

White Paper: You Can't Self-Care Your Way Out of Bad Work Design

Redesigning work for psychological safety across education and healthcare

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Abstract

Workforce burnout in education and healthcare is routinely treated as an individual problem to be managed through resilience training, self-care, and Employee Assistance Programs. This paper argues that framing is incomplete, and increasingly out of step with both the evidence base and Australian law. Drawing on the Dimensions of Wellbeing and Safety model, Individual, Practices, and Environment, the paper shows that psychosocial strain arises not from workload alone but from the relationship between demand and the control, predictability, and recovery available around it. Since 2022, Australian work health and safety reforms have formalised this understanding, requiring organisations to apply the hierarchy of controls to psychosocial risk, meaning work design and staffing measures must be exhausted before training or individual support are relied upon as a primary response. Using recent Australian evidence on teacher workload density, secondary traumatic stress in educators, and a first-hand whole-of-service improvement program in a hospital and health service setting, the paper identifies three specific, redesignable mechanisms operating inside otherwise fixed-time roles: density, exposure, and friction. None require negotiating away core teaching hours or clinical shifts. The paper closes with practical design moves available to leaders now, and argues that the objective for leaders is not less work, but sustainable demand; workload a workforce can carry, recover from, and repeat without drawing on personal time or wellbeing to close the gap.

1. From fixing people to designing systems

For a decade, the default response to workforce burnout has followed a predictable script. When educators burn out, we send them to resilience training. When they are stressed, we offer counselling and Employee Assistance Programs. When they are overwhelmed, we tell them to practise self-care. Each of these responses matters, and each can genuinely help an individual in the moment. But taken together, they share a quiet assumption that has gone largely unexamined: that the problem sits inside the person, and the solution is to make the person more resilient to conditions that remain unchanged.

The evidence base no longer supports that assumption, and neither does the law.

Across education and healthcare, two sectors that on the surface look very different, but that share an almost identical structural problem, leaders are arriving at the same resigned conclusion: *the demand is fixed, so there is very little we can actually do*. A teaching day has a bell schedule. A ward has a roster and a patient list. Leaders reasonably ask: if the hours can't move, what is left to design?

This paper argues that the question itself rests on an incomplete picture of what "work design" means. The research consensus, from occupational psychology's demand-control theory (Karasek, 1979) and the Job Demands-Resources model (Bakker & Demerouti, 2007) through to Australia's own psychosocial safety climate research (Dollard & Bakker, 2010), has never held that strain comes from demand alone. It comes from the *relationship* between demand and the control, predictability, and recovery a worker has around it. That relationship is designable, even when the clock face isn't. The goal, in other words, is not less work, it is *sustainable demand*: a level and pattern of workload that a workforce can carry, recover from, and repeat, term after term, shift after shift, without drawing on personal time or wellbeing to make up the shortfall. This is a strengths-based claim, not a deficit one: it says leaders already have more levers available than the fixed-timetable framing suggests, and a maturing body of evidence, legislative, theoretical, and increasingly first-hand, now shows what pulling them looks like in practice.

The paper draws that evidence from three places: the Dimensions of Wellbeing and Safety model and its lineage in Stanford's model of occupational well-being; Australia's psychosocial hazard reforms, which now legally require work-design responses ahead of individual ones; and a set of recent, sector-specific findings on teacher workload density, secondary traumatic stress in educators, and a large-scale operational improvement

program in an acute Australian health service, that together sharpen exactly what "redesigning demand" can mean when the hours themselves cannot change.

2. The Dimensions of Wellbeing and Safety: why one lever is never enough

A useful starting model treats workplace wellbeing and psychological safety as the product of three interacting dimensions, rather than a single variable to optimise.

Individual — personal resources: self-care capability, emotional regulation, mindset, mental health literacy, and *anti-fragility*, the capacity not simply to withstand pressure but to adapt and strengthen through it (Taleb, 2012). This dimension is about building capability in people.

