

Designing jobs and teams to achieve positive outcomes at work

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Work and Organisational Studies
WHPN Annual members forum

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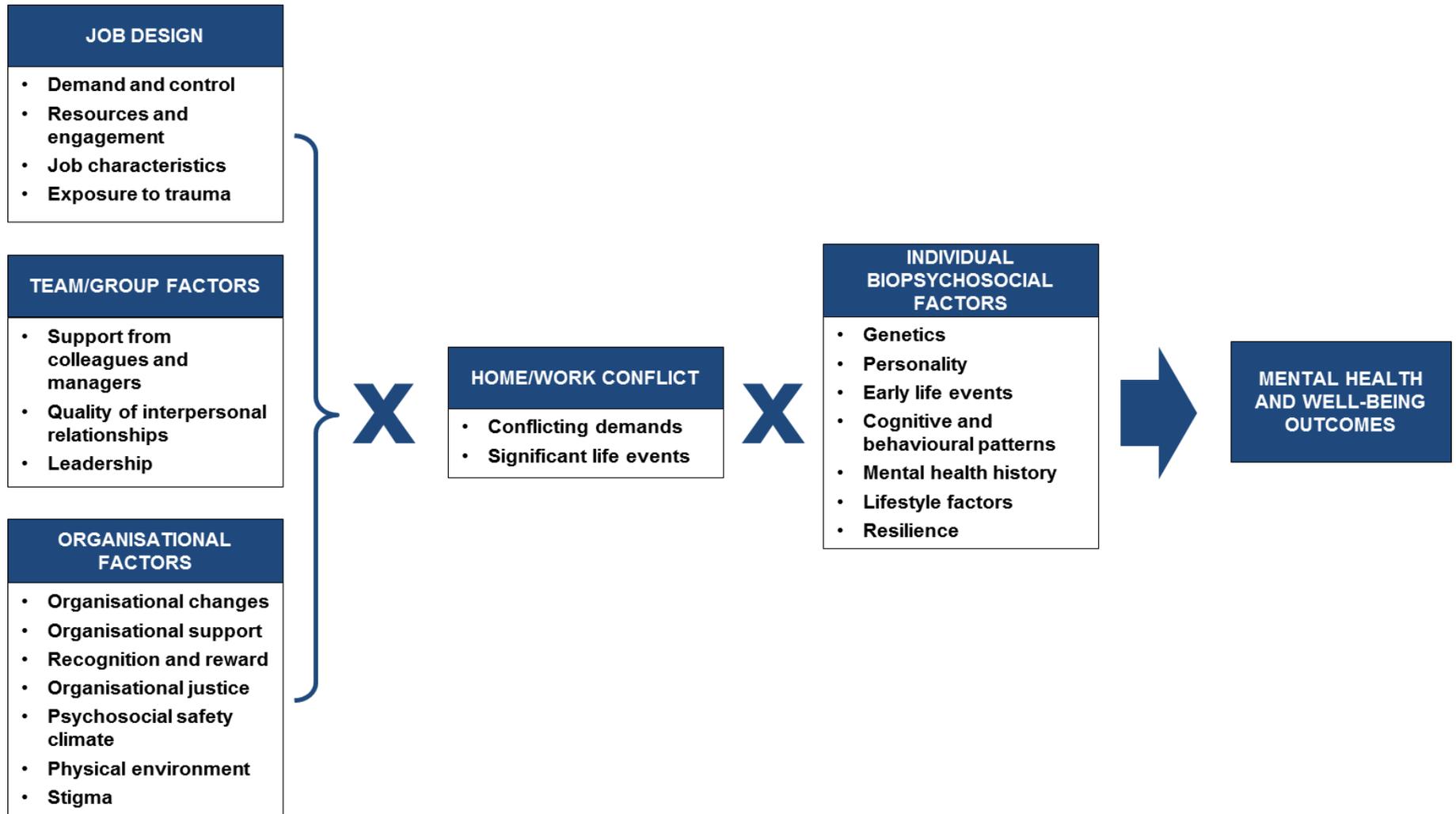


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Work and mental health: Identifying levers for change



Source: Harvey SB, Joyce S, Tan L, Johnson A, Nguyen H, Modini M, Groth M (2014). Developing a mentally healthy workplace: A review of the literature National Mental Health Commission, Australian Government.

