

A focus on psychological safety helps teams thrive

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THE HEALTH care and social assistance sector was identified as a priority industry in the *Best Practice Review of Workplace Health and Safety Queensland Final Report* (BPR) released in August 2017 – marking it as an industry with troublingly high levels of workplace injury.

The QNMU recognise there are more serious injury workers compensation claims and a higher incidence of mental health disorders in our industry than any other and we are working to meet the challenges.

Review of Queensland workers compensation claims data (2009 – 2014) showed mental stress claims (4.6%) were the most expensive with an average of 110 lost workdays and an average statutory payment of \$30,7000, compared with 29 days lost for other reasons at an average of \$8072.

OHS legislation in every Australian jurisdiction imposes a duty upon employers to ensure, so far as is reasonably practicable, a safe working environment that is without risks to health.

Providing a psychologically safe work environment improves health and wellbeing, commitment to the job, job satisfaction, and also improves organisational and client outcomes.

When we talk about psychological safety we need to consider it from various perspectives:

- **Patients** need to 'feel' safe and be part of decision making. There is a strong link between autonomy and health outcomes.

- **System managers** – The Australian House of Representatives Standing Committee estimated the cost to the national economy of bullying is more than \$6 billion every year.

Cultural and structural elements of the system that contribute to a hostile work environment need to be recognised, monitored and reported to drive ongoing accountability. At the moment much of the cost is hidden as it is not borne by the employer.

Our focus is on the *clinician's* perspective – health workers are four times more likely to suicide than other professions (MJA 2016).

Hostile environment

There is a distressingly deep catalogue of research within the nursing and midwifery literature that explores the elements associated with hostile work environment – moral distress, failure of advocacy, bullying and burnout.

Moral distress is experienced when we are prevented or unable to do our job adequately, when there are ethical conflicts and we are 'forced' into actions we know are wrong.

That increasingly regular experience is reflected in QNMU surveys, which record up to 80% of members in some areas are dissatisfied with the care they deliver.

Bullying has devastating effects on victims, both professionally and personally. It undermines self-esteem, productivity and morale, and for some

it can result in a permanent departure from the workforce and, in extreme instances, suicide.

There is also significant evidence that workplace bullying increases the likelihood of cardiovascular disease, chronic disease, headaches, depression, drug abuse and sleep disruption as well as negative effects on individuals and organisations, including absenteeism, high staff turnover, lost productivity and decreased levels of organisational commitment.

Social brain theory

The brain's physiological and neurological reactions are directly and profoundly shaped by social interaction.

Unconscious emotional responses to workplace stimuli as well as deep-seated psychological drivers affect wellbeing and function at work.

Social psychologist at North Carolina University Barbara Fredrickson developed the theory that positive emotions (enjoyment, happiness, joy and interest) broaden one's awareness and encourage creativity, curiosity and exploration, which, over time build skills and resources.

Studies show positive emotions play a role in developing long-term resources such as psychological resilience and flourishing.

This is in contrast to negative emotions, which prompt narrow, immediate, survival-oriented behaviours.

For example, the negative emotion of anxiety leads to the specific fight-or-flight response for immediate survival.

Any perceived threat rings the amygdala alarm bell and triggers the rapid response, which in the short term also reduces analytic reasoning and perspective.

And the threat doesn't have to be a sabre-toothed tiger.

Rudeness has also been shown to draw cognitive resources away from individuals, causing them to perform worse and make more mistakes.

"There's no team without trust," the *Harvard Business Review* concluded

when it reported on a two-year team performance study by Google. The study revealed that the highest-performing teams have one thing in common: psychological safety – put simply, the belief you won't be punished when you make a mistake.

Psychological hazards injury

Psychosocial hazards are anything in the design or management of work that increase the risk of work-related stress.

A stress response is the physical, mental and emotional reactions that occur when we perceive the demands of our work exceed our ability or resources to cope.

Prolonged or severe work-related stress can cause injury. Stress itself does not constitute an injury – we are likely to be exposed to a combination of psychosocial hazards. Some may always be present while others only occasionally. Hazards include:

- **High job demand** – sustained high physical, mental or emotional effort e.g. high workloads, too much to do, responding to distressed or aggressive clients, exposure to traumatic events, shift work and fatigue, long periods of vigilance looking for infrequent events.
- **Low job control** – where work is highly protocolised or scripted, where workers have little say in the way they do their work, where they are not involved in decisions that affect them or their clients or where workers are unable to refuse dealing with aggressive or difficult clients.
- **Poor support** – jobs where there is workplace bullying, aggression, harassment, poor relationships between workers, managers and co-workers or conflict, and a lack of fairness and equity in dealing with organisational issues.
- **Poor workplace relationships.**

Reflective practice may be the best medicine

Reflective practice is recognised as a strategy of empowerment which we need to build into our way of being nurses and midwives. It may indeed be the best medicine we have to

grow a psychologically safe practice environment.

Learning through reflection in practice occurs through many experiences and may be “provoked by disillusionment with our situation or a loss of confidence or it might be prompted by unexpected achievement or success”. Reflection is a method of learning and teaching professional maturity through the critical analysis of experience. It can be done as an individual or in groups as part of a peer review process. Undertaking the process increases communication skills; and insight development is part of learning to reason fairly and ethically.

We need to embed peer review processes like interdisciplinary case reviews, facilitated group clinical supervision for nurses and midwives and mentoring programs as a priority strategy for strong clinical governance as well as maintaining a positive practice environment. These processes:

- can improve workplace relationships and build trust essential for teamwork
- can promote professional accountability through clinical audit and critical analysis
- can maintain a safe learning environment through skill development and knowledge transfer
- are protective and build resilience in individuals through social support and stress relief.

Reflection is an essential element in professional practice and personal development but increasingly the pressure to act – not to stop and think – is very real.

Nurses and midwives need to ensure they regularly take time out for this important aspect of the professional role. Managers need to recognise that this must be built into any consideration of ‘workload management’. The time to sit and think and reflect and plan is as important as the hands-on physical tasks completed as part of daily work.

Some aspects of your high demand job may not be able to be changed but known risks can be mitigated or



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managed and every individual has a role in creating and maintaining positive practice environment. ■



If you or someone you know is in need of crisis or suicide prevention support, please call Lifeline on 13 11 14 or visit www.lifeline.org.au



REFLECTIVE QUESTIONS

1. Name two factors in the design or management of work that increase the risk of work-related stress.
2. How can reflective practice mitigate psychosocial hazards and contribute to positive practice environments?
3. How do you contribute to maintaining a positive and psychologically safe workplace for yourself and others?

Don't forget to make note of your reflections for your record of CPD at www.qnmu.org.au/CPD

References or further information

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