Practices — the relational layer: team rituals, communication habits, feedback loops, inclusion, cultural safety, and the everyday ways people work together. This dimension is about how people work together. It maps closely to what self-determination theory calls *relatedness*, one of three basic psychological needs, alongside autonomy and competence, that decades of workplace research consistently link to engagement and lower burnout when met, and to disengagement and ill health when frustrated (Ryan & Deci, 2017). It is also the dimension where psychological safety lives, Amy Edmondson's foundational definition of a shared belief that a team is safe for interpersonal risk-taking, and that people will not be punished or humiliated for speaking up (Edmondson, 1999, 2019). Edmondson's research is worth pausing on for leaders tempted to treat Practices as the "soft" dimension: psychological safety operates at the team level, not the individual one, which means it cannot be built through individual resilience or communication-skills training alone, it is something a leader's own behaviour, more than any program, either builds or erodes.

Environment — the structural layer: work design, workload, role clarity, leadership behaviour, systems, and organisational culture. This dimension is about the structures and systems an organisation creates.

One refinement is worth making explicit here, because it matters for how leaders act on the model rather than just understand it. Leadership behaviour is named under Environment because it is structural, leaders authorise systems, staffing, and role design. But leadership behaviour is not confined to that dimension; it is better understood as a connective thread running through all three. Psychosocial safety climate research finds that senior leadership's visible priority for psychological health is the strongest predictor

of an organisation's overall psychosocial climate — more so than policy content itself (Dollard & Bakker, 2010). A leader's own regulation and modelling operates in the Individual dimension; the norms they set in day-to-day interaction operate in Practices; and the structures they authorise operate in Environment. Naming leadership behaviour only under Environment risks leaders reading it as a single lever to pull, rather than a pattern of behaviour that shows up, and needs to be consistent, across all three.

The model has clear lineage in Stanford's model of occupational well-being, developed by the Stanford WellMD Center and now more accurately described as a model of *occupational* well-being than of individual professional fulfilment, a renaming that is itself instructive (Stanford WellMD Center, n.d.). Stanford's framework identifies three near-identical domains: a *Culture of Wellness* (leadership behaviour, teamwork climate, values alignment, peer support, closely aligned with Practices); *Efficiency of Practice* (systems, workflow design, and notably, realistic staffing and predictable scheduling with coverage for planned absences, aligned with Environment); and *Personal Resilience* (self-valuation, crisis support, individual coping skills, aligned with Individual). Stanford's own research, like the model discussed here, insists that all three domains must be addressed together; no single domain, pursued in isolation, is sufficient to sustain a healthy workforce.

The reason this matters for leaders is not academic. It is diagnostic. Most organisational wellbeing effort concentrates almost entirely in one dimension, and the choice of dimension predicts, with some reliability, why the effort fails to produce lasting change.

Individual-only investment asks people to adapt to a system that is not designed to support them. Resilience training, mindfulness programs, and self-care campaigns can build genuine capability, but capability does not substitute for a workable structure. Sending a well-regulated, highly resourced person back into an unmanageable workload does not remove the workload; it simply raises the point at which that person begins to struggle.

Practices-only investment improves how people relate to one another without changing what they are being asked to do. Team rituals, feedback culture, and communication norms are genuinely protective, but a psychologically safe team meeting does not offset an unsustainable workload; it becomes the place where the unsustainable workload gets discussed.

Environment-only investment changes the structure without building the human capability or relational practice to use the new structure well. Redesigned systems,

clearer roles, and better staffing models will not "stick" if people lack the emotional regulation or communication skills to work differently inside them, or if the team culture around the new system remains adversarial or unsafe.

The practical implication is that most organisations get stuck not because they have chosen the wrong dimension, but because they have chosen only one. This is the frame the remainder of this paper builds on, and it is also, not incidentally, the frame Australian work health and safety law now points toward.

