



Industry Action Report

A practical guide to preventing burnout in the
NSW Health Care and Social Assistance (HCSA) sector

June 2025

Developed by the Department of Customer Service Behavioural Insights Unit for SafeWork NSW

Disclaimer

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Snapshot

This report details the solutions identified from consultation SafeWork NSW conducted with representatives from the health care and social assistance (HCSA) sector in NSW at the Managing Fatigue and Preventing Burnout Summit (the Summit) and a review of Australian and international research studies.

As described by HCSA staff in NSW, burnout contributes to staff turnover, absenteeism, increased workers compensation claims, reduced engagement and a poor workplace culture. Given the evidence consistently shows that solutions focusing on changes at the organisational level have a greater impact on addressing burnout, organisations play a crucial role in preventing and managing burnout.



Priority solutions for preventing and managing burnout

Evidence consistently shows that solutions that focus on changes at the organisational level have a greater impact on burnout than solutions that place the burden on individuals.

Research has identified three types of organisational solutions that have strong or promising evidence:

1. **Reducing workload**, improving scheduling and removing administrative burden.
2. **Increasing job control** by giving workers more control over how and when they do their work.
3. **Implementing models of care** that balance worker and patient/client needs while giving workers greater autonomy in delivering care.

Practical solutions most frequently suggested by stakeholders participating in the Summit included:

- Maintaining adequate staffing levels, implementing structured and centralised rostering, supporting flexible work arrangements, and reducing administrative burdens.
- Ensuring fair task distribution, enforcing regular breaks, clarifying role responsibilities, and supporting professional development and recruitment to improve retention.
- Utilising workload management tools for early burnout detection, promoting a culture that prioritises wellbeing, sustainable workload expectations, and structured change management.

Checklist for implementation

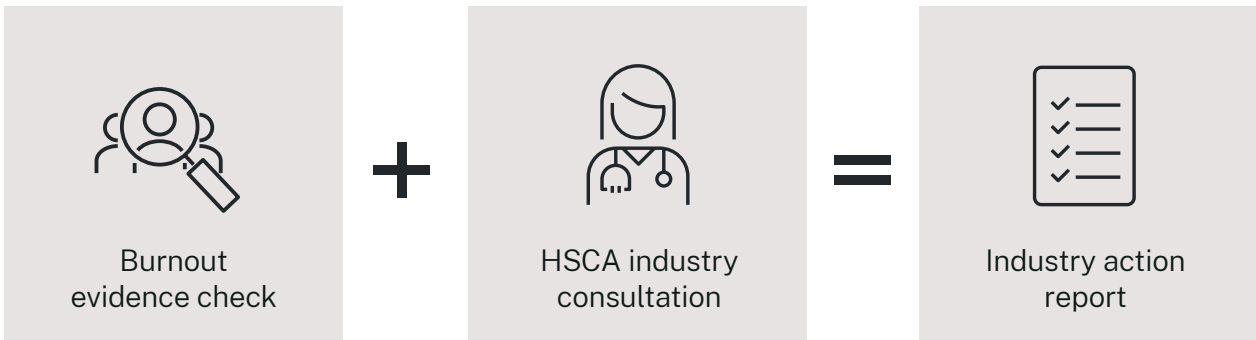
HCSA workers in NSW told us what organisations need to do to ensure implementation of any solution to prevent or manage burnout:

- ✔ **Allocate dedicated resources**
Provide the necessary resources to implement solutions, including allocating funding, protecting staff time allocated to deliver initiatives, hiring additional staff, forming a working group to design and deliver these initiatives.
- ✔ **Engage the right people**
Appoint a dedicated project lead and involve diverse people from across the organisation to ensure solutions are practical, address real workplace challenges, and are supported by staff and leadership.
- ✔ **Consult with staff continuously**
Continuously involve frontline staff to identify needs and gaps through surveys, focus groups, forums, or existing feedback channels.
- ✔ **Develop a clear action plan**
Record and communicate timeframes, key milestones, responsibilities, actions, and how burnout will be measured in your organisation.
- ✔ **Measure and evaluate progress**
Start tracking burnout if you are not already. Set benchmarks and regularly assess progress using indicators like sick leave, job satisfaction, and staff retention.
- ✔ **Strengthen governance and accountability**
Set burnout related KPIs for senior leaders, secure leadership buy-in and provide regular updates while fostering a culture where staff feel safe to raise concerns by treating complaints and feedback as opportunities for improvement.



