

# The mental health, wellbeing, and work impacts of COVID-19 on the Australian police workforce

*Summary of findings*

*June 2021*



Charles Sturt  
University

## Acknowledgements

Charles Sturt University acknowledges all First Nations elders both past and present from the lands where Charles Sturt University students and staff reside. In particular, Charles Sturt acknowledges the Wiradjuri, Ngunawal, Gundungarra and Biripai peoples of Australia who are the traditional custodians of the land where the University's campuses are located.

This research was funded from a Charles Sturt University grant program designed to support communities during COVID-19 by promoting socially relevant research.

We sincerely thank the Police Federation of Australia who assisted in the design, distribution and interpretation of this research.

We wish to thank the 1535 respondents from first responder services across Australia, who, when most of the Australian population was locked down at home, continued to go out into the community to provide vital services during COVID-19. This research would be impossible without you and is intended to help support your admirable public service in the future. In particular, we thank the 665 members of the police workforce who contributed to this research by completing the survey.

The data within this report draw on the unique perspectives of the police staff who have shared them. All quoted data is unaltered to accurately reflect participant opinions. The data from each state and territory, and each service have been amalgamated to protect confidentiality.

### Preferred citation

Neher A., Jenkins S., Bamberry L., Roberts R., Wong, A., Dwivedi A., Frost M., Sutton C., O'Meara P. (2021). *The mental health, wellbeing, and work impacts of COVID-19 on the Australian police workforce*. Charles Sturt University, Bathurst, NSW.

print ISBN: 978-1-86-467401-9

eBook ISBN: 978-1-86-467402-6



## Key findings

COVID-19 has had an alarmingly negative mental health impact on first responders. Depression, anxiety and burnout are three (3) to nine (9) times higher than the general population rate.

In the police workforce, mean depression scores were nine (9) times and anxiety was five (5) times higher than in the general population.



Staff want from their leaders:

- clear communication and direction
- to listen and appreciate workers' "on-the-ground" reality
- practical support.

Each of these factors was shown to be directly related to levels of depression, anxiety and workplace burnout.

The four main themes that staff identified as the nature and causes of stress include:

- rapid change in environmental factors
- challenges to individual resilience
- the changing nature of the job
- organisational factors.

Workplace mental health and wellbeing supports are valuable. However, the data indicates the most effective workforce wellbeing strategy is to **prevent the major sources of distress**, which are overwork, a lack of role clarity, and an absence of practical support. This is the remit of organisation leaders.

*Yindyamarra Winhanganha' – The wisdom  
of respectfully knowing how to live well in a  
world worth living in*



## Executive Summary

“The main work-related stress related to the lack of care and direction from my managers. We accept that we work in an industry that requires a level of service. My area however is specialised and offsite work is very achievable. The greatest barrier was having managers who trusted staff to work offsite and support them — rather than ride them. A very old school approach has been adopted by the dinosaurs in the ranks. The COVID-19 response has shown the world a smarter more efficient way to work, however policing will not adapt if dinosaurs don’t adapt to the smarter business model we have been shown. The lack of trust and support has been by far the greatest stress.”

### Background

This study, as part of a larger study, investigated the impact of COVID-19 on police and paramedics from across Australia, and also surveyed child protection workers and health workers from one state of Australia. Members of the Police Federation of Australia (PFA) provided valuable input into the survey questions. This PFA-supported report draws on responses such as levels of stress, depression, anxiety and workplace burnout. It also researched potential contributors to workplace wellbeing during COVID-19, examining issues such as family circumstances, workplace consultation and communication, and support offered by peers, workmates, family and friends.

### Mental health impacts

While the number of new COVID-19 cases has varied over time and across jurisdictions, the impacts have been felt across both the personal and professional domains on frontline workers. In the case of police, COVID-19 resulted in significant additional stress and workload for the vast majority of the respondents. The sample showed alarming levels of depression, anxiety and burnout. The proportion of staff with moderately severe and severe depression is over nine times the incidence rate in the general population. The proportion of the police sample with moderate depression is four times the rate found in the general population, and moderate to severe anxiety is almost five times the incident rate in the general population.

### Organisational concerns — communication

On an organisational level, police officers perceived a lack of listening, consultation and trust from their management/leadership team. Additionally, staff indicated that the communication from the top was interpreted differently across the line of command. Therefore, in order for the communication to be effective, it needs to be succinct, accurate, authentic and have one source of truth. For example, a central e-resource system offering a one-stop point of reference may be helpful instead of conflicting and numerous emails.

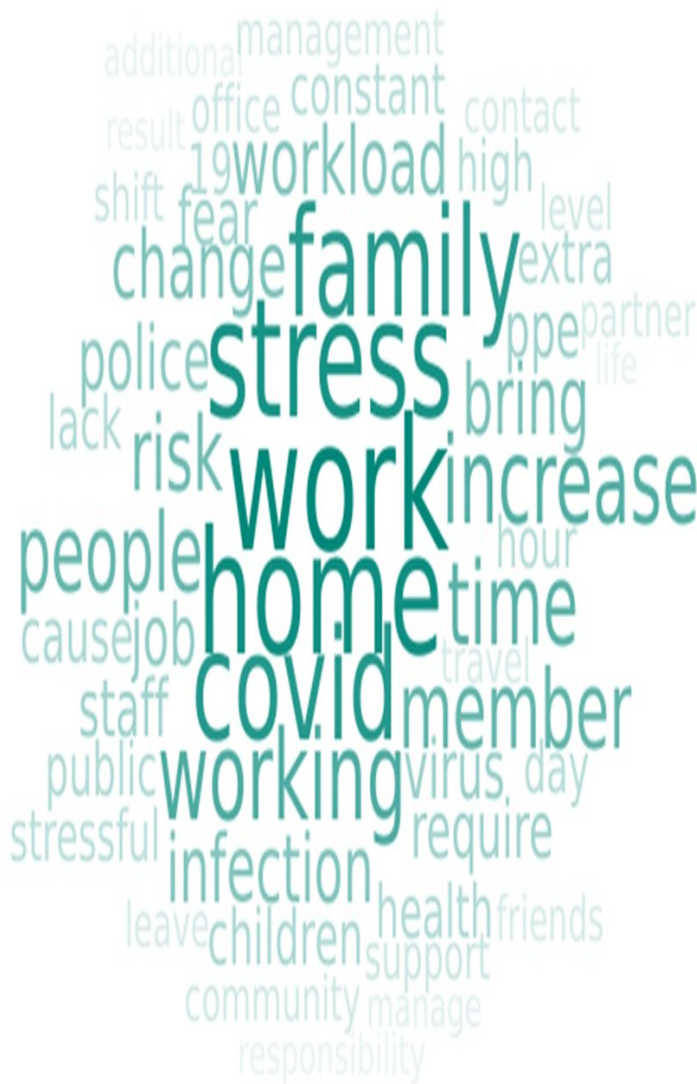
### Workplace engagement

Police personnel have a profound connection with their work and are generally highly engaged. However, only 23% of the participants reported high levels of workplace engagement during the pandemic, yet over 70% were performing at a high level, and over one-third of police staff demonstrating they are considering alternative employment.





This word cloud was created from respondents who were asked to detail the nature and causes of their stress during COVID-19



“Leadership in a pandemic needs to be from the top for a single point of truth and guidance. This did not occur and as a result managers in different regions and areas interpreted a COVID-19 response in accordance with their own perceptions and beliefs.”

“It has been a weird year. I genuinely have COVID-19 fatigue because everyone uses it as an excuse for things but my job has not changed at all. I am more stressed about getting a HIV or Staph infection in my day-to-day role.”

Figure 1. Word cloud of nature of cause and stress during COVID-19



## Executive Summary

### Recommendations

Based on the findings, there are a number of recommendations, which are summarised below:

1. Implement a steering/reference group involving a range of stakeholders (frontline staff, support staff, mental health professionals, EAP, union) to evaluate all levels of operation during the pandemic to identify what could be improved immediately, in the near future, and in the case of future pandemics or crises.
2. Develop a well considered communication strategy and plan for times of crisis/pandemics.
3. Improve workforce planning to enable effective operational response to surge demand and additional measures to prevent and address workload demand/job burnout/intention to quit.
4. Revise policies and procedures taking into account events of crisis, such as pandemics, by clarifying leave and sick leave regulations. Training needs to occur with line managers to ensure equal and fair decisions are made.
5. Senior executives should demonstrate their awareness, understanding and connection to the experience and 'on-the-ground' realities of frontline services. They need to more routinely visit staff at places of work, acknowledging and thanking them for their efforts and asking how things can be improved. Most importantly, senior executives must, where practicable, act and respond to the concerns of the frontline staff.
6. Frontline staff should be provided with appropriate Personal Protective Equipment (PPE) and support for tasks that are outside of the traditional scope of the police officers. Consider testing, cleaning and overall availability of PPE, and quarantine arrangements.
7. Recognise the social components of the workforce and consider implementing workplace wellbeing measures to address the social connection in times of crisis (especially for existing teams).
8. Offer an integrated and strategic three-tiered wellbeing model to help leaders within the police force to mitigate the impacts of toxic stress and allow workers to build resilience: readiness, response, and recovery.





## Implications for leadership in a crisis

The key areas that staff offered advice to leadership were:

- To **listen**, connect and acknowledge the reality of the frontline staff
- To talk and **consult** on the best ways to respond
- To **take action** as needed – **providing support** and deploying resources to areas of need, and supporting those in place
- To **communicate** clearly and unambiguously actions taken and procedural advice given
- To **trust staff** resourcefulness and integrity.

## Conclusion

COVID-19 offers valuable insights into actions organisations can take to support frontline staff and first responders such as the police services. Leaders need to cater for a range of factors that take account of the **mental health** impacts a pandemic has on the workforce.

**Manage workloads** — the extra demands on an already stretched workforce necessitate rapid deployment or redeployment of resources, coping with additional workload and responding to the needs of police officers. Failure to do this has a negative impact on mental health, and increases burnout, and intention to quit.

**Consultation and communication** — in times of crisis, workers look to their leaders and leaders look to their people. A reciprocal process of listening and responding to the immediate and emerging needs of the workforce is critical. This includes crystal clear direction and updates on operational and procedural matters. Authenticity, trust, sympathy and showing understanding to staff is an additional crucial component in the communication process.

The lessons from COVID-19 provide valuable insights into the key characteristics of effective and agile organisations. These are presented in the following pages.