3. Why environment is the leverage point regulators now insist on

Until recently, "psychological health" sat at the margins of workplace safety law, present in principle, under-specified in practice. That has changed substantially since 2022, and the change is directly relevant to how leaders should read the "fixed demand" problem.

Safe Work Australia's model Code of Practice for managing psychosocial hazards, and the amended model Work Health and Safety Regulations that came into effect from 2023, place a positive duty on organisations to eliminate or, where that is not reasonably practicable, minimise psychosocial risk. A psychosocial hazard is defined broadly as anything at work that could cause psychological harm, and the regulators are explicit that these hazards arise from the way work is designed and managed, from the working environment, and from workplace behaviour and relationships, not solely from individual vulnerability (Safe Work Australia, 2024). The Code names fourteen common psychosocial hazards: high job demands, low job control, poor support, lack of role clarity, poor organisational change management, inadequate reward and recognition, poor organisational justice, exposure to traumatic events or material, remote or isolated work, poor physical environment, violence and aggression, bullying, harassment (including sexual and gender-based harassment), and conflict or poor workplace relationships and interactions (Safe Work Australia, 2024).

Two of these fourteen deserve particular attention for leaders working inside fixed-demand structures, because they are directly relevant to arguments developed later in this paper. Poor organisational change management is the formal hazard category for a pattern common to both sectors: a new initiative such as a curriculum redesign, a new clinical pathway, a new reporting system, is introduced without a corresponding adjustment to existing workload or the protected time needed to implement it. The hazard is not the change itself; it is the absence of resourcing around it. And exposure to traumatic events or material is the formal hazard category underlying the secondary trauma evidence discussed in Section 4 which places educators' trauma exposure

squarely within existing work health and safety obligations, not as a separate wellbeing issue to be managed informally alongside them.

The more significant shift for this paper's argument arrived with the 2025 wave of state and territory regulation. New South Wales's updated Work Health and Safety Regulation now explicitly requires PCBUs to apply the hierarchy of controls to psychosocial risk, the same escalating framework of control measures long used for physical hazards meaning organisations must exhaust higher-order controls such as work design, staffing levels, and environmental adjustment before relying on lower-order measures like training, awareness campaigns, or Employee Assistance Programs (NSW Government, 2025). Victoria's psychological health regulations, effective from December 2025, go further still, explicitly restricting training from being used as a primary control measure at all (Victorian Government, 2025). Commonwealth guidance similarly directs employers toward using work design to eliminate psychosocial hazards, with training and individual support positioned as supplementary, not primary, controls (Safe Work Australia, 2024).

Read together, these reforms amount to a regulatory statement that mirrors the Dimensions model's own diagnostic: an organisation cannot discharge its duty of care primarily through Individual-dimension activity. Resilience training and EAP access remain valuable, the codes do not dismiss them, but under the hierarchy of controls they now sit at the bottom of the response, not the top. Environment-dimension action, how roles are structured, how workload is distributed and made visible, how staffing and rostering absorb foreseeable peaks, has moved from good practice to legal expectation.

This is the point at which the "the demand is fixed" objection needs to be taken seriously rather than dismissed, because it is not wrong that classroom hours and clinical shifts cannot simply be shortened. What the law is asking for is not the elimination of demand. It is evidence that an organisation has designed the *conditions around* that demand, control, predictability, staffing, recovery as far as reasonably practicable. The next section turns to what that looks like in practice, using recent evidence from education and healthcare to show three distinct ways "fixed demand" can still be redesigned.

4. Reframing "fixed demand": density, exposure, and friction

If leaders are to move past the resigned conclusion that fixed hours mean fixed strain, they need a more precise account of what, exactly, can still be changed. Three recent and largely independent bodies of evidence one on teacher workload, one on secondary trauma in educators, and one first-hand program in an acute Australian health service converge on the same answer from three different angles. What can be redesigned inside

fixed time is not the clock, but the *density*, the *exposure*, and the *friction* of the work that fills it.

