betterworkplaces
Healthcare Culture & Leadership Service

Executive Report of

Staff Opinion Survey Results October 2010

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TABLE OF CONTENTS

Executive Report

Introduction

The tenth round of the "Better Workplaces" Staff Opinion Survey was conducted from the 11th October to the 3rd November, 2010. The participating Queensland Health health service districts were the Children's Health Service, Gold Coast, Metro South, and Torres Strait & Northern Peninsula Area. Also participating were the Centre for Healthcare Improvement, Finance, Procurement & Legal Services, Health Planning & Infrastructure, Human Resource Services, and Shared Service Partner divisions and the Office of the Director-General. The response rate of 34% for the current round is lower than the 36% from the previous round and the 38% recorded in September 2008.

The survey included a number of questions requesting biographical data, two new measures of Individual Outcome and eight new measures of Organisational Climate added to the survey in the April 2010 round. For the October 2010 survey round these new measures were combined with existing Employee Engagement and Management Practices measures to form a new structure. The new structure included three measures of Individual Outcome, six measures of Climate – Supports, and five measures of Climate – Practices, as well as the existing measures of Trust in Leadership and Clinical Practices (refer to Appendix B). The new measures were developed by research members of the Community and Organisational Research Unit (Core) at the University of Southern Queensland (USQ).[1] Measures were piloted and validated through inclusion in the 2009 April and October rounds of the "Better Workplaces" Survey. In addition to statistical analyses researchers at Core collaborated with the Queensland Health Healthcare Culture and Leadership Service – Culture Team to retain items in the survey that were relevant to the Queensland Health work environment. All measures were found to have acceptable internal consistencies, as presented in Appendix C. The survey also included items related to Harmful Behaviours, Career Intentions, and Performance Plans.

Each district and division within Queensland Health is surveyed every two years, with approximately one quarter of the organisation being surveyed every six months. This report presents the key findings from the participating districts and division as a whole, together with their comparative data. The comparative data, labelled September 2008 in the graphs, has been combined and includes September 2008 survey data for all divisions and all but two participating districts; Metro South and Torres Strait & Northern Peninsula Area. Metro

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[1] Source of measures: Robinson, D., Hooker, H., & Hayday, S. (2007). *Engagement: the continuing story*. (Report No. 447). Brighton, UK: Institute for Employment Studies, Core/QH HCLS - Culture Team, and comments from previous "Better Workplaces" Surveys.

South comparison data includes September 2007 data for Southside and the Princess Alexandra Hospital. Torres Strait & Northern Peninsula Area comparison data are from the April 2009 survey.

Change scores for the new Individual Outcome and Organisational Climate measures are provided by comparison with similar, but not identical QPASS measures from the 2008 survey, where the pilot study results indicated that measures were similar (a statistical correlation of .80 or above was obtained between the new and comparative QPASS measures). Comparison data are available at the measure level only, with 2010 scores available at the item level.

Each district and division is presented with its own Executive Report of detailed findings to evaluate for the action planning process. An interactive database, i-MO, developed by the Core team at USQ, enables each district and division to further examine their detailed results.

Respondents were also provided the opportunity to write comments. Comments about workplace functioning were the most predominant, followed by infrastructure issues and staffing.

Methodology

The survey results are reported using the Measurement of Outcomes Index (MO-Index), which is an odds ratio based measure of how staff responded to survey items. The results are presented in Outcome Units (OU), which have been divided into bands. For positive measures (i.e. those where high scores are desirable) the following bands and range of scores apply:

- Outstanding band: 30.2 OU and above
- Commendable band: 8.8 OU to 30.1 OU
- Middling band: 8.7 OU to -8.7 OU
- Challenging band: -8.8 OU to -30.1 OU
- Adverse band: -30.2 OU and below

Within the survey there is one negative indicator (for which negative scores are desirable), this being *Stress and Work Pressure.* For this measure the range of scores within each band include:

- Outstanding band: -30.2 OU and below
- Commendable band: -8.8 OU to -30.1 OU
- Middling band: -8.7 OU to 8.7 OU
- Challenging band: 8.8 OU to 30.1 OU
- Adverse band: 30.2 OU and above

Figures 1 and 2 below represent the bands for positive and negative indicators, respectively.
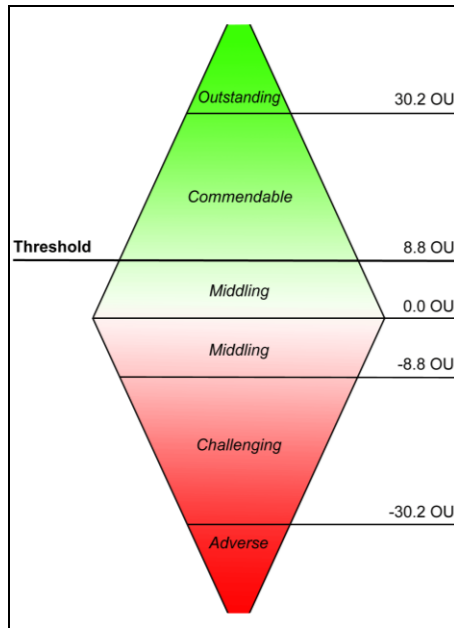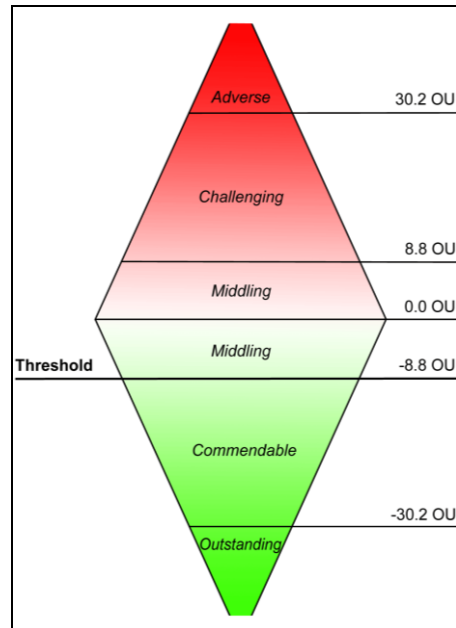

Figure 1. Positive Indicators

Figure 2. Negative Indicators

Using MO-Index scores, measures can be broken down into the items (questions) that make up each measure. This provides meaningful data, from which more targeted actions can be developed for inclusion in action plans and implementation across work areas. For the full interpretive guidelines, see Appendix A.

Key findings

Both successes and challenges are apparent in the current survey results. Overall, Queensland Health has recorded improvement on many indices in the last two years, but there is clearly room for further improvement.

The new 2010 Individual Outcome: *Morale and Job Satisfaction*, Climate – Supports: *Peer Support, Feeling Valued, Feeling Involved,* and *Supervisor Support,* and Climate – Practices: *Role Clarity, Performance Feedback, and Training and Career Development* measure results below are compared with QPASS measure results from the 2008 survey where, while not identical, pilot study results indicated that the measures were somewhat similar (statistical correlation greater than .80). Comparisons are made at the measure level only, with 2010 scores available at the item level.

Full graphical results are contained in the accompanying Staff Opinion Survey Results October 2010 Data Report.

Individual Outcome Measures

Overall measure results are shown in Individual Outcome Measures, Figure 3 (page 20).

- *Morale and Job Satisfaction* scored within the middling band and improved slightly when compared to 2008 QPASS results. The highest scoring item was *most days I am enthusiastic about my job* at 12.3 OU*,* while the lowest scoring item was *generally, my life at work matches my ideal* at a negative -2.0 OU.

- *Stress and Work Pressure,* a negative indicator where scores at -8.8 OU and below are desirable, scored within the middling band at -0.4 OU. This measure does not have 2008 comparison data. The most desirable item with a score of -5.2 OU was *I feel burned out by my work.* The least desirable item score was recorded for *I often feel I am under too much work pressure* at 3.3 OU.

- *Employee Engagement* improved within the commendable band, obtaining a score of 14.8 OU. With five items added for the 2010 survey, *I try to help others in this organisation whenever I can* remained the highest scoring item at an outstanding 30.2 OU, despite recording the greatest decline. The item *I would be happy for my friends and family to use Queensland Health's services,* recorded the greatest improvement, while *this organisation really inspires me to perform at my very best in my job* remained the lowest scoring item at a middling 2.4 OU.

Climate – Supports Measures

Overall measure results are shown in Climate – Supports Measures, Figure 4 (page 20).

