

Report of

“better workplaces”
Queensland Health

Staff Opinion Survey April 2007

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Executive summary

In April 2007, staff from seven (7) Queensland Health Service Districts (HSDs), Division of the Chief Health Officer, Central Area Support Unit, Population Health-Central Area Health Service, Northern Area Health Service Directorates, Northern Area Health Service-Population Health, Southern Area Health Service Management Unit, and Southern Area Population Health Services participated in the Better Workplaces Staff Opinion Survey.

The survey consisted of a number of questions requesting biographical data, measures of Individual Outcomes and Organisational Climate from the Queensland Public Agency Staff Survey (QPASS), Trust in Leadership, and several Organisational Management Practices measures. Two sets of comparative data were used for QPASS measures: (1) previous Queensland Health surveys, and (2) combined Queensland Health and other Public Sector organisations. For all other measures, the results from September 2006 survey were used. All comparative data for QPASS measures have been aggregated from surveys conducted since 1999. While these data provided a useful indicator for the QPASS measures, it is aggregated from data spread across eight years and therefore may not be based on a representative sample of Queensland Health employees.

Respondents were also provided with the opportunity to write additional comments. Section C, Table 3 (pg. 45) presents the frequencies of suggestions and improvements made in the workplace in the last six months from 14 main themes. Comments on Workplace Functioning were the most predominant (the ratio of suggestions to comments about improvements made in the area was 2:1), followed by Infrastructure Issues (3:1), Leadership (2:1), Workplace Conduct and Behaviours (7:1), Communication Practices (5:1), and Management Practices (12:1) (see Table 3 for ratios of the other eight themes).

Key findings

Positive Indicators:

- The overall response rate was 34%, varying between 25% and 98% for the participating health service districts and divisions. The overall rate is both sufficient to draw reliable conclusions, and is consistent with the response rates obtained in May

(31%) and September (37%) 2006. 4709 staff responded to April 2007 survey compared to 4513 and 4518 in May and September 2007 respectively.

- Queensland Health results for April 2007 for all three measures of Individual Outcome (*Quality of Work Life, Individual Morale, Individual Distress*) and all ten Organisational Climate measures (*Workplace Morale, Supervisor Support, Participative Decision Making, Role Clarity, Peer Support, Appraisal and Recognition, Professional Growth, Goal Congruence, Workplace Distress, Excessive Work Demands*) are comparable to overall public sector employees (Health and other public sector organisations) and are above the comparative data obtained in previous Queensland Health surveys.
- *Individual Distress* at 33% is lower than one would expect relative to other QPASS measures.
- *Role Clarity* and *Peer Support* at 62.6% and 62.8% are in the upper band which is consistent with previous Better Workplaces Staff Opinion Survey scores.
- Although the level of *Workplace Distress* (54.4%) and *Excessive Work Demands*¹ (55.4%) are high relative to other QPASS measures, they are lower than the comparative levels (58.9% and 61.4% respectively) recorded by health personnel surveyed in the last eight years; and comparable to the levels recorded by overall public sector employees (Health and other public sector organisations).
- *Trust in Leadership of Immediate Supervisor* at 62.9% is higher relative to *Trust in the Leadership of Senior Manager* (53.6%) and *District Executive/Executive* (46%). Differential scores of the different levels of managers have been the trend since May 2006 survey.
- *Workplace Health and Safety* score has maintained at the upper band (70.4%).
- The level of confidence in the procedures to resolve harmful behaviours (*Confidence in Procedures to resolve Harmful Behaviours*) at 65.2% is encouraging.
- Respondents' ratings of *Clinical Communication* (60.8%) and *Multidisciplinary Team's Support for Patient Care* (65.6%) are in the upper band.
- 92% of the respondents who had performance reviews reported that they were conducted fairly and without bias.

¹ Excessive Work Demands: Respondents are overloaded with constant pressure to keep working, leaving no time to relax

- Respondents indicated that relationship among co-workers and availability of right materials and equipment to do the job are the best indicators of quality in their workplace.

Key Challenges

- Whilst the level of *Workplace Distress*² (54.4%) is better than Queensland Health comparative data and comparable to overall public sector employees data, it stands in contrast to the lower *Individual Distress* score (33%), indicating that *Individual Distress*³ may increase in the coming year if the relatively higher *Workplace Distress* does not decline.
- The level of *Trust of District Executives/Executives* (46%) is lower than one would expect, even during significant organisational challenges, and in particular the recent district restructures.
- 36% of respondents are thinking of leaving their Health Service District, 27% are looking for a new job in the next 12 months, 18% will leave as soon as they find another job.
- Respondents indicated unhappy with management, lack of recognition, and unhappy with work environment as main reasons for intending to leave their current job.
- 33% of respondents report experiencing some level of *Harmful Behaviour* in their work area within the past six months. Co-workers within profession/occupation/work group (34.9%) was the most prevalent source of harmful behaviours, followed by supervisors (24.6%), members of the public (21.6%), and co-workers from other professions/occupations/work groups (18.9%).
- 39% of respondents who experienced harmful behaviours indicated they did not report the behaviour. Whilst confidence in the procedures to resolve harmful behaviours is high, respondents indicated no action would be taken (27.2%) to be the primary reason for not reporting, followed by, they did not trust manager / supervisor to respond appropriately (24.6%), fear of reprisal or victimisation (22.3%), and able to deal with the situation themselves (15.5%).
- More than half of the respondents (56%) who reported harmful behaviours perceived that action was not taken.

² Workplace Distress: Respondents feel frustrated, stressed, tense, anxious and depressed about their work

³ Individual Distress: Feeling tense, afraid, unhappy, anxious, negative, uneasy and depressed at work.

- 49.7% of respondents indicated that they have not had formal performance reviews within the last 12 months, and 58% of respondents who manage others indicated they had not conducted performance reviews with **all** their staff in the last 12 months.
- Respondents indicated that from the Quality Public Service Workplaces Framework implemented by the Office of the Public Service Commissioner, recognition for doing good work, and leadership and supervisory practice most needed to improve in their workplace.

Predictors of Quality of Work Life, Individual Morale and Distress

Results from preliminary analysis (statistical assumptions were not applied in this analysis) conducted found the following specifically for the April 2007 sample:

- The strong predictors of Quality of Work Life are:
 - Workplace Morale – the extent staff show enthusiasm, pride in their work, team spirit, and energy
 - Role Clarity – the extent to which expectations, work objectives, responsibilities, and authority are clearly defined
 - Professional Growth – the extent to which there is interest, encouragement, opportunity for training, career development and professional growth

Quality of Work Life is higher when Workplace Distress is lower.

- The strong predictors of Individual Morale are
 - Workplace Morale
 - Role Clarity
 - Professional Growth

Individual Morale is higher when Workplace Distress is lower.

- The strong predictor of Individual Distress is:
 - Workplace Distress

Individual Distress is lower when Role Clarity, Peer Support, and Supervisor Support of Immediate Supervisor are higher.

- The strong predictors of Workplace Distress are:
 - Excessive Work Demands
 - Workplace Morale
 - Supervisor Support

Conclusions

Some parts of the conclusions of this survey are similar to the May and September 2006 surveys, which is not unexpected considering the nature of organisational culture and timeframes required for cultural change.

Queensland Health has committed to monitoring employee attitudes on a regular basis, and this survey is the third round since May 2006 and represents another important step towards the objective of a better workplace for all staff. The results of the “Better Workplaces” Staff Opinion Survey April 2007 are encouraging. In most respects, the results are better than Queensland Health Comparative data for QPASS measures. In addition, QPASS scores from the April 2007 sample have closed the gap between Queensland Health and overall Queensland public sector QPASS scores. These results may reflect the different districts and divisions participating in this survey period, or may indicate an organisational trend. The proportion of respondents who reported experiencing harmful behaviours has not differentiated from May and September 2006. Hence, vigorous effort is required, whether it is by way of regulations, active investigations, or counselling, to drive the message of zero tolerance of harmful behaviours hard and fast. As in May and September 2006, performance reviews remain a challenge according to scores achieved in this survey. An understanding of the obstructions to carrying out the process is warranted. Though many challenges remain, continued management and employee engagement will further contribute to organisational improvement. All levels of management and staff who participated in this survey should be acknowledged for their contribution in a process that is both logistically difficult and confronting. In so doing, they have shown a genuine willingness and commitment to the improvement of organisational culture.

Recommendations

As issues remain similar to the May and September 2006 surveys, many of the following recommendations are similar to those presented in the May and September 2006 reports.

1. Convey these findings to staff, and let them know the management has both heard them and accepted the results. Do not distort the findings in any way, but portray a balanced picture of both the key successes and challenges. This will help increase trust in leadership.
2. Consult with staff on the implications of the findings and welcome their suggestions to address challenges. In particular, identify the work areas where immediate attention is required. Consultation could be in the way of focus groups, ongoing committees or working groups. This step establishes the process for staff to be involved and participate in decisions that affect their work functions.
3. Empower staff to create innovative and workable solutions to issues identified. Empowerment promotes a sense of belonging to the organisation, which in turn enhances human functioning.
4. Recognise that staff are motivated by being valued. Provide **regular** feedback, formal and informal, of staff's work and skills as best practice management. Appraisal and recognition are not limited to just formal performance reviews and long service awards respectively.
5. Drive the message of **Zero Tolerance** of harmful behaviours in the workplace.
6. The management of harmful behaviour in the workplace is a complex issue for most organisations. Reporting of harmful behaviours is limited by the perception that no action will be taken. Hence, there should be a special focus on providing feedback to assure staff that appropriate actions have occurred, even if details that would breach confidentiality cannot be provided. Prevention and management of harmful behaviours should initially focus on those work areas or occupational groups highlighted in the report as experiencing such behaviour.
7. Trust in leadership is partly a function of perception, and partly a function of performance. While a range of initiatives are being implemented (e.g., Leadership Program), staff perception remains an issue. In the absence of regular face-to-face contact and communication with management, staff will understandably make their own assumptions about situations and uninformed

- conclusions of decisions made by management. Regular contact between managers and all workers is strongly encouraged. Whilst this may be an additional challenge to management, the benefits of improved trust and relationships will be significant.
8. The higher than desirable level of workplace distress is a product of several factors, in particular the perception of excessive work demands. Workplace distress and the perception of excessive work demands may be moderated by a positive work environment where workplace morale is high and management is trusted. Managers and supervisors at every level should be encouraged to make their work areas cohesive, supportive and positive places to work, through management practices including regular open communication and recognition of staff.
 9. Management at every level should take every opportunity to listen to staff concerns and take the lead in removing barriers to create good working relationships with staff and a work environment that is conducive to open communication. Whilst no immediate operational solution may be available to problems raised, staff often respond more positively to change and situations if they know they are genuinely heard. This survey is only one aspect of what should be a culture of listening.
 10. Management should not solely focus on areas highlighted in the results of the surveys as ‘problems’ and instead should focus on a balanced approach which celebrates and maintains measures which have attained positive results.
 11. Aggregate scores on any indicator will tend to produce a middling score when the sample size is large, eg district-wide scores. This may not reflect both positive and challenging results for individual work units. Further interrogation of the ‘Total Ideas’ database is recommended for individual work units as available. Each unit manager should be encouraged to evaluate how their unit responded (where available), recognise and support their unit’s strengths, offer praise where praise is due, and work with staff to make positive changes where that is warranted.
 12. Districts will benefit from further analysis of results with respect to other organisational measures including absenteeism, retention, grievances, WorkCover data and exit interviews to provide clearer evidence of causative factors and further direction for improvement strategies.

13. Queensland Health should review the processes of each survey, and look for ways to improve the response rate for the next survey. The more management engages these findings, involves staff in improvements, and communicates outcomes of initiatives to staff, the more likely staff will engage in subsequent surveys.



Introduction

This report contains results of a survey conducted by a consultancy team from the Community and Organisational Research (*core*) Unit at the University of Southern Queensland (USQ) in April 2007. The survey was based on the measures of Individual Outcomes and Organisational Climate from the Queensland Public Agency Staff Survey (QPASS), Trust in Leadership, and Organisational Management Practices measures that were formulated by the Queensland Health Workplace Culture team in consultation with researchers from *core*. All measures were found to have acceptable consistencies in the May and September 2006 survey. Further improvement was made for this survey. Combined results are reported for the seven districts, Division of the Chief Health Officer, Central Area Support Unit, Population Health-Central Area Health Service, Northern Area Health Service Directorates, Northern Area Health Service-Population Health, Southern Area Health Service Management Unit, and Southern Area Population Health Services. Additional analyses and comparisons can be made using the interactive database, *Total Ideas*, which is provided to the Workplace Culture Team as a supplement to this report. Separate reports and databases are also provided for each of the seven districts, Division of the Chief Health Officer, Central Area Support Unit, Population Health-Central Area Health Service, Northern Area Health Service Directorates, Northern Area Health Service-Population Health, Southern Area Health Service Management Unit, and Southern Area Population Health Services. In addition to this report and *Total Ideas* is a newly developed interactive database, *Total Comments*, which provides counts and de-identified text comments based on fourteen (14) thematic categories.

Purpose of the Survey

Information from the survey will be used to identify what is good about working life and where changes need to be made to improve working conditions and practices in the organisation as a whole. Data obtained from (1) 18 978 Queensland Health employees, (2) 38 613 Queensland Health and other Public Sectors employees surveyed between 1999 and 2007, and (3) 4 518 respondents from September 2006 survey will be used as

comparisons to indicate areas of consistent strength as well as areas that need to be addressed.

Survey Process

Staff in Division of the Chief Health Officer, Central Area Support Unit, Population Health-Central Area Health Service, Northern Area Health Service Directorates, Northern Area Health Service-Population Health, Southern Area Health Service Management Unit, and Southern Area Population Health Services had the opportunity to complete surveys on-line at the University of Southern Queensland (USQ) website. Surveys were mailed or distributed by hand to all staff in participating districts, and those with access to GroupWise were also offered the opportunity to complete the survey on-line. The researchers at *core* had no access to staff address details as the survey forms were mailed directly by Queensland Health's distribution contractor. In order to ensure the confidentiality of the process, staff could complete surveys on-line or they could mail them, reply-paid, directly to USQ. At no time were completed forms seen by Queensland Health personnel. Surveys were collected over a three week period, at the end of which time, 4 709 were returned, of which 4 696 were valid and useable for analysis.

The survey consisted of a number of questions requesting biographical data and items relating to staff feelings about work, organisational climate, work area management practices, confidence in procedures to resolve harmful behaviours, workplace health and safety, trust in leadership of immediate supervisor, senior manager, and district /divisional executive, career intentions and the five principles of the Code of Conduct. Items relating to aspects of team work, clinical work, and support for managing others were also obtained from relevant subgroups within the sample. Respondents were also given the opportunity to suggest ways to make things better at their workplace, comment on what has improved in the last six months, and provide other comments.

Details of the survey questionnaire, including definitions of measures, are included in Appendix A and B.



Interpretive guidelines

At the commencement of surveys, respondents will normally give their lowest ratings and ratings gradually improve over a number of years. Hence, results from early surveys generally represent a “low water mark” against which future results can be compared.

- Response rates of 30%+ is generally considered representative. A growing response rate from one survey period to the next indicates growing trust (this will not be available until staff who have been surveyed are surveyed a second time).
- Changes of at least 3% are considered significant, though 3% is still a relatively small change. One should also look for consistent change over a number of years where this is available.
- The nature of aggregate results means that the lowest scores that an organisation can expect to see are about 20%, and the highest are about 80%. When interpreting results it is often better to consider the range in which they fall. We recommend:
 - **60%-80% Upper Band**
 - 40%-60% Middle Band
 - **20%-40% Lower Band**
- Unless the organisation is engaged in a major change process, positive indicators (e.g. Quality of Work Life) should ideally be in the upper band, and negative indicators (e.g. Individual Distress) should be in the lower band. During a major change process, organisations typically register scores in the middle band. Mid-range scores often improve after major change is complete, and without any particular intervention. Positive indicators in the upper band during a major change indicate acceptable change management, while scores in the lower band indicate poor change management.
- Qualitative comments have been examined for thematic patterns (repeated comment). Isolated comments, especially those that do not reflect the quantitative findings should be seen as individual opinion rather than an indication of systemic issues.

Section A: QPASS Measures: Individual Outcomes and Organisational Climate

Measures of Individual Outcomes:

Three main measures of Individual Outcomes are obtained in the survey.

- Scores from **Quality of Work Life** provide a global evaluation of respondents' experience of their life in the workplace
- Scores from **Individual Morale** indicate the extent to which respondents experience positive emotions at work
- Scores from **Individual Distress** indicate the level of negative emotions experienced

High scores are desirable for Quality of Work Life and Individual Morale, while
Low scores are desirable for Individual Distress

Average scores obtained by respondents from Division of the Chief Health Officer, Central Area Support Unit, Population Health-Central Area Health Service, Northern Area Health Service Directorates, Northern Area Health Service-Population Health, Southern Area Health Service Management Unit, and Southern Area Population Health Services and the participating seven districts in this survey are compared with results of Queensland Health Comparative data (N = 18 978), and the combined data from personnel of health and other public sectors (N = 38 613).