Density: workload is not just hours

Recent Australian research on mid-career teacher attrition argues that workload strain has been persistently mis-measured. Workload is not solely a function of the number of hours worked; it is a function of *density*, the complexity, intensity, and emotional demand embedded within those hours (Longmuir & McKay, 2024). Rapid, high-stakes professional decision-making, competing demands from students, parents, and colleagues arriving simultaneously, and a heightened sense of scrutiny over one's practice compound on top of long hours to produce what Longmuir (2026) describes as a sustained "state of alert," a pattern consistent with earlier findings that emotional toll, alongside workload, is a primary reason Australian teachers give for intending to leave the profession (Heffernan et al., 2022). A systematic synthesis of forty studies on teacher and school leader workload sharpens this further, distinguishing *workload*, the amount of work, from *work intensification* - the pace and pressure under which that work is delivered, with intensification driven substantially by an "unceasing" stream of externally imposed change, new initiatives, and new reporting requirements rather than by the core teaching task itself, producing a form of time poverty even when total hours look unremarkable on paper (Creagh et al., 2023). The same synthesis finds that heavy workload and intensification do not only affect staff wellbeing; they measurably undermine teachers' capacity to deliver on the educational and equity priorities the work exists to serve, reframing workload design as a student-outcome issue as much as a staff-wellbeing one.

This pattern is not confined to research literature. Recent workforce data from Australia's independent school sector confirms it directly: workload and work intensity are identified as the most pressing and consistent drivers of staff retention risk in the sector, with staff specifically naming administrative burden as the area where they most want additional support (People Bench, 2025). The same data found that opportunities for career growth and progression are highly valued by staff, a finding taken up again in Section 5. The sector's own workforce evidence, in other words, is already pointing leaders toward exactly the kind of density- and friction-focused response this paper argues for.

This points to a further, often under-examined element of density: time itself, and specifically the absence of protected time to complete work that is added to a role. A common pattern in both sectors is that when one task is removed or reduced, another is introduced in its place, an after-hours training session, a new reporting requirement, a system rollout, without the substituted task being weighed against the time genuinely

available to absorb it. Curriculum redesign is a clear example: it is frequently positioned as a professional priority, but it is rarely resourced with dedicated time within the working day, meaning it tends to be completed by drawing on evenings, weekends, or holiday periods that would otherwise be recovery time. This is precisely the hazard Safe Work Australia (2024) labels poor organisational change management, change introduced without a corresponding adjustment to workload or protected time to implement it. The design implication is specific, and it is not necessarily fewer tasks: it is an honest accounting of what any new task displaces, and a genuine allocation of protected time to complete it within paid hours rather than an assumption that it will be absorbed into personal time.

A leader cannot shorten the teaching day or the clinical shift, but density is not evenly distributed across it, report-writing periods, behaviour-intensive terms, and assessment windows are predictable peaks. Buffering those peaks with protected recovery time, redistributed non-teaching load, or temporary staffing support is a workload-density intervention that requires no change to bell times or rosters at all.

Exposure: the hidden cost of caring work

A second, more recent Australian finding sharpens the picture further. *The Silent Cost: Impact and Management of Secondary Trauma in Educators* (Fraser & Molineux, 2025), a national study of nearly 2,300 educators, found that teachers experience secondary traumatic stress, the cumulative psychological toll of supporting students who have experienced trauma, at levels higher than psychologists, mental health nurses, and paramedics. Critically, the study found that the mental health risk associated with secondary traumatic stress operates independently of burnout; it is not simply burnout under another name, and it will not be resolved by burnout-focused interventions alone. Despite this, most educators receive no formal training or structural support to manage secondary trauma exposure, in contrast to their counterparts in health and emergency services, where structured debriefing and exposure management are far more established.

