

Future-proofing the frontline

Organisational strategies to
support the mental health
and wellbeing of healthcare
workers during crises



CHIEF INVESTIGATORS AND PROJECT LEADS

Prof Karen Willis

Institute of Health and Sport, Victoria University, Footscray Park, Melbourne, Victoria.

A/Prof Natasha Smallwood

Department of Respiratory Medicine, The Alfred Hospital, Melbourne, Victoria 3004

Respiratory Research @ Alfred, Central Clinical School, Monash University, Melbourne, Victoria 3004

CHIEF INVESTIGATOR TEAM

A/Prof Mark Putland

Department of Emergency Medicine, Royal Melbourne Hospital

Department of Critical Care, Faculty of Medicine, University of Melbourne

Dr Peter Baldwin

Black Dog Institute

Faculty of Medicine, University of New South Wales

Prof Marie Bismark

Centre for Health Policy, University of Melbourne

A/Prof Douglas Johnson

Department of General Medicine, Royal Melbourne Hospital

A/Prof Leila Karimi

School of Health and Biomedical Sciences, RMIT University

Dr Warren Harrex

Australasian Faculty of Occupational and Environmental Medicine,

Royal Australasian College of Physicians

PROJECT MANAGEMENT

Dr Jaimie-Lee Maple

Institute for Health and Sport, Victoria University

PROJECT SUPPORT

Dr Mary Whiteside

FUNDING BODY

Lord Mayor's Charitable Foundation

ACKNOWLEDGEMENTS

We wish to acknowledge and thank all those who contributed to this research:

The Chief Investigators on the Australian Covid-19 Frontline Health Workers Survey;

The Steering Committee who provided advice and guidance, particularly in the early stages of this project;

Healthcare organisations who supported the project;

And all those who took part by sharing their ideas.

*We also extend appreciation to our graphic designer Sophie White
www.sophiewhite.com.au*

Credit: Photography by the Royal Melbourne Hospital



Future-proofing the frontline

Organisational strategies to support the mental health and wellbeing of healthcare workers during crises

Executive Summary	5
Introduction	6
Why focus on organisational strategies?	6
Setting the scene: The COVID-19 Frontline Health Workers Study	8
Future-proofing the frontline study	10
1. Listening to healthcare workers	11
1.1 Sub-study 1: Organisational support strategies	11
1.2 Sub-study 2: Workshops with healthcare workers to design organisational strategies	14
2. Listening to healthcare leaders	17
2.1 Interviews with leaders	17
3. Organisational interventions to support healthcare workers	22
3.1 Audit of strategies implemented by organisations	22
3.2 e-Delphi study	26
4. Organisational checklist	31
4.1 Piloting the organisational checklist	31
Where to from here?	32
Conclusions	32
Appendix 1: Organisational checklist	34
Checklist guide	35
Project publications	39
References	40

Executive Summary

'Future-Proofing the Frontline: Strategies to support frontline healthcare workers and leaders during times of crisis' was a project led by a team of frontline clinicians and researchers from Victoria University, Monash University, The University of Melbourne, The Alfred Hospital, The Royal Melbourne Hospital, Black Dog Institute, RMIT University and the Royal Australasian College of Physicians, supported by funding from the Lord Mayor's Charitable Foundation.

Context

The Australian COVID-19 Frontline Health Workers Survey, a national, anonymous online survey of healthcare workers (HCWs), was conducted between August-October 2020, during the second wave of the Australian COVID-19 outbreak. The survey examined the severity and prevalence of mental health issues as well as the social, workplace and financial disruptions experienced by Australian HCWs during the first year of the COVID-19 pandemic. The survey identified high levels of burnout, depression, anxiety and post-traumatic stress disorder (PTSD) amongst HCWs. Following this, the Future-Proofing the Frontline project adopted a solutions-oriented approach to investigate organisational strategies proposed by HCWs, health leaders, experts and other stakeholders to support the mental health and wellbeing of the health workforce, including during crisis events.

Project Rationale

The impetus for needing to 'future proof' the frontline is threefold.

1. The low level of help seeking of professional support by frontline HCWs expressing mental health symptoms during the COVID-19 pandemic.
2. Evidence that most strategies implemented by organisations to support mental health focus on building individual resilience rather than changing the organisational environment.
3. Knowledge that mental health not only affects individuals and their families, but is also correlated with patient care outcomes.

Recommendations

1. The most important thing an organisation can do for workers' mental health is to develop and maintain a supportive workplace culture, and this should underpin and be articulated in all organisation strategies aimed at protection of HCW wellbeing.
2. Our Organisational Checklist is a structured self-assessment tool for organisations seeking to plan a HCWs' mental health support strategy. It should be applied before, during and after crises.
3. Specific strategies from experts and stakeholders outlined in this report (section 3.2) should be used to guide organisations to support mental health of HCWs before, during and after crises.
4. Organisations should conduct robust monitoring and evaluation of strategies implemented for uptake and acceptability, as well as evidence of benefit in supporting the mental health of HCWs.

Conclusions

Incorporating the voices of HCWs, leaders and experts provides the foundation for organisations attempting to create working environments with lower levels of burnout, depression, PTSD and anxiety than those indicated in the original survey. At the same time, the evidence-base for organisational interventions needs considerable advancement to ascertain not only which supports are accessed and valued by HCWs but also whether they have the desired effect in supporting HCW mental health and/or reducing mental health symptoms.

Introduction

The COVID-19 pandemic highlighted the impact of working conditions on the frontline healthcare workforce. Evidence collected during the pandemic revealed high levels of burnout, depression and anxiety amongst Australian HCWs¹. Organisational strategies to support the mental health of HCWs before, during and after crises is essential for retaining a highly skilled workforce to deliver high quality patient care².

This guide is the culmination of several studies seeking diverse perspectives and drawing on multiple sources of data to ascertain the organisational strategies that can be used to support the mental health of HCWs. Specifically, we report on:

- Research studies examining multiple perspectives: the COVID-19 Frontline Health Workers Survey, workshops with HCWs, interviews with healthcare leaders, pilot of organisational checklist, audit of strategies implemented by organisations and an e-Delphi study of experts and key stakeholders (See Figure 1).
- Development of an organisational checklist designed for organisations to self-assess their own strategies to support the mental health and wellbeing of HCWs before and during crises.
- Those strategies that reached expert consensus about what organisations should be implementing in order to support the mental health of their workforce.
- The resulting recommendations to guide organisations in developing strategies that support the mental health of HCWs.

While the focus of this guide is the support that mental HCWs need during crises, the recommendations extend beyond crisis events to everyday practice. Strategies to address mental health are needed across the entire healthcare system, and while HCWs in primary care were included in our original survey, this later work focused on secondary healthcare organisations. Further development and testing of our recommendations is required for primary care. Additionally, the data we have gathered and the recommendations made here, could also be applied to other work settings – particularly those where the workforce comprises first responders during crisis or disaster events.

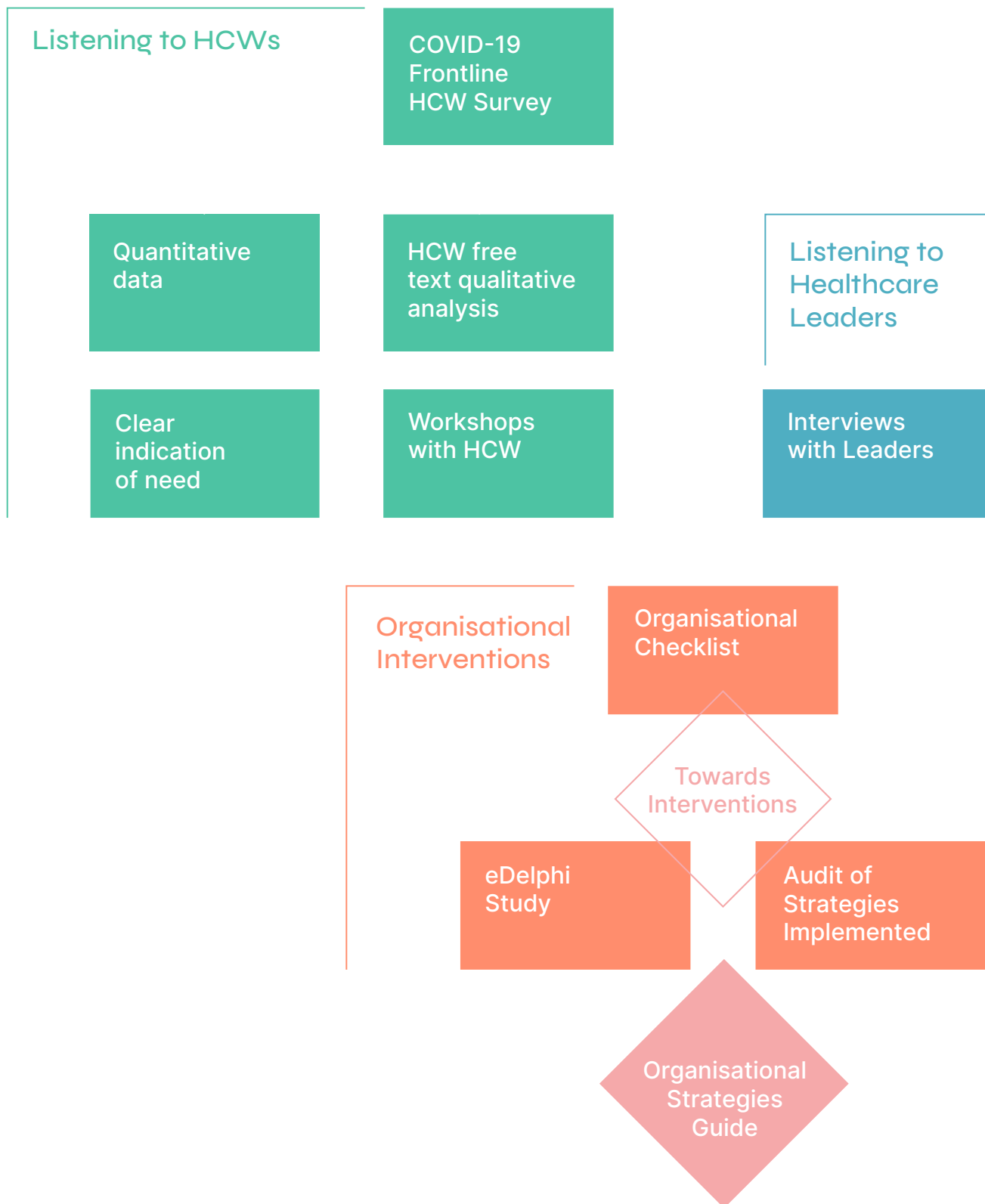
Why focus on organisational strategies?