In the graphs, Queensland Health Comparative scores will be denoted as **QH Comparative** and combined Queensland Health and Public Sector Comparative scores will be denoted as **QH&PS Comparative**. In all comparisons, a difference of at least 3% is utilised as the “rule of thumb” to determine significant difference.

Figure 1 reveals that Quality of Work Life and Individual Morale are in the middle band (40%-60%) and Individual Distress is in the lower band (20%-40%). All average scores for the Individual Outcome measures from the April 2007 sample are similar to both comparative data.

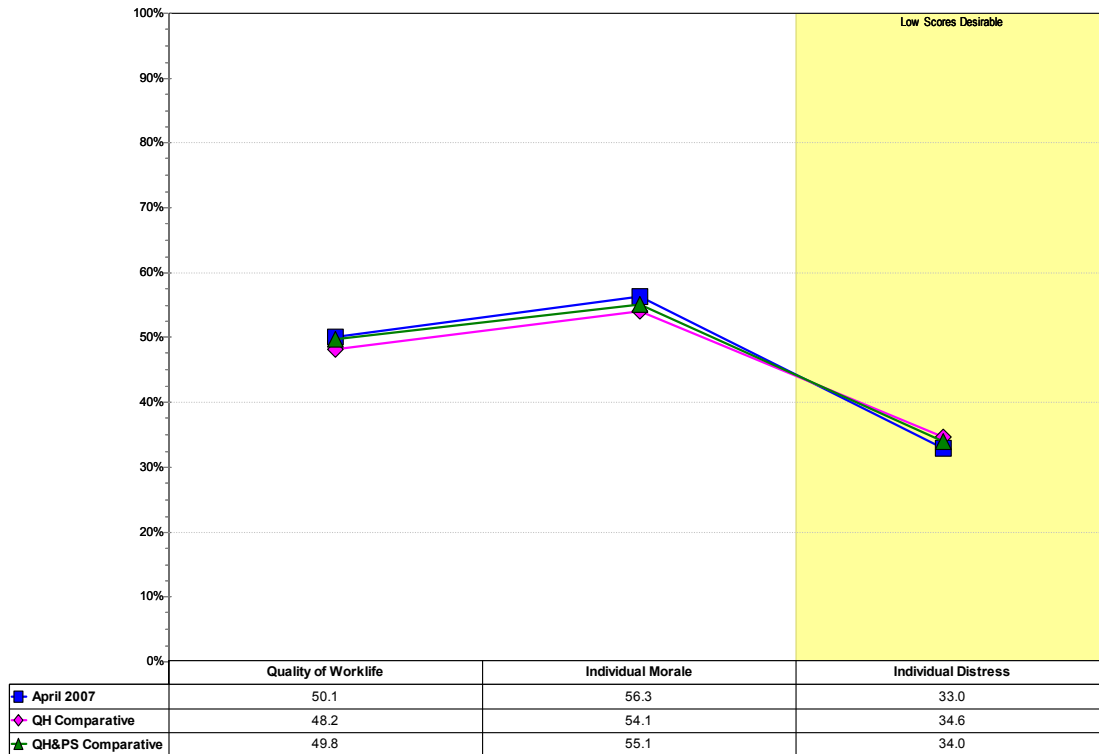


Figure 1. Average scores of Individual Outcomes Measures

Measures of Organisational Climate

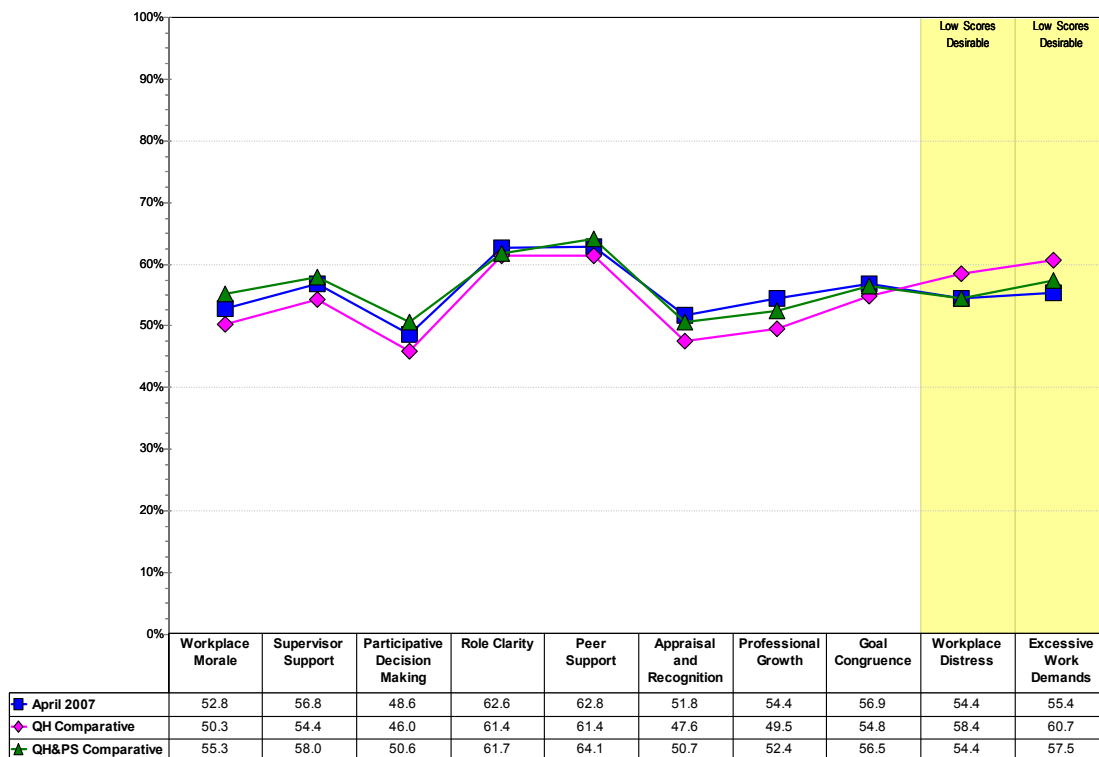


Figure 2. Average scores of Organisational Climate Measures

Figure 2 reveals that the April 2007 respondents are reporting

- similar scores to QH&PS Comparative data on all measures of organisational climate
- more favourable scores than QH Comparative data on Appraisal & Recognition, Professional Growth, Workplace Distress, and Excessive Work Demands.

Average scores of Role Clarity and Peer Support are in the upper band (60%-80%), whilst the other 8 measures are in the middle band.

Section B: Measures designed specifically for Queensland Health, including Trust in Leadership, Organisational Management Practices and Item-Response Frequencies

Some items measured in the Better Workplaces Staff Opinion Survey applied to all respondents, whilst some measures were designed to target specific work groups. The following information outlines which measures applied to which groups of respondents.

Results from Measures based on Average Percentage Scores

Results of April 2007 survey are compared to results of September 2006 survey.

Measures that apply to all respondents (**N = 4 696**) are:

- Workplace Health and Safety
- Work Area Management Practices
- Trust in Leadership – Immediate Supervisor
- Trust in Leadership – Senior Manager
- Trust in Leadership – District Executive/Executive
- Confidence in Procedures to Resolve Harmful Behaviours
- Career Intentions
- 5 Principles of the Code of Conduct
 - Respect for People
 - Integrity
 - Respect for Law and the System of Government
 - Diligence
 - Economy and Efficiency

Some measures target specific groups. Table 1 presents the subgroups and the related measures.

Table 1. Subgroups and Measures

Subgroup	N	Measures
Respondents who manage others	1759	Support for Managing Others
Respondents who work in a team	4477	Presence of Team Characteristics
		Trust Amongst Team Members
Respondents who work in a clinical environment	2728	Clinical Communication
		Clinical Management Practices
		Multidisciplinary Team Support for Patient Care

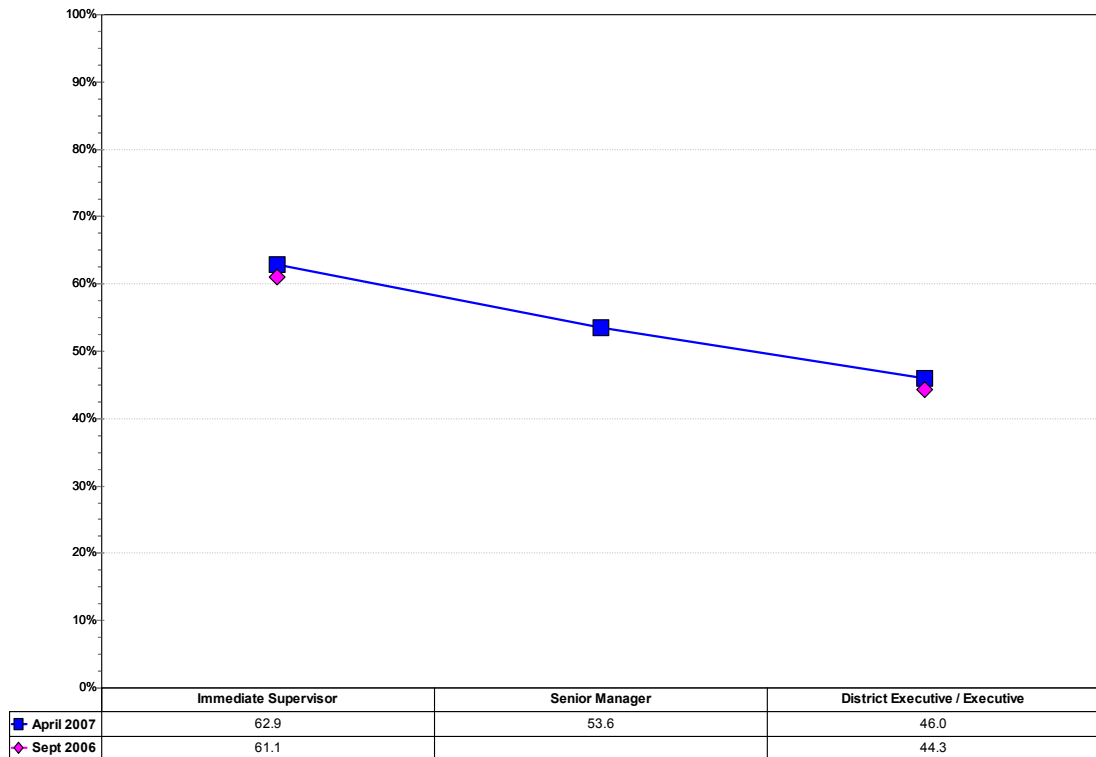


Figure 3. Average scores of Trust in Leadership

Figure 3 shows that Trust in Leadership of Immediate Supervisor is in the upper band and District Executive is in the middle band, and both are similar to scores from the September 2006 sample. Trust in Leadership of Senior Manager is in the middle band, however, there is no comparative data for Trust in Leadership of Senior Manager from September 2006.

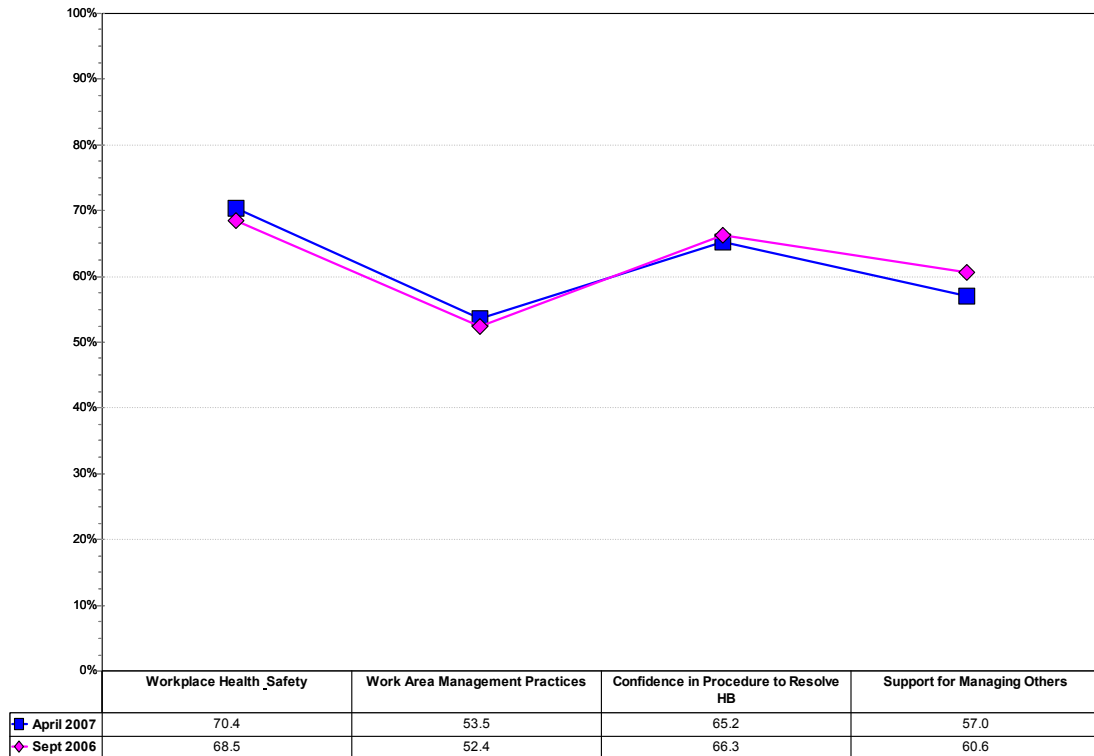


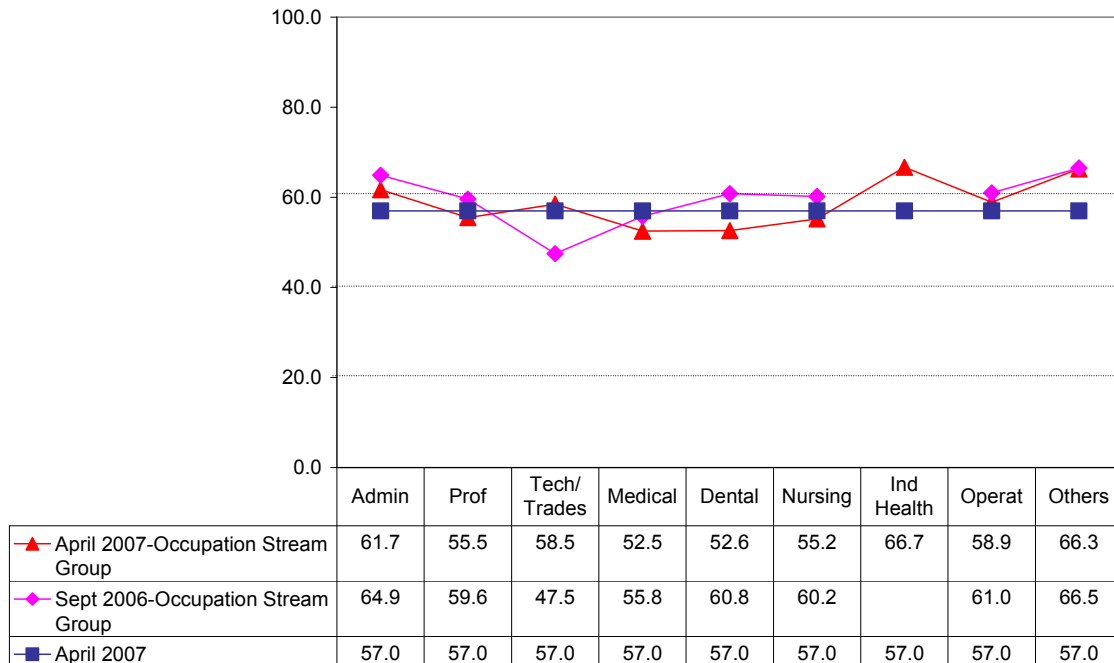
Figure 4. Average scores of Organisation Management Practices Measures

Figure 4 shows Workplace Health and Safety and Confidence in Procedures to Resolve Harmful Behaviours are in the upper band and are similar to the average scores of September 2006.

Figure 5 shows the variability in scores of Support for Managing Others across occupation stream groups. The average scores of occupation streams from September 2006 and the subgroup from the overall April 2007 sample are included for comparison.

Note: subgroup refers to the group of respondents who manage others

There were fewer than 10 respondents from Indigenous Health Workers in September 2006, hence the average score is not included for comparison.



