



Proposal for a national strategy to reform healthcare workplace culture

Acknowledgment of Country

A Better Culture would like to acknowledge and pay our respects to the Traditional Owners of the lands across Australia and extend our gratitude for their contributions to health and healing.

Our offices are located on the lands of the Wurundjeri people of the Kulin nation; we pay our respects to their Elders and ancestors past and present, and acknowledge that sovereignty was never ceded.

Our artwork by Ngarrindjeri artist Jordan Lovegrove represents the project's commitment to address long-standing issues in the culture of healthcare.

The Project is represented by the large central meeting place surrounded by its key stakeholders, which are represented by the five people symbols surrounding the meeting place.



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Executive summary

Proposition

Safe and healthy work environments ensure healthcare professionals can thrive. Caring for those who care for others is essential to a sustainable and resilient healthcare system.

Context

The Australian healthcare sector has pervasive systemic challenges, including bullying, discrimination, harassment, sexual harassment and racism, which create unsafe work environments for healthcare professionals. These issues have deep historical roots, are gendered, disproportionately affect First Nations trainees, and are eroding the psychosocial safety and therefore the effectiveness of healthcare workplaces. Despite a workforce hungry for change, systemic inertia leaves the wheels of reform spinning.

Existing healthcare workforce strategies developed to date do not sufficiently address the systemic cultural challenges. There is a lack of focus on workplace culture and psychosocial safety, insufficient attention to First Nations and underrepresented groups, lack of concrete strategies to address the hostile and exclusionary environments. These strategies also fail to provide clear mechanisms for addressing leadership deficiencies and creating sustainable and systemic change in the domains of workplace culture and work design.



“Effective systems change requires ownership by those vested with the power to influence and implement.”

A strategic reset and a focus on systems change

A strategic reset is required. Effective systems change requires ownership by those vested with the power to influence and implement starting with a national discussion that leads to shaping and activating a national strategy for systems reform based on a shared vision for addressing leadership intent, accountability, cultural safety, diversity, inclusivity and collaboration.

A call to action

A national strategy and implementation plan focused on First Nations healthcare worker cultural safety, protection of those who are at risk, workplace health and safety and a systems approach to reform represents a bold, unifying vision for creating a thriving, inclusive, and future-ready healthcare system. By seizing this moment and mobilising a coalition of relevant stakeholders, Australia can lead the way in cultural transformation and set a global benchmark for healthcare excellence. A Better Culture invites you to mobilise your networks and be part of a movement for genuine, meaningful and measurable change, cultural safety, diversity, inclusivity and collaboration.



Introduction

A Better Culture project, commissioned by the Commonwealth Department of Health and Aged Care, addresses pervasive systemic challenges within the Australian healthcare sector, including bullying, discrimination, harassment, sexual harassment and racism. These issues have deep historical roots, are gendered, disproportionately affect First Nations trainees, and are eroding the psychosocial safety and therefore the effectiveness of healthcare workplaces.

This proposal for a strategic reset, to unite the currently fragmented (and, to date, demonstrably ineffective) approaches, arises when the health sector faces mounting pressures: a mismatch between resourcing and demand, failing legacy systems, an aging workforce, systemic inertia, and the absence of a unified vision for change. Globally, societal polarisation, technological evolution, rapid growth of artificial intelligence (AI) and workforce competition further amplify these challenges.

The proposal outlined here presents a hope for a transformative approach to driving systemic change. It is underpinned by two years of rigorous engagement and consultative process with key stakeholders, five Working Groups, 12 Reference Groups and the oversight of an Advisory Board.

During those two years, multiple failures of healthcare systems and leadership to respond adequately to even the most egregious abuses have been identified. The system complexity, the spread of power levers and the extreme pressures of both funding constraints and increasing demand for health services provide ample explanation of why this is so. In submitting this proposal, we wish to make explicit the need for coordinated action to tackle the difficulty, because it is only through coordinated action that there is genuine hope for change.

“We deserve leaders who lift us up, not tear us down. Let’s create cultures where success is celebrated and opportunities are for all. Together, we can build a workplace that nurtures dreams and empowers each and every one of us to be the best doctors we can be.”

– Female consultant, 15 years post fellowship, PGY 24

The project has created fertile ground for such collaboration, with conversations about healthcare worker safety, cultural safety, gender bias and racism having now been largely normalised. There is an unprecedented readiness for collaboration and cooperation across the country, and what is needed now is leadership intent to harness that readiness.