- Overall, of the six Climate – Supports measures, four scored in the commendable band and two scored in the middling band, with *Peer Support* recording the highest score at 16.4 OU and *Communication* recording the lowest score at 0.0 OU. All measures with comparison data recorded positive shifts when compared to 2008 results.

- *Peer Support* improved within the commendable band when compared with 2008 QPASS results, and at 16.4 OU recorded the highest score of the Climate – Supports measures. The item *I am accepted by the staff I work with* recorded the most desirable score at a commendable 23.3 OU, while *groups in this work area communicate well with each other* recorded the least desirable and only middling score at 6.4 OU.

- *Feeling Valued* improved from the middling to the commendable band and recorded the greatest positive change of the Climate – Supports measures when compared to 2008 QPASS results. The highest scoring item was *my role is valued within my work area* at a commendable 12.4 OU. The lowest scoring items were *good work is positively recognised* and *my work performance is appropriately recognised,* recording 6.2 OU and 6.3 OU respectively.

- *Feeling Involved* remains within the middling band, recording improvement when compared to 2008 QPASS results. All items recorded middling scores, with *I get the opportunity to develop new and better ways of doing my job* attaining the highest score at 6.7 OU. *I am happy with the way decisions are made in my work area* attained the lowest score at -0.4OU.

- *Supervisor Support* improved from a middling to a commendable score when compared to 2008 QPASS results. The highest scoring item, with a commendable 18.3 OU, was *I am able to approach my immediate supervisor to discuss work issues*, while *staff and supervisors communicate effectively in this work area* was the lowest scoring item, at a middling 6.3 OU.

- At a middling 0.0 OU *Communication* recorded the least desirable Climate – Supports score. This measure does not have 2008 comparison data. The most desirable item, *the information I need to do my job is readily available* attained a commendable score of 10.6 OU, while *staff regularly hear about changes via appropriate channels* recorded the least desirable score, at a challenging -9.7 OU.

- *Support for Managing Others* improved from a middling to a commendable score, with all items recording positive change. *I am confident that I have appropriate skills for*

managing staff performance recorded the highest score at a commendable 19.9 OU, while the lowest scoring item, I *have adequate time and resources to manage my staff* recorded the greatest improvement, at a middling 3.3 OU.

Climate – Practices Measures

Overall measure results are shown in Climate – Practices Measures, Figure 5 (page 21).

- Overall, of the five Climate – Practices measures, two scored in the commendable band and three scored in the middling band. *Workplace Health & Safety* recorded the highest score at 19.6 OU, while *Work Area Management Practices* recorded the lowest score at 5.4 OU. All measures recorded positive shifts when compared to 2008 results.

- *Role Clarity* recorded improvement within the commendable band when compared with 2008 QPASS results. The item *I am clear about my work-related responsibilities* recorded the most desirable score at a commendable 19.1 OU, while *my work area has clearly defined goals that assist staff to focus on appropriate work tasks* recorded the least desirable and only middling score at 6.4 OU.

- *Performance Feedback* improved within the middling band and recorded the greatest positive change of the Climate – Practices measures when compared to 2008 QPASS results. *I am able to discuss my work performance with my supervisor* recorded the only commendable score at 13.8 OU, while *I am given regular feedback on my performance by my supervisor* recorded the lowest score at a middling 1.5 OU.

- *Training and Career Development* also improved within the middling band when compared to 2008 QPASS results. The item *training opportunities are made known to staff* obtained the highest score at a commendable 11.7 OU, while *it is easy to gain access to training and development opportunities* obtained the lowest score at a middling 4.2 OU.

- *Workplace Health and Safety* improved within the commendable band when compared with 2008 results, and at 19.6 OU recorded the highest score of the Climate – Practices measures. Despite recording a slight decline, *staff are encouraged to always report hazards, incidents and 'near misses'* obtained the highest score at a commendable 22.8 OU, while the items *there is genuine commitment by management to staff safety in my work area* and *I am always released for mandatory Workplace Health and Safety training,* both recorded the lowest score at a commendable 17.5 OU.

- *Work Area Management Practices* improved within the middling band, with the highest scoring item, *there are clear guidelines and policies for how we work,* attaining a commendable 12.3 OU. *Staff receive the training that they need to do their work*

recorded the greatest improvement, shifting from the middling to the commendable band, while *recruitment and selection practices are transparent and fair* recorded the greatest decline. *Poor performance is appropriately managed* remains the lowest and the only negative score at -3.0 OU.

Trust in Leadership Measures

Overall measure results are shown in Trust in Leadership Measures, Figure 6 (page 21).

- *Trust in Immediate Supervisor* improved within the commendable band and at 11.7 OU remains the highest level of Trust in Leadership. *My supervisor treats people with care and respect* was the highest scoring item at a commendable 17.1 OU and along with *my supervisor manages conflict fairly and promptly*, recorded the greatest improvement. *My supervisor asks for my opinion before making decisions that affect my work* attained the least desirable score at a middling 7.1 OU.

- *Trust in Senior Manager* experienced a negative shift within the middling band, with all items also recording negative shifts within the middling band when compared to 2008 QPASS results. *Senior Manager regularly communicates with staff* recorded the greatest decline. *Senior Manager does what they say they are going to do* was the highest scoring item at 3.4 OU, while *Senior Manager builds a culture of openness and trust* recorded the least desirable score at 1.1 OU.

- *Trust in Executive* recorded the lowest score of the three trust measures and remains a negative score within the middling band. All items also recorded negative scores. The item, *Executive makes fair, transparent and consistent decisions* recorded the greatest decline, while *Executive sets a clear vision and direction for the future* recorded the most desirable score at -0.4 OU. *Executive genuinely listens and is responsive to issues raised by staff* recorded the least desirable score at -3.9 OU, despite recording the greatest improvement.

Clinical Work Measures

Overall measure results are shown in Clinical Work Measures, Figure 7 (page 22).

- *Clinical Management Practices* experienced improvement within the middling band. The highest scoring and only commendable item was *I am expected to perform within my skills and abilities* at 10.3 OU*,* while the greatest improvement was shown for *sufficient time and resources are devoted to clinical skills development*, which shifted from a negative to a positive score within the middling band*. There is a system to monitor the*

work performance of each clinician recorded the least desirable score and only decline at 1.7 OU.

- *Multidisciplinary Team Support for Patient Care* improved within the commendable band, recording the highest score and greatest positive change of the Clinical Work measures. All items remained commendable scores and recorded positive change, with *patient care is provided by multidisciplinary teams* the highest scoring item at 26.3 OU, while *multidisciplinary teams meet regularly to plan and review patient care* recorded the greatest improvement and was the lowest scoring item at 14.4 OU.

- *Clinical Communication* improved within the commendable band, with all items recording positive change. *I receive the information I need to carry out my work to the best of my ability* recorded the highest score at a commendable 14.2 OU, while *my opinions about improving clinical services are valued* recorded the lowest and only middling score at 8.4 OU.

Predictors of Morale & Job Satisfaction, Stress & Work Pressure, and Employee Engagement

The strong predictors of *Morale and Job Satisfaction*:

- *Feeling Valued*
- *Feeling Involved*
- *Role Clarity*
- *Trust in Executive*

The strong predictors of *Stress and Work Pressure* (when predictors are higher Stress and Work Pressure is lower):

- *Communication*
- *Feeling Valued*
- *Work Area Management Practices*
- *Supervisor Support*

The strong predictors of *Employee Engagement*:

- *Morale and Job Satisfaction*
- *Workplace Health and Safety*
- *Trust in Executive*
  Employee Engagement is higher when *Stress and Work Pressure* is lower

Career Intentions

- 35% of respondents are considering leaving their current job, with 27% currently actively looking for another job.

- 74% of respondents said they would want to stay in Queensland Health if they left their current job.

- The main reasons for respondents considering leaving their current position were *career development and advancement opportunities* and *unhappy with management.*

Harmful Behaviours

- 24% of respondents reported that they had experienced harmful behaviours in their work area in the past six months; this is lower than the 29% who reported in 2008.

- The most common experience of harmful behaviour reported was Harassment/ Bullying: Intimidation.

- The most common source of harmful behaviours was reported as co-workers (41%), followed by supervisors/managers (33%).

- Where the source of the harmful behaviour was internal:

    - Supervisors/Managers – The resulting effects were; *upset at the time* (46.5%), *ongoing distress and anxiety* (37.0%), *physical or psychological harm for which medical treatment was sought* (13.0%) and *fear for their safety* (3.5%).

