

Exploring the experiences of workplace stress and support for non-clinical staff, in front line roles in a rural public health services.

AIM

The aim of this study was to explore the experiences of workplace stress and support for non-clinical staff (NCS) in front line roles in a rural public health service (PHS).

METHOD

This is an explanatory sequential mixed methods study commencing with an online questionnaire, prior to 1:1 interviews. Thirty-four participants responded to the online questionnaire and six people participated in the 1:1 interviews.

RESULTS

Non-clinical staff experience stress in the workplace based on a variety of situations including their reported exposure to occupational violence in the form of bullying, verbal and physical aggression, or stress after exposure to a clinical incident. Non-clinical staff also experience high workplace demands, low to medium levels of control and low to high support. The results also found that NCS are resilient, and are likely to access informal supports from peers, clinical colleagues, family and friends. Interestingly, NCS who have two management pathways (i.e. clinical and non-clinical) found accessing higher level supports a complex process. Non-clinical staff would access role specific training including de-escalation training. While, NCS in complex roles with a higher risk of exposure to occupational violence or trauma after a clinical incident would like to attend debriefing and supervision similar to their clinical colleagues.

CONCLUSION

This study identified that NCS do experience stress in their workplace; high work demands and medium to high levels of control over their work practice; with low to high levels of support. While NCS in clinical teams identified having two management pathways, can at times add to increase levels of demand, lower control with support options being more complex. There are several opportunities to reduce the experience of workplace stress and improve support for NCS in front line roles in rural health services. These include organisational acknowledgement that NCS are exposed to a variety of complex presentations, and review their current support options. For some roles such as community health intake, emergency and mental health services that NCS be provided with role specific knowledge and training regarding their increased risk of exposure to occupational violence, trauma (including death) and adverse outcomes from clinical events. That NCS in particularly complex roles are provided supervision similar to clinical supervision, and that when a team debrief is required, all relevant NCS are invited and supported to participate.

KEYWORDS

Non-clinical staff, workplace stress, workplace violence, public health service

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Tracy Bolton is an experienced social worker, working for the last 5 years in community and inpatient mental health settings in rural NSW. Tracy has a specific interest in support and or training options for all staff and visitors to NSW Health settings who may be impacted by adverse clinical or corporate incidents. With this focus, this project explored the experiences of non-clinical staffs working in front-line roles in a public health setting.

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