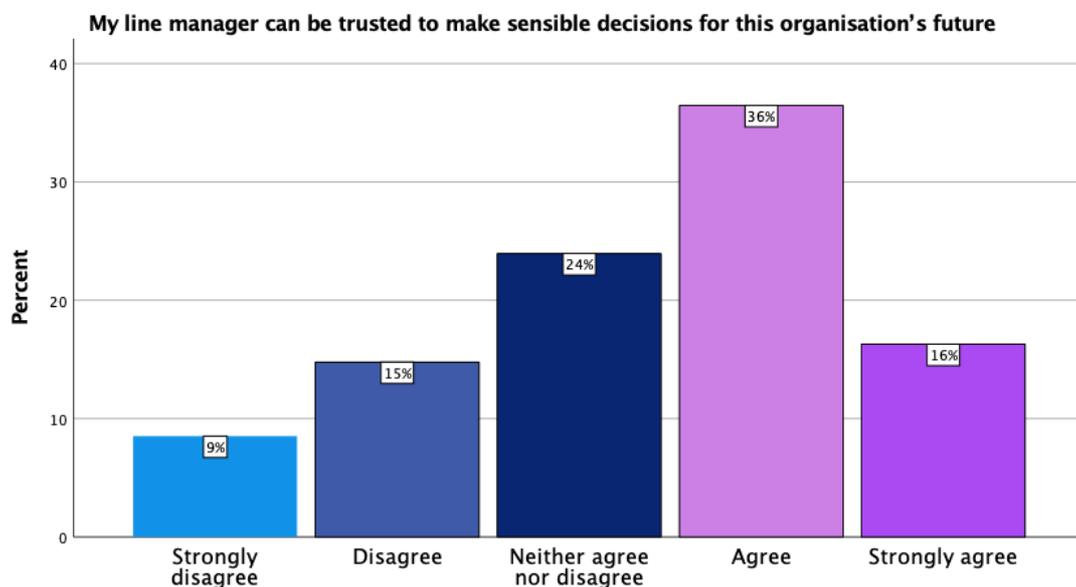
In contrast to senior management (28%), a larger percentage of respondents (52%, i.e., 'agree' and 'strongly agree') felt that line managers are seen as more trusted regarding making sensible decisions for the sake of the organisation's

future, with twenty per cent strongly disagreeing. Again, a consistent residual of 24 percent disagreed.

My line manager would be prepared to gain advantage by deceiving the workers

Percent

- Strongly disagree: 25%
- Disagree: 34%
- Neither agree nor disagree: 21%
- Agree: 12%
- Strongly agree: 8%
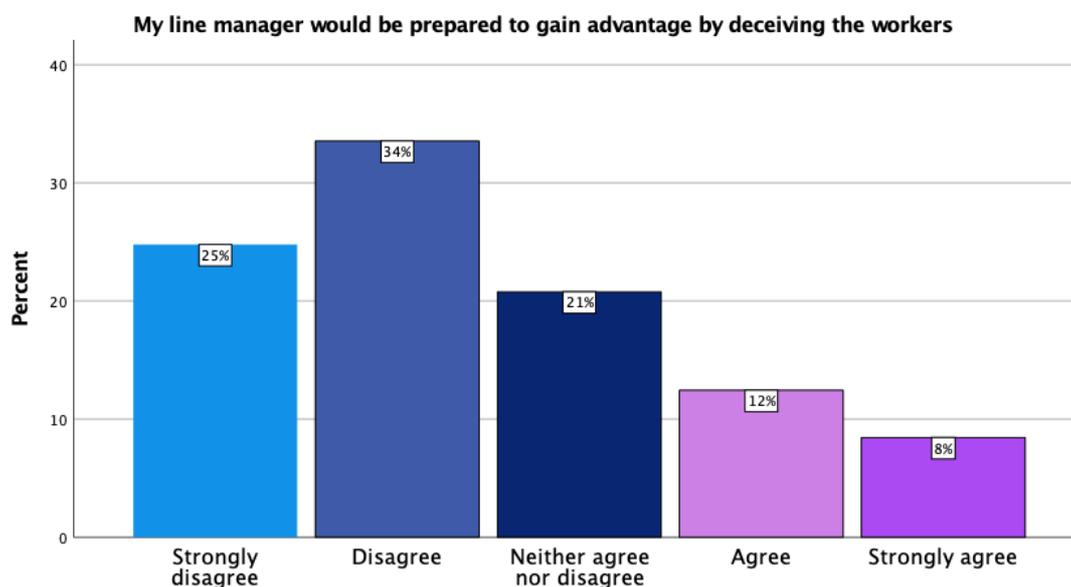
Nearly six in 10 respondents (59%, i.e., 'strongly disagree' and 'disagree') indicated that their line manager would not resort to deceiving employees to gain certain advantages. Twenty per cent of respondents agreed that line managers would gain an advantage by deceiving workers. Again, whilst these are good indicators overall, a consistent residual group is not supportive of their manager's relationship with them. The comparison with senior management is significant; again, we would suggest this needs further detailed investigation.

