"better workplaces"
Queensland Health

Staff Opinion Survey
September 2008

Community and Organisational Research Unit (*core*)
University of Southern Queensland

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Executive Summary

In September 2008, staff from three Queensland Health Health Service Districts (HSDs), the Division of the Director-General, and three Divisions participated in the "Better Workplaces" Staff Opinion Survey.

The survey consisted of a number of questions requesting biographical data, measures of Individual Outcome and Organisational Climate from the Queensland Public Agency Staff Survey (QPASS), Trust in Leadership, and several additional measures developed specifically for Queensland Health. For the participating districts and divisions who were surveyed in earlier rounds, comparative data from surveys conducted between 2006 and 2007 is used where available.

Respondents were also provided with the opportunity to write comments. Section C, Table 9 (pg. 78) presents the frequencies of suggestions and improvements made in the workplace in the last six months, grouped into 14 main themes. Comments on Workplace Functioning were the most predominant, followed by Infrastructure Issues, and Staffing.

Key Findings

Both successes and challenges are apparent in the current survey round. Queensland Health has recorded a marked improvement on many indices in the last two years, but an equivalent number of declines were also manifest. Clearly there is room for further improvement. Improvements to the survey questionnaire have meant that the quality of information available in this report has never been better, thus allowing a better opportunity for a focused response to issues that are identified. A summary of the key findings is offered below, but we encourage the reader to delve into the detail of the report as overall results can not capture the variability in individual measures.

Summary of findings

- Individual Distress remains commendably low.
- Peer Support, Role Clarity, Trust in Immediate Supervisor, Workplace Health and Safety, Support for Managing Others, Multidisciplinary Team Support for Patient Care, and Clinical Communication all remain commendably high.
- Respondents indicated that Relationships with Co-workers was ranked as the best thing about their workplace.
- Workplace Morale showed more improvement than any other aspect of organisational climate.
- A new measure of Employee Engagement is also commendably high.
- 37.1% of respondents are "considering leaving [their] job", but only 23.2% say they are "currently actively looking for another job". On the positive side, most respondents (74.3%) say they "would want to stay in Queensland Health". The most common reason given for considering leaving their current job is "career development".
- 28.5% of respondents report that they "have experienced harmful behaviours directed toward [them] in [their] work area". The most common source is co-workers (35.2%), followed by supervisors/managers (29.7%), patients/clients (20.2%), and visitors/relatives (14.9%). 19.9% of supervisors/managers also report experiencing harmful behaviour from the people they manage. By far the most common consequence of these incidents was the respondent feeling very "upset" at the time. Where the source of the harmful behaviour was visitors/relatives or patients/clients, the respondent would "fear for [their] safety" in 23.3% and 29.5% of cases respectively. More serious consequences such as ongoing distress and anxiety, or actual

physical or psychological harm were less likely where the source was visitors/relatives or patients/clients.

- Where the source of the harmful behaviour was co-workers or supervisors/managers "fear for [their] safety" was far less likely (between 5.5% and 3.0% of cases), while ongoing "distress and anxiety" was far more common (between 32.0% and 35.9% of cases). Finally, actual "physical or psychological harm" was more likely where the source was co-workers or supervisors/managers (6.7% and 11.5% of cases respectively), than when it was either visitors/relatives or patients/clients.

- Most respondents (85.1%) say they "know how to report harmful behaviours", but only 52% of them say they "trust the process for managing harmful behaviours". This latter fact together with the less serious consequence (feeling upset at the time) in more than half of all cases may help explain why only 33% of incidents are formally reported. Of those incidents that are reported respondents believe that some action was taken in about 67% of cases. Indeed, the most common reason given for not reporting an incident was the belief that "no action would be taken" (pp.68-73).

- The need for more recognition for good work was ranked as the issue that most needs to improve in the workplace.

- Medical Officer and Health Practitioner respondents both improved on all Individual Outcome and Organisational Climate measures, with many measures in the commendable range. Nevertheless, Excessive Work Demands is in the challenging range for Health Practitioner respondents.

- Excessive Work Demands is also an issue for Nursing, Trades, and Operational stream respondents, despite the fact that all these occupational groups improved on most measures. While no comparative data was available for Professional stream respondents, they too reported Excessive Work Demands.

- Indigenous Health respondents reported more measures in the commendable range than any other occupational group. Dental stream respondents indicated declines on most of their measures, though none were in the challenging range. Administrative stream respondents reported improvements on most measures. Finally, Technical stream respondents had the highest number of measures in the challenging range (3), despite the fact that they also recorded an equal number of measures in the commendable range.

Recommendations

1. Convey these findings to staff, and let them know that management has heard them. 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. While the level of Excessive Work Demands is relatively stable for the September 2008 survey group, Queensland Health should continue to explore strategies to reduce the level of perceived excessive work demands particularly for health practitioners, nurses, other professionals, tradespeople, and operational staff.

3. The prevalence of harmful behaviour remains an issue. The persistence of the poor conduct is detrimental to the ongoing improvements in organisational culture Queensland Health is making – even when the consequence is relatively minor (as it is in most cases). The problem is not primarily in understanding what constitutes harmful behaviour, or in the procedures to properly deal with it. While the level of peer support remains high, a significant proportion of respondents indicate that they experience harmful behaviour from other staff. Management and staff at all levels need to remain vigilant and intolerant of harmful behaviour, even when it is circumstantial or unintended. Failure to do so will mean that the impact of harmful

behaviours from internal sources continues to undermine staff abilities to perform at their best.

4. A significant number of respondents indicated that they are looking for another job, but have indicated that they would like to remain within Queensland Health. Promoting existing strategies addressing professional growth and career advancement will ensure Queensland Health retains valuable staff. The detailed data available at the organisational level across various demographic groups (i.e. occupational streams, age groups and gender) may be considered to inform organisational strategies such as workforce planning and retention.

5. The action planning process resulting from the "Better Workplaces" staff opinion survey has achieved some significant outcomes in terms of workplace culture improvement. The Executive Management team should continue driving the action planning process at the organisational level. Staff need to be involved in the action planning process to engage them in the improvement of their workplace culture. Initiatives and improvements achieved as a result of the action planning process should be communicated to staff.

6. The top issue highlighted by staff that needs improvement was Recognition for Good Work.

Introduction

This report contains the results of the "Better Workplaces" Staff Opinion Survey, conducted by a consultancy team from the Community and Organisational Research (*core*) Unit at the University of Southern Queensland (USQ) in September 2008. The survey was based on the measures of Individual Outcomes and Organisational Climate from the Queensland Public Agency Staff Survey (QPASS), Trust in Leadership, Employee Engagement, and additional measures that were formulated by the Queensland Health Workplace Culture team in consultation with researchers from *core*. The measures were found to have acceptable internal consistencies in the last round of the survey, and were similar for this survey. Combined results are reported for the Gold Coast, Northside, and Royal Children's Hospital (RCH) Health Service Districts (HSDs), the Division of the Director-General, and the Corporate Services, QH Centre for Healthcare Improvement (CHI), and Shared Service Partner (SSP) Divisions. Individual Outcome and Organisational Climate measure results are also reported across Occupational Streams.

Additional analyses and comparisons can be made using the interactive database, *i-MO*, which is provided to the Workplace Culture Team as a supplement to this report. Separate reports and databases are provided for each of the HSDs, Divisions and the Division of the Director-General. In addition to this report and *i-MO,* is the database, *Total Comments*, which provides the counts and de-identified free text comments based on 14 thematic categories. The domains of these themes are included in Appendix C in this report.

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 and across occupational streams. Data obtained from 4 262 employees from participating HSDs and Divisions, surveyed between 2006 and 2007 (detailed in Table 1 of Section A), 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 the Corporate Services, CHI and SSP Divisions, and the DIVISION OF THE DIRECTOR-GENERAL had the opportunity to complete surveys on-line at the University of Southern Queensland (USQ) website. Surveys were mailed or distributed by hand to all staff in participating districts and SSP, 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 and at the end of this time 6 239 surveys were returned, of which 6 225 were valid and useable for analysis.

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

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

Survey Results

Interpretive Guidelines

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

Principle 1: Response rates

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

- Foster the highest possible level of staff engagement and participation in surveys and survey results. This gives staff a channel for voicing their opinions and an opportunity to be listened to; and
- Enable meaningful comparisons and reporting of individual work units, which is not possible if there are too few respondents in individual work units.

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

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

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

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

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

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

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

Principle 3: Interpreting Change

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

Further, zero change may be indicative of the success of the work unit in halting previously declining results, just as positive change is indicative of the success of another work unit which is building on previous successes. The direction and amount of change has to be understood in relation to where the District/Division started from, and what it has tried to achieve in the intervening time (see context information for the District/Division). The question of how this information might be used for strategic or operational planning is a separate question, and is generally better addressed by staff and management of each work unit involved. It is they who best understand the context in which they attained the results they did, and how this could help shape their future.

What do the numbers mean?

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

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

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

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

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

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

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

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

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

The hierarchy of descriptors for positive and negative indicators are presented in Figures 1 and 2 respectively. Descriptions of terms are provided in the Glossary on p. 84.

Hierarchy of Descriptors
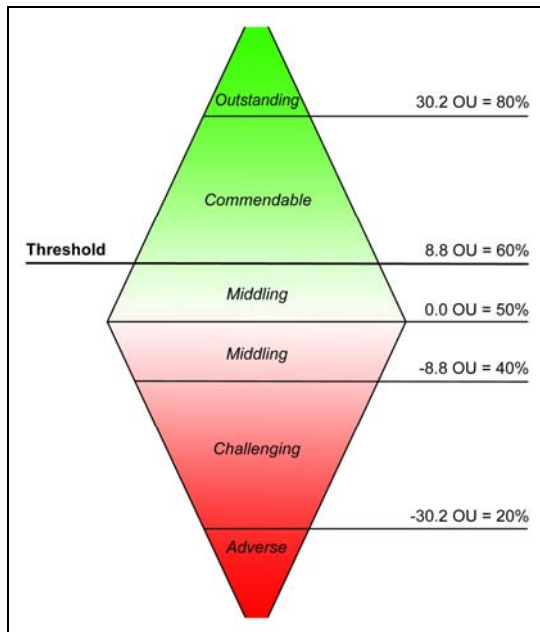
Figure 1. Positive Indicators
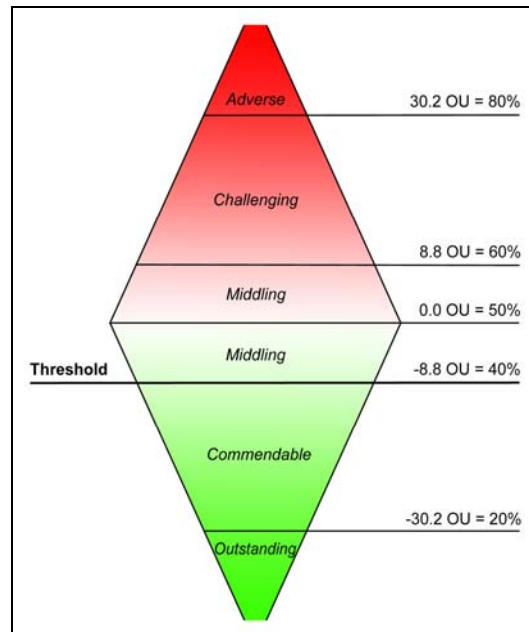
Figure 2. Negative Indicators

Why draw the line at 8.8 and 30.2 OU?

All such interpretive thresholds are to some extent arbitrary. In one sense, any positive OU score (or negative OU score for negative indicators) could be justifiably seen as a positive result. However, in a more practical sense, middling scores may not be good enough to claim a positive organisational culture. A score of 8.8 OU is equivalent to a simple average percentage score of 60% on a measure, and -8.8 OU is equivalent to a simple average percentage score of 40% on a measure. So a result somewhere between -8.8 OU and +8.8 OU really only means the raw average for that measure is between 40% and 60% - a middling result without the inherent inaccuracies of

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

the simple average percentage score. Higher than this is Commendable (unless it is a negative indicator), and lower than this is Challenging (again, unless it is a negative indicator). This threshold represents a balance between what is achievable (and what should receive due recognition), and what is sufficiently positive so as not to be seen as an ordinary result in any sense.

Similar thresholds have been drawn at 30.2 OU. A score of 30.2 OU is equivalent to a simple average percentage score of 80% on a measure. Higher than this is an outstanding result (unless it is a negative indicator). A score of -30.2 OU is equivalent to a simple average percentage score of 20% on a measure. Lower than this is an Adverse result (again, unless it is a negative indicator).

Note that these interpretive thresholds relate only to scores obtained in the current period ("September 2008" as shown in graphs in this report) and prior survey period ("September 2006" as shown in graphs in this report), and not to the level of change in scores indicated by comparisons between the survey periods ("Change" as shown in graphs).

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

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

Section A: QPASS Measures: Individual Outcomes and Organisational Climate

Unless otherwise noted, positive scores are desirable in survey results.

MO-Index scores obtained by respondents from the Gold Coast, Northside, and Royal Children's Hospital (RCH) Health Service Districts (HSDs), the Division of the Director-General, and the Corporate Services, Centre for Healthcare Improvement (CHI), and Shared Service Partner (SSP) Divisions in this survey are compared with results of 2006 and 2007 survey comparative data (N = 4 262). In the graphs, Queensland Health September 2008 scores will be denoted as **September 2008** and Queensland Health comparison data scores will be denoted as **September 2006**. Table 1 provides the survey dates of participating districts and divisions included in the September 2006 comparative data.

Table 1. Survey Dates Comparative Data

September 2008 HSD/Division	Comparative Data
Northside: Redcliffe-Caboolture The Prince Charles Hospital	September 2006 April 2007
Gold Coast Royal Children's Hospital Corporate Services Division of the Director-General	September 2006 September 2006 September 2006 September 2006
SSP	November 2007
CHI: Reform and Development Division	September 2006

Positive change or improvement in outcomes from Survey Period 1 (September 2006) to Survey Period 2 (September 2008) is desirable for ALL measures and individual items.

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

> Positive scores are desirable for Quality of Work Life and Individual Morale,
> while negative scores are desirable for Individual Distress

	Quality of Worklife	Individual Distress	Individual Morale
September 2006	2.4	-15.6	5.8
September 2008	4.2	-16.5	5.8
Change	1.7	0.9	0.0
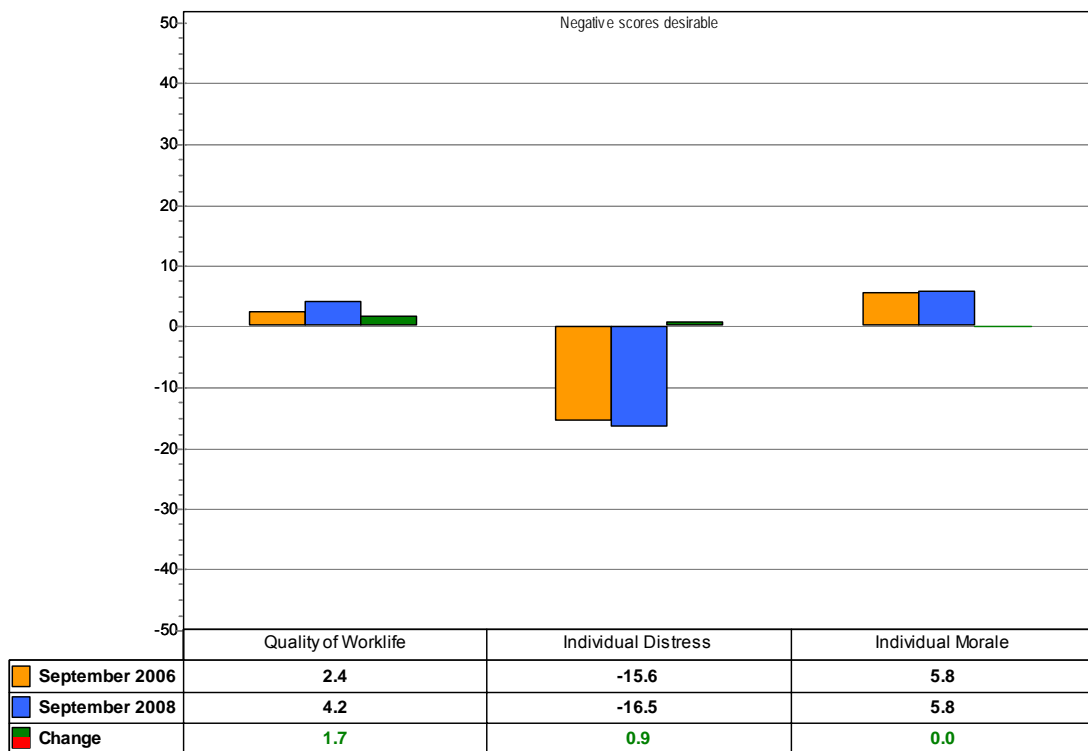
Figure 3. Results of Individual Outcomes Measures

Note: *(a) Negative scores are desirable for Individual Distress.*
(b) All measures recorded desirable positive change.

Commendable Outcome from September 2008
1. Individual Distress

Middling Outcomes from September 2008
1. Individual Morale
2. Quality of Worklife

Quality of Work Life Measure

	Close to ideal	Worklife conditions are excellent	Satisfied with worklife	Worklife is excellent	Obtained important things in worklife	Quality of Worklife measures
September 2006	1.6	0.2	5.3	0.5	4.6	2.4
September 2008	5.2	2.5	6.8	1.7	4.7	4.2
Change	3.6	2.3	1.4	1.2	0.2	1.7
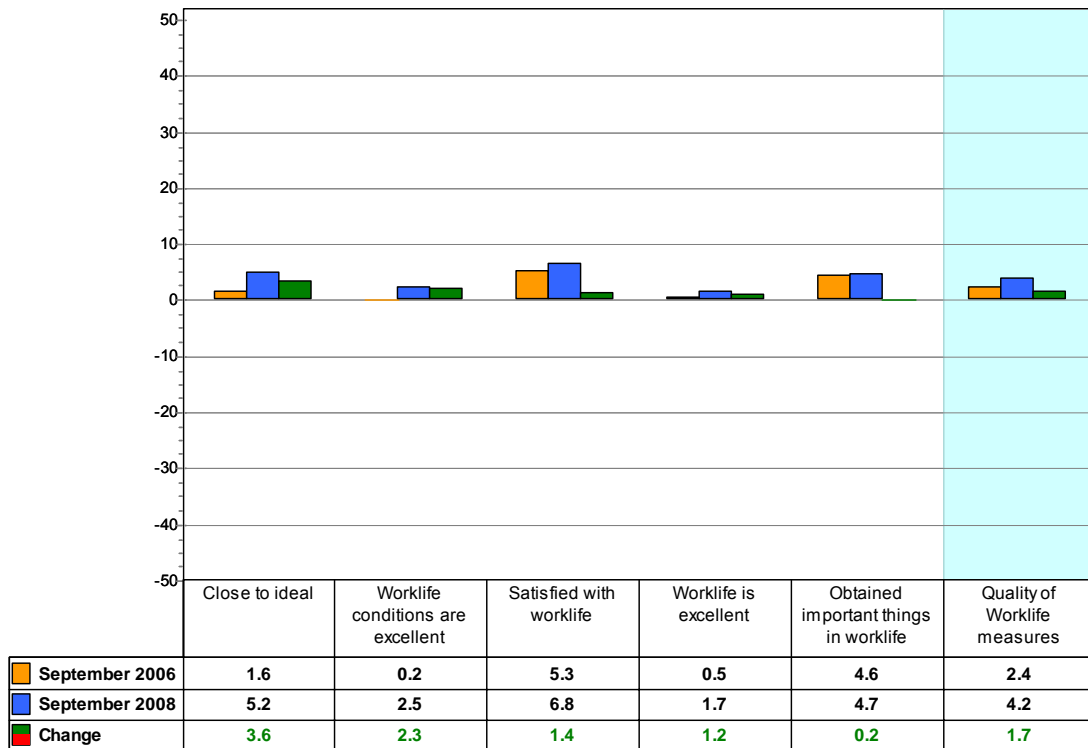
Figure 4. Results of Quality of Work Life Measure

Note: *All items recorded desirable positive change.*

Middling Outcomes from September 2008
1. "I am satisfied with my life at work"
2. "In most ways my work life is close to my ideal"
3. "So far, I have obtained the important things I want in my work life"
4. "The conditions of my life at work are excellent"
5. "The quality of my work life is excellent"

Biggest Contributions to Positive Change
1. "In most ways my work life is close to my ideal"
2. "The conditions of my life at work are excellent"

Individual Distress Measure

	Depressed	Tense	Anxious	Unhappy	Negative	Uneasy	Afraid	Individual Distress measures
September 2006	-21.8	-1.1	-13.7	-13.6	-13.7	-16.8	-33.0	-15.6
September 2008	-23.6	-2.5	-14.7	-14.5	-14.6	-17.5	-31.9	-16.5
Change	1.8	1.4	1.0	0.9	0.9	0.7	-1.1	0.9
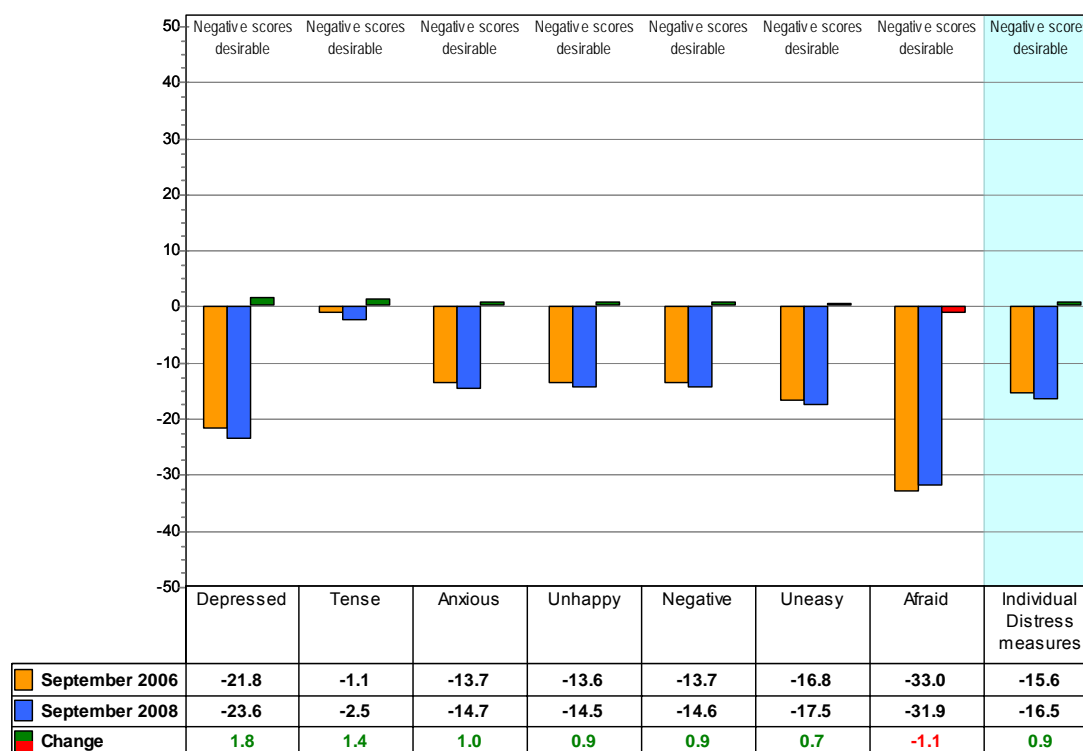
Figure 5. Results of Individual Distress measure

Note: *Negative scores are desirable for all Individual Distress items.*

Outstanding Outcome from September 2008
1. "Feeling afraid at work" – *Item recorded undesirable negative change*

Commendable Outcomes from September 2008
Note: *The following five items recorded desirable positive change*
1. "Feeling depressed at work"
2. "Feeling uneasy at work"
3. "Feeling anxious at work"
4. "Feeling negative at work"
5. "Feeling unhappy at work"

Middling Outcome from September 2008
1. "Feeling tense at work" – *Item recorded desirable positive change*

Biggest Contribution to Positive Change
1. "Feeling depressed at work"
2. "Feeling tense at work"

