How to Support a Flourishing Health Care Workforce

A Brief Guide for Health Care Organizations

Acknowledgements

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We would like to acknowledge the valuable contribution of health care workers who volunteered their time to help us understand the unique stressors associated with health care roles and their experience of what helps at individual, team, leadership and organizational levels. More broadly, we would like to acknowledge all health care workers for their service to the communities in which they live and work.

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ABBREVIATIONS

COVID-19	Coronavirus disease
PSC	Psychosocial Safety Climate
SARS	Severe Acute Respiratory Syndrome
CWO	Chief Wellness Officer
EAP	Employee Assistance Program
R2MR	Road to Mental Readiness
EBP	Evidence-Based Practice
ISO	International Organization for Standardization
EDI	Equity, Diversity and Inclusion
UK	United Kingdom
MFOSIRC	MacDonald Franklin OSI Research Centre

Contents

1 Recognition and purpose

1.1 THE SERVICE AND SACRIFICE OF HEALTH CARE WORKERS

Health care workers encompass a broad group including medical, nursing and allied health staff, chaplains, peer supporters, and administrative staff. Health care can be a stimulating and rewarding place to work with many people attracted to it by the myriad of new challenges faced every day and motivated by a sense of purpose and fulfillment in helping others.

However, health care is also a high-demand and high-stress workplace, characterized by under-resourcing, excessive workloads, role ambiguity, lack of autonomy and constantly changing organizational policies and procedures.

Further, health care workers frequently confront ethical and moral dilemmas, particularly when working in under-resourced conditions and during extreme events such as the COVID-19 pandemic.

The recognition and gratitude shown to health care workers during the pandemic has been important but even more important is a demonstration of the value that the community places on health care workers through an ongoing commitment to working conditions that are conducive to good mental health and wellbeing.

This commitment begins with government policy and funding decisions and cascades down to the strategic priorities set by health care organizations, the commitment of leaders to system reform, the capability and capacity of team managers to support their staff and physicians, and the capacity and willingness of individuals at all levels within the organization to take care of themselves and each other.

1.2 PURPOSE OF THIS BRIEF GUIDE

The COVID-19 pandemic brought major disruption to daily living and created an unprecedented international crisis in health care. Government, business and community responses to the pandemic highlighted what is possible, and challenged many assumptions about “the way things have to be." According to the old adage, in the midst of every crisis lies great opportunity. Government and other policy makers must maximize this opportunity and transform the approach to the wellbeing of health care workers. The need has never been more critical.

In this context, the purpose of this Brief Guide is to provide a practical resource for the health care sector to guide the planning and implementation of concepts, strategies and tools to promote the wellbeing of the health care workforce. This Brief Guide is part of an overall Foundational Framework, all of which draws upon the lived experience of health care workers as well as the latest evidence and international peer reviewed, best practice research. We hope that the Brief Guide will become a valuable resource to support implementation of wellbeing initiatives for those responsible for the management of health care organizations, as well as leaders, teams and individuals. More detail on intended audience is included in Section 2.3 below.

1.3 COLLABORATION AND SHARED VALUES

The MacDonald Franklin OSI Research Centre (MFOSIRC) has been funded by Public Health Agency of Canada to develop and implement a wellbeing package for Canadian health care workers. MFOSIRC is collaborating with Phoenix Australia, a longstanding partner, to deliver this work.

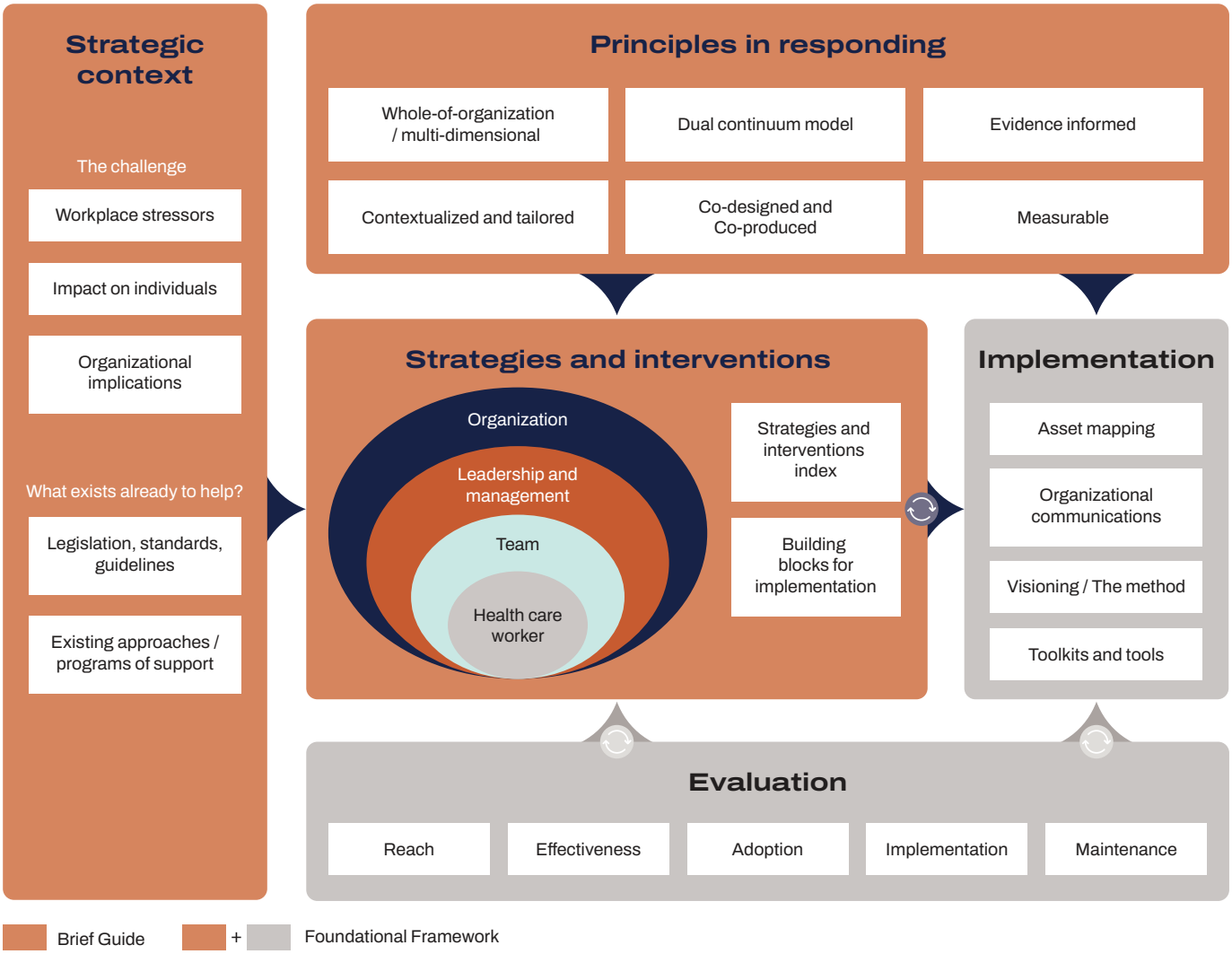
MFOSIRC and Phoenix Australia are driven by common values, which in the context of this work, include:

- A passion about making a real difference to the wellbeing of health care workers
- A commitment to authentic co-design and implementation;
- A determination to address inequity in the context of health care workers’ wellbeing
- Being guided by scientific evidence and focused on building a broad evidence base of what works
- Learning, adapting and responding to the changing needs of the communities we serve
- Building collaborations and collective solutions through systems thinking and strengthening strategic partnerships

2 Scope and intended audience

2.1 SCOPE OF THIS BRIEF GUIDE

This Brief Guide sits within, and is a key part, of an overall Foundational Framework for health care organizations who are seeking an evidence informed health care worker wellbeing program. The following provides a one-page overview of the Foundational Framework and its component parts:



The Foundational Framework incorporates three components:

1. This Brief Guide, which builds towards practical, evidence-based strategies and interventions to help develop a flourishing health care workforce includes:

- Strategic context to health care worker wellbeing, including the nature and scale of the challenge as well as existing supports in meeting the challenge
- Principles that organizations should adopt in designing and implementing a program of work (these principles have also been adopted in developing the holistic Foundational Framework)
- Strategies and interventions, including evidence-based interventions and the required building blocks for effective implementation. The interventions are across four levels:
  - Organizational interventions (e.g., communications and policies)
  - Leadership and management interventions (e.g., training to support staff, reflective practice for leaders)
  - Team interventions (e.g., team and morale building)
  - Individual level interventions, applicable to everyone who works in health care regardless of role or seniority

2. Implementation, which incorporates specific approaches to initial implementation work as well as specific toolkits and tools that help implement interventions. These are separate deliverables that will follow this Brief Guide.

3. Evaluation, which leverages the RE-AIM framework to guide the design and evaluation of this program. Specific details on this component will follow this Brief Guide.

The Brief Guide emphasizes the need to address organization-wide systemic and structural workplace stressors and provides interventions at the four levels described earlier, rather than placing the responsibility for health care worker wellbeing solely on the individual or on the team.

It does not yet include interventions at a fifth level – the health care system level, a level which incorporates broader government policy in regard to hospital funding and key performance indicators, and recognition of the role that unions play in health systems through negotiation of employment conditions across the sector. This could be an area of future development, with many organizational stressors heavily influenced by this fifth level.

This Brief Guide is intended for all health care workers and all health care organizations. It has been developed with a particular focus on the Canadian health care system, but is intended for use by the broadest possible audience including internationally.

The Brief Guide is not intended as an assessment, reflection or criticism of current approaches, policies and programs and their respective outcomes in either Canada or internationally.

2.2 COMPLEMENTING EXISTING RESOURCES

There are existing programs that consider worker and more specifically health care worker wellbeing. As is outlined later in this guide, in Canada the National Standard of Canada for Psychological Health and Safety in the Workplace and the standard on prevention, promotion and organizational practices contribute to health in the workplace. The former national standard was the first of its kind in the world when it was implemented in Québec in 2008. It provides a set of voluntary guidelines, tools and resources intended to guide a broad range of organizations in promoting mental health and preventing psychological harm at work[1]. The world's first international standard, the ISO (International Organization for Standardization) 45003, began to place greater emphasis on the role of organizations in supporting the mental health and wellbeing of staff in a variety of sectors. Other countries, such as Australia and the United Kingdom (UK), have developed similar guides, including the Australian Government National Mental Health Commission's practical guide for measuring mentally healthy workplaces[2] and the Thriving at Work standards[3], however neither are specific to health care.

