Report of

"better workplaces"
Queensland Health

Staff Opinion Survey September 2006

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Executive summary

In August-September 2006, staff from eleven (11) Queensland Health Service Districts, Corporate Services, Office of the Director-General, and Reform and Development Division 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 of Management, and several additional measures. Two sets of comparative data were used for QPASS measures: (1) previous Queensland Health surveys, (Queensland Health Comparative) and (2) Public Sector Organisations which includes Queensland Health (QH and PS Comparative). For all other measures, the results from May 2006 survey were used, where available. 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. Key themes in these comments included issues relating to training and professional development, staffing, communication, recruitment process, workspace and buildings, workload, equipment, planning/policy making, fairness/equity, management competency, and bullying/harassment**.** The frequencies of positive comments and suggestions of each of the identified themes are tabulated and presented in Section C.

Key findings

Positive Indicators:

- The overall response rate was 37%, varying between 27% and 81% for the participating health service districts and corporate work areas. The overall rate is both sufficient to draw reliable conclusions, and is an improvement from the 31% obtained in May 2006.
- Queensland Health results for September 2006 for all three measures of Individual Outcome (*Quality of Work Life, Individual Morale, Individual Distress*) and eight of the Organisational Climate measures (*Supervisor Support, 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 sectors).

- *Individual Distress* at 32.6% is lower than one would expect relative to other QPASS measures, in particular Workplace Distress, which is a strong predictor of Individual Distress
- The levels of *Role Clarity* and *Peer Support* at 63% are in the upper band.
- Although the level of *Excessive Work Demands*[1] (58.5%) is high relative to other QPASS measures, it is comparable to the level recorded by personnel of health and other public sectors surveyed in the last eight years.
- *Trust in Leadership of Immediate Supervisor* at 61.1% is higher relative to *Trust in the Leadership of Senior Management* and *District Executive.*
- *Trust in Senior Management* is higher within the occupational streams of Professional (56.2%) and Medical Officers (56.1%).
- The level of confidence in the process to resolve harmful behaviours (*Resolution of Harmful Behaviours)* at 66.3% is encouraging.
- Respondents' ratings of *Clinical Communication* (61.7%) and *Multidisciplinary Team's Support for Patient Care* (64.6%) are in the upper band.
- 94.2% of the respondents who had performance reviews reported that they were conducted fairly and without bias.

Key Challenges

- Whilst the level of *Workplace Distress*[2] (56.7%) is comparative to QH and QPS data, it stands in contrast to the lower *Individual Distress* score (32.6%), indicating that *Individual Distress*[3] may increase in the coming year if the relatively higher *Workplace Distress* does not decline.
- The level of *Trust in Leadership of Senior Managers within Profession/ Occupation* (48.3%) is low. The occupational stream of Technical/Trades is lowest at 37.9% followed by Nursing and Operational at 45.3% and 45.2% respectively.

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

- The level of *Trust of District Executives* (44.3%) is lower than one would expect, even during significant organisational challenges.
- 34.6% of respondents report experiencing some level of *Harmful Behaviour* in their work area within the past six months. The public (31%) and co-workers within profession/occupation/work group (30%) were identified as the main sources.
- 23% of respondents indicated they did not report harmful behaviours. Respondents indicated their main reasons for not reporting were that no action would be taken (33.9%). A further 27.7% indicated that they did not trust manager/supervisor to respond appropriately and 25.7% of respondents indicated fear of reprisal or victimisation if they reported.
- About half the respondents (52%) who reported harmful behaviours perceived that action was not taken.
- 53.5% of respondents indicated that they have not had formal performance reviews within the last 12 months.
- Respondents indicated that relationships between managers and employees (48%) and recognition for doing good work (44%) most needed to improve in their workplace.

Predictors of Quality of Work Life, Individual Morale and Distress

Results from analysis conducted found the following specifically for the September 2006 sample:

- The predictors of Quality of Work Life are
    - Workplace Morale – the extent staff show enthusiasm, pride in their work, team spirit, and energy
    - Professional Growth – the extent to which there is interest, encouragement, opportunity for training, career development and professional growth
    - Role Clarity – the extent to which expectations, work objectives, responsibilities, and authority are clearly defined
    - Trust in Leadership of Immediate Supervisor – the extent to which staff trust the leadership of immediate supervisor through supervisors' openness and integrity in communication, honesty, support, and fairness

- Goal Congruence – the extent to which personal goals are in agreement with workplace goals which are clearly stated and easily understood

Quality of Work Life is higher when Workplace Distress and Excessive Work Demands are lower.

- The predictors of Individual Morale are
  - Workplace Morale
  - Role Clarity
  - Professional Growth
  - Trust in Leadership of Immediate Supervisor
  - Appreciation and Recognition – the extent to which quality and regular recognition and feedback on work performance are provided

Individual Morale is higher when Workplace Distress and Excessive Work Demands are lower

- The predictors of Individual Distress are
  - Workplace Distress
  - Excessive Work Demands

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

- The predictors of Workplace Distress are
  - Excessive Work Demands
  - Workplace Morale
  - Supervisor Support
  - Goal Congruence
  - Appraisal and Recognition
  - Participative Decision Making
  - Peer Support

Conclusions

Most of the conclusions of this survey are similar to the May 2006 survey, 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 marks an important step along that road. The results of the "Better Workplaces" Staff Opinion Survey September 2006 are encouraging. In most respects the results are better than the May 2006 sample and Queensland Health Comparative data for QPASS measures. These results may reflect the different districts and divisions participating in this survey period, or may indicate an organisational trend. In addition, the gaps between Queensland Health scores and overall Queensland public sector QPASS scores were narrower in this survey period. 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 2006 survey, many of the following recommendations are similar to those presented in the May 2006 report.

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. Recognise that staff are motivated by **regular** feedback, formal and informal, of their work and skills. Appraisal and recognition are not limited to just formal performance reviews and long service awards.

4. 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.
5. Trust in leadership is partly a function of perception, and partly a function of performance. While a range of initiatives is being implemented (eg 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. Whist this may be an additional challenge to management, the benefits of improved trust and relationships will be significant.
6. The higher than desirable level of workplace distress is a product of several factors, in particular 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.
7. Management at every level should take every opportunity to listen to staff concerns. While 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.
8. 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.

9. 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.
10. Queensland Health should review the processes of each survey, and look for ways to improve the response rate for the next survey. The improvement of 6% in this survey over May 2006 is encouraging and commendable. The more management engages these findings, involves staff in improvements and communicates outcomes of initiatives to staff, the more staff will engage in subsequent surveys. Future expectations should take into account substantial logistical barriers, but further improvement in response rate is encouraged.


Introduction

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 September 2006 with Charleville HSD, Charters Towers HSD, Gold Coast HSD, Innisfail HSD, Moranbah HSD, North Burnett HSD, Redcliffe-Caboolture HSD, Royal Children's Hospital HSD, South Burnett HSD, Sunshine Coast HSD, Torres Strait and Northern Area Peninsula HSD, Corporate Services, Reform and Development Division and the Office of the Director-General. The survey was based on the measures of Individual Outcomes and Organisational Climate from the Queensland Public Agency Staff Survey (QPASS), Trust in Leadership of Management, and additional measures that were formulated by the Queensland Health Workplace Culture team in consultation with researchers from *core*, and found to have acceptable consistencies in the May 2006 survey, and further modified for this survey.

Combined results are reported for the districts, Corporate Services, Office of the Director-General and Reform and Development Division. 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 districts, Corporate Services, Office of the Director-General and Reform and Development Division.

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) 14 460 Queensland Health employees, (2) 34 095 Queensland Health and other Public Sectors employees surveyed between 1999 and 2006, and (3) 4 513 respondents from May 2006 survey will be used as a comparison to indicate areas of consistent strength as well as areas that need to be addressed.

Survey Process

Staff in Corporate Services, Office of the Director-General and Reform and Development Division had the opportunity to complete surveys on-line at the University of Southern Queensland (USQ) website. The 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, 4550 were returned, of which 4518 were valid and useable surveys 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, resolution of harmful behaviours, workplace health and safety, trust in leadership of immediate supervisor and district /divisional executive and the five principles of the Code of Conduct. Items relating to aspects of team work, clinical work, support for performance management, trust in leadership of senior manager within profession and clinical / functional area 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 and to add other comments.

Details of the survey questionnaire including definitions and reliabilities of measures are included in Appendices A and B.


Survey Results

Survey Results

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%+ are 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 statistically 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.
- **'**Discrepancies' are differences of at least 3% from comparative data.
- 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 outcomes (e.g. Quality of Work Life) should ideally be in the upper band, and negative outcomes (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 outcomes 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.

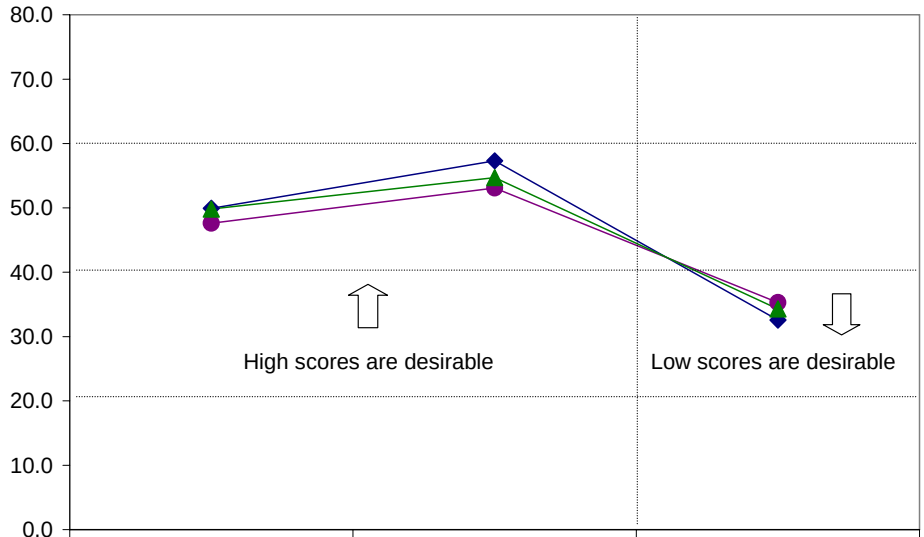
- Scores from **Quality of Work Life** provide a global evaluation of respondents' experience of their life in the workplace
- Scores from **Individual Morale** indicate the extent to which respondents experience positive emotions at work
- Scores from **Individual Distress** indicate the level of negative 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 Corporate Services, Office of the Director-General, Reform and Development Division and the participating eleven districts in this survey are compared with results of Queensland Health Comparative data (N = 14 460), and the combined data from personnel of health and other public sectors (N = 34 095).

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.