Individual Morale Measure

	Delighted	Energised	Proud	Enthusiastic	Positive	Happy	Cheerful	Individual Morale measures
September 2006	-2.9	-0.8	7.1	7.4	7.4	10.4	12.3	5.8
September 2008	-2.2	-0.1	7.2	7.4	7.1	9.9	11.7	5.8
Change	0.7	0.7	0.1	0.1	-0.3	-0.5	-0.6	0.0
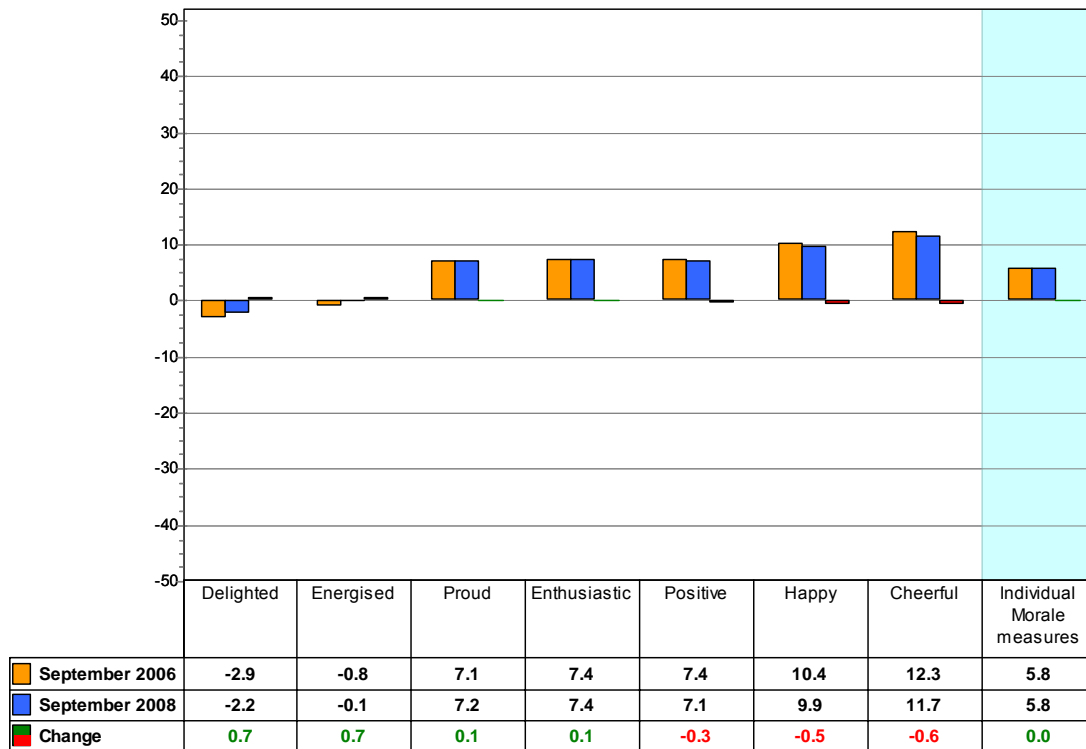
Figure 6. Results of Individual Morale Measure

Commendable Outcomes from September 2008
Note: *The following two items recorded undesirable negative change*
1. "Feeling cheerful at work"
2. "Feeling happy at work"

Middling Outcomes from September 2008
1. "Feeling enthusiastic at work"
2. "Feeling proud at work"
3. "Feeling positive at work" – *Item recorded undesirable negative change*

   Note: *The following two items remained undesirable negative scores*
4. "Feeling delighted at work"
5. "Feeling energised at work"

Biggest Contributions to Positive Change
1. "Feeling delighted at work"
2. "Feeling energised at work"

Note: *Although recording the greatest change, these items recorded the lowest scores of all the items*

Measures of Organisational Climate

Positive scores are desirable for all Organisational Climate measures, except Excessive Work Demands and Workplace Distress where negative scores are desirable

	Workplace Morale	Professional Growth	Participative Decision Making	Supervisor Support	Appraisal and Recognition	Peer Support	Workplace Distress	Goal Congruence	Role Clarity	Excessive Work Demands
September 2006	3.2	2.2	-2.0	6.4	0.2	12.5	5.5	6.5	11.3	8.3
September 2008	6.3	4.5	0.2	8.5	2.0	14.0	4.4	7.5	11.9	8.6
Change	3.1	2.3	2.2	2.1	1.8	1.4	1.1	0.9	0.6	-0.3
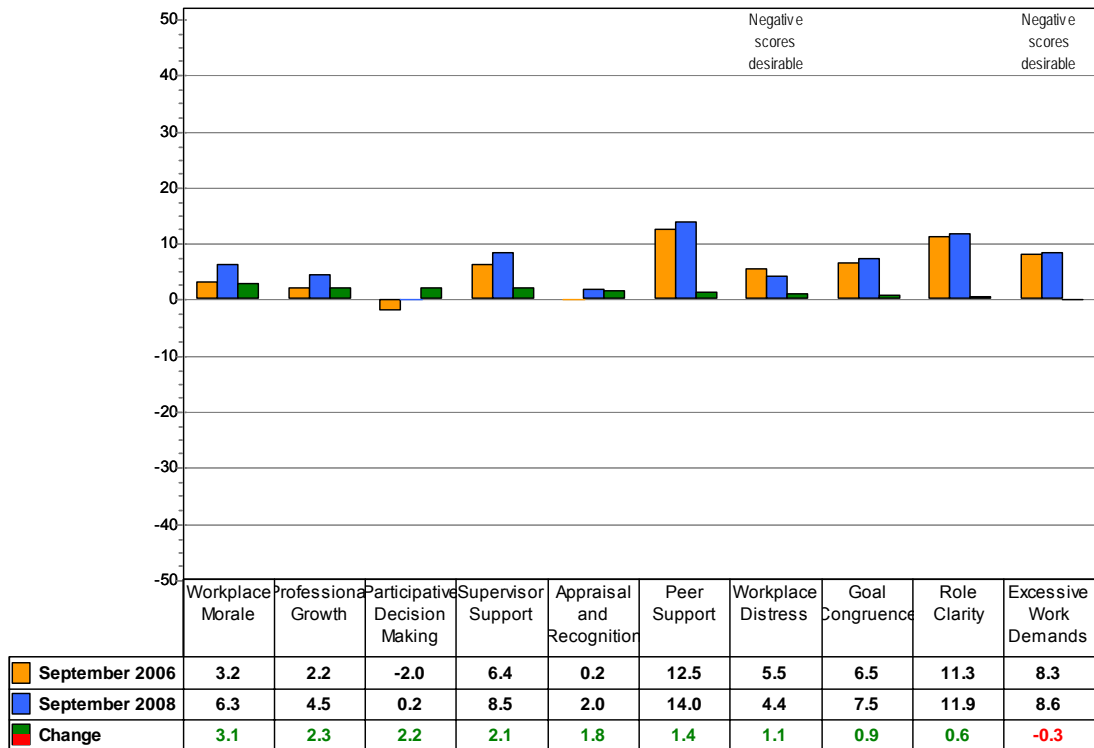
Figure 7. Results of Organisational Climate Measures

Note: *Negative Scores are desirable for Excessive Work Demands and Workplace Distress.*

Commendable Outcomes from September 2008
Note: *The following two items recorded desirable positive change*
1. Peer Support
2. Role Clarity

Middling Outcomes from September 2008
Note: *The items numbered 1 to 7 below recorded desirable positive change*
1. Supervisor Support
2. Goal Congruence
3. Workplace Morale
4. Professional Growth
5. Appraisal and Recognition
6. Participative Decision Making
   Note: *The following two items remained undesirable positive scores*
7. Workplace Distress
8. Excessive Work Demands – *Item recorded undesirable negative change*

Workplace Morale Measure

	High morale	Lot of energy	Take pride	Enthusiasm	Team spirit	Workplace Morale measures
September 2006	-6.3	2.3	9.6	3.0	7.8	3.2
September 2008	-2.2	5.8	13.0	5.5	10.0	6.3
Change	4.1	3.6	3.4	2.6	2.2	3.1
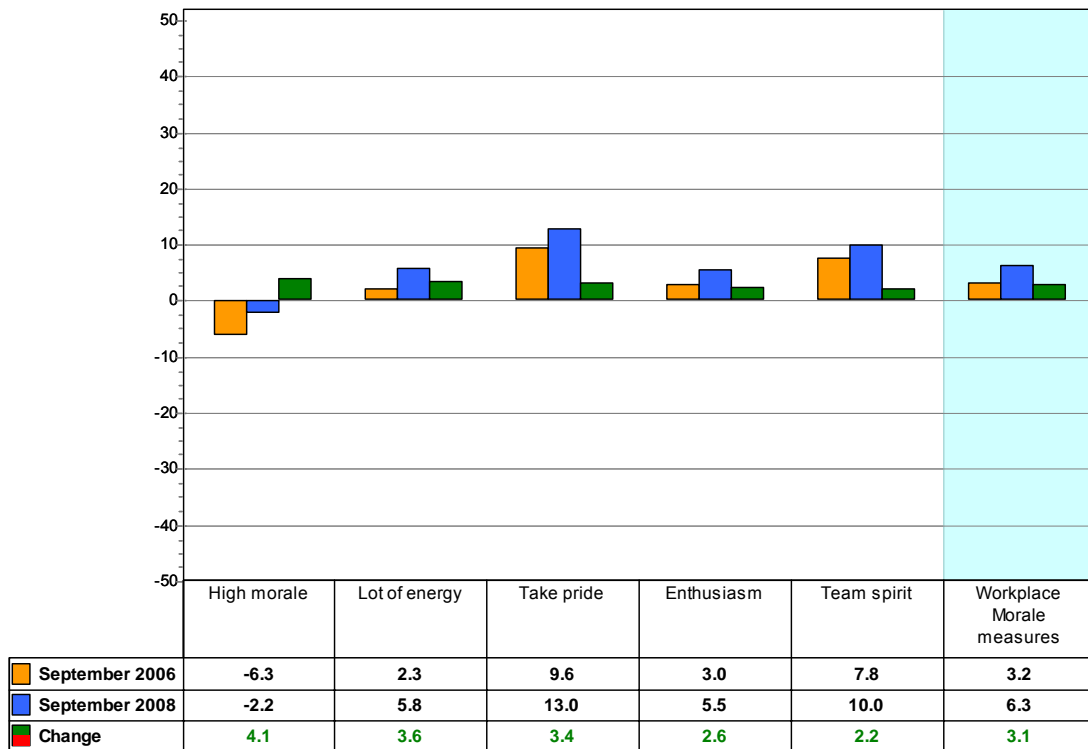
Figure 8. Results of Workplace Morale Measure

Note: *All items recorded desirable positive change.*

Commendable Outcomes from September 2008
1. "Staff take pride in this work area"
2. "There is a good team spirit in this work area"

Middling Outcomes from September 2008
1. "There is a lot of energy in this work area"
2. "Staff go about their work with enthusiasm"
3. "The morale in this work area is high" - *Item remained an undesirable negative score*

Biggest Contribution to Positive Change
1. "The morale in this work area is high" - *Although recording the greatest change, this item recorded the lowest score of all the items*

Professional Growth Measure

	Not difficult to gain access to training	Encouraged to pursue further training	Opportunities for developing new skills	Takes into account individual needs	Others take active interest in my career development	Professional Growth measures
September 2006	1.8	8.5	7.5	-2.6	-4.0	2.2
September 2008	4.5	11.0	9.9	-0.3	-2.2	4.5
Change	2.7	2.5	2.4	2.3	1.8	2.3
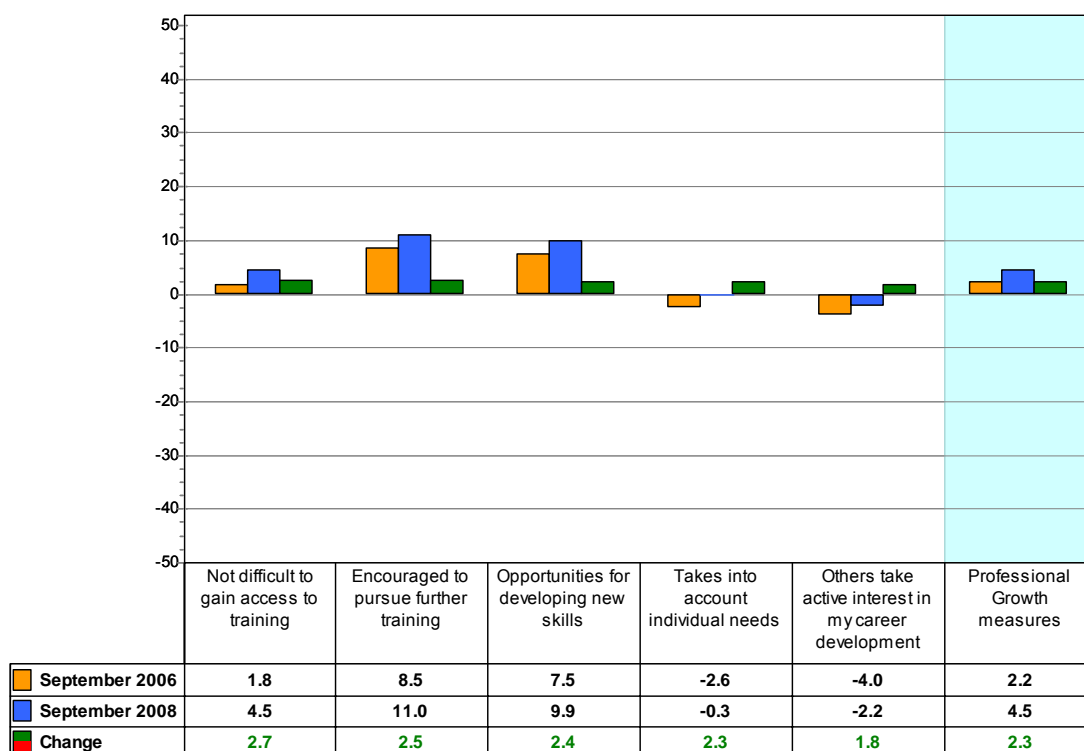
Figure 9. Results of Professional Growth Measure

Note: *All items recorded desirable positive change.*

Commendable Outcomes from September 2008
1. "I am encouraged to pursue further training and development"
2. "There are opportunities in this work area for developing new skills"

Middling Outcomes from September 2008
1. "It is not difficult to gain access to training courses"
   Note: *The following two items remained undesirable negative scores*
2. "The training and development planning in this work area takes into account my individual needs and interests"
3. "Others in this work area take an active interest in my career development and professional growth"

Biggest Contribution to Positive Change
1. "It is not difficult to gain access to training courses"

Participative Decision-Making Measure

	Ask to participate in admin policies	Happy with decision making process	Opportunity to participate in work policy	Forums to express views and opinions	Participative Decision Making measures
September 2006	-7.2	-2.7	-1.6	3.3	-2.0
September 2008	-4.0	-0.4	0.6	4.6	0.2
Change	3.2	2.2	2.2	1.3	2.2
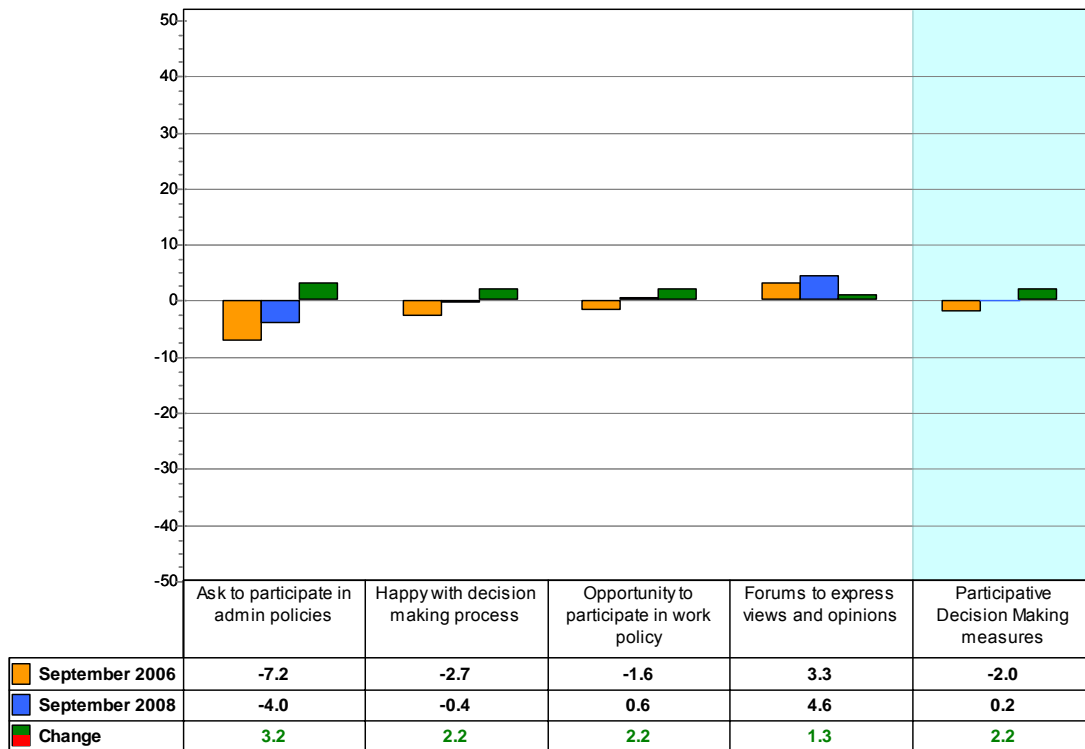
Figure 10. Results of Participative Decision-Making Measure

Note: *All items recorded desirable positive change.*

Middling Outcomes from September 2008
1. "There are forums in this work area where I can express my views and opinions"
2. "There is opportunity for staff to participate in work policy and decision making" - *Item improved to a desirable positive score*
   Note: *The following two items remained undesirable negative scores.*
3. "I am happy with the decision-making processes used in this work area"
4. "Staff are frequently asked to participate in the decisions concerning administrative policies and procedures in this work area"

Biggest Contribution to Positive Change
1. "Staff are frequently asked to participate in the decisions concerning administrative policies and procedures in this work area" – *Although recording the greatest change, this item recorded the lowest score of all the items*

Supervisor Support Measure

	Relied upon	Good communication	Approach to discuss concerns	Support	Know the problems	Supervisor Support measures
September 2006	4.5	4.0	15.2	7.0	1.7	6.4
September 2008	7.8	6.2	17.4	9.2	2.7	8.5
Change	3.3	2.2	2.2	2.1	1.0	2.1

Figure 11. Results of Supervisor Support Measure

Note: *All items recorded desirable positive change.*

Commendable Outcomes from September 2008
1. "I am able to approach the supervisors in this work area to discuss concerns and grievances"
2. "There is support from the supervisors in this work area"

Middling Outcomes from September 2008
1. "The supervisors in this work area can be relied upon when things get tough"
2. "There is good communication between the staff and supervisors in this work area"
3. "The supervisors know the problems faced by staff in this work area"

Biggest Contribution to Positive Change
1. "The supervisors in this work area can be relied upon when things get tough"

Appraisal and Recognition Measure

	Receive recognition for good work	Opportunity to discuss and receive feedback	Encouraged by praise thanks etc	Regularly given feedback	Happy with quality of feedback	Structure and process for feedback	Appraisal and Recognition measures
September 2006	-0.4	6.7	1.5	-7.6	0.4	0.5	0.2
September 2008	2.4	8.9	3.5	-5.7	1.7	1.3	2.0
Change	2.8	2.2	2.0	1.9	1.3	0.8	1.8

Figure 12. Results of Appraisal and Recognition Measure

Note: *All items recorded desirable positive change.*

Commendable Outcome from September 2008
1. "I have the opportunity to discuss and receive feedback on my work performance"

Middling Outcomes from September 2008
1. "I am encouraged in my work by praise, thanks or other recognition"
2. "Staff receive recognition for good work" – *Item improved to a desirable positive score*
3. "I am happy with the quality of feedback I received on my work performance"
4. "There is structure and process that provides feedback on my work performance"
5. "I am regularly given feedback on how I am performing in my role" – *Item remained an undesirable negative score*

Biggest Contribution to Positive Change
1. "Staff receive recognition for good work"

Peer Support Measure

	Good communication among staff	Good communication btw groups	Rely on colleagues	Discuss and share ideas	Receive support	Accepted by other staff	Involved in cooperative work	Peer Support measures
September 2006	8.7	1.7	14.6	12.3	16.1	21.1	14.6	12.5
September 2008	11.0	3.6	16.2	13.7	17.4	22.3	15.0	14.0
Change	2.3	1.9	1.6	1.4	1.2	1.1	0.4	1.4
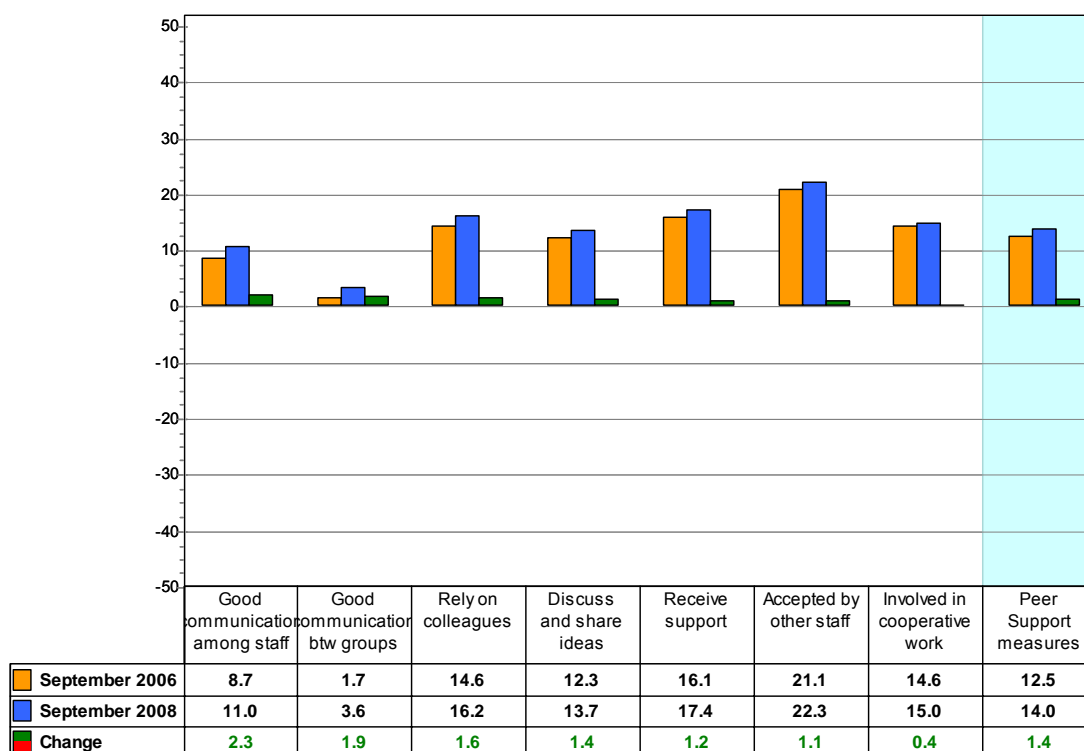
Figure 13. Results of Peer Support Measure

Note: *All items recorded desirable positive change.*

Commendable Outcomes from September 2008
1. "I feel accepted by other staff in this work area"
2. "I receive support from my colleagues"
3. "Staff in this work area can rely on their colleagues for support and assistance when needed"
4. "I have the opportunity to be involved in cooperative work with other members of staff"
5. "Staff frequently discuss and share ideas with one another about how best to carry out their work"
6. "There is good communication among staff in this work area"

Middling Outcome from September 2008
1. "There is good communication between groups in this work area"

Biggest Contribution to Positive Change
1. "There is good communication among staff in this work area"

Workplace Distress Measure

	Staff feel depressed	Staff are frustrated	A lot of tension	Staff feel anxious	Staff experience a lot of stress	Workplace Distress measures
September 2006	-2.2	9.0	3.5	2.4	15.6	5.5
September 2008	-4.5	7.1	2.4	1.3	16.3	4.4
Change	2.2	1.9	1.1	1.1	-0.7	1.1
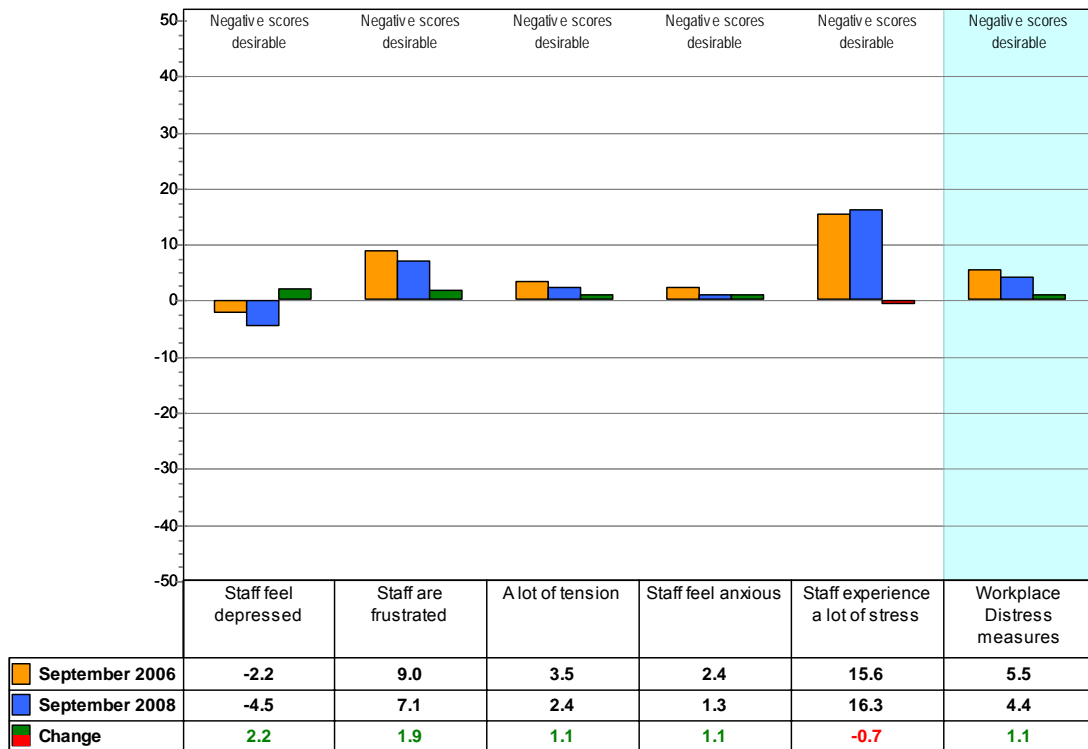
Figure 14. Results of Workplace Distress Measure

