Staff Opinion Survey Results October 2009

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Executive Report

Introduction

The eighth round of the "Better Workplaces" Staff Opinion Survey was conducted from the 5th October until the 30th October, 2009. The participating Queensland Health health service districts were Central Queensland, Metro South (Logan and Beaudesert only), and Townsville. Also participating were the Clinical and Statewide Services, Performance and Accountability, and Policy, Strategy and Resourcing Divisions.

The response rate of 37% falls 5% below the 42% from the previous round and is a notable improvement from the 29% recorded in September 2007.

The survey consisted of a number of questions requesting biographical data, measures of Individual Outcome and Organisational Climate from the Queensland Public Agency Staff Survey (QPASS) and several additional measures which were developed specifically for Queensland Health, including Trust in Leadership, Clinical Practice Measures and Harmful Behaviours. All measures were found to have acceptable internal consistencies, as presented in Appendix C.

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 October 2007 in the graphs, has been combined and includes September 2007 data for all participating divisions and districts and April 2006 data for Charters Towers within the Townsville District. Each district and division is presented with its own summary and detailed findings to evaluate for the action planning process.

An interactive database, i-MO, developed by the Community and Organisational Research Unit at the University of Southern Queensland (USQ), enables each district and division to further examine their detailed results.

Respondents were also provided with the opportunity to write comments. Comments on 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 a 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 middling band ranges from -8.8 OU to 8.8 OU, the commendable band from 8.8 OU to 30.2 OU and outstanding results are above 30.2 OU. Scores below middling fall into either the challenging band, -8.8 OU to -30.2 OU, or adverse band, for scores below -30.2 OU. Within the survey there are three negative indicators (those where negative scores are desirable), these being *Individual Distress*, *Workplace Distress* and *Excessive Work Demands*. For these three measures, middling remains 8.8 OU to -8.8 OU, commendable scores are between -8.8 OU and -30.2 OU, with outstanding scores lower than -30.2 OU. Challenging scores for the negative indicators are between 8.8 OU and 30.2 OU. Figures 1 and 2 below represent the bands for positive and negative indicators, respectively.

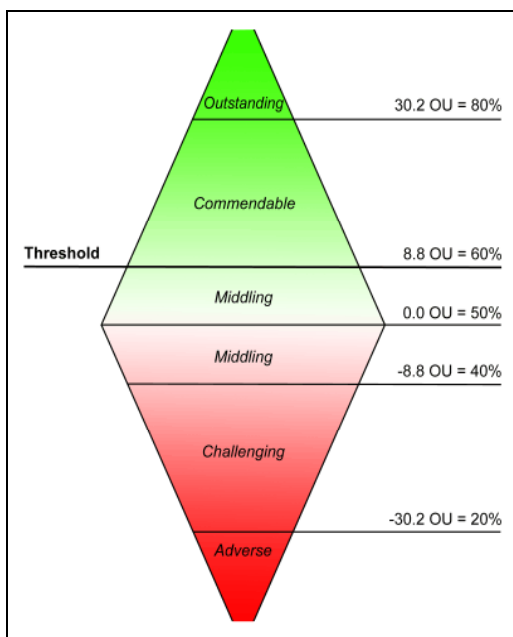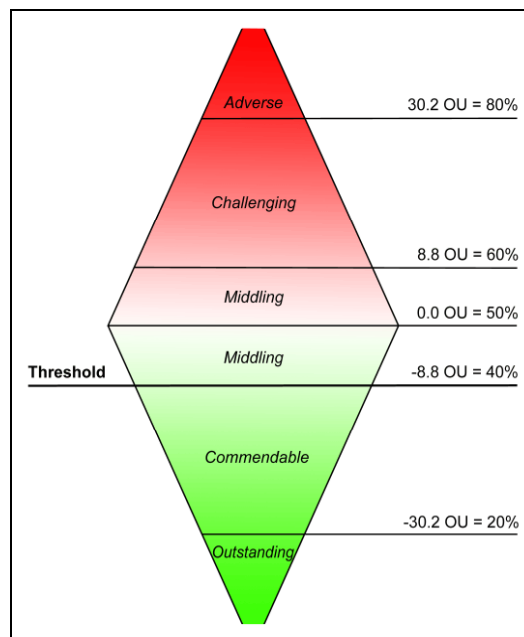
Figure 1. Positive Indicators   Figure 2. Negative Indicators

For the full interpretive guidelines, see Appendix A.

With the introduction of the MO-Index, measures can now 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.

Key findings

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

Individual Outcome Measures (QPASS)

Overall measure results are shown in QPASS Measures, Figure 3

- *Quality of Work Life* improved within the middling band, with all items recording middling scores and positive change. The highest scoring items were *I am satisfied with my life at work* and *so far, I have obtained the important things I want in my work life,* while *in most ways my work life is close to my ideal* recorded the greatest improvement, shifting from an undesirable negative to a positive score. Despite recording the lowest score, *the quality of my work life is excellent* improved from an undesirable negative to a positive score.