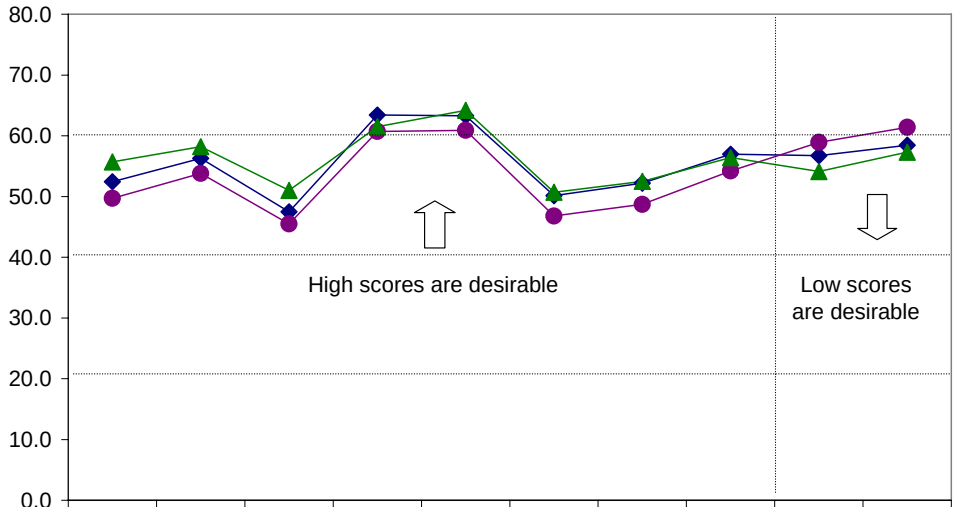
Figure 1 reveals that Quality of Work Life and Individual Morale are in the middle band (40%-60%) and Individual Distress is in the lower band (20%-40%). Individual Morale of the Sept 2006 sample is more favourable than QH Comparative data.



	Quality of Work Life	Individual Morale	Individual Distress
QH Sept 2006	49.9	57.3	32.6
QH Comparative	47.6	53.1	35.3
QH&PS Comparative	49.8	54.7	34.3

Figure 1. Average scores of Individual Outcomes Measures

Measures of Organisational Climate



	Wkplace Morale	Sup Support	Part Decision Making	Role Clarity	Peer Support	App & Recog	Prof Growth	Goal Congru	Wkplace Distress	Excess Wk Dds
QH Sept 2006	52.4	56.3	47.5	63.4	63.3	50.1	52.2	57.0	56.7	58.5
QH Comparative	49.7	53.8	45.5	60.7	60.9	46.8	48.7	54.2	58.9	61.4
QH&PS Comparative	55.7	58.2	51	61.5	64.2	50.7	52.5	56.4	54.1	57.3

Figure 2. Average scores of Organisational Climate Measures

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.

Figure 2 reveals that the Sept 2006 respondents are reporting

- less favourable scores than QH&PS Comparative data on Workplace Morale and Participative Decision Making
- more favourable scores than QH Comparative data on Appraisal & Recognition and Professional Growth

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 September 2006 survey are compared to results of May 2006 survey.

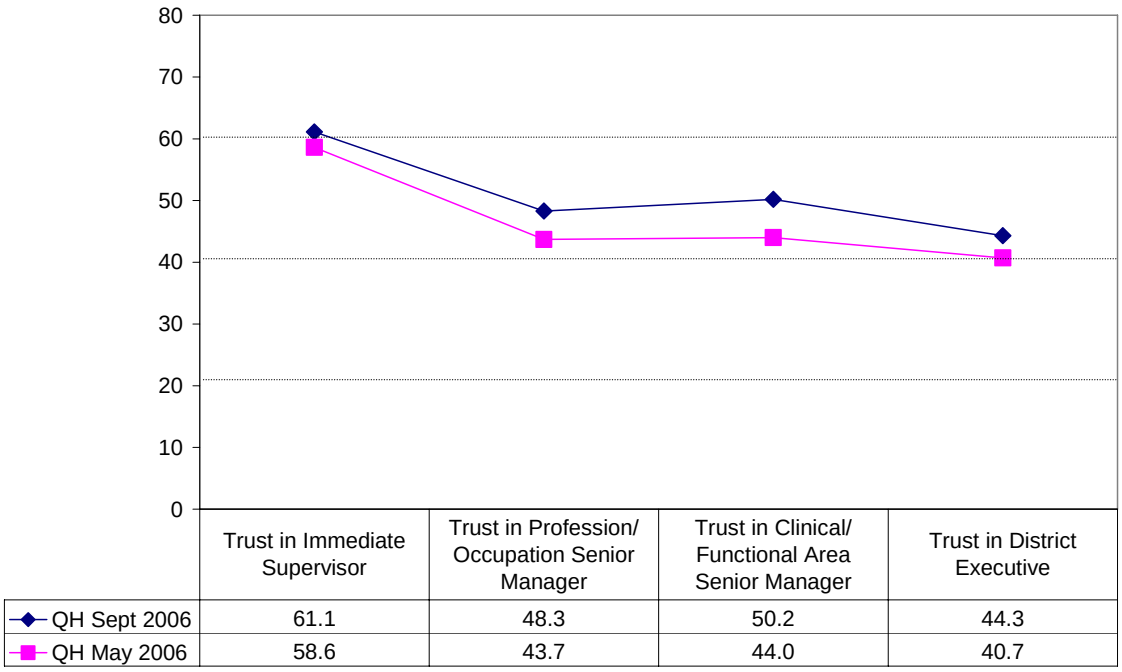
Measures that apply to all respondents (**N = 4 518**) are:

- Workplace Health and Safety
- Work Area Management Practices
- Trust in Leadership – Immediate Supervisor
- Resolution of Harmful Behaviours
- Trust in Leadership – District Executive
- 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

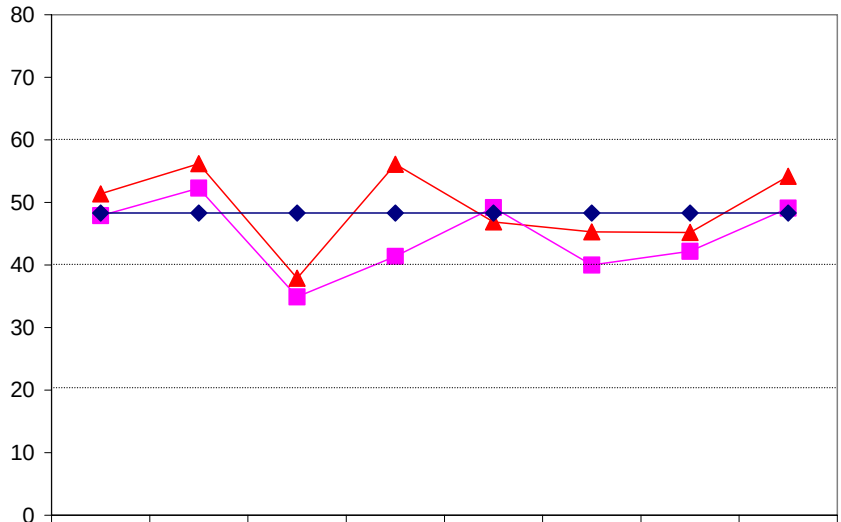
Subgroup	N	Measures
Respondents who are accountable to a Senior Manager within their Profession/Occupation Group	3 486	Trust in Leadership-Senior Manager within Profession/Occupation Group
Respondents who are accountable to a Senior Manager within their Clinical area	3 225	Trust in Leadership-Clinical Area Senior Management
Respondents who Manage Others	1 902	Support for Performance Management
Respondents who work in a team	4 304	Presence of Team Characteristics
		Trust Amongst Team Members
Respondents who work in a clinical environment	3 005	Clinical Communication
		Clinical Management Practices
		Support of Multidisciplinary Team for Patient Care



	Trust in Immediate Supervisor	Trust in Profession/ Occupation Senior Manager	Trust in Clinical/ Functional Area Senior Manager	Trust in District Executive
QH Sept 2006	61.1	48.3	50.2	44.3
QH May 2006	58.6	43.7	44.0	40.7

Figure 3. Average scores of Trust in Leadership

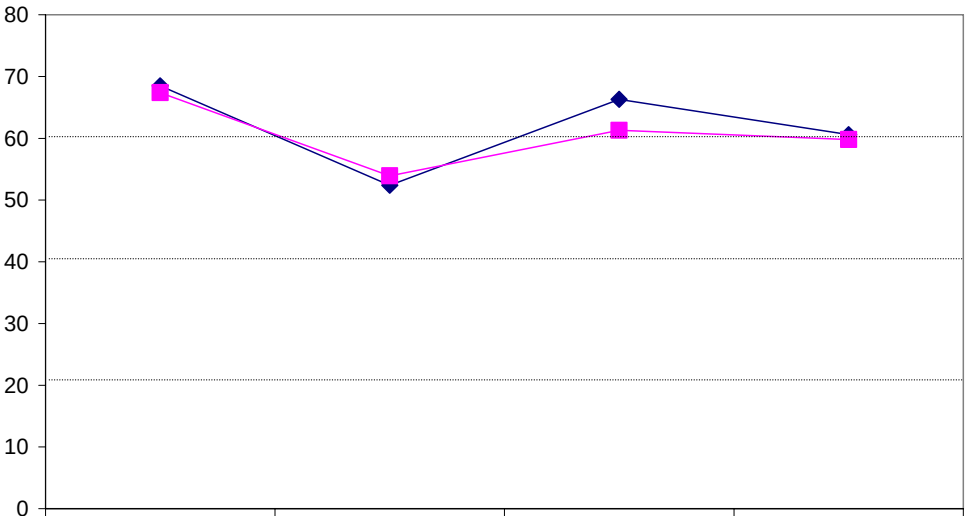
Figure 3 shows Trust in Leadership of Immediate Supervisor to be in the upper band. Trust in Leadership of Senior Management and District Executive are in the middle band, and they are more favourable than the results from May 2006 sample.



	Admin	Prof	Tech/ Trade	Medical	Dental	Nursing	Operation	Other
Sept 2006-Occupation Stream	51.4	56.2	37.9	56.1	46.9	45.3	45.2	54.2
May 2006-Occupation Stream	47.9	52.3	34.9	41.4	49.2	40.0	42.2	49.1
QH Sept 2006	48.3	48.3	48.3	48.3	48.3	48.3	48.3	48.3

Figure 4. Average scores of Trust in Leadership – Senior Manager within Profession/Occupation

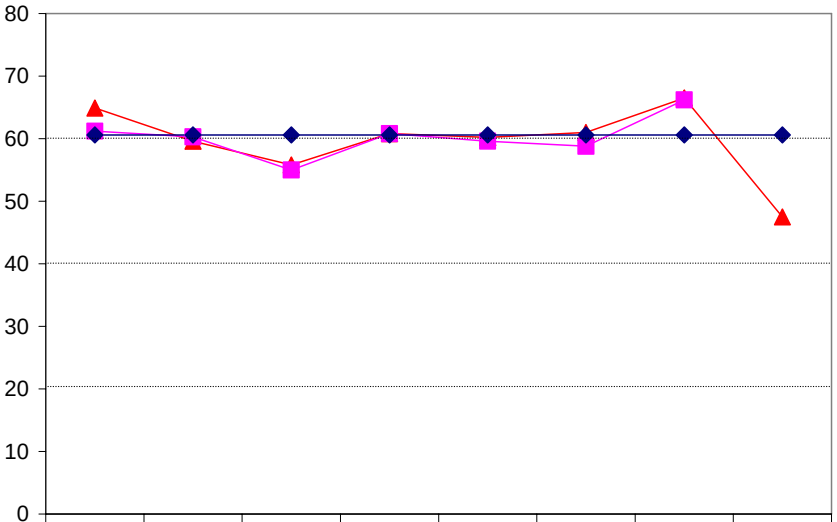
Figure 4 shows that Trust in the Leadership of Senior Manager within Technical/Trade occupational stream is in the lower band. The average scores of all occupation streams, except Dental, are more favourable than their respective counterparts from May 2006.



