CARE WORKFORCE ARCHETYPE REPORT

ACKNOWLEDGEMENT OF COUNTRY

In the spirit of reconciliation, the research team and institutions associated with this project respectfully acknowledges the palawa/pakana people of lutruwita/Tasmania. We recognise the Aboriginal history and culture of the land, sky, and sea, and acknowledge and pay respect to the Traditional Owners and to all Elders, past and present.

1 EXECUTIVE SUMMARY

In Tasmania, as of February 2023, approximately 47,200 individuals were employed in the Health Care and Social Assistance sector, encompassing aged care, disability services, education and care, social services, and medical services (ABS, 2023). The care economy serves as a cornerstone of Tasmania's commitment to equitable healthcare and social welfare for all its residents. Not only is it the state's largest employment sector, but it is also projected to grow significantly in the coming decades. However, as Tasmania strives to meet the rising demands of this critical sector, its care workforce faces substantial challenges. These include limited access to a suitable demographic pool for workforce participation, geographical isolation, inequities in resources, structures, and funding, an increasing trend toward work casualisation, a shortage of skilled professionals, and societal undervaluation of care work. These issues are further exacerbated by Tasmania's ageing population and higher-than-average rates of individuals requiring care due to physical or mental disabilities, intensifying the strain on workforce recruitment and retention.

To address these challenges, a comprehensive research study was convened by the Workforce Coordination Project, a funded project of Skills Tasmania, which examined the unique dynamics and obstacles faced by Tasmania's care workforce across aged care, disability, education and care, and social services during 2022-2024. The purpose of the study was to understand how community services leadership can improve recruitment and retention strategies for care workers. The findings of this study are encapsulated in this detailed report, and presents the following key takeaways:

KEY INSIGHTS:

1. **Care Work Archetypes Framework:**

- The study introduces a framework that categorise care workers into five archetypes based on their interpretations and motivations for care work: Bridge, System Warrior, Idealist, Philomath, and Creator.

- Each archetype is detailed with its attributes, motivations for engageing in care work, and specific challenges they face.

2. **Complexity and Undervaluation of Care Work:**

- The report highlights the often-overlooked sophistication and complexity of care work, including the advanced skills and resources required and the emotional, physical, and psychological toll it takes on frontline workers.

3. **Systemic Pain Points to Workforce Development:**

- The research adopts a systemic perspective, identifying barriers to workforce growth and sustainability at a micro-meso-macro level. The pain points that were identified relate to risks of burnout and emotional labour, organisational leadership and culture, low wages, casualisation, and inadequate training, lack of care work recognition and talent management, funding and government policy and perception of care work in broader society and the burden of over-bureaucracy.

- Leadership and workplace culture is one component that can significantly impact workforce retention. The report underscores the need for supportive and empowering organisational environments and commitment, with the potential to leverage the archetype framework to enhance workforce engagement and satisfaction.

4. Opportunities and Recommendations:

- The report provides an extensive list of actionable recommendations for the care economy, advocating for the adoption of the care work archetype framework to improve workforce recruitment, retention, and overall sustainability for community services in Tasmania.

- These actionable recommendations relate to targeting the lived experiences of the workforce, capitalising on peer networks, commitment to care worker wellbeing, positioning of care workers as advocates, and empowerment of care workers using the archetype framework.

- These also include a table on page 75 illustrating key communication messaging and appeals that should be designed for each archetype along with some examples of potential recruitment channels.

- This report offers a roadmap for strengthening Tasmania's community services industry, collectively referred to as the care economy. It addresses the specific workforce challenges inherent to the four sectors and employs the innovative archetype framework to establish a resilient and sustainable workforce for the future.

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3 RESEARCH TEAM

DR. GAURI LAUD

Dr. Gauri Laud is a Senior Lecturer at the University of Western Australia, Perth. Previously, she was affiliated with the University of Tasmania during the conception of this study. Dr. Laud has served as the Chief Investigator for the Care Work Archetype project, showcasing her leadership and expertise in research. Her research focus spans systems thinking, consumer vulnerability, the integration of technology in services, and the value co-creation processes within service systems. Dr. Laud has successfully led multiple research projects in collaboration with industry and community organisations across Australia and the Asia-Pacific region. An internationally recognised scholar in services marketing, Dr. Laud's work is highly regarded in the field. Her research has been published in prestigious academic journals, including the Journal of Marketing, European Journal of Marketing, Journal of Service Management, Journal of Service Theory and Practice, Journal of Services Marketing, and Marketing Theory, among others.

DR. CHERYL LEO

Dr. Cheryl Leo is a Senior Marketing Lecturer at Murdoch Business School in Perth, Australia. Her research expertise is in the areas of services marketing and its intersection with social marketing. She is particularly passionate about investigating the complex interface between service employees and service users in commercial and social services. Cheryl has a track record in publications such as Health Communication, Journal of Advanced Nursing, PloS One, Journal of Business Research, European Journal of Marketing, and Journal of Service Management. She served as the President of the Australia Association of Social Marketing (2022-2023), and she is committed to work that delivers strategic change that benefits individuals or organisations.

DR. LAUREN MCGROW

Dr Lauren McGrow lives joyfully on the southern edge of Australia in Hobart, Tasmania. Lauren is the community services industry representative for the Care Workforce Archetype Study and brings 17 years of experience across three states of Australia. She has worked in frontline work, organisational leadership, and research roles during this time. From 2022 - 2024 Lauren has worked at the Tasmanian Council of Social Service, in the Workforce Coordination Project, helping to facilitate this research about the experiences of frontline workers. She is also a Research Fellow at Charles Sturt University, Australia. Her academic focus is social service organisations, especially faith-based organisations, that work with very marginalised women like sex workers. She has written a variety of academic and general audience pieces, and is the author of Missionary Positions: A Postcolonial Feminist Perspective on Sex Work and Faith-Based Outreach from Australia (2017) and editor of the collected volume, Religious Responses to Sex Work and Sex Trafficking (2022).

DR. SAJITH SIRIWARDANA

Dr Sajith Siriwardana is an Early Career Researcher and a Senior Policy Analyst at the Department of Premier and Cabinet, Tasmanian Government. Sajith has published in journals such as the Journal of Social Marketing and is interested in publishing in others such as the Journal of Service Research and Marketing Theory. Sajith's research interests include exploring ways to improve the wellbeing of communities experiencing disadvantage.

4 ACKNOWLEDGEMENTS

5 GLOSSARY

Advocate of Care	Is a person who speaks or writes in support of care work and the community services industry.
Archetypes	Are characters who are symbolic and display the most important traits of a type of person or thing (Morris, 2006)
Care Economy	An economic term denoting all services that provide human care with a focus on the expenditure needed and the employment and income generated by these services.
Care Work	Care work is the act of providing services to support human need including physical, psychological, and emotional wellbeing. Care work can include tasks such as helping with daily activities, feeding, shopping, or supervising the use of medications. Care work also includes services like counselling, community development work, education and training and advocacy. Care work can be paid or unpaid, and can be performed in a variety of settings, including homes, care homes, and community-based services. Care work can also include unpaid domestic work, which is disproportionately done by women.
Care Workforce	Includes all of those working and volunteering in the community services industry. The care workforce is an overarching term that describes the occupations and roles that provide human care and support.
Community Services Industry	This term covers a broad array of for profit and for purpose services and organisations that support individuals, groups and communities in need, especially those who are marginalised in some way. The community services industry helps people function in daily life; rebuild their lives after trauma or illness; improves wellbeing; develops social inclusion and provides learning and participation opportunities.

Communities of Practice	Are groups of individuals who come together to create an informal or formal network of stakeholders with knowledge and expertise of a shared nature for the purpose of collaboration, learning and development. (Wenger and Snyder, 2000)
Frontline Worker	Is a volunteer or paid individual whose main work in their place of employment is face-to-face contact and support with clients, participants, consumers or service users.
Health Care and Social Assistance	The Australian Bureau of Statistics (ABS) defines Health Care and Social Assistance as an occupational division that includes units engaged in providing human health care and social assistance.
Service Delivery	This is the business framework of an organisation that provides services to clients, participants, consumers or service users.
Internal Marketing	Is a strategy that views employees as consumers and actively addresses their needs. (Berry, 1981)
Lived Experience	Represents first-person experiences of the world that is meaningful and significant for their work. (Casey, 2023)
The Four Sectors	Aged care, disability, education and care and social services make up the four sectors. While each one is a stand-alone sector with their own legislative, workforce and care standards and requirements, together the four sectors are collectively known as the community services industry in Australia. Because of their shared goals to advance human care and wellbeing, the four sectors often work together to advocate for change and to share knowledge and resources.

INTRODUCTION

6 INTRODUCTION

1. The Global Care Workforce Crisis: Tasmania in Context

Tasmania is grappling with a critical workforce supply and demand crisis, particularly in the caring professions, where the number of roles far exceeds the available workforce. This issue, however, is not unique to Tasmania; it reflects a universal challenge impacting healthcare and social assistance worldwide, with profound consequences for both workers and clients.

Globally, two primary aspects define this crisis. The first is a widespread shortage of healthcare and social assistance workers, compounded by an unequal distribution of resources to address the issue. High-income nations are aggressively competing for workers by offering attractive incentives such as well-defined career pathways, substantial financial benefits, reduced education costs, and expedited visa processes for migrants and their families willing to fill these roles. As a result, wealthy countries successfully meet their demand by attracting a mobile workforce, often at the expense of low-income regions, which struggle to retain their talent in the face of this global competition (Buchan, 2024).

The second factor is the lasting impact of the COVID-19 pandemic, which has fundamentally reshaped how work is perceived and structured. The pandemic has introduced widespread economic instability, elevated levels of poor mental and physical health, and accelerated the adoption of new technologies, all of which have influenced workplace dynamics. Additionally, the health and welfare systems of the pandemic era imposed significant stress and burnout on the care workforce, leading many people to re-evaluate their career choices and personal priorities.

This evolving work environment now offers greater flexibility through remote and online opportunities, prompting workers to reassess their values and seek more fulfilling lives. The pandemic has underscored the brevity of life, inspiring many to pursue roles that align with their sense of purpose and personal satisfaction. These shifting priorities further complicate efforts to address the workforce shortage, as individuals and societies navigate a new era of work and wellbeing. According to the National Skills Commission report (2024) on Australia's current, emerging and future workforce skills needs 'care skills' are slated as a megatrend for the future workforce in the community services industry.

Community Services consists of The Four Sectors:

- Aged care
- Disability
- Education and Care
- Social Services

85% of workers in these four sectors identify as female.

25% tend to be younger and identify as male.

These workers were not born in Australia and are from culturally and linguistically diverse backgrounds.

In Tasmania,

16% employed in these four sectors.

This equates to almost **40,000** FTE paid roles

who work alongside **35,000** formal volunteers.

Over the next three years, the community services workforce will grow by

8.3%

Currently there are:

300 Aged Care Services

300 Disability Services

304 Education and Care Services

379 Social Services

15% of community services organisations struggle with retention. Workers are leaving because of job competition, low salary or nature of the work.

40 is the median age of a worker.

$1,620 are median earnings per week, lower than all industries median earnings of $1,700.

1/2 Almost half of this workforce work part time.

Figure 1 *All data sourced from: Australian Institute of Health and Welfare, Jobs and Skills Australia, Skills Tasmania, TasCOSS

On a global scale, community services face an unprecedented workforce crisis that shows no signs of abating. In Australia, where the care economy is growing at triple the rate of overall employment, competition for skilled care workers has become increasingly fierce. This challenge is particularly acute for community service organisations that struggle to attract and retain competent staff in an environment of mounting demand and diminishing supply.

Leadership plays a pivotal role in addressing this staffing crisis. When leaders create organisational cultures that prioritise safety and empowerment, they can significantly enhance workforce commitment and job satisfaction. Their influence extends beyond basic management to shape crucial elements like workplace relationships, team dynamics, and power distribution—factors that directly impact staff engagement and retention. In today's competitive labour market, these leadership qualities have become essential metrics for evaluating organisational health and fostering employee loyalty.

