SMART

Design for Care

Changing work design to improve mental health in the Healthcare and Social Assistance industry

Authored by the Design for Care team, Curtin University and the University of Sydney

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CENTRE FOR TRANSFORMATIVE WORK DESIGN

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Preface

About this report

This report provides a snapshot of the ongoing Design for Care research project. It outlines three participative work redesign interventions undertaken in collaboration with partner organisations in the Healthcare and Social Assistance (H&SA) industry. The results presented here are the results of the first three of seven participating H&SA to complete the project. Additional insights will emerge as the remaining four organisations complete the project.

About Design for Care

Design for Care is a research project funded by Insurance and Care (icare) New South Wales (NSW) with the goal of developing and evaluating how work can be redesigned to promote mentally healthy work in the H&SA industry. The project is led by Professor Sharon Parker at Curtin University's Centre for Transformative Work Design, part of the Future of Work Institute, with Professors Anya Johnson and Helena Nguyen at the University of Sydney, and Professor Alex Collie at Monash University.

Research from the Design for Care project has shown that over the last decade, psychological injury claims in the NSW H&SA industry have more than tripled, grown more than any other industry, and resulted in a staggering 3,540 working years lost (Gelaw et al., 2022).

Further, analysis of more than 1300 care workers across five organisations has shown that work design is a key driver of mental health and wellbeing. While about 1 in 5 workers report feeling burnt out, this reduces to only 1 in 10 when work is well designed and deteriorates to 1 in 2 when workers experience poor work design (Jolly et al., 2023). This is significant, as the research found that only 15% of care workers surveyed had good work design.

Report Overview

This report is broken down into four key parts. First, we present a brief overview of the SMART work design model (Parker & Knight, 2024). This forms the framework for the work redesign interventions that are described in this report. Second, we describe the process for redesigning work (known as PARRTH). Next, we present three examples of work redesigns that have been successfully implemented. Finally, the report concludes with outlining three key work redesign success factors that emerged from the Design for Care project.

The PARRTH to SMART Work Design

"Work design is the content and organisation of an individual's tasks, roles, responsibilities, and relationships at work" (Parker, 2014).

This project uses the SMART work design framework to help us design meaningful and motivating work. This framework organises work under five key areas: Stimulating, Mastery, Agency, Relational, and Tolerable demands.

S **Simulating** work is about having task variety and opportunities to develop and use skills.

M **Mastery** is about having clarity over what responsibilities and expectations are for a role, having the necessary information and resources to carry out work effectively, and having quality feedback and recognition around the work that is done.

A **Agency** is vital and involves having some control over how and when work is done. Agency is also about having opportunities to discuss and consult with management over changes being made at work.

R The **Relational** aspect of work is about having effective and supportive relationships with colleagues, supervisors, and clients and their families.

T Although all work has demands that cannot be entirely removed, **Tolerable demands** is about ensuring the demands of the work can be managed.

When employees have good work design, that is, SMARTer work, they are more likely to experience better wellbeing and mental health, higher productivity and engagement. Poor work design isn't inevitable, but creating good work is challenging. To support organisations to achieve SMART work design, the Design for Care team has applied an innovative work redesign process, referred to as the PARRTH to SMART work design (Parker, forthcoming). This involves the co-creation of good work by collaborating directly with care workers to understand their experiences of work and opportunities for improvement in their work design.

Theme	S Stimulating	M Mastery	A Agency	R Relational	T Tolerable
Characteristics	• Skill variety • Task variety • Problem-solving demands • Using and developing skills	• Role clarity • Feedback and recognition • Task identity (doing a whole piece of work)	• Control over work methods and schedule • Decision-making autonomy • Participative decision-making	• Social contact • Supervisor support • Support from peers • Social worth	• Manageable time pressure, work hours, emotional demands etc. • Consistent role expectations • Change management
	Addresses Psychosocial Hazards				
Work Stressors	• Low variety/ high repetition • Low task significance • Poor skill utilisation	• Role ambiguity • Low reward and recognition • Excessive monitoring • Inadequate recognition	• Low job control • Rigid and inflexible processes • No opportunity to influence decisions	• Poor support • Poor workplace relationships (bullying, harassment, etc.) • Isolation and remoteness	• Poor environmental conditions • Excessive demands/ pressures • Role conflict • Badly managed change

Visit: **smartworkdesign.com.au**

The PARRTH process encompasses the following key stages:

P **Preparing the organisation for change.**

This involves creating awareness and a compelling reason for redesigning work. Leadership is instrumental to this. Leaders who advocate for good work design and look at their organisation through a work design lens are critical to creating effective change.