	Workplace Health & Safety	Work Area Management Practices	Resolution of Harmful Behaviour	Support for Performance Management
QH Sept 2006	68.5	52.4	66.3	60.6
QH May 2006	67.4	53.9	61.3	59.8

Figure 5. Average scores of Organisational Management Practices

Figure 5 shows Resolution of Harmful Behaviours is in the upper band and is more favourable than the average score of May 2006.



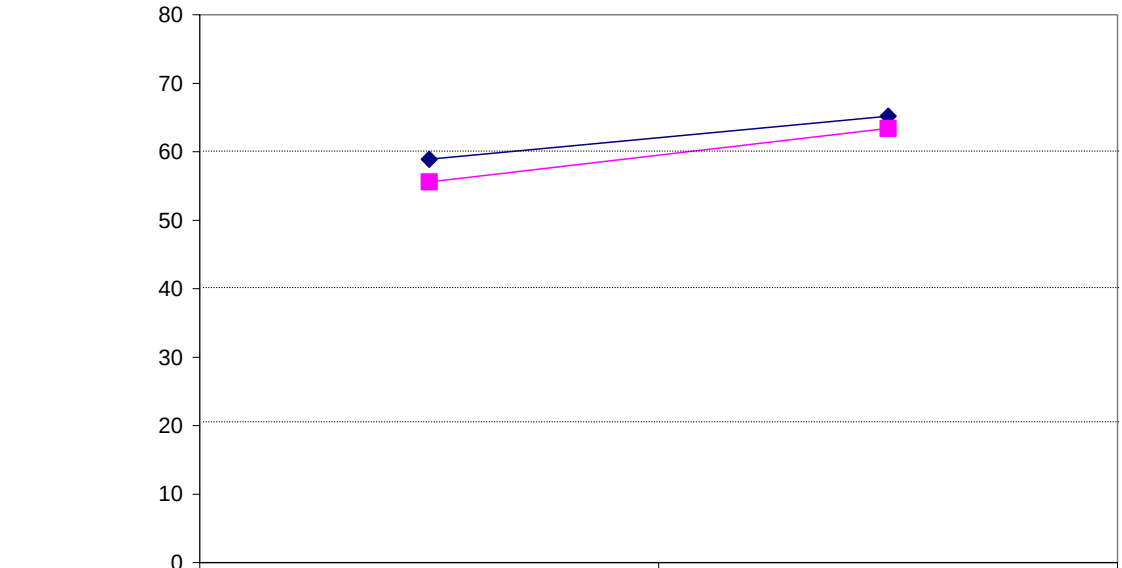
	Admin	Prof	Medical	Dental	Nursing	Operation	Other	Tech/ Trade
Sept 2006-Occupation Stream	64.9	59.6	55.8	60.8	60.2	61.0	66.5	47.5
May 2006-Occupation Stream	61.2	60.3	55.0	60.8	59.6	58.8	66.2	
QH Sept 2006	60.6	60.6	60.6	60.6	60.6	60.6	60.6	60.6

Figure 6. Average scores of Support for Performance Management (by occupational stream)

Figure 6 shows that the average scores of Administration, Professional, Dental, Nursing, Operational, and Other respondents who manage others are in the upper band, however, Medical and Technical/Trade respondents are reporting scores in the middle band.

Administration respondents who manage others are reporting more favourably than their counterparts from May 2006 survey. Administration and "Other" respondents scored higher than the overall average of the subgroup from September 2006 sample, whilst Medical and Technical/Trade respondents scored lower.

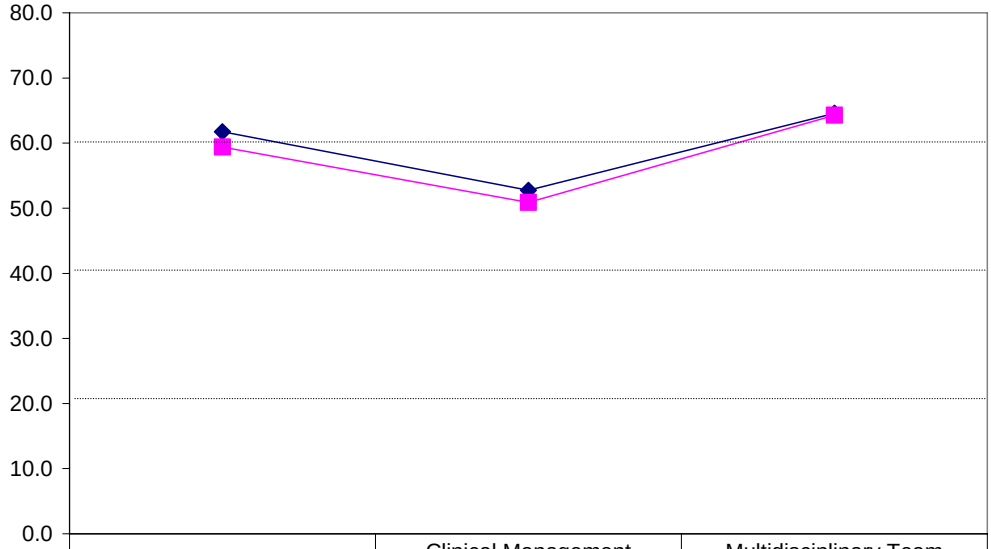
There were fewer than 10 respondents from Indigenous Health Workers for May and September, hence their scores are not included. In May 2006, there were fewer than 10 respondents from Technical/Trade, hence no average score is displayed in Figure 6 for comparison.



	Presence of Team Characteristics	Trust Among Team Members
QH Sept 2006	58.9	65.2
QH May 2006	55.6	63.4

Figure 7. Team Work Measures

Figure 7 shows that average score of Trust among Team Members is in the upper band. The average score of Presence in Team Characteristics is in the middle band and is more favourable than May 2006.



	Clinical Communication	Clinical Management Practices	Multidisciplinary Team Support for Patient Care
QH Sept 2006	61.7	52.7	64.6
QH May 2006	59.4	50.9	64.3

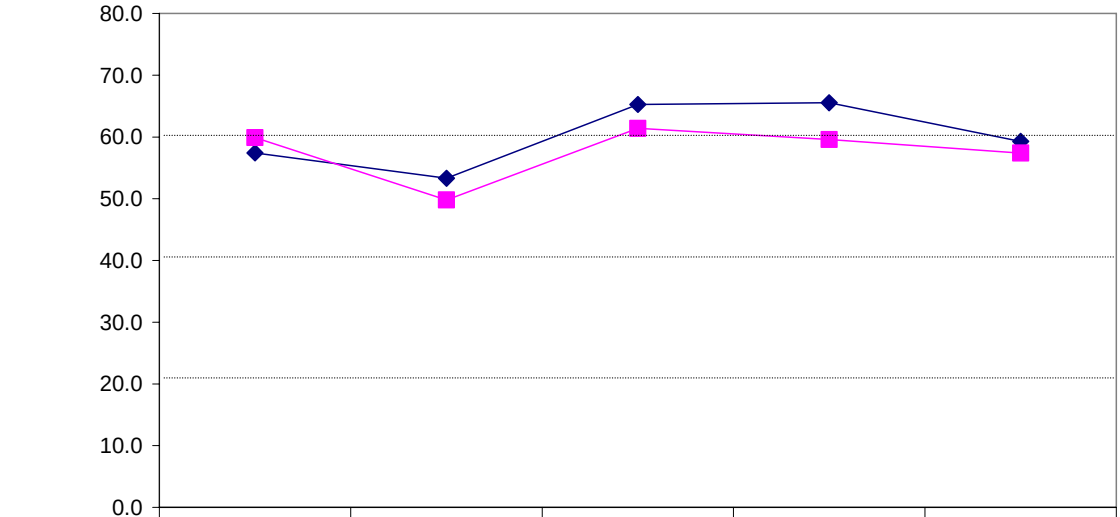
Figure 8. Clinical Work Measures

Figure 8 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 May 2006 sample.

The items that best describe the 5 principles of the Code of Conduct were chosen from the survey.

In making comparisons to the May 2006 results, it is to be noted that the average scores of May 2006 were from a subgroup of respondents, namely those who work in a team as well as in a clinical area.

Average scores for the overall September 2006 sample are presented in Figure 9.



	Respect for People	Integrity	Respect for Law and System of Government	Diligence	Economy & Efficiency
Sept 2006	57.4	53.3	65.2	65.5	59.3
May 2006	59.9	49.8	61.4	59.6	57.4

Figure 9. Code of Conduct Principles

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

The frequency distributions of three items from the section on Management Practices and one item from Clinical Work are reported in Figures 10 to 12 and Table 2 respectively. Please note that May 2006 respondents did not provide data for these measures therefore there is no comparative data available.

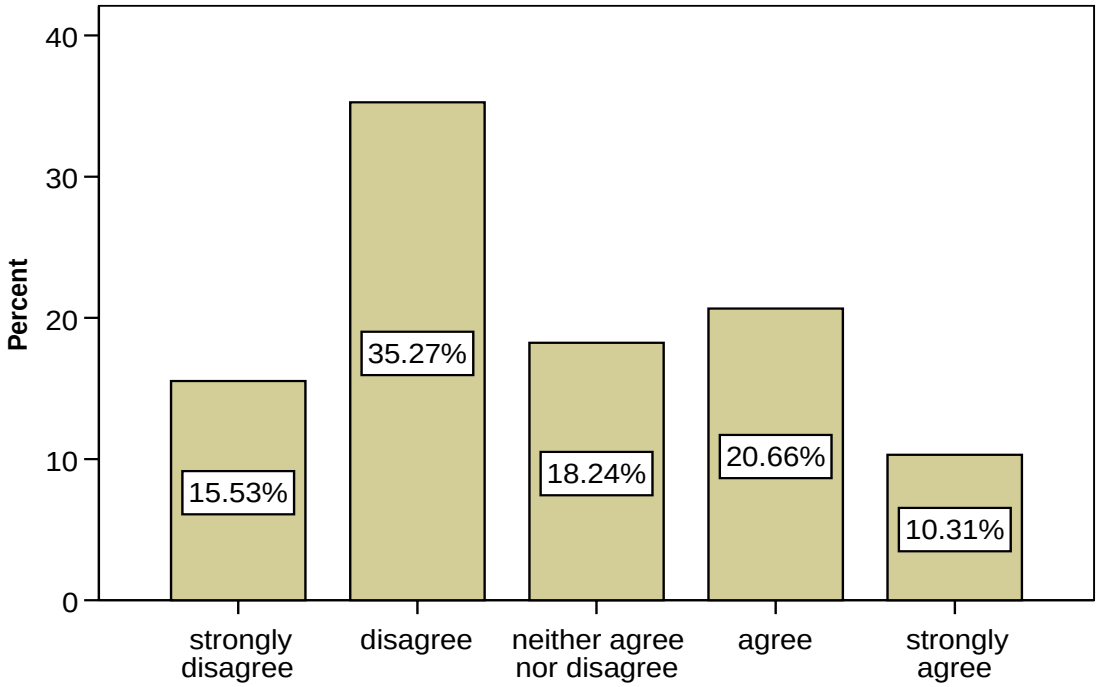


Figure 10. Staff feel pressured to work unpaid over time

Figure 10 shows that approximately 31% of the respondents agree that staff feel pressured to work unpaid over time.

