



# Leadership Management of Psychosocial Wellbeing in Public Sector Workplaces

Final Report  
on research conducted by the  
University of Technology Sydney

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## Glossary

ANZSOG	Australian and New Zealand School of Government
EAP	Employee Assistance Program. A free, confidential service provided by employers to offer short-term support for employees facing personal or work-related issues that affect their wellbeing or performance.
EI	Emotional Intelligence
KRQ	Key Research Questions. This UTS research has three KRQ.
Leader	Public sector employees with supervising responsibilities or who otherwise have substantive responsibility or influence over the psychosocial wellbeing of other employees in the workplace.
Middle Manager	Respondents with supervising responsibilities who self-identified as holding a 'middle management' position.
Non-supervisor	Public sector employees who do not have formal supervising responsibilities.
NSW	New South Wales
OSH	Occupational Safety and Health
PMES	People Matter Employee Survey
PSW	Psychosocial Wellbeing
Psychosocial Wellbeing	An employee's overall psychological, social, physical, mental, and emotional health.
Psychosocial Risk	A risk to the health or safety of an employee arising from exposure to stressors or psychosocial hazards.
PPR	'Promote, Protect, Respond' after Deady, M., Sanatkar, S. et al. (2024). See Figure 4.
'Promote'	Strategies used by workplaces and leaders that enhance the positive aspects of work that contribute to positive PSW, and promote a positive PSW culture within the workplace that reduces stigma and normalises help-seeking.
'Protect'	Strategies used by workplaces and leaders that identify and manage workplace psychosocial risks to prevent and minimise employee exposure to harm.

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PSG	ANZSOG convened Project Steering Group
PTSD	Post-Traumatic Stress Disorder
'Respond'	Strategies used by workplaces and leaders to identify and respond to instances of psychosocial distress to support recovery.
Senior Manager+	Respondents who self-identified as holding a 'Senior Executive' or 'Senior Management' position, or above.
SIRA	State Insurance Regulatory Authority
Stressor	Any event, condition or demand that an employee may experience as challenging or distressing. They are sometimes referred to as 'psychosocial hazards' in the literature.
Supervisor	Any public sector employee with formal supervising responsibilities.
Team Leader	Respondents with supervising responsibilities who self-identified as holding an 'Officer-level' position.
UTS	University of Technology Sydney
WHS	Work, Health and Safety
Workplaces	Refers to one of the eight case study workplaces engaged for data collection by UTS. Most often referred to by the type of workplace, i.e. <i>Health workplaces...</i>

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## Abstract

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The concept of psychosocial wellbeing (PSW) in the workplace continues to grow in global prominence as governments and organisations recognise the cost of psychological, social, physical, mental, and emotional ill health in the workplace. In 2024, the University of Technology Sydney (UTS) received a grant from the Australian and New Zealand School of Government (ANZSOG) to undertake research on improving leadership awareness and capabilities for managing psychosocial wellbeing in public sector workplaces. Initially sponsored by the former NSW Public Service Commission (PSC) - then transferred to the NSW Premier's Department) NSW Premier's Department - UTS investigated current PSW stressors and risks in the NSW public sector; current leadership awareness, capabilities and practices regarding psychosocial issues; plus opportunities for PSW leadership uplift. Drawing on qualitative and quantitative data collected from eight public sector workplaces - across the health, transport and justice portfolios - the research found a high prevalence of public sector employees being impacted by psychosocial issues. While type, impact and reactions to reported stressors varied, common challenges included high workloads, inconsistent leadership responses, plus shortcomings in workplace culture related to people management. Public sector leaders' capacity to manage employee PSW ranged from advanced to rudimentary, highlighting the need to embed PSW into how leaders at all levels are recruited, developed, reviewed and rewarded. Notwithstanding the importance of uplifting individual leader capacity, the research recommended adopting an ecosystem approach to PSW, where government laws and policies instil institutional, organisational and individual-level alignment, fully embedding '*promote, protect and respond*' PSW-focused practices at all levels of the public sector.

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# Executive Summary

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## About the Research

In 2024, the Australian and New Zealand School of Government (ANZSOG) engaged the University of Technology Sydney (UTS) to conduct research into how to improve leadership awareness and capabilities for managing psychosocial wellbeing (PSW) in public sector workplaces. This research was commissioned under ANZSOG's Research Grants Program, with the former NSW Public Service Commission (PSC) as the sponsor agency. Following a Machinery of Government change, this was transferred from the PSC to the NSW Premier's Department. The UTS research commenced in September 2024 and concluded in November 2025.

In this research:

- **'Leaders'** refers to any public sector employee with supervising responsibilities or who otherwise have substantive influence over the PSW of other employees.
- **'Stressors'** refers to any event, condition or demand that an employee may experience as challenging or distressing (sometimes referred to as psychosocial hazards).
- **'PSW'** refers to an employees' overall psychological, social, physical, mental, and emotional health.

UTS deployed a mixed methodology to interrogate three Key Research Questions (KRQ) (expanded on below):

- Targeted desktop research including analysis of NSW public sector data, current PSW policies and procedures, plus good practice PSW approaches drawn from the literature.
- In-depth analysis of eight NSW case study workplaces from health (3), transport (3) and justice (2) portfolios. Volunteers in these workplaces provided input through:
  - completing an anonymous online survey (n = 324)
  - participating in workplace focus groups (n = 29)
  - taking part in in-depth leader interviews (n = 13).

Feedback and insights were also provided by an ANZSOG convened Steering Committee comprising senior representatives from ANZSOG, the NSW Premier's Department (following a Machinery of Government change, this project was transferred from the PSC to the NSW Premier's Department), plus UTS subject matter experts and researchers from the Institute for Public Policy and Governance, the UTS Business School, and the Graduate School of Health.

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## Findings

### **KRQ 1: What are the key stressors, profiles, and prevalence rates of public sector psychosocial risk?**

Existing data and case study feedback indicate that a significant proportion of NSW public sector employees are being impacted by workplace stressors.

The type of stressors, and their impacts, varied depending on job type, the conditions within specific workplaces, and the needs of individual employees. However, stressors related to high workloads, underdeveloped workplace culture, and inconsistent leadership practices were the most commonly reported to significantly impact PSW. These key stressors were often reported to compound the impacts of other stressors and reduce the capacity and motivation of employees to use protective PSW practices (such as taking leave or breaks) or access available PSW supports.

Leaders also reported additional stressors related to their leadership roles including (though not limited to) stressors related to their PSW responsibilities and navigating sensitive workplace boundaries, as well as broader tensions in feeling “sandwiched” between Ministerial and upper management demands and the needs of their employees.

The research found that workplace stressors negatively impact employee job performance and attendance. While leave was seen as key to recovering from psychosocial injury, a significant proportion of respondents reported not taking leave when they needed to due to workload, impacts on colleagues, and/or discomfort asking their supervisor.

### **KRQ 2: What are public sector leaders, managers and employees’ perceptions of current leadership awareness, capabilities and practices regarding psychosocial issues in the workplace?**

Leaders and non-supervisors provided mixed feedback about leaders perceived PSW understanding, capabilities and practices, with significant variations both within and between workplaces. In general, leaders rated themselves as substantially more capable than they were rated by employees: although the self-ratings of leaders could not be directly linked to those provided by their supervisees, this suggests a general disconnect and need for more 360-degree feedback.

While some employees reported positive leader experiences regarding managing PSW, common criticisms included:

- Leaders’ communication and approaches that were seen as “performative”, “tokenistic” and/or overly “compliance-driven”.
- Leaders lacking the people management skills or “emotional intelligence” needed to manage PSW.
- High-level organisational objectives being prioritised without due regard to workplace conditions, employee workloads and PSW in general.
- Inconsistencies and degrees of “disconnect” between different leaders’ approaches to PSW in the workplace.

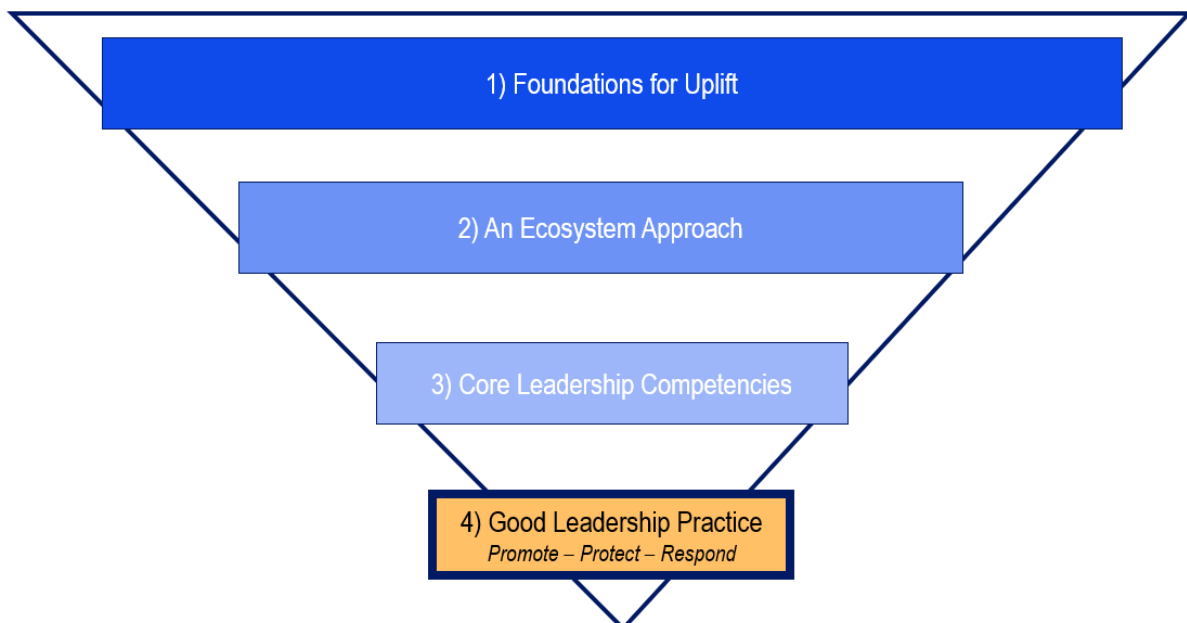
### **KRQ 3: What evidence-based leadership initiatives and management capability uplift activities will best support psychosocial wellbeing in public sector workplaces?**

The research identified that there is no ‘silver-bullet’ nor top-down solution to public sector-wide leadership uplift regarding managing PSW. Echoing the literature, respondents called for changes needed across organisational levels and the wider public sector to facilitate leader action and support better PSW within workplaces. That said, the research also found that most options for improvement (detailed below) would be best enacted locally, using collaborative processes, and tailored to the specific stressors, type of work, and the culture of each workplace.

These options and other directions arising from the research are documented below.

### Options Arising

The research found that an uplift in leader management for PSW in public sector workplaces will require a combination of institutional (macro), organisational (meso) and individual (micro) strategies, as summarised in this diagram, and expanded upon below.



#### 1] Foundations for Uplift

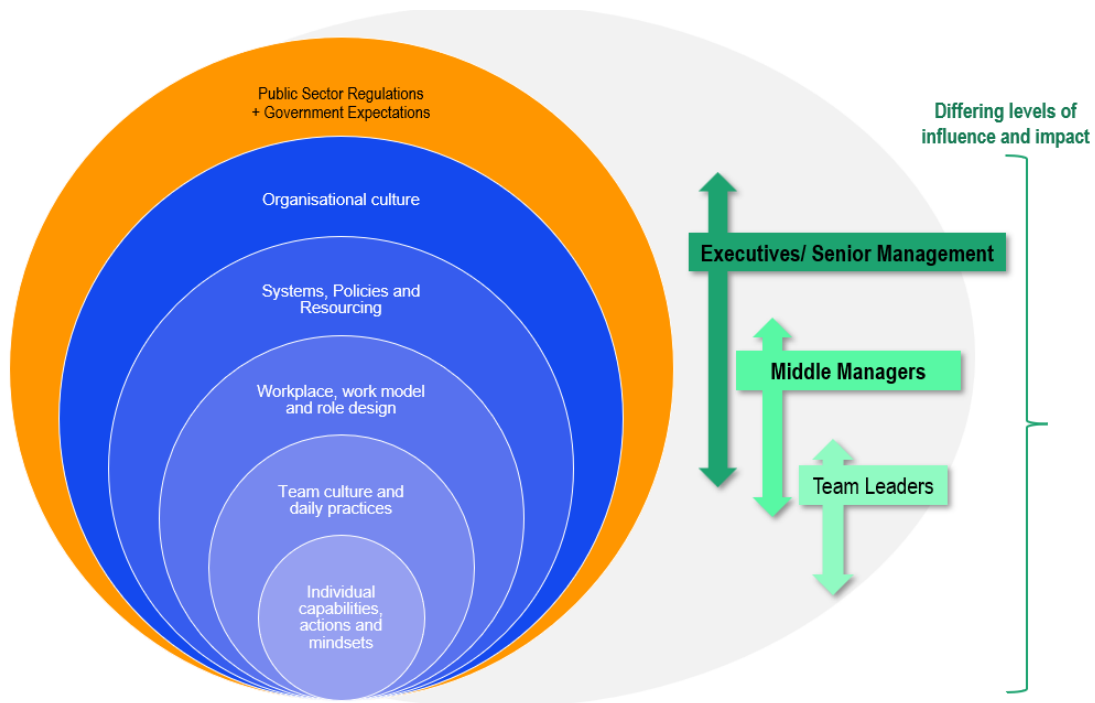
At a macro level, the research identified five broad areas or “foundations” for uplift. These were seen as critical starting points for enabling effective leader responses to manage PSW in public sector workplaces.

These are listed below:

- 1) Manage workloads and job demands consistent with broader employment commitments
- 2) Promote and recognise the public sector's important role and the value of individual employees
- 3) Reframe and embed PSW as a core public sector priority and performance enabler
- 4) Clarify boundaries and options for workplace PSW responsibilities
- 5) Establish a balance between PSW compliance reporting and quality uplift measures.

#### 2] An ecosystem approach to PSW

Secondly, and as summarised in the diagram below, the research revealed that changes need to occur across the public sector ecosystem to provide leaders with an enabling environment to fulfill their PSW responsibilities with employees.



Key measures that reflect this layered and integrated approach include:

- Better positioning PSW as a positive priority and key enabler of success
- Building trust in public sector leadership and willingness to engage with PSW initiatives
- Supporting agencies to assess and improve their psychosocial working conditions
- Continuously updating the suite of PSW resources available
- Promoting quality ongoing PSW professional learning opportunities
- Providing funding for PSW research, resource development and uplift activities
- Incorporating PSW competencies into leadership roles, recruitment and training design (expanded on at 3 below)
- Requiring ongoing, proactive leadership uplift activities, including 360-degree feedback models
- Regularly assessing and improving components of the wider public sector ecosystem.

### 3] Core Leadership Competencies

The research pointed to a common set of leadership qualities, or competencies, needed to successfully manage PSW in the workplace. These competencies should be further refined and then embedded into standard recruitment, onboarding, professional development, as well as maximise, review and support systems for all leaders – from junior team leaders through to Senior Executives and above.

Importantly, all competencies stem from the first: leaders must be champions of a safe and healthy workplace environment in order to deliver on their PSW responsibilities. The full list is as follows:

- 1) **Champions a healthy workplace culture** that prioritises safety, wellbeing and respect as core values.
- 2) **Designs and implements effective, tailored wellbeing strategies** in collaboration with employees.
- 3) **Demonstrates advanced people management skills** including superior communication and emotional intelligence.
- 4) **Cultivates a positive, collaborative team environment** and establishes effective feedback loops.
- 5) **Manages workload and resources strategically** to mitigate negative impacts and optimise performance.
- 6) **Ensures equitable wellbeing practices:** guaranteeing fair and consistent application of PSW procedures.
- 7) **Drives continuous improvement in PSW:** proactively monitors PSW risks and implements improvements.
- 8) **Commits to personal and team capability development** through training, self-assessment and 360-degree feedback.
- 9) **Models and rewards healthy workplace behaviour,** including work-life balance and positive PSW practices.

#### 4] **Good Leadership Practice: Promote – Protect – Respond**

Lastly, the UTS research identified various good leadership practices that could be deployed in individual workplaces to improve the PSW of the workplace as well as individual employees therein.

These are organised under three core leadership responsibilities – to Promote, Protect and Respond to PSW matters – drawing from Deady et al. [Mentally Healthy Framework \(2024\)](#), also reflected in the National Mental Health Commission’s [Blueprint for Mentally Healthy Workplaces \(2024\)](#).

<b>1) PROMOTE</b>	<b>Communicate that PSW is an organisational priority, normalise help-seeking and contribute to positive workplace PSW.</b>
PM 1	Continuously enhance your PSW understanding and capabilities.
PM 2	Authentically communicate in ways that reinforces the importance of PSW.

PM 3	Regularly promote available PSW options, supports and pathways to employees.
PM 4	Model healthy work behaviour, positive PSW practices and work-life balance.
PM 5	Recognise your limits and when formal support or expert advice is needed.
PM 6	Proactively shape and contribute to improving PSW across the wider workplace ecosystem.
PM 7	Use the PSW Leadership Competencies (see above) to recruit, train and assess leaders.
PM 8	Value and treat all employees with respect regardless of their role or 'rank'.
PM 9	Respect and respond to employee feedback and suggestion to improve workplace operations.
PM 10	Invest in positive workplace engagement and connections with colleagues.

**2) PROTECT****Identify and manage workplace psychosocial risks, minimising employee exposure to harm.**

PR 1	Design work models and jobs to minimise stressors and provide early intervention.
PR 2	Proactively identify and monitor workplace PSW risks.
PR 3	Build a workplace culture that enables PSW issues to be openly and comfortably discussed.
PR 4	Act to develop tailored, collaborative solutions to prevent and/or mediate PSW risks.
PR 5	Adopt a zero-tolerance approach to inappropriate workplace conduct, bullying and harassment.
PR 6	Avoid personal disclosures that may discourage employee help-seeking or add to their stress.
PR 7	Embed PSW protections into change management design and implementation.

**3) RESPOND****Identify and respond to instances of PSW distress or exposure, address and redress harm, and support recovery.**

R 1	Establish clear, confidential channels for reporting psychosocial issues and distress.
R 2	Identify and reduce barriers to employees accessing effective PSW supports.
R 3	Identify and check-in with employees exhibiting signs of psychosocial issues and distress.
R 4	Proactively connect employees to timely, fit-for-purpose supports and review effectiveness.
R 5	Collaborate with employees to design tailored solutions to support recovery.

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R 6	Follow-up with impacted employees, in accordance with their preferences.
R 7	Remain cognisant of preconceptions and check personal biases during all PSW discussions.

---

# 1. Introduction

---

## 1.1 About the Research

In 2024, the Australian and New Zealand School of Government (ANZSOG) engaged the University of Technology Sydney (UTS) to conduct research into how to *improve leadership awareness and capabilities for managing psychosocial wellbeing in public sector workplaces*.

As expanded upon below, responsibility for protecting from psychosocial risks is a core part of current Work, Health and Safety (WHS) legislation and regulations throughout Australia and New Zealand.

This research was commissioned under ANZSOG's Research Grants Program, with the former NSW Public Service Commission (PSC) as the government sponsor agency. Following a Machinery of Government change, this was transferred from the PSC to the NSW Premier's Department. The UTS research commenced in September 2024 and concluded in November 2025.

### 1.1.1 Key Research Questions

The research investigates three Key Research Questions (KRQ) developed collaboratively by UTS, ANZSOG, and Premier's Department, NSW:

1. What are the key stressors, profiles, and prevalence rates of public sector psychosocial risk?
2. What are public sector leaders, managers and employees' perceptions of current leadership awareness, capabilities and practices regarding psychosocial issues in the workplace?
3. What evidence-based leadership initiatives and management capability uplift activities will best support psychosocial wellbeing in public sector workplaces?

## 1.2 Key Definitions

### 1.2.1 Psychosocial Wellbeing Definitions

This report uses the following definitions related to psychosocial wellbeing:

- **Psychosocial wellbeing<sup>1</sup>** (PSW) refers to an employees' overall psychological, social, physical, mental, and emotional health. In the workplace, the concept is often associated with an employee's sense of safety and capabilities in functioning at work, coping with challenges, and managing workplace stressors.
- **Stressors** refer to any event, condition or demand that an employee may experience as challenging or distressing. They can be one-off events, or persistent and chronic, and range from mild to severe in intensity<sup>2</sup>. Stressors are sometimes referred to as psychosocial hazards<sup>3</sup> in the literature.

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<sup>1</sup> NSW Health. (2020). NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025. <https://www.health.nsw.gov.au/mentalhealth/resources/Publications/aborig-mh-wellbeing-2020-2025.pdf>

<sup>2</sup> Monroe, S. M., & Slavich, G. M. (2007). Psychological Stressors, Overview. *Encyclopedia of Stress*, p.278-284. <https://doi.org/10.1016/b978-012373947-6.00317-2>

<sup>3</sup> SafeWork NSW (2021). *Code of Practice: Managing Psychosocial Hazards at Work*. Sydney, NSW Government. <https://www.safework.nsw.gov.au/resource-library/list-of-all->

- **Psychosocial risks**<sup>4</sup> refers to a risk to the health or safety of an employee or other person arising from exposure to stressors or psychosocial hazards.

### 1.2.2 Workplace and Leadership Definitions

In this report:

- **‘Public sector employees’** refers to persons employed in ongoing, short-term, temporary, casual or other employment, or on secondment, in a national, state or territory public service workplace.<sup>5</sup>
- **‘Leaders’** refers to public sector employees with **supervising** responsibilities or who otherwise have substantive responsibility or influence over the psychosocial wellbeing of other employees in their workplace.
- **‘Non-supervisors’** refer to public sector employees who do not have formal supervising responsibilities.

Due to the nature of the engagement across distinct public sector workplaces and the limited response rates, the leadership group was unable to be disaggregated and analysed by smaller relevant categories (e.g. Job levels or Bands and Grades) as originally intended. Building on both classic management literature<sup>6</sup> and the feedback received in this research, the UTS research has instead differentiated leaders across three levels:

- **Senior Manager+** – respondents who self-identified as holding a ‘Senior Executive’ or ‘Senior Management’ position.
- **Middle Manager** – respondents with supervising responsibilities who self-identified as holding a ‘middle management’ position.
- **Supervisor, Team Leader or Officer-level** – respondents with supervising responsibilities or who self-identified as holding an Officer-level position.

Other key definitions that have informed this research include:

- **Public sector workplaces** are government agencies such as a Department, a public service executive agency related to a Department, or a separate public service agency.<sup>7</sup> For the purposes of this research, local government agencies have not been included.
- **Leadership capabilities**<sup>8</sup> refers to:
  - Awareness and knowledge (theoretical and practical understanding of a subject)
  - Skills and competencies (proficiencies developed through professional development, experience or practice)
  - Abilities and practices (qualities of being able to do something) needed to perform a role.

Other terms and acronyms are included in the Glossary at the front of the report.

[codes-of-practice/codes-of-practice/managing-psychosocial-hazards-at-work](#)

<sup>4</sup> Martikainen, P., Bartley, M., & Lahelma, E. (2002). Psychosocial determinants of health in social epidemiology. *International Journal of Epidemiology*, 31(6), 1091–1093. <https://doi.org/10.1093/ije/31.6.1091>

<sup>5</sup> Government Sector Employment Act 2013 No 40, NSW Legislation. <https://legislation.nsw.gov.au/view/html/inforce/current/act-2013-040>

<sup>6</sup> Samson, D., Donnet, T., & Daft, R. L. (2020). *Management (7th ed.)*. Cengage Learning Australia p.20-22.

<sup>7</sup> Government Sector Employment Act 2013 No 40, NSW Legislation. <https://legislation.nsw.gov.au/view/html/inforce/current/act-2013-040>

<sup>8</sup> Public Service Commission. (2020). NSW Public Sector Capability Framework. [https://www.psc.nsw.gov.au/assets/psc/documents/capability\\_framework\\_v2\\_2020.pdf](https://www.psc.nsw.gov.au/assets/psc/documents/capability_framework_v2_2020.pdf)

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## 1.3 Research Methods

The research findings are based on a mixed methodology, involving desktop research, stakeholder engagement involving eight NSW public sector workplaces, plus the advice and input of the ANZSOG Steering Committee. Each of these are described below.

### 1.3.1 Desktop Research

1. UTS began its research by undertaking a targeted desktop and literature review. This provided a foundation to the research that followed providing:

- An overview of the public sector in Australia and New Zealand, with a more detailed focus on the NSW public sector and available PSW data
- An investigation of research on PSW, psychosocial risks and hazards, particularly in workplaces. This included research to identify best-practice management approaches
- A snapshot review of contemporary leadership training, tools and resources related to psychosocial.

The desktop review also included analysis of documentation provided by the eight participating case study workplaces.

### 1.3.2 Case Study Workplaces

In order to focus the research, specifically in terms of public sector engagement, UTS and Premier's Department NSW (as the ANZSOG research sponsor), issued an invitation to NSW public sector workplaces to volunteer to be involved in the research. The aim was to attract a total of nine workplaces, within three portfolio areas in order to provide more than one perspective within each portfolio area.

Following joint Premier's Department and UTS briefings in late 2024- early 2025, plus various discussions to help reduce the number of employees per workplace to be studied, eight workplaces were selected as case studies.

- Three workplaces were in the health portfolio (indicated in **green**)
- Three workplaces were in the transport portfolio (indicated in **grey**)
- Two workplaces were in the justice portfolio (indicated in **orange**).

Participation in the research required each case study workplace to:

- Provide documentation on current local policies, practices and approaches to PSW
- Distribute an anonymous online survey to employees within the workplace, plus provide time for individuals to participate in a workplace focus group (details below)
- Nominate two executive leaders (Senior Manager+) for in-depth interviews
- Approve the write-up as a case study agency within the context of this report - see Appendix 6: Case Studies. Note: Individual agencies are not named in order to protect their identity though each has been provided with a copy of their unique case study so that they might benefit from the lessons learnt.

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All engagement findings draw from these eight workplaces, with most of the analysis focused on the portfolio level – namely health, transport, and justice – in order to make the findings more generalisable. It also uses the assigned portfolio colours to differentiate the source of a quotation, to ensure the anonymity of the specific agency and individual respondent.

Included at Appendix 2 are more details on the agency and participant recruitment process.

### **1.3.3 Stakeholder Engagement**

Three feedback instruments were used to gather feedback and insights from employees in the eight case study workplaces. More details about the recruitment process, and protection to maintain respondent anonymity are included in Appendix 2.

#### **Instrument Design**

The survey instrument was developed collaboratively by the University of Technology Sydney (UTS) research team in consultation with ANZSOG. The design process was informed by the key research questions and the need to capture a wide range of outcomes regarding the diversity and impact of current public sector stressors, leaders' understandings of these, their capacities to effectively manage them, as well as current perceptions of effective strategies to improve these understandings and capabilities. The final survey instrument was designed to collect both quantitative and qualitative feedback.

#### **Data Collection**

The survey was administered using Qualtrics, a secure and widely used online survey platform. UTS provided local sponsors from each participating workplace with a unique survey link to be shared with employees.

Response rates were lower than anticipated with a total of 324 (9%) responses received out of the combined case study workplace distribution pool of 3,746. Due to significant variations in the respective response rates of each workplace, the data used in this report has been weighted to ensure findings are not unduly influenced by specific workplaces or portfolios. Details of the response rates and weighting are included at Appendix 3.

#### **Focus Groups**

Survey respondents were also able to nominate to participate in a 60-minute online focus group with the UTS researchers. A total of 10 workplace groups were convened, involving 29 public sector employees, with the majority (23) identifying as non-supervisors. Focus groups took place from late June to late August 2025. See Appendix 2 for more details

#### **Leaders Interviews**

Each case study workplace was asked to nominate two executive leaders (Senior Manager+) to participate in an in-depth interview. A total of 13 x 60-minute interviews were conducted. Leader interviews took place from mid-July to late August 2025. See Appendix 2 for more details.

### **1.3.4 Project Steering Committee Feedback**

Throughout the September 2024-October 2025 research period, UTS researchers meet with the ANZSOG convened Project Steering Committee, comprising senior representatives from

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ANZSOG, the NSW Premier's Department, and in the initial stages, the Crawford School of Public Policy at the Australian National University.

A total of 9 face-to-face and online meetings were held, providing the UTS researchers with invaluable insights and feedback, plus written comments on draft reports.

## 1.4 About the Report

### 1.4.1 Research Qualifications and Limitations

While UTS is confident its research methods and findings make a significant contribution to better understanding leadership responses to and management of psychosocial wellbeing in public sector workplaces, there are nonetheless some limitations that should be noted at the outset.

- The majority of public data cited, pertained to **2024-25 datasets**, not 2025-26 information (such as the NSW People Matters Survey results) as this information was not available at the time of the research
- Due to time and budget constraints, the research only **focuses on a small fraction of public sector workplaces and workplace types**. As a result, the research does not investigate PSW risks and uplift options specific to other major portfolio areas such as education, emergency services, planning and housing. In addition, there was only one rural workplace studied, highlighting a potential focus area for follow-on research.
- The researchers were made aware that some public sector workplaces and individual employees had genuine **reservations about being involved in the research**, potentially contributing to the low survey and focus group participation rates. This was attributed to a range of factors including:
  - Current union or industrial action linked to PSW in the workplace
  - Degrees of despondency that past PSW discussions and feedback provided through instruments such as the *People Matters Surveys* have not resulted in changed local psychosocial stressors “so why would this research be any different”.
  - Concern that the current research was linked to the NSW [inquiry](#) into proposed changes to liability and entitlement for psychosocial injury in NSW.
  - Insufficient time to participate linked to the workplace pressures.
- Due to the voluntary nature of research participation to meet ethics requirements, there may be **self-selection bias** in who elected to participate. For example, there was potential for employees most dissatisfied with the management of PSW in their workplace to be more motivated to provide feedback. While this bias could not be controlled for given the research design, and given the small sample of participant workplaces, it should be noted that the case study with the highest survey response rate, also had amongst the most positive feedback.
- **Low response rates** significantly constrained the quantitative analysis possible in this study: in particular, the capacity to analyse by case study workplace and various sub-categories of interest (e.g. gender, job type, tenure etc). Low response rates were an uncontrollable result of limited employees electing to participate from within volunteered case study workplaces. Future research may consider expanding the number of case study organisation sites included or providing incentives to participate to promote engagement.

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- Finally, UTS is aware that this important topic warrants substantially more research to get a more complete picture of current impacts and uplift opportunities. While UTS is confident in our findings and in the options presented in this report, we are also mindful that **additional research and policy development** would be valuable, building on the information and insights that follow.

#### 1.4.2 Structure

Section 2 of this report provides context and background to the research topic - a summary of the UTS desktop and literature review undertaken in early 2025.

Next are three sections containing the findings on each KRQ.

- Section 3 presents the findings related to the key stressors impacting public sector workplaces
- Section 4 covers perceptions of leaders' understanding and capabilities to manage PSW in the workplace.
- Section 5 discusses opportunities for leadership uplift in terms of PSW management in the public sector.
- Section 6 presents the conclusion and actions arising from the research.

#### 1.4.3 Analysis

As outlined in the key definitions at Section 1.2, much of the report findings refer to either leaders (or supervisors) or non-supervisors, derived from self-reports provided in the surveys, focus groups and interviews.

As per the UTS research ethics approval, the report does not identify individuals, positions, or specific roles of respondents. Instead, all references and quotations refer to respondents using de-identified labels based on their supervisory status - i.e., 'supervisor' or 'non-supervisor'.

Where relevant, the leadership-supervisor level is also recorded i.e.- Senior Manager+, Middle Manager, and Team Leader (all 'supervisors'), with definitions for each included in the glossary.

Quotes are differentiated by colour and source, using the above categories of respondents, with green for Heath, grey for Transport and orange for Justice as noted above.

## 2. Context and Background

This section presents a summary of the desktop research undertaken for the Project. It includes an overview of the current policy landscape relating to PSW, a summary of Australia and New Zealand public service workforce, as well as data related to PSW in the NSW public service.

### 2.1 About the Public Sector

For the purposes of this research, the “public sector workforce” refers to those employed by a national, state or territory government in Australia or New Zealand. It does not explicitly include local government, though many of the findings may also be relevant to this tier of government.

There are significant variations in the size, structure and functions of the public sector within Australia and New Zealand<sup>9</sup>. A high-level summary of Australia and New Zealand’s public sectors is provided below, followed by a more detailed summary of the NSW public sector. More details can be found in Appendix 4.

#### 2.1.1 Australia and New Zealand

Australia and New Zealand are both constitutional monarchies with parliamentary systems of government and power separated across three branches of government (Executive, Legislature and Judiciary).

Australia is a federation with significant powers and responsibilities held by its six state and two territory governments, including the delivery of most key public services such as health and education<sup>10</sup>. New Zealand on the other hand is a unitary system with most powers concentrated within its central government; only limited and prescribed powers vested in regional and local authorities<sup>11</sup>.

As a result, the majority of New Zealand’s public sector workforce are employed by the national government (87.9%, compared to 14.5% in Australia), while the majority of Australia’s public sector workforce is employed by state and territory governments (77%, compared to 12.1% in New Zealand)<sup>12,13</sup>.

#### 2.1.2 New South Wales

The NSW public sector is not only the largest employer in NSW, but the largest public or private employer in Australia. According to the ABS, one-in-eight (12.5%) of all employed people in NSW, and 3.9% of all employed people in Australia – a total of 557,400 – are employed by the NSW government<sup>14</sup>.

