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Enhancing the Australian Healthcare Sector’s Responsiveness to Environmental Sustainability Issues: Suggestions from Australian healthcare professionals

Abstract

Objective: Identify strategies to implement change across the Australian healthcare sector to better support social and natural environments.

Methods: Qualitative analysis of semi-structured interviews with Australian healthcare professionals.

Results: Interviewees described multiple barriers to implementing change and numerous strategies to overcome these barriers. They argued that action must be taken at the individual and systemic levels to produce substantial and effective change. The strategies recommended fall into four main categories; altering workplace cultures and professional identities, community engagement, political activity, and change from within. The overarching goals of these strategies are to reduce negative impacts on the natural environment, and increase social equity within and across generations.

Conclusions: By implementing the strategies described, a more cohesive effort to address sustainability issues across the sector can be made. This may improve local and global health, within current and future generations.
Key question summary

What is known about the topic?
Healthcare has a significant impact on the natural and social environments, which in turn have a significant impact upon health and healthcare.

What does this paper add?
This paper describes strategies to alter healthcare to better support environmental sustainability.

What are the implications for practitioners?
Collective implementation of the described strategies may allow a more cohesive and effective response across the Australian healthcare sector, to enhance local and global health for current and future generations.

Additional Key Words
Environmental health; Health care ethics; Health education; Holistic health; Professional education; Social justice
Introduction

The natural and social environments have a significant impact on health and healthcare\textsuperscript{1-4}. Healthcare has a significant impact upon social and natural environments\textsuperscript{5-7}. Natural sustainability is the responsible use and conservation of natural resources and the maintenance of ecosystems for current and future generations\textsuperscript{8}. Key issues include habitat destruction and a loss of biodiversity\textsuperscript{9}. Social sustainability is the maintenance of societal structures and cultures, and equitable access to resources\textsuperscript{10}. It focuses on intra and inter-generational equity, social justice, inclusiveness, and cultural diversity\textsuperscript{9}. Natural and social sustainability are intrinsically linked and must be considered collectively\textsuperscript{11-13}. By effectively addressing natural and social sustainability the Australian healthcare sector may help to ensure the wellbeing of both current and future generations\textsuperscript{6-7,14}.

This manuscript summarises suggestions from Australian healthcare professionals as to how healthcare practice can be altered to more effectively support the natural and social environments. These suggestions are based on the professional experiences of the interviewees and address the major barriers they perceive to altering practice to improve the responsiveness of the sector.
Methods

Recent research findings indicate that employees have unique and pertinent knowledge that can address environmental sustainability issues\textsuperscript{15}. To inform the development of a more responsive healthcare sector, 64 healthcare professionals and educators were interviewed. Semi-structured interview schedules were designed to elicit the perceptions of these professionals regarding:

1) The visibility of sustainability issues within the healthcare sector
2) Education for sustainability
3) Barriers to implementing change, and
4) Strategies to overcome these barriers

Interview questions included:

“What is your general impression of the visibility of sustainability issues in the healthcare sector?”

“What do you think should be the key aims of education for sustainability in healthcare degrees?”

“What do you see as the key obstacles to improving sustainability awareness and preparedness in the healthcare sector?”

“How do you think these barriers could be addressed?”
Data driven iterative thematic qualitative analysis of interview transcripts, throughout and beyond the interview period\textsuperscript{16}, identified major themes and pertinent concepts. Qualitative research methodology was chosen due to the experiential nature of the issues being investigated\textsuperscript{16}, such as the lived experience of implementing environmentally responsible healthcare practices. This manuscript specifically addresses healthcare professionals’ perceptions of barriers to implementing change, and strategies to overcome these barriers.

Chain-referral purposive sampling\textsuperscript{17} of participants ensured that private and public sectors, all states and territories of Australia, and rural, regional, and metropolitan healthcare services were represented. Participants represented a wide range of healthcare disciplines (Table 1). Except for speech pathology and optometry, all disciplines were represented in at least two states or territories (Table 1). 13\% of participants were interviewed as professionals in managerial roles or as representatives of professional associations or accrediting bodies.
Findings

Qualitative analysis explored healthcare professionals’ perceptions of how the Australian healthcare sector can alter practice to more effectively support the natural and social environments. Across all disciplines, there was an understanding of how social and natural environments impact upon health by altering the physiology and the behaviours/choices of individuals. Many interviewees described the significant impact healthcare has upon the social and natural environments.

