

Evaluating Wellbeing at Work in Flemish Residential Care Homes



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In early 2019, the Flemish government launched a project around workplace innovation in residential care homes. Its goal is to encourage more residential care homes to embrace innovative working practices. By doing this, we will not only improve residents' quality of life and care in these homes, but also employees' wellbeing at work. Or at least, that is the ambition.

Workitects (formerly known as 'Flanders Synergy') is coordinating the project and carrying out a number of research assignments. To offer guidance to the participating residential care homes, we are working with ten advisors from the Workitects network. Employers, trade unions, government, residents and experts are represented in the Steering Group.

The project is attracting a **very diverse group of residential care homes**. These can be divided into three groups:

- **200 explorers:** these are primarily interested in innovative organisational design, but are not yet prepared to embrace structural change. This group is mainly gathering a large amount of information and inspiration from us.
- **20 starters:** these are 20 residential care homes that are actively engaged in workplace innovation. This group is following the most intensive pathway. We are supporting them for two years in the change process and the implementation of innovative organisational design.
- **12 experts:** these residential care homes already have experience with innovative work organisation, but are still grappling with specific issues. We are supporting them in seeking out how to approach these bigger challenges.

Profile of residential care homes in Flanders

Residential care homes in Flanders offer a permanent home and care to over-65s who are no longer able to live at home. As well as a permanent place of residence, the assistance on offer ranges from household help with everyday tasks to (personal) care and nursing. A typical trend in residential care homes is that, on average, residents are staying for a shorter period, but have greater and more complex care needs. Residential care homes often have a **'functional work organisation'**, which means that managers group staff into specific departments and services based on their roles, e.g. physiotherapists, occupational therapists, activity leaders, care providers, cleaners, kitchen staff, and so on. Therefore you can roughly divide staff into two groups: those who **carry out the work** (care and support roles) and those in charge of **thinking, coordinating and directing** (management roles). All these occupation-based groups have specific job characteristics: at an individual level, at a team level, and in terms of *dependence* upon a manager.

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The 20 residential care homes participating in this project are currently engaged in a process of change in which their organisation is evolving towards a new and innovative structure that is conducive to staff wellbeing. For example, they are putting together **smaller groups of residents** for whom staff in a **multidisciplinary team** are responsible.

We have examined **wellbeing at work** at these 20 residential care homes **at three levels**: at an individual level, at a team level, and in terms of collaboration with the managers. We invited every member of staff to take part in a 'wellbeing at work survey'. At the end of the project (spring 2021) we will conduct a final assessment, which will enable us to accurately measure the impact of the 20 change pathways.

Survey shows that organisational structure determines wellbeing at work

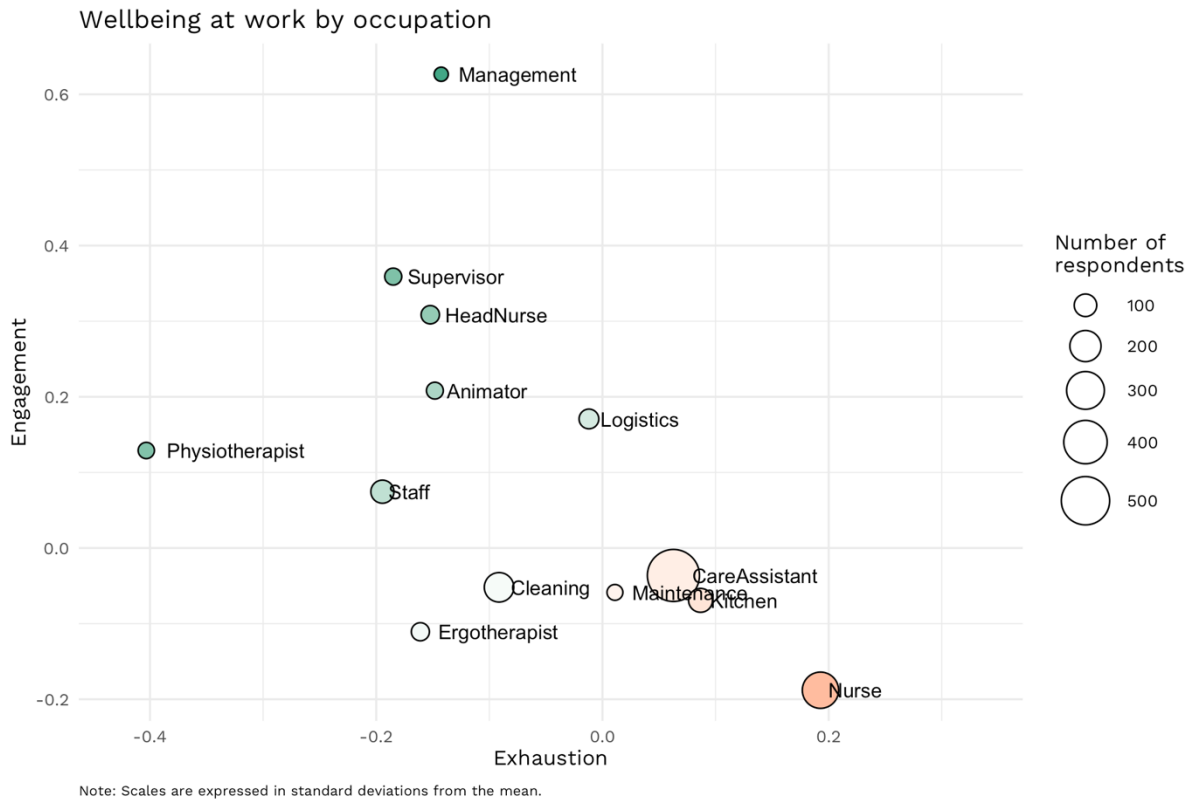
'Work Meter' (www.workitects.be/werkinstrument/werkmeter) is a measuring tool developed by Workitects that analyses wellbeing at work. It differs from the numerous other engagement surveys in that it shows **the influence of organisational structure on wellbeing at work**. Questions are based on many years of practical experience, and on the latest scientific insights into wellbeing at work and organisation. The Work Meter provides a reliable overview of workplace organisation and employees' job content. Both of these factors determine the way in which people experience their work and how it affects their wellbeing. There is a particular **focus on 'cognitive workload'**. This involves three types of task: **knowledge development, information gathering and work planning**. With the questions on wellbeing at work, we always look at what the 'burden' of a task is (the 'job demand') and at how much control an employee has over a task ('autonomy'). In addition, we look at **how dependent an employee is on others** in order to acquire the (necessary) knowledge, obtain information, or plan their work. These 'interdependencies' exist between one employee and another, and between an employee and their manager.