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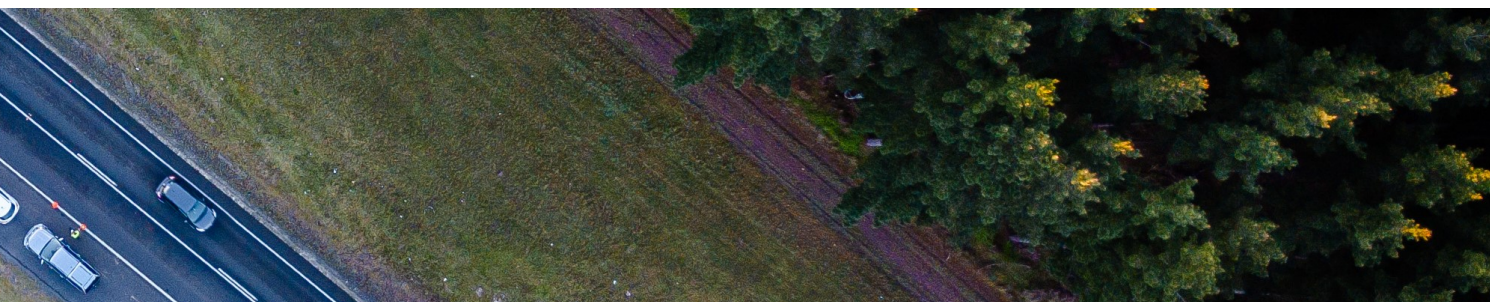


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## Context

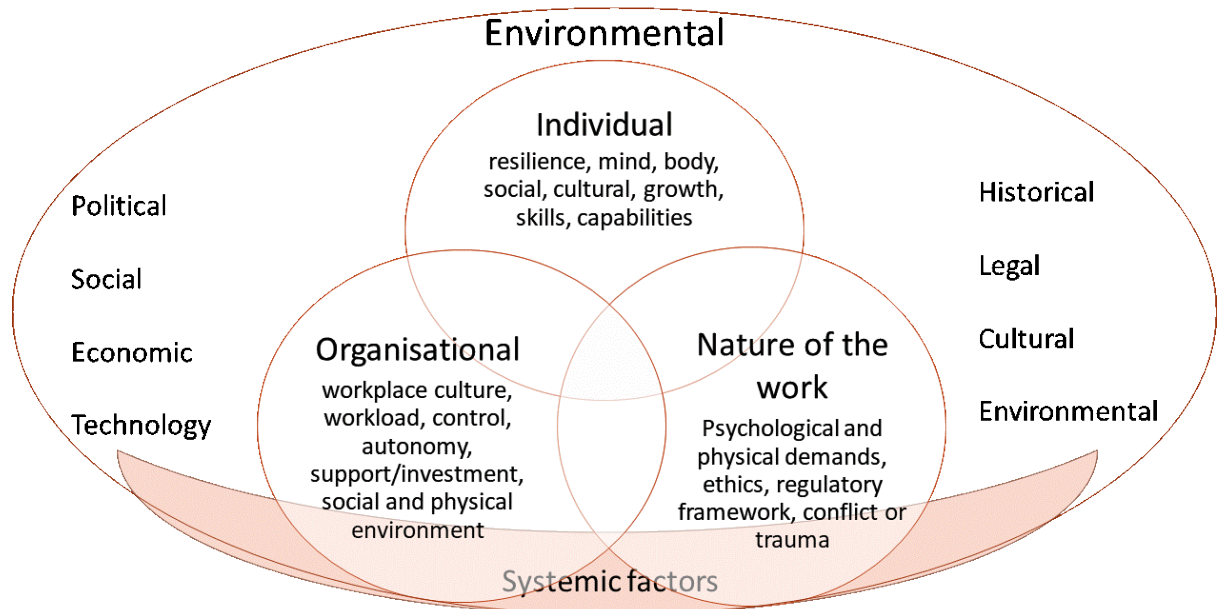


Figure 2. Holistic approach to workplace wellbeing

### About the Workforce Wellness Research Unit

The Charles Sturt University Workplace Wellbeing Research Unit provides a holistic and comprehensive approach to workplace wellbeing that is underpinned by an understanding that workplace wellbeing is influenced by individual factors such as resilience, prior experience, individual health, skills and capacities; by work task or job-based factors such as the ethical dilemmas associated with decision-making or providing care; by organisational factors such as workplace culture, resources, technology, training and support; and by environmental factors including cultural, historical, political, social background and regulatory frameworks.

The team recognises that these factors are integrated into broader systemic factors such as the interaction of organisational and work factors within the social 'system' or environment. Systemic factors may include interactions within and between elements such as education, health, welfare and justice systems and the need to operate within legislative and regulatory frameworks. The team further recognises that workplace wellbeing also incorporates emotional health, cultural safety and a sense of achievement or satisfaction in the morality or ethics and justice of the job along with the more recognised physical, social and mental wellbeing.

The team members have expertise in psychology, human resources, management, ethics, communication, organisational behaviour, inclusion, work culture, sociology, and economics and thus have capacity to distil the relevant lessons from contemporary workplace practice and policy and apply it to unique occupational contexts.





## What We Did

### Background

In March 2020 the World Health Organisation declared COVID-19 to be a global pandemic. In Australia, this resulted in state and federal governments closing national and state borders to restrict citizens' movement, instigating quarantine procedures for any travellers and implementing social distancing protocols to reduce potential spread. By approximately end of March, all non-essential and education services were directed to shut down. For police, these strategies had a significant impact on their workplace wellbeing, as they were required to enforce rapidly changing regulations and continue interacting with the public despite concerns regarding their own personal safety and risk of infection. These changes had a significant impact on the complexity and intensity of their daily work.

### Consultation and Design

An online cross-sectional survey was used and implemented through the Qualtrics platform. The survey questionnaire was co-designed based on extensive consultations with the Police Federation of Australia (PFA). This approach resulted in the creation of multiple customised items culminating with the creation of a distinct and tailored questionnaire in terms of organisational culture and nomenclature.

The survey also used standardised measures. For instance, some of the standardised measures included the Generalised Anxiety Disorder scale (GAD-7), Patient Health Questionnaire (PHQ-9), Maslach Burnout Inventory (MBI), and Employee Engagement scale (ISA).

### Process and Method

A link to an online survey was sent to the members of the PFA across Australia. The survey measured COVID-19 related demands and stress and standardised measures of depression, anxiety, workplace burnout, and workplace engagement. In addition, demographic and work role data were collected. Finally, the survey specifically investigated the source of stress and support coming from the workplace, family and colleagues.

Participation was voluntary and anonymous and the survey could be stopped at any time before submission. Using the Qualtrics online survey platform allowed the participants to individually complete the weblink-based questionnaire anywhere (e.g., on patrols) with an internet connection and at any time (e.g., during night shifts) using various kinds of electronic devices such as PC, laptop, tablets or mobile phones.

The survey was available for completion between 14 October and 22 November 2020 and comprised fixed response Likert scales, ranking scales, standardised validated measures and free text response fields. The quantitative data was analysed using established protocols within SPSS and Stata statistical software.

The qualitative responses to the survey were analysed using NVivo 12 (QSR International). The coding was undertaken by a team of four researchers, with all researchers reviewing the questionnaire responses to identify emerging themes. A coding frame was developed through an interactive and iterative process among the researchers and this was subsequently used to analyse, interpret and code the data. Allowing for peer review and reflection, the results were discussed within the qualitative research team and then organised and edited. The qualitative findings were also compared and triangulated against the relevant quantitative results with the broader research team. The preliminary findings were presented to key stakeholders representing each of the organisations participating in the broader survey, and their feedback was integrated into the final reporting process.

# FINDINGS Demographics

## Respondents

Six hundred and sixty-five (665) police staff responded to the survey. The police from every state and territory of Australia were surveyed.

*The sample included a high proportion of respondents from rural and regional Australia.*

The age distribution of the respondents shows a peak between the range from 36 to 55 years, with most in the 46-55 bracket. With respect to work role, 72% of respondents were either frontline workers or direct line managers of frontline workers.

*Most (72%) respondents were frontline workers and their direct line managers.*

Age

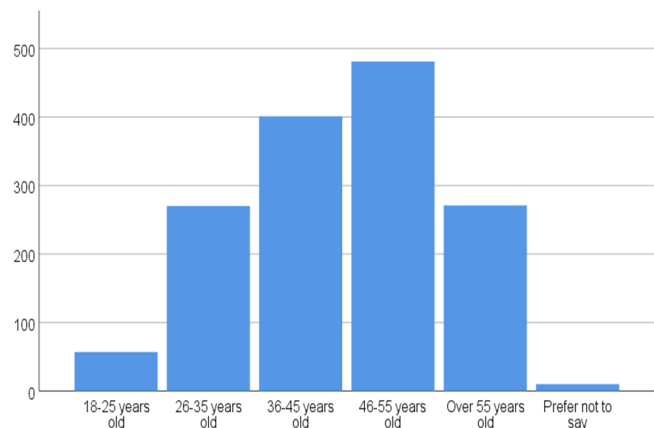


Figure 3. Age distribution of respondents

Role

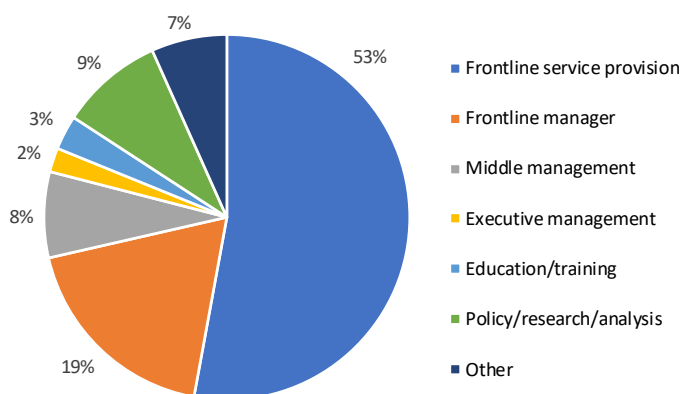


Figure 4. Role





The respondents were predominantly well educated with over 86% having a diploma, an advanced diploma, a bachelor's degree or a post-graduate qualification. Eighty-two percent had been working in their current organisation for over 10 years. As such, they were well-placed to judge the additional demands of COVID-19 on their work situation. The vast majority of the respondents were couple families.