<sup>9</sup> Crowder, M., Roohanifar, M., & Brown, T. A. (2022). What is the “public sector”? *Public Sector Strategy*. p. 10. <https://doi.org/10.4324/9780429344305>

<sup>10</sup> Parliamentary Education Office. (2025). *Three levels of government*. <https://peo.gov.au/understand-our-parliament/how-parliament-works/three-levels-of-government>

<sup>11</sup> New Zealand Public Service Commission. (2025). Workforce Data – Workforce size. <https://www.publicservice.govt.nz/data/workforce-data/public-sector-composition/workforce-size>

<sup>12</sup> Australian Bureau of Statistics (2024). *Labour Force – Australia*, Reference period: June 2024, Released: 25/07/2024. <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/jun-2024>

<sup>13</sup> New Zealand Public Service Commission. (2025). Workforce Data – Workforce size. <https://www.publicservice.govt.nz/data/workforce-data/public-sector-composition/workforce-size>

<sup>14</sup> Australian Bureau of Statistics 2024, *Public sector employment and earnings 2023 – 24 Financial Year*, Reference Period: June 2024. <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/public-sector-employment-and-earnings/latest-release>

The 2024 NSW government employee census indicates that the government employed 466,689 ongoing, temporary and casual employees or 391,451 full-time equivalent employees, accounting for 10.4% of employed people in NSW<sup>15</sup>.

The census also showed that the NSW public sector is growing at a faster proportional rate than NSW employment overall: the total number of people employed in the public sector increased by 3% between 2023 and 2024, compared to 1.8% in NSW overall<sup>16</sup>.

In line with other jurisdictions, NSW public sector employment encompasses a diverse range of occupations and modes of employment across different agencies. The majority perform what may be categorised as ‘front-line’ roles, where they interface with the public. For example, teachers (70,235 or 17.9%) and nurses (53,614 or 14.2%) respectively account for more than one-in-ten of the NSW public sector workforce.

### 2.1.3 Diversity and Complexity

While noting this data, it is also important to recognise that the public sector in 2025 has a substantially different shape to decades past, in a number of key ways:

- Firstly, there is increasing **diversity in job types and work roles** reflected in the changing composition of the sector. For example, workplace profile reports illustrate FTE increases in roles such as clerical and administration workers, school support staff, nurses, ambulance officers, and prison officers. Program and Project administrator roles have increased most notably, focused in Environment and Planning, Education, and Regional NSW<sup>17</sup>. This is reflected further in shifting skill requirements; large skill family increases in business operations, teaching and education, and health and care, and increased tasks within these skill families reflect greater workforce mobility and role complexity<sup>18</sup>. This creates parallel variety and differences in potential workplace psychosocial hazards that employees may be exposed to. This, in turn, drives differences in the types of interventions that may be appropriate to manage PSW within any one workplace or agency.
- Secondly, there is **increased uncertainty in job tenure** across the public sector, with many jurisdictions and agencies terminating or contracting out whole government functions, undertaking unit and agency amalgamations or reassignments, plus frequent use of restructures, volunteer redundancy programs and occasional large-scale terminations. Separation and exit rates of non-casual public-sector employees is generally trending higher, despite a slight decrease from 2022 to 2023<sup>19</sup>.
- Thirdly, emerging research demonstrates that there may be **generational differences** between (relatively speaking) older leaders and often times younger employees especially at junior levels, which may create additional complexities and different expectation between parties. For example, compared to ‘Baby Boomers’ (approximately 61-79 years), Generation Z (13- 28 years) experience a higher prevalence of diagnosed mood disorders<sup>20</sup> and a stronger desire to discuss

<sup>15</sup> NSW Premier’s Department. (2024). *NSW Public Sector Report 2024*. p. 7. <https://www.nsw.gov.au/sites/default/files/noindex/2025-03/nsw-public-sector-report-assessment-2024.pdf>

<sup>16</sup> NSW Premier’s Department. (2024). *Workforce Profile Report 2024* p. 6

<sup>17</sup> NSW Public Service Commission. (2023). Types of Work, *Workforce Profile Report 2023*. <https://www.psc.nsw.gov.au/reports-and-data/workforce-profile/workforce-profile-reports/workforce-profile-report-2023/types-of-work>

<sup>18</sup> NSW Public Service Commission, *Workforce Skills Profile 2023* (Sydney: NSW Government, 2023), <https://www.psc.nsw.gov.au/assets/psc/NSW-PSC-Workforce-Skills-Profile-2023.pdf>

<sup>19</sup> NSW Public Service Commission. (2023). Types of Work, *Workforce Profile Report 2023*. <https://www.psc.nsw.gov.au/reports-and-data/workforce-profile/workforce-profile-reports/workforce-profile-report-2023/types-of-work>

<sup>20</sup> Twenge, Jean M., et al. (2023). Generational differences in mental health trends in the United States: A multi-cohort study of depression and anxiety. *Proceedings of the National Academy of Sciences* 120, no. 49 (2023): e2303781120. <https://doi.org/10.1073/pnas.2303781120>.

mental wellness at work<sup>21</sup>. In part, this has been attributed to increases in awareness and destigmatization of mental health issues. It has also been associated with higher rates of professional help-seeking<sup>22</sup>. This signals that increased diagnoses of mood disorders may not represent increased prevalence, but instead represent increased recognition. In addition, research suggests Generation Z has higher expectations for mental health support, and a lower tolerance to these expectations not being met<sup>23</sup>. This underscores the need for leaders to be alert to different perspectives, based on age and other variables, and also needing skills to adapt and respond to generational priorities.

Working with such a diverse and dynamic workforce poses numerous challenges, destabilising traditional and static concepts of ‘the public sector’. It also substantially changes the ways government agencies, units, teams and individual employees might interact and work together to meet expectations, noting the frequent volatility in personnel, in some instances on a day-to-day or week-to-week basis, particularly in public sector workplaces reliant on casuals, contractors as well as significant levels of part-time employees.

Organisational and broader ‘machinery of government’ changes create flow-on impacts for public sector employees at all levels as they adjust to organisational redesign, alterations to roles and line management arrangements, and shifts in ministerial and government priorities. While leaders are responsible for mitigating these potential impacts, they are also directly impacted<sup>24</sup>.

Taken together, at any one time there are multiple dimensions to the breadth and type of PSW issues public sector leaders are required to ‘manage’ within their workplaces, as expanded upon below.

## 2.2 PSW in the Public Sector Workplace

### 2.2.1 Psychosocial Wellbeing in Context

Psychosocial wellbeing is a multi-faceted construct that is often used interchangeably with ‘mental health’, mental wellbeing’, or even ‘wellbeing’ on its own. It is broadly used as an umbrella term that encapsulates interrelated emotional, physical, psychological, and social factors that enable individuals to function, contribute to society and to cope with challenges.

### 2.2.2 PSW within Broader Society

The ABS’ ‘Measuring What Matters’ update for 2025 revealed that Australians are experiencing high or very high levels of psychological distress at increasing rates, with the proportion of adults reporting distress steadily increasing since 2011-12<sup>25</sup>.

<sup>21</sup> BACA. (2025, August 18). Gen Z and Mental Health at Work: What Matters Most? *BACA Blog*. <https://baca.org/blog/gen-z-mental-health/>.

<sup>22</sup> TELUS Health. (2025). How Different Generations Approach Mental Health at Work. *Humanoo Magazine*. <https://humanoo.com/en/magazin/generations-and-mental-health-at-work/>

<sup>23</sup> Kelly, J. (2025, April 1). Gen-Z’s Are Redefining The Way They Want To Work. *Forbes*. <https://www.forbes.com/sites/jackkelly/2025/04/01/gen-zs-takeover-and-redefining-the-workplace/>

<sup>24</sup> Audit Office of New South Wales. (2021, December 17). Machinery of government changes. <https://www.audit.nsw.gov.au/our-work/reports/machinery-of-government-changes>

<sup>25</sup> Australian Bureau of Statistics. (2025). Mental health. <https://www.abs.gov.au/statistics/measuring-what-matters/measuring-what-matters-themes-and-indicators/healthy/mental-health>

In the last reporting period, 14.3% of Australian adults were experiencing high or very high levels of psychological distress; this rate being more than double (30.2%) for Aboriginal and Torres Strait Islander adults.

While prevalence rates of Australian adults with mental disorders have been relatively stable since 2007, young adults (aged 16-25) and females reported the largest increases in mental disorders in the previous 12 months<sup>26</sup>.

These broader, negative societal trends in PSW clearly have parallels to declines reported within Australian and New Zealand public sectors.

### 2.2.3 Psychosocial working environment

The importance of PSW in the workplace has gained global prominence in recent years, with governments, policy makers and broader society increasingly recognising the substantial human and economic costs of psychological harm in the workforce<sup>27</sup>. For example, an estimated cost of \$12- \$39 billion is attributed to low employment and productivity stemming from poor mental health and suicide<sup>28</sup>. For example, the estimated cost of mental health conditions to Australian workplaces, including absenteeism, is \$11 billion per year, with nearly \$542 million of this coming from workers' compensation payments for work-related mental health conditions.<sup>29</sup>

Strong evidence from decades of research demonstrates the influence of the psychosocial work environment on a person's health and wellbeing<sup>30</sup>. Broadly, the psychosocial work environment refers to the connections between workplace structures, working conditions, and the psychological and physiological processes that impact employees' wellbeing<sup>31</sup>. This is impacted by various job variables, including<sup>32</sup>:

- Type of work/job demands
- Workload
- Available resources and support
- Worker autonomy and ability to exercise discretion over decision making
- Opportunities to develop and apply skills.

Research demonstrates that the conditions of a “positive work environment” can improve employee psychosocial wellbeing<sup>33</sup>, while harmful or poor working conditions can increase the

<sup>26</sup> Australian Institute of Health and Welfare. (2025, May 20). Prevalence and impact of mental illness. <https://www.aihw.gov.au/mental-health/overview/prevalence-and-impact-of-mental-illness>

<sup>27</sup> World Health Organization. (2022). Guidelines on mental health at work. <https://www.who.int/publications/i/item/9789240053052>; Boot, C. R., LaMontagne, A. D., & Madsen, I. E. (2024). Fifty years of research on psychosocial working conditions and health: From promise to practice. *Scandinavian Journal of Work, Environment & Health*, 50(6), 395–405. <https://doi.org/10.5271/sjweh.4180>

<sup>28</sup> Queensland Health. (2025). Report of the chief health officer of Queensland. <https://www.choreport.health.qld.gov.au/our-health/mental-health>

<sup>29</sup> People at Work. (n.d.) The business case for People at Work. <https://www.peopleatwork.gov.au/webcopy/businesscase>

<sup>30</sup> Boot, C. R., LaMontagne, A. D., & Madsen, I. E. (2024). Fifty years of research on psychosocial working conditions and health: From promise to practice. *Scandinavian Journal of Work, Environment & Health*, 50(6), 395–405. <https://doi.org/10.5271/sjweh.4180>

<sup>31</sup> Rugulies, R. (2019). What is a psychosocial work environment? *Scandinavian Journal of Work, Environment & Health*, 45(1), 1–6. <https://doi.org/10.5271/sjweh.3792>

<sup>32</sup> Boot, C. R., LaMontagne, A. D., & Madsen, I. E. (2024). Fifty years of research on psychosocial working conditions and health: From promise to practice. *Scandinavian Journal of Work, Environment & Health*, 50(6), 395–405. <https://doi.org/10.5271/sjweh.4180>

<sup>33</sup> LaMontagne, A. D., Martin, A., Page, K. M., Reavley, N. J., Noblet, A. J., Milner, A. J., Keegel, T., & Smith, P. M. (2014). Workplace mental health: developing an integrated intervention approach. *BMC Psychiatry*, 14(1), Article 131. <https://doi.org/10.1186/1471-244X-14-131>; Modini, M., Joyce, S., Mykletun, A., Christensen, H., Bryant, R. A., Mitchell, P. B., & Harvey, S. B. (2016). The mental health benefits of employment: Results of a systematic meta-review. *Australasian Psychiatry: Bulletin of the Royal Australian and New Zealand College of Psychiatrists*, 24(4), 331–336. <https://doi.org/10.1177/1039856215618523>; López Gómez, M. A., Sabbath, E., Boden, L., Williams, J. A. R., Hopcia, K., Hashimoto, D., & Sorensen, G. (2019). Organizational and Psychosocial Working Conditions and Their Relationship With Mental Health Outcomes in Patient-Care Workers. *Journal of Occupational and Environmental Medicine*, 61(12), e480–e485. <https://doi.org/10.1097/JOM.0000000000001736>

risk of developing or worsening symptoms of psychological conditions<sup>34</sup>. Table 1 lists conditions commonly associated with both positive and negative work environments.

**Table 1: Common conditions of positive and poor working environments**

Positive working environment	Poor working environment
<ul style="list-style-type: none"> <li>• Meaningful work</li> <li>• Supportive organisational culture</li> <li>• Supportive management and working relationships</li> <li>• Organisational justice</li> <li>• Effective resourcing</li> <li>• Manageable job demands</li> </ul>	<ul style="list-style-type: none"> <li>• High job demands</li> <li>• High emotional demands</li> <li>• Low decision-making authority</li> <li>• Perceived or actual imbalances between effort and reward</li> <li>• Low perceptions of fairness at work (organisational injustice)</li> </ul>

Source: LaMontagne et al. 2014; Modini et al. 2016; López Gómez et al. 2019; van der Molen et al. 2020; World Health Organization 2022.

Evidence suggests that cumulative exposure to poor psychosocial working conditions over time may have a ‘compounding effect’, which could explain increasing rates of distress and psychological injury amongst many high-risk professions (e.g. front-line workers) and employees with longer tenure<sup>35</sup>.

There are several ways in which trends of workplace PSW can be examined. For example, these can include workers’ compensation claims data, workplace employee feedback and engagement data. Insights into NSW public sector psychological wellbeing emerging from each of these data sources and more evidence on psychosocial work conditions and wellbeing in different areas of the NSW public sector is examined in further detail in Findings A: Public Sector Stressors.

## 2.3 PSW Regulations, Policy and Practice

### 2.3.1 Global Context

Public policy relating to managing PSW in the workplace is not unique to Australia and New Zealand – it is a common and growing concern on a global scale. For example, in 2021 the Joint Action on Mental Health and Wellbeing initiative - co-funded by the European Union - provided updated guidance for the European Framework for Action on Mental Health 2021-2025. This was built on earlier research on the structures and policies established to support mental wellbeing in the workplace across European nations<sup>36</sup>. Many of the approaches outlined

<sup>34</sup> van der Molen, H. F., Nieuwenhuijsen, K., Frings-Dresen, M. H. W., & de Groene, G. (2020). Work-related psychosocial risk factors for stress-related mental disorders: an updated systematic review and meta-analysis. *BMJ Open*, 10(7), Article e034849. <https://doi.org/10.1136/bmjopen-2019-034849>; World Health Organization (2022). *Guidelines on mental health and work*. Geneva, World Health Organization. <https://www.who.int/publications/i/item/9789240053052>

<sup>35</sup> Kyron, M. J., Rikkers, W., Bartlett, J., Renehan, E., Hafekost, K., Baigent, M., Cunneen, R., & Lawrence, D. (2022). Mental health and wellbeing of Australian police and emergency services employees. *Archives of Environmental & Occupational Health*, 77(4), 282–292. <https://doi.org/10.1080/19338244.2021.1893631>; Collins, D. A. J., Bryant, R. A., Gayed, A., Harvey, S. B., & Deady, M. (2024). Relationship between trauma, psychological distress and help-seeking among corrective service workers. *Occupational and Environmental Medicine (London, England)*, 81(4), 217–219. <https://doi.org/10.1136/oemed-2023-109361>; Gelaw, A. Y., Sheehan, L., Gray, S. E., & Collie, A. (2024). Incidence, trends and factors associated with psychological injury among health and social care workers in New South Wales, Australia: a retrospective cohort study of workers’ compensation claims. *Occupational and Environmental Medicine (London, England)*, 81(8), 407–416. <https://doi.org/10.1136/oemed-2024-109410>

<sup>36</sup> Fine, A., Griffiths, J., and Bruecker, G. (2016). *Mental Health at the Workplace: Situation Analysis and Recommendations for Action*. Joint Action on Mental Health and Wellbeing, co-funded by the European Union. <https://www.lisboninstitute.gmh.org/assets/docs/publications/Mental%20health%20at%20the%20workplace-20200612001539.pdf>

involved PSW efforts falling under broader ‘Occupational Safety and Health’ (OSH) and ‘Workplace Health’ structures.

Incorporating PSW under the broader OSH or WHS framework – as opposed to being approached as a separate item – was found to have benefits as it was able to build on well-established regulatory systems, with defined responsibilities. In this way PSW matters could be treated seriously, adding policy and practice updates as required on an ongoing basis<sup>37</sup>.

Despite this established approach, European countries managing PSW as components of their OSH often reported stigma as an enduring problem, as well as the detrimental medicalisation of workplace stress and related injuries. Options for uplift related to making ‘psychosocial wellbeing’, ‘mental health’ and related terms/concepts more prominent in policy and procedures to reduce stigma and increase understandings of their importance<sup>38</sup>.

Within this European framework, leader uplift initiatives were also squarely located within broader health and safety frameworks. The research highlights a growing awareness and understanding of psychosocial issues within the workplace, however, most options identified involved more explicit sensitisation of leaders to the general issue, as well as specific research detailing the productivity and economic risks of not addressing PSW in the workplace<sup>39</sup>.

Similarly, the United States manages PSW as a part of established Occupational Health and Safety frameworks. While the US does not yet have specific federal legislation mandating psychosocial hazard management, the Occupational Safety and Health Administration (OSHA) General Duty Clause requires employers to protect against recognized hazards, where psychosocial risks are included<sup>40</sup>. The Centre for Disease Control’s National Institute for Occupational Safety and Health (NIOSH) recognises psychosocial hazards among physical, biological, environmental and chemical hazards that must be accounted for in the work environment<sup>41</sup>.

### 2.3.2 NSW Regulatory Requirements

The *NSW Work Health and Safety Act (2011)* has required those conducting business or an undertaking to ensure the psychological and physical health of employees since its inception<sup>42</sup>, however requirements related to psychological health and psychosocial wellbeing have been bolstered over time. Following the Boland Review (2018), explicit regulations on psychosocial risk identification, and subsequent control measures were implemented in the *NSW Work Health and Safety Amendment Regulation 2022*<sup>43</sup>. A 2025 Regulation Amendment updated the hierarchy of control measures, requiring psychosocial risks to follow the full hierarchy of controls in the same way as physical hazards<sup>44</sup>. In NSW, the Safe Work NSW Code of Practice on Managing Psychosocial Hazards at Work provides official guidance for workplaces, including

<sup>37</sup> Ibid.

<sup>38</sup> Ibid.

<sup>39</sup> Ibid.

<sup>40</sup> OSHA.com. (2023). *What is the OSHA General Duty Clause?* OSHA. <https://www.osha.com/blog/general-duty-clause>

<sup>41</sup> US Centres for Disease Control and Prevention (2022), The National Institute for Occupational Safety and Health (NIOSH), *Psychosocial hazards*. <https://www.cdc.gov/niosh/learning/safetyculturehrc/module-2/8.html>

<sup>42</sup> Work Health and Safety Act 2011 (NSW), No. 10, NSW Legislation, accessed October 28, 2025, <https://legislation.nsw.gov.au/view/html/inforce/current/act-2011-010>.

<sup>43</sup> NSW Government (2022). *Work Health and Safety Amendment Regulation 2022*. NSW Government. <https://www.safework.nsw.gov.au/legal-obligations/legislation/accordians/work-health-and-safety-amendment-regulation-2022>

<sup>44</sup> NSW Government (2025). *Work Health and Safety Amendment Regulation 2025 (NSW)*, No. 536, NSW Legislation. <https://legislation.nsw.gov.au/view/pdf/asmade/sl-2025-536>.

specific guidance for leaders for managing these risks<sup>45</sup>. Specifically, this requires agencies and supervisors at all levels to:

- Eliminate psychosocial risks so far as is reasonably practicable, and
- If it is not reasonably practicable to eliminate psychosocial risks – to minimise the risks so far as is reasonably practicable.
- Ensure so far as reasonably practicable, the health (including psychological health) and safety of each worker who is engaged, caused to be engaged, influenced, or directed by the person conducting a business or undertaking.

### 2.3.3 NSW PSW Policy and Procedures

Governments in Australia and New Zealand each have a structured set of policies and procedures through which the regulatory requirements related to managing PSW in public sector workplace are set out. In NSW, the primary management guide is the *SafeWork NSW Code of Practice: Managing psychosocial hazards at work*. This Code of Practice outlines:

- Duty of care for a person conducting a business or undertaking
- Effective elements of an effective systematic risk management process
- Guidelines for identifying, assessing, prioritising and controlling psychosocial risks
- Guidelines for proactively implementing, maintaining and monitoring effectiveness of controls
- Courses of action for responding to a report of a psychosocial risk or incident

SafeWork NSW has also released other guidance materials such as *Designing work to manage psychosocial risks* and the *Code of Practice: Work health and safety consultation, cooperation, and coordination*, along with a suite of validated psychosocial risk assessment tools and resources, including surveys, hazard checklists, and links to evidence-based response practices. More tools and resources are planned for release under the NSW Psychological Health and Safety Strategy 2024-2026, supporting employer compliance with the WHS Act, Regulations and Code of Practice.

Most, if not all NSW agencies translate these into practice by having a combination of a standard suite of initiatives in place, most commonly including:

- Cyclical and ad-hoc face-to-face and online live professional learning on PSW, delivered by external trainers and internal learning/development units<sup>46</sup>.
- Intranet content providing information and advice to employees, supervisors and leaders about PSW in the workplace, including risk identification and next steps.
- Semi-regular Senior Executive communiques reminding employees of the importance of PSW and existing tools/resources for PSW management.
- Participating in organisation-wide RUOK? Day promotions and events<sup>47</sup>.

<sup>45</sup> SafeWork NSW (2021). *Code of Practice: Managing Psychosocial Hazards at Work*. Sydney, NSW Government. <https://www.safework.nsw.gov.au/resource-library/list-of-all-codes-of-practice/codes-of-practice/managing-psychosocial-hazards-at-work>

<sup>46</sup> UTS-ANZSOG Psychosocial Wellbeing Research. (2025).

<sup>47</sup> RUOK? Day is an annual day of action that encourages people to check in with friends, family and colleagues to start meaningful conversations and prevent suicide by supporting mental wellbeing.

- Training and promoting peer supports (Sometimes labelled ‘Mental Health First Aiders’)<sup>48</sup>.
- Standing PSW items of Division, Unit and often Team, usually in addition to WHS during leadership meetings.
- Access to a well-promoted Employee Assistance Program (EAP)<sup>49</sup>.

Many agencies have additional PSW initiatives and/or enhanced versions of these options in place, including:

- Appointing a dedicated Wellbeing and Safety Coordinator.
- Offering employees access to mandatory or optional Professional Counselling services.
- Monthly wellbeing webinars made available to all employees.

Analysis of the effectiveness of some of the above policy and procedures are discussed in Section 4 and Section 5, plus the in the case studies at Appendix 6.

### 2.3.4 Addressing Psychosocial Issues

Notwithstanding contemporary public sector efforts to have robust PSW policies, procedures and practices in place, plus numerous promotional measures as outlined above, much of the current focus on PSW relates to the individual incidents, or collective action (for example, through unions) to address PS stressors in the workplace.

In most public sector agencies, individuals who encounter a specific PS risk or hazard are expected to follow a standard safety procedure, namely:

- Talking to someone about what they are experiencing, e.g. supervisor, manager, health and safety representative (HSR) or union representative.
- Checking if their workplace has internal workplace reporting procedures to give the employer an opportunity to respond.
- Reporting the hazard/incident as early as possible using workplace reporting procedures and/or to their supervisor/manager, HSR or union representative.<sup>50</sup>

Common public sector remedies include<sup>51</sup>:

- Referral EAP or other professional service provided by the workplace.
- Providing short term leave.
- Temporary modifying work arrangements, including part time options or placements in other roles.
- Modified/Flexible work to allow for better personal management of psychosocial issues.

Should this response not be deemed satisfactory to the individual, then the following steps can be taken<sup>52</sup>:

<sup>48</sup> Mental Health First Aiders complete voluntary training in recognition of and response to individuals experiencing a mental health problem or crisis. They are trained in skills like listening, connecting, offering support and promoting pathways to formal support.

<sup>49</sup> Employee Assistance Program is a confidential service offered by employers to support employees and their families with personal and work-related issues through professional counselling, coaching and other resources. EAP’s are typically provided by a third-party specialist, offering phone, virtual, or in-person sessions.

<sup>50</sup> SafeWork NSW. (2025). *Psychosocial Hazards (including bullying) - Service Standards*. Sydney, NSW Government. <https://www.safework.nsw.gov.au/hazards-a-z/bullying/workplace-bullying-response-service-standards>

<sup>51</sup> UTS-ANZSOG Psychosocial Wellbeing Research, 2025

<sup>52</sup> SafeWork NSW. (2025). *Psychosocial Hazards (including bullying) - Service Standards*. Sydney, NSW Government. <https://www.safework.nsw.gov.au/hazards-a-z/bullying/workplace-bullying-response-service-standards>

- Consult the SafeWork NSW ‘Know who to contact for harmful workplace behaviour’ form<sup>53</sup>.
- Complete and submit the workplace psychosocial hazards request for service form.
- Provide specific examples, that can be supported by evidence, that they think is significant in contributing to the situation.

SafeWork NSW will decide on the most appropriate action by assessing the information provided and by considering their compliance policy and prosecution guidelines. They will contact the workplace to which the issue relates and be transparent about why contact is being made and what the workplace’s obligations are under the WHS Act.

### 2.3.5 Implementation Challenges

Managing psychosocial wellbeing in the workplace is complex, dynamic, and multifaceted. Many leaders can feel unsure of the responsibility imposed upon them, particularly if they do not have adequate training, resources, time or capacity to action these responsibilities as part of their everyday work. These challenges are further compounded by wider public sector and community debates concerning:

- Subjectivity surrounding some psychosocial hazards.
- Limited research on the efficacy and impacts of specific workplace policies and practices, particularly for frontline workers.
- Boundary and capacity issues related to the multitude of factors that could influence an individual wellbeing, that may limit what workplaces can do support employees<sup>54</sup>.

Despite these complexities, it is important to emphasise that while employers may not be responsible for the mental health of individual employees, workplaces - including leaders and managers - are legally obliged to provide a non-discriminatory work environment that supports the wellbeing and recovery of all employees<sup>55</sup>. It is against this backdrop that the UTS research has been undertaken.

<sup>53</sup> SafeWork NSW. (n.d.). Psychosocial Hazards (e.g. bullying) - Know who to contact. Sydney, NSW Government. <https://www.safework.nsw.gov.au/hazards-a-z/bullying/bullying-know-who-to-contact>

<sup>54</sup> World Health Organization (2022). *Guidelines on mental health and work*. Geneva, World Health Organization. <https://www.who.int/publications/item/9789240053052>; Boot, C. R., LaMontagne, A. D., & Madsen, I. E. (2024). Fifty years of research on psychosocial working conditions and health: From promise to practice. *Scandinavian Journal of Work, Environment & Health*, 50(6), 395–405. <https://doi.org/10.5271/sjweh.4180>; Deady, M., Sanatkar, S., Tan, L., Glozier, N., Gayed, A., Petrie, K., Dalgaard, V. L., Stratton, E., LaMontagne, A. D., & Harvey, S. B. (2024). A mentally healthy framework to guide employers and policy makers. *Frontiers in Public Health*, 12, Article 1430540. <https://doi.org/10.3389/fpubh.2024.1430540>

<sup>55</sup> Deady, M., Sanatkar, S., Tan, L., Glozier, N., Gayed, A., Petrie, K., Dalgaard, V. L., Stratton, E., LaMontagne, A. D., & Harvey, S. B. (2024). A mentally healthy framework to guide employers and policy makers. *Frontiers in Public Health*, 12, Article 1430540. <https://doi.org/10.3389/fpubh.2024.1430540>

### Summary: Context and Background

- The NSW public sector is the largest employer in Australia, with approximately 12.5% of all employed people in NSW employed by NSW government.
- The composition of the public sector is changing, with increasingly diverse job types and work roles, as well as increasing uncertainty in job tenure.
- The importance of PSW in the workplace is increasing reflected in public policy debates across the globe, with the literature consistently providing evidence on its effects on employee health and wellbeing, as well as in other metrics including retention.
- Most government strategies in Australia, New Zealand, most parts of Europe and the US situate PSW within broader, well established WHS/OSH frameworks.
- While this integrated approach increases PSW perceived seriousness within workplaces, clearly defining organisational and management responsibilities, it nonetheless has overlaid new terminology- 'psychosocial' that employees need to firstly understand and then apply. Regardless, the current regulatory and policy approach is valued for broadening the concept of workplace safety, as well as reducing stigma that may have been associated with terms such as 'mental health'.
- Cumulative exposure to a poor psychosocial working environment is associated with increased risk of employee distress and psychological harm,
- Trends in workplace PSW can be examined using various data sets, including workers' compensation claims, internal workplace employee feedback, plus regular, sector-wide benchmarking available through instruments such as the NSW PMES surveys.

## 3. Findings A: Public Sector Stressors

This section analyses the main stressors impacting the public sector workforce, drawing from the both the desktop findings and case study feedback. More specifically, the sector answers KRQ 1: What are the key stressors, profiles, and prevalence rates of public sector psychosocial risk?

Note: The UTS survey data divides respondents into either supervisor (or leader) and non-supervisors. See definitions on page 4 for further clarification.

### 3.1 Research Context - What the literature says

Current research indicates that a diverse range of stressors are impacting the PSW of many employees in Australian and New Zealand public sector workplaces. These stressors and their impacts vary depending on the psychosocial environment within which employees work, as well as their personal situation and needs.

Current data indicates that a significant proportion of public sector employees in NSW are being exposed to and impacted by psychosocial stressors in the workplace. This is evident in various data sets, including:

- **Workers' compensation claims data**, which indicates that work-related psychological injury claims in NSW have consistently increased over the past decade from 11% in 2014-15 to 17% in 2022-23<sup>56</sup>. In NSW, psychological injury claims were most common among those in frontline roles in the Communities and Justice portfolio (47%), followed by Education (29%) and Health (19%). The majority of these claims involved work-related harassment and/or bullying, work pressure and workplace violence<sup>57</sup>.
- **Workplace employee feedback and engagement data**, such as data gathered through the NSW People Matter Employee Survey (PMES). The 2024 PMES had a 51% response rate and measured key topic areas including engagement and wellbeing, with 39% of respondents reporting feeling burnt out by work.<sup>58</sup> Relatively few favourable scores were reported across indicators of wellbeing (62%), as well as reported experiences with Senior Executives (48%). Less favourable scores were more common amongst those in frontline<sup>59</sup>, compared to non-frontline roles.<sup>60</sup>

It should be noted that broader societal changes may be contributing to rising rates of reported psychosocial wellbeing risk and injury in the public sector. For example, **population-level data** indicates an overall gradual, yet increasing burden of psychosocial challenges across the adult population in NSW and likely also Australia more broadly<sup>61</sup>. These have been attributed to different factors including rising cost of living, changes to diagnostic criteria, plus increased public awareness of psychosocial issues and a willingness to self-report.

<sup>56</sup> SIRA (2023). Addendum to the 2022 Review of the Workers Compensation Scheme — Submission to the Standing Committee on Law and Justice. Sydney, State Insurance Regulatory Authority. [https://www.sira.nsw.gov.au/\\_data/assets/pdf\\_file/0004/1106914/submission-2022-review-workers-compensation-scheme.pdf](https://www.sira.nsw.gov.au/_data/assets/pdf_file/0004/1106914/submission-2022-review-workers-compensation-scheme.pdf)

<sup>57</sup> Ibid; SafeWork Australia (2024). *Psychological health and safety in the workplace*. Safe Work Australia - Data report. Canberra, Safe Work Australia. <https://data.safeworkaustralia.gov.au/report/psychological-health-and-safety-workplace>

<sup>58</sup> NSW Premier's Department. (2024). NSW Public Sector Report 2024. <https://www.nsw.gov.au/sites/default/files/noindex/2025-03/nsw-public-sector-report-assessment-2024.pdf>

<sup>59</sup> Frontline: employee engagement (60%), wellbeing (58%) and senior executives (45%).

<sup>60</sup> Non-frontline: employee engagement (65%), wellbeing (67%) and senior executives (53%).

<sup>61</sup> SafeWork NSW. (2024). *SafeWork NSW. Psychological Health and Safety Strategy 2024–2026*. NSW Government.

[https://www.safework.nsw.gov.au/\\_data/assets/pdf\\_file/0009/1289646/safework-nsw-psychological-health-and-safety-strategy-2024-2026.pdf](https://www.safework.nsw.gov.au/_data/assets/pdf_file/0009/1289646/safework-nsw-psychological-health-and-safety-strategy-2024-2026.pdf)

### 3.1.1 Psychosocial stressors and wellbeing in the NSW public sector

Like most jurisdictions, NSW has data on reported workplace stressors and psychosocial injury rates across different parts of the public sector, including key occupation groups such as healthcare, corrections, emergency services, and education. These are summarised in Table 2.