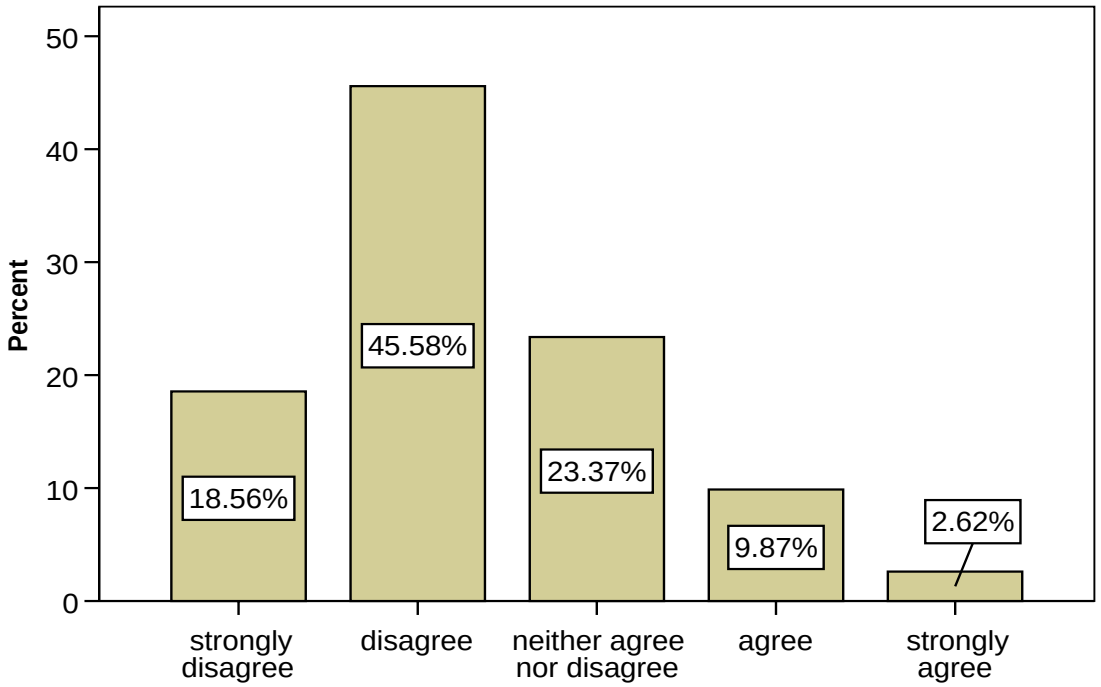


Figure 11.Staff use Departmental resources for private use more than they should

Figure 11 shows that approximately 12% of the respondents agree that staff use departmental resources for private use more than they should.

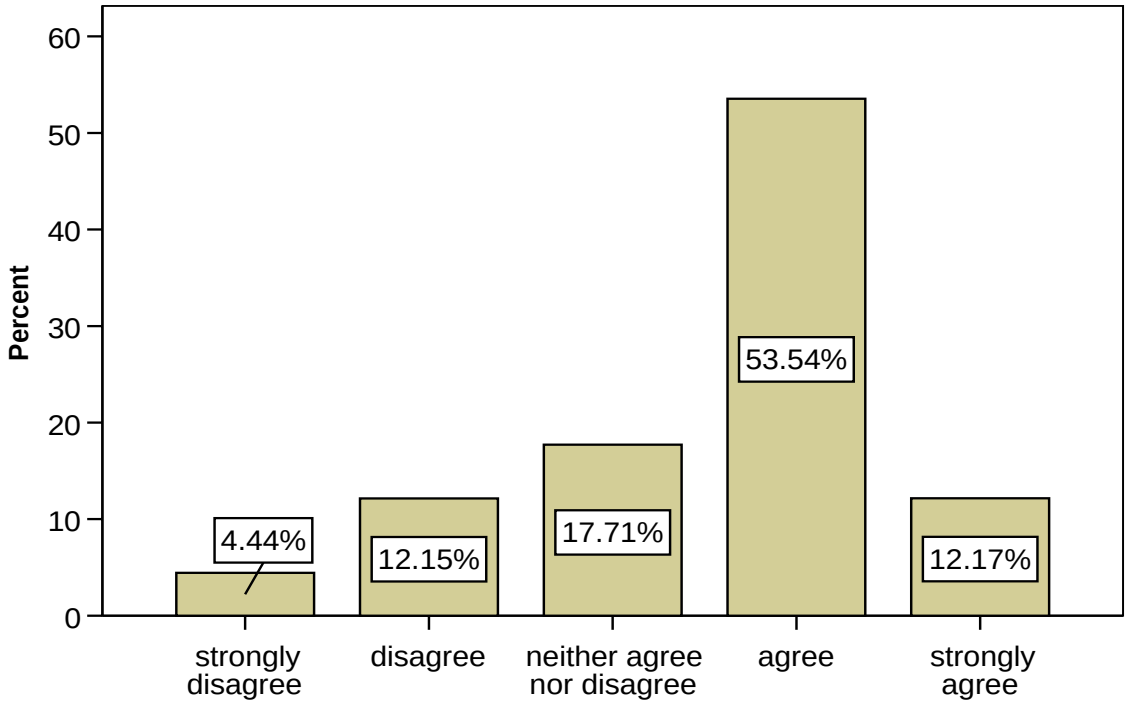


Figure 12. Staff behave according to the Code of Conduct

Figure 12 shows that approximately 66% of the respondents agree that staff behave according to the Code of Conduct.

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"

	Disagree (%)	Neither (%)	Agree (%)	No Response (%)
September 2006	12.6	11.5	41.3	34.6

Harmful Behaviours

The responses 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 sections.

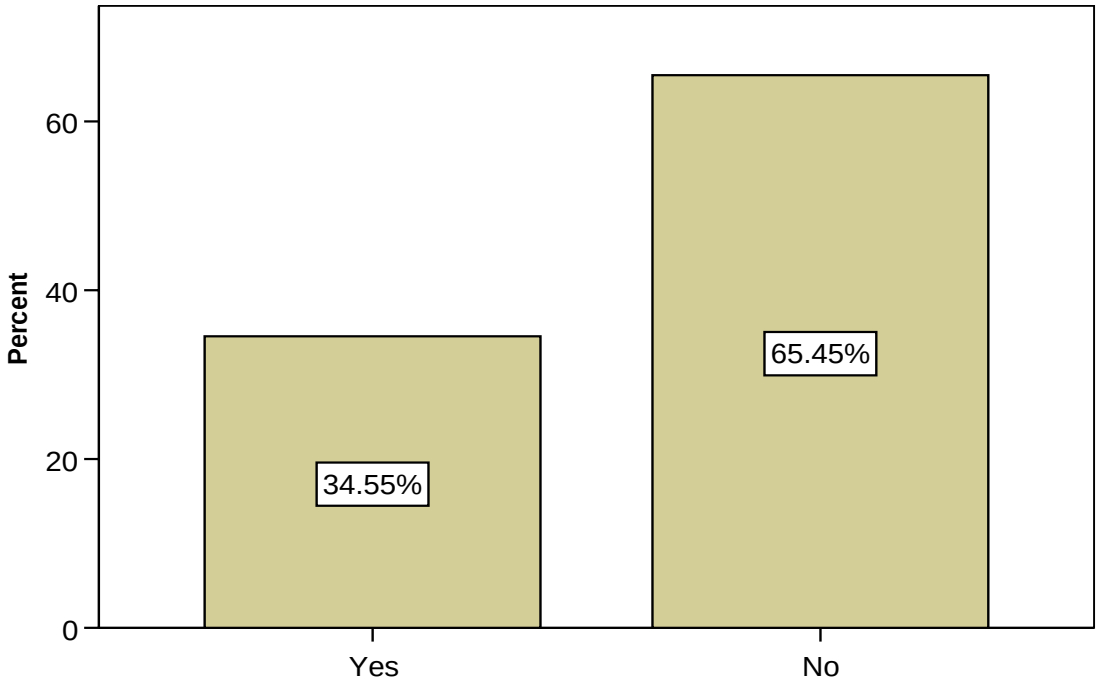


Figure 13. In the past 6 months, I have experienced harmful behaviours in my work area

Figure 13 shows that approximately 35% of total valid responses reported experiencing harmful behaviours in their work area.

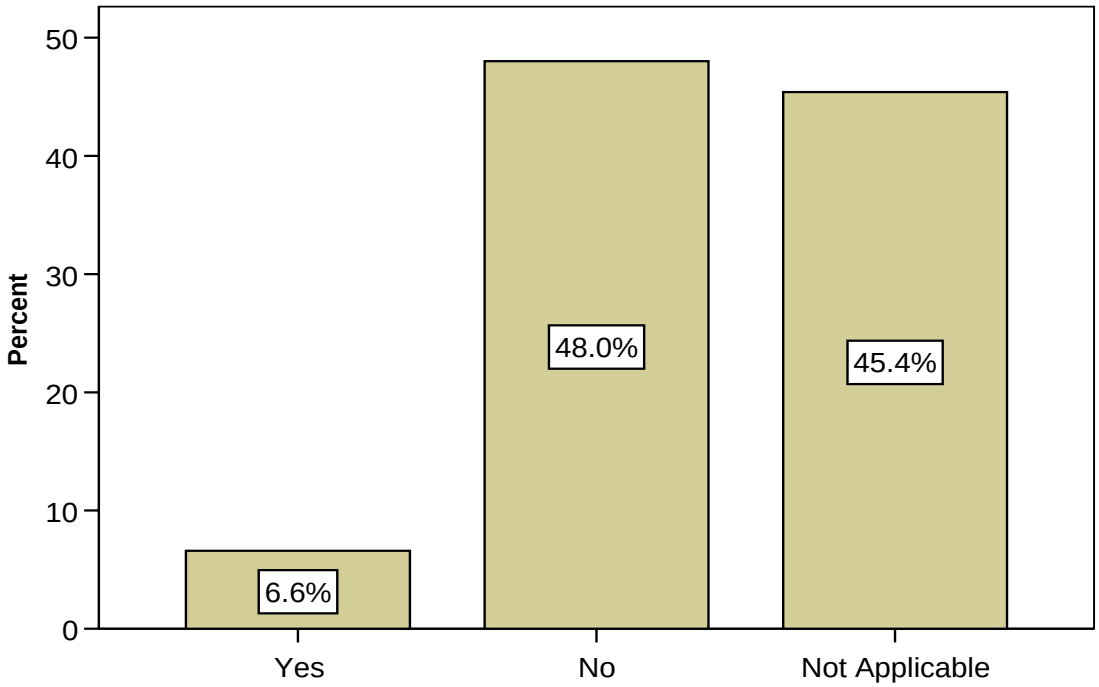


Figure 14. In the past 6 months, I have experienced this behaviour when my performance was being managed.

