CHARLES STURT UNIVERSITY
WORKFORCE WELLNESS RESEARCH UNIT

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The Charles Sturt University (CSU) Workforce Wellness Research Unit offers a comprehensive suite of expertise in research, education, policy advice and effective interventions designed to enhance the wellness and productivity of organisations.

WHY BE CONCERNED WITH WORKFORCE WELLNESS?

Investing in the wellbeing of your workforce:

- supports the wellbeing of your staff, enhancing their work, social and home life
- increases productivity
- reduces absenteeism, sick leave and compensation claims
- saves money
- meets legal and moral obligations of workplace health and safety law and policy.

THE WORKFORCE WELLNESS RESEARCH UNIT OFFERS STATE-OF-THE-ART PROFESSIONAL ADVICE, SUPPORT AND RESEARCH IN:

- workforce wellness 'best buys' – interventions most likely to make a difference
- processes to ensure staff get the help they need when and where they need it
- world's best practice HR policy and system design for workforce wellness
- evidence-based performance measurement and bench-marking, tailored to your industry/organisation type
- evaluation design, implementation research and data analysis.

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UNIQUE SOLUTIONS FOR UNIQUE ORGANISATIONS

Our team has a diverse range of skills and expertise that can be applied to unique organisational needs and contexts. Our team has expertise and industry experience in:

- human resource management
- mental health and physical health
- trauma and resilience
- workplace stress, bullying and support
- communications and social marketing
- workforce development
- economic modelling, return on investment
- research design and statistical analysis.

Our constellation of industry experience and research expertise means we have the knowledge and capabilities needed to assess your organisation's particular situation and requirements.

$2.30 RETURN FOR EVERY $1 INVESTED

INVESTING IN MENTAL HEALTH PAYS

There are good economic reasons to invest in the wellbeing and mental health of your workforce. Improvements in this area have a profound effect on workforce productivity, efficiency and effectiveness.

Return on investment (ROI) analysis for different intervention programs has been conducted across various industries and countries. Internationally, the ROI estimates range from $1 to $10 for every $1 invested. These estimates are typically based on avoided productivity loss and other costs due to depressed workforces. The economic impact of intervention programs from these studies, however, is largely influenced by the type of intervention and the measures of impact used.

In Australia, the estimated ROI is $2.30 for every $1 invested.

The variation in the reported return of investment factors points to the need to judiciously apply interventions best suited to an organisation's situation to get maximum value for investment.

Our team has the necessary workplace experience and technical expertise to ensure your organisation achieves the best return for your investment in workplace wellbeing.

Every year NSW loses **$3.2 billion** in workforce productivity due to poor mental health in the workforce

1 IN 5 EMPLOYEES LIKELY TO BE EXPERIENCING **A MENTAL** HEALTH CONDITION = UNTREATED DEPRESSION **1.9 MILLION** WORKING DAYS LOST EACH YEAR IN NSW + ABSENTEEISM PRESENTEEISM COMPENSATION COSTS NSW **$3.2 BILLION** PER ANNUM

POOR MENTAL HEALTH AND DEPRESSION REACHES INTO EVERY WORKPLACE

Some occupational roles inevitably place additional psychological demands on staff. In addition, some staff come with pre-existing mental health and/or trauma history. Poor mental health in the workplace costs. The negative effects of trauma and psychological stress in the workplace can also multiply if not dealt with appropriately.

Australian research estimates absenteeism and presenteeism (continuing to go to work, but working unproductively) due to poor mental health in the workplace costs Australia around $8 billion annually. According to PriceWaterCoopers (PWC), the total cost of poor mental health in Australian workplaces is $10.9 billion. This comprises $4.7 billion in absenteeism, $6.1 billion in presenteeism and $145.9 million in compensation claims. Extrapolated to NSW this equates to $3.2 billion in lost workforce productivity each year.

This is equal to a non-productive workforce of 29,100 full-time staff.

INTERNATIONAL BEST PRACTICE MODELS FOR WORKPLACE MENTAL HEALTH

Our international review of mental health workforce programs has identified common themes and elements of best practice in workplace mental health and wellbeing programs. The first step to establishing effective and efficient intervention programs is an initial assessment of both the organisation and its employees. This process involves collecting information on: legal compliance; budget allocation, management approvals; support structures; educational programs; workload; utilisation of available programs; harassment/abuse/ discrimination; complaints; and analysis of absenteeism, presenteeism and turnover.