<http://www.headsup.org.au/training-and-resources/further-reading>

Case Study 1 & 2: The Context

Health system faces growing pressures

High levels of burnout and job stress among health care professionals

Case Study 1: The cost of emotional labour in nursing

Case Study 2: Redesigning the overtime shift

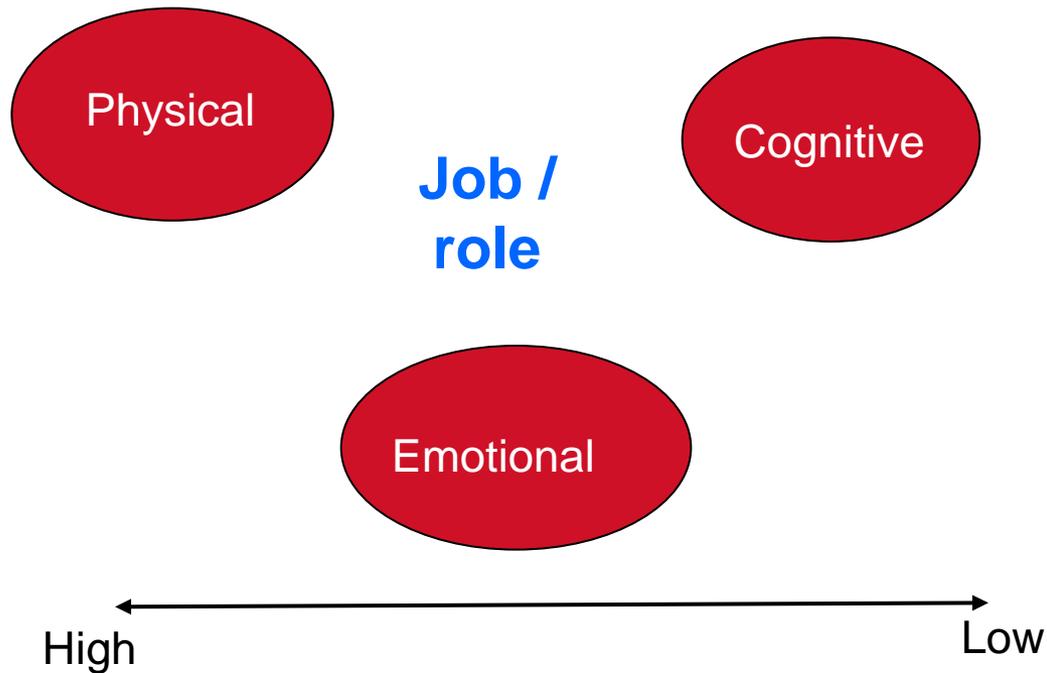
Supporting Junior doctors
in a high strain environment.