- Overall, *Individual Distress,* which is a negative indicator where scores below -8.8 OU are desirable, improved within the commendable band. Despite recording negative change, the most desirable scoring item at a commendable -30.1 OU, related to *feeling afraid at work*. The greatest improvement was recorded for *feeling tense at work,* which recorded the least desirable, and only middling score.

- *Individual Morale* improved within the middling band, with all but one item recording middling scores. Despite recording negative change, the highest scoring item was *feeling cheerful at work* with a commendable 10.1 OU*. Feeling happy at work* also recorded negative change, moving from a commendable to a middling score, while the lowest scoring item, at a middling -3.0 OU, pertained to *feeling delighted at work. Feeling energised at work* recorded the greatest improvement, yet remains an undesirable negative score.

Organisational Climate Measures (QPASS)

Overall measure results are shown in QPASS Measures, Figure 4

- Overall, of the 10 Organisational Climate Measures, 2 scored in the commendable band and 8 were middling. All measures recorded positive shifts, with *Workplace Morale* recording the greatest improvement.

- *Workplace Morale* remains middling, with all items recording positive change. The highest scoring item was *staff take pride in this work area,* recording the only commendable score at 11.3 OU. Despite remaining the lowest and recording the only

undesirable negative score, *the morale in this work area is high* recorded the greatest improvement, shifting from a challenging to a middling score.

- *Workplace Distress* (a negative indicator) improved within the middling band and remains an undesirable positive score. *Staff in this work area feel depressed about their job* recorded the most desirable and only negative score, while *staff in this work area are frustrated with their job* recorded the greatest improvement, shifting from a challenging to a middling yet undesirable positive score. *Staff in this work area experience a lot of stress* recorded the least desirable and only challenging score at 14.3 OU.

- *Supervisor Support* improved within the middling band, with *I am able to approach the supervisors in this work area to discuss concerns and grievances* remaining the highest scoring and only commendable item at 16.2 OU. The remaining items were middling, with *the supervisors in this work area can be relied upon when things get tough* recording the greatest improvement. Despite improving from an undesirable negative to a positive score, *the supervisors know the problems faced by staff in this work area* remains the lowest scoring item.

- *Excessive Work Demands* (a negative indicator) experienced a positive shift, improving from a challenging to an undesirable positive and middling score. All items recorded positive change, yet remained undesirable positive scores, with *there is no time for staff to relax in this work area* recording the most desirable score at a middling 3.1 OU. *Staff in this work area are overloaded with work* recorded the greatest improvement, shifting from a challenging to a middling score, while *there is constant pressure for staff to keep working* recorded the least desirable and only challenging score at 9.7 OU.

- Although improving from an undesirable negative to a positive score within the middling band, *Participative Decision Making* remains the lowest scoring of the positive QPASS measures, at 0.0 OU. All items recorded middling scores and positive change, with *there are forums in this work area where I can express my views and opinions* attaining the highest score at 4.0 OU. Despite recording the greatest improvement, *staff are frequently asked to participate in the decisions concerning administrative policies and procedures in this work area* remains the lowest scoring item, with an undesirable negative score of -3.5 OU.

- *Appraisal and Recognition* improved from an undesirable negative to a positive score within the middling band, with all items recording positive change. The highest scoring and only commendable item, *I have the opportunity to discuss and receive feedback on my work performance*, also recorded the greatest improvement, while *I am regularly*

given feedback on how I am performing in my role remains the lowest and was the only negative scoring item, at a middling -5.1 OU.

- *Goal Congruence* improved within the middling band, with all items recording positive change. *The staff are committed to the work area's goals and values* recorded the highest and only commendable score at 10.5 OU, and also recorded the greatest improvement, shifting from a middling score. The remaining items were middling, with *there is agreement about work practices in this work area* recording the least desirable score at 3.7 OU.

- *Peer Support* improved within the commendable band, and at 12.4 OU, recorded the highest score of all the QPASS measures. With all but two items falling in the commendable band, *I feel accepted by other staff in this work area* recorded the most desirable score at 20.3 OU. Despite improving from an undesirable negative to a positive score, *there is good communication between groups in this work area* remains the least desirable score at a middling 1.7 OU. The greatest improvement was recorded for *there is good communication among staff in this work area*, which remains a middling score at 8.5 OU.

- *Professional Growth* improved and remains within the middling band, with all items recording positive change. Improving from a middling score, *I am encouraged to pursue further training and development* attained the highest and only commendable score of 9.7 OU, while *others in this work area take an active interest in my career development and professional growth* recorded the greatest improvement yet remains the least desirable item, with an undesirable negative and middling score of -2.0 OU.