The magnitude of this workforce challenge is staggering. The World Health Organisation projects a global shortfall of 10 million health and care work positions by 2030, highlighting a critical gap between available caregiving roles and qualified individuals willing to fill them (WHO Health Workforce Report, 2024). This shortage stems from multiple factors, including demographic shifts as retirement rates outpace workforce entry, amid declining population growth since the 1980s that has constrained both domestic and immigrant labour pools.

While developed nations like Australia have implemented various stopgap measures—such as visa incentives, family reunification programs, and accelerated education pathways—these solutions provide only temporary relief. As populations continue to age and care demands escalate, the community services industry requires a more comprehensive and sustainable approach to workforce development. The challenge calls for coordinated action among government agencies, organisations, and educational institutions to build a robust and resilient care workforce for the future.

> Designing institutions and ecosystem that support the development of highly skilled and resilient care workers.

2. Tasmania's Care Work: A Critical Challenge

More people are employed in the care economy than in any other industry in Tasmania, mirroring national patterns but this state faces unique regional challenges. With 15.4% of Tasmania's workforce employed in Health Care and Social Assistance, these essential workers form the backbone of community services. The workforce, predominantly women over 40, have demonstrated remarkable resilience through the pandemic, often shouldering increased workloads to meet growing community needs (National Skills Commission, Jobs and Skills Australia, 2024).

Tasmania's distinctive demographic and geographic landscape intensifies the challenges. With a median age of 42 years—four years above the national average—and a dispersed population across regions, the state faces exceptional pressure on its care services. The disproportionate ratio of residents aged 55 and over, coupled with fewer working-age individuals between 20 and 44, creates a perfect storm: an expanding elderly population requiring care, alongside a shrinking workforce capable of providing it (ABS, 2021).

The state's socioeconomic profile further compounds these challenges. Tasmania grapples with higher rates of disability, chronic disease, and obesity than mainland Australia (Department of Health, June 2022), while also confronting lower literacy rates, reduced educational attainment, and elevated youth unemployment. Post-pandemic migration patterns have exacerbated these issues, with population growth reaching the lowest levels in Australia as more residents leave than arrive here.

Despite adding over 6,000 healthcare and social assistance jobs in the past five years, Tasmania's community services struggle to keep pace with demand (Informed Decisions, 2024). The combination of cost-of-living pressures and inadequate government indexation for community services has left many organisations unable to meet the needs. This shortfall manifests in extending waiting periods, diminished client outcomes, and mounting pressure on existing staff—creating a cycle that makes care work increasingly less attractive to potential workers.

The implications of this crisis extend beyond immediate service delivery. Without strategic intervention, Tasmania faces the prospect of deteriorating social stability, reduced quality of life, and constrained economic potential. The care economy, crucial for social cohesion, support for marginalised populations and for the Tasmanian economy more broadly, requires urgent attention to become both functional and appealing to a diverse workforce.

Looking ahead, Tasmania's community services industry requires thousands more workers over the next decade to maintain essential support for its population (TasCOSS, 2022). However, sustainable development remains challenging while organisations operate in crisis mode. The clear relationship between regulatory policies and workforce satisfaction suggests the need for systemic reform to create fulfilling, sustainable career pathways in community services.

This crisis demands immediate attention and coordinated action. Vital for social stability and support for marginalised groups, the health of the care workforce

> ## 15.4%
> **Tasmania's workforce is employed in Health Care and Social Assistance.**

> ## 40+
> **Women over 40 years of age are the dominant group among care workers in Tasmania.**

directly impacts Tasmania's future prosperity and social well-being. Without comprehensive reform and strategic investment, the current challenges threaten to undermine both individual lives and the state's broader economic potential.

3. **The Complex Nature and Value of Care Work**

At its heart, care work is an intricate tapestry of human relationships requiring intense physical, emotional, psychological, and often spiritual engagement. Frontline care workers—those who provide direct support in communities, homes, hospices, and family centers—employ a sophisticated array of skills that often go unrecognisedd in traditional professional hierarchies.

The complexity of care work demands mastery of multiple domains: advanced interpersonal skills, strategic problem-solving, nuanced conflict resolution, and careful navigation of complex relational dynamics. Care workers must simultaneously manage behavioral challenges, maintain legislative compliance, assess risks, and communicate effectively while providing empathetic support.

As noted by feminist scholar Pat Armstrong, "Care is complex and requires a broad range of learned capacities that are acquired in both informal and formal ways."(Armstrong, 2021 p. 162)

Despite this rich skill set, the four sectors face systemic devaluation. A recent ASU report highlights a critical historical pattern: *"Rapid jobs growth in female-dominated sectors since the 1980s was not accompanied by new definitions of skills, and the complex emotional and relational skills used by women in social services have remained framed and devalued as 'soft' and assumed to be extensions of women's natural predispositions, exacerbating invisibility and undervaluation."*(Cortis and Blaxland, 2019, p.13)

This undervaluation creates a cascading effect: chronic underfunding leads to deteriorating organisational structures, which in turn impacts service quality and staff retention. Care workers face multiple issues: inadequate wages, limited recognition of their expertise, understaffed programs, overwhelming service demands, and significant wellbeing challenges. This creates a destructive cycle where overwork leads to burnout, cultural deterioration, and leadership challenges, while regulatory obligations become increasingly difficult to meet.

Understanding the true meaning and value of care work requires listening to frontline workers' voices. Their daily experiences—both triumphs and challenges—offer crucial insights for political leaders and policymakers. These workers, who bear the immediate impact of systemic challenges while continuing to deliver essential services, possess unique wisdom about the sustainability and significance of their work. Their perspectives are invaluable in shaping policies that could transform the care workforce, demand challenges and bring long term economic and social sustainability.

Consider Veronica for instance, who works in disability support and reflected in the interview for this study about what it means to do multiple shifts each day at a lower rate of pay.

> **"So I know a lot of people are doing say two or three hours here and a couple more over here and with gaps in between, things like that. So that's not easy for anyone. But the pay rate I think was shocking. It's a funny award, too. I don't know if it's an award, but it's a funny award. ...."So I've got myself another job that pays better and now I just do this one part-time."** - Veronica (Disability)

4. The Hidden Costs of Care Work: Systemic Challenges

The current structure of care work—characterised by part-time hours, casual employment, and low compensation—fails to reflect the vital contributions of disability support workers and their care workforce peers. This misalignment creates a cascade of challenges: workers must juggle multiple positions across different organisations to earn a living wage, increasing workplace health and safety risks through extended shifts and complex scheduling.

These frontline workers navigate an increasingly complex landscape where clinical demands, administrative burdens, and legislative requirements intersect. The resulting pressure creates what industry experts describe as a 'dire' impact on workforce wellbeing, while simultaneously compromising service quality for clients. Leadership teams, consumed by immediate staffing crises, lack the capacity to implement long-term workforce development strategies. Moreover, traditional mentoring relationships between experienced staff and newcomers have eroded, contributing to declining job satisfaction across all levels. This toxic combination of individual workload pressures, organisational stress, and inherently challenging work creates an environment where burnout and high turnover become inevitable. (Roberts et al., 2021)

These challenges must be viewed within the broader context of systemic under resourcing in Australia and global competition for care workers. As HumanAbility notes, "Further efforts will be required to increase the attractiveness of the sector, and recruitment and retention of workers in the long-term care sector to avoid a sharp increase in unmet needs and workforce shortages."(Buchan, 2024)

Building a sustainable care economy is fundamental for Tasmania's future, particularly given its ageing population. The Care Workforce Archetypes Study helps to address this challenge by amplifying frontline workers' voices, documenting their experiences, and understanding their motivations. Through these insights, leaders can develop targeted strategies to make care work more attractive and sustainable for future generations. This project aims to reshape the narrative around care work by highlighting the complex skills and deep integrity of frontline workers, ultimately improving recruitment and retention in Tasmania's vital community services.

INTERNAL MARKETING ORIENTATION: A STRATEGIC APPROACH TO WORKFORCE RETENTION

7 INTERNAL MARKETING ORIENTATION: A STRATEGIC APPROACH TO WORKFORCE RETENTION

1. The Strategic Value of Internal Marketing Orientation in the Care Economy

Internal Marketing Orientation (IMO) represents a strategic approach that views employees as internal customers, emphasising the cultivation of employee engagement and satisfaction as fundamental drivers of organisational success (Naudé et al., 2003). Originally introduced as a tool to enhance service quality, IMO has evolved into a comprehensive framework that aligns internal processes, communication, and resources to ensure employees are motivated, informed, and equipped to deliver exceptional customer experiences.

In the community services industry in Tasmania, IMO can become a critical strategy in workforce retention and service quality improvement (Cano and Sams, 2009). The dynamic nature of care work demands an orientation where governments, peak bodies, and service providers recognise that client satisfaction is intrinsically linked to the fulfillment of frontline workers' needs and aspirations. This recognition establishes a clear connection: when organisations prioritise their internal customers (frontline workers), they ultimately enhance the quality of care delivered to service users. Successful implementation of IMO can manifest through various workplace initiatives:

- Employee Empowerment: Creating opportunities for frontline workers to participate in decision-making processes, fostering a sense of ownership and control over their care work environment.

- Professional Development: Investing in comprehensive training and development programs that enable all care workers to expand their capabilities in line with care work archetypes and explore new care work domains.

- Supportive Environments: Cultivating a workplace culture that demonstrates genuine commitment to frontline workers through abundant social support and resources.

- Relationship Building: Facilitating meaningful and energising relationships within the organisation, contributing to positive job perceptions and cognitive engagement.

2. The Bottom-Up Approach to Internal Marketing Orientation

To effectively devise and implement internal marketing strategies, organisations must:

- Conduct comprehensive workforce profiling through deep-dive analysis — such as by using this Care Workforce Archetypes framework and tool.

- Gather nuanced knowledge directly from frontline worker perspectives.

- Understand care workers' motivations, values, and personal meanings attached to care work.

- Design inclusive and empowering care work cultures based on these insights.

A well-executed IMO strategy delivers multiple benefits such as enhanced workforce retention through improved job satisfaction, stronger organisational alignment with mission and values, elevated quality of service delivery, client satisfaction and sustainable growth and development of the care economy.

Overall, this strategic approach bridges the gap between internal organisational culture and external market success, positioning employees as critical stakeholders in driving sustainable growth while ensuring the delivery of high-quality care services. Such efforts not only improve workforce retention but also enhance the societal and market perception of community services work, positioning it as an attractive career choice for future generations.

LOOKING INTERNALLY: UNDERSTANDING CARE WORK THROUGH THE LIVED EXPERIENCE APPROACH

8 LOOKING INTERNALLY: UNDERSTANDING CARE WORK THROUGH THE LIVED EXPERIENCE APPROACH

People naturally want to find meaning in their lives, a concept known as the "will to meaning" (Lips-Wiersma and Morris, 2009, p. 492). Meaningful work is critical in how people see life as meaningful overall. Individuals often find a sense of meaning in their work when it fulfils a purpose that extends beyond personal interests (Bailey and Madden, 2016). This sense of meaning can arise from vertical transcendence, where individuals feel connected to the divine or sacred, often described as a calling (Madden and Bailey, 2019). Callings are perceived as originating from something beyond oneself and motivate people to approach their roles in a way that emphasises purpose and meaningfulness, prioritising other-oriented values and goals (Dik and Duffy, 2007). Horizontal transcendence refers to a connection with the world in terms of meaningful relations shared with others (Madden and Bailey, 2019). This concept highlights the intersubjective relationship between oneself and others, emphasising how individuals construct their sense of self. Therefore, care workers derive the value or significance of their work either through an inner calling or an outward focus on contributing to the greater good.

Scholars within the humanities (Lips-Wiersma and Morris, 2009) propose that a sense of meaningfulness in work arises from four domains: unity with others, expressing oneself, serving others, and developing and becoming oneself. Specifically, work becomes meaningful when people feel interdependent and united when working with others. Expression of oneself allows for meaningful work through creating, achieving, or influencing. Serving others makes work meaningful in making a difference, and finally, developing and becoming oneself is meaningful through moral development, personal growth, and staying true to oneself.