Figure 14 shows that approximately 7% of total valid responses reported experiencing the harmful behaviours when performance was being managed.

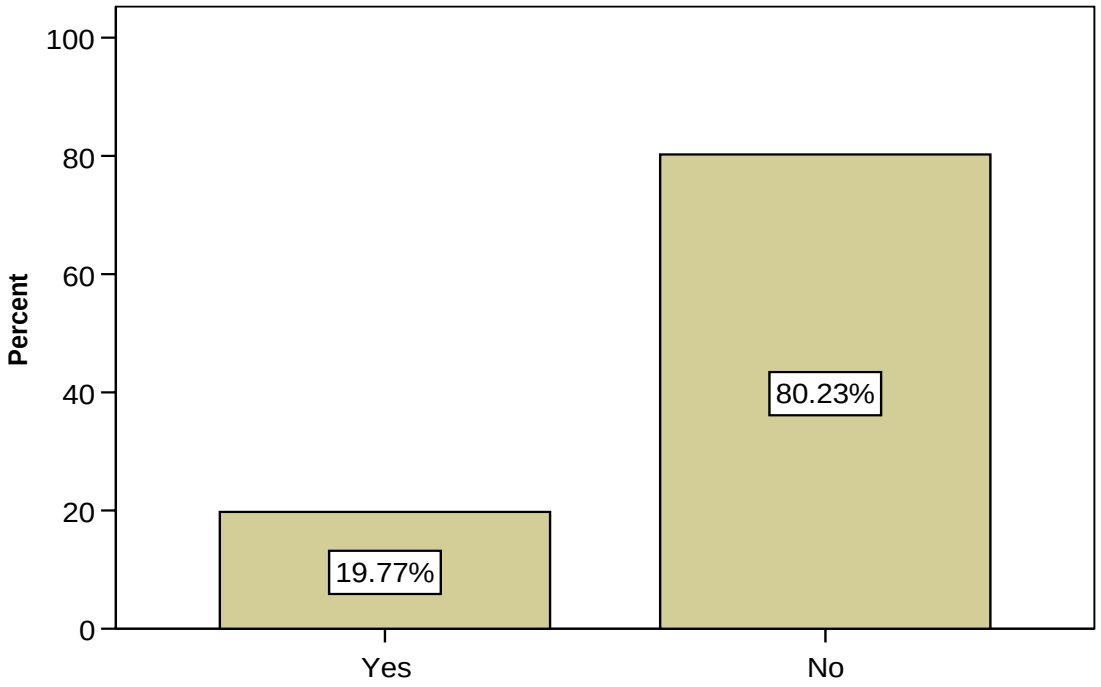


Figure 15. In the past 6 months, I have experienced harmful behaviour when trying to manage my staff

Figure 15 shows that approximately 20% of total valid responses reported experiencing harmful behaviours when trying to manage staff.

Table 3 shows the number of respondents across occupation streams who agree to the item that asked "In the past 6 months I have experienced harmful behaviour in my work area" and the number of respondents across occupation streams who agree to the follow-up item that asked "In the past 6 months I have experienced this behaviour when my performance was being managed".

Table 3. Number of respondents across occupation streams who agree to "In the past 6 months I have experienced harmful behaviour in my work area" and "In the past 6 months I have experienced this behaviour when my performance was being managed".

	Total number of respondents	Number of respondents who experienced harmful behaviours	Number of respondents who experienced the harmful behaviour when performance was being managed
Administration	975	268	54
Professional	510	149	27
Technical/Trade	29	9	2
Medical	227	60	14
Dental	92	30	6
Nursing	1856	783	126
Indigenous Health Worker	10	3	1
Operational	473	164	44
Other	124	18	2

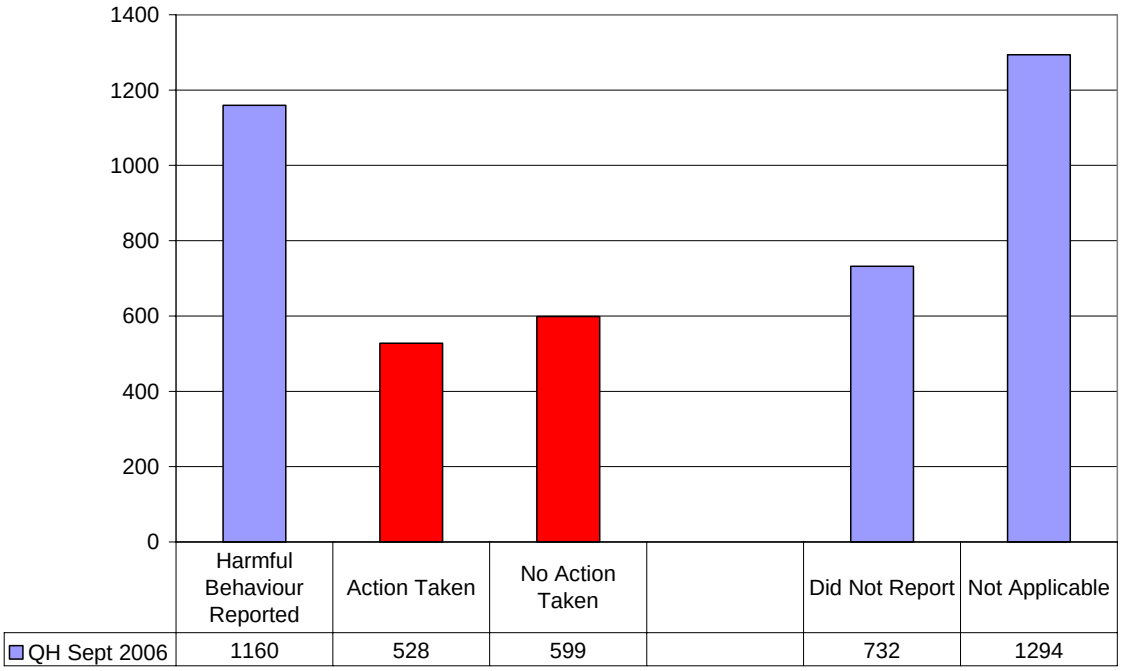


Figure 16. "If you have experienced harmful behaviours in the past 6 months, did you report the behaviour?" and "If yes, was any action taken?"

Figure 16 shows that 41% (1 294) of the sample indicated that they did not experience harmful behaviours in the last 6 months. 23% (732) indicated that they did not report the experience of harmful behaviours and of the 1 160 respondents who reported the harmful behaviours, 46% affirm that action was taken.

Table 4 and Figure 17 present the results from items that asked for source of harmful behaviours experienced in the last 6 months.

Table 4. Source of Harmful Behaviours

In the past 6 months, I have experienced harmful behaviours from:	Yes	No	N/A
Co-workers within profession/occupation /work group	24.2%	47.0%	27.7%
Co-workers from other professions/occupations/work groups	15.8%	54.5%	28.2%
Supervisors	17.4%	53.6%	27.6%
Members of the Public	25.1%	46.9%	26.6%

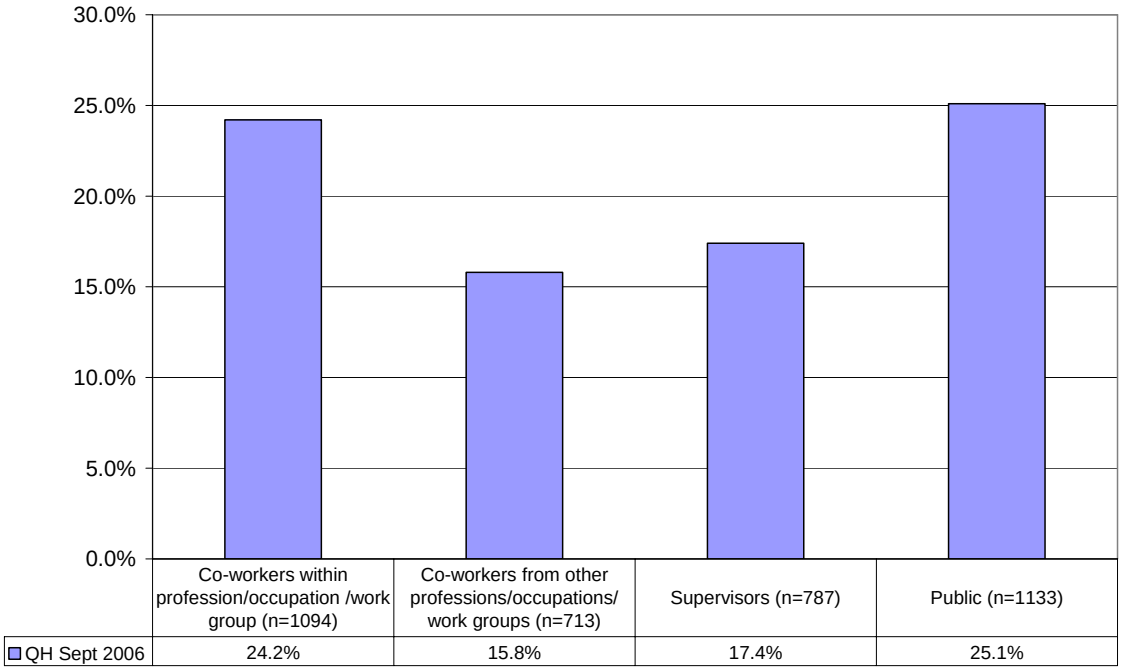


Figure 17. Percentage of respondents who indicate source of harmful behaviours

Table 5 and Figure 18 present the results from items that asked for the main reasons for not reporting harmful behaviours.

