FEDERATION UNIVERSITY
COLLABORATIVE EVALUATION & RESEARCH CENTRE

SUPPORTING INNOVATIVE RESEARCH AND EVALUATION

LATROBE REGIONAL HOSPITAL
THE WELLNESS CENTRE
EVALUATION
2021-2022
ACKNOWLEDGEMENTS

The Collaborative Evaluation and Research Centre (CERC) Federation University Gippsland, acknowledges Aboriginal and Torres Strait Islander people as the traditional owners and custodians of the land, sea and nations and pay our respect to elders, past, present and emerging. The CERC further acknowledges our commitment to working respectfully to honour their ongoing cultural and spiritual connections to this country.

The CERC would like to acknowledge the Latrobe Health Innovation Zone (LHIZ) for funding the development of the CERC and for its ongoing support.

The CERC would like to thank the Dr Anita Raymond at Latrobe Regional Hospital (LRH) for her support and contribution to the activity of the evaluation of the LRH Wellness Centre. The ongoing commitment and support from LRH for the project has ensured a robust evaluation of the Centre and its functions to date.

ABOUT THE AUTHOR

The Collaborative Evaluation and Research Centre (CERC) Federation University Gippsland is an innovative initiative that aims to build evaluation capacity and expertise within Gippsland. As a local provider, the CERC understands the value of listening to the community and has the ability to deliver timely and sustainable evaluations that are tailored to the needs of a wide variety of organisations.

Professor Joanne Porter is the Director of the CERC. Joanne has led a number of successful research projects and evaluations in conjunction with local industry partners. She has guided the development of the CERC since its formation in 2018.

The CERC team that evaluated the Wellness Centre at Latrobe Regional Hospital included:

- Professor Joanne Porter
- Megan Simic
- Maryam Ghasemiardekani
- Valerie Prokopiv

Professor Joanne Porter
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1. EXECUTIVE SUMMARY

1.1 INTRODUCTION

Located 150km east of Melbourne, Latrobe Regional Hospital (LRH) is the largest Gippsland regional healthcare provider employing over 1900 staff and servicing a population growing beyond 260,000 people. LRH is the regions specialist hospital, providing services such as emergency and intensive care, surgical care, general medicine, mental health, aged care, obstetrics and oncology services.

In 2020 as the COVID-19 pandemic was impacting the daily work of the staff at LRH, a resilience survey was conducted to ascertain the extent to which staff were being affected with particular interest in stress, anxiety, burnout and resilience scales. An outcome of this survey was a number of key initiatives implemented by senior management, such as the establishment of a regular weekly wellness centre to support staff working at LRH.

The Collaborative Evaluation and Research Centre (CERC) were commissioned to explore the activities of the LRH Wellness Centre, gaining an insight into how the Centre supports the holistic wellbeing of the staff within the organisation. This insight was gained from the Centre staff, Project Lead and attending clients, who provided detail into the benefits and barriers of the service.

Data were collected from October 2021 – May 2023, capturing information from when the service began. In addition to the data collected, a comprehensive literature review was performed to explore global literature on the impacts of employer endorsed wellbeing interventions for healthcare workers. Interestingly, there was very few instances where a program like the LRH Wellness Centre were implemented, demonstrating that it was a pioneer in this space.

1.2 KEY FINDINGS AND IMPLICATIONS

A number of key findings were achieved, and subsequent recommendations developed within the project as a result of multiple avenues of data collection. These key findings and recommendations provide an overview of the significant outcomes that were extracted from the data, with SMART (Specific, Measurable, Achievable, Relevant and Time-bound) recommendations on how to implement data in potential future iterations of the project.

Existing data extracted from the five zones of the mental health continuum scale demonstrated that a number of departments within the organisations experienced issues within their service and resources as a result of the COVID-19 pandemic. These data assisted in demonstrating the potential need for implementing the Staff Wellness Centre within the organisation. Departments such as Ambulatory Services, Community Mental Health, Critical Services and In-patient Services experienced higher levels of identified issues. Conversely, departments such as Business Services, Communications, Education and Research, Executive Team and Governance experienced higher levels of wellbeing, with most responses within the zone of normal operation.

Exploring the wellbeing of staff within the LRH aligned with their organisational strategic pillar: Our People. More specifically, the Wellness Centre aligned with the Our People priority to “identify and implement initiatives that support the mental health and wellbeing of the LRH workforce”. The goal of
the Centre was to support the holistic wellbeing of LRH staff, which aligned with the priority outcomes of reducing absenteeism, reducing bullying and harassment, improving patient outcomes and resulting in positive responses in the annual People Matter organisational survey. The Wellness Centre program also aligned with the Victorian Government COVID-19 action on protecting health care workers, an action outlining the measures put in place to support the workforce when caring for patients during the pandemic.

Staff who attended the Wellness Centre client satisfaction survey were asked how satisfied they were with the service provided to them through the Wellness Centre. Of the 64 participants that answered this question, a vast majority were “Greatly Satisfied” with the service (n=57). An additional 4 participants were “Satisfied” (n=4) with the service. Some staff responded with “Greatly Dissatisfied” (n=3), however provided positive written feedback within the survey. It is unclear if participants were unaware that they had selected dissatisfaction over satisfaction of the service.

Attendance data suggested that each practitioner was utilised throughout the running of the Wellness Centre. Within the four main service practitioners available in the Centre, a total of 522 appointments and wellbeing sessions were attended. Practitioner utilisation demonstrated that all staff were accessed since the Centre’s inception, with Nurse Practitioner 1 attending 248 sessions, Nurse Practitioner 2 attending 105 sessions, the Counsellor attending 142 sessions and the dietician team attending 27 sessions.

Interviews with Wellness Centre staff indicated that they were extremely positive about their roles and the services they were able to provide to their clients. The staff outlined the numerous services they offered, and how they could best serve their colleagues within the organisation from a health lens:

“So, we look at physical, social, mental health, wellbeing particularly related to the person’s role within the workspace that they’re in. It’s really 45 minutes to an hour of confidential space that’s there for the person to talk about whatever they wish or bring any health and wellbeing needs to that space.”

Wellness Centre staff outlined that within clinical and non-clinical staff attending, there was “consultants, doctors, nurses, allied health staff, environmental staff, HR, pay office, IT, executive people, managers, everyone actually”. The diversity of need within the clients attending was also interesting to Centre staff, “where the surprise to me is the extent of the struggling”. Centre staff responded to this need, adapting their services to suit the needs of the clients:

“I thought actually it was only for mental health support for the staff because they’re burning out and when you go through, we found that actually the staff are struggling with other issues as well. And so that’s why we are adding the service for them.”

Many of the client concerns were work focussed, however Centre staff were also supporting clients with gender related health, “sleep issues”, “family violence”, “clutter to hording”. By providing a “space to really unpack and explore what might be happening for the person and then try and look in the context of their own needs” ensured that clients could seek assistance to any number of concerns that they had:

“People will come for very many stress-related issues. Overwhelm, emotional exhaustion, bullying. All of the issues that can occur within the workplace but also, all of the issues that can occur in their personal life. Relationship problems, parenting issues.”
 Clients who attended the Wellness Centre were invited to share their experiences of utilising the service. Clients shared that due to their busy work schedules, personal commitments and lack of availability of primary care appointments available in their region, this made the LRH Wellness Centre more inviting:

“I also just think sometimes we’re too busy at work, we can’t go see a social worker or counsellor. We can’t go get our blood pressure checked. We can’t get those diagnostic tests to support us with where we need to go. And I think the workplace is a great place to do that”.

Clients of the Wellness Centre were extremely positive about the service that was provided to them from the Centre practitioners. Clients outlined that the “gentle nature”, “knowledge” and “ability just to keep me in the moment” was important to safe and appropriate care provision:

“I understand the importance of building that trust and rapport, and it was instant with [the counsellor]. I trusted [the counsellor] from the first session and connected with [them]. And it was also discussed that this is our space, and this would not be shared with other staff members.”

For staff to be able to access health promotion, counselling and dietitian services, for multiple clients it “brought to my attention my cholesterol levels” and “I’ve got high cholesterol which I wouldn’t have known unless it was for the Wellness Centre”. Those who attended the service acknowledged that while health care professionals look after the health of others, “very rarely do we look at ourselves or really think about it for ourselves”:

“I think the biggest thing as healthcare providers, we always put ourselves second, to our job, to our families, whatever and I mean. One of the benefits, it sounds horrible, but one of the best benefits is it is in work time. You don’t have to try and prioritise that time for you to be able to go do these things, you can do it on work time, and it’s fully supported by LRH for us to do that, that we take that time to look after ourselves. And I think that that’s the key bit there.”

The Project Lead of the Wellness Centre was also invited to share their vision and outline the need for the Centre to continue post the pilot project. The Project Lead discussed the existing supports available for employees such as Employee Assistance Programs (EAP), however noted that these services are “not very personal”. With the Wellness Centre, the service is one-on-one and though only one Centre day, the staff will “accommodate” those in need. The feedback has been “positive”, suggesting that the service may be filling a current gap:

“I think that’s really encouraging that we’re doing the right thing and it’s a service that the staff want, and we’ve managed to provide a service that’s been good enough for them to provide support or find other supports for them”.

Being in a regional area, lack of abundant primary health care supports and a “deficit in our GP practices” may be an issue for staff and those residing in the local communities. It was identified that the Wellness Centre may assist in supporting the local health care services, being able to “work together”:

 “[The Wellness Centre’s] particularly great because it seems to be a good resource to get people going, because sometimes it takes a long time to see a mental health practitioner for whatever reason or sometimes GP delays, and our nurse practitioners can sort of do a workup and assessment and some bloods and get some things moving. And that’s been really
comforting to staff as well because it's a bit more of a support in the interim stage of illness or disease or whatever it could be.”