I don't trust my managers, however, am very fortunate to work with dedicated and skilled clinicians.

Toxic work environment impacts on health and well-being. …. Line managers are disrespectful and not trusting. Terrible culture but limited opportunities for other work due to rural / regional location.

Industrial relations climate

Noting the level of union membership of between 40 to 50 % (depending on how the figures are interpreted) in the allied health sector and the high level of work demands, this is an essential aspect of the workplace climate. Overall, the mean score for industrial relations climate indicators is moderate at 3.04 out of 5. This is a marginal increase from the results in study one (2.99 out of 5).

**The union and management work together to make this a better place in which to work**
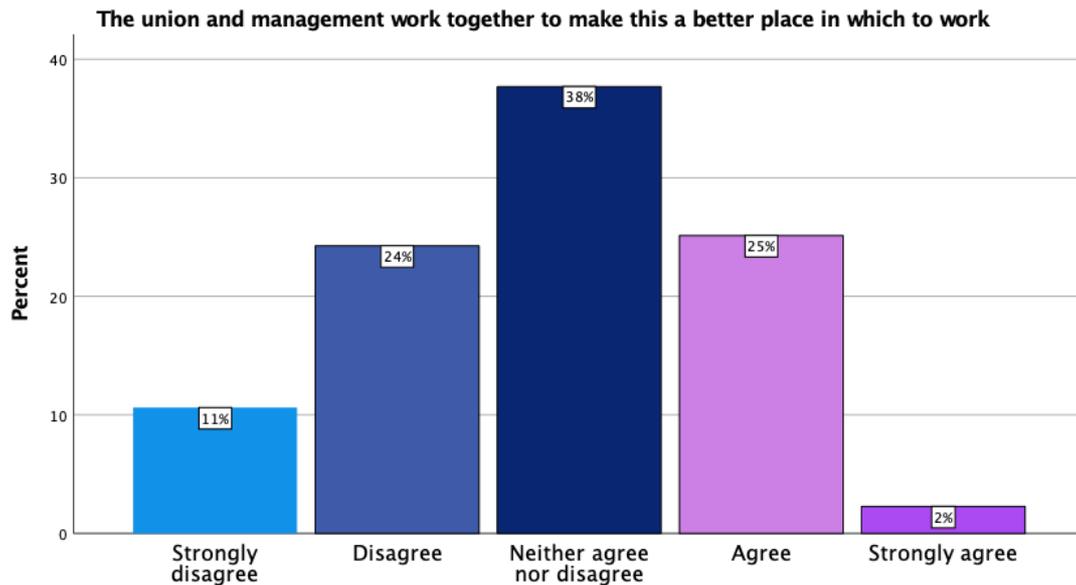
Just over one quarter (27%) of respondents (i.e., 'agree' and 'strongly agree') believed that the Union and management work together to make their organisations a better place to work. Of which, two per cent of respondents (i.e., 'strongly agree') felt strongly about this. Over one-third (38%, i.e., 'neither agree nor disagree') indicated ambivalence towards this view, and thirty-five percent of respondents (i.e., 'strongly disagree' and 'disagree') felt this was not the case. At face value, these findings illustrate a degree of perceived distrust between the Union and management by the workforce.