1. Integration in Care Work

The significance of care work emerges through the dynamic interplay between inner calling and outward service. This integration creates a rich tapestry where personal meaning aligns with societal contribution, making care work uniquely fulfilling. Care workers navigate these dimensions daily, finding purpose through both their individual sense of calling and their tangible impact on others' lives.

The lived experience approach in research emphasises understanding and analysing individuals' personal experiences and perspectives to gain deeper insights into specific phenomena. Rooted in phenomenology, this approach values subjective narratives as a source of rich, authentic data, offering a nuanced understanding of human behaviour and societal issues. By focusing on participants' firsthand accounts, researchers can uncover the meanings people attach to their experiences, which are often shaped by cultural, social, and environmental factors. This approach is particularly valuable in fields such as social work, healthcare, and education, where it enables the development of policies and practices that are more attuned to the realities of those directly affected. Lived experience is also a significant driver for people entering care work as the personal narratives of workers is deeply intertwined with their career motivations. The Lived Experience workforce, a burgeoning segment of the broader care workforce, demonstrates that by incorporating and valuing lived experience there can be real world benefits for both the givers and receivers of care. Ultimately, the lived experience approach fosters empathy and inclusivity, ensuring that marginalised voices are represented and acknowledged in research outcomes and in ethical industry practices.

METHODOLOGY

9 METHODOLOGY

This study adopted a qualitative approach to explore how frontline workers in care-related services perceive 'care' and to identify key archetypes of care workers. By emphasising personal experiences and social contexts, qualitative methods provide a comprehensive understanding of participants' perspectives (Morehouse, 2011). A single-case, phenomenological methodology was employed to gain in-depth insights into frontline workers' real-life experiences within care work (Eisenhardt, 1989; Verleye, 2019; Yin, 2009). Phenomenology offers a lens to explore phenomena from the viewpoint of those experiencing it firsthand (Creswell and Poth, 2018; Neubauer et al., 2019), focusing on the relationship between frontline workers and their environments, which shape their perceptions and realities (Lopez and Willis, 2004; Neubauer et al., 2019).

The Tasmanian community services industry was selected due to its anticipated need for thousands of additional workers over the next decade to meet growing community demands (TasCOSS, 2021). Contributing factors such as Tasmania's ageing population, high disability rates, geographic isolation, and competitive labour market conditions made this context particularly relevant for the study. Understanding frontline workers' perceptions of 'care' is crucial for developing strategies to attract and retain these workers.

1. Participant Recruitment

Participants were aged 18 or older and resided in Tasmania. The study included 40 frontline workers from the four sectors of aged care, disability, education and care and social services within the Tasmanian community services industry. Table 1 provides a breakdown of the participant types. Participants were selected using a combination of random, snowball, and convenience sampling methods (Creswell and Poth, 2018). Recruitment was facilitated through service providers, peak body organisations, and the Workforce Coordination Project, which is funded by the Tasmanian Government. This project, in collaboration with partner organisations aimed to support strategic development within the four sectors. Gatekeeping organisations distributed information for potential participants through flyers, email, social media, and newsletters. Participants volunteered after receiving clarification on the study's purpose and providing signed consent forms.

SECTOR	CARE WORKER TYPE
Aged Care	9
Disability	11
Education and Care	9
Social Services	11
TOTAL	40

Table 1: Participant Information Table

2. Data Collection and Analysis Approach

Data collection involved conducting open-ended interviews with current frontline workers in Tasmania. The interviews, lasting 45 to 50 minutes, were conducted online and generated up to 2,150 minutes of data. Participants were compensated for their time with $50 grocery vouchers. All interviews followed a protocol, were audiotaped, and transcribed verbatim, resulting in a total of 1,440 pages of transcribed data. All participants were given the opportunity to read through their transcripts and change, clarify, withdraw or approve the use of their data.

Frontline workers' interpretation of 'care' in care work	Frontline workers' motivations for care work
Meaning of care work – identity and its manifestation in their care role towards clients and co-workers	Barriers to performing care work in alignment with their self-interpretation of meaning in work

Figure 2: Aggregated Top Level Themes

The interviews began with general questions about participants' work experiences, followed by inquiries into how they interpreted the meaning of care and how this influenced their approach to client interactions, and their work more broadly. Participants also discussed rewarding and challenging experiences, sharing their emotions and reflections on those moments. The interview protocol was adjusted as necessary to suit individual participants.

The data was analysed using a hybrid thematic approach, combining both inductive and deductive methods (Proudfoot, 2022). Inductive analysis was used to generate codes and explore the meanings of care, while deductive analysis employed a structured framework of meaningful work to organise and interpret the data. This analytical approach allowed the research to uncover shared experiences among frontline workers and to answer the study's research questions (Creswell and Poth, 2018). Figure 2 represents aggregated top-level themes develop during analysis.

3. Trustworthiness in Qualitative Research

To ensure the trustworthiness of the findings, the study employed techniques grounded in Lincoln and Guba's (1985) and Guba and Lincoln's (1994) criteria for credibility and transferability. Credibility refers to the believability of the data interpretation (Denzin and Lincoln, 2005; Wallendorf and Belk, 1989), and was strengthened by the researcher triangulation provided by the varied expertise and theoretical perspectives of the authors (Lincoln and Guba, 1985; Miles and Huberman, 1994). Transferability, or the applicability of the findings to other contexts (Denzin and Lincoln, 2005; Krefting, 1991), was achieved by collecting data from participants across the four sectors within the Tasmanian community services industry, ensuring a diverse and comprehensive understanding of the subject matter.

RETHINKING MEANING OF 'CARE' IN CARE WORK

10 RETHINKING MEANING OF 'CARE' IN CARE WORK

A frontline worker CARE role involves activities designed to nurture, defend, and empower clients, co-workers and communities. These activities prioritise providing care that is respectful, inclusive, empathetic, and supportive, by addressing individual and group needs that promote and fulfill wellbeing outcomes.
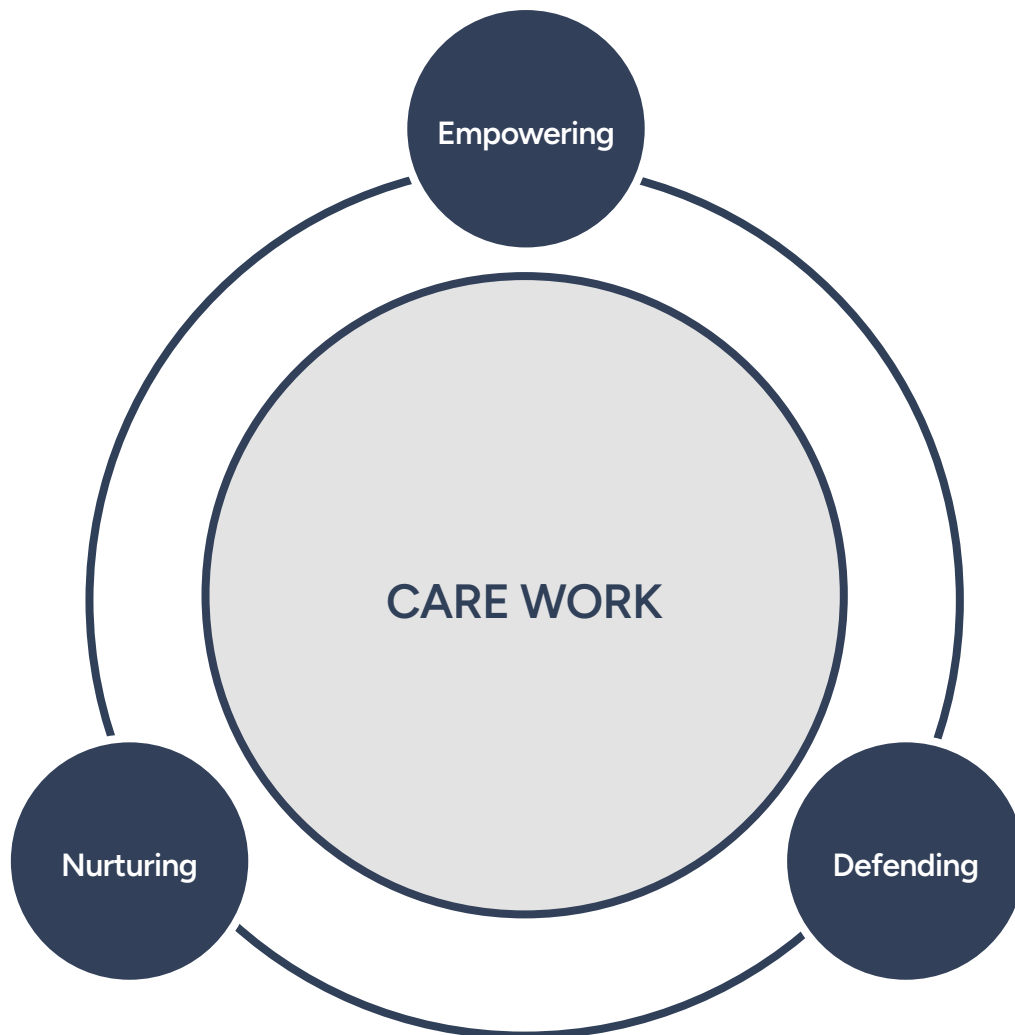
FIGURE 3: RETHINKING MEANING OF CARE

Care is essential for the effective functioning of society and constitutes a fundamental aspect of human existence (Engster, 2005). It encompasses attentive interest, concern, and the subsequent actions resulting from this interpersonal engagement. The data in this study shows that frontline workers perceive care as providing support and empowering clients. Frontline workers exhibit this support by offering relevant resources. Consequently, care is conceptualised as an approach that addresses clients' needs and aids them in achieving their goals through respectful relationship, practical assistance and interpersonal support. Health empowerment theory, often applied in healthcare contexts, acknowledges the importance of personal and social-contextual resources that are key to enhancing health and wellbeing (Shearer, 2009). Personal resources pertain to individuals' unique attributes, whereas social-contextual resources encompass support from personal social networks or social services.

The findings suggest that frontline workers who conceptualise care as supportive and Empowering are inclined to assist clients in making their own choices. They may leverage their personal resources, such as individual strengths and capabilities, to facilitate this process. Below, Grace describes her approach to supporting a palliative client in daily activities while allowing him to maintain independence. Additionally, they can provide social support by fostering connections within their organisation or by actively listening to clients and directing them to external community resources to assist them further. In the second example below, Ellen describes how she listens to clients' life experiences and stories and provides resources, an important aspect of caring. Sarah, the third example, also talks about providing material resources to support the learning needs of children in her role.

> **"Even in end-of-life care, it is still based around goals. And those goals might even just be to go to the shop, or to wash their own hair, or like, I did a bit of palliative care work just after my son was born. About four months, and my main focus at that time was to give the participant as much independence as possible, as many opportunities to go on big shopping trips, where he bought things that he didn't need but he wanted and just enjoy himself and not worry about consequences…"**
> - Grace (Disability)

> **"I think it's because each different person that we speak to is going through something different or has a different perspective on life or different life experiences, and it's a real privilege to be able to hear their stories, to try and make things maybe just a little bit easier for them, whether we're providing advocacy or resources or listening, just for them to have somebody to listen to and understand and provide empathy."** - Ellen (Social Services)

> "So I like seeing children being very creative in how they play with others or even play with different resources.... So whenever I prepare an activity... I will think how they're going to interact with these materials or resources, but once I give those resources to them, they always have very creative thinking to interact with materials that really sparkle me in the way of thinking."- Sarah (Education and Care)

Some participants characterise caregiving as Nurturing – an expression of love. Care workers are often described as 'prisoners of love,' as they deliver emotional support of love and labour (England, 2005). In the context of healthcare, the notion of love is associated with a sense of solidarity and unity among caregivers and recipients (Adib-Hajbaghery and BolandianBafghi, 2020). Additionally, intrinsic motivations rooted in love and joy are prevalent in early childhood education, where a deep affection for children and the responsibility of instilling love in their lives are fundamental aspects of the role (Ruetschlin and Genç). Love, as a positive emotion, can encourage prosocial behaviour, prompting individuals to assist both close friends and distant acquaintances (Cavanaugh, Bettman, and Luce, 2015).

