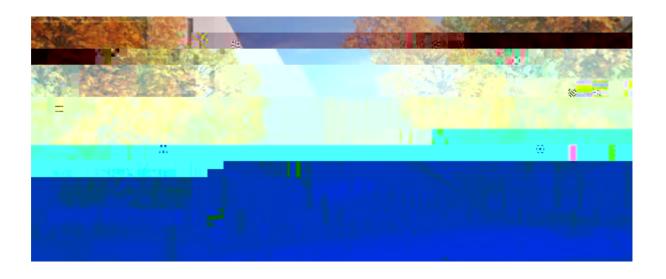
A case study of the new Burwood Hospital shared workspace



## Introduction

The new Burwood Hospital site was opened mid

depend on the type of task staff are undertaking. Prose and mental arithmetic tasks are particularly impaired, according to Banbury and Berry (1997). In a shared workspace, all of these challenges need to be taken into account with particular consideration to staff well-being and productivity.

#### Resilience

The challenges of open-plan working environments could arguably be experienced more positively or negatively depending on individual resilience and coping mechanisms. Resilience is defined by Adger  $\sim$  î i ì ì • • š Z ^ ] o ] š Ç } ( P Œ }  $\mu$  ‰ • } Œ } u u  $\mu$  v ] š ] • š } } ‰ Á ] š Z Œ •  $\mu$  o š } (  $\sim$  Y • Z v P K¾arlela-Tuþofīaalļav Helešnijus, Keskinen, & Hongisto (2009), people who work in an open-plan working environment tend to use more coping strategies to adapt to new disturbances at work than people working in private offices. For some, the time taken to personally implement these coping strategies can create wasted time and loss of performance and productivity (Haapakangas et al., 2008; Brennan, Chugh, & Kline, 2002).

This research is heavily influenced by the theories of community resilience and environmental transitions suggested by Wilson (2012). The transition from private offices to an open-plan working environment for Burwood Hospital staff could be analysed with consideration to resilience theory implying that the staff who are more resilient will adapt better and continue to achieve a high level of productivity in their work. Rees, Breen, Ousack & Hegney (2015) discuss occupational stress in particular, stating that people will cope differently depending on their levels of personal resilience. Wilson [• ~ î ì community resilience theory suggests that environmental transitions occur with varying trajectories due to differing levels of resilience. The small-scale community of Burwood Hospital is somewhat applicable to this theory due to the nature of its transition.

#### Improvingwork-spaceenvironments

The comfort pyramid model by Vischer (2007) suggests different variables that support individual comfort and satisfaction. The model builds up from physical comfort at the base (i.e. access to fundamental needs), to functional comfort (ergonomic support, access to quiet rooms) and psychological comfort (individual feelings, access to information, communication, relations with others). The optimal outcome is reached when the three levels are achieved but one level can also compensate another. This model could be used to inform management decisions regarding structural changes in the workspace.

In order to ase06 RG(sp)3(\(\pm\)-5(r)8(aj)-8s)5(m)4(a(t)-5())-23(t)-7(nt)-4(o)4((m)434(du)5(c)-87()-228(t)-5(o)8(o)4(m)-

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disturbances, this alone cannot reduce performance and productivity. Ahmadpoor Samani, Zaleha Abdul Rasid, & Sofian (2017) describe the effect of the work environment perceptions on employee behaviour and performance. They suggest that the perceived satisfaction of the work environment mediates the negative effects of distraction on work performance. High satisfaction with the working environment and features increases the ability to effectively work in the environment and use the structure and features to minimise distraction. To summarise, with respect to Burwood Hospital, if staff perceive the environment to be effective and are happy with arrangements, they are more likely to cope with distractions better. This would imply that the initial design of the office is an important aspect of the transition.

The range of literature available regarding open-plan work environments suggests some key challenges as well as advantages of shared work-spaces. These aspects are experienced differently by different workplace communities. The experience of Burwood Hospital staff in particular is examined further in this study.

# Methodology

A range of data collection methods were used to examine the work-space resilience of Burwood Hospital. The purpose of choosing three different data collection methods was to gain a comprehensive collection of information including qualitative and quantitative data. The survey component of this method ensured there would be some key indicative data of the overall satisfaction of the

# Focus Groups

Focus groups were co-ordinated post-

- 1. Monitoring the usage of the quiet and meeting rooms
- 2. Identifyin

### Results

The results of this study aim to meet the objectives and identify how a work-space can be resilient using the case study of Burwood Hospital.

#### Information and Communication

The results of the survey show an overall positive appreciation of the pre-merge information. Most of the staff were satisfied with the information that was provided in the development phase of Burwood Hospital (shown in figure 1).

Focus group participants also stated high satisfaction with information and communication regarding the new work environment. Many even suggested that they were surprised to be as well-informed as they were, expecting to have significantly less information and involvement than what occurred.

