

# **Co-designing Research:**

# **Transformative Change for a Human-Centred Corporate Climate Through Employee Assistance Providers**

**Project Report 2022-2025**

**Findings and Results**

**A UniSA/PSC-GO and EAPAA Research Project**

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# Project Summary

## Background

This research project sought to expand the work of EAPs and involve them in tailored Psychosocial Safety Climate (PSC) improvement interventions in client organisations. The project ran from May 2022 to January 2025 and was co-designed by the University of South Australia's (UniSA) Psychosocial Safety Climate Global Observatory (PSC-GO), the Employee Assistance Professional Association of Australasia (EAPAA), and participating Employee Assistance Providers (EAPs). The project aimed to extend the work of EAPs from their traditional focus on the individual to the organisational climate level, to improve the psychological health of employees at scale, and improve engagement levels of EAPs.

## Psychosocial Safety Climate

PSC refers to the organisational climate for employee psychological health, wellbeing, and safety. PSC is underpinned by four key principles, and is determined by organisational policies, practices, and procedures for the protection of worker psychological health and safety (Dollard & Bakker, 2010). Together these principles form the foundation of the workplace safety system for worker psychological health.

## Aim

The primary objectives were to (a) introduce PSC and its implications for worker psychological health to EAPs for utilisation in their practices, and (b) to improve PSC in organisations through tailored EAP interventions. The project focussed on co-designing an intervention to be implemented by EAPs that increased PSC psychoeducation in their client organisations, and translated the results into actionable, tailored interventions to be implemented at the organisational climate level.

## Approach

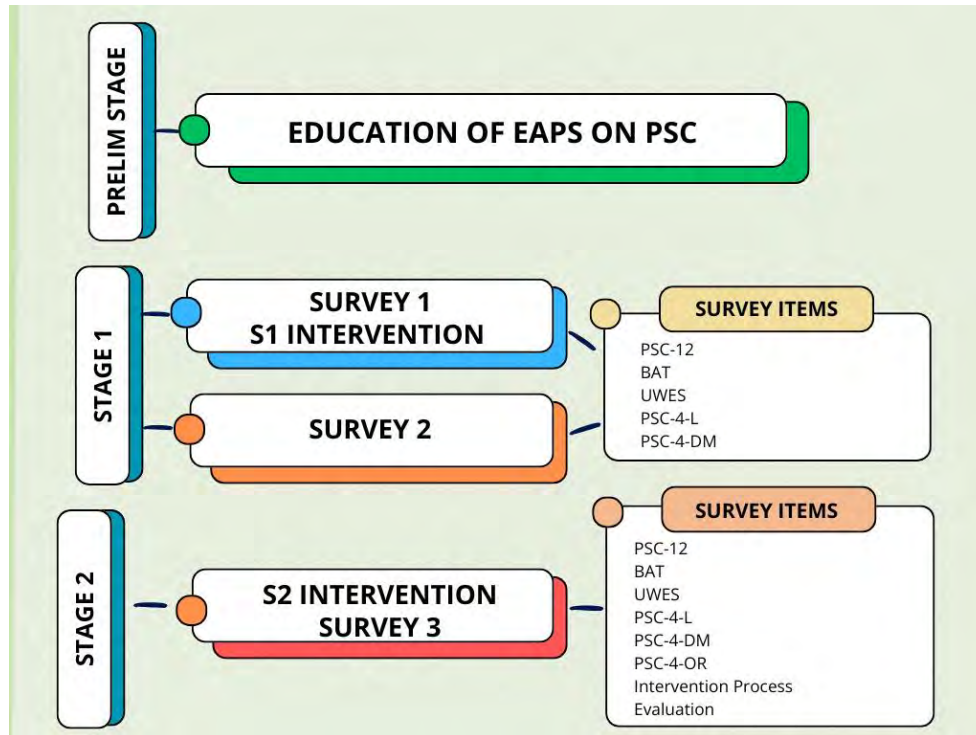
Workshops and training sessions were facilitated by UniSA/PSC-GO with participating EAPs to introduce the PSC framework, co-design the intervention approach, and train EAP representatives on the reporting approach.

A two-staged intervention approach was co-designed (see Figure 1).

- Stage 1 included PSC education for organisations, developing a baseline, and presenting the baseline results to key stakeholders.
- Stage 2 tailoring intervention/s to improve PSC from the baseline results.

Three surveys were provided to participating organisations incorporating the measures:

- PSC-12, PSC-4 (senior leaders), PSC-4 (direct managers);
- Engagement;
- Emotional exhaustion (burnout); and
- Intervention and evaluation questions.



**Figure 1.** Image denoting the stages (s) of the project and associated survey items



# Overview, Key Findings, Practical Outcomes and Recommendations Summary

## Project Outcome Overview

- The project ran for 20 months.
- 5 EAPs began in the project.
- 4 EAPs completed project.
- 12 client organisations began the project – 7 remained until the project conclusion.
- 1406 responses were received from all participating organisations across all of the surveys.
- No client organisations undertook a tailored Stage 2 intervention to improve PSC.
- Organisational restructuring was experienced by all participating organisations.
- An organisational restructuring evaluation tool was developed and tested that demonstrated strong correlations with PSC results.

## Key Findings

- 3 of 7 participating client organisations saw an increase in PSC between the first and final surveys.
- 2 of 7 participating client organisations had an increase in engagement and decrease in emotional exhaustion between the first and final surveys.
- All client organisations showed high levels of emotional exhaustion aside high levels of engagement.
- EAP visibility in organisations was positively related to levels of PSC.
- Significant gaps were noted between leaders' perception of their PSC leadership behaviours compared to workers' PSC experience.
- Organisational restructuring processes have a significant impact on levels of reported PSC.
- Key factors need to be considered prior to any PSC improvement intervention delivered by EAPs to maximise the effectiveness of the process.
- Key elements can improve the effectiveness of a PSC intervention process.
- Several initiatives (actions) were associated with higher levels of PSC when workers considered them to be implemented.

## Practical Outcomes and Recommendations

- Key factors were identified for EAPs to consider for when undertaking organisational level interventions using a PSC approach.
- Several types of initiative and approaches to initiative development and implementation were identified that can benefit interventions delivered by EAPs.
- Further exploration of how PSC can be improved through tailored EAP interventions is required.
- The likelihood of organisational restructuring occurring during a long-term intervention is high, requiring consideration during intervention planning.
- Perceptual gaps between leaders and workers to be considered and addressed in intervention approaches.
- Collaboration and consultation with workers when designing and implementing initiatives to improve PSC is fundamental.
- The timing and timeframes of a long-term intervention needs to be carefully managed.
- Incorporating adaptability and flexibility into intervention processes is needed to manage significant changes/interruptions.
- Further exploration of how PSC can be improved through tailored EAP interventions is required.
- Allocating the appropriate level of resources (skilled personnel, time, finding) for the duration of the intervention is essential.

# Project Report

## Background

In May 2022, the Employee Assistance Professional Association of Australasia (EAPAA) and the University of South Australia's (UniSA) Psychosocial Safety Climate Global Observatory (PSC-GO) funded by an ARC Laureate Award, commenced an intervention research project, co-designed with EAPAA, and participating Employee Assistance Providers (EAPs).

This co-design project, titled "*Transformative Change for a Human-Centred Corporate Climate Through Employee Assistance Providers*" (hereon in referred to as 'the intervention'), was conceptualised between PSC-GO and EAPAA with a foundation based on PSC-GO goals. Specifically, the purpose was to identify how Employee Assistance Program providers can work as a feedback system for organisations, to help improve PSC in organisations. Further, the PSC-GO team had undertaken research looking at the positive impact that EAPs have at an individual level and the role that PSC plays in employee distress reduction levels. They found that although psychological distress was significantly reduced for individuals receiving EAP support, the reduction of psychological distress was greater when the employee reported that they worked in an organisation with high levels of PSC (low risk). This, paired with a desire to increase engagement rates in line with a new engagement rate metric introduced by EAPAA in 2021 were the motivations of this project – to further explore how EAPs could extend their influence beyond their usual individual focus to influence change in client organisations to improve PSC.

## Psychosocial Safety Climate

Psychosocial Safety Climate (PSC) refers to an organisational climate for employee psychological health, wellbeing, and safety. It is determined by organisational policies, practices, and procedures for the protection of worker psychological health and safety. It reflects four key principles in relation to stress prevention and safety at work: *senior management commitment*, *senior management priority*, *organisational participation*, and *organisational communication* (Dollard & Bakker, 2010).

## Aim

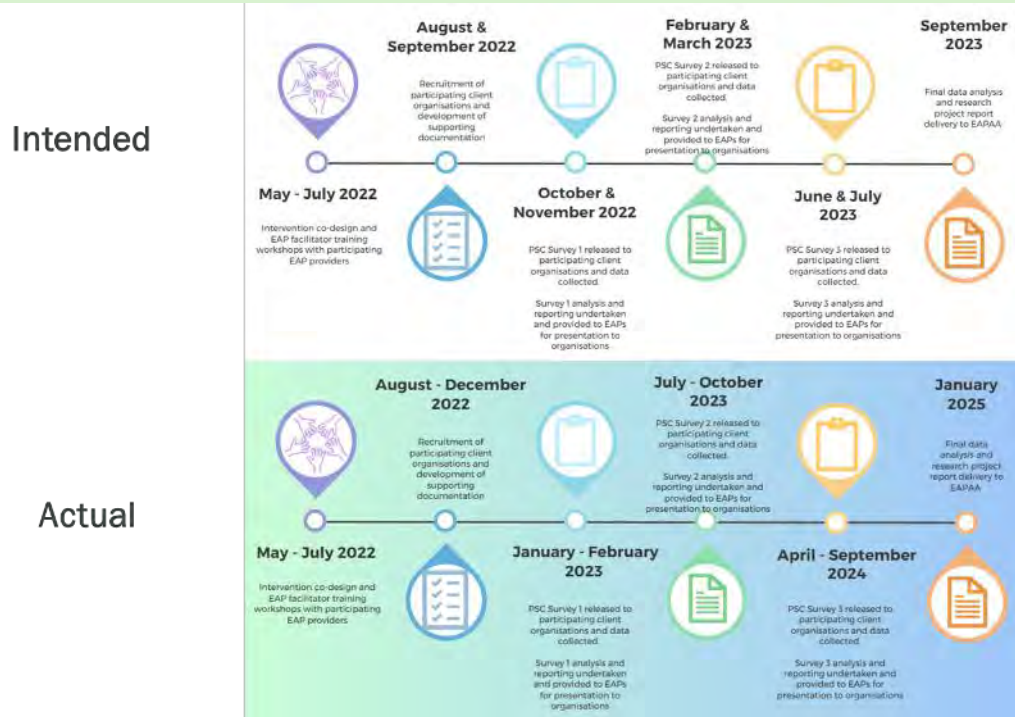
The agreed aim of the collaborative research project was to co-design an intervention process that sought to increase EAP engagement with their client organisations and improve the level of PSC in the participating EAP client organisations. The goal was to highlight how EAP engagement within their client organisations could help improve PSC through intervening at the organisational level. The objectives of this research project were to (a) introduce PSC and its implications for worker psychological health to EAPs for utilisation in their practices, and (b) to improve PSC in organisations through tailored EAP interventions.