HCWs experience unique workplace demands and are at greater risk of mental health issues when compared with the general public and other occupations^{3,4,5,6}. Public health crises, such as the COVID-19 pandemic, intensify existing stressors and create additional challenges, such as increased workload, new workplace practices, redeployment and social change⁷. Healthcare organisations, from Board level and Executive management through to clinical team leaders, all play a key role in supporting the mental health of HCWs during, and beyond, crises. However, of the interventions implemented to support HCW's mental health and wellbeing during the COVID-19 pandemic, there was surprisingly little focus on organisational strategies or the intersections between organisational culture and mental health support.

The Royal Australasian College of Physicians Health Benefits of Good Work[®] program⁸ emphasises the need for healthy and safe working conditions, as well as a healthy workplace culture, as fundamental to supporting mental health. It posits not only that workers need to be supported to stay in work but that poor working conditions play a major role in deterioration of mental health⁸.

Figure 1: Towards future-proofing the frontline

Figure 1 provides an overview of the studies conducted over 3 years using mixed methods research to investigate how organisations can support the mental health of HCWs before, during and beyond crises.



Setting the scene: The COVID-19 Frontline Health Workers Study

In 2020, the Australian COVID-19 Frontline Health Workers Study examined the severity and prevalence of mental health issues and the social, workplace and financial disruptions experienced by Australian HCWs during the first year of the COVID-19 pandemic¹. Key demographic information and findings are presented in the following infographics.

Demographics

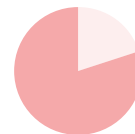
7846
complete responses

Even
split of age groups

85%
Victorian



80%
female



Profession

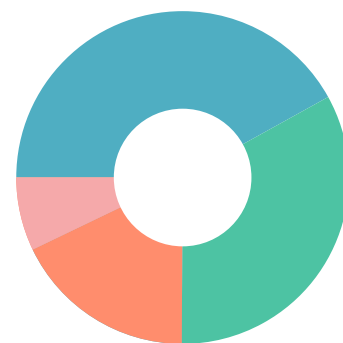
42%
nursing

33%
medical

18%
allied health

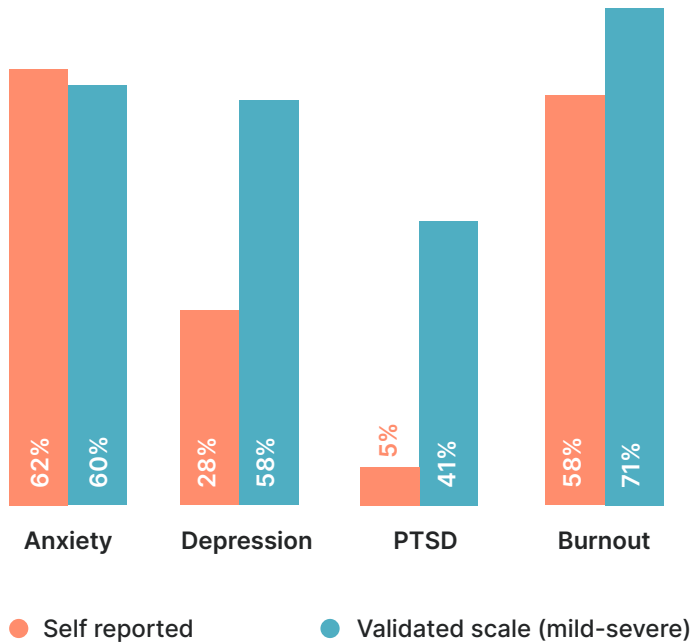
7%
other

(includes administrative staff, clinical laboratory staff, other support staff).



Prevalence of mental health symptoms

While most HCWs recognised, and thus self reported, symptoms of anxiety or burnout very few recognised they were experiencing symptoms of depression or PTSD.



Mean resilience score (out of 4)

3.2

Pre-existing mental health condition

30.4%

Burnout (moderate-high)

71.1% Emotional exhaustion

37.4% De-personalisation

69.3% Personal accomplishment

Seeking help for mental health symptoms

18%

visited a doctor or psychologist

6%

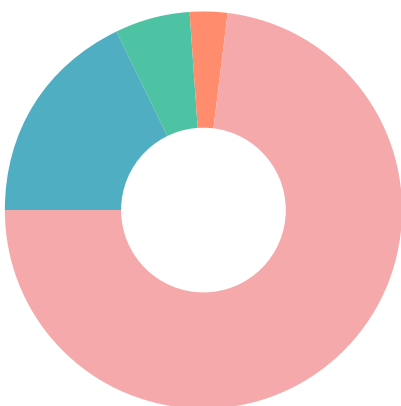
accessed workplace employee assistance program

3%

accessed external professional support program

73%

none of these



Despite the high prevalence of symptoms of burnout, anxiety and depression, over 70% of HCWs **did not** seek professional help.

Future-proofing the frontline study

Following the Australian COVID-19 Frontline Health Workers Study, the Future-Proofing the Frontline project adopted a solutions-oriented approach to investigate organisational strategies proposed by HCWs, health leaders, experts and other stakeholders to support the mental health and wellbeing of the health workforce, including during crisis events.

The impetus for the need to ‘future proof’ the frontline is threefold.

1. The low level of help seeking of professional support for frontline HCWs expressing mental health symptoms during the COVID-19 pandemic.
2. Evidence that most strategies implemented by organisations to support mental health focused on building individual resilience rather than changing the organisational environment.
3. Knowledge that mental health not only affects individuals and their families, but is also correlated with patient care outcomes.

There is also acknowledgement of the potential repercussions for the health system of NOT addressing the mental health of HCWs:

“As the COVID-19 pandemic evolves, we are facing the biggest crisis in modern healthcare: the loss of our highly skilled health workforce through burn-out and mental illness. It is no longer optional to act. Governments, healthcare organisations and leaders must invest and deliver long-term measures to value, support and retain the health workforce to preserve high-quality healthcare.”⁹

9 Smallwood N, Bismark M, Willis K, Burn-out in the health workforce during the COVID-19 pandemic: opportunities for workplace and leadership approaches to improve well-being, *BMJ Leader* 2023;7:178-181.

1. Listening to healthcare workers

The voices of HCWs are vital to ensuring that organisations provide services and supports that are responsive to their needs and wishes. Cultural stigma towards seeking mental health help by healthcare professionals is not a new phenomenon¹⁰ and research indicates there are unmet needs for appropriate mental healthcare and support services among all HCWs¹¹. Two sub-studies focused on giving HCWs a voice about what solutions they need, want and would value.

1.1 Sub-study 1: Organisational support strategies

Aim

To identify what organisational strategies HCWs report are needed to support their mental health and wellbeing during crisis events.

Data collection

Responses to the COVID-19 Frontline Health Workers Study free text question: 'What strategies might be helpful to assist frontline HCWs during future crisis events like pandemics, disasters, etc.?'

Participants

5527 HCWs responded to the free-text question. Participants were nurses (n=2215, 40.2%), doctors (n=1601, 29%), allied health staff (n=1285, 23.1%), administrative staff (n=331, 6%) and other roles (n=95, 1.7%).

Findings

Respondents wanted leadership that demonstrated valuing and appreciation of the workforce, and a workplace culture that supports the mental health needs of frontline HCWs.

They expressed the need for:

- Workplace environments in healthcare organisations that promote and support wellbeing and mental health;
- Organisational culture that normalises mental health supports;
- Supportive leadership and management;
- Strengthening a sense of community to support mental health.

Workplace structures to support a mentally healthy work environment	Organisational preparedness	Planning for staff burnout and putting systems in place to try and avoid this.	<i>Allied health professional, female, age 41-50</i>
	Supporting workers during rapid change	Follow up with deployed staff to ensure they are supported in new roles, checking that re-assigned workloads are reasonable.	<i>Administrative staff, female, age 50-64</i>
	Organisational strategies for staff shortages	Being more aware of burnout... Rostering in some more days off in a row once a month for staff.	<i>Junior medical staff, female, age 20-30</i>
	Space and breaks during shifts	Creating safe (outdoor) break spaces (rather than closing them) for staff to use during much-needed breaks during the work day.	<i>Junior medical staff, female, age 20-30</i>
Supportive leadership and management	Leadership that recognises and values workers contributions	Support from those that are not on the frontline that is empathetic, compassionate and clinically realistic and puts our safety first.	<i>Nurse, female, age 20-30</i>
	Visible leadership and authentic communication	Visibility from my senior staff, in meetings and on the floor. Senior staff stopping and asking 'how are you' or 'how are you feeling/coping' can go a long way.	<i>Nurse, female, age 20-30</i>
	Leadership knowledge and skills	Better leadership in the workplace to support staff... mental health training for managers.	<i>Allied health professional, female, age 31-40</i>
Strengthening a sense of community to support mental health	The value of team support	For me, the sense of community I have with my co-workers has been the most supportive and rejuvenating factor for my wellbeing. Fostering and encouraging this.	<i>Junior medical staff, female, age 20-30</i>
	Debriefing with peers	Regular formal group debriefing/ discussions/planning... Helps alleviate anxiety.	<i>Nurse, female, age 20-30</i>

Strengthening a sense of community to support mental health (cont.)	Sharing experiences and learning from others	Forums, webinars, to enjoy hearing about the experiences of others. What went well, what could have been done better. It's also nice to hear that someone else is experiencing the same feelings, sensations, emotions as you.	Nurse, female, age 31-40
Organisational culture normalising mental health support	Organisational strategies to reduce stigma around mental health	Greater recognition of mental health issues, embedded support programs, less stigma around acknowledging that you are struggling.	Allied health professional, female, age 41-50
	Embedded structures that recognise mental health needs	Some sort of structure for 'mental health days' with no stigma attached. Early access to support. Along with this, a more concerted effort from health services to encourage their use and disarm the notion (whether real or not) that accessing mental health services may lead to consequences for future employment.	Senior medical staff, female, age 31-40 Senior medical staff, male, age 41-50
	Proactive, embedded mental health support	Lots of on the ground support, not keep just directing us to go here, there or anywhere. Face to face is so much easier and constructive.	Nurse, male, age 41-50
	Diverse and accessible mental health support	Recognising that everyone copes differently so providing a range of resources.	Senior medical staff, female, age 41-50

For more information, see the full paper: Maple JL, Willis K, Lewis S, Putland M, Baldwin P, Bismark M, Harrex W, Johnson D, Karimi L, Smallwood N. Healthcare workers' perceptions of strategies supportive of their mental health. *Journal of Medicine, Surgery, and Public Health*. 2024 Jan 11:100049. <https://www.sciencedirect.com/science/article/pii/S2949916X24000021>

1.2 Sub-study 2: Workshops with HCWs to design organisational strategies

Aim

Informed by literature on experience-based codesign indicating that active engagement of those affected may result in intervention success¹², workshops were conducted with frontline HCWs, with the aim of identifying which organisational strategies best support the mental health and wellbeing of HCWs during times of crisis.