The development of professional love is a gradual process that often leads to lasting and mutual relationships (Page, 2018). A characteristic of love labour is that it involves relationships of dependence and interdependence, as well as dynamics of giving and receiving, with a focus on others (Lynch, 2007). Love allows individuals to foster a broader range of thoughts and actions, helping them build resources they can rely on in times of need. For instance, clients can form enduring friendships or feel motivated to learn new skills to achieve their goals, inspired by the love present in their interactions with the frontline worker (Fredrickson, 2001). In the following interview data, Leah articulates an understanding of love as a fundamental care component, underscoring its significance as an inherent aspect of humanity. In the second quote, Megan elaborates on the necessity of addressing children's needs and ensuring their sense of safety, reinforcing that love is integral to effective care for them.

> "I see that we all have the responsibility to take care of one another, not just a sense of humanity, so yeah. I think care and that sense of love. I feel like that love is very important in terms of a sense of humanity, but I also try and use humour and be playful sometimes at work, and yeah."
> - Leah (Social Services)

> "So, care to me in the work life is just caring for someone, making sure they're safe, making sure they're looked after, making sure they're fed, making sure that all their needs are being catered to...I think it started when I had nephews and babies, and then from there, love, you want to look after them...We want to care for them, we want to make sure they're okay and being looked after." - Megan (Education and Care)

Some participants perceived caring as a means of Defending—upholding respect and integrity towards their clients. These frontline workers emphasised the significance of enhancing their clients' dignity. The concept of dignity calls for an acknowledgment of worth and a concomitant expectation that we should treat people appropriately, with respect for their worth as people (Gallagher, Li, Wainwright, Jones, and Lee, 2008, p. 9). Exercising care with dignity necessitates maintaining appropriate boundaries and allowing clients to take on greater responsibility for their own care. Additionally, it is essential to ensure that all recipients receive equitable care by also facilitating self-care and personal accountability. The data indicated that these frontline workers regarded their clients as valued individuals. Their approach involved careful choice of language, empathy, and a deep understanding of each person as unique (Gallagher et al., 2008). Practices that prioritise care and dignity ensure recognition and social visibility, which in turn contribute to the confidence and self-esteem of individuals (Clancy, Simonsen, Lind, Liveng, and Johannessen, 2020). This individual dignity also contributes to social cohesion and functional communities. Participants Mary and Leah reflected on maintaining distance and space as part of caring for the client, reinforcing the importance of maintaining independence. Hanna also reinforced the importance of respect by acknowledging individuals in interactions as part of caring.

> "... But then you had people that were either older than us or anything like, "You do a great job caring for him." I think that's why that word doesn't, because I'm not caring for him. I'm just hanging around with him, listening to what he wants to do. Caring took a different path for me to what probably most people see as care." - Mary (Disability)

> "So, I think care is really that mutual respect, and providing space, and building a therapeutic alliance with care inbuilt to that, that allows people to choose what's going to work well for them, rather than that paternalistic form of care." - Leah (Social Services)

> "Everyone needs a little bit of attention. So, for me, as care, it's just pop in and say, "Hello, how are you today," even if I'm not working this ward today, I can see this person looking into my eyes and smiling at me. I cannot just walk straight and just, "Don't look. Don't look." No, I never do this. For me, it's giving some part of your life or your feelings for others." - Hanna (Aged Care)

Care work involves far more than mere "touchy-feely" interactions for frontline workers. It is deeply rooted in strong personal values such as respect, inclusion, and fairness, with a focus on making a meaningful difference in clients' lives. Care work embodies frontline workers' understanding of their clients' diverse and holistic needs, and the challenges they face, to support their wellbeing. Frontline workers engage in self-reflection and uphold core beliefs about care that guide their approach to service delivery.

CARE WORK ARCHETYPES

11 CARE WORK ARCHETYPES

Archetypes are symbolic representations of characters or entities that embody the most prominent traits of a particular type (Morris and Schmolze, 2006). They serve as a tool to understand shared characteristics while also highlighting key distinctions between individuals or groups (McGraw, Russell-Bennett, and White, 2020). Grounded in theoretical frameworks, archetypes explain how and why individuals act in specific ways by personifying behaviours, motivations, and core beliefs (Wall and Singh, 2018).

Archetypes originate from instinctive and unconscious sources, giving rise to powerful and universally recognisable myths, typologies, and narratives. These have been integral to human history, guiding behaviour, shaping decisions, and providing a sense of identity and purpose. Archetypes also help individuals connect more deeply with their own motivations and aspirations, making them potent tools for fostering self-awareness and goal alignment.

In practical applications, archetypes are widely used in marketing to drive desire, cultivate brand loyalty, and build meaningful connections with target audiences. They offer clear and relatable frameworks to engage individuals by tapping into intrinsic motivations. In the context of the care economy, leverageing archetypes for recruitment and retention represents an innovative approach. This method not only aligns workers with roles that resonate deeply with their values and motivations but also unlocks dynamic potential, ensuring both individual fulfilment and organisational success.

To illustrate these archetypes within the care economy, we drew inspiration from nature, aligning each archetype with natural elements that reflect their inherent qualities and contributions.

This conceptualisation links each archetype to the nurturing and sustaining qualities of nature, reflecting the profound role these care workers play in fostering care, growth, and connection. By aligning archetypes with universal elements, the framework becomes both relatable and pertinent, resonating with the intrinsic motivations of care workers and enabling a deeper understanding of their contributions to the care ecosystem.

SYSTEM WARRIOR – FIRE:

Represented by the transformative power of fire, a System Warrior possesses the passion and ability to alter structures and systems in meaningful ways. Their drive ignites change and fosters innovation to enhance care delivery.

IDEALIST – DIAMOND:

Symbolised by the strength and clarity of a diamond, an Idealist embodies unwavering integrity and a pursuit of excellence in the ethics of care. They set high standards for quality and uphold their values with resilience and determination.

BRIDGE – RAINBOW:

Represented by the vibrant and inclusive nature of a rainbow, a Bridge unites diverse individuals and fosters inclusion. They create connections, integrate others into communities, and nurture relationships that promote belonging and mutual understanding.

PHILOMATH – GROWING PLANT:

Symbolised by a young, thriving plant, a Philomath embodies growth and self-reflection. They are continually evolving, refining their skills, and seeking knowledge to deliver better care.

CREATOR – WATER:

Represented by the fluid and transformative properties of water, a Creator is dynamic and imaginative, capable of washing away outdated routines and systems to pave the way for innovative ideas that enhance care practices.

BRIDGE

FOSTERING CONNECTIONS AND EMPOWERING CLIENTS

A Bridge is a community-oriented individual. Bridge believes in caring for marginalised people and being able to contribute to the community that translates into both work and personal activities. Bridge enjoys connecting people and providing pathways and solutions.

KEY ATTRIBUTES

- Community-mindedness.
- Focus on building client agency.
- Advocates social inclusion.
- Support building team professional capacities.
- Team player.

MOTIVATION OF CARE WORK

- Enjoys creating safe spaces for clients.
- Values empowering clients.
- Work towards client inclusion and access.
- Bringing people in the community together.
- Build capacity and agency.

PAINPOINTS

- Finds the upstream work and pushing through broken or dysfunctional system issues difficult.
- Challenged by high emotional labour when providing compassion to other and bridging to communities through care work.
- Face conflicting priorities and deciding boundaries in their work.

INTERPRETATION OF CARE

- Care in empowering through links in the community.
- Care is advocating for others.

MEANING OF CARE WORK FOR A BRIDGE

A Bridge perceives their role as a care worker to involve looking out for their clients and integrating them into the broader community. They strive to act as facilitators and advocates for their clients, believing it is essential to create connections by voicing client needs within the community. By embedding their clients in social networks, they aim to empower them, reduce social isolation, and provide them with a sense of belonging and purpose. Social connectedness is defined as the subjective awareness of interpersonal closeness with others (O'Rourke et al., 2018). This feeling of closeness significantly contributes to an individual's sense of belonging and is influenced by the social distance from others (Lee and Robbins, 2000).

Viewed as the opposite of loneliness (O'Rourke et al., 2018), social connectedness is considered a basic human need (Lee and Robbins, 1995; Townsend and McWhirter, 2005). Depending on the type of care role they are performing i.e. whether direct client-facing or team-facing the Bridge believes that nurturing interactions and relationships with both clients and peers are crucial for success in the role. By seeking and providing opportunities for interactions, they establish social connectedness and networks for and with their clients. Their core motivations include building the capacity of community groups, clients, peers, and other team members to feel included, sharing values through connections, and fostering interpersonal relationships.

Additionally, a Bridge aims to be approachable and to support individuals in accessing the resources they need. They work to break down silos and barriers within teams and between services and organisations that may be non-inclusive when dealing with clients whose circumstances are not well understood by their peers. The role of a Bridge is to build capability, awareness, and confidence within their team to enhance client support and to build agency among both peers and clients. They believe they create safe spaces for clients, peers and community members.

1. **A Bridge Feels That Their Priority Is Empowering Clients**

    "So it's a really varied role, which is what I love about it. It really brings together education, community, people skills and just a huge variety of social work. So yeah, we basically set up the play space and parents can arrive anytime from 8:30. There's core four of us who work in the building and we can have anyone arrive purely for a play date and a bit of a chat through to someone arriving in crisis needing housing or support with finding a house that night through to referring a child through for additional support through to talking. Yeah, it really is just everything.

And amongst that, we run programs. So parenting programs and we empower parents to become parent facilitators. So that's a pretty exciting part of what we do as well. So along with play groups and music therapy and all that kind of thing as well. So it's like a hub in the community, I guess." - Allegra (Education and Care)

2. **A Bridge Enjoys Working For Client Inclusion And Better Access to Services**

"It's something I always had as a child. I love interacting with people and I love creating a kind of bond. Yeah, I don't like seeing people being stigmatised, left out. People being, oh, because you're disabled or because you are older adults. So I mean, I don't just seeing them getting stranded so it was driving me that I felt that I should also play a part in this kind of groups. Yeah." - Winwick (Aged Care)

3. **A Bridge Likes Building Capacity And Agency Among Clients And Co-Workers**

"The main part of my role is building the capacity of community: groups, members, businesses, mainstream services. That's my main focus is building inclusion and everyone's capacity to be inclusive". ...."When people don't need me anymore. If I'm doing a good job, they won't need me. I always work to do myself out of a job type thing.

To have built someone's capacity up that they can go, ..."Yeah. I don't need to come and have a chat anymore. I don't need you helping me anymore." That's probably the best part" - Mary (Disability)

4. **A Bridge Aims To Create Safe Spaces For Clients During Community Engagement**

"Yes. It's probably being that person out in the community that hopefully everyone can relax with. That'll come and ask me the questions they may be frightened to ask anybody else, and answering them the best I can. If I can't, if I don't know the information, I will find them information, follow up and have conversations with them"
– Mary (Disability)

"Empower the people you work with. It's about clients or it should be about the clients. It is not about how much money we can get out of the system. This is an insurance scheme at the end of the day, but it's about building their capacity to do more. Because if they can do more, then there's going to be more money for everybody. But you've got to do it the right way at the right time." - Laura (Disability)

CHALLENGES FOR A BRIDGE

- The Bridge finds upstream work and pushing through broken or dysfunctional system to be the hardest part of the work.

- The Bridge often finds themselves in 'fixer' roles, that leads to burnout and takes them away from building networks and their broader focus on building capacity and community development.

- The Bridge can be challenged by high emotional labour when providing care to others while trying to connect and help people access rights and resources, embedding them in communities, or supporting peers and clients build confidence as they navigate care work.

- The Bridge is often left with a feeling of being misunderstood by system hierarchies because they seek equality and connection.

- The Bridge can become disengaged at work because of system challenges when advocating for robust support networks in their workplaces.

- They may face conflicting priorities and struggle with setting personal boundaries between work and home.

SYSTEM WARRIOR

ADVOCATING FOR HOLISTIC
CHANGE IN CARE WORK

A system warrior is an individual who understands small changes are necessary to create system change. They have a pragmatic approach and understand their impact is minimal in frontline roles, which is why they are eager to progress to higher career levels to drive system change.

KEY ATTRIBUTES

- High upstream and downstream system knowledge.
- Good knowledge of connection between system and client service experience.
- Value procedural justice.

