Workload Management
An implementation guide

Considerations for the implementation of evidence-based workload management and measurement in the Victorian Public Service

Dr Jimmy Twin
Dr Beth Costa
Frances Taylor
Professor Andrea de Silva

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Summary of key findings

This implementation guide reviewed approaches to the application of workload measurement and management approaches in the Victorian Public Service (VPS). A review of the worldwide evidence indicated that the implementation of workload measurement and management interventions have the potential to increase job satisfaction, improve the mental health and wellbeing of employees, reduce absenteeism, lower stress and improve employee engagement.

This implementation guide integrates the findings from the scientific evidence (worldwide evidence review) with practice evidence gathered through the environmental scan to identify what are best practice approaches to workload management in the VPS and how best to implement them. Three critical barriers to implementing a workload management approach were identified through key informant interviews:

1. Defining workload
   - The scientific literature identified workload as a risk factor that could lead to work-related stress. In turn, work-related stress is associated with poor health, absenteeism and staff turnover.
   - The Extended Job-Demands Resources Model, which demonstrates how workload and workload management influence health and work outcomes, can support the definition of workload and support the identification of a healthy versus unhealthy workload.
   - Key informant interviews supported a definition of workload as a psychosocial risk factor that could affect employee health and wellbeing.

2. Measuring workload
   - Three distinct approaches to workload measurement emerged from the evidence review and environmental scan: i) tools to support risk screening, ii) job demands for resource allocation, and iii) tools to model and forecast resource needs.
   - Risk screening aims to identify risks in the workplace that could lead to adverse outcomes, such as mental injury, burnout, stress, job satisfaction, employee disengagement.
   - In practice, risk screening approaches were undertaken as a part of employee wellbeing programs and were targeted to specific organisational needs, or in response to an identified problem.
   - A promising risk screening approach is the HSE Management Standards Indicator Tool, which was the only tool identified in both the scientific evidence base and the practice evidence base (outside of the VPS) and represents an evidence-based approach with proven applicability across the VPS.

This guide has been developed to assist in overcoming these implementation barriers.
Job demand analysis aims to identify the demands of particular roles and functions to better understand skills and resources required to undertake a role.

Job demand analysis was usually undertaken in physically demanding or clinical settings to determine the scope of the role and/or staffing requirements to complete a task.

Modelling and forecasting tools used quantitative workload assessments and statistical algorithms to provide an objective assessment of work capacity to identify workload needs and staffing solutions.

In practice, modelling and forecasting tools are specific to the area/industry. Within the VPS, the Victoria Police are currently developing a forecasting tool for police stations.

3. Managing workload

The evidence review found little support for individual interventions but pointed to the need for workload management initiatives that are multi-component, engage employees and address multiple psychosocial risks.

The most promising strategy identified in the literature for developing and implementing interventions for managing workload was a participatory approach. Participatory approaches require the active participation of employees in the assessment, prioritisation and decision making of workload management interventions.

A number of targeted interventions are in place across the VPS that were implemented to support the management of workload through improving skills and knowledge, limiting workload, allocating resources, encouraging psychosocial wellbeing and improving worker flexibility.

There is limited evidence regarding the effectiveness of interventions currently in place within the VPS, as minimal evaluation and monitoring was reported.

Next steps

Participatory approaches, supported by appropriate validated assessment tools and selection of individual interventions based on need, context and capacity to implement, represent a promising approach to the implementation of workload management in the VPS.

Participatory approaches require support and investment including stakeholder buy in and executive support.

Any interventions or approaches implemented will benefit from ongoing monitoring and evaluation to determine effectiveness and monitor implementation factors.

Approaches should consider the range of factors that influence the ability to manage workload in the VPS.

“Any interventions or approaches implemented will benefit from ongoing monitoring and evaluation”
1. About this report

1.1 Background
The Victorian government has committed to the implementation of a whole of government approach to mental health and wellbeing. A number of initiatives have been designed to address the 13 Psychosocial Risk Factors in the workplace that have been identified as affecting mental health and wellbeing.1

High workload/poor workload management is reported as the number one workplace stressor for employees, and is reported to lead to poor health and work outcomes for employees, financial and productivity losses for employers and financial costs as a result of mental injury on compensation schemes.2

As one of the 13 Psychosocial Risk Factors, effectively managing workload is a critical factor for ongoing mental health and wellbeing in the workplace.

Workload management in the VPS has been identified as an area of concern in the annual People Matters Survey.3 The 2016 survey identified a strong correlation between high to severe work-related stress and reporting feeling disengaged at work. In addition, highly stressed employees were more likely to be unsatisfied with their jobs, frequently consider leaving their place of employment and view their future career opportunities in the VPS negatively.4

1.2 Developing an evidence-based approach to measuring and managing workload
To support the development of an evidence-based approach to workload management in the VPS, ISCRR undertook research to identify how to accurately measure and monitor workload, and how to effectively manage workload to promote mental health and wellbeing. This research comprised:

1. An evidence review that systematically reviewed the scientific evidence of approaches to the measurement and management of workload by employers across a variety of workplace and work types.
2. An environmental scan that identified current practice across the VPS for workload management, and the barriers and enablers to implementation of workload management approaches.

This implementation guide draws together key findings and insights from the evidence review and environmental scan to support the design and implementation of an evidence-based approach to workload management in the VPS.

1.3 Approach
This implementation guide was developed following the process shown in Figure 1 to integrate a range of data sources to guide the choice of suitable interventions based on end-user context and strategic requirements of the Public Sector OHS Interdepartmental Committee.

