

2019 Ambulance Victoria Psychosocial Health & Wellbeing Survey

Summary Report

September 2019



Executive summary

Aims

The aim of the *2019 Ambulance Victoria Psychosocial Health & Wellbeing Survey* was to improve understanding of the psychosocial health and wellbeing issues affecting Ambulance Victoria (AV) staff and volunteers in 2019, and highlight changes over time in comparison with a previously completed survey in 2016.

Method

An online survey addressed the following domains: demographics, employment information, sources of stress and coping, mental health and physical health, support seeking and organisational commitment. Established measures were used where available and ethics approval was granted by the University of Melbourne Human Ethics Sub-Committee. Surveys were administered via *SurveyMonkey* and were open between 15 April and 21 May 2019. Responses were received from n = 1,333 AV staff and volunteers.

Results

Demographic characteristics

Respondents were 42.7 years old on average (51.8% male, 47.4% female, 0.8% indeterminate/intersex/unspecified). Most were operational staff and volunteers (86.2%; n = 1146), while 13.8% (n = 184) occupied corporate roles. There were similar numbers distributed across regional (54.1%) and metropolitan areas (45.9%). Respondents had worked with AV for less than 2 years (17.3%), 3 to 10 years (35.9%), 11 to 19 years (27.0%), or 20 years or more (19.8%).

Mental health and wellbeing

Respondents in 2019 reported lower levels of **life satisfaction and wellbeing** relative to the 2016 survey. There were 11.6% of respondents who indicated high **psychological distress** on the K10, and these scores also suggested increases from 2016.

Although most respondents fell into the 'normal' ranges for subscale measures of **depression and anxiety**, there were significant numbers scoring above thresholds for moderate to severe depression (19.7%) and anxiety (17.8%), and these scores were also higher than 2016. There were 15.5% of all respondents in 2019 that were classified as having **probable PTSD**, and these scores were not significantly increased from 2016.

There were 18.0% of respondents that reported **active suicidal ideation** in the past year, which were substantially elevated relative to recent figures nationally from the emergency services sector.

There were 8.1% of respondents who met the cut-off for **problematic anger**, while 27.2% scored above the threshold for insomnia and **sleep problems**. There were around 60% of

males and females that reported **hazardous or harmful drinking**, while 9.2% indicated high risk of harm and likely alcohol use disorder.

Most AV respondents considered their **general health** to be good or excellent, while levels of **physical health symptoms** were reduced from 2016. Self-reported height and weight were used to calculate BMI, which on average ($M = 27.19$) was outside the healthy range (18.5 – 25), but stable across 2016 and 2019 surveys.

Work experiences and sources of stress

Leading sources of **occupational stress** for operational staff were shift work, workload, communication within ambulance service, and direct exposure to distressed family members/loved ones. Among corporate staff, the equivalent stressors were workload, job security, family/personal life, and communication within ambulance service. Compared to 2016, operational respondents in 2019 reported greater stress from factors including shift work, driving, communication within ambulance service, and organisational / welfare conditions.

General measures of **organisational demands and resources** indicated that the primary sources of work stress comprised negative workplace relationships (bullying, harassment and conflict) and change management practices (the way in which organisational change is communicated and managed). **Workplace bullying** was reported by 22% of respondents in 2019, which was an increase from 2016 and reported more often in regional (versus metropolitan) areas. Ratings of **psychosocial safety climate** (perceptions of workplace policies, practices and procedures that prioritise the protection of employee psychological health and safety) suggested high levels of psychosocial risk and hazards, which were also greater than in 2016.

Levels of **Work-Family Conflict (WFC)** were stable across 2016 and 2019 surveys. There were 7.7% of respondents reporting likely exposure to **Intimate Partner Violence (IPV)** at home.

Workplace claims, accidents and incidents

In the past year, there were 9.3% and 2.8% of respondents that reported **WorkCover claims** relating to physical and psychological injuries, respectively. In the past four weeks there were 27.4% of respondents that had taken **days off work** (non-WorkCover) for physical injuries, 13.0% for psychological problems, and 21.3% for general stress or other mental health concerns.

There were 12.8% and 9.2% of respondents reporting **vehicle accidents** on and off duty, respectively. Operational staff were more likely to have been involved in such accidents, relative to corporate employees.

Coping resources

Adaptive **coping strategies** were used more often than maladaptive strategies, with planning and denial used most and least often, respectively. Respondents in 2019 reported

using maladaptive strategies at a lower rate compared to respondents in 2016. With regard to **social support**, respondents reported more positive interactions than negative interactions.

Support seeking

Respondents reported that the **most likely sources of support** for mental health concerns were family/friends and colleagues, while the least likely sources were Chaplains and e-health/online tools. Relative to 2016, there were more respondents in 2019 that were likely to seek help from colleagues and external psychologists, but fewer respondents that were likely to seek help from Wellbeing and Support Services (W&SS) psychologists and supervisors / managers. Of note, the survey did not differentiate between internal W&SS and external VACU network psychologists. Greater length of service was associated with reduced likelihood of accessing support from supervisors / manager and peer support workers.

Questions regarding **service utilisation** indicated that 34.3% of respondents had actually consulted a W&SS psychologist in the past year, relative to 32.5% for AV peers and 3.2% for AV Chaplains. In comparison to 2016, there was a significant increase in the use of W&SS psychologists (27.0%), while usage of AV peers (29.0%) and chaplains (3.0%) were stable. There were 43.6% of respondents that had contact with the peer support dog. Those who had used these internal services (e.g., W&SS psychologists, AV peers, AV Chaplains and the peer support dog) generally provided high ratings of helpfulness and ease of access.

In relation to **barriers to support seeking**, respondents expressed concern that people would have less confidence in them as a result (59%), that this would put their career at risk (55%), and they would also be treated differently (52%). Furthermore, there were significant numbers of respondents (greater than 40%) indicating concern that their confidentiality would not be respected and they would be seen as weak.

Concerns about confidentiality were less common among staff and volunteers who had been with AV for less than two years, when compared to personnel who had been with the organisation for longer periods of time.

Organisational commitment

There were 71.1% of respondents that reported being either satisfied or very satisfied with their job, although scores indicated greater dissatisfaction in 2019 relative to 2016. Although more than half of respondents expressed the intention to remain with AV for 10 years or more, there was around one in four that expected to remain with the organisation for five years or less.

Potential implications

The *2019 AV Psychosocial Health & Wellbeing Survey* highlights a small but significant proportion of AV staff and volunteers that continue to experience mental health concerns, and suggest that this group may be increasing over time. These mental health concerns may relate to various aspects of work with AV, including operational exposures and important

non-operational factors that can be addressed at organisational level. The latter include particular problems with bullying and harassment that require attention.

There were also significant numbers of personnel that reported suicidal ideation over the past year, which has also been observed across the emergency service sector and more generally in society. This calls for significant attention to educate and support the workforce.

Continued emphasis should be placed on ensuring individuals and informal support networks (e.g., families, colleagues) are equipped with knowledge and skills necessary to effectively support AV personnel as needed. There should also be ongoing efforts to increase self-efficacy of individuals in help-seeking and to ensure formal support services remain accessible to AV members and their families, as well as to improve understanding of stigma-related issues and barriers to support seeking.

The findings highlight the importance of continued monitoring of issues affecting the AV workforce, as well as prevention or early intervention strategies which target specific issues (e.g., bullying and harassment, sleep related problems, hazardous drinking) and emerging psychosocial concerns (e.g., suicidality, problematic anger, IPV exposure) that may be leading indicators of severe mental health problems and wellbeing issues.