- *Role Clarity* recorded a positive shift within the commendable band. *I am clear about my professional responsibilities* maintained the highest score at a commendable 20.9 OU, while *my work objectives are always well defined* remains the least desirable and only middling score at 5.0 OU. *I always know how much authority I have in this work area* recorded the greatest improvement, shifting from a middling score to a commendable 8.8 OU.

Additional measures designed specifically for Queensland Health

- *Employee Engagement* is a new measure and therefore there is no comparative data. The measure scored in the commendable band, with the item *I try to help others in this organisation whenever I can* attaining the highest score at a commendable 29.9 OU, while the lowest scoring item with the only undesirable negative score, at -0.1 OU, was *this organisation really inspires me to perform at my very best in my job*.

Trust in Leadership

Overall measure results are shown in QPASS Measures, Figure 5

- *Trust in Immediate Supervisor* remains at the commendable level of 9.6 OU and also remains the highest level of trust. *My supervisor treats people with care and respect* was the highest scoring item at a commendable 13.4 OU, while *my supervisor asks for my opinion before making decisions that affect my work* attained the least desirable score. *My supervisor manages conflict fairly and promptly* recorded the greatest improvement.

- *Trust in Senior Manager* experienced a negative shift within the middling band, with all items recording middling scores and negative change. The highest scoring item, *senior manager does what they say they are going to do* also recorded the greatest decline, while *senior manager builds a culture of openness and trust* recorded the least desirable and only negative score.

- *Trust in Executive* was the lowest of the three trust measures, experiencing a negative shift and remaining an undesirable negative and middling score. All items also recorded undesirable negative and middling scores, and experienced negative shifts. The most desirable item, *Executive sets a clear vision and direction for the future*, recorded the greatest decline, while *Executive builds a culture of openness and trust* recorded the least desirable score.

Organisational Management Practices

- *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 17.5 OU, with *I am supported by Human Resources (HR) to manage poor performance* recording the greatest improvement, shifting from an undesirable negative to a positive score within the middling band. *I have adequate time and resources to manage my staff* remains the lowest scoring item.

- *Work Area Management Practices* improved within the middling band, with all items recording middling scores except *there are clear guidelines and policies for how we work*, which attained the highest score at a commendable 10.8 OU. *Problems are managed in a timely and appropriate manner* recorded the greatest improvement, shifting from an undesirable negative to a positive score, while *poor performance is appropriately managed* remains the lowest and is the only undesirable negative score at -4.8 OU.

- *Workplace Health and Safety* improved and remains in the commendable band.

Clinical Work

- *Clinical Management Practices* experienced a positive shift within the middling band, with all items recording middling scores and positive change. The highest scoring item was *I am expected to perform within my skills and abilities,* while the greatest improvement was shown for *sufficient time and resources are devoted to clinical skills development*, which remains an undesirable negative score*.* Despite shifting from the challenging to the middling band, *clinical teams participate in decisions about funding allocation for patient care* recorded the least desirable score at -6.4 OU.

- *Multidisciplinary Team Support for Patient Care* improved within the commendable band, with *patient care is provided by multidisciplinary teams* recording the highest score at a commendable 21.5 OU. *Multidisciplinary teams meet regularly to plan and review patient care* was the lowest scoring item despite recording the greatest improvement, recording the only middling score at 8.0 OU.

- *Clinical Communication* improved from a middling to a commendable score, with *I receive the information I need to carry out my work to the best of my ability* recording the highest score, at a commendable 11.3 OU. The greatest improvement was shown for *clinical documentation provides the necessary information I need to do my job*, shifting from a middling to a commendable score, while *my opinions about improving clinical services are valued* was the lowest scoring and only middling item.

Career Intentions

- 34% of respondents are considering leaving their current job, with 35% currently actively looking for another job.

- 65% 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 *unhappy with management* and *career development and advancement opportunities.*

Harmful Behaviours

- 30% of respondents reported that they had experienced harmful behaviours in their work area in the past six months, compared with 35% in 2007.

- The most common source of harmful behaviours was reported as co-workers (36%), followed by supervisors/managers (32%).

- Where the source of the harmful behaviour was internal:

- Supervisors/Managers – The resulting effects were; *upset at the time* (48.3%), *ongoing distress and anxiety* (36.2%), *physical or psychological harm for which medical treatment was sought* (12.6%) and *fear for their safety* (2.9%).

- Co-workers – The resulting effects were; *upset at the time* (52.5%), *ongoing distress and anxiety* (33.9%), *physical or psychological harm for which medical treatment was sought* (8.2%) and *fear for their safety* (5.4%).

- Where the source of the harmful behaviour was external:

  - Visitors/Relatives – The resulting effects were; *upset at the time* (66.4%), *fear for their safety* (20.9%), *ongoing distress and anxiety* (10.1%), and *physical or psychological harm for which medical treatment was sought* (2.6%).

  - Patients/Clients – The resulting effects were; *upset at the time* (54.2%), *fear for their safety* (28.5%), *ongoing distress and anxiety* (10.4%) and *physical or psychological harm for which medical treatment was sought* (6.9%).

