

AIM

By June 2024, we will improve the wellbeing of healthcare workers in participating teams by reducing burnout and increasing joy by 10%

DRIVERS

Camaraderie and Teamwork

Meaning and Purpose

Autonomy and Control

Wellness and Resilience

Physical and Psychological Safety

Participative Management

SECONDARY DRIVERS

Build and support multidisciplinary teams/teamwork

Optimise communication within and between teams

Foster a culture of transparent communication that enables understanding of individuals' motivations

Create a shared purpose and line of sight to the organisation's mission, vision and values

Optimise team composition and assure adequate staffing

Design workflows for efficiency and eliminate wasteful work practices

Create flexible work policies

Demonstrate commitment to wellbeing by embedding wellbeing supports in workplace policy and strategy

Signal that mental health matters from the top

Model fallibility and invite input from staff

Destigmatise failure and contribute to a Just Culture by highlighting learning gained through challenges in work

Build a physically safe work environment to enable staff to provide quality care

Create space to listen, understand and involve staff in decisions

Co-design and deliver work with members of the team

Distribute leadership responsibilities

CHANGE IDEA EXAMPLES

- Establish a buddy system to support new staff
- Implement a short daily team huddle to support communication, collaboration and problem solving around daily priorities
- Implement "Schwartz Rounds"; a rounding intervention shown to improve teamwork, interdisciplinary communication, decrease stress and isolation, and improve compassion towards patients

- Ask team members 'What Matters to You' to understand what contributes to their sense of meaning and purpose
- At all levels of the health service, continually focus the work on those who are served (patients)
- Make space in meeting discussions for linking the daily work of staff with organisation/service level strategic goals and values
- Create opportunity for staff to pursue professional and personal development that aligns with goals and interests

- Identify opportunities to optimise team composition allowing people to spend more time on what they are uniquely qualified to do and provide needed upskilling to do so (i.e., work at the "top of their license")
- Provide training on relationship-centred communication skills
- Provide protected time for staff to complete training and CPD
- Conduct a "break the rules" campaign that invites staff to offer solutions to issues that impact experience for staff or patients
- Explore and test alternative work arrangements/scheduling for staff to provide greater flexibility
- Institute IT/EHR system upgrades targeting specific areas of frustration or re-work
- Identify and eliminate waste in daily work that contributes to staff feeling undervalued or frustrated (e.g., duplicative steps/processes, contributors to rework, work that does not directly contribute to patient wants/needs etc.)

- Have local leaders talk regularly with their teams about mental health including their own experiences
- Implement 'staff resuscitation trolleys' with food, drinks, and other essentials to keep team members going through their shift
- Establish processes for reviewing scheduling rosters to ensure rosters mitigate occupational fatigue
- Create comfort corners and wellbeing spaces to provide space and opportunity for staff to unwind and decompress
- Conduct a policy review/audit and correction process to ensure that wellbeing is considered in all organisational pursuits and ensure that systems do not negatively impact on staff wellbeing at the expense of other priority areas
- Conduct timely debrief sessions with staff involved in adverse events to understand impacts and ensure staff have support
- Provide mental health days and establish processes for covering work so that these days may be utilised

- When staff speak up (e.g., offer an idea, share a concern, disclose an error) leadership ensure it is a positive experience (e.g., staff member is thanked, learning is highlighted)
- Encourage those with more power to set the tone for open communication and valuing the opinion of all
- Establish an embedded process to quickly attend to the emotional needs of health care workers involved in an adverse event, victimised by bullying, or involved in workplace violence episodes
- Create a peer support network in which staff can connect, debrief and establish social connection with their peers
- Train managers, peer leaders, and dept heads in peer-to-peer communication to address disruptive or unprofessional behaviours
- Take action to ensure cultural safety, diversity and inclusion; for example, establish processes for aboriginal staff to connect
- Include a wellbeing measure as part of the evaluation of any change initiative to understand impacts on staff
- Ensure all staff have access to de-escalation training (beyond offering via an asynchronous LMS platform)

- Provide framing for the work that articulates why the work is important
- Leaders model the way – share WMTY with staff and identify opportunities to be vulnerable with the team; for example, leaders facilitate conversations with teams on what is required in the next 24 hours to enable a good day
- Invite input from and participation of staff in important decisions regarding the service
- Structure opportunities for team members to be involved and heard
- Create and be personally involved in opportunities that allow team members to learn together
- Deploy a shared leadership model that includes all team members and dedicates non-clinical time for clinicians to successfully engagement
- Provide leadership training that builds in those behaviours that matter most to staff (based upon WMTY conversations)