

Commission
on Excellence
and Innovation
in Health.

Building Workplace Wellbeing

A guide to building sustainable workplace wellbeing within
South Australian healthcare organisations



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Background

A healthy, safe and motivated healthcare workforce is central to an efficient, sustainable and world-class health system that delivers optimal patient outcomes.

Building excellence in workplace wellbeing across the South Australian healthcare sector requires a multi-level approach to create a sustainable environment in which our workforce, patients and healthcare system can thrive. There is no single “quick fix” to existing suboptimal worker wellbeing and poor workplace culture; a whole-of-system response is required to drive change, and everyone has a role to play.

Organisations and their leaders are legally and ethically responsible for protecting and promoting the health and wellbeing of their workforce. Embedding a culture of workplace wellbeing into the fabric of healthcare organisations needs to be a priority if the sustainability, ongoing efficiency and effectiveness of the health sector is to be ensured. Contemporary evidence highlights that changes to organisational structures and processes are urgently needed to relieve the pressures contributing to deteriorating wellbeing, such as job design, workload demands and workforce supply¹.

To date, initiatives to improve worker wellbeing across the healthcare sector have predominately been focused on supporting or improving individual coping skills and resilience rather than addressing the underlying work-related causes of poor health and wellbeing. Decades of research suggest that interventions targeting only individuals are far less likely to have a sustainable impact on worker health than systemic solutions, including organisational-level interventions².

Pursuing excellence in workplace wellbeing is foundational to the work of the Commission on Excellence and Innovation in Health (CEIH) as we strive toward our vision for better healthcare for South Australians. As a healthcare system leader in South Australia, the CEIH has developed the strategic approach outlined in this document to help organisations take planned and positive action.

This guide has been developed to support healthcare organisations establish and embed the foundational elements which are at the core of creating a culture of workplace wellbeing. It aims to support organisations to build sustainable structures and processes to enable the proactive identification, prioritisation and management of the work-related factors that may be contributing to deteriorating workforce wellbeing and system inefficiencies.

¹ Huggins K, Peeters A, Holton S, Wynter K, Hutchinson A, Rasmussen B and LaMontagne A. (2022). Towards a thriving healthcare workforce. Deebie Perspectives Brief 24. Australian Healthcare and Hospitals Association, Australia.

² Montano D, Hoven H, Siegrist J. Effects of organisational-level interventions at work on employees' health: a systematic review. BMC Public Health. 2014;14:135. Published 2014 Feb 8. doi:10.1186/1471-2458-14-135

The seven-step process guides organisations through:

1. establishing a wellbeing leadership and governance structure
2. mobilising capacity to drive action
3. the collection and analysis of data
4. strengthening organisational wellbeing capability.

Once these foundational elements are in place, this approach guides organisations on how to equip individual teams with quality improvement methodologies that will:

5. empower staff to identify what influences their wellbeing at work
6. categorise and triage areas for action
7. co-design innovative solutions.

This approach is designed to empower all levels of the organisation to work within their sphere of control to be part of a collaborative solution to this complex and multifaceted workplace issue. It fosters both “ground up” and “top down” methodologies and draws on learnings from work health and safety, organisational development, change management and continuous quality improvement methodologies, and is underpinned by the internationally recognised ‘integrated’ approach to worker wellbeing³.

Although this seven-step process may be best suited to large organisations (such as hospitals) where size makes accountability and communication processes across the organisation and team level challenging, the key elements can certainly still be applied within all healthcare organisations.

Of note, this guide is *not* a toolkit for developing a holistic organisational wellbeing strategy. It is intended as a guide to support organisations to set up effective and sustainable structures, processes and accountability pathways. These should enable organisations to identify, prioritise and mitigate factors and risks that impact on the wellbeing and productivity of their workforce, as well as help shift to a workplace culture that prioritises workforce wellbeing.

³ Guidelines for Implementing an Integrated Approach | Center for Work, Health, & Well-being (harvard.edu)

Theoretical framework

A healthy workplace has been defined as a place where everyone works together to achieve an agreed vision for the health and wellbeing of workers and the surrounding community. It provides all members of the workforce with physical, psychological, social and organisational conditions that protect and promote health and safety. A healthy workplace enables managers and workers to increase control over their own health and to improve it to become more energetic, positive and content⁴. A culture of workplace wellbeing is one where all elements of work are intentionally designed to prioritise and support health and wellbeing.⁵

As these definitions highlight, workplace and worker wellbeing is multi-faceted and dependent on the physical circumstances of the workplace, an individual's resources and perceptions of psychological safety at work, the design of work and organisational systems, as well as the structures that underpin the way we work.

This is reflected in the Healthy Workplace Framework⁶ (Figure 1, pg 6) that provides the foundation of the CEIH's approach to creating excellence in workplace wellbeing culture. This model, designed and endorsed by the South Australian Collaborative Partnership for Workplace Health and Wellbeing⁷, is based on the internationally recognised and evidence-based Integrated Approach to Total Worker Health⁸⁹ and the World Health Organisation's Healthy Workplace Model¹⁰. It highlights that workplace wellbeing is a shared responsibility and requires input across the disciplines of Work Health and Safety (WHS), human resources, organisational development, safety and quality, health promotion and – in healthcare settings – clinical governance.

Excellence is found when organisations move beyond focusing solely on the protection of workers from physical and psychological harm, to creating a supportive and health-promoting workplace environment that enables workers to be healthy, safe and thriving.

⁴ Sorensen G, McLellan D, Dennerlein JT, et al. Integration of health protection and health promotion: rationale, indicators, and metrics. *J Occup Environ Med*. 2013

⁵ Flynn JP, Gascon G, Doyle S, et al. Supporting a Culture of Health in the Workplace: A Review of Evidence-Based Elements. *Am J Health Promot*. 2018;32(8):1755-1788. doi:10.1177/0890117118761887

⁶ South Australian Workplace Health and Wellbeing Charter (2020); healthyworkplaces.sa.gov.au, accessed November 2022

⁷ healthyworkplaces.sa.gov.au/about/collaborative-partnership-for-health-and-wellbeing-in-south-australia (accessed Dec 2022)

⁸ Chari R, Chang CC, Sauter SL, Petrun Sayers EL, Cerully JL, Schulte P, Schill AL, Uscher-Pines L. Expanding the Paradigm of Occupational Safety and Health: A New Framework for Worker Well-Being. *J Occup Environ Med*. 2018 Jul;60(7):589-593

⁹ G Sorensen, DL McLellan, EL Sabbath, JT Dennerlein et al., Integrating worksite health protection and health promotion: A conceptual model for intervention and research, *Prev Med*, 2016, 91:188-196;

¹⁰ World Health Organisation (WHO), Healthy workplaces: a model for action, WHO, 2010



Figure 1: Healthy Workplaces Framework

Integrating wellbeing into Work Health and Safety (WHS)

Employers have an obligation to provide a work environment that is physically and psychologically safe¹¹. This includes minimising any modifiable factors that may negatively impact worker wellbeing, to a feasible extent. This means that employers have a duty of care to identify and manage psychological health hazards in accordance with the Work Health and Safety Act 2012 (SA). New model WHS regulations and Codes of Practice were released in 2021 to strengthen the legislation and provide further advice to employers about identifying and managing psychosocial hazards in the workplace. These model regulations are in various stages of implementation across Australia, with each jurisdiction considering how best to incorporate them into existing legislation¹².