**Table 2: NSW Public Sector PSW issues and reported working conditions**

Sector	Data on PSW issues	Negative psychosocial working conditions reported
Healthcare	<p>Workers' compensation claims data demonstrates that <b>healthcare employees</b> are at increased risk of psychological injury.</p> <ul style="list-style-type: none"> <li>For example, a recent cohort study within the NSW healthcare and social assistance industry found that female workers, ambulance officers, older workers, and those in larger workplaces, were more likely to claim work-related psychological injury<sup>62</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>High emotional demands</li> <li>Long working hours and limited flexibility</li> <li>Large and complex organizational structures</li> <li>Bullying, discrimination and harassment</li> </ul>
Corrections	<p>Workers' compensation claims indicate that psychosocial wellbeing is a significant and growing problem in the corrections sector.</p> <ul style="list-style-type: none"> <li>A recent survey of 1000 NSW corrections service workers found that approximately one-third (33%) of the workforce reported elevated levels of psychological distress, and more than half (58%) were positively screened for probable post-traumatic stress disorder<sup>63</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>Suboptimal and complex working conditions (e.g. overcrowding)</li> <li>Low job control and decision-making authority</li> <li>Role conflict (i.e. policing inmates whilst also having a duty to provide care)</li> <li>Regular and repeated exposure to unpredictable inmate behaviours</li> <li>Perceived low levels of organisational support<sup>64</sup>.</li> </ul>
Emergency services	<p>The Australian National Police and Emergency Services Mental Health and Wellbeing Study found that these cohorts experienced psychological distress, PTSD, suicidal ideation, and binge drinking at higher rates compared to the general population.<sup>65</sup></p>	<ul style="list-style-type: none"> <li>High emotional demands and exposure to traumatic events</li> </ul>

<sup>62</sup> Gelaw, A. Y., Sheehan, L., Gray, S. E., & Collie, A. (2024). Incidence, trends and factors associated with psychological injury among health and social care workers in New South Wales, Australia: a retrospective cohort study of workers' compensation claims. *Occupational and Environmental Medicine (London, England)*, 81(8), 407–416. <https://doi.org/10.1136/oemed-2024-109410>

<sup>63</sup> Collins, D. A. J., Bryant, R. A., Gayed, A., Harvey, S. B., & Deady, M. (2024). Relationship between trauma, psychological distress and help-seeking among corrective service workers. *Occupational and Environmental Medicine (London, England)*, 81(4), 217–219. <https://doi.org/10.1136/oemed-2023-109361>

<sup>64</sup> Finney, C., Stergiopoulos, E., Hensel, J., Bonato, S., & Dewa, C. S. (2013). Organizational stressors associated with job stress and burnout in correctional officers: a systematic review. *BMC Public Health*, 13(1), Article 82. <https://doi.org/10.1186/1471-2458-13-82>; Regehr, C., M. Carey, S. Wagner, L. E. Alden, N. Buys, W. Corneil, T. Fyfe, A. Fraess-Phillips, E. Krutop, L. Matthews, C. Randall, M. White and N. White (2021). Prevalence of PTSD, Depression and Anxiety Disorders in Correctional Officers: A Systematic Review. *Corrections* 6(3): 229-241. <https://doi.org/10.1080/23774657.2019.1641765>

<sup>65</sup> Kyron, M. J., Ridders, W. LaMontagne, A. Bartlett and Lawrence, D. (2022). Work-related and nonwork stressors, PTSD, and psychological distress: Prevalence and attributable burden among Australian police and emergency services employees. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(7): 1124-1133. <https://doi.org/10.1037/tra0000536>

Sector	Data on PSW issues	Negative psychosocial working conditions reported
	<p>Evidence suggests that the police sector is most at-risk.<sup>66 67</sup></p> <ul style="list-style-type: none"> <li>The study also found that help-seeking behaviours were very low among emergency services, and that many of those who did seek help received insufficient support.<sup>68</sup></li> </ul>	<ul style="list-style-type: none"> <li>Poor management practices and relationships with colleagues</li> <li>High job demand, particularly in rural and remote areas where workforce shortages are more common.<sup>69</sup></li> <li>Poor psychosocial wellbeing culture and availability of support resources may be discouraging help-seeking.</li> </ul>
Education	<p>A 2021 cross-sectional study of over a thousand teachers found that half of female teachers (51%), and 42% of male teachers reported high to very high levels of psychological distress; collectively, over 30% reported high levels of burnout.<sup>70</sup></p> <ul style="list-style-type: none"> <li>A separate study on Australian teachers found that the risk of psychological injury was higher in schools with lower psychosocial safety climate and in areas with low socioeconomic index.<sup>71</sup></li> </ul>	<ul style="list-style-type: none"> <li>Emotional labour and student behaviour</li> <li>Excessive workload</li> <li>Managing innovation and change</li> <li>Poor working relationships</li> <li>Financial concerns.<sup>72</sup></li> </ul>

**Source: UTS, mixed sources as per footnotes.**

The most common PSW stressors reported related to:

- Poor organisational culture and management.
- High workload and work complexity.
- High emotional demands and negative interactions with clients.
- Low flexibility and autonomy of work.

<sup>66</sup> Ibid.

<sup>67</sup> Parliament NSW (2023). *2023 Review of the Workers Compensation Scheme*. Legislative Council. Standing Committee on Law and Justice. Report no. 84. <https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2988>

<sup>68</sup> Kyron, M. J., Ridders, W. LaMontagne, A. Bartlett and Lawrence, D. (2022). Work-related and nonwork stressors, PTSD, and psychological distress: Prevalence and attributable burden among Australian police and emergency services employees. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(7): 1124-1133. <https://doi.org/10.1037/tra0000536>

<sup>69</sup> Ibid; Roberts, R., Sutton, M. Frost, O. M. P and A. Wong (2021). The mental health, wellbeing and work impacts of COVID-19 on first responders and frontline workers in Australia. Bathurst, NSW, Charles Sturt University. <https://cloudstor.aarnet.edu.au/plus/s/EFTil4dQU2on6J>

<sup>70</sup> Corbett, L., Bauman, A., Peralta, L. R., Okely, A. D., & Phongsavan, P. (2024). Lifestyle and work-related correlates of psychosocial health among Australian teachers: a cross-sectional study. *Journal of Public Health*, 32(6), 999-1009. <https://doi.org/10.1007/s10389-023-01874-9>

<sup>71</sup> Garrick, A., Winwood, P. C., Mak, A. S., Cathcart, S., Bakker, A. B., & Lushington, K. (2014). Prevalence and Organisational Factors of Psychological Injury Among Australian School Teachers. *Australasian Journal of Organizational Psychology*, 7, Article e5. <https://doi.org/10.1017/orp.2014.5>

<sup>72</sup> MacIntyre, P. D., Gregersen, T., & Mercer, S. (2020). Language teachers' coping strategies during the Covid-19 conversion to online teaching: Correlations with stress, wellbeing and negative emotions. *System (Linköping)*, 94, Article 102352. <https://doi.org/10.1016/j.system.2020.102352>; Thomson, S. and Hillman, K. (2020). The teaching and learning international survey 2018. Australian report volume 2: Teachers and school leaders as valued professionals. <https://research.acer.edu.au/talis/7/>; Carroll, A., K. Forrest, E. Sanders-O'Connor, L. Flynn, J. M. Bower, S. Fynes-Clinton, A. York and M. Ziaei (2022). Teacher stress and burnout in Australia: examining the role of intrapersonal and environmental factors. *Social Psychology of Education*, 25(2): 441-469. <https://doi.org/10.1007/s11218-022-09686-7>

In addition, research identifies various negative psychosocial working conditions for non-frontline employees stemming from the increased digitisation of work, including:

- Inhibited ability to ‘disconnect’ from work
- Increased screen time and sedentary behaviour
- Reduced social connection
- Increasing perceptions of job insecurity resulting from technological advances (e.g. AI)<sup>73</sup>.

It should be noted, however, that digitisation has also been associated with various positive psychosocial working conditions such as increased flexibility and autonomy enabled by remote work options<sup>74</sup>.

### 3.1.2 Psychosocial stressors for leaders

While limited research has been undertaken into understanding the psychosocial wellbeing of leaders<sup>75</sup>, the available evidence indicates that leadership roles carry unique or exacerbated psychosocial risks in addition to exposure to many of the same stressors as their employees. For example:

- **Social isolation** – the role of a leader, where there may be few direct peers, can be isolating, limiting access to protective resources such as informal social supports<sup>76</sup>.
- **Persistent stigma and discrimination surrounding PSW issues** for those in management positions. Due to commonplace expectations, lapses in health are more likely to be viewed as a sign of weakness in a leader that may damage a leader’s reputation amongst their superiors, peers, team and clientele<sup>77</sup>.
- **Role conflict** – the often-conflicting nature of the organisational goals that leaders are expected to work towards has been shown to negatively impact their PSW. For example, the expectation that leaders will enable the delivery of effective services with constrained resources<sup>78</sup>. This conflict is further exacerbated by their responsibility for employee PSW: requiring that further resources be expended to protect employee wellbeing in an already constrained environment. Notably, the research suggests that middle managers experience higher rates of stress and psychosocial ill-health compared to those at other organisational levels. This has been attributed to role conflict and feeling ‘sandwiched’ between the demands of upper management, and their employees<sup>79</sup>.

<sup>73</sup> McClure, P. K. (2018). “You’re Fired,” Says the Robot: The Rise of Automation in the Workplace, Technophobes, and Fears of Unemployment. *Social Science Computer Review*, 36(2), 139–156. <https://doi.org/10.1177/0894439317698637>

<sup>74</sup> Schweitzer, L., Smith, C. J., Lyons, S., Henchey, A., & Kostuchuk J. (2025). Working where we want: The role of work arrangement fit in work-related and personal wellbeing. *Journal of Management & Organization*, 1-19. <https://doi.org/10.1017/jmo.2025.10024>

<sup>75</sup> St-Hilaire, F. and Gilbert, M-H. (2019). What do leaders need to know about managers’ mental health? *Organisational Dynamics*, 48 p. 86. <https://doi.org/10.1016/j.orgdyn.2018.11.002>

<sup>76</sup> Ibid.

<sup>77</sup> Ibid.

<sup>78</sup> Gilbert, M. H., Dextras-Gauthier, J., Boulet, M., Auclair, I., Dima, J., & Boucher, F. (2023). Leading well and staying psychologically healthy: the role of resources and constraints for managers in the healthcare sector. *Journal of health organization and management*, 38(1). 70–91. <https://doi.org/10.1108/JHOM-12-2021-0442>

<sup>79</sup> St-Hilaire, F. and Gilbert, M-H. (2019). What do leaders need to know about managers’ mental health? *Organisational Dynamics*, 48. 86. <https://doi.org/10.1016/j.orgdyn.2018.11.002>

- **Responsibility for employee psychosocial wellbeing** has itself been linked to additional personal and professional stressors for leaders. This responsibility can introduce or exacerbate existing stressors, particularly where supporting an employee can conflict with other responsibilities (see above) or increase a leader’s workload. It has also been linked to stress due to uncertainty regarding responsibilities and how to appropriately support employees, as well as distress in instances where leaders cannot feasibly protect employees from the impacts of particular workplace stressors (for example, organisational restructuring)<sup>80</sup>. In some cases, leaders struggled to protect their personal boundaries and were impacted in their personal lives, reporting struggling to switch off and worrying about their employees outside of work hours<sup>81</sup>.

*“I am on-call 24/7 and there is no right-to-disconnect for me... All the tricky problems end with me and they come from lots of different places.”*  
**Senior Manager+, Health**

## 3.2 Research Findings - What stakeholders told us

Feedback gathered through the UTS surveys, focus groups and interviews found both common ground and new issues compared to available NSW data, indicating that many public sector employees are being exposed to, and psychosocially impacted, by stressors in the workplace.

Almost the entire weighted sample reported having experienced at least one type of workplace stressor or challenge listed in the survey in the past 12 months (99.5%). The majority (93%) reported that at least one stressor that they had experienced negatively impacted their PSW, while almost three-quarters (73%) reported that at least one stressor had a significant negative impact.

Significant impacts to PSW resulting from at least one stressor were more commonly reported by:

- Leaders (80%), compared to non-supervisors (70%).
- Respondents from Health workplaces (79%), compared to Justice (69%) and Transport (67%) workplaces.

### 3.2.1 Types of stressors

As illustrated in Figure 1, across all workplaces studied, the Top 5 stressors most commonly reported to have significantly impacted respondents’ PSW were:

- High workloads and work pressure (40%)
- Dealing with difficult colleagues and unpleasant ways of communicating (32%)
- Lack of recognition or a sense of being undervalued (30%)
- Insufficient support or direction provided by a supervisor/manager (30%)
- Lack of clarity about responsibilities and what is expected (25%).

*“Working with courts and clients, the work pressure is unrelenting... It never stops.”*  
**Supervisor, Justice**

<sup>80</sup> Kirsh, B., Krupa, T., & Luong, D. (2018). How do supervisors perceive and manage employee mental health issues in their workplaces?. *Work (Reading, Mass.)*, 59(4), 547–555. <https://doi.org/10.3233/WOR-182698>; Martin, A., Woods, M., & Dawkins, S. (2018). How managers experience situations involving employee mental ill-health. *International Journal of Workplace Health Management*, 11(6), 442–463. <https://doi.org/10.1108/IJWHM-09-2017-0069>

<sup>81</sup> Woods, M., & Dawkins, S. (2018). How managers experience situations involving employee mental ill-health. *International Journal of Workplace Health Management*, 11(6), 442–463. <https://doi.org/10.1108/IJWHM-09-2017-0069>

**Figure 1: Stressors one-in-five or more respondents reported significantly impacted their PSW**



Source: UTS NSW case study workplaces, 2025 survey. 'In the last 12 months, have any of the following types of stressors or challenges impacted your psychosocial wellbeing in the workplace?', Weighted sample n = 240; 'Negative interactions with the public' filtered to only include those who reported that their role involved interacting with the public. n = 193.

**High workloads and work pressure (40%)** was the most commonly reported stressor to significantly impact employees' PSW. This was strongly echoed in the qualitative feedback from both leaders and non-supervisors. It was also directly associated with exacerbating the impacts of other stressors.

Many respondents reported that the impacts of other stressors – such as difficult interactions with the public – were easier to respond to and mediate when overall workload was manageable. Notably, both leaders and non-supervising employees expressed a sense of “helplessness” when discussing this stressor, with common reports from both employees and leaders that this “outside their control”.

**'Dealing with difficult colleagues and ways of communicating' (32%)** was the second most commonly reported stressor to significantly impact respondents' PSW. Throughout qualitative feedback, this stressor was often linked to poor organisational culture, as well as leadership complacency or “unwillingness to respond” when incidents of inappropriate behaviour, bullying and harassment were reported or witnessed. In some cases, respondents reported their leadership perpetuated an “us and them” culture, where leaders appeared to “close ranks”, and not hold behaviour to account.

*“It's (bullying) been so bad for so long that nobody knows how to manage that conversation.”*

**Non-supervisor,  
Transport**

**The remaining three of the top five stressors directly related to leadership practices.** Almost one-third (30%) reported that a 'lack of recognition or a sense of being undervalued' and 'insufficient support or direction provided by a supervisor/manager' significantly impacted their PSW. While one-quarter (25%) reported being significantly impacted by a 'lack of clarity about responsibilities and what is expected'. Further, when assessing severity of PSW impact as a proportion of those who reported experiencing the particular stressor, **'insufficient support or direction provided by a supervisor or manager'** significantly impacted the highest proportion of those who experienced it (47%) compared to other stressors.

*"You feel that your expertise is ignored. Professionally unsatisfied. It adds to overall angst... (Not being given agency from senior management)."*  
**Supervisor,  
Health**

Qualitative feedback reinforced the **significant PSW impacts of negative leadership practices**, which (similarly to 'High Workloads/Work Pressure') was reported by some to exacerbate the impacts of other stressors. Employees reported being impacted by:

- Poor people management practices, communication skills, emotional regulation and dismissive responses to PSW risks amongst leadership. In some instances, this was reported to increase the workload of non-supervisors who had to fill the void and provide lateral psychosocial support to colleagues who did not feel comfortable raising workplace PSW challenges with their leaders.
- "Out of touch" directives and advice which demonstrated a lack of understanding of daily tasks and role challenges. This was noted particularly for non-technical leaders managing employees in technical roles.
- Disconnection between leaders at different levels, creating inefficiencies, conflicting directives and lack of clarity in work tasks.
- Leadership who did not appear to value employee contributions, build personal connections nor genuinely care for their employees.

*"It's a system of complete burnout where clinicians are working harder than ever with less and less resources."*  
**Non-supervisor,  
Health**

Some other common PSW stressors raised in focus groups and interviews included:

- Digital overload and inability to disconnect or "being able to be contracted 24/7"
- Not having opportunities to decompress and take breaks or "breathers" between appointment or meetings, which prevented employees from having "a chance to regroup" following stressful interactions
- Frequent staff turn-over leading existing employees to take on additional workload and responsibility for upskilling new employees.

Specific stressors related to particular workplaces are discussed in the 'Case Studies' at Appendix 6.

### 3.2.2 Stressors reported by leaders

While the majority of the research focused on non-supervisor stressors that needed to be managed, it was evident that many leaders and supervisors were also impacted by the same or similar stressors to their colleagues in the workplace.

The three most common leader stressors raised were:

- Work pressures associated with "increased workloads" and "seriously constrained budgets" staffing and budgets, that were often not fully understood or appreciated by others in their agencies, above and below. Some referred to this situation as being in "a sandwich" or "being squished" between two competing sets of expectations.
- Vicarious stress associated with managing others' PSW, that was often "far more complex", "time-consuming" and "challenging in nature", especially when related to non-work matters involving partners, children or other family affairs.
- Sheer complexity of the workplace and the critical role leaders need to play in delivering a function what they considered essential or critical to the public or government.

Other stressors raised by different leaders included:

- Not knowing where the "boundaries lay" in terms of workplace responsibilities regarding non-work related PSW.
- Supervisory and administrative burden of PSW management, not adequately reflected in their position responsibilities, and/or not having enough time to do this adequately "on top of having a heavy workload" or case load of their own. It was also noted that much of these duties seemed to "cluster" around the same leaders, either because they had been nominated for this role or because employees were electing to use these individuals as their direct supervisor was not approachable or considered "poor at communicating".

*"In our workplace employees have an award that ensures they are paid overtime etc. Our senior managers, and people like me, are just expected to do this..."*

*There is no real recognition of what our work is really like, and how it impacts people."*

**Senior Manager+,  
Health**

*"We have an extremely complex working environment involving lots of regulations, contractors, staff from different agencies, unions... On any one day there is likely to be a crisis or major issue requiring my attention... It can be very draining."*

**Senior Manager+,  
Transport**

*"Since COVID, I have found there is less and less time for family, and more expectations placed on what people like me are expected to do."*

**Senior Manager+,  
Transport**

*"I am on-call 24/7 and there is no right-to-disconnect for me... All the tricky problems end with me and they come from lots of different places."*

**Senior Manager+,  
Health**

### 3.2.3 Impacts on performance and attendance

The survey data indicates that the impact of workplace stressors are negatively affecting the performance of many employees and leading a significant minority to take time off work, with others reporting desiring time off but not feeling comfortable taking it.

Roughly two-thirds of the weighted sample reported that stressors had a negative effect on their ability to perform their role (67%), including roughly one-in-ten reporting significant negative effects (12%). Leaders were marginally more likely to report overall impacts to their performance (68%, compared to non-supervisors' 65%); however, non-supervisors were more likely to report significant negative effects (14%), compared to those with supervising responsibilities (8%).

Almost one-quarter of the weighted sample reported taking time off due to the impact of stressors in their workplace (23%). While more than half of those who did not take time off reported wanting to but not doing so (51%), due to workload (37%) or discomfort asking their supervisor (26%). Leaders more commonly reported wanting to take time off but not doing so (57%), compared to non-supervisors (49%) and more commonly reported workload as the reason (52% compared to 31%). While non-supervisors who did not take time off more commonly reported discomfort asking their supervisor (28%) compared to leaders (21%).

Focus groups and open-text feedback echoed this “reluctance” to take time off due to concerns that:

- Their leaders would perceive this negatively and as a sign that they were “not coping” or were unable to fulfill their role
- Time off would not necessarily reduce the impact of stressors, as there were not sufficient employees to cover their workload in their absence, which would instead be condensed into higher pressure days upon their return.
- Their absence would increase work pressure on their colleagues, which was “the last thing they wanted to do”.

*“I’m the one at the end of the phone 24:7, expected to sort whatever problem emerges with staff or equipment... Unlike my staff, there is no overtime or on-call allowances for me...”*

*It’s really exhausting being ‘on’ all the time.”*

**Senior Manager+,  
Health**

In addition, many respondents reported being reluctant to use the formal resources available to support their PSW due to concerns about how this would be perceived. Respondents were also critical of the quality of the resources available and how often they could be accessed. For example, multiple respondents reported that their use of EAP services was capped, and that they wanted to keep sessions “in reserve” in case their situation got “far worse in the future”. Additionally, some reported that EAP providers did not turn up to scheduled appointments. Further, numerous respondents reported that EAP providers were too general and did not have the expertise to understand the stressors they were experiencing in their workplace.

### Key findings: Stressors in the Workplace

- The majority of the weighted sample (93%) reported that their PSW had been negatively impacted by at least one stressor, while almost three-quarters (73%) reported being significantly impacted by at least one stressor.
- Most of the stressors reported by respondents appeared to be ongoing, and linked to work demands and volume, leadership practices, and workplace culture.
- High workloads and work pressure was the most commonly reported stressor to significantly impact PSW (40%). However, when assessing PSW impact as a proportion of those who reported experiencing a particular stressor, ‘insufficient support or direction provided by a supervisor or manager’ significantly impacted the highest proportion of those who experienced it (47%) compared to other stressors.
- Various stressors were reported to compound the negative effects of other stressors including high workloads and work pressure, as well as a lack of recognition for employee effort and a sense of being undervalued by leadership.
- In addition to the stressors experienced by other employees, those in leadership positions reported unique stressors related to their roles. This included (though was not limited to) stressors related to their responsibilities for employee PSW, as well as stressors stemming from role conflicts and being “sandwiched” between the demands of ministers/upper management and their employees.
- The PSW impacts of workplace stressors impacted the job performance (66%) and attendance (23%) of a significant portion of the weighted sample. Approximately half of those who did not take time off reported wanting to, but not doing so (51%) due to

## 4. Findings B: Leadership Capabilities

This section analyses the evidence related to current public sector leaders' awareness and practices related to PSW, drawing from the both the desktop findings and engagement feedback. More specifically, it answers KRQ 2: *What are public sector leaders, managers and employees' perceptions of current leadership awareness, capabilities and practices regarding psychosocial issues in the workplace?*

### 4.1 Research Context - What the literature says

The literature demonstrates that leaders can significantly impact employee PSW due to their capacity to directly and indirectly influence psychosocial working conditions (e.g. distribution of tasks, setting the tone of the workplace culture etc). However, the evidence on best practice leadership capabilities and practices for managing workplace PSW is limited (see Section 6). As such, UTS has relied on literature related to mental health in the workplace, including the Australian *Mentally Healthy Workplaces* framework adopted by the National Mental Health Commission to assess perceptions of current leadership awareness, capabilities and practices (see Section 4.1.2).

While leaders have formal responsibilities for protecting their employees from psychosocial injury, it is important to note that their ability to fully implement the best practice capabilities outlined below is often constrained by broader ecosystem factors, such as organisational resources, operational systems and policies. This is expanded on in Section 6.

#### 4.1.1 What makes a psychosocially capable leader?

Studies have shown that particular leadership styles can influence workplaces, in either positive or negative ways<sup>82</sup>. At this stage, the evidence base does not provide a comprehensive framework outlining how leadership can systematically enhance PSW, though certain leadership styles and practices have been linked with positive workplace PSW. Four prominent leadership styles linked to positive PSW impacts are:

- **Ethical** leadership – focused on modelling and fostering accountability and fairness
- **Inclusive** leadership – focused on ensuring all employees feel valued and included
- **Transformational** leadership – focused on building employee investment in organisational goals.
- **Servant** leadership – focused on prioritising employee growth and development, above personal gain.

Included in Table 3 are more details on each of these leadership styles, together with practice examples.

<sup>82</sup> Salas-Vallina, Andrés & Vidal, Joaquín & Cabrales, Alvaro. (2020). The challenge of increasing employees' well-being and performance: How human resource management practices and engaging leadership work together toward reaching this goal. *Human Resource Management*. 60. 333-347. <https://doi.org/10.1002/hrm.22021>; Hauff, S., Felfe, J., & Klug, K. (2022). High-performance work practices, employee well-being, and supportive leadership: spillover mechanisms and boundary conditions between HRM and leadership behavior. *International Journal of Human Resource Management*, 33(10), 2109–2137. <https://doi.org/10.1080/09585192.2020.1841819>

**Table 3: Leadership practices linked to positive workplace PSW**

Leadership Style	Focus	Practice Examples
Ethical <sup>83</sup>	Modelling and fostering moral behaviour (e.g. accountability and fairness) within an organisation.	<ul style="list-style-type: none"> <li>Ensuring transparency, fairness and accountability</li> <li>Making decisions based on moral principles</li> <li>Prioritising honesty</li> </ul>
Inclusive <sup>84</sup>	Ensuring all employees feel valued and included.	<ul style="list-style-type: none"> <li>Inviting and responding to employee feedback</li> <li>Exhibiting appreciation of employee contributions</li> <li>Creating an environment where people from diverse backgrounds feel valued and included</li> </ul>
Transformational <sup>85</sup>	Building employee investment in organisational goals.	<ul style="list-style-type: none"> <li>Aligning organisational goals with individual needs and aspirations to create a shared vision.</li> <li>Inviting collaboration on solutions to workplace challenges.</li> </ul>
Servant <sup>86</sup>	Prioritising employee growth and development, above personal gain.	<ul style="list-style-type: none"> <li>Prioritising employee development above personal gain.</li> <li>Providing personalised support and mentorship to each team member, based on their needs.</li> <li>Empowering team members to make decisions and to take ownership of their work.</li> </ul>

Source: Brown et al. (2005); Lawton & Páez (2015); Nembhard & Edmondson (2006); Bass (1999); Arnold (2017); Wong & Page (2000); Krog & Govender (2015).

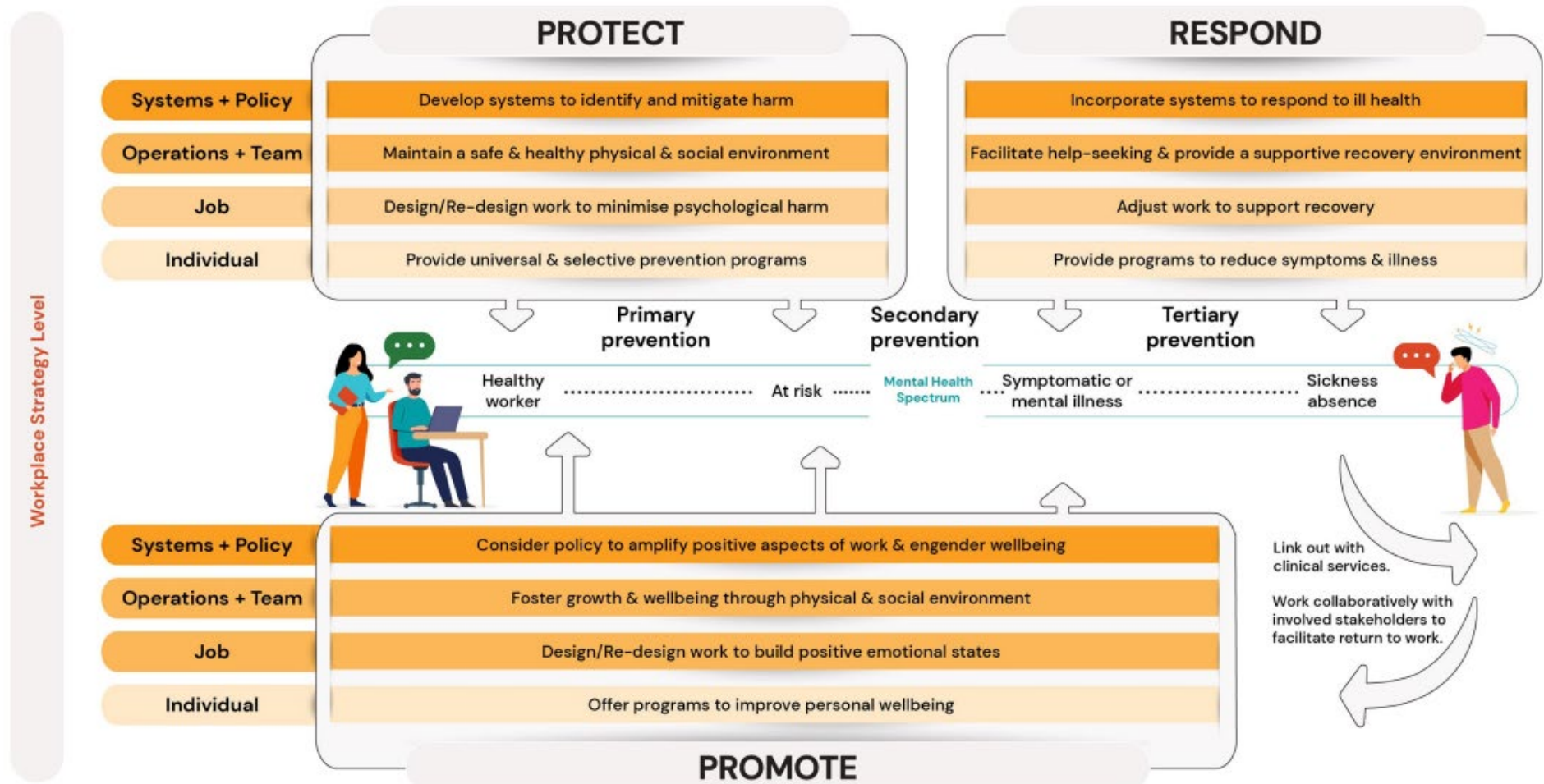
<sup>83</sup>Brown, M. E., Treviño, L. K., & Harrison, D. A. (2005). Ethical leadership: A social learning perspective for construct development and testing. *Organizational Behavior and Human Decision Processes*, 97(2), 117-134. <https://doi.org/10.1016/j.obhdp.2005.03.002>; Lawton, A., & Páez, I. (2015). Developing a Framework for Ethical Leadership. *Journal of Business Ethics*, 130(3), 639-649. <https://doi.org/10.1007/s10551-014-2244-2>

<sup>84</sup>Nembhard, I. M., & Edmondson, A. C. (2006). Making it safe: the effects of leader inclusiveness and professional status on psychological safety and improvement efforts in health care teams. *Journal of Organizational Behavior*, 27(7), 941-966. <https://doi.org/10.1002/job.413>

<sup>85</sup>Bass, B. M., & Vanderberghe, C. (1999). Two decades of research and development in transformational leadership. Commentary: Leadership and Organizational Change. *European Journal of Work and Organizational Psychology*, 8(1), 9-32. <https://doi.org/10.1080/135943299398410> Arnold, K. A. (2017). Transformational leadership and employee psychological well-being: A review and directions for future research. *Journal of Occupational Health Psychology*, 22(3), 381. <https://doi.org/10.1037/ocp0000062>

<sup>86</sup>Wong, T., & Page, D. (2000). A conceptual framework for measuring servant-leadership. *The Human Factor in Shaping the Course of History and Development*; University Press of America: Lanham, MD, USA; Krog, C. L., & Govender, K. (2015). The relationship between servant leadership and employee empowerment, commitment, trust and innovative behaviour : a project management perspective : original research. *SA Journal of Human Resource Management*, 13(1), 1-12. <https://doi.org/10.4102/sajhrm.v13i1.712>

Figure 2: 'Promote, Protect and Respond' psychosocial wellbeing strategies



Source: Deady, M., Sanatkar, S., Tan, L., Glozier, N., Gayed, A., Petrie, K., Dalgaard, V. L., Stratton, E., LaMontagne, A. D., & Harvey, S. B. (2024). A mentally healthy framework to guide employers and policy makers. *Frontiers in Public Health*, 12, 1430540

#### 4.1.2 Promote-Protect-Respond Capabilities

In addition to developing broad leadership capabilities (see further discussion at Section 5.1), the literature also illustrates that by implementing strategies across the mental health intervention spectrum, organisations and leaders can not only reduce exposure to psychosocial stressors and mitigate their impacts, but can also contribute positively to employee psychosocial wellbeing<sup>87</sup>.

The *Mentally Healthy Workplaces* Framework, adopted by the National Mental Health Commission<sup>88</sup>, groups spectrum strategies under three main pillars: Promote – Protect – Respond (PPR), as illustrated in Figure 2.

- **‘Promote’(P):** recognising and enhancing the positive aspects of work that contribute to positive PSW and promoting a positive PSW culture within the workplace that reduces stigma and normalises help-seeking.
- **‘Protect’(P):** identifying and managing workplace psychosocial hazards to prevent and minimise employee exposure to harm.
- **‘Respond’(R):** identifying and responding to instances of psychosocial distress to support recovery.

While the Framework indicates that these spectrum strategies should be implemented at multiple organisational levels, UTS adopted the PPR spectrum at the outset of the research, and used it to inform our:

- Data gathering within each case study workplace
- Assessment of current leadership capabilities for managing workplace PSW (see below)
- Shaping of specific leadership uplift options (see Section 5.2).

For the purposes of this research, core leadership capabilities were identified under each pillar in consultation with the literature and UTS subject matter experts for inclusion in feedback gathering instruments. The resulting PPR skills used in the survey to assess perceptions of current leadership capabilities are listed in the table below.