This Brief Guide is not intended to compete or conflict with these existing resources, rather complement them. The Brief Guide focuses on evidence-based strategies that health care organizations can incorporate in their everyday operations to support and promote the mental health and wellbeing of Canadian health care workers. It seeks to integrate and connect to existing resources, but also provide additional support for organizations by identifying new interventions and creating new or improved toolkits and tools.

2.3 INTENDED AUDIENCE

Health care workers encompass a broad group of clinical and non-clinical staff and physicians across an array of care settings. This Brief Guide is intended for any staff member, physician or team working in a health care organization from the Board to the frontline and everywhere in-between.

The Brief Guide is intended for both salaried and non-salaried health care workers, and has a specific focus on supporting non-salaried staff. These staff, such as physicians, may find themselves in a unique situation, particularly in Canada, potentially having limited access to the wellbeing supports offered to other staff.

Due to its scope, and focus across four levels of evidence-based interventions, the Brief Guide can be picked up and acted upon by:

- The Board and Executive with accountability for organization-wide strategies, policies and programs
- Any person in a leadership position with responsibility for staff
- Any team, formal or informal, who wish to better collectively support one another
- Any individual, at any level of the organization, who seeks to better care for themselves

It can be used collectively by organizations or specifically by individuals, at any level, to avoid the need to wait for an organization-wide program to be in place.

The Brief Guide urges organizations to be pro-active in relation to health care worker wellbeing, and based on the current workforce environment in Canada, organizations who do so may have 'employer of choice' advantage. Those that do not may risk an ever-worsening situation.

3 Strategic context

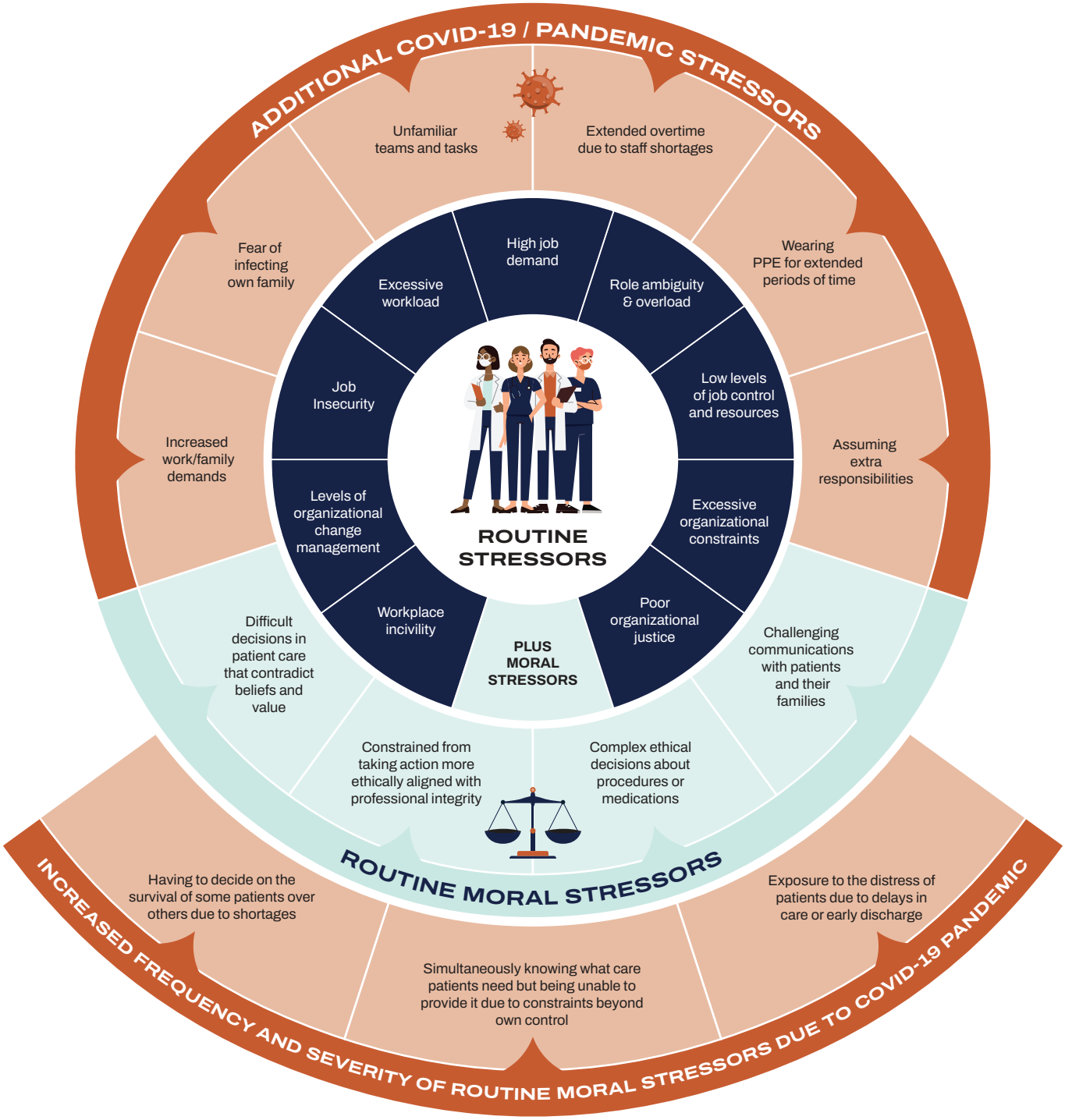
As outlined previously, health care can be a high-demand and high-stress workplace, characterized by under-resourcing, excessive workloads, role ambiguity, lack of autonomy and constantly changing organizational policies and procedures.

The following section provides an overview of the context to health care worker wellbeing. It sets out the stressors, impacts and implications, before outlining what is currently available to help.

3.1 WORKPLACE STRESSORS FOR HEALTH CARE WORKERS

Stressful jobs typically involve high demands, excessive workloads, role overload and role ambiguity, job insecurity, low levels of job control and resources, managing organizational change, excessive organizational constraints, workplace incivility, and poor organizational justice." The roles of many health care workers involve several of these factors, with high workloads perhaps the most ubiquitous. In addition, health care workers face moral stressors when confronted with working conditions, management decisions or insoluble ethical dilemmas that challenge their sense of right and wrong, or even their professional oath to “first, do no harm."

WORKPLACE STRESSORS



Workplace stressors experienced by health care workers in the context of COVID

The COVID-19 pandemic has unfortunately not only compounded the routine workplace stressors and mental health burdens that health care workers face, but has also added unique pandemic-specific workplace stressors. Having to wear PPE for extended periods of time has been identified as an additional stressor for several reasons, including early anxiety about correct donning and doffing procedures, and working in full PPE without proper breaks leading to overheating, dehydration and exhaustion[6]. Further, during the pandemic, health care workers reported additional stressors arising from assuming extra responsibilities, staff shortages and overtime, unfamiliar teams and tasks, fear of infecting their families, increased work/family demands related to school and childcare closures and a perceived lack of support by their organization[7–12].

Workplace stressors through the lens of moral injury

Health care workers are also faced with an increase in the frequency and severity of moral stressors during population-level health emergencies, such as the COVID-19 pandemic[13,14]. Based on a scoping review of moral stressors in health care workers during COVID-19, Riedel et al[15] emphasize the cumulative nature of moral stressors experienced, including stressors related to patient care (e.g., inadequate provision of care), interpersonal relationships (e.g., differing views in treatment planning) and organizational constraints (e.g., distribution of scarce resources, lack of protective equipment). Greenberg[16] for example, highlights the difficult ethical decisions confronting health care workers when they have to preference the survival of some patients over others due to the shortage of hospital beds or medical equipment (e.g., ventilators), and exposure to the distress of patients arising from delays in non-essential medical procedures, or earlier than recommended discharge of clients to avoid infection risk (e.g., mothers with newborns). Dean and colleagues similarly note the moral challenge of simultaneously knowing what care patients need but being unable to provide it due to constraints that are beyond their control, and highlight the link between this experience and burnout, characterized as exhaustion, cynicism and decreased productivity[17,18].

Intersectionality in workplace stressors for health care workers

Intersectionality in the experience of health care workers needs to be acknowledged, with social factors including race/ethnicity, gender, education, sexuality, geography, age, disability/ability, migration status and religion all identified as relevant[19,20]. Systemic racism has perhaps been best documented with racially diverse health care workers experiencing lower pay, underrepresentation in senior roles, lack of career progression and higher rates of burnout, harassment and bullying by managers, colleagues and patients[21–25]. During COVID-19, racially diverse health care workers have suffered higher rates of infection and mortality[26], and amongst US health care workers higher stress has been reported amongst women, Black and Latinx health care workers. An intersectional lens should be adopted in the planning, development and implementation of wellbeing approaches, to help ensure that all sources of inequity are addressed.

Physicians and non-salaried health care workers

In Canada, many physicians and a small number of other health care workers are engaged on a fee-for-service contractual basis[27]. The nature of this employment often means that in relation to an organization's wellbeing services or programs, non-salaried health care workers:

- Have limited access to the services or programs available to other staff
- Are not paid for time spent accessing or contributing to wellbeing services or programs
- May choose not to access wellbeing services or programs because of concerns about confidentiality and potential career impacts or preferencing their own individual approach to wellbeing

The needs of all health care workers, including this cohort, need to be addressed in the planning and implementation of strategies and tools to promote the wellbeing of the health care workforce. This cohort, in particular physicians, are a critical group in delivering successful outcomes for a program of this nature.

In evaluating the associations between workplace experiences during COVID-19, moral distress, and the psychological wellbeing of Canadian health care workers, Plouffe et al.[5] found the most frequently encountered morally distressing events included witnessing low quality patient care due to poor team communication, watching patient care suffer because of a lack of provider continuity, and experiencing lack of administrative action or support for a problem that was compromising patient care.