The union and management have respect for each other's goal
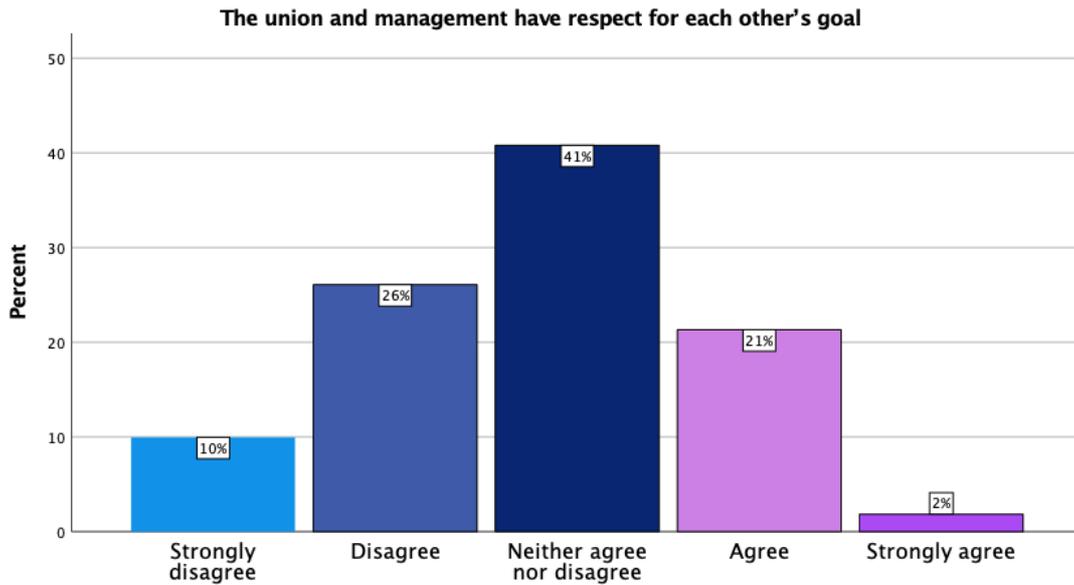
Twenty-three per cent of respondents (i.e., 'agree' and 'strongly agree') reported that the Union and management had mutual respect for their respective goals. This is an increase from study one (18%). Forty-one per cent of respondents neither agreed nor disagreed with this view. Over one-third of respondents (36%, 'strongly disagree' and 'disagree') did not feel that the Union and management respected each other's goals. There appears to be a consensus of a poor working relationship between the two sides in terms of working together.

The parties engaged in the industrial agreements keep their word
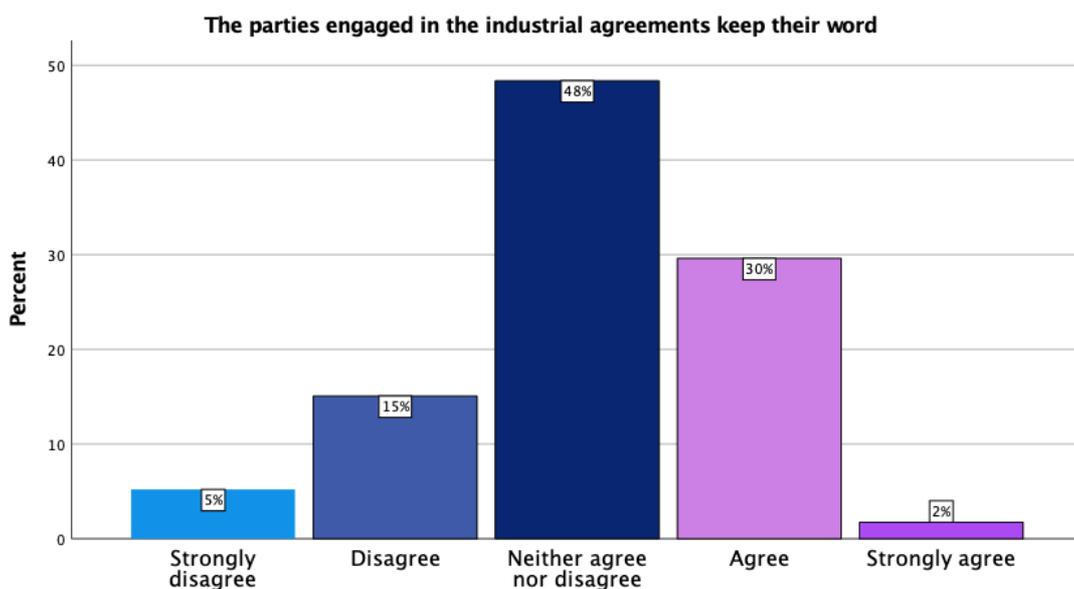
Whilst a slight improvement, clearly trust is perceived to be very low between the two sides, with thirty-two per cent of respondents (i.e., 'agree' and 'strongly

agree') that the industrial agreement parties kept their word. Twenty per cent of respondents (i.e., 'strongly disagree' and 'disagree') reported that they did not feel that these parties to industrial agreements would keep their word. Comparatively, a large proportion of respondents (48%, 'neither agree nor disagree') were ambivalent towards this view.

