Organizational conditions for Dignity of Risk implementation and sustainability: A systems view of workforce practice

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CONTENT

- Organizational Influences Shaping Practice for Dignity of Risk.
- Examples of System-Level Influences impacting implementation of Dignity of Risk Initiatives.
- Recommendations for enhancing Dignity of Risk practice and sustainability.

Conflict of interest declaration: None to Declare

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MONASH UNIVERSITY recognises that its Australian campuses are located on the unceded lands of the people of the Kulin Nations, and pays its respects to their Elders, past and present.

Dignity of Risk Education Program

- ✓ Education for all staff
- ✓ Upskilling Champions to drive Dignity of Risk practice and sustainability
- ✓ Decision-making tools & resources (e.g., policy)

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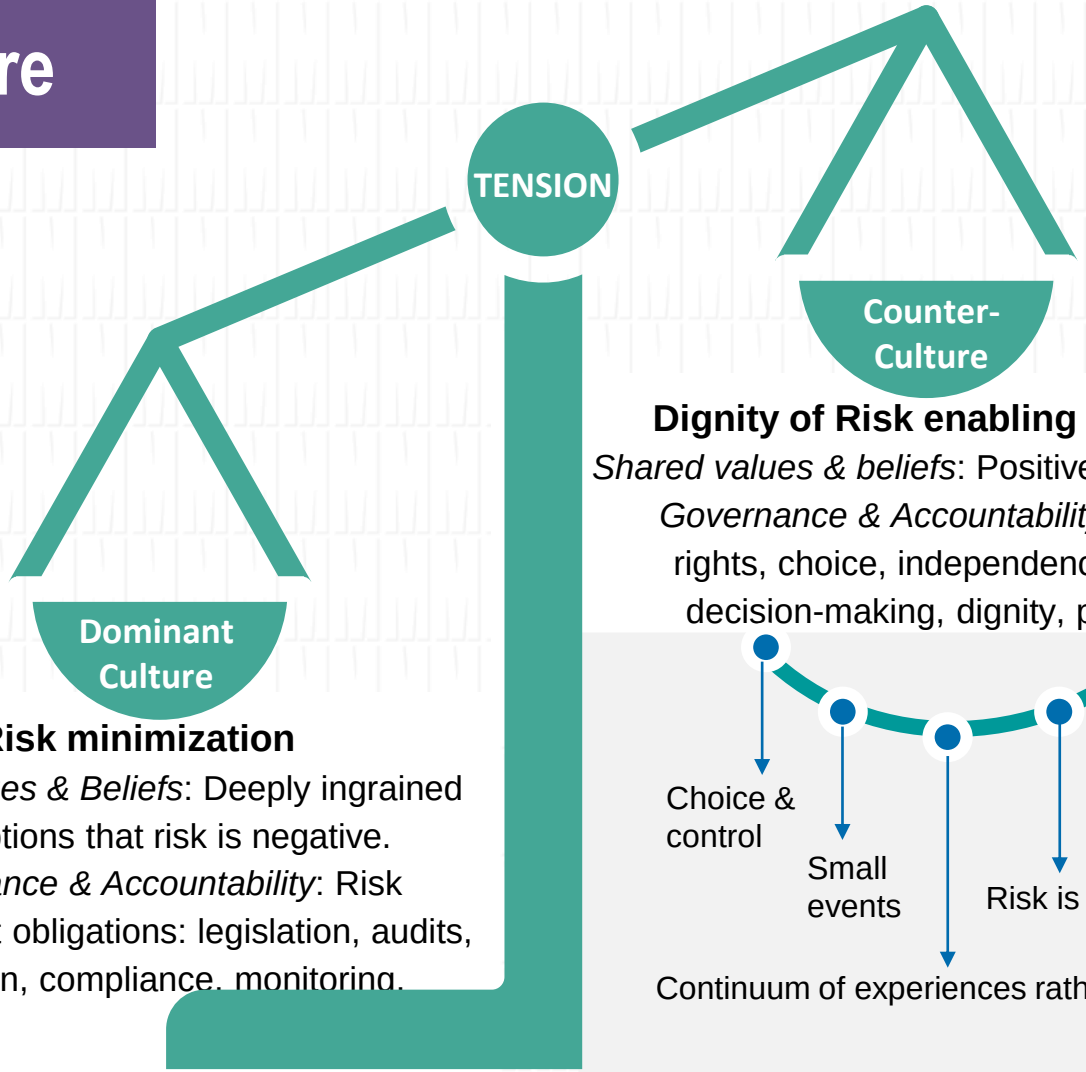
Culture