Participants

Twenty-seven sessions (15 focus groups, 12 interviews) with 32 participants: 10 allied health staff, 11 nursing staff and 11 medical staff.

Data collection

Participants attended two sessions conducted approximately 6-weeks apart, lasting one hour each. In Session 1, they talked about their experiences with mental health wellbeing supports during the COVID-19 pandemic and provided suggestions for future crises. In Session 2, initial findings were discussed and participants were asked about which strategies they would prioritise.

Findings

The “Three Cs” of mental health support were identified:

- Culture (building an organisational culture that prioritises mental health);
- Conditions (implementing proactive organisational strategies during crises); and
- Care (ensuring fit-for-purpose strategies to support mental health and wellbeing).



Culture: Building an organisational culture that prioritises mental health	Staff know they are cared about, valued and recognised for their efforts	We had lots of emails from the executives just thanking us....it is little things like that.	<i>Medical, Female, Focus group 1, Session 1</i>
	Leader mental health training and support	Sometimes you just need someone to come and ask if you're okay... who is trained for that, and qualified to do so... Instead of us coming to them, they come to us.	<i>Medical, Female, Focus group 3, Session 1</i>
	Leaders foster and promote team collegiality	Management need to see it as a priority to take time to build the team's rapport and the cohesiveness.	<i>Allied health, Female, Interview 7, Session 1</i>
Conditions: Implementing proactive organisational strategies during crises	Workforce staffing	Having adequate staffing and workforce, I think is critical.	<i>Medical, Female, Focus group 9, Session 2</i>
	Supportive workplace conditions and entitlements	Let us have a mental health day and pay us for that.	<i>Allied health, Female, Focus group 5, Session 1</i>
	Effective and clear communication	Consultation helps with mental health because then the people that are most affected by whatever decisions you make are, I guess, involved in that decision making.	<i>Medical, Female, Focus group 1, Session 1</i>
	Prioritise staff health and safety	Being prioritised in terms of vaccinations was a great thing for at least my mental health, in knowing that we were somewhat protected going into those environments.	<i>Medical, Female, Focus group 1, Session 1</i>
	Attend to staff practical and basic needs	We all actually got mobile phones, which made life incredibly simpler. So they're actually giving us the tools we needed to do our job efficiently.	<i>Allied health, Female, Interview 9, Session 1</i>

Care: Ensuring fit for purpose strategies to support mental health wellbeing	Accessible counselling services	Just talking about things lightens you and then you don't take all of that stress home.	<i>Nursing, Male, Focus group 10, Session 2</i>
	Access to a range of wellbeing programs and resources	Some people have been in situations where they got offered meditation groups and yoga. More mindfulness, I think. And they found those sorts of things helpful.	<i>Nursing, Female, Interview 6, Session 1</i>
	Professional supervision	Having the structure of supervision is good because it creates an opportunity to provide that support and find out what's going on...I think keeping that is incredibly important and making sure it happens.	<i>Allied health, Female, Interview 9, Session 1</i>
	Peer support programs	We have implemented a peer support program... People who have had training... and it's basically someone you can go to for a level of support on the floor from one of your colleagues.	<i>Nursing, Male, Interview 2, Session 1</i>
	Availability of trauma debriefing programs	I think in traumatic situations, debriefing should always happen.	<i>Medical, Female, Focus group 1, Session 1</i>
	Promotion of mental health resources and supports available	Move to more proactive approach...sort of trying to build that resilience going forward... We are putting together a regular newsletter, which will have a lot of wellbeing resources for the team.	<i>Medical, Female, Focus group 7, Session 1</i>

For more information, see the full paper: Maple, JL, Whiteside, M, Smallwood, N, Putland, M, Baldwin, P, Bismark, M, Harrex, W, Johnson, D, Karimi, L, Willis, K. The three Cs – Culture, conditions, and care – support mental health of healthcare workers during crises. *Occupational Medicine*. 2024. <https://doi.org/10.1093/occmed/kqae002>

2. Listening to healthcare leaders

2.1 Interviews with leaders

Aim

To explore leaders' experiences of supporting HCWs' mental health and wellbeing during the COVID-19 pandemic. These insights are critical in informing the design and delivery of long-term strategies to support and retain the health workforce now and into the future.

Data collection

One-hour qualitative interviews were conducted.

Participants

29 healthcare leaders working in secondary healthcare organisations. Their backgrounds were: medical (n=18), nursing (n=4), people and culture (n=4), and allied health (n=3). Leadership roles ranged from departmental and discipline managers (n=8), director/senior leadership (n=16) to executive roles (n=5). Most participants worked in metropolitan hospitals (n=23), with six located in regional hospitals.

Interview findings

Participants identified tensions and challenges relating to organisational structures, knowing how to support staff mental health and wellbeing, as well as their own needs for support as all contributing to the ways they were able to lead during the pandemic. While there was consistency across the themes identified, differences in perspective appeared to also reflect their role in the organisational hierarchy. Participants working in regional settings experienced particular challenges in staffing, infrastructure to support staff, and fragmentation between healthcare services.

<p>Positional perspectives and organisational challenges</p>	<p>Preparedness and data for strategic planning</p>	<p>There is too much reactivity going on in health at the moment and not enough true strategic planning and true quality improvement happening... There seems to need to be lots of meetings around what do you do? How do you manage this? And we should already be at the point.</p>	<p><i>Participant 3, Discipline Manager, Allied Health</i></p>
	<p>Hierarchical tensions</p>	<p>Something I found challenging, I wasn't really afforded any decision making in my role. And people in those middle leadership roles were just told, "No, no, senior leadership are managing this you don't need to worry about this," yet we were getting a lot of concerns and feedback from junior medical staff about what was happening. And I felt completely powerless to do anything.</p>	<p><i>Participant 8, Leadership Role, Medical</i></p>
	<p>Visible leadership</p>	<p>It became obvious to me that as a leader, and the leaders in my team, we must be visible and on site and connected with the staff... And so, I was surprised how that didn't happen across all health services, and other institutions, for that matter... But it struck me, how can you expect the nurse, the doctor, the allied health professional, the cleaner, the pharmacist, whatever, to go to the frontline and work if I was sitting at home in the comfort of my home? That didn't seem quite right to me.</p>	<p><i>Participant 7, Executive Leader</i></p>
	<p>Tensions between clinical and leadership responsibilities</p>	<p>Leadership is time consuming, so I think people who have appointments that are primarily clinical, and there's a small leadership component, are going to struggle to do all the things that are required of leadership... But at the same time, I think you also need to be given the freedom to still have a clinical role as a clinical leader.</p>	<p><i>Participant 1, Director of Emergency Medicine</i></p>

Tensions and challenges of supporting staff mental health and wellbeing

Getting it right - challenges of clear communication

What we found was that our staff told us we weren't communicating with them. That was despite the fact that I was doing a weekly broadcast, sending out weekly all staff bulletins and a management pack. We were broadcasting widely, but staff were telling us that we weren't communicating with them... So, the problem with communication (and its still going on today) is not about knowing what needs to be said, but how to get it heard, and then to get the feedback from it. When that works well, you can tell the organisation is much more settled. When its not working, there's a lot of raised anxiety.

Participant 15, Chief Executive

The impact of culture

I think the other really big thing is about culture. So culture has absolutely been tested in this. And our teamwork and commitment to the team has [been tested]. With those areas where that culture has been strong, we've seen a lot of camaraderie and a lot of willingness to pick up additional work and support the team because they've just wanted to help their colleagues.

Participant 16, Senior Leader, Nursing

Immediate actions versus structural change

I think there were various things put on, there was some lounge or something over in the education building. I've certainly seen adverts for online comedy sessions on certain days of the week.... And all these extra things were really tokens by the organisation that didn't actually address the needs of staff such as access to proper leave, access to decent rostering, a supportive environment where they're not going to be criticised for the decisions they make. They're the things that really make a difference to the mental wellbeing of staff.

Participant 8, Leadership Role, Medical

<p>Tensions and challenges of supporting staff mental health and wellbeing (cont.)</p>	<p>Strategies to support staff</p>	<p>Don't let your regular catch-ups with people drop off where possible, because in my team, sitting underneath the day-to-day work was a whole host of other personal things that I needed to make sure I supported them with. Things that came through were examples like slight flexibility with their work hours, different working arrangements. Because if I gave a little bit of give in that way, then they would give back a hundred percent in other ways. So knowing your workforce, knowing them well, and trust in leadership was super important.</p>	<p><i>Participant 16, Middle Manager, Nursing</i></p>
		<p>Tension between supporting individuals and meeting organisational imperatives: So there's this constant tension that you need to balance, which is, "I hear you. Let's support you." Hang on. By supporting you, I've now just created a vacancy in an area that I know I'm not going to be able to fill.</p>	<p><i>Participant 21, Middle Manager, Nursing</i></p>
<p>Supporting and strengthening leadership</p>	<p>Leadership training</p>	<p>We brought in a leadership program for our director level that all directors went through and the question came up of, "Really, should we be doing this now? We don't have time to spend a day, a fortnight or whatever it was," and we did go ahead with it and there was very strong support from the executive for that to still go ahead and give people the permission to really do that and be present in it and that was really helpful. It included coaching and lots of self wellbeing strategies and building through mindfulness and that sort of thing. So just committing to those sorts of things as an organisation and as a priority to say, "We need to fill your cup a bit so that you've got the energy to support your teams," was another thing that was an important decision, I think, during COVID.</p>	<p><i>Participant 11, Director of People and Patient Experience</i></p>

<p>Supporting and strengthening leadership (cont.)</p>	<p>Recognising and responding to mental health needs of staff</p>	<p>Training - I think I would like more information. I probably need a better skill set about wellbeing. It would help me to understand. I mean I think I can recognise it, but then again, what's the literature tell me about the sorts of things I should be doing so that I can respond appropriately?</p>	<p><i>Participant 2, Director of General Medicine</i></p>
	<p>Supporting each other</p>	<p>I think as leaders, we had the support of each other. So, we needed that. We stayed very connected, very calm, I think. Very calm considering what we're going through. And we managed it methodically. So, I think the support of each other, keeping together, calmness, respect for each other, and respect for various knowledges. People had different knowledge, they could bring different skills to the table. I think that was very important.</p>	<p><i>Participant 7, Executive Leadership Role</i></p>

3. Organisational interventions to support healthcare workers

As the pandemic progressed, healthcare organisations put in place varying strategies to support their workforce. In this phase of the project we examined what had been implemented in secondary care organisations during the pandemic and conducted an e-Delphi study to gather consensus on what should be implemented to ‘future-proof’ the healthcare workforce.