<sup>87</sup>Rugulies, R., Aust, B., Greiner, B. A., Arensman, E., Kawakami, N., LaMontagne, A. D., & Madsen, I. E. H. (2023). Work-related causes of mental health conditions and interventions for their improvement in workplaces. *The Lancet (British Edition)*, 402(10410), 1368–1381. [https://doi.org/10.1016/S0140-6736\(23\)00869-3](https://doi.org/10.1016/S0140-6736(23)00869-3); Boot, C. R., LaMontagne, A. D., & Madsen, I. E. (2024). Fifty years of research on psychosocial working conditions and health: From promise to practice. *Scandinavian Journal of Work, Environment & Health*, 50(6), 395–405. <https://doi.org/10.5271/sjweh.4180>

<sup>88</sup>National Mental Health Commission. (2024). *Blueprint for Mentally Healthy Workplaces – Release 3*, December 2024. <https://www.mentalhealthcommission.gov.au/sites/default/files/2024-12/blueprint-for-mentally-healthy-workplaces-release-3-2024.pdf>

**Table 4: Promote - Protect - Respond leadership capabilities**

Pillar	Core capabilities
Promote	<ul style="list-style-type: none"> <li>• Creating a workplace culture where employees feel valued and included.</li> <li>• Inviting input and collaboration from employees on solutions to workplace stressors.</li> <li>• Empowering employees to make decisions and take ownership of their work.</li> <li>• Promoting a positive psychosocial wellbeing culture within the workplace that reduces stigma and normalises help-seeking.</li> </ul>
Protect	<ul style="list-style-type: none"> <li>• Recognising employee needs and identifying potential psychosocial hazards in the work environment.</li> <li>• Proactively speaking with employees about workplace health and safety, including psychosocial wellbeing matters.</li> <li>• Keeping themselves calm and regulating their own emotions when faced with difficult situations in the workplace.</li> <li>• Creating a workplace culture where employees feel comfortable raising their concerns, including psychosocial wellbeing matters.</li> </ul>
Respond	<ul style="list-style-type: none"> <li>• Adjusting the design of working conditions or roles to mitigate the risks or impacts of psychosocial stressors in the workplace.</li> <li>• Advocating for improved organisational support and changes to working conditions on behalf of employees.</li> <li>• Acting quickly to address workplace issues that are affecting the psychosocial wellbeing of employees.</li> <li>• Speaking with employees who are showing signs of psychosocial challenges or distress to determine whether or not they related to stressors in the workplace.</li> <li>• Providing appropriate support to individual employees when they are experiencing or recovering from psychosocial challenges or distress related to the workplace.</li> </ul>

**Source:** UTS building from a) National Mental Health Commission 2024, Blueprint for Mentally Healthy Workplaces: Release 3 and b) Deady et al 2024 'A mentally healthy framework to guide employers and policymakers' in *Frontiers in public health*, vol. 12.

## 4.2 Research Findings - What stakeholders told us

Respondents in each case study workplace were asked questions about their current leadership's approach to PSW, covering their understanding, capabilities and the tools and resources available. Summaries of each of these follow, with further content included in each of the case studies at Appendix 6.

### 4.2.1 Understanding of PSW

A significant proportion of leader survey respondents reported that they were not entirely clear on their responsibilities related to workplace PSW. Less than one-quarter reported being 'very clear' about what is and is not their responsibility when it comes to PSW (24%). While roughly two-thirds (61%) reported that they were 'somewhat clear', and more than one-in-ten (15%) reported that they were 'not at all clear'.

During focus groups and interviews, leader respondents indicated they were significantly more confident about their responsibilities than the survey data indicates. They also indicated a desire to know more, especially about how to better support individual employees impacted by PSW. Leaders often mentioned that they would appreciate more considered and prescriptive guidelines to manage sensitive issues and conversations, saying that this would help clarify their roles and responsibilities as leaders.

Some leaders also raised questions regarding the **boundaries** of their psychosocial responsibilities. For example, some reported:

- Feeling "overwhelmed" by some of the PSW issues employees were raising.
- Being unsure of how to manage matters that extended beyond the workplace (e.g. family conflict or domestic and family violence); perception that these are better managed through external professionals

Employee perceptions of their leaders' understanding of PSW in general, and their PSW responsibilities in particular, were mixed. Some reported that their leaders appeared to have a good understanding of PSW, but that this did not consistently translate into practice. While others reported that their leaders had a "limited understanding" of PSW or did not prioritise the PSW of employees.

### 4.2.2 Perceived PSW capabilities

Survey respondents were provided the option to rank various PSW leadership skills on a scale from 'Not at all Capable' to 'Very Capable', with a range of specific skills assigned to assess each domain of PPR. Leaders were asked to rate their own capability in each area, while non-supervisors were asked to provide a general rating of their 'leader/s' capability in each area.

Leadership capabilities related to PSW were, overall, rated more positively than negatively. However, in general, leaders rated themselves as substantially more capable than they were

*"There is a good understanding of psychosocial wellbeing but not enough resources and support from governing bodies to make meaningful change."*

**Supervisor,  
Health**

*"It's not fully clear to me where the boundaries lie... I've noticed that staff will raise some very personal matters - like what's happening in their relationship ... and I am not sure whether this is something I am expected to offer support on, or discuss further, or whatever."*

**Supervisor,  
Justice**

rated by non-supervisors. While the self-ratings of leaders cannot be directly linked and compared to the ratings provided by their supervisees, this finding suggests a general disconnect which may imply a lack of awareness amongst leaders and need for more 360-degree feedback. This finding was consistent throughout focus group discussions.

Each leader that responded to the survey rated themselves as 'capable' or 'very capable' in at least one listed PSW leadership practice. A little more than half (56%) provided themselves any rating of 'somewhat capable' and less than one-in-ten (9%) provided themselves any rating of 'not at all capable' in at least one listed practice.

*"They know what the issues are, they know what the answers are, but it costs money and it's not a priority."*

**Non-supervisor,  
Health**

While non-supervisors were also more likely to provide their leader/s a rating of 'very capable' or 'capable' on at least one listed practice (66%); almost half (49%) provided their leader/s with at least one rating of 'not at all capable'.

Both groups more commonly applied less favourable ratings to leadership practices categorised as 'Respond' capabilities, followed by practices categorised as 'Protect' and finally 'Promote' capabilities.

What follows is further analysis of leadership capabilities against PPR.

### a) Promote

Promote capabilities refer to leadership practices which recognise and enhance the positive aspects of work that contribute to positive PSW and promote a positive PSW culture within the workplace that reduces stigma and normalises help-seeking. In this report, it also refers to actions designed to publicise or socialise measures available to protect and respond to psychosocial harm in the workplace.

Leaders' perceived abilities to promote PSW varied significantly between the workplaces studied. The majority of leaders provided themselves at least one rating of 'very capable' or 'capable' for practices categorised as 'Promote' capabilities (97%), while only 15% provided themselves any 'Somewhat capable' rating and 3% any rating of 'Not at all capable'. In contrast, less than two-thirds of non-supervisors provided their leader/s any rating of 'very capable' or 'capable' (60%) for Promote practices, while 41% provided at least one 'Somewhat capable' rating and 32% at least one 'not at all capable' rating.

*"I feel like as managers, we are more and more becoming psychologists"*

**Senior Manager+,  
Health**

Justice workplace respondents were generally more positive about the internal promotion of PSW, with most respondents at all levels noting it was taken seriously, as was evident in employee communications, including having PSW as a standing item on all staff meeting agendas. While these workplaces generally had positive feedback, respondents across all the case study agencies reported inconsistency in leader capabilities to promote PSW, often citing 'performative' signalling that was not supported by meaningful and effective action.

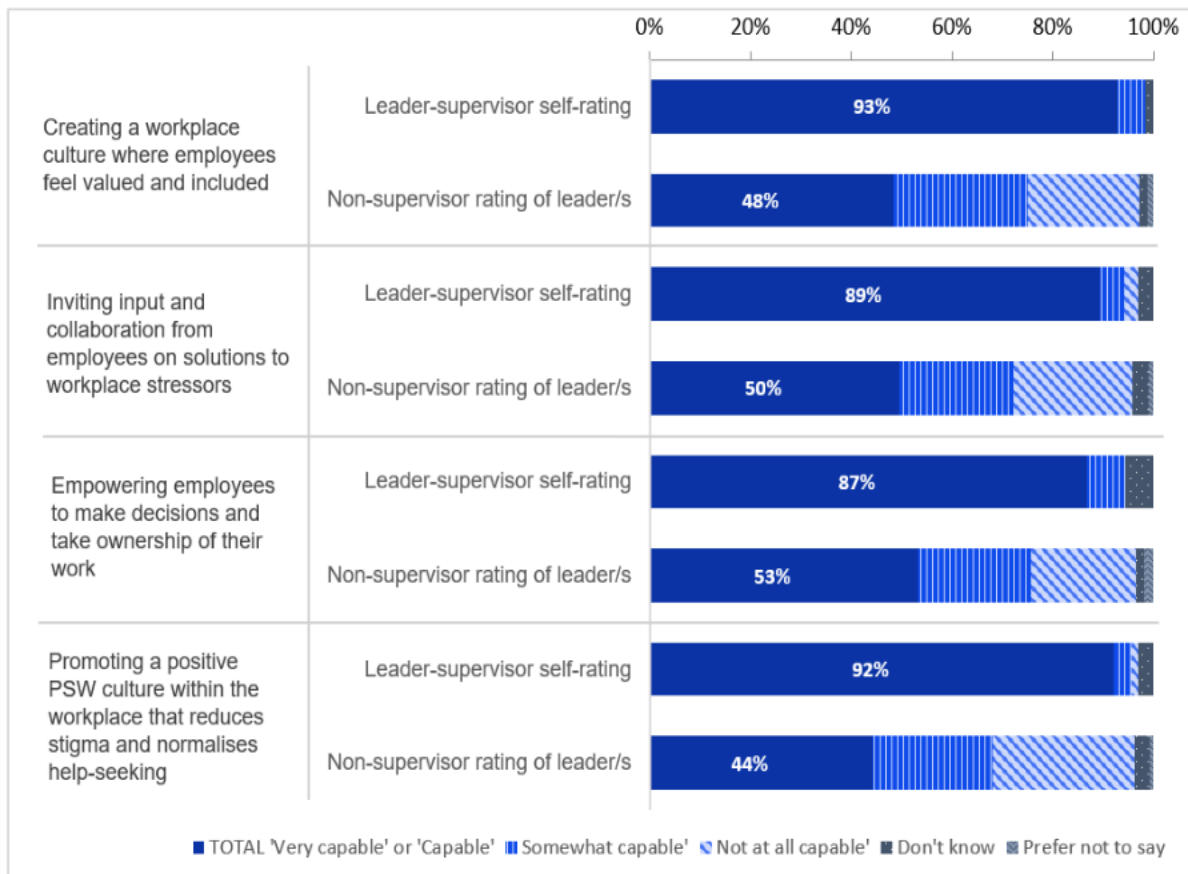
As demonstrated in Figure 3 below, non-supervisors most commonly gave their leader/s less favourable (i.e. 'somewhat capable' or 'not at all capable') ratings for:

- Promoting a positive PSW culture within the workplace that reduces stigma and normalises help-seeking (52%)
- Creating a workplace culture where employees feel valued and included (49%).

Conversely, leaders more commonly rated themselves less favourably for:

- Inviting input and collaboration from employees on solutions to workplace stressors (8%)
- Empowering employees to make decisions and take ownership of their work (8%).

**Figure 3: Rating of Leaders' Promote PSW Capabilities**



Source: UTS NSW case study workplaces, 2025 survey. Non-supervisors: 'Please rate how you perceive the confidence and capability of your direct leader/s in each of the following areas': weighted effective sample size = 166. Supervisors: 'Please rate your confidence and capability in each of the following areas', Weighted effective sample size = 70.

Importantly, non-supervising respondents reported a strong desire to be more consistently recognised by their leaders, and to have their value acknowledged. Many non-supervisors believed this to be a simple, no-cost way to promote PSW and strengthen organisational alignment.

One promotional behaviour that was widely seen as positive and impactful was role modelling behaviours from leaders. For example, finishing work at reasonable hours, not working or communicating with employees out of office hours, and openly discussing their own stressors and use of PSW supports such as EAP. Non-supervising respondents reported that this increased their own likelihood of engaging with organisational PSW supports and services.

## b) Protect

Protect capabilities refer to leadership practices which identify and manage PSW risk to prevent and minimise employee exposure to harm.

Almost all leader respondents rated themselves as at least 'capable' in each of the listed Protect practices (96%), while approximately one-third (34%) providing themselves any 'somewhat capable' rating and 5% provided any 'not at all capable' ratings. Non-supervisors also more commonly provided their leader/s at least one 'very capable' or 'capable' rating (62%), although a significant proportion provided at least one 'somewhat capable' (47%) and at least one 'not at all capable' rating (40%).

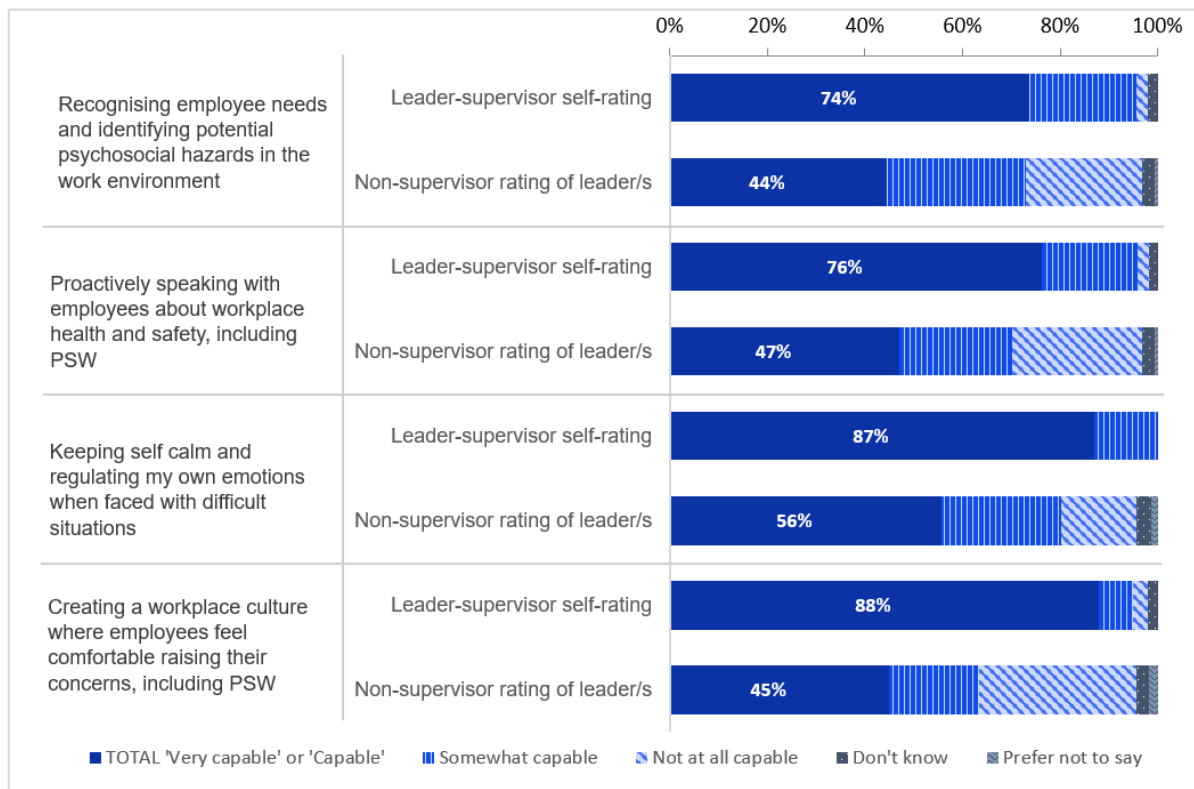
While many respondents were critical of their leaders' capacity to protect employees from psychosocial harm, many also recognised the systemic and operational constraints that they worked with. Frequent references were made to limited resourcing, examples of poor organisational design, plus decisions outside of their leaders' direct control. For example, many respondents within health workplaces – non-supervisors and leaders alike – noted that the size of NSW public health model made it challenging to make change locally due to "multiple layers of bureaucracy". This was exacerbated by resourcing constraints, especially where the protections related to less work pressure and ultimately more employees.

As demonstrated in Figure 4 below, 'Recognising employee needs and identifying potential psychosocial hazards in the work environment' was rated least favourably (i.e. 'somewhat capable' or 'not at all capable') by both non-supervisors (52%) and leaders (24%).

Following this, the second least favourable ratings provided by the two groups were:

- Non-supervisors: 'Creating a workplace culture where employees feel comfortable raising concerns' (51%).
- Leaders: 'Proactively speaking with employees about workplace health and safety, including PSW' (22%).

*"I make a point of regularly talking about my own coping strategies... debriefing with colleagues over a drink, taking an occasional day off, calling our counselling service... I think it's important for staff to see we all get impacted by the work we do, including me."*  
**Senior Manager+, Justice**

**Figure 4: Ratings of Leaders' Protect Capabilities**

Source: UTS NSW case study workplaces, 2025 survey. Non-supervisors: 'Please rate how you perceive the confidence and capability of your direct leader/s in each of the following areas'; weighted effective sample size = 166. Supervisors: 'Please rate your confidence and capability in each of the following areas', Weighted effective sample size = 70.

Examples of protective measures that were identified by respondents to be **beneficial** in their current workplace included:

- Warning and distress labels on the exteriors of documents containing sensitive/traumatic materials
- Consulting employees with disabilities and/or chronic illnesses to devise action plans/preventative measures for person-specific risks
- Flexible working arrangements like Work from Home, composite hours, and team-based work/projects
- Organisational modules and professional learning sessions on early risk identification and management/prevention
- Having access to peer-supports (e.g. Mental health First Aiders or Colleague Care) able to provide lateral support outside of formal WHS systems
- Having good colleagues and "mates in the workplace" available to debrief with, especially after a challenging client or colleague encounter
- Having access to a quality EAP with a larger number of available sessions.

Examples of instances that were reported as **not effective** or hindered protective measures included:

- Making decisions without employee consultation; perceptions of leader-supervisors (particularly at middle- and senior-manager level) being out of touch with employee experiences, and making poor decisions as a result
- Despite this, non-supervising employees acknowledged that Team Leaders were often subject to the same stressors as non-supervisors, and recognised limitations faced from middle- and senior-managers when trying to implement protective practices
- Delaying responses to initial risk reports and not taking suggested protective initiatives/protocols seriously (until serious incidents occur and a response is required)
- Additionally, some leaders reportedly demonstrated low empathy and EQ; not consistently being able to identify risks or individuals that are experiencing stressors.

Examples of instances where leaders were seen to work against the **protection** of employees included:

- Blaming or singling out the people who raised PSW challenges.
- Verbalised perceptions of leaders' that their younger employees needed to "toughen up" or become "more resilient to stressors" (this feedback usually also mentioned generational or age differences between leaders and junior non-supervising employees)
- De-legitimising stressors and attributing all or in part to union or professional body advocacy or wider industrial action
- Leaders "being part of the problem", either tolerating or "turning a blind eye" to aggressive behaviours or other forms of inappropriate exchanges in the workplace (Particularly when the behaviour came from other leaders).

While employees are aware that many stressors cannot be avoided, they desire more efforts to mitigate their negative impacts.

### c) Respond

Respond capabilities refer to skills which involve identifying and responding to instances of psychosocial distress to support recovery.

Respond capabilities received the least favourable ratings by both leaders and non-supervisors across the PPR capabilities. For example:

- The majority of leaders gave themselves at least one rating of 'very capable' or 'capable' for skills categorised as 'Respond' capabilities (88%)
- Half rated themselves only 'somewhat capable' in at least one listed skill (50%)
- 6% gave themselves a rating of 'not at all capable'.

In contrast, only half of non-supervisors gave their leader/s any rating of 'very capable' or 'capable' (50%), while an almost equal proportion rated their leader/s as 'somewhat capable' (47%) or 'not at all capable' in at least one 'Respond' skill (46%).

As demonstrated in Figure 5, non-supervisors most commonly provided their leader/s less favourable ratings (i.e. 'somewhat capable' or 'not at all capable') for:

- Acting quickly to address workplace issues that are affecting the PSW of employees (57%)

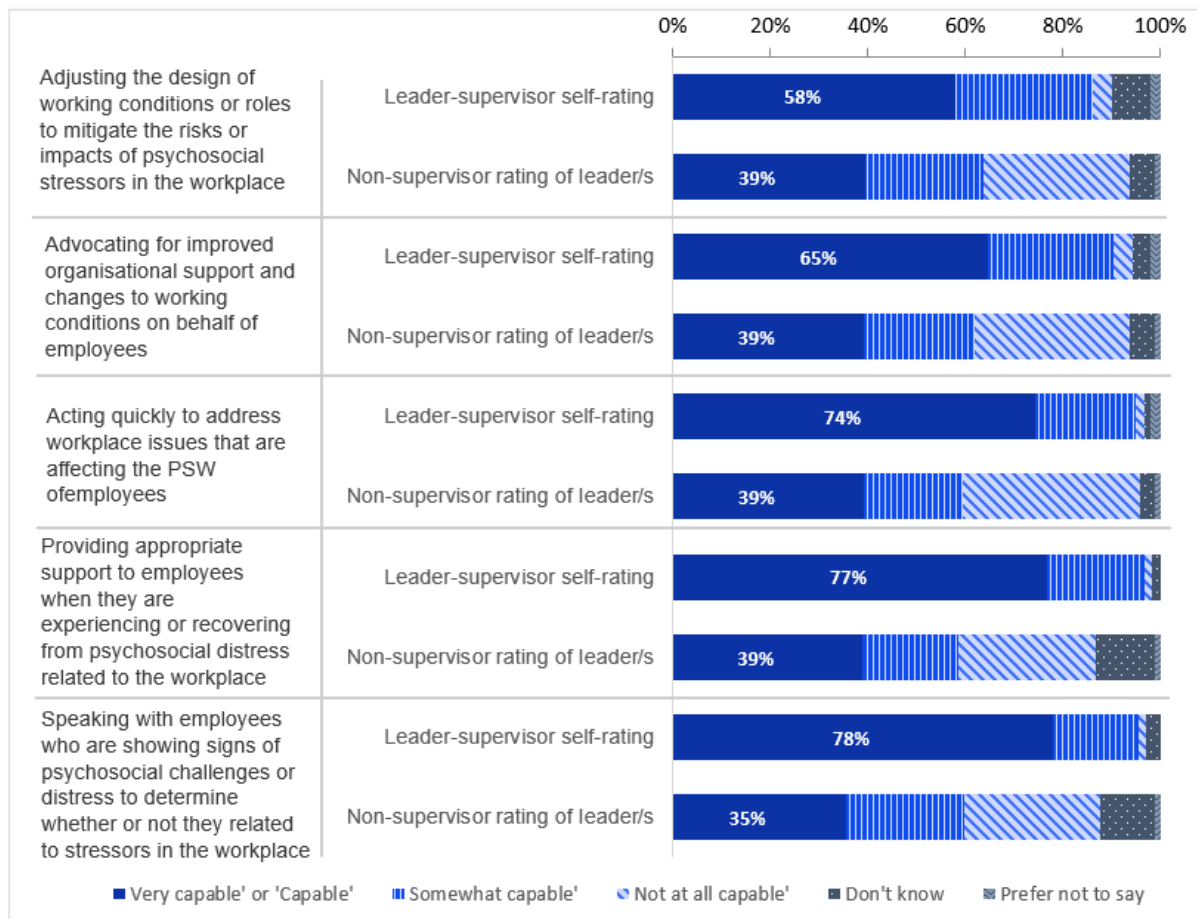
*"There are some managers that have made their way up the chain without having enough management experience ... They do not have that skillset. Then they don't have the time to undertake training and build up that capability."*

**Supervisor,  
Health**

- Advocating for improved organisational support and changes to working conditions on behalf of employees (55%). Leaders also rated themselves second least favourably for this practice (30%).

Leaders most commonly provided themselves less favourable ratings for ‘Adjusting the design of working conditions or roles to mitigate the risks or impacts of psychosocial stressors in the workplace’ (32%).

**Figure 5: Rating of Leaders' Respond Capabilities**



Source: UTS NSW case study workplaces, 2025 survey. Non-supervisors: ‘Please rate how you perceive the confidence and capability of your direct leader/s in each of the following areas’; weighted effective sample size = 166. Supervisors: ‘Please rate your confidence and capability in each of the following areas’, Weighted effective sample size = 70.

While there were numerous positive reports of leaders responding effectively to PSW concerns, criticisms included reports of leadership responses being perceived as “not person-centred” and in other cases even “tokenistic” or “performative”. Leadership responses were also in some cases criticised for focusing too much on compliance and procedure, leaving impacted individuals feeling ‘forgotten’ or ‘ignored’; or that the crux of their issue remained unaddressed. Some respondents also reported that their relevant leader had failed to act on the issue altogether.

Other reported examples where responses were not managed well included reports of leaders:

- Not demonstrating empathy towards the individual
- Being uncomfortable having sensitive conversations

1. Unwillingness to further investigate a reported PSW risk or harm because of leaders' reluctance to:
  1. formalise the matter due to complex, time consuming reporting systems
  2. trigger repercussions
  3. provide advice or guidance, so just "refer everyone to EAP and job done".
- Bureaucratizing the issue or stressor and discussing it at length, though not taking steps to co-design or implement any remedial actions.

*"We need better communication between managers and staff where managers actually listen to concerns raised and work with staff to find solutions rather than responding with denial and hostility."*

**Non-supervisor,  
Health**

Appendix 5 provides a distilled summary of respondent feedback regarding positive and negative responses to PSW risk or distress, clustered around five core positive attributes:

- **Prioritised**, where the leader demonstrates that an employees' PSW is important and needs to be responded to as a matter of priority
- **Authentic**, where the leader successfully communicates genuine concern and support for the affected individual or team
- **Person-centred**, where the leader and the affected individual can negotiate best-fit options for their recovery and return to works
- **Destigmatised**, where the response to the affected individual is normalised and treated in the same way as any other WHS incident
- **Career Neutral**, where affected individuals are confident that their career or opportunity for promotion will not be jeopardised by raising or needing support for PSW.

#### 4.2.3 Impact of current strategies to resolve stressors in the workplace

Workplace strategies used to respond to stressors were more commonly reported to lead to positive changes, than negative changes. However, using formal complaints mechanisms and raising the issue with leadership were amongst the most-commonly reported strategies that led to negative outcomes.

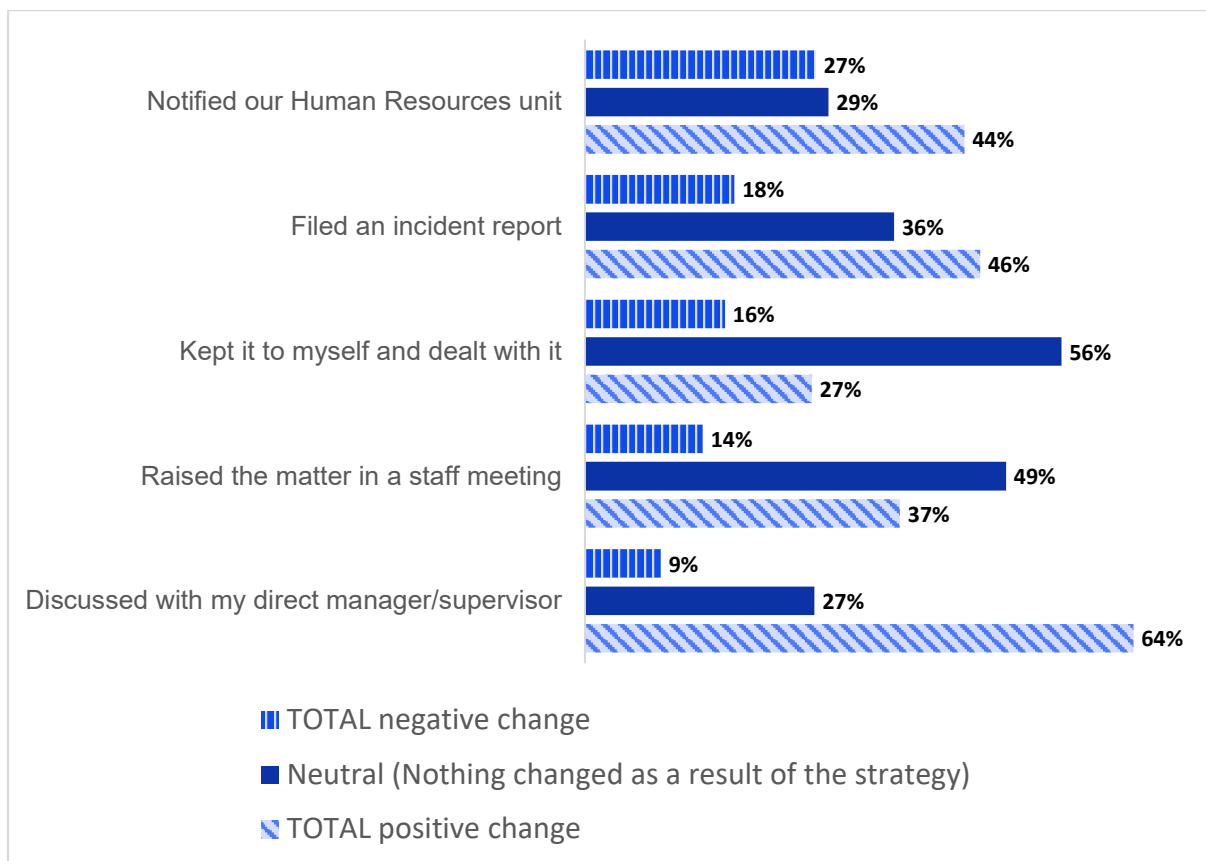
Figure 6 provides a summary of the top responses that respondents reported a negative change resulting. While it is important to note that positive changes were much more commonly reported for each of these strategies, as the figure below demonstrates, a notable minority reported negative changes resulting from:

- Discussing the issue with their direct supervisor/manager (9% of those who reported using the strategy).
- Raising the matter in a staff meeting (14% of those who reported using the strategy)
- Filing an incident report (18% of those who used the strategy)
- Lodging a formal complaint through HR (27% of those who used the strategy).

**“The [workplace PSW] issue I raised became my problem... I was constantly being asked into meetings to discuss it, though all I wanted was something changed with how we worked... In the end I dropped it.”**  
**Non-supervisor, Justice**

Concerningly, many of the non-supervisors who shared instances of inadequate leader responses noted that they no longer report issues due to past inaction and a distrust in formal response pathways. This distrust and lack of confidence in change capabilities often extended from immediate supervisors and leaders to their workplaces’ Human Resources/People and Culture divisions as well.

**Figure 6: Top 5 responses where respondents reported a negative change resulting**



Source: UTS NSW case study workplaces, 2025 survey. ‘Thinking of a recent time you used this strategy/ these strategies, how would you rate their impact in terms of addressing or helping you deal with your stressors in the workplace?’. Weighted effective sample size = 178.

### Key Findings: Leader PSW Awareness and Capabilities

- When asked to identify leaders, most non-supervisors referred to their immediate supervisors or middle managers and many noted that they were unfamiliar with their senior leadership.
- Numerous respondents reported misalignment and a perceived 'disconnect' between different levels of leadership, particularly between senior leaders and immediate supervisors. This was seen to undermine effective prioritisation and responses to PSW risks.
- There was mixed feedback from leaders about their understanding of their PSW responsibilities, with a significant portion reporting that they were not entirely clear on the boundaries of their responsibilities.
- Feedback from non-supervisors on their leader/s understanding and capabilities related to PSW was also mixed, with some respondents reporting very positive leadership PSW approaches and others reporting that leadership PSW approaches were “performative”, “tokenistic”, “compliance-driven”, or not prioritised.
- Notably, there was significant variation both between and within workplaces, with some respondents noting that positive leadership felt like a “luck-of-the-draw” and strongly associated with emotional intelligence.

## 5. Findings C: Opportunities for Uplift

This section analyses the findings related to improving leadership regarding managing PSW drawing from the both the desktop findings and engagement feedback. More specifically, the section answers KRQ 3: *What evidence-based leadership initiatives and management capability uplift activities will best support psychosocial wellbeing in public sector workplaces?*

### 5.1 Research Context - What the literature says

A growing body of evidence indicates that the best approach to supporting workplace PSW is to implement a suite of tailored strategies targeted across the mental health spectrum and at different organisational levels.

While this includes leadership initiatives and capability uplift activities, the literature emphasises that leaders have a limited influence over psychosocial working conditions. As such, organisations must provide a facilitating environment for leader action by addressing the broader workplace systems and policies impacting employee PSW<sup>89</sup> (see Section 6) and empower leaders to protect their own PSW as a key enabling resource.<sup>90</sup>

#### 5.1.1 The Mentally Healthy Workplaces Framework

As outlined in Section 4.1.2, the *Mentally Healthy Workplaces Framework*<sup>91</sup> (2024) adopted by the National Mental Health Commission<sup>92</sup> outlines an approach that can not only reduce exposure to psychosocial stressors and mitigate their impact, but also contribute positively to employee psychosocial wellbeing.<sup>93</sup> Figure 2 presents an illustration of the evidence-based framework incorporating various workplace strategies across all levels of an organisation.

The Framework posits that organisations should implement a suite of strategies across the mental health spectrum. In summary, these comprise:

- **‘Promote’ strategies:** recognise and enhance the positive aspects of work that contribute to positive PSW and promote a positive PSW culture within the workplace that reduces stigma and normalises help-seeking.
- **‘Protect’ strategies:** identify and manage workplace psychosocial risks to prevent and minimise employee exposure to harm.
- **‘Respond’ strategies:** identify and respond to instances of psychosocial distress to support recovery.

<sup>89</sup> St-Hilaire, F. and Gilbert, M-H. (2019). What do leaders need to know about managers' mental health? *Organisational Dynamics*, 48 p. 86.