- Actual *physical or psychological harm for which medical treatment was sought* was 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 49% say they *trust the process for managing harmful behaviours*.

- 21% of managers/supervisors reported experiencing harmful behaviours from people they manage; this is comparable to the amount reported in 2007 (21%).

- Respondents indicated they were aware that some action was taken in about 69% of the instances of harmful behaviour they reported formally.

Performance Reviews

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

- 57% of supervisors reported having conducted performance and development plans with all their direct report staff in the last 12 months.

Indicators of Quality and Improvement

- *Relationships among co-workers* was identified at the best indicator of quality in the workplace, with *recognition for good work* being identified as the most important indicator requiring improvement.

Results by occupational stream groups

Indigenous Health

- There is no comparative data for the Indigenous Health stream.

- This group achieved 10 commendable and 3 middling scores for the QPASS measures.

- Indigenous Health respondents recorded the most desirable scores of all occupational streams for *Workplace Morale, Supervisor Support, Peer Support, Participative Decision Making, Professional Growth, Appraisal and Recognition,* and *Goal Congruence.*

- *Trust in Immediate Supervisor* was commendable and achieved the highest score of all occupational stream groups.

- *Trust in Senior Manager* was middling and was highest for this occupational stream group than any other.

- *Trust in Executive* recorded an undesirable negative score within the middling band.

Professional

- There is no comparative data for the Professional stream.

- This group scored in the commendable range for 2 measures and scores were middling for the remaining 11.

- Professional staff recorded the least desirable scores of all occupational streams for *Individual Distress, Individual Morale, Supervisor Support,* and *Role Clarity*.

- *Trust in Immediate Supervisor* was middling, and lowest for this occupational stream group. *Trust in Senior Manager* recorded an undesirable negative and middling score, which was also lowest among the occupational stream groups.

- *Trust in Executive* recorded an undesirable negative score within the middling band.

Health Practitioner

- Health Practitioner respondents reported commendable scores for 3 of the QPASS measures and 10 were middling.

- Ten QPASS measures recorded positive change, with *Appraisal and Recognition* improving from an undesirable negative to a positive score within the middling band. *Individual Morale* and *Professional Growth* experienced negative shifts within the middling band*,* and *Role Clarity* recorded a slight decline within the commendable band.

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

- *Trust in Immediate Supervisor* remains a commendable score, *Trust in Senior Manager* is middling, and *Trust in Executive* remains an undesirable negative score within the middling band.

Medical Staff

- This group scored in the commendable range for four of the QPASS measures and middling for the remaining nine.

- All 13 QPASS measures recorded positive change, with *Participative Decision Making* and *Peer Support* improving more for this occupational stream than any other. The former shifted from an undesirable negative to a positive score within the middling band, while the latter remains commendable.

- Despite recording negative change, *Trust in Immediate Supervisor* remains commendable.

- *Trust in Senior Manager* improved within the middling band, while *Trust in Executive* remains an undesirable negative score within the middling band, despite recording the only improvement among the occupational stream groups.

Administration

- Administration respondents reported commendable scores for four of the QPASS measures and nine were middling.

- All measures recorded positive change, with *Supervisor Support* improving from a middling to a commendable score.

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

- *Trust in Immediate Supervisor* remains commendable and *Trust in Senior Manager* remains a middling score.

- Despite declining from a positive to an undesirable negative score within the middling band, *Trust in Executive* is highest for this occupational stream group.

Nursing Staff

- This group achieved three commendable, nine middling and one challenging score for the QPASS measures.

- Nursing staff recorded the least desirable scores of all occupational stream groups for *Workplace Distress* and *Excessive Work Demands*.

- All 13 QPASS measures recorded positive change, showing the greatest improvement in *Professional Growth* of all occupational stream groups. *Quality of Work Life, Workplace Morale,* and *Appraisal and Recognition* improved from undesirable negative to positive scores within the middling band, while *Workplace Distress* shifted from the challenging to the middling band.

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

- *Trust in Immediate Supervisor* remains middling and *Trust in Senior Manager* remains an undesirable negative score within the middling band.

- *Trust in Executive* declined from a middling to a challenging score of -9.9 OU, recording the least desirable score of any occupational stream group.

Dental Staff

- Dental staff reported commendable scores for 3 of the QPASS measures and middling scores for the remaining 10.

- This group recorded the most desirable score of all occupational streams for *Excessive Work Demands,* at a middling 2.9 OU.

- Eleven measures recorded positive change, with *Individual Distress* and *Individual Morale* experiencing negative shifts within the commendable and middling bands, respectively.

- *Trust in Immediate Supervisor* and *Senior Manager* improved within the middling band.

- *Trust in Executive* experienced the biggest negative shift of all the occupational streams, declining from a positive to an undesirable negative score within the middling band.