3.1 Audit of strategies implemented by organisations

Aim

To identify mental health and wellbeing strategies put in place by secondary healthcare organisations in Victoria, Australia to support frontline HCWs prior to, during, or beyond the COVID-19 pandemic.

Data collection

Data was collected in June-July 2023. Based on our research findings, participants were presented with 14 strategies and asked to indicate whether these had been implemented prior to or during the COVID-19 pandemic, were currently in place or had not been implemented. Additional questions examined strategies to assess uptake and effectiveness of interventions and remuneration for staff for their involvement in wellbeing activities outside of their role.

Participants

Health leaders at secondary healthcare organisations in Victoria, who had knowledge of the strategies put in place within their organisation to support the mental health and wellbeing of frontline HCWs completed an online survey. Invitations were sent to 30 Chief Executive Officers, representing 41 Victorian public hospitals. Representatives from 12 healthcare organisations completed the survey. Settings were metropolitan (n=8), regional (n=3), and rural (n=1) Victoria. The number of staff within the organisation varied; 1000-5000 (n=4), 5000-10,000 (n=3), >10,000 (n=5).

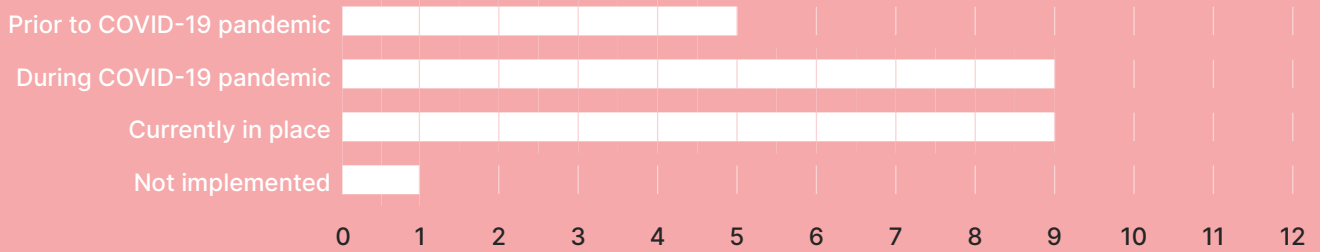
Results

As shown in the tables below, four categories of interventions were identified:

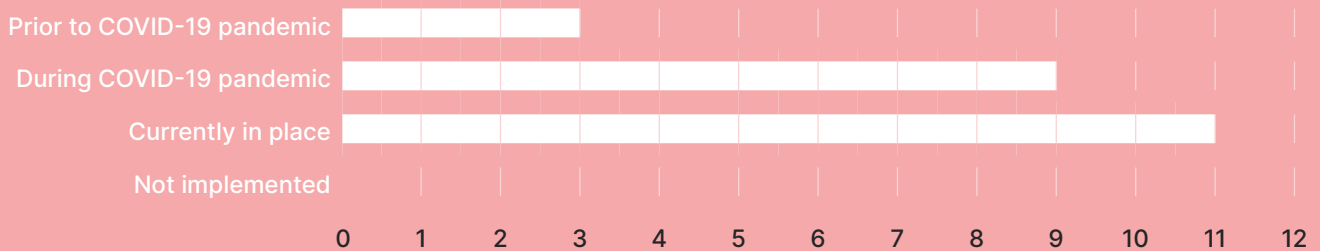
- A. Strategies that increased during the pandemic and have been maintained. These included increasing staff mental health strategies, reviewing staffing conditions to reduce burnout, prioritising practical support and establishing peer support programs.
- B. Strategies that decreased during the pandemic but have since been reinstated or maintained. These included actions to value and recognise staff, ensuring breaks during shifts, mental and wellbeing health resources, staff representation on crisis response committees, and strategies to foster team cohesion.
- C. Strategies that remained consistently implemented throughout the period. These included providing support after traumatic events and promoting mental health programs and support.
- D. Strategies not widely implemented. These included leadership training to support staff mental health, inclusion of mental health on meeting agendas and availability of paid mental health and wellbeing days.

A. Strategies which increased during the COVID-19 pandemic and have been maintained

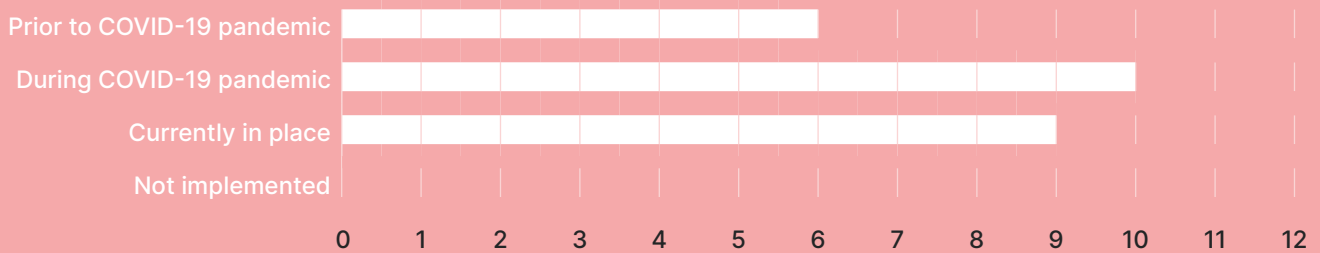
Our organisation has a staff mental health and wellbeing strategy



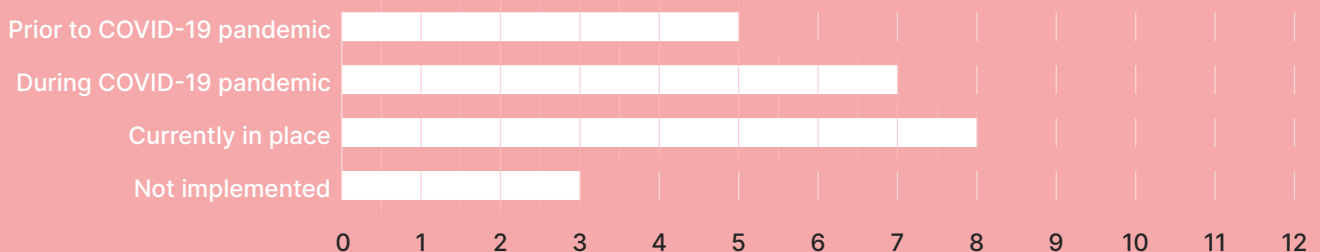
Staffing conditions are regularly reviewed to reduce burnout (e.g. rostering, flexible working arrangements, leave entitlements)



Provision of practical supports for staff are prioritised during crisis events (e.g. meals, scrubs)

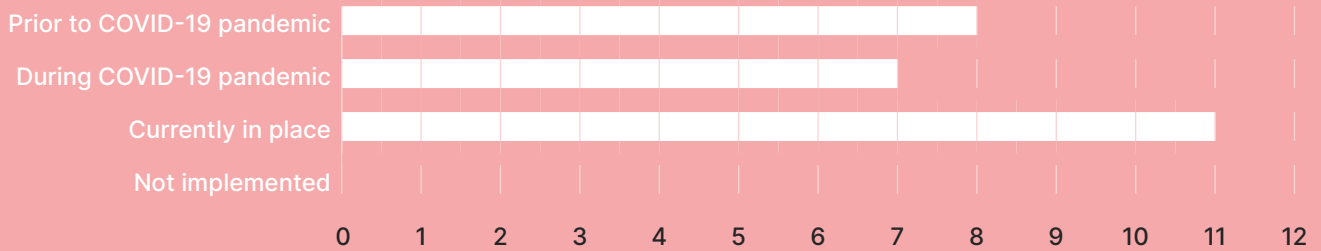


Peer support programs are in place

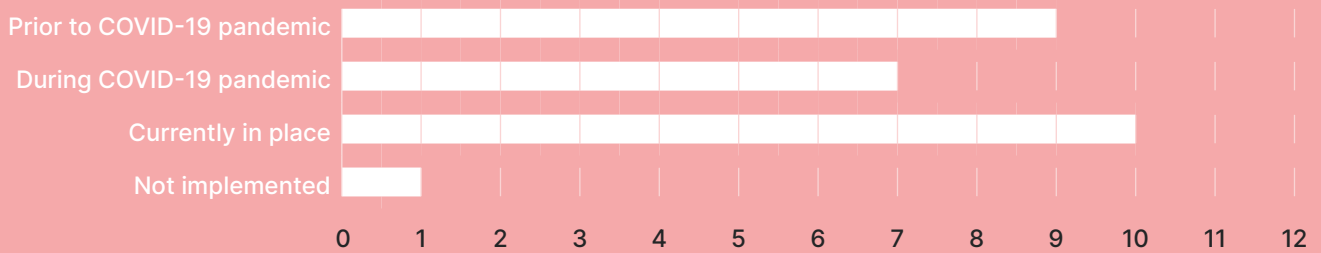


B. Strategies that reduced during the COVID-19 pandemic but are now maintained

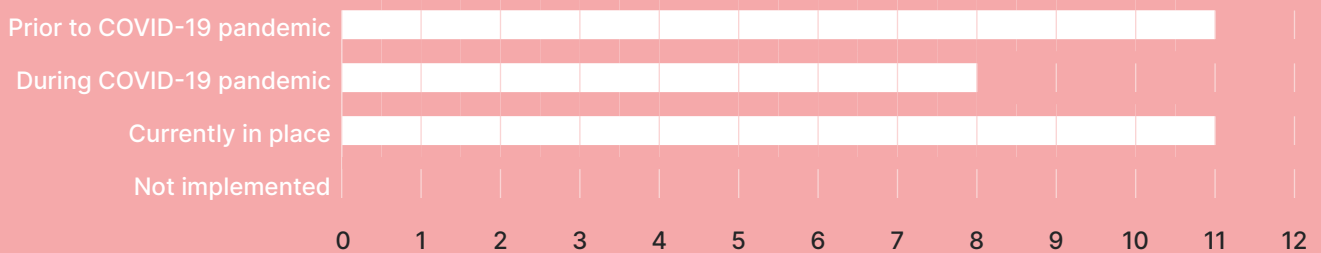
Actions are taken to value and recognise staff (e.g. annual organisation excellence awards, departmental recognition)