1.4 Overview
For step 1, the outcomes of interest were identified to be:

1. Defining workload – how to define workload and understand what a healthy workload looks like.
2. Measuring workload – workload as a risk factor in a broader mental health and wellbeing context and workload assessment on specific roles and tasks to allocate resources effectively.
3. Managing workload – measured as mental health outcomes (decreased burnout, stress, morale, wellbeing, depression, anxiety, vigour, perceived health) and work outcomes (sick leave, job satisfaction, work engagement and organisational commitment).
For step 2, published interventions that were shown to improve these outcomes, or provide reliable prediction of workload, were identified from the evidence review. The interventions chosen for inclusion in this implementation guide are only those with a demonstrated significant effect on managing workload or effectively predicting workload in environments similar to the Victorian Public Sector (VPS).

For steps 3, 4 and 5, the evidence review and environmental scan were reviewed to search for areas of practice aligned to the evidence base to support the key implementation questions reported through the key informant interviews. In areas where effectiveness was unable to be established, the reported barriers and enablers to implementation of workload management initiatives are described and potential implementation gaps and options have been identified as a starting point for consideration. These are presented in sections 3–5 of this report.

Step 6 reviewed the scientific and practice evidence to look for baseline measures to use to determine future effectiveness of any interventions.

Step 7 represents the next steps to be determined by the OHS IDC following the consideration of evidence and current practice.
2. Introduction

2.1 Perspectives on workload management
The environmental scan interviewed key informants from 16 organisations associated with the VPS, including representatives from Government Departments, Government Statutory Authorities and associated unions and representative bodies. The 16 organisations were identified through consultation with members of the Public Sector OHS Improvement Interdepartmental Committee (OHS IDC). Key informants included representatives from across the VPS including managers, health, safety and wellbeing representatives, OHS representatives, HR representatives and union representatives.

All key informants reported a need to address employee mental health in the workplace to prevent mental injury and support overall mental wellbeing. Where workload management rested within this need was less clear, however, key informants were acutely aware that effective workload management was a critical step to supporting mental health and wellbeing.

2.2 Current approaches to managing workload in the VPS
The key informant interviews conducted as a part of the environmental scan identified that within the VPS workload largely flows from the top down, with initiatives and programs announced at ministerial level and Departments and agencies then needing to implement them. Frequently, these initiatives are required to be implemented with little or no new resources, and without consideration of the flow on impacts on workload to other areas of the VPS or Departments. This in turn led to difficulties in appropriate workforce planning as well as recruitment practices and a need to use existing personnel who did not always have the required skills or knowledge to undertake the role required.

On a day-to-day basis, the management of workload was usually the responsibility of a worker’s manager and the main approach for issues management in relation to workload, especially for office-based workers, was an unstructured conversation between the worker and their manager. The results of these discussions varied considerably depending on the manager. Formal guidelines existed for managers in regards to conducting a Professional Development and Progression (PDP) review, but these were usually conducted every 6 or 12 months with a performance focus, not a workload review or mental health focus.

As a number of VPS organisations had identified workload as an issue, several departments identified initiatives that had been put in place to support improved workload management practice. The environmental scan identified 26 initiatives in place at the time the interviews were conducted and a further 23 workload management initiatives that were currently being designed, were about to be launched or, were being trialled in the VPS. Overall, little data about the effectiveness of these initiatives and the impacts on workload was collected, making it difficult to assess their effectiveness.
2.3 Factors affecting workload management

The environmental scan identified a variety of factors influencing workload management in the VPS. To support the development of appropriate interventions, these factors have been mapped against the Socio-Ecological Model. This model helps to identify the factors, interactions, behaviours and actions operating on an individual, their environment and the system in which they work. In this case the focus is on their ability to effectively manage workload. Table 1 provides an overview of the key factors at each of the five levels of the Socio-Ecological Model.

2.4 Addressing workload management in the VPS

Overall, the key informant interviews identified three critical barriers to implementing an approach to workload management, which would need to be addressed to effectively manage workload, including:

Table 1. Overview of factors influencing workload

<table>
<thead>
<tr>
<th>Level</th>
<th>Factors influencing workload management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public policy/System level</td>
<td>Legislation, regulatory or policy making actions that impact workload management practices including government cycles, political will, political imperative, and the responsive nature of government.</td>
</tr>
<tr>
<td>Community level</td>
<td>Community level factors such as the expectations and perceptions of government role and the influence of the media.</td>
</tr>
<tr>
<td>Organisational level</td>
<td>Organisational/environmental influences that impact on the ability to manage workload including: work types and roles, workload management policies and procedures (informal/formal), leadership practices and expectations, resourcing levels, management skills and knowledge in workload management, as well as work environment factors such as technology availability and the workstation/work area.</td>
</tr>
<tr>
<td>Interpersonal level</td>
<td>Interpersonal relationships and the social environment influencing workload including relationship with supervisor/manager and team members (support and assistance).</td>
</tr>
<tr>
<td>Individual level</td>
<td>Personal factors of the individual worker that increase or decrease ability to manage workload including cognitive capacity, resilience, personal expectations, job satisfaction and personality factors.</td>
</tr>
</tbody>
</table>

Sections 3–5 of this report will align the evidence collected through the evidence review to the evidence and information collected from key informants to support the implementation of a best-evidence approach to the management of workload within the VPS.
3. Defining workload

3.1 Scientific evidence
A review of scientific literature identified workload as a risk factor leading to work-related stress, which was found to be associated with poor health, absenteeism, and turnover. Work-related psychosocial factors, including workload, have been identified as having a critical influence on employee stress levels, mental health and work engagement.

