SMART
Design for Care

How work design shapes mental health in the Healthcare and Social Assistance industry

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Preface

About this report

This report spotlights the insights from the ongoing Design for Care research project about the key psychosocial risks in the Healthcare and Social Assistance (H&SA) industry, and aspects of work design that can protect against these risks.

About Design for Care

Design for Care is a research project funded by Insurance and Care (icare) 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 Associate Professors Anya Johnson & Helena Nguyen at the University of Sydney, and Professor Alex Collie at Monash University.

Research from Design for Care has shown that over a nine-year period to 2021, the NSW H&SA industry lost more than 170,000 working weeks to psychological injury[1]. For the past 18 months, the Design for Care researchers have partnered with multiple organisations in NSW in aged care, disability care, and out-of-home care to understand and address the psychosocial risks that are driving high rates of burnout and mental ill-health in this industry.

In this brief report, we provide an analysis of Design for Care data from five partnering organisations in aged care (Whiddon and Bankstown City Aged Care), disability care (Lifestart and Macarthur Disability Services) and out of home care (Key Assets Australia). Our report highlights the **critical role that work design plays in shaping mental health.**
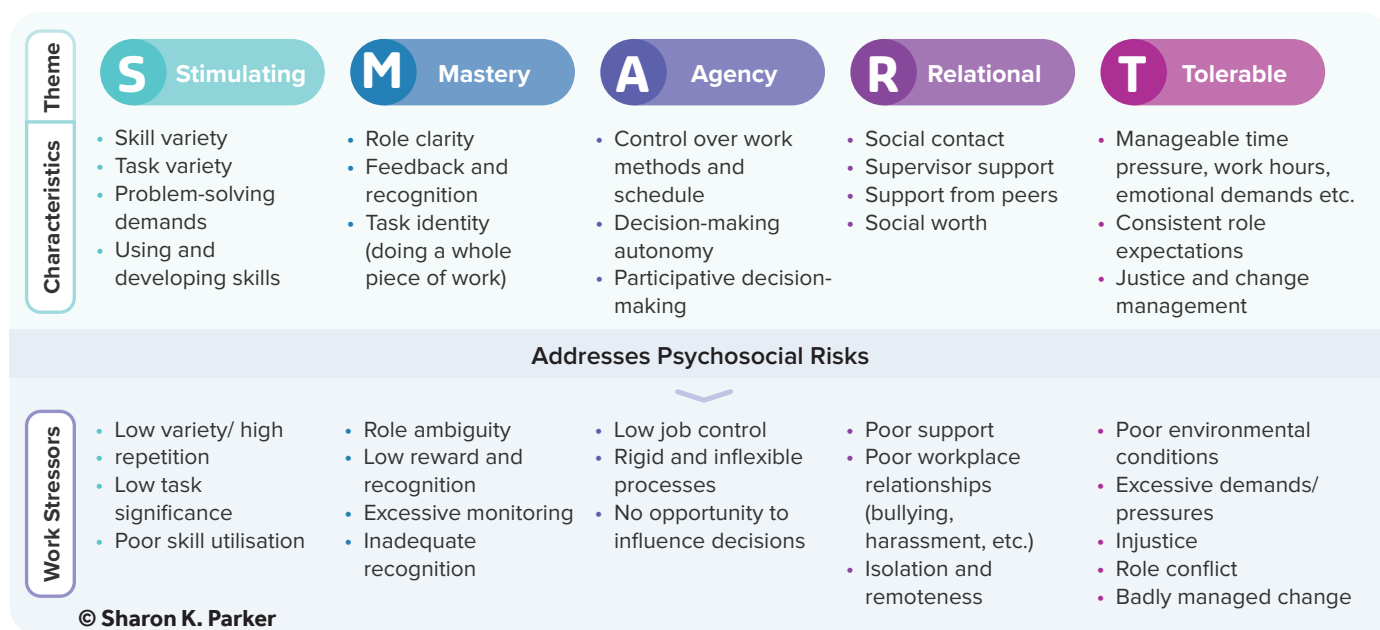
[1] Gelaw, A., Sheehan, L., Gray, S. and Collie, A. Psychological injury in the New South Wales Healthcare and Social Assistance industry: A retrospective cohort study. Healthy Working Lives Research Group, School of Public Health and Preventive Medicine, Monash University (2022).

Work design refers to the content and organisation of one's tasks, roles, responsibilities, and relationships at work[2]. SMART (i.e., good) work should be **Stimulating**, provide individuals with a sense of **Mastery**, ensure they experience **Agency** (or autonomy), be **Relational** (i.e., have supportive relationships at work) and have work demands that are experienced as **Tolerable**. When work is designed in a SMART way (i.e. have supportive relationships at work), staff are less likely to experience psychosocial risks that lead to poor mental health outcomes.

Below we illustrate the SMART model and describe the five critical features that make work SMART and how the aspects of SMART address key psychosocial risks.