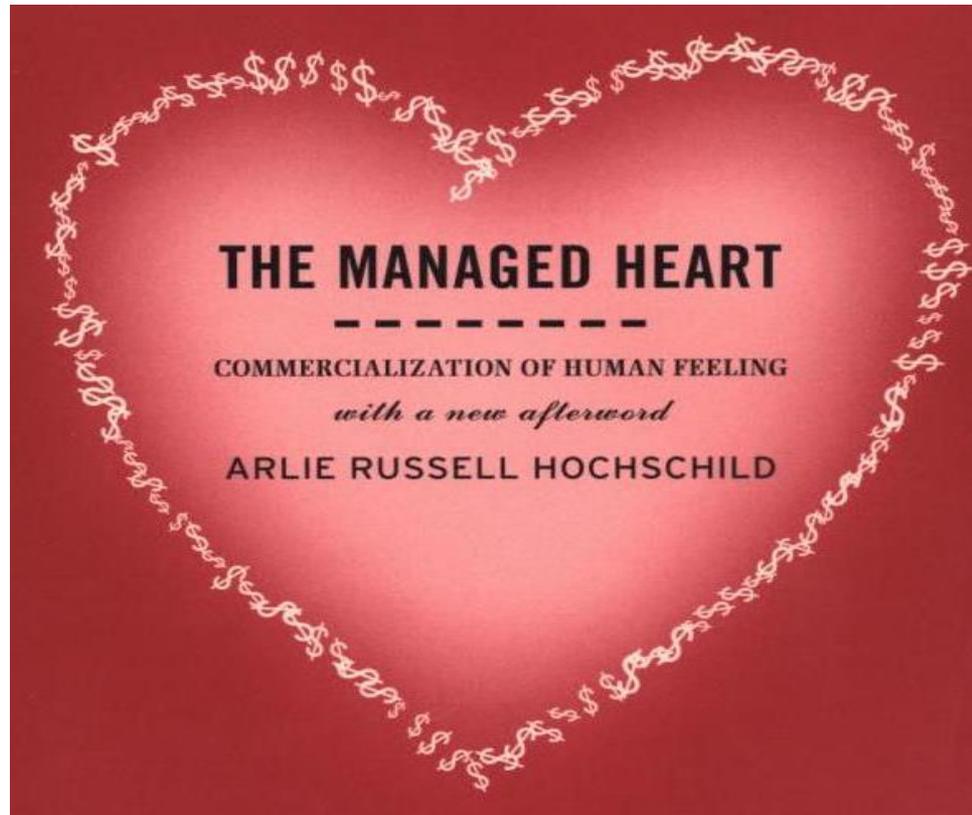
Case Study 1: Emotional Labor

- **Occupation / Job:** What kind of labour?



Case Study 1: Emotional Labour

- › “Management of feeling to create a publicly observable facial and bodily display.”







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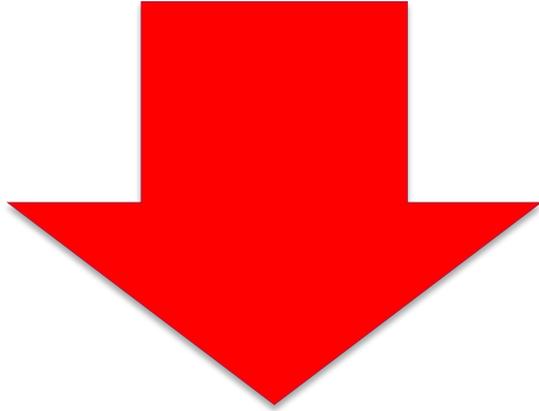


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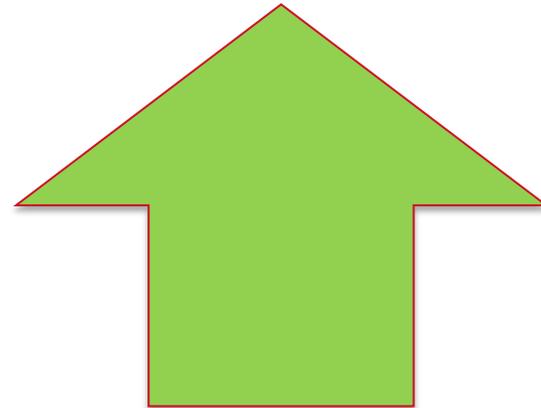