Within the literature, the most applicable definition of workload management to the VPS setting was the Extended Job-Demands Resources Model, which demonstrates how workload and workload management influence health and work outcomes. According to the model, workload is one of several job demands that, along with job resources, contributes to the level of psychosocial risk within the workplace. When job demands and resources are balanced the psychosocial climate is positive and employees experience positive health and work outcomes. Excessive job demands and limited resources increase psychosocial risk and poor outcomes. Figure 2 presents the Extended Job-Demands Resources Model applied to workload management in the VPS.

In this context, an excessive workload and/or lacking the resources required to complete job demands would be classified as an unhealthy workload, which was shown to relate to poor mental wellbeing including increased feelings of stress and exhaustion, defined as the Extended Health Erosion Path. These outcomes can be measured through sick leave data and mental health-related workers' compensation claims. Poor workload can also lead to lower job satisfaction and engagement at work. Ultimately, poor workload that remains unaddressed can increase staff turnover. This represents both an impact and indicator of poor workload management.

Fig 2. The Extended Job-Demands Resources Model
Conversely, a manageable workload whereby the employee is able to meet job demands with their existing resources and is supported by their supervisor and team members to do so represents a healthy workload and leads to increased job satisfaction and engagement, defined as the Extended Motivational Path.

3.2 Practice evidence
While no formal definitions of workload or workload management were identified in practice, consistent with the research evidence, all key informants interviewed as a part of the environmental scan identified workload management in the context of supporting employee mental health in the workplace, preventing mental injury and supporting mental wellbeing. This represents good alignment with the evidence base.

3.3 Key considerations for defining workload

3.3.1 Why define workload?
Evidence collected from key informant interviews identified a clear need to support the definition of workload management in the context of the VPS, specifically, a need to identify the differences between a healthy and an unhealthy workload was reported.

Key insight: Defining workload was identified as a key need for the sector.

3.3.2 How to define workload
Both practice and scientific evidence support defining unhealthy workload as a risk factor for poor mental health and wellbeing. This provides support for the identification of what constitutes a healthy workload, particularly in the context of preventing mental injury and illness as a result of psychological distress and exhaustion.

Key insight: Support for defining workload within the context of a psychosocial risk factor was identified in both the practice and scientific evidence.

Key considerations for implementation

— Defining workload, and a healthy versus unhealthy workload, is a critical first step for the implementation of any VPS-wide workload management approach.
— A forum which enables consensus and consistency of the definition will support Departments across the VPS.
— Consistency in the scientific evidence and key informant interviews in defining workload as a psychosocial risk factor which could impact employee health and wellbeing was identified and provides a strong starting point.
4. Measuring and assessing workload

Approaches to measuring workload are described in this guide using current practice and scientific evidence collected through key informant interviews and the worldwide scientific evidence review. Through analysing the information available about measuring workload in both practice and the worldwide evidence base, three categories of workload measurement were identified, each with differing aims and follow-up actions for the purpose of implementation. The three key approaches identified included:

1. **Risk screening/identification** – Including psychosocial risk screening: these approaches aimed to identify risks in the workplace that could lead to adverse outcomes, such as mental injury, burnout, stress, job dissatisfaction and employee disengagement. Risk screening approaches were reported to identify areas for intervention/improvement and had been applied across multiple settings in the evidence base. The application of risk screening approaches was identified both in the VPS and internationally. Risk screening approaches sometimes led to use of additional measurement tools such as job demand analysis and modelling.

2. **Job demand analysis** – Including task and demand analysis: these approaches aimed to identify the demands of particular roles and functions, down to the task level, to better understand the skills and resources required to undertake the role. Job demand analyses were usually undertaken in physically demanding or clinical settings to determine the scope of the role and/or staffing requirements to complete a task. The application of job demands analysis was identified in the VPS.

3. **Modelling and forecasting** – Including workload allocation models: these tools used quantitative workload assessments and statistical algorithms to provide an objective assessment of work capacity to identify workload needs and staffing solutions, such as roster planning and staff scheduling. This is similar to job demand analysis, but focused on a work group rather than a role. The application of modelling and forecasting models was an emerging area of practice in the VPS and internationally.

Figure 3 provides a representation of the identified workload management assessment approaches as they were applied in practice and the reported resulting pathways. As a number of the interventions identified in practice did not have formal evaluations the outcomes are largely anticipated outcomes.

4.1 **Type one: Risk screening**

**4.1.1 Practice Evidence**

Key informants interviewed from the VPS in the environmental scan indicated strong support for the implementation of a risk screening approach. Risk screening approaches were undertaken as part of employee wellbeing programs and were either targeted to specific organisational needs, or were a response to an identified problem. The aim of these approaches was to gain a current understanding of issues. In one case, workload was the focus of the screening while in others questions about workload, job satisfaction, employee engagement and stress were included in a survey aiming to capture broader information about employee wellbeing.
Screening approaches were largely administered as an online questionnaire for employees to fill in and then analysed by the organisation or independently. An overview of the approaches identified in the VPS is provided in Table 2 below.

Agencies undertaking risk screening reported that the screening was used to provide a snapshot of current issues in the workplace, which could impact on employee wellbeing, mental health, workload and fatigue. From the evidence collected through the environmental scan, it was unclear how, or if, the results from these approaches were used to inform practice or programs in the organisations interviewed. An exception was the fatigue management screening tool implemented by DELWP which was part of a wider program and was accompanied by education materials, procedures, guidance and risk control mechanisms. An overview of the program and its key characteristics is provided in the following case study.