Middling Outcomes from September 2008
1. "Staff in this work area feel depressed about their work"
   Note: *The following three items remained undesirable positive scores*
2. "Staff in this work area feel anxious about their work"
3. "There is a lot of tension in this work area"
4. "Staff in this work area are frustrated with their job"

Challenging Outcome from September 2008
1. "Staff in this work area experience a lot of stress" - *Item remained an undesirable positive score and recorded undesirable negative change*

Biggest Contributions to Positive Change
1. "Staff in this work area feel depressed about their work"
2. "Staff in this work area are frustrated with their job"

Goal Congruence Measure

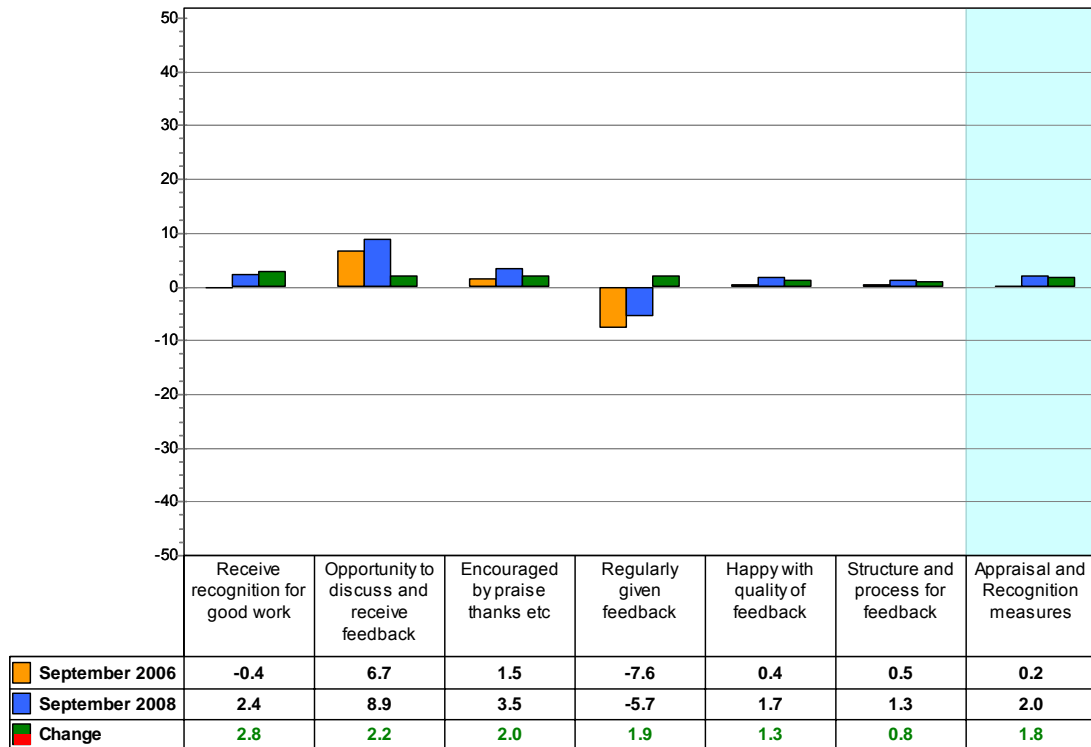|	Committed to workplace's goals	Goals easily understood	Clearly stated goals	Agreement about work practices	Personal goals are in agreement	Goal Congruence measures
September 2006	10.6	4.0	6.1	3.7	8.3	6.5
September 2008	12.9	5.0	7.0	4.1	8.6	7.5
Change	2.3	1.0	0.9	0.4	0.3	0.9
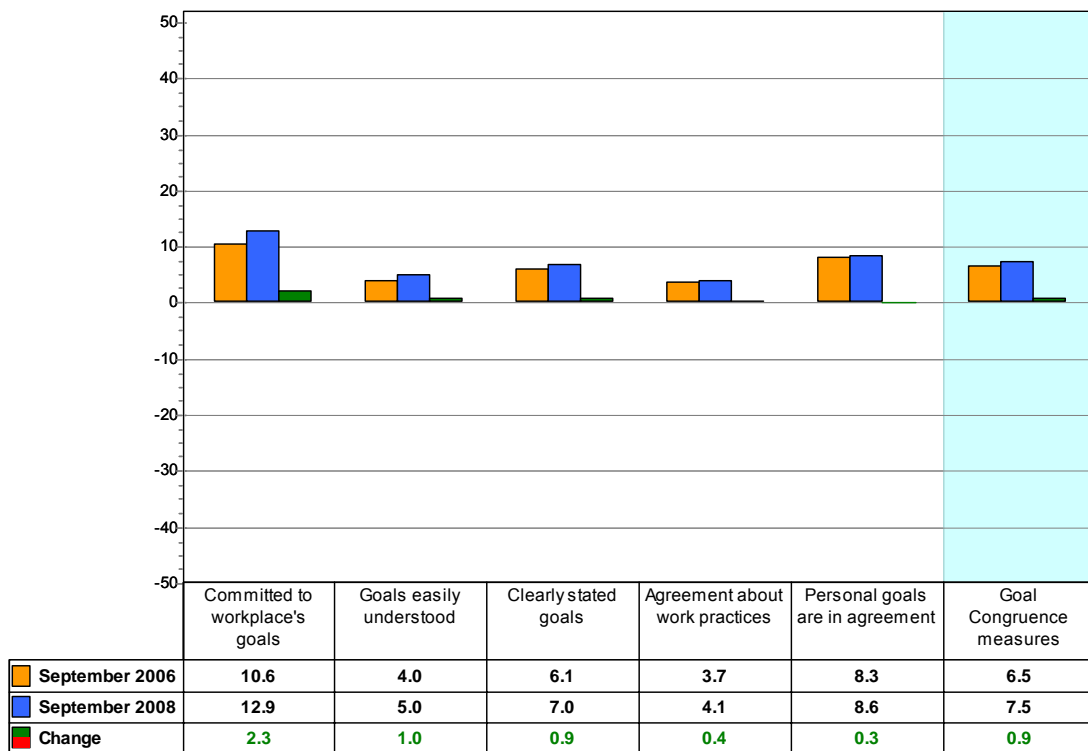
Figure 15. Results of Goal Congruence Measure

Note: *All items recorded desirable positive change.*

Commendable Outcome from September 2008
1. "The staff are committed to the work area's goals and values"

Middling Outcomes from September 2008
1. "My personal goals are in agreement with the goals of this work area"
2. "This work area has a clearly stated set of objectives and goals"
3. "The goals of this work area are easily understood"
4. "There is agreement about work practices in this work area"

Biggest Contribution to Positive Change
1. "The staff are committed to the work area's goals and values"

Role Clarity Measure

	Authority I have	Clear what others expect	Clear about professional responsibilities	Objectives well-defined	Role Clarity measures
September 2006	8.0	9.9	21.9	6.3	11.3
September 2008	9.8	10.9	21.9	5.9	11.9
Change	1.8	1.0	0.0	-0.4	0.6
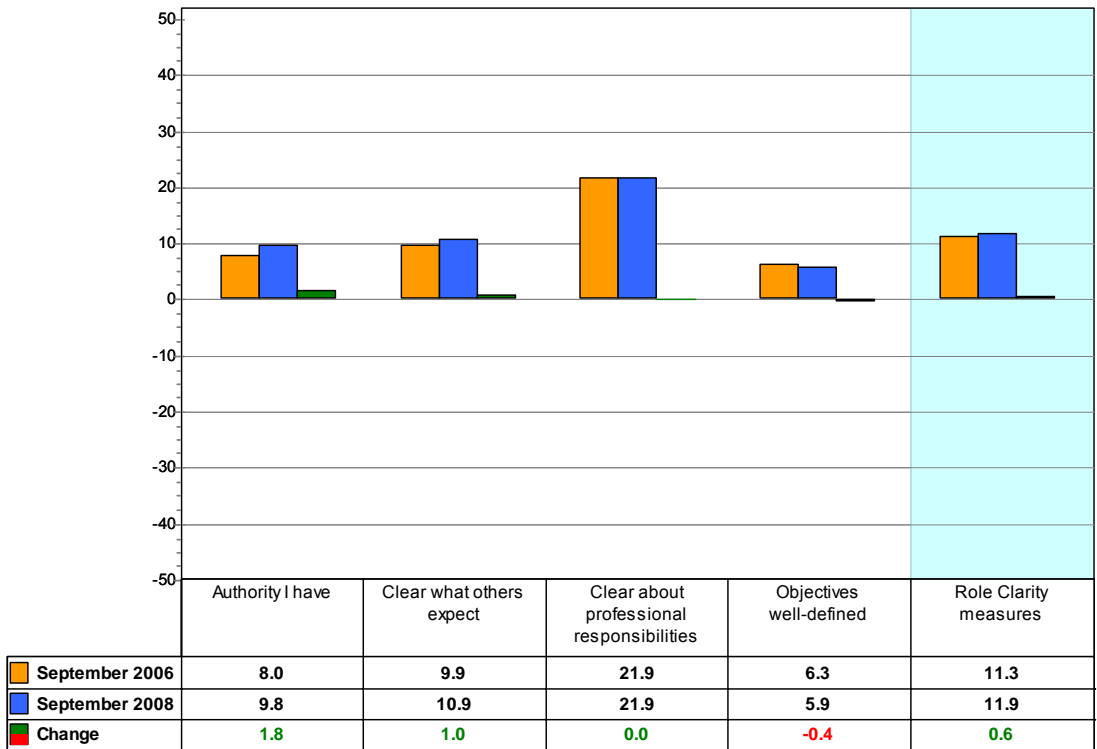
Figure 16. Results of Role Clarity Measure

Commendable Outcomes from September 2008
1. "I am clear about my professional responsibilities"
2. "I am always clear about what others expect of me"
3. "I always know how much authority I have in this work area"

Middling Outcome from September 2008
1. "My work objectives are always well defined" – *Item recorded undesirable negative change*

Biggest Contribution to Positive Change
1. "I always know how much authority I have in this work area"

Excessive Work Demands Measure

	No time for staff to relax	Staff are overloaded with work	Constant pressure to keep working	Too much expected of staff	Excessive Work Demands measures
September 2006	4.8	12.4	10.1	6.0	8.3
September 2008	4.5	12.1	10.3	7.6	8.6
Change	0.4	0.3	-0.2	-1.5	-0.3

Figure 17. Results of Excessive Work Demands Measure

Note: *All items remained undesirable positive scores*

Middling Outcomes from September 2008
1. "There is no time for staff to relax in this work area"
2. "There is too much expected of staff in this work area" – *Item recorded undesirable negative change*

Challenging Outcomes from September 2008
1. "Staff in this work area are overloaded with work"
2. "There is constant pressure for staff to keep working" – *Item recorded undesirable negative change*

Biggest Contribution to Negative Change
1. "There is too much expected of staff in this work area"

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Individual Outcome and Organisational Climate Measures across Occupation Stream Groups

In order to show the variability across Occupational streams, the scores of the three Individual Outcome and 10 Organisational Climate measures are presented in Figures 18a to 30b. The frequencies of respondents across Occupation Streams are shown in Table 2.

Table 2. Response Number across Occupation Stream Groups

Occupation Stream Groups	Response Number
Nursing	2 172
Administration	2 123
Health Practitioner	610
Operational	554
Medical	298
Professional	157
Other	96
Indigenous Health	17
Trades	16
Technical	12
Didn't indicate	59
Total	**6 225**

	Indigenous Health	Medical	Health Practitioner	Nursing	Dental
September 2006		-0.2	0.3	2.1	9.2
September 2008	14.3	5.0	4.4	2.8	5.7
Change		5.2	4.2	0.6	-3.5

Figure 18a. Quality of Work Life across Occupation Stream Group

	Professional	Technical	Trades	Other	Operational	Administration
September 2006			-11.7	10.1	0.2	4.3
September 2008	2.9	-3.6	-6.8	14.1	2.6	5.3
Change			5.0	4.1	2.3	1.0
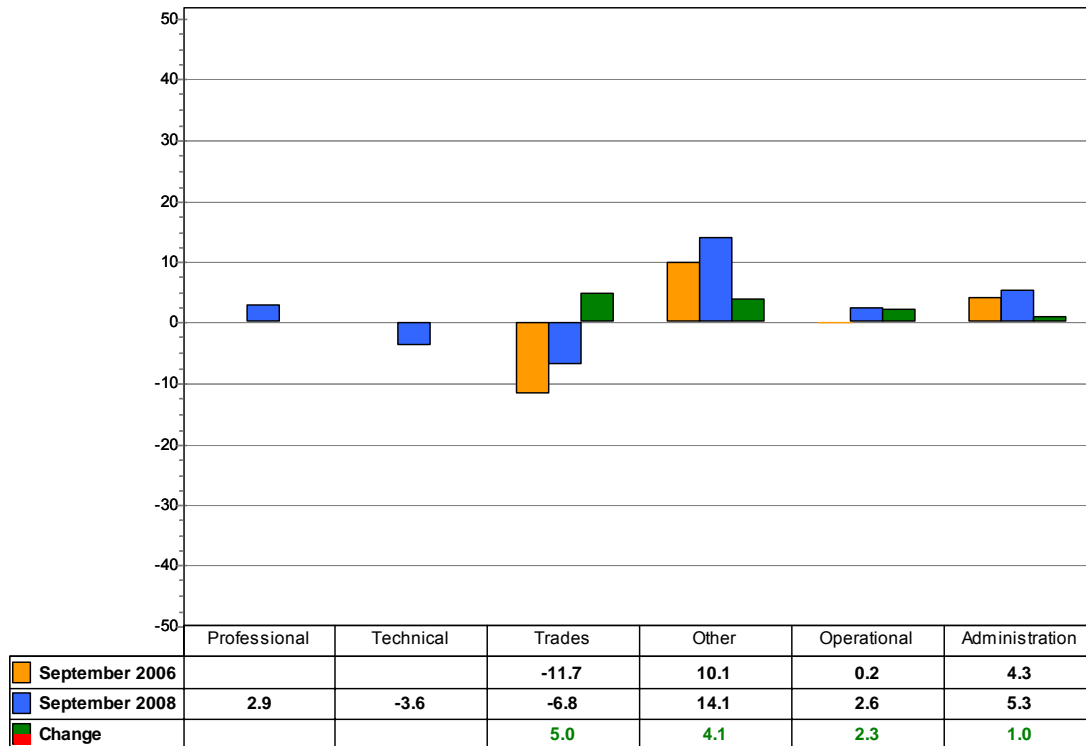
Figure 18b. Quality of Work Life across Occupation Stream Group

	Indigenous Health	Medical	Nursing	Health Practitioner	Dental
September 2006		-14.7	-14.5	-16.4	-20.8
September 2008	-22.2	-16.3	-14.8	-16.6	-17.1
Change		1.5	0.3	0.2	-3.7
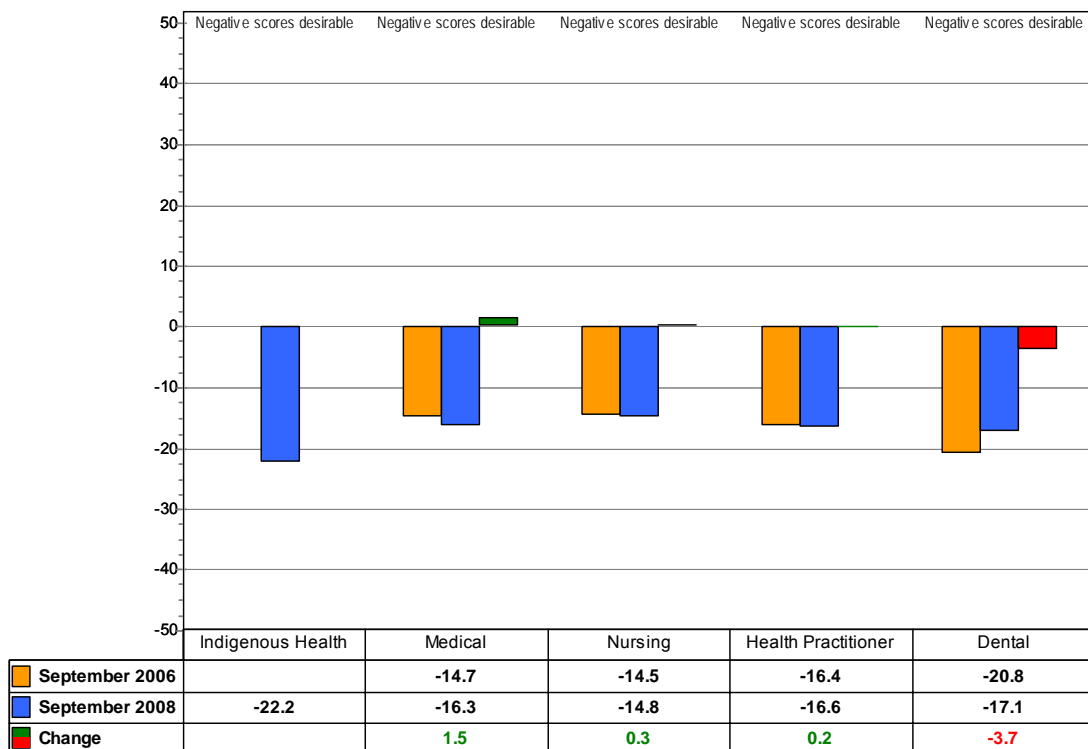
Figure 19a. Individual Distress across Occupation Stream Group
(Negative scores are desirable)
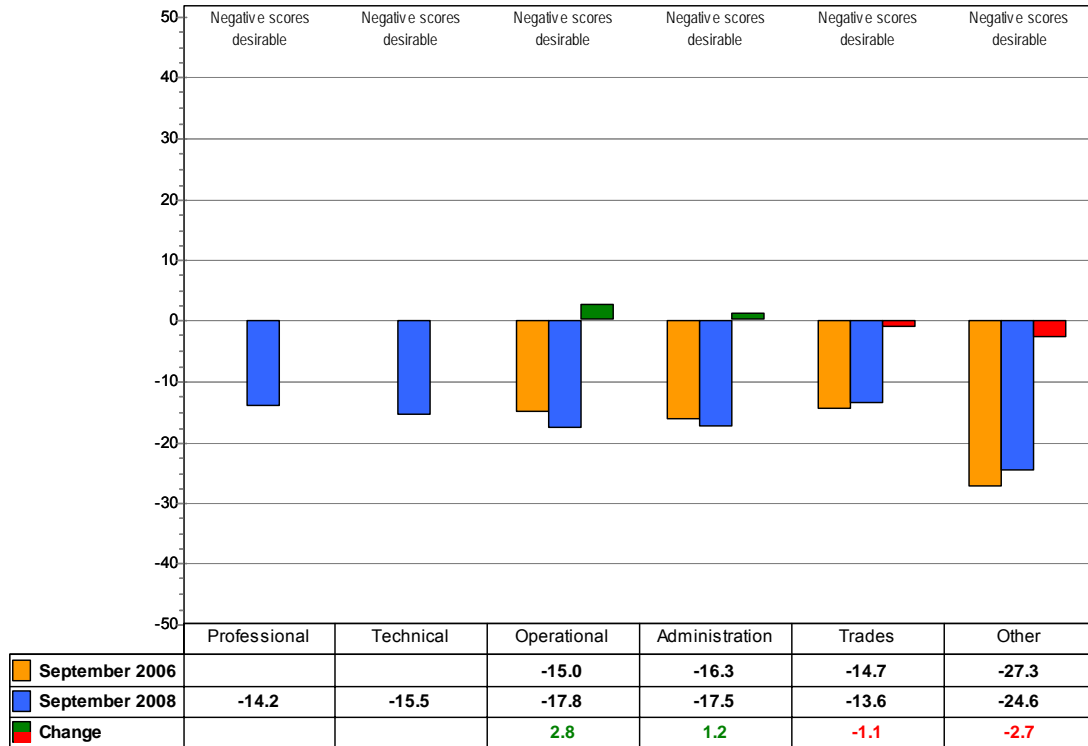
Figure 19b. Individual Distress across Occupation Stream Group
(Negative scores are desirable)

	Professional	Technical	Operational	Administration	Trades	Other
September 2006			-15.0	-16.3	-14.7	-27.3
September 2008	-14.2	-15.5	-17.8	-17.5	-13.6	-24.6
Change			2.8	1.2	-1.1	-2.7

	Indigenous Health	Medical	Health Practitioner	Nursing	Dental
September 2006		2.9	3.5	5.3	11.9
September 2008	19.5	5.5	3.9	4.8	7.6
Change		2.6	0.3	-0.5	-4.3

Figure 20a. Individual Morale across Occupation Stream Group

	Professional	Technical	Trades	Other	Administration	Operational
September 2006			-6.3	15.9	7.0	7.5
September 2008	4.6	4.9	3.9	15.5	6.5	7.0
Change			10.2	-0.4	-0.5	-0.5
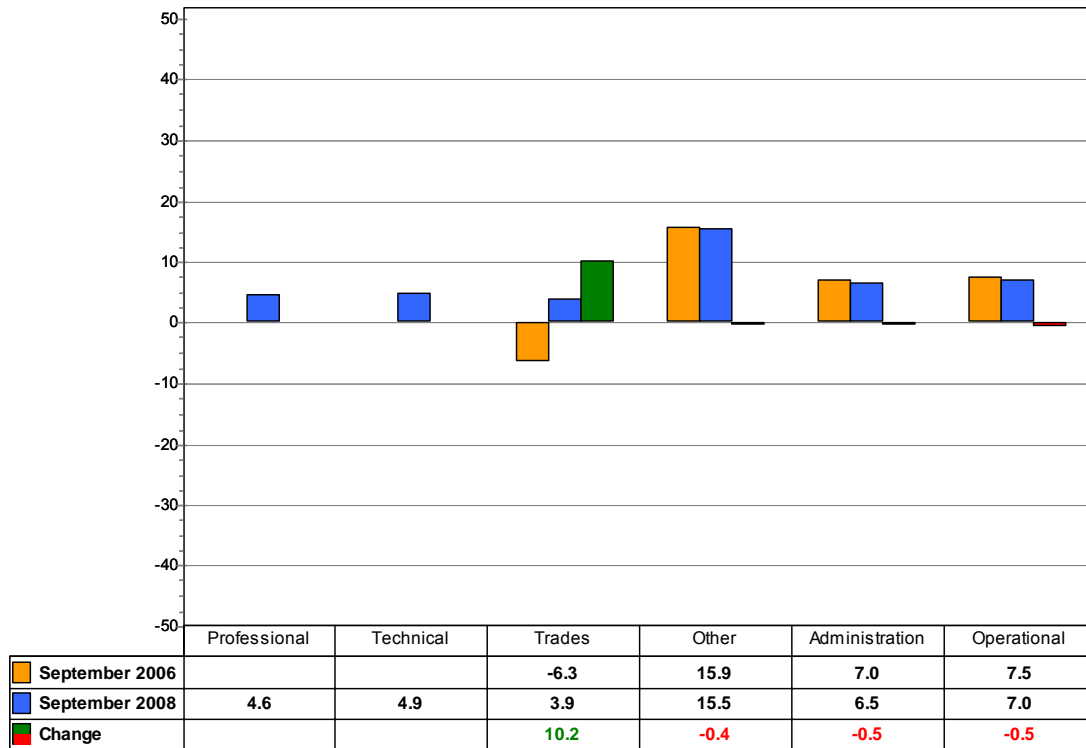
Figure 20b. Individual Morale across Occupation Stream Group

	Indigenous Health	Medical	Health Practitioner	Nursing	Dental
September 2006		3.6	4.6	2.7	8.0
September 2008	16.8	9.2	9.2	4.8	5.9
Change		5.6	4.7	2.1	-2.1

