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Worker wellbeing at Jacaranda House

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BACKGROUND AND CONTEXT

Jacaranda House is a not-for-profit organization and one of the first providers of aged care services in Australia. Jacaranda House is a large employer of professional, community and personal service workers who are employed across a number of sites in a major capital city. Jacaranda House has been in operation for over one hundred years, and the organization prides itself on its history of ingrained caring philosophies, practices and innovations that carry on to this day. Compassion and inclusivity is reflected in the organization's overriding mission, they take pride in striving to be a welcoming and caring community, and have a strong emphasis on patient wellbeing. This requires significant input from staff in order to achieve an environment that provides the best care and attention to its residents. All staff are expected to uphold these organizational values and goals.

Jacaranda House operates with over 2000 staff, and has over 1000 volunteers who work together to provide care and support to over 80 000 people each year. The management consists of a 15-member Board and a 7-member Executive Team. The organization employs staff within a range of occupations, characterized by people originating from a wide range of backgrounds. The organization recently opened a new 'state of the art' aged care facility, housing over 100 residents, and features a mix of indoor and outdoor spaces, well equipped rooms and additional services for patients including an on-site hairdresser.

Staff working at Jacaranda House can expect the following working conditions: to have a job that is clearly defined, challenging and rewarding; to experience relationships based on teamwork, respect and honesty; to work in an environment where there is zero tolerance for discrimination, harassment and bullying or intimidating behaviour; to work in an organization where decisions are made transparently, fairly and applied consistently; and to have a say concerning employee conditions, such as workloads, which can be discussed and resolved fairly and promptly. Jacaranda House states that the opinions of all staff count when it comes to ensuring satisfaction with their working life and so they seek out views and feedback from staff through a number of voice mechanisms. These include a staff survey, improvement logs, performance management systems and exit interviews. The organization keeps policy and best practice approaches for resident care up to date, and seeks to continually improve the working environment. It also has in place a Whistle-blower Policy for staff to report 'wrongdoing' or 'reportable conduct' to senior executives. Further, there are opportunities for staff career development and the provision of flexible work arrangements and job security.

ORGANIZATIONAL ISSUES AND THE IMPACT ON WORKER WELLBEING

Jacaranda House is headed up by the Director of Aged Care, who oversees a range of senior and middle management roles, including a clinical care consultant, clinical nurse specialists, administration officers, leisure and lifestyle coordinator, client services coordinator, kitchen supervisor, chaplains, registered nurses, hospitality staff and enrolled nurses and assistants in nursing/caring staff. While the organization espoused having the aforementioned policies and practices, the Director identified a range of issues that were occurring in the new facility and was concerned about the effect these issues were having on worker morale and the overall culture of the workplace. The Director contacted the consultancy firm *WellbeingCo* to look in to why the issues were occurring, with the aim to develop strategies to help the organization get back to being a 'great place to work'.

The Director informed the *WellbeingCo* team that there appeared to be challenges associated with communication and voice within its diverse aged care workforce, and so there was a need to explore the difficulties of workplace communication, particularly in relation to the increasingly culturally diverse workplace environment. The Director advised that they wanted to understand both the positive and negative aspects influencing the employees in the workplace.

WORKFORCE DEMOGRAPHICS

WellbeingCo identified that the workforce's new facility employed 182 staff and was highly gendered, with 154 (82.5 per cent) staff being female. The age of staff ranged from 20 to 61 years, with females more likely to be aged between 51 and 61 years, and males being concentrated in the 26–35 and 46–50 year age groups. Of the 154 females, 150 are employed as permanent part-time staff, two are permanent full-time and a further two are fixed-term part-time. Of the males, 26 are permanent part-time and two are permanent full-time. Staff comprise people from 23 different countries, with over 53 per cent of the workforce born in countries other than Australia. Of the occupations, most staff are employed as assistants in nursing (AiN), a total of 90 employees; hospitality has a total of 38 employees, and registered nurses total 22 employees. Overseas born employees make up approximately 58 per cent of AiN, 43.25 per cent of hospitality, and almost 69 per cent of the registered nurse positions. The largest overseas born groups originate from the Philippines, at 14.3 per cent, followed by India, at almost 7.1 per cent. Australian born totalled approximately 46.2 per cent.

Turnover of staff for the twelve months prior to the investigation totalled 27 (almost 15 per cent), attributed in the majority of cases to resignation.

WELLBEINGCO'S INVESTIGATION

WellbeingCo visited the site and met with staff in the HR department to obtain a broad understanding of how the organization functions in terms of managing its workforce. *WellbeingCo* were also

very interested in what the employees of Jacaranda House had to say, and a range of employees within the new facility were interviewed, including carers, hospitality workers, registered nurses and clinical nurse specialists. A range of issues were identified by workers including workloads, resourcing (staff and equipment), and communication issues. While management felt that they provided staff with many formal and informal channels to voice concerns or to raise good ideas, there was an underlying culture of employees feeling that they lacked the support and trust of management. They also felt a lack of trust among fellow workers. *WellbeingCo* identified a range of issues that were voiced by employees as follows:

Trust and safety

Staff who were below the level of middle manager reported that there was a culture of not speaking up. There was anxiety about speaking up, with one employee saying that ‘we have to be bold to bring up issues’. Employees also felt there might be repercussions for speaking up: ‘it can come back and bite you’, or that it would be futile, as they believed that decisions had already been made by management. Others described a reluctance for staff to put anything in writing.