Operational

- This group scored in the commendable range for 2 of the QPASS measures, middling for 10, and *Excessive Work Demands* recorded a score within the challenging band.

- Ten QPASS measures recorded positive change, while *Individual Morale, Excessive Work Demands*, and *Professional Growth* experienced negative shifts. *Excessive Work Demands* declined from a middling to a challenging score of 8.9 OU.

- Operational staff recorded the least desirable scores of all occupational streams for *Quality of Work Life, Workplace Morale, Participative Decision Making, Appraisal and Recognition, Goal Congruence, Peer Support*, and *Professional Growth*.

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

- *Trust in Senior Manager* recorded negative change, shifting from a positive to an undesirable negative score within the middling band.

- *Trust in Executive* experienced a negative shift and remains an undesirable negative score within the middling band.

Technical

- This group scored in the commendable range for five of the QPASS measures and the remaining eight were middling.

- Technical staff recorded the most desirable scores of all occupational stream groups for *Quality of Work Life, Individual Distress,* and *Workplace Distress.*

- Twelve QPASS measures recorded positive change, with *Quality of Work Life, Individual Distress, Individual Morale, Workplace Morale, Workplace Distress, Supervisor Support, Excessive Work Demands, Goal Congruence,* and *Appraisal and Recognition* improving more for this occupational stream than any other.

- *Quality of Work Life* and *Supervisor Support* improved from middling to commendable scores, *Excessive Work Demands* shifted from a challenging to a middling score, while *Workplace Morale* and *Appraisal and Recognition* improved from undesirable negative to positive scores within the middling band. *Workplace Distress* improved from an undesirable positive to a negative score within the middling band.

- *Role Clarity* experienced a negative shift within the commendable band.

- *Trust in Immediate Supervisor* improved most for this group than any other occupational stream, shifting from a middling to a commendable score.

- *Trust in Senior Manager* also improved most for this occupational stream than any other, shifting from an undesirable negative to a positive score within the middling band.

- *Trust in Executive* experienced a negative shift and remains an undesirable negative score within the middling band.

Conclusions

The October 2009 results showed *Workplace Morale* to have recorded more improvement than any other measure of organisational climate. *Peer Support, Role Clarity, Trust in Immediate Supervisor, Workplace Health and Safety* and *Multidisciplinary Team Support for Patient Care* remain commendably high, and *Individual Distress* remains commendably low. While the results of these overall measures are deserving of praise and most measures showed improvement, there are aspects within each measure that should be noted (refer to

key findings; e.g., the item *I am regularly given feedback on how I am performing in my role* in the measure of *Appraisal and Recognition).*

The considerable improvements across most measures reported by *Technical* respondents are to be commended, as are those recorded by *Medical, Administration* and *Nursing* stream respondents. The desirable scores recorded for *Indigenous Health* stream staff are similarly deserving of praise. However, while showing improvement on several measures, the less desirable scores recorded by *Operational* stream respondents warrant further investigation.

Recommendations

- The breadth and depth of involvement of staff in decision-making that affects their work should be critically considered and conveyed. This helps to alleviate negative reactions when the process is not according to expectations. A compelling step that Queensland Health can take as evidence of staff involvement is in engaging staff in the action planning process to improve their workplace culture, including communicating to staff the initiatives and improvements achieved as a result of the action planning process.

- The need for more to be done in the way of valuing staff and providing feedback continued to be apparent and crucial. An important initial step would be to focus attention on the more formal structure and processes used to provide 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

(2) growth - preparation for advancement in career, and in particular 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 ethical and legal obligations of confidentiality, management needs to communicate whether or not action was taken in response to staff reporting incidents of harmful behaviour. This may reduce the number of incidents, and staff would likely have more faith in the management of incidents of harmful behaviour.

- Management and staff at all levels need to remain vigilant and intolerant of harmful behaviour, even when it is circumstantial or unintended. 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 building a culture of openness and trust, regular communication with staff, and other aspects of trust in senior and executive management 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 conveyed to staff, portraying a balanced picture of both the key successes and challenges. This would help increase trust in leadership. The Executive Management group should continue driving the action planning process at the divisional level.

QPASS Measures

	Quality of Worklife	Individual Distress	Individual Morale
Oct 2007	0.4	-14.0	4.5
Oct 2009	3.8	-14.8	4.8
Change	3.4	0.8	0.4