In addition, of those who had experienced a morally distressing event, the most distressing included a requirement to care for more patients than they could safely care for, participating in care that caused unnecessary suffering or did not adequately relieve pain or symptoms, and working with team members who did not treat vulnerable or stigmatized patients with dignity and respect.[5]

3.2 THE IMPACTS OF WORKPLACE STRESSORS ON HEALTH CARE WORKERS

Building on the overview of workplace stressors for health care workers, the following provides a summary of the potential impacts of these stressors for individual health care workers:

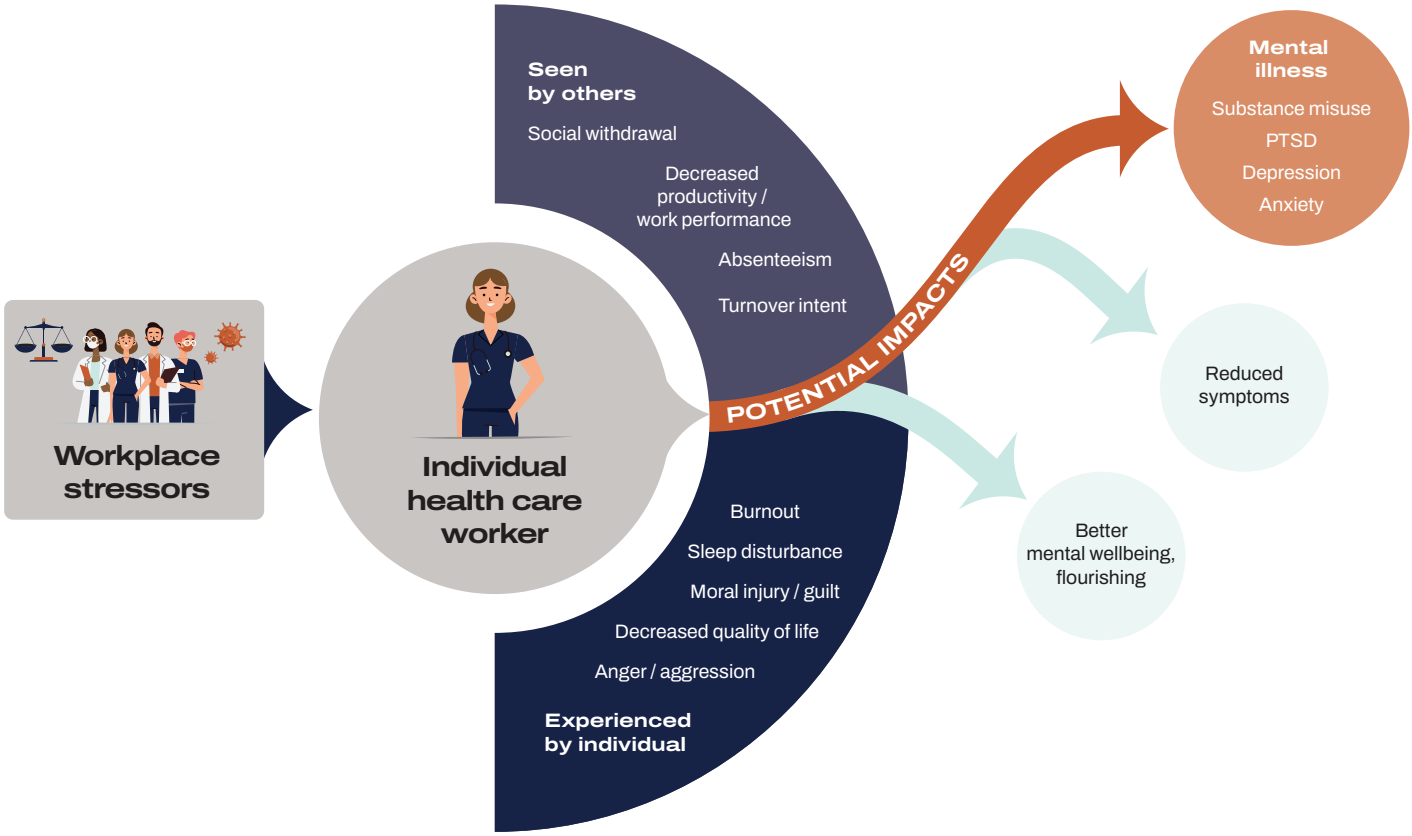
WORKPLACE STRESSORS AND THEIR IMPACT – INDIVIDUAL

95%
of health care workers reported that their job was impacted by the pandemic

87%
of health care workers felt more stressed at work during the pandemic

80%
of morally distressing events involved feeling betrayed or let down by the organization

5x
Black, Asian and minority ethnic health care workers had a fivefold increased risk of COVID-19 compared with the general community



Research has consistently shown that excessive stress can lead to poor mental health outcomes for health care workers. During COVID-19, rates of stress, anxiety, depression and burnout have increased even further, particularly amongst those who work in direct contact with infected patients[6,8–12].

There has been increasing recognition of a range of moral stressors during COVID-19 including lack of team support, lack of provider continuity, over-burdened patient loads, and lack of support from administration[5].

The most severe moral stressors can lead to moral injury — the lasting psychological, social and spiritual impact of events involving betrayal or transgressions of deeply held moral beliefs or values through one's own or others' action, or inaction, or from feeling betrayed by leaders, occurring in high stakes situations[28,29]. Symptoms of moral injury can include (1) feelings of guilt, shame, anger, sadness, anxiety and disgust; (2) lowered self-esteem, high self-criticism, beliefs about being bad, damaged, unworthy or weak, and self-handicapping behaviors; (3) loss of faith in people, avoidance of intimacy and lack of trust in authority figures; and (4) existential and spiritual outcomes including loss of faith in previous religious beliefs, and no longer believing in a just world[30]. A recent scoping review involving 19 studies found that symptoms of moral injury in health care workers when the incident was linked to one's own actions included guilt, sadness, anxiety, helplessness, loss of confidence and isolation, while symptoms linked to the action of others at the team or organizational level led to blame, frustration, cynicism, anger and an associated loss of trust in leadership, and reduced commitment toward the organization[14].

A large cross-sectional Canadian study found that the majority of morally distressing events experienced by health care workers during the pandemic were related to feeling betrayed or let down by the organization (e.g., lack of team support, over-burdened patient loads and lack of support from administration[5]). Parallels have been made between moral injury and burnout in health care workers[17].

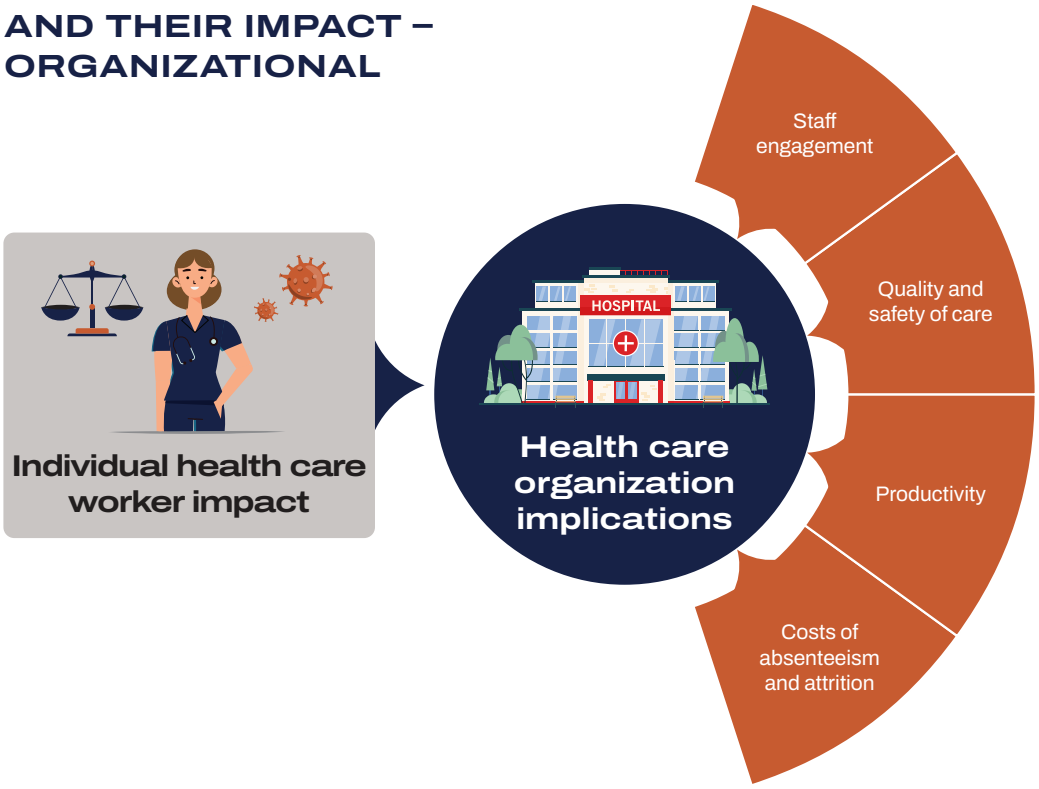
3.3 IMPLICATIONS FOR ORGANIZATIONS

The move towards "Quadruple Aim" in health care reform elevates the importance of positive experience in providing care, alongside positive experience of receiving care, improving public health and managing costs[31]. If health care organizations are not persuaded to make the necessary changes to improve the wellbeing of staff and physicians for the sake of the individual alone, they cannot ignore the implications for the quality of patient care or staff and physician retention and attraction. The wellbeing of health care workers has important implications for patient care and safety, with fatigue, stress, burnout, levels of sickness absence, and job satisfaction all contributing to quality of care[32]. Further, the Canadian National Standards highlight that an active and positive approach to mental health and wellbeing generates positive outcomes for organizations such as enhanced productivity and employee engagement, reduced costs of attrition, absenteeism and disability[33].

Health care workers have been leaving the industry in unprecedented numbers. The urgency of this issue is demonstrated in the Canadian Survey on Health Care Workers' Experiences During the Pandemic[11] which showed that job vacancies in Canadian hospitals grew by 91.6% over the two-year pandemic period[34].