The employer negotiations take place in an atmosphere of good faith
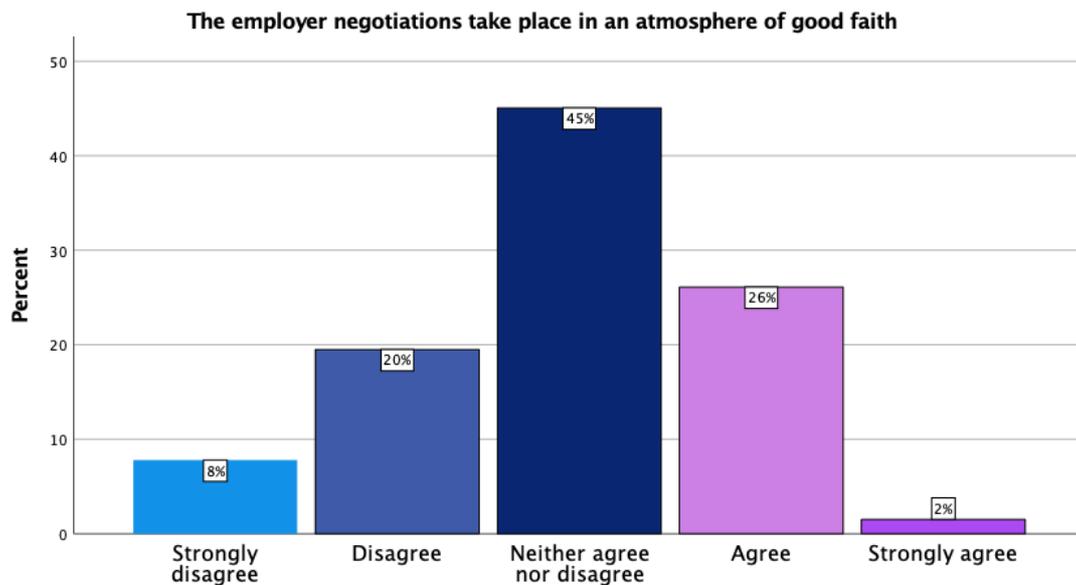
Consistent with the previous questions, twenty-eight per cent of respondents (i.e., 'agree' and 'strongly agree') reported that they felt negotiations are carried out with a climate of good faith at their workplace. This is an increase from study one (24.3%).Twenty-eight per cent of respondents disagreed and strongly disagreed that these were the circumstances under which negotiations took place in their organisations. Forty-five per cent of respondents neither agreed nor disagreed with this statement.

The enterprise bargaining agreement is regarded as fair by Victorian Allied Health Professionals Association
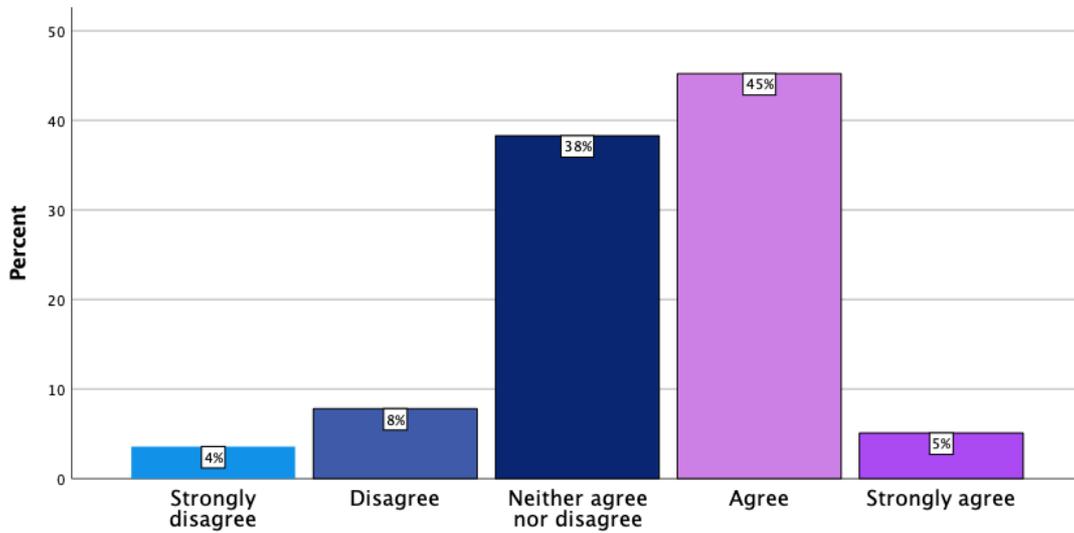
A more positive response here indicates that half (fifty per cent) of the Allied health professionals (i.e., 'agree' and 'strongly agree') felt that their organisation's employees regarded the enterprise bargaining agreement as fair. This is an increase from results reported in study one (43%). Twelve per cent of respondents (i.e., 'strongly disagree' and 'disagree') did not feel that the employees' enterprise bargaining agreement was fair. Approximately thirty-eight per cent of respondents (i.e., 'neither agree nor disagree') were ambivalent.