“The acute sector is a 24-hour-a-day business. We run huge hospitals. We generate huge amounts of… waste. We use a lot of transport. We’re big producers of greenhouse gas…. That’s just what we do as part of the business….”

Public health physician

The major environmental impact of healthcare was a consistent theme regardless of whether the private or public sectors, rural, regional, or metropolitan areas, or differing states of Australia were discussed.

Interviewees reported low visibility of sustainability issues within the sector, and discussed numerous barriers to implementing change. Often these barriers were related to work cultures, organisational structures, or resource constraints.
“...a lot of the people that I work with don't think in their day to day practice that any of this is relevant. Because they're there to take care of the patient and their time's limited…”

Nurse, public

Generally, social sustainability issues, such as equitable access to healthcare and cultural sensitivity, had greater visibility than natural sustainability. In some cases, interviewees reported a complete lack of explicit reference to natural sustainability within corporate plans and mission statements of institutions and professional associations.

“There isn’t a clear objective around environmental sustainability at all [in our corporate plan].”

Nurse, public

Interviewees described the lack of a cohesive view of how sustainability issues should be addressed across the sector, and a need to develop shared language around sustainability.

“I guess clear definitions and common language around it so people are actually understanding what it is.”

Allied health professional development

Individuals focused primarily on different aspects of sustainability and discipline specific examples of sustainability issues were described. For example dieticians
discussed food security and the cultural context of food production and consumption, whereas podiatrists discussed the manufacture and disposal of orthotics. At the managerial level there were often discussions of ‘green’ infrastructure and carbon footprints. However, similar barriers to change and strategies to overcome them were discussed across all disciplines.

Sustainability issues were often described as being an emerging or growing concern, and there was a common perception that most healthcare workers are open to the concept of altering healthcare practice to support the social and natural environments.

“…as reflected in the general community, I think awareness is really rising about sustainability and I think for dieticians it’s fairly obvious the links between nutrition advice and food and nutrition policy and environmental impact.”

Dietician, private

Raising the visibility of sustainability issues and addressing barriers within the sector, contribute to the recommendations made by interviewees to increase the sector’s responsiveness.

“…it should probably be in their ethos… to be clearly communicated from management; all the way down, really.”

Speech pathologist, public
Encouragingly, interviewees described strategies they currently use, or should be implemented, to increase the responsiveness of the sector. This paper describes these strategies to provide multiple avenues for improvement to lead to a more cohesive response.

The suggested strategies can be classified into four major intersecting streams of action:

- Altering work cultures and professional identities
- Community engagement
- Political activity, and
- Change from within

Key objectives for each field of action, and suggested strategies to achieve these goals are described below. The interviewees argued that the implementation of such strategies will enhance the healthcare sector’s responsiveness to environmental sustainability issues.

*Altering work cultures and professional identities*

Interviewees discussed significant work culture and professional identity barriers to implementing change to support the social and natural environments. Interviewees suggested that action on multiple fronts must be taken to achieve the following work culture outcomes:

- Broadening of core responsibilities
- Increased understanding of sustainability issues
Increased understanding of the social context of healthcare

Developing capacity for future-thinking, and a focus on the long-term needs of individuals and communities

Developing environmental stewardship

Developing multidisciplinary and global perspectives

Questioning of dominant professional paradigms

Developing holistic, environmentally contextualised healthcare

Increasing the focus on preventative healthcare

Increasing cooperation and decreasing competition within and beyond the sector

Creating proactive work environments, and moving beyond crisis management

To effect these changes interviewees argued that action must be taken at the managerial and individual practitioner level, plus involve participation of professional associations and educators (Figure 1).

Appropriate managerial actions include incorporating fundamental sustainability principles into corporate plans, mission statements, key performance indicators, and codes of conduct, as well as providing supportive infrastructure and altering organisational structures to encourage practice that supports the social and natural environments. Improving communication across sectors may also enhance environmentally friendly practices, and increasing workforce diversity can address some social sustainability issues (Figure 1 and Table 2).

Professional associations should help to stimulate change across the sector by including sustainability principles within criteria for accreditation of educational
programs and professional registration, as well as incorporating fundamental sustainability principles into competencies and codes of conduct (Figure 1 and Table 2).

Academics and educators involved in professional development should raise the consciousness of sustainability issues, and model practice to support social and natural sustainability, so this is more likely to be considered a core responsibility. Mentoring programs with experienced champions of environmentally friendly practice may help support the professional development of others (Figure 1 and Table 2).