Many services are running short-staffed, compounding the stress for those who remain. It is an employee's market in that there are more vacant positions in health care than there are people to fill them and increasingly, health care workers are exercising choice in selecting employers who offer the best employee experience. Health care organizations should drive to become employers of choice in order to attract and retain high quality staff and physicians.

WORKPLACE STRESSORS AND THEIR IMPACT – ORGANIZATIONAL



92%

Growth in job vacancies in Canadian hospitals over the two-year pandemic period

3.4 IN RESPONSE: LEGISLATION, STANDARDS AND GUIDELINES

National and international bodies now recognize the important role organizations have in protecting and promoting workers' mental health and wellbeing. Canada has been a pioneer in this regard, being the first country in the world to introduce two voluntary national standards on the matter.

The first national standard had been in effect in Quebec since 2002 before being adopted at a national level in 2020[33]. This standard, unique in its kind in the world, facilitates initiatives by any organization, regardless of their size and sector, to optimize health and wellbeing in the workplace. It also outlines a pathway to tiered certification which attests to an organization's commitment to staff health and wellbeing as well as its achieved implementation level of best practices. The second national standard, commissioned by the Mental Health Commission of Canada, was developed in 2013[35] and helps organizations to protect psychological health and promote psychological wellbeing of their workforce. The standard lists thirteen measurable factors within the control, responsibility or influence of the workplace that can positively affect employee's mental health, psychological safety and participation when addressed effectively.

At a broader level, the world's first international standard on workplace mental health came into effect in 2021[36]. Whilst this standard recognizes the shared responsibility of employers and employees to maintain mental health and wellbeing, the focus is shifted onto the organization to address issues which impact workers mental health and wellbeing, such as poor communication leadership, and organizational culture. This emphasis on the duty of care of organizations is positive given organizational factors have the potential to impact staff wellbeing.

Landmark documents

2008: 'Quebec Healthy Enterprise Standard' (QHES – BNQ 9700-800)

2013: 'Psychological health and safety in the workplace' standard (CAN/CSA-Z1002-13/BNQ 9700-803)

2020: 'Prevention, promotion and organizational practices contributing to health in the workplace' (CAN/BQ 9800-800)

2021: 'Occupational health and safety management - guidelines for managing psychosocial risks' (ISO 45003)

2022: World Health Organization guidelines on mental health at work

The following year, the World Health Organization released guidelines for organizations to protect and promote the mental health of staff through the elimination of stigmatization and discrimination and implementation of supportive working conditions, evidence-based programs, and other organizational improvements. The framework that the guidelines provide for organizations to act in support of the mental health of their workforce represent an international key milestone for recognizing the role of organizations in promoting occupational mental health.

3.5 WORKPLACE FACTORS THAT PROMOTE MENTAL HEALTH AND WELLBEING

As mentioned in the previous section, the Mental Health Commission of Canada[35] puts forward thirteen factors that organizations can address to positively affect staff and physician wellbeing. Policies and practices that are based on these factors, set the tone for the psychosocial safety and health of the workplace:

1. **Organizational culture**
2. **Psychological and social support**
3. **Clear leadership and expectations**
4. **Civility and respect**
5. **Psychological demands**
6. **Growth and development of workers**
7. **Recognition and reward**
8. **Involvement and influence**
9. **Workload management**
10. **Engagement**
11. **Balance**
12. **Psychological protection**
13. **Protection of physical safety**

In addition, and due to the unique psychological risks and opportunities facing health care organizations, two additional factors have been added[37], namely:

14. Protection from moral distress: A health care work environment where staff and physicians are able to do their work with a sense of integrity while being supported by their profession, employer, and peers.

15. Support for psychological self-care: A health care workplace where staff and physicians are encouraged to care for their own psychological health and safety[37].

Relevant to organizations across a range of sectors, experts in workplace mental health[38] have identified four actions that are critical to staff perceptions of the psychosocial safety in the workplace. These are:

- Senior management must support and demonstrate commitment to wellbeing by being proactive and responding quickly to address any issues that may affect workers' psychological health as they arise
- Where the two come into conflict, managers need to prioritize workers' psychological health and safety over productivity. This may involve, for example, providing additional resources and support or allowing more flexibility and autonomy to make job demands more manageable
- Organizational communication should prioritize psychological health and safety, identify mental health risks, and develop strategies to minimize and manage risks
- All internal and external stakeholders should be involved in integrating psychological health and safety processes

3.6 LIMITATIONS OF EXISTING APPROACHES / PROGRAMS OF SUPPORT

A strength of the existing standards and associated practical implementation guides (such as the Australian Government National Mental Health Commission's practical guide for measuring mentally healthy workplaces[39]) is that they are applicable to a wide range of organizations. However, their disadvantage is that they lack the specificity and tailoring required to meet the unique needs of any particular industry such as health care. An example of an approach developed specifically for the health care sector is the US Institute for Health care's 'Improving Joy in Work[40].

The IHI Joy in Work program framework serves as a guide for restoring joy in work through offering specific examples for leaders working in health care to improve staff and physicians' joy in work.

While this guide offers detailed information, with examples, for health care leaders and organizations, it is beyond the scope of the guide to provide a detailed step-by-step implementation strategy. As such, there remains a gap in the resources currently available to guide health care organizations in the implementation of new approaches to staff wellbeing. This Brief Guide and broader Foundational Framework are intended to fill this gap.

4 Principles

This Brief Guide and broader Foundational Framework are built on the following six principles. It is recommended that these principles also influence the design, development and implementation of any program of work to improve health care worker wellbeing in health care organizations.

4.1 MULTIDIMENSIONAL AND WHOLE-OF-ORGANIZATION

The World Health Organization[41] recommends a multidimensional and whole-of-organization approach to promote mental health, prevent the development of mental illness and enable those with mental illness to thrive at work.

A whole-of-organization approach addresses systemic and structural workplace stressors as well as provides interventions at the level of the organization, leaders/managers, teams and individuals, to best to manage and mitigate the range of workplace stressors for health care workers[4,42,43].

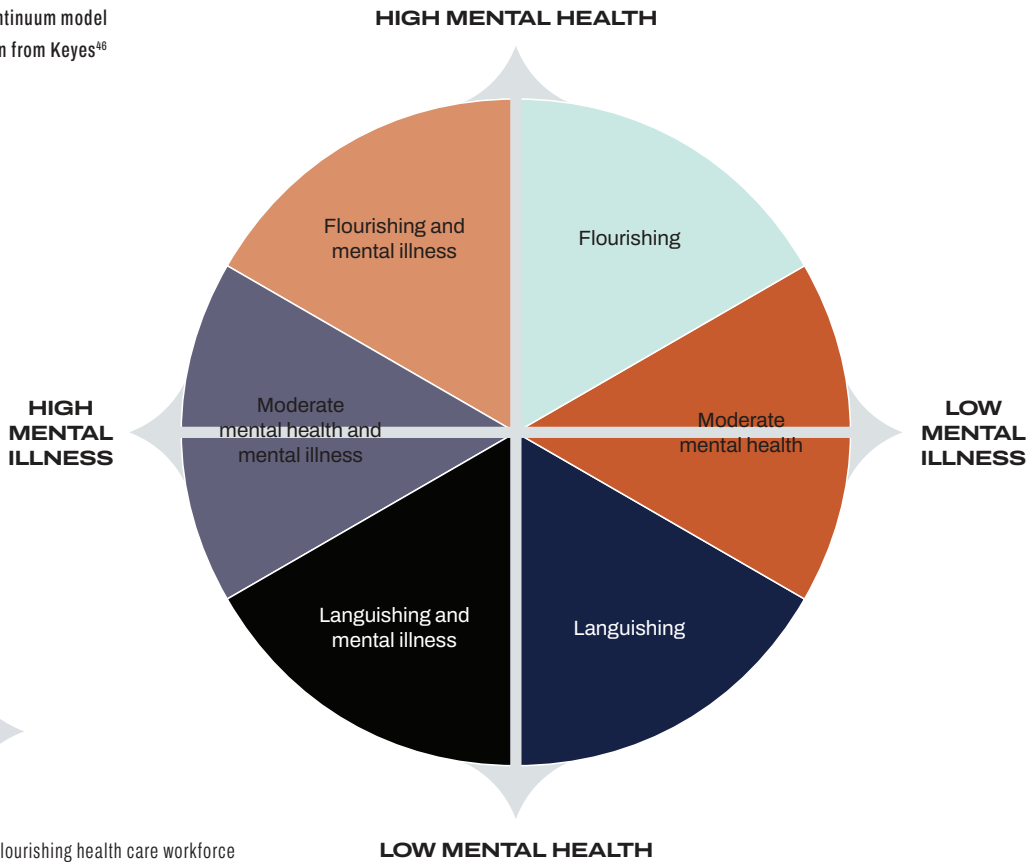
4.2 DUAL CONTINUUM MODEL

There is growing consensus that mental health is more than the absence of mental illness[44]. People can have poor mental health that affects their quality of life, relationships, and functioning at work, without having a mental illness.

And conversely, people can function well and report good wellbeing even if they have a mental illness. The 'dual continuum model' of mental health[45] proposes that mental health is best defined by two separate but related continua: the mental illness continuum ranges from the absence of mental illness through to severe mental illness while the mental health continuum ranges from high mental health to low mental health.

Research is supporting the 'dual continuum model'[45] by demonstrating that mental illness and mental health make distinct but interacting contributions to emotional wellbeing and functioning. This means that both need to be addressed in efforts to improve people's mental health. In the workplace, prevention focuses on reducing risk factors and enhancing protective factors for mental illness whereas mental health promotion enhances emotional, psychological, and social wellbeing and creates supporting environments[45,47]. This contemporary way of thinking about mental health and mental illness has led to a shift in focus from an over-reliance on interventions to improve the resilience of individual health care workers, reduce mental illness stigma and increase mental health literacy[4] to a whole-of-organization approach that promotes wellbeing through structural and systemic change.