*This was not a new grad or 'eggshell' sample. The vast majority (82%) of respondents had worked in their current organisations for over 10 years.*

**Years of service**

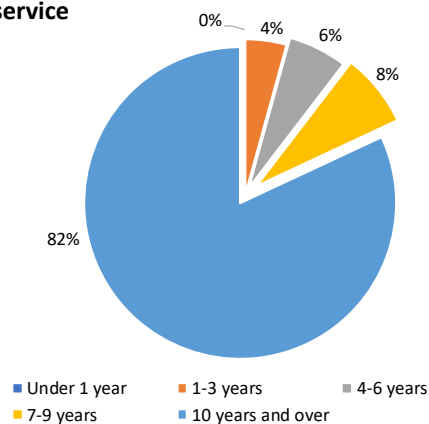


Figure 5. Years of service



**Education**

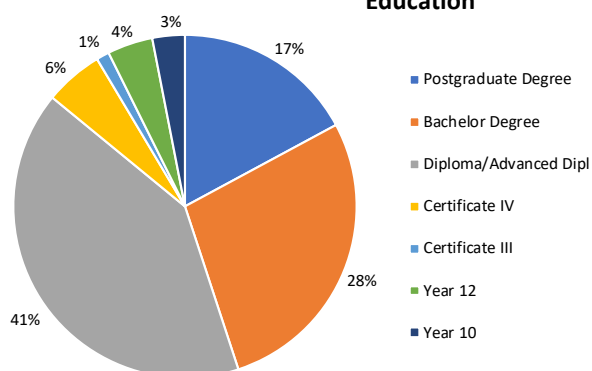


Figure 6. Level of education

**Family structure**

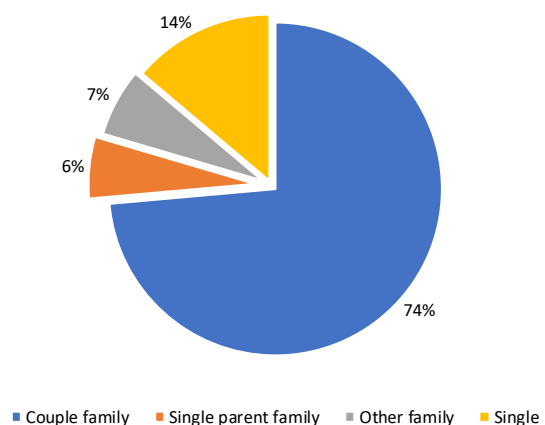


Figure 7. Family structure



## FINDINGS Demographics

### Overall demographics

While gender and age reflect the overall demographics in the police force, the geographical demographics provide a picture of locations where the participants completed the survey. For example, about 75% of the police work force works in the metropolitan area, however, only 57% of the participants taking the survey were located in the metro area. The age distribution within the police demonstrates the general trend of an aging population in Australia and in Western countries in general.

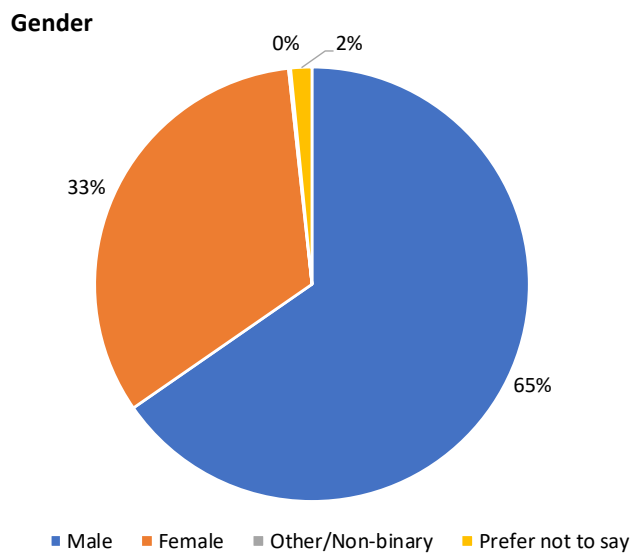


Figure 8. Gender



### Gender and age

About two-thirds of participants were male and one-third are female. This distribution reflects the current situation in the Australian police.

The vast majority of participants were aged between 36 and 55, which mirrors the overall trend of an aging population within the Australian society.

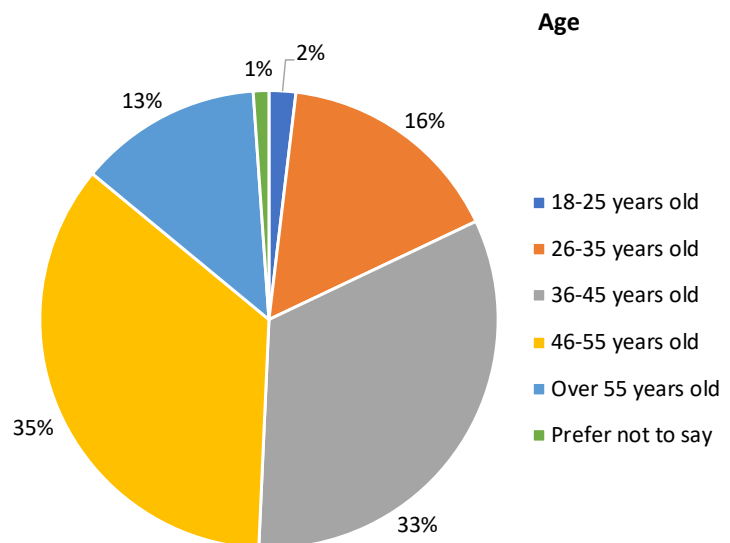


Figure 9. Age

## FINDINGS Demographics

**Regionality**

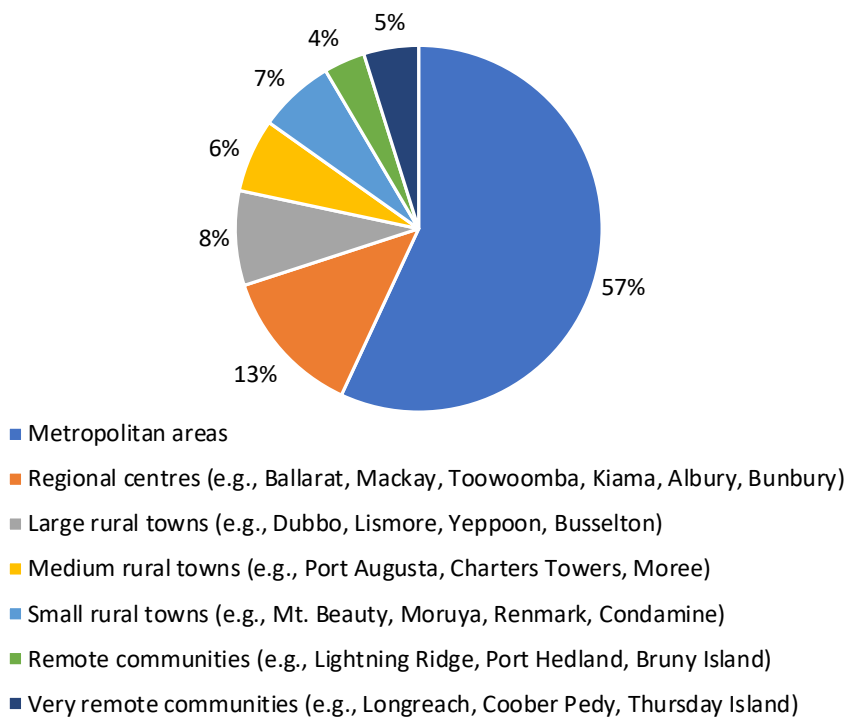


Figure 10. Regionality

### Regionality

As expected, more than half of the police staff engaged in this study were located in the metropolitan area — however, there was also an appropriate portion that came from a range of non-metro areas including regional and rural towns.

**State or Territory**

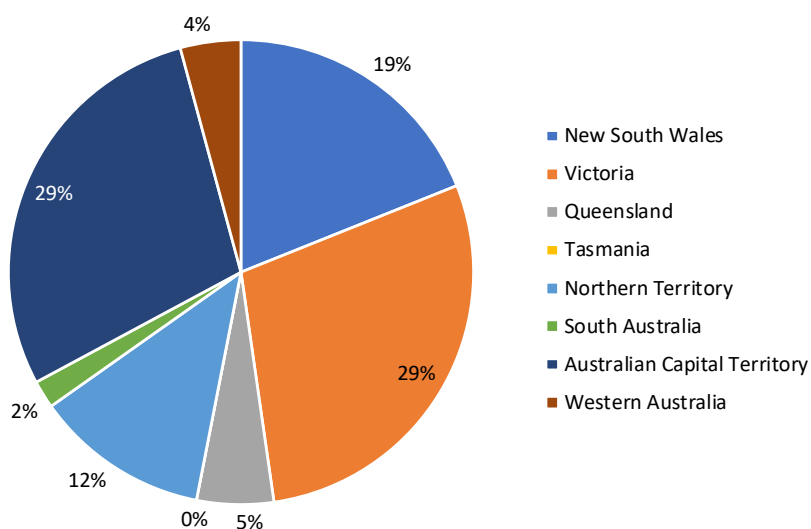


Figure 11. State or Territory

### States and territories

The Australian Capital Territory and the Victorian police had the highest response rate. The Australian Federal Police in Canberra contributes to the high ACT result. Surprisingly, the Northern Territory had quite a high response rate whereas Tasmania was not represented at all. Queensland and South Australia appear to be underrepresented as well.

## FINDINGS

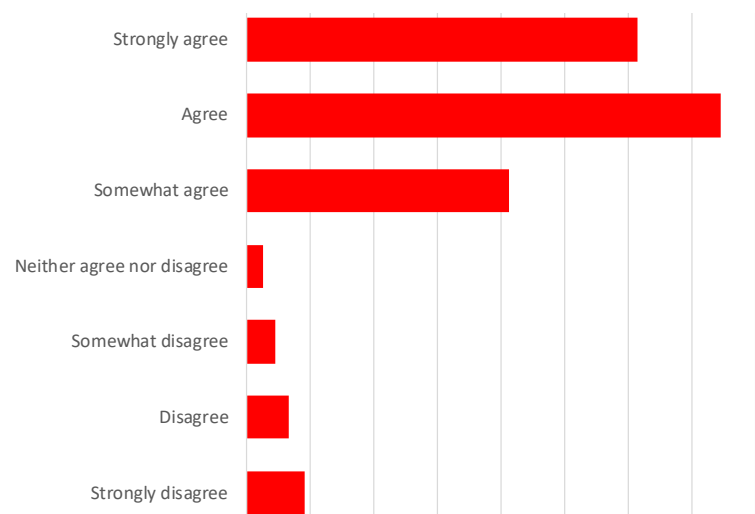
### Stress and Work Impacts

#### Overview

The survey results demonstrate that COVID-19 strongly impacted and significantly added stress to the police officers' lives. COVID-19 also added demands and responsibilities which increased the stress levels. In particular, the main areas of concern appear to be the fear of bringing the virus home, separation from family and friends, having kids at home, and workload.

