



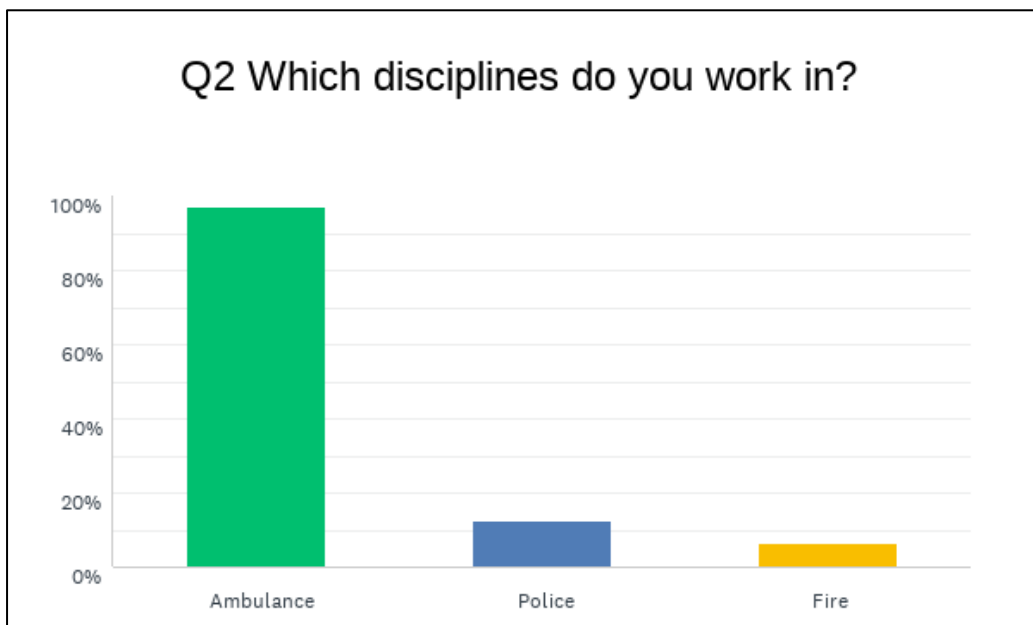
ESTA Workplace Stress Survey Results May 2021

Staffing levels at the Emergency Services Telecommunications Authority (ESTA) have been chronically low for years. Demand on the Ambulance Division of the service has increased significantly, and staffing levels have not caught up.

The AEAU conducted a survey of staff at ESTA working in Ambulance which was completed by 136 participants, and the results of the survey are below.

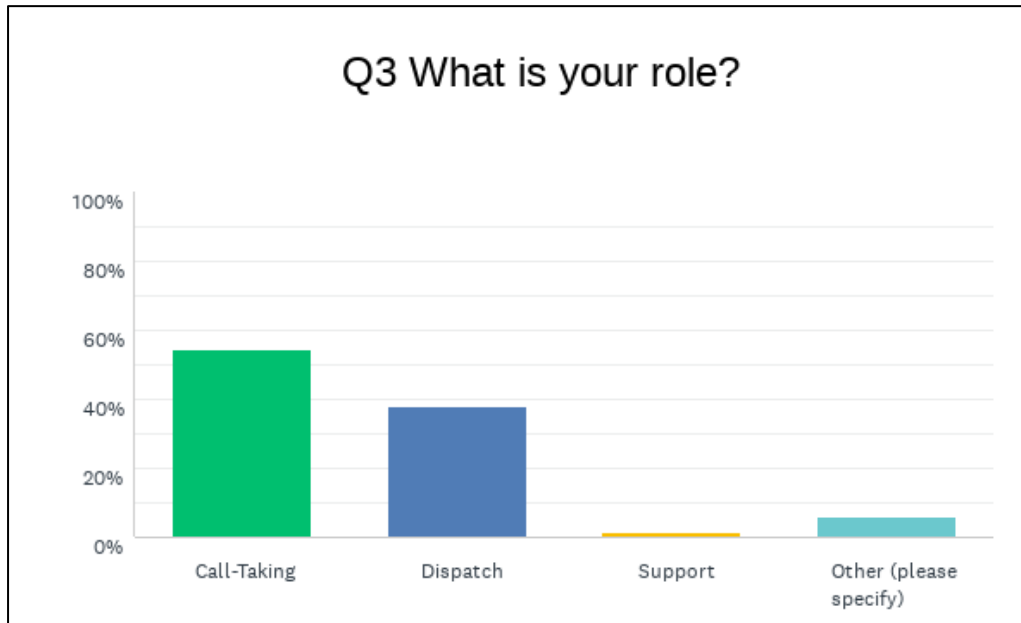
Q2 – Which disciplines do you work in?