¹¹ 'Psychological Hazards & work-related stress; Safework SA, <https://www.safework.sa.gov.au/workers/health-and-wellbeing/psychological-hazards>, accessed 29.11.2022

¹² comcare.gov.au/safe-healthy-work/prevent-harm/psychosocial-hazards (accessed Dec 2022)

Psychosocial hazards are aspects of work which have the potential to cause psychological or physical harm¹³. There are work factors that can cause stress (e.g. job demands) and workplace factors that are protective from stress (e.g. job resources).

Psychosocial hazards¹⁴ include:

- Job demands, both low and high
- Low job control
- Poor supervisor and co-worker support
- Poor workplace relationships
- Poor role clarity and role conflict
- Poor organisational change management
- Low recognition and reward
- Poor organisational justice
- Poor environmental conditions
- Remote and isolated work
- Violent and traumatic events.

Evidence shows that healthcare workers are at increased risk of exposure to some psychosocial risks (e.g. low job control, workplace violence, high job demands)¹⁵. It is therefore important that healthcare organisations have systems and processes in place to identify and control risks to worker psychological health and wellbeing.

The process outlined in this guide will complement and enhance existing WHS processes designed to identify and manage psychosocial risks, thus supporting an integrated approach to workplace health, wellbeing and safety. Interventions to improve workplace wellbeing should not be done in isolation from WHS systems and practices. Similarly, WHS systems should be inclusive of both the protection and promotion of physical and psychological health and wellbeing.

¹³ www.comcare.gov.au/safe-healthy-work/prevent-harm/psychosocial-hazards

¹⁴ 'Psychological Hazards & work-related stress; Safework SA, <https://www.safework.sa.gov.au/workers/health-and-wellbeing/psychological-hazards> accessed 29.11.2022

¹⁵ Wagner A, Rieger MA, Manser T, Sturm H, Hardt J, Martus P, Lessing C, Hammer A; WorkSafeMed Consortium. Healthcare professionals' perspectives on working conditions, leadership, and safety climate: a cross-sectional study. BMC Health Serv Res. 2019 Jan 21;19(1):53. doi: 10.1186/s12913-018-3862-7. Erratum in: BMC Health Serv Res. 2020 Jan 22;20(1):53. PMID: 30665401; PMCID: PMC6341698.

The “ground up” methodology

The approach described in this document has strong foundations in existing team-based participatory and continuous quality improvement methodologies^{16,17,18} within healthcare settings nationally and internationally. Robust evidence points to the imperative for organisations to support and empower work teams to identify and improve localised work systems, processes and relationships in order to reduce practice inefficiencies and remedy drivers of deteriorating wellbeing¹⁹.

Our approach builds on the concept of “removing pebbles from the shoe”, as described by Swensen et al (Mayo Clinic, 2020), referring to the daily frustrations experienced by frontline staff and clinicians which impede their practice efficiency, effectiveness, wellbeing and job fulfilment. “Pebbles” can be unique to work groups and relate to work systems, processes or interpersonal issues that, once identified, can often be resolved within the sphere of control of teams or divisions.

We take this concept one step further, recognising that sometimes factors impacting worker wellbeing and practice inefficiencies may not be within the sphere of control of local work teams or divisions to solve or remedy. This may be due to the complexity/scope of the issue, resources required or dependencies on other work units. It may also be that the same issue is replicated or extends across to other services or work units in the organisation. We refer to these more complex factors as “rocks”.

A number of systemic factors have already been identified within the South Australian health sector which are not unique to individual divisions or organisations (e.g. Local Health Networks) but extend across the health system, for example, widespread staff shortages, outdated rostering practices or inadequate levels of cultural safety. These “boulder” sized issues will require a dedicated, collaborative, system-wide response, comprising resources, expertise, partnerships and innovative solutions.

It is critical to acknowledge that building a sustainable culture of wellbeing improvement requires capacity and capability. Leaders and managers especially need the time and skills to work with their teams to unearth and address the pebbles, rocks and boulders within their sphere of control.

¹⁶ Swensen, Stephen J. and others (eds), 'Agency Action: Removing Pebbles', Mayo Clinic Strategies To Reduce Burnout: 12 Actions to Create the Ideal Workplace, Mayo Clinic Scientific Press (New York, 2020; online edn, Oxford Academic, 1 Mar. 2020), <https://doi.org/10.1093/med/9780190848965.003.0016>, accessed 24 Oct. 2022.

¹⁷ Swensen S, Kabacene A, Shanafelt T. Physician-organisation collaboration reduces physician burnout and promotes engagement: the Mayo Clinic experience. *J Healthc Manag.* 2016;61(2):105–127.

¹⁸ LISTEN-SORT-EMPOWER - Find and Act on Local Opportunities for Improvement to Create Your Ideal Practice; American Medical Association; <https://edhub.ama-assn.org/steps-forward/module/2767765>

¹⁹ Swensen, Stephen, and Tait Shanafelt, (2020) Mayo Clinic Strategies To Reduce Burnout: 12 Actions to Create the Ideal Workplace, Mayo Clinic Scientific Press. New York, Oxford Academic

Overview of the approach

Based on best practice workplace health and wellbeing, in addition to quality improvement methodologies, this document outlines processes to implement a complementary “top down” and “ground up” approach. The aim of this approach is to enable organisations to effectively and sustainably set up the structures and processes required to identify, prioritise and mitigate factors and risks that impact on the wellbeing and productivity of their workforce.

Figure 2 illustrates the seven steps for building sustainable workplace wellbeing with key actions which are further explained through the following chapters.