Three PSC surveys were undertaken in participating client organisations across twenty months, with each survey consisting of the following assessments: PSC-12, PSC-4 for leaders, PSC-4 in relation to direct managers, engagement, and emotional exhaustion. Additional tailored questions were included in each survey which were tailored to be reflective of each Stage of the intervention.

There were two Stages of intervention determined (Stage 1 and Stage 2). Stage 1 was undertaking a baseline survey with the participating organisation, educating the leaders and key stakeholders in the organisation about PSC, and presenting the baseline results to that group of stakeholders.

Stage 2 was a tailored intervention aimed at addressing the client organisations results and improving PSC, that was designed and implemented by EAPs. The final survey was intended to assess the impact and outcomes of the tailored EAP implemented intervention.

## Project Timeline



**Figure 2.** Image denoting the timelines of the project

## Project Outcome Overview

- The project ran for 20 months (i.e. time between the project initiation and the last final survey to be received).
- Five EAP providers signed up to participate in the research project.
- Four EAP providers remained in the research project (one withdrew mid-way through due to EAP resources availability).
- Twelve participating client organisations joined the project, with seven remaining at the conclusion of the project.
- There were 1406 responses in total from all participating organisations across all the surveys (Survey 1: N = 404; Survey 2: N = 445; Survey 3: N = 557).
- EAP representatives reported that none of their client organisations engaged them to undertake a tailored Stage 2 intervention to improve PSC.
- Most participating organisations developed and implemented their own initiatives to address their results following the first survey.
- An OR evaluation tool was developed and tested which demonstrated strong negative correlation between organisational restructuring and PSC.

- Organisational restructuring was undertaken by all participating organisations during the intervention period.
- Three out of the seven participating client organisations saw an increase in PSC between the first and final surveys.
- All client organisations reported on average high levels of emotional exhaustion along with high levels of engagement.

## Surveys

The assessment tools used in each survey included:

Psychosocial Safety Climate 12 (PSC-12)	The PSC-12 (Hall et al., 2010) is a twelve-item scale which assesses Psychosocial Safety Climate. Each of the principles are assessed using three questions, with responses scored on a five-point Likert scale, ranging from 1 ("Strongly Disagree") to 5 ("Strongly Agree"). Total scores for the scale can range from 12 to 60 (Dollard & Bakker, 2010).
Leader perceptions of PSC (PSC-4-L)	The short version of the scale (PSC-4; Dollard, 2019) was modified to specifically measure leaders' own perceptions of their PSC leadership.
Psychosocial Safety Climate in relation to direct managers (PSC-4-DM)	The short version of the scale (PSC-4; Dollard, 2019) was modified to specifically measure staff perceptions of PSC in relation to their direct manager.
Emotional Exhaustion Scale (BAT)	The Emotional Exhaustion Scale measures burnout using three items from the Burnout Assessment Tool (BAT; Schaufeli et al., 2020). These items ask about a staff's current psychological health and physical wellbeing as it relates to work, such as "At work, I feel mentally exhausted".
Engagement (UWES)	The Engagement Scale assesses the level of energy and connection workers have with their work activities. Three items from the Utrecht Work and Well-being Survey (UWES; Schaufeli et al., 2006) were used to measure an individual's recent feelings of Engagement with their work, such as "I am immersed in my work."
Intervention Process and Evaluation Questions	Survey 2 and 3 included additional questions to assess the research process, including intervention evaluation, and specific factors that can influence workplace interventions.
Psychosocial Safety Climate in relation organisational restructuring (PSC-4-OR)	In Survey 3, a new scale was included to specifically measure staff perceptions of the processes followed during organisational restructuring. Four questions were asked, based on the PSC-4 framework (Dollard, 2019), to determine the relationship between levels of reported PSC and organisational restructuring that occurred during the research project (if applicable).



The surveys were individually created for each of the participating organisations using Qualtrics (survey software), tailored to the organisation by using their logo, terminology, and organisational structure (e.g. departments or teams incorporated into demographics). A single email link was created for each survey, for each organisation, and was emailed directly to the organisation's representative EAP provider. Participating client organisations were able to share the survey link and details via their preferred method of staff communication (e.g., shared via email, released on local intranet sites). Within each participating organisation, all staff were invited to respond to each of the surveys issued (i.e. there were no identified control or intervention groups within the participating organisations).

PSC benchmarks assist interpretation of PSC results to identify organisational risk levels. For example, Bailey, Dollard, and Richards (2015) determined that scores of 41 or above places workers at Low Risk for poor psychological health, whereas scores 37 or below places workers at High Risk for poor psychological health such as symptoms of depression, and work exposures such as high job strain. Below are the benchmarks used to assess the results in this study:

- PSC scores  $\geq 41$  are Low Risk;
- PSC scores  $> 37 - < 41$  are Moderate Risk;
- PSC scores  $\leq 37 - > 26$  are High Risk; and
- PSC scores  $\leq 26$  are Very High Risk.

## The Intervention Process: Approach and Timeframes

The intervention was initiated in May 2022 following recruitment of five (5) EAP providers from across Australia and New Zealand (NZ). The steps of the intervention process were:

### Initial workshop with participating EAPs, EAPAA and PSC-GO (May 2022)

PSC-GO facilitated the workshop with the intent of supporting and strengthening EAPs organisational approach to designing and informing worker mental health promotion and prevention activities within client organisations, using the Psychosocial Safety Climate measures.

The workshop included:

- Education on the PSC theory/framework;
- Highlighting the workplace issues that require this intervention level and approach;
- PSC research findings including the EAP project looking at worker experience of psychological distress and their reported PSC;
- Discussing how PSC research and EAPs work align;
- Introduction on research regarding interventions; and
- Undertaking Stage 1 of the co-design process.

### Second co-design workshop with participating EAPs, EAPAA and PSC-GO (June 2022)

PSC-GO facilitated this workshop which was intended to finalise and reach agreement on the co-designed intervention, and included:

- Agreeing on two-levelled intervention approach;
- Designing and finalising what each level of intervention would incorporate; and

Discussing:

- Factors that might impact the roll-out of the intervention;
- Details of the research components, such as number and size of participating client organisations, workload considerations; and
- A recommended timeline for the project.

### Material development (July – August 2022)

Materials development by PSC-GO to be used by the EAPs to recruit and educate participating client organisations on the intent and commitment level of the intervention.

### Recruitment of participating client organisations (August 2022 - January 2023)

Twelve (12) client organisations agreed to participate in the research project.

### First facilitator training workshop (August 2022)

Participating EAPs, EAPAA and PSC-GO. PSC-GO facilitated this session to:

- Provide the opportunity for the participating EAP representatives to take the PSC assessment as to understand the experience;
- Work through the materials developed for the recruitment of client organisations;
- Step through how to present the client organisations PSC assessment results; and
- Identifying considerations for client engagement plans (available resources).

### PSC Survey 1 development and release (January - February 2023)

PSC-GO developed the first survey for each of the participating organisations and provided the survey links to the representative EAPs to undertake the engagement process.

### First survey results analysed (January - February 2023)

Baseline reports created by PSC-GO for presentation by the EAPs to the participating organisations.

### Second facilitator training workshop with participating EAPs, EAPAA and PSC-GO (February 2023)

Participating EAPs, EAPAA and PSC-GO. PSC-GO facilitated this session to:

- Present a research project status update;
- Provide a PSC refresher;
- Introduce the PSC report slide pack and two-pager report for presenting client organisations their PSC results; and
- Train the EAP representatives on how to read and respond to queries regarding the slide pack and report.

#### PSC Survey 2 development and release (July – September 2023)

PSC-GO developed the second survey for the organisations electing to participate in this survey level.

#### Second survey results analysed (August – October 2023)

Baseline reports created by PSC-GO for presentation by the EAPs to the participating organisations. Level 2 of the intervention was to be instigated.

#### PSC final survey (Survey 3) development and release (April – September 2024)

PSC-GO developed the final survey for the remaining participating organisations.

#### Final survey results analysed (September – October 2024)

Baseline reports created by PSC-GO for presentation by the EAPs to the participating organisations.

#### Presentation of preliminary findings (November 2024).

Delivered at the 32nd EAPAA International Conference by Professor Maureen Dollard and Gemma David (PSC-GO).



# Results

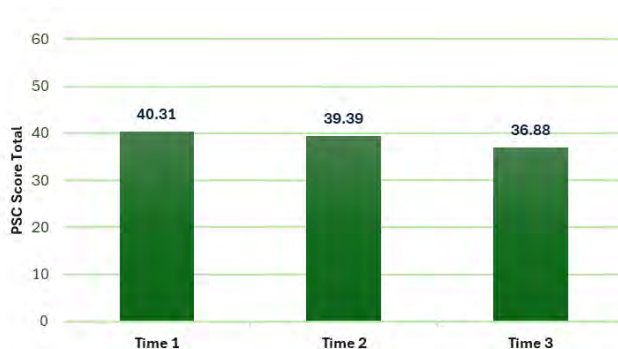
## PSC, Emotional Exhaustion and Engagement

The results section provides specific details of the results from this research project. Findings are described based on the survey the data was extracted from, and unless otherwise stipulated, is based on collated and aggregated data from all participating organisations remaining in the project at its cessation.

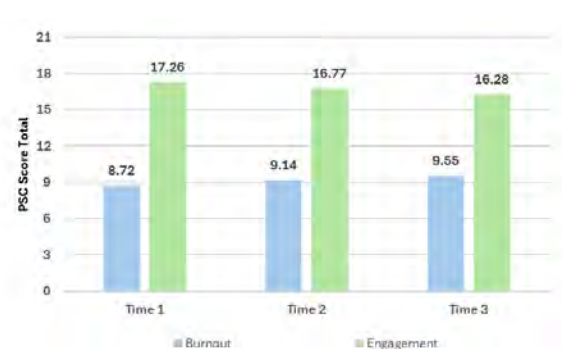
The results reported from all the assessment tools used (PSC, emotional exhaustion, and engagement) are aggregated at the organisational level, meaning that the responses from all the respondents from all of the participating organisations have been collated and averaged (the mean), unless otherwise specified. They are based on data collected via surveys with workers in participating organisations, commentary provided by those respondents to add context for their responses, and discussions with EAP providers and EAPAA contacts, and the PSC-GO researchers. They are not reported in order of level of significance.