Table 2. Overview of identified risk screening approaches in the VPS

<table>
<thead>
<tr>
<th>Agency</th>
<th>Tool</th>
<th>VPS staff covered</th>
<th>Description</th>
<th>Mode</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee wellbeing</td>
<td>Victorian Public Service Commission</td>
<td>People matter survey</td>
<td>All VPS staff</td>
<td>VPS-wide survey</td>
<td>Online</td>
</tr>
<tr>
<td></td>
<td>WorkSafe Victoria</td>
<td>Employee Opinion Survey</td>
<td>All WorkSafe Staff</td>
<td>Organisation-wide survey</td>
<td>Online</td>
</tr>
<tr>
<td></td>
<td>Department of Health and Human Services</td>
<td>Beyond Blue Risk Screening</td>
<td>DHHS employees</td>
<td>In development</td>
<td>In development</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Victoria Police</td>
<td>2016 Victoria Police Mental Health Review</td>
<td>Victoria Police</td>
<td>Sector-wide review</td>
<td>Interviews, submissions</td>
</tr>
<tr>
<td>Workload</td>
<td>Australian Education Union</td>
<td>2016 School Workload Survey</td>
<td>Union members in public schools (teachers, school leaders and education support staff)</td>
<td>Sector-wide survey, covers all union teachers (some non-VPS)</td>
<td>Online</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Department of Environment, Land, Water and Planning</td>
<td>Fatigue Management and Screening</td>
<td>DELWP emergency service staff</td>
<td>Multi-modal package including screening and interventions</td>
<td>Risk assessment approach</td>
</tr>
</tbody>
</table>
**Case study**

**DELWP Fatigue Management**

**Organisation overview**
The Department of Environment, Land, Water and Planning is a Victorian State Government Department with a portfolio including emergency response activities. The Department has both field firefighters and office-based staff who support command and control arrangements in the event of an emergency.

**Approach overview**
Stage one involved undertaking a risk assessment which considers matters such as when the work is carried out, the time spent working, combinations of risks, task requirements and demands, and quality of sleep. Following the assessment, risk controls were developed. Risk controls may include job redesign, work scheduling and assignment of appropriate working hours.

**Supporting materials**
The program was supported by education and guidance materials including:

- Education to understand the causes and effects of fatigue including the type of work, mentally or physically demanding work, roster patterns, lengths of shifts, work scheduling and planning, insufficient recovery time between work periods, and harsh environmental conditions.
- Education to highlight the effects of fatigue including inability to stay awake, reduced ability to concentrate, make rational decisions, control emotions, recognise risks, and an increased likelihood of accidents and injuries.
- Guidance on how to avoid fatigue including sleep, drugs and alcohol, medical conditions, fitness and alertness.
- Guidelines for hazard identification and control, factoring in scheduling recommendations for shift length and breaks between shifts, and frequency and length of days off.

**Key considerations for implementation:**
- The inclusion of support materials including education, instruction and guidance on the completion of risk assessments and identification of risk controls are critical for implementation success.
- Purpose-built tools can support the implementation of risk screening approaches.
- A stand-alone assessment is unlikely to achieve outcomes.
4.1.2 Scientific evidence

A worldwide evidence review was undertaken to identify workload measurement tools that had been scientifically validated and had potential for application in the VPS setting. By using the factors and constructs of interest that were identified as being applied in practice, and aligning the evidence-based tools, the following four tools were identified as being able to be used in risk screening approaches:

- Job Content Questionnaire
- HSE Management Standards Indicator Tool (also identified in practice – outside of the VPS)
- Job Demand and Control Measure
- Copenhagen psychosocial questionnaire

An overview of the tools identified is provided in Table 3.

The HSE Management Standards Indicator Tool was the only tool identified in both the scientific evidence base and the practice evidence base (outside of the VPS) and represents an evidence-based approach with proven applicability in a setting similar to the VPS. An overview of the tool and its application is provided in the case study on the next page.

4.1.3 Key considerations for implementation of risk screening approaches

4.1.3.1 Why undertake risk screening approaches?

Risk screening approaches provide a baseline measure for the identification of issues influencing employee mental health and wellbeing, including workload management. Risk screening approaches can support the identification of:

- Workload including job demands, job resources and ability to complete tasks.
- Employee wellbeing including mental wellbeing.
- Employee engagement, satisfaction and role clarity.
- Factors influencing workload management.

Risk screening approaches can also be used to monitor progress following intervention. The application of risk screening approaches will be best implemented with a continual improvement methodology, whereby screening supports intervention and rescreening to track progress.

Key insight: Risk screening approaches provide information about key issues of interest and are a critical first step for workload management.

<table>
<thead>
<tr>
<th>Tool</th>
<th>Items</th>
<th>Measures</th>
<th>Reliability</th>
<th>Population</th>
<th>Support tools available</th>
</tr>
</thead>
</table>
| Job Content Questionnaire | 49 item questionnaire | - Psychological demands  
Social support  
Physical demands  
Job insecurity  
Decision latitude | 0.59-0.86 | Various | No |
| HSE Management Standards Indicator Tool (HSE-MS IT) | 9 | 35 item questionnaire | - Demands  
Control  
Relationships  
Role  
Change  
Managerial support  
Peer support | 0.78-0.89 | UK Government (Municipal) employees | Yes – extensive |
| Job Demand and Control measure | 10 | 22 item questionnaire | - Timing control  
Method control  
Monitoring demand  
Problem solving  
Production responsibility | 0.50-0.90 | Various | No |
| Copenhagen Psychosocial Questionnaire | 11 | 44 item questionnaire | - Interpersonal relations and leadership  
Health and wellbeing  
Work organisation and job contents  
Work—Individual interface  
Values at the workplace  
Offensive behaviour | 0.50-0.89 | Nurses | Yes – minimal |
HSE Management Standards Indicator Tool

Tool overview
The HSE Management Standards Indicator Tool is a 35-item questionnaire developed by the United Kingdom's Health and Safety Executive (HSE).

Aim
To assess psychosocial work stressors across the categories of demand, control, relationships, role, change, managerial support and peer support. The tool assesses workload within the demand category.