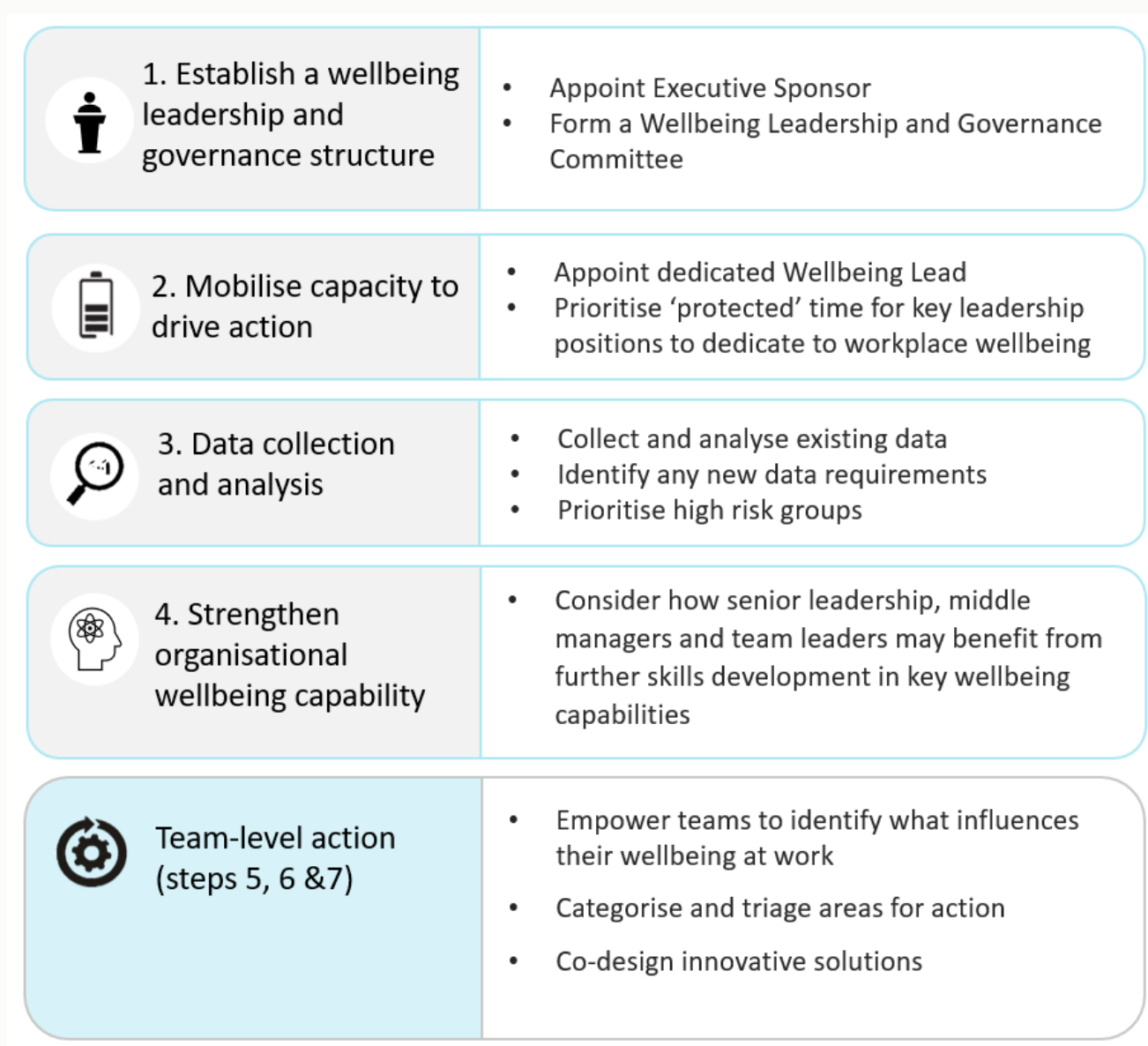


Figure 2: Overview of approach to building sustainable workplace wellbeing

Foundational wellbeing action

Step 1: Establish a wellbeing leadership and governance structure

Leadership commitment and accountability are critical success factors to a culture of workplace wellbeing. Establishment of a governance structure is essential to ensure appropriate resources and oversight are in place to drive effective and sustainable outcomes.

An Executive Sponsor should be appointed to champion, drive and be held accountable for taking action to improve workforce wellbeing across the organisation. This Executive Sponsor needs to demonstrate qualities of compassionate leadership and be respected at all levels of the organisation.

Creating a Wellbeing Leadership and Governance Committee, to provide oversight but also take an active role in driving action, is also pivotal to success. Committee members become responsible for demonstrating leadership and action to break down barriers and seize opportunities to create a culture of workplace wellbeing.

Ideally, this committee should consist of the Executive Sponsor, a dedicated Workplace Wellbeing Lead (refer to Step 2), and a multidisciplinary team from across the organisation. Alternatively, the function of this group could be embedded into an existing leadership committee structure if appropriate (e.g. establish a LHN Board sub-committee with accountability for wellbeing action).

Shanafelt et al (2020) refer to this step as “building a coalition to advance wellbeing”²⁰. The Healthy Workplace Framework (Figure 1), also highlights the importance of a multidisciplinary team, encompassing expertise across the disciplines of WHS, human resources, organisational development, safety and quality, data analytics, communications and clinical governance. Given that cultural safety in the workplace is a critical element to workplace wellbeing in the Australian context, appropriate cultural representation on this committee should also be considered.

Ideally, members of the leadership and governance committee should be provided with additional training – including a knowledge of workplace wellbeing literature, change management, leadership principles and process improvement skills – to be able to execute change to the work environment. Building capability is discussed further in Step 4.

Suggested functions of the wellbeing leadership and governance committee:

- Champion, promote and provide visible commitment to the implementation of the approach
- Provide oversight and accountability for action across all levels of the organisation
- Review existing and new data to identify areas of concern and track change
- Identify and prioritise work units for engagement
- Receive reports on issues identified from teams (ie. “pebbles” and “rocks”) and identify trends and risks aligned to psychosocial or physical risk factors, or health promoting activity
- Allocate resourcing to ensure identified issues are prioritised, addressed and resolved appropriately
- Support the removal of barriers inhibiting the co-design of innovative solutions to identified issues

²⁰ Shanafelt, T. (2020) A Blueprint for Organisational Strategies To Promote the Well-being of Health Care Professionals. NEJM Catalyst 1(6) 2020; 2642-0007; 10.1056/CAT.20.0266

- Escalate system-wide factors (ie. “boulders”) to health system leaders (where possible) and contribute to a collective response and resolution across the whole health sector.