When reviewing the results, it is also important to consider that organisational restructures occurred within every participating organisation, with a likely impact on overall results.

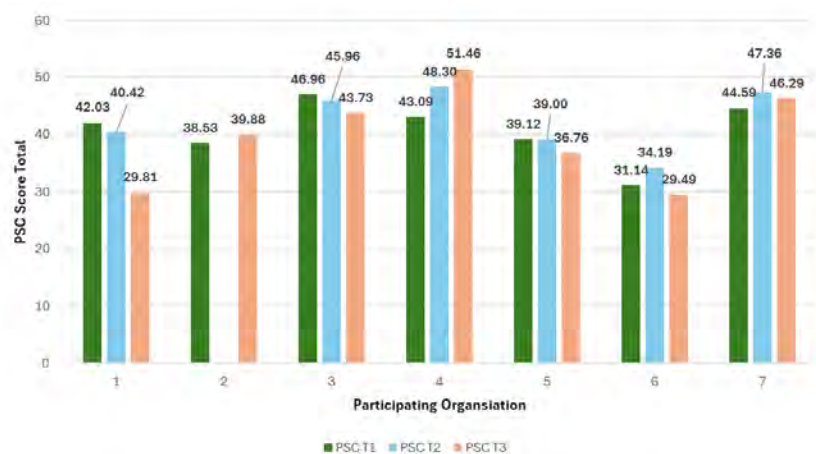
Below are the PSC, emotional exhaustion, and engagement results for the participating organisations combined:



**Figure 3.** Total PSC scores from each survey

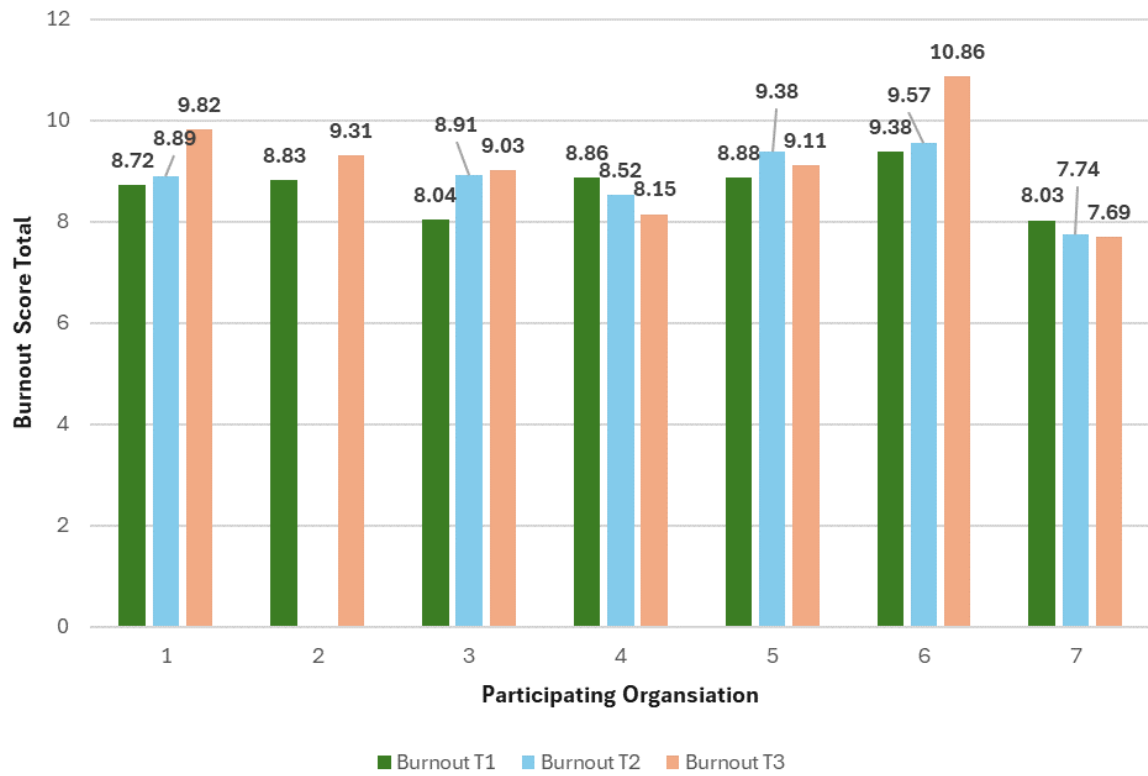


**Figure 4.** Total emotional exhaustion and engagement scores from each survey

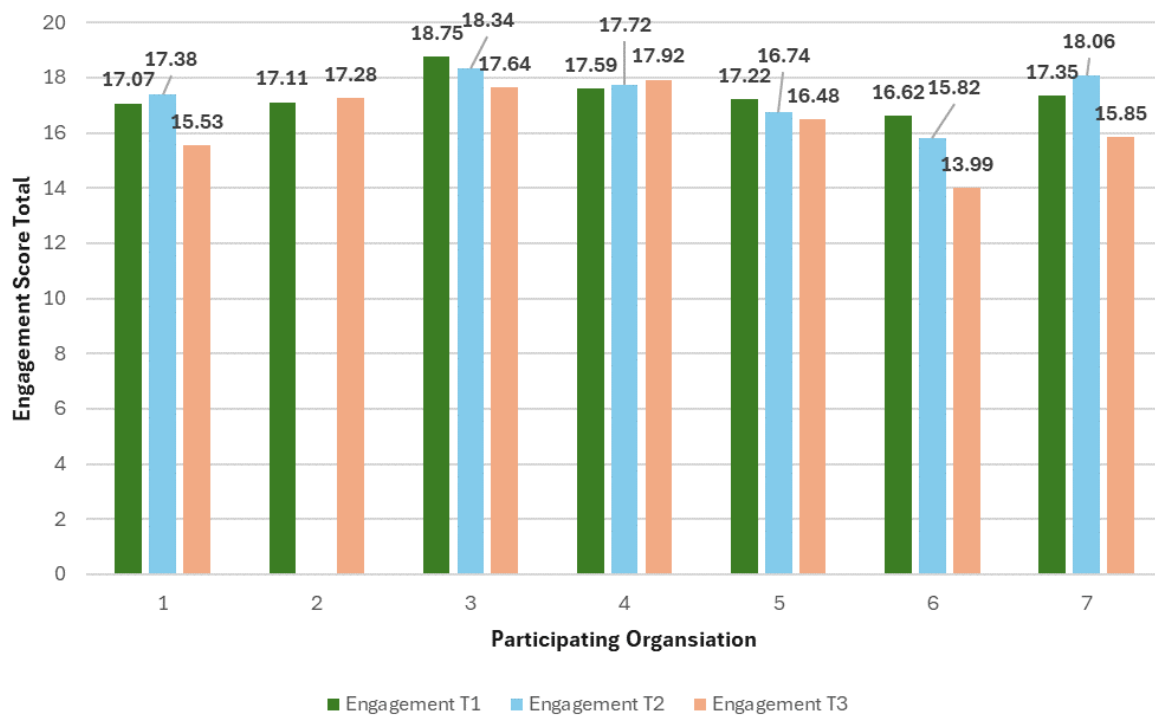


**Figure 5.** PSC total scores from each participating organisation by respective survey





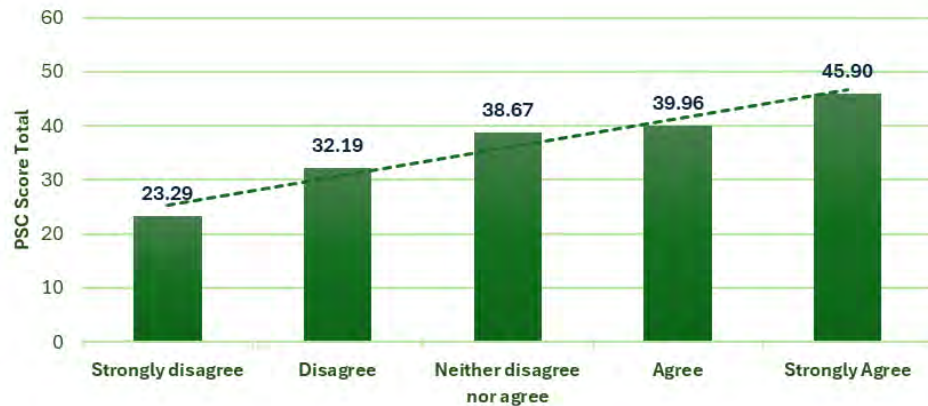
**Figure 6.** Emotional exhaustion total scores from each participating organisation by respective survey



**Figure 7.** Engagement total scores from each participating organisation by respective survey

## PSC Results

### EAP Visibility



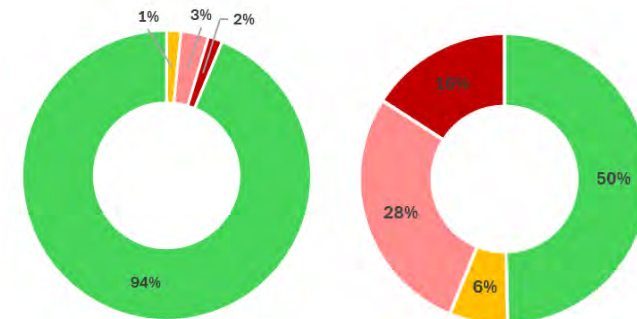
**Figure 8.** The impact of EAP visibility on PSC – final survey

In the final survey, participants were asked to consider the previous six to twelve months and respond to the question whether “Our EAP provider has been more visible in our organisation”. This question sought to understand how EAP visibility impacts the levels of reported PSC. Figure 8 above shows a positive relationship between EAP visibility and PSC levels reported from the final survey.

