

APPELLON

HELPLESS TO HOPEFUL:

Improved Organisational Culture,
Staff Wellbeing And Quality Of Care

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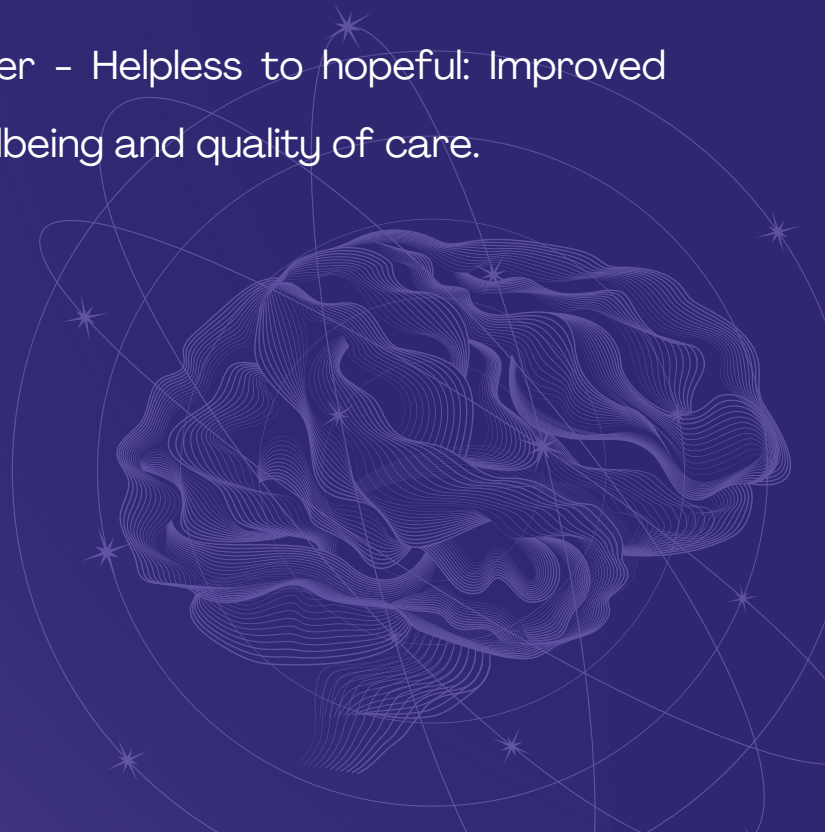
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HELPLESS TO HOPEFUL: IMPROVED ORGANISATIONAL CULTURE, STAFF WELLBEING AND QUALITY OF CARE

Summary

This position paper examines the unintended consequences of excessive regulation on the delivery of aged care services and the wellbeing of the aged care workforce. While acknowledging the need for regulations to address instances of poor care, it argues that a highly regulated environment may inadvertently result in task-based care, diminished independent decision making, and the development of learned helplessness among the workforce. The paper highlights the overlooked daily delivery of high-quality care across Australian organizations and emphasizes the importance of fostering hopefulness in the workforce through wise leadership, timely feedback, and psychological training.

In this paper, we consider:

- The positive and negative impact of perceptions formed by media and regulation upon the aged care workforce and the need for balanced narratives and fair representation.
- The conditions that enable learned helplessness in highly regulated industries and its impact on organisational culture and worker wellbeing.
- Wise leadership and how it can mitigate learned helplessness and support hopefulness. While providing the workforce with a sense of connection and achievement in daily working life.
- The role technology can play in delivering psychological training based on appropriate feedback to mitigate the psychological impact of learned helplessness, capture the achievements of the workforce from the frontline, while improving the wellbeing of workers and the quality of the services they provide.

PERCEPTIONS OF AGED CARE

"Perceptions of social taint, moral taint, and poor occupational conditions (have) a negative indirect effect on willingness to work in an institutional aged-care facility" [1 Pg.1001].

The over-representation of bad news has contributed to an environment where individuals don't trust aged care providers, older people avoid seeking support and workers refrain from entering the industry as they perceive it to be unattractive [2] [3]. In response increasing regulation has occurred, within an already highly regulated industry, where regulation is seen as a "visible and public solution to deal with a small – and often isolated – number of businesses" [4 Pg.3]. While regulation aims to safeguard quality, safety and transparency in the sector and is a positive influence for good, it can have unforeseen consequences for those providing and receiving care. Understanding these possible consequences, alongside the successes and failures in care delivery, is important to develop a true picture of quality in aged care. Stigma, produced through communication, involves a choice of words that signal emotional judgments [4], generally negatively or disparagingly.

