

# WHEN SIZE MATTERS: CREATING MENTALLY HEALTHY WORKPLACES

A Literature Review of Workplace Mental Health Approaches  
in a Micro- and Sole-operator Business Context

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THE UNIVERSITY OF  
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**Prepared for the State Insurance Regulatory Authority**

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# 1. INTRODUCTION

This report reviews research about workplace mental health theory and analyses current approaches in the context of the micro-business and sole-operator sector. Existing frameworks have been developed from research focused on large, employing organisations (LaMontagne et al., 2014; Petrie et al., 2018; SafeWork Australia, 2019). This review identifies that approaches to workplace mental health must be adapted to a micro-sole business (MSB) work context. Reasons for adaptations are explored and seven subsequent recommendations are made to support the development of workplace mental health approaches for micro-business owners and sole operators (MSBO). Although this report is not focused specifically on gig economy workers, their work typically reflects the profile of a sole operator and therefore they are included in this analysis.

In Australia, MSBs are defined as entities with fewer than five employees, with the majority of Australian MSBs having no employees other than the owner. Using data from the Australian Bureau of Statistics (ABS) and the Australian Tax Office (ATO), a report prepared by the 2020 Australian Small Business Family Enterprise Ombudsman (ASBFEO) indicates that 62.8% of all GST-active Australian small businesses<sup>1</sup> have no employees and 25.7% employ one to four people. The statistics for other countries are similar, with MSBs accounting for 79% of all businesses in the United States, 96% of those in the United Kingdom, and 93% of all businesses in the European Union (Betton et al., 2021). Despite their importance to the economy, investigation of employee relations in MSBs is limited because of 'definitional problems, the number and diversity of

firms in this sector, standard error margins in the classification and conceptualisation of research samples and access/data collection difficulties' (Matlay, 1999, p. 285). Limited literature exists that explores the outcomes of self-employment, including psycho-social outcomes like health and wellbeing (Nordenmark et al., 2012) and the reality of owning a MSB (Samujh, 2011).

Having few or no employees other than the owner means MSBs have limited or no bureaucracy, limited capital assets, inadequate business support, financial problems and sometimes simpler technologies and procedures than their larger counterparts (Baumeler & Lamamra, 2019; Gheres et al., 2016; Kearney et al., 2014; Liberman-Yaconi et al., 2010; Mathias & Williams, 2017; Samujh, 2011). Baumeler and Lamamra (2019, p. 467) identify that 'Ownership and management is often merged and creates a flat, one-person centred organisational structure'. Given this different business environment for MSBs, compared with larger entities, the mental health support needs for MSBOs are also likely to be different (Holmes & Gupta, 2015; Pfitzner & McLaren, 2018; ASBFEO, 2020).

Current mentally healthy workplace design addresses three key domains.

1. Adopting job design approaches to address employee role autonomy and control.
2. Modelling positive leadership practices to encourage employees to thrive by applying their skills, engendering self-efficacy and feeling supported at work.
3. Increasing mental health literacy opportunities for everyone to create a supportive and inclusive work environment.

1. 98.4% of Australian businesses are small businesses with turnover of less than AUD\$10 million. They contribute over 32% of total Australian Goods and Services Tax (ASBFEO, 2020, p. 8).

There are specific challenges in satisfying these three domains in the MSB sector. In relation to the first domain, autonomy and control is more difficult to define in a MSB because there may be many stakeholders affecting the business owner's ability to self-direct. Income instability, job competition and work uncertainty may force the MSBO to do jobs they might otherwise refuse. Lack of cultural work norms (like set finishing times each day) and isolation and loneliness may result in overwork with few boundaries between work and home (Cardon & Patel, 2015; Fernet et al., 2016; Gumpert & Boyd, 1984; Nordenmark et al., 2012; Samujh, 2011; Taylor, 2015). For example, in a New Zealand study of micro-business operators, Samujh (2011, p. 18) notes, 'All interviewees referred to problems relating to lack of time. They spoke of having to work much longer hours than expected to achieve "normal" productivity'. Taylor (2015, p. 175) highlights, 'The new mystique attached to working for yourself is part of a process of exclusion by which increasing numbers of workers, both male and female, are encouraged to accept a marginalized position'. In this environment, any human resources management is likely to be informal and conducted by the MSBO. The MSBO is dominant, a 'key operational employee', who forms both the innovation and competitive strategies and is motivated by personal lifestyle goals (Kearney et al., 2014, p. 98). Burnout is a real possibility in these conditions, but little information is available on supporting operators in the MSB sector (Fernet et al., 2016).

To address the second domain—modelling positive leadership practices—frameworks rely on positive organisational behaviour (POB). POB is aimed at developing a culture that promotes psycho-social safety as well as physical safety. POB is defined as 'the study and application of positively oriented human resource strengths and psychological capacities that can be measured, developed, and effectively managed for performance improvement in today's workplace' (Luthans & Church, 2002, p. 59). This approach is linked to

desired organisational outcomes (Youssef & Luthans, 2007) and is considered a key element to creating mentally healthy workplaces (LaMontagne et al., 2014; Petrie et al., 2018). However, achieving these behaviours can be challenging when the business owner is the sole contributor to work output. The need to complete all tasks, especially throughout the different growth stages of a business, means reduced time to develop new skills or to identify the different types of skills needed at various stages of business growth (Samujh, 2011). In addition, more mundane tasks become inescapable when working alone. They mostly cannot be shared or delegated.