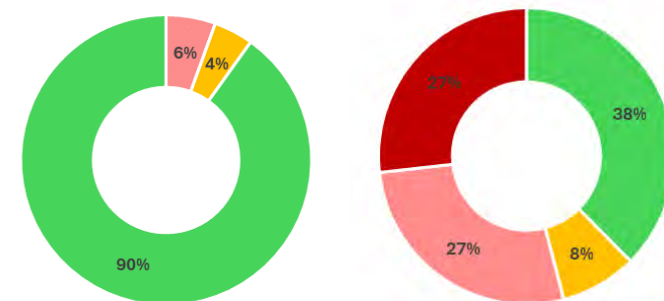
## PSC Results

### Leader and Worker Perceptual Gaps

Prior PSC research has found a large discrepancy between the view leaders have of their own PSC leadership behaviours and the PSC level reported by workers (David et al., 2022). Leaders responded to the PSC-4-L (for example, “In my Team, I show support for stress prevention through involvement and commitment”.) Comparing these results to workers (non-leaders) PSC levels identified a large perceptual gap between each group.



**Figure 9.** Survey 1 leader's responses to PSC-4-L (left diagram) and worker PSC-12 responses (right)



**Figure 10.** Survey 3 leaders' responses to PSC-4-L (left diagram) and worker PSC-12 responses (right)

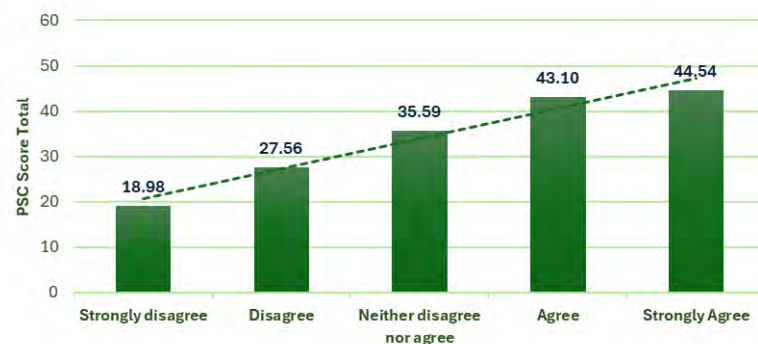
## PSC Results – Workplace Initiatives

### Initiative Approach

Survey 3 measured how the initiatives were developed and implemented to understand the impact of the intervention processes and approaches undertaken. The results show that developing and implementing initiatives guided by the PSC framework can have positive effects on PSC.

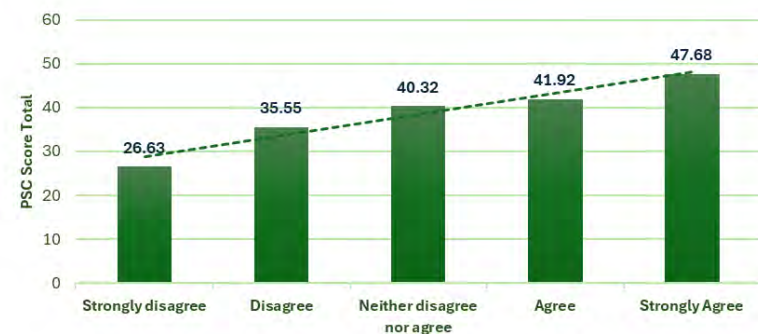
Participants were asked to rate their responses to the following questions:

**“The initiatives or programs targeting psychological health and wellbeing were what I see as important or critical”**



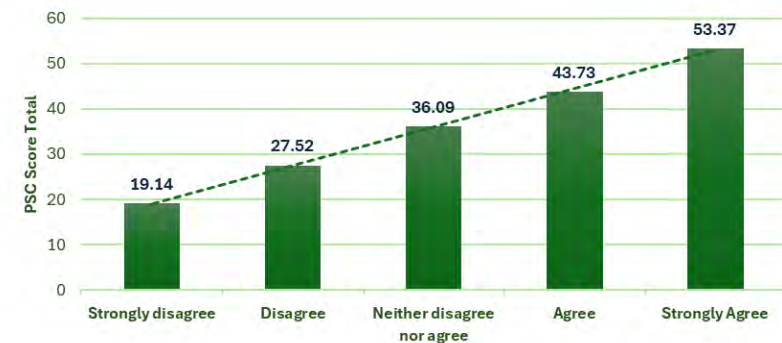
**Figure 11.** The positive relationship between PSC and initiatives seen as critical or important

**“I participated in developing or delivering initiatives/programs aimed at improving workplace psychological health and wellbeing”**



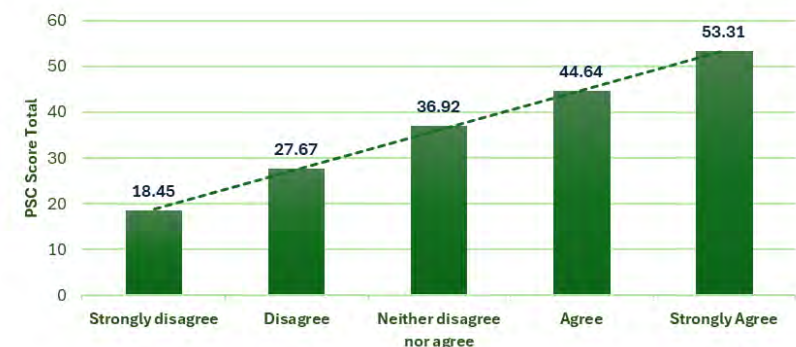
**Figure 12.** The positive relationship between PSC and involvement in developing/delivering initiatives

**“My organisation has been making an effort to address worker psychological health and wellbeing in our organisation”.**



**Figure 13.** The positive relationship between PSC and perceived organisational effort to address worker psychological health and wellbeing

**“I feel more confident (and listened to) when speaking up about any workplace psychological health and wellbeing issues or concerns I have”**



**Figure 14.** The positive relationship between PSC and confidence to speak up

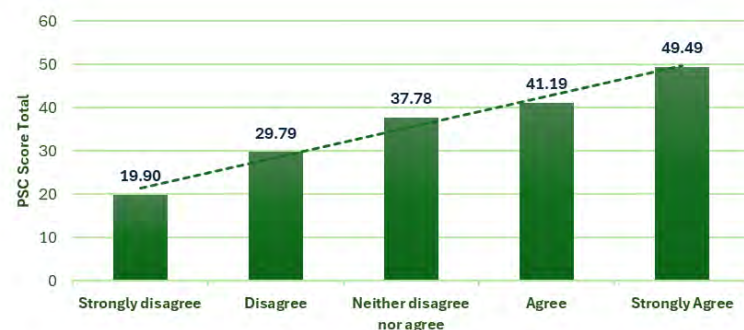
## PSC Results – Workplace Initiatives

### Initiative Type

Several initiatives (actions) were measured in Survey 3 to understand how they impacted PSC. The below results show positive relationships between PSC and the examples.

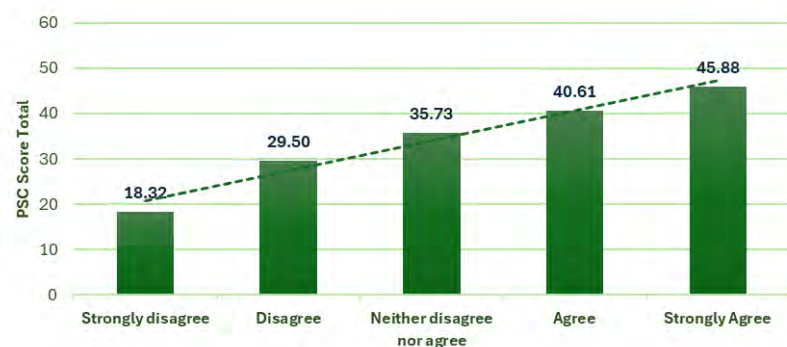
Participants were asked to rate their responses to the following questions:

**“There are more discussions about workplace psychological health and wellbeing”**



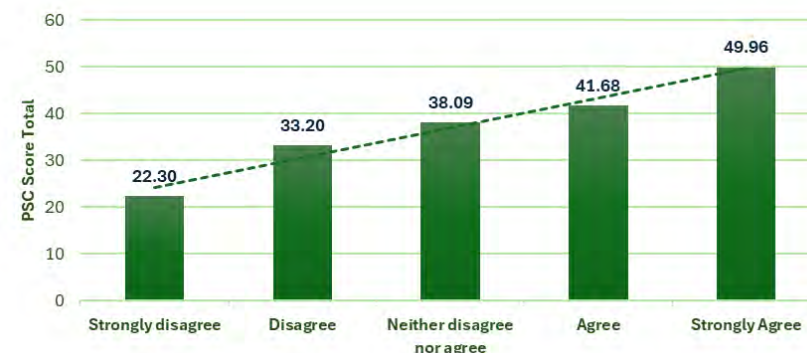
**Figure 15.** Survey 3 results showing the positive relationship between PSC and discussions about psychological health

**“My understanding about workplace psychological health and wellbeing has increased”**



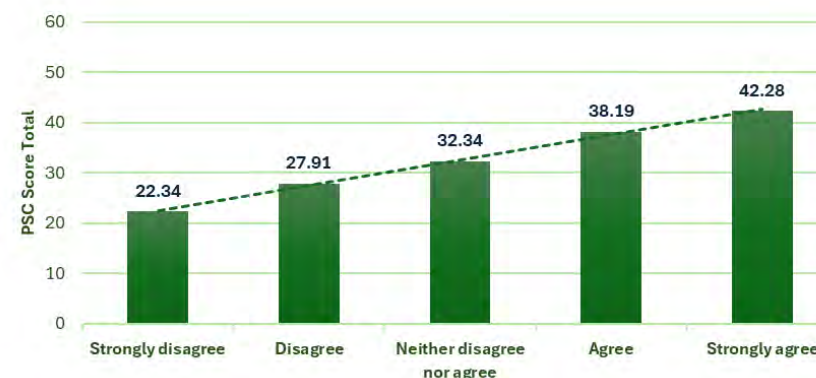
**Figure 16.** The positive relationship between PSC and an increase in psychological health understanding

**“The PSC, burnout, and engagement results from the first survey were communicated to me”**



**Figure 17.** The positive relationship between communicating previous PSC survey results and PSC

**“My leader is aware of my experience of psychological health and wellbeing as an employee”**



**Figure 18.** The positive relationship between workers' believed level of awareness their leader has of their psychological health experience and PSC



## Emotional Exhaustion and Engagement Results

### \*Emotional Exhaustion and Engagement - Initiative Approach

The following show the emotional exhaustion and engagement findings for the same factors detailed above. Results show a positive relationship between the factors and engagement, and a negative relationship between the factors and emotional exhaustion.