The study also produced the paper's most useful evidence for a strengths-based, systems-first argument. Well-designed self-care training measurably reduced secondary traumatic stress and burnout and increased compassion satisfaction. Poorly designed self-care training, delivered without the surrounding structural support to make it usable, *increased* burnout substantially (Fraser & Molineux, 2025). In other words, individual-dimension intervention is not neutral when it is deployed without Practices and Environment scaffolding around it, it can actively backfire. The study's protective group,

educators with high trauma exposure but low resulting stress were distinguished not by personality or resilience alone, but by consistent use of multiple strategies spanning coping, recovery, and support, combined with a strong sense of agency over how they managed the emotional demands of the role. That combination of individual capability, relational support, and structural agency is, in miniature, the Dimensions model itself.

Friction: the cumulative cost of small operational burdens

The third mechanism comes from healthcare, and from direct first-hand program delivery rather than published research alone. *Clear the Clutter* (Armstrong et al., 2026), a whole-of-service improvement program recently delivered across a large Queensland public health service, set out to identify and progressively remove everyday operational inefficiencies, administrative duplication, fragmented digital systems, communication overload, and constrained physical and digital workspaces. The program drew on the concept of "pebbles in the shoe", small, individually minor irritants that accumulate into a significant cumulative burden, first used in an emergency department case study aimed at improving efficiency and reducing burnout (Savitzky et al., 2025). These are not dramatic hazards. They are individually minor, cumulatively substantial sources of cognitive load that reduce time available for direct care and steadily erode staff wellbeing, entirely independent of clinical hours or patient acuity.

The program, informed by the same Stanford occupational well-being model discussed in Section 2 (Stanford WellMD Center, n.d.), surveyed 949 frontline staff and 150 consumers across the service, identifying three consistent themes: tasks that no longer added value, constrained physical and digital workspaces, and cognitive and emotional overload (Armstrong et al., 2026). The resulting improvement pathway did not touch rosters, shift length, or patient loads. It targeted the friction surrounding fixed clinical demand, de-implementing low-value tasks, resolving system fragmentation, and prioritising fixes through a tiered model of governance that separated locally actionable "pebbles" from cross-functional issues requiring coordinated resourcing from leadership. This is Environment-dimension design in its most literal form: not a reduction in what clinicians are asked to do for patients, but a reduction in everything that currently sits between them and that work.

The common thread

Density, exposure, and friction are three different mechanisms, drawn from two different sectors, largely independent of one another in the literature. But each makes the same underlying claim: the fixed portion of demanding, people-facing work, the timetable, the

roster, the patient list is rarely where the redesignable opportunity actually sits. It sits in what surrounds that fixed time: how intensely it is packed, what it exposes a person to, and how much friction accumulates around it before anyone names it as a problem. None of these require negotiating away the core demands of teaching or clinical care. All three are squarely within a leader's design authority, and all three now sit within the scope of what Australian work health and safety law expects organisations to act on before reaching for individual-level responses.

5. What this looks like in practice

The purpose of this section is not to prescribe a program, but to illustrate using the evidence already discussed, the kind of design moves available to leaders inside genuinely fixed-time, high-demand roles. They are organised by dimension, deliberately starting with Environment, since Sections 3 and 4 established it as both the current legal priority and the most commonly under-resourced dimension in practice. For each dimension, the aim is a small number of concrete starting points rather than an exhaustive checklist, the goal is to give leaders somewhere specific to begin, not a program to install.