    - Co-workers – The resulting effects were; *upset at the time* (52.5%), *ongoing distress and anxiety* (33.1%), *physical or psychological harm for which medical treatment was sought* (9.1%) and *fear for their safety* (5.3%).

- Where the source of the harmful behaviour was external:

    - Visitors/Relatives – The resulting effects were; *upset at the time* (70.7%), *fear for their safety* (17.5%), *ongoing distress and anxiety* (9.5%), and *physical or psychological harm for which medical treatment was sought* (2.3%).

    - Patients/Clients – The resulting effects were; *upset at the time* (56.8%), *fear for their safety* (23.7%), *ongoing distress and anxiety* (14.6%) and *physical or psychological harm for which medical treatment was sought* (4.9%).

- Actual *physical or psychological harm for which medical treatment was sought* and *ongoing distress/anxiety* were more likely where the source was internal (i.e. supervisors/managers or co-workers). *Fear for their safety* was more likely where the source was external (i.e. visitors/relatives or patients/clients).

- While 86% of respondents say they *know how to report harmful behaviours*, only 54% say they *trust the process for managing harmful behaviours*.

- The most common reasons provided for not reporting incidents of harmful behaviour was *fear of victimisation or reprisal* and *dealt with it him/herself*.

- 19% of managers/supervisors reported experiencing harmful behaviours from people they manage; this is similar to the 19% reported in 2008.

- Respondents indicated they were aware that some action was taken in about 39% of the instances of harmful behaviour they reported formally.

Performance Plans

- Approximately 59% of respondents indicated they have had a written performance and development plan (i.e. PAD, PPR, MFP etc) in the last 12 months.

- 59% of supervisors reported having conducted performance and development plans with all their direct report staff in the last 12 months.

Results by occupational stream groups

Change scores are provided for twelve of the fourteen Individual Outcome, Climate – Supports, and Climate – Practices measures. The *Stress and Work Pressure* and *Communication* measures do not have comparison data.

Administration

- Administration respondents reported commendable scores for seven of the Individual Outcome, Climate – Supports, and Climate – Practices measures and middling scores for the remaining seven.

- Seven of the twelve Individual Outcome, Climate – Supports, and Climate – Practices measures with comparison data recorded positive change, with *Feeling Valued* improving from a middling to a commendable score.

- *Trust in Immediate Supervisor* remained commendable at 13.1 OU.

- *Trust in Senior Manager* and *Trust in Executive* declined within the middling band, with the latter shifting from a positive to a negative score.

- *Clinical Management Practices* declined within the middling band, while *Multidisciplinary Team Support for Patient Care* and *Clinical Communication* declined within the commendable band.

Nursing Staff

- This group achieved seven commendable and seven middling scores for the Individual Outcome, Climate – Supports and Climate – Practices measures.

- Nursing staff recorded the least desirable score of all occupational stream groups for *Stress and Work Pressure*, while *Communication* recorded a negative score within the middling band.

- All of the Individual Outcome, Climate – Supports, and Climate – Practices measures with comparison data recorded positive change. *Supervisor Support, Support for Managing Others* and *Training and Career Development* improved from middling to commendable scores, with the latter improving more for this occupational stream than any other. *Feeling Involved* improved from a negative to a positive score within the middling band.

- *Trust in Immediate Supervisor* remained commendable, while *Trust in Senior Manager* declined from a positive to a negative score within the middling band.

- *Trust in Executive* improved within the middling band, despite remaining a negative score.

- *Clinical Management Practices* improved within the middling band, while *Multidisciplinary Team Support for Patient Care* and *Clinical Communication* improved within the commendable band.

Health Practitioner

- This group reported commendable scores for seven Individual Outcome, Climate – Supports and Climate – Practices measures and middling scores for the remaining seven.

- Health Practitioner respondents recorded the most desirable score of all occupational streams for *Workplace Health & Safety.*

- *Stress and Work Pressure* (a negative indicator where negative scores are desirable) obtained a positive score within the middling band.

- All of the Individual Outcome, Climate – Supports, and Climate – Practices measures with comparison data recorded positive change, with *Feeling Valued* and *Training and Career Development* shifting from the middling to the commendable band.

- All three measures of trust in leadership recorded negative change.

- *Trust in Immediate Supervisor* remained a commendable score, while *Trust in Senior Manager* remained middling and *Trust in Executive* remained a negative score within the middling band.

- *Clinical Management Practices* improved within the middling band, while *Clinical Communication* and *Multidisciplinary Team Support for Patient Care* improved within the commendable band; with the latter recording the most desirable score of all occupational streams.

Operational

- Operational respondents scored in the commendable range for five of the Individual Outcome, Climate – Supports, and Climate – Practices measures and in the middling range for the remaining nine.

- *Communication* recorded a negative score within the middling band.

- All twelve of the Individual Outcome, Climate – Supports and Climate – Practices measures with comparison data recorded positive change, with *Peer Support* improving from the middling to the commendable band. *Feeling Valued*, *Performance Feedback, Training and Career Development* and *Work Area Management Practices* improved from negative to positive scores within the middling band. The latter, along with *Workplace Health & Safety* and *Feeling Involved*, improved more for this occupation stream than any other, with *Feeling Involved* remaining a negative score within the middling band.

- All three measures of trust in leadership experienced positive change.

- *Trust in Immediate Supervisor* remained a middling score.

- *Trust in Senior Manager* shifted from a negative to a positive score within the middling band, while *Trust in Executive* remained a negative score within the middling band.

- Operational respondents recorded the least desirable score of all occupational streams for *Clinical Management Practices* and *Clinical Communication*, despite both measures recording improvement within the middling band. *Multidisciplinary Team Support for Patient Care* improved within the commendable band.

Medical Staff

- Medical staff respondents scored in the commendable range for seven Individual Outcome, Climate – Supports, and Climate – Practices measures and in the middling range for the remaining seven.

- This group recorded the most desirable score of all occupational streams for *Training and Career Development* and *Peer Support,* with the latter improving more for this occupational stream than any other. Medical staff also recorded the least desirable score of all occupational streams for *Support for Managing Others.*

- All of the Individual Outcome, Climate – Supports and Climate – Practices measures with comparison data recorded positive change except *Employee Engagement,* which declined slightly within the commendable band. *Feeling Valued* and *Training and Career Development* improved from the middling to the commendable band.

- *Trust in Immediate Supervisor* improved within the commendable band, while *Trust in Senior Manager* recorded declined within the middling band.

- *Trust in Executive* experienced positive change within the middling band; however remains a negative score.

- *Clinical Management Practices* improved within the middling band, while *Multidisciplinary Team Support for Patient Care* and *Clinical Communication* improved within the commendable band.

Dental Staff

- Dental staff reported commendable scores for four Individual Outcome, Climate – Supports and Climate – Practices measures and middling scores for the remaining ten.

- This group recorded the least desirable score of all the occupational streams for *Morale and Job Satisfaction.*

- *Communication* recorded a negative score within the middling band, while *Stress and Work Pressure* (a negative indicator where negative scores are desirable) obtained a positive score within the middling band.

- Six of the twelve Individual Outcome, Climate – Supports, and Climate – Practices measures with comparison data recorded positive change. *Feeling Valued* and *Performance Feedback* improved from negative scores to positive scores within the middling band, while *Feeling Involved* and *Training and Career Development* remained negative scores within the middling band. *Role Clarity* declined more for this occupational stream than any other.

- *Trust in Immediate Supervisor* declined from the commendable to the middling band, while *Trust in Senior Manager* declined to a negative score within the middling band.

- *Trust in Executive* declined from the middling to the challenging band, recording the least desirable score of all the occupational streams.

- Dental staff respondents recorded the least desirable score of all occupational streams for *Multidisciplinary Team Support for Patient Care,* despite recording improvement within the middling band. *Clinical Management Practices* improved within the middling band, while *Clinical Communication* declined within the commendable band.

Indigenous Health

- This group reported commendable scores for seven Individual Outcome, Climate – Supports and Climate – Practices measures and middling scores for the remaining seven.

- Indigenous Health respondents recorded the most desirable score of all occupational streams for *Employee Engagement*.

- *Communication* recorded a negative score within the middling band, while *Stress and Work Pressure* (a negative indicator where negative scores are desirable) obtained a positive score within the middling band.