Respondents mainly worked in Ambulance, however a small number of staff who completed the survey also worked in Police and Fire.



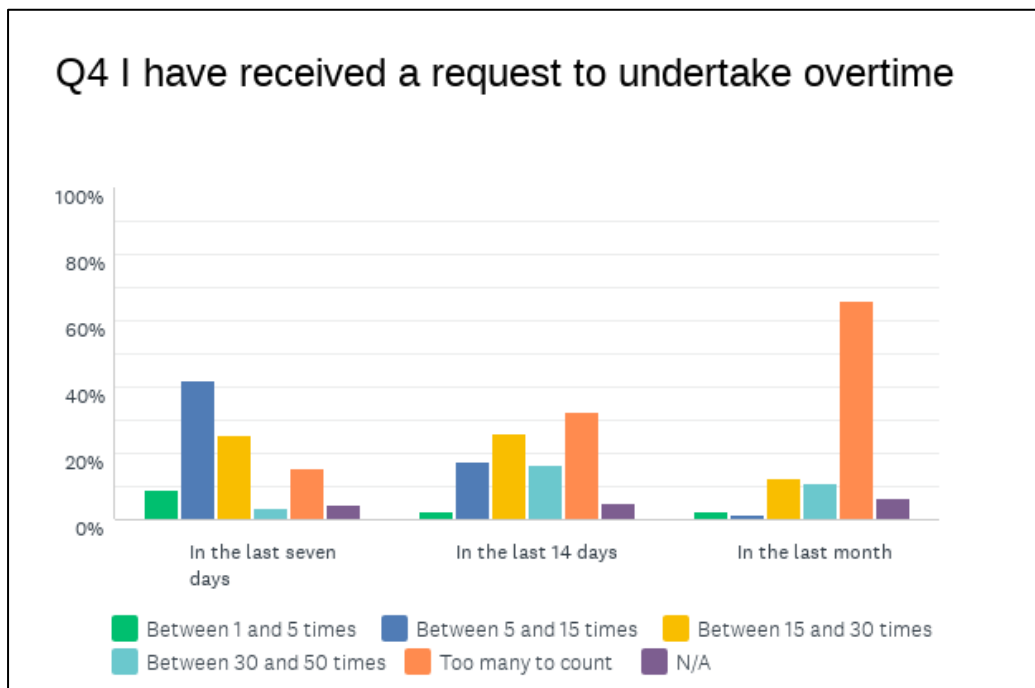
Q3 – What is your role?

The majority of participants in the survey were call-takers or dispatch, several held other roles such as Team Leader.



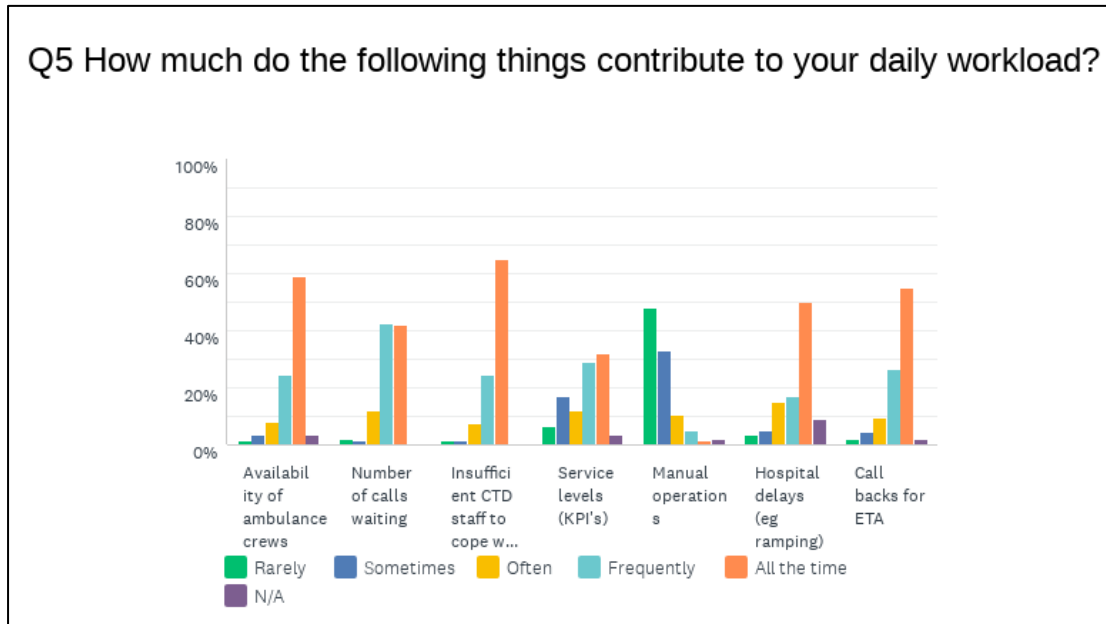
Q4 – I have received a request to undertake overtime...