A **Assessing work design and wellbeing through in-depth interviews and our proprietary SMART work design survey.**

The results from the SMART work design survey provide a baseline understanding of how work is designed and how care workers feel at work. In-depth interviews with care workers offer rich insight into the survey results and enable deeper understanding of the work experienced by care workers.

R **Reflecting with teams and leadership groups on the SMART work design results and identifying areas for trialling work redesign interventions.**

Typically, teams or roles that have room for improvement and where there is appetite and capacity for change have been selected. Teams that are thriving and have good work design are teams to learn from, while teams that are challenged may not be ready or have the capacity to undergo change.

R **Redesigning work and/or organisational processes where appropriate and feasible through co-design and collaborative action planning.**

Once teams and/or roles are selected to undergo redesign, care workers attend a 3-part workshop series. The first workshop focuses on familiarising care workers with the SMART work design framework and through facilitated discussions, unpack their SMART work design results to understand what aspects are working and what they want to see change.

After unpacking results, care workers begin generating ideas to address some of their challenging work design areas in the second workshop. These ideas are then narrowed down to what is practical and within the organisation's or team's control. Leaders are brought into the final workshop where they collaborate with care workers to create action plans where clear accountabilities, timelines, and resources are identified.

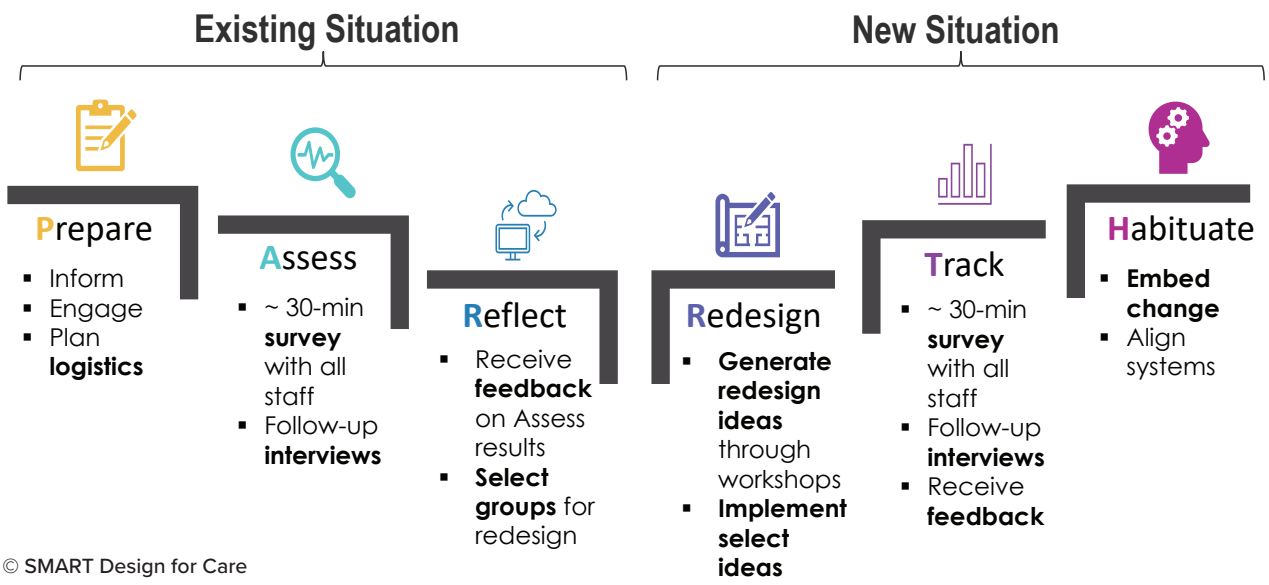
T **Tracking the impact of redesign interventions through in-depth interviews and a follow up SMART work design survey.**

This phase includes checking in to see what has worked, what the challenges have been, whether it has had the impact that is expected and / or if there have been unexpected effects.

