

**e7D-Wellness***Vitality Sustains Compassion***A NOTE BEFORE THE FINDINGS**

This is not a scorecard.

It is a reading of a workforce.

For the person who will decide whether a cohort in their care is seen.

This pack is a de-identified reading of one completed MarisGraph run. Twenty-two clinicians — nurses, doctors, and allied health. Eight pillars. No names. No organisation on the cover.

What follows is not a single wellbeing score. It is a map of where capacity is holding, and where the work has already taken it. Individual results were never available to their employer. Only cohort averages are printed here.

Read it as leadership evidence. If the pattern is useful, the last page tells you how to ask for a pilot of your own.

ANONYMISED COHORT OF 22 HCPS · AUGUST 2026

What you will see

Cohort averages across eight pillars.
Priority threshold. Ideal zone.

What you will not see

Names, emails, departments, or any
individual score.

How to use it

As an artefact — then request a run
for your own staff.



e7D-Wellness

Vitality Sustains Compassion

MarisGraph

Workforce Wellbeing Pilot Findings

Evidence of Measurable Depletion — and a Practical Response — Across a 22-HCP Cohort

Built for Health Systems · Aged Care · Private & Public Hospitals

August 2026

Sample findings — for illustrative purposes. This report reflects the actual outcomes of our 22-HCP pilot study.

Executive Summary

A randomised trial of 22 healthcare professionals — nurses, doctors, and allied health staff — completed the full MarisGraph 8-pillar wellbeing assessment. The results reveal clear, consistent patterns of depletion concentrated in five specific areas that sustain safe, compassionate clinical care: Breathing, Sexual Vitality, Nutrition, Rest, and Willpower.

These findings are directly relevant to hospitals, aged care providers, and private health systems currently navigating staff retention challenges, elevated agency staffing costs, and workforce pressure — including environments shaped by recent industrial action over pay, insurance costs, and recognition.

Key message: *The problem is measurable, specific, and consistent. A practical, HCP-specific tool already exists that makes the invisible visible and directs support to exactly where it is needed first.*

Trial Design

Participants: 22 randomly selected healthcare professionals — frontline nurses, doctors, and allied health staff.

Assessment: The full MarisGraph 8-pillar wellbeing profile — Willpower, Breathing, Hydration, Thoughts, Nutrition, Movement, Rest, and Sexual Vitality.

Output: Individual radar profiles for each participant, plus aggregate cohort average scores across all eight pillars.

Participation: Staff had the option to take part incognito — completing the assessment without their individual results being identifiable to their organisation. Only de-identified, aggregate cohort data is presented in this report.