There are four important steps involved in building a sustainable and effective intervention program.

1. **Assessment** to establish what is already in place, how it is being used and relevant legal requirements.
2. **Planning** involving all stakeholders (unions, employees and managers).
3. **Implementation**.
4. **Evaluation** of impact and identification of potential areas for improvement.

A major review of the implementation and promotion of good mental health practice in the workplace found that good practice aligned closely with the World Health Organization's model for workplace wellbeing. This included:

• engagement of all stakeholders
• a clear action plan
• sharing knowledge between stakeholders
• science-driven practice
• dissemination of good practice
• continual improvement and evaluation.

> " There are a plethora of single-focus interventions focussing only on physical activity or mindfulness. These one-off interventions fail to represent a systemic approach to workforce wellness that is needed to make a lasting difference. "

INTERVENTIONS THAT WORK

SUMMARY OF INTERNATIONAL EVIDENCE ON EFFICACIOUS INTERVENTIONS ENHANCING WORKPLACE WELLBEING

International systematic research reviews of intervention effectiveness have focused on a variety of approaches to workplace wellness, including:

- workplace health promotion programs
- workplace interventions promoting mental wellbeing in the workplace
- the economic impact of employee-focused health promotion and wellness programs
- economic evaluations of worksite mental health interventions
- targeting the stigma of mental illness in the workplace
- psychosocial interventions
- the impact of worksite wellness programs
- resilience training in the workplace
- randomised controlled trials of specific psychological interventions.

Most research literature focuses on single outcomes – depression, physical health, turnover intention and productivity measures – rather than a holistic approach to workplace wellbeing. Many of these interventions focus only on physical activity or mindfulness.

There are a plethora of 'one-off' interventions, focusing only on physical activity or mindfulness. These one-off interventions fail to represent a systematic approach to workforce wellness, making it difficult to generalise their efficacy.

There are a limited number of studies focusing on psychological interventions; however, these tend to be small studies. Nurses, mental health workers and university staff feature heavily in the literature. Nonetheless, most of these studies present positive results for the efficacy of their interventions.

Our systematic review of research literature has focused on different interventions and types of organisations.

Our CSU Workforce Wellbeing Research Unit team are experts in interpreting, distilling and applying this knowledge to specific workplace contexts. We have extensive experience working with industry, applying the latest research findings and taking into account each organisation's unique goals and workforce.

MEASURES OF WORKPLACE WELLBEING

The workplace wellness literature identifies a number of areas important to understanding your workplace wellbeing. This includes measures focusing on:

- staff
- organisation structures and processes
- occupational roles.

These areas are listed in the following pages, along with measures currently used in workplace research. Each measure of workplace wellbeing has a slightly different area of focus with different suitability and acceptability. As such, we recommend you clearly identify the purpose, objectives and desired outcomes for measuring workplace wellbeing in your organisation.

INDIVIDUAL FACTORS: WELLBEING MEASURES

Workplace wellbeing measures typically identify the levels of workplace stress experienced by staff. The scales listed in this section measure things like burnout and secondary trauma, which are typically associated with workplace stress in human service workers. These measures don't necessarily identify specific causes of these effects, just the consequences. They provide a barometer of staff wellbeing. The most commonly used measures of individual wellbeing in the workplace include:

• Worker Satisfaction Scale
• Workplace Wellbeing Questionnaire
• ProQoL
• K-10.

Each of these scales has a slightly different purpose and can be used as a barometer of corporate wellbeing, and in some cases an individual assessment of wellbeing. For example, some of these measures have been adopted by the Royal Commission into Institutional Responses to Child Sexual Abuse to identify individuals at high risk of significant distress due to various traumas. Other scales have multiple versions suitable for different classes of workers, for example child and family workers, education staff and health workers.

Again, it is important for organisations to consider the role and purpose of this assessment process, to ensure they select the right tool for the job.

INDIVIDUAL FACTORS: PERSONAL RESILIENCE AND COPING CAPACITY

Staff come with their own unique individual personality and coping style. There are countless measures of personality and resilience. While many are very good, others lack an evidence base. These psychological tests measure:

- personality factors
- wellbeing factors external to work (work-life balance, family support, sport and community engagement
- resilience.