A sense of fairness is associated with union-management dealings in this place
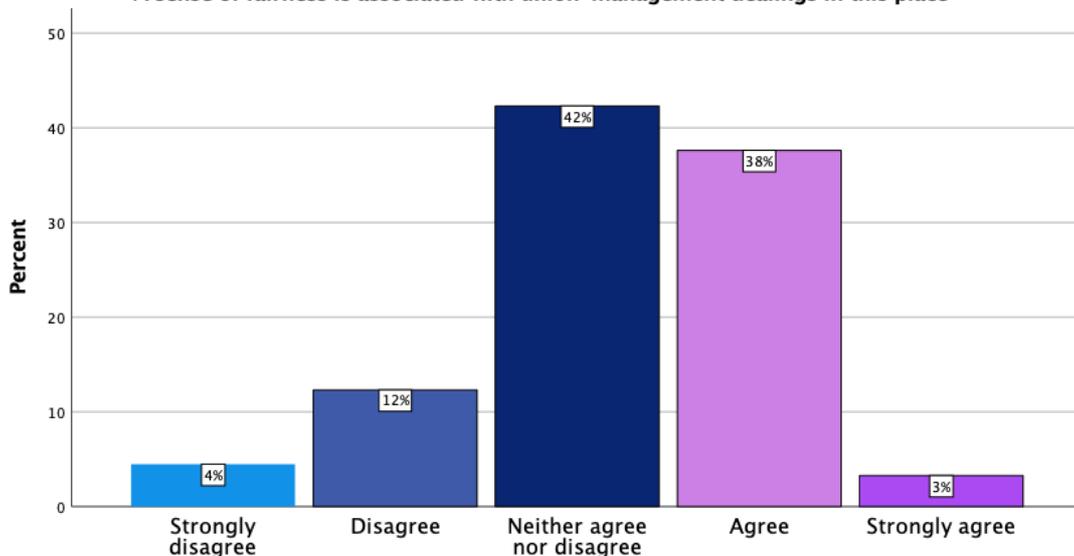
Over four in ten (41%) of respondents (i.e., 'agree' and 'strongly agree') believed that union-management dealings at their organisation were conducted with fairness. This is an increase from 35.8% in study one. Comparatively, a smaller proportion of respondents (16%, 'strongly disagree' and 'disagree) were not of the view that there is a sense of fairness in union-management dealings at their organisation. Approximately forty-two per cent of respondents neither agreed nor disagreed that union-management dealings in their organisation were conducted with a sense of fairness.

Overall, there was a significant group with an ambivalent view of the industrial relations climate, which is reflective of the general population, but the key issue emerging here is the perceived distance between the two parties.

Quotes

The managers are good in many ways, however when it comes to industrial negotiations, I feel that they lobby for the organisational bottom line, rather than actually fight for the best interests of staff. The union fights for worker's interests. I hope they are successful in improving things in the next round.… We are chronically over-worked.
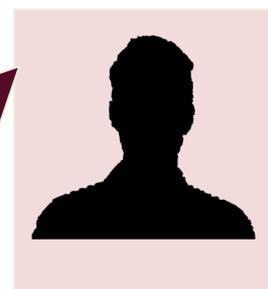
The union has worked hard (& continues to do so) to negotiate an enterprising agreement for us but the workplace is resistant despite the fact that we, as allied health care workers have worked hard in the clinic under covid safe practices throughout 2020 & 2021 …. The great job we have done in adapting and keeping our clients safe and out of hospitals due to our approach to their care, has never been acknowledged by the workplace.

