"better workplaces"
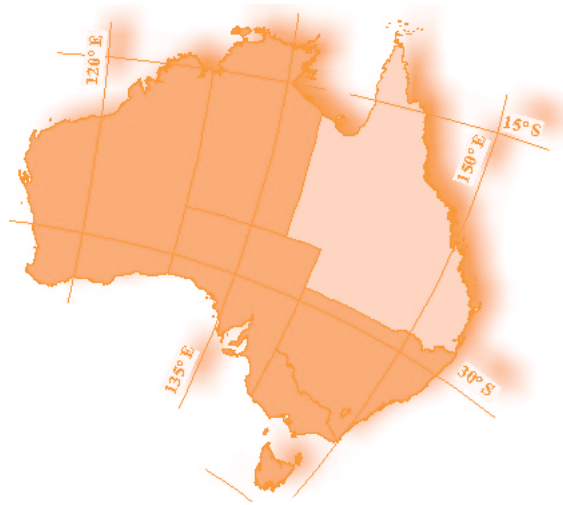## Queensland Health

May 2006
Staff Opinion Survey Report

Bundaberg
Cairns
Fraser Coast
Information Division
Mt Isa
Northern Downs
QEII Hospital
RBWH
Roma

Queensland Health

Queensland Government
Queensland **Health**

Report of

Staff Opinion Survey May 2006

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Executive summary

In April-May 2006, staff from eight (8) Queensland Health Services Districts and the Information 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 Respondents Survey (QPASS) and several new measures. Comparative data from previous Queensland Health surveys are provided for the QPASS measures. The comparative data has been aggregated from surveys conducted in several Queensland Health Districts and Branches since 1999. While these data provided a useful indicator for the QPASS measures, it is aggregated from data spread across seven 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 management, leadership, decision making, workload, equipment/resources, co-workers and communication, and recognition of work and skills. A table to show the frequencies of each of the themes is included in this report.

Key findings

Positive Indicators:

- The overall response rate was 31%, varying between 23% and 48% for individual districts. The overall rate is both sufficient to draw reliable conclusions, and something of an achievement given the tight timelines the organisation faced.

- *Individual Distress* at 37% is lower than one would expect following recent events and adverse publicity.

- The level of *Peer Support* at 61% is higher than one would expect relative to other QPASS measures.

- The level of *Resolution of Harmful Behaviour* is higher than may have been expected in the current environment. 55% of respondents reported feeling confident in trying to

resolve issues between parties involved, and 95% of these would report harmful behaviours to their supervisor if unable to be resolved between parties.

- Respondents indicate that they understand the need for change, and are inclined to see other staff as willing and ready to change.

- Trust in senior management is relatively higher within the professional/occupational streams of Indigenous Health Workers (57%) and Professional Officers (52.2%).

- Respondents' ratings of Clinical Work were higher than one would expect in the current organisational climate.

Key Challenges

- The level of *Workplace Distress[1]* (61%) is high and stands in contrast to the lower *Individual Distress* scores, indicating that *Individual Distress[2]* may increase in the coming year if the relatively high *Workplace Distress* does not decline.

- The level of *Excessive Work Demands[3]* (64%) is high and is significantly higher than the QH Comparative data.

- The level of *Trust of District Executives* (41%) is lower than one would expect, even during a major change process.

- 31% of respondents report experiencing some level of *Harmful Behaviour* in their work area within the past six months.

- The level of *Trust in Leadership* for both Senior Managers within Profession/ Occupation (43.7%), and Clinical/Functional Area Senior Managers (44%), are on the lower end of the middle band. The professional/occupational stream of Trades / Technical was lowest at 34.9% followed by Nursing at 40.0%.

- Only 46% of respondents indicated that they had formal performance reviews within the last 12 months.

- Scores for items relating to the Code of Conduct are mostly within the middle band, with aggregate scores ranging from 50% for Integrity, to 61% for Respect for Law and the System of Government. Survey questions (items) of the measure of Integrity relate to fairness and appropriate management.

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[1] Workplace Distress: Respondents feel frustrated, stressed, tense, anxious and depressed about their work
[2] Individual Distress: Feeling tense, afraid, unhappy, anxious, negative, uneasy and depressed at work.
[3] Excessive Work Demands: Respondents are overloaded with constant pressure to keep working, leaving no time to relax

- 47% of respondents indicated that recognition for doing good work and relationships between managers, employees and co-workers most needed to improve in their workplace.

Conclusions

Queensland Health has embraced the need to monitor employee attitudes on a regular basis, and this survey marks the first important step along that road. The results of the 2006 "Better Workplaces" Staff Opinion Survey reflect the fact that all change is painful, even change for the better. The results for the most part are what one would reasonably expect of an organisation undergoing significant change, or following major organisational events, and in some respects are better. But beyond the current findings, these results form a benchmark against which the effect of future initiatives can be empirically assessed. Though many challenges remain, if management and employee engagement in this process is any guide, the application of these findings to both strategic and an operational improvement augurs well. Queensland Health should be congratulated for doing what is both logistically difficult, and confronting, and showing a genuine willingness to turn this to a constructive end.

Recommendations

1. Convey these findings to workers, and let them know the management has heard them. Do not distort the findings in any way, but portray a balanced picture of both the key successes and challenges.

2. Workplace Distress is likely to remain elevated in the coming year partly due to some unavoidable workload issues, and partly due to the pressures of ongoing change. Nonetheless, management at every level should take every opportunity to listen to respondents' concerns. While no immediate operational solution may be available, staff often respond more positively if they know they are genuinely heard. This survey is only one aspect of what should be a culture of listening.

3. The management of harmful behaviour in the workplace is a vexing issue for most organisations. While the enhancement of complaints policy and procedures is well underway, there should be a special focus on preventing and managing harmful behaviours directed to those most likely to experience such behaviour.

4. Trust in the leadership of Queensland Health is partly a function of perception, and partly a function of performance. While a range of new initiatives well beyond the scope of this survey, that are likely to impact on performance progressively over the coming years, are already being implemented, respondents' perception remains an issue. Management at every level could be forgiven for being so absorbed in the current issues that regular ventures to the 'coal face' may suffer. Yet in the absence of regular face-to-face contact with management, staff will understandably begin to fill that void with their own fears. Management scheduling regular contact with all the workers at least 3 levels below them should be strongly encouraged. This recommendation is not made without a thought to the further test this is likely to bring to management, but any success in this regard is likely to be met with relief from most staff.

5. The Code of Conduct is a laudable document that has not had a chance to markedly influence the organisation at this stage. Any *bona fide* incremental improvement is unlikely to manifest until next year. The application of policy to operational processes is an ongoing issue, but every effort should be made to translate the intent of the Code to the practice of Queensland Health for cumulative changes to become evident.

6. The nature of an aggregate score on any indicator is such that a middling score is more likely. The temptation to overlook the natural variability in results may unintentionally prevent recognition of both positive and challenging results for individual work units. Each unit head should be encouraged to evaluate how their unit responded, offer praise where praise is due, and work with respondents to make positive changes where that is warranted.

7. Direct comparisons between Districts should be resisted because the combination of factors affecting each District is unique. Districts should be encouraged to improve against their own previous achievements and set goals. The individual trends in this regard should become evident over the coming years.

8. Each District / Division will benefit from further analysis of results with respect to other organisational measures including absenteeism, retention and grievance data to provide clearer evidence of causative factors and further direction for improvement strategies.

9. Queensland Health should review the processes of this year's survey, and look for ways to improve the response rate for the next survey. While this initial survey and its response rate is a commendable start, the more management engages these findings, the more respondents will engage in the survey in future. Future expectations should be tempered by substantial logistical barriers, but an annual improvement in response rate of 3% is not an unreasonable target.

10. The survey tool may require refinement in particular to ensure that the Code of Conduct questions are applicable to all respondents.

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 May 2006 with Bundaberg HSD, Cairns HSD, Fraser Coast HSD, Mt Isa HSD, Northern Downs HSD, QEII HSD, Royal Brisbane and Women's Hospital HSD, Roma HSD and Information Division. The survey was based on the measures of Individual Outcomes and Organisational Climate from the Queensland Public Agency Staff Survey (QPASS) and a set of new items that was formulated by the Queensland Health Workplace Culture team in consultation with researchers from *core*, from the Code of Conduct and issues that were salient from the results of the 2005 survey.

Combined results are reported for the districts and Information 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 and Information 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 9 947 Queensland Health employees surveyed between 1999 and 2005 will be used as a comparison to indicate areas of consistent strength as well as areas that need to be addressed.

Survey Process

The surveys were mailed to all respondents in participating districts. Respondents in the Information Division and all participating district respondents with access to Groupwise were also offered the opportunity to complete the survey on-line at the University of Southern Queensland (USQ) website. The researchers at *core* had no access to respondents' address details as the survey forms were mailed directly by Queensland Health's distribution contractor. In order to ensure the confidentiality of the process, respondents could complete surveys on-line or they could mail them, reply-paid, directly to USQ. At no time were completed forms seen by Queensland Health personnel.

Surveys were collected over a three week period, at the end of which time, 4 513 completed and valid surveys had been returned to USQ for analysis.

The survey consisted of a number of questions requesting biographical data and items relating to respondents' feelings about work and organisational climate. Results of analyses of the new items which applied to all respondents found them to measure work area management practices, resolution of harmful behaviours, workplace health and safety, trust in leadership of immediate supervisor and district /divisional executive. Items relating to the measures of aspects of team work, clinical work, support or performance management, trust in leadership of senior manager within profession and clinical / functional area and the five principles of the Code of Conduct 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 tool including definitions of measures are included in Appendix A.