These key findings demonstrate that there was resounding positivity for the achievements of the Wellness Centre, and for what the practitioners and staff had been able to accomplish in the pilot program. A need for the Centre was identified, with a solution-focussed model implemented to help manage this need. It was acknowledged by all staff and clients utilising the service that the Wellness Centre was a program that should be continued and scaled within the organisation.

1.3 KEY RECOMMENDATIONS

1. Continue to run the LRH Wellness Centre for an additional 12 months to gain more data on its effectiveness.
   a. Additional data may provide further insight into staff wellbeing in the peri-COVID-19 era.
   b. Continuation of the program will allow clients to maintain their personal wellbeing programs.
   c. Additional data on how to best serve the staff with their wellbeing needs can encourage improvement of the service.

2. Undertake a cost-benefit analysis to determine scalability of the Wellness Centre.
   a. A robust cost-benefit analysis may assist in highlighting resource benefits and deficits in the service.
   b. The analysis may allow for scalability of the Wellness Centre to other satellite sites within the organisation.
   c. Understanding staffing requirements and utilisation may assist in developing a sustainable program.

3. Expand the Wellness Centre physical location to an additional site and provide additional day/s of operation.
   a. Providing an additional Centre day may facilitate additional staff attending with more flexibility in appointment times.
   b. Expansion of services to satellite sites within the organisation may ensure that all staff have an opportunity to attend.

4. Maintain current staffing team to ensure best outcomes for clients.
   a. Retain current staff, ensuring utilisation within the central Wellness Centre and satellite LRH sites.
   b. Explore the opportunity to add a General Practitioner (GP) to support the current staffing team and expand scope of practice and clinical supervision.
   c. Provide additional upskilling for current staff to ensure their personal and professional development needs are met.
Latrobe Regional Hospital
Wellness Centre

October 2021 - May 2023

522
Appointments & wellbeing sessions attended

95%
Satisfaction with the service provided

Appointment mode
- 63% Face-to-face
- 37% Telehealth/Phone

Services Offered
- Wellbeing sessions
- Health promotion & education
- Smoking cessation
- Dietetic services

Wellness Centre Aims
- Increase staff resilience
- Reduce burnout & stress
- Provide health & wellness strategies

“I think sometimes we’re too busy at work, we can’t go see a social worker or counsellor. We can't go get our blood pressure checked. We can't get those diagnostic tests to support us with where we need to go. And I think the workplace is a great place to do that”.

Key Recommendations
- Expand the Wellness Centre clinic location & days of operation.
- Continue to run the Wellbeing Centre for additional 12-months to understand its effectiveness.
- Undertake a cost-benefit analysis to determine scalability.
- Maintain current staffing team to ensure best outcomes for clients.
2. PROGRAM: THE LRH WELLNESS CENTRE

2.1 INTRODUCTION

Located 150km east of Melbourne, Latrobe Regional Hospital (LRH) is the largest Gippsland regional healthcare provider employing over 1900 staff and servicing a population growing beyond 260,000 people. LRH is the regions specialist hospital, providing services such as emergency and intensive care, surgical care, general medicine, mental health, aged care, obstetrics and oncology services.

The central hub of the hospital is Traralgon, a teaching hospital home to a multi-level emergency and trauma department, in-patient services, medical imaging and specialist services. From this site, multiple satellite sites are established in Gippsland, from Baw Baw Shire to Wellington, South and East Gippsland.

![LRH Traralgon site map](https://www.lrh.com.au/important-info/lrh-information/hospital-map)

In 2020 as the COVID-19 pandemic was impacting the daily work of the staff at LRH, a resilience survey was conducted to ascertain the extent to which staff were being affected with particular interest in stress, anxiety, burnout and resilience scales. An outcome of this survey a number of key initiatives implemented by senior management was the establishment of a regular weekly wellness centre to support staff working at LRH.

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2.2 POLICY CONTEXT

Exploring the wellbeing of staff within the LRH aligned with their organisational strategic pillar: *Our People*. LRH are committed to strengthening the culture and wellbeing of its staff to ensure an empowered and valued workforce are delivering the best care. More specifically, the Wellness Centre aligned with the *Our People* priority to “*identify and implement initiatives that support the mental health and wellbeing of the LRH workforce*”. The goal of the Centre was to support the holistic wellbeing of LRH staff, which aligned with the priority outcomes of reducing absenteeism, reducing bullying and harassment, improving patient outcomes and resulting in positive responses in the annual People Matter organisational survey.

The Wellness Centre program also aligned with the Victorian Government COVID-19 action on protecting health care workers. This action outlines the measures put in place to support the workforce when caring for patients during the pandemic. Actions that were including in *Protecting our health care workers* included “*Sharing of data*, “*Support for infection prevention control*, “*Improving COVIDSafe workplaces*” and “*Promotion of financial incentives to limit worker mobility*”. The action clearly outlined physical protection and promotion of health for Victorian health care workers, however it was not evident in the literature that protection and promotion of employee’s mental, emotional or spiritual health was addressed, highlighting a gap in support. The LRH Wellness Centre attempts to address this gap by providing a holistic wellbeing service to manage the mental, physical, emotional and spiritual health of their workforce.

2.3 PROGRAM OVERVIEW

The LRH Wellness Centre was established as a pilot program to support the wellbeing needs of staff employed within the organisation. This program included a one day per week clinic that was available in-person or via telehealth for staff to access. The program included 2 Nurse Practitioners, one Counsellor and Dietician services, alongside Project Coordinators and Lead Investigators. The staff facilitating the program had a space within the central LRH hospital, equipped with private rooms, comfortable seating, and privacy from other areas of the hospital. The team would meet once a week to discuss their goals of care, client attendance and resources required to meet the needs of the service. The program staff also supported the organisational wellbeing resources including “*Wellbeing Wednesday’s*”, where they would facilitate sessions in the hospital auditorium once per month. Note taking of clients attending was kept secure and confidential from other organisational departments within the Genie software system and hard-copy de-identified notes kept in a locked filing cabinet in each practitioners’ office. The purpose of this record keeping was to build rapport, maintain mandatory reporting requirements and ensure that all goals of care were met throughout the course of treatment.

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The Wellness Centre was advertised through flyers throughout the organisation’s buildings, through the organisation intranet and by physical attendance of Centre staff to different departments and satellite sites of the organisation.

Image: LRH Wellness Centre advertisement

2.4 PROJECT DELIVERY / ACTIVITIES

The Collaborative Evaluation and Research Centre (CERC) were commissioned to explore the activities of the LRH Wellness Centre, gaining an insight into how the Centre supports the holistic wellbeing of the staff within the organisation. This insight was gained from the Centre staff and attending clients, who provided detail into the benefits and barriers of the service.

Data were collected from October 2021 – May 2023, capturing information when the service began. In addition to the data collected, a comprehensive literature review was performed to explore global literature on the impacts of employer endorsed wellbeing interventions for healthcare workers. Interestingly, there was very few instances where a program like the LRH Wellness Centre were implemented, demonstrating that it was a pioneer in this space.
3. THE EVALUATION

3.1 AIM OF THE EVALUATION

The aim of this evaluation was to measure the impact of the Wellness Centre at Latrobe Regional Hospital and its effect on the resilience levels of the staff.

3.2 EVALUATION RESEARCH QUESTIONS

The key evaluation research questions included:

- What is the current level of stress and mental health of staff at LRH?
- What was the impact of the Wellness Centre on the health and wellbeing of the staff who attended sessions at the Centre?

3.3 DATA COLLECTION / TOOLS USED

A mixed methods approach was used to evaluate the Centre and included qualitative and quantitative data. The CERC analysed an existing data set provided by LRH, ‘The five zones of the mental health continuum scale’. The data was extracted by LRH, de-identified and provided to CERC researchers for analysis and reporting. An online staff survey was analysed, and a thematic analysis was conducted of the project team and staff.

Figure 1. Data collection tools
4. EVALUATION FINDINGS

4.1 EXISTING DATA SET

INTRODUCTION

A resilience survey was conducted in 2020 during the COVID-19 pandemic to ascertain the extent to which staff were being affected with particular interest in stress, anxiety, burnout and resilience scales. The data was collected by nurse unit manager who rated their team’s level of health and wellbeing on the five zones of mental health continuum scale.

Analysis of LRH Wellness Centre

Analysis of an existing data set provided by LRH: The five zones of the mental health continuum scale is presented below. Data were collected weekly, beginning on 6 January 2021 and concluding on 23 March 2022. In total, data from 59 weeks were analysed with 5 weeks recording no data. Data were collected across all departments with staff wellbeing measured on a scale of 1 (Green – normal operation), 2 (Amber: issue identified with no impact to service) and 3 (Red: issue identified with service impacted). The data were collected at weekly executive team meetings.

Wellness Rating

<table>
<thead>
<tr>
<th>Wellness Rating by Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Services</td>
</tr>
<tr>
<td>Business Services</td>
</tr>
<tr>
<td>Communications</td>
</tr>
<tr>
<td>Community Mental Health</td>
</tr>
<tr>
<td>Critical Services</td>
</tr>
<tr>
<td>Education Research</td>
</tr>
<tr>
<td>Executive Team</td>
</tr>
<tr>
<td>Governance</td>
</tr>
<tr>
<td>Inpatient Services</td>
</tr>
<tr>
<td>IT</td>
</tr>
<tr>
<td>Medical Services</td>
</tr>
<tr>
<td>Mental Health</td>
</tr>
<tr>
<td>Payroll/Finance/Store</td>
</tr>
<tr>
<td>People and Culture</td>
</tr>
<tr>
<td>Pharmacy</td>
</tr>
<tr>
<td>Regional Services</td>
</tr>
<tr>
<td>Support Services</td>
</tr>
</tbody>
</table>

1 = Green: normal operation
2 = Amber: issue identified with no impact to service
3 = Red: issue identified with service impacted

Table 1. Wellness rating by department
Overall, the wellbeing rating in the Executive team (n=79.1%), Communications (n=76.1%), and Business Services (n=71.6%) had the highest normal operation, followed by the same proportion in People and Culture, Education and Research, and Governance (n=65.7%). Whereas wellbeing rating in Critical Services was the lowest normal operation (n=11.9%), with 70.1% of issues reviewed with no impact on services. Additionally, data suggested 4.5% of issues were identified with service impacted. Community Mental Health (n=16.4%) was the second-lowest normal operation with 68.7% issues reviewed with no service impacted, and no issues identified with the service impacted. With 19.4% of normal operation, Ambulatory Services had 62.7% issues identified with no service impacted and 1.5% issues identified, and service impacted. Inpatient services demonstrated a score of 20.9% normal operation, with 59.7% issues identified with no services impacted, and 4.5% issues identified and with services impacted.