There has been a positive shift towards responding to the third domain—increasing mental health literacy opportunities—with the development of more mental health resources for the MSB sector. These take the form of websites, such as Ahead for Business, Heads Up, and the ASBFEO's My Business Health.<sup>2</sup> However, it is still acknowledged that small business owners are often reluctant to adopt general mental health training in the business (Dawkins et al., 2018; Taylor et al., 2016). For example, an Australian study conducted by Taylor et al. (2016) notes that small businesses lag their larger business counterparts in relation to approaches to mental health, that management beliefs need reorienting and that health-promoting activities are not necessarily a priority in this sector. These authors call for cost-neutral or 'low cost, low-resourced, creative activities and solutions and more detailed knowledge of the benefits to employees' (Taylor et al., 2016, p. 359). They also note the importance of ensuring that programs can demonstrate value to the business and are accessible via regular social connections.

Additional complexity is created by the gig economy, made up largely of MSBOs. As noted in the Australian Senate's Select Committee on the Future of Work and Workers report: 'Jobs are being replaced by "gigs": digitally mediated, on-demand, piece-work tasks allocated

2. <https://aheadforbusiness.org.au/>; <https://www.headsup.org.au/>; <https://www.asbfeo.gov.au/my-business-health/home>

and compensated through faceless digital platforms' (Parliament of Australia, 2018, p. 65). In Australia this sector is especially prevalent, with Australia ranking 'in the top three OECD countries in terms of the proportion that are described as "non-standard" workers in total employment' (Parliament of Australia, 2018, p. 67). Despite the gig economy's growing importance in the broader economy and the complexity involved, very little research is available about the experiences of gig workers.

The importance of the MSB sector should not be underestimated, as it contributes to communities in the form of employment, meeting places, support for arts and culture, and philanthropic giving. The sector's importance is heightened in developing countries (Achtenhagen et al., 2017; Campin et al., 2013). The unique characteristics of this work environment present a challenge to conventional approaches to the creation of mentally healthy workplaces. Ongoing research is recommended (Stephan, 2018), with seven key recommendations for further research proposed in this article.

1. Identify and understand what makes MSB environments different from large organisations.
2. Audit the appropriateness of POB when only one person is working in the business.
3. Understand the meaning of autonomy and control in a MSB to acknowledge the impact of uncertain and competitive work environments.
4. Address skill development needs determined by different business lifecycle stages.
5. Map social networks to link people to mental health support in lieu of employee presence in the workplace.
6. Acknowledge the MSB context in the design of mental health literacy tools and support.
7. Introduce an annual MSBO workplace mental health survey.

This article provides more information about MSBs and their importance in Sections 2 and 3. Section 4 summarises selected workplace mental health frameworks that have been produced from ongoing organisational research. In Section 5, common tenets of mentally healthy workplace design like job autonomy, self-efficacy and mental health literacy are appraised specifically in the MSBO work context. Finally, recommendations for further research are outlined in detail in Section 6. It is hoped these will contribute to greater interest in MSBs, and support the development of resources to enable MSBOs to work well.

## 2. WHAT IS A SOLE OPERATOR OR MICRO BUSINESS?

Micro businesses and sole operators are distinct subgroups of the small business sector. The Australian small business sector can be divided into three business classifications (ABS, 2020b).

1. **Sole operator**—a business with no employees other than the sole business owner.
2. **Micro business**—a business with one to four employees
3. **Small business**—a business with five to 19 employees.

Economic indicators for these sub-groups can be difficult to determine because sole operators are often combined with micro-business owners as a single group in reported statistics, usually labelled Micro Business (ABS, 2020b). This lack of differentiation in the ABS statistics creates a barrier to research and, by extension, to the development of suitably tailored solutions and evidence-informed interventions. Small companies not registered for Goods and Services Tax (GST) are often excluded from data collection or grouped together as 'nano' businesses in statistics. In Australia, the GST registration threshold is \$75,000, lower than the turnover threshold of \$10 million used by the ATO to classify a business as small (ASBFEO, 2020). Note that the ATO's turnover threshold yields different classifications from the employee thresholds noted above used by the ABS, making merging of data from these two sources impossible.

International comparison and generalisability of research studies inter-country is also hampered by definitional ambiguity (Matlay, 1999). Different studies use different thresholds to signify small and

very small firms. For example, Liberman-Yaconi et al. (2010) use 500 employees as the cut-off for a small firm and 100 employees as the threshold for very small firms; Kelliher and Reinl (2009) and Gheres et al. (2016) use the European Commission (OECD) definition of a micro-enterprise as no more than 10 (nine) full-time employees, and a small business as those employing 11 (10) to 49 people.

This article reviews the topic of workplace mental health for both sole operators and micro-business owners together. The umbrella terms, micro-sole business (MSB) and micro-sole business owner (MSBO) have been adopted throughout to represent the combined cohort of both sole operators and micro-business owners.

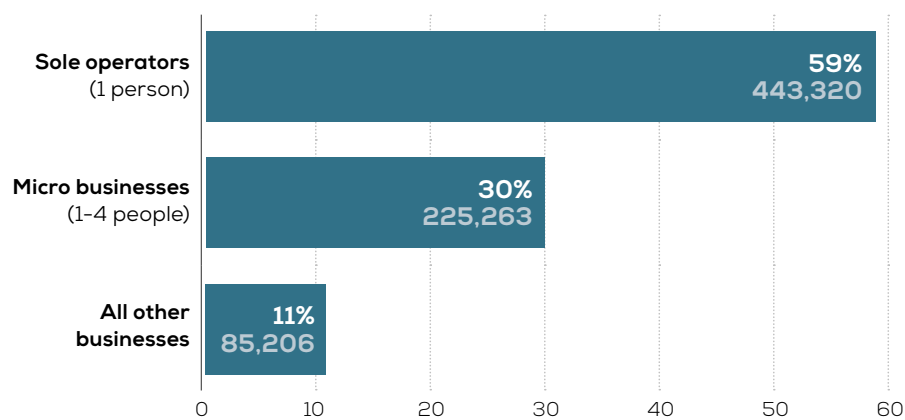
Combined, these businesses form the largest business group in NSW—as Figure 1 illustrates, 89% of all businesses in the state are MSBs (NSW Government, 2018). Industry diversity in the MSB sector adds to the challenge of research. MSBs are found across all industries with a significant presence in the construction, transport and professional services sectors (NSW Innovation and Productivity Council, 2019).

