

**A qualitative study of General Assistant staff in the Addiction
Service: A front-line story.**

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Abstract

This research was conducted with the aim of exploring the impact working as a General Assistant within the Addiction Service in the Dublin area has on an individual. Through the course of this qualitative study, six semi-structured interviews were conducted with three male and three female General Assistants. Thematic analysis was used to analyse the data through the use of Nvivo 10 software. Six themes arose from the data and were explored further in the findings and discussion sections. The research was the first of its kind to deal with the impact on General Assistants within the Addiction Service but it could go some way to filling the gap in knowledge and developing the role further.

1. Literature Review

The purpose of this literature review is to explore and critique relevant literature regarding the impact that working on the front-line of the Addiction Service in the greater Dublin and surrounding areas has on an individual. The individuals in question are the General Assistants who work in Addiction Centres. They are part of a multidisciplinary team responsible for the treatment of those addicted to opiates in Dublin and surrounding counties of Ireland. The Addiction Centres are Government funded and are part of the Health Service Executive's (H.S.E.) Addiction Service. The multidisciplinary team comprises of doctors, nurses, pharmacists, counsellors, integration officers/ key workers and General Assistants.

The literature surrounding the role of a General Assistant within the H.S.E Addiction Service is sparse, hence why the conducting of this research study is important as it hopes to fill, in a small part, the void in knowledge pertaining to this role. For the purpose of this literature review, other disciplines who operate and function on the front-line of treatment services dealing with substance use and misuse will be explored. The disciplines in question are doctors, nurses, key workers, residential care teams, social workers, social care workers and pharmacists. The articles and studies below will go some way to represent the feelings and experiences of others on the front-line of services and which may also be felt when working as a General Assistant in the H.S.E Addiction Service.

The role of General Assistant in the Addiction Service is one which is integral to the efficient running of the service provided. The methadone maintenance service (in its

infancy) was established to combat the heroin epidemic which has blighted Dublin since the late 1960's. In the 1970's, detoxification and abstinence service were available but methadone maintenance was not in the picture until the Methadone Maintenance Protocol was launched in October 1998 (Ni Riain & Grassby, n/a, p.1). The Government saw the need for action in relation to combating the heroin epidemic, which was mainly concentrated in areas of urban disadvantage in Dublin, and established the heroin problem as the main focus of the National Drug Strategy (N.D.S.) 2001 – 2008. There are five pillars of the N.D.S. and they are Supply-Reduction, Prevention, Treatment, Rehabilitation, and Research. Alcohol is now recognised under the present Strategy as public concern over its abuse has come to the fore in recent times but heroin is still a main focus. The N.D.S 2009 – 2014 continued the framework of the previous Strategy and 'treatment and rehabilitation accounted for nearly 40% of the actions in the current Strategy' (National Drug Strategy, 2009, p.42). This figure shows how important an issue substance misuse is deemed to be by policy makers within the Government of Ireland.

General Assistants are the first point of contact for clients, prospective clients, other professionals and members of the public with enquiries when they enter an Addiction Centre. As Murphy (1998) states, the role of General Assistant comprises of many duties which are: supervising urinalysis; monitoring the dispensing area and the waiting areas; ensuring clients with appointments are informed of such; controlling access to the front door; monitoring the main switchboard; management of stock; opening and closing and the overall security of the building; management of waste, be it domestic, recycling or biohazard; and supporting clinical staff of all disciplines in difficult, confrontational and sometimes violent situations (p.2-8). Observing the reception and waiting areas is a huge responsibility for General Assistants in Addiction Centres as many

incidents of verbal abuse, violence and drug dealing can occur if there are a number of service users present and staff must be aware of this at all times. A solid, friendly relationship borne out of years of interaction with service users will invariably give General Assistants an insight, through conversations, of what is going on out 'on the street' in relation to disputes or arguments and with this knowledge, many incidents can be contained before they ever escalate and put staff and other service users at risk. The duties of General Assistants take on a more intimate aspect when it comes to supervising urinalysis of service users. This job needs to be taken seriously as some individuals may feel uncomfortable urinating into a receptacle in front of another person and this is where building a healthy, mutually respectful relationship with the service user is paramount. This relationship may go a long way to alleviating their apprehensions and at times embarrassment. Understanding and a friendly attitude is the key to ensuring that the process does not become an issue for either parties involved. As a General Assistant supervising urinalysis, vigilance must be observed at all times to ensure the sample provided is a genuine sample as false samples can oftentimes be passed and this at times can lead to confrontation unless dealt with in a calm and respectful manner by the General Assistant.

The role of General Assistant is governed by the interactionist sociological perspective which, as Harlambos & Holborn (2008) state, 'focuses on small scale interactions rather than society as a whole' and that 'interactionists believe that it is possible to analyse society systematically and that it is possible to improve society' (p.12). Interactionist theory further evolved under G. H. Mead into Symbolic Interactionist Theory which tries to explain human behaviour and human society by examining the ways in which people interpret the actions of others, develop a self-concept or self-image, and

act in terms of meanings (Harlambos & Holborn, 2008, p.856). All interactions we have as a race of people are born out of symbols and Mead argued that humans rely on shared symbols and understandings in their interactions with one another (Giddens, 2009, p.25). Harlambos & Holborn (2008) also state that symbolic interactionists believe that the social structure is fluid and constantly changing in response to interaction (p.856) and that social interactionism therefore rejects both societal and biological determinism (p.883). The concept of emotional labour was a development of Symbolic Interactionist Theory (Fabianowska & Hanlon, 2014, p.54) and symbolic interactionism has probably been the most influential theoretical approach in the sociology of health and illness (Harlambos & Holborn, 2008, p.285).

‘All people have the capacity for intimacy, attachment and caring relationships’ (Giddens, 2009, p.553). People who are engaged in emotional work do it out of love for an individual close to them and this act is founded in primary love relations perspective. Emotion work is not paid work. Emotion work is, as Lynch (2007) describes it, love labour, and that it is ‘emotionally engaged work’ (p.557) There is no weekly monetary reward for this work and it involves a considerable amount of emotional energy on the part of the carer to continue providing the appropriate care for their loved ones. There may be a close, intimate relationship or bond between the parties involved. A parent, spouse, sibling, partner or friend caring for an unwell loved one is oftentimes engaged in this role and the aid they give cannot be commodified in any way other than the emotional bond, and that the relationship is the goal of the relationship itself.