This question tracked the frequency of requests to individuals to undertake overtime. The numbers of overtime requests are excessively high, indicating the lack of staffing in Ambulance at ESTA. If there are numerous requests to work overtime shifts, this can be an indication that days between shifts are not an effective break.



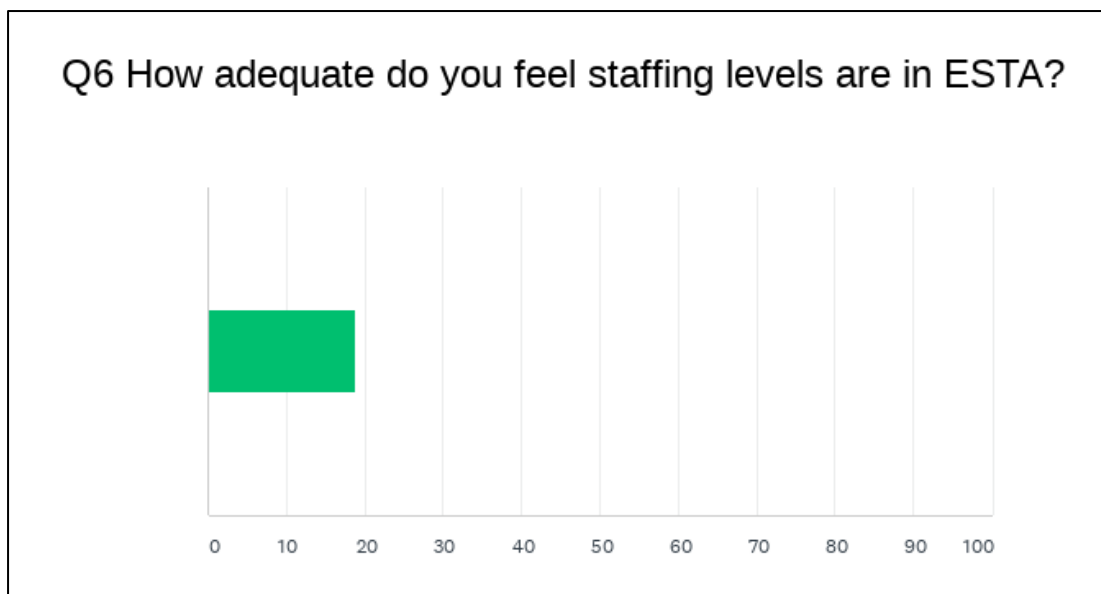
Q5 – How much do the following things contribute to your daily workload?

Participants were asked which issues led to daily workload. While additional funding to Ambulance will improve some of these issues, these will not be resolved in the short term. The main issue highlighted was a lack of staff, and this has been raised as a consistent issue at ESTA over a number of years.



Q6 – How adequate do you feel staffing levels are in ESTA?

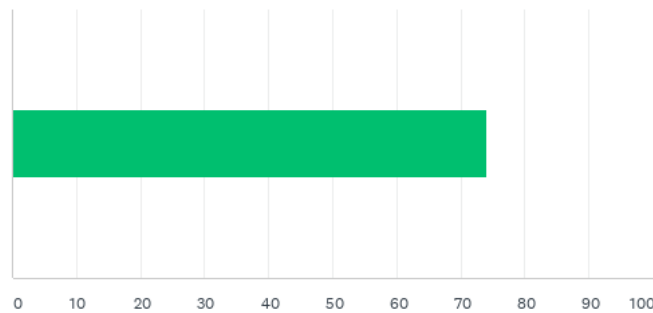
Participants were asked to rate out of 100, the adequacy of staffing levels at ESTA. The cumulative score was extremely low, at 19/100. Only 7 respondents gave staffing levels a rating above 50.