Micro businesses are not simply smaller versions of large organisations—their business practices can be quite different (Holmes & Gupta, 2015; Australian Government Productivity Commission, 2013). Yet, much of what is known about mental health in the workplace remains built upon, and focused towards, larger, employing enterprises and ignores that behind an ABN or GST registration is most likely a single owner with few or no employees. In contrast with larger corporate



**FIGURE 1: SOLE OPERATORS AND MICRO BUSINESSES, NSW, 2018**

Percentage of sole operations and micro businesses from total of all businesses in NSW



Source: NSW Government (2018, p. 1).

environments, MSBs are characterised by business owner self-management practices, with basic flat organisational structures and a variety of business forms (Baumeler & Lamamra, 2019). Typically, the owner-operator has multiple roles and responsibilities in the business (Mathias & Williams, 2017).

Simpler organisational structures, less formal business systems and greater reliance on self-finance are the result of typically smaller revenue streams in MSBs (Pfitzner & McLaren, 2018). Of businesses in Australia, 93% have turnover of less than \$2M, and 59% of the small business sector has a turnover of less than \$200K (ASBFEO, 2020). These limited resources place constraints on the ability of MSBs to engage with, and incorporate, mental health

initiatives in their workplaces. Dawkins et al. (2018) note a lack of interest in the small-to-medium sized enterprise (SME) sector for mental health research trial engagement and studies aiming to understand mental health risks associated with SMEs. Taylor et al. (2016, p. 358), in their study of how business size impacts the adoption of health promoting workplace initiatives, indicate the importance of the manager in implementation of work health strategies, and, disturbingly, find that only 31% of the small business operators in their study believe that health promotion programs belong in the workplace, with only one in five viewing them as effective. A further 50% of this cohort indicated that they 'did not know' or were 'undecided' (Taylor et al., 2016, p. 4) about whether these activities should be in their workplace.

### 3. THE IMPORTANCE OF MICRO-SOLE BUSINESSES

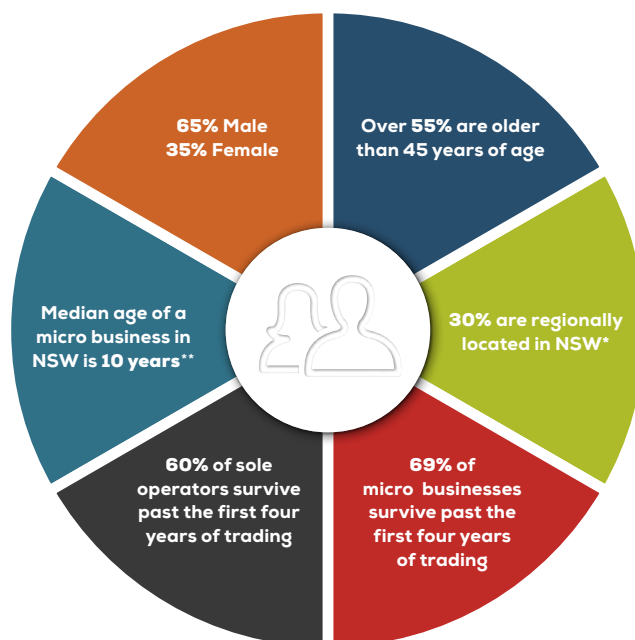
MSBs are credited with delivering strong employment and profit performance compared to other business sectors in NSW. They contribute 4% of the State's total turnover yet produce 21% of the profit. Of all jobs created in NSW, 15% are in the micro-business sector (NSW Innovation & Productivity Council, 2019). Nationally, sole operators account for over 70% of all businesses in:

- agriculture, forestry and fishing;
- transport, postal and warehousing;
- financial and insurance services;
- rental, hiring and real estate services (ABS, 2020a).

It is a challenge to uncover comprehensive economic data specifically focused on the NSW MSB sector (Pfitzner & McLaren, 2018). However, looking more broadly, the small business sector employs over 4.7 million people in Australia and notably it is Australia's largest employer of trainees and apprentices (ASBFEO, 2020). Similar figures are available that support the importance of this sector internationally, for example, Achtenhagen et al. (2017) report that the MSB sector consists of 90% of firms in Europe and approximately 88% in the United States.

Figure 2 contests some commonly held views about high business failure in this sector.

**FIGURE 2: NSW MSB OPERATOR PROFILE**



ASBFEO, 2020.

\*NSW Government, 2018

\*\*NSW Innovation & Productivity Council, 2019

Approximately 60% of MSBs survive past four years.<sup>3</sup> These businesses have been in operation for a median age of 10 years (NSW Innovation & Productivity Council, 2019). These figures suggest that the micro-business sector is the economic powerhouse driving growth at both a state and national level—and this is largely undertaken by sole business owners.

### 3.1 Why is Micro-sole Business Owner Mental Health Important?

It is widely acknowledged that the creation of mentally healthy work conditions can foster the positive mental health of all employees (SafeWork Australia, 2019; Harvey et al., 2017). A recent Australian Government Productivity Commission Review (2020) determined that there are a number of costs related to poor mental health in the workplace. For example, 'absenteeism and presenteeism costing Australian businesses up to \$17 billion per year' (Australian Government Productivity Commission, 2020, p. 297). Everymind and iCare NSW (2017) completed small business research, identifying that presenteeism is also a mental health problem confronting the small business community. Given the identified workplace psycho-social hazards, as well as subsequent economic and human costs, it would be prudent to ensure preventative measures are available to *all* sectors of the business community.