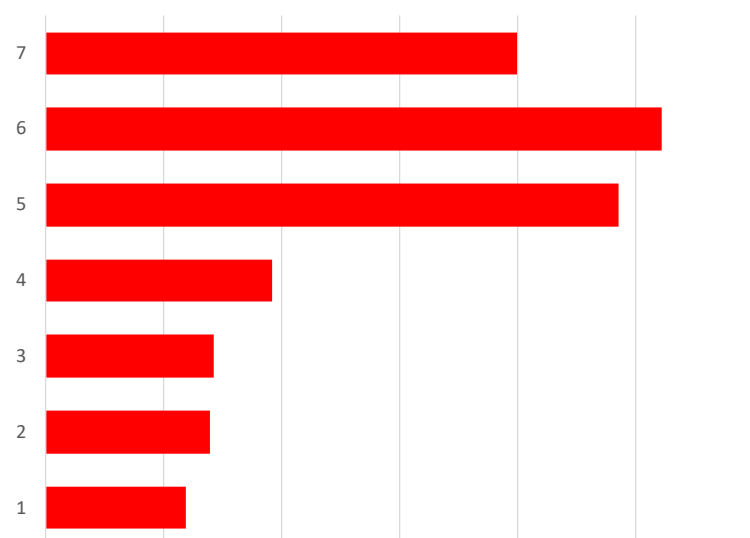
"Fear of bringing infections home. My wife is a cancer survivor and has a compromised immune system. I have a disabled daughter who lives in Sydney. She normally travels to the ACT to visit regularly but is unable to do so at the moment due to the heightened risk on the bus."

"Feeling isolated from family and friends, no affection, not being able to socialise or share activities, and not being able to attend a gym for regular exercise and having access to exercise equipment. It has impacted my physical fitness and sense of wellbeing. I have not slept so well."



**The COVID-19 pandemic has impacted my work life.**

Figure 12. Impact of COVID-19



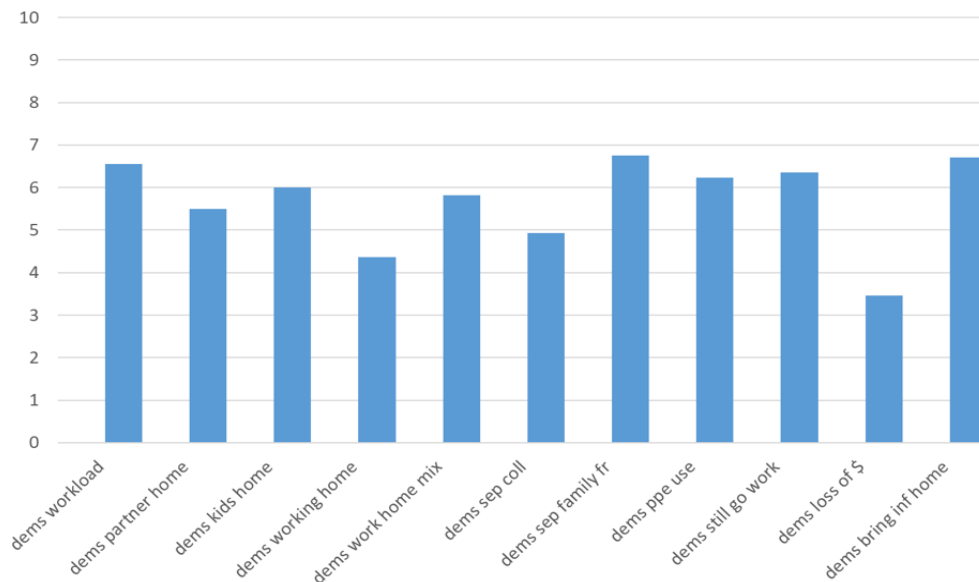
**The COVID-19 has affected my stress level.**

[No additional stress (1) to significant additional stress (7)]

Figure 13. Affect of COVID-19 on stress levels

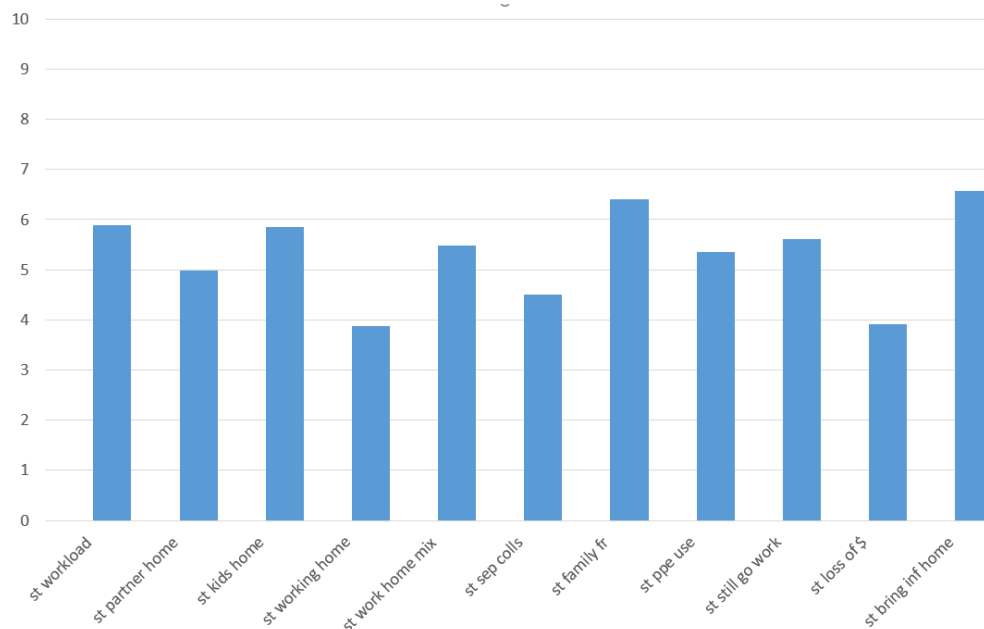


## FINDINGS Stress and Work Impacts



**To what extent has COVID-19 placed additional demands/responsibilities in the following areas?**  
[No demand/responsibilities (1) to a lot of demands/responsibilities (10)]

Figure 14. Additional demand/responsibilities placed by COVID-19



**How stressed are you with these demands/responsibilities?**  
[Not stressed (1) to very stressed (10)]

Figure 15. Level of stress—Additional demand/responsibilities placed by COVID-19

## FINDINGS

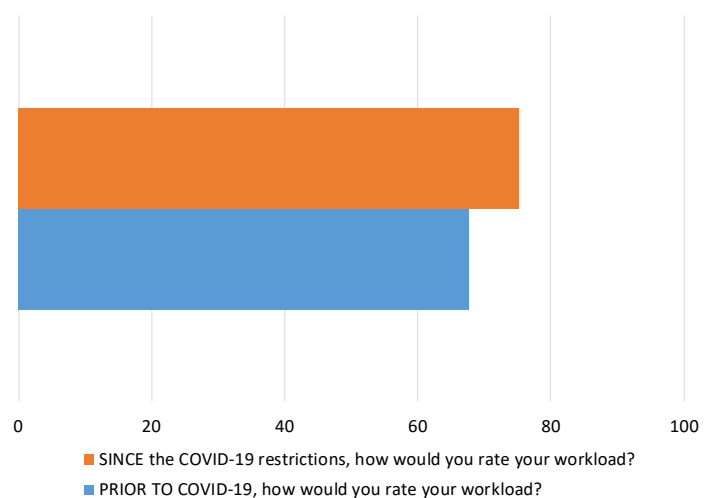
### Stress and Work Impacts

#### Workload

Figure 16 reveals the self reported rating of workload. The emergence of COVID-19 has seen a perceived 10% approximate additional workload on top of what was already considered an unreasonably high work load. Figure 17 illustrates the self rated concerns from staff on how well prepared they felt in taking on the additional tasks and responsibilities during the pandemic.

“This pandemic has made our work lives a lot more stressful. Every person we deal with may have the disease, unfortunately, we have to treat all people like that and that has taken a toll on us all.”

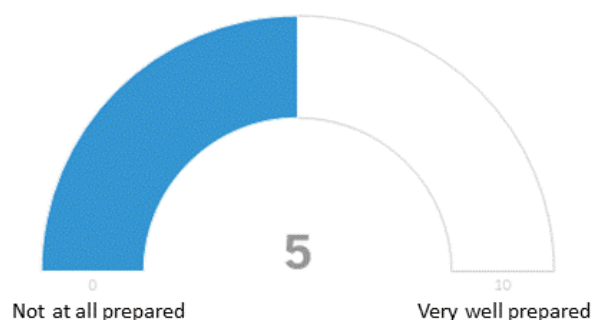
“Extra money in the community (NT) has increased the workload exponentially. More alcohol = more assaults and anti-social behaviour. Also border control requirements have reduced staff numbers at the main stations, increasing the workload for those not conducting border control duties.”



**Workload prior to and since COVID-19.**

[Response ranging from light (0) to high (100)]

Figure 16. Workload prior to and since COVID-19



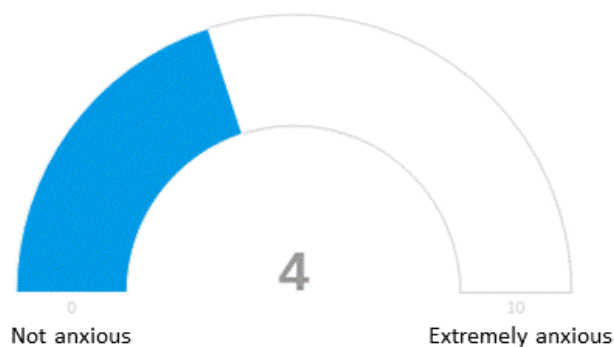
**How prepared did you feel to take on additional tasks and responsibilities?**

Figure 17. Preparedness for additional tasks and responsibilities

## FINDINGS PPE

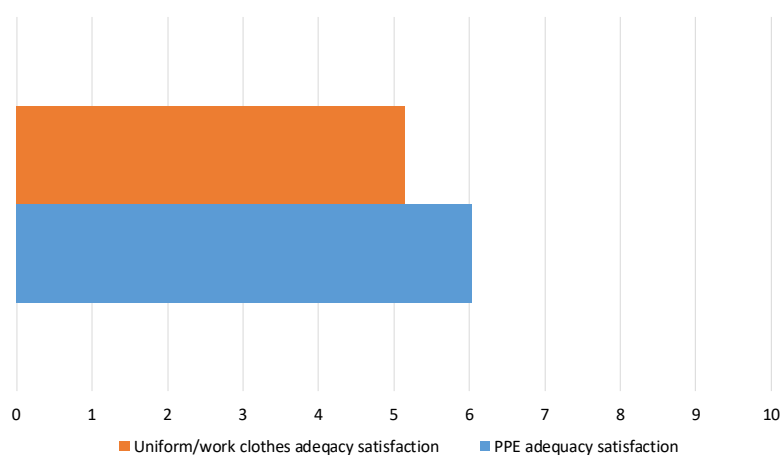
### Personal Protective Equipment anxiety and satisfaction

Based on the survey results, it appears the police workforce was mainly concerned about the availability of PPE – mainly masks and hand sanitiser – and the adequacy of the uniform and work clothes at the beginning of the pandemic. Anecdotal feedback from staff also indicated that more training would have been appreciated.