Figure 21a. Workplace Morale across Occupation Stream Group

	Professional	Technical	Trades	Operational	Other	Administration
September 2006			-9.6	-3.5	9.7	4.7
September 2008	6.2	-6.6	-4.6	1.4	12.9	7.7
Change			4.9	4.9	3.1	3.0
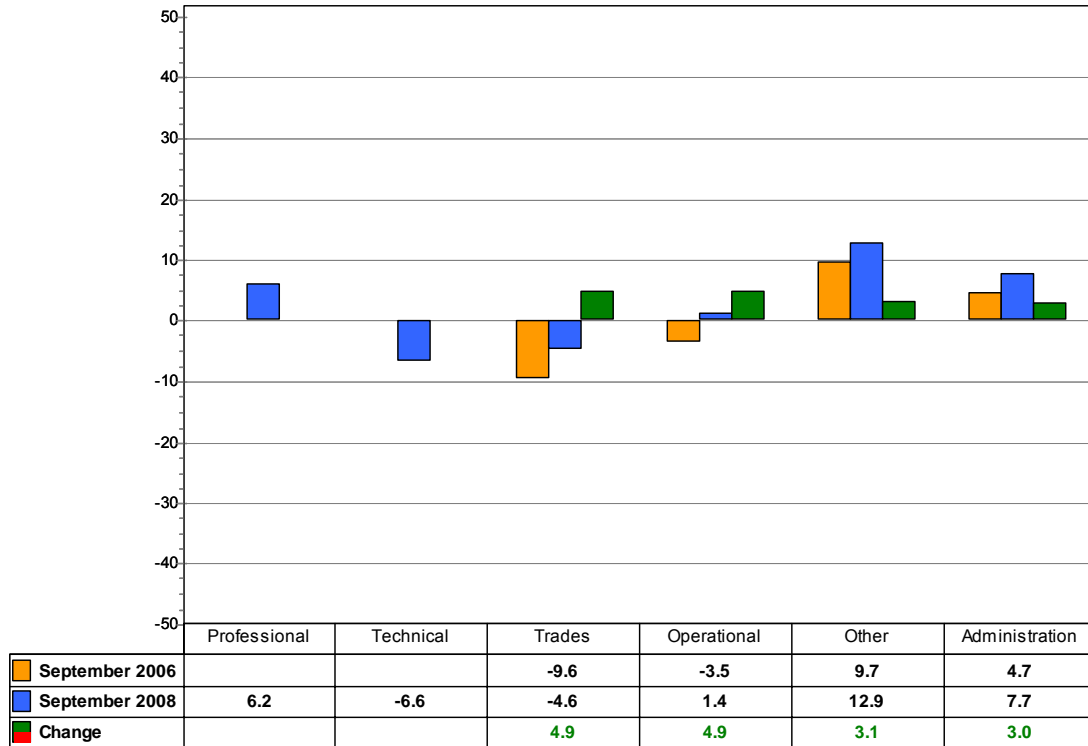
Figure 21b. Workplace Morale across Occupation Stream Group

	Indigenous Health	Medical	Nursing	Health Practitioner	Dental
September 2006		3.6	2.5	3.6	-0.3
September 2008	16.8	8.3	5.9	6.8	0.7
Change		4.7	3.4	3.3	1.1

Figure 22a. Professional Growth across Occupation Stream Group

	Professional	Technical	Trades	Operational	Administration	Other
September 2006			-14.3	-5.7	3.4	10.5
September 2008	6.0	-16.7	-9.1	-3.5	4.3	5.0
Change			5.2	2.2	0.9	-5.5
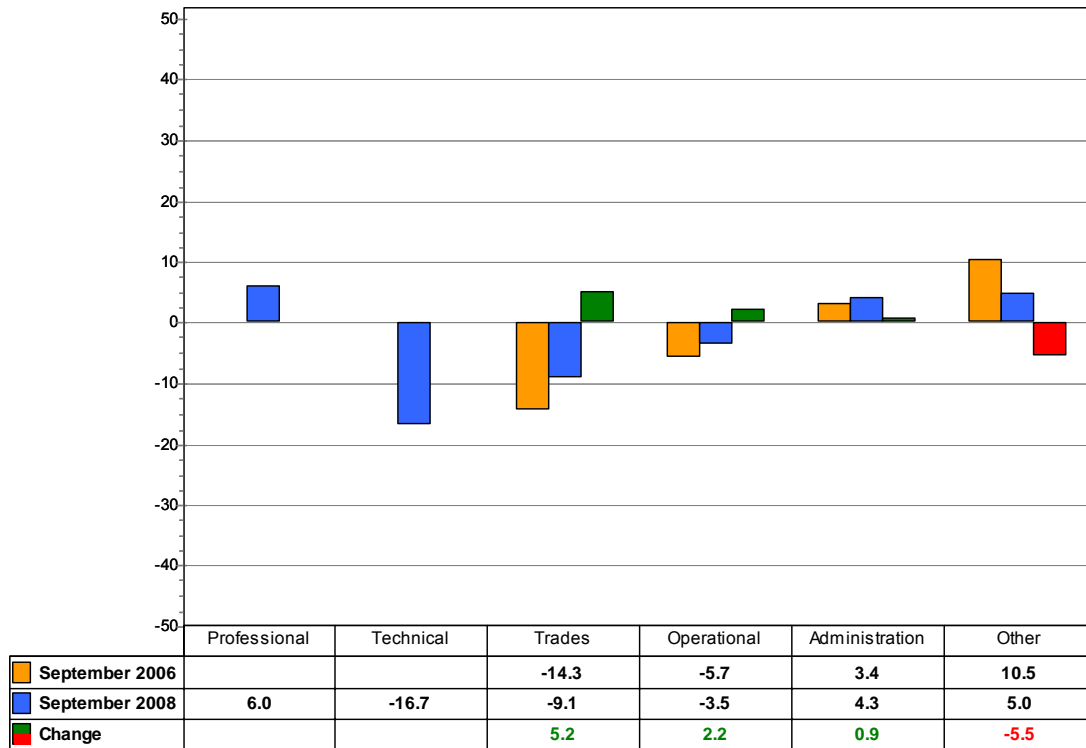
Figure 22b. Professional Growth across Occupation Stream Group

	Indigenous Health	Medical	Health Practitioner	Dental	Nursing
September 2006		-0.5	1.4	-5.1	-3.5
September 2008	5.8	3.1	4.6	-2.6	-1.6
Change		3.6	3.2	2.5	2.0

Figure 23a. Participative Decision Making across Occupation Stream Group

	Professional	Technical	Trades	Operational	Administration	Other
September 2006			-16.5	-11.2	0.3	6.1
September 2008	4.8	-13.6	-1.0	-7.1	1.7	5.2
Change			15.4	4.1	1.4	-1.0
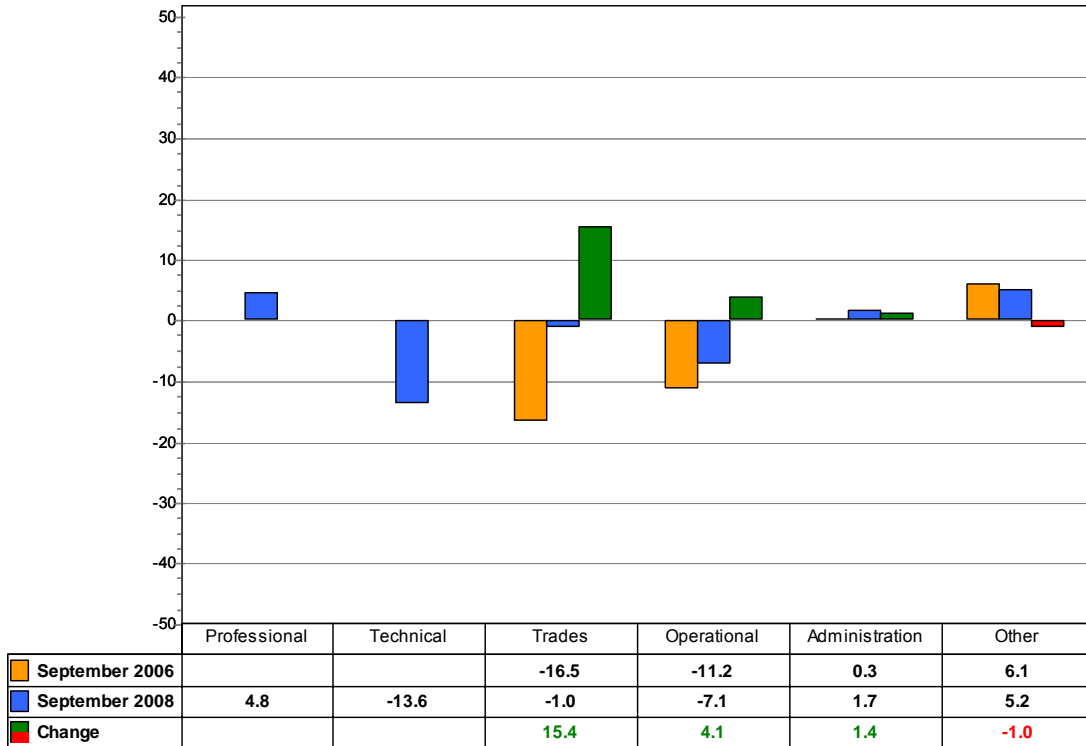
Figure 23b. Participative Decision Making across Occupation Stream Group

	Indigenous Health	Medical	Nursing	Health Practitioner	Dental
September 2006		8.8	4.0	9.4	8.8
September 2008	15.8	12.7	6.1	11.4	5.9
Change		3.9	2.0	2.0	-2.8
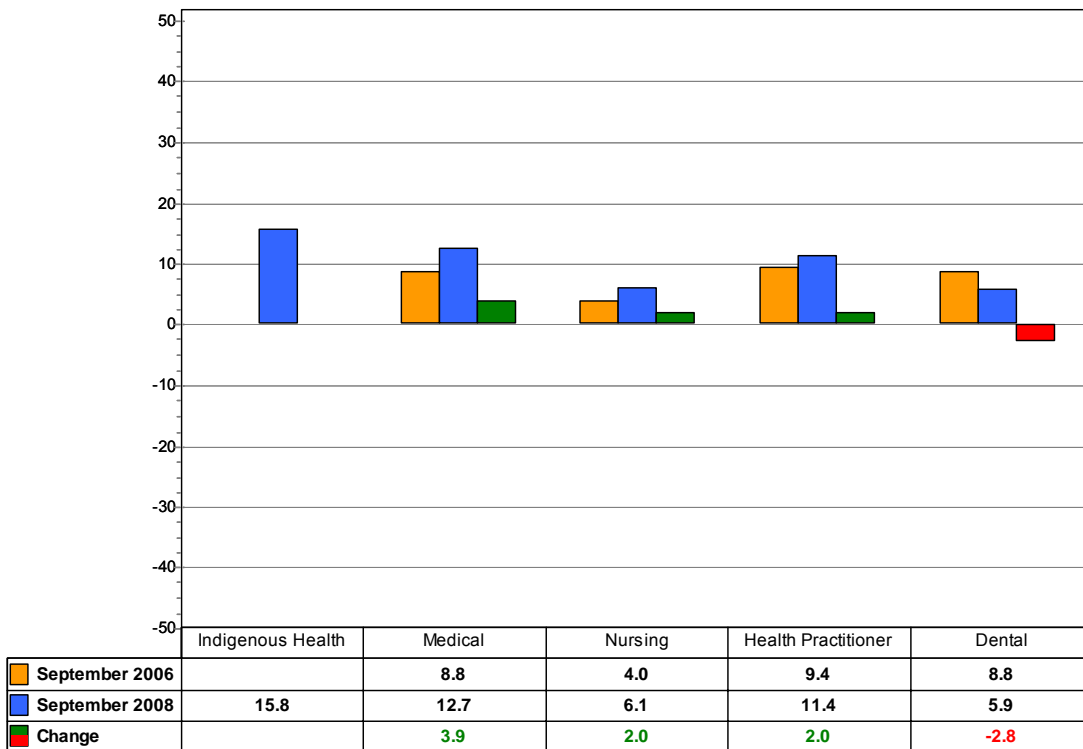
Figure 24a. Supervisor Support across Occupation Stream Group

	Professional	Technical	Trades	Operational	Administration	Other
September 2006			-6.8	-2.6	9.4	15.1
September 2008	10.9	9.6	-0.3	3.5	10.6	14.8
Change			6.5	6.1	1.3	-0.3
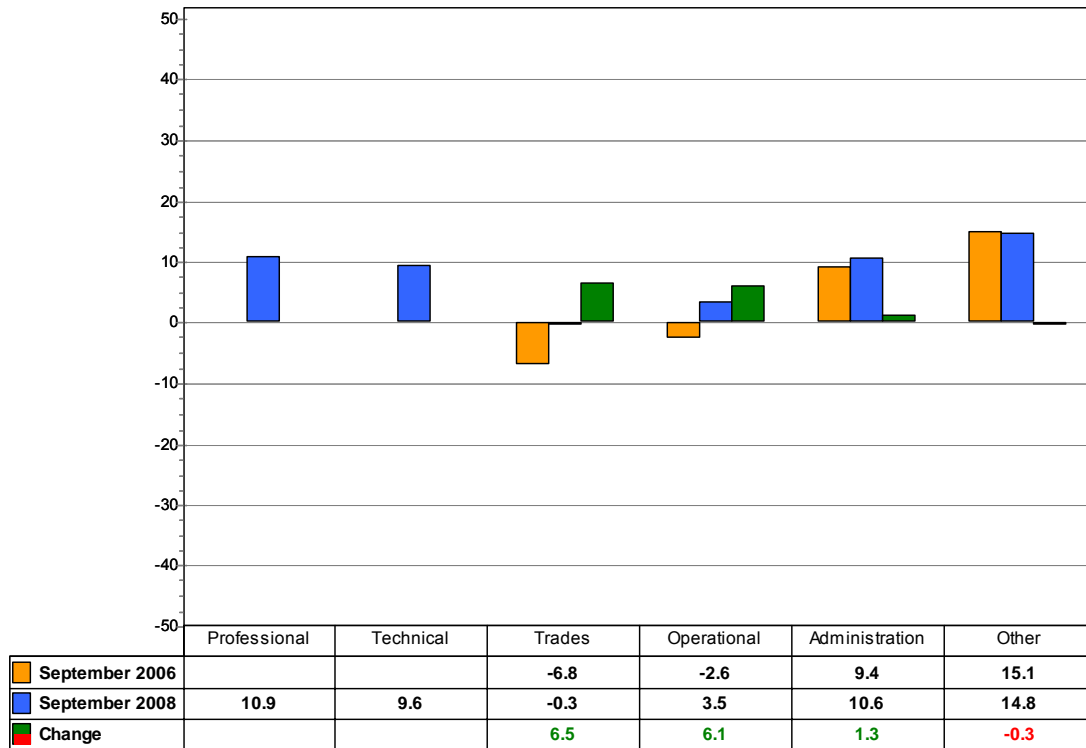
Figure 24b. Supervisor Support across Occupation Stream Group

	Indigenous Health	Dental	Medical	Health Practitioner	Nursing
September 2006		-2.9	-0.7	0.7	0.9
September 2008	14.8	1.9	3.7	2.2	1.6
Change		4.7	4.3	1.5	0.6
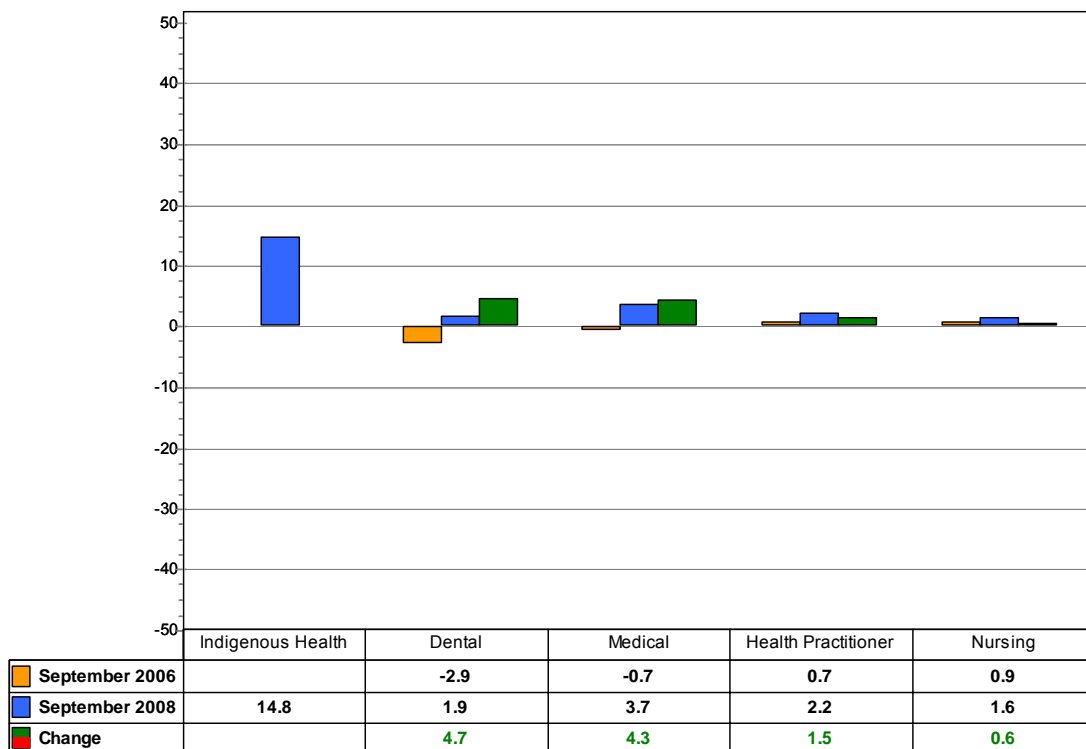
Figure 25a. Appraisal and Recognition across Occupation Stream Group

	Professional	Technical	Trades	Operational	Administration	Other
September 2006			-16.0	-6.1	1.0	11.2
September 2008	1.6	-13.7	-2.2	-2.7	3.2	6.3
Change			13.8	3.5	2.2	-4.9
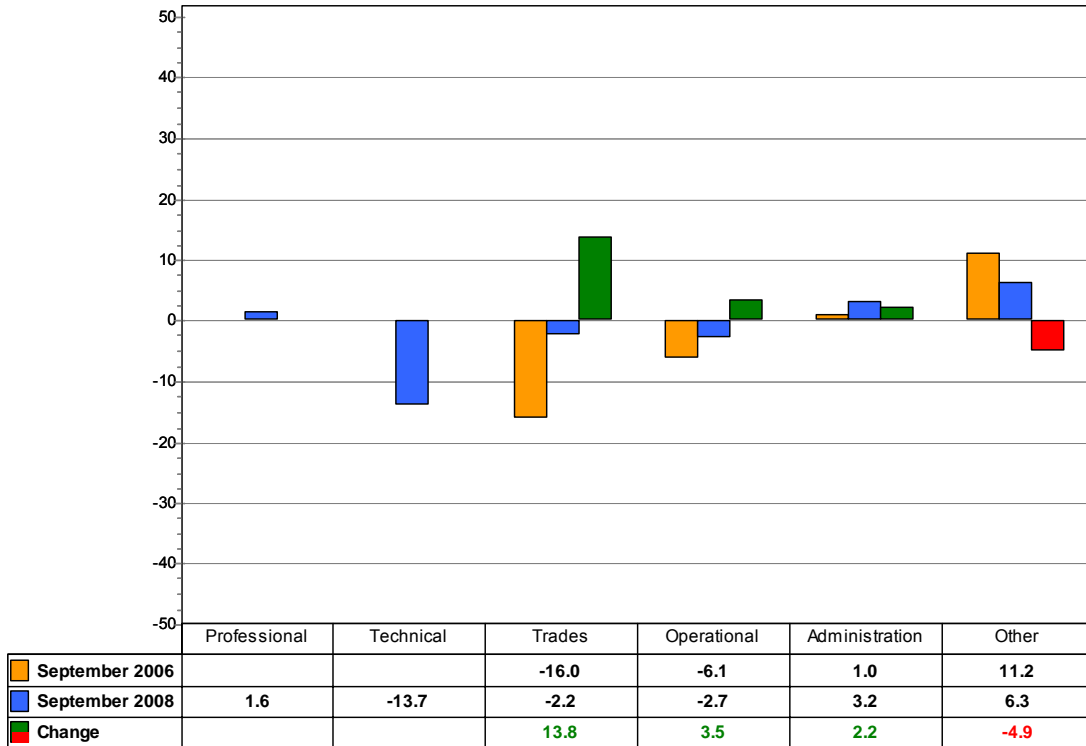
Figure 25b. Appraisal and Recognition across Occupation Stream Group

	Indigenous Health	Medical	Health Practitioner	Nursing	Dental
September 2006		14.7	15.6	12.3	15.4
September 2008	19.3	18.6	18.1	13.4	11.4
Change		3.9	2.4	1.0	-4.0
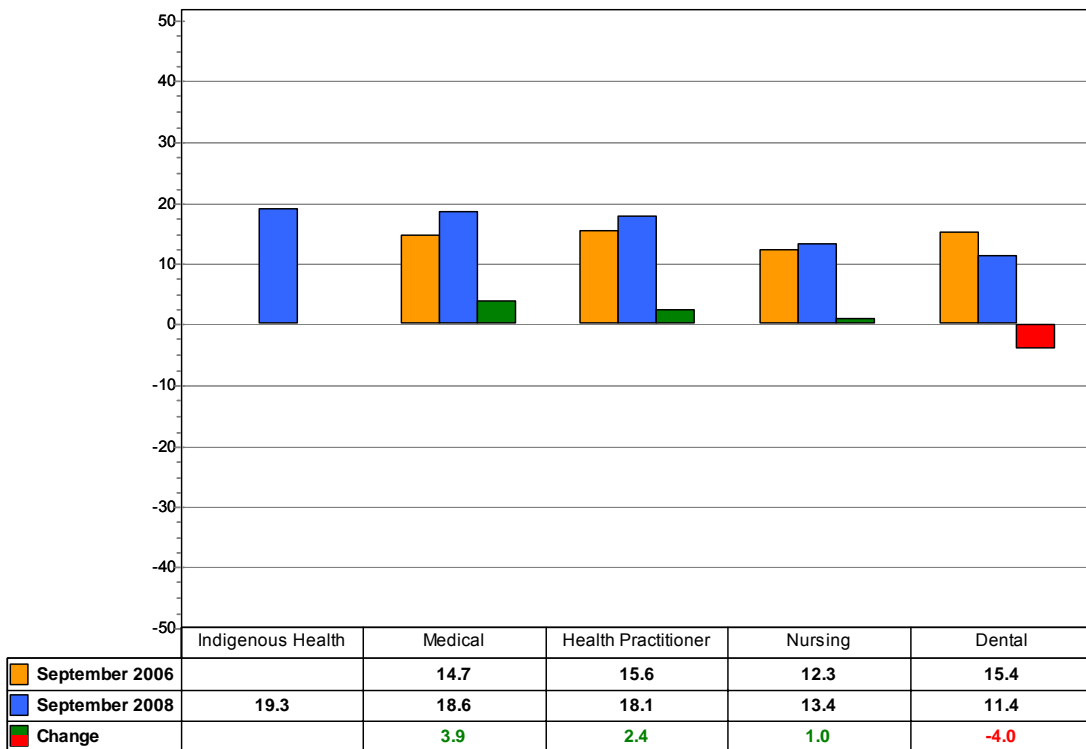
Figure 26a. Peer Support across Occupation Stream Group

	Professional	Technical	Trades	Operational	Other	Administration
September 2006			2.6	7.1	14.8	12.8
September 2008	15.8	4.7	9.5	8.7	16.2	14.2
Change			6.9	1.6	1.5	1.4
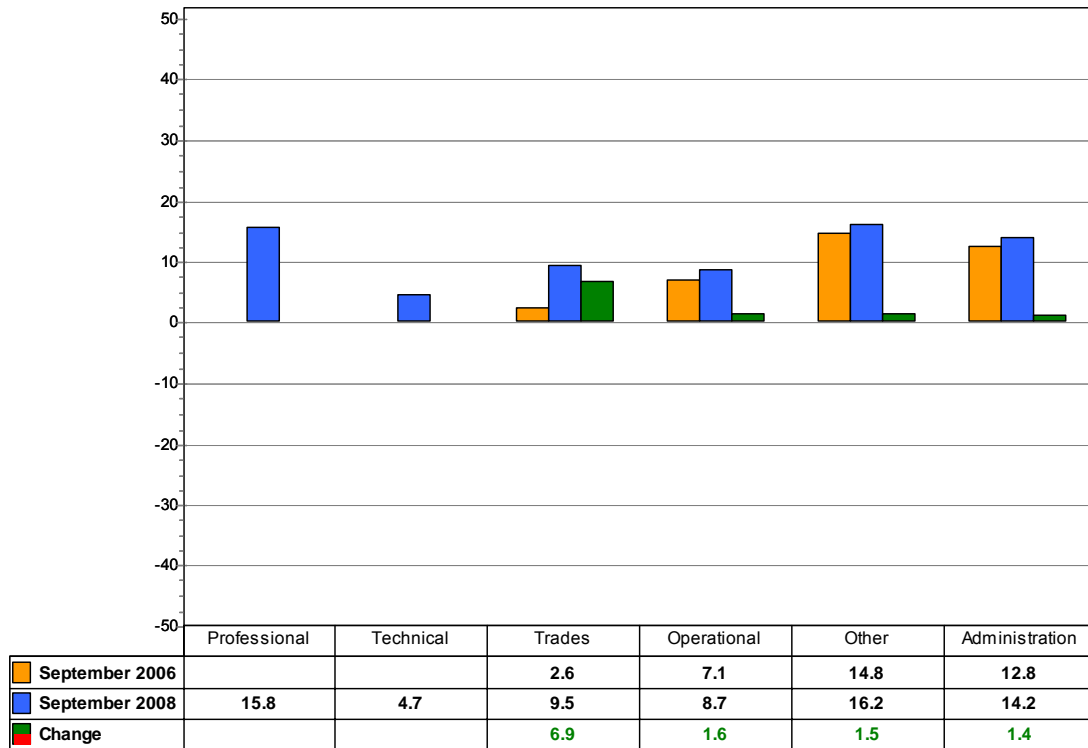
Figure 26b. Peer Support across Occupation Stream Group

	Indigenous Health	Medical	Health Practitioner	Nursing	Dental
September 2006		4.7	3.6	7.9	-0.1
September 2008	-1.0	2.6	1.5	7.5	3.2
Change		2.2	2.1	0.4	-3.3