MOTIVATION OF CARE WORK

- Seeing the bigger picture and framework for system change.
- Having the opportunity to make improvements in the system for client agency.
- Voicing and working to disrupt the status quo.
- Create choices for clients for fairness.

PAINPOINTS

- Perceptions of system warriors e.g., disruptive.
- Need support from hierarchies to act as change agents.
- Feel burnt out due to the pace of change.
- Managers view of them as opposed to their self-perception as change agents could lead to demotivation.
- Lack of resources to bring about changes in the system.

INTERPRETATION OF CARE

- Care is advocating.
- Caring is reshaping client lives through process and system improvement.

MEANING OF CARE WORK FOR A SYSTEM WARRIOR

A System Warrior believes that their role in care work should focus on creating systems that benefit both clients and peers within the system. They can perceive their individual roles in care work in terms of the whole system rather than a focus on individual parts. This perspective allows them to articulate how their individual contributions impact different levels of the community services system. A pragmatic approach to change is a hallmark of this archetype. System Warriors support clients by fostering an environment built on mutual respect, recognising that relationships between the system and the individuals within it are essential for progressive and sustainable service delivery. They strive to understand processes before initiating disruptions, giving them a holistic approach to care work. When they encounter redundant procedures that do not serve their role or negatively impact clients, they are more likely to demand adaptation and change those processes rather than asking clients to change.

This archetype emphasises the greater good for the entire system. System Warriors are also motivated to design systems that provide beneficiaries with more choice and agency — a form of a framework builder. They can be seen as agents of change, working at all levels to enhance the welfare of the clients, and communities, they serve. Their foundational values include justice for all, equal opportunities, and the pursuit of the greater good. They believe it is possible to create an accepting environment that offers choices and promotes peaceful coexistence.

Due to their unique attributes and expansive viewpoint, System Warriors have an advantage in driving institutional change. They can shape their contexts and continuously reshape themselves through their interactions and inclusion within the systems they influence (Burns and Nielsen, 2006). They demonstrate initiative and leadership, understanding that even small actions are necessary to foster system change. Furthermore, System Warriors recognise that their impact may be minimal in frontline roles, which motivates them to aspire to career levels where they can more effectively drive system change.

1. **A System Warrior Has A Deep Understanding Of The Impact Of Systems In Care Work**

    "And that I knew deep down what we were doing, I could see the bigger picture that no, this is how we need to operate. This is how we need to conduct. The reason why people think it's not working in this setup is that because you're unfortunately dealing with outdated structures and those structures are going to change. It has to be a longer term. To

summarise, I didn't change my practice just because I saw some pretty horrific old school practices. I just kept chipping away."
- Sarge (Disability)

"Professionally I have reflected on this in terms of how systems care versus how... So, a systematic understanding of how we care for people. It's not straight up altruism, it's not... But it's about creating systems that are very much not doing any harm to people. That includes the staff, as in an organisation and the client to client. So, when I think of care, for me, I think bigger picture for some reason, it's just where my brain goes. Then in my daily life or work or however you want, so care is around trying to listen to what people need and offering appropriate care, safe care." - Leah (Social Services)

2. **A System Warrior Has A Willingness To Create Equitable Systems Through Collaborations With Others Especially Their Clients**

"No, I think it doesn't stop my passion in working on this, not at all, but it definitely give me more push to work upstream, give me more motivation to work on a policy level, on a structural level, rather than on the micro level versus a macro one. Yeah, it's just because I see how those big systems can... A lot of people fall through the gaps of social services. I see myself a pretty good practitioner in the community, but if I can't get through those systems sometimes, I can't imagine a person who haven't been to school, illiterate on their own, low income, multiple issue can go through this on their own, and that is not a country that I want to live in." - H (Social Services)

3. **A System Warrior Is Willing To Work Towards Disrupting The Status-Quo In Care Work**

"So I'm working on a lot of data side of things, look at policy procedures, which obviously the depth wouldn't touch individual level as much as the work that I'm doing, but the breadth of the impact will be so much wider than what I'm doing. So, back to your question, I wouldn't particularly say it's a big efficient or less efficient. It's just a different perspective in terms of the depth and the breadth."
- H (Social Services)

"And I think a lot of the time, it's also about changing... Not necessarily changing, but opening up mindsets as well of others. ... In the past, we've had children that need creams and things, so we've gone and purchased those creams so that that child has them. We've had a conversation, obviously, with the parent first, and then been able to provide them with a tinea cream or something if they've had tinea on their feet, or something like that.

> Sometimes, they [the educators] have a closed mindset of, "Well, that's the parents' responsibility." And so sometimes, it's shifting that to, "Well, we're working in partnership with the family, so we're doing it together. It's not just solely on the parent." - Rachel (Education and Care)

4. A System Warrior Believes Their Role Should Create Choices For Clients And System Change Which Equates to Justice

> "I like breaking down a few problems or reservations, or things that they have. For instance, one of my clients could never make a decision to save herself when I... Like a small one, big one, doesn't matter, couldn't make them. And over the years I've seen her get brave and make a decision, voice her opinion or her choices of what she wants to do. I like that. I like the fact that with my help, she's able to live in her own home." - Veronica (Disability)

5. CHALLENGES FOR A SYSTEM WARRIOR

- System Warriors perceive powerful actors who want to stop service delivery flows as restrictive and difficult to upwardly manage, yet they try to do so.

- System Warriors need support from hierarchies to act as change agents and they would prefer to do this alongside leaders and managers.

- System Warriors can feel burnt out due to a slow pace of change as they try to support clients in just ways.

- Advocating for change across different levels of the system can lead to frustration and impact their intention to continue in the workforce if they don't experience structural change. Acknowledging small changes supports System Warriors to continue.

- There can be conflicts of perception on how their managers view them as opposed to their self-perception as radical change agents. This could lead to demotivation.

- Lack of resources (e.g. funding, training, inappropriately designed systems) to impact change for beneficiaries' is an important and ongoing challenge and one they seek to confront head on. This requires a lot of personal energy and passion.

IDEALIST

UPHOLDING INTEGRITY IN CARE WORK

An Idealist holds strong views, values about certain care practices and strives to maintain integrity and conduct their work according to these principles.

KEY ATTRIBUTES

- High on personal integrity.
- Seeks authenticity in care work.
- Self-discipline.
- High responsibility towards their work.

MOTIVATION OF CARE WORK

- To maintain self-respect, integrity and personal dignity.
- Demonstate integrity in care work.
- Work towards ideal service delivery standards.

PAINPOINTS

- Working within systems that don't appreciate the value of good work ethics.
- Toxic work cultures.
- Mismanaged service systems by senior managers.
- Work designs and portfolios that restrict practicing their work ethics.

INTERPRETATION OF CARE

- Care is empathy.
- Care is the provision of service excellence on key values.

MEANING OF CARE WORK FOR AN IDEALIST

An Idealist has high expectations of themselves in their role as a care worker. They possess strong integrity and a solid work ethic, which they consistently uphold in service delivery to clients. The importance of employee integrity significantly influences job performance (Cullen and Sackett, 2004). However, few employees truly appreciate the responsibility of promoting integrity (Baxter, Dempsey, Megone and Lee, 2012), often overlooking that integrity is a vital component of productive work relationships (Cameron, 2003). Barnard, Schurink, and De Beer (2007) define integrity as the ability to judge and evaluate oneself against universal values and principles. Baxter et al. (2012) describe integrity as the wholeness of character, encompassing ethical values, identity, consistency, transparency, openness, and a commitment to stand for something. This can be seen as an internalised set of values and principles that guide one's actions and decisions (Lennick and Kiel, 2005).

Idealists often reflect on their personal integrity and its connection to care work. They are very mindful of their actions and impact on clients, demonstrating a high level of responsibility for their clients' wellbeing. They find it challenging to participate in substandard service delivery processes. In their care work, idealists are self-reflective. Due to their elevated self-expectations, they view their work as a pathway to gain self-respect, dignity, and emotional and spiritual fulfilment. They are committed to their own standards of care, allowing these values to guide them when supporting client wellbeing. With a clear understanding of their personal values and the meaning of care work, idealists can articulate their role and the design of the services they offer.

Elements of integrity in care work—such as empathy, authenticity, compassion, intolerance for sub par service design, fairness, a focus on quality, self-discipline, and a sense of role responsibility—are expressed by idealist archetypes. Because of their personal standards of work integrity and self-expectations, they tend to evaluate others against similar standards. Idealist Archetypes are self-driven hence they have high resilience to keep going even in trying times.

1. **An Idealist Is Willing To Engage In Care Work That Provides The Opportunity To Maintain Self-Respect, Integrity And Personal Dignity**

   "After being there for quite a while, probably 12 months I was there, I realised that my values didn't align with the organisation's values. So I resigned without a job to go to or anything like that. But it was just for me, that was a big thing to wherever I'm investing time in a workplace to ensure that my values align with the organisation's values. So there were challenges that I had around policies around diversity and equal opportunities that there weren't policies within that space. And just

several other things that I thought look, you know, I really had to dig deep and make some really hard decisions. But as I said, it was my integrity really, that I needed to that I value, my integrity, and what I do and the reason I do it for so I resigned." - Camila (Disability)

2. **An Idealist Loves To Define Their Own Work Ethics And Are Guided By Them In Work With Clients**

"Well, I'm a people's person, and I just get a lot of satisfaction out of feeling like I've been able to help someone. I guess it probably sounds a bit silly. But yeah, no, I do actually feel like I've... And that's where the 9:00 to 5:00 job of working in banking was missing. Yeah, it's not the same. I want to feel like I'm making a difference. And I guess throughout my life, being in some hard places where I felt very vulnerable and haven't known where to turn, it's nice to be able to give back."
- Caroline (Aged Care)

3. **An Idealist Demonstrates High Levels Of Integrity In Service Delivery**

"It's about your integrity. It's not promising things that you can't do or... Yeah it's a fine line because on one hand you don't want to destroy hope, but on the other hand, you have to be... Yeah, Integrity about what you know If you say you're going to do something, doing it. To me, it's also about being very professional, treating everybody with respect, and also knowing the power of the situation where you can take a huge amount of courage to make contact, and you know any flippant comment or remark has the break to, the potential to have quite big different impacts on a client." - Jane (Social Services)

"But I also say to staff, "Remind the client that they need to be respectful of you as well." It's a two-way street. You treat a client with respect. You are hopeful they will treat you with respect back. So it's hard work. It's sometimes not grateful work. Sometimes people aren't nice. But often, you are the link that keeps people going. You help people to stay at home. You help people to be able to have yet another day on this earth enjoying the beauty of this world." - TG (Aged Care)

4. **An Idealist Has Low Tolerance For Sub-Par Service Design**

"And it forced me to say, "Look, I'm not trying to be difficult. I'm merely setting healthy boundaries for myself." Because sometimes if you give them an inch, they'll take a mile. It's just certain people in the rostering. They might put you 15 minutes, half an hour over where your cut-off time is without asking you, and that annoys me. Like, ask me, maybe I'll be available. But that's been sorted. I don't want to end up being resentful. Yeah. I don't like people trying to coerce me into doing things or assuming." - Emma (Aged Care)

"And just being able to let people know that even though we have these titles of educator, casual, room leader, we're all equal. It doesn't matter where you are on the ladder, we're all equal. We're all doing the same job. Outcomes are exactly the same. We want the best for the children. Just because some educators, and I've been in this position before where some room leaders are up here and everybody else is down here. So to bring them together, I think that's how a team works best."
- Kelly (Education and Care)

I still stay in contact with those certain people that I studied with. And they found that in the nursing homes, because you are so busy and there's so many clients with high needs that you can't offer that emotional support or just sit and have a chat with someone when they really need it. That's when you start to see all these behaviours in nursing homes, the toileting behaviours or they might become angry and you see all levels of, in our industry we call it behaviours. But you do tend to see that because they have unmet needs. And it's frustrating when you're trained in that area and you feel you can't do your job properly. Whereas in community care, you really get that extra time to be able to do your job properly. You feel fulfilled. - Caroline (Aged Care)

5. An Idealist Tends To Evaluate Others Through The Lens Of Their Personal Values

"And this is where I see a lot of people have the wrong lens on. And they might be in a caring role because they're meeting their own need, rather than the needs of the people they're caring for. So I don't think I've ever been a person that's wanted to do everything for someone, I think I've been able to show my care at the level that it's required. But I see in aged care, there's a lot of people that don't do that. And that's not helpful. They're there for the wrong reason. So their, their idea of care was probably different to mine, it's been, you know, very hands on and doing things for them and trying to stop them suffering at all or, you know, whatever it may be. And we can't do that, because we're all responsible for ourselves at the end of the day." - Fiona (Aged Care)

6. An Idealist Can Clearly Articulate What Kind Of Care Role Fits Them

"Leading with heart, for me, I feel it aligns with Brené Brown, and leading into vulnerability and having integrity. Knowing when you've got things wrong or you've made a mistake and owning it. Being able to look at cases and people individually. Having flexibility for your team and your staff. Being family friendly.