STEP 1 SUMMARY: ESTABLISH A WELLBEING LEADERSHIP AND GOVERNANCE STRUCTURE

- Appoint an Executive Sponsor
- Form a Wellbeing Leadership and Governance Committee:
 - include expertise in work health and safety, organisational development, human resources, safety and quality, system improvement and risk, clinical governance (e.g. executives representing medical services, nursing and midwifery, allied health, auxiliary services and administration), communications and data analytics
 - provide clear descriptions of role and capacity required

Step 2: Mobilise capacity to drive action

In line with the Healthy Workplace framework (Figure 1), action to build and sustain a culture of workplace wellbeing is a shared responsibility across the organisation. Harnessing and mobilising existing roles that intersect and influence workplace wellbeing (including WHS consultants, health and safety representatives, organisational development leads, organisational psychologists, existing Wellbeing Committee members) is a critical step in building a sustainable infrastructure that supports and guides wellbeing efforts.

Establishing your multi-disciplinary Wellbeing Leadership and Governance Committee (as described in Step 1) is the first way to mobilise capacity within your organisation. It is also important that members of the committee have additional protected time, and the mandate to fully dedicate to the functions required of the group so that progress can occur.

To lead a strategic and sustainable approach to workplace wellbeing across your organisation, a dedicated resource to drive implementation is essential. A dedicated Workplace Wellbeing Lead role (either with a clinical or non-clinical background) with sufficient capacity (i.e. time and resources) and relevant knowledge and/or experience will increase impact and effectiveness. This role will be the glue that holds the whole approach together and ideally will report directly to the Executive Sponsor.

Suggested roles and responsibilities of a dedicated Workplace Wellbeing Lead position include:

- Contribute expertise in workplace wellbeing and improvement science
- Act as executive officer for the Leadership and Governance Committee (see Step 1)
- Build and nurture collegial, trusting and strategic relationships across all levels of the organisation

- Support collection and analysis of data across the organisation (see Step 3)
- Take responsibility for strategic development and oversight of an organisational approach against a best practice framework
- Act as a conduit and coordinator of organisational-level action and team-led action including with other existing improvement, quality and safety and clinical governance functions to ensure collaboration
- Provide support and advocacy for driving team-based change (see Steps 5-7)
- Provide bidirectional communication between leadership and staff (i.e. disseminating what the organisation is doing in relation to wellbeing and providing feedback on opportunities for improvement).

See [this article](#) for further reading on the potential scope and role of a Wellbeing Lead position.

STEP 2 SUMMARY: MOBILISE CAPACITY TO DRIVE ACTION

- Appoint dedicated Workplace Wellbeing Lead position
- Provide members of the Leadership and Governance Committee, and other key leadership positions as appropriate, protected time and the mandate to prioritise workplace wellbeing and fully commit to their role on the committee

Step 3: Data collection and analysis

A data-driven approach is important to be able to identify what the critical issues are and to direct energy and resources where they are most needed.

Data can:

- Describe the current state and enable evaluation of change (i.e. baseline and follow up measures)
- Provide evidence to communicate across all levels of the organisation to communicate the need for wellbeing action
- Diagnose root causal factors of underlying issues impacting organisational, team and individual wellbeing
- Identify hot spots and priority actions for teams.

It is critical that organisations consider the following questions before undertaking any form of data collection:

- What new “knowledge” are we looking for and for what purpose?
- What data already exists that may help fill this gap in knowledge if analysed?
- Do we require benchmarking against existing internal and/or external data or the ability to replicate this data in the future?

- Do we want to be able to compare how we are going against other relevant external organisations?
- Do we have the appropriate infrastructure (e.g. software, processes, expertise) to enable the effective use of data we have or need to collect?

There are a range of metrics and associated assessment tools available to measure different elements of workplace wellbeing at three key levels.

- *Organisational wellbeing indicators* are the systems, processes, programs, policies and environmental factors in a workplace that can positively or negatively impact wellbeing and culture. They can be measured through an organisational assessment or audit process by an appropriate person within the organisation.
- *Team wellbeing indicators* generally relate to team-specific factors that impact team wellbeing and performance including local work systems and processes, interpersonal relationships and leadership behaviours. This can be measured through psychosocial risk assessment tools, staff perception surveys or focus groups to identify specific hazards and risks.
- *Individual wellbeing indicators* relate to the health and wellbeing status of individual workers. These are usually collected by means of self-assessment relating to one or more domains of health and wellbeing (e.g. physical health, chronic disease risk/lifestyle behaviours, mental distress, burnout/fatigue, professional fulfillment, work–life integration).

The steps outlined below are a recommended process by which organisations can begin their data analysis.

Gather existing data that might describe your current state

Pull together existing workforce data from your WHS, human resources and organisational development, quality and safety and clinical governance teams.

This may include:

- Reported hazards and incidents captured in your safety management system and worksite audits, particularly incidents relating to psychosocial issues such as bullying and harassment, cultural safety, fatigue and mental stress
- Workers' compensation claim data
- Sick leave and turnover rates and trends
- Exit survey data
- Usage and themes from your Employee Assistance Program
- Results from existing organisational, team or individual wellbeing, culture or engagement data sources (e.g. surveys)
- Patient safety and quality measures
- Consumer feedback and complaints
- Performance review completion rates.

Address any data gaps

Identify if there are any gaps in your data by considering whether your current data provides you with an accurate and timely description of the current state of workplace and worker wellbeing and identifies any hot spots or areas for improvement.

If new data is required (and will be actively used), consider the below tools:

- Organisational assessment tools or audits are useful for measuring against evidence-based indicators and guide action planning against identified gaps. An example is the new [South Australian Healthy Workplace Check](#) which is free, validated, easy to use, and provides your organisation with a score to help with benchmarking and guiding action.
- Staff perception surveys such as culture or psychosocial risk assessment tools, can be completed by the workforce at regular intervals.
- Individual wellbeing data may be useful to set benchmarks and track changes over time. Aim to use a validated and evidence-based set of questions linked to your outcome of interest – see the [What Works Centre for Wellbeing website](#) for tips.

Where possible, link any new data collection with existing data collection mechanisms (e.g. add a handful of key metrics into an existing survey mechanism) to reduce burden on your workforce. Avoid introducing new data collection tools or processes where the purpose and intended usage is not clear.