Figure 3. Individual Outcomes measures

	Workplace Morale	Workplace Distress	Supervisor Support	Excessive Work Demands	Participative Decision Making	Appraisal and Recognition	Goal Congruence	Peer Support	Professional Growth	Role Clarity
Oct 2007	0.3	7.3	4.4	9.4	-2.4	-0.5	4.6	10.5	2.0	10.3
Oct 2009	4.1	3.8	7.3	6.8	0.0	1.7	6.7	12.4	3.3	10.8
Change	3.8	3.5	2.9	2.6	2.5	2.3	2.1	2.0	1.4	0.5
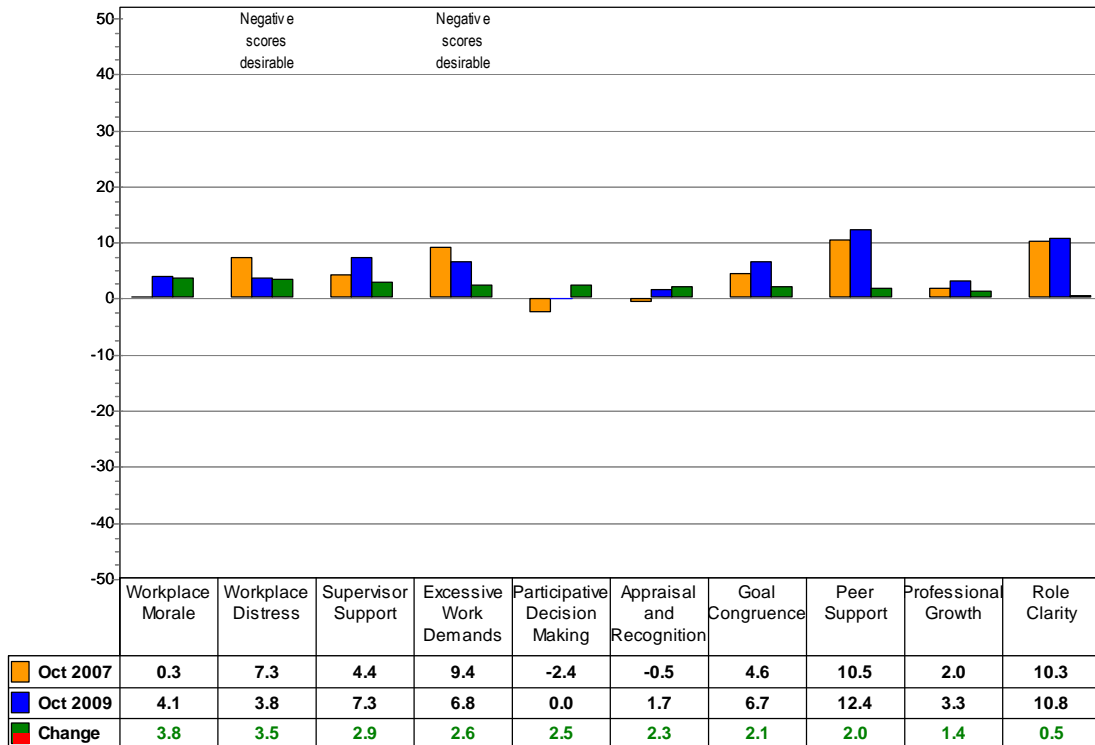
Figure 4. Organisational Climate measures

"*better* workplaces"
Queensland Health

Trust in Leadership

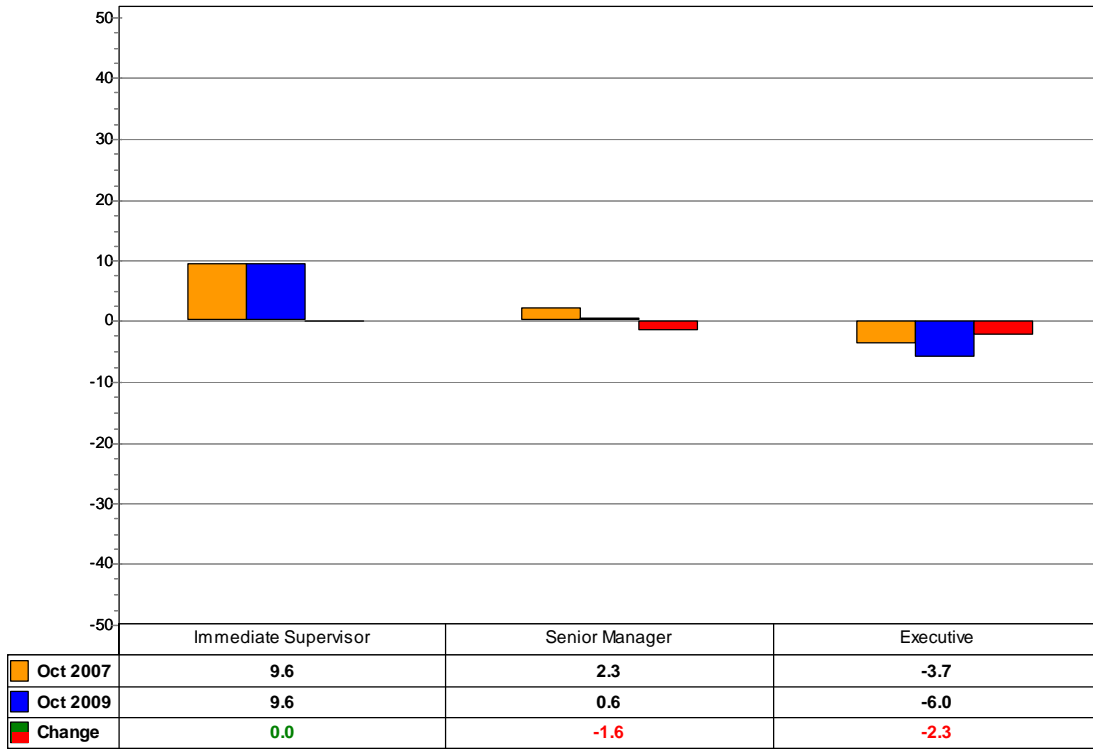|	Immediate Supervisor	Senior Manager	Executive
Oct 2007	9.6	2.3	-3.7
Oct 2009	9.6	0.6	-6.0
Change	0.0	-1.6	-2.3