- All of the Individual Outcome, Climate – Supports and Climate – Practices measures with comparison data recorded negative change. *Morale and Job Satisfaction, Employee Engagement, Peer Support, Supervisor Support, Support for Managing Others* and *Work Area Management Practices* declined more for this occupational stream than any other, while *Feeling Valued, Feeling Involved, Performance Feedback and Training and Career Development* declined for this occupational stream only*. Morale and Job Satisfaction, Feeling Involved, Performance Feedback, Training and Career Development* and *Work Area Management Practices* declined from the commendable to the middling band.

- All three measures of trust in leadership recorded negative change, with *Trust in Senior Manager* and *Trust in Executive* declining more for this occupational stream than any other.

- *Trust in Immediate Supervisor* remained within the commendable band, while *Trust in Senior Manager* declined from a commendable to a middling score.

- *Trust in Executive* declined from a positive to a negative score within the middling band.

- All three clinical measures declined more for this occupational stream than any other. *Clinical Management Practices* declined within the middling band, while *Clinical Communication* and *Multidisciplinary Team Support for Patient Care* declined within the commendable band.

Professional

- Professional respondents achieved eleven commendable scores for the Individual Outcome, Climate – Supports and Climate – Practices measures and middling scores for the remaining three measures.

- This group recorded the most desirable score of all occupational streams for *Feeling Valued*, *Feeling Involved, Supervisor Support*, *Support for Managing Others* and *Performance Feedback*.

- All twelve of the Individual Outcome, Climate – Supports, and Climate – Practices measures with comparison data recorded positive change, with *Supervisor Support, Support for Managing Others* and *Performance Feedback* improving more for this occupational stream than any other. The latter two measures, along with *Feeling Valued, Feeling Involved, Training and Career Development* and *Work Area Management Practices* improved from middling to commendable scores.

- All three measures of trust in leadership improved more for this occupational stream than any other.

- *Trust in Immediate Supervisor* remained a commendable score, while *Trust in Senior Manager* remained a middling score, with Professional respondents recording the most desirable score of the occupational streams for both of these measures of trust.

- *Trust in Executive* improved from a negative to a positive score within the middling band.

- Clinical measures results are not available for this occupational stream.

Trades

- This group reported a commendable score for *Workplace Health & Safety*, challenging scores for *Feeling Involved* and *Communication* and middling scores for the remaining ten Individual Outcome, Climate – Supports and Climate – Practices measures. Results were not available for *Support for Managing Others* due to less than 10 respondents for this measure.

- Trades respondents recorded the least desirable score of all occupational streams for *Employee Engagement, Peer Support, Feeling Valued*, *Feeling Involved, Supervisor Support*, *Communication, Role Clarity, Performance Feedback, Training and Career Development, Workplace Health and Safety* and *Work Area Management Practices.*

- However, ten of the Individual Outcome, Climate – Supports, and Climate – Practices measures with comparison data recorded positive change, with *Morale and Job*

Satisfaction, Employee Engagement, Feeling Valued and *Role Clarity* improving more for Trades respondents than any other occupational stream group, while *Workplace Health & Safety* declined more for this occupational stream than any other.

- *Trust in Immediate Supervisor* declined more for this occupational stream than any other, shifting from a positive to a negative score within the middling band and recorded the least desirable score of all the occupational streams.

- *Trust in Senior Manager* improved within the challenging band, however recorded the least desirable score of all the occupational streams.

- *Trust in Executive* remains a negative score within the middling band, despite experiencing a positive shift.

- Clinical measure results are not available for this occupational stream.

Other

- Other respondents scored in the commendable band for eleven of the Individual Outcome, Climate – Supports and Climate – Practices measures and in the middling band for the remaining three.

- This group recorded the most desirable scores of all the occupational stream groups for *Morale and Job Satisfaction, Stress and Work Pressure, Communication, Role Clarity* and *Work Area Management Practices.*

- Five of the twelve Individual Outcome, Climate – Supports, and Climate – Practices measures with comparison data recorded positive change, with *Performance Feedback* and *Training and Career Development* shifting from the middling to the commendable band.

- *Trust in Immediate Supervisor* declined within the commendable band, while *Trust in Senior Manager* and *Trust in Executive* improved within the middling band, with the latter recording the most desirable score of the occupational streams.

- All three clinical measures improved more for Other respondents than for any other occupational stream*. Clinical Communication* and *Clinical Management Practices* recorded the most desirable scores of all occupational streams, with the latter shifting from the middling to the commendable band. *Clinical Communication* and *Multidisciplinary Team Support for Patient Care* remained in the commendable band.

Conclusions

All levels of management and staff who participated in the survey should be acknowledged for their effort in producing a number of positive results. The October 2010 results showed *Feeling Valued* to have recorded more improvement than other measures of organisational climate. *Employee Engagement, Peer Support, Role Clarity, Workplace Health and Safety, Trust in Immediate Supervisor, Clinical Communication* and *Multidisciplinary Team Support for Patient Care* remained commendably high. However, there are aspects within each measure that should be noted (refer to key findings; e.g., the item *my work area has clearly defined goals that assist staff to focus on appropriate work tasks* in the measure of *Role Clarity)*.

While the results of these overall measures are deserving of praise, the importance of the strong predictors of *Morale and Job Satisfaction*, *Stress and Work Pressure*, and *Employee Engagement* is emphasised. In particular, the relatively low results recorded for *Communication*, *Feeling Involved*, *Trust in Executive* and *Work Area Management Practices* should be considered as key focal points for intervention.

Across occupational streams, the considerable improvements and desirable scores recorded across most measures by *Professional* respondents are to be commended. The improvements recorded by *Nursing, Health Practitioner, Operational,* and *Medical* stream respondents are similarly deserving of praise. However, while showing improvement on several measures, the less desirable scores recorded by *Trades* stream respondents warrant further investigation, as does the pattern of negative change recorded by *Indigenous Health* respondents.

Recommendations and focal points for interventions

- Results suggest that communication between management and staff and within work areas are key issues for staff. An initial step that management could take is to consider the timeliness and extent of communication provided staff through appropriate channels, in particular about changes that affect their work and future. The scope of staff involvement in decision-making about work-related issues should also be critically considered and conveyed. This will help alleviate negative reactions when the process is not according to expectations.

- Results also suggest that work area management practices, including the appropriate management of poor performance and problems arising within work areas, are important issues for staff. An initial focus for management would be to consider the high proportion

of respondents who have not had a written performance and development plan in the last 12 months, as well as the regularity and quality of performance feedback.

- Career development and advancement opportunities was highlighted as one of the most common reasons for respondents who were considering leaving their job, which signals an area of attention for managers. In light of this response, training plans could incorporate:

(1) development - improving skills for the present job, and in particular, gaining access to development opportunities.

(2) growth - preparation for advancement in career, and in particular, as previously indicated, focusing attention on the high proportion of respondents who have not had a written performance and development plan conducted in the last 12 months.

- The prevalence of harmful behaviour remains an issue, which is detrimental to ongoing improvements in organisational culture. Without compromising the ethical and legal obligations of confidentiality, management should ensure that they communicate whether or not action was taken in response to staff reporting incidents of harmful behaviour. Such action may increase the level of faith staff have in the management of reported incidents of harmful behaviour and reduce the number of incidents.

- Management and staff at all levels need to remain openly vigilant and intolerant of harmful behaviour, even when it is circumstantial or unintended. Such action may help decrease the fear of reprisal occurring if incidents are reported. However, failure to do so will mean that the impact of harmful behaviours from internal sources continues to undermine staff abilities to perform at their best.

- Results suggest that aspects of trust in senior and executive management, such as *building a culture of openness and trust*, *regular communication with staff*, and *genuinely listening and being responsive to issues raised by staff* are key issues for consideration. Addressing these issues may improve staff perceptions of management, and in turn help reduce the reported number of respondents considering leaving their job due to feeling *unhappy with management*.

- The results of this survey should be communicated to staff, portraying a balanced picture of both the key successes and challenges. This would help increase trust in leadership.

- Executives should continue driving the action planning process at the division/district level, encouraging staff involvement in the process to improve workplace culture and ensuring that initiatives and improvements achieved as a result of the action planning process are also communicated to staff.