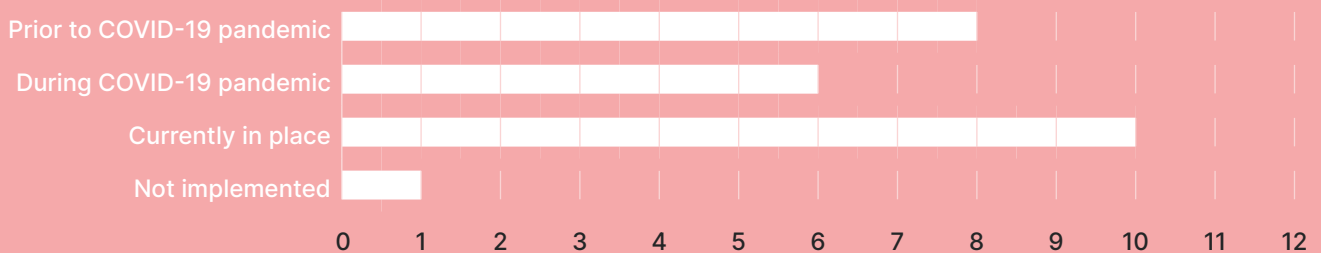
There are adequate arrangements for all staff to have breaks during shifts



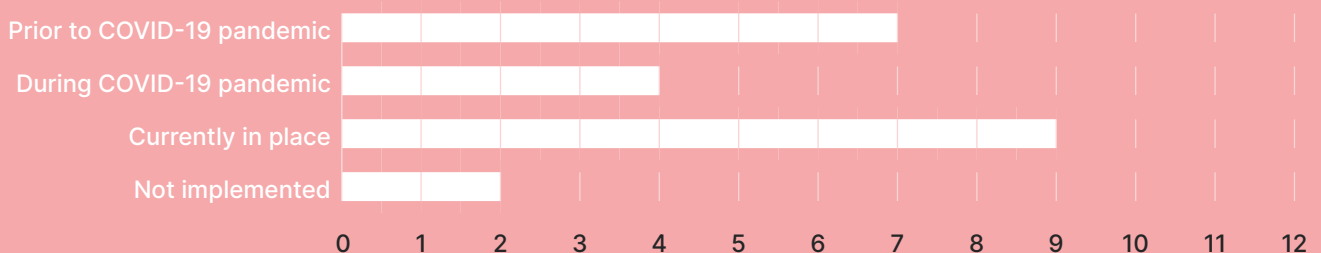
Mental health and wellbeing services and resources are available for all staff



Staff are represented on crisis response committees

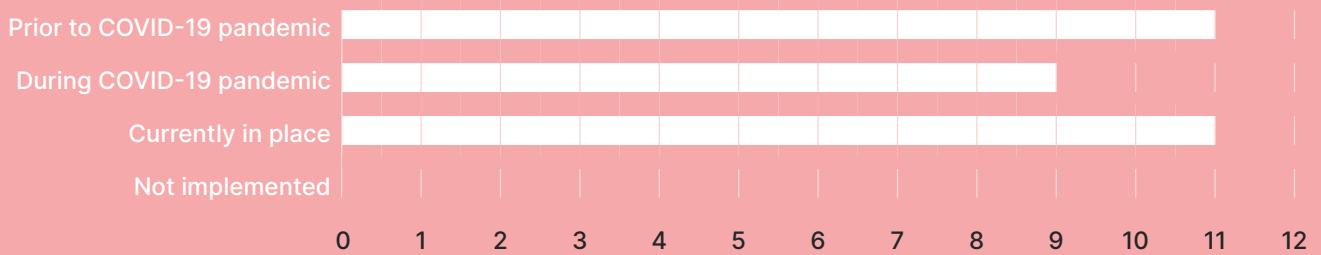


Strategies are in place to encourage team cohesion and support in every work unit (e.g. social events)

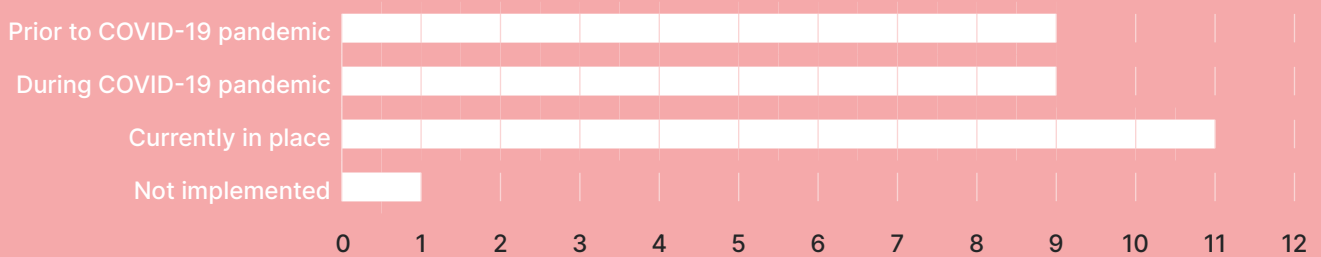


C. Strategies that have remained fairly consistent across time points

Psychological support is available following traumatic events

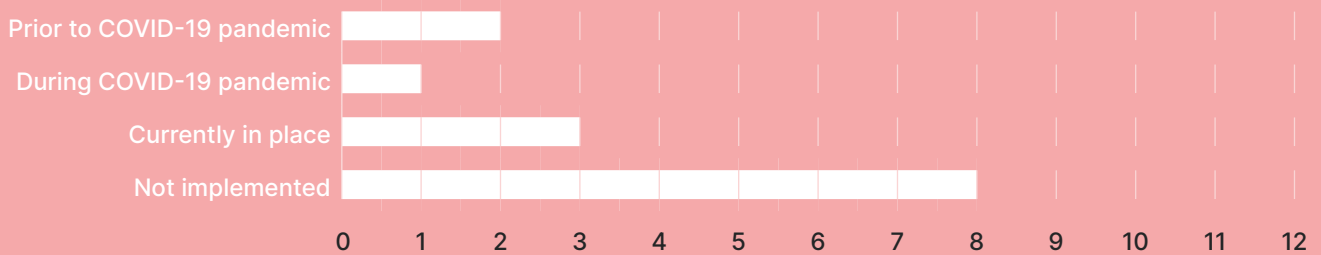


Mental health programs and supports are effectively promoted by the organisation

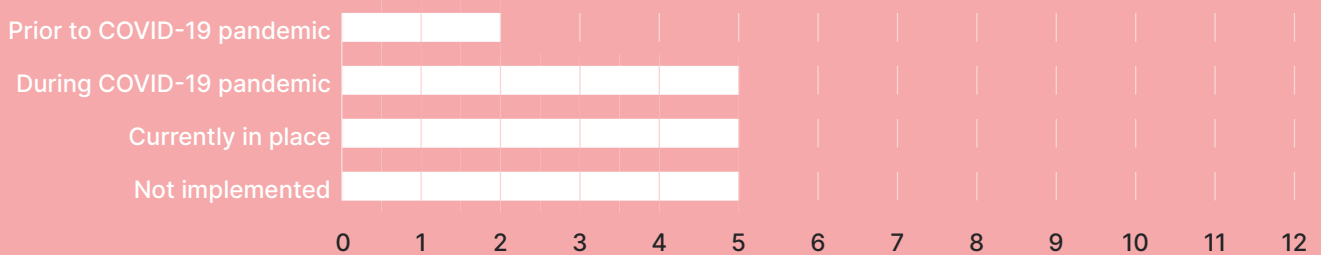


D. Strategies not widely implemented

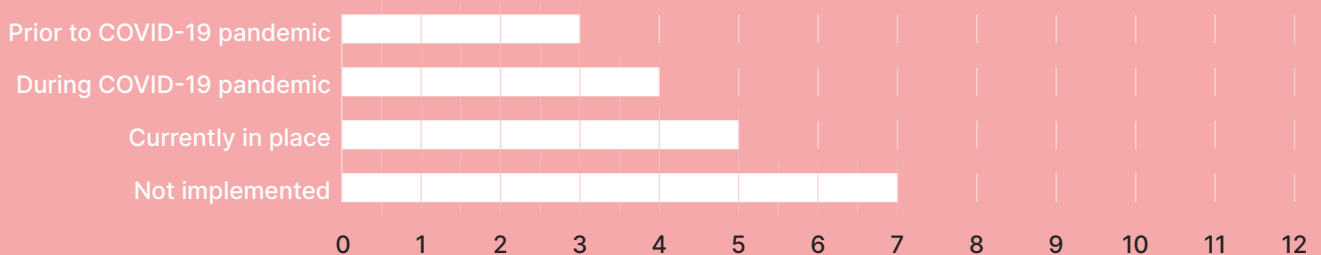
Training to support staff mental health and wellbeing is compulsory for all managers/team leaders



Staff mental health and wellbeing is a standing item on departmental meeting agendas



Paid mental health and wellbeing days are available to all staff



Monitoring and evaluation

Responses indicated that uptake of only some organisational strategies were reviewed. Similarly, only some strategies were evaluated, with some organisations gathering data collection on their effectiveness, but most evaluation was anecdotal and based on staff feedback. The diversity of responses received in response to these questions indicates a key challenge organisations face when implementing strategies. There may be many reasons that monitoring and evaluation strategies are inconsistently applied or data are not readily available. However, organisations need some measures to ensure that what they are doing to support staff is effective and this is an area that needs development.

Remuneration

Participants reported that staff members were sometimes paid for their involvement in mental health and wellbeing activities outside of their usual health roles. With work intensification a key challenge during crises, appropriate rewards and incentive structures need to be considered in order for strategies that work well to support mental health are implemented.

3.2 e-Delphi study

Aim

To gain expert consensus on the organisational strategies needed to support the mental health and wellbeing of HCWs during crisis events.

Data collection

Online surveys were completed by international or national experts, key stakeholders, and representatives from professional associations.