Underlying principles
Employee mental health and wellbeing is impacted by work stressors.

Approach to implementing the tool
The HSE Management Standards Indicator tool is in the form of a questionnaire.

- Nature of screen: Questionnaire
- Approach: Online and/or paper based, completed by employees
- Screening for: Job demands, control, relationships and job stress
- Screened by: Will need a dedicated team to implement and interpret screening
- Who can be screened: All staff
- Output: Variable, depending on implementation of tool
- Developed by: HSE (UK)

Response
Varied, depending on implementation of tool. Recommended responses to screening findings are provided in supporting resources.

Supporting resources
The HSE tool is supported by a range of materials including information and guidance on how to assess, how to interpret and what to do with the results. All supporting materials are available online.

Key considerations for implementation:
- HSE tool can be applied to roles across the VPS. We identified one public-sector organisation in the UK who had implemented the tool in practice, indicating the tool is applicable in practice settings.
- Evidence of effectiveness and shown to predict employee levels of job stress, satisfaction and motivation.
- Can be administered online in questionnaire format.
- Needs a considered approach to implementation and a dedicated team to analyse and interpret results.
- Freely available online and supported by a user manual, analysis tool to score and interpret findings, and promotional resources for employee engagement.
4.1.3.2 Who should be screened?

Workload risk screening approaches can be applied to all employees. Determination of who should receive screening will need to be made by the VPS. The identification of target groups for screening will need to be made to determine the most appropriate methodology for the screen.

Key insight: Workload risk screening can be applied broadly, consideration of the target audience is a critical first step for implementation.

4.1.3.3 How to undertake risk screening approaches

Risk screening approaches first require the development of a risk screening tool. Several risk screening tools currently exist which could be applied to the VPS, and or modified to suit target VPS employees.

Of the organisations who had implemented risk screening approaches, administering questionnaires to employees online, supported by communication and promotion, was the most common approach. An online survey approach will most suit desk-based employees. Consideration of alternative methods and/or ensuring that employees have the time and access to undertake the screen will be critical for employees who are not desk based.

The implementation of these tools will require support from a dedicated team who can administer and interpret the results. Surveys should be anonymous and optional for staff to complete.

Key insight: Risk screening approaches can be implemented relatively simply using online survey tools.

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Key considerations for implementation

- Psychosocial risk screening is best used if there is commitment to use the tool to respond to the issues identified.
- Surveys should be optional, noting that a low response rate likely indicates an unengaged workplace.
- Protect privacy and collect anonymous survey data.
- Consider ways to provide results to employees, allowing for proactive engagement and discussion of the results.
- To be effective, implementation requires engagement and buy in from executive and leadership.
- Repeated use to track and monitor progress on outcomes will support continual improvement.
4.2 Type two: Job demand analysis

4.2.1 Practice evidence

Evidence of the use of job demand analysis was identified through the key informant interviews within the VPS. Limited evidence on how job demand analysis was undertaken was collected in practice, however, in the identified cases these tools were used to support the development of interventions such as caseload limits and ratio requirements (e.g. nurse to patient), and to allocate workload accordingly. These approaches had only been applied to areas of the VPS where multiple staff undertook similar roles such as nurses, midwives, child protection workers and housing services.

4.2.2 Scientific evidence

Job analysis approaches assess workload in physically demanding or clinical healthcare settings and focus on assessing the time and effort required to complete usual tasks. Example job analysis tools include the Nursing Activities Score and the Quantitative Workload Inventory. These tools could be used to undertake job analysis in some areas of the VPS and may be able to be amended or used as a starting point. An overview of the tools identified as potentially applicable is provided in Table 4.

4.2.3 Key considerations for implementing job demand analysis tools

4.2.3.1 Why undertake job demand analysis

Job demand analysis approaches can provide a quantitative assessment of the routine demands for a job/job function. Current tools are unlikely to be comprehensive enough to be applied to the VPS setting broadly, but some areas may benefit the development of job demand analysis tools to support resourcing and allocation.

**Key insight:** Job demands analysis can be used to support resourcing and allocation.

4.2.3.2 Which roles can have job demand analysis applied

Job demand analysis approaches could be applied to various sectors within the VPS such as nurses, teachers, police and other areas where multiple staff undertake similar duties. These tools will require some tailoring and development for the areas of interest.

**Key insight:** Job demand analysis approaches will work best for areas where multiple people undertake the same role and resourcing is a challenge.

### Table 4. Job analysis assessment methods

<table>
<thead>
<tr>
<th>Tool</th>
<th>Items</th>
<th>Description</th>
<th>Population (validated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Activities Score</td>
<td>23 item questionnaire</td>
<td>Designed to assess routine nursing activities related to patient care in ICU across seven categories.</td>
<td>Nurses</td>
</tr>
<tr>
<td>Quantitative Workload Inventory</td>
<td>5 item scale</td>
<td>Designed to assess the amount or quantity of work in a job, as opposed to qualitative workload, which is the difficulty of the work.</td>
<td>Teachers, police officers, firefighters and clerks.</td>
</tr>
</tbody>
</table>

### Implementation success factors

- Job demand analysis approaches are best used in areas where there are multiple workers undertaking the same job.
- Consideration of the tailored development of appropriate job demand analysis tools is required before implementing tools.
4.3 Type three: Modelling and forecasting for workload allocation

4.3.1 Scientific evidence

Workload allocation models provide an objective assessment of workload capacity. These are commonly presented as mathematical models and algorithms that can be used to predict workload needs and staffing requirements. Two unique models are described in Table 5. These have been designed for allied health workers and teaching/research staff in the university sector.