**Figure 5. Average scores of Support for Managing Others
(by occupational stream groups)**

Figure 5 shows that the average scores for Administration, Indigenous Health Workers, and Other respondents who manage others are in the upper band. Technical and Trades respondents who manage others are reporting more favourably than their counterparts from the September 2006 survey, whilst Professional, Dental, and Nursing respondents scored less favourably than their counterparts from the September 2006 survey. The average scores for Administration, Indigenous Health Workers, and Other respondents are higher than the overall average of the subgroup from the April 2007 sample, whilst Medical and Dental respondents scored lower.

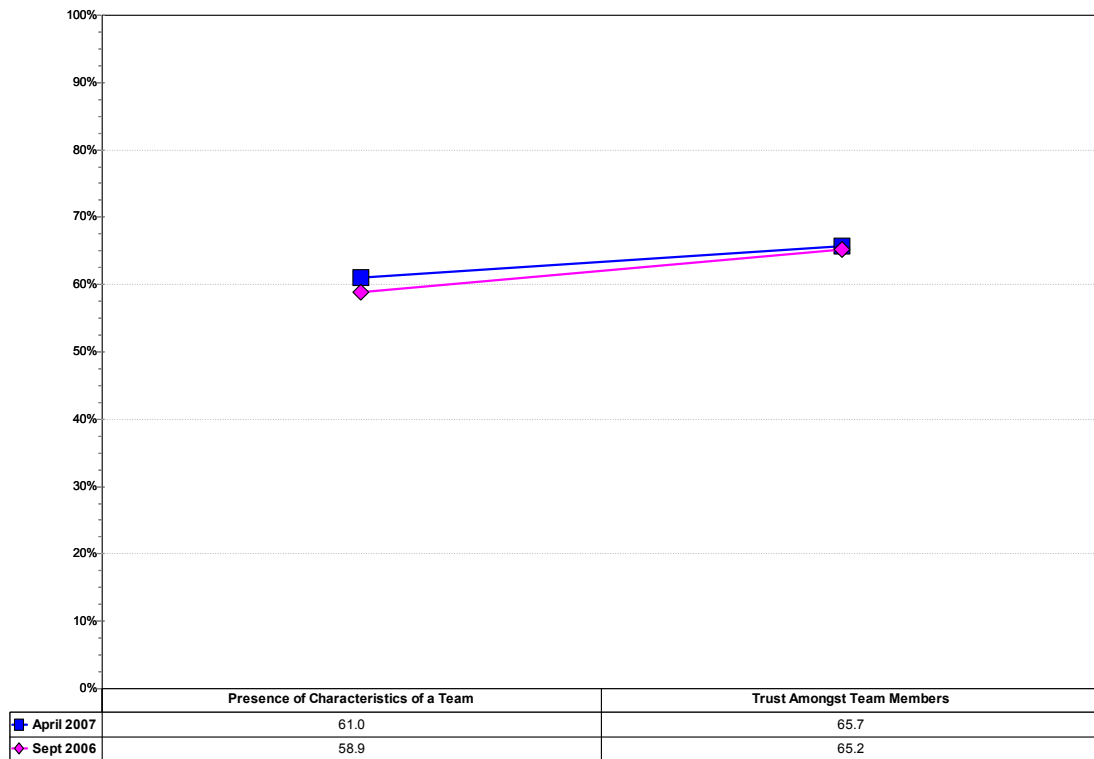


Figure 6. Average scores of Team Work Measures

Figure 6 shows that average scores of Presence of Team Characteristics and Trust among Team Members are in the upper band. All measures of Team Work are similar to the September 2006 sample.

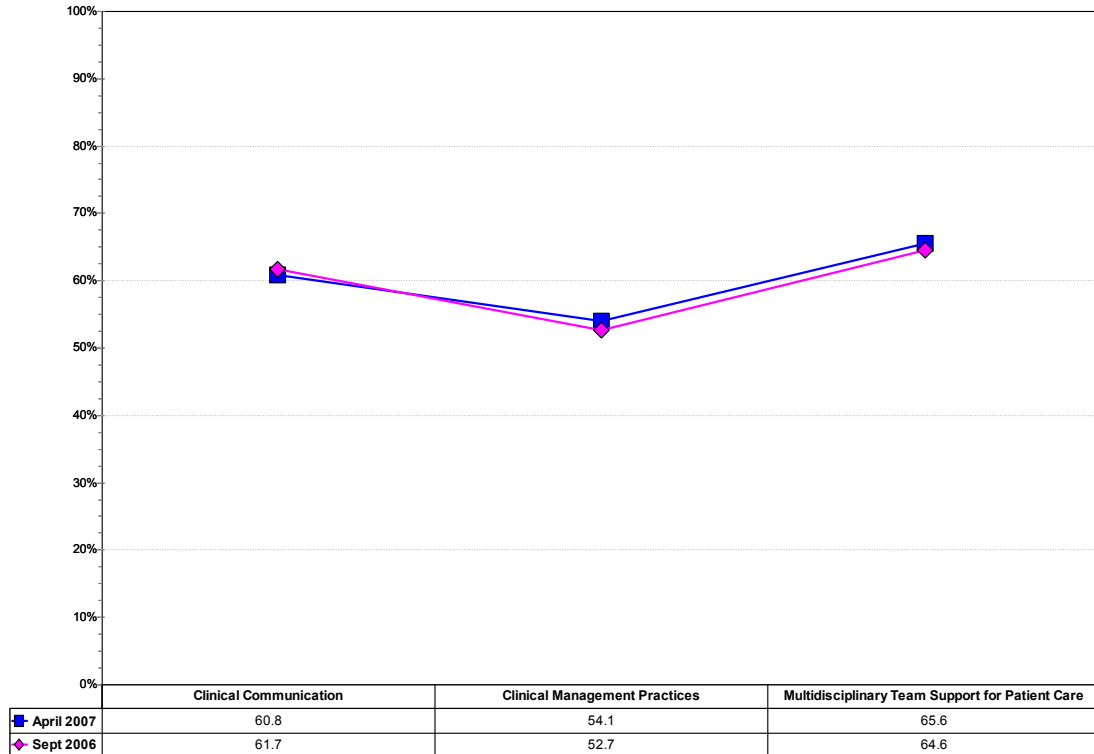


Figure 7. Average scores of Clinical Work Measures

Figure 7 shows that the average scores of Clinical Communication and Multidisciplinary Team Support for Patient Care are in the upper band, whilst Management Practices (procedures and systems) is in the middle band. All measures of Clinical Work are similar to the September 2006 sample.

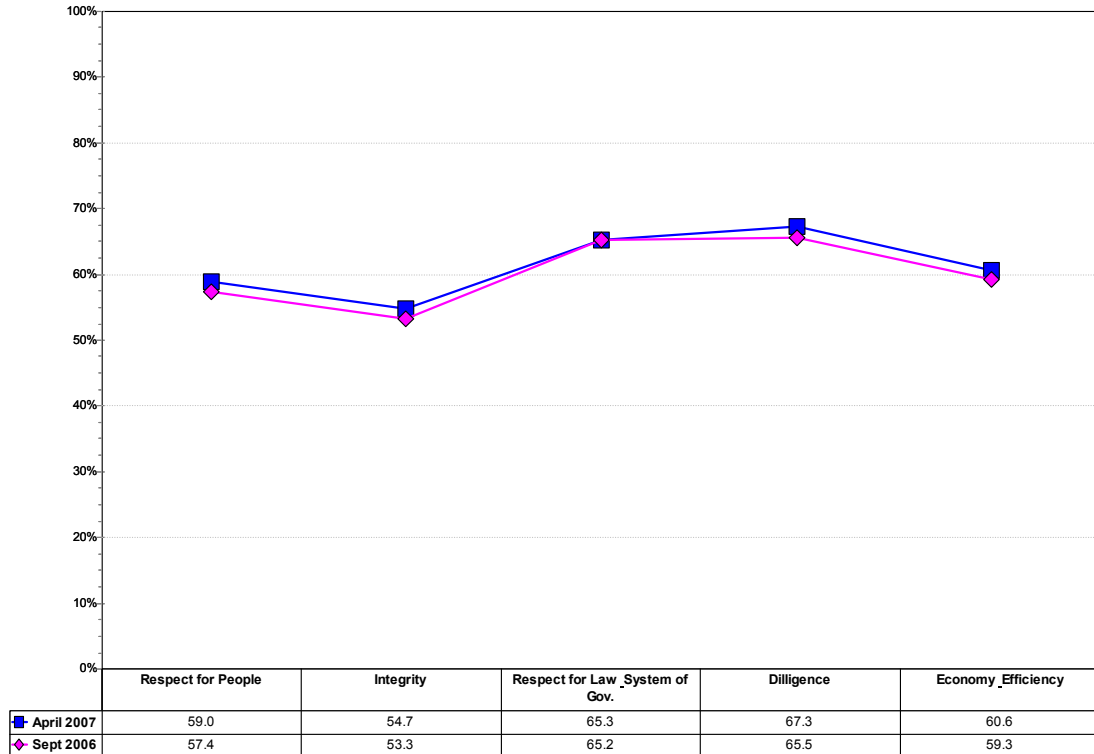


Figure 8. Average scores of Code of Conduct Principles

The items that best describe the 5 principles of the Code of Conduct were chosen from the survey based on face validity. The internal consistency of each principle was then estimated. The computed internal consistencies of Respect for Law and the System of Government and Economy & Efficiency were below the acceptable Cronbach alpha level of .7; hence they should be interpreted with caution (see Appendix B).

Average scores for the overall April 2007 sample are presented in Figure 8.

**Results from Items relating to the Code of Conduct
(reported as percentage of respondents/number of respondents)**

The frequency distributions (number of responses) of three items from the section on Management Practices and one item from Clinical Work are reported in Figures 9 to 11 and Table 2 respectively.

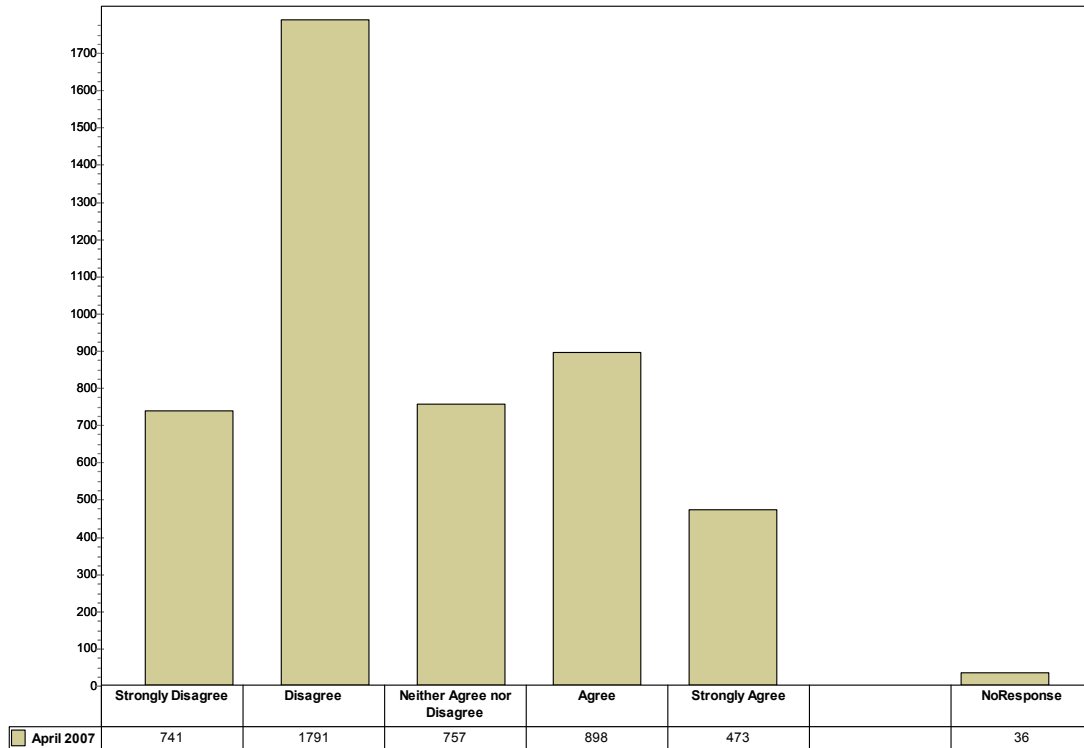


Figure 9. Number of responses: “Staff feel pressured to work unpaid over time”

Figure 9 shows that approximately 29% of valid respondents agree that staff feel pressured to work unpaid over time.

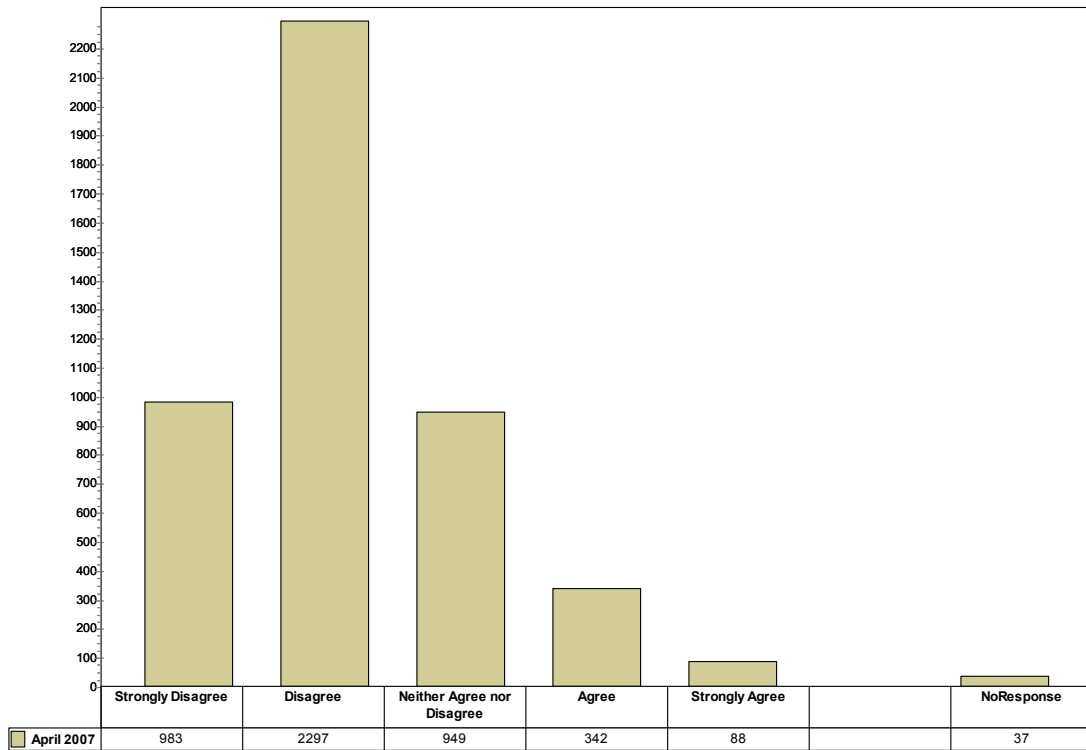


Figure 10. Number of responses: “Staff use Departmental resources for private use more than would be considered reasonable”

Figure 10 shows that approximately 9% of valid respondents agree that staff use departmental resources for private use more than would be considered reasonable.

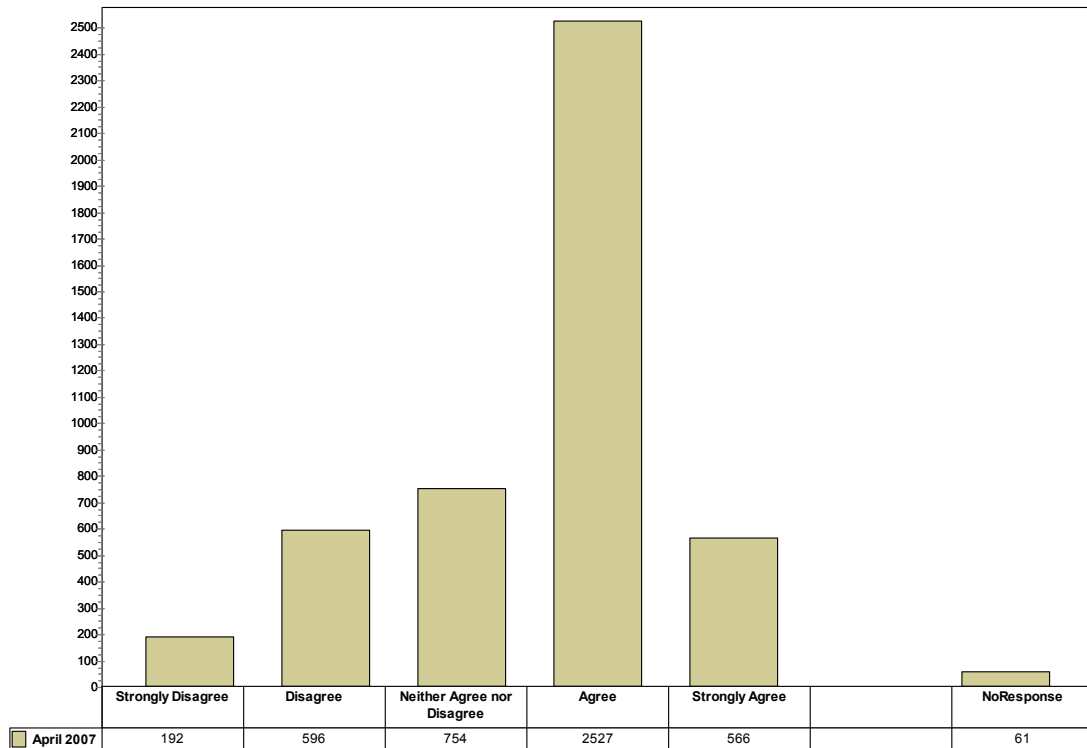


Figure 11. Number of responses: “Staff behave according to the Code of Conduct”

Figure 11 shows that approximately 67% of valid respondents agree that staff behave according to the Code of Conduct.