All of those things for me are leading with heart. I've worked under leadership where it's about power and people who operate, from my previous workplace, if you operate from a position of power over, and instilling fear in your team, then that seems to get you up the chain of command, instead of leading with heart. Yeah." - Ellen (Social Services)

7.   CHALLENGES FOR AN IDEALIST

- Systems that don't recognise the importance of ethics and integrity in care work and in fact display unclear or oppressive practices towards marginalised populations will infuriate Idealists.

- Toxic workplace cultures and mismanaged systems that undervalue integrity, respect and ethical care may cause Idealists to fight back at an organisational level rather than focusing on client work to ensure that proper ethics are reinstated.

- Work designs that make staff feel helpless and restrict care work practices based on integrity will cause Idealists to leave organisations.

- Connecting to other people/teams/peers who work under different constraints, perceived as inferior ethical standards, can be challenging as Idealists are guided by their personal beliefs.

- Lack of acknowledgement and recognition for their integrity in care work by the system can demotivate them and they can feel under appreciated.

PHILOMATH

CHAMPIONS OF CONTINOUS LEARNING

A Philomath actively seeks knowledge and continuous improvement for intrinsic and extrinsic reasons. Their pursuit of learning for growth often presents them with clear career progression pathways. Their intellectual curiosity leads them to reflect on what they do and presents opportunities for strategic decision-making in their work.

KEY ATTRIBUTES

- Highly self-reflective.
- Disposed to innovating service provision.
- Critical thinking.

MOTIVATION OF CARE WORK

- Career progression through professional development.
- Continuous quality improvement alongside others.
- On-going reflection and improvement in care role.

PAINPOINTS

- Roles and jobs that lack clear pathways for career advancement.
- Organisations that do not prioritise continuous learning and innovation.
- Undertaking of mindless tasks.

INTERPRETATION OF CARE

- Care is nurturing.
- Care is identifying development opportunities for others.
- Care is learning to get better at care work tasks for others.

MEANING OF CARE FOR A PHILOMATH

Philomaths are individuals driven by a profound passion for knowledge, high quality practice and a steadfast commitment to continuous learning across diverse domains. They actively seek growth through formal professional development, such as training programs or educational courses, and derive deep meaning and satisfaction from the process of learning and applying that knowledge in the workplace. Exhibiting a natural inclination for intellectual curiosity, Philomaths are often recognised as thought leaders who approach their careers with clear goals and a strategic focus. For Philomaths, the pursuit of knowledge is often tied to improving job performance, advancing career opportunities, or climbing the career ladder to have an impact and make a difference. While many Philomaths prioritise intrinsic rewards from learning, such as personal growth and mastery, they also acknowledge the significance of extrinsic factors like salary levels, linking these to their broader aspirations for a good life. Their thirst for learning equips them to excel in strategic decision-making, where their reflective and informed approach adds immense value to client lives and to organisations.

Philomaths uphold high standards for themselves, viewing self-improvement as essential not only for their benefit but also for the broader impact they can make. They strive to enhance their performance and service delivery for stakeholders, including clients, organisations, communities, or their profession generally. Challenging work environments, diverse responsibilities, and interactions with clients or colleagues continually push them to reflect, adapt, and refine their skill sets and practices. This relentless pursuit enables them to make meaningful contributions and drive positive change. Care workers who embody Philomathic qualities adopt a learning philosophy characterised by optimism and dedication (Hurtz and Williams, 2009). Their active orientation toward learning and the possession of relevant qualifications are key drivers of their pursuit of knowledge and self-improvement (Kyndt and Baert, 2013). By embracing continuous learning, Philomaths not only enhance their own capabilities but also inspire and educate others, reinforcing the value of knowledge as a cornerstone of personal and professional growth and wellbeing.

1. **A Philomath Seeks Developmental Opportunities For Themselves and Others**

   "And I got offered a job with a disability organisation. And yeah, I don't really know what drew me in the most I think it was the interview, they were telling me that they'll use my skills that so say support workers have really diverse skills, because they come from all different backgrounds. We have some support workers who used to do tour guiding, and maybe some who used to be hairdressers. And so, we try

and use the skills of a lot of organisations; if they're what you would call a person-centered organisation, then they very much like to match support workers with participants and use the support workers' existing skills, as well as building on that. I also liked that there is a lot of professional development opportunities in the industry as well."
- Grace (Disability)

"The kids, I want them to have the best outcomes here, learning and care. And then also for me, obviously I have pretty high expectations for myself. I want to finish uni, I want to be a teacher. I want to be able to live the life I want. I don't want to have any boundaries, money-wise, things like that." - Megan (Education and Care)

2. A Philomath Demonstrates Ongoing Reflection And Improvement In Their Roles

"Yeah, I think as I mentioned, the career opportunities is also a big part. I'm doing another course, which is a graduate diploma in early childhood education in care, with University. So, after taking this one-year course, I will be able to be a teacher. ... So, at the beginning, I did my diploma course, so I was qualified as an educator. And now, since I want to learn more, and of course, I'm thinking about the pay rate. So I want to be a teacher in the future so I can have more chance to work with preschoolers. And for that age group, I will be able to do more learning activities with them because they won't need that many nappy changes or nap time. So, we have more time to play."
- Sarah (Education and Care)

"Obviously, child care centers are a mixture of children, not just one or two in a family. So I'm definitely trying to explore what I'd be interested in continuing doing, but I really enjoy seeing them grow in a way and just seeing them develop and giving them good morals as they grow older and things like that. Yeah. I see that a lot. Because they're so young, they can be very influenced, and I feel like it's really important that the carers and educators that look after them understand their impact. I mean, it's really important that we're growing the future children of the world and things. I just think everyone should know that going into it." - Lila (Education and Care)

3. A Philomath Focuses on Continuous Quality Improvement by Learning Alongside Others

"So because I work with children, taking care of them, that's a very big motivation for me to work in this industry, because I like watching them to grow and to shine every day. Even I find a little progress they make every day, especially at this age. They are moving from baby to a... How can I say it? A little person. So they move from the crawling position to walking position, that's so exciting. That's a very exciting moment. So

seeing all these little things happening every day, I think that's the best part of my job. I think I get a lot from them as well. I kind of learning every day with them. I teach them how to share, but at the same time I also reflect the way I interact with others. I think children inspire me a lot every day, so I think taking care of them make me very happy every day." - Sarah (Education and Care)

"When I started, I thought I was going to save souls because that's what we did back then. Anyway, you've been down and you've got better and you're going to tell people what to do and that's probably one of the reasons why I moved away from counselling because I found it so incredibly frustrating that I would actually give people the advice and they wouldn't take it. Oh my god, the insolence of it. But over the years I've just seen people and they're absolutely amazing and learned a bit and I guess I got a bit of humility, which comes as you get a bit older, I guess, or a bit more battered through life."- Daphne (Social Services)

"And then I found that I was taking on leadership responsibilities without a leadership position as a support worker. So, say, I'd get a phone call while I was at home, asking about a participant's medication, or something like that. And not so much medication, but maybe behaviours, strategies, things like that. Because we all had each other's numbers at the time. And I've found that, from that, I thought, well I might as well be in a team leader position, if I'm going to be giving advice to other support workers. And it didn't take long to really get into a team leader position. After I'd made that decision, and then yeah, my career, I guess, just grew from there." - Grace (Disability)

4. CHALLENGES FOR A PHILOMATH

- Insufficient opportunities for personal development and learning will stifle the Philomaths' aspirations.

- Roles and jobs that lack clear pathways for career advancement can be a source of demotivation.

- Tasks that do not encourage critical thinking or allow Philomaths to utilise their specialised knowledge and skills, and share them with others, will be a source of boredom and/or frustration if this forms most of the role requirements.

- Organisations that do not prioritise continuous learning, personal growth and innovation or have a limited future orientation will hinder the Philomaths' ability to progress and cause them to feel uninspired at work.

- Philomaths need to be given the opportunities to learn from theirs and other people's mistakes and find acceptance. Many Philomaths seek perfection, but this is not possible, and a growth mindset needs to be encouraged rather than perfect practice.

- Managers who feel threatened by high level expertise and do not allow Philomaths to share their thought leadership will contribute to low retention rates for this archetype.

CREATOR

INNOVATORS IN ACTION

A Creator is action-oriented and strives to develop, create, or execute initiatives, activities, projects, or programs to improve clients' experiences or deliver impact. They often go the extra mile to action in novel ways. Hence, they act with fluidity and are usually willing to take a new approach.

KEY ATTRIBUTES

- Creative capacity.

- Action-oriented.

- Value importance of scaling innovation for impact.

MOTIVATION OF CARE WORK

- Enjoy creativity and innovation.

- Engage in creating and building new practices and programs.

- Reaching impactful goals and milestones for clients.

PAINPOINTS

- Bureaucracy that restricts implementation of innovation.

- Limited time and resources to engage in creative processes.

- Lack of co-operation from stakeholders on innovation opportunities.

INTERPRETATION OF CARE

- Care is empowering through innovation.

MEANING OF CARE FOR A CREATOR

Creators bring creativity and innovation to the forefront, developing activities, projects, and programs that benefit their clients and/or enhance internal work environments for teams and co-workers. They are characterised by a strong commitment to achieving objectives through the design and execution of novel and impactful initiatives. Their innovative behaviours focus on generating and applying new and practical ideas, processes, products, or procedures to address challenges, to meet unfulfilled client needs, or to harness emerging trends (Jeroen and Den Hartog, 2007). Creators are inherently action-oriented, willing to explore fresh approaches and adopt either radical or pragmatic methods to bring about meaningful change. Their goal-oriented mindset ensures their efforts align with creating tangible and impactful outcomes in the care economy.

Creators excel in thinking through alternatives and new possibilities, ensuring their contributions enhance processes, outcomes, and client experiences. Their creativity is not just a means of problem-solving but a way to reimagine care work. Intrinsic motivation—such as interest, curiosity, or viewing tasks as positive challenges—fuels their innovative behaviours, as demonstrated in organisational behaviour research (Yidong and Xinxin, 2013). Additionally, external pressures, such as procedural difficulties or occupational stress, can serve as catalysts for Creator innovations (Bunce and West, 1994).

In the care workforce, Creators are uniquely driven by a desire to make a difference and create value for beneficiaries and broader society. This intrinsic motivation underpins their commitment to make a meaningful contribution to community services. Challenging conditions, such as high workloads and time pressures, often serve as triggers for innovation, compelling Creators to devise unique solutions and implement resourceful strategies to overcome obstacles (Anderson et al., 2004). By transforming challenges into opportunities, creators exemplify the power of innovation to drive progress and enhance the overall quality of care work and service delivery. Not only can Creators come up with original solutions within current programs, but they are also capable of initiating new projects as they can build support structures. A Creator can see how things might be different and are willing to give it a go. They have a 'why not' attitude to practice and can be experimental in their work tasks. Creators are agile in the use of their skills and can easily move between different types of care work, for example going from crisis support to prevention roles. Creators are sometimes searching for the next project that will stimulate their thinking and practice. Creators are good at leading pilot projects which can satisfy their need for newness and originality.