Report objective and focus

This **Industry Action Report** aims to support employers to address the pressing issue of burnout in the NSW HCSA sector. This report provides practical, targeted recommendations to reduce burnout and improve workplace wellbeing, informed by evidence and stakeholder insights.



In November 2024, SafeWork NSW brought together over 150 stakeholders from the NSW HCSA sector to raise awareness of the psychosocial work health and safety (WHS) hazards of fatigue and burnout, and to listen and learn about how to better manage these hazards.

This report brings together insights from the Summit and recommendations from existing research. It highlights targeted solutions to address burnout and support wellbeing across different workforce groups, including junior medical officers, nurses and midwives, disability support workers, and aged care workers.

Effective solutions to prevent and manage burnout in the HCSA sector

Organisational solutions have greater impact on burnout

Evidence consistently shows that organisational solutions have a greater impact on burnout than individual-focused strategies. These approaches target systemic and environmental factors, such as workload and job design.

Unlike individual-level interventions, which often place the burden on workers to manage their own wellbeing, organisational approaches tackle root causes of burnout such as high workloads, lack of job control, and inadequate support systems.

By focusing on the organisational environment, these measures lead to improved worker engagement, retention, and productivity, as well as better outcomes for patients and clients in the HCSA sector.



HCSA sector-wide strategies for preventing and managing burnout

The following solutions were identified through extensive industry consultation with the HCSA sector and are applicable across various occupations.

Proposed solution	Details
Staffing and workload management	<ul style="list-style-type: none"> • Implement fair and safe rostering practices to prevent excessive workloads. • Improve workforce retention and recruitment strategies to reduce staffing shortages. • Reduce administrative burdens through improved processes and technology. • Offer flexible working arrangements (e.g., adjusting start and finish times, compressed workweeks, split shifts) that support staff wellbeing and personal responsibilities. • Ensure clear position descriptions and duty lists to clarify responsibilities. • Monitor and prevent excessive work hours, ensuring adequate rest and breaks.
Organisational commitment and leadership	<ul style="list-style-type: none"> • Provide leadership training to help managers identify and mitigate burnout, including how to respond to complaints or concerns. • Recognise and reward staff contributions to improve morale. • Incorporate wellbeing as a core strategic priority, rather than a secondary initiative. • Implement structured change management frameworks to ensure smooth transitions.
Workplace culture and psychological safety	<ul style="list-style-type: none"> • Foster a workplace culture that values psychological safety and open discussions about burnout. • Implement peer support programs and debriefing opportunities. • Implement strong anti-bullying and workplace harassment policies with clear reporting mechanisms and accountability measures. • Encourage a culture of work-life balance and promote healthy workload expectations. • Provide access to employee assistance programs (EAP) and structured mental health support.
Infrastructure and workplace design	<ul style="list-style-type: none"> • Ensure access to quiet rest areas and restorative spaces. • Improve facilities such as on-call rooms, staff lounges, and ergonomic workspaces. • Provide access to food, hydration, and wellness resources during shifts. • Implement workplace design improvements to support better workflow and reduce stress.
System-level improvements	<ul style="list-style-type: none"> • Embed staff wellbeing and burnout prevention into KPIs to ensure accountability and sustained commitment. • Conduct regular staff wellbeing assessments and track burnout-related factors. • Implement structured consultation processes to engage staff in decision-making. • Strengthen governance structures to balance patient care and staff welfare. • Improve access to mental health and burnout prevention training for all staff.

Occupation specific burnout drivers and solutions

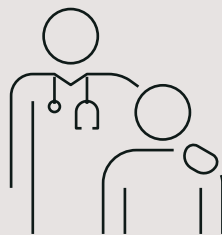
Occupation-specific strategies were also identified by HCSA sector participants at the Summit, reflecting the varied challenges and needs of different roles within the industry. While these strategies were tailored to specific occupations, some may also offer insights or be applicable to the broader HCSA sector.



Junior Medical Officer



Registered and enrolled nurses and midwives



Disability support workers



Residential aged care workers

Junior Medical Officers



The following section highlights the specific behaviours and drivers of burnout identified by the JMOs working group, and the accompanying solutions.