It is disappointing when bullying in a workforce is persistent and the union is unable to facilitate change despite significant feedback from staff. This results in staff leaving workplaces
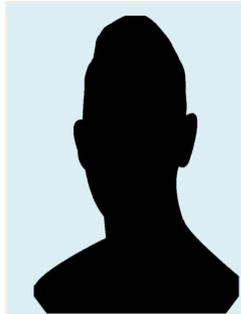
I feel the organisation and DHHS talk about staff fatigue but still institute rapid changes, expect clinicians to implement and engage in the change management, without full transparency around rationale, funding, etc - and I believe not all these changes are for the better. I believe the organisation make the union's role and EA difficult. I believe with current status, some services are diluted, under resourced and continue to cause fatigue and uncertainty among staff.

Mental Health and Wellbeing

An essential aspect of workplace wellness is the mental health of the workforce. A key measure of mental health is the K-10 Kessler distress scale. The K-10 measures propensity for depression related to distress. This is a caveat, this team are not registered psychologists, and these respondents are not in primary care. However, it is an indicator of stress and distress, and we are using it as an indicator of mental health and well-being.

This is a questionnaire that measures psychological distress. Respondents fill out 10 questions on a scale of 1-5, and so the minimum score is 10, max score is 50 (Kessler et al. 2002; Andrews et al. 2001). The numbers attached to the participants' 10 responses are added, and the total score is applied to the Kessler Psychological Distress Scale (K10). Scores will range from 10 to 50.

People seen in primary care who score under 20 are likely to be well, those who score 20-24 are likely to have mild stress, a score of 25-29 are likely to have moderate stress, and those who score 30 and over are likely to have a severe stress disorder (Kessler et al. 2002). Thirteen per cent of the adult population will score 20 and over, and about one in four people seen in primary care will score 20 and over (Andrews et al., 2001).

A K-10 instrument was conducted twice, asking respondents to think back to the start of the year and consider their situation now (during peak of a Covid wave). The respondents indicated that their stress levels had moved significantly.[1] The change in responses can be seen in the following:
Mean at the start of the year was 17.9 (SD 7.6), mean during the study period, and the second wave of the pandemic was 21.9 (SD 8.4). Worryingly these results have not improved when compared to study one 17.2 (SD 7.5) and 21.1 (SD 7.9).

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[1] Difference is significant (paired sample t-test t=21.0, df=1268, p < 0.001).This indicates that the responses are significantly different statistically, and so the effect is marked and meaningful.

The two histograms following have been produced with normal curve overlay. It can be noted that the first curve (measuring distress now) is a curve with a long tail to the right, whereas the second graph (distress at the start of the year) is much more towards the left (normal level) with no skew to the right and more kurtosis. This is important because it illustrates the respondents' increased distress during the (peak wave) pandemic.

The data indicate that one-quarter (29%) have a score of over 25, and sixteen per cent have a score of over 30. At the start of the year, fifteen per cent had a score over 25, and seven per cent had a score over 30. To reiterate, a score over 30 is concerning.

Adding further concern is that when compared to study one in 2021 one-quarter (25%) had a score of over 25, and thirteen per cent recorded had score of over 30. This is a worrying result.