Table 5. Main reasons for not reporting Harmful Behaviours

Main reasons for not reporting harmful behaviours:	Yes	No	N/A
Reprisal/Victimisation	17.2%	12.5%	59.8%
No action would be taken	22.7%	7.7%	59.1%
Do not trust mgr/sup to respond appropriately	18.5%	11.4%	59.4%
Unaware of the correct process	3.5%	24.5%	60.7%
Plan to leave	4.8%	22.9%	60.8%

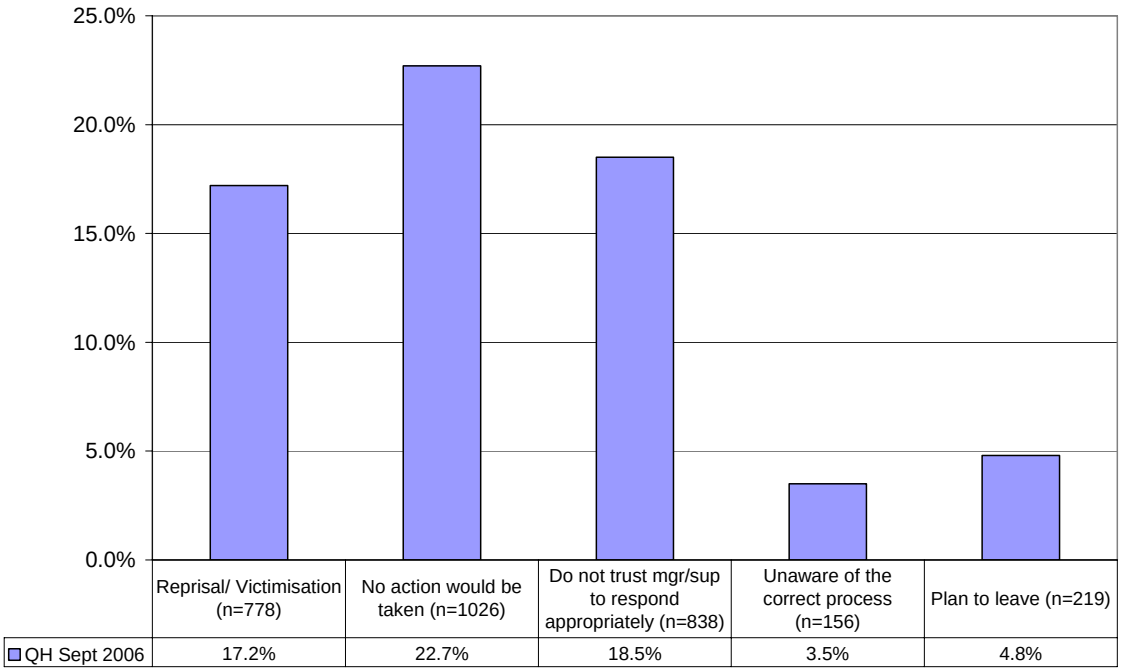


Figure 18. Percentage of respondents who indicated main reasons for not reporting harmful behaviours

Performance Review

Figures 19 to 21 present the responses to items pertaining to performance review.

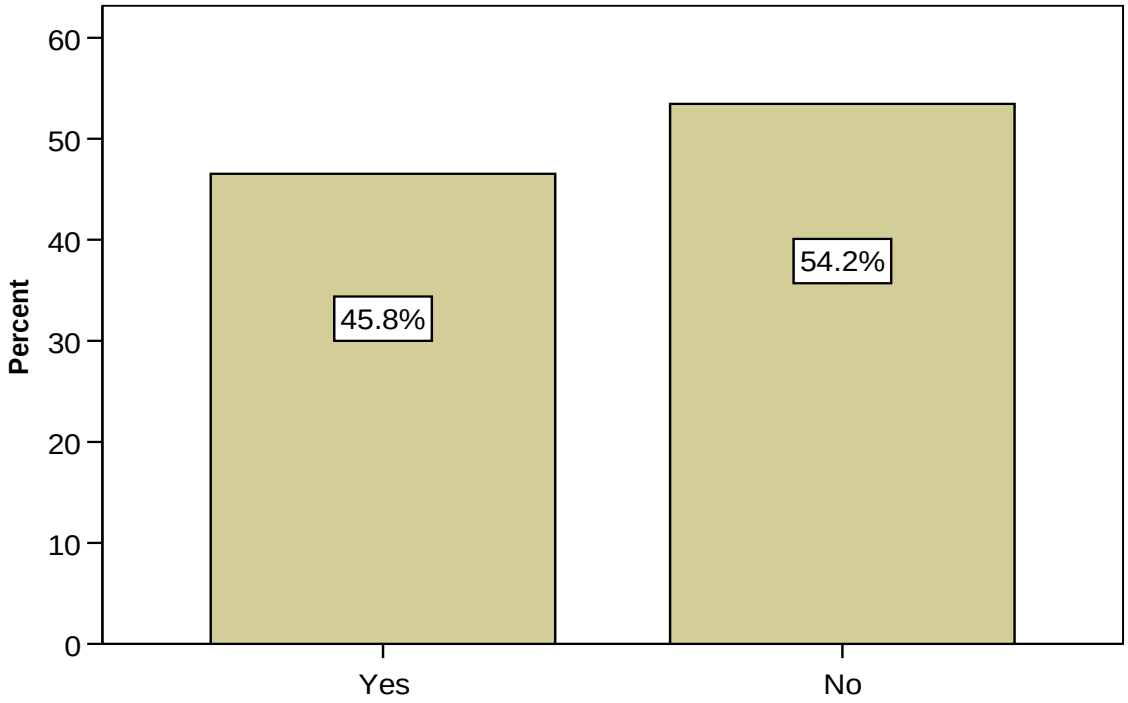


Figure 19. "I have had a formal performance review in the last 12 months"

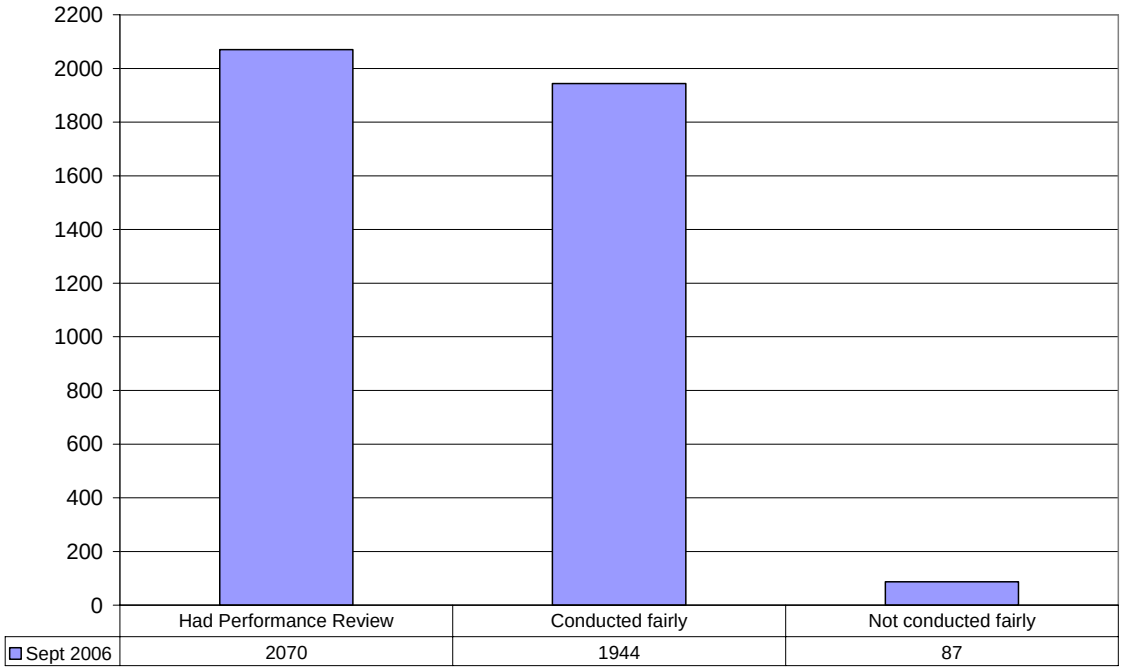


Figure 20. "My performance review was conducted fairly and without bias"

Of the 2070 respondents who had performance review, 94.2% (1944) reported that the performance reviews were conducted fairly and without bias.

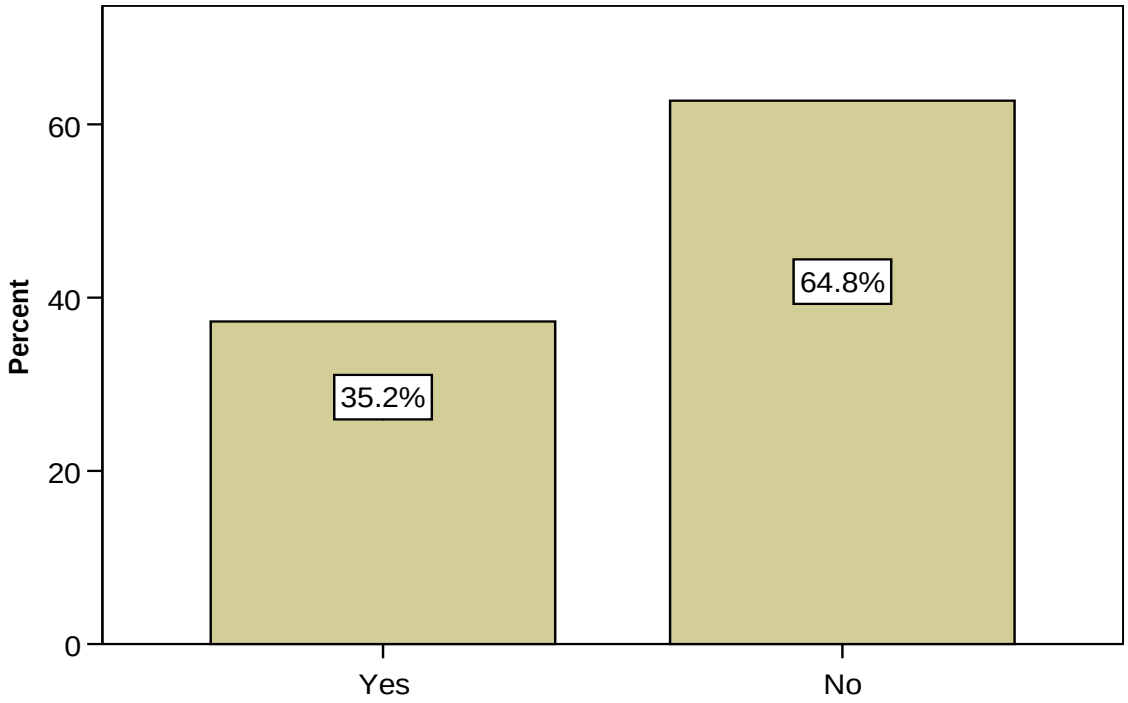


Figure 21. "I have conducted performance reviews with all my direct staff in the last 12 months"

Indicators of 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 22 presents the percentages of respondents in descending order.