Figure 27a. Workplace Distress across Occupation Stream Group
(Negative scores are desirable)

	Professional	Technical	Operational	Trades	Administration	Other
September 2006			10.0	13.7	3.4	-6.1
September 2008	5.3	1.1	6.7	11.7	2.3	-4.3
Change			3.3	2.0	1.1	-1.8
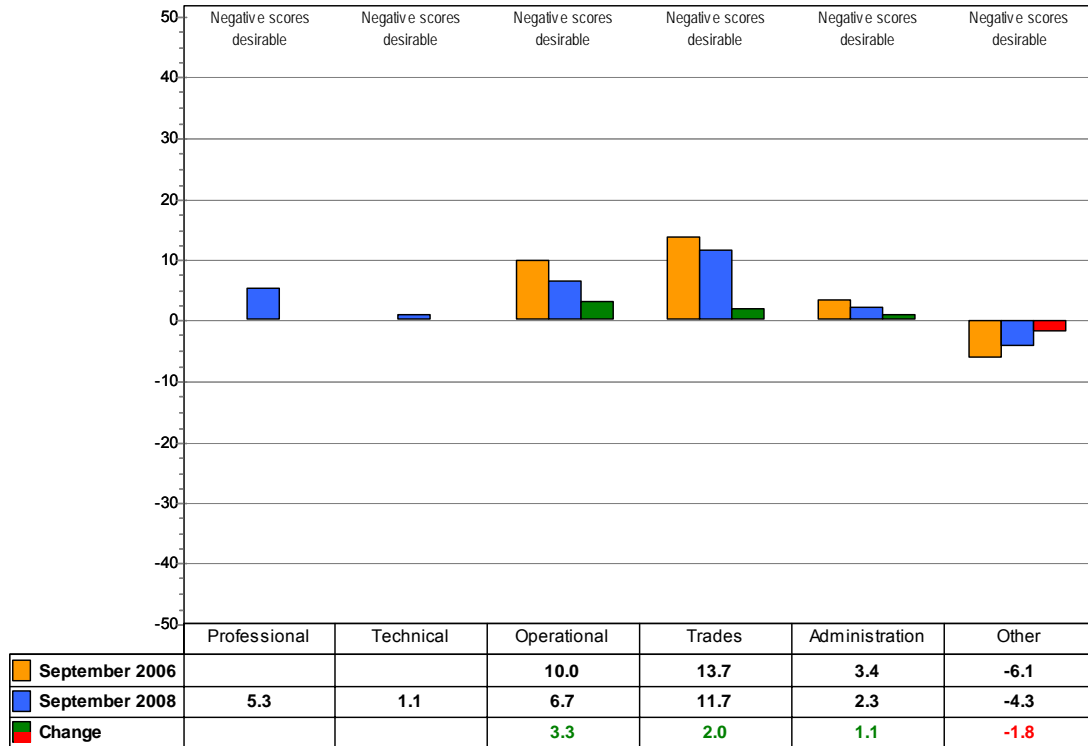
Figure 27b. Workplace Distress across Occupation Stream Group
(Negative scores are desirable)

	Indigenous Health	Medical	Health Practitioner	Nursing	Dental
September 2006		7.1	7.7	6.1	9.4
September 2008	12.1	10.4	10.0	6.4	6.6
Change		3.3	2.3	0.3	-2.8

Figure 28a. Goal Congruence across Occupation Stream Group

	Professional	Technical	Trades	Operational	Administration	Other
September 2006			-7.6	2.6	7.4	12.7
September 2008	8.3	3.6	-4.4	3.7	8.2	11.8
Change			3.2	1.0	0.8	-0.9
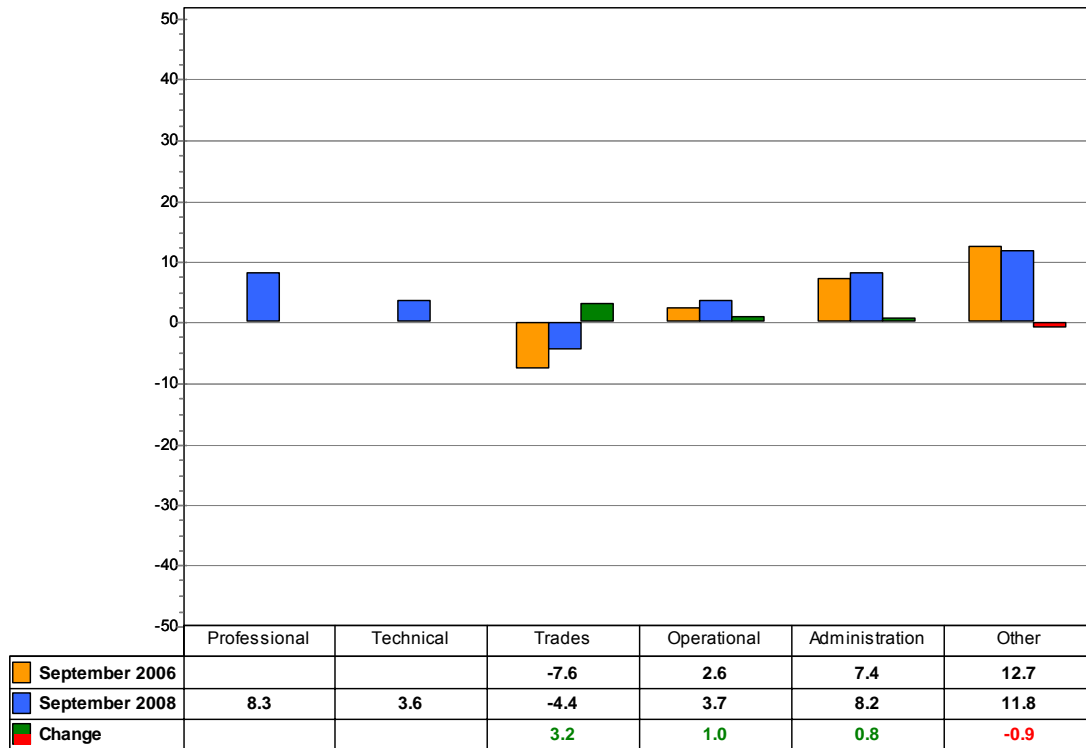
Figure 28b. Goal Congruence across Occupation Stream Group

	Indigenous Health	Medical	Dental	Nursing	Health Practitioner
September 2006		10.1	15.5	12.3	10.2
September 2008	21.0	13.5	16.2	12.7	10.4
Change		3.4	0.7	0.4	0.2

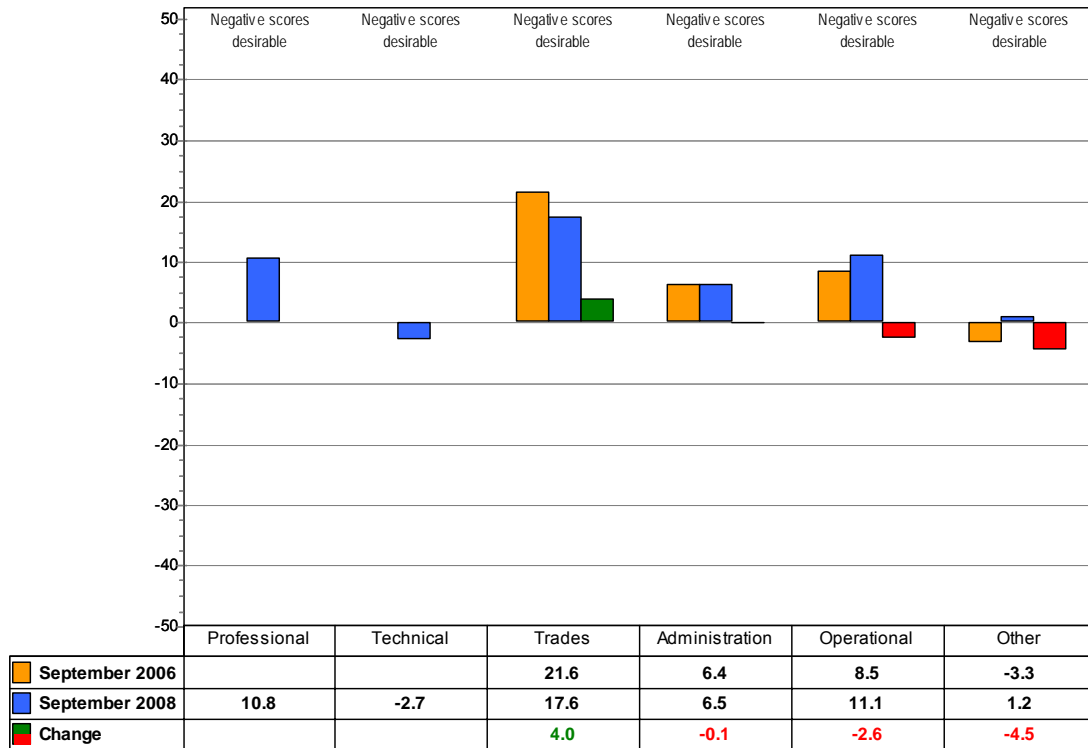**Figure 29a. Role Clarity across Occupation Stream Group**

Figure 29b. Role Clarity across Occupation Stream Group

	Professional	Technical	Administration	Operational	Other	Trades
September 2006			10.3	12.6	18.2	9.5
September 2008	9.6	16.1	10.8	12.6	16.6	4.4
Change			0.5	0.1	-1.7	-5.1

	Indigenous Health	Dental	Medical	Health Practitioner	Nursing
September 2006		7.5	8.5	9.1	10.1
September 2008	4.5	4.9	7.2	9.0	10.6
Change		2.6	1.3	0.1	-0.5

**Figure 30a. Excessive Work Demands across Occupation Stream Group
(Negative scores are desirable)**

	Professional	Technical	Trades	Administration	Operational	Other
September 2006			21.6	6.4	8.5	-3.3
September 2008	10.8	-2.7	17.6	6.5	11.1	1.2
Change			4.0	-0.1	-2.6	-4.5

**Figure 30b. Excessive Work Demands across Occupation Stream Group
(Negative scores are desirable)**

Tables 3a to 3d present the range of Individual Outcome and Organisational Climate measure scores and direction of change across Occupation Streams.

Table 3a. Range of Individual Outcome and Organisational Climate Measure Scores across Occupation Stream

	Indigenous Health	Medical		Health Practitioner	
Quality of Work Life	Commendable	Middling	▲	Middling	▲
Individual Distress	Commendable	Commendable	▲	Commendable	▲
Individual Morale	Commendable	Middling	▲	Middling	▲
Workplace Morale	Commendable	Commendable	▲	Commendable	▲
Professional Growth	Commendable	Middling	▲	Middling	▲
Participative Decision Making	Middling	Middling	▲	Middling	▲
Supervisor Support	Commendable	Commendable	▲	Commendable	▲
Appraisal and Recognition	Commendable	Middling	▲	Middling	▲
Peer Support	Commendable	Commendable	▲	Commendable	▲
Workplace Distress	Middling	Middling	▲	Middling	▲
Goal Congruence	Commendable	Commendable	▲	Commendable	▲
Role Clarity	Commendable	Commendable	▲	Commendable	▲
Excessive Work Demands	Middling	Middling	▲	Challenging	▲

Table 3b. Range of Individual Outcome and Organisational Climate Measure Scores across Occupation Stream

	Dental		Nursing		Professional
Quality of Work Life	Middling	▼	Middling	▲	Middling
Individual Distress	Commendable	▼	Commendable	▲	Commendable
Individual Morale	Middling	▼	Middling	▼	Middling
Workplace Morale	Middling	▼	Middling	▲	Middling
Professional Growth	Middling	▲	Middling	▲	Middling
Participative Decision Making	Middling	▲	Middling	▲	Middling
Supervisor Support	Middling	▼	Middling	▲	Commendable
Appraisal and Recognition	Middling	▲	Middling	▲	Middling
Peer Support	Commendable	▼	Commendable	▲	Commendable
Workplace Distress	Middling	▼	Middling	▲	Middling
Goal Congruence	Middling	▼	Middling	▲	Middling
Role Clarity	Commendable	▲	Commendable	▲	Commendable
Excessive Work Demands	Middling	▲	Challenging	▼	Challenging

Note: ▲ Desirable Positive Change
▼ Undesirable Negative Change

Table 3c. Range of Individual Outcome and Organisational Climate Measure Scores across Occupation Stream

	Technical	Trades		Administration	
Quality of Work Life	Middling	Middling	▲	Middling	▲
Individual Distress	Commendable	Commendable	▼	Commendable	▲
Individual Morale	Middling	Middling	▲	Middling	▼
Workplace Morale	Middling	Middling	▲	Middling	▲
Professional Growth	Challenging	Challenging	▲	Middling	▲
Participative Decision Making	Challenging	Middling	▲	Middling	▲
Supervisor Support	Commendable	Middling	▲	Commendable	▲
Appraisal and Recognition	Challenging	Middling	▲	Middling	▲
Peer Support	Middling	Commendable	▲	Commendable	▲
Workplace Distress	Middling	Commendable	▲	Middling	▲
Goal Congruence	Middling	Middling	▲	Middling	▲
Role Clarity	Commendable	Middling	▼	Commendable	▲
Excessive Work Demands	Middling	Challenging	▲	Middling	▼

Table 3d. Range of Individual Outcome and Organisational Climate Measure Scores across Occupation Stream

	Operational		Other	
Quality of Work Life	Middling	▲	Commendable	▲
Individual Distress	Commendable	▲	Commendable	▼
Individual Morale	Middling	▼	Commendable	▼
Workplace Morale	Middling	▲	Commendable	▲
Professional Growth	Middling	▲	Middling	▼
Participative Decision Making	Middling	▲	Middling	▼
Supervisor Support	Middling	▲	Commendable	▼
Appraisal and Recognition	Middling	▲	Middling	▼
Peer Support	Middling	▲	Commendable	▲
Workplace Distress	Middling	▲	Middling	▼
Goal Congruence	Middling	▲	Commendable	▼
Role Clarity	Commendable	▲	Commendable	▼
Excessive Work Demands	Challenging	▼	Middling	▼

Note: ▲ Desirable Positive Change
▼ Undesirable Negative Change

Section B: Measures specific to Queensland Health including Trust in Leadership, Organisational Management Practices, Employee Engagement, and Item-Response Frequencies.

Some measures included in the "Better Workplaces" Staff Opinion Survey applied to all respondents, while some measures were designed to target specific work groups.

New measures that applied to all respondents for the 2008 survey included:

- Employee Engagement
- Harmful Behaviours - Items relating to the sources, frequency, and effect

Results from measures are based on MO-Index scores, while results of item-response frequencies are based on average percentage or number of response scores.

Measures that apply to all respondents (**N = 6 225**) are:

- Trust in Leadership – Immediate Supervisor
- Trust in Leadership – Senior Manager
- Trust in Leadership – District Executive
- Workplace Health and Safety
- Work Area Management Practices
- Employee Engagement

Some measures target a specific group of respondents. Table 4 presents these subgroups and the related measures.

Table 4. Subgroups and Related Measures

Subgroup	N	Measures
Respondents who manage others	1 502 (24.1%)	Support for Managing Others
Respondents who work in a clinical environment	3 319 (53.3%)	Clinical Communication
		Clinical Management Practices
		Multidisciplinary Team Support for Patient Care

Trust in Leadership Measures

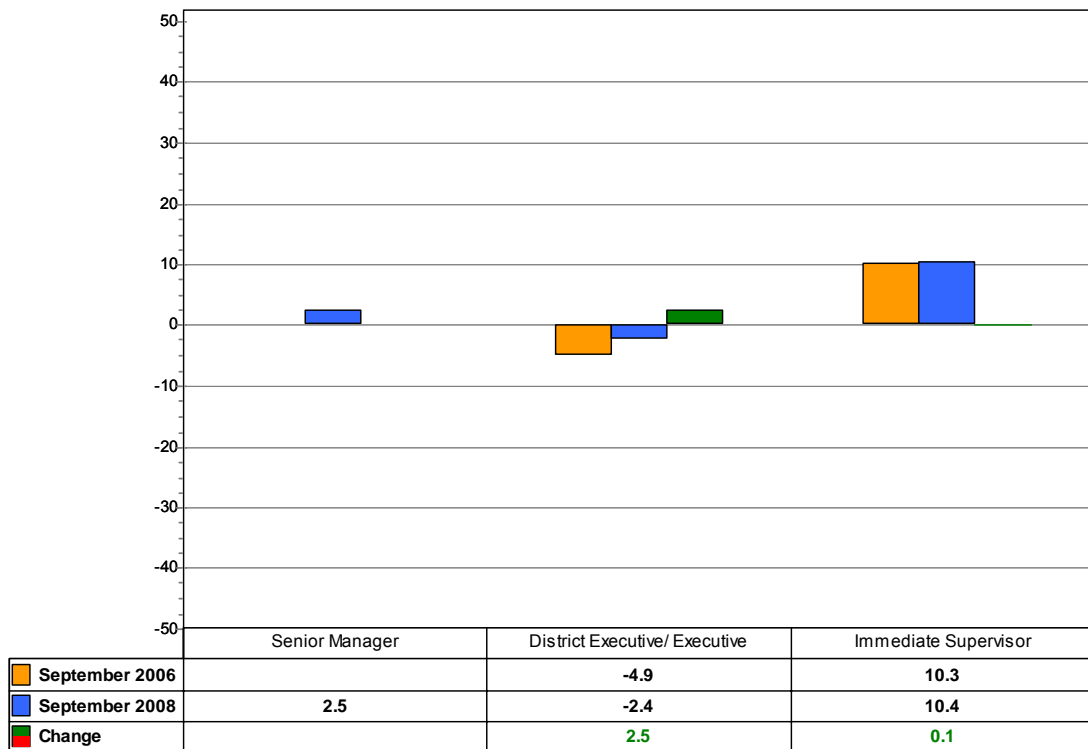|	Senior Manager	District Executive/ Executive	Immediate Supervisor
September 2006		-4.9	10.3
September 2008	2.5	-2.4	10.4
Change		2.5	0.1

Figure 31. Results of Trust in Leadership Measures

Note: *All measures with comparison data recorded desirable positive change.*

Commendable Outcome from September 2008
1.   Trust in Leadership-Immediate Supervisor

Middling Outcomes from September 2008
1.   Trust in Leadership-Senior Manager
2.   Trust in Leadership-Executive - *Measure remained an undesirable negative score*

Trust in Leadership–Senior Manager

	Makes fair decisions	Regularly communicates with staff	Builds a culture of openness and trust	Genuinely listens and is responsive	Does what he/ she says he/ she is going to do	Sets clear vision and direction for the future	Senior Manager measures
September 2008	2.1	2.1	0.8	3.3	3.6	2.9	2.5
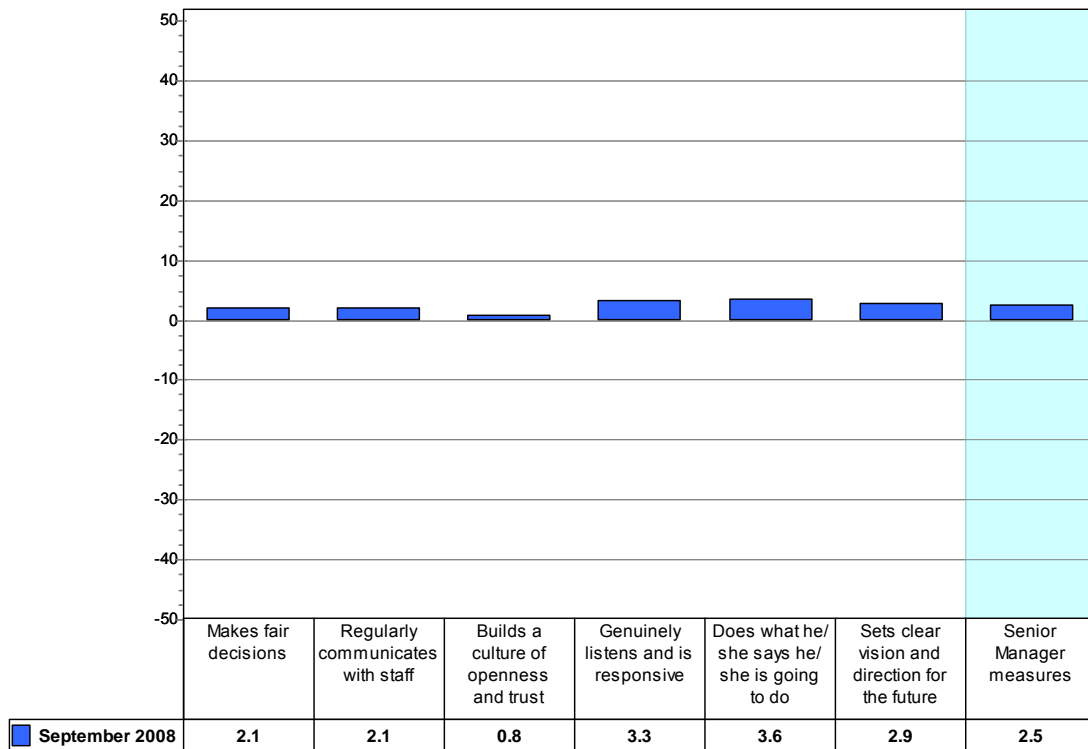
Figure 32. Results of Trust in Leadership-Senior Manager Measure

Middling Outcomes from September 2008
1. "Senior Manager does what they say they are going to do"
2. "Senior Manager genuinely listens and is responsive to issues raised by staff"
3. "Senior Manager sets a clear vision and direction for the future"
4. "Senior Manager makes fair, transparent and consistent decisions"
5. "Senior Manager regularly communicates with staff"
6. "Senior Manager builds a culture of openness and trust"
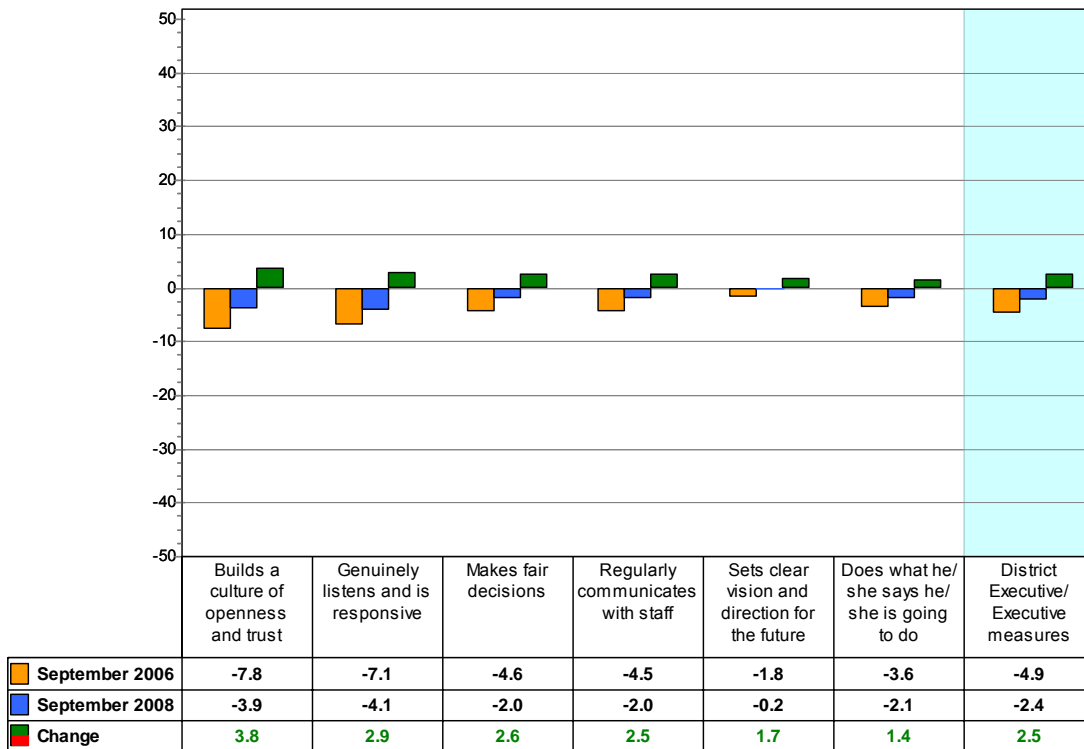
Trust in Leadership–Executive

	Builds a culture of openness and trust	Genuinely listens and is responsive	Makes fair decisions	Regularly communicates with staff	Sets clear vision and direction for the future	Does what he/ she says he/ she is going to do	District Executive/ Executive measures
September 2006	-7.8	-7.1	-4.6	-4.5	-1.8	-3.6	-4.9
September 2008	-3.9	-4.1	-2.0	-2.0	-0.2	-2.1	-2.4
Change	3.8	2.9	2.6	2.5	1.7	1.4	2.5

Figure 33. Results of Trust in Leadership-Executive Measure

Note: *All items remained undesirable negative scores but recorded desirable positive change.*

Middling Outcomes from September 2008
1. "District/Division Executive sets a clear vision and direction for the future"
2. "District/Division Executive makes fair, transparent and consistent decisions"
3. "District/Division Executive regularly communicates with staff"
4. "District/Division Executive does what they say they are going to do"
5. "District/Division Executive builds a culture of openness and trust"
6. "District/Division Executive genuinely listens and is responsive to issues raised by staff"