What causes burnout in junior medical officers (JMOs)

Burnout driver	Behaviours and organisational practices causing burnout in JMOs
Excessive workload, work-home conflict, low job control	<ul style="list-style-type: none"> • Failure to capture the true workload, hours worked, and demands on JMOs • Chronic understaffing and increasing demand in the Health system • Lack of role clarity, with rotations and multiple teams across wards and clinical areas leading to a “constant state of change” • Lack of physical infrastructure to allow doctors to take a break e.g. doctors’ lounges • Consultants demand not to be called overnight despite being on-call for support and supervision • Giving JMOs un-rostered overtime • Unreasonable expectations e.g. “overbooked theatre lists” • Reluctance by JMOs to refuse shifts in order to progress their career • High achievers don’t want to self-identify as being burnt out
Poor organisational culture	<ul style="list-style-type: none"> • Criticism at handovers e.g. from night to day shift • Multiple bosses/teams with concurrent expectations but who don’t communicate with each other • Lack of transparency in executive decision-making • Short term contracts for JMOs and job security – “culture to endure it rather than report it” • A bullying “command and control” culture with JMOs being overloaded and criticised by senior doctors and nursing staff
Lack of social support	<ul style="list-style-type: none"> • Lack of time due to excessive workload, the nature of shift work, and moving between multiple sites/teams leaves JMOs experiencing isolation and poor social connection • Competitive field • Too much focus on individual strategies to address burnout like wellbeing and resilience
Moral distress	<ul style="list-style-type: none"> • JMOs are expected to take the lead in bedside communication with patients and families, yet have limited decision-making authority • Interdisciplinary conflict around complex cases (e.g. JMOs vs nurses) • “Inability to deliver the care required” due to system constraints

Priority solutions for JMOs

The JMOs working group identified solutions they believed to be the most impactful and feasible for preventing and managing burnout.

Proposed solution	Details
Embed wellbeing KPIs into organisational practices	<p>Integrating wellbeing KPIs into core organisational processes ensures accountability and prioritisation of staff wellbeing. Key actions include:</p> <ul style="list-style-type: none"> • Incorporate into interviews and performance reviews: Embed wellbeing-related KPIs and initiatives into employment interviews and performance management criteria to set clear expectations. • Promote accountability: Require each staff member to provide evidence of actions taken to support their own wellbeing and the wellbeing of those they are responsible for. • Recognise excellence: Use this information to establish annual public wellbeing awards, celebrating and rewarding best-practice initiatives that foster a culture of wellbeing.
Enhance workplace flexibility to support wellbeing	<p>Providing greater flexibility helps staff manage their wellbeing while maintaining productivity. Key actions include:</p> <ul style="list-style-type: none"> • Provide access to mental health days: Offer staff the ability to take a mental health day when needed to prioritise their emotional and psychological wellbeing. • Implement flexible scheduling: Allow flexibility in meeting times and shift schedules to accommodate individual needs and promote a healthier work-life balance.
Establish protected boundaries on work time	<p>Creating clear boundaries around work time supports staff wellbeing and promotes a healthier workplace culture. Key actions include:</p> <ul style="list-style-type: none"> • Provide protected lunch hours: Ensure no meetings are scheduled during lunch breaks, providing time for staff to socialise and build connection. • Prohibit after-hours work: Prohibit after-hours work and meetings, recognising that both meetings and service provision are critical and should not encroach on personal time. • Provide dedicated time for training: Safeguard allocated time for mandatory training, continuing education, and skills development by ensuring it is respected by management and not repurposed for other operational activities while minimising unnecessary training demands. • Encourage work-life balance: Reinforce practices that support staff taking accrued days off (ADOs), annual leave, and leaving work on time, fostering a culture of balance and wellbeing.

Additional solutions for JMOs

The JMOs working group identified other viable solutions that organisations could implement to address burnout.