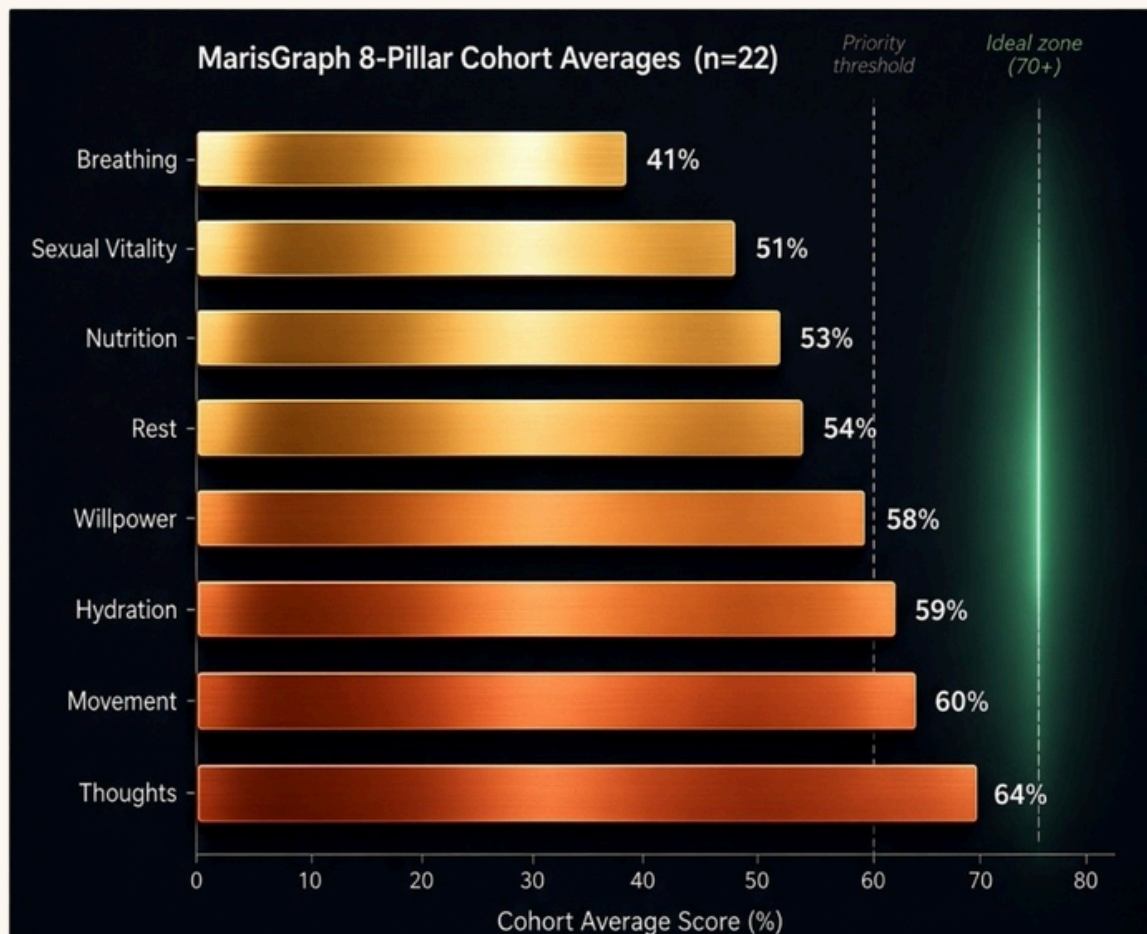
Key Results — Patterns Observed

Across the cohort, five pillars scored consistently below the group's own priority threshold, indicating the areas of greatest depletion:

- **Breathing** (41%) — the most depleted pillar in the cohort; a foundational physiological marker of accumulated stress.
- **Sexual Vitality** (51%) — a pillar frequently deprioritised under chronic fatigue and time scarcity.
- **Nutrition** (53%) — disrupted eating patterns driven by shift work and time pressure.
- **Rest** (54%) — recovery consistently displaced by roster demands and on-call burden.
- **Willpower** (58%) — decision fatigue and eroded self-regulation capacity.

By contrast, Thoughts (64%), Movement (60%), and Hydration (59%) scored as relative strengths across the cohort — useful context showing depletion is concentrated, not uniform, and that targeted support can be prioritised rather than applied broadly.

It is worth noting that none of the eight pillars reached what MarisGraph considers the ideal zone — a score of 70% or above. Even the cohort's strongest pillar, Thoughts, sits 6 points below that mark. A score above 70% still indicates room for improvement; it is a stronger starting point, not an endpoint.



These five priority pillars are precisely the capacities most eroded by extended shifts, high cognitive load, compassion fatigue, and the chronic experience of feeling unseen or undervalued by the system.

The dashed green line above marks MarisGraph's ideal zone — 70% and above. No pillar in this cohort currently reaches it, underscoring that this is a workforce-wide opportunity, not an issue confined to the five lowest-scoring areas alone.

Why This Matters for Health Systems, Aged Care, Private & Public Hospitals Right Now

Public hospitals, private hospitals and aged care are short of the people who know the ward. The pressure is not new. It is now visible in who leaves, who covers, and what the next shift inherits.

- Burnout, moral injury and staff exit are higher where the workload does not hold.
- Gaps are filled by agency and temporary staff, at short notice and high cost.
- The people who know the patients leave, and continuity of care leaves with them.
- The next generation already reports more stress and less satisfaction, and is harder to attract into public hospital roles.

The MarisGraph pilot demonstrates that these risks are not abstract. They appear as measurable, patterned depletion in the specific capacities required for safe, sustained clinical practice.

MarisMetrics / MarisGraph as a Practical Response

MarisGraph is a rapid, non-clinical, HCP-specific assessment designed for the realities of shift work.

It:

- Takes approximately 18 minutes and requires no clinical administration
 - Produces an individual 8-pillar profile that shows the person — and the organisation — where support is most needed, first
 - Begins with a free Compassion Fatigue Assessment and surfaces the individual's weakest pillar as the highest-urgency insight
 - Is built by and for healthcare professionals — language and framing respect clinical experience and avoid generic wellness messaging
- Gives both the individual clinician and hospital leadership clear, specific data rather than a vague single “wellbeing score”

Recommended Next Step

We propose a short, low-risk pilot with a defined cohort of nursing or clinical staff within your organisation. Deliverables would include:

- Baseline MarisGraph profiles for participating staff
- Aggregate, de-identified insights on the most depleted pillars across the cohort
- A clear, practical pathway for targeted support that respects clinical time and operational constraints
- Exclusive access to practical, pillar-specific articles — written for shift life, mapped directly to your cohort's areas of greatest depletion
- An optional follow-up assessment to measure change over time
- The option for staff to participate incognito, so individual results remain unidentifiable to the organisation — supporting honest engagement without fear of exposure.

This is how hospitals, aged care providers, and private health systems move from reactive crisis management and expensive agency cover toward measurable, proactive workforce resilience — while demonstrating to staff that they are, in fact, seen.

Contact

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mm-corporate.health — organisational pilots and this pack

e7doc.com — e7D-Wellness for healthcare professionals

marismetrics.com — MarisMetrics app landing page (*expected launch end of November 2026*)

Supporting data: full average scores by pillar for the n=22 cohort available on request.

Request a pilot for your organisation

Tell us a little about your team and we will be in touch.

[Request a Pilot](#)

Your information is kept confidential