When emotional work moves into the workplace it becomes a commodity and can be sold for a wage. This is where emotion work changes and Hochschild calls this process transmutation and she explains it as when 'private emotion work undergoes change in public to emotional labour...emotional labour, therefore is emotion work used in the workplace for commercial value (Hochschild, as cited in Theodosius, 2008, p.20). This transmutation involves the secondary care relations perspective. An individual recognises their abilities and there is less moral obligation and a greater degree of choice regarding the service of care they provide in return for monetary gain. Emotional labour is particularly typified by three characteristics: face-to-face or voice contact with the public; it requires the worker to produce an emotional state in another; it allows the employer through training and supervision to regulate a degree of control over the emotional activities of workers (Gray, 2009, p. 349). These three prerequisites for constituting emotional labour are most definitely fulfilled by the General Assistant discipline. Face-to-face interaction with service users and members of the public with an open, respectful and non-judgemental attitude is a must in the job as previously stated. Producing an emotional state in a service user is a skill which is harnessed through interactions. Oftentimes service users will be in an emotional state when they attend the Addiction Centre, be it as a result of substance misuse or some issue which has affected them, and it is down to the General Assistant a lot of the time to interact with the service user and engage in crisis intervention. This entails trying to get the service user to either talk to them or get them to link in with any of the other disciplines in a view to helping them. Finally, the employer's regulation of staff needs to be in place in dealing with emotional labour in the Addiction Centres. By its very name, emotions are involved and in the Addiction Centre setting where service users attend, many with a varied and chequered past, General Assistants cannot let personal opinion affect their professional approach.

Theodosius (2008, p.6), states in relation to nursing, that much of the 'emotional labour carried out is largely invisible'. This sentiment was echoed by Gray (2010), who states that 'emotional labour is an almost invisible bond that the nurse cultivates with the patient' (p.352) and this is very true in the role of the General Assistants. Service users are also people, who are going through life just the same as any of us but at times their lives can be more chaotic and invariably at times they will ask for help/ advice from a General Assistant regarding issues which have presented in their lives. Medical, relationship, emotional, judicial, social, housing, and monetary problems arise and at times General Assistants are asked for their advice and help and at times are a shoulder to cry on. These moments are largely unrecognised and invisible but can mean a lot to the service user and invariably will only strengthen the relationship between them and the General Assistant. Mutual respect and adopting a friendly, non-judgmental attitude towards all service users who attend the Addiction Centre is a must and this can make dealing with incidents of a serious manner less volatile. This attitude by General Assistants is supported by Wylie (2010), when he states, users often tend to refer to the more humanistic aspects of staff relationships. Users generally appear to highly value a positive attitude towards them. Interpersonal skills such as empathy, being non-judgemental, quality of interaction and staff availability are seen as important (p.621).

As stated, at times the role of General Assistant can be stressful and it is important for all members of the team to be supported by their colleagues in incidents where there is verbal abuse, damage to property or the imminent threat of physical violence. General Assistants would be the members of the multidisciplinary team who have the most frequent contact and interaction with service users attending the Addiction Centres and invariably are the ones who are left to diffuse volatile situations when they arise.

Lipscomb et al.,(2012), state that, workplace violence, defined as “violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty” is recognized as a significant occupational hazard in the healthcare and social service sectors, which includes addiction treatment services (p.47), and that health care leads all other industries in the number of nonfatal assaults resulting in lost workdays in the United States, contributing 60% of all such assaults (p.47). This figure is staggering and goes some way to explaining why General Assistants can oftentimes be stressed or feel that their work satisfaction is slipping and negativity is creeping into their thoughts regarding their job. This effect on workers is acknowledged by others and Knudsen et al., (2008) have noted the high levels of stress associated with working in the field and Oyefeso et al., (2008) identified poor support mechanisms as a stressor for staff (as cited in Sheridan, Barnard & Webster, 2011, p.411). The result of these stressors can see individuals go on sick leave or engage in absenteeism which allows people to temporarily escape the unpleasant experiences related to their profession and recover mentally, with the side effect of transmitting the costs to co-workers and the organization and of making organizations waste millions of dollars each year—correlates with work stress burnout and guilt stemming from negative attitudes toward clients (Zogmaister, Roccato & Borra, 2013, p.193). These findings are also supported by Duranisingam, Pidd & Roche (2009) when they state, the wider organizational research literature has found two key determinants that have been consistently linked with turnover and turnover intentions: work stress and job dissatisfaction (p.220).

Service users attending Addiction Centres are stigmatised and vulnerable individuals within today’s society. This view is supported by Zogmaister, Roccato & Borra (2013), who state, health practitioners and social workers are often required to deal with

stigmatized people, like those suffering from mental illness, drug addiction, and obesity. Their bias toward the categories these people belong to has important consequences, because it negatively affects clinical decisions and treatment quality (Zogmaister, Roccato & Borra, 2013, p.191). Through providing treatment for their addiction, government policy aims to achieve the empowering of recovering problem drug users so that they can re-engage with society in a manner consistent with their needs and expectations (N.D.S., 2009, p.50). This process can be a long and arduous one but as Hagan (2014) states, the right use of methadone under a pharmacist's supervision can boost heroin addicts' chances of functioning properly on a day-to-day basis (p.30). A service users quest for treatment can sometimes be met with implicit reactions from staff on the front line as von Hippel, Brener, and von Hippel (2008) showed that both implicit and explicit prejudice toward injecting drug users predicted drug and alcohol nurses' intentions to change jobs (as cited in Zogmaister, Roccato & Borra, 2013, p.191). This highlights the need for training, supervision and support in relation to maintaining a healthy workplace and ensuring that General Assistant and indeed all Addiction Centre staff's well-being is a core principle to delivering an effective and professional service. A patient's clinical outcomes are dependent on the delivery of quality health care (O'Donnell, Livingstone & Bartram, 2012, p.204). A study in the UK conducted by Sheridan, Barnard & Webster (2011) involving front-line staff found that a lack of resources identified by treatment workers was that they felt they were not adequately supported, which led to feelings of isolation, anxiety about being able to do the job and an inability to 'let off steam' (p.406) and that in regards to supervision it was seen as a sign of staff being valued, an opportunity to receive feedback about their work, and a mechanism to give workers a sense of security through having their approach with particular clients validated (p.409).