Proposed solution	Details
Staffing and workload management	<ul style="list-style-type: none"> • Implement clear guidelines and policies on rostering and workload distribution, ensuring safe shift patterns and adequate rest between shifts. • Monitor work hours to prevent excessive or repetitive workloads. • Encourage rostered time off with adequate cover and cultivate a culture where staff can leave on time. • Improve technology use to reduce administrative burdens and streamline workflows. • Use workload management tools (e.g., real-time workload dashboards, regular burnout surveys) to prevent burnout and provide early burnout screening. • Introduce sustainable workload expectations and structured change management for new policies and procedures.
Organisational commitment and leadership	<ul style="list-style-type: none"> • Establish a Mental Health and Wellbeing framework covering promotion, prevention, response, and support. • Increase frontline clinician involvement in decision-making to ensure practical solutions. • Allow for career break schemes (e.g., “4 for 5” programs) to support long-term staff wellbeing. • Train leaders in effective change management to create a sustainable and adaptable work environment.
Workplace culture and psychological safety	<ul style="list-style-type: none"> • Implement regular supervision, debrief, and reset programs to support emotional wellbeing. • Encourage team-based mentorship, peer support programs (e.g., Colleague Care Program) and structured debriefing tools (e.g., RESET tool). • Address poor workplace behaviours by implementing strong anti-bullying policies and holding managers accountable.
Infrastructure and workplace design	<ul style="list-style-type: none"> • Invest in restorative spaces that allow staff to recharge during shifts. • Ensure access to meals, coffee, and ergonomic workstations during and after hours.
Governance and system-level improvements	<ul style="list-style-type: none"> • Train chief executives and leadership teams to handle staff wellbeing sensitively, particularly regarding burnout and suicide awareness. • Conduct regular staff wellbeing assessments and track the factors influencing burnout.

Registered and enrolled nurses and midwives



The following section highlights the specific behaviours and drivers of burnout identified by the registered and enrolled nurses and midwives' (nurses and midwives) working group, and the accompanying solutions.

What causes burnout in nurses and midwives

Burnout driver	Behaviours and organisational practices causing burnout in nurses and midwives
Excessive workload, work-home conflict, low job control	<ul style="list-style-type: none">• Inadequate staffing and not backfilling vacant positions• Roster inflexibility and excessive overtime• Adding tasks beyond role descriptions• High administrative burden and using forms/training as incident responses
Poor organisational culture	<ul style="list-style-type: none">• Organisational culture with bullying, distrust, blame focus and an adversarial mentality• Superficial investigations blaming individuals and 'Big Brother' monitoring• Constant restructures, and poor change management• Failure to act on staff surveys and lack of consultation
Lack of social support	<ul style="list-style-type: none">• Lack of time for breaks or social interactions, leading to poor teamwork• Culture prioritising 'productivity over people'• Poor communication• Incivility by management• Lack of support avenues
Moral distress	<ul style="list-style-type: none">• Moral obligation to patients, high expectations to perform despite deficits, no debriefing or trauma processing, and lack of care for workers• Staff taking distress home, venting at partners, and experiencing strained personal relationships

Priority solutions for nurses and midwives

The nurses and midwives working group identified solutions they believed to be the most impactful and feasible for preventing and managing burnout.

Proposed solution	Details
Upskill leadership to enhance human-centred approaches	<p>Effective leadership plays a critical role in shaping workplace culture and addressing burnout. Leadership training should go beyond practical management tasks to focus on fostering proactive, human-centered approaches. Key actions include:</p> <ul style="list-style-type: none"> • Implement proactive rostering practices: Equip leaders with skills to design and discuss rosters collaboratively with their teams. • Encourage wellbeing conversations: Train leaders to initiate meaningful discussions about staff wellbeing and team dynamics. • Review and optimise care models: Support leaders in evaluating and refining models of care, roles, scopes, and workplace efficiencies. • Establish reflective practice: Provide tools and frameworks to help teams engage in reflective practices to support learning and growth. • Improve understanding fatigue and burnout: Build leaders' knowledge of the key drivers of fatigue and burnout to identify and mitigate risks effectively. • Develop succession planning: Develop assertive and proactive strategies for succession planning to ensure continuity and resilience within teams.
Develop a tool to support management to foster wellbeing	<p>Implementing a structured mechanism to support clinician psychosocial wellbeing ensures that wellbeing becomes a core, systematised part of organisational practices. Key actions include:</p> <ul style="list-style-type: none"> • Embed wellbeing support: Embed wellbeing support into routine organisational processes, making it a standard part of operations. • Integrate wellbeing initiatives: Treat wellbeing initiatives as ongoing and integral, rather than one-off or reactive measures. • Define clear responsibilities: Establish concrete obligations and actionable steps for management to implement wellbeing support effectively. • Align wellbeing with existing systems: Integrate wellbeing support into existing frameworks, such as Performance Development Reviews, to streamline implementation and maintain focus. • Implement accountability mechanisms: Establish clear criteria and benchmarks for management to ensure accountability and track progress.

Additional solutions for nurses and midwives

The nurses and midwives working group identified other viable solutions that organisations could implement to address burnout.