Risk minimization

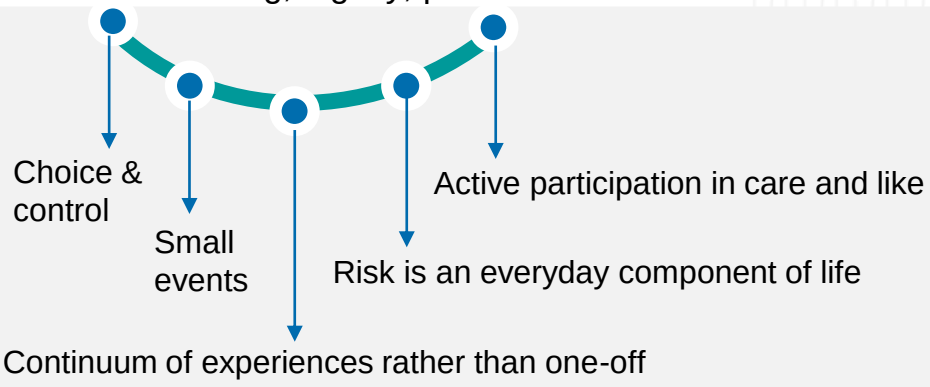
Shared Values & Beliefs: Deeply ingrained assumptions that risk is negative.

Governance & Accountability: Risk management obligations: legislation, audits, regulation, compliance, monitoring.

Dignity of Risk enabling sub-culture

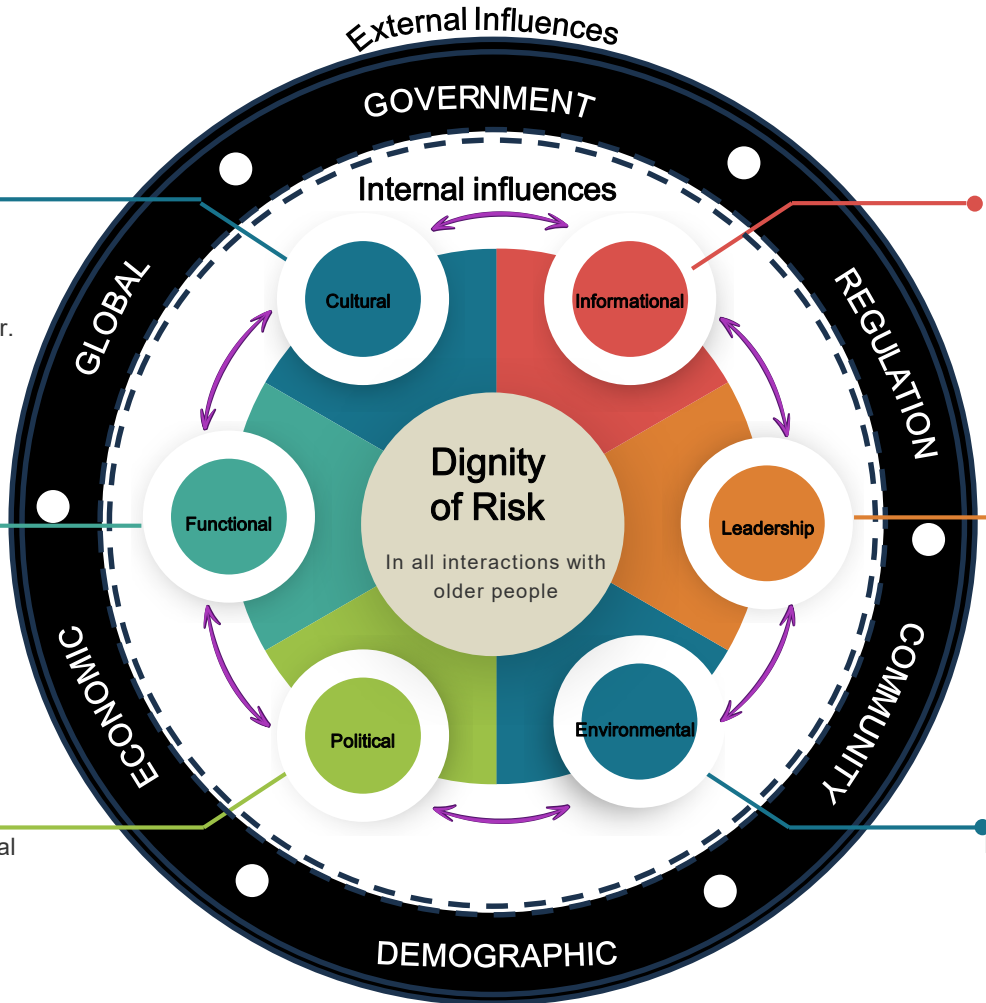
Shared values & beliefs: Positive risk sub-culture.