**Anxiousness about the availability of Personal Protective Equipment (PPE).**

*Figure 18. Anxiety about availability of PPE*



#### **Satisfaction about personal protection.**

[Very dissatisfied (0) to very satisfied (10)]

*Figure 19. Satisfaction about personal protection*

“There was a lack of masks and sanitiser at the beginning of the pandemic but this has been overcome. I feel our level of training and PPE is inadequate compared to what Paramedics and hospital staff are provided.”

“When in contact with COVID-19 positive people, only protection is eyes, gloves and mask.”

“The availability has increased over time, but the fact that my IOEV and other equipment cannot be sanitised adequately after each shift is a concern.”

“Although there were deficiencies in PPE stocks in the early stages of the pandemic, it was readily available when needed.”



## FINDINGS

### Depression Anxiety

#### Depression overview

In times of a pandemic, depression levels need to be carefully monitored. The survey measured depression using the PHQ9 scale. This scale is used extensively in public health and research in Australia and internationally. The proportion of staff with moderately severe and severe depression is over **nine times** the incidence rate in the general population. The proportion of the police sample with moderate depression is **four times the rate** found in the general population.

“The fact that I am working in a high risk job, and the fact that I may bring this illness home to loved ones is frightening. It is also very stressful with the unthought out response from the Victorian government which stretched the police capacity to the limit — having to work 14 days straight or minimal rest days, and alternating shifts in any given roster. I don't know what day it is any more I don't even know what time I'm meant to be asleep — my body clock is broken and the lack of something positive to look forward to has caused significant despair.”

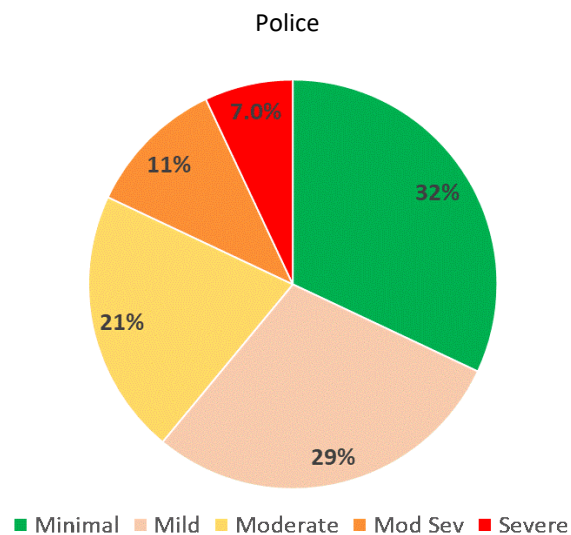


Figure 20. Depression level—Police

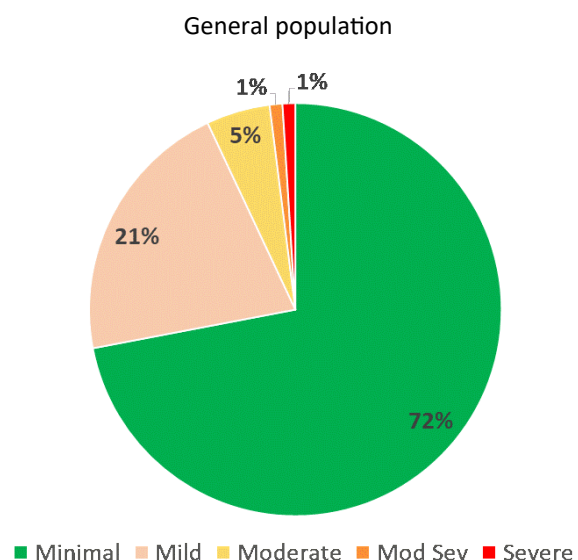


Figure 21. Depression level—General population

## FINDINGS

### Depression

### Anxiety

#### Anxiety overview

Likewise, anxiety is a burning issue in COVID-19 times. Anxiety was assessed using the Generalised Anxiety Disorder scale (GAD7). The total anxiety scores are classified as 'minimal', 'mild', 'moderate' and 'severe' anxiety. The proportion of the sample of police staff reporting **moderate to severe anxiety** is **five times** the incident rate in the general population.

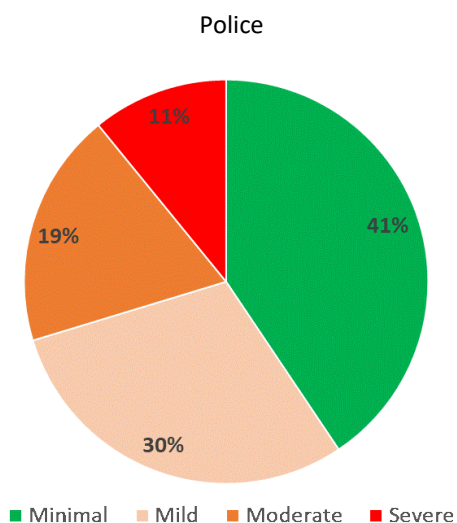


Figure 22. Anxiety level—Police

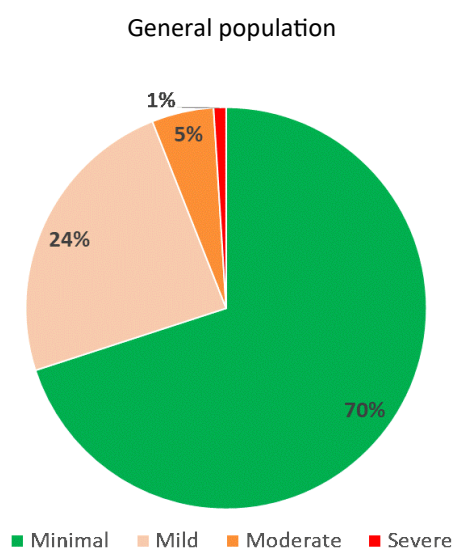


Figure 23. Anxiety level—General population

“Work demands increased due to the specialised area I worked in, colleagues in same unit all separated and the unsworn members working from home. I was not allowed the opportunity to work from home even though my two children were required to be at home undertaking schooling without supervision or support. Caused a great deal of stress and anxiety. I was required to catch public transport twice a week during the height of the pandemic.”



## FINDINGS Workplace Burnout

### Emotional Exhaustion (EE)

The EE dimension assesses the feelings of being emotionally overextended and exhausted. The **majority** (52%) of police staff are showing a **high** level (red section) of emotional exhaustion compared to an international sample of health workers (37%). Staff commented on the lack of ability to take leave and having to manage additional work and life conflicts.

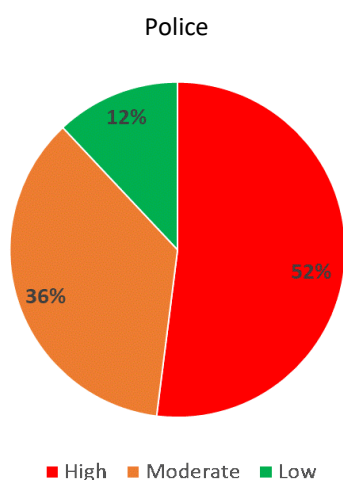


Figure 24. Emotional Exhaustion—Police

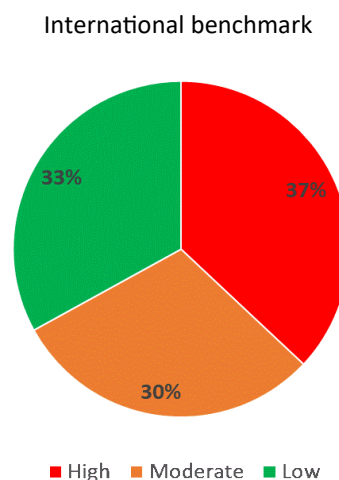


Figure 25. Emotional Exhaustion—International benchmark

### Depersonalisation

Depersonalisation measures the extent to which staff lose empathy and the ability to see clients as people. The rate of burnout on this factor is **significantly higher** (41%) compared to the international sample of health workers (9%).

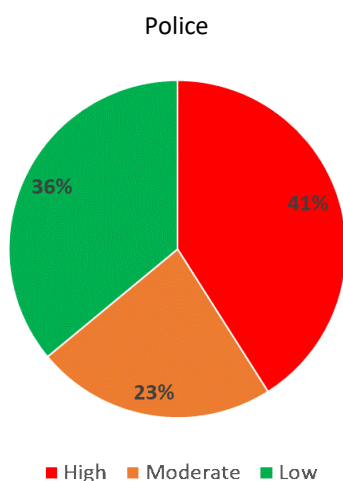


Figure 26. Depersonalisation—Police

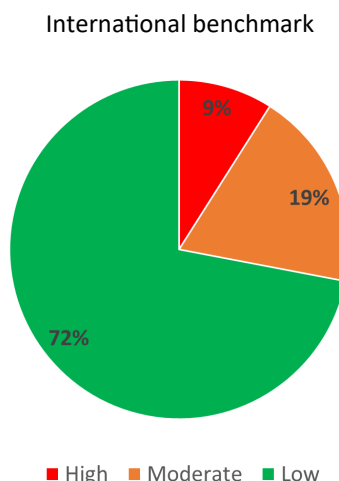


Figure 27. Depersonalisation—International benchmark



## FINDINGS Workplace Burnout

### Personal Accomplishment (PA)

Personal Accomplishment is the extent to which you feel your work is making a difference. Low scores on Personal Accomplishment are associated with burnout. The proportion of respondents scoring in the high range of Personal Accomplishment (green) is 18% and **less than a third** when compared to health workers internationally (55%). The level of *cynicism* (red) is **more than three times** that of an international frontline workforce.