Participants

28 participants (n=6 professional organisation representatives, n=5 international experts, n=17 national experts) took part in round one of the e-Delphi study. 22 of these participants (n=4 professional organisation representatives, n=4 international experts, n=14 national experts) completed round 2.

Results

Using our findings from studies with HCWs and leaders, and supplemented by recent scholarly literature, we generated a list of 11 mental health wellbeing strategies. In round one, participants were asked to rate their agreement with statements on a Likert scale. Consensus ($\geq 80\%$ agreement) was reached for 9 of the 11 strategies presented to participants. The two strategies, 'Delivering workplace wellbeing programs that are adequately resourced and evaluated', and 'Recognise and mitigate disruptions to staff caused by role changes' were revised and presented to participants in round two and then reached consensus.

Over the two rounds the items reaching consensus ($\geq 80\%$ agreement) were:

Strategy 1 Foster a positive workplace culture	Promote civility, empathy, respect and kindness
	Actively address bullying and discrimination
	Destigmatise mental illness
Strategy 2 Provide authentic, visible leadership	Leaders and managers are trained to support the mental health and wellbeing of staff
	Leaders and managers should be approachable and responsive to staff needs
	During crises, leaders and managers should demonstrate timely and decisive actions
	During crises, leaders should be visible and available to frontline HCWs
Strategy 3 Prioritise a safe working environment	Protect physical safety through appropriate equipment, resources and training
	Ensure staff have prioritised access to risk mitigation (e.g. vaccinations, PPE)
	Establish psychological safety as a core organisational value and priority
Strategy 4 Ensure clear communication	Provide timely, focused and concise information
	Recognise staff expertise and seek their input
	Ensure changes to policies and/or practices are effectively communicated
Strategy 5 Value and recognise all HCWs	Ensure the basic needs of all staff are met (e.g. adequate facilities and spaces, breaks during shifts, easily accessible food and refreshments)
	Actively acknowledge the work of all staff, including those in less visible roles

<p>Strategy 6</p> <p>Facilitate teamwork and connection</p>	<p>Develop strategies to ensure safe interpersonal connections and camaraderie within teams</p> <hr/> <p>Strengthen multidisciplinary relationships across the organisation</p> <hr/> <p>Provide (or adapt existing spaces as needed for crisis conditions) a safe, physical environment conducive to staff wellbeing and/or sociability</p>
<p>Strategy 7</p> <p>Deliver workplace wellbeing programs that are adequately resourced and evaluated</p>	<p>A staff mental health wellbeing policy that addresses organisational culture, services available, and includes strategies during crises, is in place and regularly reviewed</p> <hr/> <p>Staff mental health wellbeing resources comprise a range of options for staff to access, in recognition of the diversity of staff mental health support needs during crises</p> <hr/> <p>Organisational mental health wellbeing strategies, both for business as usual and crisis events, are contextualised to local needs and designed and implemented in consultation with HCWs</p> <hr/> <p>Establish peer support programs or debriefing programs</p> <hr/> <p>Provide psychological or counselling support on site for HCWs</p> <hr/> <p>Ensure organisational wellbeing programs and resources are universally accessible and well promoted</p> <hr/> <p>Organisational mental health wellbeing strategies are evaluated for acceptability, uptake and efficacy</p> <hr/> <p>Participation in mental health and wellbeing activities is accessible in paid time (eg, as part of non-clinical allocation and/or inservice training activities)</p>
<p>Strategy 8</p> <p>Prepare for crises before they occur</p>	<p>Use simulation-based training to prepare for crises</p> <hr/> <p>Ensure crisis preparation includes information and resources about mental health support for staff during crises</p> <hr/> <p>During crisis preparation, acknowledge and mitigate the risks of moral distress and/or injury to staff</p>

<p>Strategy 9</p> <p>Acknowledge and remunerate increased workload and risk</p>	<p>Regularly review remuneration and entitlements for all HCWs</p> <hr/> <p>HCWs who contribute to organisational mental health and wellbeing activities outside of their usual health roles (e.g. facilitating peer support programs) should be appropriately remunerated for these activities</p>
<p>Strategy 10</p> <p>Recognise and mitigate disruptions to staff caused by role changes</p>	<p>Role change needs are well communicated and attempts are made to minimise disruption when deploying staff</p> <hr/> <p>Staff needs are acknowledged during role transitions and support provided</p> <hr/> <p>The potential impacts of role changes on staff mental wellbeing are acknowledged and mitigated</p>
<p>Strategy 11</p> <p>Ensure flexible work conditions are available during crises</p>	<p>Facilitate improved work-life balance (e.g. flexibility for staff with caregiving responsibilities, ensuring the ability to take time off for significant life events)</p> <hr/> <p>Support requests for part-time work, annual leave and personal leave</p> <hr/> <p>Provide cover for absent staff (e.g. appropriate use of locum colleagues)</p>



4. Organisational checklist

A key output of this project is an organisational checklist. This checklist brings together the findings from all the data sources, as well as examination of current literature and expert input from project team members. The checklist comprises twenty indicators listed under three domains:

- Building an organisational culture that prioritises mental health;
- Strategies during health crises;
- Addressing staff mental health and wellbeing.

The accompanying checklist guide provided additional information about each of the checklist indicators, including hyperlinked examples to evidence-based programs. Appendix 1 contains the organisational checklist and checklist guide.

4.1 Piloting the organisational checklist

Aim

To pilot a checklist designed for organisations to self-assess their own strategies to support the mental health and wellbeing of HCWs.

Data collection

Healthcare leaders at secondary healthcare organisations in Victoria with knowledge of the strategies put in place within their organisation to support the mental health and wellbeing of frontline HCWs completed the checklist online and were asked to provide feedback via a short survey.

Participants

Ten healthcare leaders from metropolitan healthcare organisations in Victoria piloted the checklist. Roles of participants included executive leader (n=1), departmental manager or above (n=7), people and culture leadership role (n=1) and wellbeing leadership role (n=1).

Results

Almost all participants reported the checklist was a helpful, comprehensive resource that was easy to complete and encouraged reflection. Suggestions for improvements included clarification on the target personnel to complete this resource (e.g. departmental leader as compared with executive leader). Minor amendments were made to the checklist following piloting. The amended checklist (and accompanying checklist guide) was developed as a resource for organisations to plan and implement mental health support strategies.

Where to from here?

Across all the data that we collected there was remarkable consistency about what HCWs want and need to support mental health during crisis events. A key theme that links the findings from the Future Proofing the Frontline study with other studies is the notion of 'culture'. Culture is not static – an organisational culture may comprise attributes that are not uniform, may be changeable, are given meaning through the experiences of those affected, but also may be adapted by conscious effort¹³. When culture is viewed as an organisational attribute, it may be possible to create, change, and manage culture in the pursuit of wider organisational objectives^{13, p.112}.

The complexity and diversity of the healthcare landscape means that a 'one size fits all' solution is not possible. Instead, a principles-based approach by organisations as they plan for supporting their workforce that is informed by HCWs, leaders and experts can provide a way forward. Thus, rather than a prescriptive list, the following recommendations that bring together all the perspectives of participants in this study are made:

1. The most important thing an organisation can do for workers' mental health is to develop and maintain a supportive workplace culture, and this should underpin and be articulated in all organisation strategies aimed at protection of HCW wellbeing.
2. Our Organisational Checklist is a structured self-assessment tool for organisations seeking to plan a HCWs' mental health support strategy. It should be applied before, during and after crises.
3. Specific strategies from experts and stakeholders outlined in this report (section 3.2) should be used to guide organisations to support mental health of HCWs before, during and after crises.
4. Organisations should conduct robust monitoring and evaluation of strategies implemented for uptake and acceptability, as well as for evidence of benefit in supporting the mental health of HCWs.

Conclusions

Future-proofing the frontline elicited the voices of those most involved in secondary healthcare organisations in order to gather comprehensive information about the mental health supports needed. Incorporating the voices of HCWs, leaders and experts provides the foundation for organisations attempting to create working environments with lower levels of burnout, depression, PTSD and anxiety than those indicated in the original survey. Healthcare organisations are expected to provide high quality healthcare in an environment where factors such as funding models and global shortages of HCWs shape how care can be provided. These factors may also constrain the ability to address structural factors that impact mental health, such as staffing. Our recommendations may be challenging to fully address without reforms to healthcare funding and health workforce planning, but they also provide a way forward for healthcare organisations to consider what could be prioritised as they seek to support and retain their workforce. At the same time, the evidence-base for organisational interventions needs considerable advancement, to ascertain not only those supports that will be taken up, but those that will produce the desired effect.

Organisational checklist



Organisational checklist

Organisational interventions to support the mental health of frontline healthcare workers (HCWs) during crises

An evidence-based organisational checklist for frontline health worker mental health and wellbeing during health crises

This checklist is designed to help health services plan for a mental health and wellbeing strategy, including during health crises. There are 3 domains, each containing items that provide indicators for service reflection and response. Please refer to the checklist guide for additional information about each of the checklist indicators.

Domain 1: Building an organisational culture that prioritises mental health Yes No Somewhat Don't know

Organisational values explicitly promote the mental health of all staff

A staff mental and wellbeing health strategy is in place

Staff mental health and wellbeing is a standing item on departmental meeting agendas

Staffing conditions are reviewed annually

All supervisors receive training enabling them to provide collaborative and supportive supervision to staff

Team collegiality is fostered

Training to support staff mental health and wellbeing is compulsory for managers/team leaders

Senior leaders take an active role in staff mental health awareness activities

Paid mental health and wellbeing days are provided without fear of reprisal

Domain 2: Strategies during health crises Yes No Somewhat Don't know

Clear and two-way communication occurs between senior management and staff

Staff health and safety are prioritised during crises (e.g. safe and secure working environment)

Practical supports are provided for staff during crises (e.g. parking, meals)

Usual training and professional development programs are continued during crises

Domain 3: Addressing staff mental health and wellbeing Yes No Somewhat Don't know

Mental health and wellbeing services and resources are available for staff

Clinical supervision for all staff is supportive and confidential

Group peer supervision is available for staff

Psychological support is available following traumatic events

Formalised peer support programs are in place

Staff mental health programs and supports are effectively promoted by the organisation

Staff mental health programs and resources are evaluated

Checklist guide

Introduction

What is the problem?

Many frontline health workers report serious detrimental mental health impacts from their work which can lead to burnout and serious mental health problems. These impacts are more profound during health crises but are also experienced when there are longstanding workplace issues, particularly in a healthcare system under stress.

What can be done?