Gossiping

A ‘gossip culture’ was also evident within the staffroom. Employees said that they no longer take their breaks in the staffroom because they felt that even though they were ‘not taking part in it, you’re included in things that you have heard’. This meant that they would be implicated in the gossip, even though they were not part of any conversation.

Managing change

Staff were amalgamated from two older facilities into the one new facility five years earlier, but at different times. This created a segmented ‘us vs. them’ culture of suspicion between the two workforces. As one employee put it: ‘We’re divided ... I felt at that time we are the underdog ... we were the last one [group] who transferred [to the new facility] ... they should have brought us as one.’ This ongoing tension and friction was also highly evident to new staff.

Training

There appeared to be a lack of induction training for new staff, and many staff were uncomfortable with learning a new tablet technology system that enabled staff to record patient notes and receive important information about patient care. Some staff reported that the messages delivered through this technology had a harsh tone and contributed further to the levels of distrust of management.

Workload and continuity

Work pressures impacted the ability of management to communicate effectively and this was exacerbated by a lack of staff continuity, as staff are moved around on a daily basis. This had implications for continuity of care and accountability, particularly when the tablet technology was not being used as intended (e.g. tablets not being powered up, leaving staff unable to check messages).

Financial constraints

Employees spoke about the finances and how money (or the lack of it) appeared to influence a range of behaviours. One participant who worked shifts advised that they no longer got paid for time to attend staff meetings held outside of their shift hours. There was a general sense that budgets were tight and this fed through to workloads. One employee reported that supervisors complained that staff were too slow at their job and, consequently, staff felt there was no time to take a break; they often skipped lunch or burned their mouth as they had to eat their food quickly. Other staff felt that they were given shorter time slots to provide care for specific patients.

Examples of cost-cutting measures included the use of disposable wipes to save on laundry costs and having to rehang towels and use them again on patients without laundering them. One employee reported that this was discussed at a general staff meeting:

they said that we had to start rehangng towels. ... because they [Management] needed to find a way of cutting down the cost ... It's really, really unhygienic. Not only that, if we hang up a wet towel it's a lot harder the next day. These people's skin is so see-through ... and it causes so much damage [to patient's skin]. ... Nobody speaks up because you just get shot down.

MANAGEMENT PERSPECTIVES

The management felt that overall they provided good opportunities for staff to communicate issues to management. Despite this, employees feel that there may not be adequate and/or appropriate ways to raise issues, and they do not always feel comfortable in doing so. Management had also become aware that the effectiveness of 'top down' communication mechanisms had become a challenge. As one member of the executive management team describes it: 'communication is a big challenge for us. At the executive level we've recognized this ... we recognize that at the executive level it's got a number of challenges around how we get the message out ... there are some key [areas of communication], legal; anti-discrimination, workplace bullying.'

Management recognized that there are key issues that require good communication, but in addition, the concern is how this information is best communicated. This means that the organization needs to be aware of and take into account the diversity of staff and differences in communication skills. Another overarching view was that communication must also link back to the organization's values in the way that they respect their staff members.

SUMMARY

While patient care and wellbeing is important in the context of Aged Care facilities, so is the wellbeing of the organization's employees. The Director of Aged Care was very concerned and wanted the culture of the organization to change. While management felt that they had excellent programmes in place that encouraged effective communication, there were many barriers to achieving this that were identified. The organization therefore needs to take action in order to achieve their aim of being a 'great place to work'. While management singled out the issue of communication as being the greatest difficulty in the organization, *WellbeingCo* found within the broader context of the Aged Care workforce, communication issues did not arise in isolation from other workplace systems and practices. For example, they found that communication was influenced by issues around trust and safety, managing change, workloads and rostering, and the lack of training and financial resources, as described above. As such, the issues to be resolved within this workplace are far more complex than first envisaged. The organization must now consider strategies in which to address and solve the identified issues, as failure to do so could see the continuance of an unhealthy workplace culture and many unhappy employees.

QUESTIONS

- 1 What are the flow-on effects of low worker morale in organizations?
- 2 Provide some recommendations for what the organization can do to improve the workplace culture.
- 3 Define 'worker wellbeing', then discuss what level of responsibility the organization and the individual has in achieving this outcome.
- 4 What are some of the outcomes for organizations if worker wellbeing is not taken seriously? What are the implications of this for workers?

PRACTICAL EXERCISE

Identify organizations that characterize themselves as a 'good place to work'. Perhaps these organizations have won awards as 'employer of choice' or similar.

- 1 Perform a search on the World Wide Web to find an organization.
- 2 How does the organization present itself to the public?
- 3 How do they attract employees to work for them?
- 4 Present your organization and findings to the class.