Individual Outcome Measures

Negative scores desirable

	Stress and Work Pressure	Employee Engagement	Morale and Job Satisfaction
Oct 2008		12.7	3.7
Oct 2010	-0.4	14.8	4.5
Change		2.2	0.8
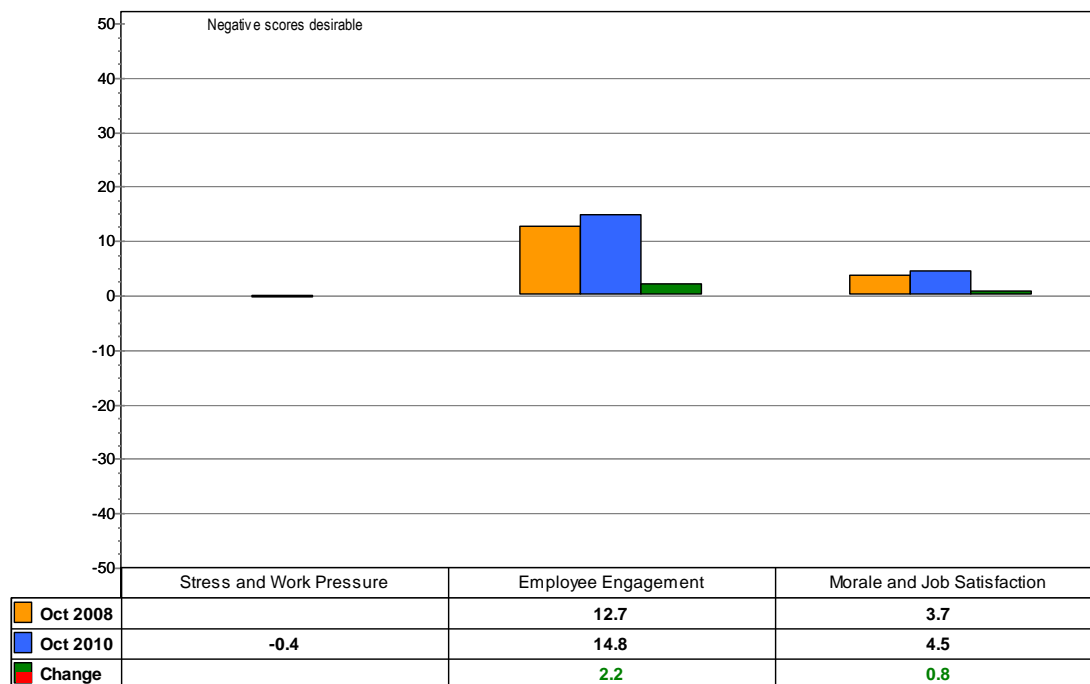
Figure 3. Individual Outcomes measures

Climate – Supports Measures

	Communication	Feeling Valued	Supervisor Support	Feeling Involved	Peer Support	Support for Managing Others
Oct 2008		2.4	8.3	0.1	13.5	8.5
Oct 2010	0.0	8.9	11.6	3.3	16.4	10.4
Change		6.5	3.3	3.2	2.9	1.9
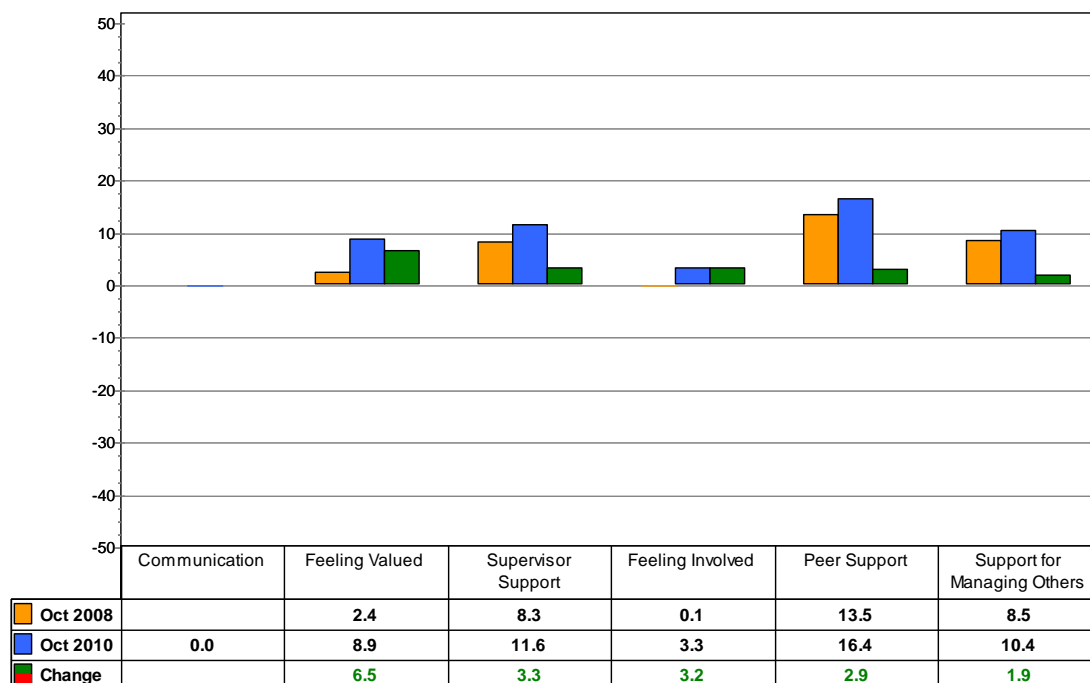
Figure 4. Climate – Supports measures

Climate – Practices Measures

	Performance Feedback	Training and Career Development	Workplace Health & Safety	Work Area Management Practices	Role Clarity
Oct 2008	1.5	4.2	18.8	4.9	12.3
Oct 2010	5.9	7.3	19.6	5.4	12.7
Change	4.4	3.1	0.7	0.5	0.4
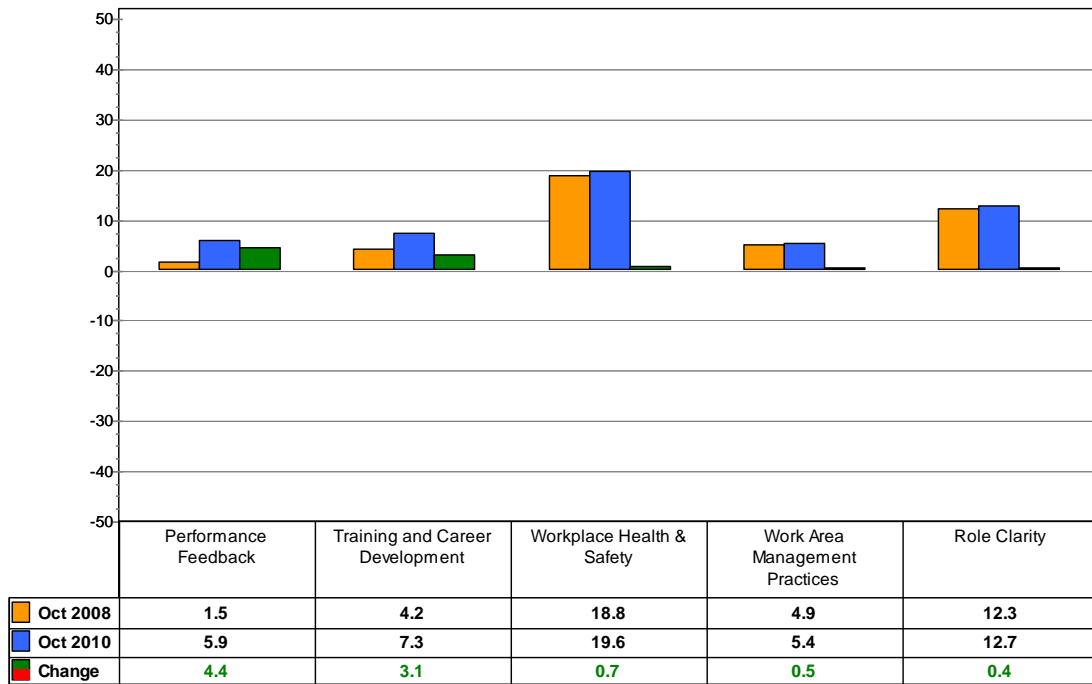
Figure 5. Climate – Practices measures

