SMART

Design for Care

Unpacking the Enablers and Hindrances on the PARRTH to SMART Work Design

Authored by the Design for Care team, Curtin University and the University of Sydney

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Preface

About Design for Care

Design for Care is a research project that aims to understand how work can be redesigned to protect the mental health and wellbeing of workers in the Healthcare and Social Assistance (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 Professor Anya Johnson and Professor Helena Nguyen at the University of Sydney, and Professor Alex Collie at Monash University. The research was funded by Insurance and Care (icare) NSW.

This report presents the results of Design for Care participant interviews assessing their experiences of work redesign. It identifies key organisational, leadership, group, and individual factors that supported or hindered the effectiveness of the work redesigns.

This report involved contributions from multiple Design for Care team members including:

- Monica Trezise, Applied Organisational Research Analyst (Centre for Transformative Work Design)
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- ARC Laureate Fellow John Curtin Distinguished Professor Sharon Parker, Chief Investigator (Centre for Transformative Work Design)

We also acknowledge the contribution of Ilker Camgoz and Annika Mertens from the Future of Work Institute, Curtin University, and Ryan Cheng, University of Sydney, to the report. We especially thank the participating interviewees for their generosity and candour, which contributed to the rich information in this report.

Beyond this report, Design for Care has produced the following reports and articles:

1. *"Risk factors associated with psychological injury among Healthcare and Social Assistance workers in non-hospital settings: Systematic scoping review"* (Gelaw et al., 2022a; Gelaw et al., 2024*).* In this report we reviewed 60 studies (a total of 34,466 workers) on psychological injury in the H&SA industry. A key finding from this review is that a large volume of occupational and organisational factors, such as high job demands, low job control level, low levels of support, lack of role clarity, and poor organisational justice, were associated with psychological injury claims. These aspects of work are modifiable, suggesting an opportunity for redesign to protect psychological health and reduce the prevalence of psychological injury.

2. *"An analysis of NSW workers compensation claims to examine the frequency, incidence, patterns and outcomes of psychological injury among distinct occupational groups in the HSA industry"* (Gelaw et al., 2022b)*.* This report examined work injury claims data from the NSW workers' compensation system. A key finding is that over a nine-year period, psychological injury claims in the NSW H&SA industry more than tripled, growing more than any other industry, and resulted in a staggering 3,540 working years lost.

3. *"How work design shapes mental health in the Healthcare and Social Assistance industry"* (Jolly et al., 2023). In this report we analysed the survey results of 1300 care workers across five H&SA organisations and showed that work design is a key driver of mental health and wellbeing. While 1 in 5 workers report burnout, this reduces to 1 in 10 when work is well designed. However, only 15% of workers surveyed had good work design, reflecting a need to redesign work in the industry.

4. *"Changing work design to improve mental health in the Healthcare and Social Assistance industry"* (Iles et al., 2024)*.* This report outlines three participative work redesign case studies undertaken with partner organisations in the H&SA industry. The report describes the co-creation process and impact of a new onboarding process at a residential aged care organisation; a staff training initiative at an out-of-homecare organisation; and a new handover process at a residential aged care organisation.

5. *"Crystal clear: How leaders and coworkers together shape role clarity and well-being for employees in social care"* (Zettna et al., 2024). This journal article, published in *Human Resource Management* draws on data collected in the Design for Care project. It shows that supportive work context and role clarity are crucial in enabling a sustainable social care workforce.

6. "*Designing SMARTer work in the healthcare and social assistance industry: Quantitative findings of the Design for Care project"* (Askovic et al., 2025). This forthcoming report outlines the findings from surveys conducted across the project.

7. "*Design for Care: Synthesis of a large-scale project to improve work design in the healthcare and social assistance sector"* (Parker et al., 2025). This forthcoming report synthesises the approach, core findings, and key learnings from the project.

Check all reports and articles can be found here
https://www.transformativeworkdesign.com/smart-design-for-care

Contents

Executive Summary

Thousands of Australians rely on the care provided by people in the Healthcare and Social Assistance (H&SA) industry every day. However, staff in this industry are struggling, with rates of burnout, psychological injury, and turnover intentions substantially higher than in other industries. High rates of poor mental health make it difficult for H&SA staff to continue to provide high-quality care.

Work design, defined as the content and organisation of one's tasks, roles, responsibilities and relationships at work (Parker, 2014), plays a fundamental role in staff mental health and wellbeing. Five key aspects of work design have been identified as important: stimulating work (e.g., task variety, learning opportunities), having mastery (e.g., role clarity, feedback), agency (e.g., autonomy over work timing and methods), relational work (e.g., support, positive relationships), and tolerable demands (e.g., manageable levels of workload, emotional demands). The impact on work design has been demonstrated in the H&SA industry. Research shows that psychological injuries are higher in H&SA than other industries (Gelaw et al., 2022b), with evidence that work design factors such as intolerable work demands (e.g. time pressure) and a lack of mastery (e.g., low role clarity) significantly affect staff mental health (Jolly et al., 2023).

To address the rising incidence of poor mental health by taking a preventative lens, icare NSW funded the Design for Care research program. This program examines the role of work design in the H&SA industry and its impact on staff mental health and wellbeing. Partnering with eight organisations in aged care, disability care, and out-of-home care, we tested a participatory work redesign methodology, referred to as the PARRTH process, to improve SMART work designs. PARRTH prioritises the direct involvement of workers, giving them a voice in understanding the problem and designing and implementing work redesign solutions. The work redesigns were varied and highly tailored to the unique challenges of each organisation's context. After implementing the work redesigns, we interviewed 56 staff from across the participating organisations to understand the factors that enabled and hindered the implementation process.

Key findings

We identified enablers and barriers of change at different levels: organisational-, leadership-, group-, and individual.

Organisational factors

Enablers

- **Providing adequate resources**, including time and workload adjustments, enabled success, suggesting organisations should make broader adjustments to tasks and responsibilities to reinforce the new process and prevent the changes becoming a burden.