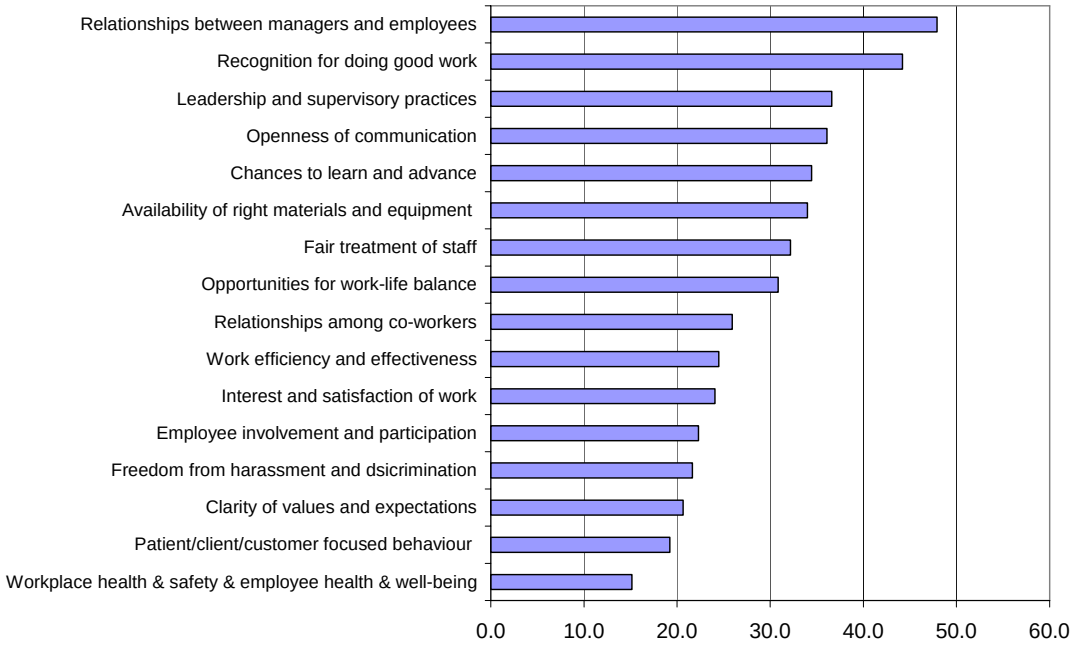


Figure 22. Most important Indicators that need to improve in the workplace

Respondents were also asked to indicate up to five best things about their workplace from the same list of indicators. Figure 23 presents the percentages of respondents in descending order.

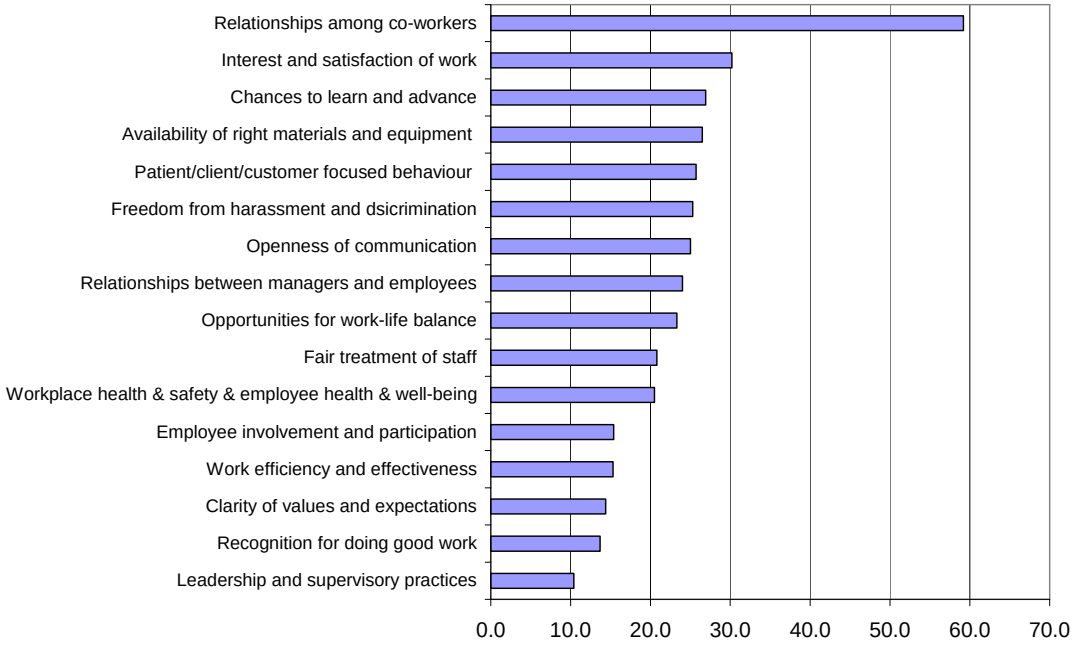


Figure 23. Best Indicators of Quality in the Workplace

Section C: Frequency of Main Themes from Comments

Free text comments were written in response to the following question: "What are your other realistic suggestions for making things better at your workplace?" Comments from Corporate Services, Office of the Director-General, and Reform and Development Division and the eleven health service districts were collated. The main themes were identified and the associated counts of suggestions and positive comments of each theme are presented in Table 6.

Table 6. Frequency of Positive Comments from Respondents.

Main Themes	Positive
workplace system functioning	26
workspace/buildings	19
team work	14
communication	13
training/professional development	11
management competency	10
support from management	6
respect	5
support for co-workers	5
morale	5
equipment	4
feedback	3
more staff	3
shifts/rostering	3
survey	3
planning/policy making	2
participative decision making	2
trust	2
recruitment process	2
appropriately trained staff	1
bullying/harassment	1
workload	1
work/life balance	1
fairness/equality	1
shared workload	1
leadership	1
accommodation	1
transparency	1
management listening	1
staff valued	1
staff accountability	1
sick leave	1
honesty	1

Table 7. Frequency of Suggestions from Respondents' Comments.

Main Themes	Suggestions	Main Themes	Suggestions
training/professional development	541	parking	57
more staff	493	need staff meetings	55
communication	331	management accountability	52
recruitment process	331	paid overtime/TOIL	52
workspace/buildings	245	part-time/job sharing	52
workload	241	more beds	50
equipment	233	recognition of skills	49
planning/policy making	231	trust	45
fairness/equality	213	survey	45
management competency	198	backfilling	42
bullying/harassment	193	confidentiality	42
management out of touch	154	Code of Conduct	40
resources/budgets	142	work/life balance	40
recognition of work	128	workplace/QH culture	38
shifts/rostering	123	rewards/incentives	37
management listening	123	favouritism	30
workplace system functioning	121	accommodation	30
pay levels	112	harassment by patients	26
morale	108	shared workload	26
respect	104	rural/remote	26
retention	103	workspace hygiene	25
computers/internet access	94	honesty	25
feedback	94	sick leave	24
participative decision making	86	childcare facilities	23
leadership	84	support for management	23
team work	82	management training	23
support from management	80	encouragement	23
work duty clarification	79	security for night shift	22
promotion	79	staff canteen	20
work appraisals/PAD	78	access to leave/holidays	19
staff accountability	75	nepotism	18
paper work	74	staff gym/health facilities	18
staff valued	73	coordination among work units	18
stress	70	social events	10
appropriately trained staff	69	need English-speaking doctors	10
support for co-workers	67	delete Eventide category	5
top heavy organisation	65	more work hours	5
need permanent contracts	63	teambuilding	5
transparency	59	racism	3
rostered skill mix	59	workplace environment	1

Section D: General Information

Demographic Details of Respondents

4 550 paper and web version surveys were returned. Of these, 4 518 were valid and useable.

Demographic details of the sample **(N = 4 518)** are provided in the table and graphs to follow.

Table 7. Details of sample

Gender		Count	Percent
	Female	3500	77.5
	Male	824	18.2
	Didn't indicate	194	4.3
Subgroups		**Count**	**Percent**
	Team	4304	95.3
	Clinical	3005	66.5
	Leadership of Senior Manager with Profession	3486	77.2
	Leadership of Clinical/Functional Area Senior Management	3225	71.4
	Manage Others	1902	42.1