Ongoing training for the General Assistants in the Addiction Service is an important aspect of delivering a professional service. The feelings expressed from front line staff and results of studies involving staff and service users alike into this issue shows that need. Professional staff with a longer history or further studies in the substance use area will usually have a greater understanding of the aetiology behind problematic use (Wylie, 2010, p. 622) and can empathise and build a healthier relationship with the service user. In a study of Northern Irish, health and social care staff, McLaughlin et al., (2006) notes that staff with low levels of knowledge and skill show a low regard for substance users and feel unable to cope with regular contact with them (as cited in Wylie, 2010, p. 622). Fabianowska & Hanlon, (2014) found that, workers [front-line harm reduction staff] feel that the current standard of training provided does not equip them with a sufficient skill set and knowledge base to perform their job well and ensure their wellbeing (p.63), and the boundaries and professional distance will not always protect the workers' emotional self (p.60). Adequate training is paramount to enable staff to deal with negative emotions which may arise from working in a service which trades solely on emotional labour and although support services are available within the Health Service Executive, the stigma associated with accessing them may be a factor in staff not doing so. Bogo, Tufford & King (2011), found that in regard to multidisciplinary teams, when the team was collaborative, isolation was replaced with support, connection, and increased job satisfaction (p.213). Workplace support was significantly correlated with job satisfaction and work stress. That is, workers who reported low levels of workplace support also reported low levels of job satisfaction and high levels of work stress. The importance of positive social relationships at work cannot be overstated. Simple, cost-effective measures such as encouraging supportive relationships at all levels can produce important improvements to the work environment (Duranisingham, Pidd & Roche, 2009, p.230).

Emotional labour, training, support, and education all plays a huge role in the provision of care provided by the General Assistants within the Addiction Centres in the Dublin area. The role is one which is stressful and at times General Assistants can be involved in incidents with service users who are chaotic in their drug misuse, could possibly be mentally unstable and sometimes have violent tendencies. Ordinary people, who are not in a care providing profession, would find situations General Assistants find themselves in through the course of their working day surreal and would invariably find them difficult to deal with but that is the nature of the beast, so to speak. General Assistants perform a service as part of a multidisciplinary team and the individual impact they have on the service users and vice versa needs to be addressed and explored thoroughly through research and that is why this research thesis is necessary and will go some way to filling the gap in knowledge.

2. Method

2.1 Design

The nature of this research study was qualitative by design and it sought to answer the research question; ‘What impact does working on the front-line of methadone maintenance treatment have on General Assistant staff in Addiction Centres in the Dublin area?’ As the cohort of participants to choose from was small in number, it was deemed more effective and the findings would be more in-depth through the employment of qualitative research techniques. This decision was supported by Hennick, Hutter & Bailey (2011), who state that, due to the in-depth nature of qualitative research, few study participants are needed, as the purpose is to achieve depth of information (rather than breadth) by ‘mining’ each participant deeply for their experiences on the research topic (p.17).

The process of collecting the data was through semi-structured interviews and this is because qualitative research is characteristically exploratory, fluid and flexible, data driven and context-sensitive (Mason, 2002, p.24). The questionnaire participants were asked consisted of twenty five questions (See Appendix 3), varying between open-ended questions and closed questions. There were some impromptu questions asked of some participants in the aim of exploring their responses more deeply through the course of the interview. All aspects of the participant’s role as a General Assistant and the impact the job had on them was explored.

2.2 Materials

An interview questionnaire (See Appendix 3) was devised in conjunction with the supervisor in order to ascertain the most relevant data to answer the research question posed. The research question was devised upon the culmination of the literature review which called on academic texts, peer reviewed journal articles, government reports, and reputable websites to establish the existing knowledge which surrounded the subject.

2.3 Apparatus

An Olympus Digital Voice Recorder (VN-711PC) was used to record the interviews with participants and upon completion these interviews were then transcribed verbatim into a Word Document and saved onto a password protected laptop. Nvivo 10, the Computer Assisted Data Analysis (CAQDA) software used by Dublin Business School, was then utilised by the importation of all interviews into the program. This program enabled the researcher to code each interview and establish certain themes as they arose throughout the process. The finished result was the data used to compile this research study.

2.4 Participants

The sample of participants for this research study comprised of six Caucasian Irish individuals, three male and three female. The gender ratio was intentionally chosen to get an even representation of the attitude and effect the role of General Assistant has on an individual. The participants had a combined total of eighty two years' experience in the Addiction Service (ranging from ten years to eighteen years) and their ages ranged from

thirty two years to sixty years. All participants work in a number of Addiction Centres around Dublin city and surrounding suburbs.

2.5 Procedure

All participants were known to the researcher on a personal level so after an initial phone call or conversation with each, the researcher faxed an information letter (See Appendix 1) to each participant outlining the purpose of the research study to give them an understanding of what would be involved. Upon confirmation of their participation in the study, a time and a date was set for each interview. Interviews were set up to facilitate the participant's schedules and the appointments were participant-initiated for suitability and convenience. Upon submitting a letter asking for permission to conduct research with H.S.E. staff (See Appendix 4), permission was granted by the Clinical Governance Group of the Health Service Executive. An informal chat was had before each interview to ensure the participant was comfortable, at ease, and understood that what was said would be treated with the strictest confidence and that anonymity and discretion would be observed. As the researcher knew all participants personally, there were assurances made that this study was an important piece of research, the like of which had never been conducted before regarding the General Assistant discipline and whatever their opinion of the researcher, the conducting of this study was of paramount importance and would be treated as such. A consent form was then signed by the participants (See Appendix 2).

The interviews were conducted, as previously stated, using an Olympus Digital Voice Recorder and lasted between twenty two minutes and one hour and thirty six minutes. The researcher did not conform to any time constraints as it was felt during the

course of the interviews that the process in itself was therapeutic for the participants and the researcher also felt that the more data collected would be beneficial to the study. The completed interviews were then transcribed verbatim into a Word Document and imported into the Nvivo 10 program and analysed. All information was stored on a password protected laptop.

2.6 Data Analysis

Qualitative data analysis involves a process of immersion in data, through which you can identify and interpret the experiences of your study participants (Hennick, Hutter & Bailey, 2011, p.205). Interviews were entered into Nvivo 10 and read and re-read before codes (individual pieces of data from the interviews) were extracted and analysed. This analysing of the coded data thematically formulated the themes which became the basis of the research study and which were elaborated on further.

2.7 Ethical Considerations

Ethical considerations played a huge part in this research study. Ethical guidelines from the Dublin Business School's Ethical Guidelines for Research with Human Participants were adhered to with written consent being attained, a safe environment provided, the option to withdraw from the study at any time, and debriefing when the interview was completed. As all participants knew the researcher personally, and the number of the General Assistants within the Health Service Executive so small, confidentiality was of paramount importance. Assurances that no names would be used and no identifiable data which could lead to the identity of the participant would be included in the research study were guaranteed.

As the Addiction Service in which all participants work is also a confidential service, the protection of service user information was also great importance, as to divulge specifics would have been in breach of contract and professional standards. All participants, upon completion of the interview, were debriefed informally by the researcher to ensure that any adverse or negative feelings which arose during the course of the interview had not affected them negatively. The researcher encouraged them to call him at any stage post-interview if any adverse feelings did arise. The safety of the participants was the number one concern in the conducting of this research study.