Barriers

- **Inadequate staffing** meant that more complex or resource intensive redesigns were difficult to sustain.
- **High turnover** meant that those who participated in the redesign workshops (in which Design for Care staff facilitated the co-design of redesign solutions) left the organisation, taking with them essential change knowledge.

To address these barriers and enablers, we recommend organisations show their commitment by allocating adequate time and resources to the project to sustain the PARRTH process. Organisations should also manage staffing levels and risk of turnover impacting the Redesign by ensuring sufficient staff are involved and replacing staff who leave. Detailed examples of activities that support these themes can be found on page 25.

Leadership factors

Enablers

- **Effective communication from leaders** to staff was important to show that the leader is committed to making changes, and helped staff to trust that their feedback was taken seriously.
- **Leaders' openness to feedback** from their staff, especially when sustained beyond the redesign workshops, helped leaders to understand and respond to their teams' work design needs. Leader openness helped to reduce staff frustration when implementation was slow or impacted by forces outside the control of the team.
- **Leaders' commitment to change** - from senior leaders including members of the board) to line managers - was a key enabler, facilitating speedy implementation that remained on track across the change period.

Barriers

- **Lack of communication** between leaders and staff was associated with frustration with the change process and made it difficult for leaders to implement the solutions that would have the most impact.
- **Leaders' resistance to change**, or worse, change cynicism, led to staff feeling demoralised, cynical, and frustrated about the change.

To address leadership-related factors impacting the success of the PARRTH process, we suggest encouraging leaders to remain open to feedback, and creating opportunities for regular two-way communication. Also encourage and support leader commitment to work redesign. A summary of actions to address these recommendations is available on page 26.

Group factors

Enablers

- Fostering **psychological safety** during the work redesign workshops was important in creating impactful redesign solutions. Psychological safety meant workshop participants could feel comfortable expressing their opinion, and challenge each other to come up with better ideas.
- **Team support and a shared commitment to change** was key to sustainable implementation of redesigns, particularly when team members reinforced new behaviours and reminded each other of the new initiative when things went off-track.

Barriers

- **Lack of adequate consideration** of the organisational context during redesign workshops meant that some redesign ideas were not realistically feasible for implementation.
- **Lack of team reinforcement**, and **poor within-team communication** about the change, made it difficult for some groups to maintain the momentum for change.

Group-related enablers and barriers can be addressed by encouraging teams to prioritise work redesign ideas that are simple and achievable, at least as a starting point, to generate

momentum. Fostering team support during implementation of work redesign. Strategies that relate to these recommendations can be found on page 27.

Individual factors

Individuals play an important role in the successful implementation of work redesign changes.

Enablers	• **Individual knowledge of work design concepts** helped support staff's confidence and commitment in implementing solutions.
Barriers	• **Lack of knowledge of work design**, exacerbated by language barriers, made implementation challenging as it was difficult to get all team members on the same page. • **Individual staff resistance to change** was discouraging to others and affected morale. Individual resistance to change was related to past experiences of failed change initiatives.

Address individual factors by developing staff work design knowledge and self-efficacy about work design and redesign throughout the PARRTH process. Also build staff commitment to redesign ideas by acknowledging past failures. Examples of individual strategies are available on page 28.

Background

There is an urgent need to better understand and prevent psychological injury in the Healthcare and Social Assistance (H&SA) industry. Psychological injury refers to mental health conditions stemming from stress or trauma that negatively affect an individual's thoughts, feelings, and behaviours (Koch et al., 2005). Evidence suggests that psychological injury compensation claims are almost twice as common in the H&SA industry compared to other industries, with the rate of claims increasing substantially over the past nine years (Gelaw et al., 2022a). The Design for Care project was established to respond to this alarming trend by investigating how work can be redesigned to protect H&SA workers' mental health and wellbeing.

SMART Work Design

The design of work significantly contributes to staff mental health and wellbeing. Work design refers to:

> *"The content and organisation of one's tasks, roles, responsibilities and relationships at work"*
>
> **Parker, 2014**

Evidence suggests that good work design (or SMART work design, Figure 1) is one of the most effective ways to promote good mental health and protect against psychological injury at work (Parker et al., 2003; Parker & Knight, 2024).

Figure 1 the SMART work design model

The SMART work design model, which is the foundation of our research, identifies five work design characteristics central to one's experience of work: Stimulating, Mastery, Agency, Relational and Tolerable demands (Parker & Knight, 2024). Positive mental health and wellbeing outcomes arise when work is Stimulating and interesting, offers opportunities to

improve and build Mastery, provides Agency or control over how work is completed, fosters positive Relationships, and maintains work demands at a Tolerable level.

The PARRTH to SMART Work Design

Despite the evidence that good work design protects staff mental health and wellbeing, little research exists on what enables SMART work in the H&SA industry. We partnered with eight H&SA organisations to co-create SMART work design changes ('work redesigns') and evaluate their effectiveness in the industry. To achieve this, we followed the PARRTH to SMART Work Design process (described in Figure 2; based on Parker, 2025).