H **Habituating positive (i.e., SMART) work design practices into the everyday functioning of the organisation through tailored recommendations.**

Critical to this phase is the process of building the capability of the organisation to make smart work Business as Usual.

The P.A.R.R.T.H to SMART Work Design.



A deeper dive into our interventions

Intervention overview

During the Design for Care Redesign workshops, over a hundred interventions were proposed by care workers for consideration. Ideas were evaluated for implementation by considering several factors, including resources, capacity, timeline and feasibility.

We captured the key concerns raised in Redesign Workshop Series, which we present in the word cloud below.

The Design for Care project has resulted in 30 work redesign interventions implemented in five pilot organisations to date, with plans to implement and evaluate co-created redesign solutions in a further three organisations.

The interventions aim to address common problems in the industry and range in their complexity and intensity. Importantly, they were all developed by frontline care workers, so are designed to address their everyday challenges and lived experience.

In this next section we present three examples of co-designed interventions that emerged from the PARRTH process within each organisation to meet key challenges in the organisation.

Improving Mastery through strengthened onboarding in residential aged care

The Challenge

In a regional residential aged care site of a large aged care organisation, newly recruited Assistants in Nursing (AINs) were paired up with experienced AINs for one to four buddy shifts. This onboarding aimed to familiarise them with the typical workflow, expectations, and necessary skills for the role. However, it often fell short. Experienced AINs, who were already burdened with their regular care duties, now had the added responsibility of training new AINs. Consequently, the new AINs often didn't get sufficient attention or training to effectively learn their new job duties. This problem was made worse by the increasing number of new hires for AIN roles, many of whom lacked prior nursing background or training.

For the experienced AINs, this added responsibility increased their workload (less Tolerable demands) and diminished their sense of accomplishment by compromising both the quality of care provided and their training efforts (diminished Mastery). At the same time, the new AINs struggled to understand their role clearly (diminished Mastery) as their learning was hindered by the lack of training. The delays in becoming familiarised with their new role led their co-workers to doubt their abilities, creating difficulties in receiving the support they need at work (poorer Relational environment).

The Redesign

To address this challenge, a work redesign intervention was implemented. This involved identifying suitable candidates to serve as 'supernumeraries,' experienced nurses interested in training and developing new staff. These supernumeraries were then paired with new AINs on Day 2 of their four buddy shifts. During this shift, the supernumerary's sole responsibility was to provide training and guidance to their new AINs, without their own resident care duties.

The Impact

Following an approximately 2-month trial of the new supernumerary work redesign, interviews were conducted to assess staff reactions. **Both new AINs and supernumeraries reported finding the new approach highly beneficial.** A supernumerary expressed satisfaction with the new onboarding approach, noting:

> *"You're helping on the floor, but you're also able to take the time and show them how to do things... You don't go home feeling like [the new AINs] are going to drown... It feels like you can actually take the time and give them the confidence that they need to do the job."*

Similarly, a new AIN shared their positive learning experience, saying:

> *"With the supernumerary shifts, I was able to listen and take in a lot of information from different people who've been there for different amounts of time and experienced different things. I think it made my experience with the buddy system easier."*

Currently, the Track survey is underway to gather quantitative data on the impact of the work redesign intervention on work design and wellbeing.

Reducing emotional demands through social support

The Challenge

In a metropolitan out-of-home care organisation, social workers struggled with the emotional demands inherent in their role. Their responsibilities encompassed managing numerous cases of varying complexities, addressing the needs of children and their families, and navigating interactions with multiple stakeholders and regulatory bodies. The high pressure and routine exposure to emotionally distressing events as part of their day-to-day work (in-Tolerable demands) took an emotional toll on the team. They struggled to support each other in prioritising self-care.

The Redesign

Making a shared commitment to prioritise self-care: This involved establishing rituals that support wellbeing, such as incorporating time for wellbeing checks during weekly team and manager meetings (Relational). These sessions focused on assessing team wellbeing, discussing pressing challenges, and identifying strategies to address them (Relational).