4.3.2 Practice evidence

Within the VPS, one strategy for modelling and forecasting was identified. Victoria Police are currently implementing a modelling and forecasting tool to predict resource needs for police stations. An overview of the approach currently in practice is provided in the Modelling and Forecasting practice case study: Vic Pol Staff Allocation Model.

4.3.3 Key considerations for implementing modelling and forecasting tools

4.3.3.1 Why undertake modelling and forecasting

Modelling and forecasting models can be used to integrate multiple sources of data to identify and predict resource requirements for a specific context. Modelling and forecasting can support resource allocation, predict needs and enable forward planning.

4.3.3.2 How to undertake forecasting and modelling

From the practice evidence, the development of modelling and forecasting tools can be complex and requires expertise.

Table 5. Workload allocation models

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description of components</th>
<th>Population (validated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workload allocation model(^{14})</td>
<td>Model designed for allied health workers; consists of three components: a staff workload mapping tool, data analysis spreadsheet and guidelines for calculating workload.</td>
<td>Allied health workers</td>
</tr>
<tr>
<td>Academic workload allocation models(^{15})</td>
<td>Three types of models were developed: one which focused on contact hours, one on actual hours, and a points-based model.</td>
<td>Academics/researchers</td>
</tr>
</tbody>
</table>

Implementation success factors

- The development of modelling and forecasting tools is intensive and scientific in nature. Adequate resources and expertise will be needed for the development, implementation and maintenance of these approaches.
- An existing validated tool for allied health staff exists which could be applied to relevant VPS staff in these roles.
5. Managing workload

5.1 Scientific evidence
The worldwide evidence scan reviewed the evidence to identify workload management initiatives that had been proven scientifically to support the management of workload and reduce the impacts of workload on employees including mental health outcomes and work outcomes. Overall, the evidence found little support for individual interventions but pointed to the need for workload management initiatives that are multi-component, engage employees and address multiple psychosocial risks.

The most promising approach to developing and implementing a strategy to manage workload was a participatory approach. Participatory approaches are underpinned by the active participation of employees at all levels to identify and prioritise interventions to manage workload based on local context. If implemented well, participatory approaches were shown to achieve the following mental health outcomes:

- Reduce burnout
- Reduce stress
- Increase perceived health
- Increase morale
- Increase wellbeing
- Reduce depression

Participatory approaches were also shown to improve the following work outcomes:

- Job satisfaction
- Organisational commitment

Participatory workplace interventions offer a strong level of scientific evidence of effectiveness for a public-sector setting and consist of a variety of approaches and can be applied in conjunction with risk screening approaches and support the identification of appropriate interventions (Table 6).

Table 6. Participatory approaches identified in the evidence review

<table>
<thead>
<tr>
<th>Reference (year)</th>
<th>Country</th>
<th>Population</th>
<th>Key changes implemented</th>
<th>Participation approach</th>
<th>Follow up</th>
<th>Primary outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kobayashi (2008) Japan</td>
<td>Manufacturing enterprise employees</td>
<td>Work planning, work time and organisation, support</td>
<td>3 phases: Workplace stress profile; planning workshop; 12 month implementation period</td>
<td>12 months</td>
<td>Depression; anxiety; vigour; sick leave</td>
<td></td>
</tr>
<tr>
<td>Linzer (2015) America</td>
<td>Primary care clinicians</td>
<td>Communication, workflow, quality improvement</td>
<td>Risk assessment; planning; implementation period</td>
<td>12–18 months</td>
<td>Burnout; job satisfaction</td>
<td></td>
</tr>
<tr>
<td>Uchiyama (2013) Japan</td>
<td>Nurses</td>
<td>Various including: increased worker support, workload changes</td>
<td>4 x 30 minute group meetings + individual meeting; 3 month implementation period</td>
<td>Post-intervention</td>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>Bourbonnais (2011) Canada</td>
<td>Healthcare employees</td>
<td>~45 changes related to: team work; staffing; work organisation; training, communication; ergonomics</td>
<td>8 x 3 hour team meeting across 4 months</td>
<td>3 years</td>
<td>Burnout, distress</td>
<td></td>
</tr>
<tr>
<td>Dollard (2014) Australia</td>
<td>Public sector employees</td>
<td>Job design</td>
<td>4 x 4 hour capacity building workshops</td>
<td>12 months</td>
<td>Job stress; sick leave, morale</td>
<td></td>
</tr>
<tr>
<td>Holman (2016) United Kingdom</td>
<td>Call centre agents</td>
<td>Increased worker control over: administrative tasks, complaint email response, training, performance management, team briefings</td>
<td>3 phases: 1 x 2 day assessment workshop; job redesign development; 4 month implementation period</td>
<td>1 month</td>
<td>Wellbeing</td>
<td></td>
</tr>
</tbody>
</table>
5.2 Practice evidence
The environmental scan identified a diverse range of initiatives across Departments and agencies, which were viewed to support the management of workload in the VPS. Many workload management initiatives identified were targeted to frontline workers, that is, workers who undertake roles in service delivery such as child protection, police officers, emergency workers and community corrections as well as schools and teachers. These roles have known and acknowledged workload problems demonstrated through reviews and surveys.

The effectiveness of the interventions described from the practice evidence is unknown as public evaluation data was not available, and some were still in development.

Overall, the key informant interviews identified interventions that aimed to address the following issues in relation to workload management:

1. Knowledge and skills – in relation to workload management and employee wellbeing including training, information provision and guidance material.
2. Workload limits – aimed to limit workload through enforcement/policies to manage workload caseload limits and workload models.
3. Resource allocation – to support effective resource allocation such as workforce planning and forecasting.
4. Psychosocial wellbeing – aimed to support overall psychosocial wellbeing such as providing access to free counselling sessions and self-check apps and programs.
5. Improve worker flexibility – aimed to support workers to manage their own workload through flexible working and self-management.