Biggest Contribution to Positive Change
1. "District/Division Executive builds a culture of openness and trust"

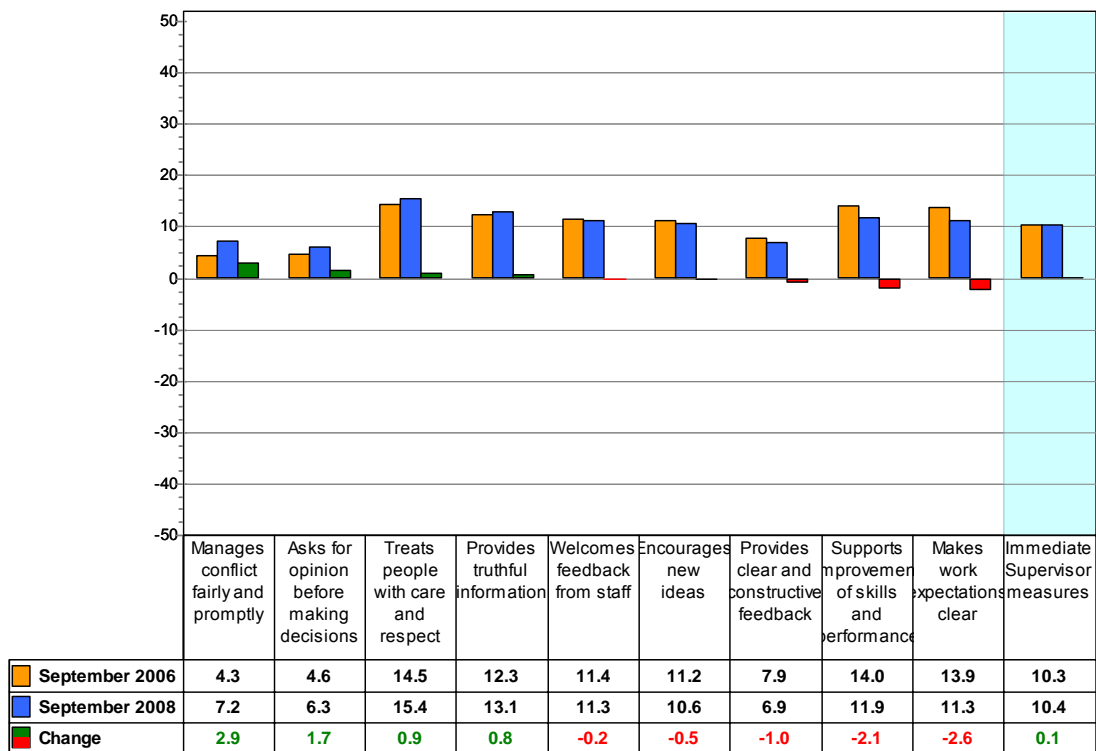**Trust in Leadership–Immediate Supervisor**

	Manages conflict fairly and promptly	Asks for opinion before making decisions	Treats people with care and respect	Provides truthful information	Welcomes feedback from staff	Encourages new ideas	Provides clear and constructive feedback	Supports improvement of skills and performance	Makes work expectations clear	Immediate Supervisor measures
September 2006	4.3	4.6	14.5	12.3	11.4	11.2	7.9	14.0	13.9	10.3
September 2008	7.2	6.3	15.4	13.1	11.3	10.6	6.9	11.9	11.3	10.4
Change	2.9	1.7	0.9	0.8	-0.2	-0.5	-1.0	-2.1	-2.6	0.1

Figure 34. Results of Trust in Leadership-Immediate Supervisor Measure

Commendable Outcomes from September 2008
1. "My supervisor treats people with care and respect"
2. "My supervisor provides me with truthful and honest information"

Note: *Items numbered 3 to 6 below recorded undesirable negative change*
3. "My supervisor supports me to improve my skills and performance"
4. "My supervisor welcomes feedback from staff"
5. "My supervisor makes work expectations clear"
6. "My supervisor encourages me to raise new ideas and find improved ways of doing my job"

Middling Outcomes from September 2008
1. "My supervisor manages conflict fairly and promptly"
2. "My supervisor provides clear and constructive feedback" – *Item recorded undesirable negative change*
3. "My supervisor asks for my opinion before making decisions that affect my work"

Biggest Contributions to Positive Change
1. "My supervisor manages conflict fairly and promptly"
2. "My supervisor asks for my opinion before making decisions that affect my work"

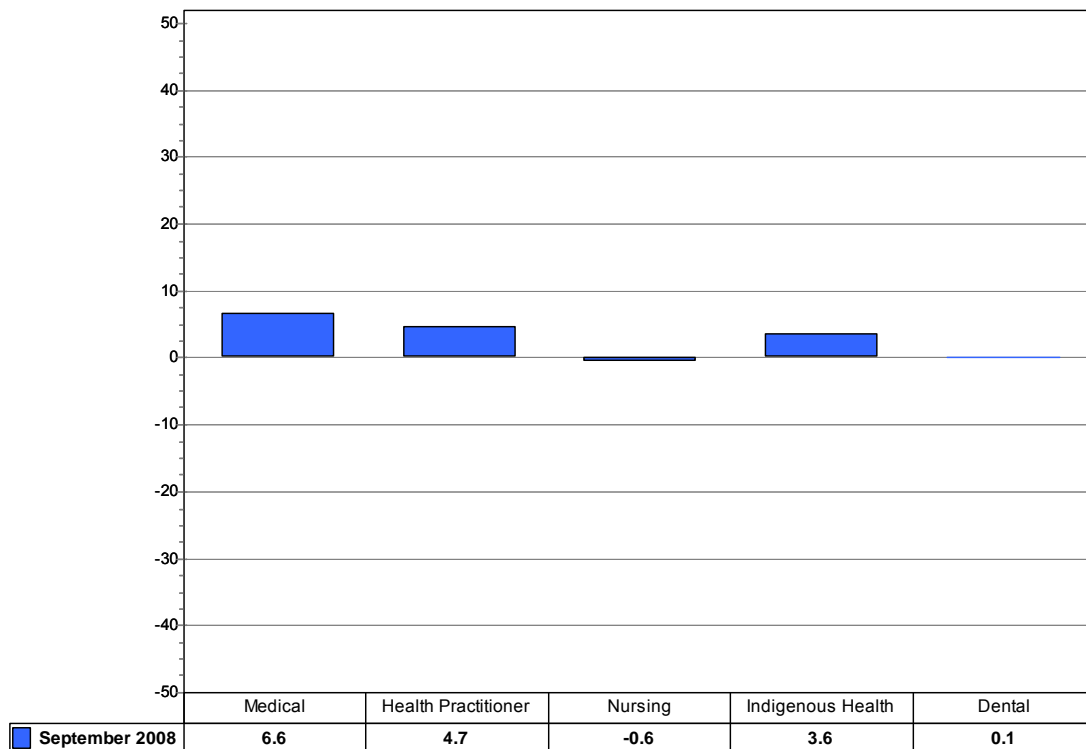**Trust in Leadership Measures across Occupational Stream Group**

	Medical	Health Practitioner	Nursing	Indigenous Health	Dental
September 2008	6.6	4.7	-0.6	3.6	0.1

Figure 35a. Results of Trust in Leadership-Senior Manager

	Administration	Operational	Professional	Technical	Trades	Other
September 2008	5.7	-3.5	5.6	-14.7	-2.5	3.3
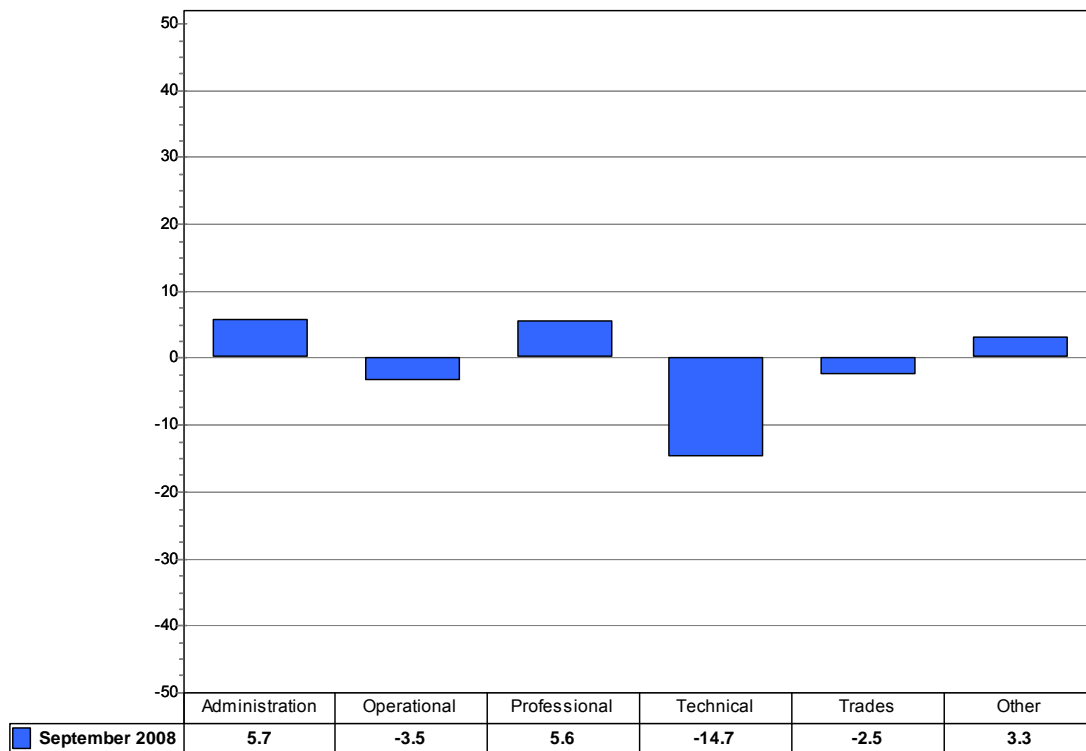
Figure 35b. Results of Trust in Leadership-Senior Manager

"better workplaces"
Queensland Health

	Indigenous Health	Dental	Medical	Nursing	Health Practitioner
September 2006		-7.4	-5.3	-7.8	-4.4
September 2008	-1.4	-3.6	-1.8	-5.3	-2.5
Change		3.8	3.5	2.5	1.9

Figure 36a. Results of Trust in Leadership- Executive

	Professional	Technical	Trades	Administration	Operational	Other
September 2006			-13.5	0.4	-6.5	3.5
September 2008	-1.8	-16.8	1.0	1.4	-6.2	-1.1
Change			14.5	1.0	0.3	-4.6
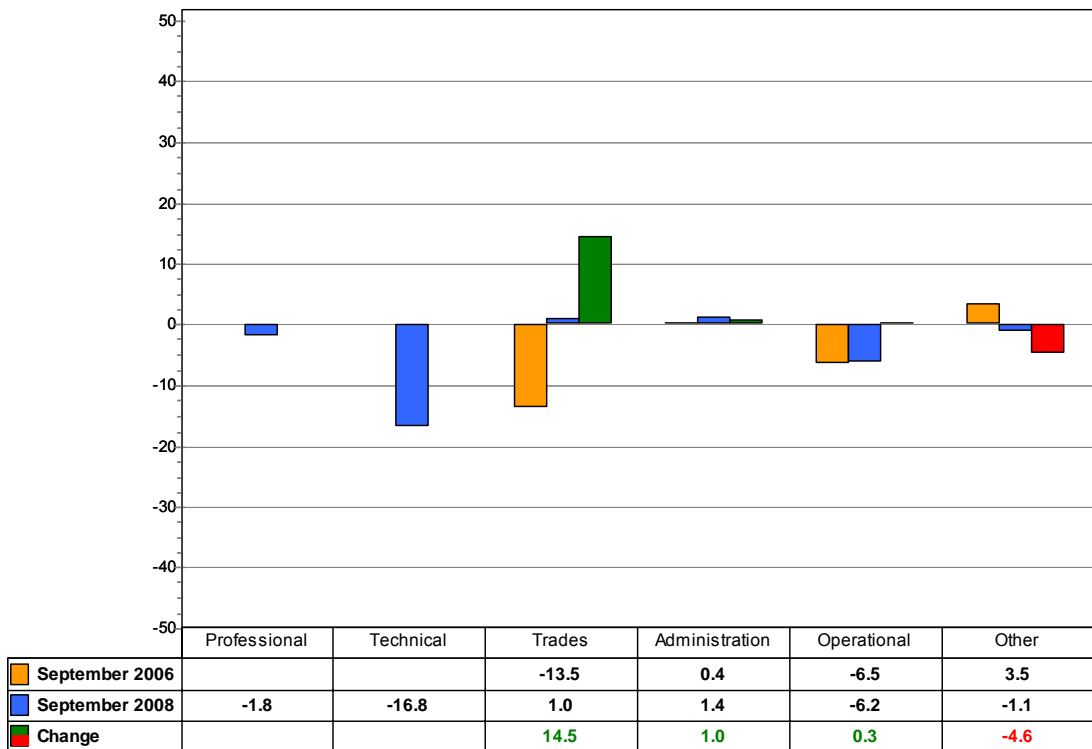
Figure 36b. Results of Trust in Leadership- Executive

Community and Organisational Research Unit
University of Southern Queensland

	Indigenous Health	Medical	Dental	Health Practitioner	Nursing
September 2006		11.5	10.1	13.0	9.8
September 2008	20.0	12.5	9.9	12.8	8.7
Change		1.0	-0.2	-0.2	-1.1

Figure 37a. Results of Trust in Leadership-Immediate Supervisor

	Professional	Technical	Trades	Operational	Administration	Other
September 2006			-4.4	0.0	13.7	18.5
September 2008	11.9	7.3	7.0	4.1	12.3	16.5
Change			11.4	4.1	-1.4	-2.1
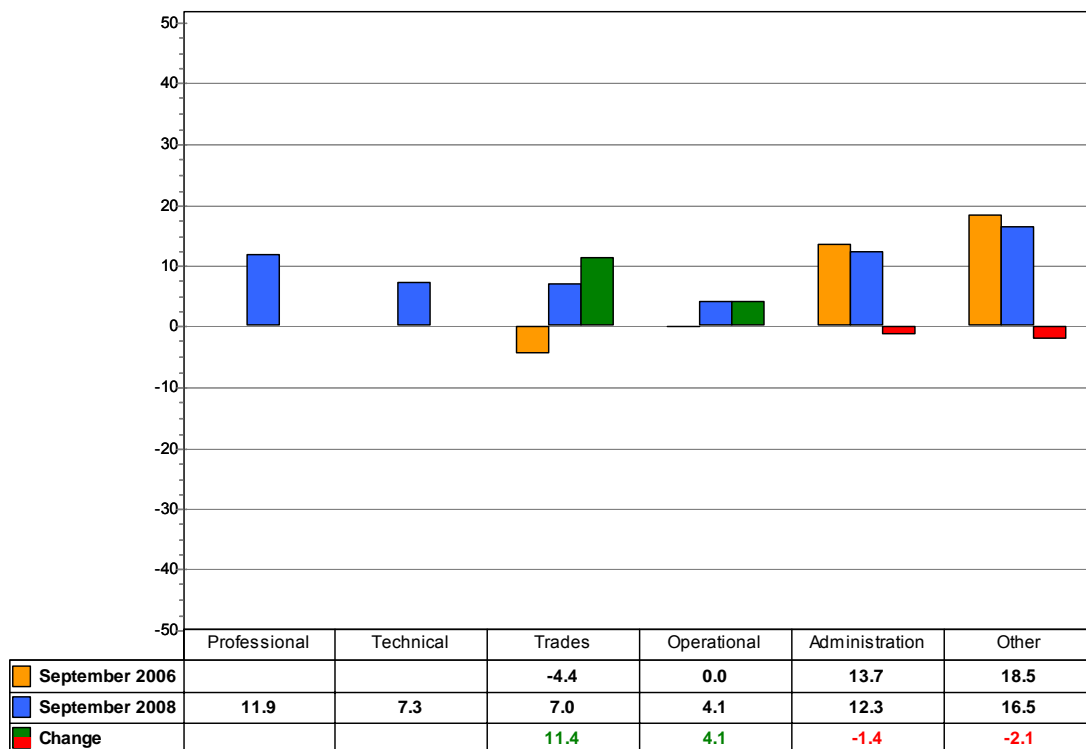
Figure 37b. Results of Trust in Leadership-Immediate Supervisor

Table 5. Range of Trust in Leadership Measure Scores across Occupational Stream Groups

	Trust in Leadership Senior Manager	Trust in Leadership Executive		Trust in Leadership Immediate Supervisor	
Indigenous Health	Middling	Middling		Commendable	
Medical	Middling	Middling	▲	Commendable	▲
Health Practitioner	Middling	Middling	▲	Commendable	▼
Dental	Middling	Middling	▲	Commendable	▼
Nursing	Middling	Middling	▲	Middling	▼
Professional	Middling	Middling		Commendable	
Technical	Challenging	Challenging		Middling	
Trades	Middling	Middling	▲	Middling	▲
Administration	Middling	Middling	▲	Commendable	▼
Operational	Middling	Middling	▲	Middling	▲
Other	Middling	Middling	▼	Commendable	▼

Note: ▲ Desirable Positive Change
▼ Undesirable Negative Change

Organisational Management Practices Measures

	Work Area Management Practices	Workplace Health & Safety	Support for Managing Others
September 2006	2.6	17.1	8.6
September 2008	4.9	19.0	9.5
Change	2.4	1.9	0.9
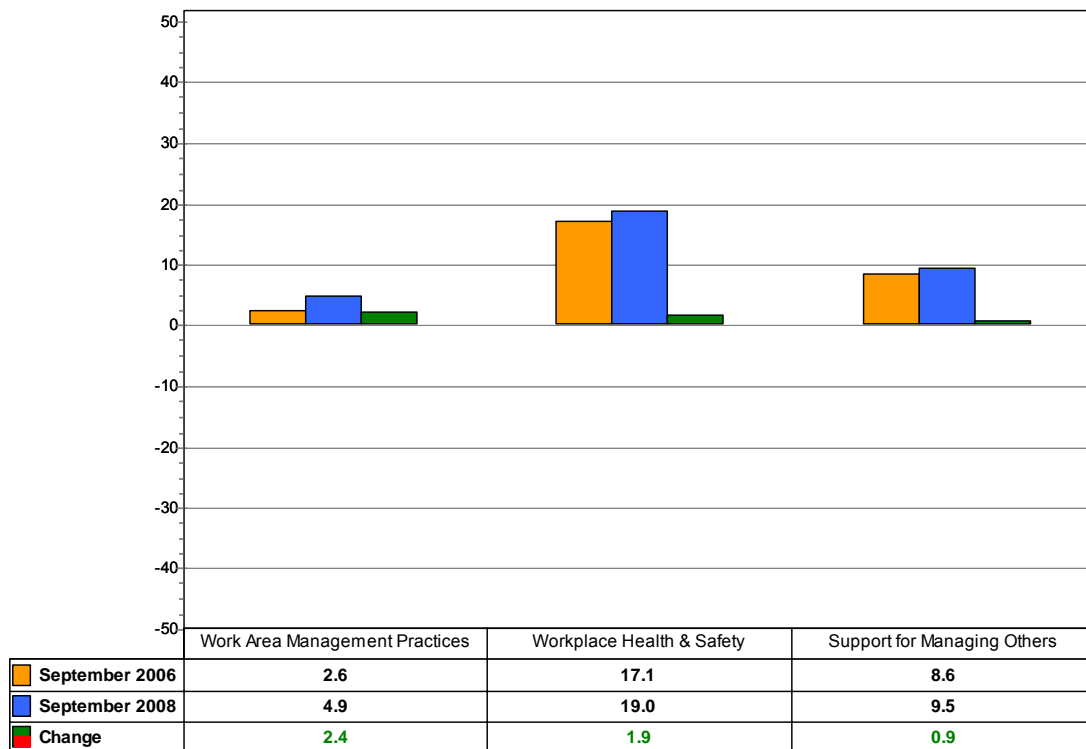
Figure 38. Results of Organisational Management Practice Measures

Note: *All measures recorded desirable positive change*

Commendable Outcomes from September 2008
1. Workplace Health and Safety
2. Support for Managing Others

Middling Outcome from September 2008
1. Work Area Management Practices

Work Area Management Practices Measure

	Problems managed timely	Poor performance appropriately managed	Receive required training	Right equipment provided	Mistakes treated fairly	Work allocated fairly	Transparent recruitment practices	Clear guidelines for work	Structures to improve work practices	Work Area Management Practices measures
September 2006	-3.5	-8.8	4.3	5.2	6.9	1.8	2.4	10.4	4.3	2.6
September 2008	2.4	-3.5	8.1	8.0	9.3	3.4	3.4	10.8	2.8	4.9
Change	5.8	5.3	3.8	2.8	2.4	1.6	1.0	0.4	-1.5	2.4

Figure 39. Results of Work Area Management Practices Measure

Commendable Outcomes from September 2008
Note: *The following two items recorded desirable positive change*
1. "There are clear guidelines and policies for how we work"
2. "Staff are treated fairly when mistakes are made"

Middling Outcomes from September 2008
    Note: *Items numbered 1 to 4 below recorded desirable positive change*
1. "Staff receive the training that they need to do their work"
2. "Staff are provided with the right equipment to complete their work"
3. "Work is allocated fairly"
4. "Recruitment and selection practices are transparent and fair"
5. "There are structures and routines which encourage staff, collectively, to evaluate and improve their work practices" – *Item recorded undesirable negative change*
    Note: *The following two items recorded desirable positive change*
6. "Problems are managed in a timely and appropriate manner" – *Item improved to a desirable positive score*
7. "Poor performance is appropriately managed" – *Item remained an undesirable negative score*

Biggest Contributions to Positive Change
1. "Problems are managed in a timely and appropriate manner"
2. "Poor performance is appropriately managed"

Note: *Although recording the greatest change, these items recorded the lowest scores of all the items*

Workplace Health and Safety Measure

	Work physically safe	Always released for WH&S training	Commitment to staff	Confidential access to counselling service	Staff encouraged to report	Workplace Health & Safety measures
September 2006	19.0	14.0	14.8	16.8	22.0	17.1
September 2008	21.8	16.6	16.5	17.9	22.6	19.0
Change	2.8	2.7	1.7	1.1	0.5	1.9
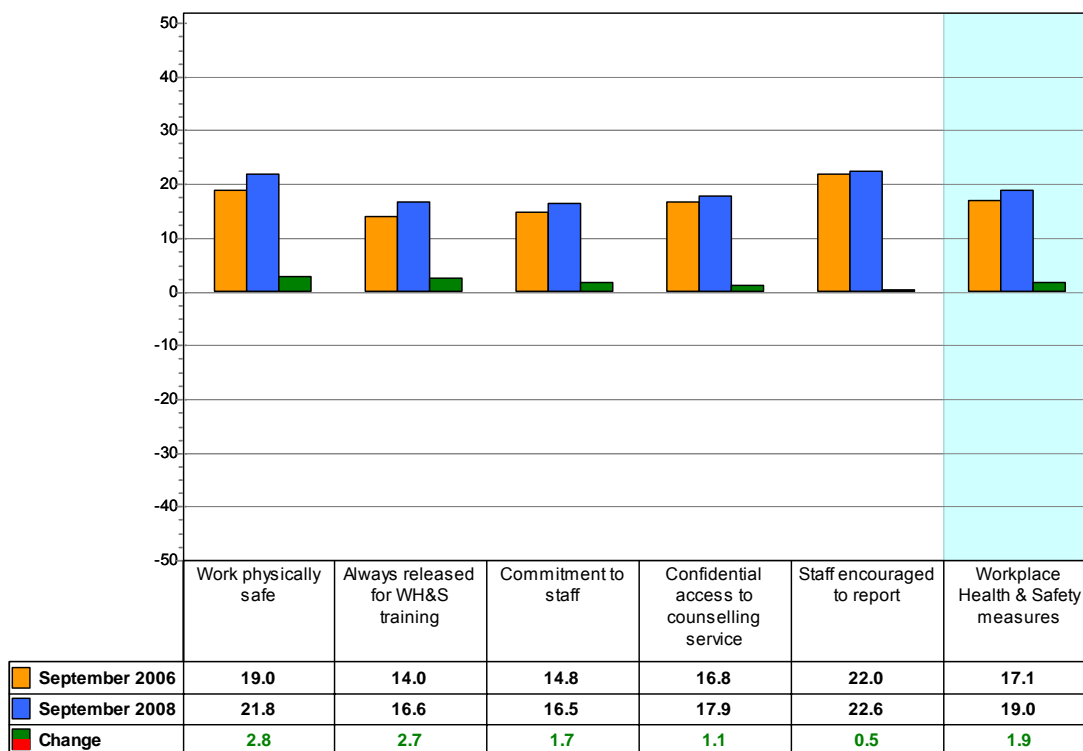
Figure 40. Results of Workplace Health and Safety Measure

Note: *All items recorded desirable positive change.*

Commendable Outcomes from September 2008
1. "Staff are encouraged to always report hazards, incidents and 'near misses'"
2. "My work is physically safe for me"
3. "I have access to a confidential counselling service (Employee Assistance Scheme – EAS) when required"
4. "I am always released for mandatory Workplace Health and Safety training"
5. "There is genuine commitment by management to staff safety in my work area"