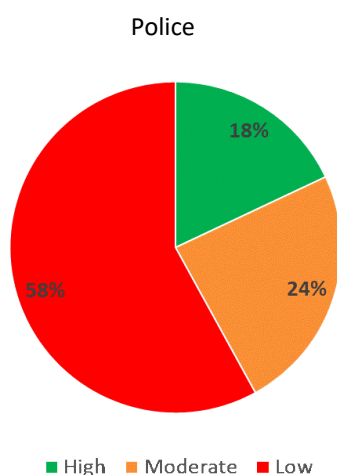


Figure 28. Personal Accomplishment—Police

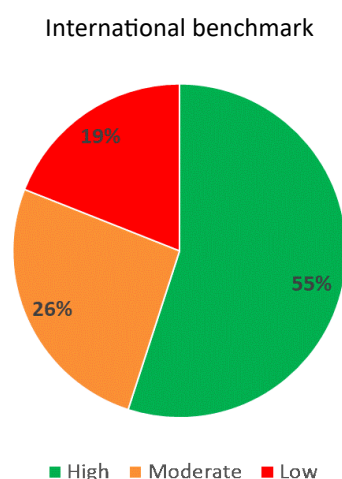


Figure 29. Personal Accomplishment—International benchmark



Consistent comments of **burnout** were offered by police staff:

“Excessive workload due to COVID response requirements. Leave embargoes implemented due to COVID response requirements and no staff to cover. Had a total of one recreational leave day this calendar year. Suffered burnout became physically unwell. Completely isolated from family. Had to forgo external studies as due to increase in workload (overtime and longer rostered hours) was no longer able to keep up with studies.”

# FINDINGS Workplace Engagement

## Workplace Engagement

**Workplace engagement** was measured using the intellectual, social and affective scale (ISA). The scale scores revealed that 1% of police staff are actively unhappy and disengaged. However, approximately almost **a quarter of employees** are **highly engaged** with their tasks at work, and so have a profound connection to the police service. Similarly, this corresponds with the combined cohort, which includes paramedics, NSW community services and community nurses Western NSW.

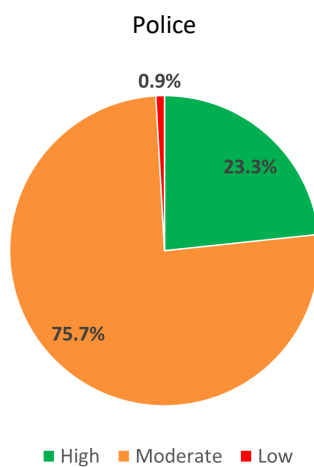


Figure 30. Workplace Engagement—Police

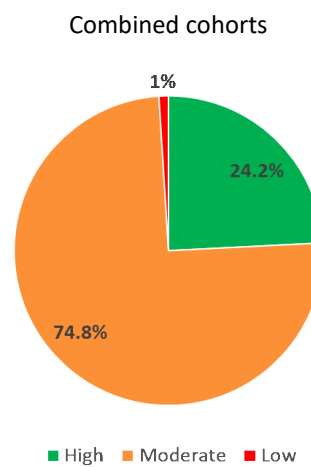


Figure 31. Workplace Engagement—Combined cohorts

## Task Performance

Staff who self rate their workplace engagement as high will generally also self rate their task performance as high. For this group of respondents **over two-thirds (70%)** reported they felt they were **performing at a high level**, which was consistent with the combined cohort.

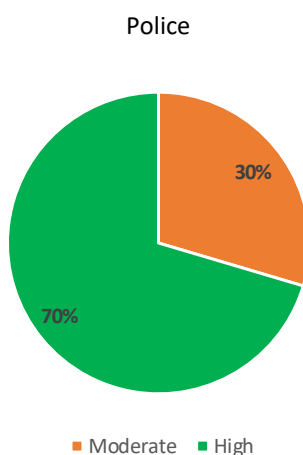


Figure 32. Task Performance—Police

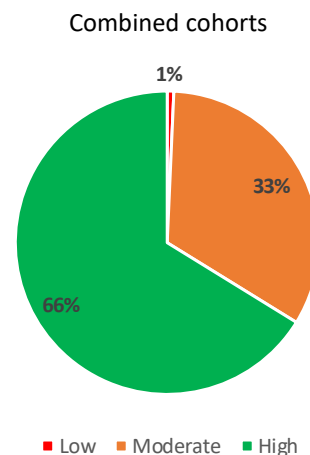


Figure 33. Task Performance—Combined cohorts

## FINDINGS Workplace Engagement

### Organisational Citizenship Behaviour (OCB)

OCB is associated with discretionary **employee behaviour that goes beyond the formal job description** and contributes to positive organisational functioning. **Almost one-fifth** (19.1%) of police staff are self reporting **high levels** of engaging in positive behaviours that result in rewarding outcomes. This demonstrates slightly higher results than for the combined cohorts.

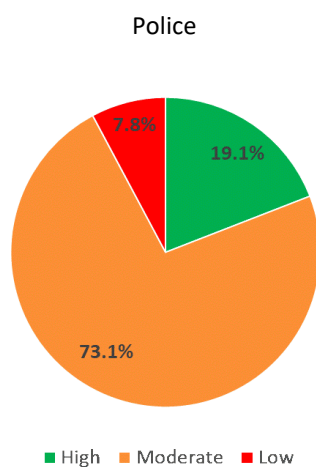


Figure 34. Organisational Citizenship Behaviour—Police

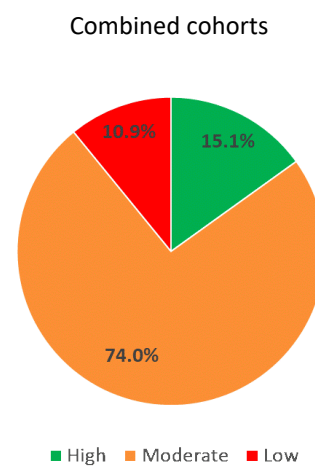


Figure 35. Organisational Citizenship Behaviour—Combined cohorts

### Intention to Quit

What is alarming and does not conform to normal distributions is the **intention to quit**. Usually workplace engagement would be associated with a negative intention to quit. But what has been reported shows a somewhat different trend, with **over one-third** of police staff demonstrating they are considering alternative employment. This could be associated with the level of burnout being expressed due to the pandemic and work demands.

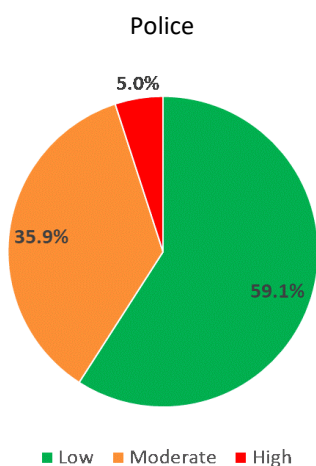


Figure 36. Intention to Quit—Police

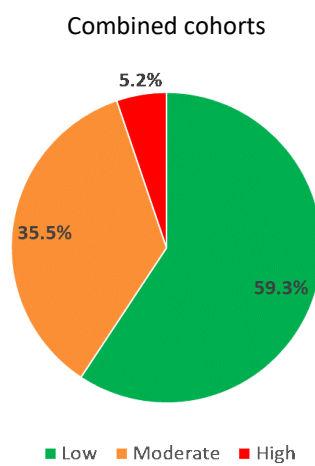


Figure 37. Intention to Quit—Combined cohorts



## FINDINGS

### Organisational Support

#### Organisational Support

In regards to organisational support, police staff valued workmates and direct line managers/supervisors (e.g., sergeant) during the COVID-19 crisis. However, police staff reported they felt the most amount of support came from family and friends during these difficult times.

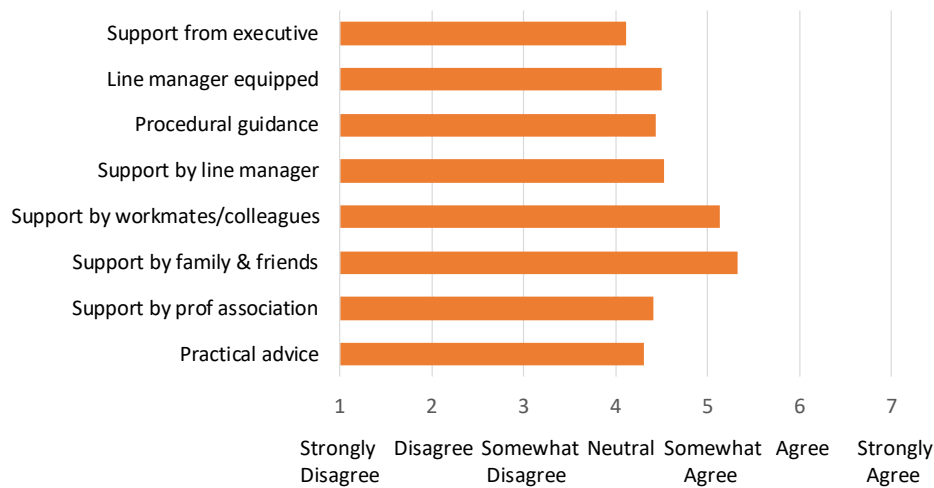


Figure 38. Support from employer and professional/personal networks



## FINDINGS

### Informal Support/ Self Care

#### Informal Support

Besides the organisational support, police staff found it also helpful to get informal support. Such informal support included conversations and group chats with work colleagues; visits, talks and calls with family, partner, friends; social media interaction; engagement with psychological services and telehealth appointments with doctors; attending church online; and checking in with and caring for work colleagues.

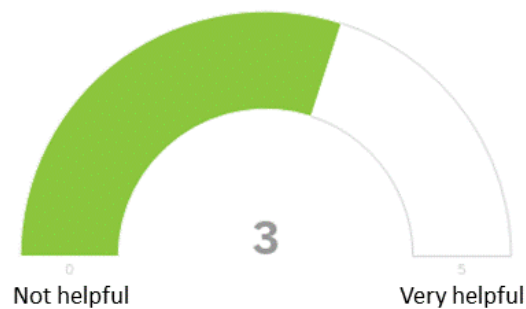
Quotes on personal strategies and informal support to face the COVID-19 challenges:

“I don’t get involved in the hype and fear.”

“Good sense of humour amongst peers/workmates during this time.”

“Common sense.”

“Actively checking in on people to see how they’re going and what support, if any, that they need.”