**2 years of
engagement
and consultation**



**5 working
groups**



**12 reference
groups**



Key drivers of change impacting the healthcare workforce

Some of the following challenges are already well recognised – others are not frequently articulated in discussion about healthcare workforce but are nonetheless critical factors in future viability.

“Physician influencers, entrepreneurs, technological and aesthetics markets provide exit points for disenfranchised workers.”

Global

Global instability, climate, societal polarisation, nationalist and isolationist politics, changing demographics, resource-demand mismatch and technological advancements are reshaping healthcare, workforce dynamics and psychosocial expectations. Large tech companies are increasingly investing in and influencing the sector, driving significant changes in how healthcare will operate in the future. There has also been a significant shift in societal deference to expertise, with heightened levels of mistrust in health authorities, and growing influence of influencers, skeptics and misinformation. These developments demand adaptive strategies and collaborative efforts to navigate the evolving landscape.

The health workforce globally is in high demand. Australian universities have already commenced programs that allow students to qualify for residency in the United States, and this trend can be expected to grow. There is a genuine prospect that Australia could become a net exporter of home-grown medical talent with increasing dependence on migrant workers for domestic service delivery unless actions are taken to make remaining in Australia the most attractive career option. Conversely, workforce modelling based on an assumption that Australia will continue to compete successfully in the worldwide marketplace for the highest calibre healthcare workers requires critical reappraisal if the healthcare workplace is not seen as a healthy and safe place to be.

Healthcare workers worldwide are discovering alternative income streams. Physician influencers, entrepreneurs, technological and aesthetics markets provide exit points for disenfranchised workers that were absent a generation ago – workforce strategists can no longer take for granted the life-long retention of healthcare talent in clinical service delivery or even adjacent roles.

National-State

Australia's healthcare system is under increasing pressure due to economic constraints, an aging population, and workforce shortages. In this environment, competition between employers is rising. Rising healthcare costs, inflation, and limited public funding are straining both national and state budgets, affecting investment in infrastructure and workforce capacity, and fuelling transition to privatisation/corporatisation of what were previously public organisations and services. Climate change and environmental factors, such as extreme weather events, are also placing additional strain on public health preparedness.

Health sector

The growing demand for aged care and chronic disease management further intensifies these challenges, particularly in rural and regional areas where access to healthcare services remains limited.

The health sector faces systemic inertia. In spite of a workforce hungry for change, the overwhelming complexity – devoid of a shared vision and actionable reform – leaves the wheels of reform often spinning without traction. This is exacerbated by changing customer and community expectations in an environment of false narrative, 'alternative facts' and social media-driven echo chambers.

At the same time, advancements in technology, such as assistive technology, artificial intelligence (AI) and robotics are transforming the sector, presenting opportunities for innovation that demand forward-thinking leadership and cohesive strategies to harness their potential effectively while portending the possibility of rapid displacement of conventionally accepted human skills and jobs.

The burgeoning demand for health services, the resourcing (financial and human) constraints and an evident inability to match demand and resourcing in a way that is acceptable to the public leave many healthcare workers feeling abandoned in the front lines. The whipsawing narrative from 'healthcare heroes' to 'greedy opportunists' has (along with other factors) fuelled a rupture of the social compact that historically drove enormous discretionary effort from healthcare workers.

The diversity of skills and training of the healthcare workforce is ideally an asset for patient care, with the systemic stressors currently in play, the natural tendency to tribalism can be exacerbated. Healthcare disciplines have historically neglected the health and safety of their workers, and often prioritised operational demands over care of the workforce. The increasing awareness of psychosocial safety, growing intensity of work pressures and burnout means that current and upcoming generations are increasingly unwilling to operate in these environments.



Why another strategy?

The National Medical Workforce Strategy (NMWS) 2021–2031 and other healthcare workforce strategies across the jurisdictions provide a frame for developing a well-distributed and sustainable medical workforce. These strategic goals are inseparable from the less emphasised issues of workplace safety, psychological and psychosocial safety, and overall mental and physical health of the workforce. The primary focus is on workforce planning, attraction and retention, training pathways, and building generalist capabilities.

In contrast, this proposal suggests that additional strategic focus is needed with the same level of leadership commitment, to address deeply ingrained systemic workplace culture issues, including bullying, discrimination, harassment, sexual harassment and racism which significantly impact workforce health, safety, retention and effectiveness.

Existing healthcare workforce strategies developed to date do not sufficiently address the systemic cultural challenges. On the next page, we outline key gaps and reinforce why the adoption of a whole-of-systems approach to developing a national strategy is essential.