Environment

- *Map density before it compounds.* Predictable peaks like report-writing periods, exam blocks, seasonal ward surges, can be identified in advance and resourced with temporary staffing buffers, redistributed load, or protected recovery time either side of the peak, without altering core hours.
- *Apply an organisational change management lens to every new initiative.* Before adding a task, training requirement, or system change, name explicitly what it displaces and whether protected time within paid hours has been allocated to absorb it, treating this as a formal WHS consideration (Safe Work Australia, 2024), not an afterthought.
- *Separate what is locally fixable from what needs system-level coordination.* A tiered triage model, issues a frontline team can resolve directly, issues needing cross-functional coordination, and issues requiring executive resourcing, gives leaders a practical way to act on frontline insight without either ignoring it or being overwhelmed by its scale. This kind of tiering has already proven workable at whole-of-service scale in an acute Australian health setting, sorting thousands of raised issues into locally actionable "pebbles" versus system-level problems requiring dedicated resourcing (Armstrong et al., 2026).

- *Audit role clarity directly.* Role conflict and role ambiguity are among the most consistent predictors of burnout in the recent teacher-workload literature (Longmuir & McKay, 2024), and importantly, this is a lever entirely independent of workload volume: a role can be clarified without being shortened. Emotional exhaustion and a diminished sense of personal accomplishment are core, well-established dimensions of burnout (Maslach & Leiter, 2016), and both respond directly to clearer expectations and more visible recognition of contribution, regardless of how much work remains on a person's plate.
- *Treat administrative and digital friction as a legitimate wellbeing target, not a separate efficiency exercise.* De-implementing low-value, duplicated, or system-fragmented tasks reduces cognitive load without touching the demands of direct teaching or clinical care.
- *Protect recovery structurally, not informally.* Build guaranteed non-contact or non-clinical blocks into the roster or timetable itself, not as a courtesy that disappears under pressure, but as a fixed feature of the schedule, the same way a break or a leave entitlement is fixed. Recovery that depends on a good week to happen is not a design feature; it is luck.
- *Run a simple capacity check before adding anything new.* Before a new initiative, training requirement, or reporting obligation is approved, ask three questions: what does this displace, is there protected time allocated for it, and who has confirmed the person or team has capacity to absorb it. This turns the organisational change management hazard named in Section 3 into a two-minute habit rather than a compliance document.
- *Use technology to reduce administrative load, not just to add reporting capability.* Sector workforce data identifies AI-assisted tools for automating routine administrative tasks, streamlining marking, and supporting scheduling as a concrete, currently under-used lever for reducing friction (People Bench, 2025). This is a friction-reduction move, not a replacement for professional judgement, it targets the same category of burden as the friction mechanism discussed in Section 4.

Practices

- *Build structured, predictable channels for surfacing hidden workload and hidden exposure,* such as regular, low-stakes forums where "what's taking your time" or "what's weighing on you" can be said without it being read as complaint or weakness. This is psychological safety in its most practical form: not a

personality trait or a training outcome, but a leader-shaped condition for whether people feel able to speak before problems compound (Edmondson, 1999). Workload that stays invisible tends to surface later as resentment, disengagement, or attrition rather than as something a leader could have acted on earlier.

- *Introduce structured debrief and exposure-processing practices for emotionally demanding work*, drawing on the same principle that already operates routinely in health and emergency services but is largely absent in education, despite educators' comparatively higher secondary trauma exposure (Fraser & Molineux, 2025).
- *Make recognition and progress visible in ways that are tied to the actual work being done*, not generic praise, this is one of the more reliable levers against the "diminished sense of accomplishment" dimension of burnout (Maslach & Leiter, 2016), and it costs nothing to implement structurally through regular practice rather than one-off gestures.
- *Normalise career planning conversations as a routine practice, not an annual event*. Visibility of what progression could look like within a school is independently identified as a high-value factor in staff retention (People Bench, 2025), and it costs a leader a conversation, not a budget line.

Individual

- *Offer capability-building education in mental health, emotional regulation, self-compassion, coping strategy diversity, recognition and recovery from secondary trauma*, but deliberately pair it with the structural and relational support that determines whether it helps or harms. The finding that poorly designed self-care training measurably increased burnout is the clearest available evidence that Individual-dimension investment is not automatically protective; its value depends entirely on what surrounds it (Fraser & Molineux, 2025).
- *Build genuine agency into how people manage their own emotional load*, rather than prescribing a single coping approach. The protective factor identified among educators with high trauma exposure and low resulting stress was the combined use of multiple strategies and a strong sense of control over their use, not any one technique in isolation (Fraser & Molineux, 2025).