Interpretive guidelines

- Respondents will normally give their lowest ratings at the beginning of any major change process, and better scores gradually over a number of years. Early surveys therefore generally represent a "low water mark", to which future improvements can be compared.

- Response rates of 30%+ are generally considered representative. A growing response rate from one year to the next indicates growing respondents' trust (this is not yet available).

- Changes greater than 3% are 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 greater than 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:

    o 60%-80% Upper Band

    o 40%-60% Middle Band

    o 20%-40% Lower Band

- Unless the organisation is engaged in a major change process, positive indicators (e.g. job satisfaction) should ideally be in the upper band, and negative indicators (e.g. individual distress) should be in the lower band. During a major change process organisations typically register scores in the middle band. Mid-range scores often improve after major change is complete, and without any particular intervention. Positive indicators in the upper band during a major change indicate acceptable change management, while scores in the lower band indicate poor change management.

- Mid-range organisation-wide scores may mask individual work sections/groups/units that vary widely in their scores. For all districts and the division reported, results should be broken down into smaller work units and occupational groups to identify areas of strength and any possible 'hotspots' within the organisation.

- Qualitative comments should be 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 systemic issues.

Section A: Individual and Organisation Profile

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 Information Division and the participating eight districts in this survey are compared with results of the Queensland Health (QH) comparative data (N = 9 947).

A difference of at least 3% is utilised as the "rule of thumb" to determine significance. Figure 1 reveals that the 2006 sample are reporting a lower level of Quality of Work Life than QH Comparative data.

	Quality of Work Life	Individual Morale	Individual Distress
QH May 2006	44.7	52.1	37.0
QH Comparative	49.0	53.5	34.5
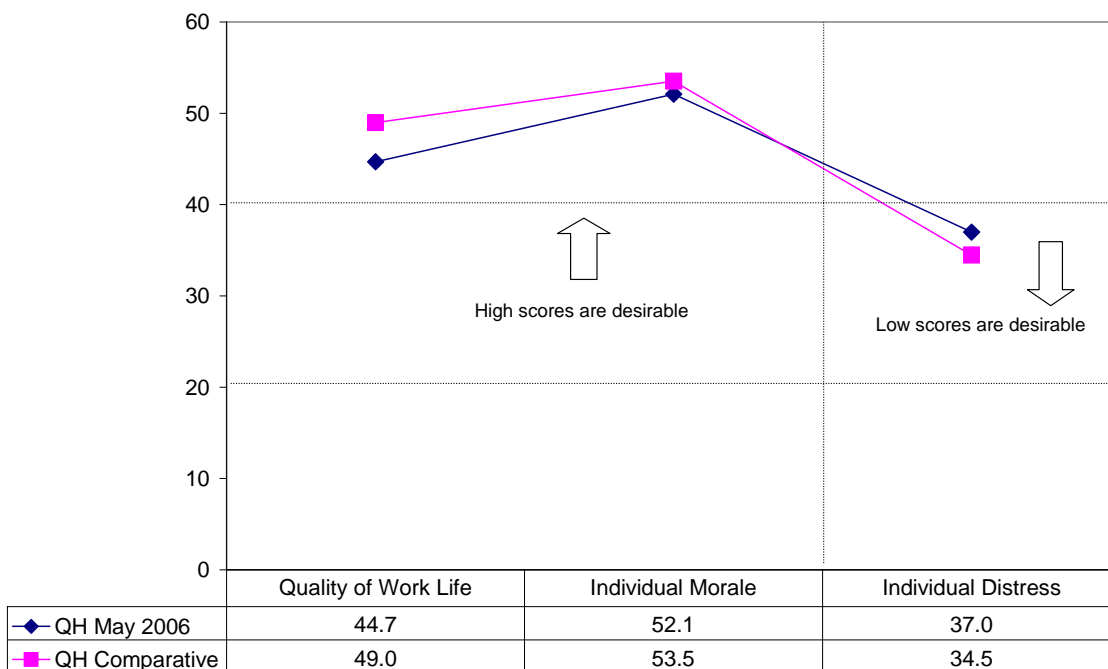
Figure 1. Average scores of Individual Outcomes Measures

Measures of Organisational Climate

Using the "rule of thumb" of 3% difference, Figure 2 reveals that the 2006 sample respondents are reporting less favourable scores than QH Comparative data on two of the ten Organisational Climate measures.

	Wkplace Morale	Sup Support	Part Decision Making	Role Clarity	Peer Support	App & Recog	Prof Growth	Goal Cgruence	Wkplace Distress	Excess Wk Dds
QH May 2006	49.6	52.9	43.1	59.8	61.0	45.9	47.7	53.1	60.6	64.3
QH Comparative	49.7	54.1	46.6	61.1	60.8	47.3	49.1	54.7	58.2	60.1
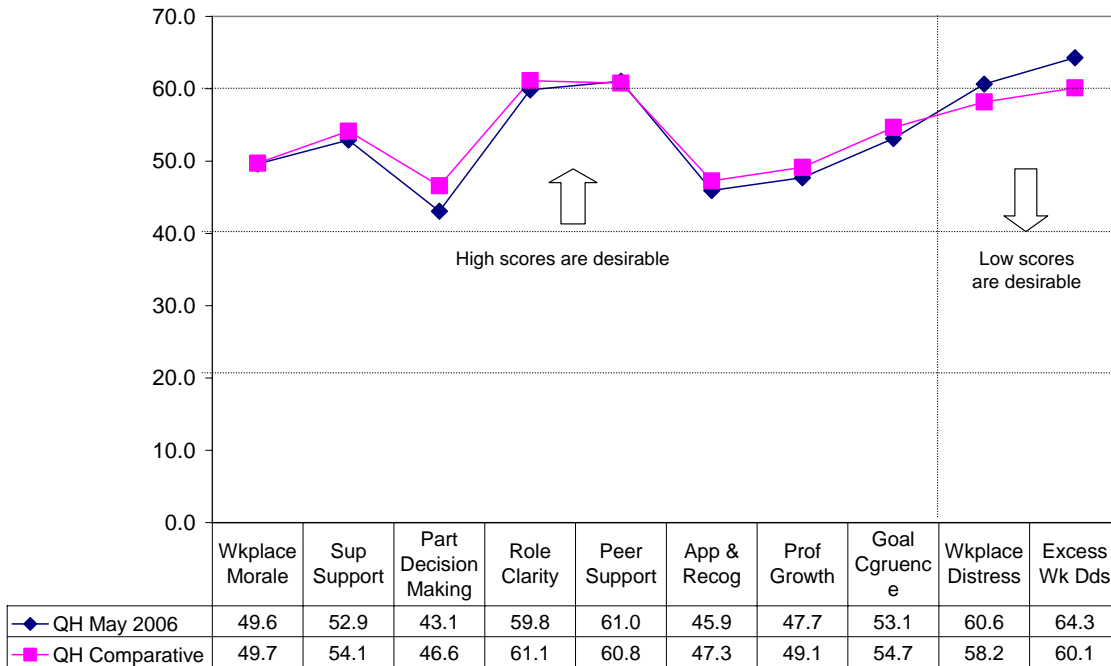
Figure 2. Average scores of Organisational Climate Measures

The measures with the biggest negative discrepancy from QH Comparative data are Participative Decision Making and Excessive Work Demands.

Section B: New Measures

Results from Overall Sample (N = 4 513)

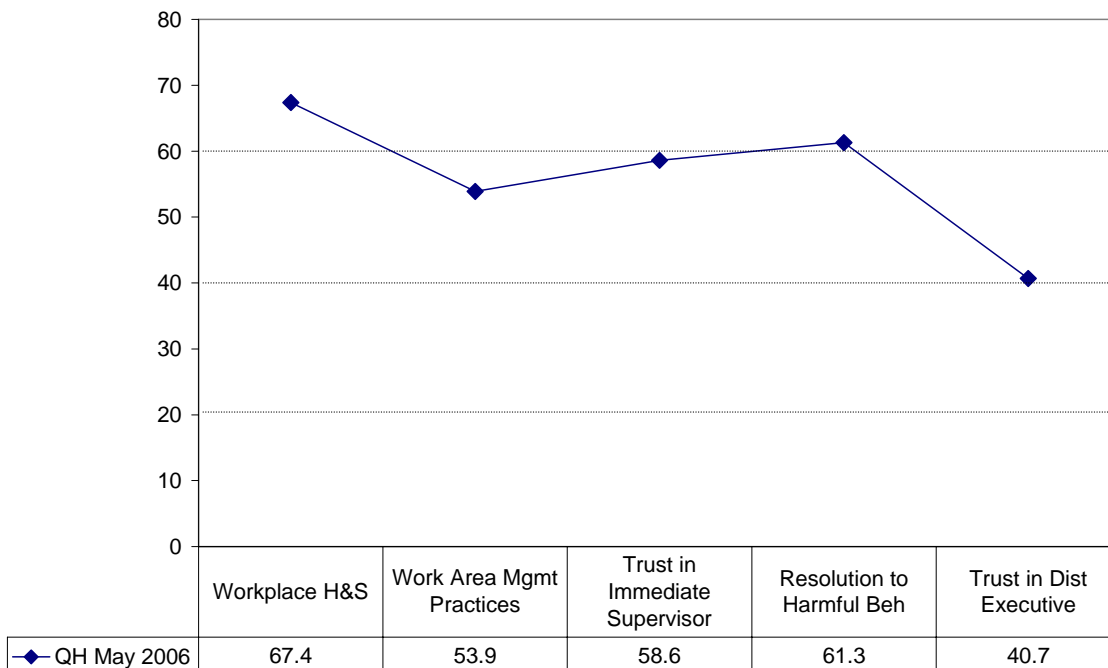Some new measures within the survey target specific groups (e.g., Clinical Work) and are therefore not applicable for all respondents. The new survey measures that apply to all respondents are:

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

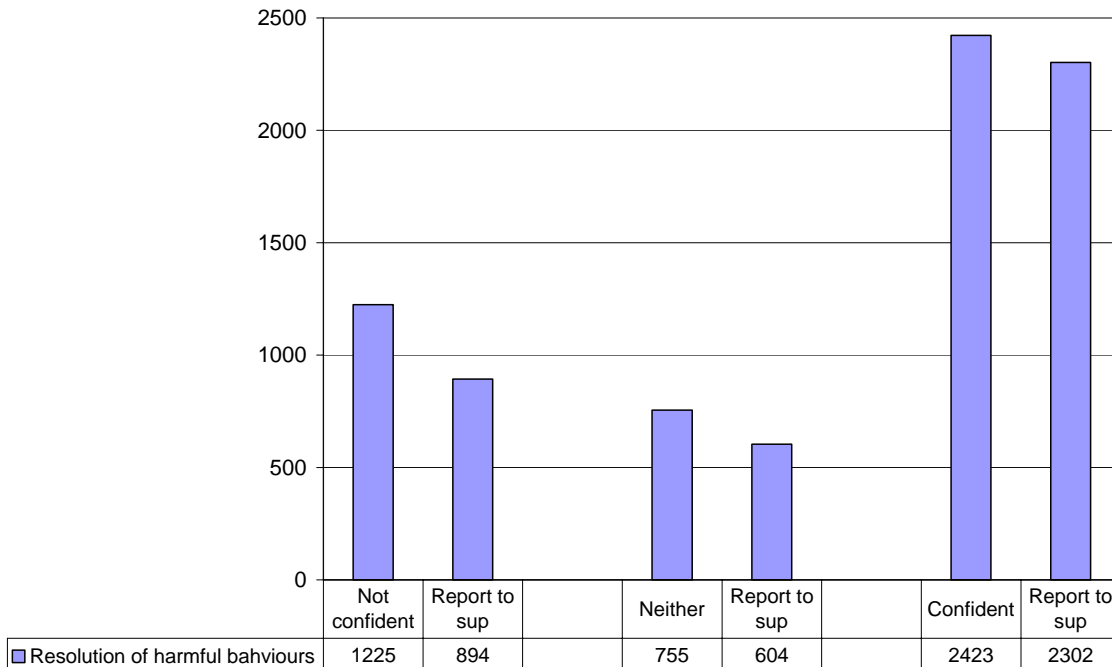|	Workplace H&S	Work Area Mgmt Practices	Trust in Immediate Supervisor	Resolution to Harmful Beh	Trust in Dist Executive
QH May 2006	67.4	53.9	58.6	61.3	40.7

Figure 3. Average scores of new measures

Results from Individual Items related to Harmful Behaviours
(reported as number or percentage of respondents)

The responses to a series of new items in the survey that relate to the resolution of harmful behaviours, experience of harmful behaviours, and action taken on reported harmful behaviours are presented in the following sections.

Table 1. Responses to "If I were ever exposed to harmful behaviours, I feel confident in trying to resolve the issue with the offender in the first instance"

Resolution between parties involved		
Not Confident N = 1225 28%	Neither N = 755 17%	Confident N = 2423 55%

	Not confident	Report to sup		Neither	Report to sup		Confident	Report to sup
Resolution of harmful bahviours	1225	894		755	604		2423	2302

Figure 4. Number of responses to "If I believed the behaviours were serious and could not be resolved between the people involved, I would report them to my supervisor".

Figure 4 shows that regardless of whether the respondents are confident or otherwise of resolving issues between parties involved, the majority of them would report to their supervisor if they consider the issues to be serious and not resolved between parties. Of the 1225 who responded that they are not confident of resolving issues between parties involved, 894 (73%) would report the harmful behaviours. Of the 755 who responded that they neither agree nor disagree that they are confident of resolving issues between parties, 604 (80%) indicated they would report the harmful behaviours to their supervisor. Of the 2423 respondents who are confident that they are able to resolve issues between parties, 2302 (95%) would report the harmful behaviours to their supervisor.

Table 2. Affirmative Responses to the Experience of Harmful Behaviour

Experience harmful behaviours in work area		
	N	**Agree (%)**
QH May 2006 (N = 4513)	1404	31.1

Table 2 shows that approximately 31% of the respondents reported experiencing harmful behaviours in their work area.

**Table 3. Affirmative Response to the Experience of Harmful Behaviour**

Experience harmful behaviours when performance is being managed				Experience harmful behaviours when trying to manage other staff		
	N	**Agree (%)**			**N**	**Agree (%)**
QH May 2006	377	8.4		QH May 2006	348	23.8

Table 3 shows that of the overall sample (N = 4 513), 8% reported experiencing harmful behaviours when their performance was being managed whilst 24% of the subgroup of respondents who manage staff (N = 1 476) reported experiencing harmful behaviours when trying to manage staff.

Table 4 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". Figure 5 presents the number of respondents in percentages to show the prevalence rate across occupation streams in the sample.

Table 4. Number of respondents across occupation streams who agree to "In the past 6 months I have experienced harmful behaviour in my work area."

	Admin	Prof	Trade/ Tech	Medical	Dental	Nursing	Ind Health	Operation	Other
Number of Respondents who agree	297	109	16	48	44	692	4	114	30
Total Number of Respondents	1079	463	49	221	174	1781	21	348	142

|	Admin	Prof	Trade/Tech	Medical	Dental	Nursing	Ind Health	Operational	Other
◆ Agree	27.5	23.5	32.6	21.7	25.2	38.8	19.1	32.8	21.2
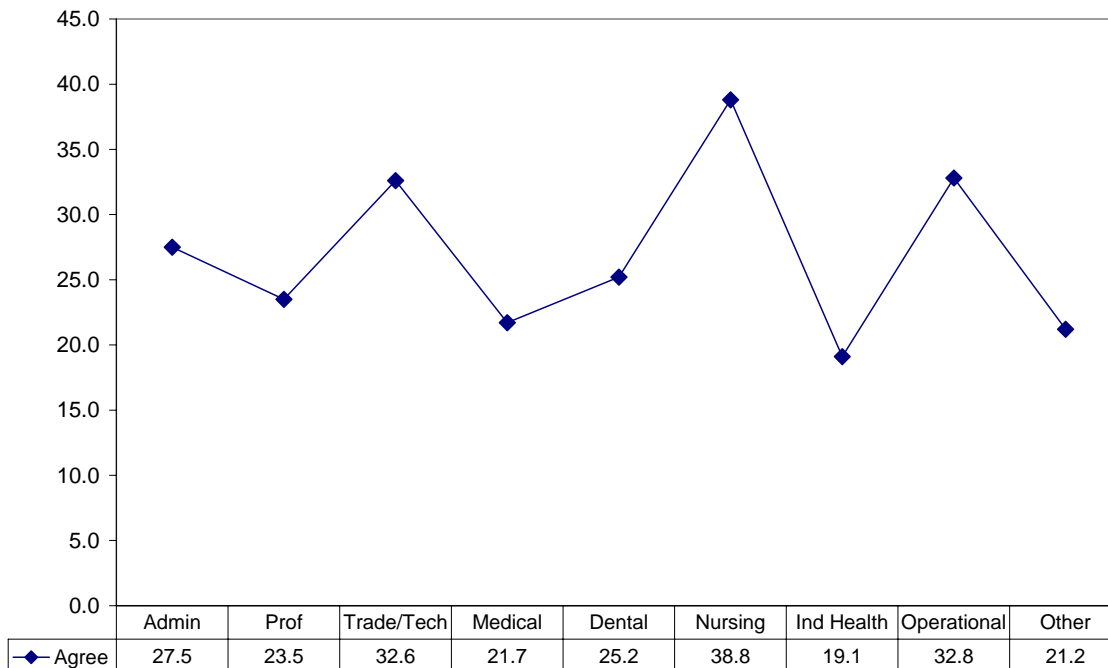
Figure 5. Percentage of respondents by occupation stream who agree that "In the past 6 months I have experienced harmful behaviour in my work area."

Figure 5 shows that Technical/Trade, Nursing, and Operational respondents appear to have experienced the highest prevalence of Harmful Behaviours. For these groups, only a fraction of the harmful behaviours appears to be associated with performance management.

Table 5 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 when my performance was being managed", and Figure 6 presents the number of respondents in percentages to show the prevalence rate across occupation streams in the sample.

Table 5. Number of respondents across occupation streams who agree to "In the past 6 months I have experienced harmful behaviours when my performance was being managed".

