

21 December 2023

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Tēnā koe,

Re: Mentally healthy work. Good practice guidelines for managing psychosocial risks at work.

Thank you for the opportunity to provide feedback on the above guidelines for managing psychosocial risks at work. Toi Mata Hauora: The Association of Salaried Medical Specialists (ASMS) is the union and professional association of salaried senior doctors and dentists. We were formed in April 1989 to advocate and promote the industrial and professional interests of our members, most of whom are employed by Te Whatu Ora as medical and dental specialists, including physicians, surgeons, anaesthetists, psychiatrists, oncologists, radiologists, pathologists and paediatricians. We have over 6,000 members.

We have a particular interest in these draft guidelines, as medical and dental specialists undertake roles with elements that can contribute to psychosocial risk. This includes:

- shift work
- long working hours
- fatigue
- role overload due to entrenched shortages of doctors, dentists, and other health workers
- exposure to traumatic events
- cognitively and emotionally demanding work including decision making that impacts the wellbeing of others
- managing constrained resources and witnessing first-hand the impact of resource constraints on patients; and
- at times a physically hazardous work environment (e.g. threats of violence, and exposure to infectious diseases and hazardous substances).

The wellbeing of senior doctors and dentists is critical to the functioning of the Aotearoa New Zealand health sector. As well as being impacted by psychosocial risk in their own work, doctors also work with patients experiencing poor health due to workplace hazards including psychosocial harm, and so have an interest in healthy workplaces from a public health perspective.

21 December 2023 9.38 am

We commend Worksafe New Zealand for developing good practice guidelines for managing psychosocial risks at work, as it is critical that practical guidance on managing psychosocial risks is available in Aotearoa New Zealand. Although there are useful elements, the ASMS does not consider the guidelines overall are robust enough for the health sector, where workers face many complex risk factors that impact psychosocial wellbeing. The document is also lengthy and difficult to follow, which may limit its usability more broadly.

Our specific feedback to Worksafe's consultation questions is provided below.

What did you find useful about this guidance?

Toi Mata Hauora ASMS commends the focus on:

- Te Whare Tapa Whā as a way to conceptualise wellbeing.
- The importance of culturally inclusive practices, including the values of whanaungatanga, manaakitanga, kotahitanga and kaitiakitanga in psychosocial risk management.
- reference to Te Tiriti o Waitangi and the importance of officers and workers understanding the principles of Te Tiriti.
- promoting use of Te Reo and Tikanga Māori at work, for example karakia.

It is essential that the guidelines have a strong grounding in Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand, and this element will need to be preserved or strengthened in any further drafts.

Is there any key information missing from this guidance?

The ASMS considers there is room to significantly strengthen and clarify the guidance. Examples of areas that need strengthening are discussed below.

The purpose of the guidelines, and who they are aimed at

The purpose of these guidelines and who they are aimed at needs to be clarified. As described in the appendix, in most cases, a person conducting a business or undertaking (PCBU) will be a business entity. However, it is people who will use these guidelines and officers of PCBUs who have duties under the Health and Safety at Work Act 2015. For clarity, we recommend explaining the definition of PCBUs in section one, and including examples of the types of roles that are likely to be officers of a PCBU, e.g. company directors, partners, CEOs, senior management.

It is also not clear whether the guidance is aimed only at officers of PCBUs, or whether it is also aimed at workers. We recommend including a section on who the guidelines are aimed at (with concrete examples – e.g. officers such as CEOs, company directors, partners, senior management, and workers such as employees and contractors) and what duties these officers and workers have in regard to managing psychosocial risks under the Health and Safety at Work Act 2015.

Interpretation of Te Whare Tapa Whā

The guidelines utilise Te Whare Tapa Whā, a model of health and wellbeing that is grounded in tikanga Māori, to explore dimensions that might influence a person's sense of health and wellbeing.

Te Whare Tapa Whā is an important framework to understand how different dimensions – which may be isolated or treated as separate in a Western model – interact and relate to one another at the person-level. This is a useful framework. However, the guidance conflates "bringing your whole

self to work” with Te Whare Tapa Whā, including offering advice that one way to put Te Whare Tapa Whā into practice is for leaders to open up about their health and wellbeing, to encourage their workers to do the same.

The ASMS considers that in many workplaces, sharing health and wellbeing issues and opening up about personal matters is unfortunately likely to create psychosocial risks for workers rather than mitigate them. Although workers should be treated as a “whole” person with spiritual, physical, emotional, whānau and whenua elements to their wellbeing, this does not necessitate that workers share more than they are comfortable to about their personal life in a work setting. For many, maintaining boundaries between work and home life, and maintaining privacy on personal matters, is important for protecting psychosocial safety at work. In our view, workplaces can look to support workers with all dimensions of their wellbeing without workers having to “bring their whole selves to work” (e.g. by offering confidential mental health support such as EAP services, creating a positive work environment, valuing who workers are and where they have come from, and valuing whānau).

Engagement with workers

The section on engaging workers in identifying workplace hazards and strategies for mitigation needs to be strengthened significantly. Best practice examples of engaging workers in risk assessment and management should be outlined in the document, to provide PCBUs with examples of practical steps they can take. The one example given – having kai and a kōrero with workers – is unlikely to be sufficient, nor is it likely to generate sustained and equitable engagement with workers on psychosocial risks, and health and safety more generally.