Proposed solution	Details
Staffing and workload management	<ul style="list-style-type: none"> • Implement safe staffing ratios to prevent excessive workloads. • Implement safe rostering practices including balanced night shift rotations and consecutive days off. • Clarify right to disconnect policies, specifying expectations regarding emails and work outside contractual hours.
Organisational commitment and leadership	<ul style="list-style-type: none"> • Promote open and honest communication about burnout, psychological harm, and workplace challenges. • Recognise and reward staff efforts while actively addressing workplace concerns. • Implement accelerated skills pathways for junior staff to support their professional growth. • Improve staff morale by backfilling leave positions, ensuring that existing staff are not overburdened. • Support upskilling programs and provide access to education and training opportunities.
Workplace culture and psychological safety	<ul style="list-style-type: none"> • Establish robust safety protocols and clear procedures for preventing and responding to violence against staff, reinforcing a strong commitment to a safe and respectful work environment. • Foster cultural change by promoting a respectful and supportive work environment that aims to reduce bullying, intimidation, and punitive workplace behaviours. • Improve consultation frameworks to involve frontline staff in decision-making and policy development. • Ensure senior leadership understands operational realities and workload challenges at ground level. • Enhance psychosocial risk management through structured frameworks addressing psychosocial hazards. • Provide EAP, peer support programs, and professional psychological services with protected access time. • Improve staff knowledge of burnout and fatigue mitigation, integrating this into workplace training.
Infrastructure and workplace design	<ul style="list-style-type: none"> • Invest in work design by clarifying roles, improving manager support, and ensuring safe staffing levels. • Improve on-site accommodation options and provide safe, quiet rest areas for staff. • Integrate monitoring systems to assess staff workload and wellbeing, using data to inform staffing decisions.
Governance and system-level improvements	<ul style="list-style-type: none"> • Make staff wellbeing and burnout prevention a strategic priority, integrating it into key performance indicators (KPIs). • Develop governance structures that prioritise both patient care and staff welfare, ensuring a balance between service demands and worker needs.

Disability support workers



The following section highlights the specific behaviours and drivers of burnout identified by the disability support workers' working group, and the accompanying solutions.

What causes burnout in disability support workers

Burnout driver	Behaviours and organisational practices causing burnout in disability support workers
Excessive workload, work-home conflict, low job control	<ul style="list-style-type: none"> • Inadequate rest breaks between shifts • Administrative stress driven by funding 'red tape', NDIS changes, and compliance with legislative requirements • Organisational pressure to meet demand for services and client/family expectations • Failure to monitor or manage the total hours disability support workers work with different employers
Poor organisational culture	<ul style="list-style-type: none"> • Strain caused by restructures and constant change. • Systems/stakeholders that don't collaborate or talk to each other. • Inadequate skills and knowledge create problems in workplaces that do not provide a psychologically safe workplace to speak up. • Limited access to wellbeing resources, poor hiring practices, and a lack of clear risk management frameworks erode trust and safety within the workplace. • Occupational violence is normalised, with inadequate training to manage challenging behaviours and fear of using restrictive practices.
Lack of social support	<ul style="list-style-type: none"> • Lack of social support from colleagues. • Cultural cliques/isolation/exclusion. • Poor communication across the organisation and leaders' failure to foster a collegiate culture.
Moral distress	<ul style="list-style-type: none"> • Workers are unable to meet client needs due to funding or staffing constraints. • Workers feeling obliged to work despite their own ill-health. • Vicarious trauma or occupational violence • The environment normalises a high-risk setting where client violence persists due to inadequate training and support. • Fear of restrictive practices that may be needed for safety, compounded by NDIS rules allowing their use only when specified in positive behaviour support plans.

Priority solutions for disability support workers

The disability support workers working group identified solutions they believed to be the most impactful and feasible for preventing and managing burnout.