Participants were asked to rate their responses to the following questions:

**"The initiatives or programs targeting psychological health and wellbeing were what I see as important or critical"**

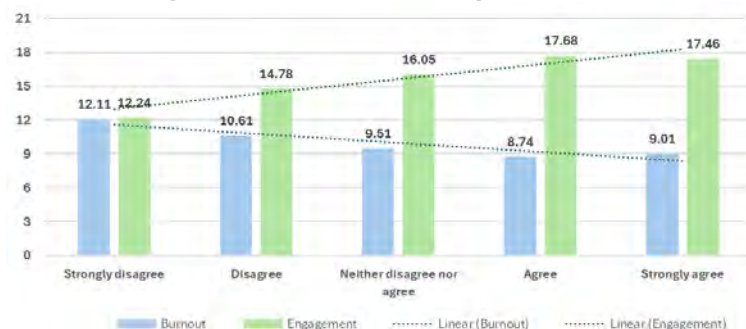


Figure 19. New initiatives seen as critical or important and burnout and engagement

**"I participated in developing or delivering initiatives/programs aimed at improving workplace psychological health and wellbeing"**



Figure 20. Relationships between initiative involvement and burnout and engagement

**"My organisation has been making an effort to address worker psychological health and wellbeing in our organisation".**

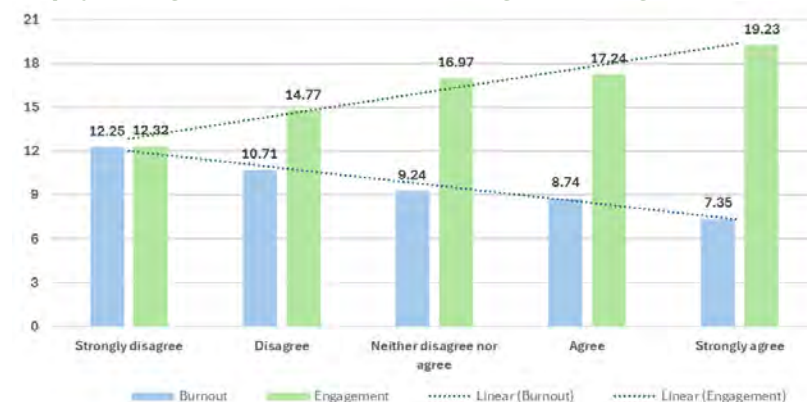


Figure 21. Relationships between perceived effort made by ones organisation and burnout and engagement

**"I feel more confident (and listened to) when speaking up about any workplace psychological health and wellbeing issues or concerns I have"**

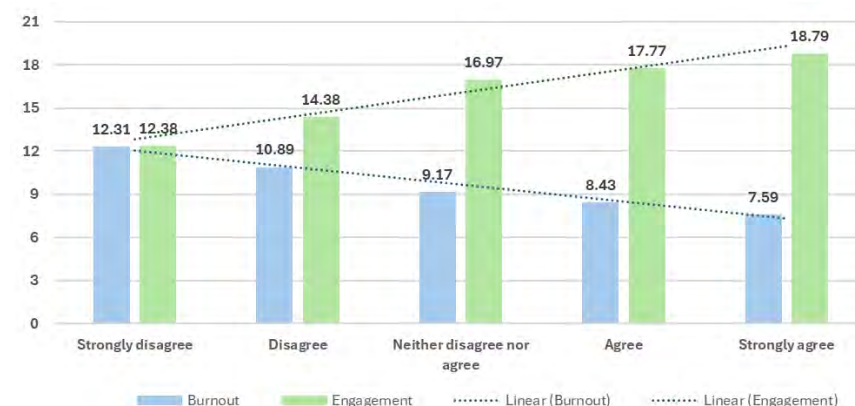


Figure 22. Relationships between confidence in speaking up and being heard, and burnout and engagement

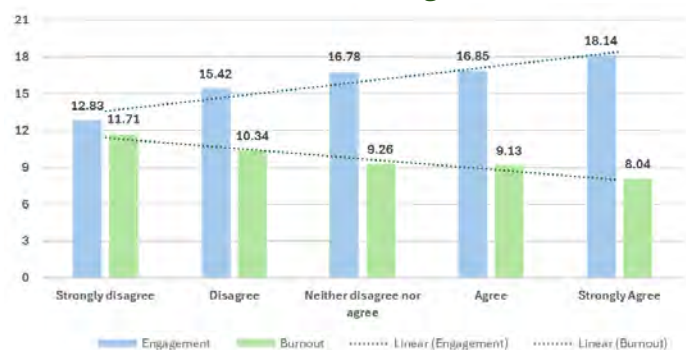
\* Burnout is measured between 3 to 15, and engagement between 3 to 21.

## Emotional Exhaustion and Engagement Results

### *\*Emotional Exhaustion and Engagement - Initiative Type*

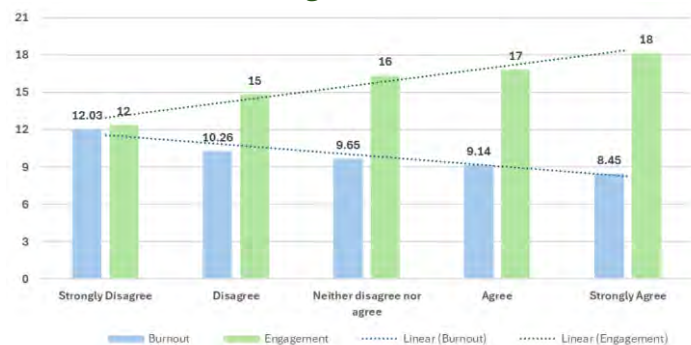
The following graphs show how initiatives relate to emotional exhaustion and engagement. There is a positive relationship between the initiatives and engagement (an increase in these initiatives is associated with an increase in engagement), and a negative relationship between the initiatives and emotional exhaustion. Participants rated their responses to the following questions:

**“There are more discussions about workplace psychological health and wellbeing”**



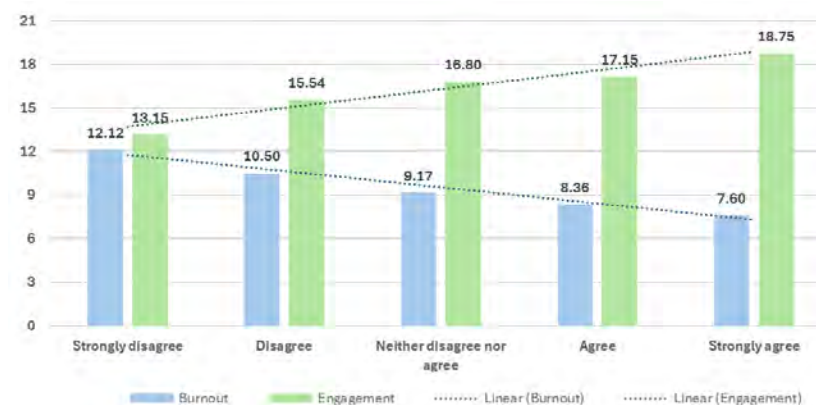
**Figure 23.** Relationships between increased workplace discussions and burnout and engagement

**“My understanding about workplace psychological health and wellbeing has increased”**



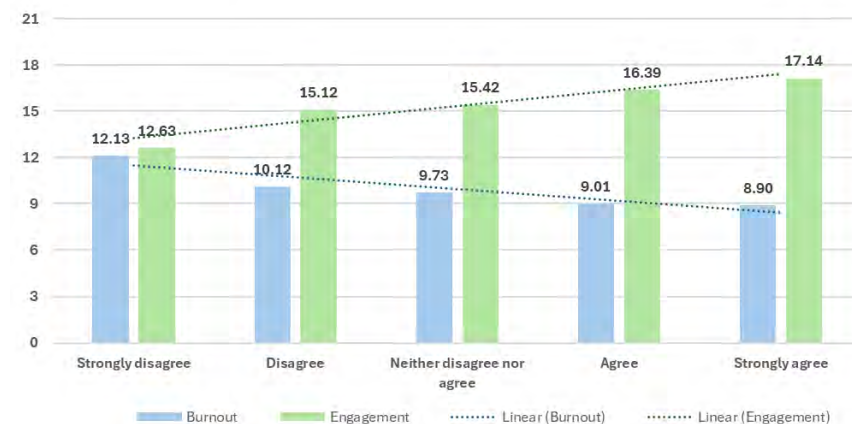
**Figure 24.** Increased psychological health understanding and burnout and engagement

**“The PSC, burnout, and engagement results from the first survey were communicated to me”**



**Figure 25.** Relationships between prior PSC survey results communication and burnout and engagement

**“My leader is aware of my experience of psychological health and wellbeing as an employee”**



**Figure 26.** Relationships between workers' perceived level of awareness their leader has of their psychological health experience and burnout and engagement

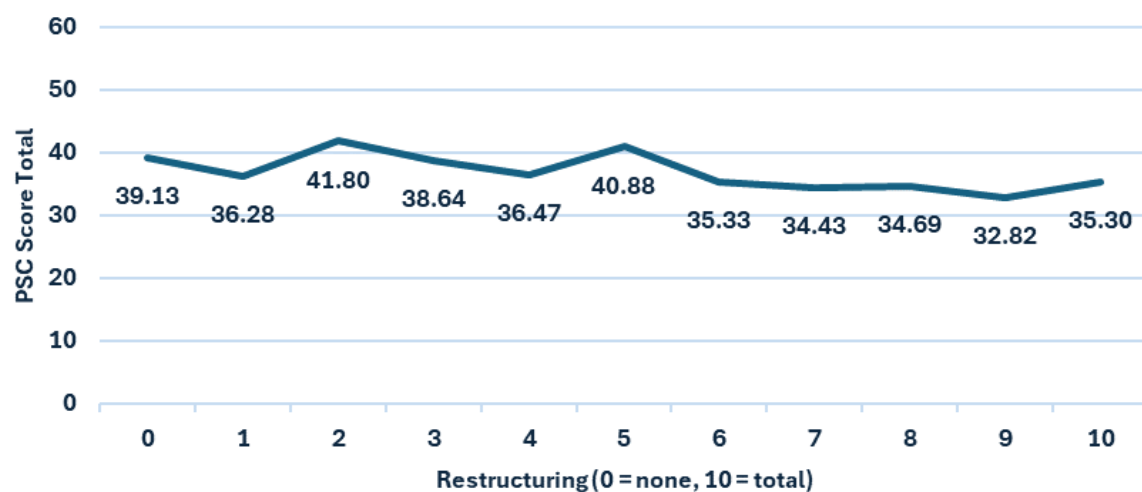
\* Burnout is measured between 3 to 15, and engagement between 3 to 21.