Importantly, understanding the determinants of MSBO mental health aligns with the NSW Mentally Healthy Workplace Strategy 2018–22 (NSW Government, 2017a). The NSW Government has a commitment to encouraging 90,000 businesses state wide to adopt mentally healthy workplace practices by 2022. It is hoped that deepening the understanding of MSB workplace psycho-social hazards may be helpful in developing workplace mental health strategies that complement MSB workplace practices.

Many people assume small business ownership entails more independence and freedom—usually, the opposite is true. MSBOs work longer hours than employees, are subject to ongoing financial stressors, may feel forced to work when unwell and risk experiencing isolation in their workplace (Cardon & Patel, 2015; Cocker et al., 2013; Samujh, 2011). There is a significant body of research available that has helped to identify small business workplace psycho-social risks (Stephan, 2018). However, as is evident for economic indicators and ABS statistics, it is often difficult to separate sole operators and micro-business owner determinants from the more general small business sector. To ensure the longevity of the MSB community, it is important to tailor mentally healthy workplace initiatives to meet the specific needs of these unique workplaces.

3. This rate is, however, lower than the four-year survival rate for their larger counterparts, which averages at 65% from June 2014 to June 2020 (ASBFEO, 2020).

## 4. CURRENT APPROACHES TO WORKPLACE MENTAL HEALTH

The study of workplace mental health combines psychological health and human resource management to determine the impact on employee mental health and therefore workplace productivity levels (Wiklund et al., 2019). Understanding how work is organised, allocated and supervised is the basis of workplace mental health approaches. Workplace mental health has its origins in job-demand-control theory and more recent work in the study of psychological capital at work (Karasek, 1979; Harvey et al., 2017). The focus is on workplace interventions and practices, with an understanding that there may be other factors external to work that affect the overall mental health of the person (Harvey et al., 2017).

In Australia, there are several frameworks available to assist employers in understanding and managing workplace mental health. It is useful to review three that are widely cited in this field. The first model is aligned with legislated workplace occupational health and safety requirements and is positioned as a tool to help employers maintain legislative compliance (SafeWork Australia, 2019). Central themes are

- avoid harm;
- respond early; and
- assist with recovery.

However, LaMontagne et al. (2014) posit effective workplace mental health includes both worker protection *and* proactive employee management. This is the basis of the second model—the integrated intervention framework. The model has three central ideas. They are:

1. prevent harm by ensuring worker autonomy and job control;
2. promote the positive via skill development and positive leadership; and
3. manage illness (LaMontagne et al., 2014).

In contrast, the third model, developed by Petrie et al. (2018), argues that broad themes do not do enough to address individual worker's experiences combined with organisational responsibility. This model includes the 'employee health journey' and subsequent 'level of intervention' required in the workplace—labelled workplace mental health strategies (Petrie et al., 2018, p. 17). The Petrie et al. (2018) model asserts that designing work to minimise harm, developing organisational and team resilience practices, promoting help-seeking habits and supporting recovery produces a strong mental health workplace culture.

These approaches to workplace mental health practices have been developed from research conducted in large, employing organisations. Each model has its own particular optimal approaches to workplace mental health, although all contain the same three fundamental assumptions. First, job autonomy and control (prevent harm) are critical to employee mental health. Second, psychological capital development (promote positive leadership practices) contributes to positive mental health at work. Finally, increasing mental health literacy levels in workplaces reduces the stigma and isolation levels that damage a positive workplace culture (LaMontagne et al., 2014; Petrie et al., 2018; SafeWork Australia, 2019). Models may provide a universally understood approach to workplace mental health, however, it is their adoption and application within workplaces that demonstrates their real value.

# 5. DO THE EXISTING FRAMEWORKS APPLY IN A MICRO-SOLE BUSINESS?

There is no doubt that awareness of workplace mental health strategies has been a welcome addition to collective knowledge about how to create optimal mentally healthy workplaces. The frameworks outlined above provide an important foundation from which to explore the nuances particular to MSBO mental health.

The need for focused attention on MSBOs is increasing. Prior research has identified that the way we can work is changing (Schonfeld & Mazzola, 2015; Ashford et al., 2018). Unforeseen disasters have shaped how and where we work, while digital platforms like Uber and Freelancer have challenged the traditional industrial relations landscape. The gig economy, made up of independent (freelance) workers, overlaps the MSB sector. Little is known about the specific needs of the diverse group of gig workers who vary in age, skills, gender, working hours, method of delivery and tasks provided (Keith et al., 2020; Ashford et al., 2018). Changes in the way we work challenge existing theoretical, organisational and commonly held views and their impact on worker health and wellbeing (Keith et al., 2020; Ashford et al., 2018). This shifting paradigm may result in changes to the way mentally healthy workplaces are created. The following sections highlight where existing knowledge might need supplementation, specifically in the context of MSBs.

## 5.1 Practising Positive Organisational Behaviour

When Harvey et al. (2017) examined workplace practices that may affect the health of employees, they made three recommendations to improve psycho-social conditions at work. They were:

1. address how jobs are designed;
2. provide opportunities for workers to have job control and procedural fairness;
3. lead by modelling a culture of value and respect for work undertaken by all employees.