A large range of evidence-based measures are available addressing these domains. Understanding a person's existing personality traits and coping style is crucial to supporting them through stressful work experiences.

INDIVIDUAL FACTORS: PRIOR HISTORY OF MENTAL ILLNESS AND TRAUMA

Staff can often come with a lived experience of mental illness or previous trauma. This is not necessarily a bad thing and may in fact help these staff become more motivated and effective in their work. It may, however, also point to pre-existing vulnerabilities that are best recognised and addressed early.

Effective screening and workplace support are enhanced by a better understanding of the psychological needs and personal strengths of staff. A good understanding of a previous lived experience of mental illness and/or trauma is important – both for screening and recruitment prior to employment – and also to help tailor workplace support for existing employees.

ORGANISATIONAL FACTORS: TYPES OF STRESSORS

Stress in the workplace is not solely due to the occupational roles or
pre-existing psychological profile of staff. In fact the greatest source of stress in the workplace relates to internal workplace structures and processes – bullying, stigma and harassment being the most prevalent. Highly related to these are the perceptions of workplace leadership, communication and fairness.

In response to this reality, a number of validated measures of psychologically healthy workplaces have been developed. They measure domains such as:

- senior management commitment and involvement in relation to stress prevention practices – including how management values employee psychological health and safety in comparison to productivity goals
- organisational communication and processes for employees to provide feedback on psychological wellbeing
- organisational participation (i.e. consultation regarding psychological health and safety issues with employees' unions and health and safety representatives)
- workload/workplace fairness and transparency
- experience of workplace support from managers, Human Resources, Employee Assistance Programs, supervision and peer support
- experience of violence/bullying from clients, co-workers and managers.

Many of these factors are touched on in *People Matter*, the NSW Public Sector Employee Survey, and are covered in more detail by the PCS-12 and other similar scales.

In addressing workplace wellbeing and organisational effectiveness, our team have a broad base of experience and expertise. We understand and address wellbeing comprehensively, incorporating the psychological, human resource, communication and research domains simultaneously and holistically.

The quickest way to improve your organisation's effectiveness is to work with your existing staff, reducing turnover and absenteeism and increasing staff satisfaction and productivity. At CSU we are committed to the good of the community. Partnering with industry in this aspiration is core to our team's mission.

BENCHMARKING ORGANISATIONAL CLIMATE AND WORKFORCE WELLBEING

By their nature some occupations place greater psychological and emotional demands on staff. It is not valid to compare the workplace wellbeing of (for example) library staff with emergency response teams.

It is important, however, to benchmark performance over time and against comparable occupational groups. Safe Work Australia and Workplace Health Association Australia have identified state and national high risk industries and the differences between rural and urban workers. They have also provided quantified benchmarks of employee wellbeing. This project used a number of scales to capture data including:

Psychosocial Safety Climate (PSC); job demands (work pressure, physical, emotional); organisational change; harassment and bullying; Work-Family Conflict (WFC); job control (skill discretion, decision authority, macro-decision latitude); resources (support supervisor social support, co-worker social support, justice, rewards); mental health (emotional exhaustion, psychological distress, depression); physical health (general health); work outcomes (productivity, absenteeism, stress claims), and engagement (vigour, dedication, absorption).

High Performing Workplaces is a not-for-profit organisation that benchmarks participating organisations against three databases, including data from 2000 Australian firms and the World Management Survey. The High Performing Workplaces Index (HPWI) scores organisations on six areas – innovation, customer experience, financial performance, employee experiences (including emotional experiences), fairness and leadership.

The following table illustrates that:

- leadership is essential
- fairness and employee experience are major determinants of better customer service and increased productivity.

Table 2a: Correlations between the six categories in the High Performing Workplace Index

	INNOVATION	EMPLOYEE EXPERIENCE	FAIRNESS	LEADERSHIP	CUSTOMER ORIENTATION	PROFITABILITY AND PRODUCTIVITY
INNOVATION	1					
EMPLOYEE EXPERIENCE	.306** (p = .007)	1				
FAIRNESS	.284* (p = 0.12)	.781*** (p < .001)	1			
LEADERSHIP	.437** (p < .001)	.787*** (p < .001)	.758*** (p < .001)	1		
CUSTOMER ORIENTATION	.343** (p = .002)	.735*** (p < .001)	.689 (p < 0.001)	.649*** (p < .001)	1	
PROFITABILITY AND PRODUCTIVITY	.369*** (p < .001)	.268* (p = 0.18)	.286* (p - .012)	.424*** (p < .001)	.300** (p = .008)	1

Source: Boedker et.a al. (2011, p.31)

Choosing the most appropriate performance and workplace wellbeing benchmarking measure requires a clear understanding of the goals of the intervention, the type of workforce, the reporting relationships and the ability to discern valid research.