Analyse your data

Analyse your data to identify underlying trends and issues impacting organisational, team and individual wellbeing. Identify hot spots and priority areas for action.

The process of data collection and analysis may take some time and should continue to occur on a regular basis. Do not let this process preclude you from progressing through steps 5 – 7 while this work is being undertaken.

For more information on measuring workplace wellbeing, refer to the CEIH fact sheet [Measuring Workplace Wellbeing](#).

STEP 3 SUMMARY: DATA COLLECTION AND ANALYSIS

- Collect existing data relating to organisational, team and individual wellbeing
- Identify any data gaps and use valid and reliable tools to gather additional data
- Analyse data to identify trends, hot spots and priority areas for action

Step 4: Strengthen organisational wellbeing capability

“Among the myriad of skills leaders must develop, those most critical to fostering the wellbeing of those they lead include keeping people informed, seeking their input in decision-making, understanding their personal passions, facilitating career development, recognising accomplishments”

Shanafelt T, Stolz S, Springer J, Murphy D, Bohman B, Trockel M. A Blueprint for Organisational Strategies to promote the Well-being of Health Care Professionals. NEJM Catalyst. 2020;1(6).

Building leadership and management capability to understand, prioritise and address workplace wellbeing is critical for driving cultural change. It is recommended that organisations consider the competencies outlined below and, where necessary, invest in further training and development to meet them.

Board members/CEO/Executive Directors

It is important that senior leaders within an organisation understand their obligations as duty officers under necessary work health and safety legislation. Senior leaders should also have the appropriate knowledge and skills to be able to champion and role model behaviours that enable a culture of wellbeing across their organisation²¹.

Divisional/Unit heads, managers and team leaders

Desirable competencies include:

- Knowledge, skills and application of wellbeing-centred, compassionate and effective leadership²¹
- Understanding of the impact of work-related factors on individual, team and organisational wellbeing and the linkage with patient and clinical outcomes
- Awareness and implementation of organisational policies, especially in relation to workplace health, safety and wellbeing
- Understanding of how their organisation supports a sustainable approach to workplace wellbeing, including the role of the Leadership and Governance Committee (described in Step 1)
- Understanding of the methodology of team-led wellbeing action (described in Steps 5-7), and their role in listening to and empowering their teams to identify, categorise, triage and address causal factors of poor wellbeing.

STEP 4 SUMMARY: STRENGTHEN ORGANISATIONAL WELLBEING CAPABILITY

- Identify and develop key workplace wellbeing capabilities in senior leadership, middle managers and team leaders.

²¹ [Wellness-Centered Leadership: Equipping Health Care Leaders to Cultivate Physician Well-Being and Professional Fulfillment - PMC \(nih.gov\)](#)

Team-level wellbeing action

Once foundational elements are in place within an organisation, consultation with and participation by individual work teams or departments (dependent on size and structure) is critical to identify and address the key drivers to workplace wellbeing (both positive and negative). Steps 5–7 guide organisations through team-led action to build sustainable workplace culture from the ground up. According to best practice literature²², this approach helps transform the mindsets of individuals and teams from that of a victim in a broken system to an engaged and empowered partner working constructively with leaders to shape their own future and be actively involved in improving service delivery and patient outcomes.

Step 5: Empower teams to identify what influences their wellbeing at work

*“People own what they help create
Real change happens in real work
Those who do the work, do the change
Keep connecting the system to itself
Start anywhere, follow everywhere
The process you use to get to the future
is the future you get”*

Rogers, M. Myron's Maxims - Working with Living Systems; <https://dp-dla.com/wp-content/uploads/2021/03/Myron-Rogers-Living-Systems.pdf>; accessed 24 Nov 2022

Change and improvement starts with listening. Quantitative data may be able to indicate how organisations, health services or teams are functioning at a high level, but it is the rich insights provided by staff about their day-to-day work experiences that will reveal the driving factors influencing worker and workplace wellbeing outcomes within an organisation.

The most effective and sustainable solutions to address the factors negatively impacting on workplace wellbeing rely on the insights, skills and engagement of the individuals and teams involved. It is prerequisite, however, that teams are provided the appropriate authority, time and resources to consider, develop or redesign factors within their own units in order to elicit change²³. Localised issues and process improvements are within the sphere of control of work teams to resolve, and they need to be empowered to do so.

It should be noted that working directly with teams to identify change improvement initiatives to influence workplace wellbeing and culture should be seen as complementary to, rather than a duplication of, existing continuous quality improvement processes that managers are responsible and accountable for. By integrating the workforce perspective into system improvement processes, significant gains can be made to not only service delivery outcomes, but positive outcomes for the workforce themselves.

²² Swensen, Stephen J. and others (eds), 'Agency Action: Removing Pebbles', Mayo Clinic Strategies To Reduce Burnout: 12 Actions to Create the Ideal Workplace, Mayo Clinic Scientific Press (New York, 2020; online edn, Oxford Academic, 1 Mar. 2020), <https://doi.org/10.1093/med/9780190848965.003.0016>, accessed 24 Oct. 2022.

²³ Scholars of Wellbeing: Train Physicians to Advance Well-Being With Effective Pilot Interventions | Leading Change | AMA

The first step in driving team-led action is clear communication to the team outlining the vision and purpose of the process, the work to be undertaken and the outcomes the organisation is working to achieve (e.g. alleviate work-related stress, reduce work demands, etc.).

The next step is to identify and endorse a person or a group of people who will lead the change process for the team. This may be a work unit, team or service manager or someone else that holds a high level of respect and trust by the team members. The “change lead” individual or team is responsible for organising group sessions (sometimes referred to as “ask and listen” sessions) where team issues, perspectives and experiences are gathered. This role also undertakes the collation and analysis of input received from staff, and coordination of prioritisation and categorisation of any issues that arise. Experienced change leaders from across the organisation may be recruited to provide support to those new to the approach, as well as additional support from the dedicated organisational wellbeing lead as required.

There are various methodologies that can be used to support team-led change management and process improvement, however the single most important thing a leader can bring to these sessions is their time and commitment to being fully present and listening. There are also tools that can help guide and support the structure of team-based conversations, such as the [IHI framework for improving joy at work](#) (Perlo et al, 2017)²⁴ and [Listen-Sort-Empower](#) (Swensen 2020)²⁵. Example questions to start the discussion include:

- What matters to you in your daily work?
- What helps make a good day?
- What keeps you working here?
- What are common frustrations that get in your way?
- What should we stop doing?
- What is truly meaningful in your day?
- If you had a magic wand and could change one thing about your experience at work, what would that be?

