



Creating excellence in healthcare workplace wellbeing culture in South Australia

We recognise that our people are pivotal to the effectiveness and sustainability of our healthcare system. It is critical that the health and wellbeing of our healthcare workforce is protected and promoted, enabling them to provide efficient, effective

and high-quality patient care. We're committed to the development of a strategic approach to support and strengthen the health system in South Australia to strive for excellence in workplace wellbeing culture.

In 2022, we conducted a series of stakeholder interviews across the South Australian health system to better understand the main influences and barriers to workplace wellbeing culture and unpack the value and priorities for evidence-based action to drive change in South Australia.

WHO WE SPOKE TO





months

WHAT WE ASKED

- We asked our stakeholders for their reflections and experiences of the current state of healthcare workplace wellbeing culture in South Australia at the sector, organisational, team and individual level.
- We asked about the main influencing factors on workplace wellbeing in the current environment.
- Our literature review highlighted four key enabling factors to creating excellence in workplace wellbeing culture. We asked our stakeholders for their thoughts on the value, priorities, enablers and barriers to action on these key areas.
- Leadership Strengthening sector leadership and accountability to drive action
- Organisational capacity and capability Building workforce capacity and capability to enable sustained system change
- Data insights Creating actionable data insights through wellbeing measurement
- Co-designing solutions Co-designing and implementation of innovative solutions to systemic factors impacting on workforce wellbeing.

LET'S PUT IMAGINATION TO WORK

Commission on Excellence and Innovation in Health.



•

WHAT WE HEARD ABOUT THE CURRENT STATE OF HEALTHCARE WORKPLACE WELLBEING CULTURE IN SOUTH AUSTRALIA

Health Sector

Sector Leadership — No single driving force or collaborative action

Limited accountability around workplace wellbeing outcomes (e.g. safety and quality standards)

•••••

Lack of standardised wellbeing measurement or sector-wide data collection mechanisms

Low capacity — Limited dedicated resources to drive action

Health Organisations (e.g. LHN's)

Limited accountability around worker wellbeing outcomes (other than WHS compliance), e.g. CEO KPI's

Limited organisational capacity and capability to focus on workforce wellbeing

•••••

Limited succession planning of senior positions and senior Aboriginal positions

Ineffective systems and practices (notably: high work demands, low job control, role clarity, poor supervisor support)

Inconsistent and/or irregular wellbeing

measurement

Culture of blame and punitive action

Culture of compliance

Significant staff shortages and recruitment lag times

•••••

Unbalanced skill mix — disproportionate amount of junior staff

Varying availability and efficacy of programs and wellbeing support

Management/Teams

Leadership — Greater awareness of the importance of workplace wellbeing

Low capacity & capability (time and/or knowledge) to identify and address factors influencing workplace wellbeing and culture

Low levels of support and mentoring of junior staff

Health Sector Workers

High levels of stress and exhaustion High job demands Moral distress Low levels of work/life balance Low job control and inability to initiate change Do not feel safe to speak up Low capacity to engage in wellbeing initiatives Minimal work/life boundaries for regional and Aboriginal workforce Low job security Low cultural safety

It is often the most valuable and patient-facing staff that are experiencing burnout. We have a highly capable workforce, we need to look after them.

LET'S PUT IMAGINATION TO WORK

Commission on Excellence and Innovation in Health.



WHAT WE HEARD ABOUT THE EVIDENCE-BASED AREAS FOR ACTION



- 1. Sector leadership and accountability
- There is value in collective action and collaboration
- A delicate balance of central coordination vs local action is required there is no "one size fits all" solution
- Need for executive accountability for workforce wellbeing and culturally safe workplaces.

Yes there is a role for sector wide coordinated action – we all have the same struggles across the board. The system is highly connected, so where we have problems in part of the system, it flows on to other parts. 2. Increasing capacity to respond

- Need for resourcing (staffing) across all levels to support change
- Clarity on responsibility for workplace wellbeing is required
- Dedicated wellbeing roles at a sector and organisational level would be useful to drive action and build capability
- however it is also everyone's responsibility.

We (leaders) need the time, space and resources to identify and prioritise (action).

- Leadership capability is critical
- Professional development required in holistic, non-clinical elements of leadership including mentoring, staff wellbeing
- Cultural competency is lacking across workforce

3. Building capability across the system

 Time and capacity restraints are a barrier for leaders to engage in professional development opportunities.

5. Co-design of innovative solutions to systemic problems

- Need for tailored approach to meet individual team needs
- Can't be top-down only, answers come from the teams
 themselves
- Value in strategic approach, current initiatives are piecemeal and not strategic
- Utilising pilots and shared learnings to scale up interventions.

We shouldn't just be doing the quick fixes.

The majority of participants expressed that they felt there was a place for sector-wide leadership and action to improve workforce wellbeing.

4. Gaining actionable data insights

- Consistent sector-wide metrics would help facilitate benchmarking
- Consistent wellbeing metrics may drive accountability (e.g. KPIs)
- New information vs new data use existing data better to inform action
- Data to support linkage of worker/team wellbeing with clinical/patient outcomes
- Outdated systems are not fit for purpose.

We don't need new data, we need new information.



 \bullet

Commission on Excellence • and Innovation in Health.



WHAT WE HEARD WERE PRIORITIES FOR SYSTEM-WIDE ACTION

COLLABORATIVE ACTION ON SYSTEMIC FACTORS

BUILDING ORGANISATIONAL WELLBEING CAPABILITY

WORKFORCE PLANNING

PSYCHOLOGICAL SAFETY

EXECUTIVE ACCOUNTABILITY

SUPPORT AND MENTORING OF JUNIOR STAFF

IMPROVED ROSTERING PRACTICES

CONSISTENT WELLBEING DATA METRICS

EMPOWERING TEAMS TO IDENTIFY AND CO-DESIGN SOLUTIONS

DEDICATED WELLBEING ROLES

CULTURAL SAFETY

SYSTEM LEADERSHIP

WORK DESIGN THAT PRIORITISES WORKER HEALTH AND WELLBEING

LET'S PUT IMAGINATION TO WORK



HOW THESE RESULTS WILL INFORM OUR WORK

The discussions and key themes arising from these interviews are pivotal to the development of a strategic approach to creating excellence in healthcare workplace wellbeing culture and the prioritisation of system-wide action.

Our aim is to support and strengthen the healthcare system to better protect and promote the health and wellbeing of all healthcare workers in South Australia.

To stay informed about our work to support a culture of healthcare workplace wellbeing, please visit the CEIH website: **ceih.sa.gov.au**

ACKNOWLEDGEMENTS

We feel privileged and grateful for the time and insights provided by everyone involved in this process. The passion for wanting to improve workplace and worker wellbeing in South Australia was clearly evident, and we are committed to working with the sector to strive for excellence in this area.

L7 Citi Centre Building 11 Hindmarsh Square Adelaide SA 5000 +61 (08) 8226 5791 sahealth.sa.gov.au/ceih Dx 243