Kessler1

Mean = 21.86
Std. Dev. = 8.469
N = 930

Kessler2

Mean = 17.89
Std. Dev. = 7.598
N = 930
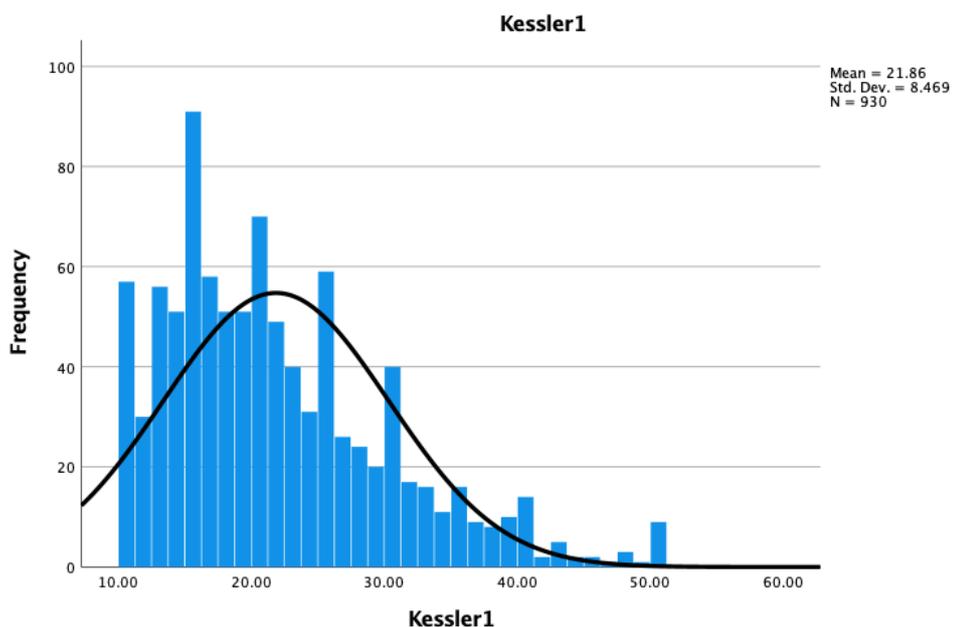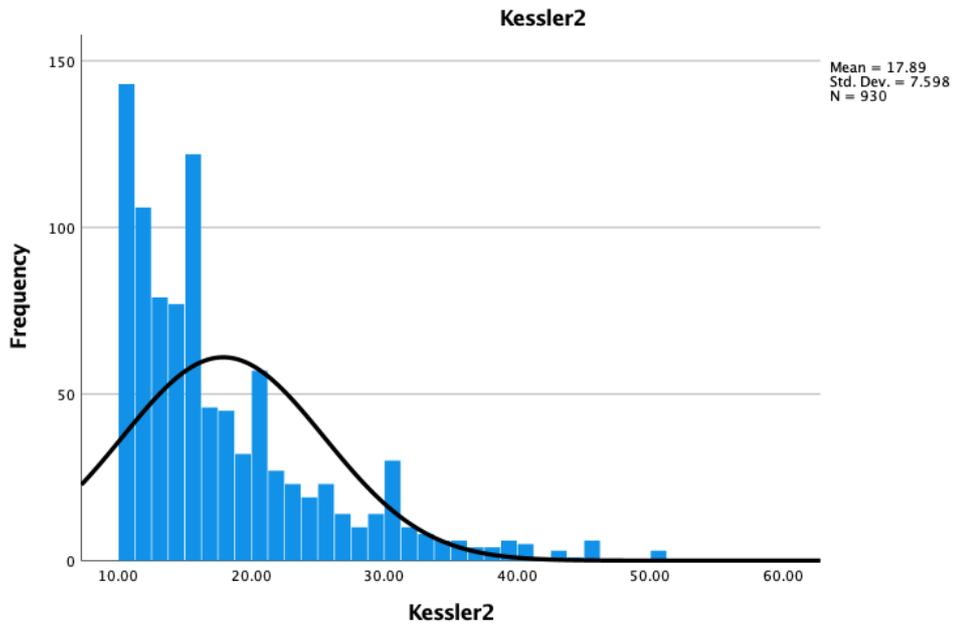
Quotes

Workplaces think watching a video about mental health is enough effort from their end to help you !

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 colleagues mental wellbeing is worryingly low.

I have many concerns about being a health care worker in the Covid era, sufficient to make me question whether I want to continue to work in public health care.

Would like to see more mental health support…

Conclusion

The second Victorian Allied Health Professionals Association survey indicates that the workforce is highly engaged in their work. The demands from high workload levels appear to undermine engagement among allied health workers, causing waning motivation and increased stress through the pandemic. Intention to leave has increased from study one. 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. Key concerns were raised with increased workloads and mental health issues with a decline reported from study one. Reiterating and reinforcing our call in the first report, there needs to be a long-term focus on the health and well-being of the Allied Health workforce, or we face the potential attraction and retention problems in the near future. To conclude, we use one of the quotes for this study to illustrate this study's focus.

> A major issue is staffing (or lack of) in public health- people are leaving and it's difficult to replace them. Remaining staff are left to cover the gaps. This has had a tremendous effect on our workload. The hospital have done nothing to support staff with this issue

References

Allen, B., Holland, P. & Reynolds, R. (2015). The Effect of Bullying on Burnout in Nurses: The Moderating Role of Psychological Detachment. *Journal of Advanced Nursing*, *71*(2), 381-390.

Andrews, G.,& Slade, T (2001). Interpreting Scores on the Kessler Psychological Distress Scale (K10). *Australian and New Zealand Journal of Public Health*, 25, 494-497.

Australian Health Ministers' Advisory Council. (2006). *National Nursing and Nursing Education Taskforce: Final Report*. Melbourne, Victoria.

Australian Government Productivity Commission (2008) Trends in Aged Care Services: Some Implications. Canberra: AIHW.

AFHW - Australian Future Health Workforce: Nursing (AIHW) (2014). Canberra.