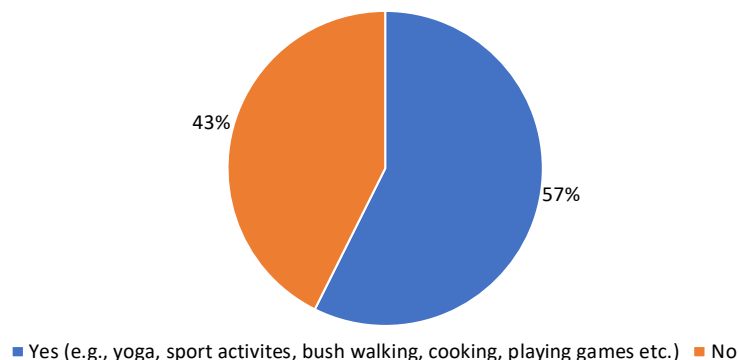


**Overall, how helpful has your informal support been?**

Figure 39. Informal support—Level of help

#### Self Care

The majority of the police staff were active outside the workplace to cope with the challenges of the pandemic. Participants were asked ‘Did you take any initiative(s) outside of your workplace to cope with challenges of COVID-19?’ The initiatives identified include a broad range such as bush walking, sport activities (e.g., running, cycling, motorcycling, gym), yoga, gardening, cooking, home schooling, watching movies, and zoom catch-ups with family and friends.



**Did you take any initiative(s) outside of your workplace to cope with challenges of COVID-19?**

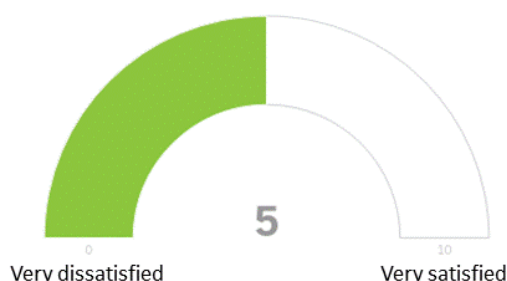
Figure 40. Self care initiatives

# FINDINGS

## Communication & Consultation

### Communication from the Leadership Team

Organisational communication is vital and particularly challenging in times of crisis management. Overall, the police workforce rated the leadership communication in the COVID-19 pandemic right in the middle between dissatisfied and satisfied. This outcome shows both acknowledgement of good communication practice and room for improvement, hence, the opportunity to establish a more effective plan for future events.



**Satisfaction with the communication from the leadership team**

Figure 41. Level of satisfaction with communications from leadership team

### Communication Modes

Email, social media and text messages were used the most in keeping up-to-date on the COVID-19 pandemic. Additionally, police staff got involved with many other modes providing adequate information about the pandemic such as government websites, TV and radio news, internet and intranet/Hub, COVID app, face-to-face and zoom conversations, union e-publications, hotlines, ABC Corona Podcast, and friends in the medical field.

**Modes of communication from networks (excluding from employer) that have been most effective in providing adequate information on the COVID-19 pandemic.**

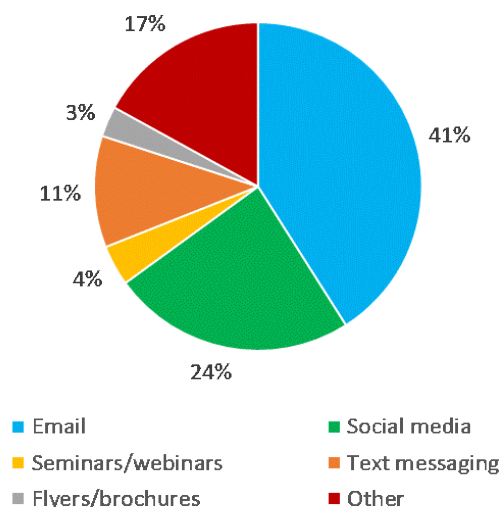


Figure 42. Most effective modes of communication



## FINDINGS

### Communication & Consultation

#### Consultation from the Leadership Team

The challenges of crisis communication have been clearly highlighted by police staff. They felt consultation and overall communication have potential for improvement. In particular, staff would have appreciated more face-to-face conversations and consultation between the leadership team and frontline workers. Police staff perceived that decisions were made without a satisfactory consultation process and without being at the forefront.

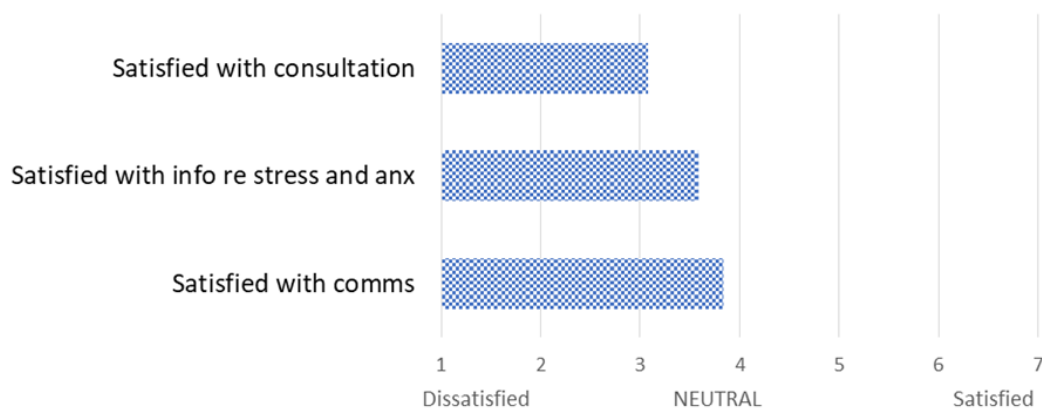


Figure 43. Satisfaction with leadership consultation and communication

#### Quotes: Suggestions for communication from the leadership team

“More face-to-face communication”, and “Keep everyone engaged in the process.”

“Come and meet the staff at the 'coal face'. Get a real idea of what is happening and how people feel. Make decisions after consultation with people that are affected.”

“Provide more consistent and staged advice to different areas of the agency as we are not all office workers or all frontline workers.”

“Better communication between participating agencies.”

“Strong leadership and effective communication are key facts to eventual success.”

“Leadership in a pandemic needs to be from the top for a single point of truth and guidance. This did not occur and as a result managers in different regions and areas interpreted a COVID response in accordance with their own perceptions and beliefs.”

## Key Messages from Frontline Staff to Leader- ship

### Most helpful thing your organisation has done to support you?

Staff offered a range of comments on what they felt were **helpful** things the department had offered them. A few of the **common themes (quotes)** that were commented on a number of times are detailed below:

"Bought lots of hand sanitiser."

"Regular updates early on in the pandemic providing information, advice and support links."

"Obtained PPE and provided instructions for its use (including masks)."

"Flexible work arrangements."

"Setting up a COVID hotline with nurses to provide guidance if we are concerned about exposure or have any questions."

"Flexibility eventually to work from home."

"Pay me."

"Colleague peer-to-peer support."



### Least helpful thing your organisation has done to support you?

A few of the **common themes (quotes)** that emerged from comments offered a number of times in regards to the **least helpful** things offered to staff by the department include:

"The repeating of the same email on a daily basis... it's got that bad that no one is paying attention to them anymore which is making the standards now slip."

"Rostering members 12 hr shifts with no overlap, then rostering you to work remote, then nagging people to work overtime. Plus a 10% leave cap. Freezing pay."

"Tried to rush things, created greater workloads with less staff."

"Utter lack of overall direction from the start of the pandemic. Executive should have given Team Leaders clear directions on sending team members to work from home unless it is required for them to be in the office. Too much autonomy resulted in team leaders requiring members to be at work for no clear purpose..."

"Nil testing offered to frontline workers at all."

"Training and support, members are at breaking point with fatigue. Many members had leave cancelled and need a break"

"Nothing I am very happy to say."

"Expected me to do the same amount of work with kids at home ... Did little to accommodate individual circumstances."

"Providing inconsistent messaging and allowing further division within our organisation — no recognition for frontline workers exposed to risk, while office workers WFH."

"Extensive time away from family and colleagues. Zero recognition of the additional workload related to COVID-19 ... Forgetting to let the troops know they are actually doing a good job."

## Key Messages from Frontline Staff to Leadership

### What is one piece of advice to leadership?

The advice recommended the need for unambiguous communication and direction that does not overlap and overwhelm staff. There were also strong themes of actively connecting to listen and better understand the challenges experienced by police staff (with different regions and staff facing different situations—including AFP), and also talk with staff about potential responses. Other themes emerged providing practical support, in terms of offering and supporting flexible work arrangements early on that aligned with government advice, deploying additional resources and personnel to meet workload demands, and allowing for leave if needed to help prevent burnout. All of this is underpinned on a foundation of trust in the abilities and integrity of frontline staff. All of these processes can be summarised in form of a reiterative process (see Figure 44). Some quotes offered by police staff included:

“Listen to the actual frontline police doing the hard yards day in day out and then act on those things accordingly. No good sitting in an ivory tower making decisions that affect the actual workers. Manage more often from a place of common sense — not political correctness or red tape.”

“Listen to staff, stop making add hoc decisions that impact staff’s mental wellbeing, changing a roster midway through a pandemic that staff overwhelmingly voted against is just arrogant.”

“Be prepared to act sooner, watch what is happening in other areas and listen to locals who are in the position to provide information. Sydney can’t run the world, metro versus country.”



Figure 44. Key messages to leadership





## FINDINGS

### Qualitative Analysis

The **four main themes** that staff identified as the nature and causes of stress include rapid change in environmental factors, challenges to individual resilience, the changing nature of the job, and organisational factors.

## 1. The challenge of working in a rapidly changing environment

Participants identified they were subject to a number of rapidly changing environmental factors that significantly increased the challenges associated with performing their role. These include:

**Learning curve** surrounding new principles of:

- infection control, use of PPE, hand sanitiser
- social distancing
- health security.

**Additional to pre-existing public protection** functions

**Challenge of enforcing** rapidly changing regulations relating to:

- curfews, enforced isolation of suburbs/buildings
- lockdowns, fines, anti-social behaviour
- hotel quarantine, border controls
- public safety standards.

**Highly visible within the community** during the shutdown

Frequently a **target for public anger** and frustration

“Had to take on responsibilities for which we were given no lawful authority to deal with (AFP [Australian Federal Police] was not given powers under NSW health act yet was escorting buses between airport and hotels. We were advised if someone got off the bus to have a ‘persuasive conversation’ with the person as we had no official powers. We knew that if a passenger got off, police were going to be blamed although we had no authority or power to deal with the situation).”

## 2. Challenges to individual resilience

During COVID-19, certain stressors for participants increased in intensity. These include:

**Fear of spreading COVID-19** to:

- family, especially with pre-existing health, ageing or disability issues
- community
- co-workers.