1. **A Creator Enjoys Creating Innovations In Care Work To Improve Client Experiences**

   "We're not really advocates but there are times and places where I do use my advocacy skills. And talking to people that we support to being an active member of our community. For example, a few months ago now there were disability consulting sessions to talk about the new Tasmanian legislation that's coming in. And I was able to have a conversation with their practice leader and with the Department of Cabinet to support her to get a submission. And after doing that and actually hearing back from the department saying that they're thankful for the submission. That the person did felt really rewarding and felt like that... Knowing that I know how hard it is to get our voice heard and being able to provide that for somebody else and just seeing their smile on their face was just so rewarding." - Heather (Disability)

   "So, I don't just inflict a team planning day on the team, but the key team I had a meeting with and said, "I have this idea, what do you think?" Really got their buy-in. They're also running parts of the day when we agreed what we were trying to achieve and what needed to be explored. So I have a degree in applied ethics. And that's, I guess, what really interests me, I'm interested in what is right and good and fair and just, and how do we do that is applied ethics, not just the philosophy but the applied. So, for me in my job, it isn't just running a planning day. It's how do I do that in a way that takes my workers on a journey to get buy-in to make them as the best they can be?"
   - Lucy (Social Services)

   "I think the biggest motivation is knowing the experiences that I've had in my personal life in terms of disability and stuff. And having some experiences that no other person shouldn't really have and trying to make the world that little bit a better place. And making sure in some ways that it doesn't happen to other people with disabilities. Another motivation I suppose is... On the opposite end is the care and support that I do receive in community services. And knowing that in some ways with this workplace I've certainly raised the bar of expectations of how I should be treated and what supports I should receive."
   - Heather (Disability)

2. **A Creator Actively Engages In New Practices and Designing Projects**

   "We had a cohort that weren't allowed to work or study, so I did a great project with state government around creating volunteer opportunities within the state government for people seeking asylum because they needed integration in community after experiencing severe mental health issues from prolonged detention, from surviving war, from the loss of family and culture and language and uncertain futures. We can't just have them sitting at home biding their time. Getting people into

the community, at least as volunteers if we can't get them paid and they're not allowed to study English and they're not allowed to study anything else. And being able to work with our community to embrace and support was a privilege, too, but an amazing piece of work I got to do." - Lucy (Social Services)

3. **A Creator Seeks to Achieve Impactful Goals and Milestones**

   "And the other thing is the planting of the seeds of what I could do in this job. I've got a little project bubbling away at the moment around what's happening in Israel and Palestine and how we might address that because we've got issues being from the community around racism, around graffiti, disrespect." - Lucy (Social Services)

4. **CHALLENGES FOR A CREATOR**

- Bureaucracy, along with policies and procedures that complicate the Creator's implementation of initiatives or programs can be very challenging.

- Creators with limited time and resources may struggle with feelings of inadequacy and overwhelm as their new initiatives are hindered from full success.

- If there is a lack of energy, enthusiasm and cooperation from key stakeholders in undertaking pilot projects or initiatives, Creators may feel despondent and want to give up.

- We found that Creators are the rarest of the Archetypes and people who identify as Creators may leave community services work and become independent operators, or consultants, helping to ensure that their creativity isn't suppressed by the reality of bureaucratic systems and program management.

- Creators can experience burnout through overwork in trying to make pilot projects a success especially if their vision for the project is not understood or shared.

- Creators' knowledge and experience are often sought by other managers who may need assistance in designing new programs based upon successful Creator initiatives. Creators may be stretched thin while supporting services to learn from their innovations.

A SYSTEMIC PERSPECTIVE ON PAIN POINTS IN CARE WORK

12 A SYSTEMIC PERSPECTIVE ON PAIN POINTS IN CARE WORK

Frontline workers consistently report challenges that can be categorised into three analytical levels: micro, meso, and macro. Applying these aggregation levels, the findings are organised to highlight the interconnected nature of the issues in the care economy.

- The micro level addresses personal or individual concerns, such as emotional strain or burnout.

- The meso level focuses on organisational or community-related challenges, including leadership, culture, and bureaucratic demands.

- The macro level examines broader systemic and societal structures that impact institutions and policies on a large scale.

However, it is important to note that these categories often overlap. For instance, while burnout might appear as a micro-level issue affecting individuals, it is deeply tied to macro-level concerns, such as chronic underfunding of services and structural inefficiencies that exacerbate the pressures on frontline workers.

The following analysis delves into the pain points that emerge from different levels of the care work system and faced by frontline workers. Each pain point is accompanied by research participant quotes, bringing the challenges to life and underscoring their complexity. This targeted approach avoids overgeneralised solutions as meaningful change needs to be fostered. Additionally, the macro-level concerns highlights areas where industry-focused research is urgently needed to develop mitigation strategies. These efforts can support frontline workers more holistically and improve brand perception, enhancing the appeal of care work.

MICRO-LEVEL PAIN POINTS:

1. **Pain point 1: Risk of burnout and emotional labour**

Burnout is a significant stressor for frontline workers in community services, particularly those exposed to prolonged high-stress environments with high-needs clients. Characterised by exhaustion, cynicism, and a sense of ineffectiveness, burnout has worsened since the pandemic due to increased workloads and heightened client needs. This emotional toll often renders the work unsustainable, leading many to leave the industry to protect their mental health.

All Archetypes are at high risk of burnout due to their passion and commitment to the work. For example, Sophie discussed a sense of powerlessness amid the pressure of taking on new clients and resulting exhaustion.

> **"People ring up and give you sob stories. I'm completely at capacity. I cannot take on new clients. But if someone rings up and gives me like, please, we can't find anyone. We really need this help. We just need someone. Of course I'm going to pick them up. And then I get overworked because I do that on a regular basis. Even though I tell myself, don't pick up any more clients. And you just get a bit tired sometimes of just... It seems like endless work and not enough people."**
> - Sophie (Disability)

MESO-LEVEL PAIN POINTS:

2. **Organisational Leadership and Culture**

Service providers and leadership teams play a critical role in shaping workplace culture. Poor leadership contributes to high turnover, particularly in tight labour markets. Care workers emphasised the need for inclusive and supportive management practices, especially for staff from diverse cultural or migrant backgrounds. A lack of such practices leads to feelings of exclusion and alienation.

This makes sense for archetypes like Idealists who lead with heart. For staff from other cultures, or migrant backgrounds, how leaders build inclusion, acceptance, understanding and anti-racist practice is crucial, and much more could be done to strengthen this managerial capacity to develop positive workplace cultures in community services in Tasmania.

> **"Sometimes I could feel in the work environment, so it's really depends on which service you work. Sometimes I can feel. Not sure is it**

discrimination or something because you are sort of outsiders, probably because you're new staff or I feel sometimes they seem already have a bond, have a community. It's very hard for you to go inside. If I do think it keeps happening or sometimes if I feel it's always annoying me a lot, possibly I just choose to quit, go to the other place. ... I think, actually, particularly for our education and care service, I think the director or the manager is very important. A good director, they can keep people. So their attitudes towards new workers or migrants is really matters. If they are fair, it's great. If not, that could be an issue."
- Tanya (Education and Care)

3. Low Wages, Casualisation, and Inadequate Training

Frontline work is highly skilled work based upon interpersonal skills that support and empower others in complex life circumstances, but it is also chronically underpaid and not well understood. The workforce is aware of this systemic issue, and it is something that causes them to leave the industry because low wages do not pay the rent. Improvements in pay rates, work valuation, fair contracting and training and career pathways will enable frontline work to be more sustainable. Archetypes such as Philomaths would benefit greatly if these structural issues were resolved.

"But the reason we have such low staff in the industry is because of the pay. Yes, 100%. I'm a little bit luckier 'cos my pay has gone up since I've taken a new role, but since I've inquired about other jobs, I've found out their pays and pays are a lot more. So that's something that, but I think with the low pay and the staffing, people are just throwing in the towel like it's not worth it. It's not worth the pay to be this burnt out and to have to keep going when you could go and do something else so much easier for better pay. It's just not worth it for your mental health and everything like that." - Megan (Education and Care)

4. Lack of Care Work Recognition and Talent Management

The lack of structured talent management and recognition programs negatively impacts staff morale and retention. Workers stress the importance of building trust and integrity within organisations to attract and retain talent.

For archetypes such as Creatives, building trust and integrity through care recognition is crucial to their workplace performance and there is much room for growth to support these types of employees. During the interviews, we heard positive and negative stories of talent management as participants reflected on who they are in the workplace and what their expectations are for management.

"I definitely feel like I've struggled with management, being misunderstood and being passionate about ethical process, which could

be hindered by systemic barriers where I don't want to be compromised in the right way to do things. And I can be arrogant and opinionated about what the right way is because I've studied it. And I'm passionate about it. I've researched it. I want it to be done. And I don't compromise very well around not doing what is right. I'll leave somewhere."
- Lucy (Social Services)

MACRO-LEVEL PAIN POINTS

5. Funding and Government Policy

Frontline workers frequently confront systemic inadequacies, such as underfunded programs and inaccessible social safety nets. These challenges hinder their ability to deliver effective care and often lead to disillusionment. Community services have been chronically underfunded for decades and for archetypes such as System Warriors, this experience is very difficult.

> **"So I feel that this line of work is never funded properly, which is a bit of a disappointment. Yeah, it wouldn't take much more to change quite a few lives quite drastically. So that's probably a bit of a disappointment. And that I think I've realised that individual people are up against a whole raft of systems not designed to completely support them. So there's probably a little bit of disillusionment when I kind of realised that. And what else? Yeah, it's probably just having a deeper understanding about how systems work. So as in the political system, the government, Centrelink, all those kinds of things. They're there to support the most vulnerable, but they certainly don't make it easy, and they don't go about it in the right way, which is a shame."**
> - Iris (Aged Care)

6. Perception of Care Work in Broader Society

The undervaluation of care work in society affects both morale and recruitment. Frontline workers advocate for greater recognition of their contributions to societal wellbeing. The professional and practical knowledge that frontline workers bring to their roles could be highlighted more in the broader society to build the status of this work. Frontline workers in aged care, disability, education and care and social services are vital for the dynamic functioning of Australian society. While it is not easy and there are complex systems at play, working for the benefit of humanity is a very worthwhile pursuit and many people we spoke to have enjoyed long and satisfying careers.

For archetypes such as Bridges, the opportunities to improve that perception of frontline work is key for maintaining a sense of passion to keep connected.

> "I'm really mindful to frame the work not just around the vicarious trauma and the trauma we hear and the trauma we work around, but yeah. Framing it in that vicarious strength of the privilege it is to do the work we do, that people do trust us, and that every day, we get to hear those stories of resistance and resiliency, and that's an amazing space to work in." - Leah (Social Services)

7.   The Burden of Over-Bureaucracy

Frontline workers often express frustration with excessive administrative tasks, including reporting, record-keeping, and meeting complex legislative requirements. These tasks detract from time with clients and increase staff anxiety. Many workers face additional stress from navigating bureaucratic systems without adequate training or preparation. There is a high level of frustration among frontline workers who are navigating complex reporting structures, and more time and support are needed to be able to manage these requirements, especially within aged care and NDIS. Many workers do not have the training or capacity to manage over-bureaucracy, while at the same time working in direct practice with clients. Yet at times this is required due to shortfalls in staffing. A lack of preparation for writing acquittals, quality and safeguarding reports and funding applications leads to worker strain and an imbalance of power between funding bodies and community services is the result.

One participant, Alice, raised this barrier and highlighted their well-developed strategies for coping with the burden of administration, demonstrating their Philomath tendencies.

> "I do have some part-time work, so I have a backup plan if I don't get another year's work. Manage your money well. Ask all the right questions of the powers that be to try and manage expectations and try and clarify what those are sooner rather than later. I'm a big stickler for asking for report templates as soon as possible so that I, I mean, it's a little bit like studying for the test situation, but I think if you know what they're going to be asking for in six months and then 12 months, it reduces the anxiety that comes leading up to reporting seasons."
> - Alice (Social Services)

NEW OPPORTUNITIES FOR APPLYING CARE WORK ARCHETYPE FRAMEWORK IN WORKFORCE RETENTION

13 NEW OPPORTUNITIES FOR APPLYING CARE WORK ARCHETYPE FRAMEWORK IN WORKFORCE RETENTION

Top four applications for the care work archetype framework:

- Care Worker Team Mapping And Building

- Design Targeted Communication Strategies For Recruitment And Retention

- Care Worker Career Designs

- Sector Brand Champions

TARGETING THE LIVED EXPERIENCE OF THE WORKFORCE:

Of the 40 interviewees, 26 cited their lived experience as why they entered the community services industry. This was often due to difficulties in their lives, upbringing, family situation, or community experiences. Workers have taken their lived experience as a starting point to develop skills and insights to become 'wounded healers' as they draw upon their own experience indirectly rather than as Lived Experience Workers.