Critical Services (4.5%), Inpatient Services (4.5%), People and Culture (3%), Support Services (1.5%), Payroll/Finance/Store Services (1.5%), Pharmacy (1.5%), Regional Services (1.5%), Governance (1.5%), Ambulatory Services (1.5%) and Mental Health (1.5%) had issues identified, which had impacted their services. Executive Team, Education/Research, IT, Business, Medical, and Community Mental Health Services did not have any identified issues that impacted the services.

Table 2. Wellness rating by month

Table 2 demonstrates the wellness rating per department through the data collection period. Data suggests that there was a minor correlation between an increase in issues identified and service impacted (Red) and a decrease in normal operations (Green). The spikes in red wellness ratings in March 2021 and May 2021 may correlate with the vaccine roll out within Victoria, and the fourth state lockdown on the 28th of May when the Delta strain of the virus was detected. The third spike in red wellness rating in January 2022 may have correlated to the rapid increase in COVID-19 cases post the Christmas holiday period, Ambulance Victoria calling a Code Red on their services, subsequent calling of the Code Brown for critical Victorian healthcare services the mass shortages of Rapid Antigen Tests (RAT) available.
**Staffing Resources**

There was a significant lack of data available for measuring staffing resources. Overall staffing resources in Critical Services (n=44.8%) and Ambulatory Services (n=40.3%) had the highest normal operation. In comparison, Educational and Research Services (n=7.5%) and Payroll, Finance, and Store Services (7.5%) had the lowest normal operation. Support Services (n=13.4%) and Critical Services (n=11.9%) were the highest services with issues identified with no services impacted. Inpatient Services were the only services in this category that had identified issues with services impacted (n=1.5%). There is no report available for normal operation in Business Services, with 1.5% of issues identified with no services impacted. There was no issue identified in IT Services, Women and Children Services, and Governance regarding staff resources.

![Staffing Resources by Department](image)

Table 3. Staffing resources by department
4.2 WELLNESS CENTRE CLIENT SATISFACTION SURVEY

INTRODUCTION

The LRH Wellness Centre began in October 2021 and was advertised throughout the organisation on flyers, organisation intranet, through word of mouth and physical visits to organisation sites by Wellness Centre staff. The Centre was staffed by three main practitioners, including two Nurse Practitioners and one Counsellor, with support staff comprised of a Project Lead, Project Coordinator, and allied health support staff of Dieticians. Staff would coordinate their one Centre day with a Wednesday meeting, where they would plan and discuss resources, support and events amongst the team. The Centre would operate each Wednesday, with each practitioner able to see approximately four to five clients per day, with further reporting and note taking between each client undertaken. In addition to the Wednesday Centre Day, Centre staff would also assist in facilitating “Wellbeing Wednesday’s” provided by the organisation. These once-a-month health-promotion days would differ in theme, with Centre staff facilitating mindfulness meditation sessions, walk and talk activities, and drug and alcohol fact sessions.

WELLNESS CENTRE MONTHLY REPORTING

Project Coordination staff maintained general appointment information since the inception of the Centre, collecting data around each practitioners’ appointments, type of appointment (wellbeing, health promotion and education, nicotine replacement therapy (NRT) and dietetics services), and modality of appointment, being in person or telehealth was collated. Since the opening of the Wellness Centre, a total of 201 clients have attended the Centre, with 516 appointments attended. Within LRH, there are approximately 1900 employees, making staff attendance to the Wellness Centre approximately 11% of the workforce. A summary of appointments attended by clients per year of operation is outlined in Table 4, demonstrating the varied appointment type and uptake of services achieved.

<table>
<thead>
<tr>
<th>Year</th>
<th>Appointment Type</th>
<th>Number of Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>Wellbeing session</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>Health promotion &amp; education</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>NRT</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Dietician services</td>
<td>0</td>
</tr>
<tr>
<td>2021 Total</td>
<td></td>
<td>79</td>
</tr>
<tr>
<td>2022</td>
<td>Wellbeing session</td>
<td>178</td>
</tr>
<tr>
<td></td>
<td>Health promotion &amp; education</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>NRT</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Dietician services</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Stroke risk assessment (stroke week)</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>LV CMHS</td>
<td>4</td>
</tr>
<tr>
<td>2022 Total</td>
<td></td>
<td>314</td>
</tr>
<tr>
<td>2023</td>
<td>Wellbeing session</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>Health promotion &amp; education</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>NRT</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Dietician services</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Bairnsdale CMHS</td>
<td>8</td>
</tr>
<tr>
<td>2023 Total</td>
<td></td>
<td>123</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>516</td>
</tr>
</tbody>
</table>

Table 4. Uptake of practitioner services
Each practitioner was utilised throughout the running of the Wellness Centre. Nurse Practitioner 1 provided sessions focussed on NRT, health promotion & education, wellbeing, and the running of some “Wellbeing Wednesday’s”. Nurse Practitioner 2 focussed on wellbeing sessions, outreach to satellite organisational sites and running of some “Wellbeing Wednesday’s”. The Counsellor focussed their services on wellbeing sessions, in addition to facilitating some of the “Wellbeing Wednesday’s”. The Dietician team rotated through the Wellness Centre, with nine different staff attending clients at various times. The team focussed their sessions on kidney conditions, heart health and healthy eating and non-diet nutrition. Table 5 outlines the number of appointments and wellbeing sessions facilitated by each practitioner of the Centre.

<table>
<thead>
<tr>
<th>PRACTITIONER</th>
<th>TOTAL NUMBER OF APPOINTMENTS &amp; WELLBEING SESSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioner 1</td>
<td>248</td>
</tr>
<tr>
<td>Nurse Practitioner 2</td>
<td>105</td>
</tr>
<tr>
<td>Counsellor</td>
<td>142</td>
</tr>
<tr>
<td>Dietician</td>
<td>27</td>
</tr>
<tr>
<td>TOTAL</td>
<td>522</td>
</tr>
</tbody>
</table>

Table 5. Number of appointments per practitioner

Clients attending the Centre were given the option to have their appointments in-person on-site or at one of the satellite sites, via telehealth on-site or at home or via phone appointment. A complete picture of mode of appointment is not available, however available data demonstrates that both in-person and telehealth/phone appointments were suitable for clients.

<table>
<thead>
<tr>
<th>MODE OF APPOINTMENT</th>
<th>NUMBER OF APPOINTMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-person</td>
<td>39</td>
</tr>
<tr>
<td>Telehealth</td>
<td>33</td>
</tr>
<tr>
<td>Phone appointment</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 6. Mode of appointment

The Wellness Centre staff assisted the organisation in facilitating some “Wellbeing Wednesday’s. These sessions were an additional resource available to clients who wanted to engage in wellness within their workplaces. Some sessions involved exercise and social interaction, education, and meditation. Table 6 outlines the various wellbeing sessions offered and their attendance levels.

<table>
<thead>
<tr>
<th>WELLBEING SESSION</th>
<th>PRACTITIONER</th>
<th>NUMBER OF ATTENDEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk &amp; talk activity</td>
<td>Nurse Practitioner 2</td>
<td>3</td>
</tr>
<tr>
<td>Mindfulness meditation activity</td>
<td>Nurse Practitioner 1</td>
<td>15</td>
</tr>
<tr>
<td>Drug &amp; alcohol facts week</td>
<td>Nurse Practitioner 1</td>
<td>23</td>
</tr>
<tr>
<td>Mindfulness meditation activity</td>
<td>Counsellor</td>
<td>40</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>81</td>
</tr>
</tbody>
</table>

Table 7. Attendance at “Wellbeing “Wednesday’s”
CLIENT SURVEY

Since the inception of the Centre, a survey was made available to staff who attended the clinic to provide feedback and information as to how and why they utilised the service, and whether they found the service appropriate for their needs. They survey held a QR code that staff could scan and complete on completion of their appointment with a Wellness Centre staff member.

Results

The survey was made available between March 2022 and May 2023, with a total of 64 staff completing the survey. The attending staff were asked a variety of questions surrounding their reasons for attending, satisfaction with the service and suggestions for the future. Not all 64 staff completing the survey completed all questions. Of the total 201 clients that attended the Wellness Centre, collation of 64 survey responses demonstrates a valid sample of 32%.

Demographics

Of the 64 staff who completed the survey, gender distribution varied between females (n=49), males (n=12), non-binary peoples (n=1) and those who would prefer not to say (n=2). The participants were varied in age, with majority between the ages of 20-30 (n=20). Other age groups represented were 31-40 (n=14), 41-50 (n=10), 51-60 (n=18) and 61-70 (n=2).
Survey participants worked in a variety of areas of the organisation, including Information and Regional Services (n=19), Education and Training (n=6), Medical Services (n=2), Nursing Services (n=8), Mental Health Services (n=23). Not all participants completed this question within the survey, with a total response rate of 91% (n=58). It was identified that labelling of area of work within the survey was ambiguous, with some respondents outlining that they were unsure of which area they should select.