“Without this, reforms may falter due to high attrition rates, burnout and persistent adverse cultural issues experienced by the workforce.”

1.**Lack of focus on workplace culture and psychosocial safety**

Current strategies primarily focus on workforce distribution, planning and training reform but do not sufficiently address the workplace cultures that contribute to burnout, attrition and mental health crises among healthcare workers.

2.**Insufficient attention to First Nations and other underrepresented groups**

Strategies acknowledge the need to increase the number of Aboriginal and Torres Strait Islander doctors but lack concrete strategies to address the hostile and exclusionary environments First Nations doctors often face, with no clear mechanisms for addressing leadership deficiencies and systemic inertia.

3.**Insufficient accountability to drive change**

Current strategies focus on planning and workforce flexibility but do not establish any framework to encourage leadership priority and accountability for workplace culture and safety.

4.**Limited use of data for workforce safety and cultural reforms**

Where there is a stated emphasis on data-driven workforce planning, it does not apply data analytics to identify and track cultural drivers of adverse workplace behaviours, or even record prevalence of bullying, discrimination, harassment, sexual harassment or racism incidents, workplace satisfaction, or psychological safety.

5.**No mechanism for creating sustainable and systemic change in the domain of workplace culture**

These strategies outline training pathway reforms but do not include long-term systemic behaviour change strategies or approaches to shape the way forward.

It is conceivable that these workforce issues were excluded from other strategies because they were seen as the responsibility of individual employers – but the healthcare system is so complex, and the culture shaped by so many factors other than the employer that collaboration is really the only answer.

The proposal for a national strategy is founded on a need to address these critical gaps in the national landscape of health workforce strategies by providing a systemic-multi layered and collaborative approach to sustained workforce culture transformation. Without this, reforms may falter due to high attrition rates, burnout and persistent adverse cultural issues experienced by the workforce.



What could a national strategy achieve?

A national strategy with ownership vested in those with implementation power in the healthcare system will work towards ensuring a thriving and sustainable workforce that is underpinned by the safe, respectful and inclusive workplaces in the healthcare sector that are essential in maintaining standards of service delivery and patient care outcomes.

It is no longer sufficient to leave these strategic priorities in the sole hands of advocacy and/or professional organisations. Those groups stand very ready to collaborate, but partnership with employers, regulators, funders and others is needed.

**“It is neither feasible
nor strategic to deal
with these challenges in
separate compartments
of professional domains.
Healthcare is a team sport.”**



7

**key elements
to drive success**



A Better Culture has identified the key elements to initiate discussion and planning for a national strategy:

1.

Leadership intent and accountability

Embedding courage and responsibility across all levels of governance to commit to the strategic intent and champion cultural transformation, including accountability towards existing legislation.

2.

Creating a shared vision

Whole-of-health-system approach to creating and clarifying a view of the expectations, experiences, standards and goals to strive towards, leaving no health workforce group behind – it is neither feasible nor strategic to deal with these challenges in separate compartments of professional domains. Healthcare is a team sport, and all healthcare workers suffer when culture does not support their best performance.

3.

Cultural safety

Integration of cultural safety for healthcare staff, not just healthcare consumers, to ensure inclusive environments that genuinely value First Nations contributions.

4.

Diversity and inclusivity

Establishing frameworks that prioritise equity, diversity and psychological safety, positioning cultural excellence as a competitive advantage.



5.

Data-driven insights, technology and education

Valuing education as a public good and critical to the future of the healthcare system. Using a data driven approach to inform decisions, ensuring transparency and accountability.

6.

Multiple coordinated system reforms

Moving beyond theoretical strategies to tangible, scalable actions led by working groups focused on workplace behaviour, curriculum design, cultural safety, leadership diversity, and intervention pathways.

7.

Collaborative ecosystem

Identifying commonalities and shared responsibility across the system, aligning efforts across stakeholders, government, education and advocacy institutions as well as the private sector to foster innovation, reduce the waste of duplicated effort, and find new ways of working.

4

**priority areas
for tangible and
achievable impact**



Using the seven approaches on the previous pages, we have identified four priority areas in discussing and planning for a national strategy:

1.

First Nations cultural safety

- Healthcare workers' cultural safety is as important as patient/client cultural safety
- Compliance approaches have failed
- Need to embed cultural safety in all levels of governance and accountability

2.