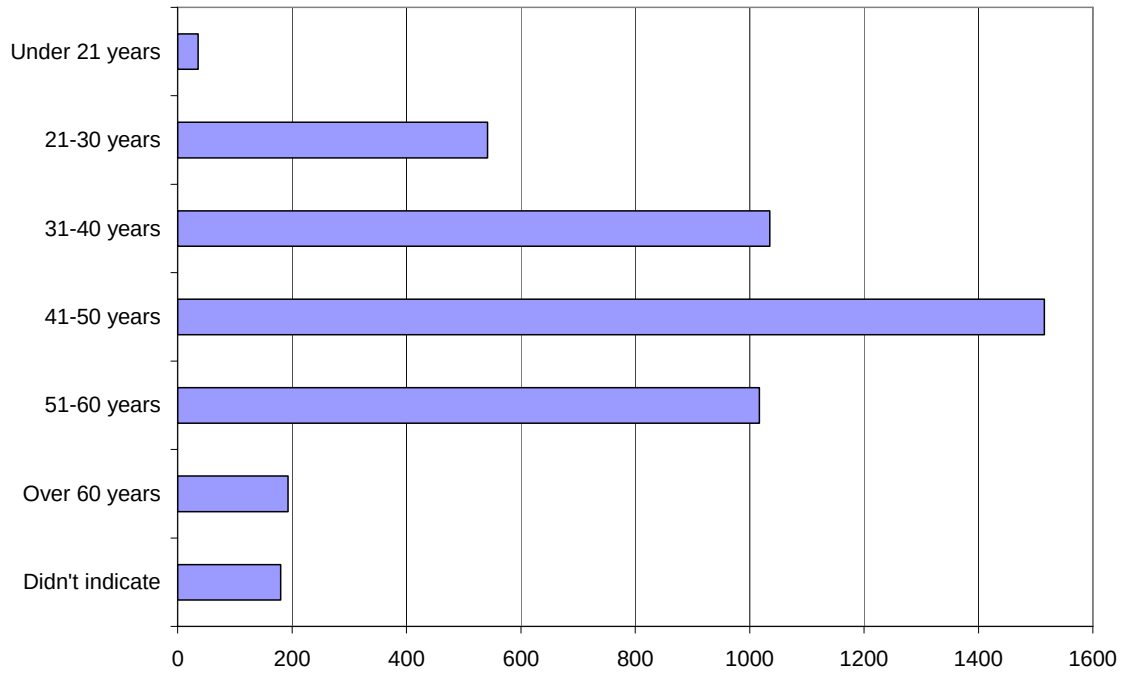


Figure 24. Age of Respondents

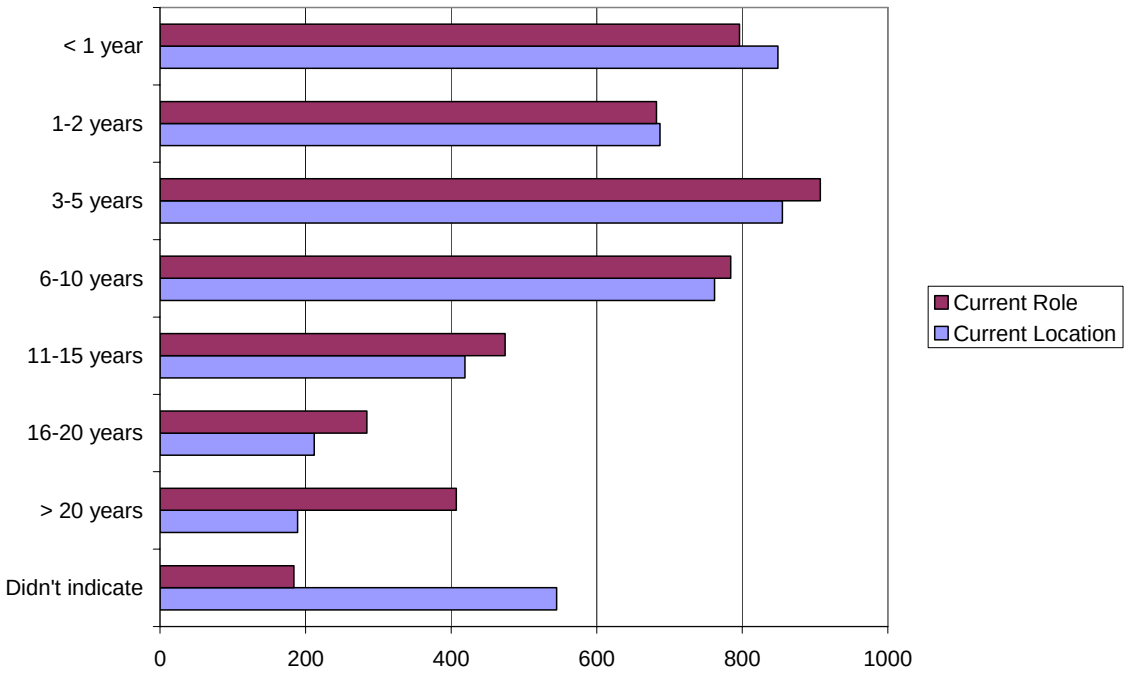


Figure 25. Length of Time Working at Current Work Location and Current Role

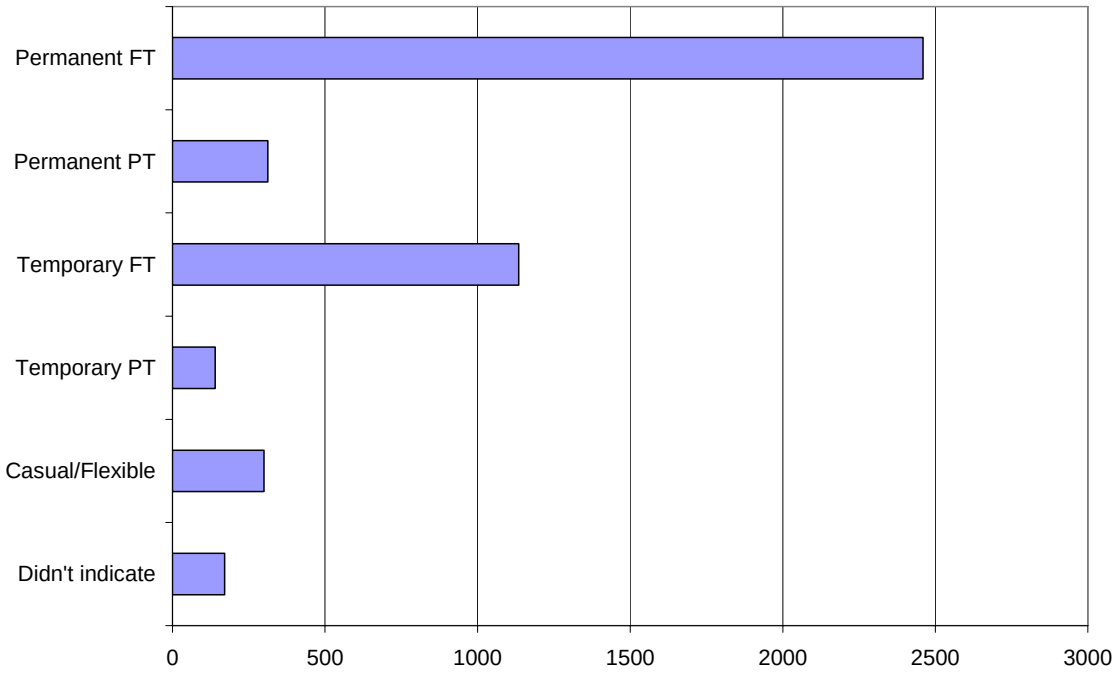


Figure 26. Current Employment Status of Respondents

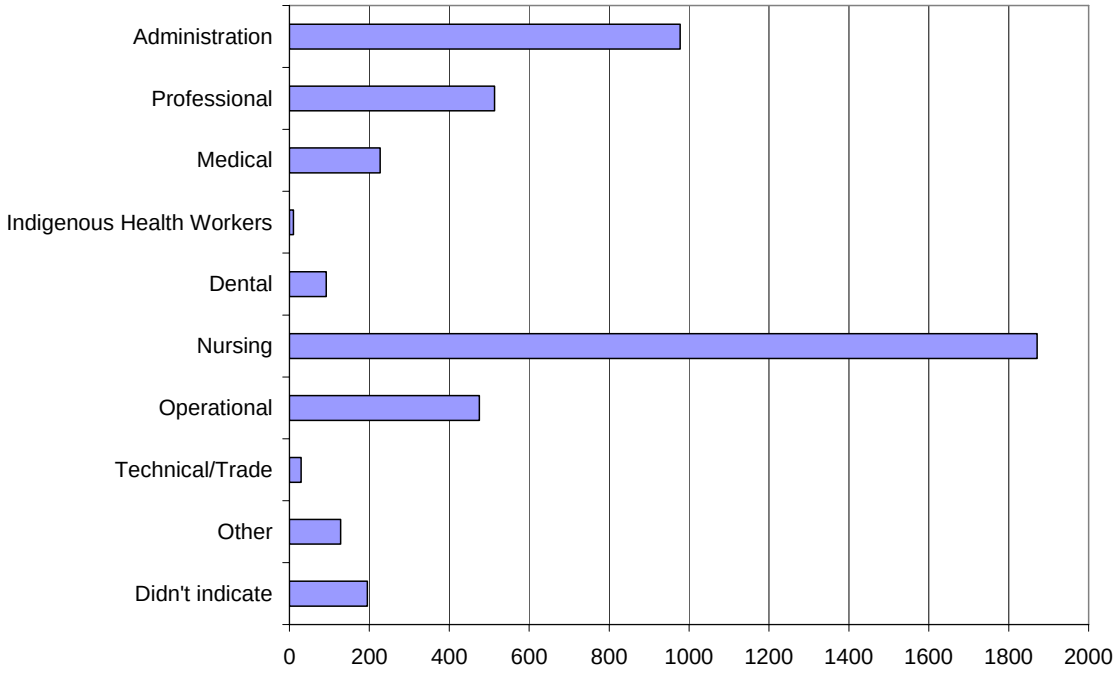


Figure 27. Occupation Stream Groups

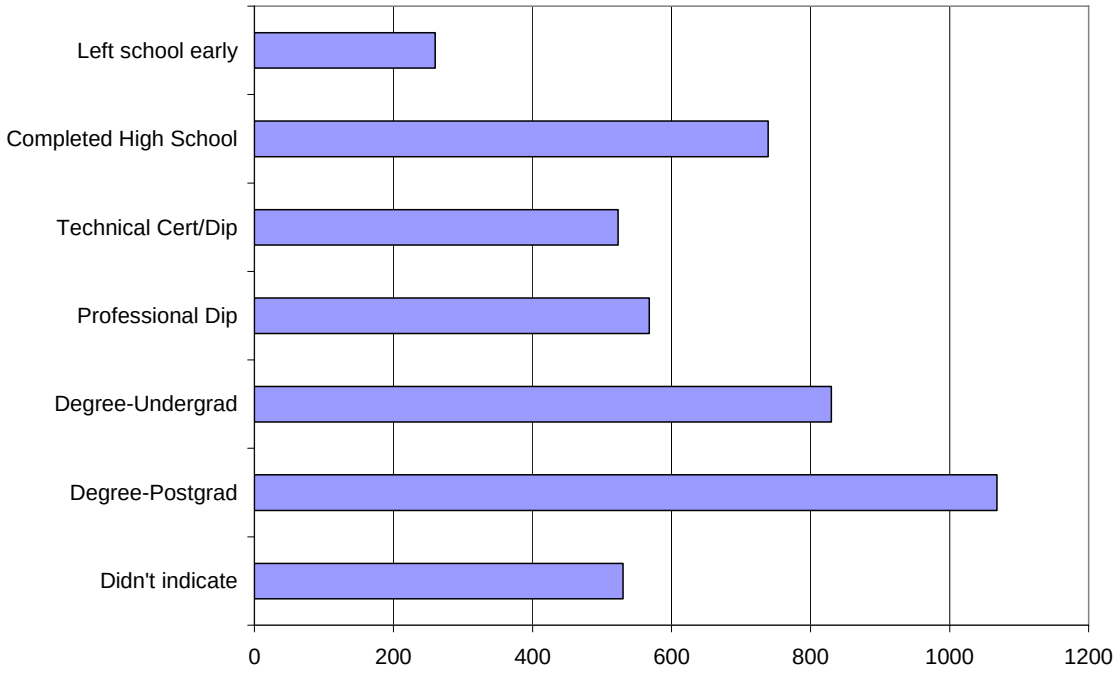


Figure 28. Highest Educational Level Achieved


Appendix

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 Organisation Management Practices Measures

Five of the 14 new measures apply to all respondents. They are:

- **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** (12 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 - District 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.

- **Resolution of Harmful Behaviours** (4 items) – Indicates the extent to which staff agree that there are options for the resolution of harmful behaviours.

Nine 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 report to a senior manager within their own profession or occupation, the following measure applies:

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

For a subgroup of respondents who spend most of their time working in a clinical/ functional area, the following measure applies:

- **Trust in Leadership - Clinical/Functional Area Senior Management** (6 items) – Indicates the extent to which respondents trust the leadership of senior management of their clinical or functional area through behaviours that describe openness and integrity in communication and interaction, support and fairness.

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

- **Support for Performance Management** (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** (8 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	0.93
Individual Distress	0.88
Organisational Climate	
Workplace Morale	0.88
Workplace Distress	0.88
Supervisor Support	0.88
Participative Decision Making	0.84
Role Clarity	0.75
Peer Support	0.87
Appraisal & Recognition	0.89
Profession Growth	0.84
Goal Congruence	0.81
Excessive Work Demands	0.84
Trust in Leadership and Organisational Management Practices Measures	
Trust in Leadership - Immediate Supervisor	0.95
Trust in Leadership - Senior Manager within Profession	0.95
Trust in Leadership - Clinical/Functional Area Senior Management	0.96
Trust in Leadership - District Executive	0.93
Workplace Health and Safety	0.71
Work Area Management Practices	0.88
Resolution of Harmful Behaviours	0.65
Support for Performance Management.	0.68
Presence of Characteristics of a Team	0.83
Trust amongst Team Members	0.92
Clinical Communication	0.85
Clinical Management Practices	0.79
Support of Multidisciplinary Team for Patient Care	0.75

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

Principle 1 Respect for People		α = .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		α = .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		α = .61
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		α = .71
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		α = .59
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.