GENDER, TRAUMA & VIOLENCE KNOWLEDGE INCUBATOR @WESTERN

EQUIP Health Care
Equipping Health & Social Services for Equity

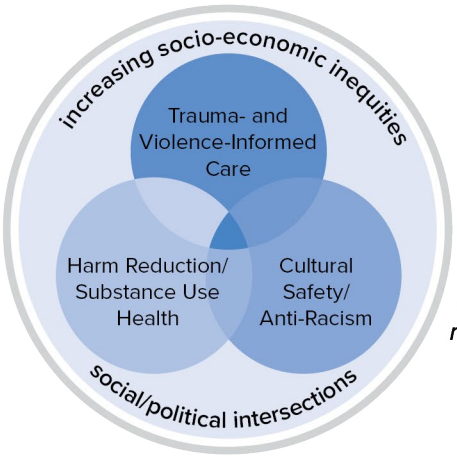
Rate Your Organization: A Discussion Tool

Organizational Strategies to Promote Staff Safety and Well-Being

The safety and well-being of staff in health care and social services are essential to ensure a healthy work environment, a robust workforce, and to promote equity, positive health outcomes, efficient use of resources and good experiences for service users. This worksheet can help assess your own organization in terms of **how it supports staff safety and well-being**. It is intended to prompt self-reflection and ideally discussion and action in your team, unit or organization.

Equity means providing the right amount and kind of support to all people, especially those who experience the greatest challenges in life. Those challenges often arise from the way society is organized: structural forms of violence such as poverty, systemic racism, sexism, stigma regarding substance use and mental illness, and other forms of discrimination that are built into our societies. Staff must be supported to provide services to those facing these forms of violence without harm to their own well-being. This means preventing and responding effectively to moral and structural distress, vicarious trauma and structural violence (from hearing client experiences of structural and interpersonal violence and trauma) and burnout (or more accurately, a feeling of being depleted or "used up" by the system), while looking for ways to enact structural competence (understanding and addressing how societal structures, policies, and systems produce inequities and influence health and social outcomes) and vicarious resilience (being uplifted from observing and learning about the resilience of those served)[1]. Providing equity-oriented care has 3 key dimensions, as shown in the Figure. **Provider well-being is a key principle of TVIC.**

Key Dimensions of Equity-Oriented Care



Tailored to context and responsive to inequities

10 Strategies for Equity-Oriented System Improvement

1. Explicitly commit to equity
2. Develop supportive organizational structures, policies, and processes
3. Re-vision the use of time
4. Attend to power differentials
5. Tailor care, programs and services to local contexts
6. Actively counter racism and discrimination
7. Promote meaningful community and patient engagement
8. Tailor care to address inter-related forms of violence
9. Enhance access to the social determinants of health
10. Optimize use of place and space

Instructions for group use:

Take ~10 minutes to each score how your team, unit or organization does on each strategy, then:

1. Each person takes less than one minute to identify which strategy would be best to discuss first, and why.
2. Seek group consensus about the first strategy to discuss.
3. Invite people to share their rating with rationale on the first chosen strategy. Allow speakers to volunteer and not be pressured to speak to foster a safe and comfortable starting point for the discussion.
4. As a group, take about 10 minutes to consider the following questions. Document implications for action to remind the group of ideas generated and what to prioritize over time.
    a. What are the similarities among the ratings and rationales?
    b. What are the differences in ratings, and what accounts for these differences?
    c. What does the group learn from the discussion of the ratings?
5. If all agree, repeat the steps above with a second strategy, letting each person discuss their rating, if they wish. Work through the strategies in order OR focus on two or three that are most relevant to the group. Decide together how to ensure ongoing discussion of remaining strategies.
6. Accompanying tools to enrich ideas about taking action or prioritizing next steps include conducting an "Equity Walk Through" and/or starting to gather the insights gained from this discussion into a SWOT (Strengths, Weaknesses, Opportunities, and Threats) format or SOAR (Strengths, Opportunities, Aspirations, and Results) format.