## PSC Results

### Organisational Restructuring

Every participating organisation experienced organisational restructuring during the intervention period, with most experiencing it within the last 6-8 months prior to the final survey. To understand the impact of organisational restructuring and PSC, the final survey incorporated questions about this. A new organisational restructuring questionnaire was developed (PSC-4-OR) and tested, based on the PSC framework, to understand what elements of the organisational restructure process influences PSC and how utilising a PSC focussed framework to approach these organisational changes, could benefit workers and organisations.

A key finding is that the process implemented to undertake organisational restructuring had more of an influence on PSC than the extent of restructuring that occurred (i.e. whether minimal restructuring compared to total restructuring). There was minimal variation in the PSC total scores across all extents of restructuring (Figure 27).

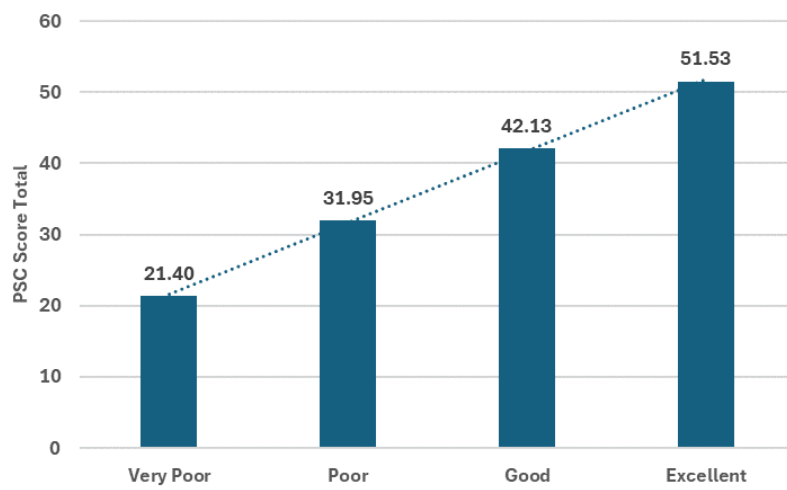


**Figure 27.** Reported PSC at Survey 3 and the extent of restructuring experienced

Figure 28 below shows the PSC reported in Survey 3 based on whether the participants experience of the restructuring was Very Poor, Poor, Good, or Excellent. The total score for the PSC-4-OR question was calculated, and the mean score created. Table 1 below details the scoring ranges used:

Rating Range (total out of 5)	Description
4 +	Excellent
3 - 3.99	Good
2 - 2.99	Poor
1 - 1.99	Very poor

**Table 1.** PSC-4-OR descriptions and associated rating ranges



**Figure 28.** PSC total based on organisational restructuring experience descriptors



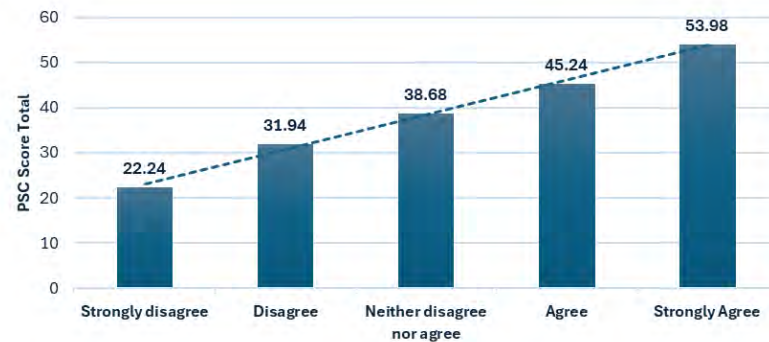
## PSC Results

### Organisational Restructuring

These results from Survey 3 show the relationship between each of the PSC-4-OR questions and PSC reported by workers (non-leaders), showing how a PSC framework approach to change can positively influence PSC.

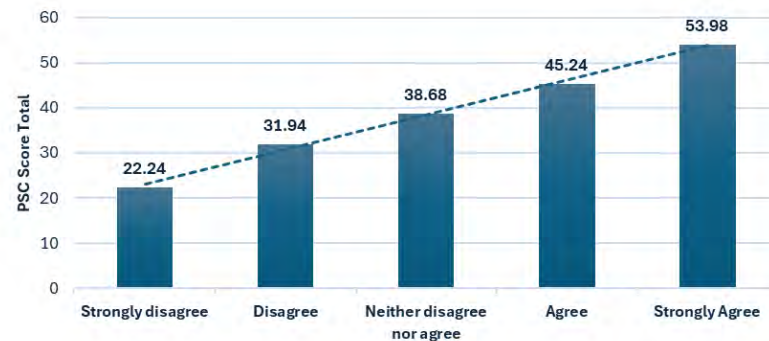
Participants were asked to rate their responses to the following questions:

**“I was fairly and equitably consulted and listened to during the organisational restructure”**



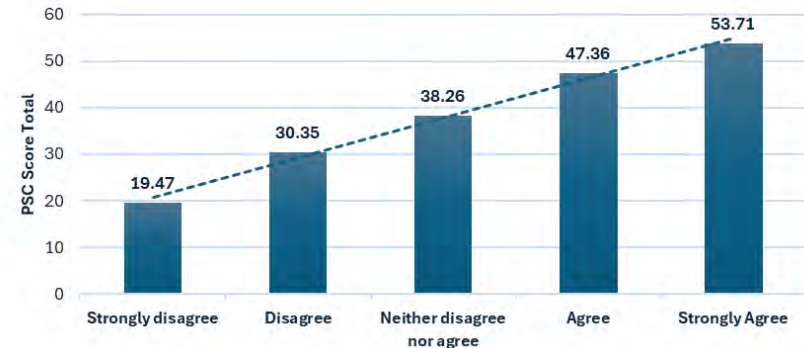
**Figure 29.** Workers reported PSC and PSC-4-OR regarding consultation

**“Organisational changes were well communicated (timely, clearly, relevant)”**



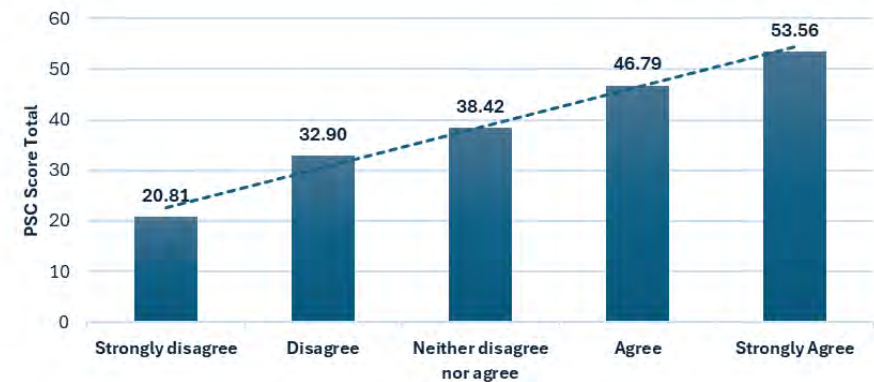
**Figure 30.** Workers reported PSC and PSC-4-OR regarding communication

**“Senior management acted quickly when problems or issues were raised in relation to worker psychological health and wellbeing”**



**Figure 31.** Workers reported PSC and PSC-4-OR regarding senior management response

**“Senior management clearly demonstrated the psychological health of workers to be of great importance during the restructure”**



**Figure 32.** Relationship between workers reported PSC and PSC-4-OR regarding senior management priority

## Qualitative Results

### Participant Feedback

In the final survey respondents were asked what they believed to be the most important thing that their employer could do to prevent them from being exposed to work stress. The following themes are summarised from their responses.

#### Work Environment and Practices

- *Workload balance and flexible working arrangements.*
- *Capable and effective leadership with effective processes and systematic workflow.*
- *Adequate staffing and adherence to policies and procedures.*
- *Address conflict promptly and discuss psychosocial issues.*

#### Communication and Support

- *Acknowledgement and taking action.*
- *Focus on prevention, not reaction.*
- *Actively listen and commit to positive change.*
- *Communicate effectively and show adaptability and flexibility.*

#### Staff Management

- *Understand skills of staff and address poor performance.*
- *Provide support, adequate resourcing, and set realistic timeframes/deadlines.*
- *Maintain appropriate expectations and job agency.*

#### Employee Well-being

- *Options for work from home, stress leave, and debriefing/checking in.*
- *Show appreciation and acknowledgement.*
- *Balance work priorities with fairness, transparency, and recognition.*

#### Organisational Culture

- *Define responsibilities and ensure job security.*
- *Promote consultation and consistent practices.*
- *Create opportunities and provide encouragement and equity.*

#### Systems and Processes

- *Implement effective systems and processes.*
- *Focus on training and development, planning, and openness.*
- *Set boundaries and empower staff.*

#### Leadership and Connection

- *Ensure regular manager connection and show empathy.*
- *Clarify role responsibilities and take psychological health seriously.*
- *Foster team connection and honesty.*
- *Maintain zero tolerance for inappropriate behaviour.*

## EAP, EAPAA and Researcher Feedback and Commentary

Additional results were gathered from interviews and discussions undertaken between UniSA/PSC-GO, EAPAA and the EAPs:

- Challenges were experienced due to the timing and time frame of the research project. These included:
  - Maintaining the level of commitment and engagement required from the participating organisations during a long-term intervention;
  - Managing conflicting priorities within the organisation (such as considering timing when budgets were due);
  - Organisational restructures (within EAPs and participating organisations); and
  - Timeliness of related internal organisational processes (such as seeking approvals to implement the surveys).
- Each of the EAPs found that creating suitable and appropriate timelines for each of their client organisation was complex.
- The allocation of resources impacted upon the ability to undertake Stage 2 of the intervention. These resources included:
  - The capacity of EAP representatives and/or the organisation's representatives to implement initiatives;
  - The capability of the EAP representatives to implement a PSC focussed intervention at the organisational level; and
  - Funding availability from the organisations to cover associated costs of a Stage 2 intervention.
- EAPs reported that having a dedicated point of contact within their client organisations (e.g. an advocate for the framework and/or intervention process), was important when undertaking this intervention approach.
- The client organisation and EAP relationship played a key role in effective implementation and maintaining engagement through the process.
- There were low response rates for a majority of the surveys across all participating organisations.
- EAPAA and the participating EAPs reported a high level of engagement and interest in using PSC as a framework for improving psychological health in client organisations.
- Participating organisations interest peaked post the final survey, with approximately half of the remaining organisations requesting to directly discuss their results and next steps with the researchers/EAPs.
- Three out of five EAP contacts changed throughout the project, requiring the researchers to inform the new contacts about the project, including educating them on PSC, the Stage of the project, who their participating organisations were, and what the previous results were. As the new EAP contacts did not have prior knowledge and were learning their new role, this was observed to reduce the capacity by which they could engage and influence the participating organisations.