Proposed solution	Details
Ensure funding bodies stay connected to frontline realities	<p>To create effective and practical funding strategies, funding bodies must maintain a clear understanding of on-the-ground challenges and opportunities. Key actions include:</p> <ul style="list-style-type: none"> • Conduct regular consultations: Facilitate ongoing dialogue with workers and managers to gather insights and feedback on operational realities. • Facilitate practical work design: Ensure funding decisions support work designs that are feasible and effective in practice. • Require funding bodies to participate in consultations: Require funding bodies to attend worker and manager consultations at least twice a year to stay informed. • Encourage grassroots observation: Encourage funding bodies to directly observe frontline operations to understand day-to-day challenges (e.g., have funding bodies spend 24 hours with a client with complex needs to gain firsthand experience of service delivery). • Support for staff training: Recognise the importance of funding ongoing training to upskill staff and maintain high-quality services.
Eliminate sleepover shifts	<p>Removing sleepover shifts addresses a significant driver of burnout and improves staff wellbeing. Key actions include:</p> <ul style="list-style-type: none"> • Replace sleepover shifts: Transition to fully funded awake shifts to ensure staff are alert and supported during their working hours.
Establish a structured framework for staff supervision	<p>A well-defined staff supervision framework provides clarity, accountability, and support for staff while fostering professional growth and engagement. Key actions include:</p> <ul style="list-style-type: none"> • Develop a supervisor framework: Implement a clear structure with defined roles, responsibilities, and expectations for supervisors. • Implement KPIs and goal setting: Establish measurable goals and outcomes to guide performance and track progress. • Conduct annual reviews: Conduct regular performance reviews to reflect on achievements, identify areas for growth, and set future goals. • Provide debriefing opportunities: Create structured debriefing processes to support staff in managing challenges and maintaining wellbeing. • Establish communities of practice: Facilitate collaborative learning and sharing through regular peer support forums. • Encourage feedback: Foster an environment where staff feel empowered to speak up and share insights. • Deliver leadership development: Introduce programs like leadership internships to build future leaders within the organisation. • Implement regular staff meetings: Ensure consistent communication and opportunities for staff to contribute to decision-making. • Provide recognition and opportunities for development: Celebrate achievements with awards, provide recognition, and offer higher duties or development opportunities to support career progression.

Additional important solutions for disability support workers

The disability support workers working group identified other viable solutions that organisations could implement to address burnout.

Proposed solution	Details
Staffing and workload management	<ul style="list-style-type: none"> • Implement task rotation to prevent fatigue • Ensure clear position descriptions and duties lists. • Provide more structured roster rotations and prebooked leave periods. • Continue recruitment of permanent employees to improve workforce stability. • Maintain a well-trained casual staff pool to support workforce needs.
Organisational commitment and leadership	<ul style="list-style-type: none"> • Train and educate leaders to create wellbeing-focused and psychologically safe environments. • Consult with staff about their ideas for reducing burnout. • Implement change using a structured change management process (e.g., ADKAR).
Workplace culture and psychological safety	<ul style="list-style-type: none"> • Encourage open communication about WHS through regular staff check-ins. • Improve access to trauma support, post-incident debriefing, and structured wellness programs.
Infrastructure and workplace design	<ul style="list-style-type: none"> • Improve workplace facilities by offering quiet spaces and access to trauma counsellors and mental health professionals for crisis support. • Offer structured reflection time and designated breaks for staff. • Ensure technology-based check-in monitoring is available to provide direct support when needed.
Governance and system-level improvements	<ul style="list-style-type: none"> • Implement ongoing psychosocial hazard assessments, job redesign, and wellbeing initiatives. • Promote the right to disconnect policy to encourage work-life balance. • Provide Employee Assistance Programs (EAP) that focus on wellbeing, counselling, and mental health first aid training. • Establish clear policies on work-life balance, setting expectations for client interactions and realistic work schedules.

Residential aged care workers



The following section highlights the specific behaviours and drivers of burnout identified by the residential aged care workers' working group, and the accompanying solutions.

What causes burnout in residential aged care workers

Burnout driver	Behaviours and organisational practices causing burnout in residential aged care workers
Excessive workload, work-home conflict, low job control	<ul style="list-style-type: none"> • The work needs to be done 24/7 despite the lack of suitable staff. • Inflexible rostering of shifts causes conflict with work/life balance. • Administrative burdens such as meetings, emails, paperwork, incident reporting, and online learning exacerbate the workload. • Staff often work through breaks and may take on excessive hours, sometimes up to 90-100 per fortnight. • Management encourages workers to do double shifts rather than calling on agency staff. • Secondary employment is not monitored resulting in staff working long hours within a short span.
Poor organisational culture	<ul style="list-style-type: none"> • There is a 'do more with less' culture. • The organisational focus is primarily on residents, not staff. • Staff receive inadequate training, development, and recognition. • Leaders ignore concerns, fail to take action, and provide no feedback when problems are reported. • There is pressure to accept the status quo without question. • Buddy shifts are not adequately resourced.
Lack of social support	<ul style="list-style-type: none"> • There is no sense of community in the workplace as people are too busy getting work done. • Poor leadership, poor communication, and poor teamwork • Expectations of staff are high, but recognition of their efforts and concern for their welfare are low.
Moral distress	<ul style="list-style-type: none"> • Culturally and linguistically diverse (CALD) workers face racial bias from residents and other staff. • Workers are exposed to aggression and violence from residents. • Workers deal with vicarious trauma and grief without emotional support. • Expectations of workers by residents, families, and the industry itself are high and in some cases unrealistic.