These recommendations are reflected in the models proposed by both LaMontagne et al. (2014) and Petrie et al. (2018), where a range of workplace design and leadership interventions are addressed. Both models extend existing recommendations with the inclusion of mental health literacy—developing a culture that promotes psycho-social safety as well as physical safety. These interventions, known as POB, are founded on the argument that working to people's strengths and positive attributes will result in higher levels of workplace wellbeing (Luthans & Church, 2002; Culbertson et al., 2010). LaMontagne et al. (2014) argue that workplace wellbeing should not be bound by legislative occupational health and safety obligations alone, but should rather embrace opportunities to encourage people to feel energised, positive and engaged in their work (LaMontagne et al., 2014). Theirs is a comprehensive workplace model that includes clear job design, worker autonomy and control, positive leadership and a supportive workplace culture. Individual and team POB interventions include designing work to minimise (worker) harm, building organisational resilience via good management and encouraging the development of personal resilience abilities (Petrie et al., 2018).

POB has been part of human resource management approaches for many years, morphing from early job design theory to performance management iterations (Luthans et al., 2007). In workplaces, it is about creating opportunities for employees to thrive and develop. Academically, POB addresses two theoretical approaches—psychological capital (PsyCap) and self-determination theory (SDT).

## 5.2 Positive Performance Practices

PsyCap is based on the study of our state (of mind) and these states can be transient depending on the situation and circumstance in which we find ourselves at any given time. This is an important distinction from trait analysis, which is more closely identified with our personality and fixed or constant individual characteristics (Luthans et al., 2007). PsyCap includes the study of hope, efficacy, resilience and optimism (Youssef-Morgan & Luthans, 2015). Hope is identified as the ability to set goals, develop contingency plans and modify goals as a situation changes (Youssef-Morgan & Luthans, 2015). Efficacy is belief in the ability to complete a task—to possess the skills and competence to achieve work assigned (Luthans et al., 2007). Resilience is about adapting and recovering from challenging circumstances to continue working (Bujacz et al., 2020). Finally, optimism is about positive views of succeeding now and in the future (Rabenu et al., 2017). It is the opportunity to develop and apply a combination of states (as opposed to a singular component) that contributes to overall positive employee mental health (Youssef-Morgan & Luthans, 2015). More research that holistically explores PsyCap in the MSB context is needed. Research has shown that a MSBO's ability to cope varies depending on the lifecycle of the business (Department of Industry, Science, Energy and Resources [DISER], 2020) and we need similar research on PsyCap over time as a driver of sustainable workplace mental health in MSB environments (Stephan, 2018; Wiklund et al., 2019).

## 5.3 Too Much of a Good Thing? Self-efficacy and Micro Business

Entrepreneurial self-efficacy (ESE) is often cited as a positive entrepreneurial state that fosters an entrepreneur's belief in themselves to achieve business success (Newman et al., 2019). ESE is the belief in one's ability to complete the tasks typically required to start and build a business venture (Kevill et al., 2017). However, not enough is known about its effect on MSBOs (and therefore their mental health) as the business ages, demanding more time and effort (Bradley & Roberts, 2004; Stephan, 2018). Hmieleski and Corbett (2008) find that entrepreneurs with high levels of self-efficacy and improvisation skills have lower levels of job satisfaction, likely as a result of over-exertion in the job. High levels of self-belief lead entrepreneurs to feel overwhelmed because they have taken on too many tasks at the same time (Hmieleski & Corbett, 2008; Stephan, 2018).

Bandura (1977) argues that self-efficacy is heightened when a person feels they have total control over their actions, and research has established a link between self-efficacy and an internal locus of control (Urbig & Monsen, 2012). Self-efficacy is a person's belief that they have the skill and ability to complete a task and internal locus of control is a belief they can create the opportunity to get the task done well (Youssef-Morgan & Luthans, 2015; Bulmarsh, 2019). However, little is known about the impact of a strong internal locus of control on a MSBO's mental health, particularly if trading conditions deteriorate. A study examining entrepreneurial practice during economic adversity found entrepreneurs with high internal locus of control were subject to more stress and burnout because they believed that recovery was dependent on them simply working harder (Bulmarsh, 2019). Clinton et al. (2006) find that portfolio workers faced with income uncertainty experienced increased levels of stress as they tried to regain personal control by working longer hours and completing jobs they would normally prefer not to do. Perceived control in this sub-sector of MSBOs was affected by a range of factors, including differences in motivations to join the gig

economy, understanding differing and often unspecified job demands, the complexity of working arrangements and manipulation of platform algorithms (Keith et al., 2020; Ashford et al., 2018). Put simply, if MSBOs believe that they have sole responsibility for business outcomes, then who is to blame when business is not going well?

#### 5.4 Theories of Job Wellbeing and Micro-business Control

It is argued that the more engaged and competent a person feels in relation to their work, the greater their sense of positive wellbeing (Gagne & Deci, 2005). SDT underpins these findings and posits that there are three key human needs that must be satisfied if a person is to function at their optimum and therefore support their wellbeing (Ryan & Deci, 2000). These are:

1. the need to be autonomous;
2. the need to demonstrate competence; and
3. the need to relate to others.

SDT is relevant to workplace mental health because the more satisfied we feel at work, the greater our internal motivation to perform tasks well, and therefore the greater our sense of general wellbeing (Deci, 1995; Shir et al., 2019).

Job-demand-control theory introduces the concept of job autonomy as a critical factor in workplace mental health practice. Individuals require the ability to direct their own work processes (job control) and this must be balanced with the level of demand placed on that same individual (job demand). Roles with high demands (pressure) but very little worker control (decision making) are linked to poor workplace mental health outcomes (Harvey et al., 2017). Allowing workers the autonomy to decide how and when tasks are completed is a central theme of all approaches to creating mentally healthy workplaces (LaMontagne et al., 2014; Petrie et al., 2018).