Other specific interventions were identified which were business oriented and aimed to reduce workload through technology and process changes.

An overview of interventions identified through the key informant interviews is provided in Table 7.

5.3 Barriers and enablers
Implementation barriers and enablers will influence the success of any new initiative. As such, it is particularly important to address known barriers during development and implementation. The research identified potential barriers within the VPS across levels of the Socio-Ecological Model. Each of these barriers should be considered when developing and implementing new workload management strategies. The potential barriers identified relate to:

1. Resourcing: Successful initiatives are dependent upon adequate resourcing. This includes an accurate budget, adequate staffing at appropriate levels, and the provision of an appropriate work environment and supports if needed.
2. Unexpected workload: Government departments and agencies, by their nature, are prone to unexpected workloads, either through creation of new work, changing priorities, or an inability to backfill positions either on a short- or longer-term basis. While difficult to overcome, any new initiative needs to take the nature of Government into consideration.
Table 7. Current and emerging VPS workload management initiatives

<table>
<thead>
<tr>
<th>Intervention (Agency)</th>
<th>Description</th>
<th>Target worker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager training (DPC and DTF)</td>
<td>Training including manager responsibilities regarding workload management for DTF and health and safety responsibilities for DPC</td>
<td>All employees</td>
</tr>
<tr>
<td>Mentoring systems (DOJR)</td>
<td>New staff mentoring system with experience staff for additional training and support</td>
<td>Community corrections (Youth Justice)</td>
</tr>
<tr>
<td>Self-checking system (VicPol)</td>
<td>Intranet hub with information on mental health literacy</td>
<td>Police Justice</td>
</tr>
<tr>
<td>Organisational Design Guide (DET)</td>
<td>Guidelines for schools on organisational design including workload management and planning</td>
<td>Principals/School leaders</td>
</tr>
<tr>
<td>e-learning (All VPS)</td>
<td>OHS and mental health training as a part of the induction package</td>
<td>All staff</td>
</tr>
<tr>
<td>Peer support training (DPC)</td>
<td>Training aimed to promote positive mental health and wellbeing by providing local, trained and trusted peers that link staff to professional services</td>
<td>All staff</td>
</tr>
<tr>
<td>Graduate Certificate (DET)</td>
<td>Formal training in management</td>
<td>Principals/School leaders</td>
</tr>
<tr>
<td>Manager training (DPC, DTF, VicPol)</td>
<td>Training packages including</td>
<td>All staff</td>
</tr>
<tr>
<td>Ratios/Caseload limits (DHHS)</td>
<td>Set limits regarding the number of patients or cases a worker manages in their work plan</td>
<td>Nursing, midwifery, child protection, housing services</td>
</tr>
<tr>
<td>30 + 8 working hours model (DET)</td>
<td>Workload with 30 hours teaching plus 8 hours planning and other work</td>
<td>Teachers</td>
</tr>
<tr>
<td>Work allocation model (DHHS)</td>
<td>Supervision and principles of work allocation including setting formal supervision, tools and workload</td>
<td>Child protection case workers</td>
</tr>
<tr>
<td>Workload planning (DELWP)</td>
<td>Forward planning of anticipated workload to ensure resources are allocated appropriately</td>
<td>Field service officers</td>
</tr>
<tr>
<td>Workload allocation model (DOJR)</td>
<td>Case complexity models of work allocation</td>
<td>Community corrections (Youth Justice)</td>
</tr>
<tr>
<td>Staff allocation model (VicPol)</td>
<td>Statistical model to predict resource requirements</td>
<td>Police stations</td>
</tr>
<tr>
<td>Employee Assistance Program (All VPS)</td>
<td>Access to free and confidential counselling sessions for all employees</td>
<td>All VPS</td>
</tr>
<tr>
<td>Psychological support program (DHHS)</td>
<td>Model in development to prevent and promote employee wellbeing</td>
<td>Child protection</td>
</tr>
<tr>
<td>app (VicPol)</td>
<td>Phone app for mobile access to wellbeing</td>
<td>Police officers</td>
</tr>
<tr>
<td>Psychological first aid (DELWP)</td>
<td>Mandatory training in psychological first aid</td>
<td>All staff</td>
</tr>
<tr>
<td>Tailored software (VicPol)</td>
<td>Software to pre-categorise images to reduce exposure to psychosocial exposure to distressing images</td>
<td>Police officers</td>
</tr>
<tr>
<td>Flexible work supports (DPC)</td>
<td>Provision of laptops and equipment to enable flexible working arrangements</td>
<td>Office employees</td>
</tr>
<tr>
<td>Professional Development Plans (all VPS)</td>
<td>Performance management and development processes tailored to individual needs</td>
<td>All employees</td>
</tr>
<tr>
<td>Enterprise Bargaining Agreement (all VPS)</td>
<td>Flexible working arrangements</td>
<td>All employees</td>
</tr>
</tbody>
</table>
3. Workload monitoring, risk screening and education: It is essential that new initiatives incorporate workload assessment and evidence-based risk screening. Individualised training should be considered to enable a worker to be able to report on their own capacity and capability to undertake given tasks.

4. Manager/supervisor directed initiatives and executive buy in: Management at all levels need to be genuinely engaged in whatever workload management initiatives are in place, and need to be appropriately skilled and motivated.

Ongoing monitoring and evaluation of any new workload management initiative is imperative and should consider all levels of the Socio-Ecological Model in its design.

5.4 Key considerations for implementing workload management interventions

The evidence base supports the implementation of a participatory approach to workload management in the VPS. The advantage of such an approach is that it can utilise validated tools to undertake assessment and enable the identification, design and implementation of context-specific interventions to best suit the needs of each workplace or profession.