3. Findings

3.1 Introduction

The role of General Assistant is an integral part of the effective running of any Addiction Centre. Without this discipline the effectiveness of the service provided and the health and safety of all members of the multidisciplinary team and service users would be in jeopardy. General Assistants are the front-line of the service. They are the men and women who are the first point of contact service users, medical professionals, members of the public or outside agency personnel have once they enter an Addiction Centre. The aim of this study is to assess General Assistant's feelings, perceptions, and attitudes towards their role and the service as a whole. Through the course of this research, the following six main themes emerged from the data:

- The role of a General Assistant.
- Being part of the multidisciplinary team.
- Negative aspects of the job.
- Stress associated with the job and support services.
- Emotional labour.
- Training and changes that could be made to the role.

3.2 The role of a General Assistant

As stated previously, General Assistants are front-line staff and their role is to ensure that the service provided in Addiction Centre runs smoothly. The physical duties performed are in effect, standard in all Addiction Centres, but each individual brings more to the job and their understanding of the role is crucial to this.

“I would define the role as a very important one because you are the first person who the client meets when they come in the door and it helps to be friendly. The duties could be supervising samples, supervising methadone [consumption by service users], supervising clients going into nurses and doctors. Also to keep the place clean and tidy and bringing out clinical waste and it helps if you have a good sense of humour” (GA1).

The list of duties mentioned above was echoed by all participants in their interviews but the role is more than that. The close interaction General Assistants have with service users is one of the keys to their effectiveness in maintaining a pleasant and safe clinical environment.

“Well first of all, a General Assistant’s role starts from the time a person walks in the door. We would spend about 80% of our time with a client, which would be more than any other discipline would” (GA5).

This facilitates the building of relationships which aid General Assistants in going beyond the outlined remit of their job and making an impact and helping service users going through difficult times through illness or personal issues.

“The role that we have at the minute which can be sometimes crisis intervention on the floor and we play a lead role in that, making sure they [service users] are ok and pointing them in the right direction. Other members of the team don’t see that, they just see us bringing up somebody for an appointment but they don’t see the crisis intervention that we done on the floor, eh, which happens, could be twenty or thirty times a day” (GA4).

“We have had to wipe up blood spillages, we have had to wipe up vomit, faeces, we have had to wipe up everything and we just get on with it and fair play, your stomach would be heaving but you just do it” (GA3).

This close relationship is the cornerstone of the role and boundaries are important in the clinical setting and these are, as all participants attested to, respected outside the job

if there are any interactions with service users. Professional boundaries are in place for General Assistant's safety and professional integrity and their importance is profound.

“I think for your own safety and your own protection you have to have personal boundaries and eh, I think the clients do respect them” (GA3).

3.3 Being part of the multidisciplinary team

As members of the multidisciplinary team within the Addiction Centres, General Assistants play their role in the service users' treatment. The feeling among General Assistants is varied in regard to how they are perceived within the team. The intimacy of their relationship with service users is one which garners information about their lives that medical or other clinical staff might not be told.

“They don't see the importance of being a G.A. They don't see the job we do as such...toilets are like a confessional box and they [service users] will tell you everything in there. And it is information that doctors wouldn't get or nurses wouldn't get that G.A's would get” (GA1).

“We actually get a lot of information from them [service users]. We get to know what's going on with them without them going to see the counsellor, the nurse, or the doctor. We have a lot of information before they even reach that stage” (GA3).

The intimate relationship cultivated over years of being in the service gives General Assistants a greater insight and level of trust with the service user.

“The relationship we have with the clients, no other discipline has the same relationship we have and it is not utilised to its benefit for the service user and for the staff and for the team so I think the service is missing out big time there” (GA4).

Negative feelings in relation to how General Assistants are perceived are evident through the data.

“I think they just see us as security if a fight breaks out” (GA1).

“They see me as generally a gofer or a person that supervises female samples, I see myself as a lot more than that” (GA3).

“I do feel we don’t get the recognition for all this small but major stuff that we do. I really, I personally feel underappreciated” (GA3).

“I think there is a slight bit of jealousy, although we’d never be told, between all the other disciplines and General Assistants because we can take control of situations no matter how difficult they are” (GA5).

“Policy dictates that if there is an incident in the clinic, all disciplines are supposed to come onto the floor. History has shown General Assistants are left to deal with it themselves. I have yet to be involved in an incident with a client where any other discipline, other than General Assistants, comes to the floor to help” (GA5).

In relation to the weekly multidisciplinary clinical team meetings that are held to discuss service users and their treatment, participants felt that General Assistants should have a voice at these meetings but were excluded.

“I do think we should have a voice on the clinical team meetings. I think it’s very important. I think decisions are being made without the full knowledge of all the team” (GA4).

“Oh definitely, oh absolutely, we’re not trusted...I think we are grossly undervalued as a profession, we are grossly undervalued” (GA5).

General Assistants felt that their role within the multidisciplinary team was one which could be addressed with only some slight changes to existing structures.

“Some clinics have a very good multidisciplinary team approach where all members of the team are involved, other clinics not so much. It’s fairly much GP led and we’re down the bottom of the food chain and again we’re seen as more or less security” (GA4).

3.4 Negative aspects of the job

All participants recognised that the service users are a chaotic, marginalised, vulnerable, and difficult cohort to work with but the level of abuse sustained by these front-line staff at times is unwarranted and can be difficult to deal with.

“They would probably be upset with someone else [other member of staff] and be abusive but they would be abusive to everyone” (GA2).

“There was an incident two lads actually they threatened me, they threatened to follow me home. I mean these two particular lads they were quite the boyos and they were nasty, actually nasty lads, so yeah I was very afraid” (GA3).

“Recently somebody [service user] wasn’t allowed to the door and they threatened me, told me they were going to cut my throat... We followed them on the camera and it appeared they were going to wait for me to do me some harm and it rocked me” (GA4).

“I told him [service user] we were closed and he threatened me, eh, he was gonna drag me outside and punch the head off me...I felt the seriousness of it, I was actually terrified...I was actually afraid and I’ve had bins thrown at me, I’ve been threatened to be killed but not with the venom that happened me last year” (GA5).

“I have been punched, kicked” (GA6).

Where there is the acceptance of the service users’ vulnerability, there is also the realisation that the cohort of individuals accessing treatment can be violent and unpredictable and that violence and aggression is part of the service.

“A lot of hard core criminals, people that we know were wanted for murder and rape and tiger kidnappings and everything else, to people that rob a bottle of vodka outta Lidl’s you know, we come across it all” (GA3).

“The amount of incidents over the last two years have increased much more than in the previous two years, we seem to have a lot of violence, abuse and aggression, and in particular in the last year its increased” (GA4).