AIHW - Australian Institute of Health and Welfare (AIHW) (2015). *Nursing and Midwifery Workforce 2015*. Canberra.

AIHW - Australian Institute of Health and Welfare (AIHW) (2015a). *Nursing and Midwifery 2015 Data and Additional Materials*. Canberra.

Bartram, T., Joiner, T. A., & Stanton, P. (2004). Factors affecting the job stress and job satisfaction of Australian nurses: implications for recruitment and retention. *Contemporary Nurse : A Journal for the Australian Nursing Profession, 17*(3), 293-304.

Boxall, P. & J. Purcell. (2016). Strategy and human resource management (4th ed). Basingstoke: Palgrave Macmillan.

Duffield, C. & O'Brien-Pallas, L. (2003). The causes and consequences of nursing shortages: A helicopter view of the research. *Australian Health Review, 26*(1), 186-193.

Drach-Zahavy, A. & Marzuq,N. (2012). The weekend matters: Exploring when and how nurses best recover from work stress. *Journal of Advanced Nursing*, *69*(3), 578-589.

Hogan, P., Moxham, L., & Dwyer, T. (2007). Human resource management strategies for the retention of nurses in acute care settings in hospitals in Australia. *Contemporary Nurse, 24*, 189-199.

Holland, P., Allen, B. C., & Cooper, B. (2011). Exploring Human Resources Dimensions of the Health Sector: First National Survey of the Australian

Nursing Profession. Paper presented at the Lean in Service Research Workshop. Prato, Italy.

Holland, P., Cooper, B., Pyman, A. & Teicher, J. (2012) Trust in Management: The Role of Employee Voice Arrangements and Perceived Managerial Opposition to Unions Human Resource Management (UK), *22*(4), 377-391.

Holland, P., Allen, B., & Cooper, B. (2013). Reducing Burnout in Australian Nurses: The Role of Employee Direct Voice and Managerial Responsiveness. *International Journal of Human Resource Management*, *24*(16), 3146-3162.

Johnstone, M. J. (2007). Nurse recruitment and retention: Imperatives of imagining the future and taking a proactive stance. *Contemporary Nurse, 24*, iii-v.

Jourdain, G. & Chenevert, D. (2010). Job demands-resources, burnout and intention to leave the nursing profession: A questionnaire survey. *International Journal of Nursing Studies, 47*(6), 709-722.

Kessler, R.C., Andrews, G., Colpe, L.J., Hiripi, E., Mroczek, D.K., Normand, S.L., Walters, E.E. & Zaslavsky, A.M. (2002). Short Screening Scales to Monitor Population Prevalences and Trends in Non-Specific Psychological Distress. *Psychological Medicine*, 32, 959-956.

Leiter, M.P. & Maslach, C. (1988). The impact of interpersonal environment on burnout and organisational commitment. *Journal of Organisational Behaviour, 9*, 297–308.

Moseley, A., Jeffers, L., & Paterson, J. (2008). The retention of the older nursing workforce: A literature review exploring factors that influence the retention and turnover of older nurses. *Contemporary Nurse, 30*, 46-56.

Pyman, A., Holland, P., Teicher, J. & Cooper, B. (2010). Industrial Relations Climate, Employee Voice and Managerial Attitudes to Unions. An Australian Study, *British Journal of Industrial Relations*, *48*(2), 460-480.

Schaufeli, W. & Salanova, M. (2008). Enhancing work engagement through the management of human resources. In K. Naswall, M. Sverke & J. Hellgremn (Eds.). *The individual in the changing working life* (pp.380-404). Cambridge: Cambridge University Press.

Shields, M. A., & Ward, M. (2001). Improving nurse retention in the National Health Service in England: the impact of job satisfaction on intentions to quit. *Journal of Health Economics, 20*(5), 677-701.

Tzeng, H.-M. (2002). The influence of nurses' working motivation and job satisfaction on intention to quit: an empirical investigation in Taiwan. *International Journal of Nursing Studies, 39*(8), 867-878.

Fox, S. & Cowan, R.L. (2015). Revision of the workplace bullying checklist: The importance of human resource management's role in defining and addressing

Zapf. D, Escartin J, Einarsen S, Hoel H & Vartia M (2011) Empirical findings on prevalence and risk groups of bullying in the workplace. In *Bullying and Harrassment in the Workplace: Developments in Theory, Research and Practice* (Einarsen S, Hoel H, Zapf D & Cooper C eds.), Taylor & Francis, Boca Raton FL, pp. 75-106.