Figure 1: The Dual Continuum model of mental health, taken from Keyes[46]



What is high or positive mental health?[46]

Emotional wellbeing

Positive affect: cheerful, interested in life, in good spirits, happy, calm and peaceful, full of life

Avowed (e.g. judgements of) quality of life: how one feels about their life

Psychological wellbeing

Self-acceptance: likes most parts of self, personality

Personal growth: is challenged to be or become a better person

Purpose in life: has a sense that one's life has direction and meaning

Environmental mastery: feels capable of managing responsibilities of life

Autonomy: feels confident to think and express own ideas, opinions and values

Positive relations with others: has formed or can form warm and trusting personal relationships

Social wellbeing

Social acceptance: holds a positive attitude toward other people

Social growth: feels that 'we' (groups, institutions, society) are challenged to be a better kind of people

Social contribution: sees own daily activities as useful to and valued by society and others

Social coherence: can make sense of what is happening around or to them (in their community, workplace, society)

Social integration: a sense of belonging to, and derives comfort and support from, a community

4.3 EVIDENCE INFORMED

Interventions to promote mental health and prevent the development of mental illness are difficult to test using traditional research methods such as high quality randomized controlled trials for a range of practical and ethical reasons. For this reason, the approaches to workplace prevention and mental health promotion described in the Brief Guide are best described as evidence informed and follow industry standard best practice. Initiatives, programs and services are guided by scientific evidence where it exists, and enhanced by building collaborations and collective solutions through systems thinking and strengthening strategic partnerships.

4.4 CONTEXTUALIZED AND TAILORED

It is recognized that tools may need to be adapted by organizations to suit their systems, policy and funding environments and by leaders, teams and individuals to meet local circumstances and needs. Wherever possible, local tailoring of interventions should be evaluated through a continuous quality improvement approach in which organizations use data to monitor outcomes and measure the impact of adaptations. Building a culture of quality assurance and improvement across all levels of the system through communication and promotion of the benefits is key to support and sustain implementation of wellbeing initiatives.

4.5 CO-DESIGNED AND CO-PRODUCED

Individuals with lived and living experience of the stressors involved in health care work have been involved in co-design of tools. Further co-design and co-production is encouraged during the implementation process to ensure a flexible approach that can accommodate the diverse needs of staff based on differing mental health and mental illness experiences as well as intersectionality considerations. Specifically, organizations and leaders are encouraged to consider diversity across race/ethnicity, gender, education, sexuality, geography, age, disability/ability, migration status and religion in stakeholder engagement in all aspects of program planning, implementation, and evaluation.

4.6 MEASURABLE

Organizations are strongly encouraged to measure the outcomes of everything that they do. Evaluation of the impact of initiatives (reach and use) is important to ensure that implementation has been effective and that initiatives remain relevant over time. Evaluation of outcomes is important to ensure that objectives are being met and to contribute to the scientific evidence base for what works. Reporting on aggregate results across initiatives provides a shared understanding across the organization, to contribute to accountability by leadership and give staff and physicians confidence that their needs are being heard and addressed.

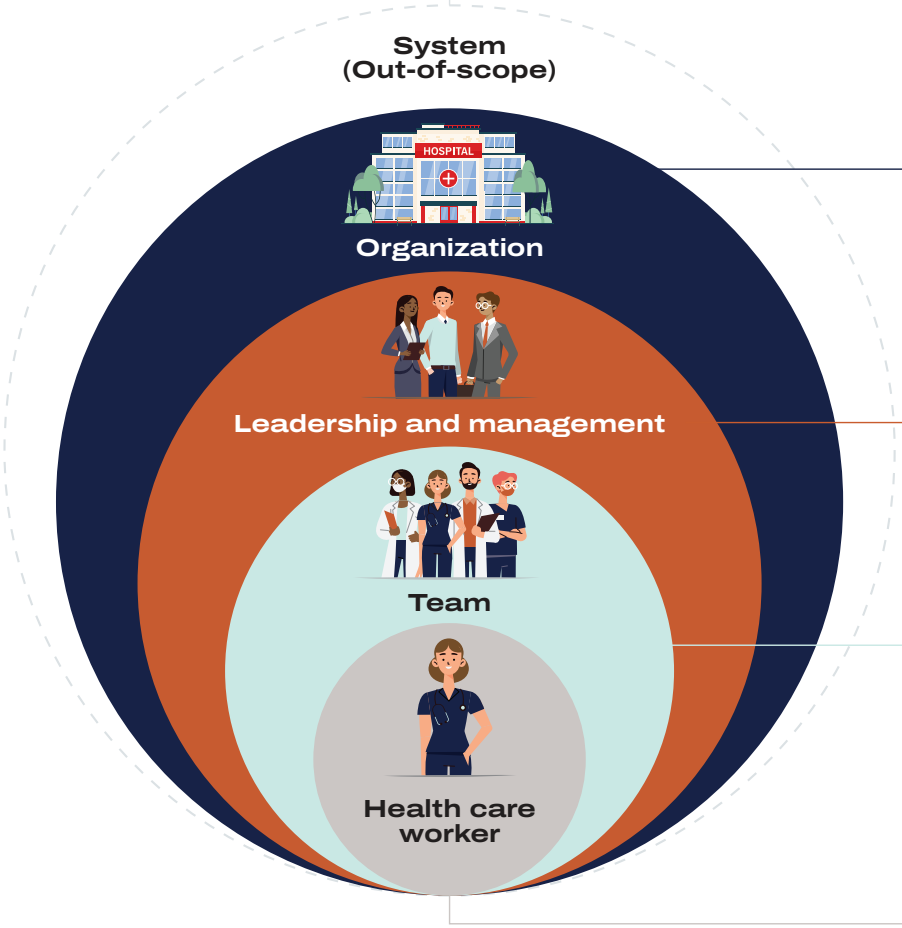
5 Strategies and interventions

Building on the strategic context and principles, the following provides an overview of how a health care organization can structure and consider strategies to reduce the impacts of workplace stressors for health care workers and guide the planning and implementation of their own strategies, interventions and tools to promote the wellbeing of the health care workforce.

As outlined previously, this Brief Guide emphasizes the need to address organization-wide systemic and structural workplace stressors and provides interventions at four levels, rather than solely placing the responsibility for wellbeing on the individual or on the team.

Principles in responding

Whole-of-organization / multi-dimensional	Dual continuum led	Evidence informed	Contextualized and tailored	Co-designed and co-produced	Measurable



System (Out-of-scope)

- What do system managers need to ensure is in place?
- What is government responsible for ensuring?
- Strategies, plans, policies and frameworks
- Evaluating / monitoring

Organisation

- What can the organization do? What does it need to adjust and / or put in place?
- What is the Board and Executive responsible for ensuring?
- Strategies, plans, policies and frameworks
- Evaluating / monitoring

Leadership and management

- What are leaders (at any level) responsible for leading / doing?
- What are they able to do in their own right?
- Co-designing, participating, learning and adapting, encouraging participation

Team

- What are teams (at any level) responsible for leading / doing?
- What are they able to do in their own right?
- Participating, supporting implementation

Health care worker

- What are individuals (at any level) responsible for doing?
- What are they able to do in their own right?
- Co-designing, participating, learning and adapting

It does not yet include interventions at a fifth level – the health care system level, a level which incorporates broader government policy and interventions that sit above health care organizations.

The remainder of this section details evidence-informed strategies and interventions by level.

5.1 ORGANIZATIONAL LEVEL INTERVENTIONS

Organizational interventions are interventions that are the responsibility of the Board and / or Executive teams to lead and ensure are in place.

There is mounting evidence that focusing primarily on improving individual workers' mental health is ineffective as it places the burden on the worker, even though poor workplace mental health is largely caused by structural issues within the workplace[4,48].

Organization-level interventions are, therefore, critical as they signify this required shift and provide a systematic, whole-of-organization focus in addressing the impacts of workplace stressors on health care workers, identified earlier in this guide.

Focus of the interventions

Interventions within this level can have a very broad focus. They can include a focus on organizational, cultural, social and physical aspects[49].

By way of example of this potential breadth, and as outlined previously in this Brief Guide, the Canadian National Standard lists thirteen measurable factors at the organizational level that can positively affect staff and physicians' mental health, psychological safety and participation. They include areas such as leadership, staff engagement, recognition and reward, staff involvement and influence, staff growth and development, culture and physical safety. They also include areas around capacity such as work / life balance and workload management, e.g. the amount of work as well as the extent to which workers have the resources to do the work well. Lastly, it includes areas such understanding psychological demands, psychological and social supports and psychological safety / protection.

Some of the areas above are specific mental wellbeing / psychological interventions, but many are typical policy or programs for an organization that require a mental wellbeing lens.

Types of interventions and specific examples

Alongside the areas of focus, the types of interventions at this level can include:

1. Designing, implementing and evaluating organization-wide strategies, policies, programs, procedures and protocols[50]
2. Establishing new roles, functions and structures
3. Providing specific services to health care workers
4. Organization-wide communications and engagement
5. Ensuring monitoring of workplace stressors[7].

Building on the focus and types of interventions, the following table provides an overview of specific interventions at this level by type. These have been sourced from a narrative review and set of health care worker interviews.

Designing, implementing and evaluating organization-wide strategies, policies, programs, procedures and protocols

Intervention	Description	Purpose
1. Leadership development programs **2. Peer support or mentorship programs** **3. Acknowledgement and appreciation policies and programs** **4. Diversity and inclusion policies and programs** **5. Values and behaviours program**	These programs are typical programs an health care organization might have in place. The focus here is 1) on ensuring they are in place and then 2) ensuring a mental health and wellbeing lens is applied to their design and delivery. Policy or program design should incorporate co-design principles and approaches to enhance staff and physician engagement and wellbeing outcomes. Program delivery should consider a mix of modalities to suit everyone's needs, be easily accessible, e.g. on demand, all in one place, accessed from anywhere at any time. Content should include areas for different roles, identities, ethnic groups and cultures and could also consider generational differences in how people access information. In terms of intersectionality, multi-level organizational programs such as these might include, for example, interventions that address racism and / or reduce structural workplace inequalities and discrimination. This might include dedicated resources and support structures[23,51].	These interventions seek to build a supportive environment across the organization, prepare health care workers for potential psychological impacts and, alongside specific services, ensure that appropriate support systems are in place for health care workers.
6. Specific policies or procedures to reinforce that organizational stressors are a critical issue, particularly in the Human Resources area around recruitment, scope of practice, role delineation and advanced rostering to balance productivity and mental wellbeing	Again, these activities in the workforce space are ones that typically exist in health care organizations. The focus is on applying a mental health and wellbeing lens to them. These are complex areas for a health care organization and may be influenced by broader government policy or system-level interventions. However, health care organizations should seek to do as much as possible for initiatives within their control.	To focus on key HR systems and processes, that are well known workforce stressors, can demonstrate to staff that this is a holistic program of work to improve wellbeing.
7. Programs of work to reduce waste and improve health care worker efficiency	Most health care organizations may have efficiency or productivity programs in place. Many are based on continuous improvement or lead principles. Having a focus on efficiency should form part of a holistic program of work to improve health care worker wellbeing.	Inefficiency in work practices, systems and processes are well known stressors for health care workers and addressing these can play a large part in improving overall wellbeing.