**Fear of catching COVID-19 themselves** (largely related to their age or other pre-existing high risk factors)

**Lack of outlets for de-stressing** including:

- social connections
- family support
- gym, yoga, exercise classes or programs.

**Ongoing or long-term uncertainty and exposure to stress** leading to:

- fatigue
- burnout.

“Feeling isolated from family and friends, no affection, not being able to socialise or share activities, and not being able to attend a gym for regular exercise and having access to exercise equipment. It has impacted my physical fitness and sense of wellbeing. I have not slept so well.”



## FINDINGS Qualitative Analysis

### 3. Changes to the nature of frontline work

The changing nature of the job led to:

Increased **interaction with the public**/changes in the nature of interactions with the public:

- domestic violence cases, mental health cases, alcohol consumption and resulting assaults/anti-social behaviour
- policing more assertive and resistant members of the public
- new threats – citizens claiming to have COVID-19 and threatening to spit or breathe on officers
- public perception of police at lowest levels; unsupportive media reports.

**Reassignment and transfer** to different roles:

- border patrols, hotel quarantine, airport patrols and quarantine transport services
- away from home/family in unknown locations
- extra roles not embedded in legislation or regulations.

**Work intensification**

- absent staff (on leave, working from home, transferred to other duties)
- needing to stay up to date on changing rules/regulation information
- remote working – technology challenges – zoom, increased emails, working from home (WFH)
- rostering changed to extended shifts – e.g., from 8 hours to 12 hours, less hand over time etc.
- increased workload due to PPE; cleaning protocols in offices, public spaces, vehicles, hot desks.

### 4. Organisational culture

While many organisational units across the police force tried to support and accommodate staff, a number of organisational issues also contributed to increased stress, fatigue and burnout. These include:

**Organisational culture:** *Communication, leadership, support*

- leadership teams not clearly communicating with frontline staff
- leadership not receiving communication from the frontline
- therefore, a lack of appreciation of challenges and difficulties faced by frontline staff.

**Autonomy:** *Working from home*

- benefits: improved productivity, reduced travel time, flexibility
- negative factors: a lack of ergonomic work areas and sound internet connections, and the presence of other family members working or schooling from home. Costs: electricity, heating and internet access, increased work intrusion into family life.
- tensions between staff who can work from home, and those who were required to work on site – undermining workplace culture – exposing lack of trust, poor leadership etc.

**Workload and work entitlements**

- access to leave and requirement to use leave
- shifts and rostering
- logistics of socially distanced workplaces, off and on site teams
- increased complexity and intensified work.

# RECOMMENDATIONS

## Workplace burnout

*Key findings:* The majority of staff showed a high level of emotional exhaustion, the depersonalisation rate is significantly higher and the level of personal accomplishment is well below when compared to similar occupational groups overseas.

*Recommendations:* Deploy additional staff to reduce workload, for example, by providing assistance for work that not necessarily has to be done by police officers, such as disinfecting material and facilities, bureaucratic tasks, temporarily suspending tasks that are not critical.

## Workplace engagement

*Key findings:* The majority of staff showed a 'moderate' level of workplace engagement and organisational citizenship behaviour. However, the majority showed a high level of task performance but approximately one third were potentially considering alternative work.

*Recommendations:* Communicate directly with staff by actually or virtually visiting them at their places of work, thanking them for their efforts and asking them directly about their experiences and how things can be improved.

## Consultation and communication

*Key findings:* Perceived lack of listening, engagement and trust from the management/leadership team. Ambiguous, contradictory and duplicated information.

*Recommendations:* Engage with staff, which can be done virtually if required, to ensure staff are consulted and accurate information is obtained which will allow for informed decision making. Develop a co-designed communication plan/strategy, which offers succinct and authentic messages to the workforce.

## Depression and anxiety

*Key findings:* Depression and anxiety levels are much higher for the police workforce than for the general population.

*Recommendations:* Support autonomy and flexibility. By allowing areas of autonomy and flexibility to staff to manage their work and balance their other concerns can allow for a more internal locus of control, potentially diminishing some anxiety, and enhancing emotional resilience and overall stability. Positive interaction and social support should be created for staff.







## RECOMMENDATIONS

### Organisational factors

*Key findings:* Increased stress, fatigue and burnout caused by not having leave over longer periods and the lack of clarity around when to take sick leave; missing guidelines regarding working from home and valuing the workforce differently based on work settings; differences in interpreting communication from the top.

*Recommendations:* Amend policies and procedures, taking into account events of crisis — such as pandemics, by clarifying leave and sick leave regulations as well as determining the conditions around workplace settings (including WFH) and hybrid models of work. Setting up clear communication plans and training sessions for line managers for equal and fair application. Avoid wage freezes when staff are working above and beyond for the public good.

### Challenges to individual resilience

*Key findings:* Increased stress because of concerns and fear of spreading the virus to the family; inability to draw on social connections; lack of access to gyms and RWCs.

*Recommendation:* Offer an integrated and strategic three-tiered wellbeing model to help leaders within the police force to mitigate the impacts of toxic stress and allow workers to build resilience: readiness, response, and recovery. Maintain the EAP but access should also be given to a range of social-emotional support services external to the agency. Offer virtual 'catch-up' sessions both with and without the management/leadership (m/l) team to discuss concerns and drawing on potential options to reduce fear, and without m/l to socialise among colleagues and exchange thoughts and personal strategies to overcome/minimise fear and concerns as well as discussing alternatives for work outs and physical activities.

### Rapid change in environmental factors

*Key findings:* Increased expectation around managing infection control and health security, non-availability of PPE and training how to use it when available; rapidly changing conditions due to COVID-19 and thus regulatory changes (procedures and processes) but little or no guidance, incomplete information, and minimal formal training and professional development.

*Recommendations:* Implement a steering/reference group involving a range of stakeholders (frontline staff, support staff, mental health professionals, EAP, union) to evaluate all levels of operation during the pandemic to identify what could be improved immediately, in the near future, for future pandemics and other major crises (bushfires etc.). For example, keeping a stock of basic PPE and regular training on equipment, and setting up clear flows and processes of communication including periodic reviews across the command chain.

### The changing nature of the job

*Key findings:* Change in both the intensity and complexity of interaction (more confrontational, violent and threatening) with the public due to higher visibility in community settings; work intensification (e.g., maintaining safe working environment) and expansion of existing roles (e.g., border control, hotel quarantine).

*Recommendations:* Providing appropriate PPE (e.g., face shields) to frontline staff; TV spots and similar to draw the attention and raise the awareness of the public that the police are doing a highly valuable job for the protection of all citizens and that inappropriate behaviour can cause harm and detrimental effects to the officers and beyond (e.g., their families or further spreading the virus); providing support for tasks outside the actual scope (e.g., cleaning of facilities) so the police officers can focus on their core business and main duties.

## PROJECT TEAM



**Professor Russell Roberts** began his career as a Clinical Psychologist in South Australia and before becoming an academic, served as Executive Director of a comprehensive mental health service organisation (1100+ staff). He has also served on the NSW Mental Commission Advisory Council, is a board member of the ANZ Mental Health Association and Chair of the Australian Workplace Mental Health Symposium.



**Associate Professor Larissa Bamberry** has extensive experience researching organisations, labour markets and gender relations in regional Australia. She has undertaken a range of qualitative and quantitative research projects for government and industry focused on regional regeneration, workforce wellbeing and regional skills and labour markets, and has broad-ranging experience in the NSW public sector, working across a range of policy areas including labour market policy, education and training, industrial relations, women's policy and sport and recreation.



**Dr Stacey Jenkins'** last role in industry was as a National Human Resources Manager for a private organisation in the Detention/Correctional industry. More recently she has been the Head of a teaching School/Department at Charles Sturt University. She is currently an advisory committee member of the Australian and New Zealand Workplace Mental Health Symposium, and a member of the Domestic Violence Steering Committee for Wagga Wagga. Stacey's research outputs to date contribute towards the following three global Sustainable Development Goals SDG(s): good health and wellbeing; gender equality; and peace, justice and strong institutions.



**Dr Alain Neher** is an Associate Head of the School of Business and a Senior Lecturer at Charles Sturt University. Before joining academia, he worked for more than 25 years in industry including senior management and leadership roles in private, public, and not-for-profit organisations, as well as in armed forces logistics focusing on support services. Alain is an editorial board member of the Journal of Business Research with a focus on Corporate Social Responsibility and Business Ethics.



**Dr Alfred Wong** is a Senior Lecturer in the Finance Discipline at the School of Business, Charles Stuart University. His expertise is in financial management, financial risk management, portfolio management, banking and applied economics. His research interests are in the areas of empirical finance and economic evaluation of health care interventions. He has won several teaching and research awards, published in international peer-reviewed academic journals and successfully completed several industry research grants. Prior to his teaching career, he worked as an accountant in the banking industry where his primary responsibility was to conduct financial analysis for the banking group's senior management.

## PROJECT TEAM



**Dr Mark Frost** is a Senior Lecturer with the School of Business at Charles Sturt University. He currently teaches in management and is researching in areas such as expatriate human resource management, corporate entrepreneurship, the role of innovation and technology to facilitate effective dispersed and virtual team performance, valuing soil management practices and micro electricity grids. Mark has held senior leadership positions with the University and in the financial sector.



**Dr Abhishek Dwivedi** is a Senior Lecturer in Marketing in the School of Business, Charles Sturt University. He researches brand strategy, customer-brand relationships, and social entrepreneurship. He has published in the European Journal of Marketing, the Journal of Business Research, the Journal of Brand Management, the Journal of Marketing Theory and Practice, and the International Journal of Advertising.



**Clare Sutton** is a Senior Lecturer in paramedicine at Charles Sturt University. Her research interests relate to resilience and the promotion of health and wellbeing in emergency service workers, student paramedics and volunteer responders. She has extensive experience in the emergency services sector and has held a number of leadership positions, including program lead of paramedicine at Charles Sturt University and Chair of the Mental Health and Wellbeing Special Interest Group for the Australasian College of Paramedicine (ACP).



**Professor Peter O'Meara** is an Adjunct Professor in the Monash University Department of Paramedicine and a Director of the Global Paramedic Higher Education Council. Peter is an internationally recognised expert on paramedicine models. He is a registered paramedic, with qualifications in health administration, public policy, and agricultural health and medicine.



**Robyne Young** has 35 years experience working in media, marketing and communications in education, health and the arts. Robyne has a particular interest in public communication campaigns in the emergency services and health fields. In the summer of 2009-10, she worked with the Country Fire Authority (Vic) developing the communication strategy for the North East region.



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