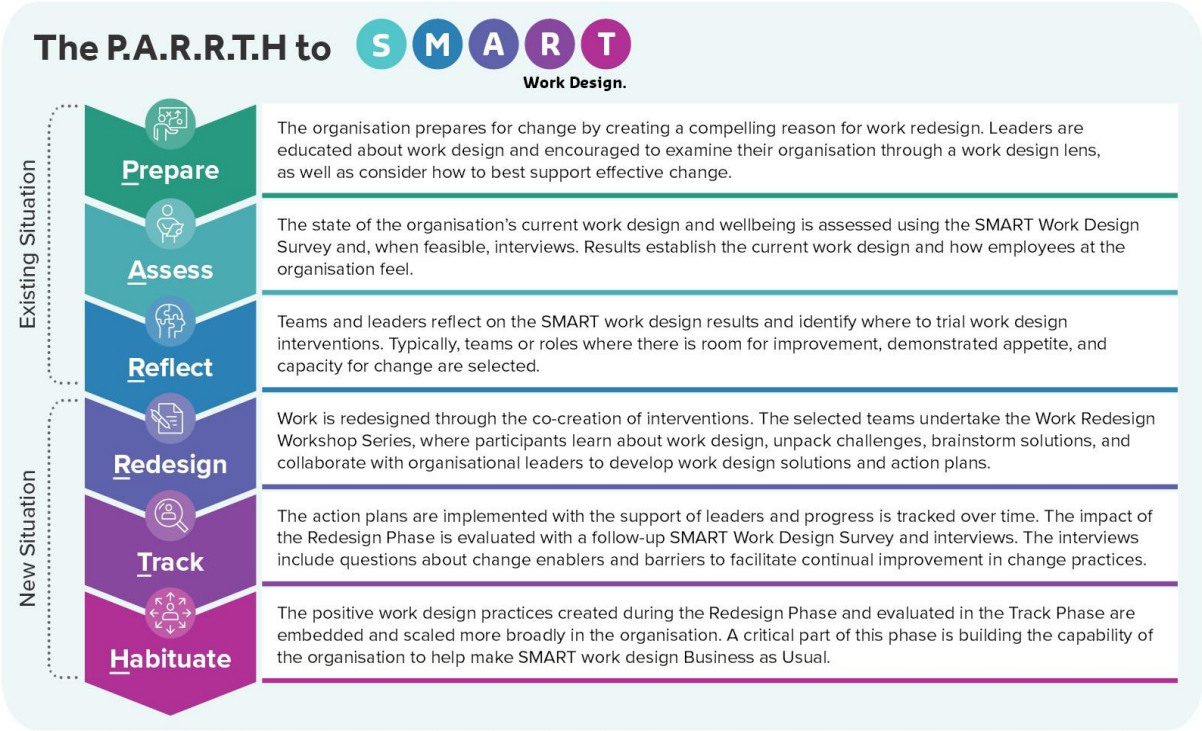

Figure 2. The PARRTH to SMART Work Design.

Design for Care researchers worked with leaders from partner organisations to implement the PARRTH process across multiple teams. As each team addressed unique challenges, the specific work redesigns varied from team to team. Example redesigns include introducing buddy systems to support new starters, redesigning onboarding processes, restructuring team meetings, changing information sharing processes, and redesigning shift handovers.

The Current Report

This report presents a qualitative analysis of the factors that either enabled or hindered the PARRTH to SMART work design process, according to participating H&SA staff. *Enabling* factors are those that facilitate the effective implementation of work redesign action plans. *Hindrances* refer to barriers that had to be overcome to achieve change or that help back the implementation of the redesign.

Work redesign is shaped by multiple factors that vary in their proximity to work and their impact upon it (Parker et al., 2017). These factors range from broad contextual factors, like

government policy and industry regulation, to individual worker characteristics, such as attitudes towards change. This report reflects these multilevel influences by categorising enablers and hindrances of work redesign according to organisational, leader, group and individual-level factors (Nielsen et al., 2017). Considering influences at each level improves our understanding of when and how work redesign changes are effective (Nielsen & Miraglia, 2017).

To guide future work redesign in H&SA organisations, we provide a summary of recommendations for actions at each level that may help to address barriers and promote positive outcomes for H&SA workers.

Methodology

Staff from partner organisations that had completed the Redesign Phase of the PARRTH process were invited to participate in a confidential interview with researchers from the Design for Care project. The interviews were conducted in-person or online, and all interviews were audio recorded and transcribed for analytical purposes. The interviews ranged in length from 30 to 50 minutes.

A final sample of 56 interviews with participants from three partner organisations were analysed for this report. Interview participants were:

- from Aged Care, Disability Support and Out-of-Home Care organisations;
- age and gender diverse; and
- a mix of leaders (n = 12) and frontline workers (n = 44).

The interviews explored the context of the participants' work, their experience of work design, the impact of the change on their work design, and what interviewees perceived to have enabled redesign, as well as any possible barriers or hindrances to the redesign process. All participants were asked *"What has helped make the redesign successful?"* and *"What were the barriers to the changes?"* The answers to these questions inform this report.

The 56 interview transcripts were analysed using NVivo 14 software following a standardised thematic analysis process. To maintain participant confidentiality, quotes that illustrate each theme have been de-identified by removing all reference to participant name, gender, age, organisation, etc. It is important to acknowledge that the themes described in this report are based on an aggregation of individual perceptions and therefore may not be representative of the experiences of *all* Design for Care participants.

Results

Enablers and barriers were categorised into the following themes:

- *Organisational factors*: adequate resources, staffing and turnover.
- *Leader factors*: openness to feedback, leader support for change.
- *Group factors*: psychological safety, team supportiveness.
- *Individual factors*: knowledge and confidence, attitudes to change.

Figure 3 depicts the themes in relation to the PARRTH process. These themes are interrelated, for example, a leader's ability to support change may be affected by the organisation's resources.

Figure 3. Summary of key themes and their relationship to the PARRTH process

Organisational Factors

The organisational context in which work design changes occur can be a powerful influence that shapes success (Johns, 2006). Work redesigns are most successful when they align with the organisational context, including organisational design elements, such as information and communication systems (Knight & Parker, 2021). Without such alignment, work redesigns are less likely to be impactful or sustained. Most interviewees raised organisational factors in relation to aspects that hindered the Redesign.[1] A handful of individuals also explained how the organisational context facilitated the Redesign. The

[1] Two interviewees also identified that external organisational factors like national policies impacted their organisation's ability to effectively support the Redesign and good work design. This is consistent with research showing work design quality can be directly and indirectly influenced by higher-level external contexts (Parker et al., 2017). One interviewee described feeling unable to change their work design meaningfully due to policy limitations related to funding, explaining "[the work issues] feels bigger than me... So how can we change policies or funding guidelines?". Alongside inadequate staffing, the work design issue this interviewee described feeling powerless to address because of policy included the ability to provide ongoing care to clients.

enablers and hindrances are summarised into two key themes: adequate resources and staffing and turnover.