The 'negative social discourse' surrounding aged care, as a result of publicised scandals in the media, has resulted in stigma [3] that hinders "the recruitment of essential workers in low wage and direct care work, like aged care" [1 Pg.994] and this potentially increases absenteeism and use of agency staff. Historically, society and professionals devalue aged care as an industry, seeing it as undesirable and dirty work [1]. The role of the media and journalists, bear a significant responsibility for shaping the national conversation about aged care. As their stories tell us important messages about how older people should behave, be treated, and be viewed. They also provide a window to younger audiences about the future of what to expect when they become old. Aged care as a topic in the media receives less attention compared to others and it is important for journalists and the media to "create opportunities for a more positive vision of the future of aged care and ageing, potentially addressing the stigma around older people in care, and working towards greater social valuing of older Australians" [6].

These factors combined, produce stigmatised perceptions across the aged-care system, that extend to professionals, (older people) residents, carers, and staff. Negative perceptions also cover; care services and delivery, working conditions and governance, along with the concept of institutional care and care facilities themselves [5]. These skewed perceptions about the sector, either by the media, public or other professionals, devalue the industry, along with its employees and those receiving care and support [5]. Purely focusing on what is wrong in the sector continues to damage the public's trust concerning aged care institutions [3] and drives a desire for new, and according to some viewpoints, punitive regulatory standards and policies over time.

A Complispace Aged Care Workforce Report in 2022 (based on the Department of Health's 2020 Aged Care Workforce Census Report estimate of 277,671 staff in residential aged care) found that eighty-five per cent (85%) of the workforce experienced an increase in workload due to the introduction of the Aged Care Quality Standards in 2019. They also found that sixty-seven per cent (67%) of staff intended to leave in the next five years, sighting stress and low pay as their reasons to leave, and relationships with their residents and families as a reason to stay. Forty-five per cent (45%) reported they had lost half or more of their management team in the last year [7].

Both negative perceptions and strengthened regulation may give rise to a culture of learned helplessness in aged care settings, which additionally contributes to a workforce that is already:

- feeling overworked due to inadequate staffing levels and undervalued by a lack of recognition and poor leadership [8]
- displaying signs of declining physical and mental health and well-being, including sickness and retention issues related to burn-out, suffering emotional, and physical fatigue, due to suppressing negative emotions over time [9]

- experiencing a loss of meaning and achievement in their work, manifesting as demotivation and detachment, leading to feeling a lack of connection (depersonalisation) and energy, in both work and personal life [10]
- encountering a lack of decision-making capacity (personal control) in the workplace, which increases work-related stress and leaves individuals feeling they have no control over their daily work [11].

Overall, the impact of limiting and negative views of aged care alongside strengthening regulation, affects those individuals participating in it, either consciously or unconsciously by breeding an environment where individuals feel they lack control over the way they carry out their work. This negatively impacts innovation [10], while causing workers to internalize negative societal beliefs and in turn reproduce this stigma in themselves, creating heightened personal psychological distress [5].

REGULATION

“Whether the residential aged-care sector requires more, less or different regulation is a moot point ... the best ways to strengthen the overall quality framework for Australia’s residential aged-care sector, policymakers and aged-care leaders should test the impact of regulation at the point of care” [12 Pg.124].

The government recently introduced the ‘Aged Care Reforms’ to improve accountability and transparency in the aged care sector, by enacting the Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022. One of the measures, ‘strengthening of provider governance,’ requires existing providers to “assess the suitability of their key personnel at least once a year” [13 Pg.2]. Regulation in Australia is currently changing, potentially becoming more complex [7], with a new overarching Aged Care Act (2023) under consultation in readiness to replace the existing regulatory model [14].

The introduction of the reform agenda is to enable cultural change (transformation) within the sector to improve outcomes for older people and restore trust in the system. These changes will be enacted by the aged care workforce and managers should consider monitoring the psychological impact these changes may have on the aged care workforce.

The new reforms promote a 'whole system' approach of 'regulatory stewardship' where "all parts of the system are interconnected, and all stakeholders work together proactively and collaboratively to achieve the desired outcomes" [15 Pg.68]. Successful cultural transformation will be more likely if the historical impact of regulation on the workforce is understood and informs the implementation of the "whole system" approach.