<https://doi.org/10.1016/j.orgdyn.2018.11.002>

<sup>90</sup> Dextras-Gauthier, Gilbert, Dima and Adou (2023), "Organisational culture and leadership behaviours: is manager's psychological health the missing piece. *Frontiers in Psychology*, 14. 1-4. <https://doi.org/10.3389/fpsyg.2023.1237775>

<sup>91</sup> Deady, M., Sanatkar, S., Tan, L., Glozier, N., Gayed, A., Petrie, K., Dalgaard, V. L., Stratton, E., LaMontagne, A. D., & Harvey, S. B. (2024). A mentally healthy framework to guide employers and policy makers. *Frontiers in Public Health*, 12(1430540). <https://doi.org/10.3389/fpubh.2024.1430540>

<sup>92</sup> National Mental Health Commission. (2024). Blueprint for Mentally Healthy Workplaces – Release 3, December 2024.

<https://www.mentalhealthcommission.gov.au/sites/default/files/2024-12/blueprint-for-mentally-healthy-workplaces-release-3-2024.pdf>

<sup>93</sup> Rugulies, R., Aust, B., Greiner, B. A., Arensman, E., Kawakami, N., LaMontagne, A. D., & Madsen, I. E. H. (2023). Work-related causes of mental health conditions and interventions for their improvement in workplaces. *The Lancet (British Edition)*, 402(10410), 1368–1381. [https://doi.org/10.1016/S0140-6736\(23\)00869-3](https://doi.org/10.1016/S0140-6736(23)00869-3), Boot, C. R., LaMontagne, A. D., & Madsen, I. E. (2024). Fifty years of research on psychosocial working conditions and health: From promise to practice. *Scandinavian Journal of Work, Environment & Health*, 50(6), 395–405. <https://doi.org/10.5271/sjweh.4180>

According to the Framework, these PPR strategies need to be applied at different levels within an organisation. The different levels can be categorised as follows, though likely overlap in practice:

- **Systems and policy** – organisation-wide systems and policies to support psychosocial wellbeing.
- **Operation and team** – initiatives to improve the immediate working environment and culture. This is where individual leaders have the most influence, but also includes supporting resources such as leadership and management training and enhancement of the physical working environment.
- **Job** – efforts to assess and improve the design of roles, activities and responsibilities to mitigate psychosocial hazards.
- **Individual** – access and referrals to early intervention and longer-term care programs.

Examples of strategies which can be applied at each organisational level are summarised in Figure 2.

While the content presented above is based on findings from numerous reviews and studies, it is important to note that the research landscape on PSW is constantly evolving and there tends to be variability in the strength of evidence for different strategies. For example, individual-level interventions have the strongest evidence base<sup>94</sup>, however, this is in part because individual interventions are less costly and more feasibly implemented and evaluated than more complex interventions at the systems and policy level. In addition, evaluation of individual-level interventions tends to be time-limited, meaning their longer-term impacts are rarely captured and assessed. The available evidence indicates that systems-wide initiatives can have a greater overall impact not only in terms of improving PSW, but also overall organisational performance.<sup>95</sup> However, more robust evaluation studies are required to support this.

There is also a research gap for particular types of employees: including frontline and first responders; workers in rural and remote locations; as well as differences between various subgroups relating to variables such as gender, age, occupational status, and culture. In addition, there are gaps in the research related to implementation, including to determine acceptability, feasibility and uptake of workplace interventions across different industries and occupation groups.

As such, it is important for Australian and New Zealand public sector employees at all levels to continue staying up to date with the evolving research landscape on PSW to ensure they are open to emerging findings and evidence-based solutions.

**Table 5: Psychosocial wellbeing strategies for different organisational levels**

Level	Strategy examples
Systems and policy <sup>96</sup>	<ul style="list-style-type: none"> <li>• Health and safety risk assessment and management</li> </ul>

<sup>94</sup> Boot, C. R., LaMontagne, A. D., & Madsen, I. E. (2024). Fifty years of research on psychosocial working conditions and health: From promise to practice. *Scandinavian Journal of Work, Environment & Health*, 50(6), 395–405. <https://doi.org/10.5271/sjweh.4180>; Deady, M., Sanatkar, S., Tan, L., Glozier, N., Gayed, A., Petrie, K., Dalgaard, V. L., Stratton, E., LaMontagne, A. D., & Harvey, S. B. (2024). A mentally healthy framework to guide employers and policy makers. *Frontiers in Public Health*, 12(1430540). <https://doi.org/10.3389/fpubh.2024.1430540>

<sup>95</sup> Daniels, K., Gedikli, C., Watson, D., Semkina, A., & Vaughn, O. (2017). Job design, employment practices and well-being: a systematic review of intervention studies. *Ergonomics*, 60(9), 1177–1196. <https://doi.org/10.1080/00140139.2017.1303085>

<sup>96</sup> Daniels, K., Gedikli, C., Watson, D., Semkina, A., & Vaughn, O. (2017). Job design, employment practices and well-being: a systematic review of intervention studies. *Ergonomics*, 60(9), 1177–1196. <https://doi.org/10.1080/00140139.2017.1303085>; Yarker, J., Sinclair, A., Donaldson-Feilder, E. and Lewis, R. (2019). Work adjustments for

	<ul style="list-style-type: none"> <li>• Employee consultation</li> <li>• Policies and resourcing to support early help-seeking and access to care</li> <li>• Return-to-work programs with reasonable adjustments to existing duties to facilitate recovery</li> <li>• Diversity training and consideration of diversity in policy design</li> </ul>
Operation and team <sup>97</sup>	<ul style="list-style-type: none"> <li>• Professional learning for leadership and management to improve knowledge, attitudes, confidence and support behaviours.</li> <li>• Optimising the physical environment – e.g. providing access to natural light and greenspace, as well as communal spaces to increase socialisation.</li> <li>• Initiatives to promote team cohesion – e.g. social events and retreats.</li> </ul>
Job <sup>98</sup>	<ul style="list-style-type: none"> <li>• Assessment and continuous improvement of job design to prevent psychosocial harm – e.g. limiting long working hours, improving worker autonomy and participation in decision-making, limiting exposure to trauma where possible. The evidence-based SMART work design model provides practical guidance on how to redesign and restructure roles, activities, and responsibilities to improve working conditions.</li> <li>• Ensure adequate resourcing</li> <li>• Address imbalances in effort and reward</li> </ul>
Individual <sup>99</sup>	<ul style="list-style-type: none"> <li>• Access to early help-seeking programs —e.g. pre-post trauma exposure programs, psychological first aid.</li> <li>• Access and referrals to longer-term care – e.g. EAP, Cognitive Behaviour Therapy (CBT), mindfulness and physical health programs.</li> </ul>

mental health: A review of the evidence and guidance. <https://affinityhealthhub.co.uk/d/attachments/work-adjustments-for-mental-health-a-review-of-the-evidence-and-guidance-3-1592586270.pdf>

<sup>97</sup> Deady, M., Sanatkar, S., Tan, L., Glozier, N., Gayed, A., Petrie, K., Dalgaard, V. L., Stratton, E., LaMontagne, A. D., & Harvey, S. B. (2024). A mentally healthy framework to guide employers and policy makers. *Frontiers in Public Health*, 12(1430540). <https://doi.org/10.3389/fpubh.2024.1430540>; Milligan-Saville, J. S., L. Tan, A. Gayed, C. Barnes, I. Madan, M. Dobson, R. A. Bryant, H. Christensen, A. Mykletun and S. B. Harvey (2017). Workplace mental health training for managers and its effect on sick leave in employees: a cluster randomised controlled trial. *The Lancet Psychiatry* 4(11): 850-858. [https://doi.org/10.1016/s2215-0366\(17\)30372-3](https://doi.org/10.1016/s2215-0366(17)30372-3); Gayed, A., Milligan-Saville, J. S., Nicholas, J., Bryan, B. T., LaMontagne, A. D., Milner, A., Madan, I., Calvo, R. A., Christensen, H., Mykletun, A., Glozier, N., & Harvey, S. B. (2018). Effectiveness of training workplace managers to understand and support the mental health needs of employees: a systematic review and meta-analysis. *Occupational and Environmental Medicine (London, England)*, 75(6), 462–470. <https://doi.org/10.1136/oemed-2017-104789>; Gritzka, S., MacIntyre, T. E., Dörfel, D., Baker-Blanc, J. L., & Calogiuri, G. (2020). The Effects of Workplace Nature-Based Interventions on the Mental Health and Well-Being of Employees: A Systematic Review. *Frontiers in Psychiatry*, 11(323). <https://doi.org/10.3389/fpsy.2020.00323>

<sup>98</sup> Parker, S. K., & Knight, C. (2024). The SMART model of work design: A higher order structure to help see the wood from the trees. *Human Resource Management*, 63(2), 265–291. <https://doi.org/10.1002/hrm.22200>; Haby, M. M., Chapman, E., Clark, R., & Galvão, L. A. C. (2016). Interventions that facilitate sustainable jobs and have a positive impact on workers' health: an overview of systematic reviews. *Revista Panamericana de Salud Pública*, 40(5), 332–340.

<sup>99</sup> Deady, M., Sanatkar, S., Tan, L., Glozier, N., Gayed, A., Petrie, K., Dalgaard, V. L., Stratton, E., LaMontagne, A. D., & Harvey, S. B. (2024). A mentally healthy framework to guide employers and policy makers. *Frontiers in Public Health*, 12(1430540). <https://doi.org/10.3389/fpubh.2024.1430540>; SI SIRA (2023). *Addendum to the 2022 Review of the Workers Compensation Scheme — Submission to the Standing Committee on Law and Justice*. Sydney, State Insurance Regulatory Authority. [https://www.sira.nsw.gov.au/\\_data/assets/pdf\\_file/0004/1106914/submission-2022-review-workers-compensation-scheme.pdf](https://www.sira.nsw.gov.au/_data/assets/pdf_file/0004/1106914/submission-2022-review-workers-compensation-scheme.pdf)

Source: Deady, Sanatkar et al. 2024; Milligan-Saville, Tan et al. 2017, Gayed, Milligan-Saville et al. 2018; Gritzka, MacIntyre et al. 2020; Parker and Knight 2024; Haby, Chapman et al. 2016.

### 5.1.2 Supporting the psychosocial wellbeing of leaders

The literature also indicates that it is crucial for organisations to empower leaders to protect and support their own psychosocial wellbeing as a key resource necessary to fulfill the responsibilities of their role, including supporting the psychosocial wellbeing of their wider workforce and team.

Psychosocial distress and ill-health amongst leaders have been linked to negative impacts on leader behaviour, which have in turn been linked to negative impacts on employee wellbeing and performance. This includes:

- lower positive leadership practices (i.e. the capabilities listed in Section 4.1.2).
- increased passive (e.g. avoidance) and active (e.g. aggressive behaviour towards employees) destructive leadership practices.<sup>100</sup>

On this basis, the psychosocial wellbeing of leaders has been conceptualised as an integral organisational resource or ‘boundary condition’ for wider workplace wellbeing.<sup>101</sup>

As outlined in Section 3.1.2, the existing research indicates that not only are leaders negatively impacted by the same negative working conditions as their employees, but leadership roles also carry unique or exacerbated psychosocial risks. Notably, one stressor identified in the literature is the actual responsibility of supporting the psychosocial wellbeing of employees.<sup>102</sup>

Organisational strategies for supporting leaders identified in the literature include:

- Undertaking an assessment of the organisational conditions which may constrain or facilitate positive leadership practices.
- Implementing ‘upstream’, preventative interventions: i.e. ensuring adequate resourcing, appropriate work design and support policies to prevent psychosocial hazards and, thereby, reducing strain placed on leaders to implement band-aid responses.
- Establishing working/co-development groups where leaders in different areas can meet to discuss psychosocial wellbeing issues and their approaches. Not only can these groups support knowledge transfer amongst leadership, but they can also supplement the social support buffer often lacking in leadership positions.<sup>103</sup>
- Limiting the number of employees an individual leader is accountable for.<sup>104</sup>

<sup>100</sup> Dextras-Gauthier, J., Gilbert, M-H., Dima, J. and Adou, L. B. (2023), “Organisational culture and leadership behaviours: is manager’s psychological health the missing piece. *Frontiers in Psychology*, 14, 1-4. <https://doi.org/10.3389/fpsyg.2023.1237775>

<sup>101</sup> Dextras-Gauthier, J., Gilbert, M-H., Dima, J. and Adou, L. B. (2023), “Organisational culture and leadership behaviours: is manager’s psychological health the missing piece. *Frontiers in Psychology*, 14, 1-4. <https://doi.org/10.3389/fpsyg.2023.1237775>

<sup>102</sup> Martin, A., Woods, M., & Dawkins, S. (2018). How managers experience situations involving employee mental ill-health. *International Journal of Workplace Health Management*, 11(6), 442–463. <https://doi.org/10.1108/IJWHM-09-2017-0069>; Kirsh, B., Krupa, T., & Luong, D. (2018). How do supervisors perceive and manage employee mental health issues in their workplaces?. *Work (Reading, Mass)*, 59(4), 547–555. <https://doi.org/10.3233/WOR-182698>

<sup>103</sup> St-Hilaire, F. and Gilbert, M-H. (2019). What do leaders need to know about managers’ mental health? *Organisational Dynamics*, 48 p. 86. <https://doi.org/10.1016/j.orgdyn.2018.11.002>

<sup>104</sup> Gilbert, M. H., Dextras-Gauthier, J., Boulet, M., Auclair, I., Dima, J., & Boucher, F. (2023). Leading well and staying psychologically healthy: the role of resources and constraints for managers in the healthcare sector. *Journal of health organization and management*, 38(1). p. 70–91. <https://doi.org/10.1108/JHOM-12-2021-0442>

## 5.2 Research Findings - What stakeholders told us

### 5.2.1 Leadership perception of support

The survey data indicates that many leaders feel that they need additional support from their organisations to fulfill their responsibilities related to the PSW of their employees.

As demonstrated in Figure 7 below, more than half of the weighted sample of leader survey respondents (56%) indicated that they felt significantly more support was needed, while less than one-third (31%) reported that they felt adequately supported. Only 8% indicated that they felt very supported by their organisation to fulfill their responsibilities related to PSW.

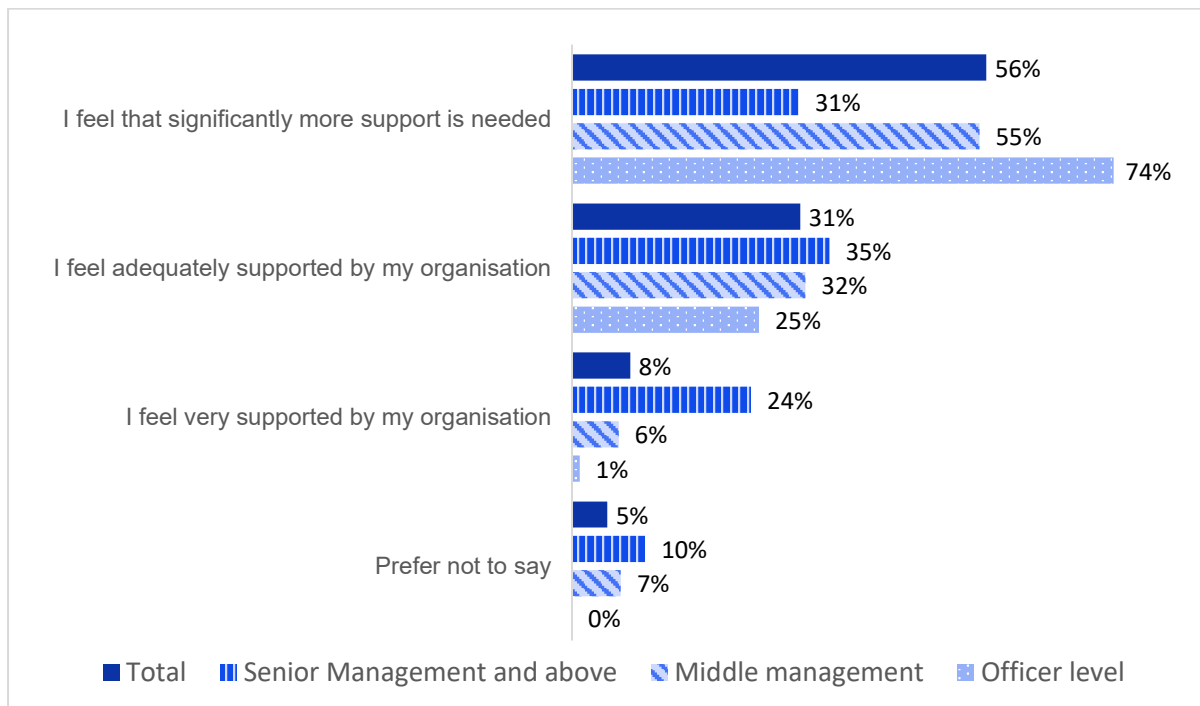
While the survey sample sizes were too small to draw solid conclusions by job level, the data suggests that leaders at more junior levels felt that they needed significantly more support than those at more senior levels.

This was reflected in qualitative feedback, where many leader respondents – particularly those in middle management – reported feeling “squished” between competing demands to support the PSW of their supervisees and “[needing to] deal with what they’ve been told from above”. This feedback can be linked to concerns regarding the “disconnect” between different levels of leadership, where “top-down” priorities were reported by some to be misaligned with wider employee needs and to “curtail” the abilities of leaders to take steps to improve PSW within specific workplaces.

Many leaders, at all levels, reported wanting more direct and explicit guides and procedures for managing PSW, as well as for handling sensitive conversations with employees.

*“I need more practical guidance on what to do or who to approach if either me, or someone I supervise, is experiencing psychological stressors.”*

**Supervisor,  
Justice**

**Figure 7: Leadership perception of organisational support by job level**

Source: UTS NSW case study workplaces, 2025 survey. 'Thinking about the current resources available to you, please provide an overall rating of how supported you feel by your organisation to fulfill your responsibilities related to the psychosocial wellbeing of employees in your workplace?'. Weighted effective sample size = 70; Senior management and above = 19; Middle management = 39; Officer level = 25.

### 5.2.2 Overarching uplift strategies

Respondent feedback on future options to improve leadership PSW capabilities revealed that there was no “one-size-fits-all” solution or finite suite of options that would deliver improvements across the entire public sector, or even across specific portfolio areas.

That being said, several overarching strategies emerged frequently in both leader and non-supervisor feedback and across the workplaces studied which were considered foundational to the success of other uplift strategies. These included:

- **Increasing funding/staffing resources** to address the principal stressor of high workloads and work pressure, evident in all workplaces studied.
- **Embedding PSW as a positive priority and core part of public sector business**, rather than a compliance requirement.
- **Improving the value and recognition afforded to public sector roles and employees** not only by their direct leadership, but by elected officials and the broader public.

Each of these overarching strategies and their enabling impact on other uplift strategies is unpacked in more detail below, before exploring specific strategies proposed across different organisational levels (see Section 6).

## Funding and staff resources

While there was significant diversity in the resources survey respondents ranked as most beneficial for improving leadership capabilities for supporting PSW in future, *‘More funding/staffing resources to manage and respond to psychosocial wellbeing challenges’* was most commonly ranked #1 by both leaders (21%) and non-supervisors (15%). It was also ranked in the Top 5 resources by almost half of leaders (46%) and non-supervisors (45%).

In focus groups and interviews, numerous respondents explained that insufficient resourcing and resulting high workloads/pressure was a key stressor impacting their PSW, which also exacerbated the negative impacts of other stressors (see Section 3.2.1). As such, increasing funding and staff resourcing was perceived as a foundational strategy necessary to support workplace PSW and enable the success of other PSW strategies, including leadership uplift options. For example, respondents emphasised that increased resourcing – in particular, additional personnel – was critical to better enable employees the capacity and time to:

- Fulfill their PSW responsibilities, exercise the good practice capabilities outlined in Section 4.1 and participate in future leadership uplift options. Both leader and non-supervisor respondents emphasised that many leaders simply did not have the time to act effectively on workplace PSW due to their large workloads and the competing requirements of their roles. For example, *‘More time to prevent and manage PSW stressors and hazards in the workplace’* was the resource second most commonly ranked as #1 in the survey by leaders (13%) and was ranked in the Top 5 by a significant portion of both leaders (50%) and non-supervisors (42%).
- Engage with available PSW supports and uplift initiatives. Echoing the feedback on leader workloads, numerous non-supervisor respondents reported not having the time to engage with organised initiatives and support services (e.g. EAP sessions), due to their workloads and role requirements (e.g. meeting billable hour KPIs). In these instances, engaging with PSW supports was seen as intensifying workload stressors by adding time to already packed work schedules.
- Protect their work-life balance and take breaks/leave to recover from PSW distress or injury. As outlined in Section 3.2.3, a significant portion of respondents across workplaces cited not taking leave due to workload and concern that, without appropriate staffing to effectively cover absences, taking leave would only compound work pressure over a shorter period upon their return or increase the workload of their colleagues. Similarly, providing additional personnel was raised across case study sites as vital for preventing work from “follow[ing] individuals home”.

*“It feels like our Executive Leaders either can’t or won’t tell our Minster what is being asked of us is just not possible given current staffing... It’s like we [senior or middle managers] are just expected to work miracles ... which [for me] means working even longer days and weekends so as not to ‘disappoint’ anyone. It’s just not sustainable and it has a real personal cost.”*

**Senior Manager+,  
Health**

*“The public sector really needs to think about the services that it can realistically provide with the budgets allocated to them. As we decrease funding, we need to also consider the reduction of responsibilities as a result.”*

**Senior Manager+,  
Transport**

*“We need more funding to better share around the enormous workload, and we need more leave so that we can avoid burnout, which is so common in our office.”*

**Supervisor,  
Justice**

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### PSW as a priority

Feedback provided across the case study workplaces indicated the need to re-position workplace PSW as a positive public sector priority and enabler of organisational performance which should be embedded into core leadership practice and day-to-day business, rather than a compliance requirement. This conceptualisation of PSW as a key enabler of organisational performance is supported in the literature, as well as the survey data, which demonstrated the detrimental impacts failure to protect against PSW risks had on both employee performance and attendance.

Numerous respondents argued that embedding and prioritising PSW would provide the foundations necessary for the success of other PSW initiatives by ensuring:

- Leaders do not perceive or treat workplace PSW efforts as “competing” with their other role requirements and organisational priorities.
- PSW capabilities are considered as core leadership capabilities and reflected in recruitment, professional learning and performance assessments.
- PSW initiatives are designed and delivered to achieve genuine outcomes that benefit the individual, team and wider business, rather than as “tokenistic gestures” or to meet compliance requirements.

Respondents provided various recommendations for how to embed PSW and related initiatives across various organisational areas including in systems, policies and procedures; and work model and role design. Specific strategies under each of these areas are expanded on in Section 6.

It should also be noted that a small number of respondents queried the term PSW, due to concern it medicalised the issue and separated it from established health and safety frameworks. For example, one respondent stated they avoided the term PSW as they thought it wrongly pushed the responsibility to an individual, and in some instances implied “it was *their* mental health problem and not the organisation’s responsibility”. As discussed earlier in Section 2.3.1, international examples have demonstrated the benefit of framing PSW within existing ‘WHS’ structures, particularly for legitimising and formalising its management. However, these findings also illustrate the importance of sensitising leaders to the term ‘psychosocial’ to reduce stigma and promote familiarity with the concept.

### Greater value and recognition of public sector

Numerous respondents reported feeling that the roles they performed for the public sector were undervalued not only by the leadership within their organisations, but by elected officials and the general public. While a ‘lack of recognition or a sense of being undervalued’ was itself reported as a key workplace stressor impacting PSW (see 3.2.1), the broader undervaluing of public sector roles was also linked to various other stressors, such as:

- Poor management of organisational change processes and industrial disputes.
- Disrespectful, abusive and even violent treatment of individuals performing frontline roles.
- Prescriptive top-down management approaches which ignore technical expertise.

Further, the perception of being devalued by senior decisionmakers within agencies and the wider public sector led numerous respondents to report disengaging from their wider workplaces, as well as PSW supports, initiatives and uplift activities. For example, some

respondents reported reluctance to engage in initiatives such as the PMES and the present research due to distrust that feedback would be used in good faith to improve outcomes for employees, rather than to reduce risks and compliance burdens for the public sector.

As such, taking steps to improve wider attitudes toward public sector roles and to restore employee faith that they are valued by their organisations were considered foundational for reducing and mediating various workplace stressors, and inspiring engagement with PSW uplift initiatives.

### 5.2.3 Detailed strategies and options

Reflecting the literature, suggestions made for improving leadership PSW capabilities extended beyond improving individual leader PSW capabilities to incorporate a wide spectrum of strategies, which would need to be instituted across different levels of an organisation and the wider public sector. One Senior Manager interviewed described this as the public sector “ecosystem”.

What follows is a summary of these suggestions for improvement distilled into categories reflected in the wider public sector ecosystem. These are categorised under:

- Organisational and team culture
- Systems, policies and procedures for managing and responding to PSW issues
- PSW support resources
- Work model and role design modifications
- Individual capabilities, mindsets and professional learning

*“I believe taking an ecosystem approach [to PSW management], not an individual approach, will have the biggest impact in the future.”*

**Senior Manager+,  
Transport**

#### Organisational and team culture

There were numerous suggestions related to improving overall organisational culture, as well as the smaller workplace cultures developed within individual work sites and teams. These recommendations both related explicitly to cultural approaches to PSW issues, as well as broader concerns about workplace behaviour and work-life balance.

Specific strategies recommended included:

- **Proactive, genuine and collaborative approaches to PSW discussions.** Numerous respondents emphasised the importance of PSW discussions being “open” and “neutral” and able to be had outside of usual line management conversations to ensure employees feel “safe to speak openly”. While specific preferences on how to conduct these discussions varied across workplaces (indicating the need for local design of specific practices) the researchers found consistencies in how *not* to approach PSW discussions. This included **avoiding**:

Reactive, incident or complaints-based approaches that required individual employees to raise issues. Some respondents recommended instead facilitating forward-looking discussion (e.g. “Let’s discuss what’s working and not work in the X area”)

Overly bureaucratic or formal tone (e.g. primarily speaking to policy requirements or reporting on statistics and trends)

Performative or tokenistic gestures (e.g. having a standing agenda item that is “often not spoken to”).

*“We need open discussions within the immediate team to address the things people don’t want to talk about.”*

**Non-supervisor,  
Transport**

- **Modelling good workplace behaviours** and “leading by example”. Specific practices emphasised by respondents included leaders:

Protecting their own PSW (e.g. taking decompression breaks) and speaking openly about use of PSW supports, where appropriate and comfortable.

Respecting personal work-life boundaries (e.g. not working or sending work communications after hours or whilst on leave, unless essential).

Consistently demonstrating professional workplace conduct.

Promptly calling out and not tolerating inappropriate behaviour (e.g. bullying, intimidation and harassment) from employees at any level. As discussed in Section 3.2.1, while this is required under regulations, various respondents reported ongoing incidents of inappropriate behaviour which their leaders appeared to turn a blind eye to.

- **Creating a respectful and inclusive workplace where employees feel valued and comfortable raising concerns.** Some specific examples included:

‘Open-door’ policies in which leaders position themselves as accessible for employees to raise issues with informally

Small gestures such as acknowledging colleagues in passing and, preferably, greeting them by name.

*“It is so demoralising when [our leaders] walk past us all on the floor each morning, and don’t even bother to look at us, let alone acknowledge we are even there.”*

**Supervisor,  
Health**

As noted in Section 3.1.2, there was also concerns raised about the negative impacts of widespread and frequent restructuring on organisational culture and PSW. This led many to suggest minimising organisational change to improve stability within workplaces, reporting lines and responsibilities and to enable supportive and collaborative working relationships, as well as trust in senior leadership, to be re-built.

### **PSW systems, policies and procedures**

Numerous respondents recommended improvements to policies and procedures for supporting workplace PSW and responding to PSW distress or related incidents.

Many respondents noted that clear and consistent procedures were essential for ensuring that leaders had clear guidance on how to approach PSW issues, and employees were not

dependent on the “luck of the draw” in terms of their direct leader’s PSW capabilities. This included developing or updating clear workplace procedures for:

- Raising concerns and issues through formal and informal channels, including providing multiple pathways and anonymous options.
- Responding to identified PSW risks, incidents, signs of distress and injury.
- Collaborating with impacted employees and teams in the development of solutions.
- Keeping employees informed of changes that are being implemented to improve issues raised.

However, some respondents also reported issues with procedures being too bureaucratic and “not visible” to employees, as well as being too prescriptive and unable to be tailored to individual needs and circumstances.

Five clear themes for improving policies and procedures for supporting PSW and managing PSW issues emerged from respondent feedback, including that they be:

- **Workplace specific** and designed to suit the conditions of the individual worksite or, where appropriate, role.
- **Based on consultation** and collaboration with employees at all levels, as well as evidence-based research.
- **Flexible** and able to be tailored to individual needs and preferences. Thereby, “reducing rules-based decision making” that is not in the best interest of employees nor decisionmakers. This included recommendations to ensure a wider suite of response options were made available (e.g. leave, adjusted hours, modified duties, options for secondments etc).
- **“Genuine”**, proactive and designed to support positive PSW outcomes, rather than primarily to fulfill compliance requirements
- **Visible** to all employees so that they can understand how, when and why decisions are being made. Numerous respondents emphasised the compounding distress caused by decisions being made in a “black box” and their desire for more regular comms, and for solutions to be explicitly connected to employee feedback.

While most of the above suggestions were common to all case study workplaces and respondent types, various suggestions for improvements were also made that were specific to particular types of roles. These are covered in more detail in the case studies, however, some more broadly applicable examples included:

- Stricter protocols on who should have access to highly sensitive case content (e.g. related child abuse or suicide)
- Allowing employees the option to “rotate” short-term to other roles or have longer breaks (similar to police officers) to recover from distress resulting from stressors inherent to particular roles.

*“I don’t think other people realise the damage and deep exhaustion that comes from looking at such [traumatic] material day-in- day out. You can’t just treat this type of job as the same as any other type of work.”*

**Middle Manager,  
Justice**

### Feedback on specific PSW support resources

Respondents provided significant feedback on how to improve the PSW support resources available in their workplaces, including options for adjusting or expanding existing resources as well as suggestions for introducing additional support resource options.

Echoing some of the feedback received about PSW policies and procedures, common themes related to improving PSW support resources included that they be:

- **Person-centred** and able to be tailored to individual's specific circumstances, needs and preferences.
- **Workplace-specific** and able to support employees to manage the specific stressors and PSW risks they commonly encounter in their roles.
- **Flexible and voluntary:** able to be accessed how and when an individual employee prefers. For example, some respondents noted that they were required to attend sessions with a psychologist as part of their organisation's compliance requirements, and that this was treated as an inflexible KPI rather than a genuine step to support employee PSW.

Respondents provided **mixed feedback about the EAP** available in their organisation. While all agreed that a resource like this should be available, respondents identified numerous opportunities for improving these programs, including:

- **Increasing the number of free appointments available.** As outlined in Section 5.2, numerous respondents reported that caps placed on EAP access led to them rationing their use and emphasised that if an employee "needs support, surely the employer should not be rationing it".
- **Scoping options for tailoring EAP services to be sector specific** and able to address the common workplace stressors employees are likely to experience. Numerous respondents reported feeling that they gained little PSW support through current EAP programs as providers could only offer general advice or they had to expend significant time and energy explaining workplace circumstances and tasks to providers.
- **Addressing issues raised with specific EAP providers.** The researchers received various complaints about the standard of current EAP providers in case study workplaces, including reports of providers not responding to requests for appointments or not turning up to scheduled appointments.

*"I think capping staff's access to EAP is just ridiculous. ... Earlier this year I didn't ring them - when I really needed to - because I thought 'things are going to get worse, so I should keep that option open.'"*

**Middle Manager,  
Health**

Among the most common suggestions for new or expanded support resources were **dedicated personnel to support PSW in the workplace**. These included:

- Additional **People and Culture employees** exclusively or primarily focused on supporting both leaders and employees with PSW issues. Reported benefits included:

Having access to a colleague with deep subject matter expertise that can support leaders to have constructive discussions

Ability to offer good practice techniques suitable to the workplace

Overcoming employee "discomfort" in talking about PSW with their leaders due to concerns about formalising complaints or having discussions impact their career

*"Our problem is that any [PSW] issues we have to go through the X- one of the busiest people in our [workplace]. It just not realistic to expect them to handle everybody's issues... A different pathway for managing this stuff is a good first step."*

**Supervisor,  
Health**

Helping to overcome time constraints issues faced by some leaders by providing an additional point of contact.

- Expanding and better promoting **formal peer support networks** and **Mental Health First Aiders**, where they exist. The researchers noted that while these positions were widely referenced by leaders, most respondents were not very clear about their roles and what they could offer employees nor who they were within their organisation.

#### 5.2.4 Work model and role design

Significant feedback was also provided on options for improving the design of work models and individual roles to better enable action on PSW and engagement with support resources.

Most notably, numerous respondents emphasised the need to **embed PSW capabilities in the design of leadership roles** including in:

- **Role priorities** to ensure PSW management is considered a core part of leadership responsibilities, rather than a “competing” requirement.
- **Performance measurement** to ensure actions to support PSW are registered as performance indicators and are not perceived as drawing time away from progress towards other performance targets (e.g. meeting billable hours requirements).
- **Recruitment criteria** to ensure individuals with the rights skills and temperament are managing PSW concerns. Repeated issues were raised with leaders who had been recruited on technical merit who lacked the people management and communication skills to perform key parts of their roles, including their PSW responsibilities.
- **Compulsory professional learning** to ensure leaders continuously improve their PSW capabilities and maintain up-to-date knowledge on best practice PSW management specific to the stressors present in their workplace. This is expanded on further in Section 6 below.