	Admin	Prof	Trade/ Tech	Medical	Dental	Nursing	Ind Health	Operation	Other
Number of Respondents who agree	74	16	7	16	12	178	2	43	10
Total Number of Respondents	1079	463	49	221	174	1781	21	348	142

	Admin	Prof	Trade/Tech	Medical	Dental	Nursing	Ind Health	Operational	Other
◆ Agree	6.9	3.5	14.3	7.3	6.9	10.0	9.6	12.3	7.0
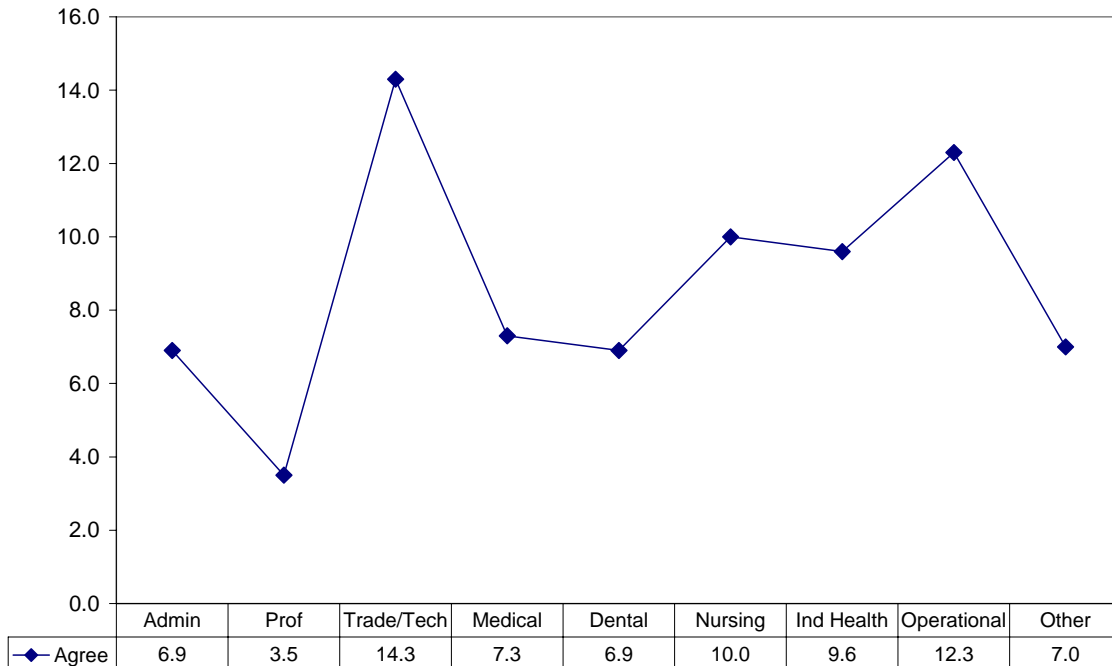
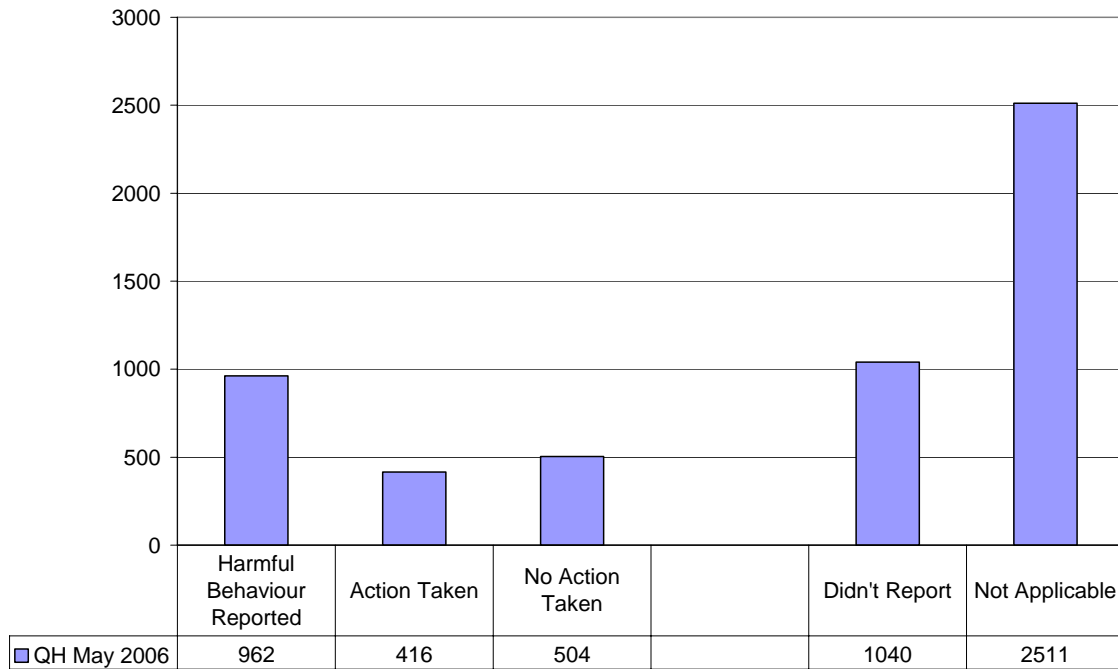**Figure 6. Percentage of respondents by occupation stream who agree that "In the past 6 months I have experienced harmful behaviour when my performance was being managed."**

Figure 6 shows that Technical/Trade, Nursing, and Operational respondents appear to have experienced the highest prevalence of Harmful Behaviours when their performance was being managed.
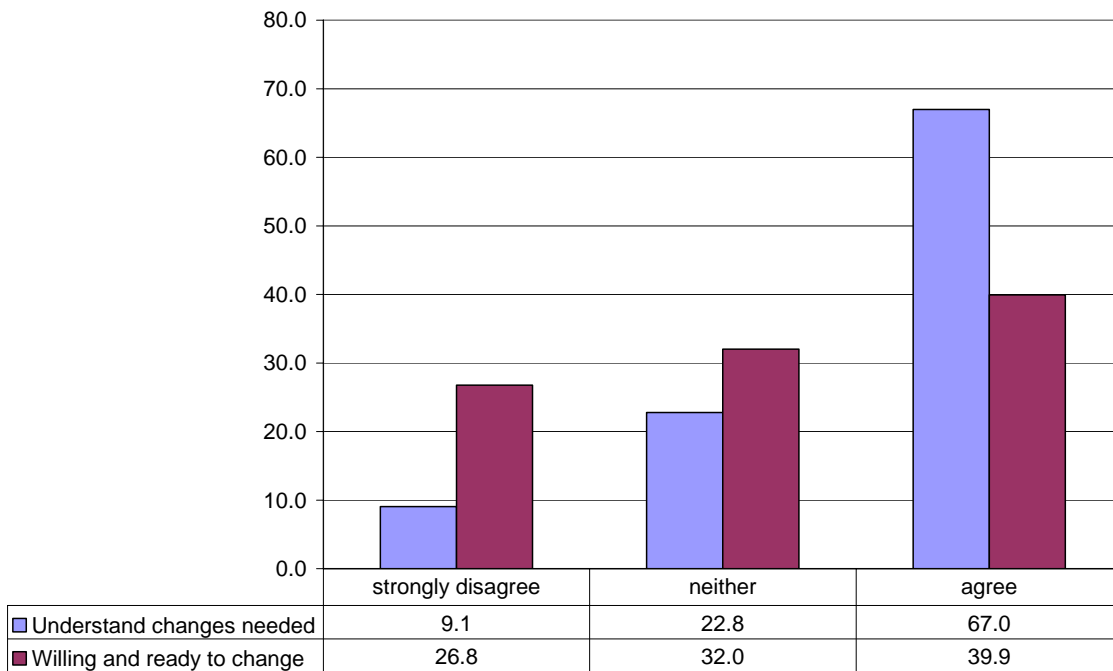
	Harmful Behaviour Reported	Action Taken	No Action Taken		Didn't Report	Not Applicable
QH May 2006	962	416	504		1040	2511

Figure 7. Responses to "If you have experienced harmful behaviours in the past 6 months, did you report the behaviour?" and "If yes, was any action taken?"

Figure 7 shows that 56% (2 511) of the sample indicated that they did not experience harmful behaviours in the last 6 months. 23% (1 040) indicated that they did not report the experience of harmful behaviours and of the 962 respondents who reported the harmful behaviours, 43% affirm that action was taken.

Results from Individual Items that Relate to Changes in Workplace

The two items pertaining to changes in the workplace have differing frames of reference. In the first item the frame of reference is "I" (understand what changes are needed in my workplace) and in the second item, the frame of reference is "staff" (are willing and ready to change) (Figure 8).


	strongly disagree	neither	agree
☐ Understand changes needed	9.1	22.8	67.0
☐ Willing and ready to change	26.8	32.0	39.9

Figure 8. Percentage of responses to Changes in Workplace (N = 4513)

Table 6. Response Matrix to Changes in Workplace

|			Willing and ready to change		
		N	**disagree**	**neither**	**agree**
Understand changes needed	**disagree**	409	53%	28%	19%
	neither	1027	23%	53%	23%
	agree	3015	25%	26%	49%

Table 6 shows that of the 3 015 respondents who agree that they personally understand what changes are needed, 49% also agree that other staff are willing and ready to change. 19% of the 409 respondents agree that other staff are willing and ready to change, although they disagree that they personally understand what changes are needed in the workplace.