Conducting “ask and listen” sessions provide a chance for people to delve into details of the organisational, team and/or individual factors influencing their wellbeing at work, both positively and negatively. These conversations can sometimes be confronting and may feel overwhelming to those involved, so it is critical that facilitators frame the conversation as one where suggestions for change are valued, and acknowledge where additional resourcing and time outside the session is needed to follow through on an issue. Alternative communication methods may also be preferred or required to ensure all staff have the opportunity to contribute. Staff noticeboards or online discussion boards can be good platforms for sharing perspectives. The cultural safety of team members should also be a consideration when collecting data from team members. Ensure culturally safe avenues are provided and seek direction from cultural advisors as needed.

The change lead should define the timeframe for gathering team members’ input and advise when a summary will be fed back to the team to further clarify or reflect upon as required. Ideally, the collection of team input and summary should be completed and available within a couple of weeks of opening the discussion to demonstrate commitment to the process.

²⁴ Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. IHI Framework for Improving Joy in Work. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at ihi.org)

²⁵ Swensen S, 2020 ‘Listen- Sort-Empower. Find and Act on Local Opportunities for Improvement to Create Your Ideal Practice’, accessed 31.10.22, <[LISTEN-SORT-EMPOWER: Find and Act on Local Opportunities for Improvement to Create Your Ideal Practice | Professional Well-being | AMA STEPS Forward | AMA Ed Hub \(ama-assn.org\)](#)>

Figure 3 below illustrates what an effective team-based engagement process might look like.



Figure 3: Team-level “ask and listen” engagement steps

STEP 5 SUMMARY: EMPOWER TEAMS TO IDENTIFY WHAT INFLUENCES THEIR WELLBEING AT WORK

- Identify work teams to engage in the process
- Communicate the vision and purpose for the process and the outcomes the organisation is trying to achieve
- Identify a “change lead” within each team to manage the change process, and ensure the lead has the requisite time and resourcing
- Give work teams opportunities to identify and discuss issues influencing their wellbeing through a variety of methods including facilitated sessions
- Provide a summary of issues identified back to the team in a timely manner for any further refinement

Step 6: Categorise and triage areas for action

As discussed on page 8, factors influencing the wellbeing of teams may not be within the sphere of control of the local work team to change, therefore a process to categorise and triage areas for action is critical.

Once the team has identified factors influencing their wellbeing at work, these issues need to be categorised based on sphere of control or the complexity of the issue (see Figure 4), i.e. is this a localised issue (a “pebble”), a cross-department or organisational issue (a “rock”) or a systemic issue requiring supports and innovation possibly from outside the organisation (a “boulder”)?

Pebbles	Rocks	Boulders
<p>Unique to teams/ workgroups</p> <p>Within the team’s sphere of control to resolve if empowered to do so</p>	<p>More complex issues, or affects multiple teams in the organisation</p> <p>Outside local sphere of control to resolve</p>	<p>Not unique to divisions or organisations</p> <p>Requires system-wide resourcing, expertise and partnerships to solve</p>

Figure 4: Categorisation of identified issues based on complexity and sphere of control to resolve

This categorisation process can be conducted by the team’s change lead with support from the organisation’s Workplace Wellbeing Lead, if required.

As discussed earlier, issues identified as “pebbles” are the factors that are unique to that work group and that can be addressed at the local level. It can be daunting to confront what impediments are within a work team’s sphere of control to remedy but it is a necessary step in the process.

It may be helpful to again consider the broad domains that influence wellbeing in the workplace, noting that many pebbles will fall within them. These domains – physical, organisational and individual – are outlined in Figure 1.

Identified pebbles may also be aligned to known psychosocial risks. Identifying a specific psychosocial risk and unpacking its main causal factor (organisational, environmental or individual) will help to understand whether it can be managed at the team level, or if it needs to be escalated. Identifying and understanding the psychosocial hazard/s associated with each issue will help the team identify appropriate evidence-based solutions.

Issues that are complex or extend across to other services or work units (referred to as “rocks”) may need to be escalated, or a partnership formed with the Wellbeing Leadership and Governance Committee to ensure that an appropriate organisation-wide solution is achieved.

As described on page 6, “boulders” are those issues that are either not unique to a single health organisation (e.g. LHN) or are too complex to resolve in isolation of the rest of the system. At this level, health system leaders such as the Department for Health and Wellbeing and the CEIH are well placed to support collaboration across the system on issues such as workforce planning. Healthcare organisations, especially within SA Health (e.g. LHNs), may be able to escalate certain “boulders” to coalitions of stakeholders within the system to provide a collaborative and strategic response.

For transparency and to reinforce a visible commitment to quality improvement, it is important that the categorisation of issues is shared back to the team for collective agreement before any issues are triaged and escalated for action.

Issues identified as rocks and boulders should be escalated to the organisation’s Wellbeing Leadership and Governance Committee for action and resolution, however it is important that the committee keeps the local team informed on progress and involves them in the process where appropriate. Transparent, timely communication is vital in building and maintaining trust in this process.

Finally, any pebbles identified by the team need to be prioritised for action, especially when resources and capability are limited. Local leadership and the nominated change lead should work together on this prioritisation to ensure that resources can be negotiated and allocated effectively. Higher priority should be given to the issues that will have a large impact on workplace culture and that the team is resourced to tackle immediately. Figure 5 describes one method using an Eisenhower matrix to prioritise action, based on impact and feasibility.