*“Since COVID, all my [clinical] appointments [involving highly sensitive/traumatic content] have been online. I click off one on the hour, and jump straight into the next, when what I really need is a ‘breather’, a chance for a quick debrief with a colleague, or just get a breath of fresh air to get myself ready for the next client... It’s just unrelenting at present.”*  
**Non-supervisor, Health**

*“Unfortunately, most people in this [work]place get promoted solely for their technical skills ... They haven’t got a clue about people management let alone talking to someone about any stress or personal challenges.”*  
**Senior Manager+, Transport**

Numerous respondents also emphasised that adjustments would need to be made to the design of many work models (e.g. scheduling) to enable all employees, including leaders, to take effective actions to support PSW. This was emphasised particularly by respondents whose roles involved high emotional demands (e.g. psychologists) or exposure to distressing materials, but whose intense workload meant that engaging with PSW supports or simply taking breaks would eat into their personal time. Specific suggestions included:

- **Booking shorter or fewer appointments** per day to allow employees opportunities to have regular breaks to decompress and “de-stress” between meetings and clients. For example, leaving *at least* 5-minute breaks between sessions.
- **Scheduling dedicated time for debriefing, processing and decompression.** Various respondents from health and justice workplaces observed that most of their “debriefings”

regarding workplace-induced stress associated with clients or court matters happened “on my own time” or “after hours” as there was just no time in the workday to “take a moment”.

- **Proactive PSW leave** to recover from distressing periods of work (e.g. an extra afternoon or day off every 6 weeks).

### Individual capabilities, mindsets and professional learning

Numerous respondents recommended uplift options related to improving the capabilities and mindsets of individuals. Notably, this feedback was received both from non-supervisors in relation to their leaders’ PSW capabilities and from leaders with relation to their employees’ “resilience” and management of workplace stressors.

As noted above, numerous respondents connected leader competencies in PSW capabilities to basic leadership skills (e.g. people management and communication) and “soft skills” (e.g. emotional intelligence), as well as their wider mindsets toward PSW (i.e. whether they were perceived to value employee PSW). As such, repeated recommendations were made to ensure leadership roles were designed to prioritise these skills and mindsets through specified role priorities, recruitment and performance metrics, and to develop these skills through professional learning.

*“What is actually needed is managers who actually care about worker needs, respond with solutions to issues raised, have accountability...”*  
**Non-supervisor,  
Transport**

Interestingly, many suggestions for **leadership uplift training** were not specific to PSW, but rather focused on improving people management skills in general. Some suggested professional learning areas included:

- Professional communication skills, covering topics such as “active listening” and empathetic conversations; as well as managing conflict and difficult conversations.
- Managing teams and delegating work.
- “Emotional intelligence” and self-awareness in the workplace.

When asked about **professional learning specific to PSW**, feedback included that professional learning should:

- Cover both proactive and reactive PSW skills (i.e. capabilities across the PPR spectrum such as soliciting feedback, stressor management, recognising and responding to signs of distress, and supporting recovery).

*“Can’t stress enough the importance of individuals taking more responsibility for managing themselves ... Organisations can’t be held responsible for all PSW issues... It needs to be a 50:50 issue... I think the government needs to rebalance where the responsibilities lie.”*  
**Senior Manager+,  
Health**

- Target the needs of the specific sector (e.g. the management of stressors common within health settings) and, ideally, be tailored to the individual workplace. Various leader respondents reported receiving “generic training which wasn’t very useful”.
- Be delivered regularly (i.e. more than once a year).
- Extend beyond online modules and provide opportunities to discuss specific workplace stressors with peers and SMEs. For this reason, numerous leaders reported preferring face-to-face workshop options.

While the emphasis was on leader uplift, some leader respondents also made observations regarding the mindset and expectations of some impacted employees they were engaged with. Some observed that “different staff appeared impacted in different ways”, with some individuals “seemingly more resilient”, equipped with “better coping skills” and other self-care strategies. On the other hand, some other employees dealing with similar stressors were perceived as being far more “vulnerable” or having less capacity to deal with “high pressure professional workplaces”. For example, some leaders reported that the employees they supervised appeared to:

- “Struggle to meet the routine demands of the job”
- “Have unreasonable expectations of what a workplace should be like”
- “Had difficulties in receiving feedback, let alone criticisms on their performance”.

On this basis, **some leaders recommended enhancing employee induction and ongoing professional learning** to enhance employee understanding of the workplace, acquire skills to improve resilience, as well as practical PSW self-care options.

Suggested topics included:

- Common stressors within the specific workplaces and available mitigation options
- Workplace expectations, performance, feedback and how to navigate “difficult conversations”
- Importance of work-life balance and self-care
- Recognising early signs of stress in yourself and others and options available to help manage things before it requires higher escalation.

Finally, and while expressed in many different ways, most respondents indicated that managing PSW well within public sector workplaces could not be approached with a “silver-bullet” or from “one-direction only”. It requires a comprehensive uplift to all parties if it is to be sustainable and not just considered a matter for an individual employee or leader, or group of leaders.

*“No all people have the natural communication skills or confidence basically to have discussions with staff about their PSW. We can’t assume that they do. We need to train people in this, especially when they take on leadership roles.”*

**Senior Manager+,  
Transport**

*“Sometimes I do think there is something different going on with millennials. I’m not sure if they are more sensitive, or have unrealistic expectations of work, or what, though they often seem much less resilient to routine work pressures and to handling feedback... It can be really tricky.”*

**Senior Manager+,  
Transport**

*“There is a lot of new staff - millennials I guess - that seem very unprepared for professional work. They seem to struggle when given anything less than positive feedback... I have seen lots prefer to quit, rather than try to improve. ... I think we need to discuss [workplace] expectations more and maybe help build up their resilience”.*

**Middle Manager,  
Health**

### Key Findings: Leader Uplift Opportunities

- Most leader respondents reported that more help is needed to adequately manage PSW in their workplace, with specific calls for additional guidance on what to do about specific psychosocial stressors, as well as skills in handling sensitive conversations.
- Leader role responsibilities related to PSW must be clearly identified so that consistent capability standards can be set and maintained, and leaders can ensure PSW actions are not curtailed by competing priorities and demands “from above”.
- Respondent feedback on future uplift opportunities revealed no “one-size-fits-all” solution nor finite suite of options that could deliver improvements across the public sector, or even across specific portfolios. Uplift approaches will need to be workplace specific and based on ongoing, collaborative discussions between employees at all levels.
- Echoing the literature, respondents’ recommendations regularly extended beyond options to improve individual leader PSW capabilities to cover the changes needed across organisational levels to facilitate lead action and support wider workplace PSW.
- Dominant themes included:
  1. Ensuring leaders have fundamental skillsets in people management, communication and emotional intelligence (e.g. through targeted leader recruitment and professional learning).
  2. Embedding PSW as a positive priority and key enabler of organisational success, rather than a compliance requirement (e.g. embedding PSW as a role priority and KPI for leaders so it is not seen as competing with other priorities).
  3. Increasing funding and address job demands and workloads to relieve pressure on workforces and enable them to engage with PSW initiatives and to take basic protective steps (e.g. leave and breaks).
  4. Enhancing the value and recognition afforded to public sector roles and employees not only by their direct leadership, but by elected officials and the broader public.
  5. Improvements to broader organisational and local team culture; PSW systems, policies and procedures; PSW support resources; as well as work model and role design modifications.

## 6. Conclusion and Options Arising

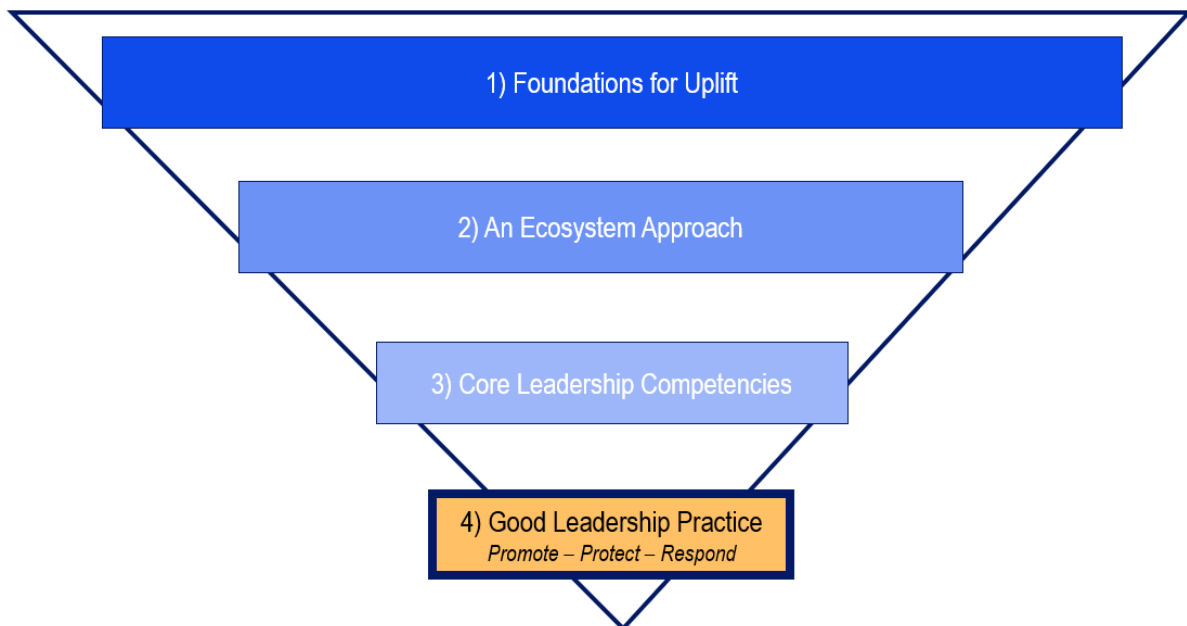
This section distils the findings presented in the previous sections into a set of key directions and options arising. It also includes insights and feedback gathered from the UTS subject matter experts, members of the ANZSOG PSG and research team members.

### 6.1 Overview

Whilst the report highlights specific strategy and practice options for improving individual leadership capabilities (see Section 6.5 following), the research strongly pointed to the need for an integrated and layered approach to the sustainable management of PSW in public sector workplaces.

While individual leaders can make a significant difference in terms of influencing PSW in positive or negative ways, sector-wide uplift requires other higher-level considerations and action, as summarised in Figure 8.

**Figure 8: UTS Agenda for PSW Leadership Uplift**



Source: UTS Research Team, September 2025

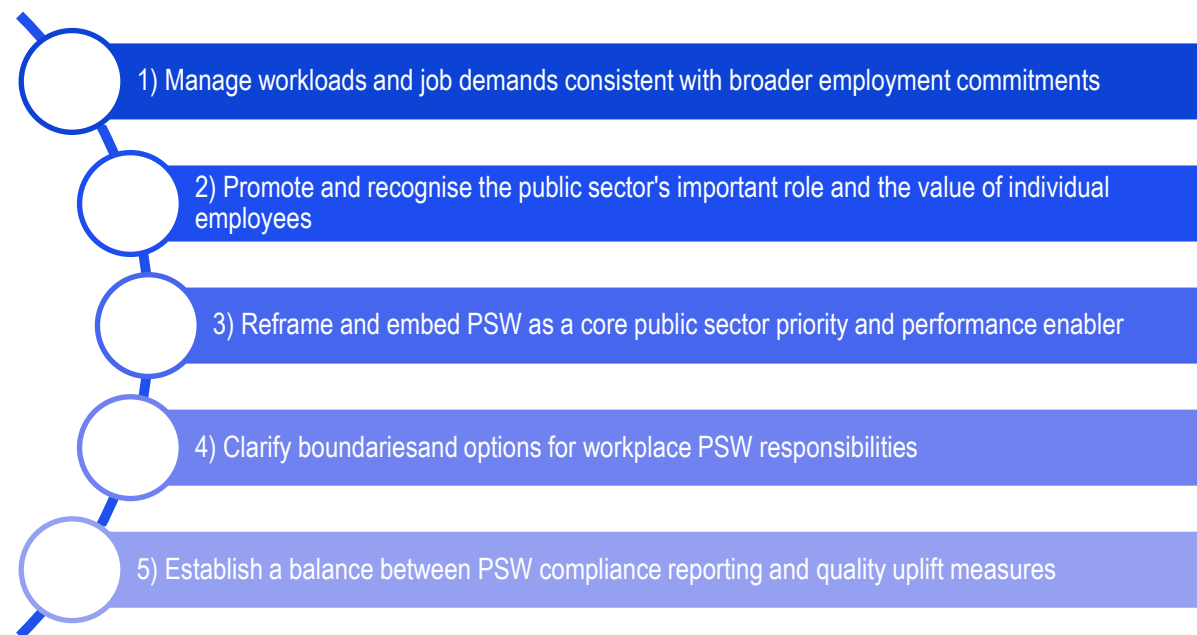
It should be noted that this recommended layered approach aligns to institutional (macro), organisational (meso), and individual (micro) strategies that impact any service system. UTS concludes that without a combined and concurrent focus on these three layers of effort, it will be difficult for Australian and New Zealand public sectors to realise the desired uplift in leader management of PSW as a whole.

Each layer is expanded upon in order on the pages following, with some additional content or tips included in blue highlight boxes.

## 6.2 Foundations for Uplift

A critical starting point to enabling effective leadership responses to manage PSW in public sector workplaces, requires consideration and action in five broad areas or foundations, as summarised in Figure 9.

**Figure 9: Broad Government PSW Uplift Foundations**



Source: UTS Research Team, September 2025

### 6.2.1 Manage workloads and job demands consistent with broader employment commitments

The research strongly indicated a correlation, at times a causation, between resources and personnel and positive or negative PSW. As documented in Section 3, a shortage of resources was directly linked to chronic stressors including:

- High workloads and work pressures
- Employees not using self-care options - such as taking leave or decompression breaks, or speaking to someone - due to the impost this would pose to colleagues or themselves given the lack of coverage while not working
- Leaders not having sufficient time or capacity to fulfill their PSW responsibilities with employees.

In short, without redressing agency and unit workloads, job demands, scope of works and working arrangements, and potentially re-scoping required EFT to cover workloads, public sector leaders' ability to improve PSW will continue to falter, if not fail.

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### **6.2.2 Promote and recognise the public sector's important role and the value of individual employees**

The research highlighted that many public sector employees reported feeling devalued and at times disrespected, most commonly expressed in inappropriate language, discourteous actions and unprofessional behaviours of others.

The reported sources varied significantly- from “the Government” to the Minister/ Minister’s Office; from Senior Executives to other Divisions or units within their agencies; from other parts of the service system through to unions and contractors; as well as members of the public. Regardless, there was a common perception amongst respondents that their individual and collective role as public servants, and their right to be valued and treated as professionals performing important, often critical roles on behalf of the Government and public, was deteriorating, in some cases reported as being entrenched.

As this was found to have a corrosive impact on PSW of both individuals and whole workplaces, it is imperative that action is taken at all levels to promote and recognise not just the important role of the public sector, but also the value of individual employees and their right to be treated with respect by all.

### **6.2.3 Reframe and embed PSW as a core public sector priority and performance enabler**

While the research found that the term PSW was widely understood and used across the case study public sector workplaces, it also found that it was not fully embedded into core business or prioritised in practice at this stage.

The research found a strong link between employee PSW and their job performance and attendance, indicating that supporting workplace PSW is key to enabling overall performance and the successful delivery of wider organisational goals. However, in most case study workplaces, PSW appeared to retain an “add-on” status and was treated as separate to or, in some cases, as “competing” with other organisational priorities and leader role requirements. While many workplaces had good policies and support resources in place, these were often underutilised in practice as PSW was approached as a lower priority to be addressed after other goals were met or when the issue escalated in severity.

Ultimately, the successful implementation of PSW uplift activities will require their objective – supporting workplace PSW – to be reframed as a core priority and enabler of public sector performance, rather than as a separate goal or compliance requirement. This will ensure that uplift activities are designed and delivered to achieve genuine outcomes that benefit both the individual and wider organisation, rather than as “tokenistic gestures” to meet compliance requirements. Workplace PSW must be elevated beyond a legal and moral obligation to maintain a safe working environment and integrated by leaders as a key input necessary to enable the performance of their teams and to achieve wider organisational goals.

This will not only require a wider perspective-shift from some leaders but an embedment of workplace PSW as a priority in the design of roles, work models and service structures, as well as broader systems, policies and procedures. For example, through the integration of core PSW leadership competencies into leader recruitment, professional learning and performance assessment (see Section 6.4). Some SMEs have also recommended elevating PSW as a

corporate risk priority on par with financial risks which should be subject to regular, critical review by audit and risk committees.

In addition, the research indicated that integrating PSW as a core component of broader WHS frameworks and initiatives would be beneficial. This is expanded on in more detail in the sub-section below.

#### **6.2.4 Integrate PSW as a core component of WHS**

Building on the above, the research also identified the importance of evolving terminology to fully integrate PSW into core business, including potentially integrating PSW fully with WHS under **Workplace Safety and Wellbeing**. This has various benefits:

- Strategically and operationally combines and affirms workplace safety with employee wellbeing. This is both consistent with the literature, and more accurately reflects that workplace stressors and risks are not exclusively ‘psycho’ or ‘social’ in nature.
- Helps demystify the term while removing the medical and disability associations.
- Potentially reduces the stigma and labelling of those impacted by PSW, such that remedies or leave are managed as other current WHS issues are.
- Invites strengthening current policies, procedures, practices, professional learning and resources with a singular focus on safety, systematically consulting on, identifying and mitigating *any* workplace risk or hazard that impacts an employee’s safety and wellbeing.

Note: Regardless of what action arises from this specific uplift foundation, it is essential that there is no demotion of the importance of the issues and the need for ongoing attention at all levels.

#### **6.2.5 Clarify boundaries and options for workplace PSW responsibilities**

Potentially related to the relative newness of the concept of PSW noted above, and the importance placed on governments, leaders and other public sector employees to address it, the research found that overall:

- There were considerable variations in approaches to PSW between case study workplaces, with seemingly no clear mechanisms for good practice and successful strategies to be documented and shared.
- Most, though not all, PSW resources, toolkits and strategies shared could be described as “developing” rather than “mature”.
- A significant proportion of leaders indicated that they were not fully clear on the boundaries of their responsibilities in managing employee PSW, especially when related to non-work situations and challenges.

As all case study workplaces indicated they were keen to continue to build on their PSW responses, the research suggests more could be done centrally to provide more guidance and directions to public sector agencies.

#### **6.2.6 Establish a balance between compliance reporting and quality uplift measures**

A final, though important, foundational measure emerging from the research was the need to not measure the overall PSW of workplaces by routine data collection measures, escalated issues or matters before the SWC. While clearly they do provide useful metrics, they do not tell the story of all within workplaces, for better or for worse. For example:

- 
- Many employees, including those who participated in this research, may never report or raise a PSW issue in a manner that would be captured in data - yet may be impacted by significant and ongoing stressors.
  - Conversely, an agency may have a high number of individuals captured in reported data (also noting the lag in reporting), that may not illustrate the extent of positive PSW changes that have been implemented or are planned (see Case Studies).

It is therefore important for any measurement of future uplift activities to balance the current reliance on reported data with other input, output and outcome measures, reflecting the full workplace ecosystem (see Section 6.3 below) and including for example, broader work culture measures and efforts with employees to better identify, remedy and review stressors and risks at the local level.

### 6.3 An Ecosystem Approach to PSW

The research revealed that individual leaders' commitments and actions alone will not result in a wholesale improvement in public sector PSW and that change needs to occur across the full public sector ecosystem.

As summarised in Figure 10, what a leader at any level can do, is influenced by a complex set of interacting components, that begins with government laws, regulations and policies, and ultimately ends with how individuals - be they leaders or employees - interact and respond in their workplaces. This serves to illustrate that solely focusing on leadership uplift through additional professional learning, for example, would be ill-conceived.

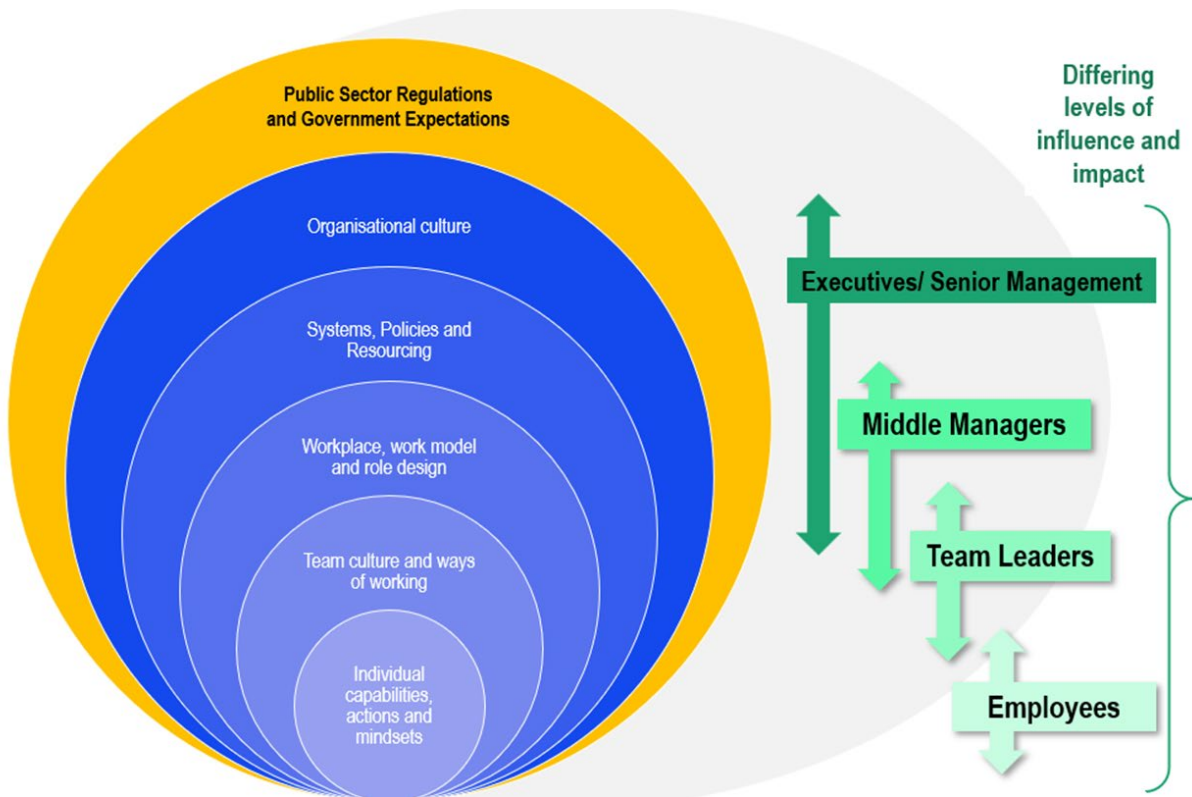
For example, while Executives and Senior Management may have significant influence over wider organisational culture, systems, policies and resourcing, they will find it difficult to have impact at more local or individual team levels. It must also be noted that Senior Management work closely with Ministers, who also have significant influence over work demand on Executives and their teams. On the other hand, while Team Leaders may have strong impacts on their immediate team members and daily practices, they will not have much influence over high-level ecosystem elements.

There are also overlaps between areas of influence which will vary between organisations, as well as within organisations due to horizontal differences<sup>105</sup>. Daily practices and local team culture, as well as the capabilities and mindsets of both individual leaders and employees, contribute substantively to psychosocial working conditions and the success of interventions.

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<sup>105</sup> Samson, D., Donnet, T., & Daft, R. L. (2020). *Management* (7th ed.). Cengage Learning Australia p. 20 – 22.

**Figure 10: An Ecosystem Approach to PSW**



Source: UTS Research Team, September 2025

In addition to the listed ecosystem elements, the research found that employees were significantly impacted by various external influences including:

- Clients or members of the public
- Private sector providers or contractors
- Wider services systems and workplaces where employees interact
- Unions
- Professional bodies or Industry Associations
- Stakeholder networks and advocacy bodies
- Regulatory bodies including SWC etc.

In short, to build positive public sector PSW workplaces requires adopting a broad lens, noting interplay between different influences and impacts at all levels. In addition, there are a number of public sector-wide strategies that could assist leaders across the ecosystem to be more impactful within their specific

workplace. For the most part, these are options that could be driven through central agencies such as the Premier's Department or Public Sector Commissions. These include:

1. Better **positioning PSW as a positive priority** of government and key enabler of success (rather than a negative compliance requirement), including through establishing positive safety and wellbeing performance measures.
2. **Taking steps to build greater trust and confidence** in public sector leadership so that employees have confidence that PSW initiatives, supports and uplift activities are delivered in good faith and are willing to engage with them.
3. **Proactively supporting agencies** and specific workplaces to identify both positive and negative PSW environmental factors and then guiding them to deploy evidence-based measures, at a systems, policy or practice level.
4. **Continuing to grow and update the PSW resources** available to agencies, documenting a broader suite of recommended practices related to PPR, and including emerging or challenging topics such as negotiating workplace boundaries in terms of PSW management.
5. **Promoting quality professional learning and innovative PSW interventions** (possibly on a portfolio-by-portfolio basis or targeted to specific work types) allowing leaders and personnel at all levels to learn about options suitable to their specific needs and stressors.
6. **Making seed funding or grants available** for new PSW uplift activities including for options such as researching good practice options to address chronic stressors; redesigning PSW feedback and engagement processes with employees; recruiting dedicated Wellbeing Coordinators; developing customised employee and/or leader professional learning models bespoke to their specific workplace needs and stressors.
7. **Incorporating PSW competencies and people management skills** into the design of leadership roles, performance metrics, recruitment and professional learning. This could assist in clarifying differentiations between different leadership levels as outlined in Figure 10.
8. **Requiring ongoing and proactive leadership uplift activities** – at different levels – including regular professional learning, self-assessment and 360-degree feedback.
9. **Regularly assessing components of the wider organisational ecosystem** to ensure they provide strong and responsive foundations for supporting workplace PSW. This includes identifying options to build a positive culture, including for non, co-located employees, those in regional offices, and for non-permanent employees including casuals, those on short-term contracts and/or on secondment. (See tips box below).

### Steps to build culture with non-co-located or transient employees

Research shows that engaging with employees working remotely, in regional offices or who are transient, can pose challenges to building a positive workplace culture and ensuring PSW is a priority for all.

**Options to foster a positive culture include:**

- Focus on quality communications, using tailored methods that can build relationships and support the sharing of values, norms, and agreed ways of working, plus clear channels for discussing stressors and other challenges
- Acknowledge employee value beyond productivity by discussing wellbeing and supporting flexible models of work similar to co-located employees
- Focus on the skills and capacity of supervisors to provide PSW support and navigate sensitive conversations, regardless of the employee's working arrangements or status
- Be open and maintain a high degree of transparency during workplace instability, taking all possible steps to keep all employees updated, and wherever possible some security of tenure.

(Almklov, et al., 2022; Gilardi & Lazazzara, 2025)

## 6.4 Leadership Competencies

The research highlighted that being an effective and responsive leader, capable of managing PSW within public sector workplaces, requires a strong foundation in, and awareness of, core leadership principles and practices.

To this end, the research points to a common set of leadership competencies as summarised in Figure 11. Leaders lacking in these foundational competencies such as an ongoing commitment to proactively building safe and inclusive workplaces, managing people and resources responsibly, being proactive in creating a positive PSW environment, plus having superior communication and employee engagement skills, are very unlikely to be successfully manage PSW within their workplaces, noting the spectrum of requirements under PPR (see Section 6.5 below).

If the goal is to embed PSW as core business, these should be used to inform how the public sector attracts, recruits, trains and supports leaders, as well as how they review their performance. In short, what would traditionally be described as 'soft leadership skills' need to be prioritised in the design of leadership roles as key leadership capabilities.

Importantly, all competencies stem from the first key competency. If leaders are not first and foremost contributors to and advocates for safe and healthy workplaces, they are unlikely to fulfil any other core PSW competencies in any meaningful ways.

**Figure 11: Leadership Competencies for Embedding PSW**

**1) Champions a Safe and Healthy Workplace Environment and Culture:**

Fosters a workplace that prioritises employee safety, wellbeing, and respect as core values.

**2) Develops Tailored Wellbeing Strategies:**

Designs and implements effective PSW policies and procedures in collaboration with employees to address specific workplace risks.

**3) Demonstrates Advanced People Management Skills:**

Models respectful behaviours, high emotional intelligence, and superior interpersonal communications, including active listening.

**4) Cultivates a Positive and Collaborative Team Environment:**

Builds strong, collaborative teams by maintaining positive employee relations and establishing effective feedback loops.

**5) Manages Workload and Resources Strategically:**

Proactively assesses and balances team workload and resources to mitigate negative impacts and optimise performance.

**6) Ensures Equitable Wellbeing Practices:**

Guarantees fair and consistent application of wellbeing policies and procedures, ensuring all employees' right to be protected from harm is upheld.

**7) Drives Continuous Improvement in Wellbeing:**

Actively monitors safety & wellbeing - using a mix of formal metrics, employee feedback, & observations - and proactively implements improvements guided by employee input.

**8) Commits to Personal and Team Capability Development:**

Pursues continuous learning in PSW through training, self-assessment and 360-degree employee feedback - to identify areas of improvement on an ongoing basis.

**9) Commits to and Rewards Healthy Workplace Behaviours:**

'Leads by example' and models healthy behaviours which demonstrate positive work-life balance, and requires this of other leaders. Where appropriate, discusses personal self-help techniques and accessing available PSW supports.

## 6.5 Leadership Good Practice

The research suggested a number of measures that public sector leaders could focus on to better manage PSW in their workplaces.

While many stem from the options and principles discussed above, they have been drafted under the PPR approach used throughout this report in order to make it as practical and applied as possible. To assist the reader, each good practice listed is illustrated with some examples of what this could look like in the workplace. In addition, the section includes blue highlight boxes containing more information on specific practices.

Note: While UTS is confident in the directions following based on the research evidence presented, we are also mindful that they need to further researched and refined before being adopted for any future PSW Leader toolkit, as noted at Section 6.6.

### 6.5.1 Promote

The following ‘Promote’ practices support a positive workplace environment and culture, plus approaches to PSW. They also communicate that PSW is a priority and core to how the organisation operates. In addition, they serve to reduce stigma, normalise help-seeking, and enhance the positive aspects of work which contribute to positive PSW and mediate the impacts of stressors.

Promote (PM) Leadership Practices	Examples
<p>PM 1: <b>Continuously enhance your PSW understanding and capabilities.</b></p>	<ul style="list-style-type: none"> <li>✓ Keep up to date on PSW responsibilities, common workplace risks and best-practice PSW management.</li> <li>✓ Participate in regular professional learning to enhance your people management, communication and emotional regulation skills and behaviours.</li> <li>✓ Regularly expose yourself to other learning opportunities, including through holding formal and informal discussions with peers about improved ways to build positive PSW in the workplace.</li> </ul>
<p>PM 2: <b>Authentically communicate in ways that reinforces the importance of PSW.</b></p>	<ul style="list-style-type: none"> <li>✓ Maintain a person-centred approach that genuinely engages with, and acknowledges, the unique concerns and experiences of employees.</li> <li>✓ Use organic, informal encounters to periodically check-in with employees, escalating conversations as necessary.</li> <li>✓ Provide platforms for communication and opportunities to demonstrate shared values and norms guided by broader strategic vision.</li> <li>✓ Refine mechanisms for consulting employees on PSW policies and practices informed by genuine co-design principles.</li> </ul>

Promote (PM) Leadership Practices	Examples
<p>PM 3:  <b>Regularly promote available PSW options, supports and pathways to employees.</b></p> <p>(See breaks tips box below).</p>	<ul style="list-style-type: none"> <li>✓ Adopt genuine and collaborative approaches to PSW discussions which avoid compliance-driven, performative or overly formal tone.</li> <li>✓ Maintain up-to-date knowledge of internal supports available and organisational guidelines for escalating concerns.</li> <li>✓ Use multiple channels to remind employees of formal and informal PSW supports available and how to access them.</li> <li>✓ Establish or maintain good quality early intervention or first-touch responses (e.g. Mental Health First Aiders)</li> <li>✓ Role model and encourage employees to take short decompression breaks during the workday, especially following a high stress, high impact exchange.</li> <li>✓ Provide employees with access ongoing positive PSW programs and distress options, beyond RUOK events.</li> <li>✓ Regular obtain employee feedback on whether the programs available are fit-for-purpose and identify improved options on at least an annual basis.</li> </ul>
<p>PM 4:  <b>Model healthy work behaviour, positive PSW practices and work-life balance.</b></p> <p>(See role model tips box below.)</p>	<ul style="list-style-type: none"> <li>✓ Identify and manage your personal stressors and encourage other leaders to do the same.</li> <li>✓ Establish reasonable working hour patterns, take regular decompression breaks and annual leave, and expect fellow leaders and employees to do the same.</li> <li>✓ Negotiate workplace protocols about when and how out-of-hours communications will occur (and not occur), and expect all leaders and employees to confirm</li> <li>✓ Speak openly with employees about use of support resources and personal PSW strategies, where comfortable and appropriate.</li> </ul>
<p>PM 5:  <b>Recognise your limits and when formal support or expert advice is needed.</b></p>	<ul style="list-style-type: none"> <li>✓ Consult early with SME (e.g. wellbeing advisors) instances where PSW issue is beyond professional capabilities or comfort.</li> <li>✓ Consider use of independent facilitators for challenging workplace interactions (e.g. industrial disputes).</li> </ul>

Promote (PM) Leadership Practices	Examples
<p>PM 6: <b>Proactively shape and contribute to improving PSW across the wider workplace ecosystem.</b></p>	<ul style="list-style-type: none"> <li>✓ Monitor for PSW impacts stemming from wider organisational ecosystem (e.g. resourcing issues).</li> <li>✓ Advocate to relevant parties for change where options to improve wider organisational issues are identified (e.g. addressing job demands and workloads).</li> </ul>
<p>PM 7: <b>Use the PSW Leadership Competencies (see above) to recruit, train and assess leaders.</b></p>	<ul style="list-style-type: none"> <li>✓ Provide leaders with opportunities to upskill in competencies requiring developing. Where common across groups, bring in specialist people management trainers</li> <li>✓ Incorporate PSW leadership competencies into leader job descriptions, KPI and performance review processes.</li> </ul>
<p>PM 8: <b>Value and treat all employees with respect regardless of their role or 'rank'.</b></p>	<ul style="list-style-type: none"> <li>✓ Take every opportunity- even through small courtesies and gestures - to make employees feel recognised and valued (e.g. greet employees as you encounter them; acknowledge contributions in meetings and in writing and make efforts to learn names).</li> <li>✓ Use appropriate language and tone, and regulate emotional expression, when addressing workplace issues, discussing PSW, or providing feedback.</li> <li>✓ Ensure merit-based promotions occur, rather than personal or subjective preference and manage personal conflicts of interest in order to avoid 'playing favourites'.</li> </ul>
<p>PM 9: <b>Respect and respond to employee PSW feedback and suggestions to improve workplace operations.</b></p>	<ul style="list-style-type: none"> <li>✓ Maximise democratic work processes and consult with employees about the best ways to improve policies, programs, practices and systems at the local level.</li> <li>✓ As much as possible, enable employees to make responsible decisions and operate autonomously within their realm of expertise.</li> <li>✓ Eliminate or revise historical 'rules and regulations', and inefficient operational processes that are no longer fit-for-purpose, and create employee frustration and disempowerment</li> <li>✓ Adopt transparent decision-making processes. For example, where a decision is made, especially one that contradicts employee feedback, proactively and clearly communicate the reasoning.</li> </ul>

Promote (PM) Leadership Practices	Examples
<p>PM10:  <b>Invest in positive workplace engagement and connections with colleagues.</b></p>	<ul style="list-style-type: none"> <li>✓ In consultation, improve the alignment between workplace goals and employee work roles and tasks to improve overall job satisfaction and engagement.</li> <li>✓ Implement formal and informal ways to build social connections within and between units and teams involving employees at all levels (e.g. regular social events or informal catchups)</li> <li>✓ Create opportunities for employees to form connections and build support networks that can also serve as first-touch distress mechanisms.</li> <li>✓ Avoid performative or top-down social events that employees do not feel connected to nor consider positive in terms of their PSW.</li> </ul>

**Benefits of breaks**

Short 'time-outs' or microbreaks during the workday can improve mood and enhance performance. (Kim & Headrick, 2018)

To be effective, the break should facilitate a psychological detachment from work and work-related tasks.