Table 9. Participant area of work

<table>
<thead>
<tr>
<th>Area of Work</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Services</td>
<td>23</td>
</tr>
<tr>
<td>Nursing Services</td>
<td>8</td>
</tr>
<tr>
<td>Medical Services</td>
<td>2</td>
</tr>
<tr>
<td>Education and Training</td>
<td>6</td>
</tr>
<tr>
<td>Information and Regional Services</td>
<td>19</td>
</tr>
</tbody>
</table>
Reasons for attending the Wellness Centre

Staff were asked to share their reasons for attending the Wellness Centre, indicating a variety of reasons for their visits. Participant responses are displayed in a word cloud, demonstrating the most common reasons for attending. These included “health”, “support”, “wellbeing” and “mental”.

Figure 2. Reasons for attending Wellness Centre

Mode of attendance to appointment

When accessing the Wellness Centre, staff were able to visit in person and via telehealth modes. When accessing face-to-face, staff indicated they accessed the services face-to-face in the LRH Staff Wellness Centre (n=17), or face-to-face at one of the LRH community sites (n=6).

When accessing via telehealth services, staff indicated they access the services onsite at LRH, connecting via telehealth (n=15), at one of the LRH community sites, connecting via telehealth (n=6), at home or another private location, connecting via telehealth (n=17) or other, which was at home via phone call in both responses (n=2). Of the 64 participants that completed the survey, one did not complete this question exploring the mode of attendance, demonstrating a 98% response rate (n=63).

Table 10. Mode of attendance

<table>
<thead>
<tr>
<th>MODE OF ATTENDANCE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to Face</td>
<td>63%</td>
</tr>
<tr>
<td>Telehealth/Phone</td>
<td>37%</td>
</tr>
</tbody>
</table>

Table 11. Location of attendance

<table>
<thead>
<tr>
<th>LOCATION OF ATTENDANCE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>On-site</td>
<td>70%</td>
</tr>
<tr>
<td>Off-site</td>
<td>30%</td>
</tr>
</tbody>
</table>
Satisfaction with service

Staff were asked how satisfied they were with the service provided to them through the Wellness Centre. Of the 64 participants that answered this question, a vast majority were “Greatly Satisfied” with the service (n=57). An additional 4 participants were “Satisfied” with the service. Some staff responded with “Greatly Dissatisfied” (n=3), however provided positive feedback within the survey. It is unclear if participants were unaware that they had selected dissatisfaction over satisfaction of the service.

![Satisfaction with Service](image)

Table 12. Satisfaction with service

Staff completing the survey were also asked to rate several statements surrounding their likelihood to attend future sessions within the Wellness Centre, recommend the service to a colleague, level of benefit and usefulness of the service, their ability to book appointments and level of comfort when accessing the service. Not all staff responded to all six statements, with the lowest response rate being 94% (n=60) and the greatest response rate being 100% (n=64). Respondents could rate their agreement with the six statements from “Greatly Disagree” to “Greatly Agree”.

![I would come to another session at the Staff Wellness Centre](image)

Table 13. Attending future sessions
Table 14. Recommend to colleagues

Table 15. Benefit of service

Table 16. Usefulness of service
Suggestions for the future

Staff were given the opportunity to provide future feedback suggestions about the Wellness Centre. Although not all staff completed the survey answered this question, a number of respondents provided suggestions that they believed may improve the service.

Common themes identified in responses included running the Wellness Centre at rural sites of the organisation, ensuring that face-to-face opportunities were provided for satellite sites:

“Continue face to face in regional sites! We feel like me miss out on so much being regional as it is!”

Respondents stated, “face to face is more beneficial than telehealth” and ensuring that the service could “continue to run at community sites” was important to its success.

Survey respondents also commented on the frequency and availability of Wellness Centre days, wanting there to be more days offered in future:

“It would be great to have sessions available on other days of the week”.

Staff thought the Centre “should be available on other days than Wednesday” and “more availability” may facilitate their attendance.
Additional promotion of the service was highlighted as beneficial, including how to book and what was involved in the service:

“Promote that this can be used to help staff work out issues, not just when feeling down”.

When booking in for the Wellness Centre, to “work on advertising on how to join sessions a little better” may assist in gaining staff awareness and attendance to the service.

Other feedback included “mindfulness” and “themed days and health checks”. Some feedback outlined that respondents did not think changes were required, with others sharing that they believed the service was an “excellent resource for staff”.

**Staff feedback**

A large amount of positive feedback was provided by staff who access the Wellness Centre, where praise for the practitioners providing the service was most common. A word cloud was generated for the feedback given by respondents, highlighting commonly used words:

![Word Cloud](image)

**Figure 3. Staff feedback for the Wellness Centre**

Respondents stated that the sessions helped them feel “grounded”. Feedback outlined that clients felt that the Wellness Centre staff were able to “resonate” with them due to their shared environment or work roles. Clients felt that the Wellness Centre staff were “kind”, “understanding”, “professional” and “helpful”:

“I have had multiple sessions with [the counsellor] who has provided an immense amount of support throughout the entire process. [They] provide a safe space to open up without the fear of judgement. [Their] calm and nurturing is unforgettable. I highly recommend [the counsellor] for those needing additional support.

Being able to “listen without judgment” was frequent positive feedback provided by the staff accessing the service, offering generous praise to the Wellness Centre practitioners. Respondents outlined that they had gained “skills” and “tools” to help them “cope” with their own individual concerns and challenges.
Some clients did provide feedback around not being able to “book any other times online other than Wednesdays”. However, flexibility of service delivery was a positive for clients, being “convenient and at my workplace to attend”:

“I think it is a wonderful support to have this available to staff that they are able to access workplace wellbeing support from various difference methods of access. For me to have a session from home via telehealth has given me an extra feeling of confidentiality and support”.

The feedback provided for the Wellness Centre was overwhelmingly positive, with staff grateful for the service being made available to them through their organisation. Survey respondents felt supported by the clinicians available within the Centre, assisting them in a variety of challenges and circumstances.

DISCUSSION

Data from the five zones of the mental health continuum scale demonstrated that a number of departments within the organisations experienced issues within their service and resources. Departments such as Ambulatory Services, Community Mental Health, Critical Services and In-patient Services experiences high levels of Amber alerts, signalling that they had issues identified but currently no impact on their services. Conversely, departments such as Business Services, Communications, Education and Research, Executive Team and Governance experienced higher levels of wellbeing, with most responses in the green zone of normal operation. These findings may correlate to the distribution of staff on the front line of the COVID-19 pandemic, delivering client facing services and those at high-risk of coming in contact with the virus, versus governance and management teams that may have less client contact and reduced risk when contracting or being impacted by the pandemic at work5.

The client survey data suggests that there was a positive uptake of the LRH Wellness Centre by staff across the organisation. With 11% of the LRH workforce utilising the service, often on more than one occasion, this may have had significant impacts on staff wellbeing, service delivery and retention.

Data gathered by the Wellness Centre coordinator on the frequency, mode, type and personnel of appointments demonstrated that all practitioners have been utilised since the Centres commencement. It is evident that Nurse Practitioner 1 had a greater number of total appointments (n=47.5% of total appointments), which may have been due to their clinical background and availability to offer a broader range of services. Overutilisation of Nurse Practitioner 1 ongoing requires further monitoring to ensure the practitioner does not experience burnout and increased stress in their workload.

The organisational “Wellbeing Wednesday’s” were well attended, with 81 staff members engaging with these sessions. The most popular session was the mindfulness meditation session, with attendance of approximately 40 people over two sessions. This may suggest that mindfulness meditation and stress reduction therapies are most relevant to staff currently in the organisation, therefore resources may need to be directed toward facilitating more of these sessions.

The Wellness Centre client survey was completed by 32% of attendees, providing appropriate representation of the sample. The survey was completed by mainly women, aged between 20 – 30 and 51 – 60. This may be representative of the healthcare workforce within Australia, where women health practitioners are 2.4 times more than that of male health practitioners. These findings provide insight into the types of services that the Wellness Centre may focus resources, including women’s health and age-appropriate health services.

Staff accessing the Wellness Centre commonly attended both in-person and via telehealth services. This flexibility may be an enabling factor to the Centre’s success, ensuring that it can cater to the needs of staff with varied rosters and availability to attend appointments. Ensuring telehealth and phone call appointments remain a feature within the Centre may maintain the level of confidentiality and subsequent confidence clients have with the service.

Feedback from clients was extremely positive, demonstrating their support of the current staff and services made available within the Wellness Centre. These findings suggest that the appropriate staffing choices are in place, well utilised and in demand when examining the future of the service.

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4.3 THEMATIC ANALYSIS – INTERVIEW WITH WELLNESS CENTRE STAFF

INTRODUCTION

The five staff that worked within the Wellness Centre were invited for interview to share their experiences of working in the Centre and providing client care. All four permanent staff (Project Coordinator, Nurse Practitioner 1, Nurse Practitioner 2 and Counsellor), plus one representative from the Dietetics team were interviewed in May 2023. A total of five major themes emerged from the discussions with the Wellness Centre staff, outlining their services provided.

Figure 4. Thematic analysis themes – Wellness Centre staff

**Major Theme 1 – Taking the First Step**

The first major theme “taking the first step” outlined the Wellness Centre staff experiences in engaging their colleagues to utilise the service. By providing an overview of their role and the role of the Wellness Centre, the Centre staff could show clients how they could support their wellbeing needs:

“So, we look at physical, social, mental health, wellbeing particularly related to the person’s role within the workspace that they’re in. It’s really 45 minutes to an hour of confidential space that’s there for the person to talk about whatever they wish or bring any health and wellbeing needs to that space.” (Staff P4)

The Centre staff acknowledged that engaging with the service for the first time may have been difficult for clients, unsure of “what to expect” (Staff P4) and whether their disclosures would be “all confidential” (Staff P2):

“I think it’s a big thing for staff members to come along and see a colleague effectively or somebody that they don’t know but knows they work at the hospital for counselling. That’s a big step to take.” (Staff P2)

Once staff within the organisation were aware of the Wellness Centre and what it offered, referrals would come in a variety of ways and from a variety of people within the organisation. There was
“numerous referrals from the Grad Coordinator” (Staff P2) and some from senior members of departments:

“Some referrals from nurse unit managers where people have identified somebody struggling and then with consent of that person have on their behalf made an appointment. Some referrals from People and Culture. And some referrals from my colleagues in the staff Wellness Centre.” (Staff P3)

It was encouraging for the Wellness Centre staff to see that senior management and key departments within the organisation were “recognition there’s a need” (Staff P4) to support employee health and wellbeing and that staff were “supported to come and have an appointment by their management” (Staff P2). Having the Centre available and ready to take clients on was identified as a pivotal moment in the health and wellbeing of the organisation’s staff:

“I think it’s a really good incentive for people to find a place where they can actually kick start their concerns, mental health or diet or whatever other reasons why they’re linking into the Wellbeing Clinic.” (Staff P5)

Being able to provide these services was made possible by the unique skill set of the staff employed within the Wellness Centre. Their clinical knowledge and ability to manage and support a team was important in building a trusted and valued service.