# Discussion

## Key Findings

Responding to the aims of this project, a co-designed, two-staged intervention process was developed. Stage 1 involved PSC education, baselining PSC, and results presentation to key stakeholders, and was implemented by all EAPs in their participating client organisations. Stage 2 was tailoring interventions to address the survey results, which was not implemented by participating EAPs.

We found increases in PSC within three out of the seven participating organisations between Survey 1 and Survey 3. Further, two out of seven (varying) participating client organisations saw an increase in engagement and decrease in emotional exhaustion. In most cases, the remaining organisations reported a small decrease in PSC and engagement, and an increase in emotional exhaustion.

Previous PSC intervention research has found that PSC increases when implemented initiatives and intervention processes are guided by a PSC framework and focussed on PSC improvement. It is unclear as whether the four participating organisations that did not see an increase in PSC was due to the initiatives being created and implemented by the individual participating organisations and not developed using a PSC approach, or that they were not designed and/or facilitated by EAPs. Although, future research is needed to further investigate the aim of improving PSC through tailored EAP interventions, from these results we can surmise several factors that may have influenced the PSC, emotional exhaustion, and engagement outcomes in this research project.

Specifically, we assessed the impact on PSC, emotional exhaustion, and engagement when, with survey feedback, organisations determine and implement their own initiatives to improve psychological health. We did this by seeking to understand the perceptions and perspectives of respondents in the participating organisations in relation to the type of and approach to the initiatives implemented. The final survey was adapted to take this into consideration, and incorporated questions to gather data on participant's experience in their workplace when psychological health initiatives were implemented (or not).

The key findings below have been categorised into four key points:

1.

### **Fundamental factors need to be considered prior to any PSC improvement intervention delivered by EAPs.**

- Increasing EAP visibility within organisations showed a positive relationship with PSC.
- The time required to undertake the intervention, including when to initiate it, how long it will go for, and availability of resources throughout, were substantial obstacles to manage.
- Significant events/factors may interrupt the intervention (e.g., economic, or political influences, organisational restructuring).
- Due to the long-term nature of this project, maintaining engagement with the participating client organisations was an issue.



- The response rates for most of the surveys across all participating organisations, was low.
- Having a dedicated point of contact within the client organisations i.e. an advocate for the framework and/or intervention process is beneficial to the intervention.
- The client organisation/EAP relationship played a key role in effective implementation and maintaining engagement through the process.
- Creating suitable timeframes for each client organisations for each of the EAPs in combination was challenging.
- The capability of EAP's ability to undertake this intervention project was constrained by their limited knowledge of the PSC framework (the training provided was by the researchers during the project), their level of prior experience in undertaking organisational level change interventions, experience in theoretical application for improving worker psychological health, and the perspective in which they were professionally trained (e.g. HR representatives or individual-focused counselling).
- Turnover in EAP research contacts, and the timing of these changes, impacted the level of engagement with the researchers and participating organisations.

## **2. There are key elements that can improve the effectiveness of a PSC intervention process.**

The following factors in the intervention process played a role in improving PSC:

- Worker's confidence to raise concerns regarding psychological health and wellbeing.
- Listening to workers concerns and feedback on this area.
- Initiatives implemented when seen as critical or important to workers and as having a positive effect on their psychological health and wellbeing.
- Involving workers in the development and/or delivery of initiatives for improving psychological health and wellbeing.
- When effort is being demonstrated by the organisations to improve psychological health and wellbeing.

## **3. Organisational restructuring (OR) processes have a significant impact on levels of reported PSC.**

OR at any level can influence the outcome of PSC improvement interventions. Specifically, we found:

- The extent of the OR did not have a significant impact on the levels of reported PSC i.e. marginal differences in PSC were reported for those who saw minimal restructuring compared to those who experienced significant OR.
- An OR evaluation tool was developed and tested and demonstrated strong correlations with PSC. The tool found the most influential factors on PSC in relation to OR, were based on whether:
  - Workers felt they were fairly and equitably consulted and listened to throughout the OR process;
  - Organisational changes were well communicated (in relation to communication timing, whether it was clear communication, and whether it was relevant);

- Senior leaders responded quickly to worker psychological health and wellbeing problems or issues raised in relation to the OR; and
- There was a clear demonstration by senior leaders that worker psychological health was of great importance during the OR.

4.

**Several initiatives (actions) were associated with higher levels of PSC when workers considered them to be implemented**

- Increased workplace discussions regarding psychological health and wellbeing.
- Empowering workers through increased understanding regarding psychological health and wellbeing.
- Provision of the previous survey results to all workers.
- Workers feeling their leader understood their individual psychological wellbeing experience.



# Practical Implications and Recommendations

## Practical Implications

Key successes were gained from this project. They included building the knowledge of the PSC framework within EAPAA, the EAPs, and participating client organisations, and the high level of engagement and interest received by EAPAA and the participating EAPs in using PSC as a framework for improving psychological health in client organisations.

With this in mind, the practical implications and recommendations presented here are intended to provide evidence-based information to EAPAA on the practical outcomes of the research, including what and how future work in this area could be incorporated into EAPAA recommendations and EAP services.

Should EAPs wish to expand the scope of their engagement they could consider:

- Ensuring there is an appropriate level of EAP resources to undertake an organisational level intervention (including managing EAP representative turnover), who have the long-term capacity to undertake the work.
- How to build the capability in EAP professionals to undertake this level of intervention utilising a PSC framework.
- Knowing there is a positive relationship between EAP visibility and PSC, consider how EAPs can promote their support and services offered to reach all client organisation workers.
- How EAP services can help address the significant gap in the perception of leaders' perspective of their own PSC leadership behaviours and what workers experience, prior to and during an intervention, and how this might impact the outcome.
- How to maintain client organisation engagement in a long-term intervention process and improve response rates to surveys.

In relation to undertaking organisational level interventions using the PSC framework, EAPs can consider how to incorporate this project's results regarding the initiative approach and initiative type would be beneficial, specifically:

- How improvements can be made to educating and empowering workers with information regarding workplace psychological health and wellbeing.
- Supporting client organisations to build worker confidence to raise psychosocial safety concerns, increase discussions regarding psychological health and wellbeing, and how to present survey results and findings.
- How to develop and implement initiatives that are aligned to the PSC framework and these results (i.e. listening to workers, involving them in the development of the initiatives, communicating the survey results, initiatives, and outcomes).
- How EAPs can help organisations demonstrate the effort they are making to address worker psychological health to their workers.
- As OR is highly likely to occur during a long-term intervention (OR occurred in all seven participating organisations), consider how to manage OR or other significant change considerations when planning for long term interventions.

- How the OR evaluation tool could be utilised in client organisations to assess the outcome of change processes.

## Recommendations

The central recommendation is for EAPs to incorporate a PSC approach to interventions aimed at addressing psychosocial risks in the workplace and improving psychological health and wellbeing for workers.

In addition to addressing the practical implications noted above, it is also recommended when undertaking this work:

- The timing and time frame of a longer-term intervention project is carefully factored into the process, such as when is the most suitable time to undertake a long-term intervention process, and what length of intervention is the most suitable.
- The allocation adequate resources is an essential component of intervention planning for both the participating organisation and the EAP delivering the intervention.
- Adaptability and flexibility are integrated into the process to help with managing any significant impactful factors that may occur during the process (e.g., economic, or political influences, organisational restructuring).
- Collaboration and worker consultation is the foundation to designing and implementing initiatives addressing worker psychological safety, health and wellbeing, to ensure initiatives implemented are relevant and considered critical. Consider:
  - Engaging staff at all levels of the organisations to provide input into what improvements look like and what the priorities are. Results showed higher levels of reported PSC if workers were included in determining with recommendations for psychological wellbeing improvements, were able to provide feedback on the proposed initiatives, if they believed those initiatives were beneficial to their own personal psychological wellbeing, or believed the initiatives addressed the critical issues.

# Appendix

## Appendix A: PSC-GO Project Researchers and Contact Details

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## Appendix B: Demographic Breakdown

The below demographics are extracted from the final survey only. Any groups with less than 10 participants are not reported.

The below table details the number of respondents within each shown age bracket, and their percentage of total respondents (as at Survey 3).

Age Group	Count	Percentage (%)
20 to 24 years	10	2.2
25 to 29 years	28	6.1
30 to 34 years	53	11.5
35 to 39 years	69	14.9
40 to 44 years	53	11.5
45 to 49 years	47	10.2
50 to 54 years	82	17.7
55 to 59 years	44	9.5
60 to 64 years	34	7.4
65 years or older	10	2.2
Prefer not to say	31	6.7

**Table 2.** Count and percentage of participants by age (final survey)

Table 3 below shows the number of participants (if the groups had over 10 responses), for each State represented in the final survey:

State	Count
Tasmania	145
SA	93
Qld	70
Vic	157
NSW	496
ACT	21
WFH (partial)*	373
WFH (total)	155

**Table 3.** Count of participants by State (final survey)

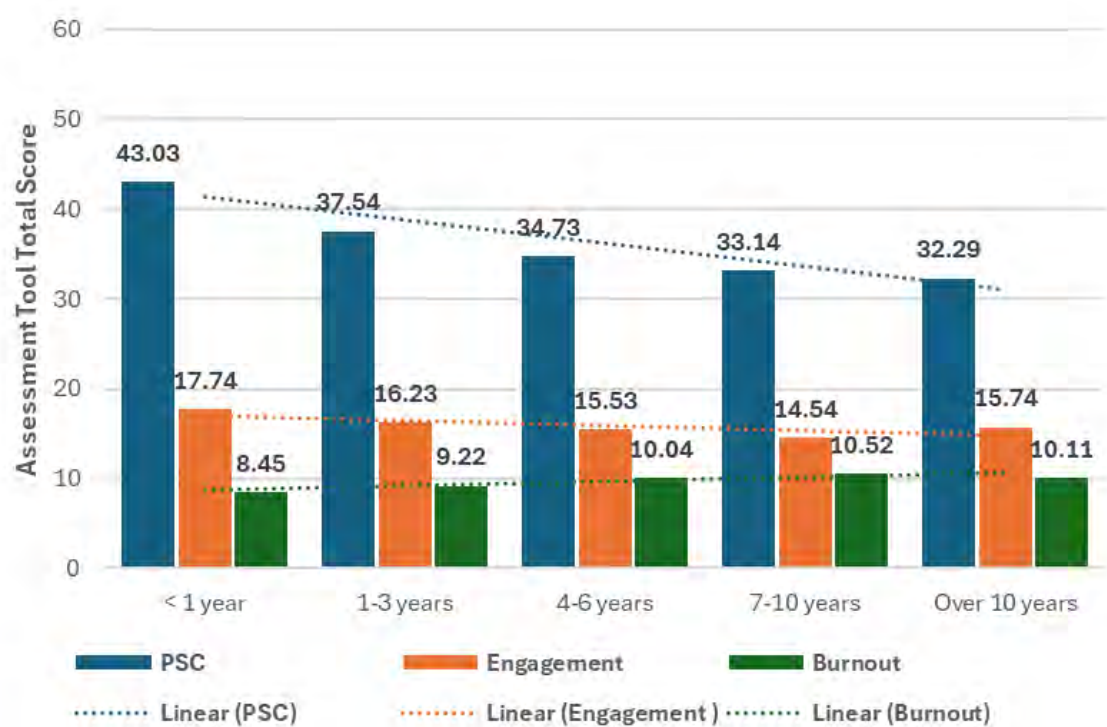
\* Where WFH (partial) is indicated, respondents also identified the State they were based in during their office days, which are included in the above counts for each State.