Adequate Resources

Interviewees suggested that organisational resources including sufficient time and adaptable workloads and policies all affected the implementation of the redesigns. For example, in cases where changes were successfully implemented, workloads were adapted accordingly. For example, one participant explained that an onboarding change was having a positive impact in their organisation because the staff were explicitly allocated time for onboarding. This point was echoed by another interviewee who participated in an onboarding redesign and emphasised the positive impact of corresponding time re-allocations:

> *"You get a lot more time to actually show [newcomers how to perform their role]. So it's definitely way better than it used to be".*
>
> **Design for Care participant**

A few interviewees noted that organisations could better support redesign by embedding work redesign changes into existing policies and processes. One interviewee explained "*The only way that we can expect things to continue and to happen is if we have scaffolding around it... I think that pre-planning and scaffolding I have found to be the best for creating best practice".* Examples of organisational 'scaffolding' that supported redesigns included creating accountability processes like including the topic as an ongoing agenda item in leadership meetings.

When organisations were inadequately resourced, staff experienced high workloads and time pressure which hindered the successful implementation of work redesigns. Some interviewees expressed difficulty focusing on redesigns due to their high workload: "*we're just so time poor and just trying to fit everything into our everyday tasks*", making it difficult to focus on the change. Another described how their biggest challenge was "*just finding the time to manage it within my schedule and actually focusing on it".* When organisations did not or could not adjust people's roles to accommodate design changes, the work redesigns were less likely to be sustained. This is consistent with research that shows that social-structural support that facilitates access to behaviours is one of the most powerful ways to effect change (Albarracín et al., 2024).

Somewhat paradoxically, organisational responsiveness to changing industry requirements sometimes created more complex work systems, resulting in high workloads for staff that could interfere with their ability to improve their work design and provide quality care. One interviewee described a reporting program where "*you get 1000 emails about the ticket… some coordinators just get really upset with it"* and an online training system *"consisting of 14 different mandatory modules… and they don't know how to [access the training], it's not clear enough".* Another explained that multiple pre-existing organisational programs could interfere with the success of the Redesign "*if you've already got two or three other projects happening… people just got too much going on".* Streamlining of existing systems and

projects may complement the PARRTH process by identifying and removing unnecessary demands that interfere with people's ability to participate in redesign. In some cases, a lack of organisational resources to implement changes was linked to staffing issues, which we describe next.

Staffing and Turnover

Interviewees described how inadequate staffing in their organisation and high turnover could negatively impact the redesign process in multiple ways. Some interviewees suggested there were not enough staff members to implement redesign ideas: "*we still don't have the numbers that we need to be able to fully implement all these changes".* They went on to describe the negative everyday impact this had on their role, observing that "*the clients aren't getting the little things that they need".* Another interviewee noted that their team had to abandon a redesign because "*we ended up short. The staffing was just not right".* Without adequate staffing, Design for Care participants were not able to implement the change.

Interviewees also noted that high turnover could impact the success of the redesigns. In particular, the departure of staff who participated in the workshops led to the loss of knowledge about the change. As one interviewee reflected:

> *"I think probably in hindsight and if we did it again, it would be really making sure that we could try to move services across to other staff if possible. I think we knew that one of our care workers was leaving in six months. We just weren't sure when she was leaving, so we had her in the initial part of [the Redesign workshops] and then unfortunately she left. So, I think if this happened again, it would be really making sure that it was our permanent part time staff members involved in it and the ones that could really put their important things in".*

This interviewee emphasised that the emphasis was on including "*people who are available at [the time the workshops were scheduled] … whereas I think we really need to think a little bit more about who would be appropriate to do it".* This point underlines the importance of carefully considering the composition of the group selected to participate in Redesign workshops. Other participants noted that, due to short staffing, it was difficult for any staff to get time off to attend the workshops.

An interviewee suggested that high turnover contributed to the change fatigue staff were experiencing:

> *"So, I think, sadly, one of the reasons [the Redesign was delayed] is probably because we're bit burnt out, which doesn't seem like the most ideal reason to not focus on burnout, but you know a little bit of staff turnover and lots of changes. There's been a lot of placement changes can be quite stressful on the team".*
>
> **Design for Care participant**

Here, the stress caused by constant staffing changes distracted and distanced staff from implementing work redesign.

Recommendations to address organisational enablers and hindrances

1. Allocate adequate time and resources to the project to sustain the full PARRTH process, for example:
    - During the Prepare Phase, establish a steering committee and agree on a project budget, timeline, and human resource requirements and secure senior leadership endorsement for the project.
    - Consider the optimal time of year to complete the PARRTH process during the Prepare Phase.
    - Be transparent about what resources are available when reviewing work design solutions.
    - Think about ways you could make Redesign changes habitual for staff during the Habituate Phase.

2. Manage staffing and risk of turnover impacting the Redesign, for example:
    - During the Reflect Phase, when considering which groups to target for Redesign, include a review of recent turnover and consider delaying redesign for teams with high recent turnover.
    - Ensure key themes from the work redesign workshops are communicated with team members who did not participate to ensure knowledge of changes is not dependent on workshop participation.
    - Explore alternative strategies to support groups with high turnover.
    - Recognise that agency staff can increase the workload of permanent staff. Mitigate the impact of the work redesign by building considerations for agency staff into planning.

Leadership Factors

Research shows that leadership support and involvement is critical to the success of workplace changes (Daniels et al., 2017; Knight & Parker, 2019). Good job design is a key leadership function, yet leaders are often unwilling or unable to act on good job design principles. Leaders' attitudes, their openness to the opinions of their team, and their ability to implement planned changes, not only affect successful change processes, but also filter down to influence the attitudes and behaviours of their team.

Most interviewees discussed issues related to leader behaviour when reflecting on the hindrances and enablers of redesign, with many emphasising the positive effect of leader involvement. Perceptions clustered around two key leadership themes: leader openness to feedback and two-way communication, and leader support for change including their commitment and ability to implement and drive change ideas.