Staff upskilling and leadership training: Staff received emotional intelligence training, providing them with new strategies for regulating their emotions when dealing with challenging situations (Mastery). Managers were offered on-on-one coaching from senior leaders (Mastery) and encouraged to attend external leadership training courses to bolster their skills in supporting their team members (Relational).

The Impact

Overall, these interventions were designed to develop strategies to improve Tolerable emotional demands and to enhance colleague and leadership support (Relational), ultimately providing social workers with the necessary resources to cope with their emotional demands. Following an 18-month interval, the team reported improvements in key aspects of their work design, including perceived skill development, increased feedback, support, and recognition from their manager, and sustained high levels of emotional support from their colleagues. Additionally, the results indicated that the demands of their work became more manageable, leading to higher levels of thriving, reduced burnout, and lower intentions to leave the organisation compared to before the intervention.

Interviews also speak to the benefits of these work redesign interventions. For example, an out-of-home care worker described the positive Relational benefits they noticed:

> *"When we're in the leadership meetings, we're not individual leaders, we're a team. And when we're talking about Wellness Wednesdays [as part of the prioritising self-care initiative], it's the same thing, we're all in this together, fighting the burnout and the stress of the job...Yeah, it really feels like it makes us a more close-knit team."*

Improving handover processes and knowledge sharing

The Challenge

In a metropolitan residential aged care facility, care workers encountered challenges with the morning handover process. This involved one Registered Nurse (RN) briefing multiple care workers at the start of their shift about residents and any issues or concerns for the day. This approach often led to delays, as care workers couldn't begin their duties until consulting the RN, creating a bottleneck. Consequently, care workers experienced more time pressure (less Tolerable demands), a lack of role clarity due to incomplete information (reduced Mastery), a reduced sense of control (less Agency) and communication breakdowns when tasks were forgotten (diminished Relational environment). Additionally, finding the RN could eat into time meant for residents, impacting on the quality of care provided.

The Redesign

To improve the morning handover process, two handover whiteboards were introduced in staff communal areas. These whiteboards contained essential information typically conveyed by RNs during the morning handover, such as resident movements, changes in care needs, outstanding tasks for the day and pending charts. Care workers could review the whiteboards as soon as they arrived at work, allowing them to start their shifts promptly. Throughout the day, care workers could refer to the boards to stay updated on outstanding tasks and issues.

The Impact

Follow-up interviews after the implementation of the handover whiteboards showed that care workers found this work redesign intervention **reduced their time pressure and overall work demands.** One care worker noted:

> *Before we had to wait for hours, which was just a waste of time. Nowadays, we just came to the work on time, and we can do all work on time. And time value is important.*

By providing care workers with a comprehensive picture of the needs of the residents and site operations, the handover whiteboards also seemed to improve their sense of Agency and Mastery, as one staff member expressed:

> *It makes it easier for us. Instead of having to chase around the RN... we are responsible now. We just look at the board. And then we know what we are doing.*

Furthermore, the whiteboards improved Relational dynamics among team members, enabling better support and responsiveness to resident needs. As one staff member stated:

> *It's good for work, good for residents, good for us.*

The Track survey is currently in progress to gather quantitative data on the impact of the whiteboard work redesign intervention on work design and wellbeing.

Key Learnings for Successful Work Redesign

Over the three years of collaborating with Healthcare and Social Assistance organisations in the Design for Care project, we have gained valuable insights crucial for successful work redesign. Below, we outline our three key learnings.

1

You can only create a good solution if you have a good diagnosis.

To effectively redesign work, it's crucial to adopt a data-driven and evidence-based approach. Rushing into changes without fully understanding the current state of work design and employee wellbeing can lead to ineffective outcomes. Rather than making assumptions, take the time to collect data and gain insight into the organisation's specific challenges.

Recognise that while many care organisations share common challenges, each organisation is unique. Therefore, a tailored approach to work redesign is more likely to yield positive results than a generic solution. Start by assessing the current situation, using methods such as employee surveys, interviews, and focus groups to listen and learn. This deep understanding will form the foundation for making informed decisions about redesigning work.

Moreover, having baseline data allows for the measurement of the effectiveness of implemented solutions and facilitates necessary adjustments if required.

2

Leadership engagement and support is crucial.