Trust in Leadership Measures

	Immediate Supervisor	Executive	Senior Manager
Oct 2008	11.5	-2.4	3.5
Oct 2010	11.7	-2.5	2.3
Change	0.2	-0.1	-1.2
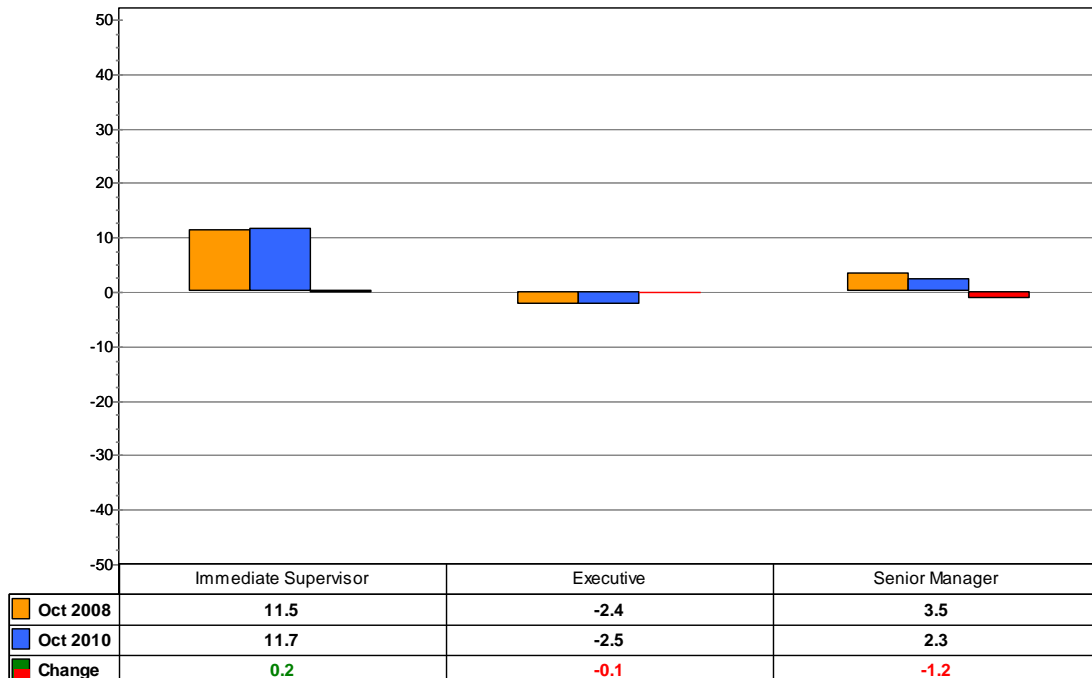
Figure 6. Trust in Leadership measures

Clinical Work Measures

	Multidisciplinary Team Support for Patient Care	Clinical Communication	Clinical Management Practices
Sept 2008	16.1	10.6	5.7
Oct 2010	17.8	12.1	6.5
Change	1.8	1.5	0.8
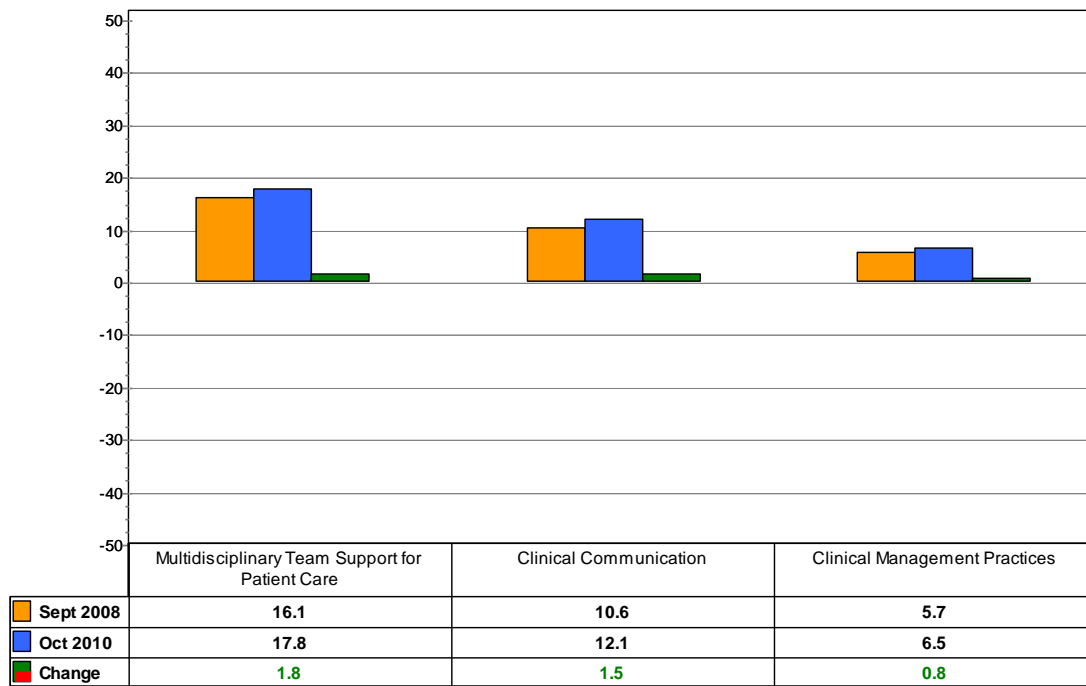
Figure 7. Clinical Work measures

Response Rate and Comparative Data

Of the 8 486 surveys returned, 8 461 were valid and useable. Table 1 provides the web and valid paper survey counts and response rates for each District and Division.

Table 1. Response Rates

QH Overall	Total possible respondents	Actual paper based respondents	Actual web based respondents	Response Rate (%)
October 2010	24 875	3 741	4 720	34.0
Districts and Divisions				
Health Planning & Infrastructure	253	0	237	93.7
Centre for Healthcare Improvement	254	0	236	92.9
Finance, Procurement & Legal Services	323	0	247	76.5
Human Resource Services	191	0	144	75.4
Shared Service Partner	1 764	176	934	62.9
Office of the Director-General	125	0	67	53.6
Children's Health Service	2 173	435	386	37.8
Gold Coast	5 739	1 061	1 023	36.3
Torres Strait & Northern Peninsula Area	431	48	60	25.1
Metro South	13 622	2 021	1 386	25.0

Table 2. Survey Dates of Comparative Data

October 2010 HSD/Division	Comparative Data
Children's Health Service	September 2008 Royal Children's Hospital
Finance, Procurement & Legal Services	September 2008 (from Corporate Services)
Gold Coast	September 2008
Health Planning & Infrastructure	September 2008 (from Corporate Services)
Human Resource Services	September 2008 (from Corporate Services)
Office of the Director-General	September 2008
Shared Service Partner	September 2008
Metro South	September 2007 Southside; PAH
Centre for Healthcare Improvement	September 2008
Office of Health & Medical Research	October 2009
Torres Strait & Northern Peninsula Area	April 2009

Demographic Details of Respondents

Table 3. Gender of respondents

Gender	Count	Percent
Female	6 585	77.8
Male	1 770	20.9
Didn't indicate	106	1.3

Table 4. Age of respondents

Age	Count	Percent
Under 21	90	1.1
21 – 30	1 481	17.5
31 – 40	1 946	23.0
41 – 50	2 557	30.2
51 – 60	1 878	22.2
Over 60	451	5.3
No response	509	6.0

Table 5. Employment Status

	Count	Percent
Permanent full-time	4 957	58.6
Temporary full-time	1 072	12.7
Permanent part-time	1 795	21.2
Temporary part-time	291	3.4
Casual/flexible	289	3.4
No response	57	0.7

Table 6. Aboriginal or Torres Strait Islander

	Count	Percent
Yes	146	1.7
No	8 249	97.5
No response	66	0.8

Table 7. Non-English speaking background

	Count	Percent
Yes	873	10.3
No	7 525	88.9
No response	63	0.7

Table 8. Occupational stream groups

Administration	3 103
Nursing	2 458
Health Practitioner	1 140
Operational	603
Medical	414
Dental	219
ATSI Health Worker	118
Professional	57
Trades	24
Technical	<10
Other	185
Didn't indicate	132

Glossary of Key Terms

Adverse Outcome	Outcome situated at -30.2 OU and below for positive indicators and at 30.2 OU and above for negative indicators.
Benchmark	Comparison data used as a standard against which survey results can be measured. The most informative benchmark to indicate change is a comparison against self (e.g. same District/Division over time) using results from prior survey periods.
Challenging Outcome	Outcome situated at between -8.8 OU and -30.1 OU for positive indicators and between 8.8 OU and 30.1 OU for negative indicators.
Commendable Outcome	Outcome situated between 8.8 OU and 30.1 OU for positive indicators and between -8.8 OU and -30.1 OU for negative indicators.
Desirable positive score	Scores above 0.0 OU for positive indicators.
Desirable negative score	Scores below 0.0 OU for negative indicators.
Middling Outcome	Outcome situated around 0.0 OU (the basal outcome), between 8.7 OU and -8.7 OU.
Negative change	Change that occurs in the direction of decline (i.e., lower scores for positively scored questions and measures and higher scores for negatively scored questions and measures).
Negative Indicator	Stress and Work Pressure.
Odds ratio	The ratio of the percentage of possible responses endorsed and the percentage of possible responses not endorsed for a particular item or measure.
Outcome Units (OU)	Scores produced from the calculation of the logarithm of item endorsement odds ratios.
Outstanding Outcome	Outcome situated at 30.2 OU and above for positive indicators and at -30.2 and below for negative indicators.
Positive change	Change that occurs in the direction of improvement (i.e., higher scores for positively scored questions and measures and lower scores for negatively scored questions and measures).

