

Step 2 Engage



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When you are planning to make job quality changes in your organisation it is important to engage with clients, care workers and any external stakeholders. Engaging with stakeholders before, during and after any change will help to create a smoother and more sustainable transition to better job quality.

Who should I talk to when I'm planning a job quality change?

There are three stakeholder groups that you will need to engage with as you plan job quality changes: care workers, clients and external stakeholders.

1. Care workers

It is important to involve any workers who will be directly or indirectly impacted by change (e.g. care workers, line managers and other staff). Their engagement throughout the change process means they can:

- provide advice on which job quality issue is a priority for change and suggest how it can be improved. They can help develop a strategy to implement and evaluate change
- help identify the enablers and barriers to change
- become change champions to support and lead the change
- provide feedback on the process and outcomes of change, including anticipated and unanticipated results.

2. Clients

Clients of care services should have input into any changes that will affect how services are provided, when:

- they will be directly impacted
- they have direct experience of the service quality being delivered
- their engagement and perspective will be an essential enabler for sustainable change.

Clients may also be directly involved in implementing change, for example if they are asked to use new technology.

3. External stakeholders

External stakeholders can include other aged care providers, peak bodies, unions and researchers. When you involve external stakeholders they can:

- provide additional expertise, information and resources
- give an 'outsider' perspective for useful, independent advice and feedback
- enable learning from and sharing with others.

External stakeholders like general practitioners and specialist services like palliative care and training services can also be directly involved in implementing job quality changes.

How much should I engage with stakeholders?

The level that you involve stakeholders in your job quality change will depend on the situation, resources, history and culture of your workplace.

Engagement by workers and other stakeholders can range from:

- collaborating with you to identify areas for improvement and designing, implementing and evaluating your job quality change
- having input and influence at particular key points of the change (during design for example)
- given opportunities to consult and provide input throughout the change process

or

• a combination of these engagement levels at various stages throughout the change process

Care workers should always be involved when changes to job quality are being considered as they are directly and indirectly impacted by the change and have expert knowledge of their work.

What types of engagement will help make change successful?

There are a number of engagement strategies and key enablers for successful change.

- Senior management sponsorship. When senior managers engage with the change process they will help to reinforce change aims, mobilise resources, support change efforts and manage any resistance in a consultative way.
- A shared vision. When everyone knows the aim, planned work and intended results in advance, it is much easier to keep your change plan on track.
- Leadership from change champions. Change champions keep ideas fresh and inspire and motivate others. They can form a parallel network to the day-to-day operations teams.
- Regularly seeking feedback. By listening to the experience of the people who are directly or indirectly affected by the change you can identify and address any issues with your change.
- Celebrating achievements. It's important to celebrate achievements along the way and build on what went right as well as adjust what did not work or needs improving.

Engagement Tools



Engagement Tool 1: Example interview/focus group protocol



Engagement Tool 2: Example protocol for collecting participant demographic information



Engagement Tool 3: Plan for the process of engagement



Engagement Tool 4: Plan for stakeholder engagement



Engagement Tool 5: Job quality survey measures worksheet

Engagement tools

In the Quality Jobs Quality Care project we conducted a number of case studies and engaged with people at all levels (care workers, clinicians, managers and other staff) via small focus groups and individual interviews. These helped us to effectively identify the key issues and then share information about how the changes were prioritised, designed, implemented and monitored. Workers also had the opportunity to provide feedback on design and implementation of the change plan as it was happening (midchange) and at completion. We developed short organisational reports to identify what was working, what could be improved and how, using this approach. We've included our interview protocol and the protocol for collecting information (Engagement Tools 1 and 2) we used in the Quality Job Quality Care project so you can adapt these protocols to suit your own job quality change plan.

You can use Engagement Tool 3 to plan how you will engage with workers and other stakeholders. This tool will help you to plan how you will engage with each group and map out key aspects of engagement to make sure your activities are effective and successful. This tool can be used as a 'living' document and updated throughout the change process. We've used examples from Case study: Care worker mentoring to show you how Engagement Tool 3 can be used.

Use Engagement Tool 4 to plan and document your key messages; seek feedback and input from workers and other stakeholders; document the engagement process and your response to this engagement; and plan how you will engage and involve workers and other stakeholders in the small scale change. Complete a separate tool for each stakeholder group.

Engagement Tool 5 can be used to survey workers on key job quality measures like employment conditions, job demands, resources, and outcomes as well as compare your results to the national benchmark survey results.

Additional information and resources

Engagement

Collaborative Interactive Action Research (CIAR) video.

In the Quality Jobs Quality Care project the CIAR method we used had a 'dual agenda' approach, to test the link between the quality of care worker jobs and the care they provide to clients. This method also brought together researchers and organisations as project partners.

The Equity Imperative: Reaching effectiveness through the Dual Agenda³⁶

This resource champions the need to explore the perspectives and experiences of the workforce, in order to address a potential mismatch between the way in which work is organised and the needs of the workforce. This is the dual agenda needed to create a more equitable workplace for both men and women.

IAP2's Public Participation Spectrum

This resource provides a spectrum of engagement activities for stakeholders.