Q7 – How stressed have you felt in the last week as a result of your daily workload?

Participants were asked to rate out of 100, their levels of stress over the last week as a result of workload. The cumulative score was extremely low, at 19/100. Only 7 respondents gave staffing levels a rating above 50.

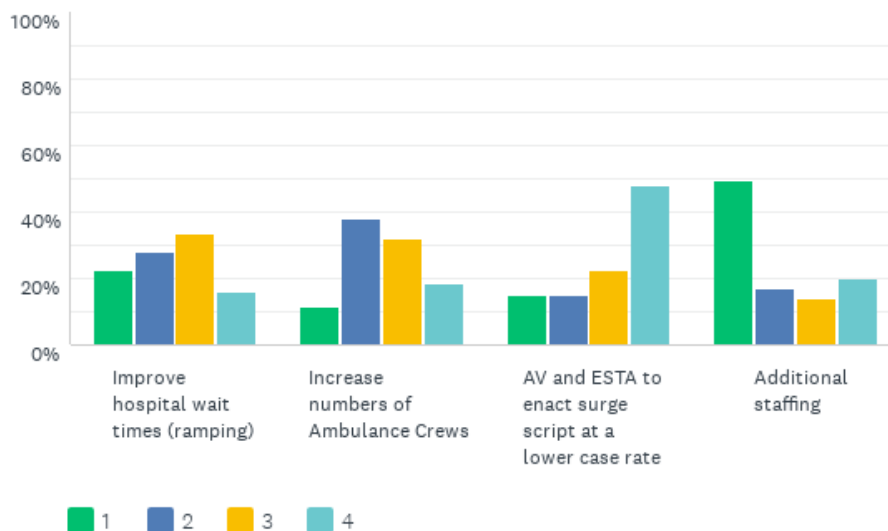
Q7 How stressed have you felt in the last week as a result of your daily workload?



Q8 – Please rank the following suggestions for improving workloads

Participants were asked to rank 4 options for improving workloads. Additional staffing was the number one response.

Q8 Please rank the following suggestions for improving workloads



Q9 – How has stress from workload affected you?

The reactions many participants reported were concerning, with large numbers of respondents reporting low energy and feeling overwhelmed. The Human Rights Commission reported in 2010 that a total of 3.2 days per worker are lost each year through workplace stress, which exacerbates the issue through additional overtime requests.

Q9: How has stress from workload affected you? (please tick all that apply)

Answered: 135 Skipped: 1

ANSWER CHOICES	RESPONSES	
Low energy	75.56%	102
Headaches	62.96%	85
Upset stomach	32.59%	44
Insomnia	42.96%	58
Frequent sickness	27.41%	37
Irritability or agitation	68.89%	93
Have difficulty relaxing	68.15%	92
Feeling depressed, low self-esteem, worthless	39.26%	53
Avoiding others	45.19%	61
Feeling overwhelmed	77.78%	105
Other (please specify)	14.81%	20
Total Respondents: 135		

Participants were asked to provide any other suggestions they had to improve workloads at ESTA.

- Prioritising jobs more effectively so as to reduce the workload, and using Refcomm more effectively. Educating the public as to when to call an ambulance - and when not to. Restructuring the ideals of AV to allow medical professionals to tell the general public that an ambulance is not required for their minor ailment. More staff on the floor to support the already burnt-out experienced staff who are already at breaking point. Strong, calm and effective leaders who can solve practical and immediate problems.
- Use of surge scripting - scripts are available, but very rarely used. The lowest of which barely changes the process, just informs callers that demand is high - this should be used far more often
- Recruit more staff, have programs in place to keep current staff and prevent high turnover and absenteeism.
- More focus on campaigns to educate public about when is appropriate to call an ambulance vs other services.
- Stop focusing and spending money on “wellbeing” and mental health, no operations staff on the floor want this... Start spending money where the effect will be really appreciated... ramping up recruitment drives, tv ads for

recruitment drives, really give Esta a brand out in the market... make our our profile as high as Vic Pol and AV. Create a buzz so that we can start to source more staff. So many people in the state of Victoria are not even aware it's a career option. Spend money in the learning centre to help get these staff through to the floor. THIS is where we need money spent. Not on mental health and well-being programs that no one has time to even do at the moment.