Positive Indicator	Morale & Job Satisfaction, Employee Engagement, Feeling Valued, Feeling Involved, Peer Support, Supervisor Support, Communication, Support for Managing Others, Role Clarity, Performance Feedback, Training & Career Development, Workplace Health & Safety, Work Area Management Practices, Trust in Immediate Supervisor, Trust in Senior Manager, Trust in Executive, Clinical Management Practices, Multidisciplinary Team Support for Patient Care, Clinical Communication.
Undesirable negative score	Scores below 0.0 OU for positive indicators.
Undesirable positive score	Scores above 0.0 OU for negative indicators.
Threshold	The point at which something begins or changes. For the MO-Index an outcome of 8.8 OU is the threshold at which scores are described as "Commendable". An outcome of -8.8 OU is the threshold at which scores are described as "Challenging".

Appendix A

Interpretive Guidelines

These guidelines are intended to inform interpretation and use of the survey findings. While no set of guidelines is definitive, these guidelines do offer a consistent and reasoned approach to understanding survey results. There are a number of principles to understand that affect interpretation.

Principle 1: Response rates

Queensland Health has for years aimed for and usually exceeded a target of 30% or more participation in staff surveys at the organisation, district or divisional level. This of course works equally as well when figures aggregate to the district, divisional or even whole-of Queensland Health level. The purpose of maintaining the minimum target of 30% is to:

- Foster the highest possible level of staff engagement and participation in surveys and survey results. This gives staff a channel for voicing their opinions and an opportunity to be listened to; and

- Enable meaningful comparisons and reporting of individual work units, which is not possible if there are too few respondents in individual work units.

If the response rate is lower than 30%, these two key advantages may be lost, but the results are still broadly representative at the whole-of-organisation, district or divisional level. This is true even when response rates are less than 10%. While this may sound low, it is well backed by scientific literature[1], and the guidelines endorsed by the National Statistical Service[2].

Principle 2: Use both Criterion-based and a Relative point of comparison

While Queensland Health has in the past used a criterion-based interpretation of survey results (results that fall into pre-determined target ranges), the preference has always been to focus on a relative interpretation of results against Queensland Health benchmarks. This has always been available to some extent with comparisons to results of other districts, divisions and/or whole-of-Queensland Health figures. All districts and divisions were surveyed between April 2006 and September 2007 (with the exception of QCMHL) and were surveyed again between April 2008 and October 2009, thus allowing most districts and divisions to be benchmarked against themselves from one survey

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[1] e.g. Bartlett, Kotrlik, & Higgins, 2001 http://www.osra.org/itlpj/bartlettkotrlikhiggins.pdf; Jaccard, 1983
[2] www.nss.gov.au/nss/home.nsf/pages/sample%20size%20calculator

period to the next. This is a leap forward if one considers the hierarchy of possible benchmark comparisons below.

Star ratings of benchmarks

★★★★★	Benchmarking against self (same District/Division over time)
★★★★	Benchmarking against other comparable services/work units
★★★	Benchmarking against whole-of Queensland Health
★★	Benchmarking against other health departments in other states
★	Benchmarking against unrelated survey findings (e.g. different timeframe, different industry, different definitions of key variables)

Wherever possible, the greatest emphasis in interpretation should be placed on a five-star (★★★★★) benchmark. This is the most informative about change in the District/Division. Where this is not available, four and even three-star benchmarks can be used. Two and one-star benchmarks should be avoided as they take the least account of strategic and operational differences between the work unit, and the source of the benchmark.

This relative interpretation should be used in conjunction with the Measurement of Outcome Index (MO-Index) outlined in the section entitled "What do the numbers mean?". This will allow district and divisions to assess achievements in absolute terms as well as their relative achievements (compared to their own previous surveys).

Principle 3: Interpreting Change

Where five-star benchmarking is used, the issue arises as to how to interpret change over time. What is significant change? The term "significant" is not used here, as it has a particular statistical connotation[3]. The difference that Queensland Health is interested in is better termed as reliable, consistent or meaningful change. In line with this, meaningful change is defined as any change that has been collectively noticed by staff. If staff can see it, it is real, and if it is real, it is meaningful.

Further, zero change may be indicative of the success of the work unit in halting previously declining results, just as positive change is indicative of the success of another work unit which is building on previous successes. The direction and amount of change has to be understood in relation to where the District/Division started from, and what it has tried to achieve in the intervening time (see context information for the

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[3] The probability of falsely rejecting the null hypothesis (that no genuine change has occurred) against an arbitrary criteria normally set at 5%.

District/Division). The question of how this information might be used for strategic or operational planning is a separate question, and is generally better addressed by staff and management of each work unit involved. It is they who best understand the context in which they attained the results they did, and how this could help shape their future.

What do the numbers mean?

While reporting simple average percentages to measures in the questionnaire is the most obvious way to convey the results of the survey, they are misleading. These averages are overly distorted by responses that are skewed. Nor do averages take into account that very low or very high scores are harder to shift than more middling scores. So while average percentages have their appeal, they simply are not accurate.

The MO-Index is a measure of how staff responded to survey items and was developed to overcome these problems. As well as reporting the results of measures (e.g. *Morale and Job Satisfaction*), the MO-Index allows the reporting of results from the individual questions (e.g. "*Overall, I am satisfied with my job*") that make up each measure. These provide an indication of the contribution of items to the scores of the measures.

Put simply, the MO-Index is a standard composite measure of how staff responded to questions in the survey. This is an adapted form of Rasch modelling, using odds ratios, which is well established in scientific literature (e.g. Bond & Fox, 2001)[4]. Odds ratios capture the likelihood of a particular response to a question (as opposed to a simple but distorted average). These odds ratios are aggregated, and then mathematically transformed (the natural logarithm is calculated). This transformation neutralises any possible distortions that may be due to skewed data. Finally these figures are standardised for ease of interpretation and comparison among measures. Similar indices have been used to measure high school performance (the OP score), and the severity of an earthquake (the Richter scale) to name just a couple.

The MO-Index ranges from -100 Outcome Units (OU) to +100 Outcome Units (OU).

- To get -100 OU for a measure, absolutely all staff would have indicated "strongly disagree" to all items that make up that measure.
- To get +100 OU for a measure, absolutely all staff would have indicated "strongly agree" to all items that make up that measure.
- To get -100 OU for an item, absolutely all staff would have indicated "strongly disagree" to that item.

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[4] A more technical description of how and why the MO-Index was calculated is available on request from the Community and Organisational Research Unit at the University of Southern Queensland.

- To get +100 OU for an item, absolutely all staff would have indicated "strongly agree" to that item.

Because both these extreme scenarios are unprecedented, the graphs in the report are presented from -50 OU to +50 OU[5].

Positive scores are desirable for positive indicators (e.g. for *Morale and Job Satisfaction*). Negative scores are desirable for negative indicators (namely *Stress and Work Pressure*).