However, these approaches require an investment of time, resources and commitment to implement and should not be undertaken unless there is commitment to empower employee decisions in the management of workload within their area.

<table>
<thead>
<tr>
<th>Socio-Ecological Model Level</th>
<th>Barrier</th>
<th>Enabler</th>
</tr>
</thead>
<tbody>
<tr>
<td>System</td>
<td>Reactive nature of government</td>
<td>Policies and procedures around good workload management practices</td>
</tr>
<tr>
<td></td>
<td>Unexpected workloads and demand</td>
<td>Preplanning and forecasting; an ability to reallocate work</td>
</tr>
<tr>
<td></td>
<td>How to measure workload in a manner to be proactive at a government level</td>
<td>Develop context-specific guidelines to workload assessment and risk screening</td>
</tr>
<tr>
<td>Community</td>
<td>Community expectations and media influence</td>
<td>Community engagement regarding workload management</td>
</tr>
<tr>
<td>Environment</td>
<td>Factors affecting workload management not routinely screened or considered</td>
<td>Develop context-specific guidelines to workload assessment and risk screening</td>
</tr>
<tr>
<td></td>
<td>Workload management perceived negatively</td>
<td>Education and training</td>
</tr>
<tr>
<td></td>
<td>Regulations and procedures not being followed</td>
<td>Ensure adequate resourcing and monitoring</td>
</tr>
<tr>
<td></td>
<td>Variability in management knowledge, skills, attitude and workload management literacy</td>
<td>Management engagement, training and upskilling</td>
</tr>
<tr>
<td></td>
<td>Senior management understanding of mental health and wellbeing</td>
<td>Training in leadership and people management</td>
</tr>
<tr>
<td></td>
<td>Inability to reallocate work or caseloads</td>
<td>Provision of additional resources and supports</td>
</tr>
<tr>
<td></td>
<td>Dynamic factors which influence workload management</td>
<td>Develop context-specific guidelines to workload assessment and risk screening</td>
</tr>
<tr>
<td></td>
<td>Inadequate work environments</td>
<td>OHS risk assessments which include workload management factors; promote initiatives which encourage flexibility and overall wellbeing</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Relationship between manager and worker</td>
<td>Manager-directed initiatives</td>
</tr>
<tr>
<td>Individual</td>
<td>Worker knowledge on own limits, skills and strengths</td>
<td>Promote worker-centred initiatives that enable a worker to report on own capacity</td>
</tr>
<tr>
<td></td>
<td>Motivation and perception of workload and workload management initiatives</td>
<td>Promote initiatives which encourage flexibility and overall wellbeing, as well as opportunities for training/advancement</td>
</tr>
</tbody>
</table>
“These approaches require an investment of time, resources and commitment to implement”

Key features of an effective participatory workplace intervention are:

- Active participation of both workers and managers/supervisors.
- Targeting realistic implementable changes relevant to a worker’s daily work.
- Ongoing monitoring of implementation.

Effective, co-created action plans improve the control workers have over their own workload. Performance feedback processes also significantly improve a worker’s perceived job control, wellbeing, job performance and job satisfaction. Ineffective strategies occur when managers/supervisors identify work issues and introduce change without engaging the worker.

To support implementation, the WHO Healthy Workplace Model can be used as a framework for the participatory process. This Model is an 8-step process to implement a sustainable organisational program that involves continuous improvement. For the purposes of this guide, we have integrated steps and present a modified 5-stage approach:

1. **Mobilise and Assemble** – establish a work program based on the target worksite(s). This stage involves obtaining adequate human resources and budget to implement changes and manage the change, seeking organisational buy-in and assembling stakeholders to support the project.

2. **Assess** – assess the worksite(s) identified to determine the key workload management influences, measure current workload and identify target areas for intervention.

3. **Prioritise changes** – identify interventions to target areas from the assessment and prioritise changes based on employee feedback.

4. **Plan and do** – develop a plan for the implementation of identified interventions. Trial and evaluate approaches to determine effectiveness before full implementation. Implement fully when ready.

5. **Evaluate and Improve** – determine what is working, what is not, and what the impediments to success are. Both the process of the implementation and the outcomes should be evaluated.

![Fig 4. Five steps to successful implementation](image-url)
6. Practice and evidence considerations for the OHS IDC

Research indicates that there are a variety of diverse approaches to workload management. A successful approach to workload management in the VPS will incorporate:

- Evidence-based workload measurement using psychosocial risk screening tools, job analysis assessments or workload allocation models.
- A participatory workplace intervention designed to engage employees across the area to identify, develop and implement appropriate context-specific interventions.
- An approach which takes into consideration the factors which affect workload management as well as the identified barriers and enablers within the VPS specifically.
- Ongoing monitoring and evaluation to ensure implementation success.

Participatory design and implementation of workload interventions are the most effective approach, and can lead to decreased levels of depression, burnout and health risks, and increased levels of vigour, job satisfaction and overall workplace support. Within the VPS, there are many initiatives in place which influence workload management, and initiatives are being developed specifically to address workload management for certain job types, in particular for frontline roles. There is currently an opportunity to build upon many of these resources, and to expand some to other areas in the VPS.

Although mitigating strategies can be employed, it will be difficult for the VPS to directly address System level barriers such as the nature of government itself. It will also difficult to address community and media expectations and pressures. Therefore, implementation should be directed at the Organisational–Environment level ensuring measures incorporating both Interpersonal and Individual level factors are included.

This research activity found that there is no single workload management approach that can be applied across the entire VPS, and multiple components are required in order to address all factors.
References

1. CCOHS www.ccohs.ca/oshanswers/psychosocial/mentalhealth_risk.html