**Types of effective breaks:**

- Relaxation, such as deep breathing or mindfulness exercises
  - Physical activity, such as going for a walk
  - Socialisation, such as having a coffee with a colleague, and avoiding work talk
  - Cognitive activities, such as doing a puzzle or reading for pleasure
  - Entertainment, such as watching YouTube videos to elicit positive emotions.
- (Wang et al., 2022)

### Importance of role modelling positive psychosocial behaviours

- First impressions of leaders – especially of those who supervise other leaders - are particularly important. Some research suggests that when it comes to influencing expected workplace behaviours and culture, the most powerful role models are direct supervisors. Research demonstrates that employees benefit personally and professionally when leaders model positive behaviours, particularly in early interactions (with the reverse also true).

#### **Good Practice in positive behaviours include leaders who:**

- Highlight the importance of and demonstrate concern for others. *'Employees are first and foremost people, not mere productivity units'*.
- Regularly and openly participate in workplace PSW initiatives, including health promotions or risk prevention programs
- Are open and honest about their self-care, such as physical activity outside of work
- Are accessible and communicate with sincerity
- Make consistent and inclusive decisions based on sound moral principles.

(Gachter & Renner, 2018; Gesmaty & Cavuoto, 2018; Sarkar et al., 2024; Tu et al., 2018; Weaver, Trevino, & Agle, 2005)

**6.5.2 Protect**

The following ‘Protect’ good practices work to identify and manage workplace psychosocial risks, minimising employee exposure to harm.

Protect (PR) Leadership Practices	Examples
<p>PR 1: <b>Design work models and jobs to minimise stressors and provide early intervention.</b></p> <p><i>(See check-in tips box below.)</i></p>	<ul style="list-style-type: none"> <li>✓ Regularly consult with employees to identify stressors and advocate for change to workplaces and operations that have identified risks.</li> <li>✓ Modify work practices to embed PSW opportunities into routine schedule (e.g. micro-breaks, regular days off, and de-briefs) concurrently mitigating any associated impacts on employee workloads.</li> <li>✓ Routinely schedule shorter appointments and meetings to provide regular decompression opportunities or microbreaks (e.g. 50-minute, rather than hour-long meetings). This is especially important for employees experiencing regular “back-to-back” on-line meetings and/or dealing with highly sensitive, intense or stressful content.</li> </ul>
<p>PR 2: <b>Proactively identify and monitor workplace PSW risks.</b></p>	<ul style="list-style-type: none"> <li>✓ Meaningfully check-in with employees about stressors in the workplace and invite feedback.</li> <li>✓ Undertake regular PSW risk assessments.</li> <li>✓ Ensure employees have multiple avenues for providing feedback – including anonymous options (e.g. Mentimeter polls) and informal options (e.g. maintaining an ‘open-door’ policy where employees can drop-in to discuss issues).</li> </ul>
<p>PR 3: <b>Build a workplace culture that enables PSW issues to be openly and comfortably discussed.</b></p>	<ul style="list-style-type: none"> <li>✓ Assure employees that raising concerns will be career neutral (i.e. will not affect their career).</li> <li>✓ Approach concerns reported by employees with the same seriousness with which they were raised.</li> <li>✓ Regardless of the feedback source- be it in formal staff meetings or formals or through informal conversations and comments- ensure PSW issues concerns are acknowledged, treated with respect, and then acted on.</li> <li>✓ Provide feedback on all PSW issues raised and meaningfully check-in with the specific individuals and groups involved in the issue identification.</li> </ul>

Protect (PR) Leadership Practices	Examples
	<ul style="list-style-type: none"> <li>✓ Communicate evidence of change, or progress towards it, to address issues raised to reinforce the message that raising PSW risks with leadership is worthwhile.</li> </ul>
<p>PR 4: <b>Act to develop tailored, collaborative solutions to prevent and/or mediate PSW risks.</b></p>	<ul style="list-style-type: none"> <li>✓ Consult with affected employees on preferred solutions to workplace stressors.</li> <li>✓ Provide transparency in decision-making processes and options for employees to be involved to the degree that they prefer.</li> <li>✓ If employee preferences cannot be accommodated, clearly explain reasoning.</li> <li>✓ Consider options to build individuals coping and resilience skills—See tip box below.</li> </ul>
<p>RR 5: <b>Adopt a zero-tolerance approach to inappropriate workplace conduct, bullying and harassment.</b></p>	<ul style="list-style-type: none"> <li>✓ Consistently demonstrate appropriate workplace conduct and model behaviour consistent with the codes of conduct</li> <li>✓ Ensure a consistent and consequential response to all instances of inappropriate conduct, regardless of role or rank, including formal disciplinary measures.</li> <li>✓ Promptly implement interventions or preventive programs to avoid repeat behaviours (e.g. training in respectful communications; having difficult conversations; managing conflict in the workplace, or anti-bullying), as necessary.</li> </ul>
<p>PR 6: <b>Avoid personal disclosures that may discourage employee help-seeking or add to their stress.</b></p>	<ul style="list-style-type: none"> <li>✓ Be mindful of your personal and professional (leadership) boundaries and avoid ‘over-sharing’ of information that does not need to be disclosed to work colleagues.</li> <li>✓ Be genuine and personable, though regulate emotions and adopt a workplace-appropriate communication style in all interactions with employees.</li> <li>✓ Maintain awareness of employee comfort with content of conversations and adjust as necessary.</li> </ul>
<p>PR 7: <b>Embed PSW protections into change management design and implementation.</b></p>	<ul style="list-style-type: none"> <li>✓ Undertake PSW risk assessments at the outset of change management processes.</li> <li>✓ Increase consultation and feedback options and establish high degree of transparency during periods of instability.</li> <li>✓ Ensure identified risks are mitigated in the design of change management processes <i>before</i> they are implemented.</li> </ul>

Protect (PR) Leadership Practices	Examples
	<ul style="list-style-type: none"> <li>✓ Make available and promote additional PSW supports throughout, and not rely on BAU options such as EAP where risks levels have escalated.</li> <li>✓ Regularly review PSW risk assessments and update or add to options throughout change process.</li> </ul>

### Value of periodic wellbeing check-ins

Initiating semi-regular check-ins with colleagues and employees can reduce stress by building relationships and helping with early identification of issues.

**Meaningful and effective check-ins should:**

- Be separate from, and in addition to, formal performance reviews and work management exchanges
- Be periodic, though flexible in their frequency, and be focused on the employee’s needs and preferences
- Be no longer than 30 minutes
- Be private, though potentially outside of formal, office settings
- Allow both job-related and work-life stressors to be raised, while not overstepping boundaries. i.e. Exchanges should be natural and organic based on the leader-employee relationships and past interactions
- Lead to next steps as required, potentially including informal and formal PSW supports, or agreement to a follow-up discussion on issues raised.
- (Hurtado et al., 2024; Hurtado et al., 2023)

### Fostering resilience in the workplace

Resilience is one of the core constructs of positive organisational behaviour, with implications for employees and leaders.

***Options to foster resilience within and between employees include:***

- Provide meaningful feedback on work
- Provide environments where staff can build relationships, jointly solve problems, and can socialise
- Encourage lateral, collegial and social support between colleagues and 'keeping an eye out' for those at risk or potentially needing more formal discussions
- Create environments for bilateral feedback with supervisors, fostering a culture of horizontal dialogue and learning, rather than 'top-down'
- Create opportunities for positive team sharing and regular recognition of group achievements.
- (Hartman et al., 2020)

***Options to foster leaders' resilience:***

- Be attentive to employee messaging and communications, demonstrating skills in managing their own resilience.
- Develop practical mechanisms and self-care option to sustain oneself in difficult circumstances or adversity
- Adopt learning mindsets to use experiences of challenge and adversity to inform future decision-making, communications and risk prevention.
- (Breen & Elkington, 2015)

### 6.5.3 Respond

The following ‘Respond’ good practices work to identify and respond to instances of PSW stress or exposure to PSW harm. They include measures for address and redress the distress or harm on impacted individuals and to support recovery.

Respond (R) Leadership Practices	Examples
<p>R 1: <b>Establish clear, confidential channels for reporting psychosocial issues and distress.</b></p>	<ul style="list-style-type: none"> <li>✓ Ensure employees have multiple avenues for reporting psychosocial distress – including anonymous options (e.g. Mentimeter polls) and informal options (e.g. maintaining an ‘open-door’ policy where employees can drop-in to discuss issues).</li> <li>✓ Be transparent with employees regarding any escalation steps required and what disclosure this entails.</li> </ul>
<p>R 2: <b>Identify and reduce barriers to employees accessing effective PSW supports.</b></p>	<ul style="list-style-type: none"> <li>✓ Establish clear communication mechanisms for promoting and accessing supports which are practical and do not disincentivise their use.</li> <li>✓ Check that supports are open and equitable to all employees and can be readily accessed without stigma or career implications.</li> <li>✓ Monitor and gather feedback on any barriers to employees accessing available PSW supports.</li> <li>✓ Investigate and remove any caps on use of PSW supports including EAP.</li> </ul>
<p>R 3: <b>Identify and check-in with employees exhibiting signs of psychosocial issues and distress.</b></p>	<ul style="list-style-type: none"> <li>✓ Take all necessary steps to ensure first-touch’ disclosure discussions facilitate a timely and appropriate support response and not lead to unnecessary bureaucracy or retelling.               <ul style="list-style-type: none"> <li>○ Learn skills in triaging stressors and identifying best-fit support options drawing from a suite available (see PRX)</li> </ul> </li> <li>✓ Deploy trauma-informed and active listening techniques to reduce impacts on the employee and ensure they feel safe, acknowledged and heard.</li> <li>✓ Maintain awareness of common indicators of psychosocial distress, as well as the various ways in which different individuals may exhibit signs.</li> </ul>

Respond (R) Leadership Practices	Examples
	<ul style="list-style-type: none"> <li>✓ Check-in meaningfully and empathetically with employees following issues being raised, ensuring any conversation is consistent with employee preferences.</li> <li>✓ Ensure all PSW employee concerns remain private and confidential unless discussed and agreed to.</li> <li>✓ Determine whether the employee is impacted by workplace stressors or other external issues.</li> </ul>
<p>R 4: <b>Proactively connect employees to timely, fit-for-purpose supports and review effectiveness</b></p>	<ul style="list-style-type: none"> <li>✓ Offer impacted employees a variety of support options to suit their individual needs and preferences (e.g. regular formal or informal check-ins, referrals, decompression time).</li> <li>✓ Enable employees to access supports in their own way and timeframe.</li> <li>✓ Engage relevant supports in organisation (e.g. wellbeing advisors) in instances where PSW issue exceeds capabilities or responsibilities.</li> </ul>
<p>R 5: <b>Collaborate with employees to design tailored solutions to support recovery</b></p>	<ul style="list-style-type: none"> <li>✓ Scope options to tailor adjustments to working conditions (e.g. location, daily tasks or secondment) in line with individual employee needs and preferences.</li> <li>✓ Provide transparency in decision-making processes and options for employees to be involved to the degree that they prefer.</li> <li>✓ If employee preferences cannot be accommodated, clearly explain reasoning.</li> </ul>
<p>R 6: <b>Follow-up with impacted employees, in accordance with their preferences</b></p>	<ul style="list-style-type: none"> <li>✓ Follow-up and check-in meaningfully with impacted employees with the intention of listening actively to their response.</li> <li>✓ Collaborate with impacted employees to adjust solutions, as appropriate, and ensure a safe work environment upon their return.</li> </ul>
<p>R 7: <b>Remain cognisant of preconceptions and check personal biases during all PSW discussions</b></p>	<ul style="list-style-type: none"> <li>✓ Appreciate that employee history, background experiences, perspectives and expectations will vary greatly so avoid projecting or imposing personal views or biases.</li> <li>✓ Be person-centre, open and understanding regarding concerns raised, and not assume you know the best supports and solutions.</li> </ul>

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Respond (R) Leadership Practices	Examples
	<ul style="list-style-type: none"><li>✓ Avoid assuming direct counselling or formal advice roles on managing PSW and ensure prompt referrals onto external or professional supports when then risks are identified</li><li>✓ Listen to and wherever possible accommodate the unique needs of employees in response to psychosocial distress.</li></ul>

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## 6.6 Next Steps

While the research and options arising in this report provide a significant and robust contribution to the topic of Leadership Management of Psychosocial Wellbeing in Public Sector Workplaces, it nonetheless should not be regarded as definitive, given the resourcing and time constraints under the ANZSOG grant model.

As such, the UTS research team recommends ANZSOG, its jurisdiction members, and/or relevant Australian and New Zealand central agencies and regulators undertake a number of follow-on initiatives as listed below:

**1. Using a similar three KRQ and mixed methodology approach to UTS, commission research in other jurisdictions, portfolios, and agencies to those used for NSW.**

For example, this could include education; first responders; rural and remote workplaces or ones where employees are working primarily in the field, and not co-located with their colleagues.

**2. Invest in further research to identify evidence-based approaches to priority leadership challenges regarding PSW.** In the first instance, this could involve further investigation and refinement of the above recommended:

- a. Foundations for Uplift, including defining PSW management boundaries (see p. 32)
- b. An ecosystem model for managing PSW (see p. 37)
- c. PSW Leadership competencies (see p. 40)
- d. Good practices and additional examples related to PPR (see pp. 41-48).

**3. Document good-fit solutions and practice options on specific topics identified in the UTS research, including (though not limited to):**

- a. Updated regulatory and policy settings, and preferred language regarding PSW, designed to further promote and embed the concept, while also leveraging the legitimacy and enforceability of existing WHS frameworks.
- b. Managing PSW with and for specific and potentially vulnerable populations, including people with disability; Aboriginal and Torres Strait Islanders; those managing ongoing mental health or other chronic health conditions likely to impact their PSW.
- c. The boundaries of leadership responsibilities regarding PSW management, and options for effective triaging and external supports.
- d. Updated and expanded PSW onboarding models for employees, especially those new to working in the public sector or new to specific, high-pressure settings (such as hospital settings or court processes). These should include options to optimally manage differing needs and expectations of the workplace and employee and how to have difficult though safe conversations.
- e. New PSW metrics and feedback mechanisms to rebalance the emphasis on compliance and complaints measures with positive wellbeing culture and workplace initiatives. This could include investigation of 360-degree PSW leadership competency assessments.

**4. Develop and pilot a Public Sector Leadership PSW toolkit and professional learning suite.**

The toolkit should build on the UTS research and PPR and include additional evidence-based content on topics outlined above, potentially structured around the core PSW Leadership Competencies included on page 70.

In time, a universal PSW Leadership toolkit should be introduced, in consultation with employees, for all public sector workplaces with add-on content to address specific portfolio, agency and/or individual workplace issues.

- 5. Research and promote good practice engagement mechanisms and feedback loops involving leaders and employees, using co-design principles, aimed at continuous improvements across PPR.**
- 6. Establish regular leadership forums and exchanges to promote good practice and discuss PSW management issues and challenges in public sector workplaces.**

This could be instigated at different levels and include portfolio-based exchanges within or between jurisdictions, annual conferences with specific streams and forums, or more regular SME exchanges to ensure positive initiatives are being widely discussed and socialised for adoption or adaptation as appropriate.

## Appendix 1: About the UTS ANZSOG Research Project

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The initial UTS-ANZSOG research title was:

*Improved Leadership Awareness and Capabilities for Managing Psychosocial Wellbeing in Public Sector Workplaces.*

Overtime this was shortened to the current title:

*Leadership Management for Psychosocial Wellbeing in Public Sector Workplaces.*

### Research principles

UTS established a number of research principles to drive its research throughout:

1. It will use a collaborative research model between The UTS research team- including three senior subject matter experts from UTS Health and the UTS Business School, and members of the Project Steering Group (PSG) comprising ANZSOG and the NSW Premier's Department.
2. While the NSW public sector will be the case study jurisdiction, and be used to provide stakeholder feedback, efforts will be made to ensure any options arising have application and relevance to other ANZSOG members.
3. The focus will on options to improve public sector leadership and management capabilities related to psychosocial wellbeing, noting that many other issues contribute to, and compound individual and group psychosocial wellbeing in the workplace.
4. UTS will focus on knowledge transfer and translating research into practical options arising that could be adopted by public sector jurisdictions in Australia and New Zealand. This focus concurrently recognised that further research and consideration would need to follow the UTS report to fully convert the lessons learnt into concrete leadership capability uplift tools, training and resources.

### Stages and deliverables

The UTS research was conducted in four stages, with drafts and final documents presented to the PSG.

- |          |  |
|----------|--|
| Stage 1: | <i>Inception</i> , with Research Project Implementation Plan submitted and approved in October 2024  |
| Stage 2: | <i>Discovery</i> , with Discovery Paper containing the results of the desktop review submitted and approved in February 2025   |
| Stage 3: | <i>Engagement</i> , with two tranches of Engagement Findings presented to the PSG in August (focused on the survey results) and September 2025 (focused on the qualitative feedback) |
| Stage 4: | <i>Report</i> , comprising two draft reports (late September and October respectively, the latter being subject to an independent review) and a final report in December 2025.       |

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## Appendix 2: Recruitment Process

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### Initial Design

In late 2024, UTS designed a detailed model to select an ideal cross-section of the NSW public sector workplaces to be part of the research. This included selecting three portfolios and then three workplaces in each (the so-called 3 x 3 approach).

To select the most appropriate agencies and workplaces, the model specified a mix of:

- Large and small employee numbers
- Front-line and non-front-line functions
- Located in metropolitan, regional centres and rural areas
- Onsite and off-site work.

Due to the number of NSW agencies and workplaces that volunteered to participate in the research, this model was modified, albeit broadly maintaining 3 x 3 approach as outlined below.

### Recruitment Process

In order to recruit volunteer NSW agencies to participate in the qualitative research, in late 2024, the NSW Premier's Department and UTS jointly issued an invitation to NSW Government key People Leaders across the NSW public sector to attend a briefing about the research. A nomination form was circulated after the session, seeking agencies interested in participating, volunteering three specific workplaces who could assist with the following:

- Participate in an early 2025 briefing about their roles and responsibilities in the research
- Provide documentation on current local policies, practices and approaches to PSW
- Distribute an anonymous online survey to employees within the workplace
- Allow employees to nominate to participate in a workplace online focus group, and allow time for this to occur without the individuals being identified
- Nominate two executive leaders (Senior Manager+) for in-depth interviews
- Approve being written up as a case study agency within the context of this report (see Appendix 6),

These activities were facilitated by a local sponsor in each case study agency. The local sponsor distributed the online survey, as well as additional promotional materials to encourage completion of the survey, namely: reminder emails and a QR code flyer for posting in public places that linked respondents to the online survey.

Similar reminders were distributed by the local sponsor for the focus groups.

Finally, the local sponsor selected and jointly arranged the in-depth leader interviews with UTS researchers.

**Survey Engagement**

The UTS online survey was distributed through local sponsors to a total of 3646 potential respondents, with a total of 324 individuals completing the survey (n = 324):

- 124 respondents (38%) were from health workplaces
- 57 (18%) from transport workplaces
- 143 (44%) from justice workplaces.

As described at Appendix 3, weighting was applied to the data to correct the sample bias and disproportionate representation.

**Focus Group Engagement**

Ten focus groups were conducted, totalling 29 participants. Two focus groups were conducted with leaders (n = 6), the remaining eight were conducted with non-supervisors (n = 23).

As there were no focus group volunteers Transport 3 and Health Service, none were convened. All other case study workplaces participated in at least one focus group, as documented at Table 6.

**Table 6: Focus Group Engagement**

Portfolio and Workplaces	Non-supervisors		Leaders	
	Participants	Sessions	Participants	Sessions
<b>Health</b>				
Health 1	5	2	4	1
Health 3	2	1	0	0
<b>Transport</b>				
Transport 1	4	1	0	0
Transport 2	1	1	0	0
<b>Justice</b>				
Justice 1	9	2	2	1

Justice 2	2	1	0	0
<b>TOTAL</b>	<b>23</b>	<b>8</b>	<b>6</b>	<b>2</b>

Source: UTS data, May 2025.

### Leader Interview Engagement

As documented at Table 7, a total of twelve leader interviews took place (n = 12), with at least one leader from every case study workplace participating.

All of the leaders interviewed were at Senior Manager+ level, each interview running for approximately one-hour.

**Table 7: Leader Interviews**

Portfolio and Workplaces	Leader Interviews
<b>Health</b>	
Health 1	1
Health 2	1
Health 3	2
<b>Transport</b>	
Transport 1	1
Transport 2	2
Transport 3	1
<b>Justice</b>	
Justice 1	2
Justice 2	2

TOTAL	12
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Source: UTS data, May 2025.

## Appendix 3: About the Survey Weighting

Weighting was applied to the data to correct the sample bias and disproportionate representation resulting from the uneven response rates amongst the case study organisations.

As outlined in Table 8, while Justice & Communities 1 only represented 15% of the distribution share, they accounted for more than one-third (34%) of the response share. While the organisation with the largest distribution share (29%) – Transport 3 – accounted for the lowest response share (2%).

**Table 8: Case study response versus distribution share**

Portfolio and Workplaces	Responses		Distribution pool	
	n	Share (%)	n	Share (%)
<b>Health</b>				
Health 1	92	28%	483	13%
Health 2	15	5%	565	15%
Health 3	17	5%	795	21%
Health Sub-totals	124	38%	1,843	49%
<b>Transport</b>				
Transport 1	21	6%	53	1%
Transport 2	29	9%	68	2%
Transport 3	7	2%	1,100	29%
Transport TOTAL	57	18%	1,221	33%
<b>Justice</b>				
Justice 1	111	34%	571	15%
Justice 2	32	10%	111	3%

Justice TOTAL	143	44%	682	18%
<b>TOTAL</b>	<b>324</b>		<b>3646</b>	

Source: UTS data, May 2025.

After testing numerous weighting options, the UTS research team elected to weight the data by distribution share (or expected population) at the portfolio level in order to retain a respectable effective sample size and margin of error.

These weightings are listed in Table 9.

**Table 9: Weighting options**

Weighting option	Effective sample size	Margin of Error
Unweighted	324	5.2%
Weighted by organisation distribution share	59	13%
<b>Weighted by portfolio distribution share</b>	<b>240</b>	<b>6%</b>

Source: UTS data, May 2025.

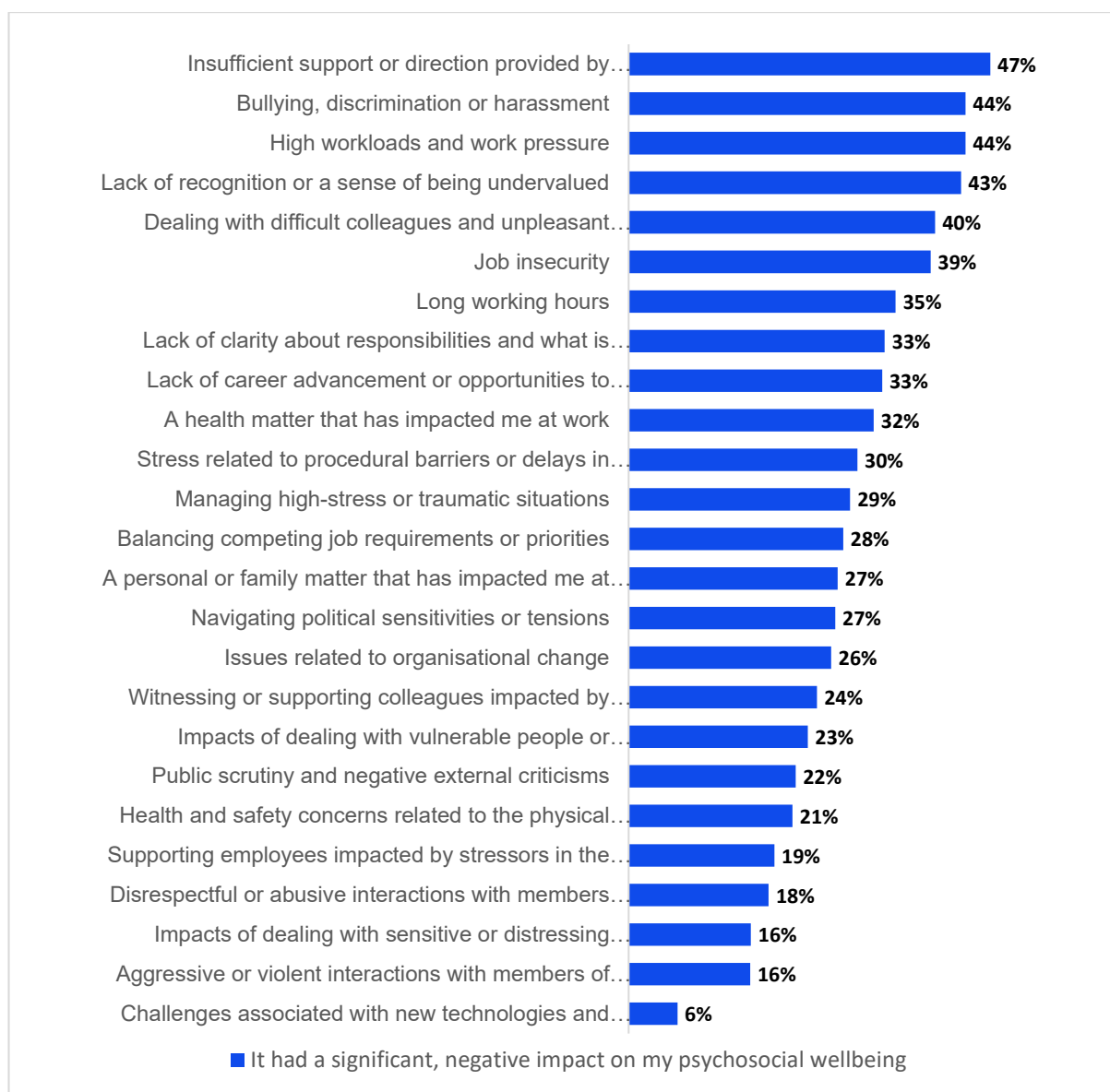
## Appendix 4: Additional Survey Data Analysis

### KRQ1 – Public Sector Stressors

#### Types of stressors

When assessing impact as a proportion of those who reported experiencing the particular stressor, insufficient support or direction provided by a supervisor or manager significantly impacted the highest proportion of those who experienced the stressor (47%). Further details are listed at Figure 12.

**Figure 12: Impact of stressors as a proportion of those who reported experiencing it**



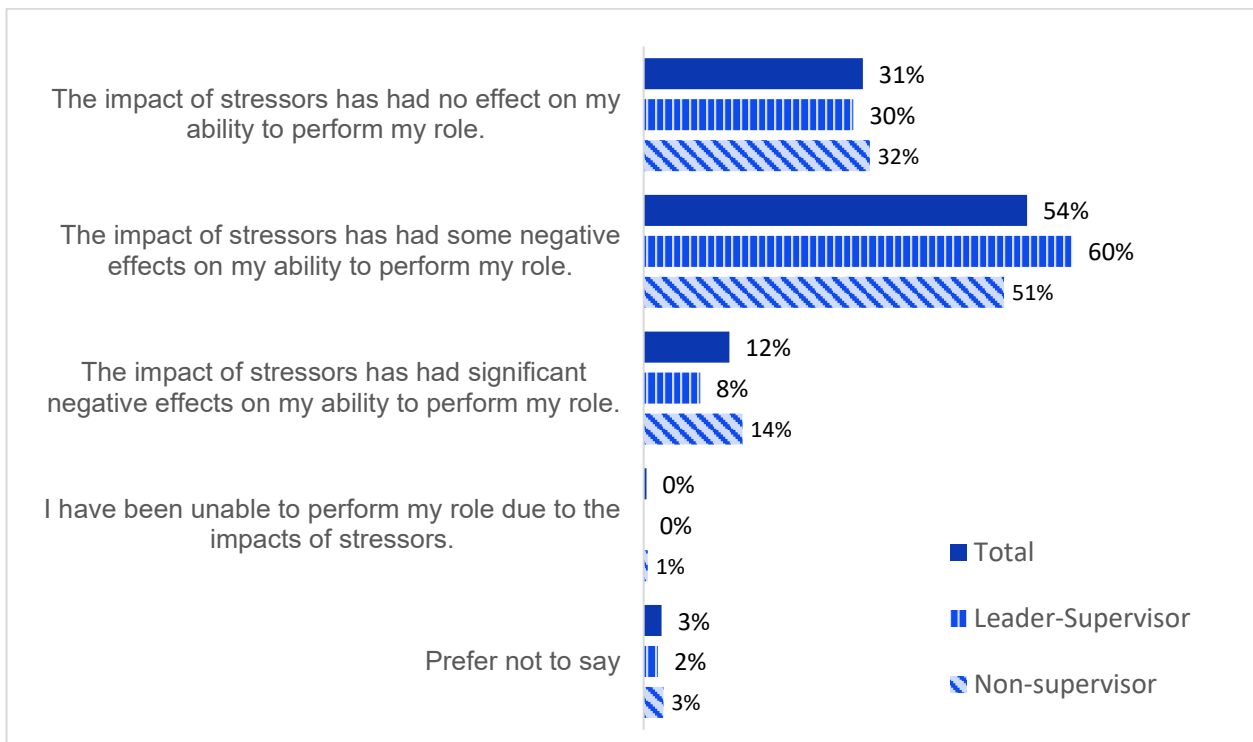
Source: UTS NSW case study workplaces, 2025 survey. 'In the last 12 months, have any of the following types of stressors or challenges impacted your psychosocial wellbeing in the workplace?', Weighted sample n = 240; 'Negative interactions with the public' filtered to only include those who reported that their role involved interacting with the public. n = 193.

**Impacts on performance**

As demonstrated in the table, leaders were marginally more likely to report negative impacts on their performance (68%) compared to non-supervisors (65%). However, non-supervisors were more likely to report significant negative effects (14%), compared to those with supervising responsibilities (8%).

Further details are listed at Figure 13.

**Figure 13: Impact of stressors on performance**



Source: UTS NSW case study workplaces, 2025 survey. 'In the past 12 months, to what extent has the psychosocial impact of stressors in your workplace affected your ability to perform your role?', Weighted effective sample size = 237; Leader-supervisors: n = 106; Non-supervisors: n = 214.

Respondents from NSW Health more commonly reported both overall negative effects (68%) and significant, negative effects on their performance (14%). TfNSW more commonly reported significant negative effects compared to Communities and Justice (12% compared 7%); however, a larger share of the latter reported negative effects overall (67% compared to 63%).