Our research examined the mental health supports that HCWs value and would use during the COVID-19 pandemic. We found that HCWs require mental health supports that prioritise occupational and organisational change, rather than individual level supports alone. We used these findings to develop an organisation checklist which contains 3 key domains and associated indicators. The checklist can be used by health leaders as they reflect upon and plan ways to address the mental health and wellbeing of their staff.

What is the purpose of this guide?

This guide accompanies the checklist and draws on our research findings and existing evidence to provide the background rationale and explanation for each of the checklist indicators. In-text hyperlinks provide additional information and examples of evidence-based programs.

When using this guide, these questions can act as prompts to start reflective conversations with your colleagues and staff:

How relevant is this checklist for our situation?

What are we doing already to address staff mental health and wellbeing?

What else could we be doing?

How will we implement our plan?

Who will take responsibility, and do they have sufficient power in the organisation to bring about change?

Are we evaluating our activities? How do we know what works?

The Guide

Domain 1: Building an organisational culture that prioritises mental health

Indicator 1: Organisational values explicitly promote the mental health of all staff.

A positive, supportive, and respectful culture is a pivotal measure for staff mental health and wellbeing and [burnout reduction](#). Without such a culture, other strategies for mental and wellbeing are unlikely to be effective. A positive organisational culture incorporates institutional commitment, a clear mission, collective norms and expectations and expectations of leadership and staff behaviour. A central component of organisational culture also involves the normalisation and reduction of stigma associated with mental health issues. Information on what your organisation is doing to build a mentally healthy organisation should be accessible to staff, for example via an organisation webpage. During health crises, clinical support for junior staff on the frontline from those more experienced greatly boosts morale.

Indicator 2: A staff mental health and wellbeing health strategy is in place.

Mental health conditions affect not just the individuals concerned but also present substantial costs to organisations through absenteeism, presenteeism and compensation claims. Effective actions can reduce this burden and workplaces should design and embed a mental health and wellbeing strategy in their organisation addressing the indicators in this checklist and ensure that this policy is readily available to staff and is regularly reviewed. [The Beyond Blue Good practice framework](#) for mental health and wellbeing in police and emergency services organisations provides detailed evidence-based ideas for developing and implementing a mental health wellbeing strategy.

Indicator 3: Staff mental health and wellbeing is a standing item on departmental meeting agendas.

In our 2022 study, frontline health workers recommended that mental health and wellbeing be a standing item on staff meeting agendas. It should also be discussed with new staff during orientation.

Indicator 4: Staffing conditions are reviewed annually.

The nature of workplace conditions and entitlements significantly impacts staff mental health and wellbeing. A stretched and under-resourced workforce leads to frontline health workers being overworked, stressed and unable to address their mental health needs. Also important are staff leave and breaks, fair rates of pay, and continuity of training, even during health crises. A significant proportion of the health workforce are parents, and their needs must be considered, for example the length of shifts and the availability of childcare.

The Commonwealth Senate Select Committee on Work and Care (2023) calls for organisations to review worker roles and activities, make changes where appropriate, ensure life balance and flexibility in workplace design, and the involvement of workers in identifying challenges and workplace design. Roster justice is also an important consideration. Silvestro & Silvestro (2008) provide a 'Strategic Roster Planning and Control (SRPC)' model for evaluating rostering effectiveness.

Indicator 5: All supervisors receive training enabling them to provide collaborative and supportive supervision of staff.

Supervision is more likely to be valued if it is provided by supportive, available, and knowledgeable supervisors. The approach of the supervisor is of utmost importance; for example, the supervision should involve a collaborative and interactive style, encouraging professional growth. Supervisors from disciplines with more advanced psychological training, such as social work and psychology, have been found to be more effective at dealing with supervisee personal issues during clinical supervision. It is therefore important that people in supervisory roles are trained and supported to enact this role.

Indicator 6: Team collegiality is fostered.

Team cohesion and collegiality promote a sense of belonging, social wellbeing and provide a major source of support at work. Team leaders and senior clinicians should ensure there are strategies to increase team cohesion and collegiality, for example: reduce changes in staffing where possible, regularly check staff are ok, hold team 'huddles' or reflections, hold social events and have some workplace fun.

Indicator 7: Training to support staff mental health and wellbeing is compulsory for managers/team leaders.

Committed and strengths focussed leadership from the highest level of an organisation, and at work unit levels, is critical for a mentally healthy culture and worker morale. Senior leaders and managers should be trained in:

- Soft skills such as empathy, kindness, respect, and relationship skills.
- Understanding mental health.
- Improving your own mental health.
- Managing organisation mental health and wellbeing risks.
- Prioritising and creating a mentally healthy workforce and organisation.
- Recognising warning signs, conduct mental health conversations, and manage situations effectively.

Evidence based leadership programs for building soft skills, resilience, mental health, and reducing stress for managers and their teams are available.

Indicator 8: Senior leaders take an active role in staff mental health awareness activities.

Encouraging senior leaders to speak openly about mental health and support mental health initiatives is an important component of an organisational wellbeing strategy. Not only does senior staff endorsement mean that mental health initiatives are viewed as important as an organisational strategy, it also means that mental health support is seen as legitimate and normalised within the organisational culture more broadly.

Indicator 9: Paid mental health and wellbeing days are provided without fear of reprisal.

Frontline health workers stated that organisational support for staff mental health and wellbeing days and accessing mental health support when needed, would help to overcome a significant barrier to self-care and seeking help.

Domain 2: Strategies during health crises

Indicator 10: Clear and two-way communication occurs between senior management and staff.

Clear communication of critical information reduced some of the stress of the unknown of the pandemic, helped frontline health workers adjust to the rapid changes required, boosted morale and increased motivation. Clear communication is important at all levels including:

- From senior management: to explain the nature of the health crisis and organisational responses as well as to reassure staff and inform them of mental health and wellbeing support available.
- From staff to senior executives: to provide information about the nature of the situation on the front line and potential solutions.
- Within and between teams and clinics: to ensure a co-ordinated health service response.
- Between the hospital and the community, e.g. GPs: to ensure a co-ordinated health service and community response.

Strategies for clear communication within and between health services include:

- Regular messages (e.g. emails) from the health service CEO and senior management.
- Regular information sharing within teams.
- Staff representation on crisis response committees.
- All staff invited to observe executive meetings e.g. via video link .
- Staff consultations and surveys to ask “how are you going and what could we do better?”.
- Visits to wards and ward rounds by executives and decision makers to have first-hand knowledge and build relationships with staff.
- Provision of sufficient technology to assist communication, e.g. mobile phones, computers, electronic medical record system.
- Uniform systems across health services so new staff know where to find information.

Indicator 11: Staff health and safety are prioritised during crises (e.g. safe and secure working environment).

The health and wellbeing of frontline health workers should be a priority during a health crisis. In the case of COVID-19 this involved providing vaccinations to staff and their families as soon as practical, providing personal protective equipment and clothing, and ensuring a safe and secure environment. Staff health clinics are highly valued.

Indicator 12: Practical supports are provided for staff during crises (e.g. parking, meals).

At times of health crises, attending to staff practical and basic needs helps them to do their job and symbolises care and concern. However, these need to be part of a broader organisational culture of care and support. If offered as stand-alone strategies, they can appear tokenistic.

During health crises, staff value practical supports such as:

- Free meals and coffee,
- Free parking.

Indicator 13: Usual training and professional development programs are continued during crises.

Professional training, including student placements and ongoing professional development programs, are not only critical for building a quality health workforce but also for staff engagement and learning. It is important that professional training and professional development programs be maintained during health crises. Additional professional development programs should also be delivered. For example, programs designed specifically to prepare workers to cope during a pandemic.

Domain 3: Addressing staff mental health and wellbeing

Indicator 14: Mental health and wellbeing services and resources are available for staff.

Workplace mental health services and programs can reduce the level of depression symptoms among workers. Team leaders and managers should provide a range of options for mental health support, including ensuring all staff have access to an employee

assistance program and/or other mental health professionals and a range of wellbeing interventions, including mindfulness, meditation, resilience, and compassion related programs. Workers should be encouraged to seek help without fear of discrimination. Opportunities for self-care should also be encouraged.

Indicator 15: Clinical supervision for all staff is supportive and confidential.

Clinical supervision is a support mechanism for practising professionals where they can self-reflect and share clinical, organisational, developmental, and emotional experiences with another professional in a secure and confidential environment. The aim is to foster confidence, professional identity and knowledge and skills. Supervision provides an important source of support during a health crisis.

The Australian Commission on Safety and Quality in Health Care states that clinical supervision is to be provided to all healthcare clinicians. Services should focus on the development of policy and a sustainable framework for clinical supervision that involves a collaborative, interactive style encouraging supervisee professional growth; provision of formal training and ongoing support for supervisors; the opportunity for supervisees to have choice in supervisor; and further evaluation of the effect of supervision on quality of care and patient outcomes.

Indicator 16: Group peer supervision is available for staff.

Peer supervision offers a group model of supervision which provides participants with an opportunity to critically reflect on personal experiences, support each other in improving practice, and collectively act on questions posed in the group and seek solutions. Formal arrangements, e.g. facilitation, clear ground rules and evaluation enhance the processes and outcomes. Peer supervision can be multidisciplinary or single discipline.

Indicator 17: Psychological support is available following traumatic events.

Trauma refers to an event that is psychologically overwhelming for an individual. The person's response to the event involves intense fear, helplessness or horror. Organisations have a legal responsibility to protect their staff from cumulative trauma. See, for example the Occupational Health and Safety Act 2004 (Vic).

While there is a need for more research, evidence suggests that the routine use of formal psychological debriefing (group or individual) following trauma may do more harm than good. Employees should instead be offered psychological first-aid, emotional and instrumental support, and ongoing monitoring. Evidence-based guidelines on how post-traumatic stress disorder PTSD should be diagnosed and treated are available. There is also emerging evidence that strategies such as informal peer-support or 'defusing' immediately after a traumatic or stressful event may be helpful for workers in emergency situations.

Indicator 18: Formalised peer support programs are in place.

Peer support occurs between participants who consider each other as equals and support and empower each other through common experiences to overcome their hardships. Formalised peer support programs should be one of the programs offered. Peer support programs can help to change culture, normalise mental health and build mental health literacy. Managers and team leaders should:

- Design peer support programs which provide contact, support and referral services.
- Provide opportunities for staff to volunteer to be a peer supporter.
- Provide training and ongoing support to peer supporters.

Indicator 19: Staff mental health programs and supports are effectively promoted by the organisation.