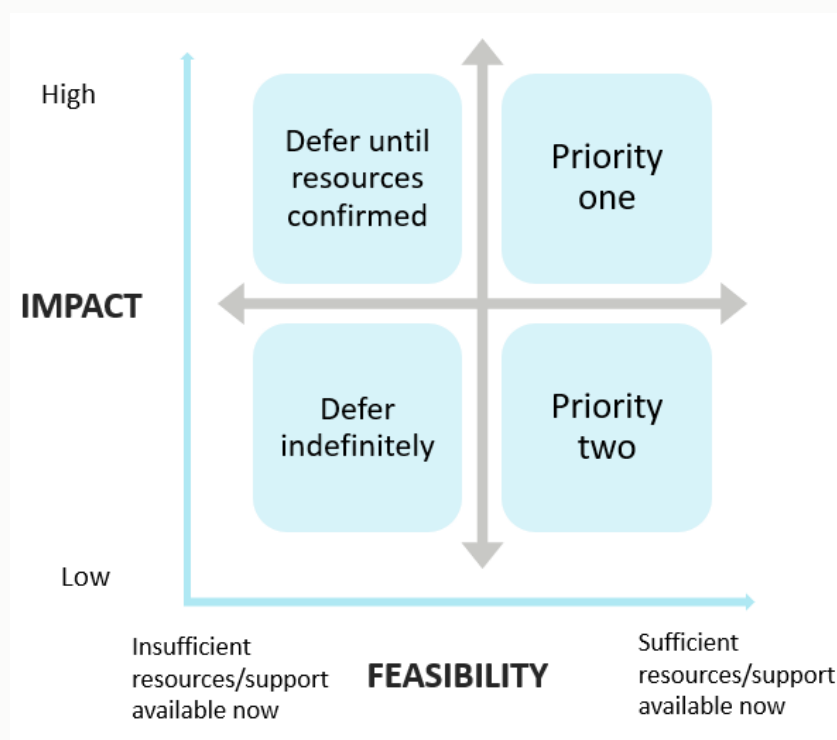


Figure 5: Use of the Eisenhower matrix to prioritise issues for action

STEP 6 SUMMARY: CATEGORISE AND TRIAGE AREAS FOR ACTION

- Categorise identified issues as “pebbles”, “rocks” or “boulders” based on sphere of control and complexity
- Escalate issues categorised as a rock or boulder to the Wellbeing Leadership and Governance Committee for action
- In partnership with local leadership, prioritise “pebbles” for local action and resolution, taking resourcing considerations into account

Step 7: Co-design innovative solutions

It can be difficult to know where to start when designing solutions, but organisations have a duty of care to eliminate or mitigate all hazards and risks to worker physical or psychological health. Examining each pebble through a ‘Hierarchy of Control’ lens may assist in determining what sort of approach is likely to be most effective. The Hierarchy of Control is a system used to eliminate or reduce workplace risks that ranks possible risk controls from the highest, most reliable level of protection through to the lowest, least reliable level of protection against a given risk²⁶.

Total Worker Health²⁷ offers the following model (Figure 6) which serves as a companion to the traditional Hierarchy of Controls used in WHS and expands on it to include strategies that advance worker wellbeing. Like the traditional Hierarchy of Controls, controls and strategies are presented in order of ideal effectiveness, from top to bottom.

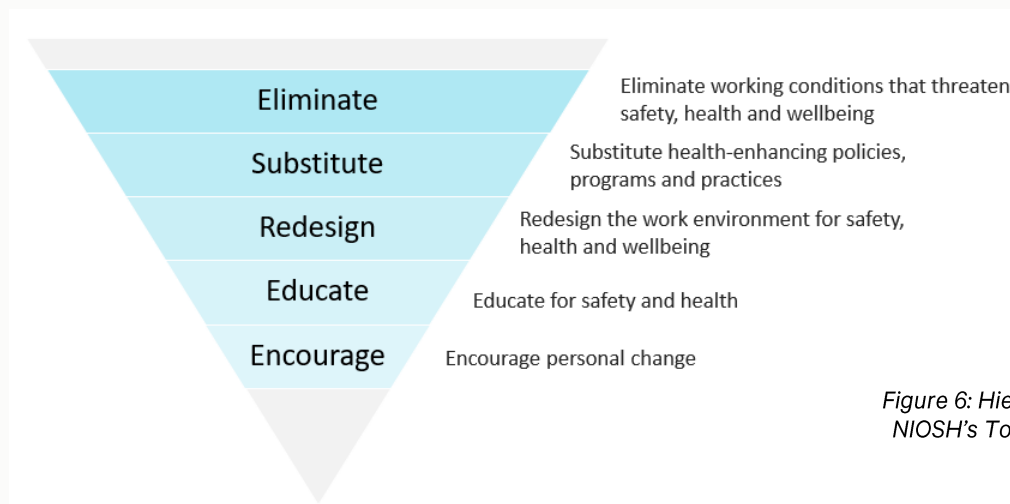


Figure 6: Hierarchy of Controls applied to NIOSH's Total Worker Health approach

²⁶ <https://www.worksafe.vic.gov.au/hierarchy-control>

²⁷ NIOSH [2016]. Fundamentals of total worker health approaches: essential elements for advancing worker safety, health, and well-being. By Lee MP, Hudson H, Richards R, Chang CC, Chosewood LC, Schill AL, on behalf of the NIOSH Office for Total Worker Health. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. DHHS (NIOSH) Publication No. 2017-112.

This model suggests that identified hazards and risks to worker health and wellbeing should first be examined with a view to eliminate them. If this is not feasible, examine possible solutions that involve a review or redesign of an existing policy, practice or program that can mitigate the risk and better support worker health and wellbeing. This is where many solutions exist.

Evidence is continuing to build nationally and internationally about interventions that can have a measurable impact²⁸ on reducing psychosocial risk or enhancing worker wellbeing, so it is worth doing your research first to build on existing knowledge. Organisational WHS representatives, workforce services and other experts (e.g. Clinical Practice Consultants, organisational development) may be a valuable source of support to teams and can provide advice on proposed solutions. It is important to define what success looks like and how it will be measured at this point.

Adopting a co-design approach

When considering and designing solutions to the issues identified, teams are encouraged to adopt a co-design approach. Teams can commence co-design of interventions and solutions as soon as consensus has been achieved on the pebbles that are in their sphere of control and they are empowered with the necessary time, resources and authority.

Co-design is a participatory process that actively involves all relevant stakeholders to ensure all needs are met and the end product is fit for purpose within the local context. Its principles include championing teamwork, demonstrating respect, equity of input and opinions, and being outcomes focused.

Co-design works well at multiple organisational levels and should be considered as the standard approach to addressing issues that affect single teams, multi-disciplinary teams and multiple work units, all the way up to whole-of-organisation responses. Solutions that are co-designed are far more likely to be accepted, adopted and sustained by the entire team²⁹. Co-design is a cyclical process, rather than sequential or linear, centred around continuous improvement methodologies³⁰.

Leadership support of the process should be demonstrated through ongoing involvement and provision of the authority, time and skills required to design and implement solutions. Good co-design practice should also encompass identification of what success looks like, and how and when this can be measured. Being very clear on the objective and scope of the pebble being actioned is fundamental to defining success and developing appropriate measures of progress and/or success.