Intervention	Description	Purpose
8. Specific 'Black Swan' event protocols and procedures	Black Swan events are characterized as being rare, unpredictable (prospectively if not retrospectively) and extreme in their impact[52]. In 2006, Chen[53] studied the impact of a SARS prevention plan on 116 nurses in a designated SARS hospital during a SARS outbreak in Taiwan. The program included training about infection prevention measures, a maximum eight-hour shift per day, the provision of nutritional supplements and adequate personal protective equipment (PPE). It also included the provision of a mental health clinic for health care workers. The study found improved mental health outcomes for this cohort with reduced depression, anxiety and improved sleep quality.	Implementing specific protocols and procedures to support health care workers in the event of, for example, a pandemic, has proven benefits in terms of mental health outcomes.
9. Specific staff engagement and visioning programs, e.g. 'Start with the End in Mind'	Broad staff engagement and communications programs are outlined later in this section. This intervention is focused on the design and tailoring of a health care worker wellbeing program to a specific organization. The intervention can be used at any level of the organization.	Dollard and McTernan[38] identified a number of actions that are critical to staff perceptions of psychosocial safety in the workplace. This included identifying mental health risks and developing strategies to minimize and manage those risks.

Building a Psychosocial Safety Climate

One example of a specific mental wellbeing / psychological intervention is building a Psychosocial Safety Climate (PSC). PSC has been proposed by Dollard and McTernan[38] as a multilevel theoretical framework to address psychosocial workplace risk factors.

The aim of PSC interventions are to support workers' psychological health through organizational policies, practices and procedures that are largely determined by organizational communication, leadership and management within an organization.

PSC has four main components:

- Senior management supports and commits to psychological health through involvement and proactivity, such as taking quick and decisive action to address and correct any issues that may affect workers' psychological health
- Managers prioritize workers' psychological health and safety over productivity goals. This may include making job demands more manageable by providing resources, such as flexibility, autonomy, and social support to reduce work stressors
- Organizational communication that prioritizes psychological health and safety, identifies mental health risks and strategies to minimize and manage risks
- Involvement of all internal and external stakeholders to integrate psychological health and safety processes

PSC is measured using a 12-item scale and assesses four levels of safety performance and quality of psychological care within an organization (low, medium, high and very high risk). The PSC may be a useful tool to assess an organization's relative strengths and weaknesses as a guide to the most suitable interventions for an individual organization.

Establishing new roles, functions and structures

Intervention	Description	Purpose
10. Health care Chief Wellness Officer (CWO).	The introduction in some health care organizations of a new role – the health care Chief Wellness Officer (CWO). Ripp and Shanafelt[54] describe this role as being established to reduce widespread occupational distress in clinicians by improving the work environment rather than by promoting health behaviors. The role develops and oversees the execution of a program of work to address the workplace stressors for health care workers and work in partnership with other operational leaders to improve wellbeing. Health care CWOs must have the appropriate authority and resources and will focus primarily on improving their organizations' work environment and culture, not on developing individual-level interventions.	Establishing positions like these demonstrates an organization's commitment to health care worker, in particular clinician, wellbeing.

Providing specific services to health care workers

Intervention	Description	Purpose
11. Employee Assistance programs (EAP) that incorporate access to mental health services	An EAP is a confidential, external counselling service offered to employees that aims to assist with the early detection and management of work and/or personal problems, including mental health conditions, which may impact on an employee's performance or wellbeing. EAPs operate under the principle that the welfare of an organization depends on the welfare of the individual employees. EAPs provide resources to employees for a variety of issues that may impact an individual's work performance. EAPs are designed to help employees cope with personal or family problems, including mental health, substance abuse and marital or parenting issues, as well as financial or legal concerns.	The main goal of EAPs is to assist employees in accessing support for psychosocial issues to allow them to continue to work efficiently and effectively.
12. In-hospital wellbeing centres for health care workers	See call out box "Wellbeing centres in hospitals – UK"	

Other interventions in relation to specific services to health care workers can include:

- Self-care sessions delivered by a mix of people – those with lived experience, doctors, colleagues, etc
- Free food and beverages provided by the hospital
- A dedicated physical space for physicians and other professional groups to spend any downtime.

Wellbeing centres in hospitals (UK)

One example of a specific organization-wide program of work is from the UK where wellbeing centres were established for hospital staff during the COVID-19 pandemic[54]. These dedicated wellbeing centres provided frontline staff with the opportunity to access a physical location which is quiet, relaxing, had comfortable seating, and space to eat or drink refreshments provided by the centre or engage with other staff while maintaining appropriate social distancing. Centres were staffed by two wellbeing support worker volunteers, called 'wellbeing buddies'[55]. Some of these volunteers had a counselling background, but all wellbeing buddies were provided on-site psychological first aid training[54].

Usage of wellbeing centres was monitored for a 17-week period, finding that centres were frequently used and highly valued. Quantitative data found that wellbeing[55] was higher among those who accessed the wellbeing centres and despite high job stress, reported job satisfaction was high[54]. A qualitative investigation found that hospital employees viewed the wellbeing centres as critical for the wellbeing of UK hospital staff, however there were job-related barriers which limited staff capacity to access wellbeing centres[54].

Organization-wide communications and engagement

Intervention	Description	Purpose
13. Staff engagement and communications programs	In 2022, Honarmand et al.[56] conducted a cross-sectional, web-based survey on the personal and professional impact of the COVID-19 pandemic and potential mitigation strategies. The survey was completed by 1875 health care workers employed at four teaching and eight non-teaching hospitals in Ontario during the COVID-19 pandemic. In relation to communications, respondents favoured clear hospital communication, knowing their voice is heard and expressions of appreciation from leadership. Communications and staff engagement programs should be designed based on staff needs and incorporate genuine staff consultation. They will seek to create a positive organizational culture and facilitate collaboration between management and health care workers and increase the ability for their concerns to be heard and addressed. They may, for example, incorporate an ongoing organization-level conversation on workplace stressors, their impact and on solutions. The design and implementation of activity in this area should consider the manner in which messages are delivered to ensure that health care workers of all different types feel empowered and valued by their organization, e.g. it encourages staff to speak freely about their stressors. As with other programs of work, communications and engagement delivery should consider a mix of modalities with tailored content.	Dollard and McTernan[38] identified a number of actions that are critical to staff perceptions of the psychosocial safety in the workplace. This included organizational communication prioritizing psychological health and safety.
14. Systematic monitoring of Psychological Safety Climate and / or workplace stressors	Godfrey et al.[7] undertook a rapid scoping review to identify predictors and screening methods for burnout and chronic workplace stress among health care workers during the COVID-19 pandemic. The review found 80 studies (10 of which were Canadian). The Maslach Burnout Inventory was identified as the most common screening measure. Risk factors for burnout included department of employment, identifying as female gender, increased work hours, maladaptive coping, stigma, structural factors (e.g., workload), human resources, symbolic (e.g., culture) and political (e.g., infrastructure) factors, and fear of transmission to others[7]. The Australian Code of Practice relating to the management of psychosocial hazards at work and the Canadian Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace offer further insight into opportunities for identifying and managing workplace stressors for Canadian health care workers.	To effectively respond to workplace stressors, it is imperative they are monitored both formally and informally. Interventions like this are more formal in nature but are a critical input to any program of work.

Reducing the risk of moral injury in health care – Organizational interventions

In relation to moral injury in particular, but with relevance to the full range of workplace stressors, the American Psychiatric Association's[57] guidance document to reducing the risk of moral injury in health care during the COVID-19 pandemic provides several suggestions for organization-level policies, messaging and interventions. These include:

(1) Starting an organization-level conversation about moral injury, aiming to allow staff to voice concerns and moral dilemmas, and to identify systemic ways to promote resilience

(2) Organizational communications and messages that provide information about the potential risk for moral injury

(3) Providing organizational support for difficult decisions, so that morally challenging decisions are optimally supported, such as guidelines for decision-making processes for the allocation of limited resources

(4) Policies that preference assigning health care workers to consistent care teams whenever possible to foster team cohesion and peer support based on shared experiences

(5) Policies and communications that foster a supportive workplace culture that empowers and encourages staff to speak freely about their stressors and propose

(6) Identifying individual and professional support systems that help to ameliorate the negative impact of moral injury and making them available and accessible for health care workers

(7) Identifying resources to address the spiritual dimensions of moral injury, such as guidance from faith leaders

(8) Policies allowing health care workers to take (ideally paid) leave to recover from the psychological stress of working in a crisis setting

(9) Ensuring prompt and easy access to ethics consultation and access to ongoing support and consultation

(10) Providing access to palliative care consultation and resources to support patients who are in critical condition or dying

(11) Establishing and supporting an empowered Chief Wellness Officer or a health care worker wellbeing program that includes addressing moral injury

(12) Ensuring that messaging and actions from leadership consistently reflect an understanding of moral injury and a genuine concern for the wellbeing of health care workers

5.2 LEADERSHIP AND MANAGEMENT LEVEL INTERVENTIONS

Leaders and managers have a critical role in implementing and communicating organizational policies and strategies to staff and physicians, and in the identification and mitigation of psychosocial hazards within the workplace. They also have a crucial role in building and maintaining supportive teams. They require clear direction, training and mentorship to effectively undertake these roles and to support their staff[4]. Inclusive leadership, which creates a collaborative and supportive environment with low power distance between leaders, managers and health care workers, can reduce psychological distress in health care workers.