Emotional labour
meets customer needs
and defuses emotional
events



Emotional labour is
costly to health and
future performance



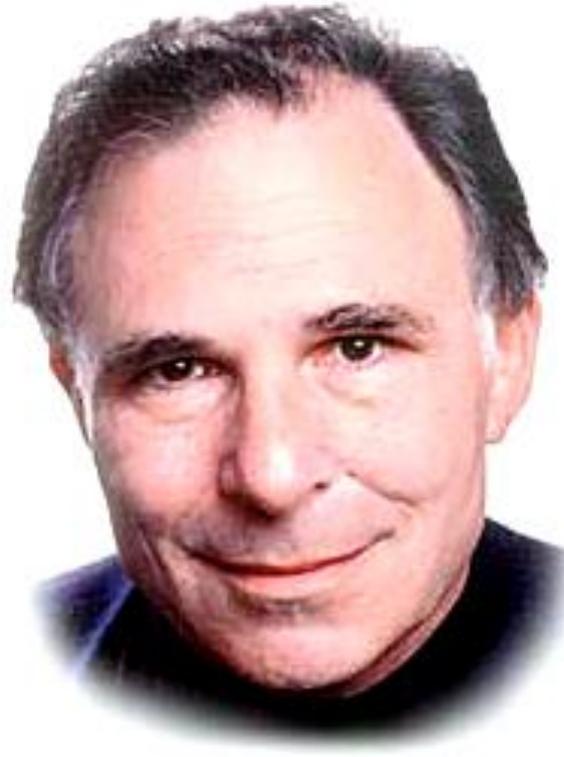


Deep Acting



Duchenne smile

Surface Acting



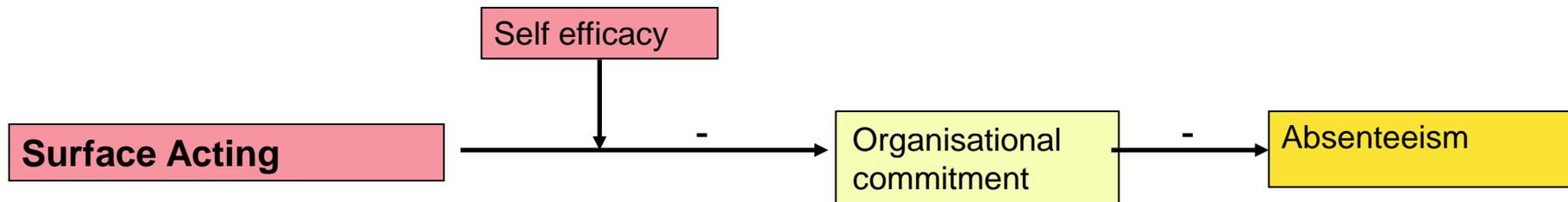
Non-Duchenne smile

Case Study 1: Survey study of 121 nurses

Using data from two sources, collected at two points in time

Surveyed 121 nurses (measured surface acting, confidence to engage in EL, org commitment)

Linked survey data to absenteeism data from HR records collected 12 months post-survey



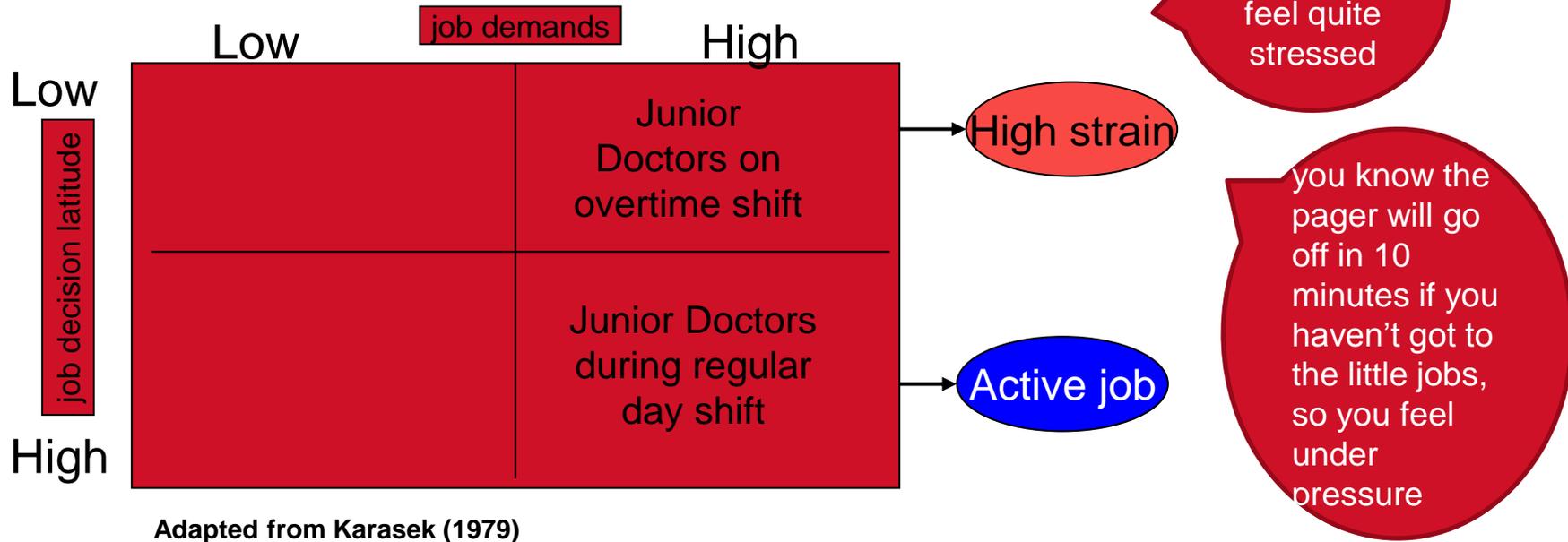
Case Study 1: Survey study of 121 nurses

Effect of emotional labour on absenteeism can cost an organisation up to \$1,400 per employee

Nurses who surface act whilst having low confidence to engage in EL took more sick leave

Overall, direct annual cost of emotional labour is approximately \$110,000 for this particular organisation

Case study 2: Overtime shifts



High: work demands, responsibility and uncertainty

Low: job control and support

“Naturally occurring field experiment”

Introduce an Advanced Practice Nurse

Practical and emotional support
(coach and mentor)