The resilience of the General Assistants is something that is tantamount to their success in their role. Very few professions in contemporary Ireland have to deal with that level of aggression and violence on a regular basis and there is an acceptance of this behaviour as normal and an ‘everyday occurrence’ to an extent. This acceptance was voiced by a number of participants and the fact that General Assistants become institutionalised, through their time in the Addiction Centres and through the level of serious incidents that they witness.

“Yea but most of them would come in and apologise the next day so you just kind of forget it” (GA2).

“It’s horrendous, it’s frightening, it’s scary because it’s not normal and you do, you would become, very much, become institutionalised” (GA3).

“We become like the service users, we become institutionalised in my opinion and then if like, if you’re sitting at home reading the paper and you see a court case coming on, where other people would be extremely shocked by it, you go ‘ah it’s not that bad’. You know, stupid things like that” (GA4).

“I’ve been choked, I’ve been threatened with a knife. I’ve been threatened to be stabbed with a pen. I’ve been spat at but yeah, it doesn’t really affect me too much in terms of coming into the job” (GA6).

3.5 Stress associated with the job and support services

General Assistants are involved in the most incidents of abuse, aggression and violence within the Addiction Centres and during the course of these incidents tensions are high for all concerned. When asked if they were ever stressed in relation to their job, all participants responded in the affirmative.

“Yes I have definitely felt stressed” (GA1).

“Yeah, I think it just wears you down sometimes...to actually physically see children being taken off their parents and put in to foster care. Now that was quite stressful” (GA2).

“People think you’re weak, I can handle my job but when you’re getting personal insults and personal verbal aggression every time it’s hard to deal with, it does get in on you” (GA3).

“Yes, the last couple of years, without a shadow of a doubt...Yeah, particularly the last year has been quite stressful” (GA4).

“Yes there have been a couple of times I’ve been stressed” (GA5).

“It is a stressful job. It is a very stressful job in certain, I’d say I get stressed out probably about one or two things on a weekly basis” (GA6).

In relation to stress and incidents which occur, there is a support network of line managers in place within the Addiction Service but the participants had mixed views regarding the structure.

“Line managers yeah. Senior General Assistants, yeah definitely. If I have ever had any issue they would always resolve it” (GA2).

“Yes, at this present moment the support is there, the previous three years I found very difficult. I wasn’t, couldn’t, wasn’t comfortable picking up the phone to my line manager” (GA4).

“It is not a bad job to be in but if we had the support we’re supposed to it would be a hell of a lot better” (GA5).

There is also support services within the H.S.E. in the form of Occupational Health and General Assistants can access these services at any time, either by self-referral or being referred by a line manager. Medical and counselling services are available to any individual who has been involved in an incident and need to access treatment. Two of the participants did not realise this service was available to them but of the other four there was mixed reviews regarding the service’s utilisation and effectiveness.

“I did access them once or twice. Overall I didn’t find it very helpful, I felt the guy, I don’t know if he was just waiting on retirement...I felt he was plamasing [placating] me and just trying to keep me happy. He was nodding his head like a noddy dog because he really did not have a clue where I was coming from” (GA3).

“I don’t regret doing it, regardless of what anyone thinks and I would always encourage somebody that’s been through what I went through that night to go for it” (GA5).

“It was good that I did and there is a certain type of solace there that you can talk to someone if you want to and I would go again if I felt like I needed to” (GA6).

Care giving professions are seen as feminine work but as a General Assistant there is a hegemonic masculine ethos surrounding it as the demands of the role in dealing with aggressive, troublesome service users at times calls for control, authority and strength of will. One participant felt that accessing support services stigmatised them in the eyes of their colleagues.

“If you do go to these occupational health and the counsellor, I think you are viewed by your peers as being weak and you can’t handle the situation and you are getting stressed out about nothing so that leads to another kettle of fish you know...your colleagues, especially the male colleagues see it as weakness” (GA3).

3.6 Emotional labour

For all the negativity which surrounds the job as a General Assistant, all participants answered ‘yes’ to the question posed in relation to whether or not they liked their job.

“I love my job, I actually do. If it came to it I do love it and I do enjoy it but we are dealing with dysfunctional people. We are dealing with, eh, extremes of mental health from depression, suicide anxiety to severe psychiatric illnesses but yeah, I do love my job” (GA3).

“Yeah I do actually...I really like it yeah” (GA6).

Some of the incidents General Assistants have to deal with involving service users can have an effect on them emotionally but these face-to-face interactions are what make a good General Assistant as they are there to help the service users as best they can. The crisis intervention which General Assistants engage in was explored previously but the smaller ‘invisible’ interactions on a daily basis can have a resounding effect on the service users.

“One girl came in and she was after being raped and it was a Saturday morning or a Sunday morning and I was trying to ring around different places for her but there was nowhere for the girl to go but A & E and that actually bothered me” (GA1).

“You do make a difference to somebody’s life where they walk in the door and my life compared to their life is much better and you just say something small to them and it makes a huge difference to them. That’s probably why I am still in the job, that would be the only thing that’d be keeping me” (GA4).

“I would love to be a bit more helpful to them for getting the best out of their treatment” (GA6).

One of the keys to emotional labour as a General Assistant is to produce an emotional state in a service user and this is oftentimes achieved through comedy and humour in the interactions and it can forge a bond which can be utilised at a later time.

“I like having a bit of a laugh with the clients, not in any kind of mean way or that they are the punchline of the joke, just having a laugh, just joking about something which I’m sure, you can see sometimes by their reaction that they probably don’t get that [with ordinary people]” (GA6).

Many feelings arose during the interview process and the data is littered with close intimate feelings and phrases that show just how in touch with the service users the General Assistants really are and how much they understand their role and the impact it can have.

“I would have compassion to them because I think it could have been me” (GA2).

“You need to have compassion and as I said, respect and empathy and dignity towards the client” (GA3).

“To understand that it is an addiction. To give help, understanding, and be prepared to listen” (GA5).

3.7 Training and changes that could be made to the role

When asked did they think there could be more training provided or catered for, all participants answered ‘yes’. All participants felt that the training provided General Assistants fell short of expectations and was inadequate for the service and the role in which they found themselves.

“I haven’t done a lot of training. I have really only done the CPI (Crisis Prevention Intervention) and the Dignity in the Workplace. No, I was just straight into the job and that was it” (GA1).

“There was no training. You are thrown in at the deep end and anyone I spoke to along the lines since has had the same experience” (GA3).

“Training from a G.A point of view is inadequate but I think eh, you will find that most G.A’s would have learnt their trade from life experiences, from being on the floor in the clinic, and picking it up from their colleagues” (GA4).

The participants felt that due to the serious addiction and mental health issues they came into contact with on a regular basis, further training was required for their own safety and for that of the service users.