Priority solutions for residential aged care workers

The residential aged care workers' working group identified solutions they believed to be the most impactful and feasible for preventing and managing burnout.

Proposed solution	Details
Implement a government-funded security concierge program	<p>Introducing an onsite security concierge program can enhance workplace safety and support staff in focusing on their core responsibilities. Key actions include:</p> <ul style="list-style-type: none"> • Implement government-funded security personnel: Provide funding for onsite security staff to ensure safety and prevent unauthorised access. • Provide comprehensive coverage: Employ personnel in two 12-hour shifts (6 AM to 6 PM) for round-the-clock coverage. • Deliver specialised training: Train security staff in de-escalation techniques tailored for individuals with dementia and non-cognitive impairments. • Facilitate a collaborative approach: Facilitate collaboration with police and conduct regular security checks to address safety concerns proactively. • Ensure role clarity: Designate security staff to manage safety and de-escalation responsibilities, allowing healthcare staff to focus on delivering care and performing core duties.
Establish a buffer workforce for staffing stability	<p>A buffer workforce ensures local services have access to additional staff to address shortages and maintain service quality. Key actions include:</p> <ul style="list-style-type: none"> • Create a shared staffing pool: Create a pool of additional staff shared across local services to cover workforce gaps effectively. • Tailor staffing levels: Determine the number of buffer staff based on the size and needs of each facility. • Implement data-driven rostering: Use historical data to forecast leave patterns, including personal, unplanned, and planned leave, ensuring gaps are covered by rostered, well-rested staff rather than overtime or agency workers.

Additional solutions for residential aged care workers

The residential aged care workers' working group identified other viable solutions that organisations could implement to address burnout.

Proposed solution	Details
Staffing and workload management	<ul style="list-style-type: none"> • Maintain a full roster to ensure adequate coverage and prevent staff shortages. • Limit excessive emails and administrative burdens to allow managers more time on the floor. • Ensure clear duty lists and position descriptions to define responsibilities. • Enforce adequate breaks, including transition breaks when working additional shifts.
Organisational commitment and leadership	<ul style="list-style-type: none"> • Provide leadership development to better equip managers and staff to identify and respond to early signs of burnout. • Leaders actively encourage staff to take regular scheduled leave. • Provide targeted training in mental health, resilience, and coping strategies.
Workplace culture and psychological safety	<ul style="list-style-type: none"> • Encourage open and transparent communication and talk more about burnout, its causes, and symptoms across the organisation. • Implement reward and recognition programs to enhance job satisfaction and morale. • Promote wellness programs that include regular wellbeing check-ins and implement regular debriefing and emotional support programs. • Encourage a workplace culture where work breaks are normalised and not just reserved for high-stress moments.
Infrastructure and workplace design	<ul style="list-style-type: none"> • Reduce unnecessary travel to ease workload pressures. • Improve workforce design and explore changes to how staff deliver care in residential aged care settings.
Governance and system-level improvements	<ul style="list-style-type: none"> • Implement robust consultation processes with open and transparent communication. • Strengthen change management governance to ensure staff wellbeing is prioritised in decision making.

Implementing and evaluating solutions

Implementing effective burnout solutions requires a structured and strategic approach to ensure their success and sustainability. This section outlines the key steps for implementation, providing practical guidance on allocating resources, engaging stakeholders, and maintaining focus through consultation, planning, measurement, and communication.

By following these steps, organisations can create a supportive environment where solutions are not only designed with input from staff but also implemented effectively, evaluated for impact, and aligned with broader organisational goals.