**Major Theme 2 – Unique Skill Set of Centre Staff**

Within the clinical staff employed at the Wellness Centre, there was numerous skills and attributes they held which increased the positive uptake of the service. They were adaptable and receptive to the needs of their clients:

“We use a solution-focused model to try and support that person and validate them of course and to support the person to find out what might be influencing that and what might be able to, what strategies they can use, or what policies and processes in the workplace that they might be able to go to help and support them within that.” (Staff P4)

Not only was the model a solution-focussed model, it was also a “strength-based model. Helping the person to find their strengths and ability to deal with whatever is happening” (Staff P4). For some staff, their role adapted, required to pivot and respond to the needs of staff and ensuring staff knew the service was available:

“I think the role has sort of developed to be more than I thought as well. When I started, we hadn’t achieved a lot of our targets that we set out to do as in the funding grant, we said we’d do this many offsite visits. And we hadn’t done them. So, I’ve been able to organise offsite visits to the five remote campuses like we said we would. So that’s been a lot of extra work and doing more of the education sessions and things.” (Staff P1)

Being adaptable and flexible to the needs of their clients was important for the Wellness Centre staff, as this allowed them to offer more timely and appropriate care:

“I think it does help offering the telehealth and phone so if anyone is on a day off they can buzz in but I think would be really great if we could open up to not just Wednesdays because some people are like, ‘Oh I can never, I can’t ever do a Wednesday,’ so it’s sort of limiting that, which recently [the counsellor] has started seeing a couple of people outside of our normal open hours, which has been really great.” (Staff P1)
The Centre staff acknowledge the benefit COVID-19 may have played in being able to understand and respond to the wellbeing needs of staff. The pandemic highlighted the need to provide more support for critical staff within the organisation:

“The interestingly and thanks to COVID in a lot of ways, as horrendous as that has been, it also provides some opportunities to be able to provide much more frequent and better and more formal support to our staff members that may or may not have been struggling.” (Staff P2)

Formal supports such as the Wellness Centre made it possible for the Centre staff to support a range of employees within the organisation, from executive level to environmental support staff. Organisational staff of all genders and backgrounds could now seek timely and individualised care.

**Major Theme 3 – Diversity of Clientele**

The Wellness Centre staff outlined the diversity of clients who attended the Centre, attending for a range of different concerns and from a range of departments within the organisation:

“I would definitely say a mixture. There’s a range of clinical and non-clinical staff. We’ve got onsite staff members. We’ve also got them from numerous offsite locations.” (Staff P1)

Within these clinical and non-clinical staff attending, there was “consultants, doctors, nurses, allied health staff, environmental staff, HR, pay office, IT, executive people, managers, everyone actually.” (Staff P3). The diversity of need within the clients attending was also interesting to Centre staff, “where the surprise to me is the extent of the struggling.” (Staff P2). Centre staff responded to this need, adapting their services to suit the needs of the clients:

“I thought actually it was only for mental health support for the staff because they’re burning out and when you go through, we found that actually the staff are struggling with other issues as well. And so that’s why we are adding the service for them.” (Staff P3)

Many of the client concerns were work focussed, however Centre staff were also supporting clients with gender related health, “sleep issues”, “family violence”, “clutter to hording” (Staff P2). By providing a “space to really unpack and explore what might be happening for the person and then try and look in the context of their own needs” (Staff P4) ensured that clients could seek assistance to any number of concerns that they had:

“People will come for very many stress-related issues. Overwhelm, emotional exhaustion, bullying. All of the issues that can occur within the workplace but also, all of the issues that can occur in their personal life. Relationship problems, parenting issues.” (Staff P2)

Providing a range of supports assisted Centre staff in being able to provide the right help at the right time. Being flexible in appointment delivery and type of appointment offered ensured broader access to staff from multiple satellite sites within the organisation.

**Major Theme 4 – Right Help at the Right Time**

When responding to demand, Centre staff could see the increasing need of the service within the organisation. Centre staff shared that the implementation of the service “showed that there was a real commitment from the organisation and a real care factor that staff were needing this” (Staff P4). Centre staff had a lived experience of the clinical environment and were able to empathise with the pressure’s organisation staff were under:
“When the hospital is struggling itself, when the units are full, when people are being redeployed, when they are asked to do lots and lots and lots and lots of extra shifts, very short staffed. When so many colleagues are unwell. It would be surprising if people in some ways weren’t overwhelmed.” (Staff P2).

This demand on staff was identified as a potential reason that clients may not be able to attend the Centre. Other reasons included decreased visibility of the service as “there are still people that don’t know that the Staff Wellness Centre exists” (Staff P2). Wellness Centre staff highlighted staff workloads as one of their major barriers to increasing client attendance:

“I think definitely being able to get away from the ward would be a big one for clinical staff. There’s not often a time especially like all the beds are full and you can’t really get out of work to go to an hour appointment. It’s not really achievable for some staff. So that’s quite challenging I would say that’s probably the biggest hurdle.” (Staff P1).

Being flexible in appointment availability was important for Centre staff when achieving sustainability of the service within the organisation. “Sometimes the Wednesday doesn’t suit” and “it may be coming to needing to extend those appointments” (Staff P2). Although availability of appointments on various days may not have suited each client, a positive was the opportunity to offer multiple appointments to clients who could attend:

“We can see people as many times as they want. It’s a free service and people utilise that and some people do come back and have ongoing care as well.” (Staff P4).

On the Wednesday Centre days, Centre staff had availability for 4-5 appointments each. The uptake of appointments that often lasted 1 hour did take a toll on some staff, with increased workloads and management if their own wellbeing needing to be prioritised at times:

“Four appointments is really good, actually. But the length of the appointment, that is tiring us as well, because we also get tired after one hour talking and it’s not easy, talking and talking and talking.” (Staff P3)

Working in conjunction with other services was a good support for Wellness Centre staff, who used referral pathways for their clients if something was “out of my scope of practice or are requiring more intense support” (Staff P2). In future, Centre staff outlined that they may like to see additional clinical support from “a GP” (Staff P1) to provide clinical supervision and additional availability of support for their clients.

Despite challenges and areas for improvement, Wellness Centre Staff acknowledged that their work may be transformational to their lives of their colleagues and knew that the work they were doing was making a difference.

**Major Theme 5 – Making a Difference**

When reflecting on the overall service offered, Centre staff were invigorated by “lots of positive feedback” (Staff P1) they were receiving. At times, it could give the staff “energy for the next week” (Staff P3):

“I’ve had people who say, ‘Thank you, I wouldn’t have been able to continue’ or, ‘It’s so nice to be able to just talk about how I feel. It’s so nice to feel safe,’ or ‘it’s so nice to not be judged.’” (Staff P2)
Centre staff were beginning to see a measurable impact in staff wellbeing, being guided by the organisations “People Matter survey” (Staff P1). Centre staff outlined that improvements were seen in overall organisational wellbeing, with direct mention of the staff Wellness Centre. This tangible impact saw the staff “starting to achieve what we’re setting out to do.” (Staff P1)

“I think it has made a difference. I think it’s provided them with a space to reflect and go back to work and utilise these skills and insights into their own work practice and into the way that they relate with clients and with patients and with staff.” (Staff P4)

Making a difference to the wellbeing of healthcare workers was something Centre staff appeared to relate to, based on their own clinical work and understanding of the healthcare profession. It was acknowledged that often those that care for others will “neglect” (Staff P 3) their own wellbeing, therefore a service such as the Wellness Centre may assist to “sustain their health professions and also retain staff in the organisation as well” (Staff P3):

“We will definitely provide that support and service and help because as health professionals, we always neglect our health, and we will look after other’s health. So that’s why I always say to my colleagues who are coming to the Staff Wellness Centre I will start with them. ‘How are you? How are you feeling?’” (Staff P3)

Staff were positive and energised about what the future may hold for the Wellness Centre and how it could continue to make a difference to the wellbeing of their colleagues. Seeing positive changes within the health of their clients was instrumental in Centre staff being able to recognise that “I think we set out to do what we wanted but it only keeps getting better” (Staff P1).
4.4 THEMATIC ANALYSIS – INTERVIEW WITH WELLNESS CENTRE CLIENTS

INTRODUCTION

Clients who attended the Wellness Centre had opportunity to provide further feedback about their experience by attending an interview with the Research Team. Five clients who completed the Client Wellbeing Survey consented to a 15 – 30-minute interview which was conducted in May 2023. Of the clients that attended the Wellness Centre, majority worked within mental health services. The clients worked across a variety of the satellite sites within the organisation. A total of three major themes were identified from discussions with clients about their experience of utilising the service.

MAJOR THEMES

1. Why Should I Attend the Centre?
2. Building Rapport
3. Benefits of Attending the Wellness Centre

Figure 5. Thematic analysis themes – Wellness Centre clients

Major Theme 1 – Why Should I Attend the Centre?