Governance & Accountability: Consumer rights, choice, independence, informed decision-making, dignity, positive risk



Woolford et al. Applying DoR Principles

Organizational Influences Shaping the Practice of Dignity of Risk



1

Cultural Subsystem

Long-held beliefs about risk and shared norms that shape behaviour.

2

Functional Subsystem

How work is organized, operationalized, governed and responsibilities.

3

Political Subsystem

Power authority, formal and informal power.

4

Informational Subsystem

Information creation, flow, and feedback.

5

Leadership Subsystem

Direction, authority and influence mechanisms.

6

Environmental Subsystem

Physical and structural conditions of the system.

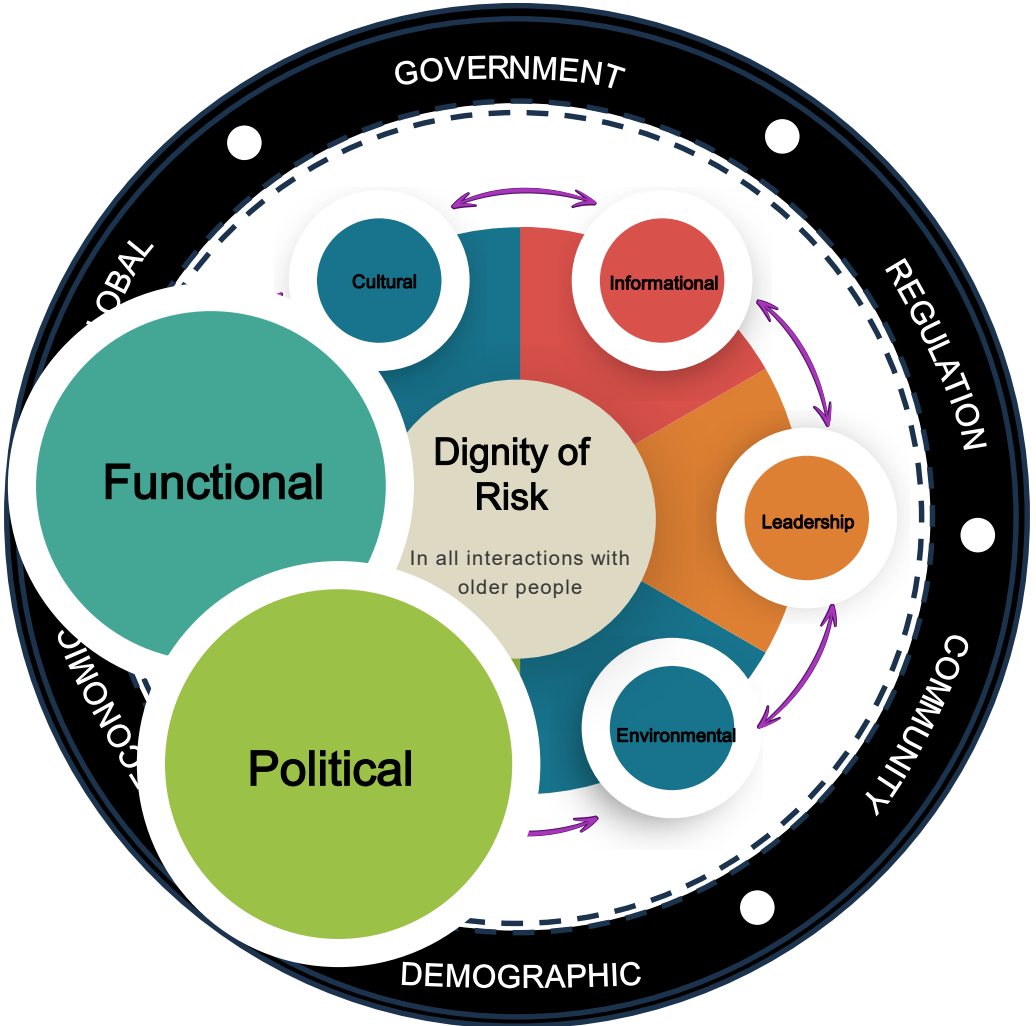
Functional & Political Considerations for Dignity of Risk Practice Change