**Results from Individual Items that Relate to Performance Review**

	Had performance review in last 12 months	No performance review in last 12 months
■ Performance review	2091	2422
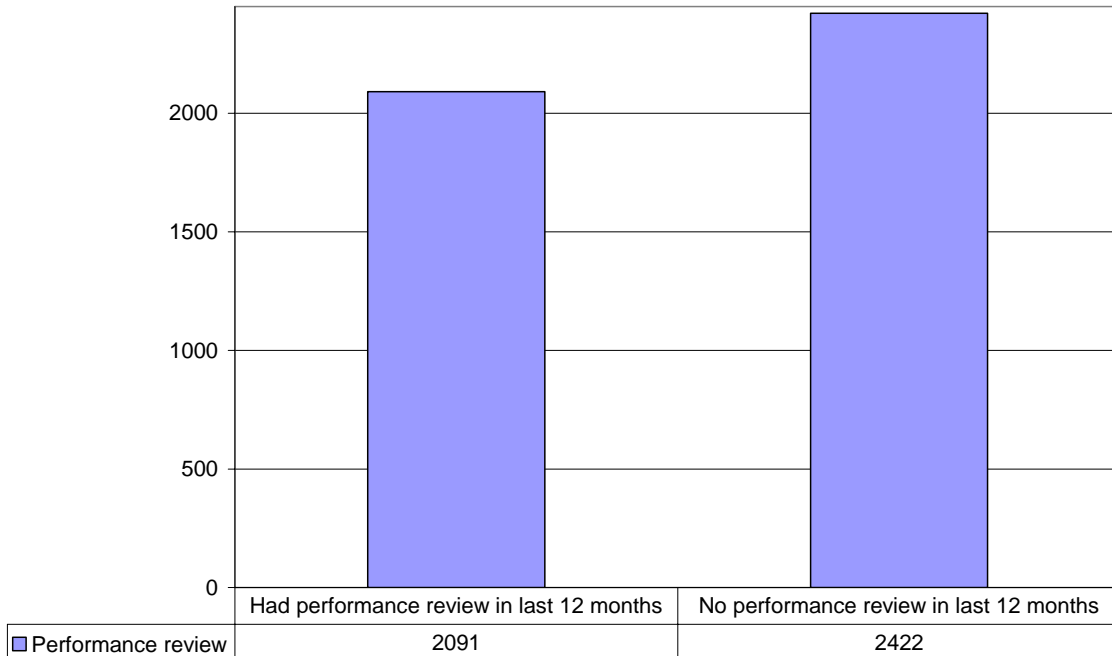
Figure 9. Number of responses to "I have had a formal performance review in the last 12 months"

	Conducted performance review in last 12 months	Not conducted performance review in last 12 months
■ Performance review	575	853
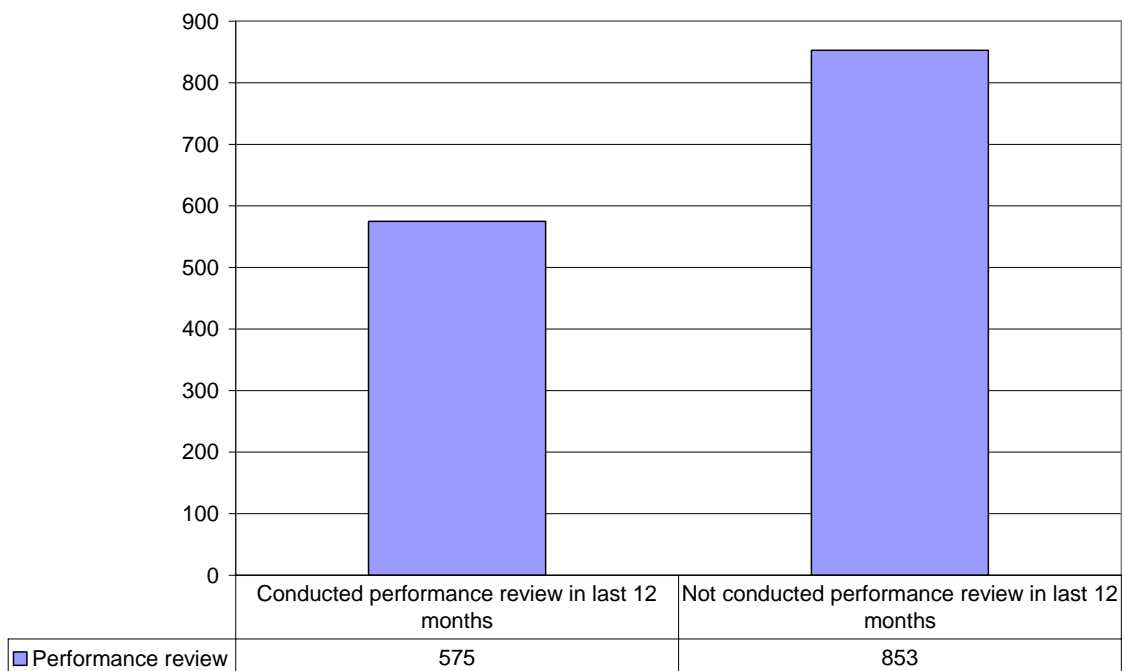
Figure 10. Number of responses to "I have conducted performance reviews with all my direct staff in the last 12 months"

Results from Individual Items that Relate to Indicators of Quality in Workplace

The fifteen indicators provided are based on the key recognised dimensions of quality workplaces in the Office of Public Service Merit and Equity *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 11 presents the percentages of respondents in descending order.
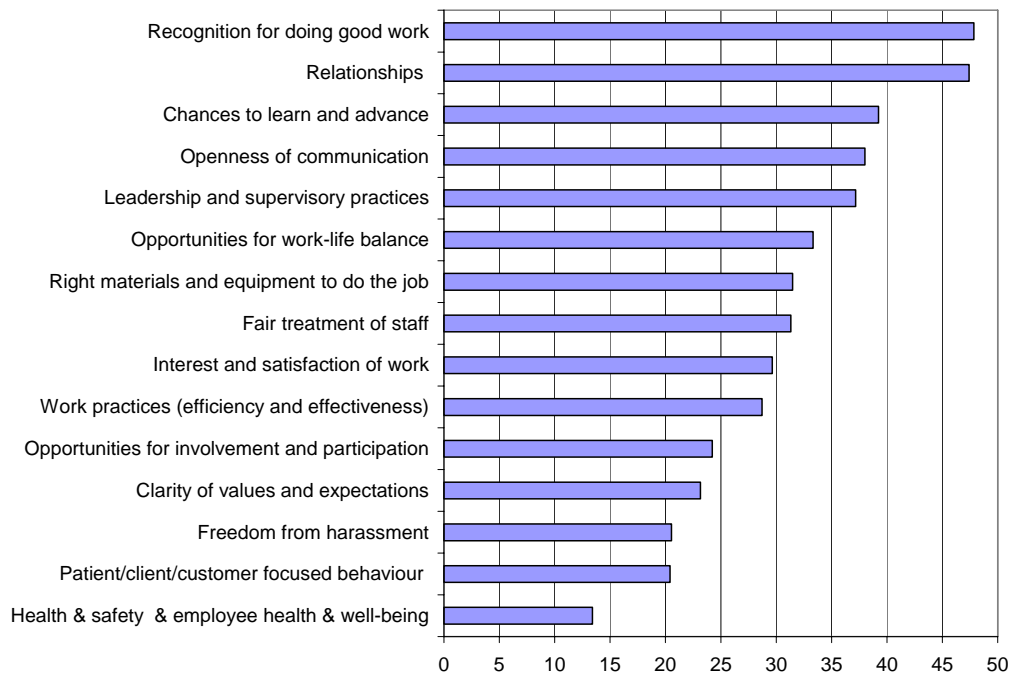
Figure 11. Most important Indicators that need to improve in the workplace

Respondents were also asked to indicate up to three best things about their workplace from the same list of indicators. Figure 12 presents the percentages of respondents in descending order.
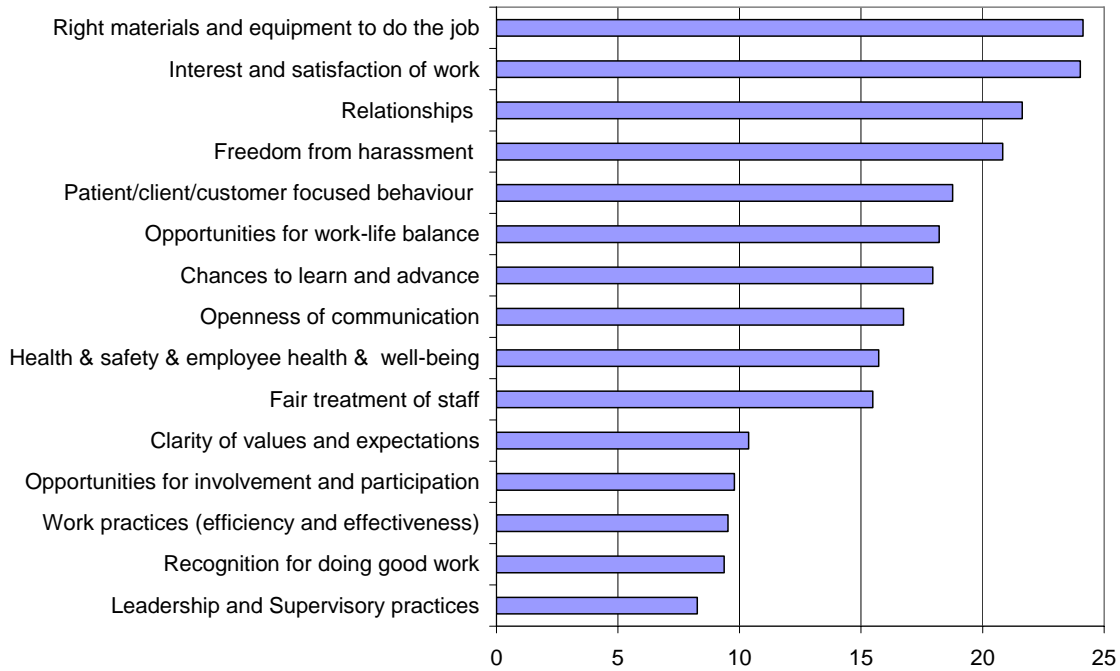
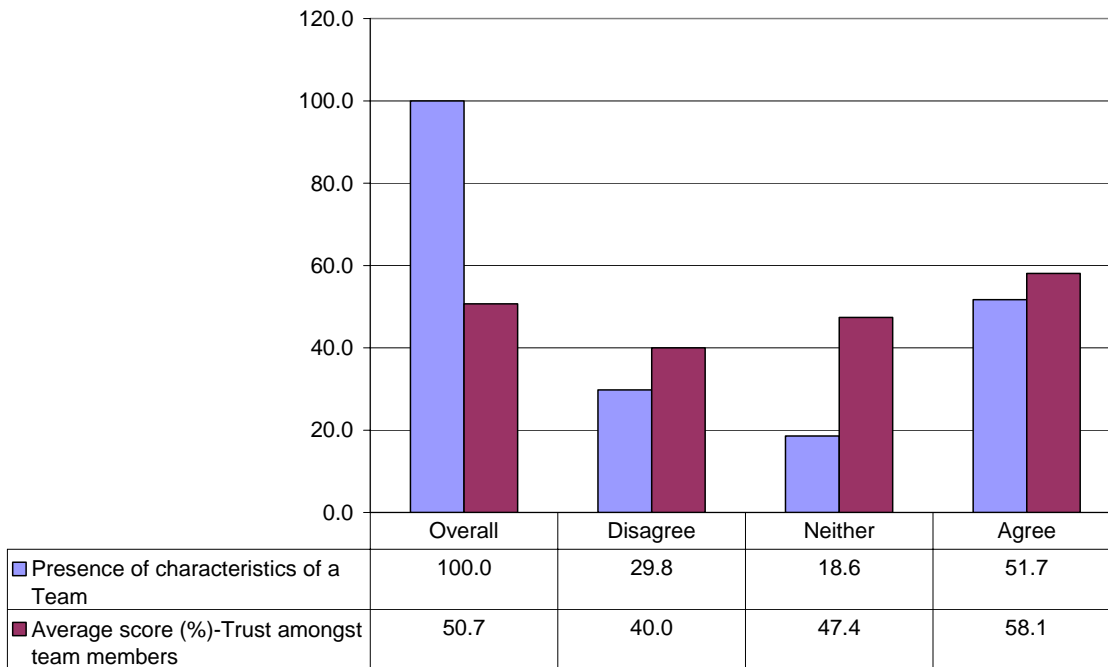**Figure 12. Best Indicators of Quality in the Workplace**