Leader openness to feedback and engaging in two-way communication

Effective communication between leaders and their team emerged as an enabler, whereas lack of communication appeared to hinder implementation. Many interviewees valued leaders who displayed active listening and tried to engage with their team's redesign ideas. For example, one interviewee noted that "*I think that they are doing whatever we have*

spoken about. They are trying to solve [the work design issues]". Perceiving that leaders had heard their suggestions made this interviewee feel enthusiastic about the Design for Care process, and they also stated, "*we want this to happen every year*".

For some groups, leaders' openness to feedback sustained beyond the workshops and became the status quo, helping to maintain the benefits of the change. One interviewee noted that "*Now, the management [have] said, if you at any time have problems… they are very open now, come to them, anytime you can message them, email them anything".* While another explained that:

> *"I do get the impression from all of the managers that they're really open to hearing our feedback and actually genuinely want to know what we want from them, and they want to make these changes".*
>
> **Design for Care participant**

Overall, leaders who were open and receptive to input from their team helped to build a culture of communication and mutual commitment to change.

Feedback from team members was also valued by the leaders we interviewed. For example, one leader noted "*listening to the staff, and knowing what they're wanting is the biggest thing*". This interviewee appreciated that "*they seem to be quite honest about what they're wanting or what they weren't getting*". This helped to ensure the redesign solutions were practical and met the team's needs.

Not only was communication from staff to leaders valued, so too was communication from leaders to staff. Effective communication by leaders helped to support the implementation of change: "*I think a lot of the information is getting out… it seems like they're doing it more, they're trying to get the information to us quicker and better".* Interviewees also acknowledged that leaders could sometimes be constrained by the broader organisational processes, "*sometimes they don't know the information*", suggesting they understood leaders were not solely responsible for the success of the work redesign changes.

On the other hand, when communication between leaders and staff was not effective, it became a barrier to change, causing confusion and frustration. One interviewee described how they learnt about a redesign change abruptly, causing confusion "*I needed all the time I could get to kind of get my head into the game and get my head around everything. But yeah, that was a tricky day and not having any warning as well".* A leader reflected on actioning a change that "*I think there was a few hiccups just to begin with, with us understanding exactly what the staff were wanting*," suggesting a need to ensure leaders really understand their team's perspective when planning and implementing a redesign to build a clear shared vision of what needs to be achieved.

Leader support for change including commitment and active involvement

Knight and Parker (2019) identify leader commitment and resistance as key factors affecting the success of work redesign. Consistent with this evidence, interviewees noted that they felt

more positive about changes when their leaders seemed committed and were able to drive change. For example, one interviewee stated that *"I think the biggest factor is the willingness of the management team… having my leadership team behind me, driving it as well has been really helpful".*

Swift and decisive action from leaders was an important enabler and appeared to help alleviate initial cynicism some interviewees felt about the project:

> *"You know what, after the workshop, I was like, 50-50. It might change, it might not change… But the quick implementation, I was surprised to see that. Because I just thought that the workshop is just the workshop and it might not change. But they implemented [the ideas] so quickly, and I was so amazed to see and I'm so happy. The workplace becomes so smooth nowadays. I love coming to my work".*
>
> **Design for Care participant**

Commitment to change at all management levels. emerged as important. For example, team leaders who were responsible for actioning change felt more empowered when senior leaders communicated their commitment to change. One team leader stated "*I think having backing from my leadership, so from [director] being like "that's what your team wants, go for it, do it. That's been helpful as w*ell*".* This endorsement echoes evidence suggesting that change is more effective when champions are vocal at all levels of the organisation (Johnson et al., 2016).

One way leaders helped to facilitate change was by monitoring the redesigns to ensure they were on track. One interviewee explained that "*the bosses, they're doing a really good job implementing all this stuff for us. [Our manager] also comes around… not all the time. But most of the time and see how we're all going like, just check up on us just in case*".

However, not all interviewees perceived that their leaders were committed to change, which hindered implementation of redesign ideas. One suggested that their leader demonstrated reluctance towards any change, stating "*they're like the China wall. They just put a stop to so many things".* Another described an incident where their leader displayed cynicism towards the redesigns when they enquired about them "*I sort of spoke to the coordinator. And he just sort of gave me the semi eye roll. And yet, it hasn't sort of moved far forward".* Despite their enthusiasm for the Design for Care project, this experience made the interviewee reluctant to follow up on the project status anymore "*because you don't want to cross boundaries"*, demonstrating how leaders' behaviour and attitudes can have an inhibiting influence on those they manage.

Leaders who displayed reluctance or delayed change tended to frustrate interviewees. For example, one interviewee described feeling their leader was spending too long planning the redesign:

> *"I asked them before. I said, "what's happening to the changes? Why is it [they're] not implementing it?" [The leader*

said] "We still have to study this, this, this"…Because it's been like how many months we wait for change".

Design for Care participant

The perceived hesitation or reluctance of the leader to implement the changes made this interviewee feel frustrated that their time spent contributing to the workshops was wasted, despite their continual follow-ups with leaders "*when we see the one who attended the training before, "Oh there are changes? No! What's the point, we attended?"* This underlines the need for leaders to take decisive action to implement changes that have been put forward by staff, and to communicate the actions they have taken.

Recommendations to address leadership enablers and hindrances

1. Encourage leaders to remain open to feedback and establish two-way communication channels, for example:
    - Create multiple channels for two-way communication between managers and staff across the PARRTH process to communicate ideas and actions (e.g. in-person check-ins, email updates).
    - Provide coaching, mentorship, and other support to leaders throughout the PARRTH process and include discussions about the value of feedback and how to appropriately respond to feedback.
    - Remember that workshops unpacking work design challenges can feel confronting to leaders who may feel that attacked if feedback is not presented effectively. Provide support and resources to managers.