Job Design of Frontline Staff

- Workflow designed around task completion
- Regulation on practice and care delivery
- Structured role boundaries
- Processes for knowledge sharing

Decision-Making Considerations

- Authorization to make DoR decisions
- Responsibility and accountability for DoR outcomes
- Degree of frontline staff empowerment in top-down hierarchal structure
- Organizational support for real-time, in-the-moment decision-making



Informational Considerations for Dignity of Risk Practice Change

Communication Considerations

- Time allocated for meaningful handover
- Usability and accessibility of communication platforms for all staff
- Clarity and interpretability of organizational messages

Data Collection Tools

- Organizational framing and definition of DoR across documents
- Language and assumptions embedded in DoR assessment tools
- Time and capacity to complete DoR documentation during shifts

Dignity of Risk Decision-Making Tool – Example of Language & Measurable Indicators

POSITIVE RISK ASSESSMENT TOOL

Name of person:
Assessed by: Date of assessment:

Name of relationship of others involved in the risk assessment and decision-making process: (e.g., daughter, doctor, friend)

Description of the risk

Person(s) at risk

Nature of the risk

Calculate the risk using the risk calculator (at right)

Hazard	Consequences	Likelihood	Risk score	Risk rating
(description)	Score (1-5)	Score (1-5)	Score (Total)	Rating (low to very high)

What are the advantages and disadvantages of taking the risk? (ensure the persons beliefs and values are explored and record discussions below)

Advantages:	Disadvantages:
Medical and physical wellbeing	Medical and physical wellbeing
Psychological and emotional wellbeing	Psychological and emotional wellbeing
Social	Social
Ethical/Spiritual/Cultural	Ethical/Spiritual/Cultural

Having discussed the balance of risk with the resident, do they have the mental capacity to agree the control measures required to manage the risk?

YES NO (circle as appropriate)

Refer to local policy guidelines and state legislation

Control Measures Identified

Physical:
Equipment:
Procedural:
Other

With controls in place, re-calculate the risk rating using the Risk Calculator

Hazard	Consequences	Likelihood	Risk score	Risk rating
(Description)	Score (1-5)	Score (1-5)	Score (Total)	Rating (low to very high)

Integrate the control measures into the plan and determine frequency of evaluation

I understand the risks involved in the planned activity and consent to the control measures identified above:

Signature of person	Unable to give informed consent due to lack of mental capacity	Date:
Other (state relationship)	e.g. daughter	Date:
Other (state relationship)	e.g. doctor	Date:
Other (state relationship)	e.g. friend	Date:
Signature of assessor	e.g. RN / Practitioner	Date:

DIGNITY OF RISK DECISION-MAKING TOOLS FOR AGED CARE

This is an example of an assessment tool currently used by the aged care sector - including permanent care, respite care, and home care - to support Dignity of Risk (DoR) decision-making.

At present, **there is no standardized, sector-wide Dignity of Risk assessment tool**. Instead, individual aged care providers develop their own tools and determine the associated processes, guidance and staff training required for their use.

As a result, DoR decision-making practices vary considerably between organizations, influenced by local interpretations of risk, governance arrangements, and organizational culture.

This variability raises important questions about consistency, how 'risk' is interpreted across organizations, and how organizational 'risk appetite' shapes Dignity of Risk practice.

~~POSITIVE RISK~~ DIGNITY OF RISK ~~ASSESSMENT GUIDE TOOL~~

Name of person:

Assessed by: Date of assessment:

Name of relationship of others involved in the ~~risk assessment and~~ decision-making process:
(e.g., daughter, doctor, friend)

Description of the ~~risk~~ activity:

Person(s) ~~at risk~~

Nature of the ~~risk~~ activity:

~~Calculate the risk using the risk calculator~~

Consider the positive and negative outcomes using the Dignity of Risk Assessment Guide (at right)

~~Hazard~~	~~Consequences~~	~~Likelihood~~	~~Risk score~~	~~Risk rating~~
~~(description)~~	~~Score (1-5)~~	~~Score (1-5)~~	~~Score (Total)~~	~~Rating (low to very high)~~

Activity	Positive outcomes	Score	Negative outcomes	Score	Likelihood	Score
(Description)		Score (1-5)		Score (1-5)		Score (1-5)

What are the positive and negative outcomes of the activity ~~advantages and disadvantages of taking the risk~~? (ensure the persons beliefs and values are explored and record discussions below)

Positive outcome: ~~Advantages~~	Negative outcome: ~~Disadvantages~~
Medical and physical wellbeing	Medical and physical wellbeing
Psychological and emotional wellbeing	Psychological and emotional wellbeing
Social	Social
Ethical/Spiritual/Cultural	Ethical/Spiritual/Cultural

Having discussed the balance of positive and negative outcomes ~~of risk~~ with the resident, do they have the mental capacity to agree the ~~protective control measures required to manage the risk~~ solutions needed to support them in the activity?