Protection of the at-risk

- Anti-racism, gender equity and anti-discrimination programs focused on data, transparency and prevention as well as assertive, effective response
- Safe reporting pathways
- Eliminate mechanisms of retaliation
- Rural and Small Specialty programs
- Pre-vocational programs



3.

Workplace Health and Safety

- Radically rethink how workplace health and safety is exercised in healthcare – elevating the seniority and influence of WHS roles and ensuring they have direct access to chief executives and boards
- Employ experts who can engage clinical staff and help to address the workplace health and safety risks they face
- Re-orient priority interventions to robustly address psychosocial hazards (e.g. those listed in the Safe Work Australia Model Code of Practice)
- Educate healthcare staff about the hazards and risks of their roles, and the organisational responses to those risks
- Communicate openly about risk acceptance and tolerance
- Increase the WHS literacy of healthcare leaders beyond compliance to recognise it as an essential tool for increased productivity, workforce longevity and service delivery
- Review work design – processes and workflows that enable WHS
- Hold individual leaders and organisations to account in the context of the WHS legislation that is already in place

4.

A systems approach to reform

- Leadership Intent and action, with reform embedded into governance, leadership practices and organisational performance metrics
- Innovative pathways to leadership development, fostering the growth and amplifying the voices of diverse groups of leaders, prioritising factors that impede the rise of underrepresented talent such as First Nations peoples, women and other culturally/racially marginalised groups so that health leadership better reflects the health workforce and, in turn, the diverse communities that we serve
- Recognising the value of diversity as a critical factor in systems resilience – diverse perspectives and lived experiences increase adaptability and strengthening in the face of evolving pressures and complexity
- Leveraging a top-down and bottom-up approach in shaping a national strategy
- Measurement of modifiable factors (not just lag indicators)
- Consistent, transparent reporting
- Data collection of race and gender mapped to application success and career progression
- Reporting of outcomes from reports/interventions

6

ingredients
for success



1.

Leadership

Carriage for strategy ownership – development and oversight of execution. This body of work requires leadership buy-in from the highest levels of the healthcare system. Ministers, Secretaries/directors general and senior leaders in professional bodies who have authority to make change must be engaged and give visible, tangible support.

2.

Political support

The political environment must remain supportive of the program of work to continue to implementation of the strategies and recommendations. For this reason, bipartisanship will be critical, as this strategy's development and execution is likely to last across the terms of several governments.

3.

Resourcing

Funding for development and implementation must continue without significant disruption. Any major changes, such as a shift in leadership or funding models, could impact the execution.



4.

Durable initiatives

Initiatives in focus areas such as psychosocial safety; cultural safety; and diversity, equity and inclusion must be developed in a way that has durability against an emerging wave of some pushback against these values.

5.

Collaboration, not competition

Health leaders must find ways to collaborate to drive cohesive reform. This will require critical evaluation of vested interests, territorialism and professional scapegoating of one group over another.

6.

Agency and empowerment

Ensuring that the right parts of the system have genuine agency to drive/ implement and using existing legislative and regulatory frameworks to hold people to account when that agency is not available or exercised.



“The approach to a national strategy represents a bold, unifying vision for creating a thriving, inclusive and future-ready healthcare system.”

Healthcare is at a tipping point, where failure to act will only exacerbate the systemic issues already eroding the sector's foundations. The approach to a national strategy represents a bold, unifying vision for creating a thriving, inclusive and future-ready healthcare system. By seizing this moment and mobilising a coalition of stakeholders, Australia can lead the way in cultural transformation and set a global benchmark for healthcare excellence.

A Better Culture (ABC) is a project commissioned by the Commonwealth Department of Health and Aged Care in December 2022 using unspent Specialist Training Program funds held by RACMA. It is a response to the Medical Training Survey, which has shown year-on-year that reported rates of bullying, discrimination, harassment and racism are disturbingly high, with a disproportionately worse experience among First Nations trainees. Sexual harassment data was reported for the first time in December 2024 and must also be addressed.

The pressure that Australia's healthcare system is under requires no re-iteration. A lack of vision, legacy systems and mindsets, lack of psychosocial safety, and poor leadership behaviours that have been tolerated for generations have resulted in a workforce that is under significant pressure, experiencing burnout, and leaving the workforce. This requires immediate attention if the system is to continue to provide a level of client care and patient outcomes that meet community expectations.

There is a real opportunity now for a national strategy accompanied by an implementation plan as informed by the foundational work already done over two years through grassroots and institutional stakeholders.