Perspectives about autonomy and control can be very different when work is uncertain and work culture is defined by a single person rather than a group of work colleagues (Clinton et al., 2006). A high degree of self-direction and autonomous decision making is the main reason entrepreneurship appeals to so many business owners (Stephan, 2018; van Gelderen, 2016). For some, entrepreneurship is a far more satisfying work practice than paid employment (Hessels et al., 2017; Schneck, 2014). This motivation is evident in the gig economy too, with more than 80% of gig workers in a study citing flexibility and the ability to choose their own work hours as more important than holiday pay or traditional hours and guaranteed wages as in traditional companies (Berger et al., 2018, cited in Keith et al., 2020). However, MSBOs do not have total control over all business activities. External factors may limit control, for example, statutory obligations or contracts determining deadlines, government red tape, obstacles to increasing the rate of growth intensified by poor economic climates, cash flow problems caused by late payments and pressure from customers, suppliers and other stakeholders to drive costs down (Ashford et al., 2018; Jamieson et al., 2012; van Gelderen, 2016). Van Gelderen (2016, p. 555) suggests that 'the amount of autonomy experienced tends to be a function of the balance of power, which furthers autonomy, and dependencies, which serve to reduce autonomy'. Clients can often place demands on MSBOs that negate their sense of job control (Clinton et al., 2006). Gig workers may find their precarious autonomy challenged by financial stress, increased responsibility for their survival, reliance on positive customer reviews, inability to forecast or plan, identity challenges and the complexity of their working lives (Ashford et al., 2018). Their autonomy is further reduced by a power differential between the single gig worker and the platform or platforms under which they operate (Curchod et al., 2020).

MSBOs, like employees, can experience a decline in mental health when opportunities to exercise job control are lacking. In Australia, a large proportion of MSB owners are in the transport, construction and retail sectors (ASBFEO, 2020) where time and job design are often dictated by the customer or relevant workplace legislation, not the owner. Further, high workloads requiring intense periods of long work hours are often the result of customer demands, meaning that entrepreneurs may have little choice about how they allocate their time (van Gelderen, 2016). Alternatively, time to make one's own decisions does not mean decision making is easy. When there is too much choice and time to make decisions, the paradox of choice can result, making decisions difficult (Schwartz, 2016). As noted by Ashford et al. (2018, p. 27) 'while freedom may be empowering, decades of research has documented the negative consequences of too much choice, including cognitive overload, dissatisfaction, and de-motivation'.

Research has found that control over working hours is largely 'the choice of what time to start work (and) ending when the work was complete' (Clinton et al., 2006). Yet, over a third of all small business owners work more than 49 hours per week, and business owners are more likely to engage in additional hours at work than employees (Office of the NSW Small Business Commissioner, 2014). Over-commitment to long workdays without regulated personal breaks can result in higher MSBO stress levels (Wolfe & Patel, 2019; Reid et al., 2018).

Arguments positioning job autonomy as central to workplace mental health fail to include demands placed upon MSBOs who are portfolio workers. These are typically sole operators who freelance their time and expertise for specific periods to key customers and contribute to the emerging gig economy (Clinton et al., 2006; McDonald et al., 2019). Although often positioned as 'entrepreneurial roles', portfolio workers typically have little control over where they work or the value of the work they produce, and this can result in emotional oscillation where the satisfaction usually derived from a sense of autonomy is eroded because of an uncertain work environment

(Kaine & Josserand, 2019; Clinton et al., 2006). Ironically, the choice to enter the gig economy may be motivated by job insecurity in the traditional economy (Ashford et al., 2018). The shift towards a gig economy means that the realities of job uncertainty, extreme hours of work for minimal financial returns, market competition based on price-wars, reduced workplace rights or control over organisation of work, and little collective and third-party control by providers like food-delivery platforms cannot be ignored when addressing the idea of workplace job-control and autonomy for MSBOs (Parliament of Australia, 2018).

### 5.5 Micro-sole Business Owners' Feedback Vacuum

Competence as a function of positive workplace mental health states that workers need opportunities to demonstrate their skills in a job and relate their work to the work of others (van Gelderen, 2016). This feedback loop works in a large organisation where roles are clearly defined, but, in a micro business, the opportunity to focus on the development of task competency may not be possible. MSBOs are responsible for varying roles within the business (Baumeler & Lamamra, 2019; Kearney et al., 2014) and it becomes more difficult to achieve mastery if time and other resources (financial, for example) do not permit for the full development of role capabilities. This can affect their understanding of tasks required, and the ability to derive satisfaction from an ever-changing job design, particularly if it becomes necessary to delegate enjoyable activities to others and undertake more mundane management responsibilities (Mathias & Williams, 2018). Further, studies have mapped the growth of small businesses over time and resultant job description changes for the business owner. As the business changes, so do the tasks and skills to manage business growth (Scott & Bruce, 1987; Gerber, 1995).

The ability to assess, as well as develop, capabilities is also important to workplace mental health. In large organisations, employees are provided with situations in which they learn from others and benchmark their performance against



peers. MSB environments do not provide the same opportunities and this can impact how MSBOs view their own capabilities (Greenberg et al., 2007). The absence of formal performance appraisal systems can make it difficult to establish work standards or audit competence as skill demands evolve with the business (Larrick et al., 2007). More research is needed to establish specific impacts and the methods MSBOs employ to assess their capabilities.