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THE CHARLES STURT UNIVERSITY WORKPLACE WELLBEING RESEARCH UNIT OFFERS A HOLISTIC AND COMPREHENSIVE APPROACH TO WORKPLACE WELLNESS

Our team has the expertise and capacity to distil the relevant learning from contemporary workplace practice and policy and apply it to unique occupational contexts.

The field of workplace mental health and wellbeing is replete with benchmarks, measures, interventions and off-the-shelf programs. While some of these are very good, many will simply waste your organisation's time, energy and budget. Our CSU team is a not-for-profit group, committed to conducting quality research and contributing to the good of the community.

With expertise in HR, psychology, economic benefit, communications and marketing, trauma, bullying and harassment, law, statistics, education and research, our team works closely together to provide a comprehensive and holistic approach to enhancing workplace wellness.

## THE WORKFORCE WELLNESS RESEARCH UNIT TEAM

DR LARISSA BAMBERRY

Larissa has had extensive experience working across a range of public policy fields, including employment relations, education and training, and women's policy. Larissa's research skills include analysis of labour markets and skills ecosystems, understanding of regions and economies in transition and gender analysis.

DR ARNELA CERIC

Arnela's research expertise is in HRM and IT. Her expertise is in understanding workplace bullying in the ICT sector, analysis of ICT value by using systems theory approach, cross-impact analysis and investigating the role of e-HRM in the development of HRM capabilities.
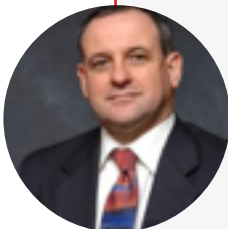
PROFESSOR STEVEN D'ALESSANDRO

Steven is an internationally renowned expert in marketing and communications. He has an extensive history of research grants and successful industry partnerships developing effective marketing and communication strategies.
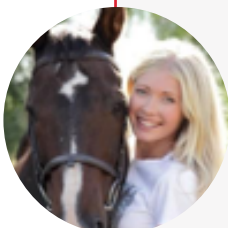
DR RACHEL HOGG

Rachel's skills are in research methods (both qualitative and quantitative), statistics and industrial-organisational psychology. Rachel has supervised a number of research projects on performance psychology, interpersonal relationships, and industrial-organisational psychology. These projects have addressed domestic violence, disability and mental health.

ASSOCIATE PROFESSOR GENE HODGINS

Gene is an experienced clinical psychologist and teaching/research academic. His research interests include the psychological wellbeing of police and emergency service personnel, rural mental health and high prevalence psychological disorders (anxiety, post-trauma reactions and depression). He is passionate about applied clinical research and has collaborated on research investigating the wellbeing of news camera operators, military personnel, psychologists and counsellors, equestrian athletes, farmers and the clergy.

ASSOCIATE PROFESSOR ZAHID ISLAM

Zahid's main research interest is data mining and statistical analysis, data collection, data pre-processing, data cleansing, knowledge discovery, event detection, future prediction and policy/strategy development. His expertise is developing algorithms for the various steps of data mining and data analysis, and the development of predictive models. He leads the Data Mining Research Area in CSU, publishes widely and has conducted research for numerous health and human services agencies.

DR STACEY JENKINS

Stacey has extensive human resource industry experience. Stacey's research expertise is in the areas of work-life balance, mentoring and workforce training, support and development. She has consulted and delivered training to a number of businesses in the area of sexual harassment, anti-bullying and grievance resolution.

DR PAMELA LOCKHART

Pamela has extensive experience working across a range of management and human resource management areas. Pamela's research focus is in workplace learning and mentoring, management development and education, workplace bullying, employee assistance programs and perceived organisational support.