"Regulation to reduce risk can add unnecessarily to costs, have unintended consequences and may not be effective" [4 Pg.3]. Regulatory policy can result in a variety of outcomes upon care delivery, especially how it is implemented and perceived, by those working in the industry. Regulation, can, therefore, be seen by care staff and providers, as operating both as a shield and sword [16] generating both positive outcomes and unforeseen negative consequences.

Positive outcomes of regulation may include:

- Impact on workers' job satisfaction, including a sense of achievement in delivering high-quality care by receiving an overall 'good' or 'excellent' assessment from regulator inspections, alongside the ability of leaders to work with regulators to flex to local and specific needs [17].
- Regulation also provides organisations with processes and systems to safeguard clients, monitor risks and seek continuous improvement [18]. That guides action and fosters a common set of sensibilities, such as person centredness and continuous improvement [17].

Positive outcomes of regulation may include:

- In highly regulated and compliant environments, such as aged care, regulation can have unintended psychological consequences, either enhancing mindful practices or inhibiting them [19]. This impacts the work environment by affecting job satisfaction, well-being, and the mental health of its employees. Which creates issues with staff retention and leads to higher staff turnover [19].
- Regulation can cause staff to feel they're under continuous scrutiny, producing a sense of fear and anxiety, concerning the likelihood of resident or family member complaints, along with negative reviews or punitive action from regulatory assessment [12], with little focus applied to what they have been doing well.

Research also suggests that workers find regulation overwhelming in practice [18], having a "negative and eroding influence on people's sense of professional responsibility" [2 Pg.197]. For some, regulatory practice can be experienced as supporting a reductive approach to care, promoting dehumanizing care practices that lead to a sense of disempowerment in those delivering care [18]. The impact of regulatory burden can orient the role of carers toward task achievement and administrative requirements, rather than time spent on individualised and personalised care approaches, which the majority of staff feel are the hallmark traits of high-quality care [20]. Striking a balance between these two contradictory elements requires adopting an understanding that "contrary to popular belief ... regulation is not uniform but forms a continuum" [18 Pg.238] and consists of risk management that balances rule-driven behaviour and aversion, with opportunities for flexibility, autonomy and innovation, depending on where the care activity sits concerning its risk [18]. When enacting regulation within the workforce, providers and leaders should seek strategies that bring meaning and control to workers' lives, while creating a workforce environment and culture that generates a sense of connection and achievement between leaders, residents, and staff.

Increased regulation can create a 'paradox of trust' in a sector, where organisations "adhere to the letter of the regulations, but not in a way that enacts the norms that regulations are intended to uphold" [3 Pg.2365]. New regulation itself can also signify a crisis of trust in an industry like aged care, suggesting an overall distrust in the individuals delivering care themselves, this manifests psychologically, to make care workers feel they are not to be trusted, need to be controlled, or watched, eroding their sense of worth and resulting in developing a culture of learned helplessness. Hence regulatory burden "can contribute to low morale and high workforce turnover, as care workers perceive that they are not trusted" [3 Pg.2365]. Put simply workers internalise the messaging of a lack of trust negatively, expect it and believe it to be true.

Organisations, where staff have permission to make decisions and implement them in their daily tasks, can increase staff's sense of achievement and will contribute to building an organisation in which employees trust their leaders [21]. Regulation, if not implemented with consideration, can confound care delivery, by orienting the focus on task achievement rather than individual needs. This may trigger learned helplessness in the worker, creating fear that re-orientates their focus upon meeting standards and adopting overprotective behaviours toward residents, contributing to a charade of regulatory response [12]. Once trapped in learned helplessness, they can lose value in themselves and give up, which if left unchecked, can impact their overall sense of personal control, and job satisfaction and lay the ground for other psychological symptoms such as anxiety and depression [22]. Understanding the unintended consequences of poor implementation of regulation in an organisation, requires leaders to support staff in their psychological development and highlights the need to create a positive work environment, that focuses on authentic (wise) leadership, at the grassroots of care [23].

Potentially punitive regulation in institutional settings such as residential aged care, can impact decision-making abilities. For older people and staff employed within them, this can produce feelings that relate to a loss of control [24].

When organisations hyper-focus on regulatory adherence and implementation of compliance measures, this gives rise to a phenomenon known as 'learned helplessness', where an individual becomes helpless after experiencing repeated failure, in trying to achieve reward in their actions, which results in feeling powerless and in some individuals, giving up. This can result in a variety of maladaptive behaviours such as withdrawal, passivity or aggression. Which may lead to psychological disorders such as depression and decreasing job satisfaction. To avoid this, if we adopt strategies to mitigate the effects of learned helplessness, by establishing workforce conditions that focus on increasing connection and identifying achievement [24], we can mitigate its effect. By doing so we can begin to set the stage for learned hopefulness to thrive because "learned helplessness is a serious, yet solvable problem. By changing employees' perception about controllability ... employees could become more resilient to adversities and have necessary knowledge, skills, abilities and motivation to tackle ... problems" [22 Pg.425].

LEARNED HELPLESSNESS

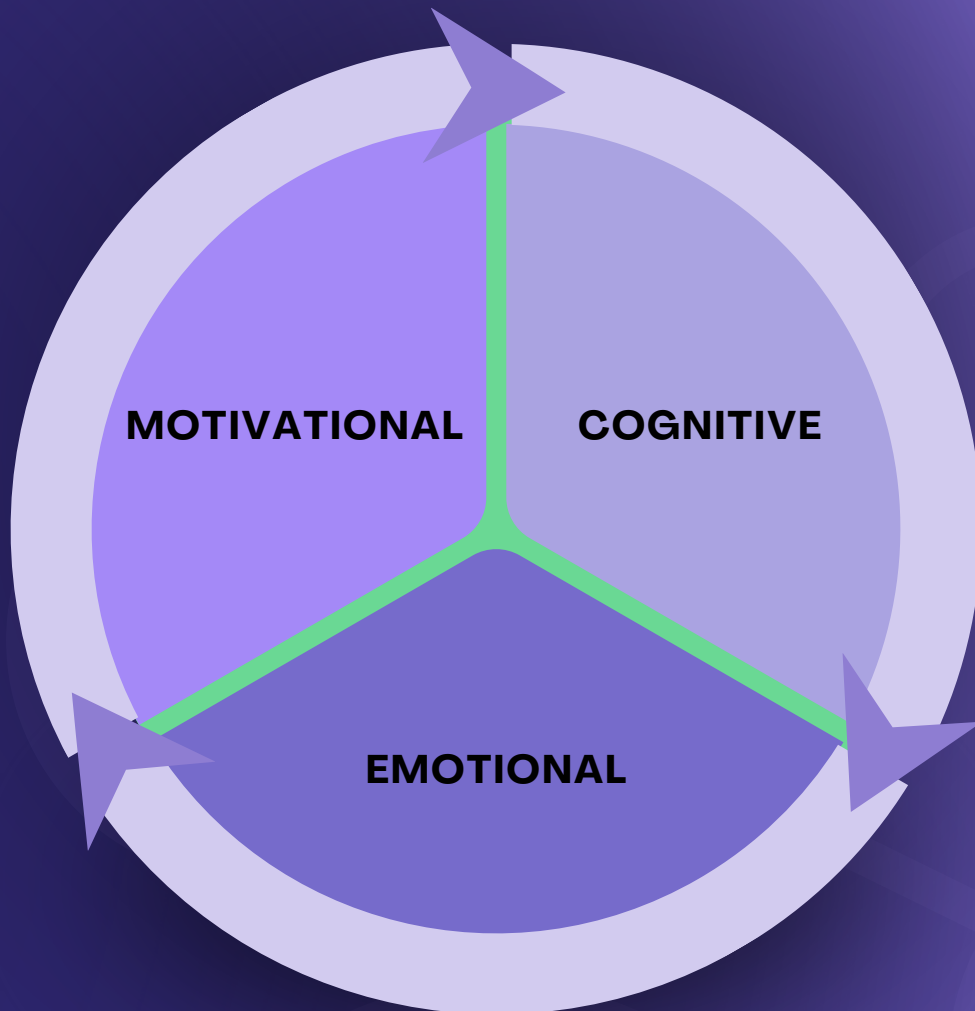
"Helplessness might be considered as the opposite of personal control"
[25 Pg.393].

Learned helplessness is an emotional state that develops after experiencing repeated stressful situations, where, depending on predisposition, individuals feel unable to control their environment, no matter what they do [26]. Learned helplessness is not a mental disorder, but a maladaptive behaviour [24] due to environmental factors and is often linked to several psychological disorders, including depression, anxiety, and post-traumatic stress disorder [26].

Learned helplessness, according to Maier and Seligman, creates the perception that we are unable to control things happening around us, which produces deficits that adversely affect our attitudes and behaviours, across three domains - motivational, cognitive, and emotional [27].

Diagram 1:

Model of Learned Helplessness according to Maier and Seligman (1976)



MOTIVATIONAL: Individuals don't respond, or response is futile, creating passivity

COGNITIVE: Individuals are unwilling or unable to learn that responding works

EMOTIONAL: Individuals experience emotional dissonance, anxiety or depression [22].

Maier and Seligman's model explains the development and consequences of learned helplessness for some individuals, but it doesn't account for all, as some don't become helpless or passive, in the same situations. Abramson et al developed the model further by considering how individuals attribute cause and effect, to good and bad events, along with individual external or internal locus of control (the degree to which people believe we have control over the outcome of events in their lives). This considers that people with a more pessimistic outlook may be more vulnerable to becoming helpless. Such predisposed individuals can relate bad events and what caused them, to themselves personally, 'it's my fault I failed' (personal cause), 'I will always fail due to my lack of experience' (pervasive), and 'I will continue to fail in future, no matter what I do' (permanent cause) [24]. "People's attributions regarding success and failure play a key role in the development of helplessness" [22 Pg.420]. Learned helplessness is a form of conditioning based on the idea that our behaviour is learned via associations and responses in the environment. If our actions are reinforced and rewarded, we are more likely to repeat the behaviour, however, conversely, if we are punished, we are more likely to avoid that behaviour in the future [28]. Similar to the outcomes of negative perceptions and strengthening regulation in the sector, when workers experience learned helplessness, it can result in various behaviours that impact them and organisations in the following ways:

- Workers begin to normalise stress and operate in a constant fight versus flight mode resulting in an overproduction of cortisol [29] which can create psychological suffering such as attachment-based problems, burn-out and fatigue, [29] [30] negatively impacting their physical and mental health overall.
- Workers may work in isolation and disconnect from others [31], lose self esteem, become apathetic or depressed [27] and may see themselves personally as the problem [24]. This results in contribution or motivation lacking in staff [22], and greater levels of stress being experienced, in turn, producing lower job satisfaction, productivity and performance [33] while increasing employee absenteeism and turnover [24].

- Workplace well-being declines [25] spilling into individual's personal lives which impacts their relationships and quality of life overall. • Some individuals, triggered by anger and frustration [20], as a form of psychological defence against learned helplessness, exhibit aggressive behaviours such as bullying, in a strategy to prove they have power or are valuable and worthwhile.
- Staff experience a lack of control over their situation, effectively 'learning' that they cannot change it through their behaviour, so they can become both passive [22] and helpless [25]. Resulting in feeling incapable or unable, to gain a sense of achievement, in their work or personal lives, which is symptomatic of learned helplessness [32]. Hence individuals do nothing to change their situation, even when actual chances to make change occur [33] because no matter what they do, nothing makes a difference, they lose their self confidence and give up [34] [24]. Put simply, nothing works, so why try? [29]

Learned helplessness most notably occurs in highly regulated and compliant industries such as aged care [35] when individuals feel powerless and trapped [36], in the way that they deliver care, in an environment of excessive self-censorship [37]. In highly regulated and audited environments, "negative evaluations about poorly delivered care were regarded as a typical experience of engaging with the aged-care system" [5 Pg.5]. Over time, some workers internalise this negative feedback and become alienated, which impairs worker well-being overall [25].

"Helplessness should be regarded as a serious motivation problem because it could hinder personal, societal and organisational improvement" [22 Pg.417]. When individuals experience learned helplessness, it can negatively impact their lives, their work, and the organisation they work in, resulting in the workforce being unable to grow and achieve its desired outcomes [24]. Staff instead work to survive, by receiving their paycheck and may reproduce negative perceptions by speaking negatively about the industry to anyone who will listen [38].

Learned helplessness is learnt in unhealthy organisations, where leaders either do not empower their employees, or employees themselves, refuse to be proactive or innovative [24]. Therefore, the negative impacts of people's perception of aged care and regulation continue to build unhealthy workforce conditions, while at the same time, psychologically disempowering the workforce leading to learned helplessness.

Interestingly, the negative outcomes related to regulations and people's perception of aged care have been the main foci of discussions and drivers of stricter regulations, when in fact, there are many positive experiences and stories about aged care [39]. The focus on negative outcomes misses important opportunities for positive reinforcement that celebrate the delivery of good care and ensure a sense of achievement and accomplishment in the workforce. By doing so organisations can create the environmental circumstances in which to mitigate helplessness and enable behaviours that develop hopefulness in their staff.

