

## **Formal Submission: Request for an Additional National Safety and Quality Health Service Standard**

To the Australian Commission on Safety and Quality in Health Care

Subject: Proposal for Inclusion of a New NSQHS Standard on Psychological Safety, Trauma-Informed Care, and Protection of Clinician Wellbeing

### **Executive Summary**

The current National Safety and Quality Health Service (NSQHS) Standards (2nd edition) provide a critical framework for patient safety and quality improvement. However, they do not explicitly address the urgent and escalating risks of psychological harm, trauma, and moral injury within healthcare settings — risks that affect both patients and healthcare professionals. Healthcare in Australia is not consistently psychologically safe. Trauma-informed care is often absent for patients, families, and staff, particularly those with intellectual, psychosocial, and cognitive disabilities. Organisational structures perpetuate retraumatisation, iatrogenic harms, vicarious trauma, moral injury, and even systemic human rights violations. These conditions fuel clinician exodus, skills shortages, worsening patient care, and loss of life.

We propose the urgent inclusion of a new NSQHS Standard:

“Psychological Safety, Trauma-Informed Practice, and Clinician Wellbeing.”

This would embed trauma-informed, prevention-oriented, and rights-based approaches into the governance of health services, ensuring staff safety is recognised as inseparable from patient safety.

### **Key Concerns**

- Most public and many private health systems lack psychological safety.
- Trauma-informed care is absent, leading to traumatisation and retraumatisation of patients, families, and staff, especially for those with intellectual or psychosocial disabilities.
- There is an ongoing risk of systemic iatrogenic harm.
- Vicarious trauma is widespread among staff, leading to exhaustion and hopelessness.
- Conditions labelled “burnout” are in fact moral injury and human rights violations (Wible, 2018).
- Human rights abuses within health systems are driving mass workforce exodus, worsening shortages, and endangering patient care.
- The economic and psychosocial costs of traumatised health workers are immense, compounding national healthcare strain.
- Bureaucratic red tape, loss of autonomy, excessive workloads, and malpractice climates exacerbate harm.

## **Introduction**

The National Safety and Quality Health Service (NSQHS) Standards were designed to protect patients, improve health service quality, and reduce preventable harms. However, significant gaps remain in recognising and mitigating the psychological, social, and occupational harms that are endemic within modern healthcare systems. Most public health systems, and many large private health organisations, are not psychologically safe. They fail to provide trauma-informed care not only for patients and families but also for staff, placing all parties at risk of trauma and retraumatisation.

Without an explicit standard that embeds psychological safety, trauma-informed care, and the protection of healthcare workers, the current NSQHS framework risks overlooking a central determinant of both patient safety and system sustainability.

## **Rationale for a New Standard**

### **1. Absence of Trauma-Informed Care Across Systems**

Healthcare organisations often provide care in rigid, bureaucratised, and impersonal ways. This frequently retraumatizes patients and families — particularly those with intellectual, psychosocial, and cognitive disabilities — through lack of compassion, flexibility, and awareness (SAMHSA, 2014). Trauma-informed care is not consistently applied, and clinicians themselves are rarely shielded from vicarious trauma.

### **2. Iatrogenic and Occupational Harms**

Current systems perpetuate iatrogenic harms. These harms extend beyond clinical interventions to the organisational structures themselves, which can traumatise both recipients and providers of care (Berwick, 2016). Vicarious trauma in staff is extreme, contributing to high rates of psychological injury, disability, and premature exit from the profession.

### **3. Human Rights Violations and Moral Injury**

What is commonly referred to as “burnout” in healthcare is more accurately understood as moral injury and systemic human rights violations. The phenomenon reflects the predictable outcome of working in environments where human dignity, autonomy, and safety are persistently undermined. Physicians, nurses, and allied health staff are subjected to exploitation, excessive bureaucracy, loss of autonomy, patient overload, and punitive malpractice climates. These conditions constitute widespread human rights abuses, driving a mass exodus of staff, worsening patient care, and — in extreme circumstances — resulting in preventable loss of life (Wible, 2018).