The New South Wales Code of Practice for Managing Psychosocial Hazards at Work (NSW Code of Practice) (SafeWork NSW, 2021) addresses how to engage with workers in much more depth – including doing a talk-through / walk-through with workers about their roles under normal and unexpected circumstances, and during peak workloads. The NSW guidance also includes examples of things to look out for and talk to workers about when assessing risk and sets clear expectations that leadership and management must demonstrate a genuine commitment to managing psychosocial hazards.

We recommend that Worksafe New Zealand considers adopting these elements of the NSW guidance.

Identification of psychosocial hazards

This section primarily consists of lists of different types of psychosocial hazards in terms of work design, social factors, and work environment. Although the list provides helpful insight into types of risk that may be present, it offers little practical guidance on risk identification.

By contrast, the NSW Code of Practice offers in-depth practical guidance on risk assessment. This includes guidance on planning how risks will be assessed, including who will be involved, how confidentiality will be maintained, what resources or expertise will be required, how outcomes will be communicated and how the effectiveness of controls will be monitored. The NSW Code of Practice also recommends systematic collection and review of data that will provide insights into psychosocial risks – for example reviewing data from staff surveys, hazard and incident reports, complaints and investigations, absenteeism, turnover, sick leave, and exit interviews. Emphasis is also placed on talking to workers and recognising that workers generally know which parts of their roles are most hazardous.

Anonymised and aggregated data should be proactively shared with health and safety representatives, and worker engagement, participation and representation should inform the composition of, and process for, any review or identification of psychosocial hazards. While data is fundamental to an informed analysis of the psychosocial risk environment, there are important caveats to consider around the robustness and accuracy of each measure – for example, low numbers of bullying cases may indicate under-reporting, rather than a mentally healthy workplace.

We recommend Worksafe incorporates practical guidance on risk identification into its guidelines, similar to the approach taken in the NSW Code of Practice This could be supported with a Psychosocial Risk Assessment tool similar to that provided by Worksafe, Queensland: [Psychosocial risk assessment tool \(worksafe.qld.gov.au\)](https://www.worksafe.qld.gov.au/psychosocial-risk-assessment-tool)

Culturally inclusive practices

We recommend Worksafe introduces a section on cultural safety and expands on psychological risk factors for workers from an intersectional perspective. The draft guidelines identify in section 5.4 that harassment based on race, sex, gender identity, religion or belief, sexual orientation and/or disability impact worker wellbeing. The guidelines could go further to explain that employers have a duty to reflect on, acknowledge and address “their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics” that influence their interactions with staff (Medical Council of New Zealand, 2019). The Medical Council of New Zealand’s Statement on Cultural Safety will be a useful resource to support this: <https://www.mcnz.org.nz/our-standards/current-standards/cultural-safety>

As mentioned above, we support the inclusion of whanaungatanga, manaakitanga, kotahitanga and kaitiakitanga in psychosocial risk management. We also recommend including māramatanga and mohiotanga – as officers and workers having insight, understanding and access to information are critical for hazard management.

Risk for Māori officers and workers

We recommend that Worksafe acknowledges that Māori workers are likely to face additional psychosocial risk factors than non-Māori, including experiencing racism and a lack of cultural competence and cultural safety in workplaces. We know Māori are over-represented in low-income groups, and likely to suffer higher work insecurity which impacts mental health. Also, it has been recognised that Māori are often expected to perform the “double cultural shift” of performing their role and being called upon for cultural advice. This can lead to burnout and needs to be taken into account when assessing job sizing and workload. (Haar, 2022)

Harassment based on race is mentioned in the document. However, we recommend including an expanded section on racism more directly, including examples of what institutional racism is, what it can look like, and options for eliminating it.

Risks for workers employed in the public sector

The guidelines should acknowledge that public service workers are at a greater risk of psychosocial harm and poor mental health than private sector, self-employed and third sector workers. The wider public service employs nearly one in five workers in Aotearoa New Zealand – nearly 430,000 people – in diverse work settings (Thompson, 2022). Evidence shows that public sector workers, including firefighters, social workers, police, health workers and corrections staff are more likely to experience psychosocial harm than workers in the non-public sector. (Thompson, 2022)

As noted in Worksafe’s essay “mentally healthy work in the public service”, workers in the public service face an additional level of public and external scrutiny, with the ability for emails, documents, and other communications to be obtained via the Official Information Act. (Thompson, 2022)

In your line of work, do you have any examples of mentally healthy work that could help support any of the content in this guidance?

We have no specific examples of mentally healthy work to share.

However, we are aware that Worksafe has completed a survey on the psychosocial wellbeing of Te Whatu Ora staff (covering the publicly employed health workforce), and we strongly encourage proactive release of the results. The results will provide a rich source of information for Worksafe to develop more comprehensive, tailored guidance for supporting mentally healthy work in the health sector. It will also be critical to communicate to the sector about how Worksafe and Te Whatu Ora are working together to address the wellbeing of the health workforce considering the survey results.

We recommend that any guidance for managing psychosocial risks in the health sector should include detailed scenarios and case studies examining risk factors that emerged in the survey. Resource constraint and under staffing will be important to acknowledge in scenarios, and practical guidance provided on how to manage factors such as long hours, fatigue, and the moral injury from not being able to provide patients with the level of care expected or needed.

We also recommend that Worksafe provides information on how and when to access occupational health services for both providing expertise in psychosocial risk management and supporting workers experiencing poor health outcomes and a result of psychosocial hazards.

Thank you once again for the opportunity to provide feedback. If you would like to discuss this submission, please contact Harriet Wild (Harriet.Wild@asms.org.nz) or Virginia Mills (Virginia.Mills@asms.org.nz) in the first instance.

Nāku noa, nā



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