Biggest Contributions to Positive Change
1. "My work is physically safe for me"
2. "I am always released for mandatory Workplace Health and Safety training"

Support for Managing Others Measure

	Supported by supervisor to manage poor performance	Supported by HR to manage poor performance	Appropriate skills for managing	Adequate time and resources	Support for Managing Others measures
September 2006	9.6	1.8	18.8	4.8	8.6
September 2008	13.2	5.0	19.7	1.3	9.5
Change	3.5	3.1	0.9	-3.5	0.9
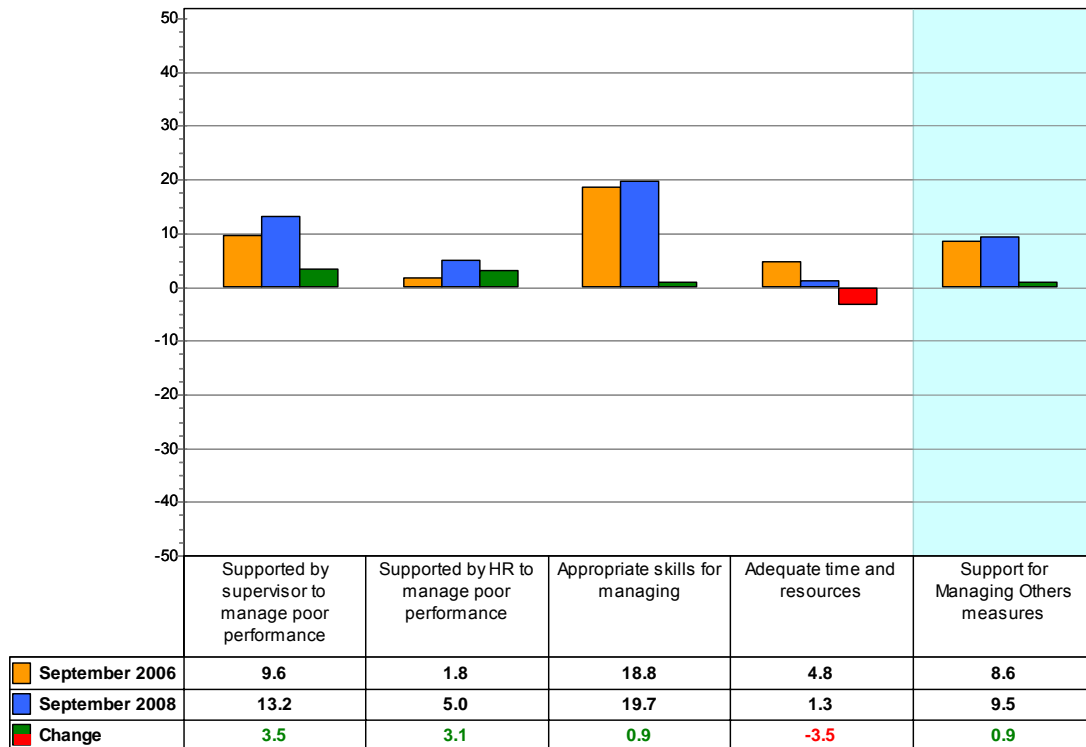
Figure 41. Results of Support for Managing Others Measure

Commendable Outcomes from September 2008
Note: *The following two items recorded desirable positive change*
1. "I am confident that I have appropriate skills for managing staff performance"
2. "I am supported by my supervisor/line manager to manage poor performance"

Middling Outcomes from September 2008
1. "I am supported by Human Resources (HR) to manage poor performance" – *Item recorded desirable positive change*
2. "I have adequate time and resources to manage my staff" - *Item recorded undesirable negative change*

Biggest Contributions to Positive Change
1. "I am supported by my supervisor/line manager to manage poor performance"
"I am supported by Human Resources (HR) to manage poor performance"

Figures 42a and 42b show that across Occupational streams, respondents from Medical, Trades, Other, and Operational streams who supervise or manage others are reporting higher scores for Support for Managing Others than their counterparts in September 2006.

	Indigenous Health	Medical	Nursing	Health Practitioner	Dental
September 2006		5.0	8.2	6.7	11.8
September 2008	23.9	6.5	7.5	5.2	6.6
Change		1.5	-0.7	-1.6	-5.2
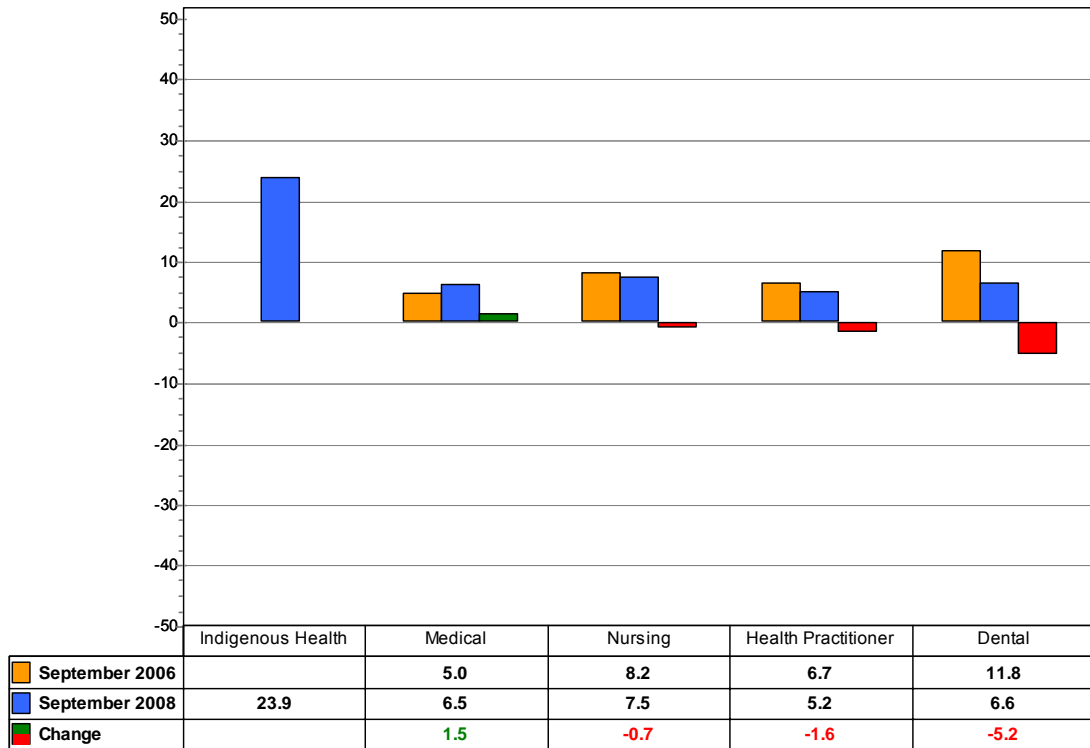
**Figure 42a. Results of Support for Managing Others
(by occupational stream groups)**

	Professional	Technical	Trades	Other	Operational	Administration
September 2006			-5.5	12.4	8.9	13.6
September 2008	7.1	0.0	9.2	14.9	9.8	13.3
Change			14.7	2.5	0.9	-0.4
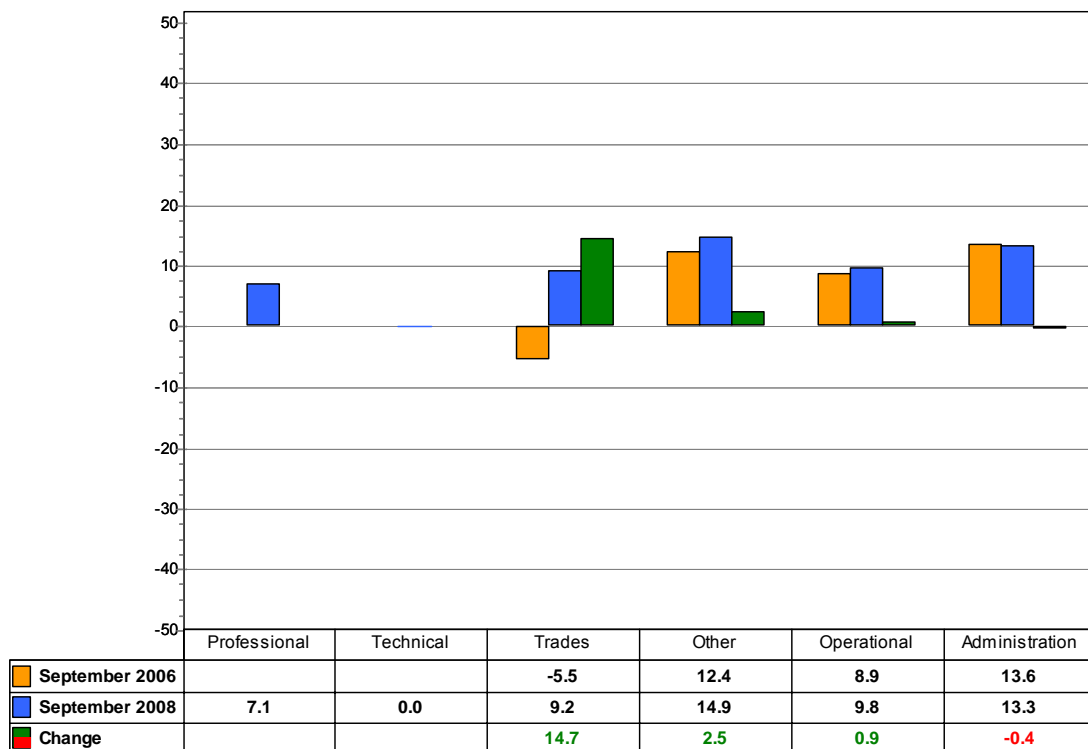
**Figure 42b. Results of Support for Managing Others
(by occupation stream groups)**

Employee Engagement Measure

	Speak highly of HSD	Happy for friends to use HSD services	HSD inspires job performance	Help others in org	Do things outside job for HSD	Engagement measures
September 2008	8.5	13.6	2.9	31.4	9.2	12.4
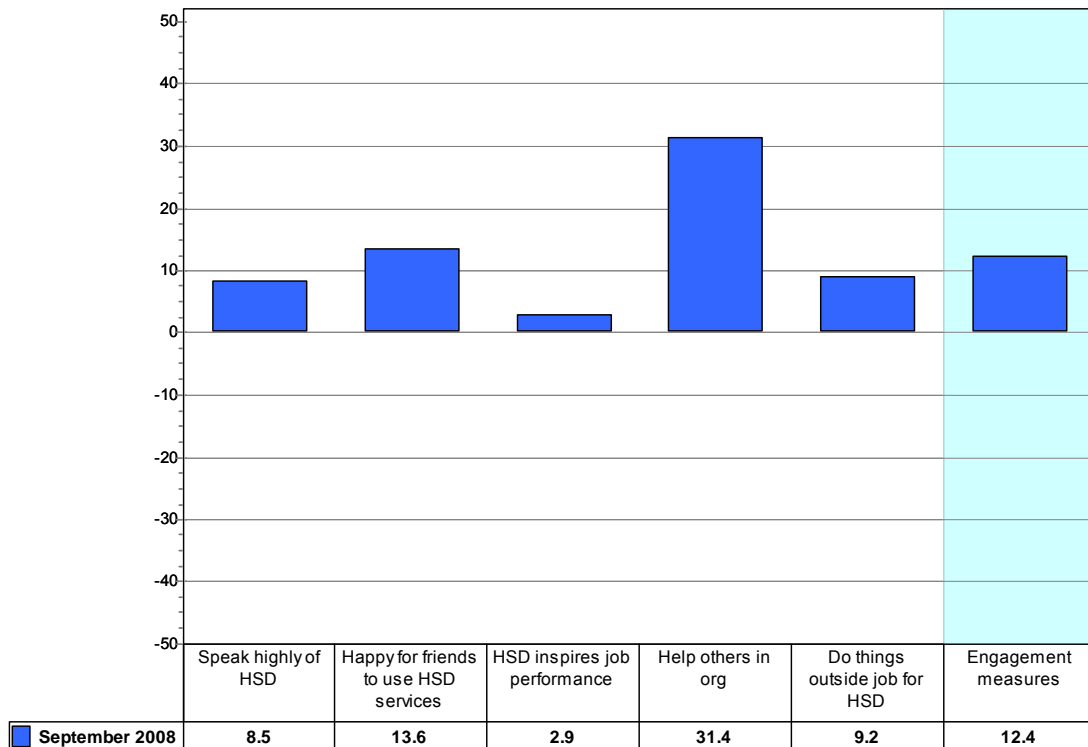
Figure 43. Results of Employee Engagement Measure

Note: *Measure recorded a commendable outcome.*

Outstanding Outcome from September 2008
1. "I try to help others in this organisation whenever I can"

Commendable Outcomes from September 2008
1. "I would be happy for my friends and family to use this health service district's/division's services"
2. "I volunteer to do things outside my job that contribute to the health service district's/division's objectives"

Middling Outcomes from September 2008
1. "I speak highly of this health service district/division to my friends"
2. "This health service district/division really inspires the very best in me in the way of job performance"

Clinical Work Measures

	Multidisciplinary Team Support for Patient Care	Clinical Communication	Clinical Management Practices
September 2006	14.5	10.1	3.8
September 2008	16.5	9.7	3.4
Change	2.0	-0.4	-0.4
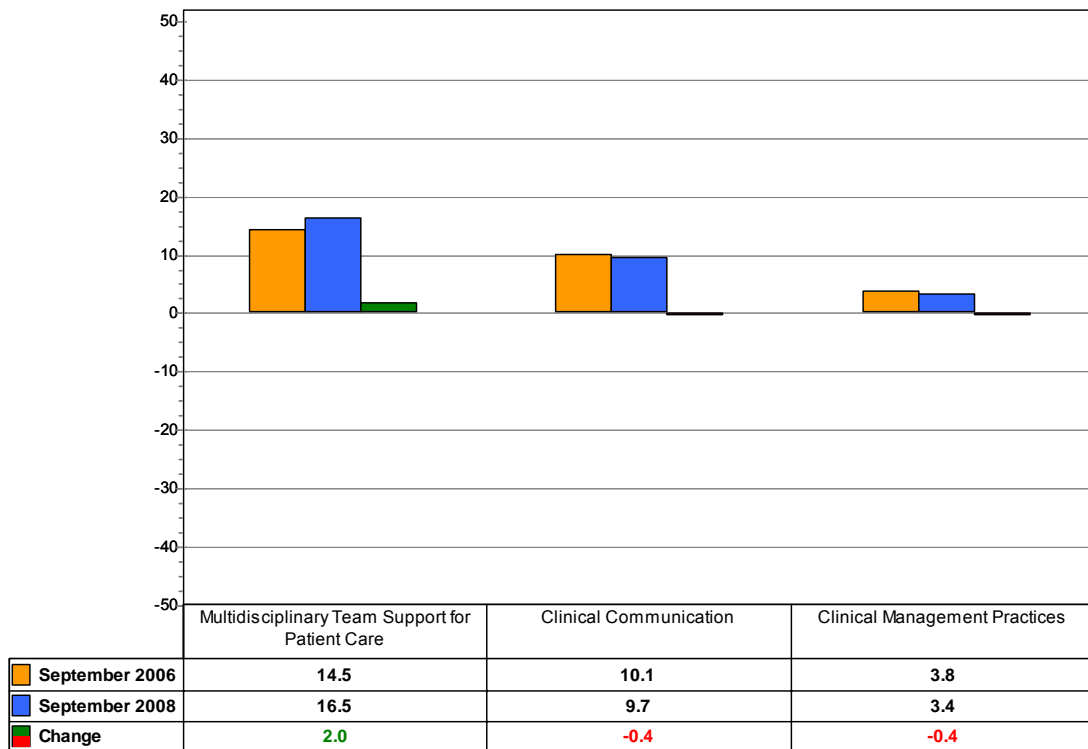
Figure 44. Results of Clinical Work Measures

Commendable Outcomes from September 2008
1.   Multidisciplinary Team Support for Patient Care – *Measure recorded desirable positive change*
2.   Clinical Communication – *Measure recorded undesirable negative change*

Middling Outcome from September 2008
1.   Clinical Management Practices - *Measure recorded undesirable negative change*

Clinical Work Measures – Multidisciplinary Team Support for Patient Care

	Teams meet regularly	Each member respected within the team	Patient an integral part of own care team	Patient care provided by teams	Multidisciplinary Team Support for Patient Care measures
September 2006	9.8	11.4	12.9	25.2	14.5
September 2008	12.9	13.5	14.8	25.8	16.5
Change	3.1	2.1	1.9	0.6	2.0
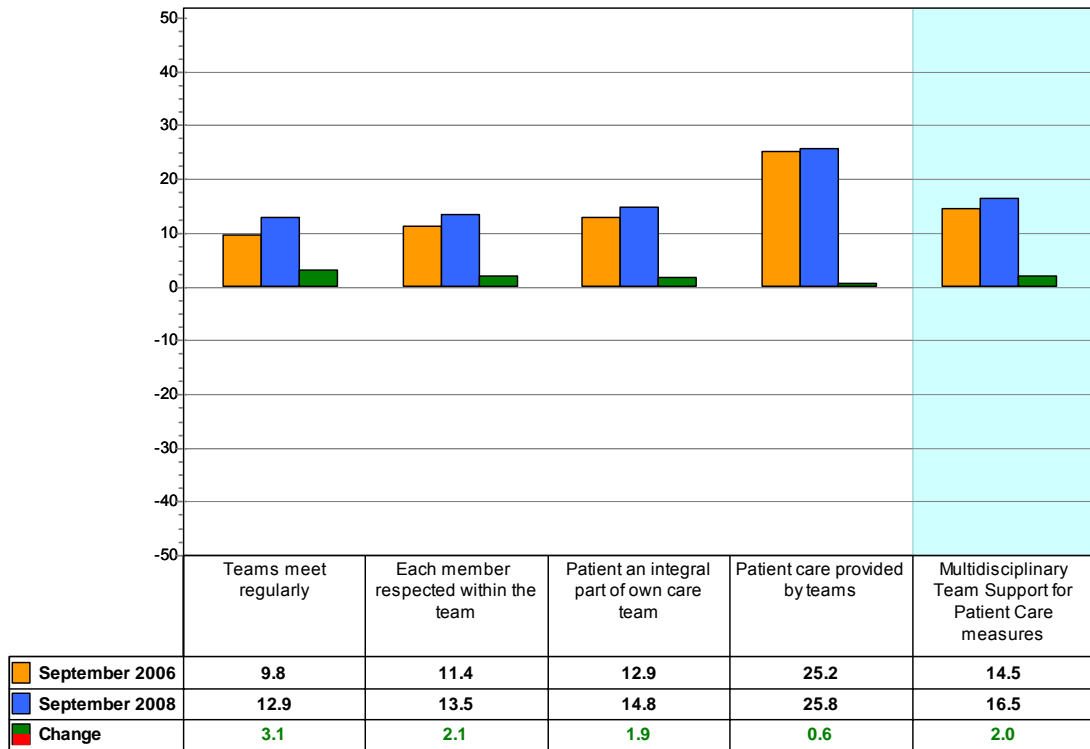
Figure 45. Results of Multidisciplinary Team Support for Patient Care Measure

Note: *All items recorded desirable positive change.*

Commendable Outcomes from September 2008
1. "Patient care is provided by multidisciplinary teams"
2. "The patient is an integral part of their own care team"
3. "Each member of a multidisciplinary team is respected within the team for their contribution to the team's goals and objectives"
4. "Multidisciplinary teams meet regularly to plan and review patient care"

Biggest Contribution to Positive Change
1. "Multidisciplinary teams meet regularly to plan and review patient care" – *Although recording the greatest change, this item recorded the lowest score of all the items*

Clinical Work Measures – Clinical Communication

	Receive the information I need	Documentation provides necessary information	Opinions are valued	Sharing of clinical information is efficient	Clinical handover is timely	Clinical Communication measures
September 2006	11.4	10.6	6.4	11.7	10.5	10.1
September 2008	12.0	10.8	5.8	11.0	9.3	9.7
Change	0.6	0.1	-0.6	-0.7	-1.2	-0.4
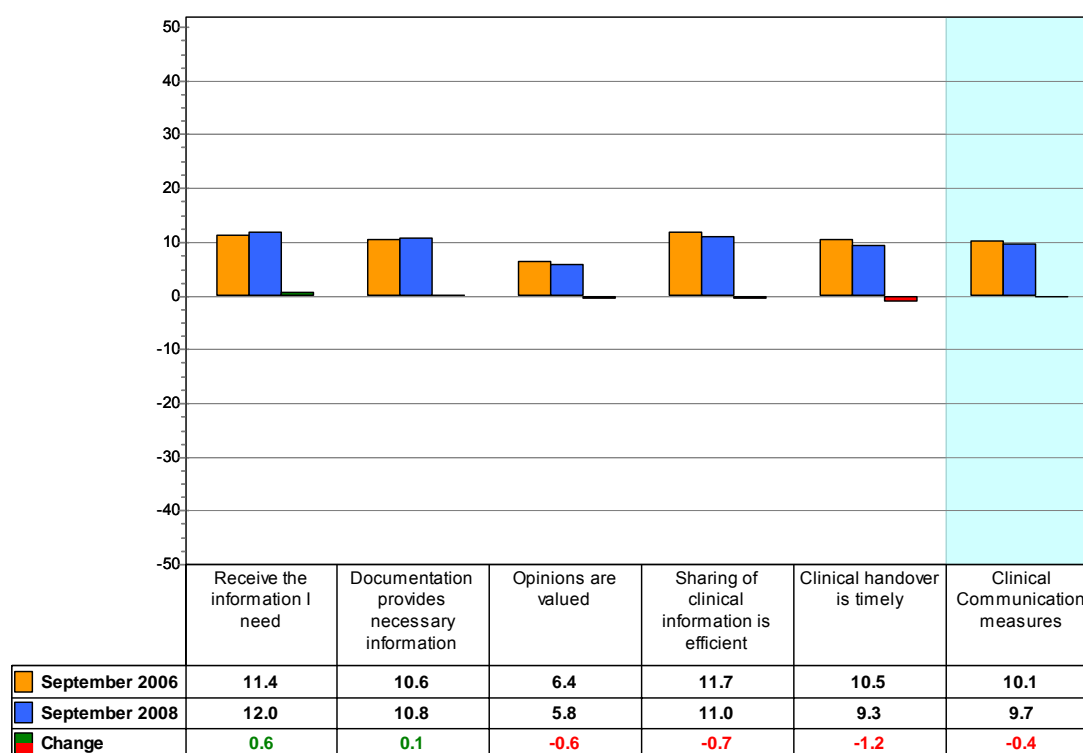
Figure 46. Results of Clinical Communication Measure

Commendable Outcomes from September 2008
Note: *Items numbered 1 and 3 below recorded desirable positive change, while items numbered 2 and 4 recorded undesirable negative change*
1. "I receive the information I need to carry out my work to the best of my ability"
2. "In general, the sharing of clinical information is efficient and timely"
3. "Clinical documentation provides the necessary information I need to do my job"
4. "Clinical handover is timely and efficient"

Middling Outcome from September 2008
1. "My opinions about improving clinical services are valued" – *Item recorded undesirable negative change*

Biggest Contribution to Negative Change
1. "Clinical handover is timely and efficient"

Clinical Work Measures – Clinical Management Practices

	Sufficient time and resources	Rostering practices are fair	Rostering provides right skill mix	Good quality management systems	Expected to perform within my skills	System to monitor the work performance	Teams participate in decisions about funding allocation	Clinical Management Practices measures
September 2006	-5.8	5.3	6.2	5.4	9.2	1.5	5.7	3.8
September 2008	-0.8	6.8	7.5	6.6	9.5	1.8	-7.6	3.4
Change	4.9	1.5	1.3	1.2	0.4	0.3	-13.3	-0.4

Figure 47. Results of Clinical Management Practices Measure

Commendable Outcome from September 2008
1. "I am expected to perform within my skills and abilities" – *Item recorded desirable positive change*

Middling Outcomes from September 2008
1. "Rostering practices are based on providing the right skill mix for patient care"
2. "Rostering practices are fair and equitable for staff"
3. "There are good quality management systems"
4. "There is a system to monitor the work performance of each clinician"
5. "Sufficient time and resources are devoted to clinical skills development"
6. "Clinical teams participate in decisions about funding allocation for patient care" – *Item recorded undesirable negative change*

Biggest Contribution to Negative Change
1. "Clinical teams participate in decisions about funding allocation for patient care"

Table 6 shows that 62% of respondents who work in a clinical environment agree that if they were a patient in the facility they work in, they would be happy with the standard of care provided.

Table 6. Percentage of responses: "If I were a patient in the facility that I work in, I would be happy with the standard of care provided"

Clinical Group (N = 3 319)	Disagree (%)	Neither (%)	Agree (%)	No Response (%)
September 2008	15.5	23.0	61.6	0.0

Results from Individual Items

Percentages and number of responses are shown for the following items:

- Career Intentions
- Immediate Supervisor
- Harmful Behaviours
- Performance Review
- Quality in Workplace

Items relating to Career Intentions

The percentage and number of responses to each of the items related to career intentions are shown in Figures 48 to 51.