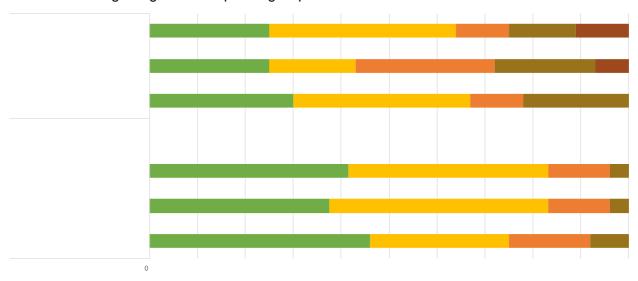
The most popular platforms of engagement during the pre-merge phase was the mock-up tour and staff forum. 95% of respondents engaged in either of these platforms, indicating face-to-face communication is more popular than digital. A cross-analysis of results also showed a clear positive correlation between the satisfaction level of information provided pre-merge and the diversity of platforms engaged with (shown in figure 2).

While satisfaction with communication pre-merge was high, results show more than 20% of staff are doubtful about finding someone to discuss or report issues to at present. Cross analysis also shows a correlation between confidence level communicating issues to management and satisfaction with information provided suggesting those who are confident seem to engage with information easier than those who are not as confident.

## IdentifyingWork-spaceChallenges

Many work-space challenges were identified and ranked through the results of the online survey. Figure 3

There were a number of quiet rooms around the work-space that staff identified as having limited privacy. Focus group participants felt privacy was compromised due to a number of factors; proximity to co-workers working areas, clear glass, vulnerability of facing the desk opposite the glass doors and doubtfulness regarding the sound-proofing of quiet rooms.



The observational study was particularly insightful for the investigation of meeting rooms and quiet rooms. The results showed a lot of variety in use of different meeting rooms and quiet rooms. Meeting rooms seemed to be particularly popular and used for their intended purposes. Organised team or large group meetings were occurring throughout the two days of observations. The quiet rooms tended to vary more in usage possibly because of the differing levels of privacy, facilities and space. Some key observations were that quiet rooms with phones and computers were more frequently used and were mostly used according to their intended use. People seemed to utilise this feature of the workspace and take advantage of the private phone call and working spaces. A significant unintended use that was observed is some staff using small quiet rooms as a personal office and remaining in the same room all day. This is potentially a sign of less resilient staff members coping with change by defying intended use of the space and reverting to old practice.

#### Adapting to Change

An initial indication of resilience and adaptive capacity was obtained from the survey. 82% of survey respondents indicated a positive level of adaptation when asked how well they had coped with the work-space changes and only 4% stated they had adapted quite poorly. Several staff stated that the reality of the work-space was actually better than their perceived expectation prior to the shift. 47%

of survey respondents indicated they were more satisfied with the work-space than they expected to be.

In order to adapt to change, 56% of survey respondents indicated they had changed their working routine. A significant proportion (43

# Discussion

#### Personal Adaptiv@apacity

Employees of the Burwood hospital have shown quite a good capacity of resilience. The conclusion gained from the study indicates that while the workspace environment plays a role in individual adaptive capacity, a more significant contributor is a  $\check{s}\check{s}$  (E ]  $\mu\check{s}$   $\check{s}$ }  $\check{s}$ Z ] v ]  $\grave{A}$ ]  $\mu$  o [• Meaning that only so much can be done for people before it becomes up to them personally to adapt and cope in whichever way they find most effective.

Personal workplace resilience is often dependent on a number of individual characteristics (Rees, Breen, Ousack, & Hegney, 2015) X • ] P v ] ( ] v š } v š OE ]  $\mu$  š } OE ] • } ( š v v  $\mu$  OE } š ] ] • u U tendency to be more instable, anxious and frustrated causing them to be more vulnerable to change. However, self-

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the productivity of the overall working environment, but when implemented simultaneously with the other two factors (communication and engagement, and personal adaptive capacity) would create a more resilient, dynamic and adaptable environment. While management staff cannot change the space to satisfy each individual, it is important to listen to the requirements of staff and be flexible to make changes and continuous improvements where suggested and needed.

#### **Future Research and Limitations**

This research is insightful for Burwood Hospital staff and management to develop their community resilience, but also for other workplace communities to consider the ways their dynamic environment could affect staff productivity and well-being. Major disruptive changes should follow these recommendations to maintain high levels of resilience and avoid placing their staff in a particularly

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# Appendices

Appendix 1: Burwood Hospital Floor Plan

## Appendix 2Survey

Workspace Satisfaction Survey

Demographic questions:

Age:

Gender:

Have you ever worked in a shared workspace before?

How long have you worked in the new Burwood Hospital shared workspace?

Under 4 months
Between 4-12 months
Since the merger

What site did you work from previously?

Princess Margaret Old Burwood Campus Other, please specify

How did your expectations compare to reality of working in the new workspace

Significantly more satisfied

More satisfied

Expectations and reality were the same

Less satisfied

Significantly less satisfied

Have you noticed any post-move inaper92@Gentsor 21626(ges2n)4(m/L1/La)4(mc3/L/Lang9yET13LuF1 11 Tf1 0 0 1 193.5

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## Appendix 3ObservationaStudy Structure

Burwood Hospital: Observational Study of Quiet Rooms and Staff Room

	Q1	Q2	Q3	Q4	Q5	Qб	Q/	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	2.3A	2.3B	2.4	2.5	2.6	2.7	2.8	2.9	2.10
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