Improve & Sustain Mental Health through SMART 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 • Justice and change management

Addresses Psychosocial Risks

| 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
• Injustice
• Role conflict
• Badly managed change |

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[2] Parker, S. K. (2014). Beyond motivation: Job and work design for development, health, ambidexterity, and more. Annual review of psychology, 65, 661-691.

How work design shapes mental health in the Healthcare and Social Assistance industry

This research involved surveying over 1300 individuals and interviewing 78 of them across the Healthcare and Social Assistance (H&SA) industry over the past 18 months. These findings are currently informing the design of evidence-based interventions to address and prevent psychosocial risks across the five Design for Care organisations.

1 IN 5 *people report high symptoms of work related burnout*

1 IN 6 *feel disengaged in their work*

1 IN 12 *are considering leaving their organisation within the next 12 months*

ABOUT THE SAMPLE

- *73.8% of participants from aged care*
- *21.7% are from disability care*
- *4.5% are from out-of-home-care*

*84% of participants are female*

On average, participants are 43.6 years old

86% of participants are directly client-facing

FIVE KEY MESSAGES

1. ***There are large differences in the design of work within the industry***

Advanced statistical analyses[3] showed that there are three clusters of work designs in H&SA. Design for Care participants experience different levels of SMART work design

Positive work design

'Okay' work design
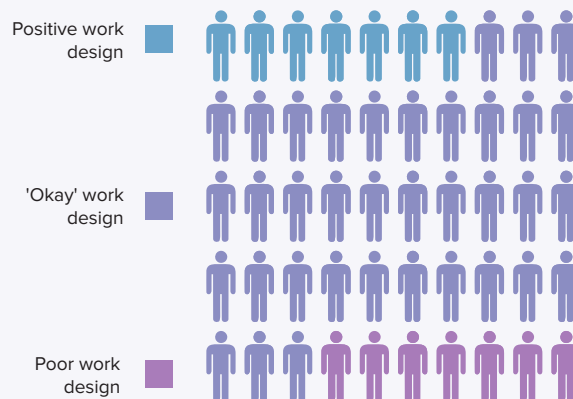
Poor work design

15% of participants reported positive levels of SMART work design, with very high levels of agency, good quality relationships at work, and relatively more tolerable work demands

70% of participants reported levels of SMART work design that are 'okay', with some strengths and some weaknesses

15% of participants reported poor levels of SMART work design, with very low levels of agency, poorer quality of relationships at work, and relatively less tolerable work demands

Why does this matter?

People's work design has a huge influence on their well-being. For example, whereas **only 1 in 10 of the people in the positive SMART work design group have high burnout**, in the 'okay' SMART group this figure is 1 in 5.

And, most disturbing, **for those in the poor work design group, as many as 1 in 2 workers are experiencing burnout.**

[3] Latent profile analyses identified the number and content of work design profiles, using criteria for statistical significance.

2. SMART work and well-being differs across demographic groups

Younger workers (aged 16-24) are more likely to experience higher mental ill-health compared to all other age groups

Permanent full-time employees experience the highest level of work demands compared to casual workers

Client facing workers experienced lower agency and relational work design, and higher levels of burnout compared to non-client facing workers

3. The 5 SMART elements most important for mental health and well-being

Breaking down SMART into its subcomponents, we identified 5 major features of work that are important to manage for mental health and well-being:

Time pressure:
37% of workers report that they do not have enough time to do their work

Emotional demands:
40% of workers report that their jobs are very emotionally demanding

Work-family conflict:
24% of workers report they do not have enough time for their family

Role Clarity:
70% of workers report they have adequate role clarity at work – but the clarity is about tasks rather than relationships

Opportunity for development:
90% of workers report that there are opportunities for development in their work – but workers may not have time to access it

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bit.ly/dfc-report

4. A resource focus matters

It is critical to build and develop SMART work design for employees in the H&SA industry. As employees in this industry experience very high demands, which are likely to persist, some SMART resources can be leveraged to protect against job demands to improve mental health and well-being

When employees experience tolerable emotional demands and have high role clarity, they are less likely to report work-related burnout

When employees have tolerable emotional demands and have supportive leaders, they are more likely to report they are thriving at work

5. Work design is holistic

Work design takes a holistic view of how psychosocial risks in the workplace unfold. It's important to consider every aspect in the SMART work design model as it's the interplay across the dimensions that influence mental health and well-being. For example, workers in our interviews highlighted the importance of having quality appreciation from their clients, even when emotional demands were high

*"Even if [clients] are having a bad day... or they are a bit aggressive. They really do appreciate every absolutely everything you do... that's the **biggest reward** of the whole lot"*

"We're always, always running at 110%"

*"What's really good about our team is **we all know we're there for each other"***

What's next? »

Redesigning work to make it SMARTer involves changing systems, roles and tasks in a way that improves well-being at work.

Research with our partnering organisations is ongoing as we codesign how work can best be redesigned in the H&SA industry.

The findings from the Design for Care will inform a suite of guidance and recommendations that will be tailored for the H&SA industry to embed SMART work design into organisations as a preventative and sustainable strategy for mental ill-health and well-being.

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