	Yes (n=2312)	No (n=3756)		NoResponse (n=157)
September 2008	37.1%	60.3%		2.5%
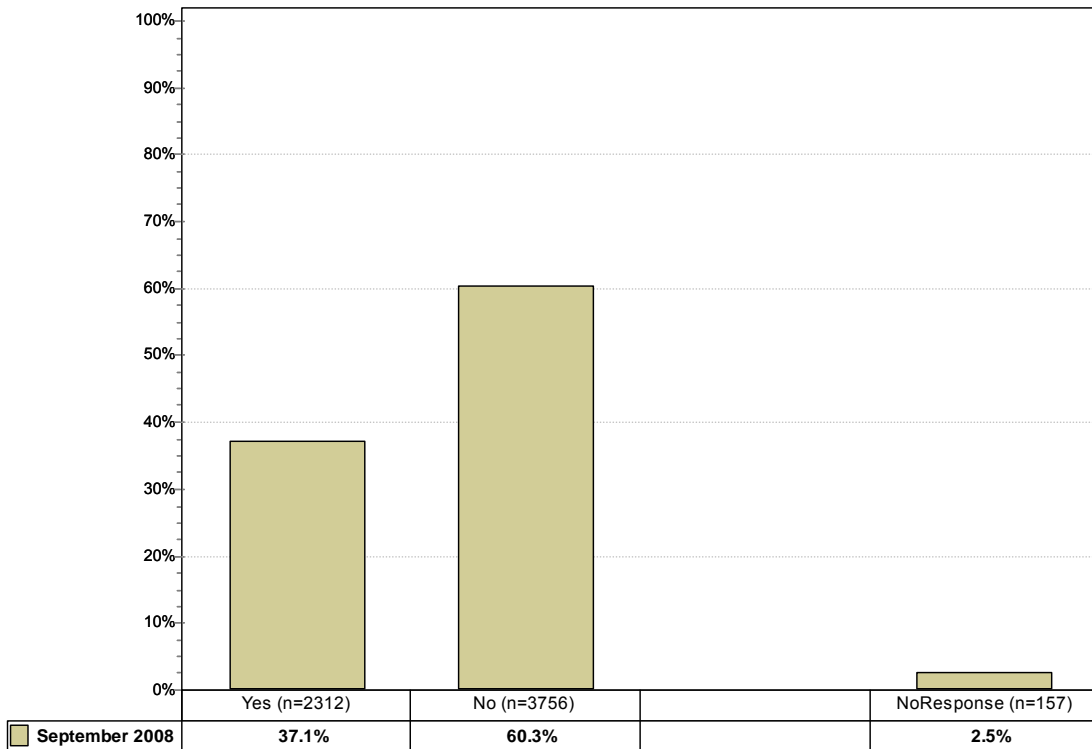
Figure 48. Frequency of responses: "Are you considering leaving your job?"

September 2008	Yes (n=1445)	No (n=4463)		NoResponse (n=317)
	23.2%	71.7%		5.1%
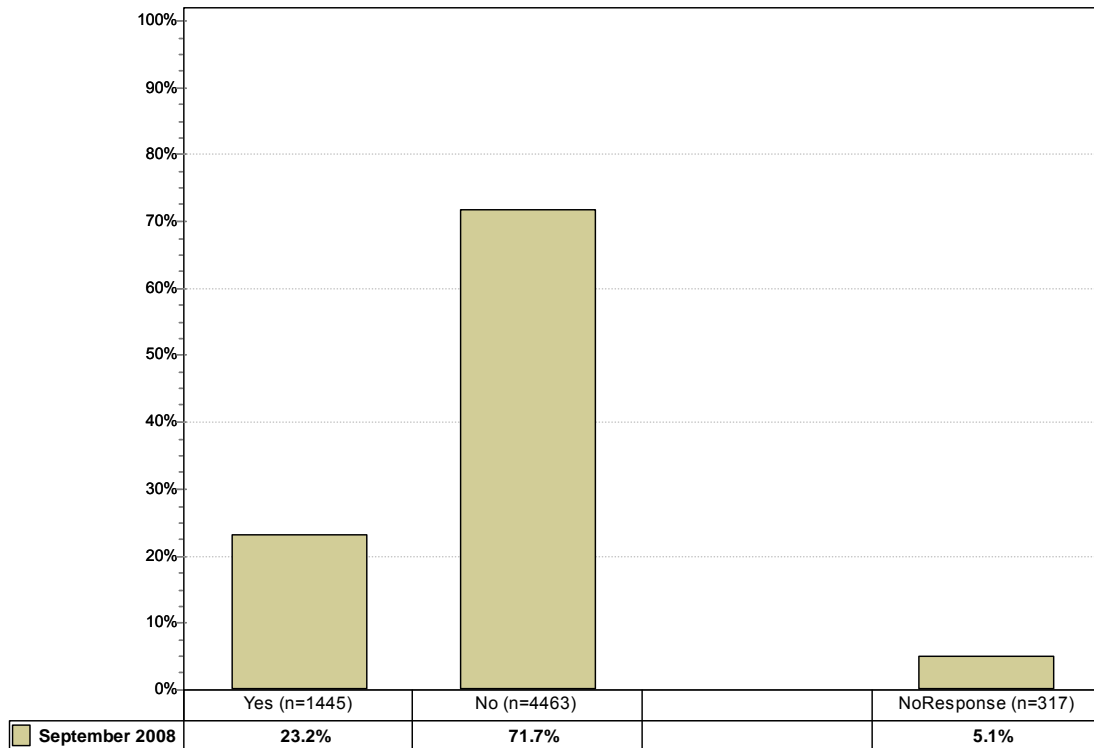
Figure 49. Frequency of responses: "I am currently actively looking for another job"

September 2008	Yes (n=4623)	No (n=1401)		NoResponse (n=201)
	74.3%	22.5%		3.2%
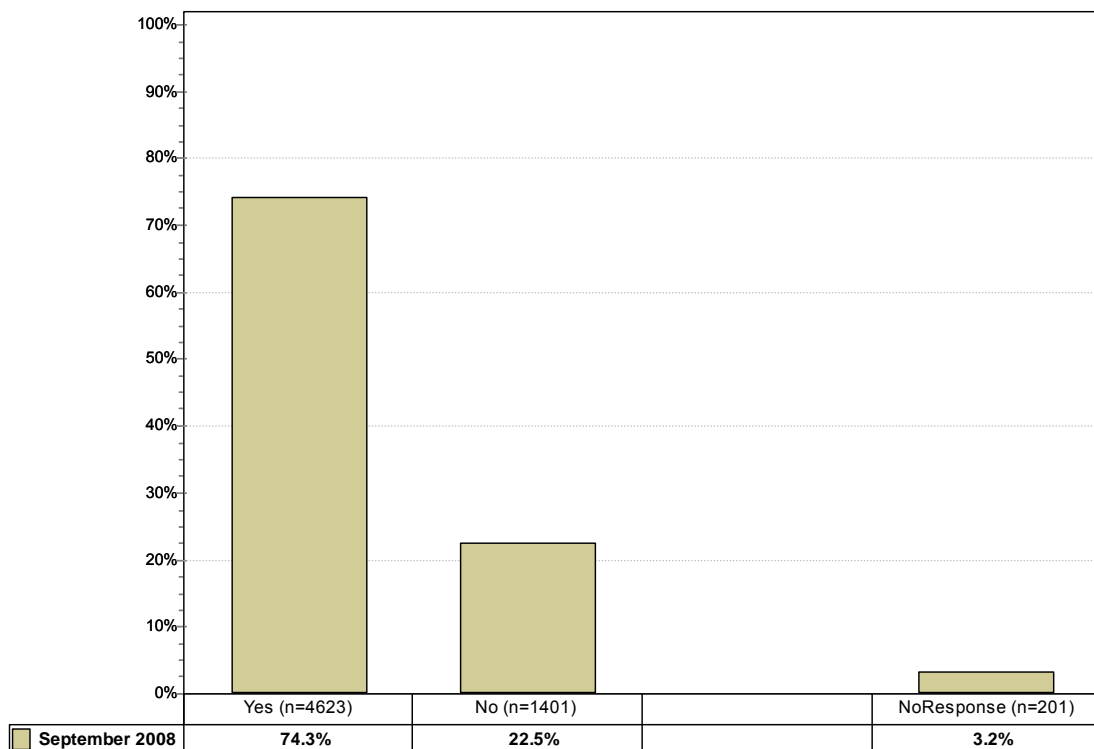
Figure 50. Frequency of responses: "If I leave my current job, I would want to stay in Queensland Health"

Figures 48 to 50 show that 37.1% of respondents are considering leaving their job and 23.2% are currently actively looking for another job, while 74.3% want to stay in Queensland Health if they leave their current position. The reasons respondents indicated for considering leaving their job are shown in Figure 51.
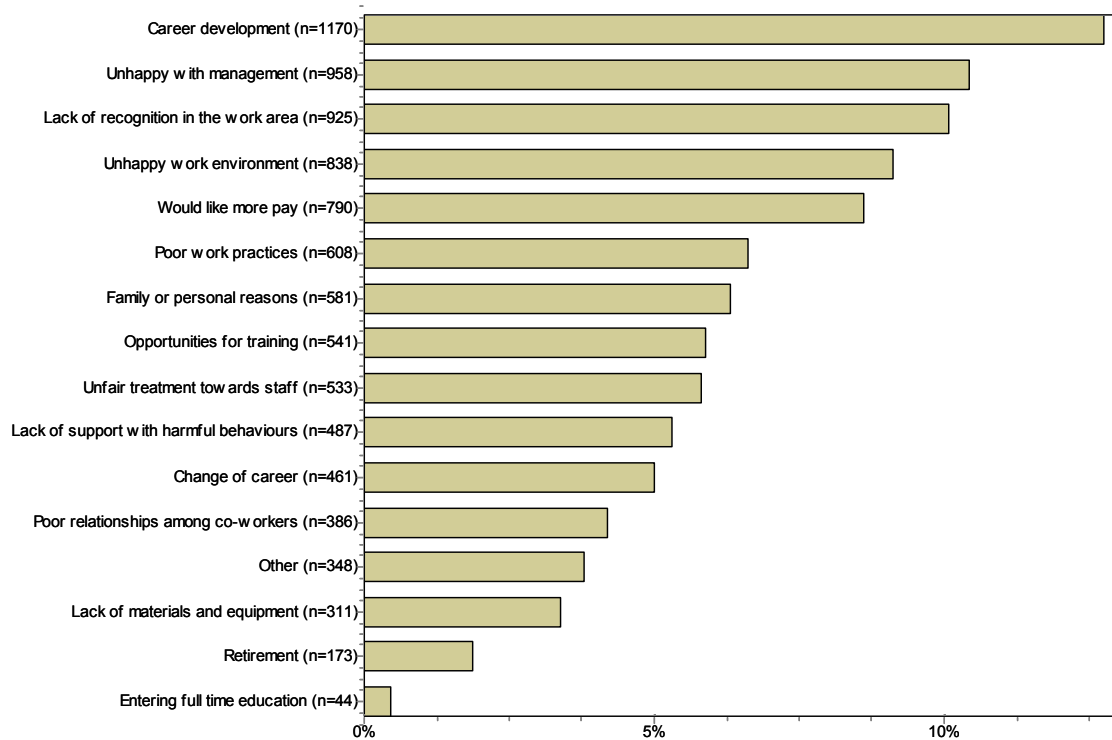
Figure 51. Frequency of responses: Reasons for considering leaving current job

Item relating to Immediate Supervisor

	Strongly Disagree (n=453)	Disagree (n=617)	Neither Agree nor Disagree (n=1303)	Agree (n=2699)	Strongly Agree (n=1062)		NoResponse (n=91)
September 2008	7.3%	9.9%	20.9%	43.4%	17.1%		1.5%
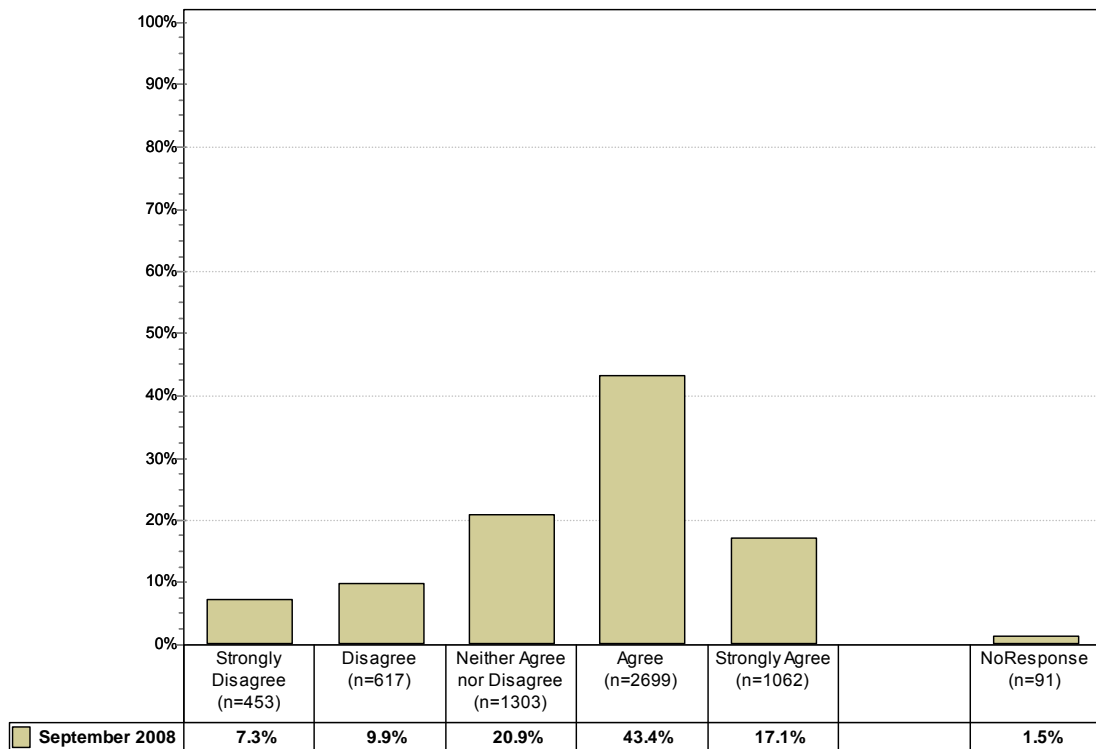
Figure 52. Frequency of responses: "My supervisor and I trust each other"

Figure 52 shows that approximately 61% of respondents agree (combined strongly agree and agree) with the item "My supervisor and I trust each other".

Items relating to Harmful Behaviours

The percentages and numbers of responses to a series of items in the survey that relate to harmful behaviours are presented in the following figures. Figures 53 and 54 present responses related to the reporting of harmful behaviours and trust in the process for managing harmful behaviour. Figures 55 to 58 and Tables 7 and 8 present responses related to the experience of harmful behaviours, the source and effect of harmful behaviours, action taken on reported harmful behaviours, and reasons for not reporting harmful behaviours.

	Strongly Disagree (n=64)	Disagree (n=318)	Neither Agree nor Disagree (n=488)	Agree (n=4143)	Strongly Agree (n=1152)		NoResponse (n=60)
September 2008	1.0%	5.1%	7.8%	66.6%	18.5%		1.0%
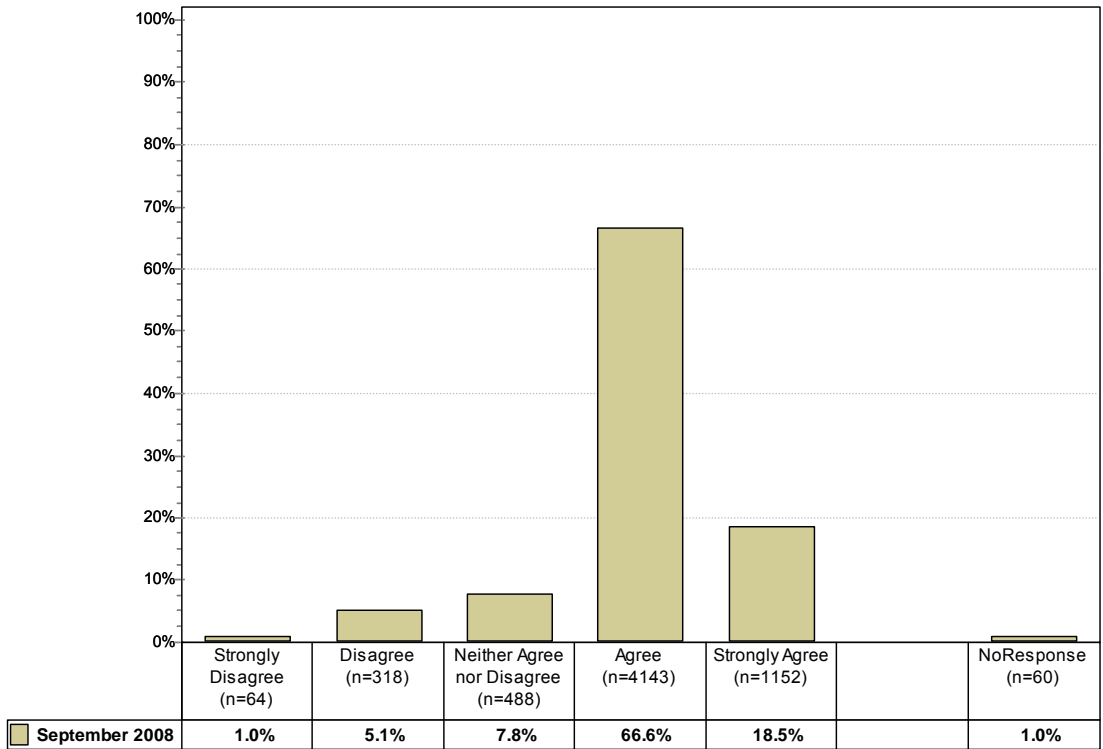
Figure 53. Frequency of responses: "I know how to report harmful behaviours if I experience them in the work area"

Figure 53 shows that 85% of respondents agree (combined strongly agree and agree) that they know how to report harmful behaviour if experienced in the work area.

	Strongly Disagree (n=665)	Disagree (n=838)	Neither Agree nor Disagree (n=1421)	Agree (n=2659)	Strongly Agree (n=581)		NoResponse (n=61)
September 2008	10.7%	13.5%	22.8%	42.7%	9.3%		1.0%
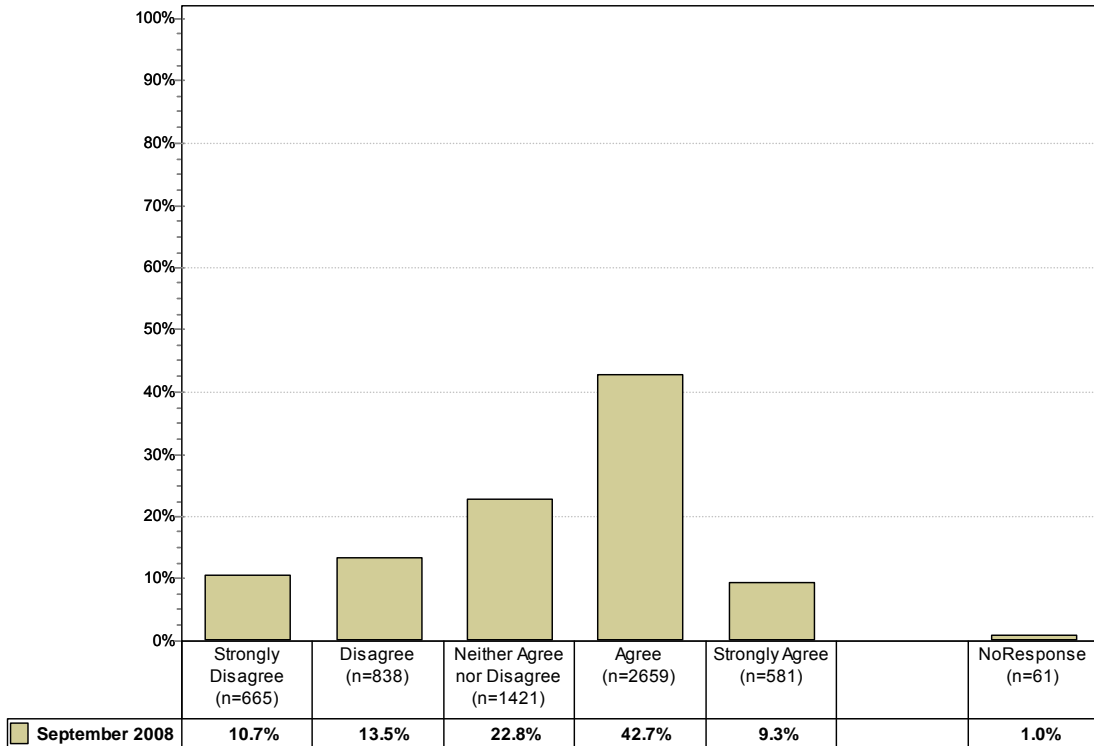
Figure 54. Frequency of responses: "I trust the process for managing harmful behaviours that breach the Code of Conduct"

Figure 54 shows that 52% of respondents (combined strongly agree and agree) trust the process for managing harmful behaviours that breach the Code of Conduct.

	Yes (n=1774)	No (n=4371)		NoResponse (n=80)
September 2008	28.5%	70.2%		1.3%
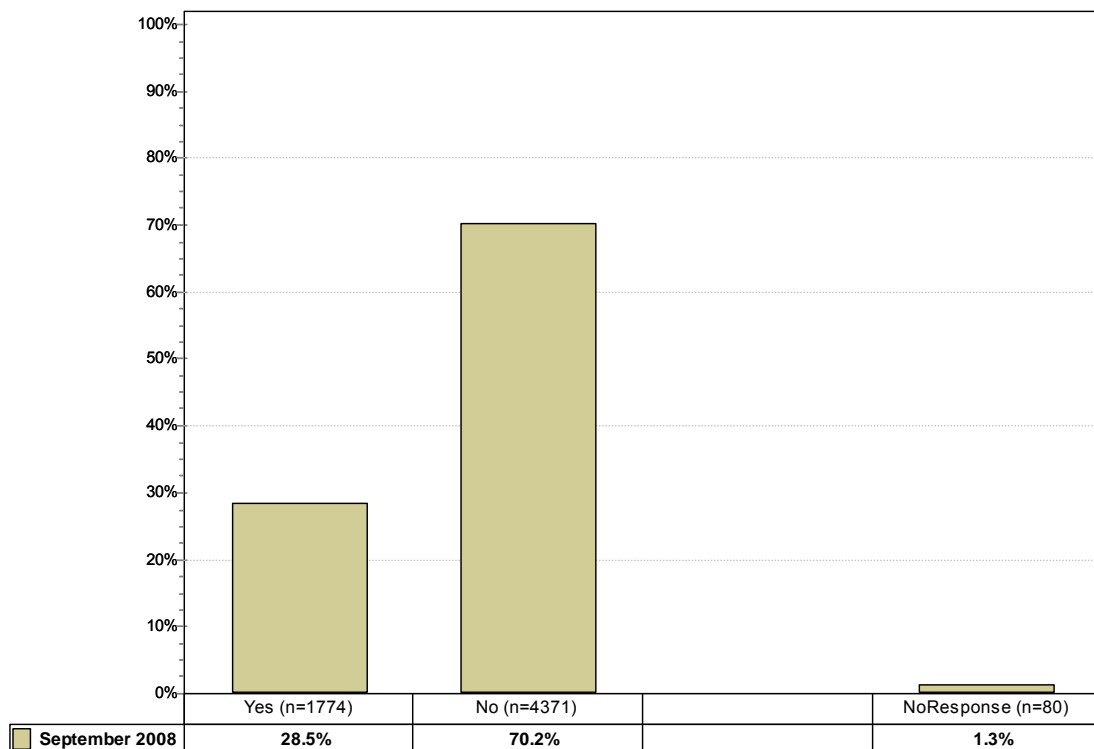
Figure 55. "In the past 6 months I have experienced harmful behaviours directed toward myself in my work area"

Figure 55 shows that 29% of respondents reported experiencing harmful behaviours directed toward them in their work area in the past 6 months. This percentage is lower than the 35% of harmful behaviours experienced in September 2006.

Table 7 shows the percentage of different sources who directed the harmful behaviours toward respondents.

Table 7. Percentage of Sources of Harmful Behaviours

Source of Harmful Behaviours	%
Co-workers	35.2
Supervisors/Managers	29.7
Patients/Clients	20.2
Visitors/Relatives	14.9
Total	100.0

The frequency of effects experienced from different sources are shown in Figure 56. The effects include:

- Upset - "Made me upset at the time"

- Fear for safety - "Made me genuinely fear for my safety"

- Distress/anxiety - "Caused me ongoing distress/anxiety (lasting more than one month)

- Physical/psychological harm - "Caused me physical/psychological harm for which I sought medical attention"

Harmful Behaviours - Source: Coworkers

- Upset
- Fear for safety
- Distress/anxiety
- Physical/psychological harm

6.7% / 55.8% / 5.5% / 32.0%

Harmful Behaviours - Source: Supervisors/Managers

- Upset
- Fear for safety
- Distress/anxiety
- Physical/psychological harm

11.5% / 49.6% / 3.0% / 35.9%

Harmful Behaviours - Source: Patients/Clients

- Upset
- Fear for safety
- Distress/anxiety
- Physical/psychological harm

5.4% / 53.0% / 29.5% / 12.0%

Harmful Behaviours - Source: Visitors/Relatives

- Upset
- Fear for safety
- