DIVERSITY TRAINING AND CONSULTING

BHN Better Health Network

Bayside City Council

# 3 Common psychosocial hazards in aged care


Supports workers, teams and leaders to recognise common psychosocial hazards and where they may be showing up in aged care work.

## Reflection statements

**3.1** The organisation has identified the psychosocial hazards most relevant to its aged care work, including workload, emotional demands, aggression, poor support, unclear roles, change, conflict, bullying, harassment, discrimination and poor workplace relationships.

**3.2** Workers are consulted about where psychosocial hazards are showing up across roles, teams, services, locations, client interactions and workplace culture.

A Conversation Starter Pack for Aged Care
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## Recognising psychosocial hazards

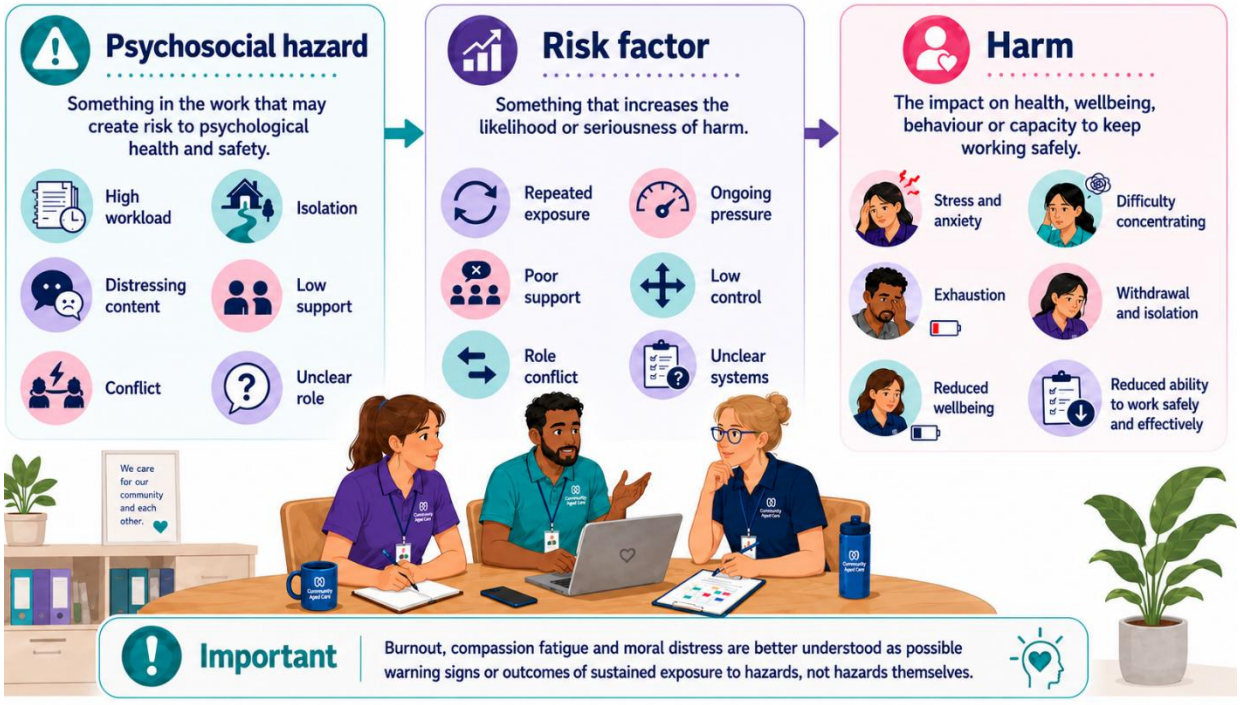
Psychosocial hazards are work-related factors that may cause psychological harm. In aged care and community care, these hazards may arise from how work is designed, managed, supported or experienced. They may also arise from workplace behaviours, systems, communication, change or the environment workers operate within.

## Hazard, risks and harm

**Psychosocial hazard:** Something in the work that may create a risk to psychological health and safety. This may include the way work is designed, managed, supported, communicated or experienced.

**Risk factor:** Something that increases the likelihood or seriousness of harm. This may include repeated exposure, ongoing pressure, poor support, low control, role conflict or unclear systems.

**Harm:** The impact on a worker's wellbeing, behaviour, health, or ability to work safely. This may include stress, anxiety, exhaustion, withdrawal, reduced concentration or reduced capacity to keep working safely and effectively.




Some factors can be both a hazard in their own right and something that increases the risk from other hazards. For example, poor support can create pressure on its own, and it can also make high workload, distressing interactions or unclear roles harder to manage safely.

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## High job demands

Workers regularly rushing between visits without enough time to document, debrief or follow up concerns.

## Emotional demands

Staff regularly supporting clients or families who are anxious, grieving, angry or frightened about changes in care.

## Exposure to aggression or conflict

Staff being blamed by family members for delays, service limits or decisions outside their control.

## Poor support

Workers dealing with difficult client or family interactions without clear support from a team leader.

## Low role clarity

Workers feeling responsible for explaining funding decisions or service limits they do not control.

## Low job control

Staff having little say over scheduling, workload, travel time or changes to daily priorities.

## Remote or isolated work

Community care staff visiting clients alone and feeling unsure who to contact when concerns arise.

## Poor change management

Workers being expected to explain service changes before they have clear information themselves.

## Low recognition or reward

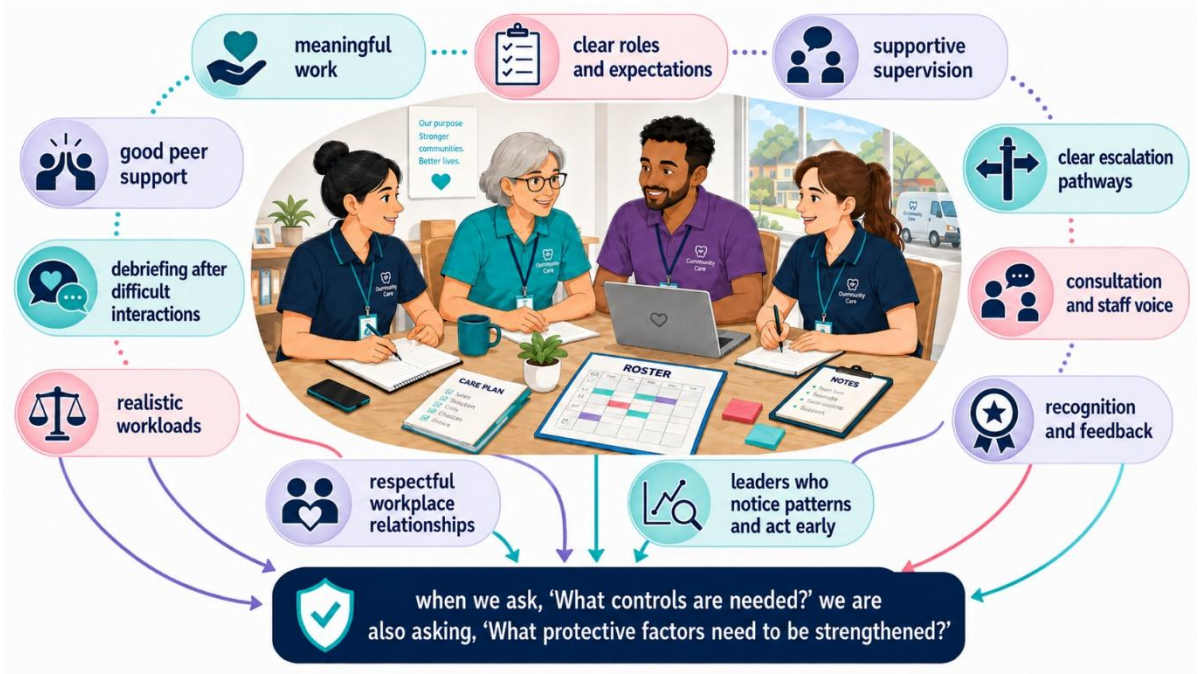
Staff repeatedly managing complex situations without acknowledgement, feedback or practical support.

**These hazards can increase stress and pressure when they are repeated, unsupported or outside a worker's control. They can affect wellbeing, relationships, safety and the quality of care.**

## Protective factors

In psychosocial safety, it is important to look not only at what creates risk, but also at what helps reduce risk. These are the conditions, systems and behaviours that support safer work and reduce the likelihood or impact of harm when workers are exposed to pressure.

Aged care work will still involve emotional demands, changing needs, complex conversations and situations that workers cannot fully control. Strong protective factors can help workers feel clearer, safer and better supported. They can also help teams notice concerns earlier, respond more consistently and reduce the chance that pressure is left for individuals to carry alone.

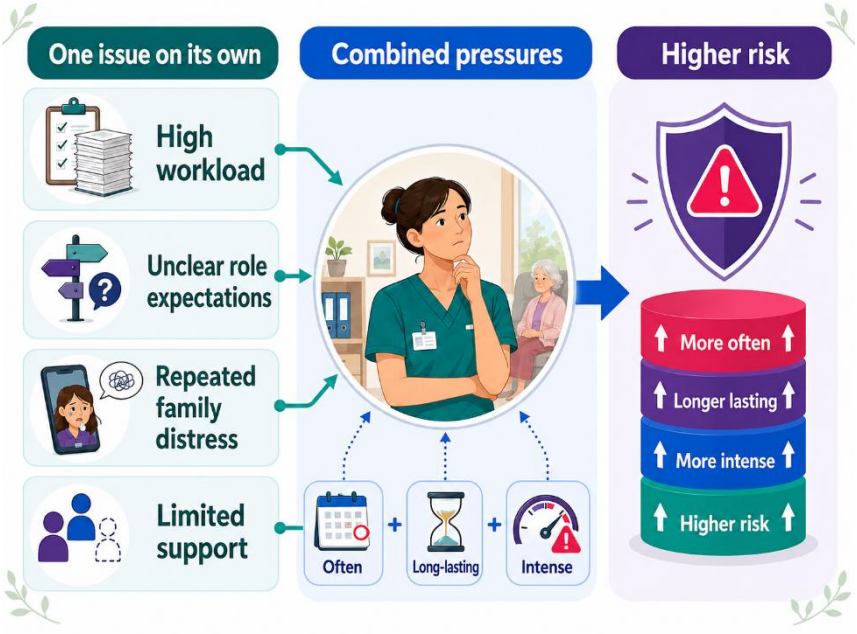



## Hazards can combine

One hazard may be manageable on its own. Risk can increase when several hazards happen together, happen often, last for a long time, or affect workers intensely.

For example, a worker may be managing high workload, unclear role expectations, repeated family distress and limited support at the same time.

Together, these pressures may create a higher psychosocial risk than any one issue on its own.



## What this should prompt

Recognising hazards is only the first step. Organisations need to consider where these hazards are showing up, who may be affected, how often workers are exposed, and whether the impact is increasing or becoming part of normal work.

This should prompt teams and leaders to look at existing controls and ask whether they are reducing risk. A process, policy or support option may exist, but it may not be clear, accessible, consistently used or strong enough to address the pressure workers are experiencing.

Where hazards are repeated, combined or causing concern, organisations may need to consult with workers, review the work environment more closely, strengthen controls, provide further training, or complete a more detailed psychosocial risk assessment.

*This resource is a starting point for recognising common hazards. It does not replace work health and safety advice, psychosocial risk assessment, consultation, supervision, training or organisational processes.*