Clients who attended the Wellness Centre were asked what it was about the service that encouraged them to explore it further. These clients outlined a number of reasons why it was inviting, such as “it was free, and it was internal” (Client P3) and you “could physically just walk in” (Client P2). Clients outlined that they felt they had the time and space to go through their needs with the Wellness Centre practitioners:

“It’s getting longer than you get with the GP. You know, what do you get, 10 minutes with the GP? [the nurse practitioner] actually spends up to an hour with you. It’s covering other health stuff that I suppose that you don’t ever really get a chance to see the GP about.” (Client P2)

Clients of the Wellness Centre outlined that due to their busy work schedules, personal commitments and lack of availability of primary care appointments available in their region, this made the service more inviting:

“I also just think sometimes we’re too busy at work, we can’t go see a social worker or counsellor. We can’t go get our blood pressure checked. We can’t get those diagnostic tests
to support us with where we need to go. And I think the workplace is a great place to do that”. (Client P5)

Some clients were sceptical of the service at first, revealing that initially they were “incredibly negative” (Client P2) and that they could “take my own blood pressure” (Client P2). After their attendance, they realised that it was “a really good service” (Client P4) and they are “firm believers in it now” (Client P4).

Clients of the service acknowledged the importance of the Centre for the wellbeing of staff within a healthcare organisation. With the ongoing impact of the COVID-19 pandemic within the workplace, “to retain staff, to keep staff working, you need to keep them healthy (Client P2). It was important that these supportive measures for in place to maintain a resilient workforce:

“It’s kind of pretty sensible really for an organisation like LRH to put something like the Wellness Clinic in place because it’s not that far stretched you know that burnout may become like clinically diagnosable, in which case it would be work attributed. You need to balance it really.” (Client P2)

Clients noted that a major element of the Wellness Centre that kept them engaged was the rapport they were able to build with the practitioners. Building trust and having a safe environment to attend was vital to ensure clients followed up with their care and appointments.

**Major Theme 2 – Building Rapport**

Clients of the Wellness Centre were extremely positive about the service that was provided to them from the Centre practitioners. Clients outlined that the “gentle nature”, “knowledge” and “ability just to keep me in the moment” (Client P3) was important to safe and appropriate care provision:

“I understand the importance of building that trust and rapport, and it was instant with [the counsellor]. I trusted [the counsellor] from the first session and connected with [them]. And it was also discussed that this is our space, and this would not be shared with other staff members.” (Client P3).

This quick building of “trust” and “rapport” (Client P4) with the practitioners was important for clients to feel safe and understood when seeking help. The clients felt confident that the information shared was “not going to be shared around” (Client P4):

 “[the practitioner] turns into a professional rather than your colleague... So, you have that rapport and it’s just easier to talk. Whereas if you had a stranger or somebody that you didn’t gel with, it could be harder to chat and open up”. (Client P5)

The clients enjoyed the ability of the practitioners to stop and “reflect” (Client P3) on their conversations, keeping on track and validating the clients’ experience. Through this building of trust and rapport, all clients stated that they had received benefit from attending the Wellness Centre, with many now attending appointments on a semi-regular basis.

**Major Theme 3 – Benefits of Attending the Wellness Centre**

All clients that attended the Wellness Centre stated that they had experienced some personal benefit to their wellbeing. Clients outlined the type of appointments offered assisted with “direction” (Client P5), “self-reflection” (Client P3), and “physical health” (Client P1):
“I have now seen that it’s a service that I can use like in conjunction with going to see my doctor to be able to have a better holistic care with things that are going on and just try and keep my health at a better standard.” (Client P4)

Clients stated that going to the sessions was “refreshing” (Client P5) and having “just having that clinician to bounce off with things” (Client P3) assisted in creating perspective and seeing their concerns within the bigger picture. The sessions were “not looking at the problem, we’re looking at developing you so you can tackle a problem”. (Client P5):

“I find it refreshing going into [the practitioner’s] session and I feel like it’s helped with avoiding burnout if that makes sense. I don’t know how to explain it, but I feel like it’s helped me think a little bit bigger”. (Client P5)

For staff to be able to access health promotion, counselling and dietitian services, for multiple clients it “brought to my attention my cholesterol levels” (Client P2) and “I’ve got high cholesterol which I wouldn’t have known unless it was for the Wellness Centre” (Client P1). Those who attended the service acknowledged that while health care professionals look after the health of others, “very rarely do we look at ourselves or really think about it for ourselves” (Client P2):

“I think the biggest thing as healthcare providers, we always put ourselves second, to our job, to our families, whatever and I mean. One of the benefits, it sounds horrible, but one of the best benefits is it is in work time. You don’t have to try and prioritise that time for you to be able to go do these things, you can do it on work time, and it’s fully supported by LRH for us to do that, that we take that time to look after ourselves. And I think that that’s the key bit there.” (Client P4)

Having supports available within the workplace was convenient and effective for staff, they didn’t have to “try and get into a doctor” (Client P4) and they found that seeing someone within the workplace, however removed from their department allowed them to “get a lot more out than what you would with a colleague” (Client P1).

Overall, staff who utilised the service were very supportive and appreciative of the care they received. Many voiced that they would like to see the service continue and believed that it was a good initiative for their organisation to support in the long term.
4.5 INTERVIEW WITH WELLNESS CENTRE PROJECT LEAD

INTRODUCTION

An interview was conducted with the LRH Wellness Centre Project Lead in May 2023 to gain a deeper understanding of the project’s mission, functions and future aspirations. The Project Lead oversees the management and operations of the Centre, ensuring staff have the required resources education and training to perform their roles.

Interview with Project Lead

To ensure smooth operation of the wellbeing service within LRH, a Project Lead was a vital component to maintaining the success of the service. By managing the Centre’s functions, governance and resources, this allowed the other Centre staff to remain focused on their roles within supporting clients who attended. The Project Lead could ensure that their staff were “equipped for the week’s work”:

“My role has been the establishment of the Centre, making sure we had a space to provide the service, communicating how it would work to the wider staff and organising a system for booking”.

During the pandemic, it was identified that staff within the organisation were needing more support for their wellbeing. This was based off the “mental health continuum” scores exploring “stress, burnout and resilience” that were provided by each department at various points during the COVID-19 pandemic:

“So, we knew that healthcare workers and the stress and people were under during the pandemic was really significant, and that was clinical and non-clinical. So, we had an idea of how we could provide a service to our staff to keep them in check, to keep them well.”

Identifying a need in the current supports offered, the Project Lead discussed supports such as Employee Assistance Programs (EAP), however noted that these services are “not very personal”. With the Wellness Centre, the service is one-on-one and thought only one centre day, the staff will “accommodate” those in need. The feedback has been “positive”, suggesting that the service may be filling a current gap:

“I think that’s really encouraging that we’re doing the right thing and it’s a service that the staff want, and we’ve managed to provide a service that’s been good enough for them to provide support or find other supports for them”.

Being in a regional area, lack of abundant primary health care supports and a “deficit in our GP practices” may be an issue for staff and those residing in the local communities. It was identified that the Wellness Centre may assist in supporting the local health care services, being able to “work together”:

 “[The Wellness Centre’s] particularly great because it seems to be a good resource to get people going, because sometimes it takes a long time to see a mental health practitioner for whatever reason or sometimes GP delays, and our nurse practitioners can sort of do a workup and assessment and some bloods and get some things moving. And that’s been really comforting to staff as well because it’s a bit more of a support in the interim stage of illness or disease or whatever it could be.”
The Project Lead outlined that in the beginning of the service delivery it took “some time to build that momentum” and “the more aware staff were of the services, the more busy we’ve been”. The greatest driver for awareness of the service and increase in attendance has been “just word of mouth”. Other sources of referral such as managers recommendation and existing client recommendation also boosted attendance to the Centre.

Initially, there may have been clients concerns around “confidentiality”, and where their information was going to be stored and accessed within their workplace. By creating a safe and transparent environment with “somebody neutral” for the clients, these concerns were addressed:

“I think as times gone by, people of have felt reassured that it is confidential and it’s a safe place. So that’s sort of really helped to engage the staff and get them coming to the Centre.”

Some of the challenges to operating and maintaining the service have been “staff buying that idea about it being confidential”, “funding” and “communication” and getting the word out in a large organisation that has multiple campuses. These challenges have been overcome through building “trust” and adapting to the needs of staff, utilising “telehealth” to ensure that all staff across all satellite sites can seek support when they need.

The Project Lead acknowledged that the current staffing mix within the Wellness Centre “seems to be a good baseline management of staff”, however they would like to include a General Practitioner in the team to support “more primary care work”. The current staff have a range of skills and expertise including drug and addiction management, chronic disease management, diet and weight loss that has been well utilised.

On reflection, the Project Lead was positive about the change the Wellness Centre could make within the organisation and the region, particularly within a cohort that have an “understanding” of the health system and wellbeing:

“We hope that it’s going to keep them well. So, prevent them from taking sick leave, access services a bit quicker… So, we hope that their overall wellbeing both mental and physical would be improved and they’re seeking support. We know that, I think healthcare workers are notorious for I’m letting things go, not getting things checked”.

The continued utilisation of the Centre by organisation staff was a promising sign for the Project Lead, who was keen for the service to maintain and grow in its operations and support for the workers it services.
5. LITERATURE REVIEW

IMPACTS OF EMPLOYER ENDORSED WELLBEING INTERVENTIONS FOR HEALTHCARE WORKERS: A SCOPING REVIEW

The aim of this review was to investigate what is currently known about how a workplace Wellness Centre and/or intervention may impact the health and wellbeing of healthcare workers within an acute care setting, and what the benefits and challenges to the use of the workplace Wellness Centre and/or intervention are for healthcare workers. This review followed a scoping design, using Covidence and Connected papers software to ensure a robust and rigorous review of the literature was undertaken. To the authors knowledge, this is the first review of its kind to collate the known evidence on healthcare organisation supported wellbeing initiatives within the workplace on a global scale in the peri-COVID-19 era.