Focus of the interventions

Leadership and management interventions include a range of organizational, cultural, social and environmental aspects.

Examples of specific interventions

The following table provides an overview of specific interventions at this level by type. These have been sourced from a narrative review and set of health care worker interviews.

Intervention	Description	Purpose
15. Self-care as a leader	Self-care for leaders builds on standard approaches to self-care with a focus on activities to help leaders effectively manage the stress of leadership, while maintaining appropriate leadership behaviours that ensure staff feel supported and contained.	Helping leaders to recognize and manage the potential tension between their own needs and the needs of their team/staff is important to the wellbeing of all parties.
16. Participation in leadership and mentoring programs	Access to training programs for leaders and their participation in ongoing mentoring programs for new and established leaders / managers. **Specific topics leaders may be trained in include:** • Understanding different leadership styles and the impact of leadership on wellbeing • Ways to acknowledge and recognize individual and team achievements **Other considerations for leadership development, focus and activities include:** • Strategic planning for building and maintaining leadership (e.g. training programs) • Succession planning • Talent management	Leaders and managers actively shape the organization's culture and the way work is undertaken. Poor leadership can affect workers' mental health and wellbeing.
17. Delivery of clear and regular communication activity	The processes a leader puts in place to deliver regular and timely updates to their team(s). **This can include:** • Promoting organizational communications and messages that acknowledge the challenging work of health care workers and the psychological distress they may experience • Providing information about potential psychosocial risks and associated policies and procedures • Providing information about, and encouraging access to, available supports	Clear and regular communication for leaders and managers can assist staff and physicians to feel empowered and valued by their organization.
18. Participation in Reflective practice	Leaders and managers engage in ongoing reflective practice to improve current practices and develop expertise in unprecedented and evolving situations (reflection-in-action).	This intervention equips leaders and managers to improve workplace responses and practices, and to provide timely communication and adequate support to workers during emerging situations.

Intervention	Description	Purpose
19. Supported implementation of mental health and wellbeing guidelines and policies	Leaders and managers take a proactive role in the operationalization of guidelines and policies. **This may include:** • Ensuring staff awareness and understanding of guidelines and policies • The identification and mitigation of barriers to implementation of policies and programs • Pro-active consultation with health care workers on possible control measures • The ongoing monitoring of outcomes • Taking timely action in response to monitoring activities **Considerations for leaders in this area include:** • Encouraging open, two-way discussion with health care workers • Fostering a supportive workplace culture that allows staff to voice concerns and to propose solutions during implementation and monitoring activities • Responding transparently and proactively to their feedback • Creating a shared understanding and language around what psychosocial safety looks like and how to create and maintain it in the team • Utilizing supportive narratives that reduce stigma, self-blame and guilt (e.g., 'it's okay not to be okay'), and the encouragement of supportive relationships, social supports and team cohesion	Recognizing the critical role of the organization in providing the necessary resources, policies and procedures, local leadership and management is still required to plan for and support effective implementation.
20. Personal monitoring and support for staff, including reporting mechanisms	This includes monitoring and then providing appropriate support to all health care workers, including those with increased risks, and / or whose needs may not be traditionally met / represented. **These may include:** • Those at higher risk of poor mental health • Those with frequent absenteeism • Those from culturally diverse or racialized backgrounds • Junior or inexperienced health care workers • Those who are more likely to be exposed to potentially traumatic events or moral stressors **Specific areas or topics for leaders to focus and work on with staff and physicians may include:** • The role of intersectionality in impacting mental health experiences • Conducting sensitive conversations • Conflict negotiation • Supporting help-seeking	This intervention seeks to equip leaders and managers to be able to appropriately support all staff, including identifying those who may be more vulnerable.

Intervention	Description	Purpose
21. Identify and mitigate exposure to psychosocial risk factors in the workplace	This includes identifying, responding to, and mitigating moral stressors and potentially traumatic events (PTE). Identification methods can include staff surveys, mental health screens, PTE/MI incident reporting, mental health support utilization rates, focus groups, committee meetings and individual discussions. **Other considerations in this area include:** • Having procedures in place to regularly gather and review data to improve the workplace approach to promoting employee mental health and wellbeing • Providing workers with reasonable opportunities to raise concerns relating to psychosocial hazards, express their views (this should protect the privacy of workers and where required, allow for anonymous reporting) and contribute to decision-making • Considering the design, layout and environmental conditions of workspaces	The identification of the psychosocial risk factors relevant to the workplace / team / roles allows for issues to be addressed and monitored over time. Quick and decisive action to address any issues impacting psychological health is a core component of psychosocial safety.
22. Role modelling and actively promoting supportive leadership, positive relationships and professional, respectful and inclusive interactions as well as the prioritization of psychological health over productivity	**Specific areas of focus for leaders and managers here may include:** • Making job demands more manageable by providing resources, such as flexibility, autonomy, and social support to reduce work stressors • Framing the work accurately, with clear roles and expectations for staff • Enhancing workload management processes and systems, e.g. matching tasks to worker skills; ensuring sufficient time and resources to complete tasks; providing support from supervisors / other staff and physicians; scheduling non-urgent tasks for times of lower demand	The way staff and physicians interact with each other, their behaviours and relationships can introduce psychosocial hazards. Workers are more likely to engage when their knowledge and ideas are actively sought, and any concerns expressed are taken seriously. There are evidenced links between psychological safety and improvements in performance, productivity and innovation.

5.3 TEAM LEVEL INTERVENTIONS

Generally, team interventions in health care settings include trainings or group interventions that focus on work-related training, team building activities and interventions that foster emotional and physical wellbeing, including a focus on psychosocial hazards, moral dilemmas and problem solving. To prepare and respond to emerging events, such as pandemics, additional and more specialised training and interventions may be required.

Focus of the interventions

Team level interventions can include awareness and training programs, peer support initiatives, web-based support programs, communities of practices, as well as broader interventions to address issues such as incivility, inclusiveness and ensuring team members are involved in the reporting and mitigation of psychosocial risks.

Examples of specific interventions

The following table provides an overview of specific interventions at this level by type. These have been sourced from a narrative review and set of health care worker interviews.

Intervention	Description	Purpose
23. Rapid team working design and protocols	This provides a methodology for leaders and teams to quickly meet at the beginning of a shift, form as a team and establish work practices that promote safety and wellbeing for both health care workers and their patients.	It is difficult and inefficient for individuals to work effectively together as a team when they are unfamiliar with each other and ways of working.
24. Implement work-related team building activities, social activities and interventions	This provides ideas and activities to build team morale and cohesion.	Building and maintaining supportive enviroments which increase the emotional, psychological and social wellbeing of individuals is a key component of mental health promotion. Higher levels of team morale and cohesion can reduce mental health risks.
25. Participation in 'Balint groups' – purposeful regular meetings with a trained facilitator	This focuses on clinicians specifically, whereby small groups of clinicians meet regularly under the guidance of trained leaders, to discuss challenging cases with the focus on the emotional aspects and challenges, particularly the clinician-patient relationship.	Balint groups have shown effectiveness in reducing burnout and compassion fatigue.
26. Involvement in informal team-based peer programs, support groups and communities of practice	The includes participation of teams in any available informal and formal peer support programs. Teams can work to pair up staff to act as buddies to discuss daily challenges and successes with their peers. Team members can participate in training to enable peers to be able to facilitate access to professional mental health support if required, e.g. if they observe excessive psychological distress. **Other team-led interventions in this area can include:** • Participation in online mindfulness-based group programs • Participation in informal or more formal communities of practice, whereby groups that have a common concern / work focus meet regularly to discuss challenges and solutions.	These types of groups can provide alternative and flexible sources of support to teams, and aim to reduce feelings of social isolation and improve wellbeing. These can be an effective process to improve coping with stressors to build collective resilience.

Intervention	Description	Purpose
27. Ensuring inclusivity with teams	A lens of intersectionality should be applied to ensure the wellbeing of all health care workers. Staff and physicians from diverse backgrounds may be exposed to different psychosocial hazards. Broad consultation is required to ensure the needs of all team members are being adequately addressed.	Ensuring equity and inclusivity within the workplace.
28. Designing and embedding mechanisms to address incivility within teams and in the workplace	The focus of these interventions is to help teams identify, name and address unacceptable behaviours in the workplace.	Increased awareness of micro-aggression in the workplace ensures that it is not only extreme behaviours that are addressed, but also less obvious behaviours / remarks which can result in people feeling excluded or that their work is not valued.

5.4 INDIVIDUAL LEVEL INTERVENTIONS

Individual level interventions are intended for health care workers across all levels of seniority and role from executive leadership through to the most junior frontline worker.

Focus of the interventions

The Canadian Department of Defence Road to Mental Readiness (R2MR) program has been in widespread use for many years, including adaptations for public safety personnel and health care workers. Adaptations of relevant tools from the R2MR program at the level of individual interventions are included in this section. Importantly, in a whole-of-organization approach, the focus on individual level interventions should not be the first place to start but rather should follow on from the effective implementation of higher order interventions. Only when everything that can be done at higher levels has been done do we turn to consideration of what the individual can do for their own wellbeing. However, this remains a critical component of the overall approach.

Examples of specific interventions

The following table provides an overview of specific interventions at this level by type. These have been sourced from a combination of the narrative review (including R2MR resources) and interviews with health care workers.