YES NO (circle as appropriate)

Refer to local policy guidelines and state legislation

If no, who has been consulted in the making of a Best Interests Decision/Giving Consent?
Refer to local policy guidelines and state legislation

~~Control Measures Identified~~ Support Measures Identified

Physical:
Equipment:
Procedural:
Other:

With supports ~~controls~~ in place, re-evaluate the positive and negative outcomes using the Dignity of Risk Assessment Guide -~~calculate the risk rating using the Risk Calculator~~

~~Hazard~~	~~Consequences~~	~~Likelihood~~	~~Risk score~~	~~Risk rating~~
~~(Description)~~	~~Score (1-5)~~	~~Score (1-5)~~	~~Score (Total)~~	~~Rating (low to very high)~~

Activity	Positive outcomes	Score	Negative outcomes	Score	Likelihood	Score
(Description)		Score (1-5)		Score (1-5)		Score (1-5)

Integrate the support measures ~~control measures~~ into the plan and determine frequency of evaluation

I understand the ~~benefits and risks~~ risks involved in the planned activity and consent to the ~~control measures~~ support measures identified above:

Signature of person	Unable to give informed consent due to lack of mental capacity	Date:
Other (state relationship)	e.g. daughter	Date:
Other (state relationship)	e.g. doctor	Date:
Other (state relationship)	e.g. friend	Date:
Signature of assessor	e.g. RN / Practitioner	Date:

Leadership Considerations for Dignity of Risk Practice Change

Champions – Drivers of Change

- Leadership skills to guide others through change
- Confidence to instruct, influence and role-model practice
- Authority to ensure their guidance is followed
- Remuneration recognising the change role
- Accountability, oversight and support mechanisms
- Protected time and workload adjustments to lead change

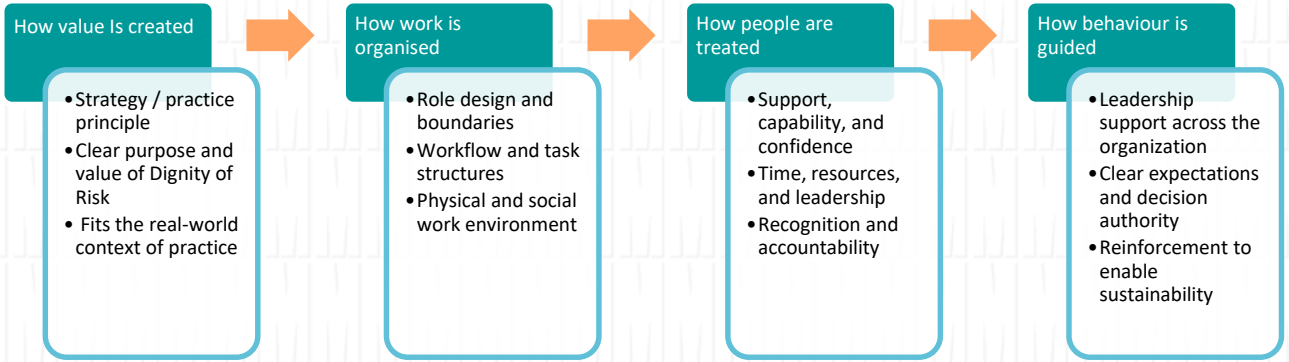
Leadership Considerations

- Decision-making approach (top-down, bottom-up, or shared)
- Leadership Team capacity to oversee and support Dignity of Risk practice

Key Messages and Considerations

- Understand the organization, the context – consider whether the DoR imitative can be implemented ‘as is’ (aligns with systems) or requires ‘creating new’ conditions for change.
- How people are expected to work – including champions and drivers of change - The way roles are designed.
- How DoR is being communicated – within the context of ‘measurable risk’? – consider language and measures being used.
- Is DoR an ‘add-on’ – one separate policy and training module, or are organizational factors designed to support a cultural change towards DoR.
- How environments are designed – do they support or hinder DoR being a continuum of experiences throughout the day.

Sustainable Management Model for Dignity of Risk



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Woolford et al (2025). Adapted from Lawler II and Worley (2011)

Dignity of Risk

"Are we being innovative enough"

"Are we being brave enough"

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THANK YOU

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