Checklist: Key Steps for Implementing Burnout Solutions

- ✓ **Allocate dedicated resources:** Secure funding, provide staff time for participation, or establish a dedicated working group to design and implement solutions.
- ✓ **Engage the right people:** Allocate a project lead to champion the initiative and involve staff across all levels, including frontline workers, management, and leadership, to ensure diverse perspectives.
- ✓ **Consult and communicate with staff:** Regularly engage frontline staff to provide input through surveys, focus groups, forums, or feedback channels. Keep staff informed about findings, progress, successes, and next steps to ensure transparency, maintain engagement, and identify gaps.
- ✓ **Develop a clear action plan:** Outline timeframes, key milestones, responsibilities, and specific actions. Define how burnout will be measured and monitored to ensure accountability.
- ✓ **Measure and evaluate progress:** Track burnout-related metrics such as absenteeism, job satisfaction, staff turnover, and workload assessments. Establish benchmarks and regularly assess progress.
- ✓ **Strengthen governance and accountability:** Introduce burnout-related KPIs for senior leaders, align efforts with organisational goals, and secure leadership buy-in through regular progress updates.

A **template Implementation Action Plan (Appendix B)** and an example **Burnout Measurement and Monitoring Framework (Appendix C)** are provided to support organisations in addressing burnout. Organisations are encouraged to adapt these resources to align with their unique workforce, operational needs, and challenges.

Appendix

Appendix A - Useful resources

- Code of Practice: Managing psychosocial hazards at work: safework.nsw.gov.au/resource-library/list-of-all-codes-of-practice/codes-of-practice/managing-psychosocial-hazards-at-work
- Designing Work to Manage Psychosocial Risks: safework.nsw.gov.au/resource-library/mental-health/designing-work-to-manage-psychosocial-risks
- Consulting your workers about psychosocial hazards and risks: <https://www.safework.nsw.gov.au/resource-library/mental-health/consulting-your-workers-about-psychosocial-hazards-and-risks>
- Psychological Health and Safety Strategy 2024-2026:
safework.nsw.gov.au/resource-library/mental-health/psychological-health-and-safety-strategy-2024-2026
- People at Work tool – a psychosocial risk assessment tool: <https://www.peopleatwork.gov.au>
- Preventing Psychological Harm: First Steps for Small Business: safework.nsw.gov.au/resource-library/mental-health/preventing-psychological-harm-first-steps-for-small-business
- Work-related stress tip sheets - safework.nsw.gov.au/hazards-a-z/mental-health/stress-tip-sheets-accordion/overview-of-work-related-stress-tip-sheet-one

Appendix B - Implementation action plan template

Phase	Timeframe	Key milestones	Responsibilities	Specific actions
Planning & resourcing	(e.g., Month 1-2)	(e.g., Secure funding and allocate dedicated resources)	(e.g., Leadership team & HR department)	(e.g., Identify funding sources, assign staff time, and establish a dedicated working group)
Stakeholder engagement	(e.g., Month 2-3)	(e.g., Appoint project lead, engage key staff and stakeholders)	(e.g., Project lead & Department heads)	(e.g., Select project lead, conduct stakeholder mapping, and hold initial engagement meetings)
Consultation & communication	(e.g., Month 3-5)	(e.g., Conduct staff surveys, focus groups, and forums)	(e.g., Project lead & Staff representatives)	(e.g., Develop survey questions, schedule focus groups, and create a staff feedback mechanism)
Implementation	(e.g., Month 5-12)	(e.g., Roll out burnout solution)	(e.g., HR, Project team, Line managers)	(e.g., Implement workload adjustments, introduce wellbeing programs, and establish peer support initiatives)
Monitoring & evaluation	(e.g., Ongoing)	(e.g., Track burnout-related metrics and adjust strategies)	(e.g., Project team, HR, Senior leadership)	(e.g., Collect and analyse burnout-related data, compare against benchmarks, and revise strategies as needed)
Governance & review	(e.g. Bi-annual)	(e.g., Assess KPIs, review progress, and refine initiatives)	(e.g., Senior leadership & Governance board)	(e.g., Conduct leadership reviews, report on progress, and integrate learnings into policy updates)

Appendix C - Example burnout measurement and monitoring framework

Monitoring area	Data sources	Frequency of monitoring	Responsible teams
Absenteeism rates	HR attendance records (staff sick leave or records of other leave)	Quarterly	HR department
Staff turnover	Exit interviews & HR data	Bi-annually	HR & leadership
Job satisfaction levels	Worker surveys	Bi-annually	Project team
Workload assessments	Self-reported surveys & workload tracking	Quarterly	Line managers
Leadership accountability	Progress against burnout KPIs	Bi-annually	Senior leadership