- Swapping people out of weekend shifts to cover shortages during week. Minimum call taker numbers Stop moving people into different shifts for admin/training reasons leaving us short Forward planning Plan for sick/personal leave every shift
- Increase call taking and dispatch numbers. Address the increase in call backs regarding ETA's. Stop referral giving out timeframes for ambulance attendance. Public education re. only calling 000 for emergencies
- I have concerns regarding our recruitment process. I know of many individuals who have not made it through the process who would have made excellent employees, people I have worked with in the past. We are told there is a lower calibre of people applying, however I know this to be untrue. We seem to be having a hard time in getting enough candidates through to the training stage as it is, without a closer look at those who are applying and being knocked back so quickly...
- More support services and rewards/activities meaning staff want to return to work each day
- Take care of the people you have, as well as recruiting. You have lost too many quality, highly skilled, knowledgeable and loyal staff members because of your inability to provide them with a healthy workplace. Educate the public immediately to stop calling for the crap they do. It's an emergency 000 line. Many calls begin with "Well, it's not an emergency, but..." SAY NO!!!! Someone at some point needs to say no to the nonsense. We do not deserve the abuse, to be treated like machine operators. We are humans. We burn out, we feel and we need a safe work environment for our minds just as much as our bodies.
- New management. At all levels
- More Dispatchers available to ARO or cover missed breaks from being recalled and to allow adequate staffing numbers for short notice leave availability
- Get support staff back on floor instead of projects to assist with staffing levels
- ESTA (All SECC's) & AV need to get together and re-arrange boundaries (responsibilities), discuss radios, resourcing & ways to reduce ramping. Front line staff (including myself) have some good ideas to contribute to these areas but often go unheard. It's time to listen!
- Staffing levels in both AV and ESTA are the most critical, but perhaps another public education attempt to tell people to stop calling ambulances for benign conditions?
- More support services and rewards/activities meaning staff want to return to work each day

- Let us take our leave. Never leave available and have to book like 18 months in advance!!! It's a joke
- Ravnet needs to go. The public needs to learn how to take care of themselves more often instead of just calling 000 by default. AV needs to say no to more people.
- More crews need to be available and more staff to take on the work load, change to 8 hrs shifts instead of 12 to assist with fatigue
- More staff and being able to take annual leave when you actually need to. New management who understand the nature of the work are required too.
- Enforcing utilization of siege scripts for code orange and low priority cases
- Having a CAD system that works. Mist up-to-date technology
- We need more full time staff desperately.
- More staff, both ambulance crew and calltakers. That's the whole problem
- Code green/orange workflows for Netcomm dispatch
- More publicity about the current crisis, explaining to the public that ambulances won't attend cases deemed a low priority- and actually not attend those jobs. Refcomm/AV need to toughen up and stop sending crews to pathetic jobs that don't require an emergency ambulance to start teaching the public what ambulances are truly designed for.
- Fix the computer issues introduced with the CAD "upgrade". Increased access to leave. Review our SOP's when work levels go to code orange. (As some of them are pointless)
- EMPLOY MORE STAFF & DO MORE TO KEEP STAFF
- More opportunities to develop in new roles. Having some variations on roles and responsibilities would have a great impact in addressing burnouts
- Management to understand how the job works
- Increase leave capacity. Having to apply for leave 12 months in advance is ridiculous. Staff are burnt out and without adequate leave breaks is contributing to not coping with the workload
- reducing call backs re eta, refcomm availability and staffing, ct staffing
- Staff numbers have been an issue at ESTA for YEARS!!!! Especially in police. Revolving door of staff leaving the organisation, fatigue, depression.
- More staff. KEEPING GOOD STAFF. Better call back scripts. Effective code orange/red scripts that WE ACTUALLY CAN USE. Better management. Less making it more difficult for us ie- manual nights, and more support. better communication. More presence in the media as to WHEN NOT TO CALL 000. Literally anything more than whatever is being done now
- I feel that people are calling for non life threatening injures or illnesses. It was never this bad. Back pain, abdo pain, generally unwell. The public need to be told only ring for emergencies, or call NOC firstly. We need to look into refcom and how they are triaging pts. More and more often in the last 6 months jobs are coming back as ref02 or ref03 when they could potentially get taxis or not be told they need an Amb. I think everyone's scared that if we don't send an ambulance something may happen. If a mother or parent is present why can't they be told to take them to hosp themselves for non life threatening illnesses? I have found they come back as a Nereg4, netcom can't meet the timeframe then it comes back to ertcom and we have no cars. People are