“Another thing you are dealing with people that are intoxicated with whatever substance. I’ve never been trained to deal with somebody on heroin, cocaine, tablets, alcohol, psychotic crap they [service users] take. I don’t know, I’ve never been trained, it’s just my gut instinct” (GA3).

“We are not trained to deal with people and that is one of the great flaws for this service, one of the biggest flaws of this service, and it is people who are psychiatric...in the ten years that I have been in the job that has never been talked about or spoken about at all” (GA5).

As regards changes to the role of General Assistant, upskilling and more training were the foremost points. A change of title was felt very strongly by one participant.

“The name is not very professional, it’s actually embarrassing...I think the role, the name, our title is actually very demeaning. It’s actually very degrading and disrespectful and it doesn’t encompass anything of what we do, it really doesn’t” (GA3).

Changes mentioned by the participants also included the idea of maybe diversifying the role in some way so that the experience and relationships built up over many years could be maximised to benefit the service user.

“I know we do it but to be recognised more for doing that. Not as a key worker but just linking them into places [different services]. If you had the ability to do that it might make the job more worthwhile” (GA2).

“I think we have a much bigger role to play as far as the whole clinic is concerned and it should be a recognised post, whether it’s a clinic manager...and I think that role could be enhanced much more formally” (GA4).

“I don’t see why a G.A couldn’t take on the role of crisis intervention officer, whatever way you want to describe it, or first port of call for any problem that a service user might have” (GA4).

“For the most part, all the G.A’s out there are professional and I would like to see us do a bit more. I think we could train up and help the clients get more out of their treatment. I mean, we are the front-line. It is one of those things, we see everything” (GA6).

4. Discussion

4.1 Introduction

The aim of this research study was to explore the impact working on the front-line of methadone maintenance treatment in the Dublin area. Men and women who are members of the General Assistant discipline within the H.S.E. Addiction Service were the focus of this qualitative research study. In-depth research and data specifically pertaining to the role of General Assistants was non-existent, although through the course of researching and writing the literature review, data in regards to other disciplines within in the addiction field was reviewed and comparisons made and supported in regards to experiences of those disciplines and those of General Assistants.

Six themes emerged from the literature review. The six themes were: the role of the General Assistant; being part of the multidisciplinary team; negative aspects of the job; stress associated with the job and support services; emotional labour; and training. These themes were supported by the data collected through the in-depth qualitative interviews which were conducted with six General Assistants and which were then analysed thematically to determine findings. The themes that emerged through the literature review were supported in the findings, with the exception of changes that could be made to the role. These findings give us an insightful view of the General Assistant's role from their perspective and also the impact working with such a marginalised cohort in Addiction Centres has on those men and women, as individuals and a group as a whole. These findings will be discussed further below and it will become apparent that this research study goes some way to filling the gap in knowledge surrounding this discipline.

4.2 The role of General Assistant

The role of a General Assistant is integral to providing an efficient and safe service and environment for both service users and staff alike within the Addiction Centres in which they work. They are the front-line and are the first people any individual meets once they enter the Addiction Centres. The responsibility to provide a professional, non-judgemental service for all service users is achieved through the commitment of General Assistants. The physical duties that are required of those General Assistants, be they the supervision of urinalysis, the monitoring of the waiting areas or the ensuring that service users are directed to appointments, they are performed effectively and professionally. The close interactions, as stated in the findings, the General Assistants have with service users begin as soon as they walk in the door. Relationships are formed that go beyond the remit of the job outlined in Policy and Procedures. As Wylie (2010) states, service users value a positive attitude towards them and that empathy, being non-judgemental, quality of interaction and staff availability are seen as important and this is the cornerstone of being a good General Assistant. Fulfilling this role is important to all members of the discipline within the service.

Through the course of the interviews it became evident that the close, intimate relationships formed between General Assistant and service users were recognised by the staff themselves and a responsibility for the service user rests, in part, on their shoulders. The General Assistants all recognised the importance and effect their role has on the service users in their care. Crisis intervention by General Assistants on the floor was discussed and is an everyday occurrence, and it brings home just how close the bonds can be. Through the years of service each individual staff member has put in, they have forged professional relationships with the service users. Through the findings, the interest in the

service users' welfare goes beyond a professional interest at times but in the same breath, professional ethical boundaries are never breached, for the safety of both parties. General Assistants care what happens to the service users and that is an important role to play in a vulnerable individual's life but it is welcomed.

4.3 Being part of the multidisciplinary team

Being part of a multidisciplinary team responsible for the medical care of a marginalised cohort is a big responsibility. How General Assistants feel they are perceived by other disciplines within those teams brought forth some interesting findings. The close relationship General Assistants have with service users invariably provides them with a greater knowledge of the individual's circumstances, be they medical or otherwise, than other disciplines at times but this relationship is not felt to be recognised or indeed respected by other disciplines. As regards how they, as a discipline were viewed, participants felt that they were just seen as security, urinalysis takers, and not much else and these feelings gave a sense of being underappreciated. Without General Assistants the number of serious incidents in the Addiction Centres would increase sharply but even in regard to that, one participant felt that it was always left up to General Assistants to calm situations with aggressive and violent clients when in fact it was policy for all disciplines to attend the scene of an incident to ensure the safety of all staff and to show solidarity. This was not the case in their experience.

The General Assistants felt that the service was missing out on their relationship with service users and that they could be utilised more for the benefit of the service. Some of the Addiction Centres were recognised as having a great multidisciplinary team

approach but in others it was felt they were more G.P lead and General Assistants were only viewed as security. One participant felt that in relation to multidisciplinary team meetings, General Assistants were not trusted with medical knowledge of service users which may be discussed while another felt that the team was making decisions which invariably affect General Assistants, and at times their safety, without their knowledge. These findings regarding negative emotions within a multidisciplinary team are supported by Bogo, Tufford & King (2011) who stated that when the team was collaborative, then feelings of isolation diminished and job satisfaction increased. Duranisingham, Pidd & Roche (2009) also support this view when they stated workers who reported low levels of workplace support also reported low levels of job satisfaction and high levels of work stress.

4.4 Negative aspects of the job

Throughout the course of this research study, the literature review and the interview findings both brought to the fore just how negative working in Addiction Centres can be. Participants felt that very few service users ever emerged from treatment successfully opiate and methadone free and this was felt to be one of the negative aspects of the service as a whole. Although all participants knew that the service users were a vulnerable and marginalised group, the levels of violence and abuse suffered by General Assistants at times shows just how negative an impact the job can have. Providing care to individuals should not come with the level of abuse that staff in Addiction Centres receive.