Subgroups

Table 7 presents the new measures that were found from analyses of the additional items that apply to **subgroups** of respondents rather than the whole sample. Details of these measures are in Appendix A.

Table 7. Subgroups and Measures

Subgroup	N	Measures
Team Work Group	4215	Presence of Characteristics of a Team
		Trust Amongst Team Members
Clinical Work Group	2933	Clinical Communication
		Clinical Management Practices
		Clinical Rostering Practices
		Clinical Multidisciplinary Team
Leadership of Senior Manager within Profession Group	3019	Trust in Leadership-Senior Manager within Profession
Leadership of Clinical/Functional Area Senior Management	2984	Trust in Leadership-Clinical Area Senior Management
Managing Others Group	1476	Support for Performance Management
Both Team & Clinical Work Group	2793	Principle 1 Respect for People
		Principle 2 Integrity
		Principle 3 Respect for Law and the System of Government
		Principle 4 Diligence
		Principle 5 Economy and Efficiency

Results from Team Work Group (N = 4 215)

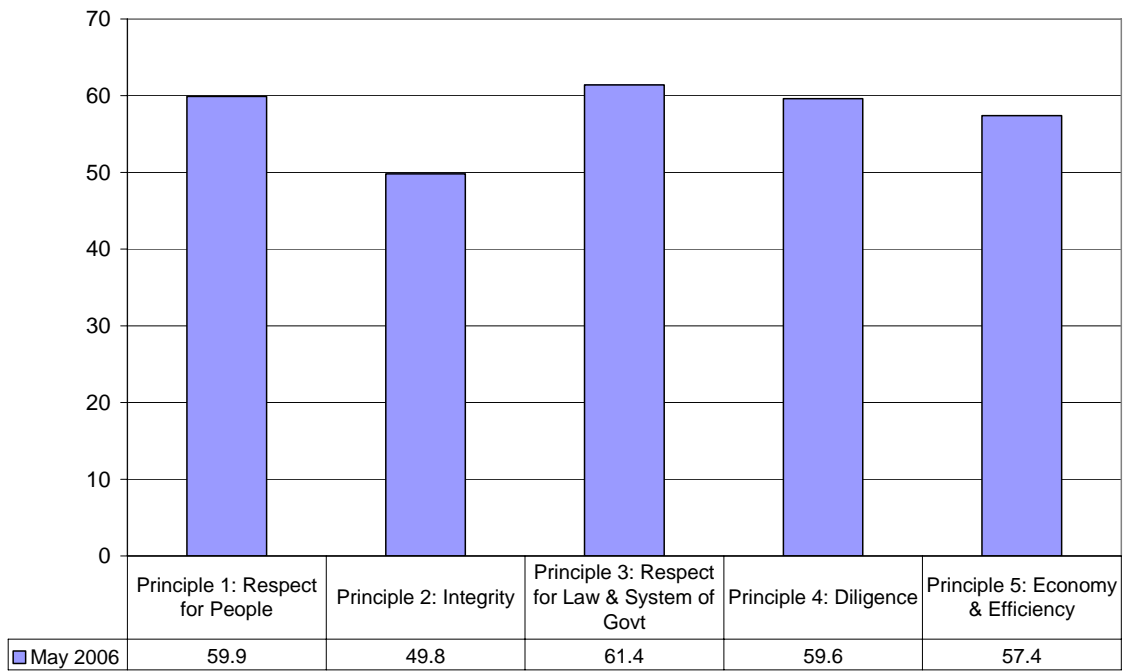|	Overall	Disagree	Neither	Agree
☐ Presence of characteristics of a Team	100.0	29.8	18.6	51.7
■ Average score (%)-Trust amongst team members	50.7	40.0	47.4	58.1

Figure 13. Average scores of Trust Amongst Team Members

Figure 13 shows that approximately 52% of all the respondents who work in a team agree that characteristics of a team are present, i.e., that there are clear objectives and regular reviews of team effectiveness to improve performance. These respondents obtained the highest average score for the measure of trust amongst team members (58.1%). This result may suggest that the presence of characteristics of a team helps in building trust amongst team members.

Results from Respondents who work in a Team as well as in a Clinical Environment for the Measures of the Code of Conduct (N = 2 793)

A number of items relating to the Code of Conduct were measured in the team and clinical work sections, thus scores for these measures were obtained from respondents who satisfy the criteria of working both in a team as well as in a clinical environment (N = 2 793). Average scores for the overall sample are presented in Figure 14.
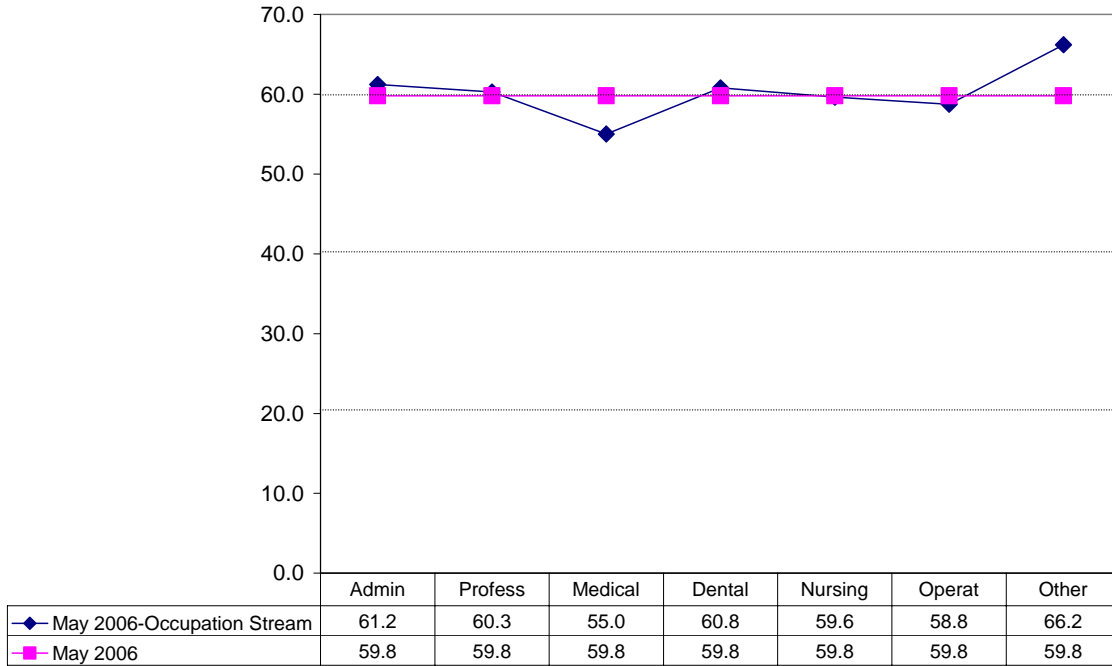
Figure 14. Code of Conduct Principles

	Principle 1: Respect for People	Principle 2: Integrity	Principle 3: Respect for Law & System of Govt	Principle 4: Diligence	Principle 5: Economy & Efficiency
May 2006	59.9	49.8	61.4	59.6	57.4

Results from Managing Others Group (N = 1 476)

In order to show the variability in scores, the average scores on Support for Performance Management across occupation stream groups are presented in Figure 15. The average score from overall sample is included for comparison.