Figure 5. Trust in Leadership measures

Response Rate and Comparative Data

Of the 4 981 surveys returned, 4 977 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 2009	13 619	2 076	2 901	36.6
Districts and Divisions				
Central Queensland	3 347	786	404	35.9
Metro South Logan-Beaudesert	1 992	400	238	32.4
Townsville	4 996	889	727	32.7
Clinical and Statewide Services	2 947	1	1 242	42.2
Performance and Accountability	18	-	18	100.0
Policy, Strategy and Resourcing	427	-	272	63.7

Table 2. Survey Dates of Comparative Data

October 2009 HSD/Division	Comparative Data
<u>Metro South Logan-Beaudesert</u>: Southside (Logan & Beaudesert Hospitals)	September 2007
<u>Townsville</u>: Charters Towers Townsville	 September 2006 September 2007
<u>Policy, Strategy and Resourcing</u>: CHO – Child Health and Safety Branch Policy, Planning and Resourcing	 April 2007 September 2007
<u>Central Queensland</u> <u>Clinical and Statewide Services</u> <u>Performance and Accountability</u>	September 2007 September 2007 New Division – No comparative data

Demographic Details of Respondents

Table 3. Gender of respondents

Gender	Count	Percent
Female	3 819	76.7
Male	1 121	22.5
Didn't indicate	37	0.7

Table 4. Age of respondents

Age	Count	Percent
Under 21	47	0.9
21 – 30	857	17.2
31 – 40	1 132	22.7
41 – 50	1 498	30.1
51 – 60	1 172	23.5
Over 60	247	5.0
No response	24	0.5

Table 5. Employment Status

	Count	Percent
Permanent full-time	3 133	63.2
Temporary full-time	397	8.0
Permanent part-time	1 094	22.1
Temporary part-time	127	2.6
Casual/flexible	205	4.1

Table 6. Aboriginal or Torres Strait Islander

	Count	Percent
Yes	98	2.0
No	4 858	97.6
No response	21	0.4

Table 7. Non-English speaking background

	Count	Percent
Yes	416	8.4
No	4 531	91.0
No response	30	0.6

Table 8. Occupational stream groups

	Count	Percent
Administration	1 345	27.2
Nursing	1 552	31.3
Health Practitioner	1 078	21.8
Indigenous Health	29	0.6
Medical	195	3.9
Operational	517	10.4
Professional	65	1.3
Dental	62	1.2
Technical	56	1.1
Trades	9	0.2
Other	44	0.9

Glossary of Key Terms

Adverse Outcome	Outcome situated below -30.2 OU for positive indicators and above 30.2 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 -30.2 OU for positive indicators and between 8.8 OU and 30.2 OU for negative indicators.
Commendable Outcome	Outcome situated between 8.8 OU and 30.2 OU for positive indicators and between -8.8 OU and -30.2 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 8.8 OU and -8.8 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	Individual Distress, Workplace Distress, and Excessive Workplace Demands.
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 above 30.2 OU for positive indicators and below -30.2 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	Quality of Work Life, Individual Morale, Workplace Morale, Supervisor Support, Participative Decision-Making, Role Clarity, Peer Support, Appraisal and Recognition, Professional Growth, Goal Congruence.

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 "Challenges".

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 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 in 2006-2007 (with the exception of QCMHL) and were surveyed again between April 2008 to October 2009, thus allowing most districts and divisions to be benchmarked against themselves. This is a leap forward if one considers the hierarchy of possible benchmark comparisons below.

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[1] e.g. Krejcie & Morgan, 1970; Jaccard, 1983
[2] www.nss.gov.au/nss/home.nsf/pages/sample%20size%20calculator

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 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

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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%.

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. Quality of Work Life), the MO-Index allows the reporting of results from the individual questions (e.g. "I am satisfied with my life at work") 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.
- To get +100 OU for an item, absolutely all staff would have indicated "strongly agree" 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.