[1]These key concepts are described, along with strategies to address them, in the companion tool "TVIC Strategies for Staff Well-Being"

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Strategies for Organizations to Support Staff Well-Being

To assess how well your team, unit or organization supports staff safety and well-being, rate each strategy on a scale of **0 to 10, where 0 = "not at all attending to this strategy", and 10 = "fully attending to this strategy"**. Example questions are used to prompt discussion on each strategy, but specific approaches will vary by care setting, team, unit and organization.

1 Equity for and well-being of staff is identified as an explicit commitment in mission, vision, or other policy statements or strategic plans of your organization.

Is attention given to the extent and impact of structural/systemic violence, workplace violence, harassment & discrimination and violence against staff in strategic priorities of the organization? Is leadership committed to the safety and well-being of staff?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

2 Policies and processes are in place to promote equity for staff of all gender, cultural and other identities.

Are policies and processes (e.g. sick/personal leave, pay equity across groups doing similar work, accommodation for people with disabilities) aligned with ensuring job security and opportunities based on merit? Are legislated workplace health and safety requirements taken seriously including through initial and ongoing training, provision of relevant resources, safe reporting processes, feedback and corrective mechanisms?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

3 Places and spaces are used optimally to ensure staff, as well as service users/ visitors, feel emotionally, physically and culturally safe.

Are service spaces optimized for privacy, comfort and optimal client flow? Are delays communicated with those waiting for care? Does signage convey safety and respect? Is signage welcoming and supportive of professional judgement (e.g., not limiting questions per visit). Are staff break rooms and facilities accessible, private, quiet and safe? Are staff encouraged to take their breaks?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

4 Time is used so that staff can meaningfully engage with people within their full scopes of practice and in alignment with their professional values and standards.

Do staff have time to provide relational, person-led care to their full scopes of practice? Are staff authentically invited to safely debrief formally or informally about the impact of working with people experiencing multiple forms of inequities, trauma and violence, including how to address the mental health impacts of their own vicarious trauma, and vicarious structural violence?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

5 Power differentials are attended to.

Is a 'power with' rather than a 'power over' stance taken by leaders and supervisors toward staff, and by staff among each other (especially in inter- or multi-disciplinary teams) and toward service users?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

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6 Care, programs and services are tailored to local contexts and staffing reflects demographics of those served.

Can service users 'see themselves' and their communities in your staff, programs, services, and care spaces?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

7 Racism, discrimination and stigma are actively countered.

Are claims of racism and discrimination (among and/or between staff, service users, or others) taken seriously and addressed, regardless of intention? Are anti-racism and anti-stigma training and integration provided during work time or paid for by the workplace? Are useful resources provided to support staff in identifying and countering racism, stigma and discrimination among staff, among service users or between these groups (including safe reporting and feedback mechanisms)?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

8 Staff are offered relevant education and authentically engaged in strategic planning decisions.

Are staff encouraged, educated and resourced to practice with attention to how the harms of trauma and structural violence, including organizational protocols, can produce inequities and influence health and social outcomes for those they serve?

Is input routinely sought from staff in ways meaningful, safe and convenient to them? Are staff from all work groups consulted, and their suggestions meaningfully integrated into programs/services, care protocols and organizational policies?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

9 Care, programs and services are tailored to be mindful of staff experiences of intersecting forms of interpersonal and structural violence, including racism, sexism, stigma and discrimination.

Are staff supports available for those experiencing workplace violence (among and/or between staff and service users, or others)? Is abuse and violence in the workplace, of any kind, taken seriously, with processes in place to address safety and accountability?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

10 Care is tailored to address the structural, systemic and social determinants of inequity and harm.

Are staff supported to help clients with warm referrals to services and resources to support their broader determinants of health (e.g., housing and income support services)? In the absence of immediately needed supports, are staff encouraged to use their judgement and expertise, led by service user priorities, to develop pathways to needed referrals or alternative next steps? Are there routine opportunities for formal or informal debriefing?

0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10