Individual practitioners need to contribute to the development of work cultures that are more responsive to sustainability issues through critical reflection and critiques of practice. By continually assessing their own practice and that of their work place, they may limit environmental damage and ensure social equity. By discussing these issues within their own discipline, interacting with other disciplines, and engaging with sustainability issues and programmes, individuals can make a significant contribution (Figure 1 and Table 2).
Community engagement

Many interviewees argued that the healthcare sector cannot effectively and ethically respond to sustainability issues without engaging communities, and increasing the say of communities with regards to their own environments and healthcare. The main goals of this community engagement are:

- Reduction of inequality and social exclusion
- Increasing community understanding of environmental health
- Reduction of negative impacts on the natural environment
- Addressing social determinants of health
- Increasing community involvement in decision-making
- Altering public perceptions of health, healthcare, and healthcare professionals
- Responding more effectively to community needs
- Protecting patient rights and enhancing patient autonomy, and
- Providing more health information and choice to individuals and communities

Strategies to achieve these goals include more public education, community feedback to professional associations, enhanced public relations, interactions with industries external to the healthcare sector, involvement with community groups, and more effective communication regarding healthcare choices and health information (Figure 1 and Table 3).

Political activity

Many interviewees suggested that healthcare professionals have a moral obligation to act as advocates for the health and well-being of the communities they serve, and/or
argued that political activism and lobbying can be effectively used to support the social and natural environments to enhance the well-being of communities.

The primary goals of political activism and lobbying are:

- Reduction of inequality and social exclusion
- Decentralisation of planning
- Increasing the transparency of decision-making
- Reducing negative impacts on the natural environment
- Addressing the social determinants of health
- Increasing community involvement in decision-making
- Questioning of dominant political paradigms, such as comparing economic rationalisation to an outcomes approach, and
- Fostering positive industrial relations and legislation to support both natural and social sustainability

Interviewees argued that healthcare professionals can undertake individual activism or act within small interest groups, and/or professional unions and associations can take action on behalf of healthcare professions to achieve these goals. In addition to political lobbying in general, unions can help address sustainability issues through enterprise bargaining and industrial relations (Figure 1 and Table 4). Interviewees acknowledged that political activism can lead to professional ostracism, and is not supported by all healthcare professionals (Table 4).

*Change from within*
By using the existing dominate professional paradigms to justify change, rapid change may be implemented. This involves strategies such as cost-benefit analysis, occupational health and safety co-benefits, and using an understanding of current organisational structures and workplace power relationships to argue for rapid change from within.

However, many interviewees argued that such strategies should not be the only ones implemented, as they do not challenge organisational structures, power relationships, or professional paradigms that may be inhibiting the sector’s responsiveness to sustainability issues overall. Fundamental transformational change may be more effective.
Discussion

To improve the Australian healthcare sector’s responsiveness to natural and social environmental sustainability issues, interviewees argued that individual and systemic change must occur, and that work cultures and professional identities must be altered to increase the core responsibilities and accountability of the sector as a whole. Key goals include a greater focus on future thinking, global perspectives, proactive workplaces, preventative healthcare, the socio-ecological model of health, empowering communities, green design, and reducing inequality, social exclusion, consumption and waste.

Individuals can act within and beyond the workplace. Action of individuals within the workplace must be supported by managerial and organisational change. Engagement with sustainability issues is required beyond those that pose immediate health threats, and local impacts. Broader perspectives are required to address long-term and global issues. Previously local health threats have been the primary focus of workplace environmental activism. For example, local occupational health and safety campaigns have driven environmental initiatives.  

Interviewees argued that systemic change to address environmental sustainability requires altered managerial processes and structures, and involvement of professional associations and unions. This includes the incorporation of fundamental sustainability principles into all mission statements, key performance indicators, competencies, and accreditation and registration criteria. In agreement with the literature, interviewees
suggested that strong leadership is required to drive this systemic change, and significant resources must be provided to support change across the sector\textsuperscript{19-20}.