Lipscomb et al., (2012) define workplace violence as “violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty” (p.47)

and state that in the United States, the health care services constitute 60% of the total yearly reported figures. Through the findings, incidents of verbal abuse, serious threats on personal safety, and indeed acts of physical violence including being kicked, choked, punched, stabbed, and spat at, are all horrific but the men and women of the General Assistant discipline deal with these incidents all too frequently. Through the course of the interviews one point that did come to the fore was that was that male staff were involved in more violently aggressive incidents than females but that females were the victims of more verbal abuse.

The participants also felt that seeing service users going through emotional, chaotic times in their lives also compounded just how negative the service was at times, and in part, this seemed to be one of the reasons why the incidents of abuse and aggression were in some way accepted. All participants were conscious of the fact that through the course of their work they had become in some way institutionalised because of the level of tolerance they now have for serious incidents. It was well recognised by the participants that the service users accessing treatment can be volatile and aggressive and many have been involved in serious crime in the state and this fact compounds the negative aspects experienced by General Assistants when it comes to fulfilling their duties on a day to day basis while faced with such adversity.

4.5 Stress associated with the job and support services

Stress plays a huge part in the work life of a General Assistant. All participants answered in the affirmative when asked whether they had ever been stressed in relation to their jobs. From seeing children being taken into care by social services, from incidents of

violent aggression to seeing vulnerable service users in physically or emotionally distressing states all compounds the stress which General Assistants feel. Sheridan, Barnard & Webster (2011) noted the amount of stress which members of the care professions feel in relation to their work. To alleviate this stress and help members of the Addiction Service cope with the effects of stress, there are support services at their disposal.

Support services are integral for any individual in the maintaining of a healthy self. The accessibility of these services were recognised by the four participants who knew of their existence but there were mixed feelings regarding their use. One participant felt the counsellor in question did not really comprehend where they were coming from and that the experience was not as helpful as it could have been. Other participants felt accessing the service was very beneficial to their own well-being and that it was a valuable service. The stigma surrounding accessing the service and how an individual is perceived by colleagues is a worrying finding. The protection of one's mental health and well-being should not be perceived in a negative way.

Questions regarding the support from line managers above the General Assistants was met with varying degrees of feelings. One participant felt their immediate line manager fully supported them while other participants felt that the support was not there and that in itself needed to change, and indeed was changing. Through the course of their roles as General Assistants, the participants felt that in regards to the frequency of incidents that occur, a more supportive structure could be in place.

4.6 Emotional labour

General Assistants, by their very employment, engage in emotional labour. They commodified their care giving abilities and began working in a caring profession and they take their role seriously. As Gray (2009) states in regards to emotional labour, it requires “face-to-face or voice contact with the public; it requires the worker to produce an emotional state in another; it allows the employer through training and supervision to regulate a degree of control over the emotional activities of workers” (p.349). As already shown through the literature review and findings, all participants engage in emotional labour and elicit emotional responses from their service users.

Theodosius (2008) states that much of emotional labour is invisible and largely goes unrecognised and even through the interview process the General Assistants, whether fully comprehending their actions or not, engaged in this day after day through their crisis intervention, their support, their care shown, and the respect and compassion they give to the service users accessing treatment. For all the negative incidents they had been involved in and that the role has, each and every participant in this study said they liked or loved their job. Each participant wanted to do more for their service users, tried every day to make a positive impact on the lives of their service users, and tried to show their service users that they were not just another ‘addict’ but an individual. Much of this was done through humour and the friendly, non-judgemental attitudes participants have with service users is what makes the intimate working relationship function so well.

What came through from the interviews was that the relationship between General Assistant and service user is unique, in its intimacy and the bonds of trust that grow, and is

like no other within the service and this can only benefit the service user's treatment. What one participant felt was that they wanted to do more for the service users, another felt that what kept them in the role was the fact that they could impact on someone's life positively and hopefully make a difference. These two small examples show just how invested in emotional labour General Assistants are, whether it be unknowingly or not.

4.7 Training and changes that could be made to the role

As regards training, all participants felt that there could be more provided. The Crisis Prevention Intervention and Dignity in the Workplace training was recognised as being beneficial to the role but it was not enough. As regards the service users, the participants felt that they were not adequately trained to deal with individuals affected by cocaine, heroin, psychotropic drugs, benzodiazepines, 'head shop' drugs, crystal meth, and alcohol. Dealing with service users who had serious mental health issues was also a major concern with the lack of training in place. Whatever responses coming into contact with individuals affected by any of the aforementioned issues the General Assistants used were borne, not out of a training manual or training day, but out of personal experience and on the job knowledge. As it was stated in the findings by one participant, there has been an increase in the number of violent incidents over the last number of years from their perspective, and the feeling is that the training provided should reflect this. These findings were supported by Fabianowska & Hanlon (2014), in a study conducted with individuals who worked in harm reduction treatment.

The training and upskilling of General Assistants could also be utilised in the service user's overall treatment. Suggestions of General Assistants fulfilling some sort of

key working role, clinic manager role, crisis intervention officer role, or as an official contact within an Addiction Centre for service users who have a grievance or a problem with a member of staff. These are all possibilities which could be looked at to maximise the experience and dedication of the General Assistant staff within the service.

4.8 Limitations

The limitations this study faced were ones of time constraints, sample size, and lack of research specifically related to General Assistants. The time needed to properly conduct qualitative thematic analyse and produce a comprehensive research study is immense and this was the main limitation as regards conducting this research. The interview process yielded interviews varying from twenty two minutes to one hour and thirty six minutes and transcribing these was a huge task. Looking back, it is felt that imposing time constraints on the interview process might have allowed for a greater sample size but alternatively it may not have yielded such a vast wealth of data. Although there was research material in relation to front-line staff in other disciplines, the lack of research material specifically related to the General Assistant discipline was also a huge limitation. If future studies are conducted in regards to this discipline, maybe this research study will be of benefit.

4.9 Suggestions for further research

In relation to further research regarding the General Assistant discipline, it would be of benefit to the Addiction Service as a whole to explore more comprehensively the relationship between staff and service user. This relationship came to the fore throughout all the themes explored and its impact on General Assistants, service users and indeed the

service should be explored in the view to maximising its potential and benefits for treatment. In the future there could obviously be a greater sample size of General Assistants to encompass more personal experiences and feelings of the men and women who perform their roles with such professionalism. A greater sample size would also yield more gender based findings and could explore in greater depth the positive and negative effects of the role and also delve more deeply into the stresses experienced by General Assistants.

5. Conclusion

The purpose of this research study was to explore and ascertain the facts surrounding the role of General Assistants within the H.S.E. Addiction Service. Through the compiling of research material for the literature review none was found specifically pertaining to the role of General Assistant but the comparisons to other front-line discipline's experiences were very much the same, so the data is relevant in essence. The interview process garnered a vast wealth of knowledge from individuals who do not have a chance to voice their opinions that often are not heard and the themes of: the role of General Assistant; being part of the multidisciplinary team; negative aspects of the job; stress associated with the job and support services; emotional labour; and training and changes that could be made to the job, all explore the facts, feelings, and impact working as a General Assistant has on the individuals.