Leader-supervisors were also asked to report whether the impact of stressors had affected the performance of one or more of their employees. While their responses largely reflected those above, notably, 4% reported that one or more of their employees had been unable to perform their role due to the impacts of stressors in

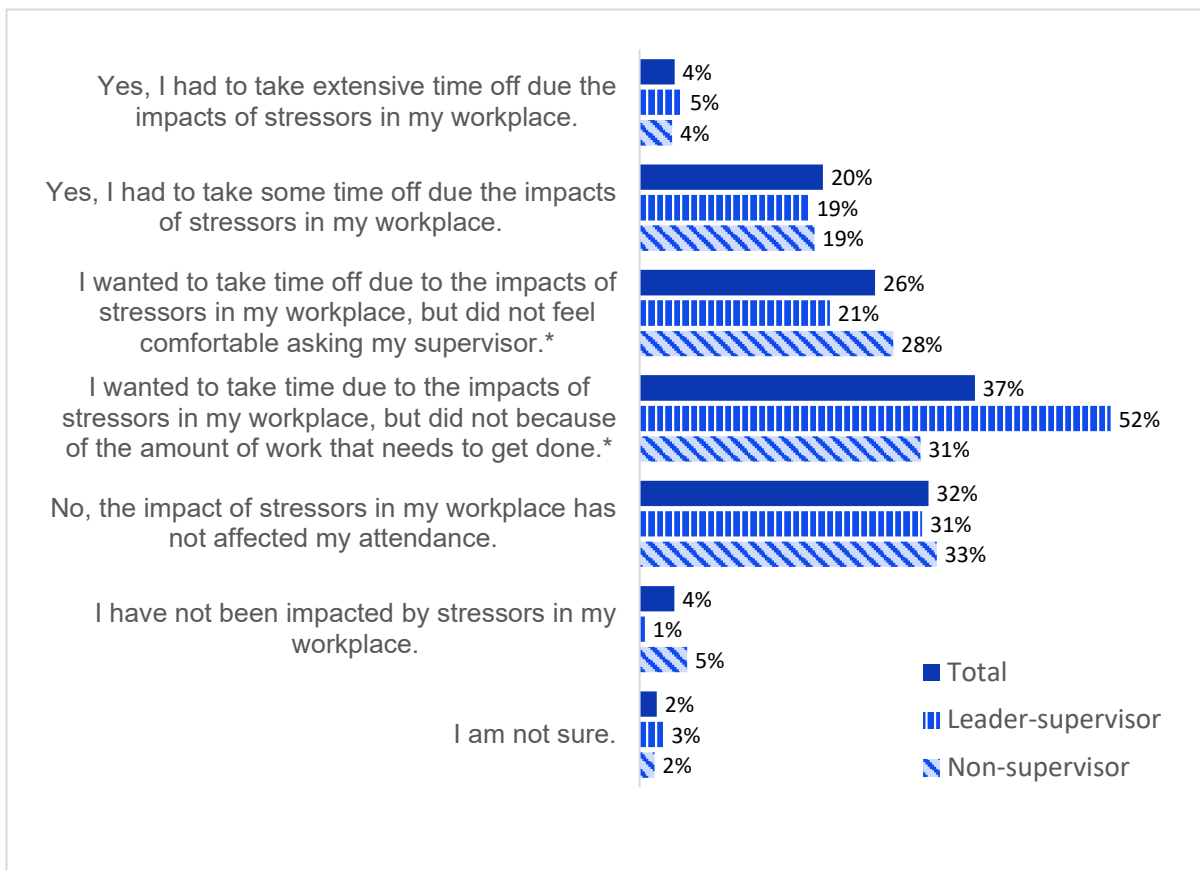
the workplace. This was more commonly reported by leaders from TfNSW (6%) and Communities and Justice (5%), compared to NSW Health (3%).

**Impacts on attendance**

As demonstrated in the figure below, a roughly equal proportion of leaders and non-supervisors reported taking time off due to the impacts of stressors. However, leaders more commonly reported wanting to take time off, but not doing so due to workload (48%) compared to non-supervisors (29%). While those without supervising responsibilities more commonly reported not taking desired time off due to discomfort asking their supervisor (24%), compared to those with supervising responsibilities (19%).

Further details are listed at Figure 14.

**Figure 14: Impact of stressors on attendance**



Source: UTS NSW case study workplaces, 2025 survey. “In the past 12 months, have you had to, or wanted to, take time off because of the impact of stressors in your workplace?”. Weighted effective sample size = 237; Leader-supervisors: n = 90; Non-supervisors: n = 221.

\*Filtered to those who did not report taking any time off due to the impacts of stressors: n = 243, Leader-supervisors: n = 71, Non-supervisors: n = 172.

### KRQ 3: Opportunities for Uplift

#### Feedback on resource needs

All respondents were asked to rank which resources would be most beneficial to improve their leaders' capabilities in improving psychosocial wellbeing in the workplace.

While there was significant diversity in rankings, 'more funding/staffing resources to manage and respond to psychosocial wellbeing challenges' was most commonly ranked as the resource that would most improve leadership capabilities in managing psychosocial wellbeing by both supervisors (21%) and non-supervisor (15%).

Further details are listed at Figure 15.

**Figure 15: Supervisors and non-supervisors' most common #1 resource**

Supervisors' most common #1		Non-supervisors' most common #1	
More funding/staffing resources to manage and respond to psychosocial wellbeing challenges.	21%	More funding/staffing resources to manage and respond to psychosocial wellbeing challenges.	15%
More time to prevent and manage psychosocial wellbeing stressors or hazards in the workplace.	13%	Establishing more communication channels for employees to raise psychosocial issues.	13%
More guidance and support from upper management on psychosocial wellbeing matters.	11%	Other (please specify): Addressing inappropriate behaviour and creating a more supportive culture.	12%
Better workplace monitoring and reporting of psychosocial issues.	10%	Better workplace monitoring and reporting of psychosocial issues.	10%
Other (please specify): Most responses concerned increasing personnel and reducing job demands.	10%	Dedicated wellbeing advisors or mental health specialists	10%

Source: Supervisors: 'Thinking to the future, which of the following do you think would most improve your capabilities in improving psychosocial wellbeing in the workplace?', Effective sample size = 66; 'Thinking to the future, which of the following do you think would most improve your leaders' capabilities in improving psychosocial wellbeing in the workplace?', Effective sample size = 125.

Both groups also commonly ranked 'better workplace monitoring and reporting of psychosocial issues' (10%), and 'other' (10% and 12% respectively) as #1.

Supervisors also commonly ranked 'more time to prevent and manage psychosocial wellbeing stressors or hazards' (13%) and 'more guidance and support from upper management on psychosocial wellbeing

matters’ (11%). While non-supervisors commonly ranked ‘establishing more communication channels for employees to raise psychosocial issues’ (13%) and ‘dedicated wellbeing advisors or mental health specialists’ (10%).

When assessing the most common resources ranked in the top 5 for both groups, many of those ranked commonly as #1 were, of course, repeated. However, supervisors also commonly ranked ‘more collaboration and participation from employees in designing solutions’ (44%), ‘additional training on stress and emotional management skills’ (43%), and ‘more time to consult with, manage and respond to individuals experiencing psychosocial wellbeing challenges’ (41%). While non-supervisors additionally commonly ranked ‘More time to prevent and manage psychosocial wellbeing stressors or hazards in the workplace’ (42%) and ‘More guidance and support from upper management on psychosocial wellbeing matters’ (40%).

Further details are listed at Figure 16.

**Figure 16: Supervisors’ and non-supervisors’ most common Top 5 resource**

Supervisors’ most common Top 5		Non-supervisors’ Top 5	
More time to prevent and manage psychosocial wellbeing stressors or hazards in the workplace.	50%	Better workplace monitoring and reporting of psychosocial issues.	53%
More funding/staffing resources to manage and respond to psychosocial wellbeing challenges.	46%	Establishing more communication channels for employees to raise psychosocial issues.	46%
More collaboration and participation from employees in designing solutions to psychosocial wellbeing issues in the workplace.	44%	More funding/staffing resources to manage and respond to psychosocial wellbeing challenges.	45%
Additional training on stress and emotional management skills	43%	More time to prevent and manage psychosocial wellbeing stressors or hazards in the workplace.	42%
More time to consult with, manage and respond to individuals experiencing psychosocial wellbeing challenges in the workplace.	41%	More guidance and support from upper management on psychosocial wellbeing matters.	40%

Source: Supervisors: 'Thinking to the future, which of the following do you think would most improve your capabilities in improving psychosocial wellbeing in the workplace?', Effective sample size = 66; 'Thinking to the future, which of the following do you think would most improve your leaders' capabilities in improving psychosocial wellbeing in the workplace?', Effective sample size = 125.

### **'Other' strategies to improve leadership capabilities**

Respondents that selected 'Other' reported a range of strategies that were perceived to increase leadership capabilities of managing psychosocial wellbeing. The most common response recorded from supervisors was to increase personnel and reduce job demands (3 responses), this aligning with qualitative data exhibited in Table 3. The most common strategy reported by non-supervisors was better management of employee behaviour (6 responses). Most of these responses also included references to a poor organisational culture that fostered complacency and inaction.

Further details are listed at Figure 17.

**Figure 17: Supervisors' and non-supervisors' 'Other' strategies to improve leadership capabilities**

Supervisors' Responses	Freq.	Non-supervisors' Responses	Freq.
Increased personnel and reduced job demands	6	Better management of staff behaviour	6
Government-funded team building/social activities	1	Improved organisational systems and practice	5
Improved organisational culture: addressing complacency when concerns are raised	1	Improved organisational culture	4
Improved awards	1	More direct support from leaders	2
Improved role clarity	1	Improved change management	2
Improved Executive support	1	Improved role clarity	2

Source: Supervisors: 'Thinking to the future, which of the following do you think would most improve your capabilities in improving psychosocial wellbeing in the workplace?', Effective sample size = 66; 'Thinking to the future, which of the following do you think would most improve your leaders' capabilities in improving psychosocial wellbeing in the workplace?', Effective sample size = 125

## **Appendix 5: Case Studies – NSW Public Sector Workplaces**

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**CASE STUDY                      HEALTH 1**

**About**

This workplace has approximately 500 employees, with nearly 350 in frontline client facing roles and approximately 100 in non-frontline roles. It has over 30 employees in leadership positions.

**Major Stressors**

While feedback was limited (e.g. 19% survey response rate, three focus groups and one leader interview), it provided valuable insights into the workplace. High workload, “being time poor” and feeling undervalued were dominant stressors. There were shared views about insufficient managerial support regarding PSW challenges.

Various respondents observed that since the COVID-19 pandemic, there has been an increase in the complexity of health issues and associated challenges working with vulnerable clients, some with challenging behaviours. Stressful, or occasional “dangerous”, interactions with the public, together with a lack of time to “decompress between appointments” were also raised.

Exposure to unprofessional or “aggressive behaviours” from colleagues, along with working within/against “old school culture” with procedural constraints, was also reported as harmful and “demoralizing”.

Some also commented on inequities in employee entitlements (for example doctors), lack of clarity of roles and responsibilities in some areas, plus “bottlenecks” and insufficient feedback on complaints, that compounded impacted individual’s PSW and “sense of powerlessness”.

Finally, employees and leaders both reported challenges in recruiting and retaining younger staff, with many having higher expectations and reduced resilience to day-to-day work pressures. This, combined with some shortcomings in administrative processes, led to additional roles being shifted to senior staff and leaders, unreasonably adding to their responsibilities, and in turn PSW risks.

<p><b>Current Practice</b></p> <p>The workplace has various PSW initiatives in place, some part of the district’s broader policies. These include:</p> <p>Psychosocial information available on district intranet, including fact sheets, communication guides, and risk assessment/management guidelines</p> <p>Monthly 1:1 meetings with managers that includes individual wellbeing checks</p>	<p>Flexible work options to assist people to take time off or return to work in less stressful ways</p> <p>Hosts a number of events designed to promote wellness and “togetherness”, including:</p> <ul style="list-style-type: none"> <li>Annual staff barbeque</li> <li>Kindness Week including a raffle</li> <li>Staff Morning teas to celebrate nurses</li> </ul> <p>The district is developing a psychosocial risk management framework designed to assist leaders.</p>
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“One of our biggest issues is dealing with a metro-centric health system and things coming from above... Rural health is very different. There are less staff, and less layers, high staff turnover and a much harder case load... Unfortunately, we are not resourced in ways that recognise this fact.” **Supervisor, Health 1**

**Key Research Findings**

Overall, the workplace was found to be committed to improving the PSW of employees though was still managing legacy practices that were having negative impacts on employees

Respondents reported raising psychosocial issues with their direct manager/supervisor, with some reporting positive change.

While leader/supervisors reported being ‘clear’ or ‘somewhat clear’ on their psychosocial management responsibilities, most non-supervisors rated their leaders’ capabilities negatively

Feedback indicated shortfalls in how written complaints and workplace incidents were handled, with concerns that PSW risks and harms appeared to be “lost in the system” and/or not properly engaged with. This was attributed to various factors including:

Degrees of disconnect with some leaders in terms of the matter’s importance and prioritisation

Inefficient reporting systems, outdated software, and procedural barriers and delays

Historical “hierarchies” and “power dynamics” that implied some employees are “allowed to play by different [professional conduct] rules”, without consequences, creating PSW harm to others.

There were concerns about employees being “rationed” access to the EAP, this seen as “unfair” and “unnecessary” especially given the challenging nature of health care and dealing with vulnerable clients

Various employees reported their primary PSW supports were through peers, and not from the workplace’s administration. This was reported as a necessity, rather than a preference.

Leaders/supervisors indicated they needed additional PSW guidance to fulfill their responsibilities. This included advice on appropriately supporting staff dealing with personal, non-work-related stressors.

**Future Options and Considerations:**

- ➔ Continue to monitor and advocate for appropriate staffing and resources based on currently demand and complexity of need. This could include:
  - Appointing additional or specialist personnel
  - Increasing administrative support to provide leaders with time to prioritise people-management
- ➔ Continue to actively improve the workplace culture, prioritising:

- ➔ Review the leadership appointment process to ensure quality people management skills are a prerequisite.
- ➔ Initiate leadership training to better equip all leaders to better detect and manage PSW, plus negotiate boundaries between work-based and personal stressors
- ➔ Investigate shorter appointments (e.g. 50 rather than 60 minutes) to allow clinicians to pause and debrief between sessions. This is especially critical for online appointments

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| <ul style="list-style-type: none"> <li>– Consistent enforcement of professional codes of conduct, regardless of seniority or role</li> <li>– Redressing legacy work practices that are inefficient and not fit-for-purpose</li> <li>– Formally + informally valuing staff and recognising their work on a day-to-day basis</li> <li>➔ Remove restrictions on access to the EAP to ensure all staff can access when they need</li> </ul> | <ul style="list-style-type: none"> <li>➔ Update and streamline complaints handling and incident management and improve feedback processes</li> <li>➔ Appoint dedicated wellbeing advisors or specialists to advise leaders and direct support staff in PSW issues that require greater SME</li> <li>➔ Investigate and resource additional informal/lateral peer supports, including time in work hours</li> </ul> |
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“To me [employee] psychosocial wellbeing is all about culture. Every interaction we have is about culture... Everyone is responsible for expecting and demonstrating acceptable standards of behaviour, regardless of your role or seniority at the workplace”. **Senior Manager+, Health 1**

**CASE STUDY HEALTH 2**

About

The workplace has approximately 800 employees, with 700 in frontline, client-facing positions, and 80 in non-frontline roles. There are less than ten in executive leadership roles.

Major Stressors

While the feedback was extremely limited (e.g. 2% survey response rate, one focus group and two leader interviews), it nonetheless provided some valuable insights into the workplace. Workload, staffing, and balancing competing job responsibilities were reported as the major stressors, as well as the impacts of having challenging interactions with the public and colleagues.

Aggression from the public was highlighted as a growing concern. This included employees being abused and exposed to inappropriate behaviours in person and online. Challenges associated with recruitment and retention were also reported as the facility has long-serving staff members reaching retirement age.

Current PSW Practices

The Health District’s Strategic Plan contains the primary wellbeing policy, with one of its priority areas concerning staff health and wellbeing.

Ongoing actions include:

- Monthly newsletter and Heads of Department Town Halls where PSW features.
- Regular supervision and 1:1 meetings with all direct reports including discussion of PSW.

Other measures at the District level include:

- A Health District professional peer support program, offering peer-to-peer support with mental health first aid-trained colleagues.
- Wellbeing Hub (offering advice, resources and educational programs).

The facility has also introduced:

- A Health District program where all employees are encouraged to take a 15-minute break to have an informal chat and destress with someone.
- Program offering courses, team coaching sessions and clinical supervision with a focus on workplace wellbeing.
- Ongoing flexible work policy to help people return to work in ways that does not compound their stressors.

In addition, there were several management practices reported as ‘in development’, including:

Review of District workplace policies, procedures and strategic plans is currently underway, for publication in 2025.

“We are big on ensuring there is a healthy work-life balance... We say all the time ‘When at work be at work; when at home be at home’. This is important for everyone to know and practice this... Having clear boundaries helps I think.” **Senior Manager+, Health 2**

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### Key Research Findings

- Overall, the facility was found to offer a wide range of programs and initiatives designed to manage PSW of employees. Some of these initiatives were common to other parts of the District, though there was evidence that specific leaders had initiated proactive ‘promote’ and ‘respond’ actions, at both an individual and team level.
  - While leaders who participated in the research both self-reported and demonstrated good capabilities in managing PSW in the workplace, non-supervisor respondents ranked their leaders less favourably overall, with some reporting negatively on aspects of their leaders’ capabilities, albeit based on very low response rates. When probed, respondents attributed this to shortcomings in leaders’ people management skills at appointment, plus difficulties in “catching up” when performing in their jobs.
  - “Understaffing” was raised by respondents, each drawing a direct connection to negative impact on employees PSW at all levels. For example, there was recognition that many leaders and supervisors were also “very time poor”, making some employees apprehensive in approaching them.
  - Casual staff utilisation and the ensuing transient workforce were found to work against building a shared and stable workplace culture, at times creating “confusion” or “extra work” for permanent employees especially when explaining the requirements of complex wards, specific patients, and/or details of operational procedures.
  - Employees at all levels highly valued the flexible work options available in response to PSW issues. These included moving to permanent part-time, modified shifts, work from home where possible, reassignment to less stressful/high exposure roles etc. While positive for impacted staff, it was also noted that this:
    - Could pose rostering challenges
    - Had roll-on impacts on colleagues working in full-time and ongoing roles.
  - Leaders interviewed were well aware of the negative impacts and stressors of high workloads, noting that additional resources would help mitigate psychosocial risks.
  - The issue of competing demands on leaders and supervisors time was also noted as a challenge. It was observed that appropriately consulting and managing employees experiencing psychosocial issues required “reasonable amounts of time”.
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Future Options and Considerations:

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| <ul style="list-style-type: none"> <li>→ Continue to monitor and advocate for appropriate staffing and resources based on current demand.</li> <li>→ Continue to improve workplace culture and working conditions, including addressing unacceptable behaviours, to improve staff attraction and retention.</li> <li>→ More training for leaders on psychosocial issues, stress, and emotional management skills.</li> <li>→ Further promoting and utilising District Wellbeing specialists, noting the time constraints on leaders and supervisors.</li> </ul> | <ul style="list-style-type: none"> <li>→ Increase the emphasis on local and ongoing protect and respond strategies, rather than one-off or annual events such as on RUOK day. This should include more opportunities for:               <ul style="list-style-type: none"> <li>– Work-sponsored peer support</li> <li>– Discussions and collaborations between employees and leaders about ongoing PSW improvements at the local level.</li> </ul> </li> <li>→ Increase formal and informal PSW data collection and feedback loops to better monitor PSW in the workplace.</li> </ul> |
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“There are some managers that made their way up the chain without having enough management experience – they have been good in their clinical role and become the next in line for management, but don’t have the time to undertake that training and build up that capability.” **Non-supervisor, Health 2**

**CASE STUDY HEALTH 3**

About

This workplace has over 550 employees, with approximately 100 in frontline/client-facing roles, and 450 in non-frontline roles. There are less than five in executive leadership roles.

Major Stressors

While the respondent feedback was extremely limited (e.g. 5% survey response rate and one leader interview), it nonetheless provided some valuable insights into the workplace. The largest stressor identified was the “24/7 nature of their work”, and the high pressure, fast-paced demand for health services.

Staff are often dealing with a “multitude of stakeholders” many with unrealistic expectations of response times, plus low tolerances for unavoidable delays due to equipment breakdowns or the need to refer to specialist health services to other agency locations. This can result in employees being regularly exposed to client frustration and anger, at times, which may be perceived as bullying, harassment, or abuse.

It was noted that while staff were paid overtime, more senior staff were not. They were expected to be “permanently available” and on-call, preventing switching off outside of work. There were also reported challenges in dealing with a younger, transient workforce who were generally reluctant to take on additional or administrative roles, placing more pressure and responsibilities on leaders.

Current Practice

Leaders undergo tri-annual training in PSW management, delivered in conjunction with iCare.

This organisation also has an extensive range of resources and PSW policies and procedures including:

- Psychological safety initiatives identified in its People Strategy
- NSW Health Mental Health and Wellbeing Framework
- Psychosocial Checklist
- Risk Education eXpress (external leader training)
- NSW Government PD - Work Health and Safety Better Practice Procedure
- Code of Practice Mapping Psychosocial Hazards in the Workplace Due diligence

In addition:

- A proportion of leaders have completed Mental Health First Aid training offered in 2023.
- Some leaders were using a mix of physical “pop- ins” or calls to conduct regular “welfare check-ins” with their middle- and officer-level managers.
- The organisation uses the Temporary Interim Roster Arrangement (TIRA) to help staff adjust their hours and duties in response to a PSW issue.
- There are semi-regular distress activities including an annual RUOK events.

training conducted with officers every three years.

“PSW training is very important, though dealing with an actual person - with their unique issues and personality - is often a lot harder.” **Senior Manager+, Health 3**

Key Interview Findings

- While drawing from a very small evidence base, overall, this workplace was found to have a solid suite of PSW management tools and training for leaders, though these have not necessarily translated into providing leaders with the capabilities and confidence to manage risks and deal with impacted employees.
- Respondents reported raising psychosocial issues with their direct manager/supervisor, with some reporting positive change because of this.
- While the majority of leader/supervisors reported being ‘clear’ or ‘somewhat clear’ on their psychosocial management responsibilities, most non-supervisors rated their leaders’ capabilities negatively
- Due to the scheduling of training, not all current leaders and supervisors had completed the leadership training (described above), including the mental health first aid training offered in past years.
- Some individuals promoted into leadership roles appeared to lack basic people management and EQ skills, though their technical expertise was well recognised.
- Some younger staff were reported to have low thresholds for feedback about their performance and ways to improve, which can lead to some underperformance issues going unaddressed, “because it could be interpreted or reported as bullying and harassment”.
- One leader commented that some past PSW complaint handling appeared “very reactive”, with the assumption being any issue put in writing must be based on fact. They noted a much better course of action – aligned to current policies- would be to consistently investigate the issue raised, with input from all parties present, and not just have “an immediate reaction” in the complainant’s or union’s favour.

Future Options and Considerations:

➔ Review the leadership appointment process to ensure quality people management skills are a prerequisite.

➔ Ensure PSW leadership training is cyclical to cater for all incoming leaders and to reinforce and grow the skills of established employees.

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| <ul style="list-style-type: none"> <li>➔ Increase mandatory PSW training for leaders, including in:             <ul style="list-style-type: none"> <li>○ Mental health first-aid</li> <li>○ Having difficult conversations</li> <li>○ Managing anger and frustration</li> <li>○ Practical skills in providing feedback</li> <li>○ Self-care.</li> </ul> </li> <li>➔ Consider ways to better value and recognise leaders' and staff efforts, including the roles and responsibilities of leaders after-hours to remedy issues and problems.</li> </ul> | <ul style="list-style-type: none"> <li>➔ Ensure all parts of the workplace understand and follow policies on PSW complaints handling, and undertake impartial fact-finding and procedural fairness on any issue or incident raised, rather than assume “wrongdoing”.</li> <li>➔ Expand staff induction processes regarding PSW, inclusive of:             <ul style="list-style-type: none"> <li>○ Workplace expectations and feedback processes</li> <li>○ Having difficult conversations</li> <li>○ Self-care and staged escalation processes.</li> </ul> </li> </ul> |
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“I have seen PSW weaponised... It could be worthwhile providing training – for everyone – about the difference between discussing work performance... and the individual reporting it caused them stress and PS harm.”

**Senior Manager+, Health 3**

**CASE STUDY JUSTICE 1**

About

This workplace has approximately 600 employees, with 30 in senior executive leadership positions.

Major Stressors

While the feedback was somewhat limited (e.g. 19% survey response rate, two focus groups and one leader interview), it provided valuable insights into the workplace. High workload, long hours and managing high quantities of sensitive materials were dominant stressors. Challenges and pressures in working with clients and other stakeholders who may be distressed or suffering from trauma, and having a relatively younger workforce were also identified.

Various respondents referenced vicarious trauma associated with clients. There was also reference to challenges in having billable hours and working within an adversarial legal system. “Litigation is stressful by definition... There is no [external] recognition that delays are rarely in your control”.

Current PSW Practices

This workplace has a suite of initiatives directed towards managing PSW in the workplace, often falling under the broader term ‘Wellbeing’. These include:

- Wellbeing Framework and Action Plan (due for revision in 2025).
- Employment of a Wellbeing, Health and Safety Advisor to provide advice and support to managers responding to specific employee issues, as well as to proactively manage psychosocial risks and promote wellbeing in the workplace more broadly.
- Standing Wellbeing Working Group.
- Proactive Wellbeing Supervision (PWS) program extended to legal teams and support staff.

- Targeted training for high-risk teams, incorporating advice on topics such as managing exposure to sensitive material, working with vulnerable clients and managing challenging interactions.
- All staff have access to the Employee Assistance Program (EAP), which is regularly promoted.

In addition:

- Wellbeing is a standing agenda item and is actively discussed in team and leadership meetings.
- This workplace has a partnership with an external provider to deliver psychosocial leadership training and provide support resources for leaders and supervisors.
- A psychosocial risk assessment process is planned for all teams in 2025/26.

- Specialist psychosocial leadership training delivered by organisational psychologists with knowledge of the legal sector.
- Clinical supervision and debriefings with a psychologist for highly sensitive matters.

“Our lawyers often want to give 110 percent - type A personalities and all that - so they don’t want to be seen to be struggling... It is very hard to recognise [PSW issues] when someone is working hard to mask it.”

**Senior Manager+, Justice 1**

Key Research Findings

- Overall, this workplace was found to have a relatively mature culture regarding PSW with multiple channels and initiatives in place designed to address ongoing workplace stressors. Preferences to use terminology such as “wellbeing” and employee “welfare”, “avoiding jargon like PSW” were seen as a positive.
- Supervisors and non-supervisors both ranked ‘more funding/staffing’ as the top resource that would improve PSW management, followed by ‘more time to consult on/manage/prevent stressors’. Qualitative feedback suggested that this could result in more experienced lawyers handling more confronting matters reducing “additional [workload] burdens down-stream”.
- While respondents stated that stressors did impact their ability to fully perform the role, some reported difficulties in practicing self-care or taking needed time off due to workload pressure and/or team and supervisor expectations. It was noted that reassigning work during an absence often had compounding impacts on other staff. Alternatively, when work was not reassigned, it created burdens for returning employees.
- Respondents reported being comfortable raising wellbeing issues with their supervisors, with feedback suggesting that this usually resulted in a positive change.
- Leaders generally reported they were clear on their psychosocial responsibilities, though indicated that there was variability in different leaders’ capabilities in terms of managing risks and promoting a consistently positive psychosocial culture and workplace.
- Leaders reported a genuine desire to help staff impacted by PSW, though some indicated they were not fully equipped to do so, citing a need for more guidance on challenges related to non-workplace stressors.

Future Options and Considerations:

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| <ul style="list-style-type: none"> <li>→ Closely monitor workload demands against current staffing levels and ensure appropriate balance of senior supervisors and junior employees.</li> <li>→ Introduce mandatory, independent “wellbeing check-ins” (suggested quarterly) to help with early intervention and PSW support for employees reluctant to otherwise raise with supervisors.</li> <li>→ Increase role-specific training and support for new recruits, including in vicarious trauma self-care and practical strategies to work smarter.</li> <li>→ Formally recognise and standardise the time and skills needed to appropriately supervise and manage employees’ PSW. “Should not be hit or miss depending on who you work with”.</li> <li>→ Seek out further opportunities to share PSW tools and strategies with other government sector agencies.</li> </ul> | <ul style="list-style-type: none"> <li>→ Improve systems to manage the increase of workload on employees following leave. This should include mitigating practices that “penalise” or compound stressors for those needing time off.</li> <li>→ Ensure all leaders participate in regular psychosocial training, covering having difficult conversations, and self-assessments of PSW management strengths and areas for development.</li> <li>→ Update guidelines and advice for leaders and supervisors to optimally communicate and deal with psychosocial stressors experienced by staff.</li> <li>→ Consider providing leaders with access to a psychosocial advisor/legal specialist independent of formal HR escalation processes.</li> <li>→ Review the agency’s Employee Values Proposition to improve recruitment and retention of more senior/experienced lawyers.</li> </ul> |
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“At a senior level, I think it has to start with us prioritising PSW ... [We] need to engender it into our environment; that this is our workplace and this is how we manage it... We need to communicate that psychosocial wellbeing is just as important as physical health.” **Senior Manager+, Justice 1**

**CASE STUDY JUSTICE 2**

About

This workplace has over 1000 employees, with 12 in senior executive leadership positions.

Major Stressors

While feedback was somewhat limited (e.g. 29% survey response rate, one focus group, and two leader interviews), it provided valuable insights into the workplace. High workload, long hours and externally imposed timeframes (e.g. court dates) were the dominant stressors. In addition, highly sensitive content, dealing with vulnerable clients, and the associated vicarious trauma were also commonly raised.

Respondents also spoke of external pressures arising from political and media scrutiny and the “relentlessness of personal exposure” brought about by appearing publicly in the courts.

Current Practices

This workplace has a large suite of initiatives directed towards managing psychosocial wellbeing (referred to as wellbeing). These include:

- Fulltime Wellbeing and Safety Coordinator available to provide advice and support to managers responding to specific employee issues, as well as to support employees directly if/ when needed.
- Access to clinical supervision program – 4 sessions per annum, though not all employees utilise this.
- Mental health first-aid training available to leaders, supervisors and staff.
- Access to an online Well-check Program where staff can self-assess and receive tips and advice on management and mitigation strategies.
- Mandatory, two-part bespoke vicarious trauma online training program all staff must complete before the end of 2025.

- Structured staff induction program with strong emphasis on wellbeing and self-care, and destigmatising seeking help for stress and vicarious trauma - described as “part of the business”.
- Standing agenda item on management discussions, plus monthly wellbeing data and discussions at the executive leadership meetings.
- Annual performance review including PSW assessments.
- A proactive program of regular leader ‘wellbeing check-ins’ conducted by the Director Human Services to assist with early identification of emerging issues.

In addition, this workplace is heavily data driven with detailed PSW data present to the leadership group at least on a quarterly basis.

- Established and trained Wellbeing Peer Support Network, providing employees with an informal pathway to discuss issues and seek advice.

“There is good camaraderie and support with the workplace. [Despite the pressure] we recognise we are all in the same boat, so we are good at watch outing and supporting each other.” **Supervisor, Justice 2**

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### Key Research Findings

- Overall, this workplace was found to have an active and extensive PSW management suite of initiatives, with strong central support. That said, there was evidence that knowledge of options available were varied outside the central office.
  - Dense, often complex and continuously high caseloads posed the greatest challenges, as did the fact that there were limited opportunities to rest or “fully debrief between matters” as “the demand never drops”.
  - Respondents reported being “reluctant to take time off” as this had compounding impacts on their colleagues or themselves when they returned to work as there was no “staffing buffers”.
  - Access to peer support networks, and supportive colleagues, were seen as highly beneficial to employees, however it was observed that this “load” was not “shared equally”.
  - Variability in leader “EQ”, understanding and competency in discussing psychosocial issues; competent staff could therefore have stretched responsibilities, while less empathic colleagues remained unincumbered.
  - Leaders openly discussed the importance of modelling behaviours, including “leaving the office at reasonable times” as well as openly and regularly discussing their self-care strategies.
  - Despite wellbeing being heavily promoted and well supported with policies and training, there were still observations that it could seem performative at times or “tick-a-boxy”. Further, while there was a lot of discussion of PSW in meetings, at time it appeared that actions arising were somewhat limited.
  - Despite strong messaging to “destigmatise” psychosocial stress, many employees reported to be reluctant to raise issues for fear of negative personal or legal career impacts.
  - There was repeated commentary that the most essential requirement to effective management of PSW was “time to listen”. It was also widely observed that this commodity was “incredibly difficult given our work”.
  - Boundaries between personal matters and PSW management in the workplace were an ongoing challenge for leaders. Further discussion and clarifications with other public sector agencies would be beneficial.
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#### Future Options and Considerations:

- Continue to review and advocate for appropriate resources to carry the increasing workloads.
  - Improve systems to better manage trailing workload for staff on leave.
  - Deliver role-specific training for new and junior staff, including on:
    - Challenges and skills in engaging with vulnerable and traumatised people
    - Having difficult conversations with people from diverse cultural backgrounds and/or different communication or anger management styles.
  - Strengthen and expand proactive PSW check-ins with all employees, using a combination of informal and formal options
- Instil in leaders/supervisors:
    - The importance of active listening and early intervention approaches to avoid stressors compounding and issues escalating.
  - A lifelong learning approach to PSW, rather than a compliance and “completed course mindset”.
  - A need to be open and forthcoming about discussing PSW in genuine, non-performative ways, noting:
    - The importance of building trust and creating space for informal conversations.
    - The importance of managing their own stresses and emotions so not to burden staff and limit their opportunities to raise issues.
  - Expand suite of options available to staff impacted by PSW including “respite-type” options based on person-centred and flexibility principles.

“[Given our type of work], we know we can’t eliminate the [psychosocial] risk entirely. Though, we can do a lot to continue to mitigate and manage it... We are continuing to add to and refine how we do this – there is always more to learn and do.” **Senior Manager+, Justice 2**

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