Table 2 shows the responses to “If I were a patient in the facility that I work in, I would be happy with the standard of care provided” from respondents who work in a clinical environment.

Table 2. Percentage of respondents to “If I were a patient in the facility that I work in, I would be happy with the standard of care provided”

Clinical Group (N=2 728)	Disagree (%)	Neither (%)	Agree (%)	No Response (%)
April 2007	18.8	18.8	62.2	0.22

**Results from Items relating to Career Intentions
(reported as number of respondents for each response option)**

A new section with items relating to Career Intentions was included in the April 2007 survey. The numbers of responses to each of these items are shown in Figures 12 to 17.

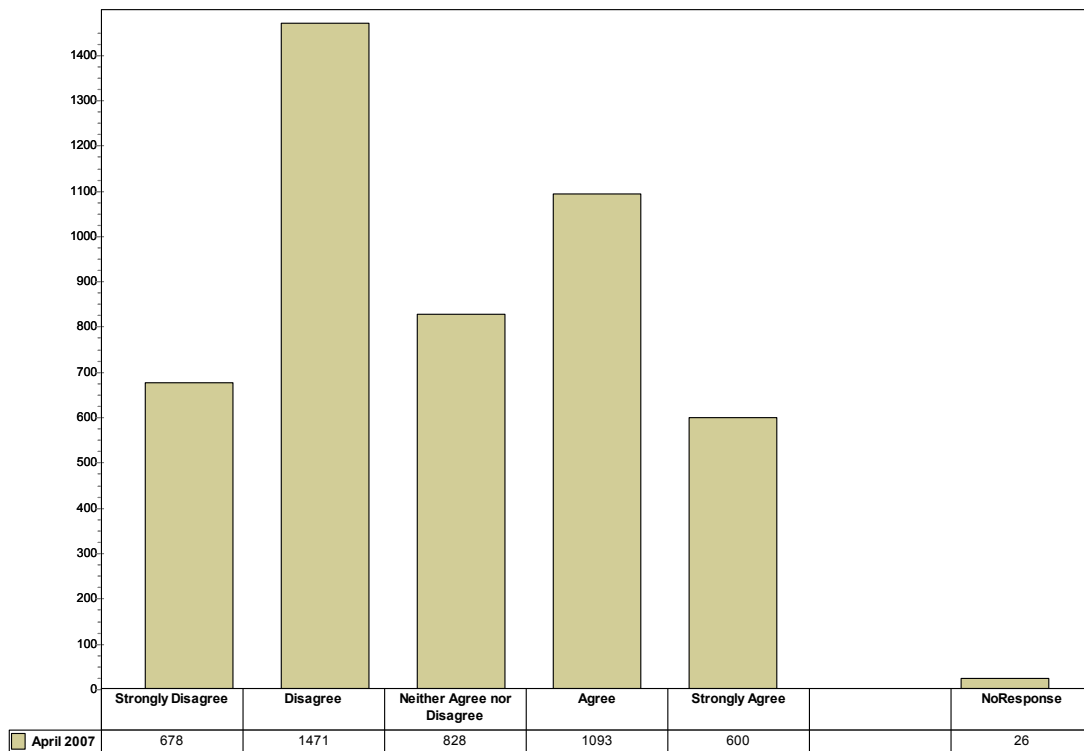


Figure 12. Number of responses: “I often think about leaving this Health Service District/Division”.

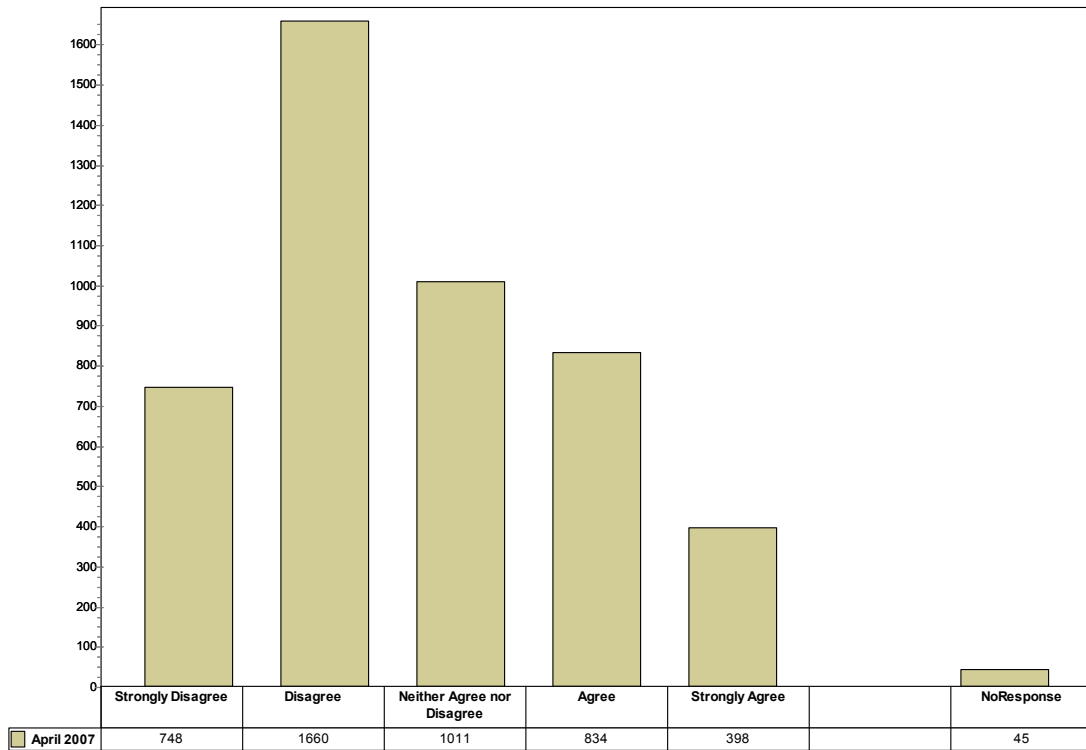


Figure 13. Number of responses: “I will probably look for a new job at a new organisation in the next 12 months”.

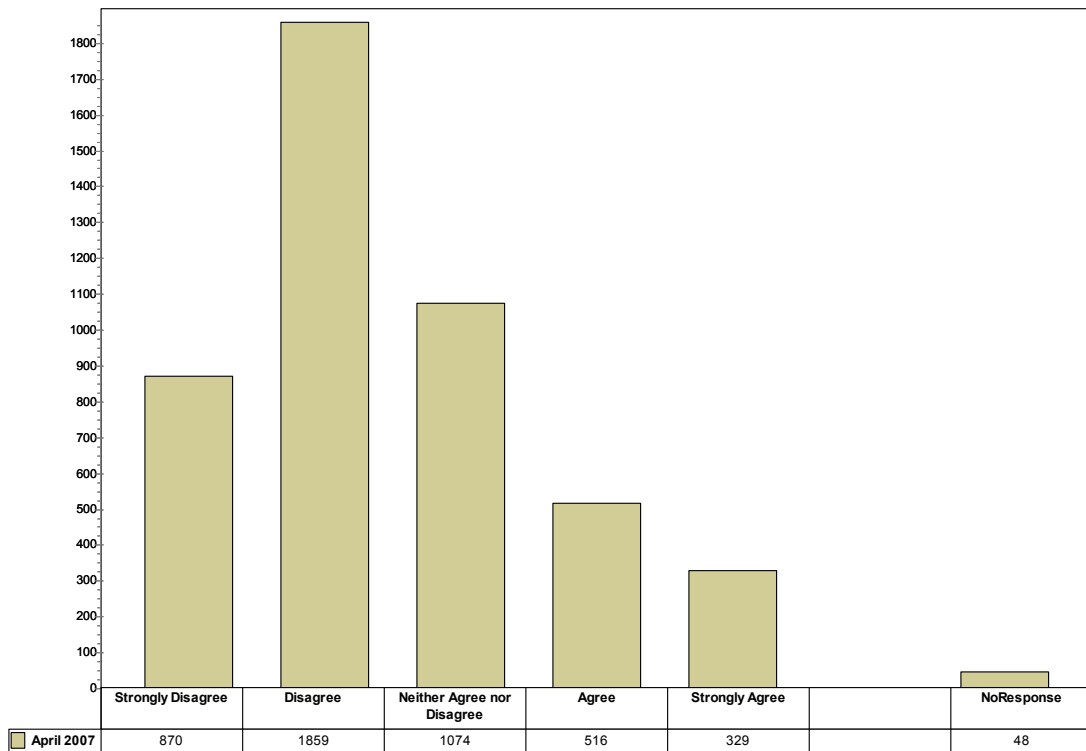


Figure 14. Number of responses: “As soon as I can find another job I will leave this Health Service District/Division”.

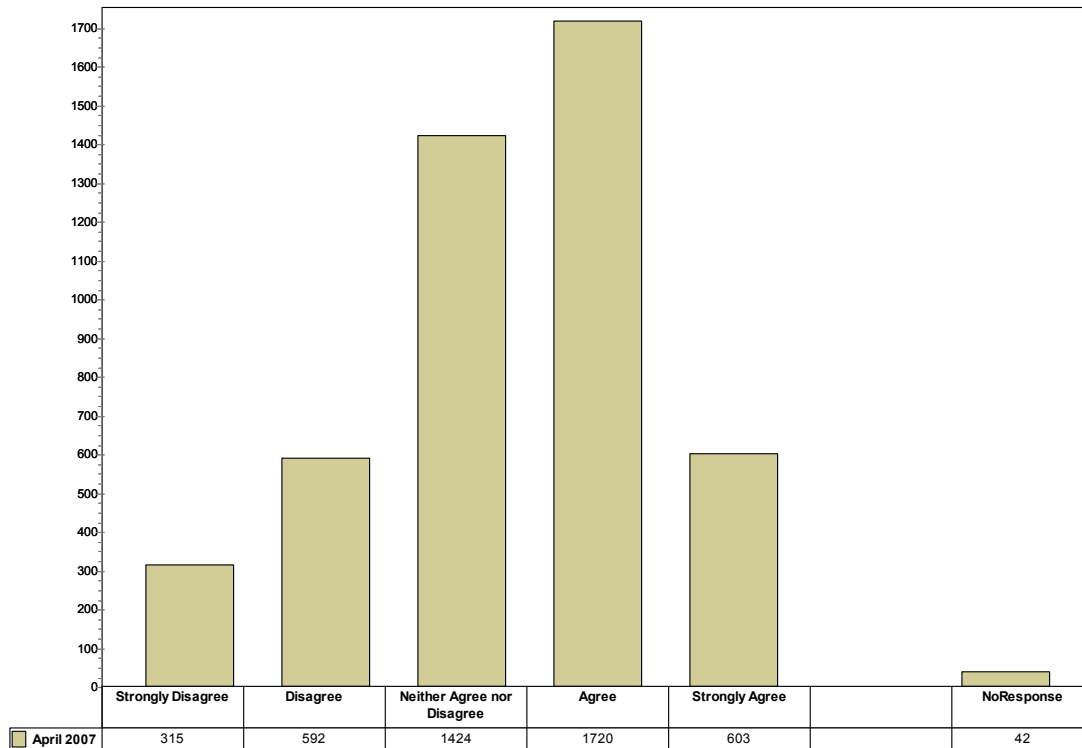


Figure 15. Number of responses: “If I leave my current job, I would want to stay in Queensland Health”.

Figures 12 to 15 show that 36% of respondents are thinking of leaving their Health Service District or Division, 27% are looking for a new job in the next 12 months, 18% will leave as soon as they find another job and 50% would want to stay in Queensland Health even if they leave their current position.

Respondents were asked to provide main and secondary reasons they were considering leaving their current position. Figures 16 and 17 show these results.

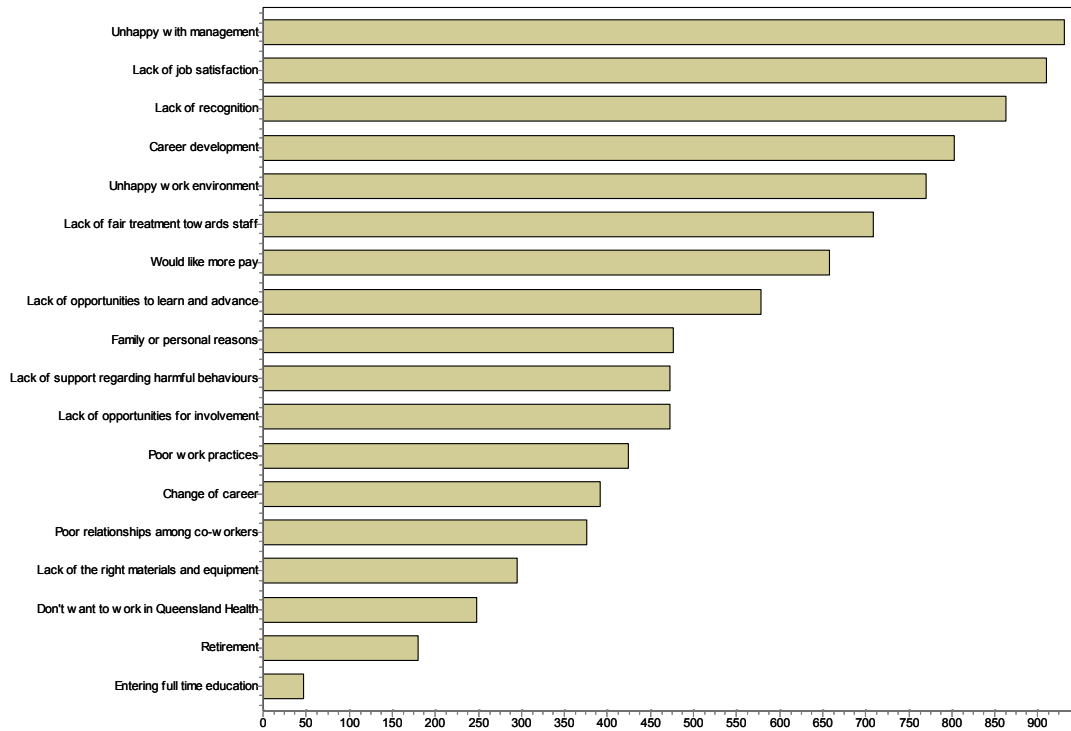


Figure 16. Number of responses: Main reasons for considering leaving current position.

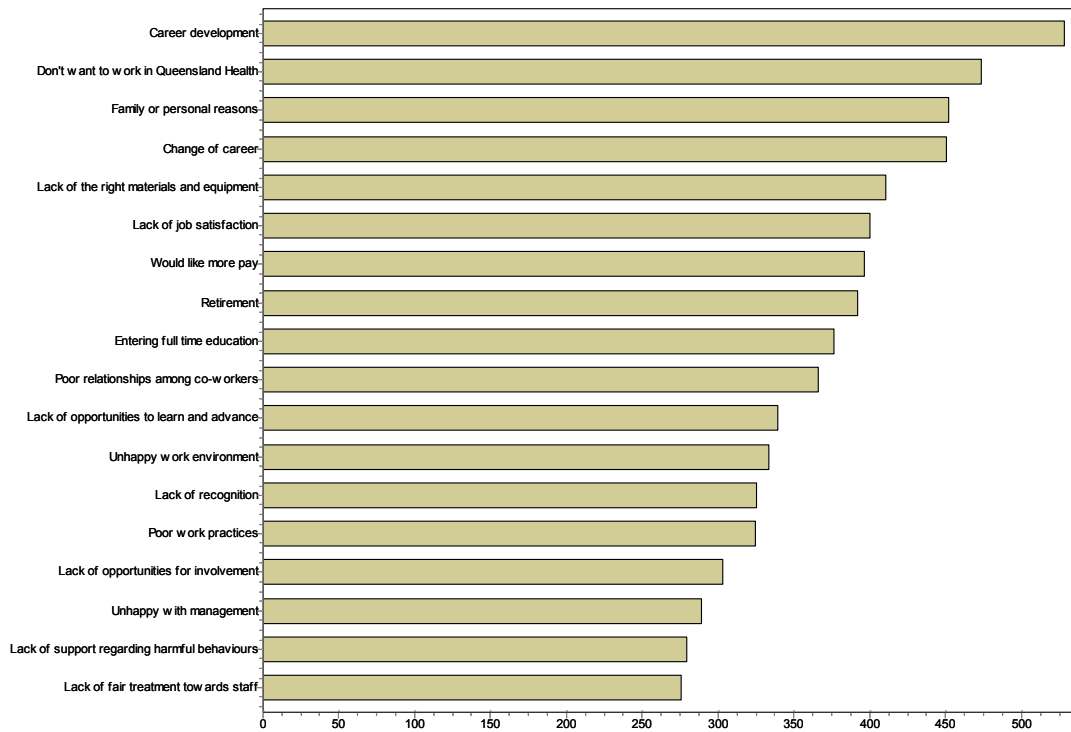


Figure 17. Number of responses: Secondary reasons for considering leaving current position.