Results of the measure of Support for Performance Management across Occupation Stream Groups
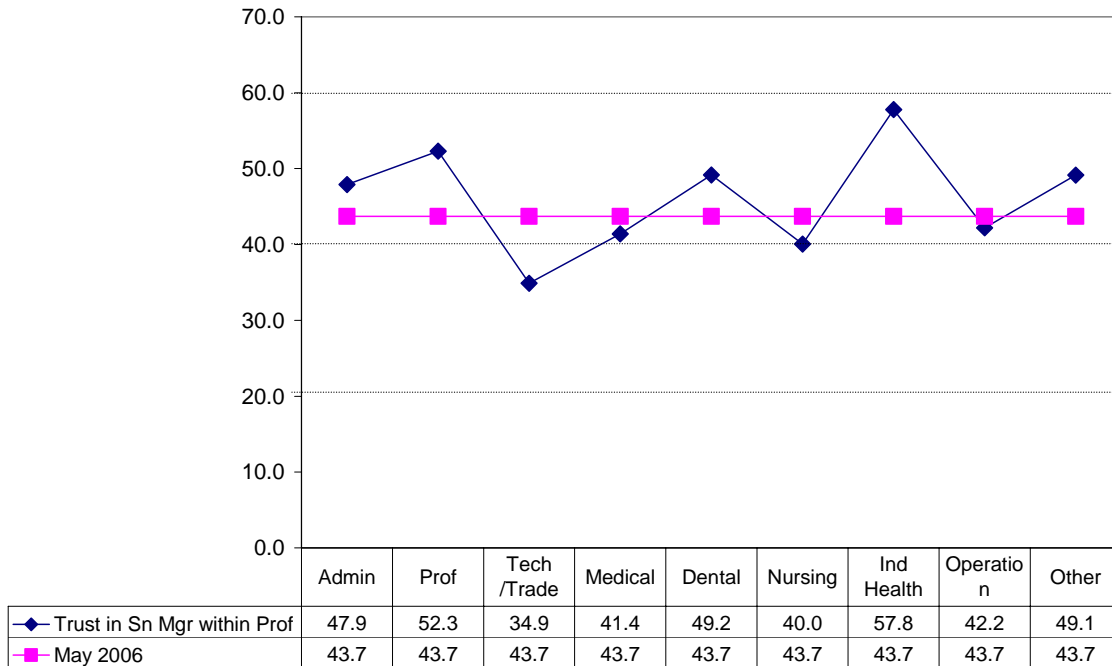
There were fewer than 10 respondents from Technical/Trade staff and Indigenous Health Workers, hence their scores are not included.

	Admin	Profess	Medical	Dental	Nursing	Operat	Other
May 2006-Occupation Stream	61.2	60.3	55.0	60.8	59.6	58.8	66.2
May 2006	59.8	59.8	59.8	59.8	59.8	59.8	59.8

Figure 15. Average scores of Support for Performance Management (by occupational stream)

Figure 15 shows that Medical respondents who manage others are reporting less favourably than the subgroup of the overall sample whilst respondents from 'Other' occupation are reporting more favourably.

Results from Leadership of Senior Manager within Profession/Occupation Group (N = 3 019) and Comparison across Occupation Stream Groups

	Admin	Prof	Tech /Trade	Medical	Dental	Nursing	Ind Health	Operatio n	Other
Trust in Sn Mgr within Prof	47.9	52.3	34.9	41.4	49.2	40.0	57.8	42.2	49.1
May 2006	43.7	43.7	43.7	43.7	43.7	43.7	43.7	43.7	43.7

Figure 16. Average scores of Trust in Leadership – Senior Manager within Profession/Occupation

Figure 16 shows that Technical/Trade respondents and nursing respondents who report to a senior manager within their profession/occupation are reporting trust in their leadership less favourably than the subgroup of the overall sample. Administration, Professional, Dental, Indigenous Health Workers and Other are reporting more favourably than the subgroups of the overall sample.

Table 8 shows the responses to "If I were a patient in the facility that I work in, I would be happy with the standard of care provided".

Table 8. 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 (%)
May 2006	22.0	21.3	54.7

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 Information Division and the eight 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 9.

Table 9: Frequency of Main Themes from Respondents' Comments

Main Themes	Suggestions	Positive	Main Themes	Suggestions	Positive
Mgmt trusting staff's suggestions	137		Competency of Mgmt	146	6
Communication	283	2	Equality/fairness	40	
Overworked	219		Understaffed	434	
Top heavy	22		Training/Professional Dev	399	
Need incentives	48		This survey	43	
Shifts	52		Need resources/more beds	90	
Pay levels	159		Need permanent jobs	84	
Nepotism	60		Mgmt out of touch with staff	146	
Bullying/Harassment	184		NUM/DON capabilities	46	10
Rostering	102		Work appraisals	56	
Need for equipment/upgrade	166		Respect	102	1
Skill mix	60		Bureaucracy	106	
Patient safety/care	66		Work areas/buildings	7	
Staff encouragement/support	98	4	Feedback	23	
Recognition of work done/skills	188		Leadership	77	
Work duty clarification	99		Promotion	36	
No problems		11	Transparency/Accountability	109	
Support for management	27		Right staff for the job	122	
Budgets/funding	73		Shared workload	30	
Childcare facilities	23		Teamwork	46	2
Fair recruitment/Selection	66		Trend	8	
Enjoy work	5	19	Workplace stress	75	
Trust	22		Morale	58	2

## Section D: General Information

Demographic Details of Respondents

Demographic details of the sample (N = 4 513) are provided in the table and graphs to follow.

Table 9. Details of sample

| Gender		Count	Percent
	Female	3361	74
	Male	1032	23
	Didn't indicate	120	3
Subgroups		**Count**	**Percent**
	Team	4215	93
	Clinical	2933	65
	Work in Both Team and Clinical	2793	62
	Leadership of Senior Manager with Profession	3019	67
	Leadership of Clinical/Functional Area Senior Management	2984	66
	Manage Others	1476	33
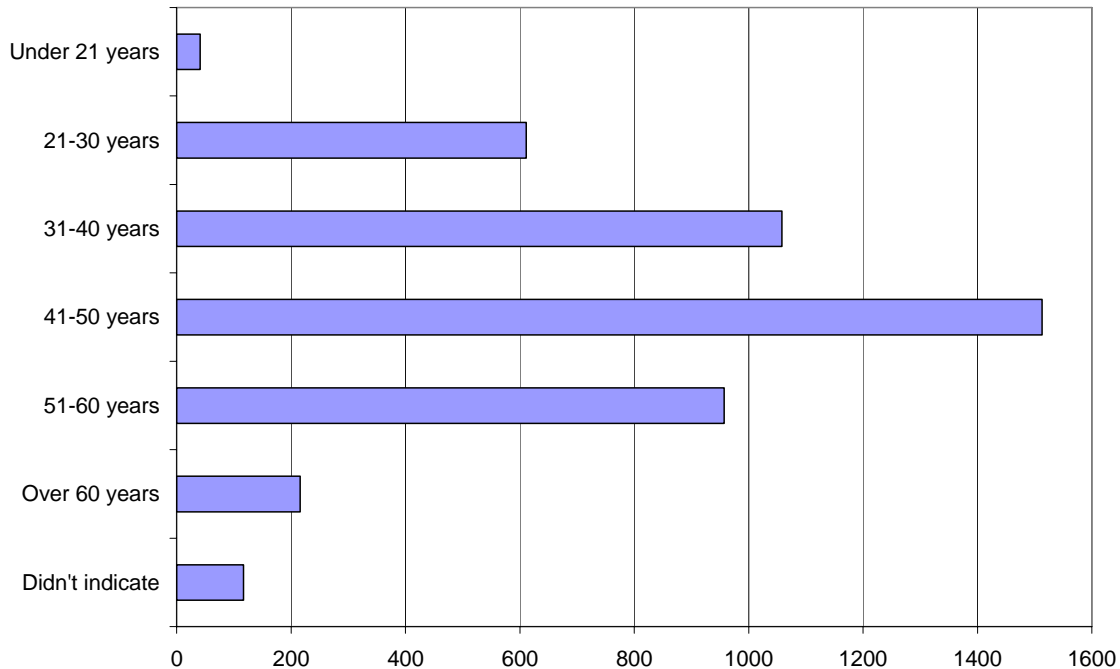
Figure 17. Age of Respondents
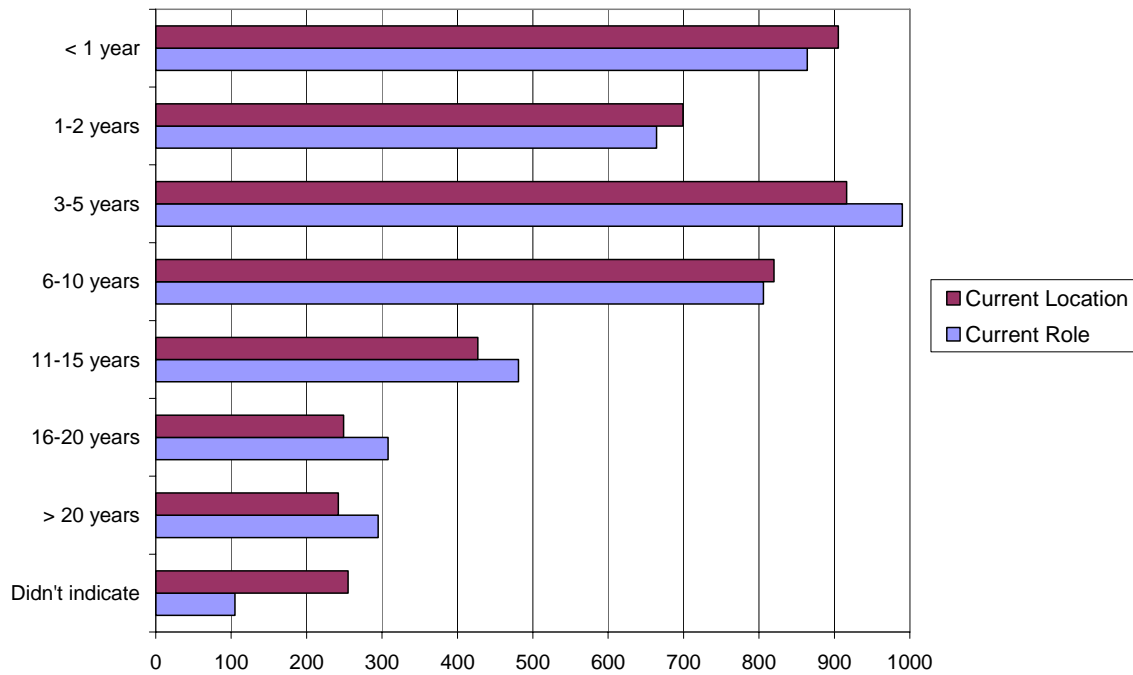
Figure 18. Length of Time Working at Current Work Location and Current Role
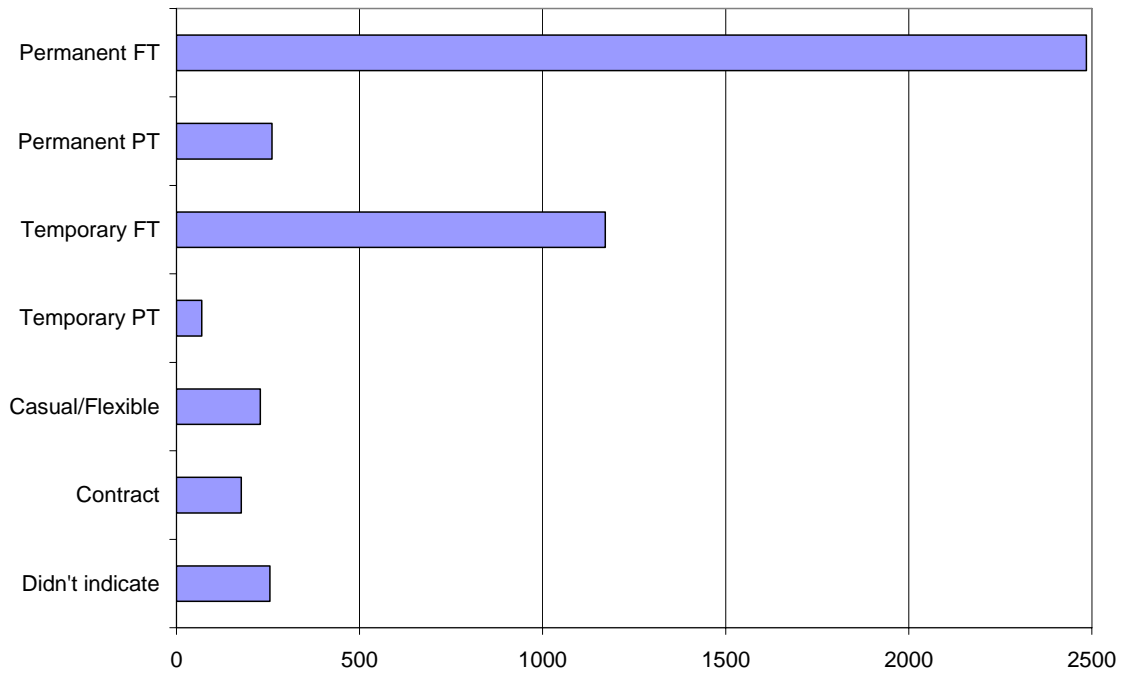
Figure 19. Current Employment Status of Respondents
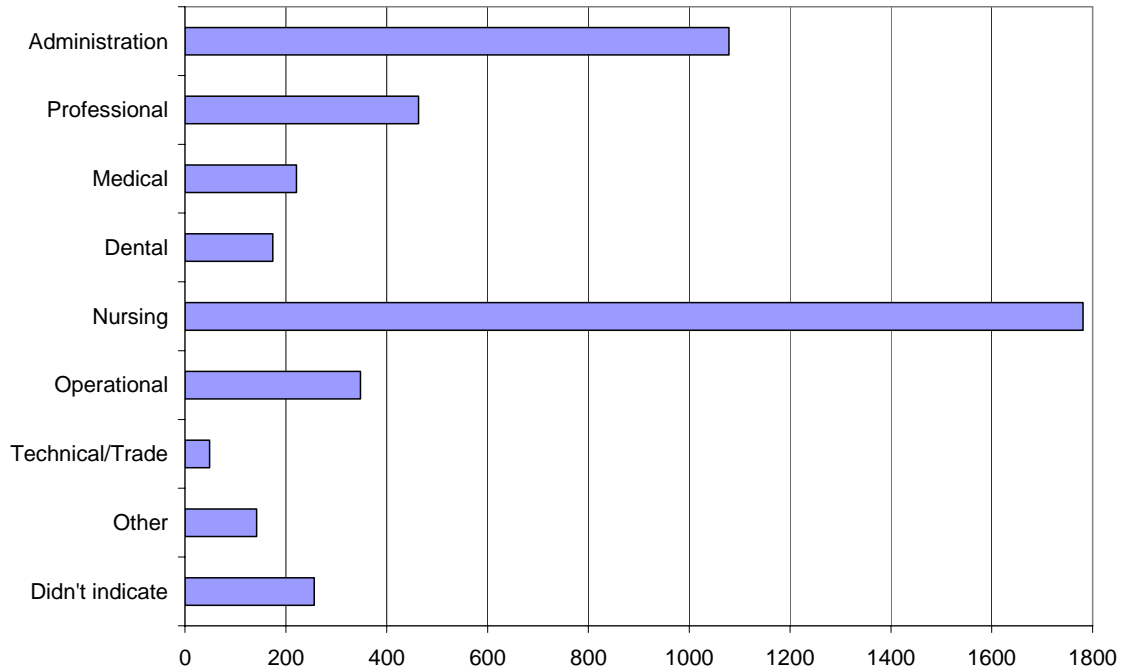
Figure 20. Occupation Stream Groups
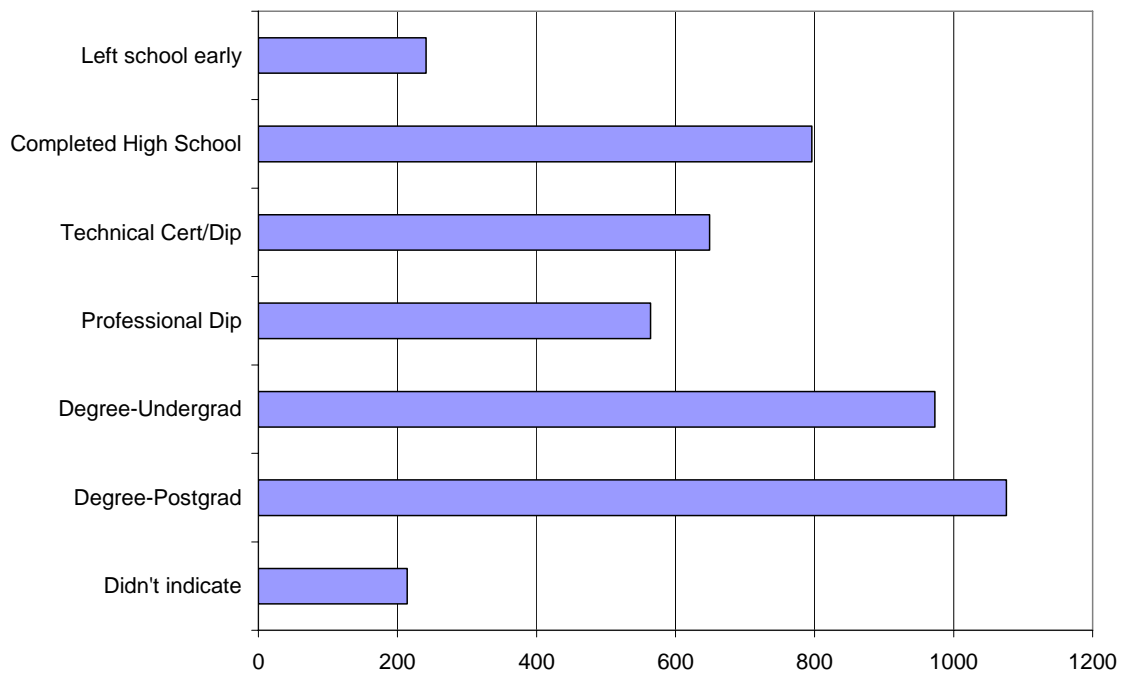
Figure 21. Highest Educational Level Achieved

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.

New 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** (3 items) – Indicates the extent to which staff agree that there are options for the resolution of harmful behaviours.

Nine new 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** (2 items) – Indicates the extent to which staff agree that the team has clear objectives and discusses 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** (3 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** (5 items) – Indicates the extent to which staff agree that there are adequate procedures and systems to support clinical work.

- **Clinical Rostering Practices** (2 items) – Indicates the extent to which staff agree that rostering practices are fair for staff and adequate to meet patient needs.

- **Clinical Multidisciplinary Team** (3 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