Leadership engagement and support are paramount in the ultimate success (or failure) of a work redesign initiative. While leaders should not be tasked with generating specific redesign ideas (as this process should involve collaborative input from care workers), their commitment to implementing proposed solutions is vital. Leaders play a key role in championing change, demonstrating support for the process, and facilitating the implementation of proposed redesign solutions.

Consistently, we have observed that having a committed leader endorsing the change is essential for fostering a shared commitment to proposed solutions and, ultimately, for the success of work redesign initiatives. Many of the care workers who actively participated in the redesign process identified their leader’s support for change as a crucial factor enabling the success of interventions.

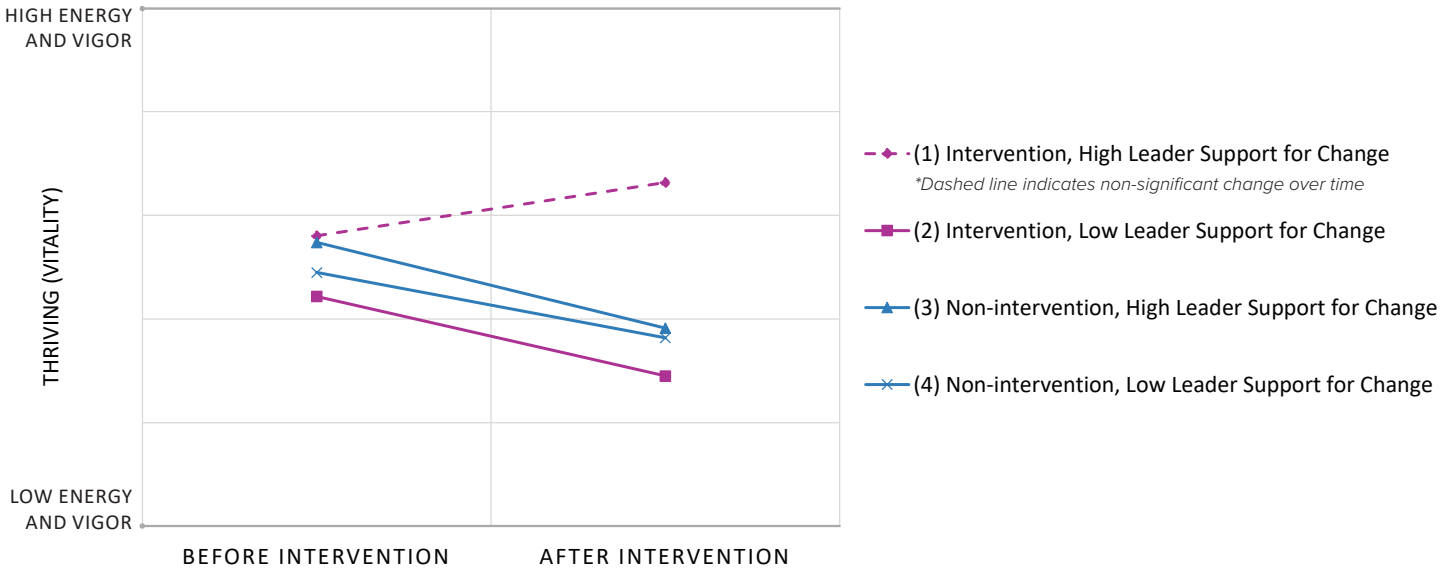
> *During the [redesign workshops] everyone voiced their concerns and was listened to. And [managers] let us know what they can work to change and what we can do to help with the issues that are happening, which has been really good.*
>
> **Care worker**

Moreover, leadership support demonstrates to care workers that their wellbeing is a priority for the organisation:

> *We've found through participating staff feel we do really care about their wellbeing.*
>
> **Senior leader from a Design for Care partner organisation**

The graph below underscores the significant role of leader support for change in the success of work redesign initiatives. It illustrates that without such support, achieving the intended outcomes of work redesign, such as improved mental health and wellbeing (thriving), is unlikely.

Figure 1. Interaction between intervention, time, and leader support for thriving (vitality).