**Results from Items relating to Immediate Supervisor
(reported as number of respondents/percentages for each response option)**

The numbers of responses to the three items describing the behaviour of immediate supervisors are shown in Figures 18 to 20.

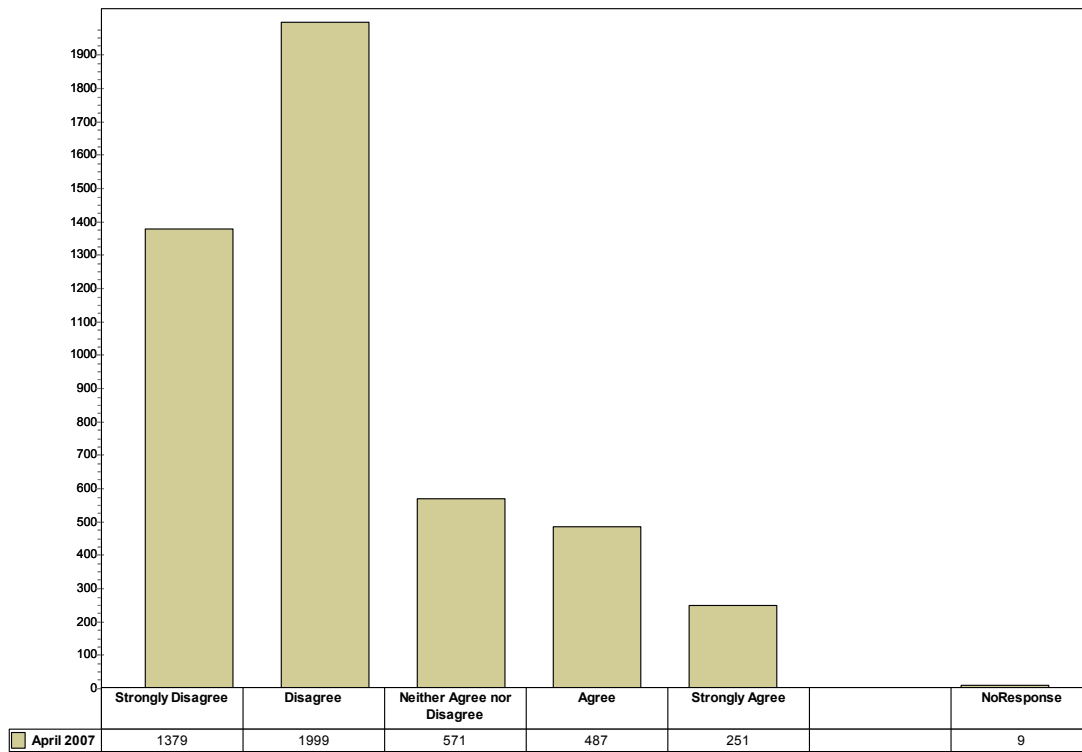


Figure 18. Number of responses: “My supervisor is unapproachable”

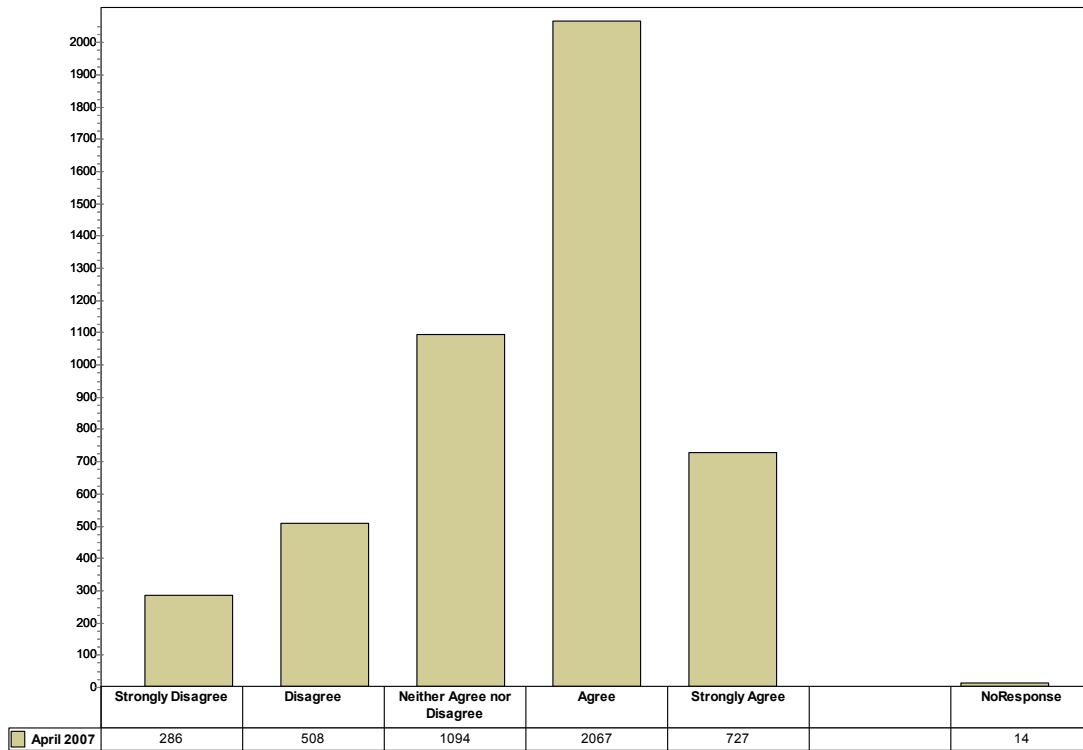


Figure 19. Number of responses: “My supervisor and I trust each other”

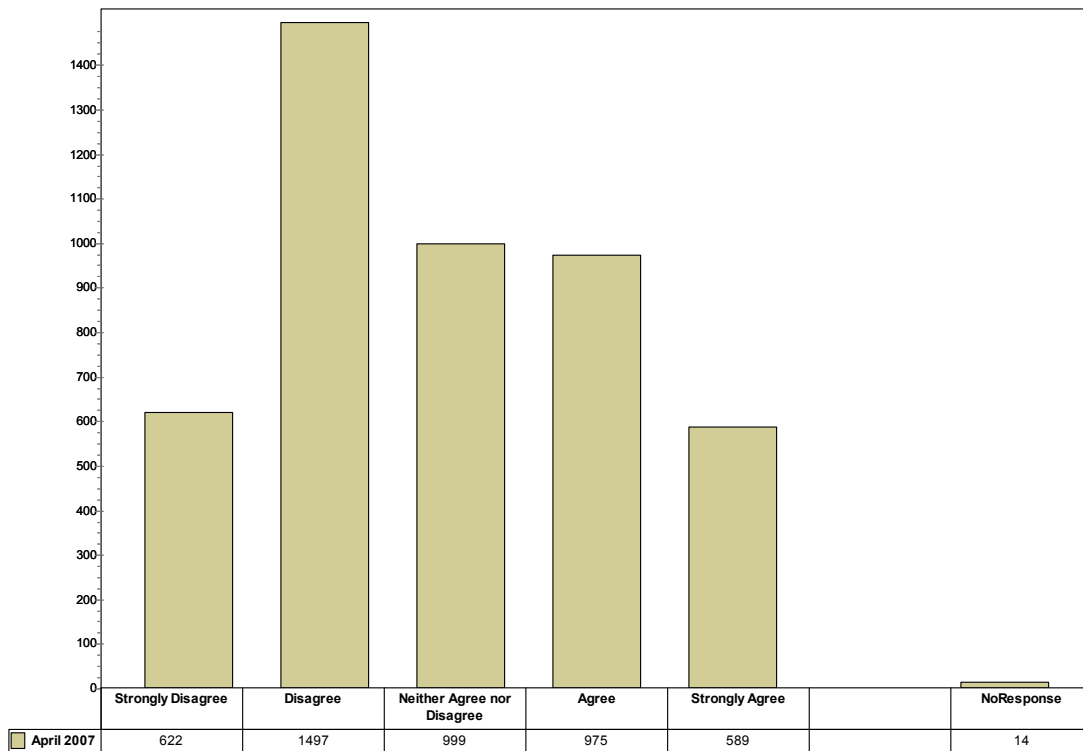


Figure 20. Number of responses: “My supervisor shows favouritism towards some staff”

**Results from Items relating to Harmful Behaviours
(reported as number of respondents/percentages for each response option)**

The numbers of responses and percentages to a series of items in the survey that relate to the experience of harmful behaviours, action taken on reported harmful behaviours, source of harmful behaviours, and reasons for not reporting harmful behaviours are presented in the following section.

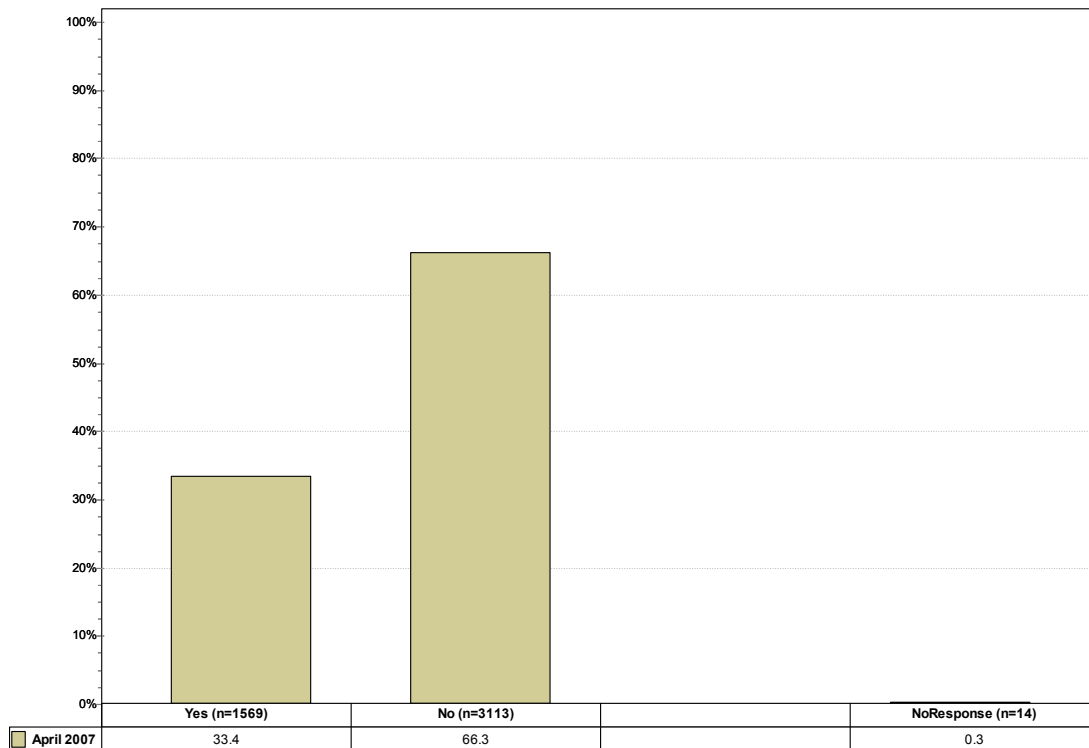


Figure 21. “In the past 6 months, I have experienced harmful behaviours in my work area”

Figure 21 shows that approximately 33% of the respondents reported experiencing harmful behaviours in their work area.

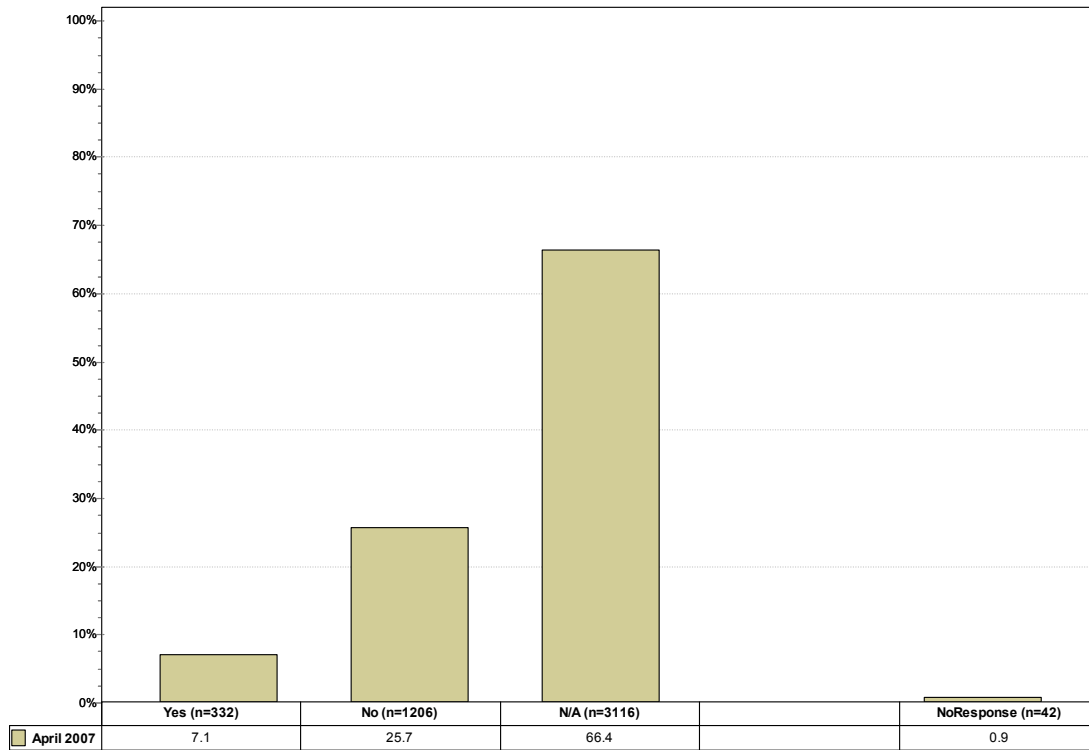


Figure 22. “In the past 6 months, I have experienced this behaviour when my performance was being managed”

Figure 22 shows that approximately 7% of the respondents reported experiencing harmful behaviours when their performance was being managed. As this item was responded in association with the previous item (Figure 21), the results constitute 21% (332 out of 1569) of those who indicated they experienced harmful behaviours in their work area.

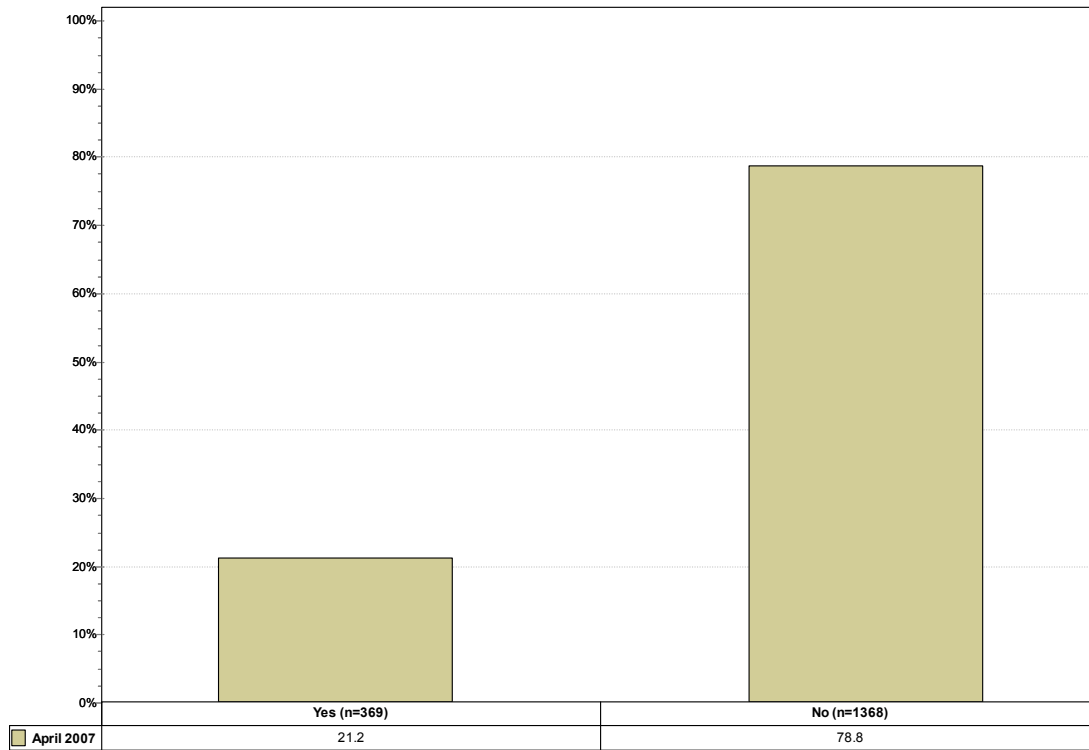


Figure 23. In the past 6 months, I have experienced harmful behaviour when trying to manage my staff

Figure 23 shows that approximately 21% of the respondents reported experiencing harmful behaviours when trying to managing staff.

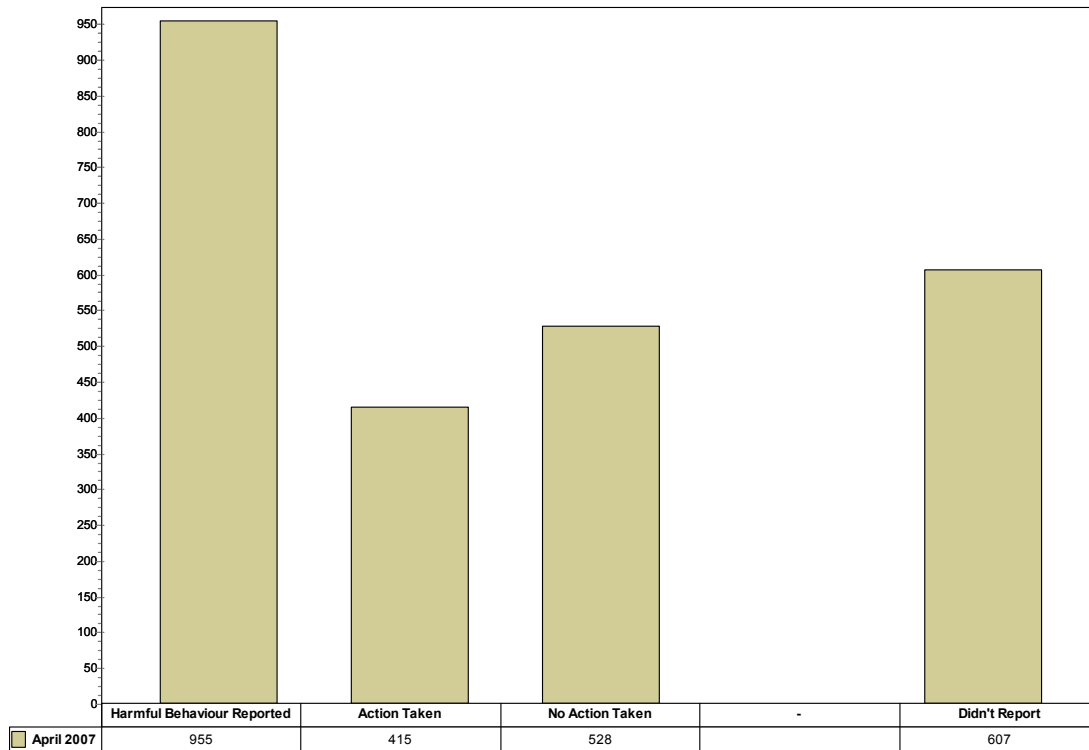


Figure 24. Number of responses: “If you have experienced harmful behaviours in the past 6 months, did you report the behaviour?” and “If yes, was any action taken?”

Figure 24 shows that approximately 39% (607 out of 1569) of those who experienced harmful behaviours in their work area indicated that they did not report the experience of harmful behaviours and of the 955 respondents who reported the harmful behaviours, 44% (415) affirm that action was taken.

Figure 25 presents the results from items that asked for the source of harmful behaviours experienced in the last 6 months.

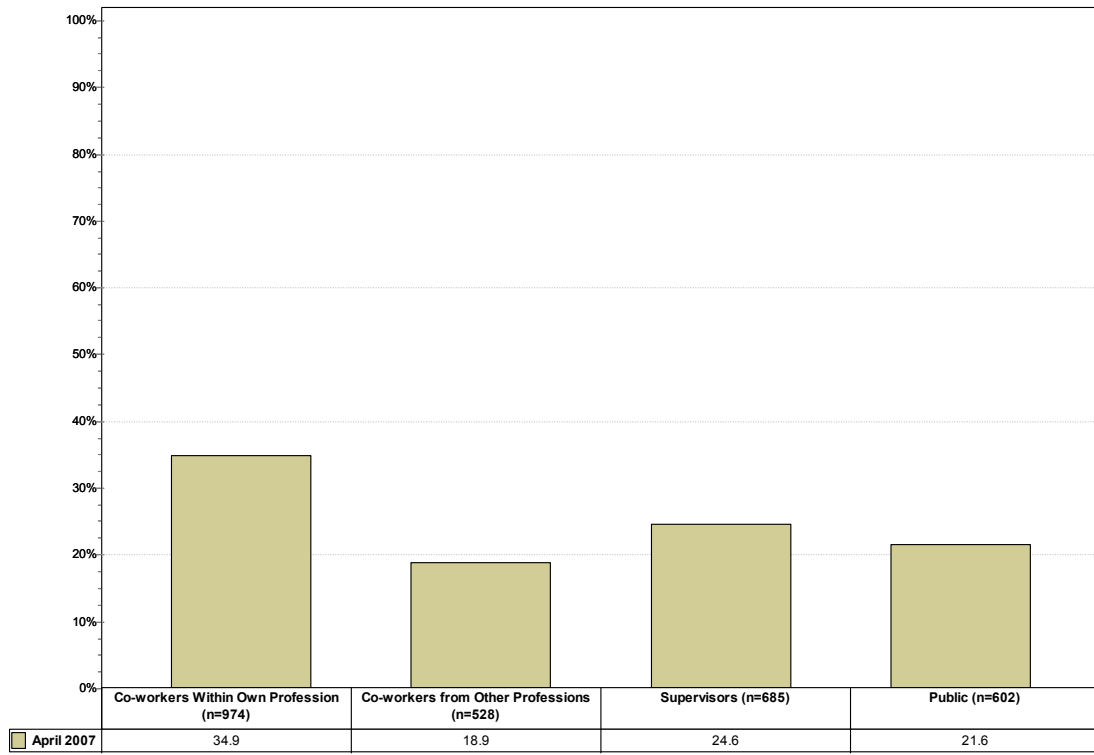


Figure 25. Percentage of respondents who indicate source of harmful behaviours

Figure 26 presents the results from items that asked for the main reasons for not reporting harmful behaviours.

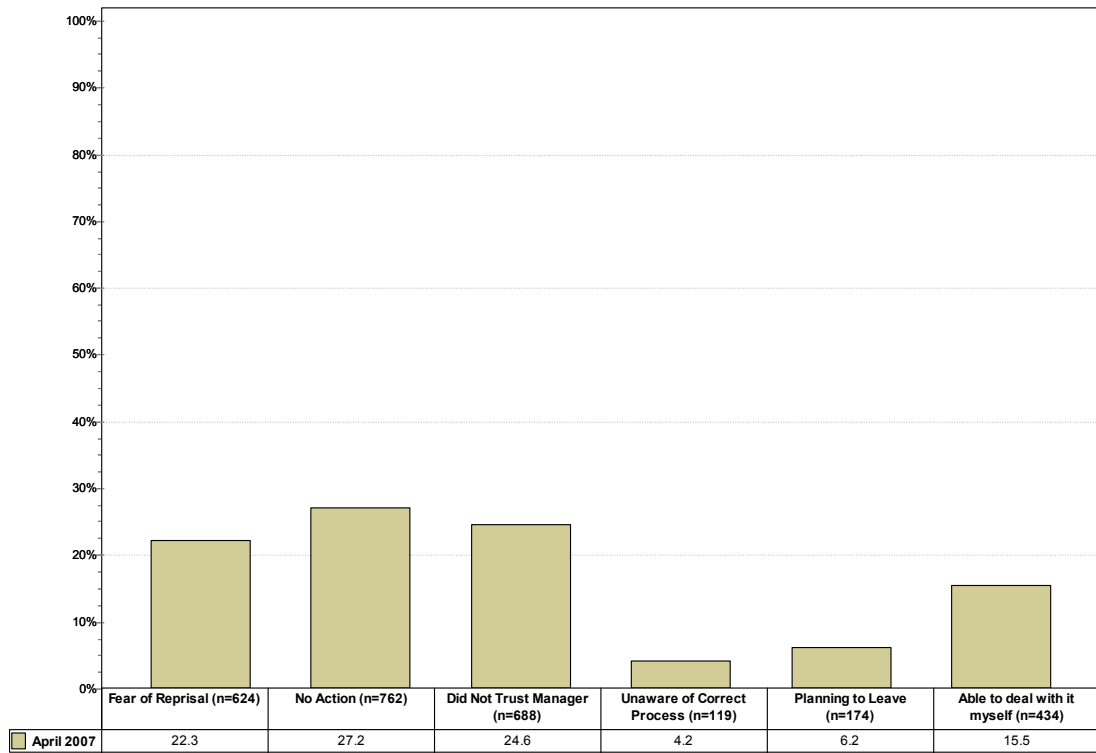


Figure 26. Percentage of respondents who indicated main reasons for not reporting harmful behaviours

**Results from Items relating to Performance Review
(reported as number of respondents/percentages for each response option)**

Figures 27 to 29 present the numbers of responses and percentages to items pertaining to performance review.

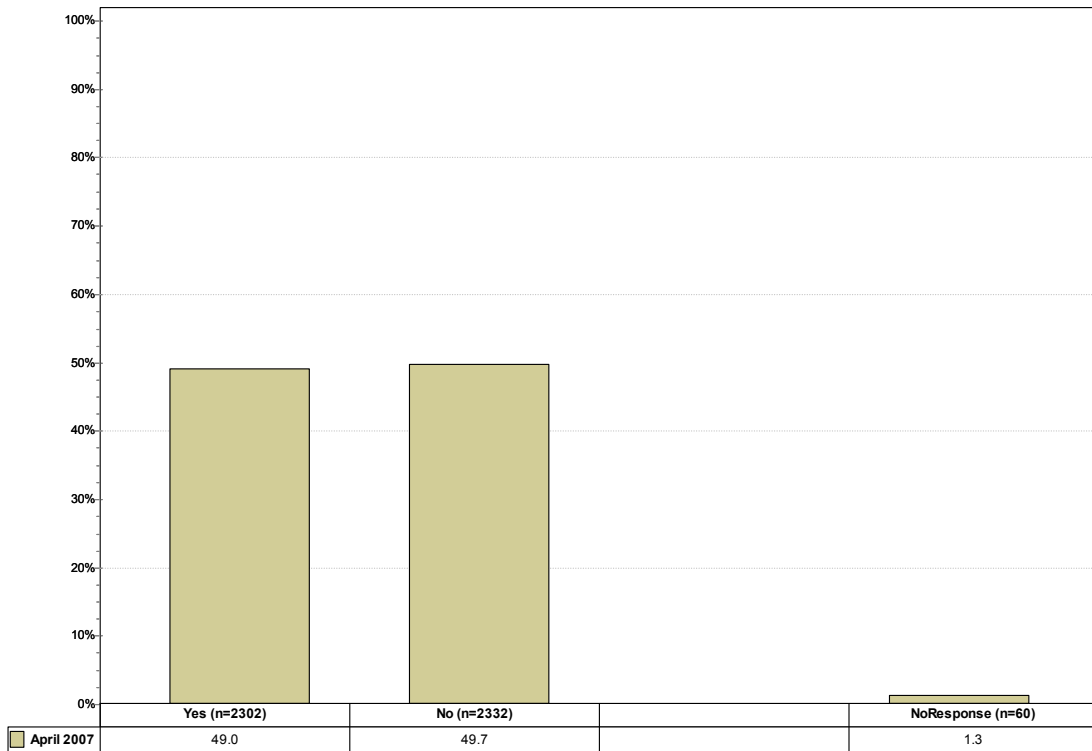


Figure 27. “I have had a formal performance review in the last 12 months”

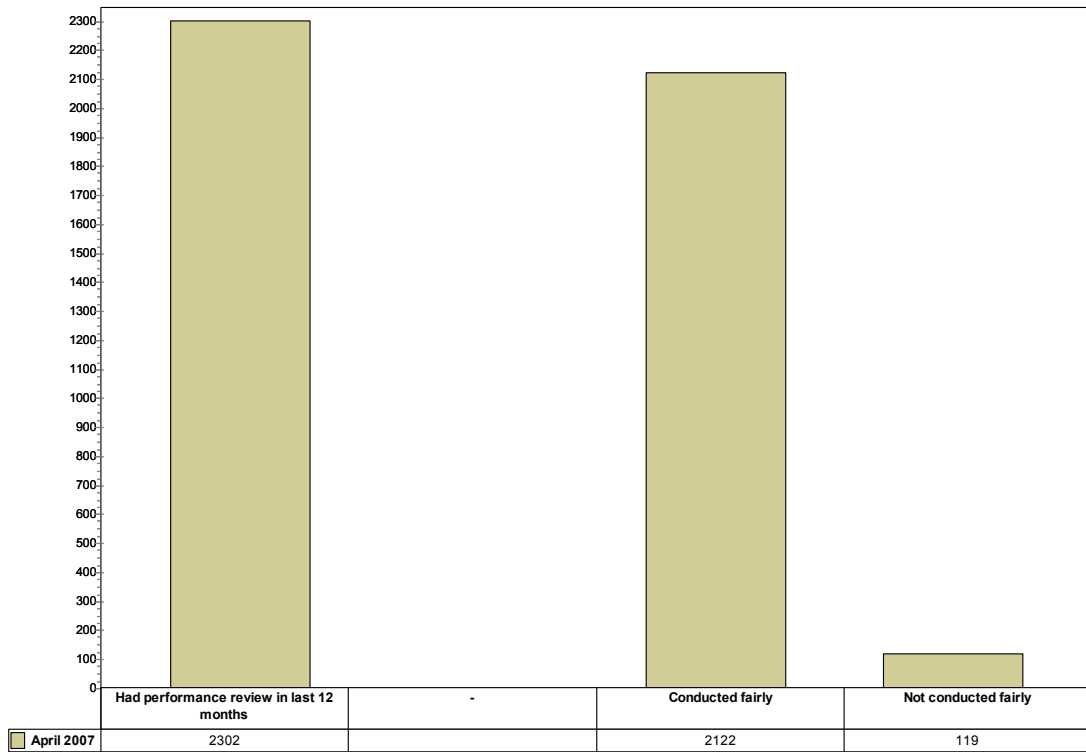


Figure 28. Number of responses: “My performance review was conducted fairly and without bias”

Of the 2 302 respondents who had their performance reviewed, 92% (2 122) reported that the performance reviews were conducted fairly and without bias.

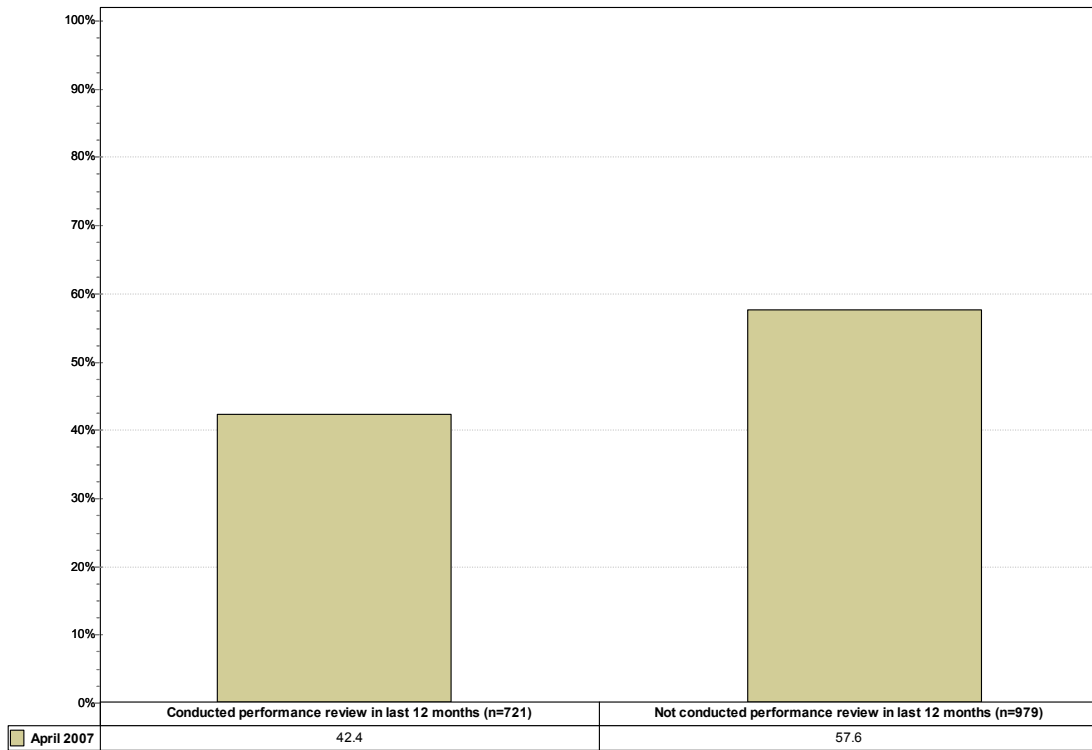


Figure 29. “I have conducted performance reviews with all my direct staff in the last 12 months

Results from Items relating to Quality in Workplace

The indicators provided are based on the key recognised dimensions of quality workplaces in the Office of the Public Service Commissioner *Quality Public Service Workplaces* framework for Queensland Government departments, endorsed by Cabinet in November 2005. Respondents were asked to indicate up to five most important things that need to improve in their workplace. Figure 30 presents the percentages of respondents in descending order.

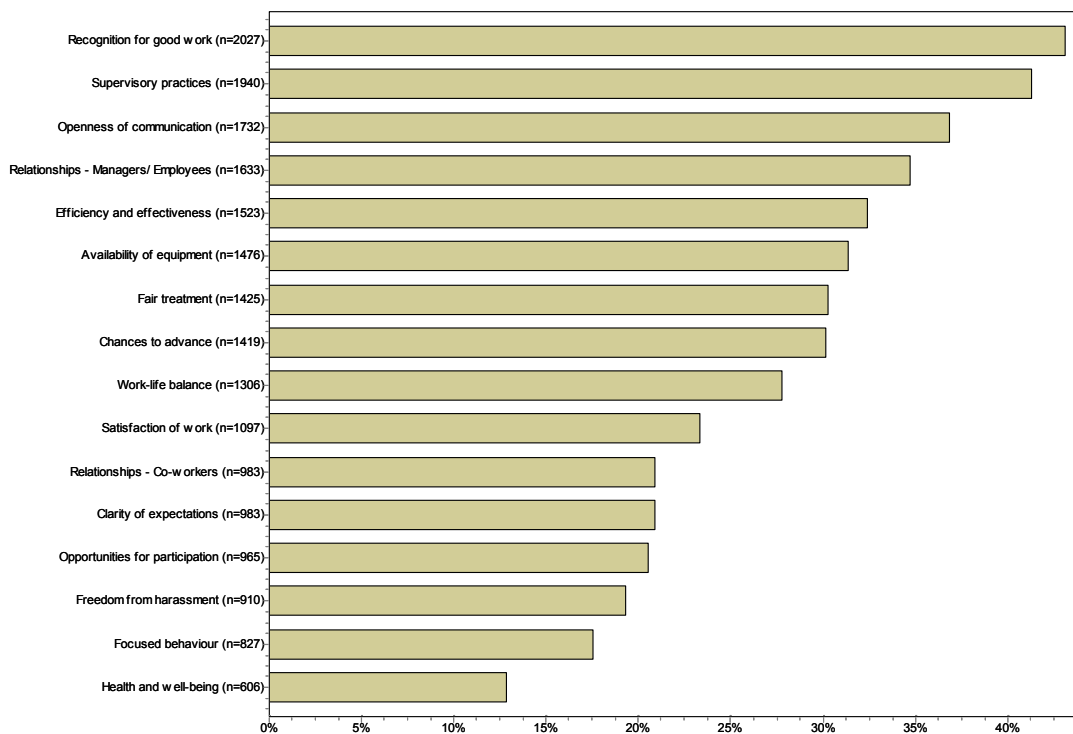


Figure 30. Most important Indicators that need to improve in the workplace

Respondents were also asked to indicate up to five best things about their workplace from the same list of indicators. Figure 31 presents the percentages of respondents in descending order.

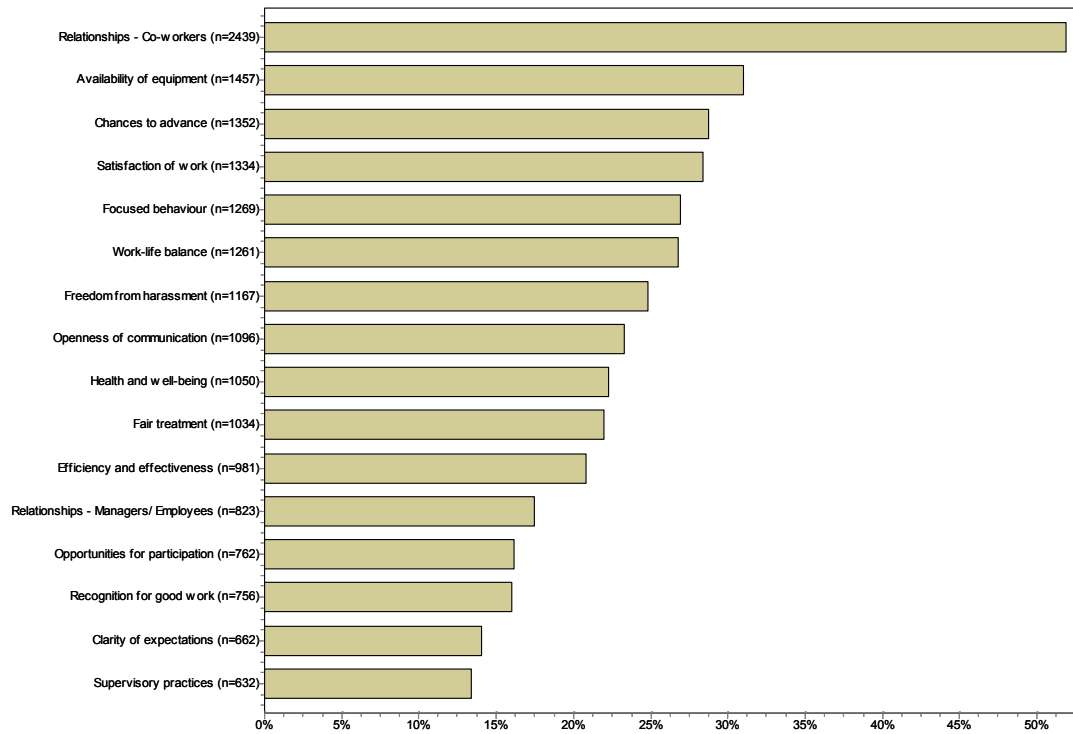


Figure 31. Best Indicators of Quality in the Workplace

Section C: Frequency of Main Themes from Free Text Comments

Free text comments were written in response to the following questions: “What are your other realistic suggestions for making things better at your workplace?” and “What has improved in your workplace in the last 6 months?” Comments from Division of the Chief Health Officer, Central Area Support Unit, Population Health-Central Area Health Service, Northern Area Health Service Directorates, Northern Area Health Service-Population Health, Southern Area Health Service Management Unit, and Southern Area Population Health Services and the seven health service districts were collated. The counts of suggestions and improvements made in the last 6 months are presented as 14 main themes in Table 3 and Figure 32.

Table 3. Suggestions and Improvements made in the last six months

Main Themes	Total Number of Comments	Suggestions	Improvements Made	Ratio of Suggestions to Improvements
Workplace functioning	974	672	302	2:1
Infrastructure issues	629	463	166	3:1
Leadership	544	352	192	2:1
Workplace conduct and behaviours	542	477	65	7:1
Communication practices	428	352	76	5:1
Management practices	412	380	32	12:1
Staffing	388	303	85	4:1
Employment conditions	362	309	53	6:1
Recruitment, retention, and career pathway processes	327	296	31	10:1
Organisational structure issues	321	273	48	6:1
Training and professional development	314	253	61	4:1
Recognition	241	216	25	9:1
Miscellaneous	161	145	16	9:1
Rural/remote issues	11	11	0	11:0

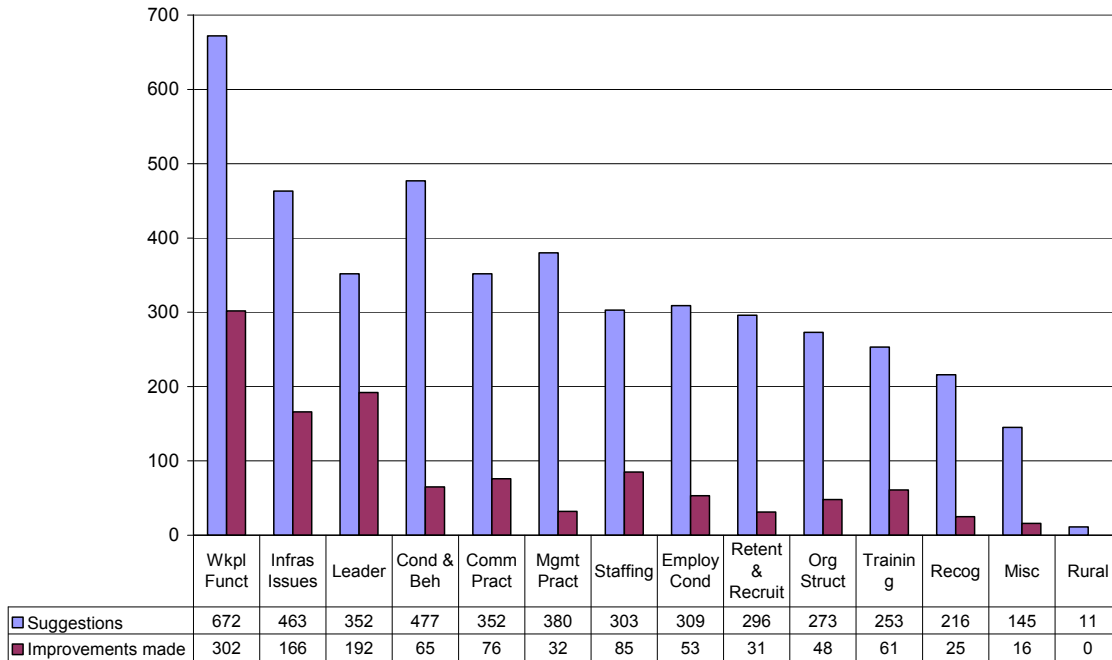


Figure 32. Suggestions and Improvements Made in the last 6 months

Section D: General Information

Demographic Details of Respondents

4 709 paper and web version surveys were returned. Of these, 4696 were valid and useable.

Demographic details of the sample (**N = 4 696**) are provided in the table and graphs to follow.

Table 4. Details of sample

Gender		Count	Percent
	Female	3661	78.0
	Male	981	20.9
	Didn't indicate	54	1.1
Subgroups		Count	Percent
	Team	4477	95.3
	Clinical	2728	58.1
	Manage Others	1759	37.5