Key findings

A total of 9 papers were included in the final review, with study populations included registered nurses, nurse managers and healthcare professionals. Studies were of mixed design, including a pre-post intervention (n=1), qualitative study (n=1), mixed method (n=2), randomized control trial RCT (n=3), cross-sectional study (n=1), and an after-action review (n=1). The studies were undertaken in 5 different global regions, including the United States of America (n=5, United Kingdom (n=1), Australia (n=1), China (n=1) and South Africa (n=1). The nine included papers explored application of wellbeing and resilience training programs (n=3), mindfulness interventions (n=3), psychoeducation (n=2) and wellbeing initiatives that encompassed physical, mental and social wellbeing (n=1).

Discussion

Amongst the nine articles, all projects saw the need for implementing a Wellness Centre or intervention and highlighted the value in the programs and/or initiatives in increasing the resilience of staff while reducing stress, burnout and anxiety. Three key themes were identified in the review, including benefits of the Wellness Centres/programs, barriers to their application and strategies for implementation. Benefits of the Centre/program’s included decreased stress and negative affect (Liu et al., 2020; Xu et al., 2021), plus improved resilience, relationships, communication, insight and self-compassion in participants (Ceravolo & Raines, 2019; Ooms et al., 2022; Sawyer et al., 2021; Zingela et al., 2022). Barriers to the implementation of initiatives and Centres were surrounding time pressures and preparedness. Participants were concerned that initiatives/Centres may impact their workloads and increase stress (Grabbe et al., 2020). Furthermore, interventions and training programs appeared to have minimal impact on job satisfaction, commitment to shift work and external pressures (Lin et al., 2019; Xu et al., 2021). When designing sustainable programs, holistic wellbeing initiatives incorporating physical, mental and social wellbeing met needs for participant to be heard, seen, protected and understood (Zaidi et al., 2020). Longer term, interactive processes for the development of initiatives and programs was highlighted as a potentially more sustainable option for program success (Grabbe et al., 2020). Also, ensuring open communication is facilitated between leadership and staff is essential to allow workers the time and space to attend wellbeing training programs and initiatives (Ooms et al., 2022).
Conclusion

Protecting the holistic wellbeing of healthcare workers is essential in supporting a resilient and empowered workforce. By exploring the implementation of workplace Wellness Centres and interventions globally, lessons can be learnt and disseminated. This sharing of resources to promote the mental, physical and social wellbeing of the healthcare workforce is an opportunity to reconnect and provide support in the peri-COVID-19 era. By providing strong foundations to staff wellbeing within acute care settings now, staff may be more prepared to respond and protect their personal and professional wellbeing in future pandemic and epidemic events.

References


6. DISCUSSION AND RECOMMENDATIONS

The discussion will focus on the two research questions that were addressed in this significant body of work to explore the implementation and facilitation of the LRH Wellness Centre.

Research Question 1:

What is the current level of stress and mental health of staff at LRH?

Through the use of the five zones of the mental health continuum scale data, it was determined that that a number of departments within the organisations experienced issues within their service and resources as a result of the COVID-19 pandemic. Departments such as Ambulatory Services, Community Mental Health, Critical Services and In-patient Services experienced higher levels of identified issues. Conversely, departments such as Business Services, Communications, Education and Research, Executive Team and Governance experienced higher levels of wellbeing, with most responses within the zone of normal operation. These findings related directly to the wellbeing levels reported each month by each department, which saw a decrease in wellbeing ratings and an increase in impact scores during critical periods of the pandemic within Victoria, Australia. These critical periods such as lockdowns, vaccine rollout and increases in COVID-19 cases may correlate to the impact on services reported. Data suggests however, that these departments who experienced more impact on their services were highlighted as being the most resourced at the time. This may again directly correlate to the need of resourcing within those departments at certain periods of the pandemic.

Through discussion with staff of the Wellness Centre and clients who access the service, it was evident that a need to support employee was recognised. Staff highlighted the People Matter Survey distributed annually within the organisation held feedback from staff surrounding supports required. The Wellness Centre responded to this need, seeing attendance to the service from “consultants, doctors, nurses, allied health staff, environmental staff, HR, pay office, IT, executive people, managers, everyone actually”. Centre staff outlined “where the surprise to me is the extent of the struggling”.

Centre staff responded to this need, adapting their services to suit the needs of the clients:

“I thought actually it was only for mental health support for the staff because they’re burning out and when you go through, we found that actually the staff are struggling with other issues as well. And so that’s why we are adding the service for them.”

The Project Lead confirmed these findings that staff within the organisation were in need of a support such as the Wellness Centre based off the “mental health continuum” scores exploring “stress, burnout [and] resilience” that were provided by each department at various points during the COVID-19 pandemic:

“So, we knew that healthcare workers and the stress and people were under during the pandemic was really significant, and that was clinical and non-clinical. So, we had an idea of how we could provide a service to our staff to keep them in check, to keep them well.”

For those who attended the service and provided feedback about their experiences, they highlighted that it was important for a healthcare organisation such as LRH to provide this support for staff. Clients outlined that with the impacts of COVID-19 being ongoing, the Wellness Centre was vital “to
retain staff, to keep staff working, you need to keep them healthy”. It was important that these supportive measures be in place to maintain a resilient workforce:

“It’s kind of pretty sensible really for an organisation like LRH to put something like the Wellness Clinic in place because it’s not that far stretched you know that burnout may become like clinically diagnosable, in which case it would be work attributed. You need to balance it really.”

Clients acknowledged that “very rarely do we look at ourselves or really think about it for ourselves”, so the Wellness Centre may have provided them with an opportunity to take the time to explore their own mental and physical wellbeing. Staff of the Wellness Centre highlighted that although COVID-19 had been an incredible burden on the organisation and overall health care system, it provided the opportunity to stop and reflect on the wellbeing needs of staff moving forward:

“Interestingly and thanks to COVID in a lot of ways, as horrendous as that has been, it also provides some opportunities to be able to provide much more frequent and better and more formal support to our staff members that may or may not have been struggling.”

This evaluation was able to provide a brief summation of the current level of stress and mental health of staff within LRH, and how the organisation responded to these findings. It was evidence from the data that the Wellness Centre was instrumental in gathering information on how and why staff were struggling with their overall wellbeing.

Research Question 2:

What is the impact of the Wellness Centre on the health and wellbeing of the staff who attend sessions at the Centre?

The impact of the Wellness Centre was seen in the data collected during client interviews. Clients were increasingly positive about their experience utilising the service, stating that the sessions were “refreshing” and “just having that clinician to bounce off with things” assisted in creating perspective and seeing their concerns within the bigger picture. The sessions were “not looking at the problem, we’re looking at developing you so you can tackle a problem”.

“I find it refreshing going into [the practitioner’s] session and I feel like it’s helped with avoiding burnout if that makes sense. I don’t know how to explain it, but I feel like it’s helped me think a little bit bigger”.

In addition to the client interviews, survey respondents who attended the client satisfaction survey stated that the sessions helped them feel “grounded”. Feedback outlined that clients felt that the Wellness Centre staff were able to “resonate” with them due to their shared environment or work roles. Clients felt that the Wellness Centre staff were “kind”, “understanding”, “professional” and “helpful”:

“I have had multiple sessions with [the counsellor] who has provided an immense amount of support throughout the entire process. [They] provide a safe space to open up without the fear of judgement. [Their] calm and nurturing is unforgettable. I highly recommend [the counsellor] for those needing additional support.

Data from the client satisfaction survey with 64 respondents highlighted that of these participants, vast majority were “Greatly Satisfied” with the service (n=57). When asked if they would be likely to
attend another session with the service, 61 participants “Greatly Agreed” that they would re-attend. When asked if they would recommend the service to a colleague, 56 participants “Greatly Agreed” that they would do so. Participants also “Greatly Agreed” that they found the service useful for their needs (n=59). These findings demonstrate that clients were happy with the services that were provided, with the desire to continue engaging with the service in future. This also demonstrates the sustainability of the service within the organisation, suggesting that this service may be appropriate to continue permanently.

Attendance data outlining the uptake of 522 appointments across all practitioners and wellbeing sessions demonstrates that 11% of the LRH workforce utilised the service. These findings were suggestive that the service may be appropriately meeting a need within the organisation, also aligning to the organisations Our People priority to “identify and implement initiatives that support the mental health and wellbeing of the LRH workforce”. Wellness Centre practitioner utilisation demonstrated that all staff were accessed since the Centre’s inception, with Nurse Practitioner 1 attending 248 sessions, Nurse Practitioner 2 attending 105 sessions, the Counsellor attending 142 sessions and the dietician team attending 27 sessions. These findings suggest that staff need align with the current services being offered. The Wellness Centre Project Lead outlined that the feedback has been “positive”, suggesting that the service may be filling a current gap:

“I think that's really encouraging that we're doing the right thing and it's a service that the staff want, and we've managed to provide a service that's been good enough for them to provide support or find other supports for them”.

The Project Lead also outlined how the service may impact the wellbeing of staff both in the short to long term, and how this improved wellbeing may impact work performance:

“We hope that it's going to keep them well. So, prevent them from taking sick leave, access services a bit quicker... So, we hope that their overall wellbeing both mental and physical would be improved and they're seeking support. We know that, I think healthcare workers are notorious for I'm letting things go, not getting things checked”.

The impacts on wellbeing were measured in the subsequent People Matter survey post implementation of the service, with Wellness Centre staff outlining that there had been an improvement in overall stall wellbeing, with respondents directly mentioning the Wellness Centre as a factor to this improvement. These findings represent a net positive impact on the health and wellbeing of staff who accessed the service, with many of these staff stating that they hoped the service would continue into the future, potentially expanding to more days of operation.