POSITIVITY IN AGED CARE

"Staff with a passion for working with older adults are more capable of building rapport with clients" [8 Pg.56].

The majority of the aged care workforce provides outstanding good-quality care as evidenced by the average resident rating their general life satisfaction as moderately high [40]. Aged care workers play a vital role in providing care and support to older people and while the job can be challenging, there are numerous positive experiences which make the work fulfilling and rewarding.

"There's so much I love about my job. I get to help people every single day. Many people ask me or say, 'I don't know how you do that job' or 'I don't know how you wipe bums', but I just can't even begin to tell them how amazing our job is" [39, 2022: Danical].

Some of the more positive perspectives of aged care workers include:

- Having a passion for the job [8] and making a difference in people's lives by improving older people's well-being and quality of life, helping to promote their independence, and providing comfort and support when in need. • Building meaningful relationships with older people and creating strong social bonds [8] on a personal level, by listening to their stories, and sharing moments of joy and sadness, which creates a sense of belonging and purpose.
- Experiencing feedback in the form of appreciation and gratitude from leaders, reinforces a sense of purpose and pride in their work, which can create a positive work environment [8].

Seeking to identify the positive, to regain trust in aged care, by staff and the public, requires wise leadership that provides "some level of autonomy to deliver tasks ... (which) ... promote self-efficacy or confidence and a sense of achievement in aged care" [21 Pg.563]. An organisation with policies that promote self-efficacy and confidence in workers, develops workers that trust the organisation and its leadership [21]. This promotes hopefulness whereas organisations and leaders who leave no room for individual decision-making or taking of initiative by staff "creates perceptions of non-contingency between behaviour outcomes, which constitutes the core of helplessness" [22 Pg.422].

WISE LEADERSHIP AND ORGANISATIONS

"Wise leaders strive to make good judgements and decisions that promote the success of all employees because they know that 'we are all in this together'" [41 Pg.7].

Wise leaders focus on making the world, through their organisation, a better place, by creating a democratic workplace that enables transparency of objectives, where leaders and employees work together to achieve common goals. A wise leader is cooperative and motivated by a sense of fairness and service.

They do this by utilising skills in listening, observing and understanding. Wise leadership can promote a positive chain reaction across the organisation, improving both employees' job satisfaction and their well-being. Research shows that ethical and supportive leadership styles positively impact all parties – leaders, workers, consumers (older people), along with the organisation and the sector itself. "The sense of control given to workers depends more on the culture of the organisation than the specific work tasks. Satisfied employees, in turn, tend to be more effective at work and trigger a positive flow of energy throughout an organisation" [41 Pg.8]. The growth and progress of any organisation depend on the performance and contribution of its employees [24] and strong ethical leadership that empowers staff makes them want to remain in their roles [8].

In contrast autocratic leadership which often occurs in highly regulated industries is focused on the short-term, with rigid rules and strict layers of hierarchy, where secrecy surrounds the organisation's aims, meaning they're relatively unknown to lower-level employees. In these organisations, leaders act paternalistically, which can result in staff feeling powerless, frustrated, insecure and overworked, leading to higher staff turnover and a negative impact on the remaining employee's well-being [41].

Learned helplessness can grow in autocratic environments whereas wise leadership enables learned hopefulness to grow, through fostering an organisation where achievement and connection are highly valued. These types of leaders "create a psychologically safe climate so that employees do not fear retaliation or ridicule if they voice dissent or make creative suggestions" [41 Pg.8]. By seeking to regain the loss of trust and autonomy in their employees, which leads to the negative mindset of learned helplessness in staff, a wise leader and organisation, seeks to build trust through their actions and leadership, while sharing control with staff, which in turn enables learned hopefulness to take hold.

Therefore, both leaders and staff need ways to both recognise and identify the positive, rewarding aspects, of a job done well. Interestingly however, one-third of the human population, even when faced with a lack of control in a situation, don't fall into helplessness but see any setbacks as something they can do something about, choosing optimism and hope over negativity and defeat [42]. Highlighting that both environmental conditions and individual outlook can enhance a more positive psychological outlook.

LEARNED HOPEFULNESS

"Learned hopefulness is the process whereby individuals learn and utilize skills that enable them to develop a sense of psychological empowerment" [43 Pg.73].