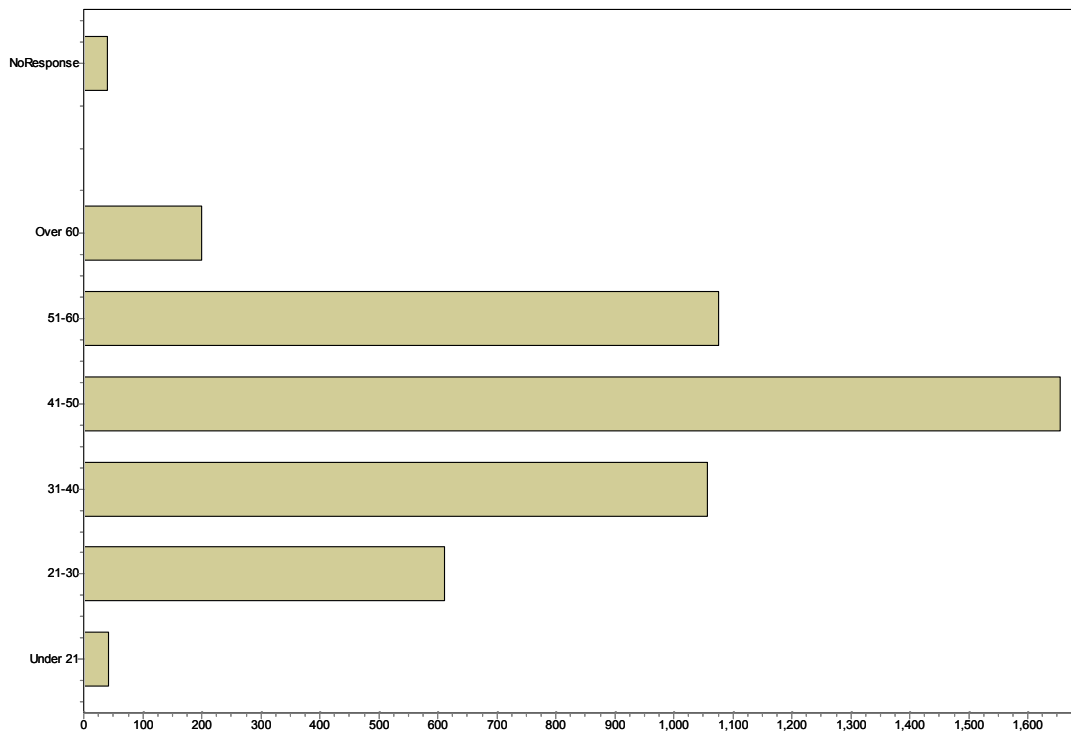


Figure 33. Age of Respondents

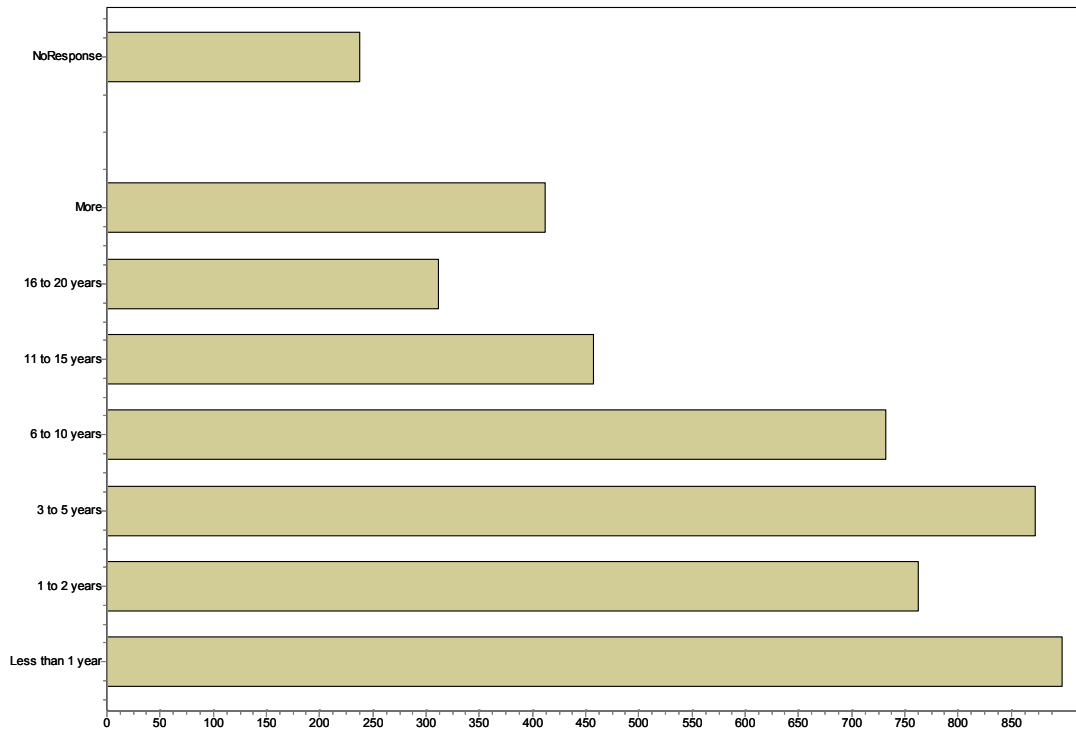


Figure 34. Length of Time Working in Current Role

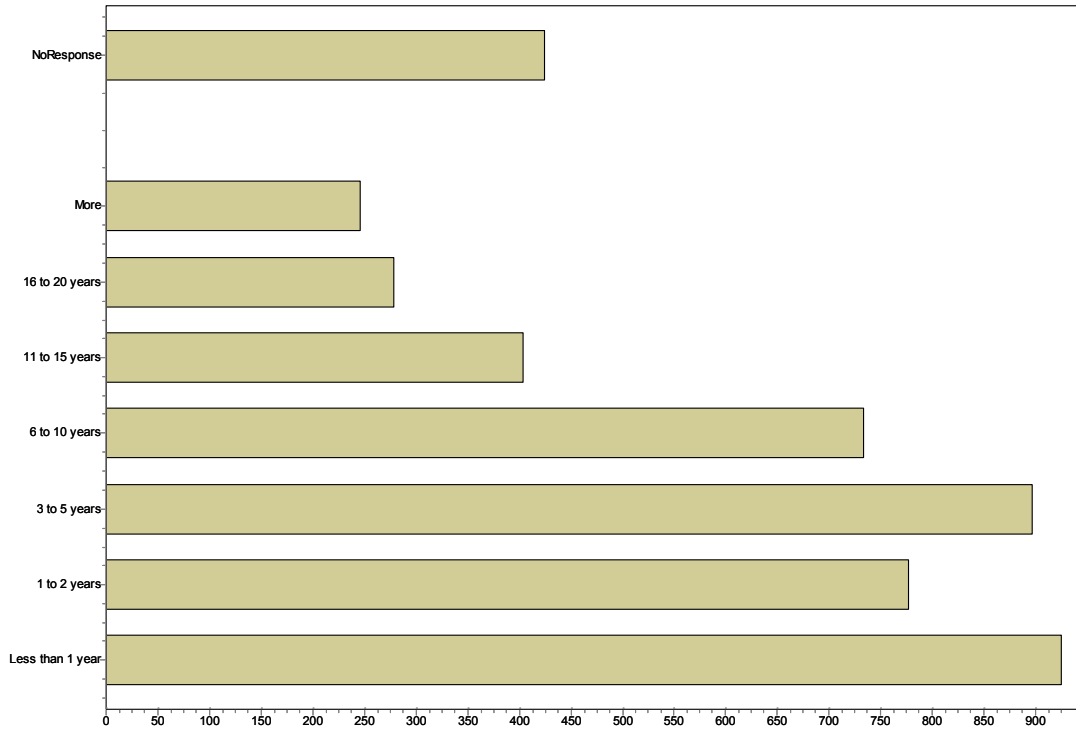


Figure 35. Length of Time Working at Current Work Location

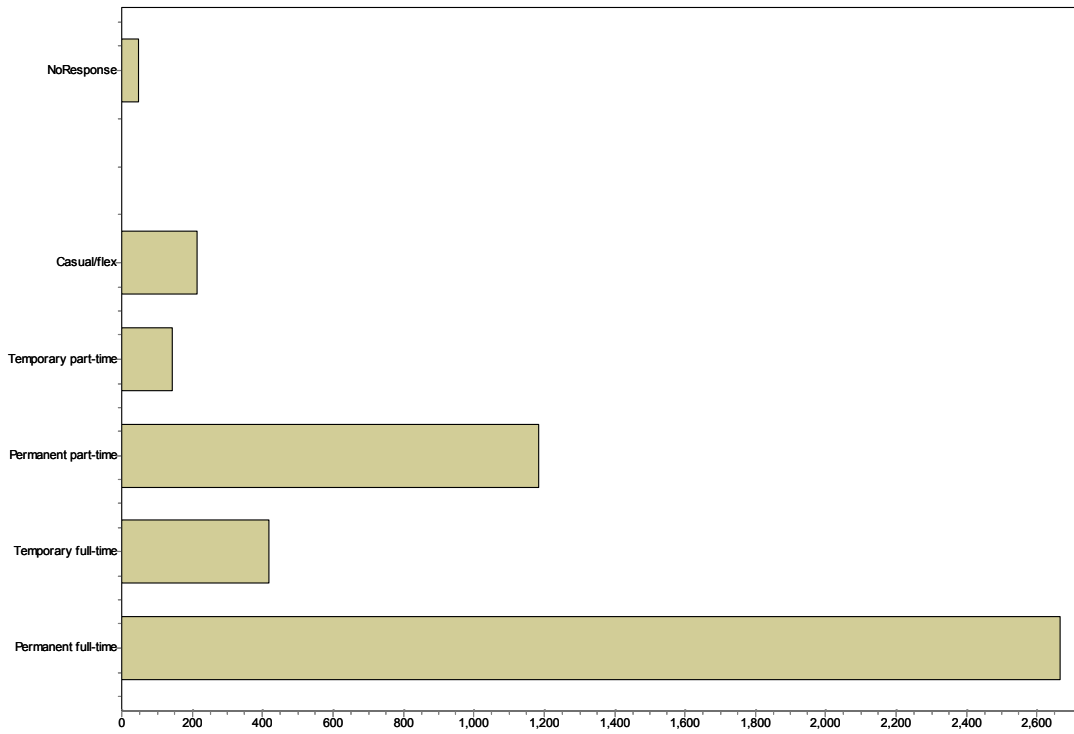


Figure 36. Current Employment Status of Respondents

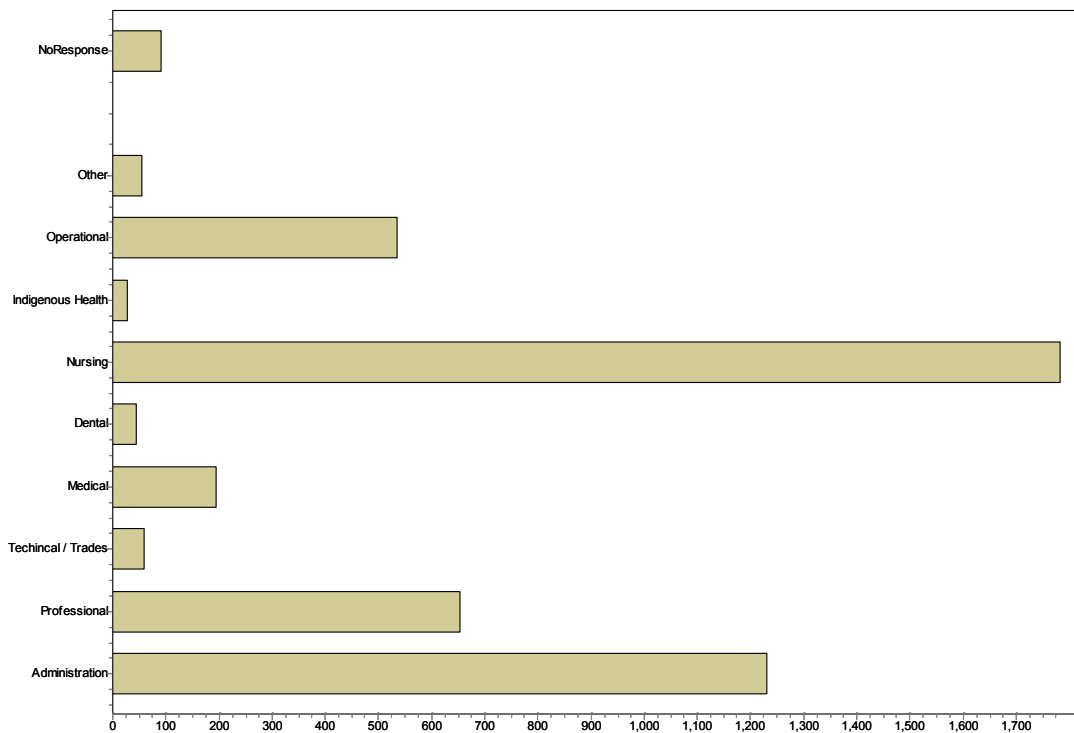


Figure 37. Occupation Stream Groups

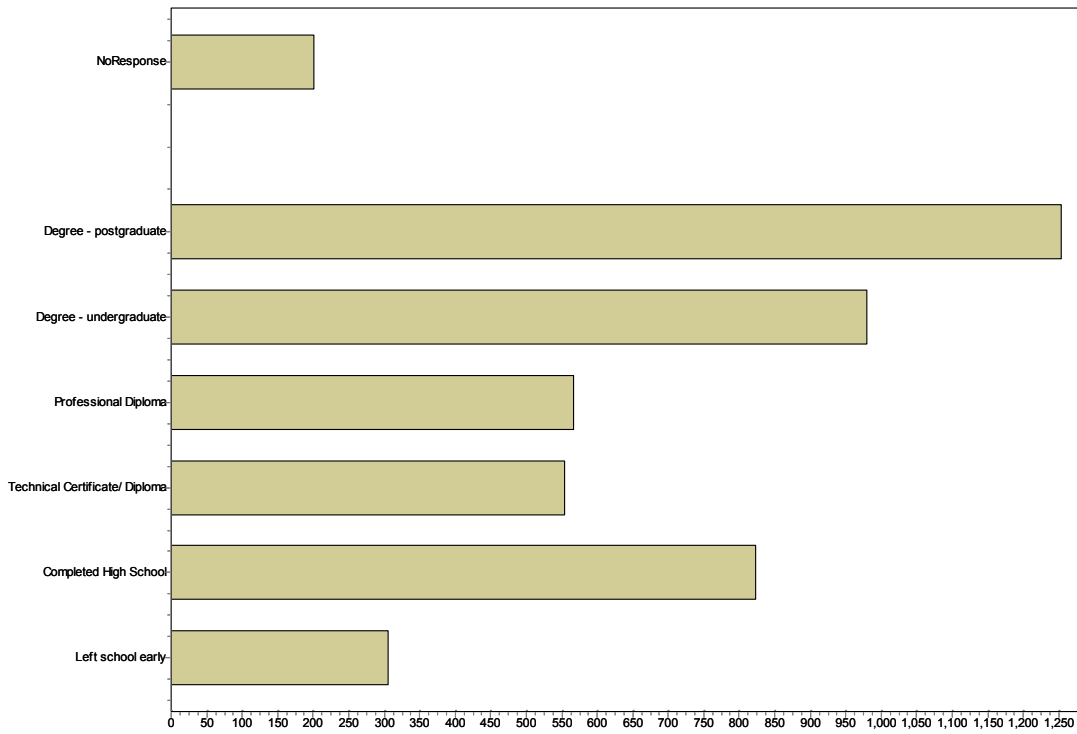


Figure 38. Highest Educational Level Achieved



Appendix A

Description of the Survey Questionnaire

The first section contained two measures from QPASS. These included Individual Outcome and Organisational Climate.

Individual Outcome

Workplace conditions can have a direct individual effect on staff, and will either enhance positive (enthusiastic, proud, cheerful) or increase negative (tense, unhappy, and even depressed) feelings.

Variables in this measure include:

- **Quality of Work Life** (6 items) – Conditions of life at work are excellent; giving everything important that might be wanted.
- **Individual Morale** (7 items) – Feeling positive, proud, cheerful, and energised at work.
- **Individual Distress** (7 items) – Feeling tense, afraid, unhappy, anxious, negative, uneasy and depressed at work.

Organisational Climate

Variables in this measure are either positive or negative. Some situations enhance feelings of enthusiasm, team spirit, empowerment, and job satisfaction due to positive management styles, clear roles, professional development opportunities, and interaction. However, some situations are negative in that they cause distress in the workplace.

Variables in this measure include:

- **Workplace Morale** (5 items) – Respondents show enthusiasm, pride in their work, team spirit, and energy.
- **Supervisor Support** (5 items) – Managers are approachable, dependable, supportive, and they know the problems faced by staff, and communicate well with them.

-
- **Participative Decision-Making** (4 items) – Staff are asked to participate in decisions, and are given opportunities to express their views.
 - **Role Clarity** (4 items) – Expectations, work objectives, responsibilities, and authority are clearly defined.
 - **Peer Support** (7 items) – Acceptance and support from others, with involvement, sharing, good communication and help when needed.
 - **Appraisal and Recognition** (6 items) – Quality and regular recognition and feedback on work performance.
 - **Professional Growth** (5 items) – Interest, encouragement, opportunity for training, career development and professional growth.
 - **Goal Congruence** (5 items) – Personal goals are in agreement with workplace goals which are clearly stated and easily understood.
 - **Workplace Distress** (5 items) – Staff feel frustrated, stressed, tense, anxious and depressed about their work.
 - **Excessive Work Demands** (4 items) – Staff are overloaded with constant pressure to keep working, leaving no time to relax.

Trust in Leadership and Organisational Management Practices Measures

- **Workplace Health and Safety** (5 items) – Indicates the extent to which staff agree that procedures are committed by management to ensure staff are free from risk of injury, illness and individual harm caused by workplace activity.
- **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 - Immediate Supervisor** (9 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 - District Executive/Divisional Executive** (6 items) – Indicates the extent to which staff trust the leadership of district executive/executive through behaviours that describe openness and integrity in communication and interaction, support and fairness.
 - **Confidence in Procedures to Resolve Harmful Behaviours** (4 items) – Indicates the extent to which staff agree that they are confident with the procedures available to resolve harmful behaviours.

Six measures apply to subgroups of respondents.

For a subgroup of respondents who work in a team, the following two measures apply:

- **Presence of Characteristics of a Team** (4 items) – Indicates the extent to which staff agree that the team has clear objectives and guidelines to work from, shared understanding of and committed to those objectives, and review its effectiveness and how it could be improved.
- **Trust amongst Team Members** (6 items) – Indicates the extent to which staff agree that there is trust amongst team members through behaviours that describe honesty, openness in communication, integrity in interaction, and support.

For a subgroup of respondents who manage others, the following measure applies:

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

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

- **Clinical Communication** (5 items) – Indicates the extent staff agree that there is bidirectional information, both verbal and documentation, for them to do their job.
- **Clinical Management Practices** (7 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.

Biographical Data

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

- Gender
- Age
- Length of time in current position and at current location
- Current employment status
- Current classification
- Work location
- Highest level of education
- Supervisory responsibilities

Appendix B

Reliabilities of Measures

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

Individual Outcome	α
Quality of Work Life	0.93
Individual Morale	0.94
Individual Distress	0.91
Organisational Climate	
Workplace Morale	0.89
Workplace Distress	0.89
Supervisor Support	0.88
Participative Decision Making	0.84
Role Clarity	0.76
Peer Support	0.87
Appraisal & Recognition	0.90
Profession Growth	0.84
Goal Congruence	0.82
Excessive Work Demands	0.85
Trust in Leadership and Organisational Management Practices Measures	
Trust in Leadership - Immediate Supervisor	0.95
Trust in Leadership - Senior Manager	0.95
Trust in Leadership - District Executive/Executive	0.93
Workplace Health and Safety	0.72
Work Area Management Practices	0.87
Confidence in Procedures for Resolving Harmful Behaviours	0.66
Support for Managing Others	0.63
Presence of Characteristics of a Team	0.86
Trust amongst Team Members	0.92
Clinical Communication	0.85
Clinical Management Practices	0.74
Multidisciplinary Team Support for Patient Care	0.73

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

Principle 1 Respect for People		$\alpha = .89$
Mn3	Staff are treated fairly when mistakes are made	
Sup4	My supervisor and I trust each other	
Sup7	My supervisor treats people with care and respect	
Sup8	My supervisor asks for my opinion before making decisions that affect my work	
Sup10rev	My supervisor shows favouritism towards some staff	
Sup11	My supervisor manages conflicts fairly and promptly	

Principle 2 Integrity		$\alpha = .79$
Mn1	Recruitment and selection practices are transparent and fair	
Mn2	Problems are managed in a timely and appropriate manner	
Mn4	Work is allocated fairly	
Mn12	My formal review was conducted fairly and without bias	
Sup11	My supervisor manages conflict fairly and promptly	

Principle 3 Respect for Law and the System of Government		$\alpha = .62$
WHS3rev	My work is physically unsafe for me	
WHS5	I am always released for mandatory Workplace Health and Safety training	
Mn7	There are clear guidelines and policies for how we work	
Mn9	Staff behave according to the Code of Conduct	
HB3	I trust the process for managing harmful behaviours that breach the Code of Conduct	

Principle 4 Diligence		$\alpha = .70$
WHS1	There is genuine commitment by management to staff safety in my work area	
WHS2	Staff are encouraged to always report hazards, incidents and 'near misses'	
WHS4	I have confidential access to counselling service (EAS) when required	
Mn6	I receive the training that I need to do my work	
Sup2	My supervisor supports me to improve my skills and performance	

Principle 5 Economy and Efficiency		$\alpha = .57$
Mn5	I am provided with the right equipment to complete my work	
Mn9	There are structures and routine which encourage staff, collectively, to evaluate and improve their work practices	
Mn10rev	Staff feel pressured to work unpaid overtime	
Mn11rev	Staff regularly use departmental resources for personal use	
Sup12	My supervisor encourages me to raise new ideas and find improved ways of doing my job	

Note. An alpha (α) of .7 is usually regarded as acceptable. Interpretation of measures with alphas of less than .7 has to be done with caution.