Out of 463 respondents in the final survey, 117 (25.3%) identified as 'man or male', 310 (67%) identified as 'woman or female', and 33 (7.1%) advised they would 'prefer not to say'.

Most participants were on-going staff members (418), with 43 non-ongoing (fixed-term, casual, or contractors).

There were 169 (36.7%) of respondents who advised they supervised staff, and 280 (60.7%) that advised they did not supervise staff.

An interesting demographic insight was the level of PSC, engagement, and emotional exhaustion for respondents based on their years of service. Figure 33 below depicts these rates, showing a negative relationship between levels of PSC and years of service. There is also the same effect for levels of engagement, albeit only a marginal decline, with emotional exhaustion showing a slight positive relationship with years of service.



**Figure 33.** Levels of reported PSC, engagement, and burnout by years of service (final survey)

## Appendix C: Psychosocial Safety Climate Psychoeducation

### What is PSC? The Framework

Psychosocial Safety Climate (PSC) refers to an organisational climate for employee psychological health, wellbeing, and safety. It is determined by organisational policies, practices, and procedures for the protection of worker psychological health and safety (Dollard & Bakker, 2010). It reflects senior management commitment, organisational participation, and general consultation in relation to stress prevention and safety at work (Dollard & Bakker, 2010).

PSC theory builds on earlier work that identifies a link between work safety and work stress however it is more specific to the psychological health of workers than other organisational climate constructs (Dollard & Bakker, 2010).

### How Does PSC Work?

Australian and international researchers have shown PSC acts as the 'cause of the causes' of work stress. In this sense PSC is viewed as a leading indicator or pre-eminent risk factor as it can predict levels of psychosocial risk in relation to workplace demands and resources as well as worker health and productivity outcomes (see Figure 34, PSC Model).

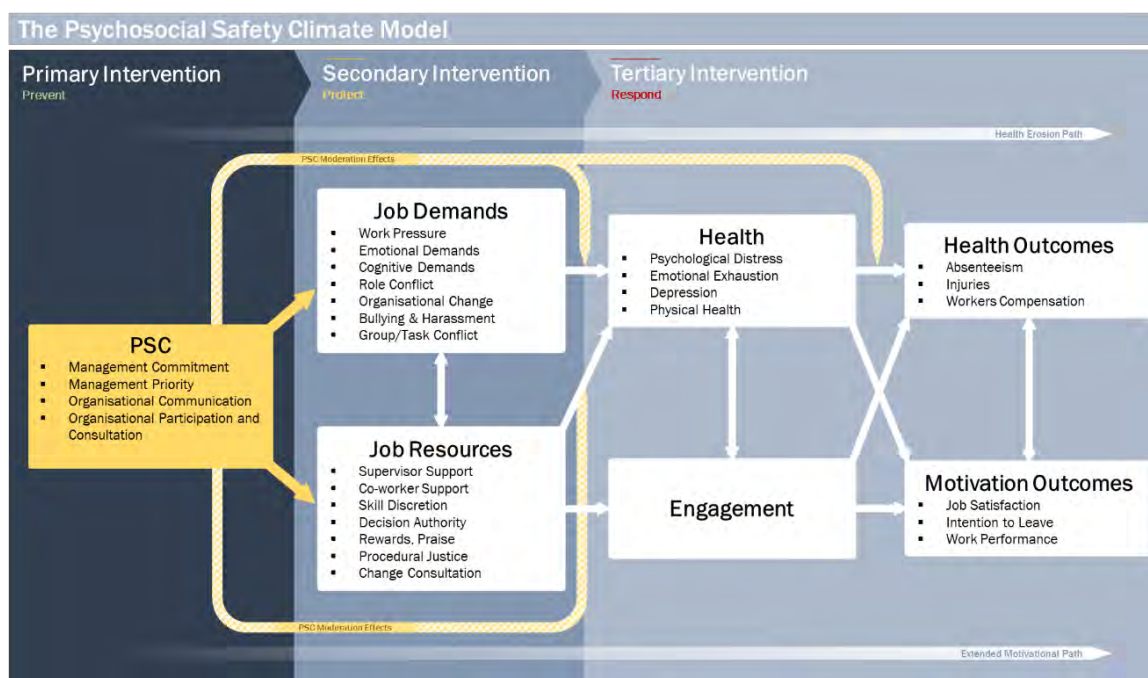


Figure 34. PSC Model

### How is PSC Measured?

PSC is measured using the PSC-12 scale (Hall, Dollard, & Coward, 2010), a 12-item questionnaire encompassing four sub-scales (the PSC four key principles) related to worker psychological health:

- Management commitment;
- Management priority;
- Organisational communication; and
- Organisational participation.

Each sub-scale consists of three questions with responses scored on a five-point Likert scale, ranging from 1 ("Strongly Disagree") to 5 ("Strongly Agree"). Total scores for the scale can range from 12 to 60.

Benchmarks were created to assist with interpretation for practitioners as follows:

- PSC scores  $\geq 41$  are Low Risk;
- PSC scores  $< 41$  and  $\geq 37$  are Moderate Risk;
- PSC scores  $> 37$  and  $> 26$  are High Risk; and
- PSC scores  $\leq 26$  are Very High Risk.

It was determined by Bailey, Dollard, and Richards (2015) that scores of 41 or above places workers at Low Risk for poor health whereas scores 37 or below places workers at High Risk for poor wellbeing outcomes such as job strain and symptoms of depression.

PSC SCORE /60	RISK LEVEL	PROGNOSIS
$\geq 41$	<b>Low Risk</b>	Performing well, but improvements in PSC levels might still be required.
$< 41$ $> 37$	<b>Medium Risk</b>	Improvements can be made in the implementation of PSC principles.
$\leq 37$ $> 26$	<b>High Risk</b>	High risk of job strain. Staff health and productivity compromised. Significant action required to improve PSC.
$\leq 26$	<b>Very High Risk</b>	Serious failures in organisational strategy. Urgent action needed to prevent worsening conditions and staff illness or injury.

**Table 4.** PSC benchmarks

The PSC Hierarchy of Controls (refer to Figure 35 below), is a model developed to prevent and manage psychosocial risks. This model sets out a multilevel approach to psychosocial risk prevention; the role of senior management in the development of organisational policy and procedure for psychosocial risk prevention and management; the role of human resource managers, injury prevention and management and work health and safety personnel; the role of middle managers, and their influence in the implementation of policies and procedures and support; and the design of the job in terms of demands, control, support, rewards, meaningfulness; and the responsibility of the worker.



**Figure 35.** PSC Hierarchy of Controls

### What Does a High PSC Workplace Look Like?

A workplace with high PSC will have policy and procedures that actively manage psychosocial risk factors and will help to shape jobs where demands are manageable, and resources are adequate. Human resource divisions, health and safety persons, and manager will have clear methods for promotion and protection of worker mental health. Employees will feel encouraged to use mechanisms for wellbeing such as flexible working arrangements, and reporting bullying and harassment. Communication about stress prevention will be clear and psychosocial risks will be regularly discussed at safety meetings. Participation in policy, procedures, practices, and communication relating to psychological health and wellbeing will exist at all levels of the organisation (executive, middle management, and worker).

### What Can Workplaces do to Improve PSC?

The PSC framework can be used as an assessment and evaluation tool to understand the organisational climate for psychosocial safety, the areas needing improvement, and develop initiatives that target the key areas.

Previous research in PSC interventions has identified the following approaches for PSC intervention:

- PSC and psychosocial risk assessment training for key stakeholders to understand key theories and scientific evidence;
- PSC risk assessment and benchmarking for teams/work groups;
- Action plan development aimed at targeting the areas identified needing attention from the PSC risk assessment;
- Providing key stakeholders mentoring and coaching support (during intervention implementation and ongoing);
- Creating a community of practice network to shared experiences across the organisation/s;
- Evaluating the processes undertaken and reinvesting into the intervention; and
- Undertaking formal survey follow-ups, analysis, and benchmarking to evaluate the approach undertaken.



PSC risk assessment output can provide a high level of detail to identify specific areas of concern to target in the workshop. It is recommended that organisations and/or work groups conduct regular measures of PSC to understand their current risk level and to evaluate the effectiveness of any interventions over time.

### **Good Reasons to Improve PSC**

- British Medical Journal research shows that poor PSC increases the risk of developing new depressive symptoms within one year by 300% (Zadow et al., 2021).
- A 10% increase in PSC should lead to a 4% decrease in job demands, a 4.5% decrease in burnout, an 8% increase in job resources and a 6% increase in Engagement (Dollard et al., 2012).
- Elimination of low range PSC in Australian workplaces could lead to a 14% reduction in job strain, and a 13% reduction in worker depression (Bailey, Dollard & Richards, 2015).
- Elimination of low and mid-range PSC could lead to a 43% reduction in sickness absence and a 72% reduction in presenteeism (Becher & Dollard, 2016).
- The national annual cost to organisations from presenteeism and absenteeism attributable to low PSC in Australian workplaces is \$6 billion.
- A medium-sized business with 100 employees and poor PSC could expect to save over \$180,000 in lost productivity per year by improving their organisation to meet high PSC benchmarks, based on a difference of \$1,887 per employee between low and high PSC organisations.
- In an organisation of 1000 workers if employees in High/Medium Risk moved to Low Risk PSC savings would be \$1.18 million per annum due to reduced days off (still allows for 6.28 days off on average per employee).
- Organisational interventions such as the 4-day working week and participatory organisational interventions can increase PSC within 4 months (Dollard & Bailey, 2021).