1. **Opportunities for Recruitment**

- There are significant opportunities to improve communication and recruitment strategies that recognise, affirm, and fully integrate individuals with lived experiences. Such approaches can enhance the entry and retention of a diverse range of people in the field of care work and helps to break down the us and them mentality between clients and workers.

- Targeted communication strategies can help build a collective understanding of the motivations behind individuals' engagement in care work and careers in the community services industry. This can effectively complement and strengthen existing initiatives, such as the Workforce Coordination Project's "Work With Purpose" campaign.

- Service providers can develop and use in-depth personal narratives based on the archetypes, creating valuable opportunities to tailor recruitment efforts to individuals with relevant lived experience (see page 74 below). Table 7 illustrates the core messageing and appeals that could be used for the five archetypes through internal and external marketing strategies to recruit and/or retain frontline care workers using the archetype framework.

CAPITALISE ON PEER NETWORKS FOR SUPPORT AND LEARNING:

Peer support and engagement are significant factors that assist care workers in managing role-related stress. Since care workers often share similar experiences in their frontline duties, they can effectively relate to one another's work situations, fostering a supportive and understanding environment.

2. **Opportunities for Retention Through Team Development and Communities of Practice**

- A strategic approach to team development can mitigate the high rates of employee turnover observed in the community services industry by providing avenues for mutual support, fostering camaraderie, and facilitating learning within functional peer networks. These factors are recognised as beneficial for the psychological wellbeing of employees engaged in high-stress roles. (Christensen et al., 2018). This may strongly appeal to the Bridge archetype.

- Structured Peer Mentorship Programs: Service providers can establish formal mentorship initiatives, pairing experienced care workers with newer staff. This promotes knowledge sharing, builds confidence, and creates a sense of belonging within teams, helping to keep both new and more experienced staff engaged. This opportunity may be especially relevant for Philomaths.

- Peer-Led Training Workshops: Encouraging frontline workers to design and lead workshops based on their care work expertise helps strengthen team cohesion and highlights the value of shared learning experiences. Creators and Philomaths may express an interest in leading this type of workshop.

- Empathy-Building Activities: Hosting team-building activities that focus on empathy and understanding can deepen interpersonal relationships and create

stronger bonds among peers, leading to a more cohesive work environment. Idealists would benefit from this retention strategy.

- There is also potential to build communities of practice (COP) and highly functioning, diverse teams to keep many types of care workers engaged. These communities promote collaborative skill development and enhance peer support. Care workers can develop their skills together and increase a sense of peer loyalty and support, offering practical strategies to combat burnout. For example, developing dedicated microlearning apps, for care workers in particular sectors.

- Digital Peer Support Platforms: Implementing technology-based platforms, such as group chats or forums, can enable care workers to connect, share insights, and seek advice even when working in dispersed locations or on different shifts.

DEMONSTRATE COMMITMENT TO CARE WORKER WELLBEING:

Many professionals in the community services industry deeply understand how to care for themselves while doing challenging work. Nevertheless, support structures within services, and in the broader industry are necessary to support caring for the carers. Such frameworks would empower care workers to leverage their experiences, knowledge, and skills effectively, enabling them to care for themselves, their colleagues, and clients.

3. **Opportunities for Retention with Self-Care and Wellbeing Support Initiatives**

- Service providers and organisations could prioritise providing opportunities for self-care and establishing support structures. These may include mental health days, massage or other gift vouchers, training in mental health first aid, professional supervision, and reduced organisational bureaucracy.

- Different archetypes may benefit from different support structures. For example, the Bridge may find value in supportive online forums and group chats within leisure settings. In contrast, the System Warrior would benefit from having clearly defined and equitable policies. This understanding will enable organisations and the community services industry to integrate these support mechanisms into their retention strategies.

- Clear procedures and policies that address internal conflicts should be implemented to reduce burnout. Such initiatives will enable frontline workers to effectively care for themselves and their colleagues.

- A demonstrated commitment to self-care and supportive workplace structures will communicate that care workers are valued as individuals of worth, thereby meeting the core ethos of this profession. For example, developing gamified mental and health wellbeing programs for care workers as a part of Human Resource Management (HRM) digitalisation strategy.

POSITIONING CARE WORKERS AS ADVOCATES OF CARE:

The care workers in this study demonstrated passion and exceptional dedication and commitment to their work, despite the industry's inherent challenges and their specific roles. These care workers may be considered Advocates of Care. As such, they are sector champions, representing exemplary frontline workers who may be willing to publicly advocate for this profession within their communities and in online platforms.

4. Opportunities for Recruitment and Retention with Recognition

- Opportunities for recognition and publicity—both internal and external—that celebrate the workforce can significantly enhance morale and progressively improve the perception of frontline workers within organisations and in the broader community. For example, organisations may implement recognition initiatives, such as an "THE CARE IDOL" program, awards, or formal letters of recognition, to honour individual workers. Such initiatives can highlight contributions and promote a culture of appreciation.

- The archetypes could illustrate how these 'champions' successfully navigate their careers, address workplace challenges, and derive satisfaction from their roles which may further encourage current and potential care workers.

- Additionally, sharing narratives of some of these 'Advocates of Care' can help teams, management, and policy makers better understand the complexities inherent in care work.

EMPOWERING CARE WORKERS USING THE ARCHETYPES FRAMEWORK:

Care workers expressed their profound satisfaction and frustration in their roles, highlighting the emotional complexity of their work. Utilising archetypes presents an opportunity to empower care workers, building a culture of employee empowerment by enabling them to harness the strengths associated with each archetype while effectively addressing the challenges encountered in their work.

5. **Opportunities for Retention with Recognition – Team Mapping and Development Tool**

- Aligning care workers with the archetypes framework can promote professional development, team mapping and building and increase self-knowledge. This could include tailored training opportunities for each archetype, and leadership pathways or retention strategies that are attuned to the characteristics of each one. This approach can foster a deeper connection between the care workers' sense of self and the realities of their work. By identifying and relating to specific archetypes, care workers can gain greater clarity about their identities, roles and career ambitions. This may help them develop a clear and purposeful pathway for career advancement. For example, workshops centred on archetypes and career development could aid care workers in identifying obstacles while valuing past, present and future work priorities.

- Such initiatives could help care workers navigate challenges and recognise their strengths and achievements, leading to a clearer sense of meaning and purpose in their work.

- Adopting Strength-Based Recognition: Initiatives that emphasise care workers' strengths and achievements can build their confidence and sense of meaning in their work. Structured programs for acknowledging contributions tied to archetypes may reinforce commitment to the work.

- Facilitating Archetype-Centred Reflection Sessions: Regularly scheduled reflection sessions, where care workers explore archetypes in relation to their work experiences, can help them address frustrations, celebrate successes, gain new insights and maintain emotional balance.

- Developing Recognition of Archetypal Diversity: Celebrating the diversity of archetypes within teams by promoting their complementary strengths will aid in holistic team development. A greater understanding of colleagues can support teamwork, reduce role ambiguity, and ensures that every care worker feels valued for their unique contributions as they work together with others who may be different and who are also greatly committed to care.

ARCHETYPE-BASED INTERNAL AND EXTERNAL MARKETING COMMUNICATION APPEALS

	BRIDGE	SYSTEM WARRIOR	IDEALIST	PHILOMATH	CREATOR
Type of Messaging and Appeals	• Community-oriented. • Empowerment and advocacy focused. • Showcasing capacity building and teamwork opportunities. • Showcasing gratification and purpose in care work. • Showcasing bridge solving inclusion challenges.	• Systemic change and impact making opportunities. • Leadership opportunity through system re-design. • Empowering the agents of change story. • Justice and equal opportunity appeals. • Framing system warrior roles as opportunities of growth.	• Integrity and ethical standards. • Opportunities for high-quality service delivery. • Role model through excellence in care. • Recognition for upholding integrity. • Alignment with organisational values-employer values to be used for branding.	• Appeal to intellectual curiosity and lifelong learning. • Opportunities for career advancement. • Link personal growth to broader impact. • Support for formal education and training. • Emphasise roles that involve strategic decision-making and innovation, allowing philomaths to use their knowledge to shape the future of care work.	• Appeal to creativity and innovation. • Opportunities to be working in action-oriented roles. • Highlight autonomy, leadership and innovation culture. • Emphasise opportunities to solve challenges for clients. • Highlight how creative achievements are recognised and rewarded within the organisation. • Highlight collaborative opportunities for change making and impact.
Message Example	*Join a role where you can make a difference by fostering connections, reducing social isolation, and building a stronger, more inclusive community.*	*Are you ready to challenge the status quo? Be a leader in transforming care systems for the greater good.*	*We believe in fairness, empathy, and delivering care with compassion. If these are your values too, we'd love to have you on our team.*	*Advance your education with our support. From workshops to degrees, we invest in your growth.*	*Your creativity can redefine care services.*
Potential Communication Channel Example	• Recruitment videos featuring real-life stories of bridges making an impact, shared on platforms like youtube or linkedin. Digital HR platforms.	• Linkedin platform to attract individuals for large-scale impact.	• Service providers branding through social media and career forums vlogs, storytelling, , i the carer' 'care idol' campaign.	• Partnerships with universities and tafe, targeted campaigns featuring testimonials of highly skilled employees as 'brand advocates' for the employers.	• Target campaigns showcasing award winning projects/programs by creative staff.

14 CONCLUSION

This report highlights the importance of Tasmania's care economy, emphasising the urgent need to address challenges related to workforce recruitment, retention, and sustainability. Through a series of in-depth qualitative interviews, the research delves deeply into care workers' motivations and the intricate dynamics of their roles, uncovering both their aspirations and challenges to engage in meaningful care work. At the core of this study is the Care Work Archetypes Framework, which introduces five compelling archetypes: The System Warrior, The Idealist, The Bridge, The Philomath, and The Creator. The framework serves as innovative lens to humanise the care workforce by decoding the behaviours, experiences, and values that shape care work using internal marketing orientation that will subsequently support external sector branding and recruitment. Beyond individual insights, the report identifies critical systemic challenges—ranging from inequities in resource allocation to workforce burnout—that demand bold and strategic responses. It urges stakeholders to think beyond conventional solutions, suggesting transformative approaches like:

- Revamping leadership perspectives to embrace internal marketing orientation, systems thinking, and a bottom-up approach to strategise for care workforce recruitment and retention issues.

- Developing archetype-specific recruitment and retention campaigns that utilise targeted storytelling to resonate with diverse worker personas.

- Embedding care worker wellbeing into the organisational culture by collaborating with care workers to co-design mental health and wellbeing interventions, microlearning programs for professional development, and digital innovation hubs to transform service delivery and drive institutional change.

15 NEXT STEPS

The findings and the care work archetype framework present significant opportunities for the care sectors to conduct more tailored research, providing organisation-specific insights into effectively applying the framework. These insights can be leveraged to design targeted interventions, as well as recruitment and retention programs, that address the unique needs of employees.

The research team encourages peak bodies, government departments, and individual service providers to collaborate on the initiatives outlined in the report. Such collaboration can foster meaningful dialogue and drive further research and partnership programs aimed at improving workforce outcomes, enhancing service efficiency, and enriching client experiences. These efforts will also contribute to the long-term profitability, sustainability, and adaptability of organisations in an ever-changing market landscape.

To sustain and expand this important conversation, interested stakeholders are invited to get involved and actively participate in shaping the future of the care workforce.

GET IN TOUCH

Dr. Gauri Laud : gauri.laud@uwa.edu.au

Dr. Cheryl Leo : c.leo@murdoch.edu.au

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