Team members and stakeholders may require access to resources and training in principles of co-design and project management so that they can successfully plan, implement, evaluate, refine and transition to business as usual.

There are many different project management methodologies in existence; the CEIH has co-designed a [Project Lifecycle](#) which is a useful resource when considering the available tools and how best to apply them.

²⁸ [model code of practice - managing psychosocial hazards at work.pdf \(safeworkaustralia.gov.au\)](#)

²⁹ Jessup, R.L., Osborne, R.H., Buchbinder, R. et al. Using co-design to develop interventions to address health literacy needs in a hospitalised population. BMC Health Serv Res 18, 989 (2018). <https://doi.org/10.1186/s12913-018-3801-7>, accessed 30.11.22.

³⁰ New South Wales Council of Social Services 2017, 'Principles of Co-design' < <https://www.ncoss.org.au/wp-content/uploads/2017/06/Codesign-principles.pdf> >, accessed 30.11.22

Utilising continuous improvement principles

Each work team should continue to meet at agreed intervals (e.g. monthly) to evaluate, refine and implement interventions as required, based on the data collected during measurement. Actions and due dates can be allocated to team members and supported by leadership and co-design processes.

It's unlikely all pebbles will be fixed in a one-off process; teams should be looking to embed continuous improvement principles as part of their business-as-usual operations.

It is worth noting that initiatives and innovative solutions that demonstrate real impact at a team level can influence organisational perspectives, with potential to create business cases for scaling such initiatives across the organisation.

Figure 7 is based on the widely utilised, evidence-based Deming Cycle methodology³¹ of continuous improvement and provides a checklist of actions to consider.

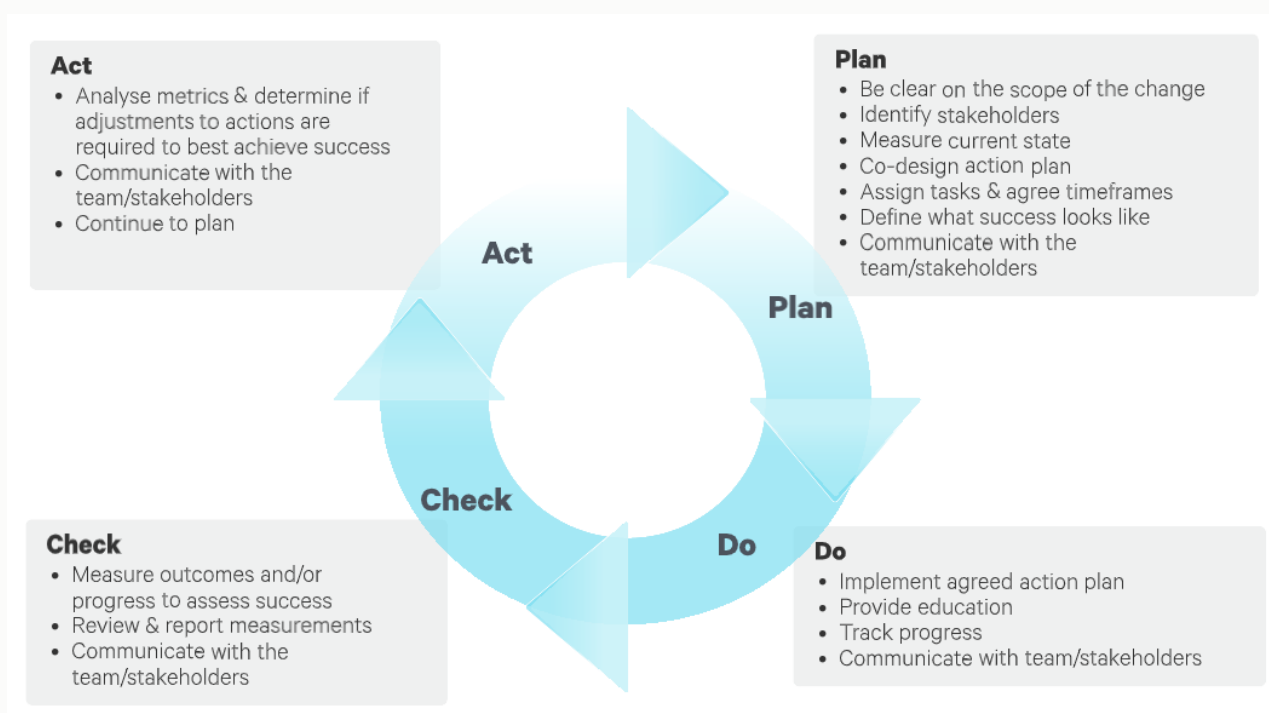


Figure 7: Example methodology for designing, implementing and reviewing success of solutions

³¹ <https://www.isixsigma.com/dictionary/deming-cycle-pdca/>

STEP 7 SUMMARY: CO-DESIGN INNOVATIVE SOLUTIONS

- Leadership and management support enabling environment for co-design and implementation of solutions for identified pebbles
- Build team capability in skills and knowledge required to succeed using co-design and continuous improvement principles
- Plan, implement, measure and review progress of co-designed interventions

Final considerations

Healthcare workers are the cornerstone of health service delivery and quality patient care. It is critical that healthcare organisations prioritise, protect and promote the health, safety and wellbeing of their workforce and work to create excellence in workplace wellbeing, which, in turn, will enable the delivery of efficient, effective and high-quality patient care.

Establishing excellence in workplace wellbeing requires a whole of organisation approach, from frontline workers through to senior executive and system leaders. Leadership support of and involvement in the process underpins success. Creating organisational structures and processes that enable effective oversight, governance, accountability and action is foundational. Resources are required over the long term and investment in both the capability and capacity of the workforce to champion change within their teams is essential.

The approach to building a sustainable workplace wellbeing culture outlined in this guide is based on contemporary workplace wellbeing best practice and evidence for application in the context of healthcare organisations. It utilises learnings from national and international research and practice and recognises that there cannot be a one-size-fits-all solution to the complex and underlying factors that impact healthcare workplace culture, workforce wellbeing and practice efficiency.

It is important to acknowledge that change is an iterative process that takes time. Good change management must be embedded in all business-as-usual processes within each team's sphere of control.

Finally, adopting principles of co-design and continuous quality improvement will increase the adoption and sustainability of system and cultural improvements, leading to enhanced workplace wellbeing outcomes into the future.

For more information to support your organisation create excellence in workplace wellbeing, please visit the [CEIH website](#) and the [South Australian Government's Healthy Workplaces website](#).