None of these moves require negotiating away core teaching hours, clinical shifts, or patient loads. All of them sit within a leader's existing authority, and per Section 3, several now sit within what Australian work health and safety law expects to see evidenced.

Taken together, they are what sustainable demand looks like in practice: not a smaller workload, but one that is visible, bounded, and recoverable, density that is mapped rather than absorbed silently, change that is costed in time rather than assumed to fit, and recovery that is scheduled rather than hoped for.

6. The case for leaders, now

Three things are converging at the same moment, and leaders who move first will be responding to opportunity rather than catching up to compliance.

The evidence has matured. From Karasek's (1979) original demand-control model through to Australia's own psychosocial safety climate research (Dollard & Bakker, 2010), the field no longer treats workload volume as the primary driver of strain, it treats the *relationship* between demand and the control, predictability, and recovery available around it as the operative variable. Section 4's evidence on density, exposure, and friction gives that relationship concrete, sector-specific shape.

Recent Australian independent-school workforce data lands on a strikingly similar structure from an entirely different starting point. Bringing workload under control is described there as requiring organisational and role factors, and technological factors, largely Environment-dimension levers in the language of this paper, combined with behavioural factors, or how staff work together in teams, which is Practices in this paper's terms (People Bench, 2025). Convergence of this kind, arriving from workforce data rather than theory, is difficult evidence to dismiss.

The law has caught up to the evidence. Since 2022, and with a substantial acceleration through 2024–2025 as Commonwealth and state regulators finalised their psychosocial hazard codes (Safe Work Australia, 2024), Australian work health and safety law now requires organisations to apply the hierarchy of controls to psychological risk, meaning work design, staffing, and structural adjustment must be exhausted before training and individual support are relied upon as the primary response. This is not a subtle shift in emphasis. It is a legal statement that the Individual-only response model, however well-intentioned, no longer meets the standard of reasonably practicable care.

And the cost of inaction is no longer abstract. Mental health-related workers' compensation claims in Australia rose 161 per cent over the decade to 2023–24, by far the largest increase of any injury category, and the practical burden they carry is disproportionate to their number: the median psychological injury claim involves 35.7 weeks off work and \$67,400 in compensation, against 7.4 weeks and \$16,300 for the

median serious claim overall (Safe Work Australia, 2025). These are not figures that reward waiting for a mandated response. They reward the organisations already redesigning density, exposure, and friction before a claim forces the conversation.

None of this is a case for doing more. It is a case for redirecting effort that is often already being spent, on resilience programs, EAP referrals, and wellbeing perks toward the dimension where it will compound rather than plateau. Leaders in education and healthcare are not being asked to solve an unsolvable problem of fixed demand. They are being asked to notice that the fixed part was never the whole problem, and that the redesignable part, how densely that demand is packed, what it exposes people to, and how much friction accumulates around it has always been within reach.

When Individual, Practices, and Environment move together, the result is not a workforce being asked, indefinitely, to do more with less. It is one operating within genuinely sustainable demand - workload that is dense at times, emotionally exposed at times, and imperfect at times, but that the workforce carrying it has the capacity to absorb, recover from, and repeat without drawing on personal time, health, or goodwill to close the gap. Capacity, not compliance, is the measure that matters here, and it is a measure leaders can actually see: rosters and timetables that hold without relying on unpaid overflow, recovery windows that are genuinely protected rather than theoretical, and a workforce whose current output is not quietly borrowed from its own future. That is not an aspiration. Across education and healthcare alike, it is now a body of evidence, a regulatory expectation, and increasingly, a demonstrated, first-hand practice.

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