### **4. Health, Economic, and Workforce Implications**

The health, social, and economic impacts of traumatised workers in healthcare are enormous. Chronic fatigue, hopelessness, and psychological injury among clinicians undermine patient

care, threaten public safety, and exacerbate the workforce shortage already straining Australia's health system (Beyond Blue, 2019; WHO, 2022).

#### 5. Need for Prevention-Oriented Interventions

Protecting healthcare workers is not optional — it is foundational to protecting patients. Primary prevention includes unionisation, class actions, litigation, strikes, walkouts, peer negotiation with administrations, and regulatory enforcement through fines or loss of accreditation. Secondary prevention involves psychiatric care, counselling, flexible work schedules, and pathways to leave toxic employers. Tertiary prevention includes whistleblowing, public advocacy, retreats, and support groups. Unless these strategies are embedded in the NSQHS framework, staff and patient harm will persist.

### **Proposal**

We recommend the inclusion of a new NSQHS Standard titled:

“Psychological Safety, Trauma-Informed Practice, and Clinician Wellbeing.”

This standard should:

1. Mandate psychological safety within all accredited organisations.
2. Require trauma-informed care to be delivered to patients, families, and staff, particularly addressing intellectual and psychosocial disabilities.
3. Prevent and mitigate vicarious trauma, moral injury, and human rights violations in healthcare workplaces.
4. Ensure governance structures that uphold autonomy, compassion, flexibility, and respect for staff and patients alike.
5. Embed staff health and safety protections as inseparable from patient safety and quality.

### **Recommendations**

Introduce a new NSQHS Standard

Title: Psychological Safety, Trauma-Informed Practice, and Clinician Wellbeing

**Mandate psychological safety:** Require systems to implement policies ensuring safe working conditions for staff alongside safe care for patients.

**Require trauma-informed care:** Trauma-informed principles must apply not only to patients but also to staff and families, with a focus on those with intellectual and psychosocial disabilities (SAMHSA, 2014).

**Embed primary prevention:** Governance must include mechanisms to prevent rights violations: unionising, litigation, strikes, walkouts, loss of accreditation for unsafe organisations (Wible, 2018).

Support secondary prevention: Mandate access to psychiatric care, counselling, flexible work arrangements, and escape pathways from toxic workplaces.

Enable tertiary prevention: Protect whistleblowing, support groups, and self-care initiatives without fear of reprisal.

Link staff safety to patient safety: Recognise staff wellbeing as inseparable from patient outcomes — unsafe staff conditions are unsafe for patients.

## **Impact Statement**

The inclusion of this new standard will:

- Improve patient safety and outcomes by reducing retraumatisation, ensuring care is compassionate, flexible, and trauma-informed.
- Prevent workforce attrition by addressing moral injury, protecting staff wellbeing, and supporting sustainable careers.
- Reduce economic costs by lowering rates of sick leave, early retirement, litigation, and compensation claims related to psychological injury.
- Address human rights obligations by ensuring Australian healthcare upholds international standards for safe, dignified, and respectful workplaces.
- Future-proof the health system against escalating workforce shortages and worsening system strain.

## **Conclusion**

Staff safety and health promotion are not mutually exclusive from patient safety. They must be embodied within the same NSQHS framework. Without an explicit standard to protect clinicians, we cannot protect patients. The absence of such a standard perpetuates trauma, moral injury, and systemic human rights violations across healthcare. By adopting this additional standard, the NSQHS will not only improve quality of care but also safeguard the sustainability of Australia's health workforce.

## **References**

- Berwick, D. (2016). Era 3 for Medicine and Health Care. *JAMA*, 315(13), 1329–1330.
- Beyond Blue (2019). National Mental Health Survey of Doctors and Medical Students. Beyond Blue.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication.
- Wible, P. (2018). It's Not Burnout, It's Human Rights Violations. *Ideal Medical Care*. Retrieved from: <https://www.idealmedicalcare.org/not-burnout-not-moral-injury-human-rights-violations/>
- World Health Organization (WHO). (2022). Mental health at work: policy brief. Geneva: WHO/ILO.