2. Encourage leader commitment to work redesign, for example:
    - Engage change champions at all levels of the organisation, from executives to frontline workers.
    - Consider leader attitudes towards change when selecting teams to progress to the Redesign Phase. Prioritise groups with a leader who has a positive change attitude and committed to improvement.
    - After the Redesign Workshop Series, check in with managers responsible for implementing action plans to ensure they have the time, resources, and support they require for implementation.
    - Distribute Redesign plan workload using working groups to ensure all actions do not sit with one individual leader.

Group Factors

The success of participatory work design changes can be influenced by group-level factors, for example power distributions, team interdependencies and group culture (Daniels et al., 2017). Within organisations, different types of groups exist, including work departments, sites and teams (Parker et al., 2017).

Interviewees suggested that group factors influenced work redesign at two key points in time: First, in the Redesign Workshop Series, collaborative interactions in a psychologically safe environment - in which individuals feel confident they can express their opinions without

repercussions - enabled the development of practical redesign ideas. Then, post-workshop, on-site team support for the change enabled greater adherence to new work processes.

Psychological safety enabling more feasible redesign solutions

Interviewees suggested that effective and practical work redesign ideas were enabled by psychologically safe and collaborative workshop environments. For example, one interviewee noted:

> *"[The workshops] have been conducted in such a safe space, we've all felt very valued and safe enough to be able to share everything".*
>
> **Design for Care participant**

Another linked this to workshop outcomes: "*We did it as a team. And like I said, we're all pretty keen on sharing*," which later enabled redesign success:

> *"Because the things that we came up with were actually really achievable and things that could be implemented. They weren't like, lower caseloads or bringing in more resources. It was kind of just looking at what we already have and what's practical".*
>
> **Design for Care participant**

An interviewee explained how participants' willingness to challenge each other helped produce more feasible change strategies. "*There was some brief conversations on 'do you think this would work? Should we try this?' But none of it has seemed like this big implementation or anything. It's been quite easy and simple to implement".* This suggests that when Design for Care participants felt psychologically safe to sense-check and challenge each other's ideas, they helped ensure their ideas were achievable.

On some occasions, interviewees described perceiving the work redesign as impractical, reducing their likelihood of success. Some interviewees suggested that a barrier to work redesign was that the change ideas themselves did not adequately consider the organisational context, including the competing demands faced by team members. Describing the high workload of two team members, an interviewee explained that a work redesign wasn't continued because:

> *"There's so much involved in the new resident coming in and maybe [the team members] didn't have the time to do it or just slipped their mind to do it. Like I know these things happen, and with the first residents that came in after they stopped doing it, maybe they just forgot to do it with that resident. Now when there's resident after resident after resident after resident, they've just decided to stop doing it".*

Here, the interviewee suggests the redesign was discontinued because the idea was not perceived as feasible in the context of the competing demands team members faced; an issue that was perhaps not voiced during the workshops.

The perceived importance of a redesign was often linked to engendering team support, with one interviewee noting:

> *"Everyone is following the [change], because it's important, you know, for the resident, for ourselves as well"*
>
> **Design for Care participant**

We elaborate how team support and shared commitment relates to work redesign success next.

Team supportiveness and a shared commitment to change

A shared commitment to change, reinforced through supportive team behaviours was described by interviewees an important enabling factor: "*everyone's working together to make all of these outcomes happen".* Some interviewees described how support for the change was promoted by individuals who had attended the workshops:

> *"First of all… our friends who work with us, we explain to them these things [are] happening. So it's easy for them. And I think most of the carer [staff] know about this"*
>
> **Design for Care participant**

Here, the work design knowledge individuals gained in the workshop reverberated through the wider team. By demonstrating commitment to the work redesign, workshop participants encouraged their peers to commit to the changes as well.

Interviewees described how a supportive team culture encouraged staff to act in accordance with the redesign plans. One interviewee noted in relation to a change at their site that "*everyone was supportive, even like, colleague if I forget, she will remind me"* and another that *"just the rest of the staff, being on board to do the changes, has been a big [enabler]".* In one case, a more supportive team culture was attributed to the Design for Care project, with an interviewee noting that "*after the workshops, the attitude of medicators to other staff has changed a lot*" suggesting a positive feedback loop may emerge when the collaboration practiced in the workshops continues on-site, facilitating the work redesign changes, which themselves often focused on teamwork.

On the other hand, an interviewee who had not observed change after the workshops explained:

> *"Again, for our team, it's so hard to answer because I don't recall like a team discussion to say 'hey, this is what we're going to do, this is how we're going to do differently, for everything that we spoke about in the workshop, this is what we're going to do.' I remember having the chat with my*

manager and saying 'I don't know how it applies to what I do'."

Design for Care participant

In this case, the apparent lack of team support and lack of communication about the planned change may be due to the independent nature of this interviewee's role, who worked with just one other person. To maximise the impact of work redesigns, it may be beneficial to select sites and workshop groups where there is a large degree of interdependence amongst team members. It also reiterates the importance of leader communication, suggesting leaders should carefully consider how to communicate changes to those not involved in change to facilitate a sense of involvement and wider support.

Recommendations to address group enablers and hindrances

1. Maximise chances of success by encouraging teams to prioritise work redesign ideas are simple and achievable, for example:
    - Foster psychological safety (the confidence that individuals can express their opinions without repercussions) during the Redesign Workshops. For example:
    - During Redesign workshops, encourage groups to sense-check work redesign ideas to strengthen the quality of the work redesign changes.
    - Encourage Redesign workshop participants to discuss redesign ideas between workshops with colleagues that weren't present in workshops to generate a broader pool of ideas.
    - Ensure that the people most affected by a Redesign idea are present in the workshop, so they can describe how change ideas might affect their role in practice.

2. Foster team support during implementation of work redesign, for example:
    - Ensure that there is strong team representation at the Redesign workshops to ensure everyone has a say and feels involved.
    - Foster a sense of shared responsibility for the redesign and encourage change champions among team members.
    - During the Redesign Phase, develop communication plans to ensure individuals who were not present at the workshops can easily get up to speed with the changes and provide feedback.
    - Celebrate successful implementations with teams to recognise efforts and foster support and commitment.