Provide a boundary spanning role

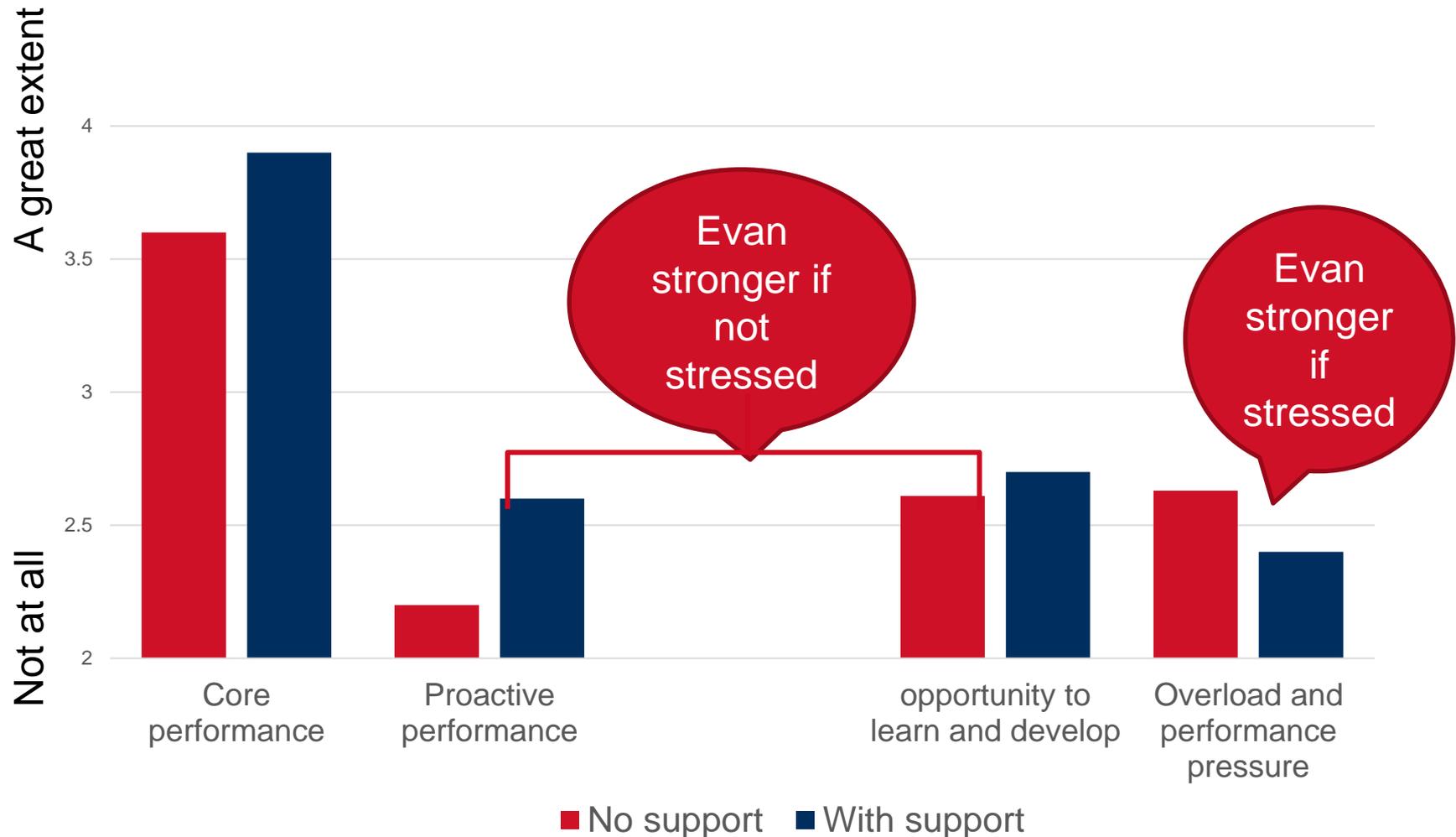
- Support with medical procedures
- Support junior doctors in tasks not yet mastered
- Assist with prioritising patients / transferring knowledge

Our aims:

1. Evaluate the intervention: Does it have an effect on junior doctor's well-being and performance
2. Investigate the influence of emotion on the outcomes: Does support affect outcomes differently if you are stressed or relaxed at work?



