

The impact of increasing workloads on Allied Health. What are they and what can be done?

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Background: Rising workload contributes to feelings of stress and ill health. However, despite the anecdotal reports that Allied Health professionals (AHP) experience similar ill effects, the evidence base for this important workforce is lacking.

Method: A review of the literature was conducted to investigate the impact of increased workload for AHP, identify key outcomes of increasing workloads and to identify strategies to buffer the negative impact

Findings  
Workload has increased for all AHP in all workplaces with bed-based and physical settings most representative in the literature. 97% of Victorian AHP reported increases in their workload (1).

Specific workload factors that contribute to feelings of stress are

- Rising patient complexity
- Staff shortages
- Increase administrative tasks
- Less meaningful contact with clients

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Demand control model and stress Karasek & Theorell's seminal theoretical model (Figure 1) analyses the interaction between a person's emotions, cognition, behaviours and the social and physical work environments. Research found that high job demands coupled with low decision making control increases stress, and ill health in all workforces (2)(3).

Effects of increasing workloads

- Increased stress & depression
- Musculoskeletal problems
- Burnout (emotional exhaustion)
- High attrition
- Reduced energy and lowered performance standards

Figure 1

		Demands	
		Low	High
Decision Latitude (Control)	Low	PASSIVE	HIGH STRAIN
	High	LOW STRAIN	ACTIVE

Possible solutions:

- Flexibility in duties and roles
- Promoting social support
- Stress management processes
- Achieving meaning in one's working role
- Enabling staff to have control over workload and workplace decisions.
- Clear and transparent expectations
- Use of supportive & participatory supervision style

Conclusion:

Improved communication between staff and managers in addition to traditional OH+S interventions can protect staff from feelings of stress and burnout. These could easily be implemented for the AHPs.

References:

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3. Karasek R, Baker D, Marxer F, Ahlbom A, Theorell T. Job decision latitude, job demands, and cardiovascular disease: a prospective study of Swedish men. American journal of public health. 1981; 71(7):694-705.