The negativity that at times surrounds the service and the abusive, aggressive, and sometimes violent incidents that occur within Addiction Centres impacts greatly on the staff but each individual fulfils their role. General Assistants are part of the care giving field and understand the service users are marginalised, at risk individuals with problems and difficulties, and it is this understanding and empathy that ensures that no matter what personal feelings arise, the General Assistants of the Addiction Service will conduct themselves with professionalism and understanding. They are the men and women at the heart of every Addiction Centre and their role needs to be recognised for the crucial part it plays in providing a safe environment for staff and service users alike.

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APPENDICIES

Appendix 1 – Information letter for Participants

Conor Breen,
General Assistant,
Castle Street Addiction Centre,
37 Castle Street,
Dublin 2.

27/11/14

Dear Colleagues,

I am currently in my fourth and final year of a BA in Social Science in Dublin Business School and am in the process of formulating and writing my thesis. The basis of my thesis is us, the General Assistants of the Addiction Service in the Dublin Area.

The research question for my thesis is ‘What impact does working on the front line of Methadone Maintenance have on General Assistant staff in Addiction Centres in the Dublin area?’.

I believe that a study like this would be worthwhile as regards our discipline and the information garnered from it could in some way highlight problems and go towards improving our role within the multidisciplinary team and I have been granted permission to conduct this research by the HSE DML Clinical Governance Committee.

What I am looking for is your assistance. I am aiming to conduct 10 individual interviews, commencing in January, which will last approximately 45 – 60 minutes. I do realise that time outside of work is a precious commodity for people and I will do my best to accommodate your schedule, be it in the evenings or at weekends. I would really appreciate any assistance in this folks.

Please find attached a copy of my research proposal and if you are interested in cooperating or have any concerns or queries in relation to the interview, please do not hesitate to contact me.

Yours Sincerely,

Conor Breen

Tel: 01 – 4767030

Mobile: 087 – 2751788

Email: conor.breen@hse.ie

Appendix 2 – Participant Consent Form



A Qualitative Study on Staff in the Addiction Service: A front line story

My name is Conor Breen and I am conducting research that explores the effect that working on the front line in a Methadone Maintenance Treatment Centre, as a General Assistant in the greater Dublin area has on an individual. This study aims to determine how the job impacts on individual General Assistants and will strive to go some way to filling the gap in knowledge pertaining to this role.

You are invited to take part in this study and participation involves an interview that will take roughly 40 minutes.

Participation is completely voluntary and so you are not obliged to take part. If you do take part and any of the questions do raise difficult feelings, you do not have to answer that question, and/or continue with the interview.

Participation is confidential. If, after the interview has been completed, you wish to have your interview removed from the study this can be accommodated up until the research study is published.

The interview, and all associated documentation, will be securely stored and stored on a password protected computer.

It is important that you understand that by completing and submitting the interview that you are consenting to participate in the study.

Should you require any further information about the research, please contact

Mr. Conor Breen (cjacer51@outlook.com) or Mr. Tom Prenderville (tom.prenderville@dbs.ie)

Thank you for participating in this study.

Participant Signature: _____ Date: _____

Appendix 3 – Participant Questionnaire

1. Could you please tell me your age?
2. How long have you worked in the Addiction Service?
3. How would you define your role as a General Assistant?
Duties? Expectations? What personality traits do you think makes a good G.A.?
4. Do you like your job?
What is it that you like about it?
5. How do you think General Assistants are perceived by the other disciplines in the Multi-Disciplinary Team?
6. Have you ever been involved in an incident where it made you feel good about your work?
Can you give me an example(s)?
7. Have you ever had any instances where you have disliked your job?
Can you give me an example(s)?
8. Do you feel that your own personal boundaries are respected by service users?
9. Have you ever been involved in an incident where you felt abused/ threatened/ violated?
If yes, can you give me an example(s)?
10. How were these incidents resolved? Was the resulting action satisfactory to you?
11. Do you feel you are supported in your job by your colleagues across all disciplines?
Protocol regarding incidents? Are G.A.'s left to deal with trouble?
12. Do you feel you are supported fully by your line managers?

13. Have you ever felt stressed in relation to the job?
Can you give me any examples?
14. Have you ever felt like you wanted to quit your job as a result of something that happened in the workplace?
15. Do you realise there are support services within the Addiction Service?
Occupational Health – counselling/ nursing staff/ doctor
16. Have you ever felt the need to access them in relation to an incident in work/ personal issue?
(No need for details unless participant wishes to divulge) If yes, did you find them effective?
17. Do you find it hard to disengage from work when you finish for the day?
Can you give me any examples of when/ why this may occur?
18. Do you feel that positive/ negative incidents which occur in work affect you outside the job?
If yes, can you give me an example?
19. Have you ever had positive/ negative interactions with service users outside of work?
If yes, can you give me an example?
20. Do you feel like you have ambivalence about your own role?
Mixed feelings regarding the job and your feelings towards service users? Love/ loathe; respect/ dislike??
21. If there was anything you could change about your role, what would it be?
22. Do you think the training you have received is beneficial to the role?
23. Do you think there could be more training provided or catered for?
24. Do you see yourself in your current position in 5 years time?
25. If you could make changes to the role of General Assistant, what would they be?

Appendix 4 – Supervisor Permission Letter



Mr Tom Prenderville Research
Coordinator Dept. Social
Science Dublin Business School

10th November 2014.

Dear Sir/ Madam,

Re: Permission to conduct primary research on the impacts on General Assistant (GA) staff of working on the front line in Methadone Maintenance in the Dublin area.

Conor Breen is enrolled as a final year Social Science student at Dublin Business School. DBS Social Science students are required to complete an independent research project during their final year of study. Conor's final year research project aims to examine the the impacts on General Assistant (GA) staff of working on the front line in Methadone Maintenance in the Dublin area.

All research conducted by final year students is done for the purpose of meeting course requirements. All results obtained are strictly confidential, and to be used for assessment of the researching student's qualifications for receipt of a BA in Social Science. Conor is requesting written permission, as soon as possible, to collect research data.

Please feel free to address any questions regarding this research to Mr Tom Prenderville, Research Coordinator, Social Science Programme, Dublin Business School. Conor (187breen@gmail.com) can also provide further details about how he will conduct his research study. Thank you for your time.

Yours Sincerely,

Mr Tom Prenderville | Tel: 01 4178737 | Email: tom.prenderville@dbs.ie