Luckily hope is formed in the same situations as hopelessness, through adversity and discomfort, however, learned hopefulness can be developed when individuals experience positive relationships and receive effective support [42]. Learned hopefulness is a learned habit that allows for flexibility, as hope embodies agency and willpower, which is centered on the positive aspects of exerting self-control [42]. This habitual state utilises skills that enable the development of a sense of psychological empowerment, to gain mastery and control over our lives, while learning to improve our decision-making processes, through developing personal coping strategies, which can reduce feelings of individual alienation [43].

We can learn to be hopeful in work environments that reinforce and create opportunities for achievement and connection in the daily working lives of staff. Working collectively and achieving shared goals while connecting to a common purpose with peers can give rise to learned hopefulness.

Learned hopefulness can include:

- Developing positive expectations and a sense of optimism in one's ability to cope with stressful situations. Understanding your actions can lead to the desired outcomes you want to while observing any setbacks are potentially temporary and manageable. Be persistent [42].
- Building psychological resilience and the ability to problem-solve, enables you to bounce back from adversity.
- Believing in oneself (self-efficacy) [42], recognising a strong sense of oneself empowers an individual to take on challenges and persevere in the face of obstacles.
- Attributing success to one's self - if what you did matters, own it, recognise it, and focus on your strengths rather than your weaknesses [42], as these enhance a sense of hope and optimism.

Embracing growth as a mindset, see your abilities, and desire to learn and grow as an asset of positive development. Also connecting to what makes you happy, what drives you, what gives you purpose [42], satisfaction and meaning in what you do, as these are the antidote to being able to cope with stress and adversity.

LEADERSHIP IMPACTS HOPEFULNESS

"Studies have shown the positive relations of wise leadership on employees' job satisfaction and of job satisfaction on health and subjective wellbeing" [41 Pg.18].

For leaders to foster an environment where learned hopefulness thrives, it is essential to lead by example, through modelling and promoting positive relationship building, based on trust and reciprocity [42]. Wise leaders, therefore, need to be capable of identifying collective

tendencies, along with workplace conditions, that promote hopefulness or helplessness [42]. Instances of social contagion (the spread of emotions or behaviours from one individual to another, sometimes without awareness) or group thinking, can both enable or disable, helplessness or hopefulness [42]. Therefore, “nurturing a culture of hope lifts employees’ attitudes and wellbeing and boosts performance” [42]. Alongside this, leaders also need to provide effective feedback opportunities to highlight success and identify staff achievements, to cultivate an empowering working environment [25]. The development of hopeful environments can lead to a reduction in staff turnover, alongside professional education, training, and career opportunities [8]. For leaders to be transformational and wise (make decisions for the greater good), they are required to understand that long-held views about the industry need to be unlearned. Aspirational targets and recognition for high performance, are inherently more motivating for changing culture and human behaviour because focusing on positive choices, outcomes, capacity and core capabilities, ability, integrity and benevolence, will nudge trustworthiness in the sector [44].

There are also many positive events occurring in the sector, where residents feel respected and treated with dignity. When staff involve residents in care planning and support them to gain coping skills, they feel valued. Overall residents feel safe in their care [48]. Most staff are intrinsically motivated to provide good quality care [20]. However, overly prescriptive regulations and perceptions of the industry [20] and poor stereotypes presented in the media can undermine this. This can in turn create fear [12] and distrust [3] for those entering and working in the industry, which further exacerbates the issues in the sector and contributes to low employment overall. However, there is a much more complex set of conditions at play, as aged care residents generally report a high level of satisfaction with their providers [2]. Focusing on task-oriented regulatory errors we miss the high-quality care being delivered daily. The approach, therefore, needs to be balanced by identifying what works and what doesn’t, to understand both the positive and negative aspects of care delivery. Measuring both is essential to ensure a balanced ‘healthy’ and ‘realistic’ view of aged care.

By understanding the psychological ramifications on staff, of poorly implemented regulatory practices, including the inherent trust and perception issues in the sector, we can mitigate the environments in which learned helplessness can develop. Rebuilding trust requires wise leaders to lead by example and model trustworthy behaviours. Leaders need to find ways to identify and highlight workers' achievements, whilst focusing on what counts most in terms of quality standards and residents' perspectives. This can be done by using innovative development programmes based on psychological principles that enhance leaders' ability to effect change in both staff retention and client satisfaction while creating a positive and wise organisational culture, that effectively delivers on its regulatory requirements.

INNOVATIVE PSYCHOLOGICAL SUPPORT

"We are expecting a disruptive period in the aged care services industry. Rather than a negative, this will require more innovation, higher and different skills, and demand creativity" [45 Pg.79].

