Organisational checklist

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