6.1 RECOMMENDATIONS

1. Continue to run the LRH Wellness Centre for an additional 12 months to gain more data on its effectiveness.
   d. Additional data may provide further insight into staff wellbeing in the peri-COVID-19 era.
   e. Continuation of the program will allow clients to maintain their personal wellbeing programs.
   f. Additional data on how to best serve the staff with their wellbeing needs can encourage improvement of the service.
2. Undertake a cost-benefit analysis to determine scalability of the Wellness Centre.
d. A robust cost-benefit analysis may assist in highlighting resource benefits and deficits in the service.
e. The analysis may allow for scalability of the Wellness Centre to other satellite sites within the organisation.
f. Understanding staffing requirements and utilisation may assist in developing a sustainable program.

3. Expand the Wellness Centre physical location to an additional site and provide additional day/s of operation.
c. Providing an additional Centre day may facilitate additional staff attending with more flexibility in appointment times.
d. Expansion of services to satellite sites within the organisation may ensure that all staff have the opportunity to attend.

4. Maintain current staffing team to ensure best outcomes for clients.
d. Retain current staff, ensuring utilisation within the central Wellness Centre and satellite LRH sites.
e. Explore the opportunity to add a General Practitioner (GP) to support the current staffing team and expand scope of practice and clinical supervision.
f. Provide additional upskilling for current staff to ensure their personal and professional development needs are met.

7. LIMITATIONS

There were limitations related to this evaluation that must be considered. These include:

1. The ongoing impact of COVID-19 that may have affected the ability to collect data at certain times at a pandemic critical organisation such as LRH.
2. A larger sample size of survey respondents would have been ideal to gain a deeper understanding of the benefits and barriers to the success of the Wellness Centre service.
3. The sensitivity of data being collected from clients may have hindered their likelihood to agree to be interviewed regarding their experiences with the service.
4. Of the clients agreeing to be interviewed about their experience with the Centre, an overwhelming majority worked within the same department of the organisation. Ideally a range of department experiences would have been included to obtain greater diversity in experiences.

Despite these limitations, the evaluation is considered to present a credible assessment of the project.
8. METHODOLOGY

8.1 CONCEPTUAL FRAMEWORK

The approach of the CERC to this evaluation was informed by a Participatory Evaluation and Co-Design Framework.

PARTICIPATORY EVALUATION

A participatory evaluation framework puts people from the community and those delivering the programs, projects and services at the centre of the evaluation. Participatory evaluation is a distinctive approach based on the following principals:

- That evaluation should be a co-designed, collaborative partnership through 360° stakeholder input including project participants and project funders;
- That integral to evaluation is an evaluation capacity-building focus within and across projects;
- That evaluation is a cyclical and iterative process embedded in projects from project design to program assessment;
- That evaluation adopts a learning, improvement and strengths-based approach;
- That evaluation supports innovation, accepting that projects will learn and evolve;
- That evaluation contributes to the creation of a culture of evaluation and evaluative thinking;
- That there is no one or preferred data collection method rather the most appropriate qualitative and quantitative methods will be tailored to the information needs of each project.

CO-DESIGN

Co-design is a process and approach that is about working with people to create ‘interventions, services and programs which will work in the context of their lives and will reflect their own values and goals’\(^7\). Co-design can be done in many ways but is about collaborative engagement that is bottom-up, creative, and enables a wide range of people to participate and importantly to steer decisions and outcomes. Co-design is not a consultation process but a partnership approach where ‘end-users’ actively define and shape strategies and outcomes. The role of the ‘expert’ is to facilitate this process.

8.2 EVALUATION METHODOLOGY

The evaluation of the project utilised a variety of data collection tools in a mixed methods approach providing information about process, outcomes, impact and capacity building. Qualitative and quantitative data was collected and analysed as described below.

QUANTITATIVE DATA

A client survey was made available to staff who visited the LRH Wellness Centre to capture their experiences accessing and utilising the service. The survey design:

- Allowed for the collection of information from a defined group of stakeholders.

Enabled a large amount of data to be collected quickly.

The survey was distributed by LRH Wellness Centre Staff, whereby an information sheet with a QR code was made available at the conclusion of appointments for clients to complete at their own convenience. The survey had a combination of multiple choice, Likert scale and open-ended questions and all data was independently collated by the CERC in Qualtrics.

QUALITATIVE DATA

Semi-structured interviews were held with four LRH Wellness Centre staff who indicated their interest in participating in individual interviews. Staff were invited to participate via email gained by the LRH project coordinator. All invitations and interviews were completed by the CERC.

Semi-structured interview questions were designed to guide the researcher to capture all desired information while providing flexibility for the participant to elaborate on their experience (see Appendix 1).

Data Analysis

A thematic analysis technique was used for the qualitative data with findings presented under theme headings together with participant quotes. The thematic analysis utilised Braun and Clarke’s six step process which included familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report (Figure 6).

Figure 6: Six Step Thematic Analysis

As qualitative analysis is an inductive process, some interpretation of the data was required to create the thematic map. It was actively acknowledged that the researcher’s interpretations would inform the results of this study, hence, any prior conceptions of the topic were reflexively bracketed to the best of the researcher’s abilities⁹.

9. ETHICAL APPROVAL AND PRACTICE

Federation University aims to promote and support responsible research practices by providing resources and guidance to our researchers. We aim to maintain a strong research culture which incorporates:

- Honesty and integrity;
- Respect for human research participants, animals and the environment;
- Respect for the resources used to conduct research;
- Appropriate acknowledgement of contributors to research; and
- Responsible communication of research findings.

Human Research and Ethics applications, *Evaluation of the Wellness Clinic at LRH (Approval number: 2021-45 QA)* was approved by Federation University Human Research Ethics Committee and the LRH Human Research Ethics Committee (Appendix 2) prior to data collection and analysis. Consent to participate in the study and for participant’s de-identified transcripts to be used for research and evaluative purposes was obtained via signed informed consent forms before commencing the interviews. Participant anonymity was maintained by removing any identifiable information from the evaluation.

10. ABBREVIATIONS

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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>CERC</td>
<td>Collaborative Evaluation &amp; Research Centre</td>
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<tr>
<td>CMHS</td>
<td>Community Mental Health Service</td>
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<tr>
<td>LRH</td>
<td>Latrobe Regional Hospital</td>
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<td>LV</td>
<td>Latrobe Valley</td>
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<tr>
<td>NRT</td>
<td>Nicotine Replacement Therapy</td>
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APPENDIX 1: WELLNESS CENTRE INTERVIEW QUESTIONS

EVALUATION OF THE WELLNESS CLINIC AT LRH: STAFF INTERVIEW QUESTIONS
What is your role in the Wellness clinic?
Was the role what you thought it was going to be?
What is the purpose of the wellness clinic at LRH?
What are the challenges of engaging LRH staff through the Wellness clinic?
What is the role of the weekly meetings and how helpful are they to your practice?
How has your role made a difference to the staff that you have had contact within the clinic?
What is the process for disclosure of the information that may be an issue for the hospital in the future?
Any messages to executive that you would like to say about the future of the clinic?

EVALUATION OF THE WELLNESS CLINIC AT LRH: CLIENT INTERVIEW QUESTIONS
What was your experience with the LRH Wellness Centre?
How did you come across the LRH Wellness Centre? What encouraged you to attend?
How did you attend the clinic? Online, face to face?
How did the LRH Wellness Centre influence your wellbeing?
Did you experience any personal benefit? If so, please expand on this.
Did you have any concerns when accessing the LRH Wellness Centre?
Why do you think the LRH Wellness Centre is important for your organisation?
Is there is anything you think could be improved about the service?
Would you use this service again? Why or why not?
Are there any other thoughts, comments or feelings you would like to share about your experience?
Human Research Ethics Committee
Certificate of Approval

This is to certify that

Project No: 2021-48 QA
Site/Location: Latrobe Regional Hospital
HREC No: (from approving site): N/A
Project Title: Evaluation of the Wellness Clinic at LRH
Principal Researcher: Assoc. Prof. Joanne Porter

has been given Governance approval by the Human Research Ethics Committee from:

Approval date: 18.11.2021 Expiry date: 30.12.2022

It is the Principal Researcher’s responsibility to ensure that all researchers associated with this project are aware of the conditions of approval. A copy of the approved ethics application and supporting documents must be kept on your files for audit purposes.

Documents Approved/Reviewed:
- QA application form signed 10.11.2021
- Protocol
- Data Collection form
- LRH Wellness Clinic Participant Survey

The Principal Researcher is required to notify the Human Research Ethics Committee in relation to the following.

- Any significant changes to the project and the reason for that change, including an indication of ethical implications (Amendment Form on LRH Research website)
- Adverse Event Reports regarding participants;
- Any other unforeseen events or unexpected developments that merit notification;
- The inability of the Principal Researcher to continue in that role, or any other change in research personnel involved in the project; and
- Termination or closure of the project.

Additionally, the Principal Researcher is required to submit

- A Progress Report every 12 months for the duration of the project (form is available on the LRH Research website);
- A Request for Extension of the project prior to the expiry date, if applicable; and,
- A detailed Final Report at the conclusion of the project (form is available on the LRH Research website).
Please note if the approved research protocols are not adhered to, it constitutes a breach of ethics and approval of your project may be withdrawn.

The Human Research Ethics Committee may conduct an audit at any time.

The Latrobe Regional Hospital Human Research Ethics Committee is constituted in accordance with the National Statement on Ethical Conduct in Human Research (2007) – updated 2018. As such, all research subject to the Latrobe Regional Hospital Human Research Ethics Committee must be conducted in accordance with this code.

All research subject to the Latrobe Regional Hospital Human Research Ethics Committee review must be conducted in accordance with the National Statement on Ethical Conduct in Human Research (2007) updated 2018.

SPECIAL CONDITIONS
As a condition of approval, LRH is to be provided the opportunity to review and endorse all material intended for the public domain (i.e. journal manuscripts, conference presentations etc.) resulting from this study prior to it being disseminated and that LRH is not to be directly named unless director approval has been given.

Don McRae, Chief Executive Officer

24.11.21
Date Signed

Please quote Project No and Title in all correspondence