Organisations should ensure their mental health programs and strategies are effectively communicated and promoted. All staff should be able to access training resources on wellbeing through an online training platform.

Indicator 20: Staff mental health programs and resources are evaluated.

Many of these strategies do not have a strong evidence base. Resources need to be made available for evaluation and continuous quality improvement both during and outside of pandemics.

Project publications

Books

Bismark M, Willis K, Lewis S, Smallwood N. *Experiences of health workers in the COVID-19 pandemic: in their own words*. Routledge; 2022.

Book chapter

Willis K, Smallwood N. Risky work: Providing healthcare in the age of COVID-19, in Lupton D, Willis K. (eds) *The COVID-19 Crisis: Social Perspectives*, Routledge; 2021.

Encyclopedia entries

Willis K, Maple JL, Smallwood N. Healthcare workers and COVID-19. *The Wiley-Blackwell Encyclopedia of Health, Illness, Behavior, and Society*. 2024,

Willis K, Maple JL, Smallwood N. Healthcare workers and COVID-19. *The Blackwell Encyclopedia of Sociology*. 2024.

The Conversation

Willis K, Maple JL, Bismark M, Smallwood, N. 'Living with COVID' looks very different for front-line health workers, who are already exhausted. Willis K. Smallwood N. *The Conversation*. 6th September, 2021. <https://theconversation.com/living-with-covid-looks-very-different-for-front-line-health-workers-who-are-already-exhausted-167213>

Articles

2024

Maple JL, Willis K, Lewis S, Putland M, Baldwin P, Bismark M, Harrex W, Johnson D, Karimi L, Smallwood N. Healthcare workers' perceptions of strategies supportive of their mental health. *Journal of Medicine, Surgery, and Public Health*. 2024 Jan 11:100049.

Maple JL, Whiteside M, Smallwood N, Putland M, Baldwin P, Bismark M, Harrex W, Johnson D, Karimi L, Willis K. The three Cs – Culture, conditions, and care – support mental health of healthcare workers during crises. *Occupational Medicine*, 2024. <https://doi.org/10.1093/occmed/kqae002>

2023

Gu A, Willis K, Kay M, Hutt K, Smallwood N. "We are largely left out": workplace and psychosocial experiences of Australian general practitioners during the initial months of the COVID-19 pandemic. *Aus J Prim Health*, 2023 Feb;29(1):47-55. doi:10.1071/PY22103

Smallwood N, Bismark M, Willis K. Burn-out in the health workforce during the COVID-19 pandemic: opportunities for workplace and leadership approaches to improve

well-being. *BMJ leader*. 2023 Mar 10, DOI: 10.1136/leader-2022-000687

2022

Bismark M, Scurrah K, Pascoe A, Willis K, Jain R, Smallwood N. Thoughts of suicide or self-harm among Australian healthcare workers during the COVID-19 pandemic, *Aust NZ J Psychiatry*, 2022; Dec, 56(12), 1555-1565. Doi: 10.1177/00048674221075540.

Bismark M, Smallwood N, Jain R, Willis K., Thoughts of suicide or self-harm among healthcare workers during the COVID-19 pandemic: qualitative analysis of open-ended survey responses, *BJPsych Open*, 2022; 8(4):e113. Doi:10.1192/bjo.2022.509

Hunter R, Willis K, Smallwood N. The workplace and psychosocial experiences of Australian junior doctors during the COVID-19 pandemic. *Internal Medicine Journal*. 2022 May;52(5):745-54. <https://onlinelibrary.wiley.com/doi/full/10.1111/imj.15720>

Lewis S, Willis K, Bismark M, Smallwood N. A time for self-care? Frontline health workers' strategies for managing mental health during the COVID-19 pandemic. *SSM-Mental health*. 2022 Dec 1;2:100053. <https://www.sciencedirect.com/science/article/pii/S2666560321000530>

Pascoe A, Paul E, Putland M, Johnson D, Willis K, Smallwood N. Differential impacts of the COVID-19 pandemic on mental health symptoms and working conditions for senior and junior doctors in Australian hospitals. *J Occ Environ Med*, May 2022, 64 (5), 291-299. DOI: 10.1097/JOM.0000000000002505

Pascoe A, Paul E, Willis K, Smallwood N. Cross-sectional survey of COVID-19-related impacts on mental health of nurses: occupational disruption, organisational preparedness, psychological harm, and moral distress. *Contemporary Nurse*. 2022 May 4;58(2-3):212-27.

Petrie K, Smallwood N, Pascoe A, Willis K. Mental health symptoms and workplace challenges among Australian paramedics during the COVID-19 pandemic. *International journal of environmental research and public health*. 2022 Jan 17;19(2):1004. <https://www.mdpi.com/1660-4601/19/2/1004>

Tham R, Pascoe A, Willis K, Kay M, Smallwood N. Differences in psychosocial distress among rural and metropolitan healthcare workers during the COVID-19 pandemic. *Australian Journal of Rural Health*. 2022 Oct;30(5):683-96.

Tran J, Willis K, Kay M, Hutt K, Smallwood N. The workplace and psychosocial experiences of Australian senior doctors during the Covid-19 pandemic: a qualitative study. *International Journal of Environmental Research and Public Health*. 2022 Mar 5;19(5):3079. <https://www.mdpi.com/1660-4601/19/5/3079>

2021

Pascoe A, Paul E, Johnson D, Putland M, Willis K, Smallwood N. Differences in coping strategies and help-seeking behaviours among Australian junior and senior doctors during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*. 2021 Dec 16;18(24):13275. <https://www.mdpi.com/1660-4601/18/24/13275>

Smallwood N, Karimi L, Bismark M, Putland M, Johnson D, Dharmage S, Barson E, Atkin N, Long C, Holland A, Munro J, Thevarajan I, Moore C, McGillion A, Sandford D, Willis K. High levels of psychosocial distress among Australian frontline healthcare workers during the COVID-19 pandemic: a cross-sectional survey. *General psychiatry*. 2021;34(5). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8423519/>

Smallwood N, Karimi L, Pascoe A, Bismark M, Putland M, Johnson D, Dharmage S, Barson E, Atkin N, Long C, Holland A, Munro J, Thevarajan I, Moore C, McGillion A, Sandford D, Willis K. Coping strategies adopted by Australian frontline health workers to address psychological distress during the COVID-19 pandemic. *General hospital psychiatry*. 2021 Sep 1;72:124-30.

Smallwood N, Pascoe A, Karimi L, Bismark M, Willis K. Occupational disruptions during the COVID-19 pandemic and their association with healthcare workers' mental health. *International Journal of Environmental Research and Public Health*. 2021 Sep 2;18(17):9263. <https://www.mdpi.com/1660-4601/18/17/9263>

Smallwood N, Pascoe A, Karimi L, Willis K. Moral distress and perceived community views are associated with mental health symptoms in frontline health workers during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*. 2021 Aug 18;18(16):8723. <https://www.mdpi.com/1660-4601/18/16/8723>

Smallwood N, Willis K. Mental health among healthcare workers during the COVID-19 pandemic. *Respirology*. 2021 Nov;26(11):1016. doi: 10.1111/resp.14143 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8661789/>

Willis K, Ezer P, Lewis S, Bismark M, Smallwood N. "Covid just amplified the cracks of the system": working as a frontline health worker during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*. 2021 Sep 28;18(19):10178. <https://www.mdpi.com/1660-4601/18/19/10178>

References

- 1 N Smallwood, L Karimi, M Bismark, M Putland, D Johnson, S Dharmage, E Barson, N Atkin, C Long, A Holland, J Munro, I Thevarajan, C Moore, A McGillion, D Sandford & K Willis. High levels of psychosocial distress among Australian frontline healthcare workers during the COVID-19 pandemic: a cross-sectional survey. *General Psychiatry*. 2021;34(5).
- 2 Jun J, Ojemeni MM, Kalamani R, Tong J, Crecelius ML. Relationship between nurse burnout, patient and organizational outcomes: Systematic review. *Int J Nurs Stud*. 2021;119:103933.
- 3 De Cieri H, Shea T, Cooper B, Oldenburg B. Effects of work-related stressors and mindfulness on mental and physical health among Australian nurses and healthcare workers. *J Nurs Scholarsh*. 2019;51(5):580-9.
- 4 Beyondblue and Roy Morgan Research, National Mental Health Survey of doctors and Medical Students, 2013 (updated 2019), <https://medicine.uq.edu.au/files/42088/Beyondblue%20Doctors%20Mental%20health.pdf>
- 5 Milner AJ, Maheen H, Bismark MM, Spittal MJ. Suicide by health professionals: a retrospective mortality study in Australia, 2001–2012. *Med J Aust*. 2016;205(6):260-5.
- 6 Imo UO. Burnout and psychiatric morbidity among doctors in the UK: a systematic literature review of prevalence and associated factors. *BJPsych Bulletin*. 2017;41(4):197-204.
- 7 Al-Tawfiq JA, Temsah M-H. Perspective on the challenges of COVID-19 facing healthcare workers. *Infection*. 2022:1-4.
- 8 The Royal Australasian College of Physicians. Health Benefits of Good Work. 2015 [3 October 2022]. Available from: <https://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/health-benefits-of-good-work>.
- 9 Smallwood N, Bismark M, Willis K. Burn-out in the health workforce during the COVID-19 pandemic: opportunities for workplace and leadership approaches to improve well-being. *BMJ leader*. 2023:leader-2022-000687.
- 10 Forbes MP, Iyengar S, Kay M. Barriers to the psychological well-being of Australian junior doctors: a qualitative analysis. *BMJ open*. 2019;9(6).
- 11 N Smallwood, L Karimi, A Pascoe, M Bismark, M Putland, D Johnson, S Dharmage, E Barson, N Atkin, C Long, A Holland, J Munro, I Thevarajan, C Moore, A McGillion, D Sandford & K Willis. Coping strategies adopted by Australian frontline health workers to address psychological distress during the COVID-19 pandemic. *Gen Hosp Psychiatry*. 2021;72:124-30.
- 12 Green T, Bonner A, Teleni L, Bradford N, Purtell L, Douglas C, et al. Use and reporting of experience-based codesign studies in the healthcare setting: a systematic review. *BMJ quality & safety*. 2020;29(1):64-76.
- 13 Davies HT, Nutley SM, Mannion R. Organisational culture and quality of healthcare. *BMJ Quality & Safety*. 2000;9(2):111-9.



Credit: Photography by the Royal Melbourne Hospital