The United Kingdom’s National Health Service (NHS) has developed an environmentally sustainable healthcare checklist, guidelines for healthy buildings, and contributed to an on-line tool that helps NHS organisations to support the sustainability of local communities and the natural environment\textsuperscript{19}. Although uptake of these initiatives has been slow, cooperation between the Department of Health, the NHS Sustainable Development Commission, individual NHS organisations, managers and professionals, and external environmental organisations, is building the capacity of NHS to respond to sustainability issues, and driving cultural change that encourages social responsibility and accountability\textsuperscript{6,19}. In Australia there are examples of healthcare organisations making significant carbon emission reductions\textsuperscript{6}. Despite governmental policies supporting this action, in contrast to NHS initiatives, a whole system approach is lacking\textsuperscript{6}. Discussion papers and policies support social sustainability initiatives in Australia and highlight the importance of community engagement\textsuperscript{21-22}. However, a cohesive response linking natural and social sustainability is absent\textsuperscript{21-22}.

A major barrier described by interviewees from all disciplines is the current reactive nature of the healthcare sector, where the acute needs of patients and resource constraints dominate practice. Similarly the literature reports this is a major barrier to change\textsuperscript{23-24}. Reactive work cultures focus on crisis management, are poorly responsive, and lack a focus on future needs\textsuperscript{23}. Change within such environments is difficult\textsuperscript{23}. Shifting from reactive to proactive work environments requires strong
leadership. Empowering staff to resolve key barriers they have identified allows the gradual transition to proactivity where a future-focus dominates. Understanding the attributes of proactive organisational cultures and leaders, strategies to make proactivity the norm, and how businesses empower employees to decrease negative environmental impacts is vital.

Beyond the workplace, interviewees argued that individual action can involve political lobbying and participation in community groups. This could be supported by the action of unions and professional associations. This was seen as important as healthcare professionals practice within a social context, and politics and economics have large impacts upon health, healthcare, and environmental sustainability. Without addressing these external pressures systemic change within the healthcare sector may be difficult. Many have argued that the medicalisation of society is driven by health economics, and is a major barrier to implementing change to support environmental sustainability. Economics also results in resource constraints across the sector, which interviewees perceived as a major barrier to implementing change. Through community engagement and political activism, interviewees argued that healthcare professionals can help drive societal change within Australia to address such issues.

Professional education for sustainability is required to provide the opportunity to develop the necessary knowledge and skills to effectively respond to sustainability issues within and beyond healthcare workplaces. Some interviewees argued that the biomedical model of health still dominates healthcare education and practice, while a socio-ecological model of health is more realistic. The biomedical model is a
reductionist model that focuses upon the individual in isolation, and on curative treatments such as pharmaceutical and surgical interventions, which are resource intensive\textsuperscript{37,38}. In contrast, the socio-ecological model of health has a preventative healthcare focus, and acknowledges the importance of an individuals’ social and physical environmental context\textsuperscript{29,39-42}. Despite the perceived benefits of the socio-ecological model, it has been argued that replacing the biomedical model of health will be difficult as it is more easily commodified\textsuperscript{24,28,34,43}.

Hence, in agreement with the literature, interviewees argued that both systemic and individual change is required to allow the healthcare sector to become more responsive to sustainability issues, to enhance health and wellbeing both locally and globally\textsuperscript{6,7,14,20}. This requires action of healthcare professionals within and beyond their workplaces.
Conclusions

Qualitative analysis of interviews with Australian healthcare professionals identified key strategies to implement change in the healthcare sector to support the natural and social environments. Four main streams of action were identified; Altering work cultures and professional identities, Community engagement, Political activity, and Change from within. This involved the action of individuals, professional associations, unions, and healthcare management, to alter work cultures and professional identities, by incorporating fundamental sustainability principles into everyday practice, professional competencies, registration and accreditation criteria, mission statements, key performance indicators, and codes of conduct. Increased community engagement and political lobbying of individual healthcare professionals and professional associations was recommended to increase social inclusion and decrease environmental damage. Professionals could also use existing organisational structures and ideology to rapidly alter practice within the workplace. Collectively the major goals of these actions are to broaden core healthcare responsibilities, reduce the negative impacts of healthcare on the natural environment, increase the understanding of the environmental context of healthcare, and reduce inequality and social exclusion. Implementing these strategies may help to drive change across and beyond the Australian healthcare sector, to support both the natural and social environment, leading to better health locally and globally, for current and future generations.
References


**Conflicts of interest**

No conflicts of interest exist.
Table legends

Table 1: Participant details
This table summarises the percentage of interviewees from each healthcare discipline (excluding participants who were classified as ‘multidisciplinary’), and the states and territories of employment. Overall, the proportion of participants employed in each state or territory were 23% Vic, 18% NSW, 12% QLD, 10% ACT, 10% NT, 10% WA, 8% TAS, and 8% SA.