Conversely, gig workers are constantly assessed by external stakeholders. The gig worker's constant need to maintain high customer ratings to appease algorithms and remain on platforms creates emotional labour, defined as 'emotion regulation (e.g., enhancing, faking, or suppressing emotions) to meet occupational or job requirements as part of an economic exchange' (Ashford et al., 2018, p. 25). Further, underemployment, linked to poor wellbeing, is likely, particularly in the gig economy (Keith et al., 2020). Underemployment 'is a multidimensional construct characterized by employment in jobs requiring significantly less education, experience, and/or skill than the individual worker possesses, employment in a field outside one's formal education, and/or involuntary employment in temporary work' (Keith et al., 2020, p. 21).

### 5.6 Relatedness in the MSB Workplace

Connecting with others (relatedness) in a workplace, particularly for mental health support, has been identified as an important part of workplace mental health good practice (Petrie et al., 2018; LaMontagne et al., 2014). Relatedness may produce benefits in subsidiary areas, for example, the ability to benchmark performance or leverage opportunities via social networks. However, MSBOs often work in isolation, with minimal opportunities to connect with others at work (Stephan, 2018; Schonfeld & Mazzola, 2015). The work environment for a MSBO can be significantly different from larger organisations, which may affect the expectation and impact of connection with others.

Seeking support from others is important to developing PsyCap in MSBOs, however, there are often no colleagues within the MSB to provide this support. Relatedly, Md-Sidin et al. (2010) find that supervisors provide significant support roles in the workplace, but again, who can provide a similar service if the MSBO is themselves the only supervisor or simply working alone? Fernet et al. (2016, p. 50) identify the importance of 'occupational loneliness' as a factor in burnout in SME owner-managers. Connections outside the business via local business networks and associations, plus family or friend support are likely more relevant to a MSB mentally healthy workplace (Sawang et al., 2020; Clinton et al., 2006). Studies of small businesses suggest that they may rely on family members as well as professional business support (accountants, financial advisors, bank managers and business coaches) and medical support (doctor/GP, psychologist, social workers and support networks) for personal mental health needs (DISER, 2020).

This should be examined specifically for MSBOs. Overall, for a MSBO, relatedness may be more important when derived from social circles, family and friends, and more research is needed to better understand the value of these connections to the creation of a mentally healthy workplace in a MSB. In particular, Fernet et al. (2016) call for research identifying the impacts of antecedents like external environmental factors (munificence, dynamism and complexity); the role of connectedness in psychological health; and the threat of entrepreneurial orientation to the adaptive capacity of the owner-manager. Similarly, Keith et al. (2020) suggest alienation may be profound in MSBs and extreme for gig workers who are disconnected from their supervisors by the online platform and whose co-workers are viewed as competitors. It is suggested this feeling of being alone can be existential because gig working demands 'deep engagement and rapid responsiveness' (Ashford et al., 2018, p. 27). The need to overcome this loneliness may explain the growing popularity of co-working spaces (Ashford et al., 2018).

## 5.7 Promoting Workplace Wellness

The models reviewed in this article identify the importance of mental health literacy and workplace education in the creation of mentally healthy workplaces. Ongoing mental health awareness programs in the workplace reduce stigma, promote inclusion and encourage active support-seeking (Petrie et al., 2018; LaMontagne et al., 2014). In large organisations, workplace wellness programs are typically managed by the human resources department or workplace wellness division. These departments provide access to mental health education programs, employee assistance services (counselling services), leadership training to model positive people management and often offer physical exercise programs like lunchtime yoga or mindfulness classes (Attridge, 2019; Della Vale et al., 2020; Vella & McIver, 2019).

However, small business owners are not active adopters of health promotion programs despite research findings that workplace initiatives create mentally healthy workplaces (Dawkins et al., 2018; Martin et al., 2009). Lack of financial resources and subject expertise are barriers to the delivery of workplace mental health programs in MSBs (Hughes et al., 2011; McMahon et al., 2001). Research consistently finds that business owners believe that improvements to workplace mental health literacy will not deliver improvements to the business (Dawkins et al., 2018; Williams & Snow, 2012; Taylor et al., 2016). In contrast, Taylor et al. (2016) find that small businesses<sup>4</sup> do offer other types of health promotion activities to address alcohol and substance abuse, reduce or cease smoking and promote healthy eating. However, their study, and that by Dawkins et al. (2018), finds that even these activities are less likely to be offered in small businesses. These studies determine the common factor inhibiting improvements in mental health literacy in MSBs is the inability to quantify a Return on Investment. Mental health promotion is seen as peripheral to core business outcomes, a luxury, and of little benefit to the overall

business strategy. In addition, MSBs lack the time to implement activities and find costs excessive (Dawkins et al., 2018; Taylor et al., 2016).

The age of the business may also affect decisions to implement mental health workplace education campaigns, because allostatic load (stress on the body) can increase the longer a person remains in a micro business (Patel et al., 2019). Research commissioned by the Department of Industry, Science, Energy and Resources (DISER, 2020) determines that small business owners report varying levels of stress dependent on the business lifecycle age, indicating that the small business sector may not engage in standardised 'one size fits all' approaches to mental health literacy if the timing of delivery is inappropriate. Further, business owners who display high business confidence and a state of positive mental health are less likely to implement mental health literacy strategies (Dawkins et al., 2018).

There has been significant investment in the delivery of online resources that are freely available to the small business community. The DISER research (2020) confirms that 32% of all respondents are comfortable seeking out mental health support online and websites like Heads Up, Ahead for Business and My Business Health provide comprehensive tailored information and mental health support targeted at the small business community. These resources help to address mental health workplace literacy costs and subject expertise barriers (Dawkins et al., 2018; Taylor et al., 2016). There is currently no publicly available data on the uptake of current workplace mental health resources available online so their effectiveness across all providers is unknown. As a result, it is difficult to assess whether or not these interventions play a role in managing and preventing mental health issues in the MSB workplace. A better understanding of the MSB context is needed to understand barriers to uptake and to support enhanced delivery of these services.