burnt out. We haven't had "holidays", people call in sick because we're exhausted and then not many want to go in to do overtime when you just get smashed.

- I feel that ESTA have exhausted the talent pool of staff in the Ballarat area. We seem to employ CT staff that have low resilience. Perhaps if AV set up at Williams Landon fit would open up a Better source of staffing? I also think the current way that the resourcing centre is done needs to be changed. I know numerous people that have applied for a job - ie emergency nurses and ex paramedics from other states but don't even get a formal interview
- We are already under so much pressure in our environment as ambulance call takers, we've just recently been told we are going to have more training due to our increased demand.. my anxiety to perform at 150% in this role is already through the roof. I've endured weight gain, headaches, anxiety, nausea, lack of sleep and the inability to switch off. Adding further training when you're already stressed is a horrible thought.
- Stop focusing and spending money on "wellbeing" and mental health, no operations staff on the floor want this... Start spending money where the effect will be really appreciated... ramping up recruitment drives, tv ads for recruitment drives, really give Esta a brand out in the market... make our our profile as high as Vic Pol and AV. Create a buzz so that we can start to source more staff. So many people in the state of Victoria are not even aware it's a career option. Spend money in the learning centre to help get these staff through to the floor. THIS is where we need money spent. Not on mental health and well-being programs that no one has time to even do at the moment.
- Management to take operations staff seriously when they are voicing their concerns
- Fix the loading issue in Amb dispatch. Can take up to 7 clicks and still errors remain. The impact this has during the busy workload in through the roof! No one is listening! They dont care!!
- Stop treating Ambulance call-takers like robots.
- Staffing and surge scripts. Call takes spend far too long on a call for a not alert patient, or allergies etc when really there is nothing we can do if it's already a code 1
- Is there any way to look at reforming our recruitment process?? I know of far too many excellent candidates who have been knocked back at some point in our recruitment and it concerns me in regards to raising our staff levels in future, if candidates can't even get through to training and be given a chance.
- Improving workload won't happen overnight so perhaps ESTA could offer small things instead to make staff happy, such as no uniform, provide more food or free coffees when we are getting slammed (not just a bowl of chocolates handed around). We are already sick and getting sicker, Covid rules have already been thrown out the window whether management wants to admit it or not - I have been left dehydrated at my desk as I don't have a chance to drink water because we are being called back from breaks - my lips are cracked and bleeding and my body aches, surely ESTA can help with making sure we are staying healthy? We know it's busy and don't blame anyone but it's the small things that make coming to work easier.

- More staff, more staff, more staff. Please. It is completely inadequate. We are desperate for atleast 3 courses of call-takers back to back. When ESTA struggles to fill courses I also consistently hear ESTA doesn't receive 'quality' applicants. As someone who was initially personally rejected 3 times when applying each year for my job I find this frustrating. I believe there are many quality applicants being turned away. I am passionate about recruitment, and believe ESTA needs to rethink when recruiting on which applicants are being turned away. I know personally of a rejected applicant in the last month who would have been fantastic at the role.
- More referral service operators to manage the increased amount of code 3 events. Many events time out after the 30 minute hold period and then need to be dispatched upon when they could very likely be handled via the triage service.
- We need more initiatives telling people what warrants calling 000 and explain that we aren't their personal taxi service. Refcomm also needs to be more strict on callers and telling people to make their own way to hospital.
- Run more courses more often. Back to back in both Dispatch and Call taking. Stop hesitating.
- more av and esta staff req
- More multi skilling
- Sports clubs need to be educated Re ambulance necessity
- Please ESTA, dont just talk about welfare, do something. Employ full time counsellor, physio, healthy eating (free fruit bowls) get rid of the fat vending machines. 20min Yoga or stretching sessions on day shifts by qualified personel. Its a multi-pronged approach.
- More staff ... AV getting those capable to go by other means
- Definitely need to be able to have some full breaks to allow adequate time out of the room. Before after the second callback we used to transfer the caller through to the duty manager which I think would help callers and staff. The DMs can be honest with the caller re work load and it will prevent the call takers from being abused
- A more open mind to rosters so that we have more staff in the busy periods instead of just putting new staff on 12 hour Day-Day-Night-Night rosters. I don't need more help at 04:00 in the morning, but I do need more help at 16:00 in the afternoon
- Improving the work culture to retain employees, increase hiring and give adequate opportunities for career development and learning new skills to keep people engaged.
- A willingness to change is essential for any change to be successful
- Be more open to employing casual and part time workers.
- An immediate Public awareness campaign about appropriate use of emergency services. Put in place process to disconnect from nuisance caller as soon as they are identified and ambulance clearly not required. Create a non emergency call center for people who need transport assistance for palliative pts, back inj, gastro etc just like the pal line so these people go straight to appropriate service not refcom who are a secondary triage that should be reserved for cases that need more questioning to ensure adequate