Results of the job redesign



Key themes from interviews

With junior doctors, APNs, and Senior Doctors

Reduces work pressure

Creates opportunities for learning skills and improving clinical decisions

Reduces uncertainty and increases control

- *When he (APN) is around, he tells you what is going on... if you haven't had a chance to visit a ward for a couple of hours and you are wondering whether there are any nasty surprises up there. You get an idea of whether there is a huge amount or what sort of work there is – (then you) can relax & concentrate on what you are doing because you can assess and anticipate what is going on, and set priorities on other wards....”*

Increases emotional safety: to enable voice and break silence

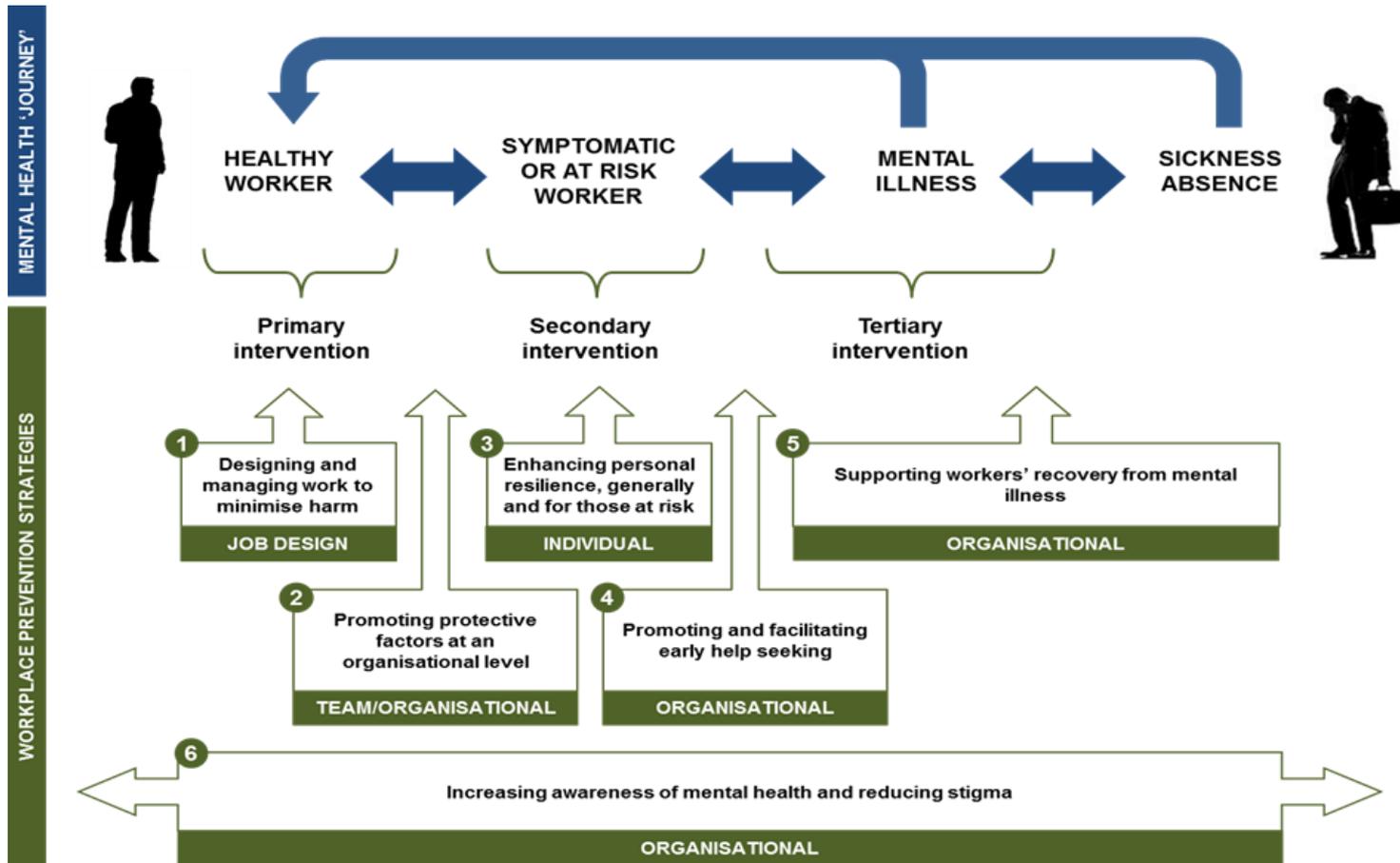
Improves relationships and culture of team work

Reduces stress and increases self efficacy

- “Will coach us through things, asking us “what equipment will you need in this situation”, and saying ‘I am a hundred percent behind you in this” Gives you a lot of confidence”*
-



Where this research fits: The broader picture



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Thank you