Intervention	Description	Purpose
29. Ongoing self-assessment, and monitoring (adapted from R2MR)	Within R2MR, individuals are encouraged to monitor their wellbeing along the mental health continuum (healthy, reacting, injured, ill). Within the Revel approach, the monitoring is adapted to reflect the dual continuum of mental health and mental illness.	The early identification of mental health concerns including languishing wellbeing as well as signs of mental illness, and guidance on what to do about these within a stepped care model.
30. 'Understand your Codes' activity (adapted from R2MR)	This intervention / activity helps people to identify core beliefs, attitudes and behaviour that have developed through culture and family of origin, that influence the interpretation and attributions associated with stressors.	This leads to increased awareness of unhelpful interpretations or attributions that serve to worsen the impact of workplace stressors. This is necessary before stressors can be challenged and modified.
31. Participation in dedicated sessions on self-care	These are sessions available to all health care workers and delivered by other health care workers or guest speakers. There is ideally a mix of modalities (e.g. face-to-face, online, recorded webinars, mobile app) to meet different needs and accessibility on a 24/7 basis.	The purpose here is to share new ideas and effective strategies for self-care.
32. Participation in mindfulness activity e.g. meditation	Mindfulness activities such as meditation and yoga help the individual to direct their focus to the present moment without reaction or judgement.	Mindfulness interventions have been found to be effective in reducing stress in a range of populations including health care workers.
33. Participation in work-based exercise activity, e.g. Tai Chi	Activities such as fitness and Tai Chi classes target the interaction between physical and mental wellbeing.	Exercise-based interventions are intended to improve symptoms of stress such as poor sleep and anxiety.
34. Participation in prevention-focused CBT	Through online or face-to-face CBT, people are taught to monitor, identify, challenge and modify unhelpful thoughts and interpretations that contribute to stress.	CBT is intended to reduce stress and increase realistic and helpful appraisals.

5.5 A FOCUS ON PHYSICIANS AND OTHER NON-SALARIED STAFF

The unique role of physicians and other non-salaried staff who work as contractors rather than employees within health care requires special consideration as they are generally not eligible to access the range of wellbeing initiatives available to their salaried colleagues. It is critical that reform of the approach to staff and physician wellbeing extends the responsibility of health care organizations to these non-salaried staff. Consideration must be given to how barriers for physicians and other non-salaried staff can be overcome in relation to each of the interventions detailed above at the organizational, leadership, team and individual levels. In addition, consideration should be given to system-level strategies to minimize administrative burden, team strategies such as peer support programs and communities of practice, and individual level strategies such as mentorship and training. It is important to acknowledge that this requires investment on the part of health care organizations, but those who are prepared to make that investment will reap the benefits of superior staff attraction, retention and wellbeing, and by extension, better outcomes for patients.

5.6 SUMMARY OF INTERVENTIONS BY LEVEL

Principles in responding

Whole-of-organisation / multi-dimensional	Dual continuum model	Evidence informed	Contextualized and tailored	Co-designed and co-produced	Measurable

Typical interventions led by the Board and / or Executive:

- Leadership development programs
- Peer support or mentorship programs
- Acknowledgement and appreciation policies and programs
- Diversity and inclusion policies and programs
- Values and behaviours program
- Human resources policies and procedures, e.g. staff recruitment, workload management, scope of practice, role delineation, grievance and rostering
- Programs of work to reduce waste and improve efficiency
- Specific COVID-19 protocols and procedures
- Staff engagement and visioning programs, e.g. 'Start with the End in Mind'
- Health care Chief Wellness Officer role
- Employee Assistance programs
- In-hospital wellbeing centres for health care workers
- Staff engagement and communications programs
- Systematic monitoring of Psychological Safety Climate and / or workplace stressors

Typical interventions led by leaders or managers (at any level):

- Self-care as a leader
- Participation in Training / mentoring in leadership and mentoring programs
- Deliver of clear and regular communication activity
- Participation in reflective practice
- Supported implementation of organizational guidelines and policies
- Personal monitoring and support for staff, including reporting mechanisms
- Identify and mitigate exposure to psychosocial risk factors in the workplace
- Role modelling and actively promoting supportive leadership, positive relationships and professional, respectful and inclusive interactions as well as the prioritization of psychological health over productivity

Typical interventions led by teams themselves:

- Rapid team working design and protocols
- Implement work-related team building activities, social activities and interventions
- Participation in Balint groups
- Involvement in informal team-based peer programs, support groups and communities of practice
- Ensuring inclusivity with teams
- Designing and embedding mechanisms to address incivility within teams and in the workplace

Typical interventions led by the health care worker themselves:

- Ongoing self-assessment and monitoring (R2MR)
- Understand your Codes activity (R2MR)
- Participation in dedicated sessions on self-care
- Participation in Mindfulness activity, e.g. meditation
- Participation in work-based exercise activity, e.g. Tai Chi
- Participation in prevention-focused CBT

5.7 BUILDING BLOCKS FOR EFFECTIVE IMPLEMENTATION

In very broad terms, the capacity of organizations to implement the changes needed to improve the wellbeing of health care workers is dependent on two factors:

1. The first is adequate funding support. While outside of the scope of strategies addressed in this guide, the need for adequate resourcing to support effective implementation needs to be acknowledged and addressed.
2. The second is taking an evidence-based approach to effective implementation.

The following are six broad building blocks[58] for health care organizations to consider in the effective implementation of any program of work to improve health care worker wellbeing.

Engage leaders

Leadership for creating a workplace that is psychologically safe and promotes mental health and wellbeing should exist at all levels of the organization (e.g., unit, department, institution, organization). Leaders should recognize their responsibility in identifying and responding to needs, advocating for needed support and evaluating the effects of implemented strategies and initiatives.

At executive levels, it is recommended that a leader is nominated to ensure professional wellbeing across the organization and to coordinate organizational approaches and initiatives[59].

There can also be a role for external bodies to support leadership. They may include organizations that have tested and packaged Evidence-Based Practices (EBPs), research institutes that focus on translation, non-governmental service providers, government agencies that deliver or act as regulators services (e.g., Groupe Entreprise de santé) or existing professional representatives (e.g., Ontario Medical Association and other provincial professional associations[59]). These organizations often act as a bridge between researchers, government decision makers, clinical leaders and the community. They can also help build leaders' implementation capability through brokerage services, leadership training and implementation planning tools[60,61].

Ensure collaboration between all stakeholders

A disconnect between knowledge creation (research) and use (adoption and uptake) can result in the development of interventions without consideration for the context in which they will be delivered[62]. Implementation is more likely to be effective when health care workers are engaged in the planning, implementation and adaptation process of initiatives targeting their mental health and wellbeing[63].

Encouraging team involvement and creating mental health and wellbeing champions within teams and departments can enhance team cohesiveness and support and facilitate team involvement and efforts.

Lastly, it is also important that individuals are encouraged to take responsibility for their mental health and wellbeing and contribute to a positive workplace culture.

Address systemic barriers to Equity, Diversity and Inclusion (EDI)

There should be data-driven understanding of the needs of disadvantaged and discriminated health care workers that allows leadership and management actors to set priorities informed by inequities[59,64].

Ensure there is an intersectional lens (including considerations of race/ethnicity, gender, education, sexuality, geography, age, disability/ability, migration status and religion) to stakeholder engagement and that the voices of diverse health care workers are included in all aspects of program planning, implementation, and evaluation[65].

Evaluation of wellbeing programs and initiatives should take into consideration of professional and demographic information to determine levels of accessibility and inclusion across the workforce in order to identify barriers and challenges to EDI[65].

Build capacity and capability

When staff are called upon to have a role in implementation of wellbeing initiatives, attention needs to be paid to capability-building programs addressing the knowledge and skill needs of practitioners in the context of organizational resources, climate and culture. Learning should be integrated into day-to-day practice, using strategies such as ongoing monitoring of practice. One promising model of integrating learning into practice is the learning collaborative, where a network of practitioners is supported to continuously monitor the quality of their work as they implement a new practice[66].

Be flexible in uptake and implementation of interventions based on individual needs

Effective implementation needs to be adaptable to different systems, policy and funding environments and allow service providers to continually improve practices over time[67]. This can be achieved through a continuous quality improvement approach in which organizations use data to monitor outcomes and measure the impact of adaptations.

Building a culture of quality assurance and improvement across all levels of the system through communication and promotion of the benefits is key to support and sustain the implementation of wellbeing initiatives[58].

Use data and feedback to sustain change through ongoing evaluation and quality improvement

It is important to evaluate the impact (reach and use) of organizational initiatives to ensure they remain relevant for those intended.

Even proven or evidence-based programs should be continuously monitored and assessed so that they can be tailored, amended, discontinued or expanded[59,65].

Organizational culture, external variables, emerging barriers to access and participation and staff interest over time can be monitored through surveys, validated tools, a wellness committee, local wellness liaisons, etc[64].

Organizations should report on aggregate results of their evaluation processes (in regard to wellbeing outcomes and implementation outcomes) to provide a shared understanding across the organization, to contribute to accountability by leadership and give staff confidence that their needs are being heard and addressed[59].

6 Conclusion and next steps

The purpose of this Brief Guide has been to provide a practical resource for the health care sector to guide the planning and implementation of concepts, strategies and tools to promote the wellbeing of the health care workforce. The need has never been greater.

Health care is a high-demand and high-stress workplace with health care workers frequently confronting ethical and moral dilemmas, particularly during extreme events such as the COVID-19 pandemic.

With the effects of the pandemic subsiding, there must now be a revitalized and then ongoing commitment to building working conditions for health care workers that are conducive to good mental health and wellbeing. Those health care organizations that do so can expect to become employers of choice, which will be reflected in greater success in recruitment and retention in what is now a highly competitive supply market.

The Brief Guide emphasizes the need to:

- Address organization-wide systemic and structural workplace stressors and not just place the burden of their own wellbeing on the individual health care worker or their team
- Focus on evidence-based strategies that health care organizations can incorporate in their everyday operations to support and promote the mental health and wellbeing of health care workers
- Build an integrated program of interventions across four levels – organization, leadership, team and individual
- Led by the dual continuum model, focus these interventions on promoting mental wellbeing (the five-in-five), as well as protecting against and responding to mental illness (the one-in-five)
- Consider the support required for physicians and other non-salaried staff within the program design and implementation

This Brief Guide is not intended to compete or be in conflict with, rather complement the many existing resources globally in this space. It seeks to integrate and connect to existing resources, and also provide additional support for organizations by identifying new interventions and creating new or improved toolkits and tools.

The Brief Guide sits within an overall Foundational Framework, which includes further support for implementation and evaluation. One key component of this is the provision of tools and / or toolkits that underpin the interventions detailed in this Brief Guide.

The focus of the work on tools has been on providing new (or significantly re-vamped tools that already exist) in the context of the principles and interventions include in this Brief Guide. The Foundational Framework will also provide links to existing tools and toolkits available.

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For advice on the services available to you and your staff, please contact your local hospital or health care agency's staff wellbeing and support services.