Job satisfaction linked to occupations within residential care homes

The results of the wellbeing at work survey show **significant differences in job satisfaction between the occupational groups** in residential care homes. In the figure below, for example, you can see the average '*need for recovery*' and '*engagement*' amongst staff for every occupation. The '*need for recovery*' is the time that someone needs to recover from work or a stressful situation, and '*engagement*' is the enthusiasm or the motivation with which someone works. Four occupations combine a **high need for recovery with a low level of engagement**, which may point to a **higher risk of burnout**.

We see the highest risk amongst nurses, care staff and kitchen staff. Conversely, five occupations combine a **low need for recovery with a high level of engagement**, which points to very **high job satisfaction** or a lower risk of burnout. This lowest risk is amongst directors, managers, head nurses, activity leaders and physiotherapists.

Figure: Job satisfaction per occupation



Conclusions from the Wellbeing at Work Study of Residential Care Homes

We would like to share the key conclusions from our wellbeing at work study. These provide answers to the question: **how do residential care homes create a pleasant work environment for their staff, which is good for their wellbeing?** Before presenting the conclusions, we would first like to share a small piece of theory that will help when interpreting the results.

We describe the tasks that are associated with, or expected from, a job as the *'job demands'*. We describe the freedom that an employee has to carry out their tasks as *'job control'* or autonomy. Each job has three basic requirements in order to be performed: knowledge, information and planning. A few examples: does an employee know how to perform their tasks? Do they know where they can search for information, or which colleague they can approach? Are these information sources freely available? And can they plan their work themselves, or do they have to refer to a colleague? Is the planning disrupted, and how does the employee anticipate this? How dependent is the employee upon others to carry out their job? And so on. The extent to which knowledge, information and planning are readily available, and the room for manoeuvre that an employee has to meet each of these three requirements, are decisive for their wellbeing.

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Back to the central question: what makes residential care homes conducive to staff wellbeing?

1. Optimise work planning and encourage staff to update their knowledge.

By permitting as few alterations to planning (*'planning disruptions'*) as possible, limiting unforeseen events and giving staff ownership of their planning (*'planning autonomy'*), you dial back the stress. As a result, staff need less time to recover from work or stressful situations. In other words, the *'need for recovery'* decreases. Employees' enthusiasm for their work (or *'engagement'*) increases when they are free to acquire new knowledge. It is also clear that trying out new things in a job (*'on-the-job learning'*) has a motivational effect.

→ *The wellbeing at work survey shows that there is a 'hierarchy effect': the higher up a person is in the hierarchy, the greater their need for new knowledge and skills, and for new and different kinds of information, and the more uncertainties and disturbances there are in terms of planning.*

2. Monitor planning autonomy within teams and encourage staff to consult one another as sources of knowledge and information.

When you put together (new) teams, you should avoid creating greater dependence between employees, especially as regards planning, because not only does this cause stress, it also makes it difficult – if not impossible – for people to take ownership of their own planning. As described above, planning autonomy provides a buffer against stress. Keeping wellbeing at work in mind, it is not a good idea to design teams in which people are too dependent upon one another's planning. The smart solution is to put together a team who need information and knowledge from one another to enable them to do their work. Therefore knowledge or information dependency should not be a problem if that team is grouped together. However, when it comes to planning it is a different story. →

→ *A division along occupational lines often means that it is harder for information to flow between occupations and services. Managers then have to share this information amongst departments and services, and this is far from ideal.*

3. Link emotional and instrumental support: where culture and structure meet.

Do you want to improve the relationship between team members (*'emotional support'*) and work on the culture within your team or organisation? Based on the findings of this study, we would advise you to also take a look at how colleagues can support one another in terms of knowledge, skill development, information and planning. A structural dimension also comes into play here, which is more about interdependence between roles.

In 2021 we will repeat our wellbeing at work study at the same residential care homes, and are curious to see what conclusions we will be able to draw from it.

Covid- 19 Crisis

Of course the Covid 19 crisis has had a severe impact on residential care homes, and the intended actions might need to be changed. Workitects will investigate this as well. The Director of 'Avondvrede' (Evening Peace), one of the expert residential care homes, recently expressed his happiness that the organisation has become much more resilient through the introduction of innovative work practices and multidisciplinary teams, and is better able to cope with the crisis.

Would you like to receive the study report about Residential Care Homes in Flanders, or would you like more information about the project? Then please contact us: lieven.eeckelaert@workitects.be or laura.nurski@workitects.be