Feedback is an important resource at work. Understanding how employees perceive work feedback is important for both regulators and leaders to understand. If done constructively, feedback can enhance organisational culture, job performance and workforce well-being [25]. Developing a wise organisational culture, based on identifying goals and highlighting achievements that improve an individual's sense of connection to the job, is central to employees developing a sense of learned hopefulness and is positively associated with organisational innovation [24]. Regulation itself has been described as biased toward measuring compliance and inhibiting innovation [46]. Yet within current changes to the regulatory model, the regulator has included innovation within its audit grading for the assessment of the quality standards, to incentivise continuous improvement [15]. In this way, regulation can be positive and enhance staff mindfulness, especially if staff are supported to focus on resident-focused outcomes that support the attainment of standards and regulations [19].

Innovative psychological training and feedback can be supported by technology. Online feedback tools that benchmark leadership, staff and client experiences about the delivery of services are able to provide insights for improvement from all perspectives of aged care. Online tools are also able to deliver emotional intelligence development programmes that provide psychological support and training to leadership and staff in aged care.

Emotional intelligence training can assist workers to deliver better-personalised care, by enabling them to perceive accurately, access their feelings and link them to their thoughts. Being able to understand their own emotions and the impact of their actions on others promotes emotional and intellectual growth [51]. Combined with appropriate training *“employees with sufficient and useful feedback about their work behaviour and performance ... (can help) ... to ... (mitigate) ... feelings of helplessness”* [25 Pg.393].

Utilisation of technology in this way can support the development of wise and psychologically safe organisations that work in highly regulated environments. Understanding more about the psychological principles at play when working in highly regulated industries, allows mitigation to assist transformation in the way aged care services are delivered and supports high-quality care, that exceeds residents' expectations, improves the well-being of the workforce and achieves providers' regulatory goals.

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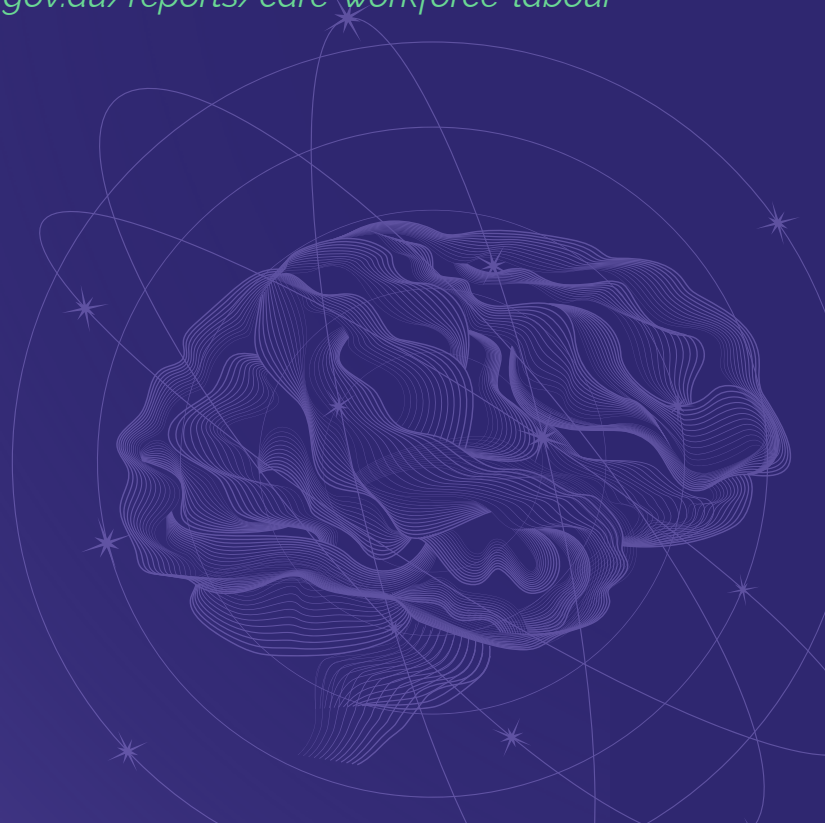
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Sue Jauncey is the founder of Appellon, CEO and registered psychologist who has over 25 years experience measuring behavioural and performance outputs for organisations such as the Royal Australian Navy, National Health Service, England and Northern Territory Health. Sue's passion is to support on mass, individuals who want to live better, healthier, wiser lives and organisations who seek to promote collective achievement, connection and performance innovation.

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