response- hence no more 'it's not an emergency but I don't know who to call'. Increase refcom staffing levels to make them available so we can disconnect earlier. Have an awareness campaign explaining call takers don't have access to ETA's and to stop calling. Let public know realistic wait times for certain conditions to inform them of how long they may wait for ambulance for non critical conditions- the Austin Ed has a scrolling tv that tells you what triage level your conditions are so you know you are going to be waiting ages so this is totally appropriate. Stop AV from apologizing publicly for wait times on cases they chose to rank as priority 3 during the trench stuff and insist they be honest about it

- Another dispatch channel. Easier communication with DMs - especially on the relief desk.
- A code green/orange workflow for Netcomm Dispatch please
- Positive role models and examples!
- More transparency with the public about workloads/wait times. Whether that be by tv, radio, social media, or scripts to tell callers. More interaction with the public around "emergency situations" and what other options are available for "non-emergencies"
- More call takers, allowed breaks not to be recalled, surge scripts when in amber or red codes.
- The staffing levels at ESTA need to be significantly increased. AV and ESTA need to work together to help eachothers workloads and we need better implemintations in place to tell the general public to find their own means of transport instead of arranging them netcomm bookings when it's not needed.
- For me it almost seems to make sense to open more dispatch channels. Months ago, if my pending list was as big as we are now used to, I'd have called an ARO immediately. Now we just have to make do without AROs and could be missing important updates just due to the sheer amount of jobs and radio traffic that is happening for the entire shift. This would also mean training more dispatchers as we seem to be low on staff every shift
- Better public education
- The thing I most struggle with understanding is why we don't implement surge scripts at the call taker level. Instead, we mislead the public: 'help is organised' when we know it isn't.
- Don't call back off break unless there is no one in ACW
- A better system to ensure we get some uninterruptedly breaks
- Offering a wider range of flexible shift options to encourage more people for apply for CT roles
- Increase BAU number of staff assigned to each different role on each shift, esp on Saturdays
- Where do I start!?!?! Fix cad. Increase staffing numbers for call take, dispatch, atl, trainer. Increase capacity of acm support and coverage. Implement recall policy. Provide staff with uniforms who are due. Have Elt genuinely engage with ops. Get support office employees return to work done so they can support in operations as needed. This is just a start!!

- Bottom line is we need more staff. They need to reconsider their recruitment as the current police call taking course has 3 on it. 3. Out of 100s of applicants. They are knocking back people who could be good at the job.
- Allow AV, refcomm, and ESTA to advise people that an ambulance is not required and to make alternate arrangements. We are NOT attending emergencies for a large number of events, putting enormous strain on the system
- ESTA have gone full contact centre instead of approaching the role with more flexibility. They're too focused on agent occupancy (although they deny it) instead of staffing adequately. They need to get over the possibility that staff may not be occupied for the entirety of their shift. The fact is when staff go sick they're paying them to do nothing anyway. I only did calltaking for 6 months and I can tell you I wouldn't have lasted any longer if I hadn't gotten into dispatch. Calltaking is the worst job in the centre. ESTA could look at what drives employee stress (lack of control over workload) which is unavoidable but could be mitigated by allowing CT staff to choose to answer each call, not have call forcing.