The Edge (UK)

The Edge is a free social platform committed to finding, sharing, curating and creating the boldest and most innovative new ideas in health and care.

Patient voices

This program facilitates the telling and the hearing of some of the unwritten and unspoken stories of ordinary people, so that those who devise and implement strategy in health and social care can do so in a more informed and compassionate manner.

Surveys

Management Analysis & Development webpage: 'Guide to Writing Survey Questions'

This set of web resources provides useful advice for putting together a survey, including how to choose questions (from existing sources), how to write your own questions, and tips for increasing survey response rates.

Survey Gizmo

Survey Gizmo offers a series of online posts that provide straightforward advice about creating and conducting surveys, including how to avoid common mistakes or difficulties.

The following surveys are a good source of survey items related to job quality. Check terms and conditions of use (available on website) including requirements for acknowledgment of the source of survey items in reports and publications.

Household, Income and Labour Dynamics in Australia (HILDA) Survey

HILDA is a large household panel study which started in 2001, with data collections scheduled (at time of writing) to 2018. HILDA questionnaires contain items measuring a range of topics and issues, including items measuring job quality (job demands, job resources, job satisfaction), and general health and wellbeing. Surveys can be accessed here: with more information provided in the user manual.

European Foundation for the Improvement of Living and Working Conditions (Eurofound): European Working Conditions Surveys (EWCS)

The Eurofound Working Conditions Surveys (EWCS) contain items measuring a range of issues related to job quality and work-related health and wellbeing. The surveys include items addressing employment status, working time duration and organisation, work organisation, learning and training, physical and psychosocial risk factors, health and safety, work-life balance, worker participation, earnings and financial security and health.

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Case study: Regular scheduled hours

The challenge

To change work scheduling to reduce broken shifts and create more predictable and connected work rosters for part-time community care workers.

The response

A new scheduling system was used to employ selected care workers for a set number of regular scheduled hours.



How was it planned?

This small scale change was conducted with a team of community care workers in a regional area. It was initially planned by regional, operational and human resource managers and the Quality Jobs Quality Care project researchers.

The planning worksheet was used to outline the design of the regular scheduled hours; the expected benefits for job and care quality; and how these would be evaluated.



Who was consulted and how?

Interviews and focus groups were held with care workers, managers and other staff likely to be affected by the changes to regular scheduled hours. Participants generally agreed that broken shifts were an important job quality issue. Care workers explained that broken shifts significantly reduced their job satisfaction by making it difficult to work their preferred hours and creating unwanted gaps in the day that were hard to fill with other non-work activities.

A 'broken shift' is a single shift including one or more breaks in work activity (not including meal breaks/ travel time), with an allowance paid for each break.



What was done?

Contracts with regular scheduled hours were agreed with three care workers from a community care team and this slowly expanded over six months to 12 workers. Scheduled hours ranged from 20 to 38 hours per week and were calculated based on a worker's usual number of hours, their availability and client demand. Workers went to the regional office to do other work, such as administration tasks, if any gaps in direct care work were greater than one hour. Otherwise, this time was paid as a make-up contract hour.

How was it done?

A small group of care workers was identified as a good match for regular scheduled hours contracts after their staff records were reviewed for availability and actual vs preferred hours. They were subsequently given information about the contracts and invited to participate (only one worker declined). A number of other staff were involved in the small scale change, including the scheduling team who were responsible for assigning work schedules, with input from managers and administration staff.



Did it work?

Organisational data indicated that care workers were paid a total of 577 make-up contract hours during implementation. Care workers identified many benefits of regular scheduled hours, including:

- an overall improvement in fit with preferred work hours and fewer broken shifts
- improved work-life balance due to more stable and predictable hours
- the opportunity to do meaningful work with greater variety, including learning new administrative skills that could lead to new career opportunities
- increased contact with managers and co-workers which reduced isolation and increased job satisfaction
- improved relationships with clients resulting from greater consistency in scheduling.

More reliable hours,... and I do get more work as a result of it so I don't need to come to the office to make- up hours that much so my days are pretty full '[being in the office]...was completely different to care work, the change in atmosphere has given me a boost and I like it'.



What we learnt

The initial unanticipated high number of make-up contract hours reduced over the six months, due to local scheduling and better matching of client hours with rosters.

Care workers also said that the distance from the office, time of day and traffic were all factors they took into account when considering a return to the office to fill a gap in direct care work.

Managers also identified challenges and areas for ongoing improvement. Extra work was created for managers and administrative staff when arranging the reassigned work to avoid broken shifts. Fixed contract hours sometimes resulted in an oversupply of workers (and paid hours) due to changes in demand for services. In contrast, there was an undersupply of workers for weekend shifts, which managers thought may be due to the availability of regular weekday hours.

The client caseloads and their visits and the amount of visit needs are so fluid. The clients come on the program, they come off the program, and they change their visit times...So trying to plan for workload challenges is extraordinarily difficult for that reason and it makes scheduling and working out the demand very hard.

The organisation is using the learnings from this small scale change and is continuing to improve supply and demand data and analysis. This will help managers to schedule more effectively and better match client and care worker hours. There are also plans to establish more contracted hours that include weekend work. A new enterprise agreement will address the gap in payment for broken shifts.