Simulation-Based Inclusion: Participation, Belonging and Workforce Well-Being

Healthcare systems often speak about the importance of staff engagement, retention and well-being.

What is less often explored is how healthcare systems actively create the conditions in which people feel able to participate, contribute, remain, and thrive within change processes.

In many organisations, staff are asked to adapt to change without being meaningfully included in shaping it. This can lead to disconnection, fatigue, disengagement and reduced psychological safety — particularly within complex and pressured systems.

Within the Transformative Simulation (TfS) framework, the Inclusion Simulation-Based Intention (SBI) is concerned with using simulation to strengthen participation, belonging, empowerment and workforce well-being within healthcare systems.

Unlike Simulation-Based Involvement, which focuses primarily on engaging patients, publics, communities and external stakeholders, Simulation-Based Inclusion is concerned with how people within healthcare systems experience participation in change itself.

The distinction is important.

Inclusion asks:

- Do staff feel psychologically safe to contribute?
- Are people able to participate meaningfully in shaping change?
- Do systems create conditions for belonging and connection?
- Are relationships, communication and collaboration being strengthened?
- Does the process of change itself support or undermine workforce well-being?

Inclusion therefore moves beyond simply “having people present” within a process.

It is concerned with whether systems create the conditions in which people feel:

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- valued
- heard
- connected
- supported
- psychologically safe
- able to influence what happens around them

Within TfS, simulation becomes a way of making these relational and organisational dynamics visible — not simply through discussion, but through shared experience.

How Intention Shapes Design

When simulation is designed for inclusion, the focus shifts away from performance and toward participation, relationships and collective sense-making.

This often draws on theoretical traditions concerned with:

- employee engagement
- participatory design
- organisational psychology
- relational coordination
- psychological safety
- workplace well-being
- collaborative systems thinking

Examples include:

- Participatory Design Collaboration Systems Model
- Relational Coordination Theory
- Kahn's Model of Employee Engagement
- The Surgeon General's Framework for Workplace Mental Health and Well-Being
- Aon Hewitt's Engagement Model
- Maslow-informed approaches to workforce engagement and belonging

These theories shape simulation differently.

Rather than focusing solely on whether staff can perform tasks correctly, simulation designed for inclusion asks how systems enable people to:

- communicate
- collaborate
- contribute
- adapt
- connect
- and sustain themselves within change

In this way, simulation becomes not only a mechanism for learning, but also a mechanism for organisational participation and cultural development.

Inclusion and Involvement: Not the Same Intention

In practice, Simulation-Based Inclusion and Simulation-Based Involvement are often conflated.

However, they focus on different questions.

Simulation-Based Involvement asks:

Whose voices need to be brought into the conversation?

Its focus is often on patients, carers, publics and under-represented communities that are affected by healthcare.

Simulation-Based Inclusion asks:

How do we create conditions in which people within systems feel able to participate, contribute and remain?

Its focus is often on workforce participation, belonging, retention and well-being.

In practice, these intentions may overlap — but distinguishing them helps clarify:

- who simulation is for
- what kind of participation is being sought
- what theories may be most useful
- and what kinds of outcomes are likely to emerge

Final Reflection

Inclusion is often discussed as an outcome.

Within Transformative Simulation, it is also understood as a design responsibility.

How simulation is structured — who is present, how participation is enabled, what forms of dialogue are possible, and whether people feel psychologically safe to contribute — fundamentally shapes what becomes possible within systems.

As healthcare systems continue to navigate workforce pressures, burnout, fragmentation and change fatigue, simulation may have an increasingly important role not only in preparing people for systems, but in helping systems become places in which people are more able to participate, connect and remain.

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