Individual Factors

The success of work redesign is associated with individual factors such as staff involvement and engagement (Daniels et al., 2017). Interviewees described two key individual-level factors that contributed to the success of the redesigns: staff knowledge and confidence, and staff attitudes to change.

Individual knowledge and confidence to redesign work

Interviewees noted that a key enabler of work redesign was individual staff abilities to recognise and address work design issues. Several interviewees suggested the knowledge and confidence necessary to achieve this was developed through the Redesign Workshop Series. For instance, one participant noted that after gaining a better understanding of the importance of job feedback, they had become more proactive in seeking feedback:

> *"I've been more probably open and confident since having that conversation… asking directly for feedback because the work I do crosses over to every role within the agency. So, if I don't get much feedback from someone, I'll just ask them…So, for my own self growth I have been more open in asking the question".*

Once individuals understood work design, interviewees suggested that the Redesign Action Planning session helped people feel confident in knowing what they should do next. One interviewee noted that after the action planning session "*everyone had an action to do and implemented and have kept it consistent".* Learning about work design and feeling like their personal experiences were valued encouraged participants to think in new ways about how their experience of work could be improved. As one interviewee explained:

> *"Just by having like this Design for Care Workshop, it's really… getting us out of that mundane every day. It's like opened our minds to think about what we can do to change."*
>
> **Design for Care participant**

A deeper understanding of work design may help foster positive attitudes towards work redesign, which we discuss in the final theme.

A few interviewees described how a lack of staff knowledge about work design and work redesign could impede their success. One interviewee described how language barriers in their multicultural workplace could make it difficult for some staff to understand changes "*Some of the staff don't understand the English language easily"* and explained that this created demands for other staff "*That's why we need to tell them randomly and more and more repeatedly [about the changes]. That's why it's so hard for us".* Others noted that a high amount of agency/temporary staff meant that continuing the change initiatives could be difficult as people "*won't know much about the floor, so they might not know our [work redesign change]".* This interviewee similarly took responsibility for explaining "*well we do this, and this is happening".* Occasionally, interviewees suggested that it was not a lack knowledge, but a lack of care from staff which hindered the change process.

Individual Attitudes Towards Change

Interviewees described how staff attitudes towards change could impact the success of work redesign. Most described how staff attitudes and engagement could bolster the success, while a few described how staff resistance to change could hinder the change process.

In many cases, the success of the redesign was described as hinging on staff willingness to continuously engage with new processes. One interviewee explained that:

> *"People are invested and committed to coming along to those [meetings] to keep them going".*
>
> **Design for Care participant**

Another described how "*I've seen everyone contribute to the group chat. Whoever says, a 'good morning' or 'hope everyone's happy', 'good day' or like a comment someone's made".* They suggested this positive engagement made the new communications channel "*work nicely*". One emphasised that if staff "*truly follow the rules and regulations [of the new work redesign] then it will succeed"*. While describing individual responsibility for change success, here the interviewee also highlights the need for clear guidelines about what staff are required to do in relation to the new initiatives.

A few interviewees noted that staff resistance to change could be a potential challenge. One described feeling frustrated at others' reluctance to change, despite others' best efforts "*we keep on trying to do the good things… we give our 100%, but some other staff don't give us their 100%. That makes the difference. Yeah, the clash between the egos and the attitudes".* Some interviewees described feeling sceptical of the Design for Care process, explaining that similar efforts in the past at their organisation had not led to meaningful change. One person emphasised that "*I said to [the Design for Care workshop facilitators], I don't want you to take this the wrong way, but basically, they (management) are doing this to look good. It will never ever, never ever come to fruition, basically".* The level of change fatigue, and readiness of staff participating in the process, is therefore important to consider.

Recommendations to address individual enablers and hindrances

1. Develop staff work design knowledge and self-efficacy about work (re)design throughout the PARRTH process, for example:
    - Build work design education into the PARRTH process for leaders and team members to help staff feel empowered to create change.
    - Consider how you can make work redesign accessible to people from different cultural backgrounds and minimise the potential impact of language barriers.

2. Build individual commitment to work redesign ideas, for example:
    - During the Reflect Phase, evaluate staff change fatigue before selecting sites to implement redesign changes and prioritise teams that seem ready for change.
    - Recognise that negative individual attitudes towards potential change is valid, seek to understand staff perspectives, and adjust communications and action plans to accommodate concerns where necessary.
    - Ensure staff understand what is expected of them during the change period.

Summary of Recommendations

Factor Level	Theme	Key Actions and Example Activities
Organisation	Allocate adequate time and resources to the project to sustain the PARRTH process	During the Prepare Phase, establish a steering committee and agree on a project budget, timeline, and human resource requirements and secure senior leadership endorsement for the project.
		During the Redesign Phase, consider the broader work design and investigate ways to reallocate tasks to ensure those responsible for design and implementation of change have adequate time and resources to create change. For example: • Build reallocation of tasks into action planning phase in the Redesign Workshop Series. • Ensure senior leadership endorsement or sponsorship of the change and include them in resourcing discussions.
		Be transparent about resources available for work redesign when reviewing solutions. For example: • Discuss budget and time restrictions with staff during Redesign Workshop Series so staff can select solutions that are within scope.
		Think about ways you could make redesign changes habitual for staff. For example: • Adjust existing organisational policies, processes and environments to align and accommodate the work redesign changes. • During action planning, include a discussion about potential obstacles to the work redesign/s and brainstorm how they could they be overcome. • Build SMART work design into the organisation's wellbeing strategy, health and safety strategy, and/or care strategy.
		During the Prepare Phase, consider the optimal time of year to complete the PARRTH process. For example: • Build a timeline and map change to avoid times such as major holidays and reporting periods.