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 Quality of Work Life). Negative scores are desirable for negative indicators (namely Individual Distress, Workplace Distress and Excessive Work Demands).

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. 22.
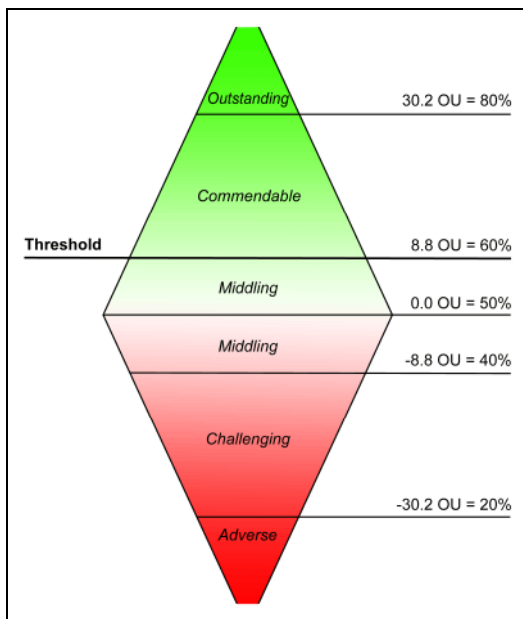
Hierarchy of Descriptors

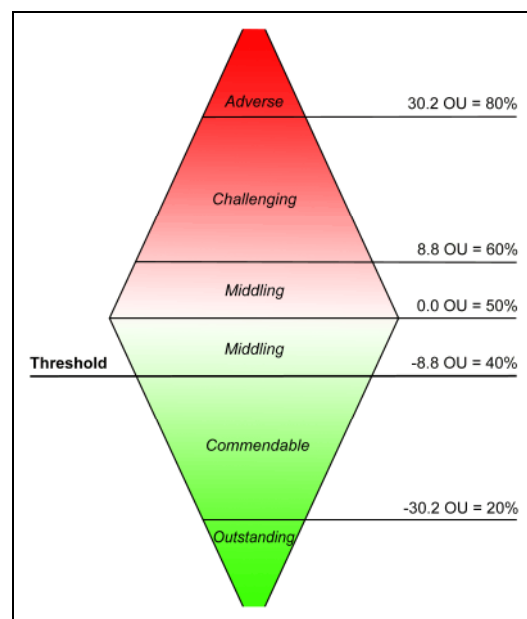**Figure 1**. Positive Indicators   **Figure 2**. Negative Indicators

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 may not be good enough to claim a positive organisational culture. A score of 8.8 OU is equivalent to a simple average percentage score of 60% on a measure, and -8.8 OU is equivalent to a simple average percentage score of 40% on a measure. So a result somewhere between -8.8 OU and +8.8 OU really only means the raw average for that measure is between 40% and 60% - a middling result without the inherent inaccuracies of the simple average percentage score. Higher than this is Commendable (unless it is a negative indicator), and lower than this is Challenging (again, unless it is a negative indicator). This threshold represents a balance

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

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.

Similar thresholds have been drawn at 30.2 OU. A score of 30.2 OU is equivalent to a simple average percentage score of 80% on a measure. Higher than this is an outstanding result (unless it is a negative indicator). A score of -30.2 OU is equivalent to a simple average percentage score of 20% on a measure. Lower than this 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., "2009" as shown in graphs in this report) and prior survey period ("2007") 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. Workplace Morale), 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 section contained two groups of measures from QPASS. These included Individual Outcomes and Organisational Climate.

Individual Outcomes

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.

Measures 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.

Measures include:

- **Workplace Morale** (5 items) – Staff 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, and 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** (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 - District Executive/Division Executive** (6 items) – Indicates the extent to which staff trust the leadership of district executive through behaviours that describe openness and integrity in communication and interaction, support, and fairness.

Employee Engagement Measure

- **Employee Engagement** (5 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.

Two measures apply to subgroups of respondents.

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 three 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.

Appendix C

Reliabilities of Measures

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

Individual Outcome	α
Individual Morale	0.94
Quality of Work Life	0.93
Individual Distress	0.92
Organisational Climate	
Appraisal & Recognition	0.91
Supervisor Support	0.90
Workplace Morale	0.89
Workplace Distress	0.88
Peer Support	0.88
Participative Decision Making	0.86
Profession Growth	0.85
Excessive Work Demands	0.83
Goal Congruence	0.81
Role Clarity	0.79
Employee Engagement, Trust in Leadership and Organisational Management Practices Measures	
Trust in Leadership - Senior Manager	0.96
Trust in Leadership - Immediate Supervisor	0.96
Trust in Leadership - District Executive/Executive	0.96
Work Area Management Practices	0.91
Clinical Communication	0.86
Multidisciplinary Team Support for Patient Care	0.78
Clinical Management Practices	0.77
Employee Engagement	0.76
Workplace Health and Safety	0.72
Support for Managing Others	0.66

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