Table 2: Changing work cultures and professional identities to address environmental sustainability
This table contains examples of actions discussed by interviewees, to alter work cultures and professional identities. These actions could be taken by professional associations, educators, individual practitioners, or healthcare management.

Table 3: Enhancing community engagement to address environmental sustainability
This table provides examples of interviewee comments about enhancing community engagement to better support environmental sustainability.

Table 4: Political activity to address environmental sustainability
This table displays examples of interviewee discussions of how political lobbying by individuals, small interest groups, professional associations, and unions, may help to support environmental sustainability. Additionally, an example is provided of discussions regarding the risks of political activism.
Figure legends

Figure 1: Key strategies to alter healthcare to support environmental sustainability

This figure summarises key actions to promote practice that supports environmental sustainability, via community engagement, political activity, and altering work cultures. These actions may be implemented by individuals, interest groups, professional associations, unions, educators, or healthcare management.
### TABLE 1: Participant details

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Percentage of interviewees</th>
<th>States &amp; territories represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing &amp; midwifery</td>
<td>24</td>
<td>ACT, NSW, NT, QLD, SA, TAS, VIC, WA</td>
</tr>
<tr>
<td>Public health</td>
<td>12</td>
<td>ACT, NSW, QLD, VIC, WA</td>
</tr>
<tr>
<td>Medicine</td>
<td>10</td>
<td>ACT, NSW, TAS, VIC, WA</td>
</tr>
<tr>
<td>Environmental health</td>
<td>10</td>
<td>NT, TAS, WA</td>
</tr>
<tr>
<td>Dietetics</td>
<td>10</td>
<td>NSW, QLD, TAS</td>
</tr>
<tr>
<td>Community &amp; rural health</td>
<td>7</td>
<td>NSW, QLD, VIC</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>5</td>
<td>NSW, SA</td>
</tr>
<tr>
<td>Podiatry</td>
<td>5</td>
<td>NSW, QLD</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>5</td>
<td>NSW, TAS</td>
</tr>
<tr>
<td>Optometry</td>
<td>5</td>
<td>VIC</td>
</tr>
<tr>
<td>Psychology &amp; Sociology</td>
<td>4</td>
<td>TAS, VIC</td>
</tr>
<tr>
<td>Speech pathology</td>
<td>2</td>
<td>NT</td>
</tr>
</tbody>
</table>
### TABLE 2: Changing work cultures and professional identities to address environmental sustainability

<table>
<thead>
<tr>
<th>Level of Action</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Managerial</strong></td>
<td><strong>Key performance indicators (KPIs):</strong> “But there also has been a strong request for, and support for, the development of whole of the departmental policy associated with the particular components of our environmental footprint. So that then it is the responsibility of executives in regional areas or in the local areas to then demonstrate that they are adopting that. So part of that requirement for implementation was that it would be built into KPIs for the executives. So the executives then would transfer that down the line to ensure that it was being met.” Environmental health, public</td>
</tr>
<tr>
<td><strong>Professional association</strong></td>
<td>Competencies &amp; accreditation: “So if the competencies not there, or not explicitly there, because you have so many other things to address it’s less, it’s less priority.” Physiotherapist, accreditation</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td><strong>Professional modelling:</strong> “The critical thinking, personal reflection, modelling behaviour and having that community development and interdisciplinary approach, I think encouraging those sorts of things would be great.” Health promotion officer, public</td>
</tr>
<tr>
<td><strong>Individual practitioner</strong></td>
<td><strong>Reflective practice:</strong> “People in health are generally very, very busy on things and I think that’s a function of the system and it doesn’t seem to have - not characterised by this sort of reflection. This heads up, are we doing the right thing, is that equitable? Are we getting good results from our efforts, on a variety of fronts, macro and micro? So I think people just are burdened with meeting demand in very inefficient ways, and not looking at the longer-term picture.” Nurse, public</td>
</tr>
<tr>
<td>Action</td>
<td>Example</td>
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<tr>
<td><strong>Public education</strong></td>
<td>“I don’t think that we need to tell people what the solutions are, but we can be advocates for change by encouraging people and helping people to question and to perhaps offer some resources of where they might find some answers. It’s really about that facilitating change for others that they can make proactive changes in their own lives that will be appropriate to them.” Nurse, public</td>
</tr>
<tr>
<td><strong>Interactions with industry</strong></td>
<td>“… I’m quite active in my professional association… and we’re now trying to write a position paper and where we see a dietician’s role in terms of food and sustainability or what is our role in that. I mean primarily we’ve always focused on the consumer but really if we look at the whole paddock to plate scenario, my sense is and many of us think that we should actually be working with our primary producers as well and supporting them from the very beginning before the actual food gets to the consumer plate.” Dietician, public</td>
</tr>
<tr>
<td><strong>Public relations</strong></td>
<td>“Yes. I suppose it's just competing demands and expectations and we sort of have a health system that has led people to believe that things will be available, as opposed to at some point in time where they're going to have to say there are limited resources. They have to look at not just the longevity of people, but the quality of life and the use of resources to maintenance quality of life versus quantity of life.” Midwifery, accreditation and registration</td>
</tr>
<tr>
<td><strong>Interactions with community groups</strong></td>
<td>“- I don’t know if you’ve ever heard of things like Bucket Brigades which was set up by Erin Brockovich from that case and the lawyer Denny Larson. ... What they do is they encourage communities anywhere to do their own monitoring, air and water quality… Empowering communities…” Psychologist, private</td>
</tr>
<tr>
<td><strong>Providing healthcare choices &amp; information</strong></td>
<td>“There needs to be an increasing push towards self management and in seeing the patient or the client or the community member as an active partner in their health rather than a passive recipient of health services.” Dietician, health services consultant</td>
</tr>
</tbody>
</table>
**TABLE 4: Political activity to address environmental sustainability**