	Manage staffing and risk of turnover impacting the Redesign	During the Reflect Phase, when considering which groups to target for work redesign, consider delaying change for teams with high recent turnover. For example: • Monitor team and organisational turnover rates prior to and during the work redesign process.
		Ensure key themes from the work redesign workshops are communicated with team members who did not participate to ensure knowledge of change is not dependent on workshop participation.
		Explore alternative strategies to support groups with high turnover. For example: • Consider bottom-up work redesign (e.g., job crafting) to help remaining staff proactively manage their work design.
		Recognise that agency/temporary staff can increase the workload of permanent staff. Mitigate the impact of the work redesign by considering staffing when planning. For example: • Develop resources (e.g., checklists, instructions) for quickly onboarding agency staff to familiarise them with the new processes or procedures associated with work redesigns.
Leadership	Encourage leaders to remain open to feedback and establish two-way communication channels	Create multiple channels for two-way communication between managers and staff across the PARRTH process. Note that bottom-up feedback is likely to require the creation of psychological safety, which in turn may require coaching leaders in their openness. For example: • Build 'communicating about PARRTH' into leaders' action planning activities to ensure staff know what has been done, why, and what comes next. • Include project updates in team meetings, internal newsletters, Teams channels etc. to ensure messages are heard.
		Provide coaching, mentorship, and other support to leaders throughout the PARRTH process and include discussions about the value of feedback and how to appropriately respond to feedback.
		Remember that workshops unpacking work design challenges can feel confronting to leaders who may feel attacked if feedback is not presented effectively. Provide support and resources to managers. For example: • Prepare leaders before entering the action planning workshops by meeting with them and summarising discussions of root causes and possible solutions. • Provide guidelines and set expectations for respectful communication during Redesign Workshops.
		Engage change champions at all levels of the organisation, from executives to frontline workers.

Group	Encourage leader commitment to work redesign	Consider leader attitudes towards change when selecting teams to progress to the Redesign Phase. Prioritise groups with a leader who has a positive change attitude and committed to improvement. For example: • When reporting results to leaders during Reflect Phase, discuss leaders' perceptions of the results to temperature-check attitudes. • For leaders who are not ready to lead change, provide additional support in preparation for future iterations of change.
		After the Redesign Workshop Series, check in with managers responsible for implementing action plans to ensure they have the time, resources, and support they require for implementation. For example: • Set up regular check-in meetings with leaders to discuss progress and to address barriers that arise.
		Distribute the workload of change to multiple members to ensure all actions do not sit with one individual leader or staff member. • Involve frontline workers directly in the implementation of the change. • During the action planning workshop of the Redesign Workshop Series, encourage team members to distribute responsibilities and to help and support each other.
	Maximise chances of success by encouraging teams to prioritise work redesign ideas are simple and achievable	Foster psychological safety (the confidence that individuals can express their opinions without repercussions) during the Redesign Workshops. For example: • Establish norms of respectful communication and confidentiality during workshops.
		Encourage groups to sense-check redesign ideas to strengthen the quality of the intervention. For example: • Use reflection activities during the Redesign workshops to evaluate whether the chosen work redesign ideas are likely to be feasible and brainstorm measures to address potential barriers before they arise. • During the Redesign workshops, utilise facilitation techniques and activities that give everyone a voice, such as ask workshop participants to write their reflections before sharing to ensure those with quieter voices can still be heard.
		Encourage Redesign Workshop participants to discuss redesign ideas between workshops with colleagues that weren't present in workshops to generate a broader pool of ideas.
		Ensure that the people most affected by a work redesign idea are present in the workshop, or consulted after, so that they can be involved. For example:

		• Maximise participation by scheduling workshops at a time and location that is accessible to as many team members as possible. • Consider online workshops as an alternative to in person workshops if necessary. • Update non-attendees between each workshop on what was discussed, and give them an opportunity to share their thoughts.
	Foster team support during implementation of work redesign	Ensure that there is strong team representation present at the Redesign Workshops to ensure everyone has a say and feels involved. For example: • If scheduling conflicts occur, provide alternative methods for individuals to provide feedback and receive updates – e.g., ask for non-attendees to share their ideas for change with those who can attend, use suggestion boxes to solicit ideas and feedback.
		Foster a sense of shared responsibility for the redesign. For example: • Identify change champions in the team to encourage action. • During the Redesign Phase, create communication plans to ensure individuals who were not present at the workshops can easily get up to speed with the changes and provide feedback.
		Celebrate successful implementations with teams to recognise efforts and foster support and commitment.
Individual	Develop staff work design knowledge and self-efficacy about work (re)design throughout the PARRTH process	Build work design education into the PARRTH process for leaders and team members to help staff feel empowered to create change. For example: • Conduct information sessions for staff and managers during the Prepare Phase. • Include discussions about work design in regular team meetings to maintain familiarity with concepts. • Build SMART work design reflection opportunities into team meetings and one-on-one supervision during the Habituate Phase.
		Consider how you can make the work redesign accessible to people from different cultural backgrounds and minimise the potential impact of language barriers. For example: • Use accessible language in communication activities, provide multiple pathways to accessing information about changes (e.g., written, video, team meetings).

Build staff commitment to redesign ideas	During the Reflect Phases, evaluate staff change fatigue before selecting sites to implement redesign interventions and prioritise teams that seem ready for change. For example: • Review past organisational change processes that may have affected the teams before beginning the PARRTH process. • Include questions about staff perceptions of change when conducting interviews or focus groups during the Assess Phase. • After the Assess survey, review teams' responses to the Change consultation questions. These questions can give you some insights into staff attitudes towards recent change. Low scores may indicate less positive attitudes towards change.
	Recognise that negative individual attitudes towards potential change is valid, seek to understand staff perspectives, and adjust communications and action plans to accommodate concerns where necessary. For example: • Create opportunities for staff to share their concerns – e.g., town halls in the Reflect phase, check-in meetings during the Redesign and Track phases. • Share work redesign success stories and case studies to help to counteract cynicism. • Recognise and acknowledge that many staff feel jaded by failed initiatives in the past.
	Ensure staff understand what is expected of them during the change process. For example: • Ensure that each task is clearly allocated to an individual, with a clear timeline. • During the Track Phase, check in with individuals to ensure each team member understands their responsibility during change, to create shared accountability and conduct refresher sessions if actions are unclear or not implemented.

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