The hierarchy of descriptors for positive and negative indicators are presented in Figures 1 and 2 respectively. Descriptions of terms are provided in the Glossary on p. 26.
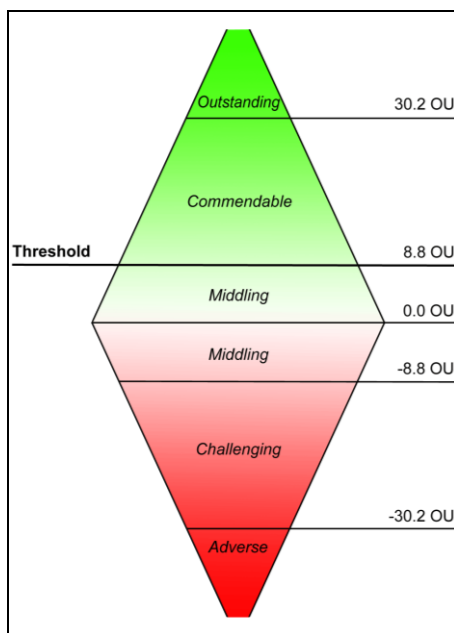
Hierarchy of Descriptors

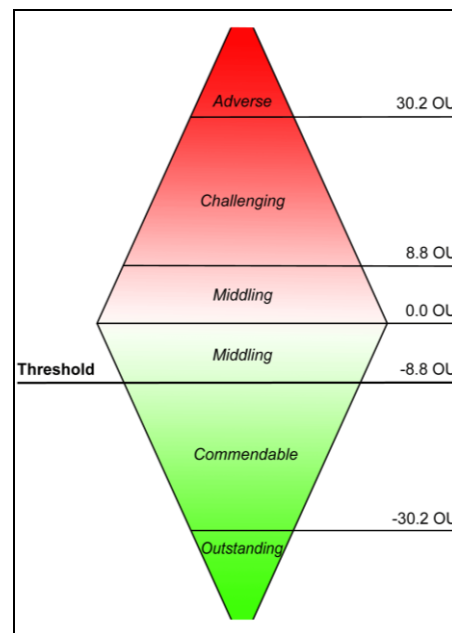**Figure 1**. Positive Indicators   **Figure 2**. Negative Indicators

Why draw the line at 8.8 and 30.2 OU?

All such interpretive thresholds are to some extent arbitrary. In one sense, any positive OU score (or negative OU score for negative indicators) could be justifiably seen as a positive result. However, in a more practical sense, middling scores between 0.0 OU and 8.7 OU (or 0.0 OU and -8.7 OU for negative indicators) may not be good enough to claim a positive organisational culture. A score of 8.8 OU or above is Commendable (unless it is a negative indicator), and a score of -8.8 OU and lower is Challenging (again, unless it is a negative indicator). This threshold represents a balance between what is achievable (and what should receive due recognition), and what is sufficiently positive so as not to be seen as an ordinary result in any sense.

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[5] Note: This range is **NOT** equivalent to half of +100 OU and -100 OU.

Similar thresholds have been drawn at 30.2 OU. A score of 30.2 OU and higher is an outstanding result (unless it is a negative indicator). A score of -30.2 OU or lower is an Adverse result (again, unless it is a negative indicator).

Note that these interpretive thresholds relate only to scores obtained in the current period (e.g., "2010" as shown in graphs in this report) and prior survey period ("2008" as shown in graphs in this report), and not to the level of change in scores indicated by comparisons between the survey periods ("Change" as shown in graphs).

When comparisons are available, positive change or improvement in outcome from one survey period to another is desirable for ALL measures and individual items alike (represented as **green** bars on graphs). A negative change or deterioration in outcome is represented by **red** bars on graphs.

Comparisons across measures are interpreted first (e.g. *Morale and Job Satisfaction*), followed by the individual items that make up each measure.

Appendix B

Description of the Survey Questionnaire

Biographical Data

The following information was collected from the first section of the survey:

- Gender
- Age
- Aboriginal or Torres Strait Islander status
- Non-English speaking background status
- Length of time in current position and at current location
- Current employment status
- Current classification
- Work location
- Highest level of education
- Supervisory responsibilities

The next sections contained three Individual Outcomes and eleven Organisational Climate measures (* indicates new measure for the 2010 survey[1]), as well as three Trust in Leadership and three Clinical measures.

Individual Outcomes

Workplace conditions can have a direct individual effect on staff, and will either enhance positive (e.g., satisfied with job, enthusiastic about job) or increase negative (e.g., emotionally drained, overloaded) feelings.

Measures include:

- **Morale & Job Satisfaction*** (7 items) – Indicates the extent to which staff are satisfied with their work life and positive about their job.

- **Stress & Work Pressure*** (6 items) – Indicates the extent to which staff feel under constant strain and are experiencing negative effects due to their work.

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[1] Source of measures: Robinson, D., Hooker, H., & Hayday, S. (2007). *Engagement: the continuing story.* (Report No. 447). Brighton, UK: Institute for Employment Studies., Core/QH HCLS - Culture Team, and comments from previous "Better Workplaces" Surveys.

- **Employee Engagement** (10 items) – Indicates the extent to which staff have a positive attitude, pride and belief in the organisation, feel enabled to do well, are willing to behave altruistically, be a good team player, and see the bigger picture.

Organisational Climate

Some workplace situations enhance feelings of enthusiasm, team spirit, empowerment, job satisfaction, and engagement due to positive management styles, clear roles, professional development opportunities, and interaction. Some workplace situations may not enhance such feelings.

Climate – Supports Measures include:

- **Peer Support*** (7 items) – Indicates the extent to which staff feel others offer respect, support and acceptance, communicate well, and share knowledge.

- **Feeling Valued*** (5 items) – Indicates the extent to which work is recognised and valued.

- **Feeling Involved*** (5 items) – Indicates the extent to which staff feel they are actively involved in decision-making about work-related issues and in achieving group goals.

- **Supervisor Support*** (5 items) – Indicates the extent to which supervisors are in touch with work issues, support staff, and are approachable.

- **Communication*** (7 items) – Indicates the extent to which the sharing of information, between management and staff and within a work area, is timely and open.

- **Support for Managing Others** (4 items) – Indicates the extent staff agree that they have the appropriate skills and the support to manage staff performance.

Climate – Practices Measures include:

- **Role Clarity*** (5 items) – Indicates the extent to which work objectives, responsibilities and authority are clearly defined.

- **Workplace Health and Safety** (5 items) – Indicates the extent to which staff agree that procedures ensure staff are free from risk of injury, illness and individual harm caused by workplace activity.

- **Performance Feedback*** (4 items) – Indicates the quality and regularity of feedback about work performance.

- **Training & Career Development*** (5 items) – Indicates the extent to which staff receive and are encouraged to seek training and development opportunities.

- **Work Area Management Practices** (9 items) – Indicates the extent to which staff agree that policies and practices with regards to work, performance, recruitment and selection, and training are fair and adequate.

Trust in Leadership

- **Trust in Leadership - Immediate Supervisor** (10 items) – Indicates the extent to which staff trust the leadership of immediate supervisor through behaviours that describe openness and integrity in communication and interaction, support, and fairness.

- **Trust in Leadership - Senior Manager** (6 items) – Indicates the extent to which staff trust the leadership of senior manager through behaviours that describe openness and integrity in communication and interaction, support and fairness.

- **Trust in Leadership - Executive** (6 items) – Indicates the extent to which staff trust the leadership of district/division executive through behaviours that describe openness and integrity in communication and interaction, support, and fairness.

Clinical Work

For a subgroup of respondents who work in a clinical environment, the following three measures apply:

- **Clinical Communication** (5 items) – Indicates the extent staff agree that there is bi-directional information, both verbal and documentation, for them to do their job.

- **Clinical Management Practices** (6 items) – Indicates the extent to which staff agree that there are adequate procedures and systems to support clinical work.

- **Multidisciplinary Team Support for Patient Care** (4 items) – Indicates the extent to which staff agree that multidisciplinary teams support patient care.

Also included in the survey were items related to:

- **Harmful Behaviours** (9 items)

- **Career Intentions** (4 items)

- **Performance Plans** (2 items)

Provision was also made at the end of the survey for free text comment to two questions:

- "What has improved in your work area in the last 6 months?"

- "What are your other realistic suggestions for making things better at you work area?"

Appendix C

Reliabilities of Measures

The following tables present the internal consistencies of all the measures as computed by Cronbach Alpha (α).

Individual Outcomes	α
Morale and Job Satisfaction	.91
Stress and Work Pressure	.93
Employee Engagement	.83
Climate – Supports	
Peer Support	.90
Feeling Valued	.92
Feeling Involved	.90
Supervisor Support	.92
Communication	.86
Support for Managing Others	.68
Climate – Practices	
Role Clarity	.86
Performance Feedback	.90
Training and Career Development	.91
Workplace Health and Safety	.70
Work Area Management Practices	.91
Trust in Leadership	
Trust in Leadership - Immediate Supervisor	.94
Trust in Leadership - Senior Manager	.96
Trust in Leadership - Executive	.96
Clinical Measures	
Clinical Management Practices	.72
Multidisciplinary Team Support for Patient Care	.77
Clinical Communication	.85

Note. *An alpha (α) of .7 is usually regarded as acceptable.*