<table>
<thead>
<tr>
<th>Type of activism</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td>“They can go and see their local members; they can ask questions of people when they knock on their door looking for their votes. There’s a whole range of things people can do. I think that part of our role is about lifting the notch in terms of awareness of the issues, so that we empower our members to be able to do those things rather than having to dredge up their own individual pieces of research and information.” Healthcare association employee</td>
</tr>
<tr>
<td><strong>Interest groups</strong></td>
<td>“There are interest groups in a number of states and territories across the country, where nurses have banded together, who are environmentally aware, in terms of consciousness-raising, demonstration, looking at the research and trying to develop positions.” Australian Nursing Federation employee</td>
</tr>
<tr>
<td><strong>Professional associations</strong></td>
<td>“We would be determining a position… then lobbying governments and political parties during the election campaigns, and seeking their commitments to those in the same way that we have done for a long time now in relation to health care issues like finance and funding models. No one blinks when we lobby around protecting Medicare, for example, as a system, anymore. Thirty years ago they did, but no one thinks that we shouldn’t go there now. I guess the position that a number of us have is that housing, education and the environment are equally critical to the healthcare status of individuals and communities, as is Medicare, so why wouldn’t we want to go there?” Healthcare association employee</td>
</tr>
<tr>
<td><strong>Unions &amp; industrial relations</strong></td>
<td>“Yeah there has been some discussion about trying to get environmental clauses in our EBAs [enterprise bargaining agreements]…” Occupational therapist, public</td>
</tr>
<tr>
<td><strong>Negative outcomes</strong></td>
<td><strong>Example</strong></td>
</tr>
<tr>
<td><strong>Possible Ostracism</strong></td>
<td>“I think there’s lots of examples where those that put themselves out as advocates run the risk of – and I can cite some examples – where they’re then being segmented and ostracised because they’ve sought to challenge mainstream thinking.” Community development</td>
</tr>
</tbody>
</table>
Community engagement
- Public education
- Community groups
- Community, industry, & individual feedback
- Information
- Choice

Political activity
- Individuals
- Interest groups
- Professional associations
- Unions

Professional associations
- Accreditation
- Registration
- Competencies
- Codes of conduct

Individuals
- Reflective practice
- Participation
- Engagement

Educators
- Professional development
- Mentoring
- Champions
- Training
- Modelling

Managerial
- Corporate plans
- Mission statements
- Key performance indicators
- Codes of conduct
- Infrastructure
- Organisational structures
- Communication
- Work-force diversity

Key foci
- Future-thinking
- Global perspectives
- Outcomes approach
- Proactivity
- Preventative healthcare
- Socio-ecological model of health
- Empowered communities
- Accountability & transparency
- Reduced consumption
- Reduced waste
- Reduced inequality
- Reduced social exclusion

Altering Work Cultures