CARLI KULMAR

Carli is an experienced civil litigator and dispute resolution practitioner whose research focuses on therapeutic jurisprudence (law and mental health). Carli's skills in problem solving and policy analysis align well with her interest in the provision of effective health services in regional and remote areas.

ALEX (SANDY) MACQUARRIE

Sandy is a paramedic lecturer and doctoral researcher with an interest in health, wellness and resiliency in emergency services personnel. He is currently exploring the use of biometric monitoring of paramedics and other professionals as a measure of physiological performance in response to occupational demands and stress.

DR MICHAEL MEHMET

Michael is a digital and social media specialist focusing on online communication and social marketing strategy.
Michael completed his PhD in social media semantics and has successfully obtained two grants assessing social media sentiment relating to shark management.

DR ASHLEIGH MORELAND

Ashleigh's expertise is in movement-based neuroscience across a range of cohorts and exercise contexts, including the Australian Defence Force. This involves understanding the neural mechanisms underlying functional performance outcomes in response to physical interventions. This research aims to enhance outcomes in applied and clinical contexts such as rehabilitation and mental health.

DR TAHMID NAYEEM

Tahmid's expertise covers focus groups, interviews and survey analysis, qualitative and quantitative research design, and analysing quantitative data using structured equation modelling (SEM). Tahmid's industry experience includes working at British Petroleum (BP) and as a marketing executive in the UK media industry. His research interests include market research, communication strategies, and social marketing.

VANESA NIEVAS

Vanesa Nievas is a policing lecturer and PhD student. Her particular interests are in policing studies, police officer resilience and occupational justice. Prior to working with CSU, Vanesa worked at Western Sydney University as a policing academic. Her doctorate examines the factors and characteristics that strengthen police officer resilience within the Tasmanian police force.

MONA NIKIDEHAGHANI

Mona's research interest is in the role of power and politics in constructing the disability identity through government welfare programs. Her expertise includes interdisciplinary accounting, accounting history and public sector financial accountability.

LINDA OVINGTON

Linda's research focuses on creative problem solving, specifically looking at insights (light-bulb moments). Linda is experienced in questionnaire and experimental study designs, qualitative research, structural equation modelling and quantitative statistics.

ASSOCIATE PROFESSOR RUSSELL ROBERTS

Russell's expertise is in mental health, organisational change and leadership. He is Editor in Chief of the Australian Journal of Rural Health and has attracted over $3.6 million in research funding. Previously Russell served as the Executive Director of a NSW mental health service with over 1000 staff. Under his leadership his organisation won numerous state, national and international awards for service excellence. He is the team leader of the CSU Workforce Wellness Research Unit.

ASSOCIATE PROFESSOR RACHEL ROSSITER

Rachel is a teaching/research academic and an endorsed nurse practitioner with extensive clinical experience in mental health and primary health care. Her research includes mental health literacy and mental health workforce development. Underpinning her research activities is a focus on enabling practicing clinicians to develop their clinical reasoning skills and reflective practice and to strengthen their capacity for therapeutic communication (core components of ensuring a culture of care and safety).

CLARE SUTTON

Clare is a paramedic lecturer and Emergency Care Practitioner (ECP) with clinical experience in both the pre-hospital care and primary healthcare environments. Prior to joining CSU she worked at the University of Northampton in the UK teaching in paramedicine. Her interest is in resilience and strategies to promote and maintain the health and wellbeing of emergency service workers and members of volunteer organisations.

BUYANI THOMY

Buyani is a research officer, PhD student and a resource economist. His expertise covers economic valuation, applied economics, non-market valuation, benefit-cost analysis and return on investment analysis.

MICHELLE WEAL

Michelle is a research student investigating perceived workplace stressors in paramedicine. She has a keen interest in the wellbeing of the workforce and has over 25 years HR industry experience. Michelle has also been involved in the design and implementation of several workplace wellness initiatives.

DR KARL WIENER

Karl is a research academic and clinical psychologist with interest in the areas of behavioural change in both the clinical and organisational fields. He also has an interest in attitudes toward change, self-belief and personal resilience research.

CAMPUS LOCATIONS

ALBURY-WADONGA

BATHURST

BRISBANE

CANBERRA

DUBBO

GOULBURN

GRIFFITH

MANLY

MELBOURNE

ORANGE

PARKES

PARRAMATTA

PORT MACQUARIE

SYDNEY

WAGGA WAGGA

WANGARATTA

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