Note. interaction term is significant at $p = .053$

3 Co-design localised work redesign solutions that work for the context.

In an industry characterised by constant change, empowering care workers to lead the change process is invaluable. Our work redesign ideas stem from a participatory approach, forming the foundation of the PARRTH approach and significantly contributing to its success. Notably, evaluation data from our Design for Care workshop participants shows:

95% **agreed that they had a say in decisions about the work redesign solutions.**

96% **agreed participating in the initiative will improve their mental health.**

94% **agreed putting effort into the initiative could improve their work design.**

When employees have a say in shaping changes to their work, they're more likely to embrace them fully, as the solutions are tailored to their concerns. As one participant in the Design for Care redesign workshop stated:

> *"Those ideas were born from the workshop with social workers, so the social workers also have the motivation to participate in the team building day. To go... That was our idea. Our managers heard us. So, we're going to stick to that."*

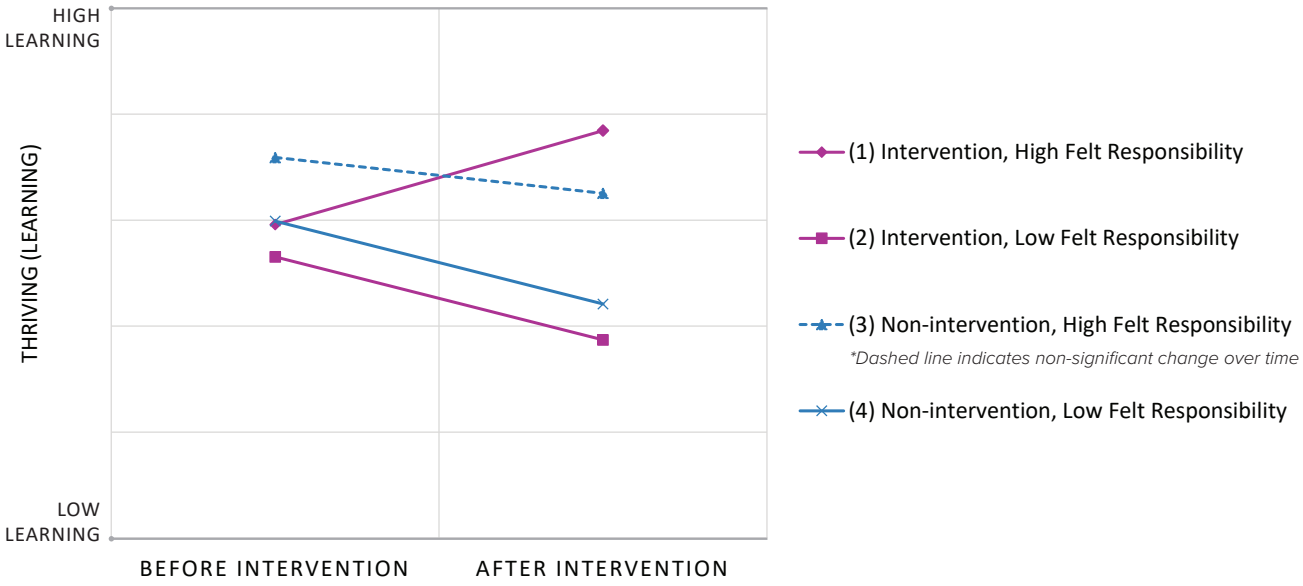
Our learnings highlight the importance of being context-specific rather than relying on preconceived or off-the-shelf solutions. For instance, an analysis of interventions in partner organisations revealed a frequently shared focus on improving role clarity (Mastery). As illustrated by two of the case studies above, despite varied work redesign strategies, all saw care workers experiencing enhanced role clarity.

Furthermore, participating in the work redesign process itself can alleviate pressures and provide a roadmap for success. Care workers have expressed appreciation for the safe environment created, the opportunity to learn from peers, and the emotional support received throughout the process. As one Design for Care participant outlined:

> *[The work redesign] has been conducted in a such a safe space and we've all felt very valued and safe enough to be able to share everything. I think that's been really important.*

Furthermore, internal quantitative analysis has confirmed the vital role that participatory decision-making played in the success of the work redesign. The graph below illustrates that when care workers feel a sense of responsibility (or ownership) over change, a work redesign intervention is more likely to lead to desired results (in this case learning).

Figure 2. Interaction between intervention, time, and felt responsibility for thriving (learning).



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