4. This study does not differentiate between small and micro-sole businesses.

## 6. WHERE TO FROM HERE? RECOMMENDATIONS

Substantial government spending to boost mental health initiatives has highlighted the importance of creating mentally healthy workplaces (NSW Government, 2017a; Mentally Healthy Workplace Alliance, 2018). It is therefore not surprising that extensive industry and academic work has focused on establishing mentally healthy workplace practices for large organisations. Human resource management has primarily focused on people management strategies; creating mentally healthy workplaces is an extension of this discipline. It may be easier to focus on leadership practices where workplaces are large enough to have both leaders and employees.

Creating mentally healthy workplaces in MSBs, however, is challenging because the leader and employee are usually one and the same. The largest business sector is sole operators and this makes workplace mental health approaches difficult—how can someone be directed to care about their own mental health at work? This paper has outlined how work practices can be quite different in MSBs and that many of the approaches to workplace mental health design are operationally different for MSBOs. Who establishes performance boundaries and feedback in a sole-operator business? Where and when does work end if there are no environmental cues like the end of a shared workday? When there are no others working in close proximity? MSBs challenge the context in which mentally healthy workplaces are created.

Fortunately, understanding of mentally healthy workplace practices can help determine appropriate responses when working conditions vary from the norm. The following recommendations are provided for

future research and development of mentally healthy workplace practices in MSBs.

1. **Identify common workplace norms adopted by MSBOs.** It is important to understand where and what defines a workplace. Home-based offices for sole operators may result in blurred lines between work and home activities—it is known that MSBOs find demarcation between work and home environments difficult (Stephan, 2018). Understanding what constitutes the work environment may help to tailor support that is more appropriate to the work realities of MSBOs.
2. **Audit positive leadership approaches when the workplace relies upon self-management skills.** For example, building PsyCap is recognised as key to employee engagement and job fulfilment. However, who determines positive mental health practices when there are no peers or leaders providing performance feedback? How can we stop a MSBO from over-performance, risking burnout?
3. **Revisit the meaning of job autonomy and control when the MSBO works alone.** When is a MSBO actually autonomous? How does a MSBO achieve job control when there is no one else in the workplace to do the tasks that are necessary for the operations of the business? When do the more mundane tasks (regulatory compliance, for example) get completed if they cannot be shared with others? How does this lack of control affect the mental health of the MSBO?
4. **Identify and support MSBOs to apply and develop skills to achieve a sense of workplace wellbeing.** Self-determination theory identifies competence as a key internal motivator—how do we support

MSBOs to improve their workplace skills as their business grows and moves through identified performance stages?

5. **Map connection networks typically available to MSBOs.** Relatedness—using connections with others to support workplace practices—is a key element of employee mental health. Who are these connections when the business owner works alone? How can they be used to develop support networks in a way best suited to the MSBO? Given that a MSBO is more likely to seek assistance from family, friends or intermediaries, how can people outside an organisation support mentally healthy workplace practices for the MSBO?
6. **Make current resources more widely available.** The DISER research (2020) found that 32% of MSBSs were willing to search online for mental health support. How can we reach the remaining 68%? A first step is identifying the unique work conditions of MSBOs. This may result in the production of mental health literacy approaches that hold a broader appeal to MSBOs who may not otherwise actively seek out mental health support or believe it adds no value to current business practices.
7. **Introduce an annual MSBO workplace mental health survey to:**
  - determine the most pertinent psycho-social workplace hazards for the micro-business community;
  - monitor uptake of current community-based resources;
  - establish and implement assessment measures to determine the effectiveness of available mentally healthy workplace resources for the MSBO community.

NSW SafeWork conducted a *Mentally Healthy Workplaces Benchmark Study* in 2017, however, this did not include the MSBO cohort (NSW Government, 2017b). The last *National Survey of Mental Health and Wellbeing* was released in 2007 (ABS, 2008). Although data are often extracted from the Household, Income and Labour Dynamics (HILDA) survey<sup>5</sup> to help better understand the MSB sector, the survey is not specifically targeted at the mental health of MSBOs. The annual *Superfriend (2020) Indicators of a Thriving Workplace* does measure current mentally healthy workplace practices, however, MSBOs are not identified as a sub-group, and indicators reflect general employee-based organisations rather than micro-specific workplace tailored nuances. Investigation into expanding this annual survey tool to include MSBOs and tailor the survey for this sector is warranted.

A different type of workplace will require a different approach to creating mentally healthy workplace practices. Ongoing research is required that is specific to the unique work experiences of MSBOs to ensure that mentally healthy workplace practices match the realities of MSB ownership and therefore can demonstrate value if adopted by MSBOs. Improved understanding of MSB work practices will ensure that ongoing mentally healthy workplace design is appropriate and valuable to the sustainability of the business and to the people who work in it.

5. Published annually by the Melbourne Institute.

# APPENDIX 1: TABLE OF TERMS AND ACRONYMS

TERM/ACRONYM	DESCRIPTION
ABN	Australian Business Number
ABS	Australian Bureau of Statistics
ASBFEO	Australian Small Business Family Enterprise Ombudsman
ATO	Australian Tax Office
DISER	Department of Industry, Science, Energy and Resources
ESE	Entrepreneurial Self-efficacy
GST	Goods and Services Tax
HILDA	Household, Income and Labour Dynamics (survey)
MSB	Micro-sole business
MSBO	Micro-business owners and sole operators
NSW	New South Wales
OECD	Organisation for Economic Co-operation and Development
PsyCap	Psychological Capital
POB	Positive Organisational Behaviour
SDT	Self-determination Theory

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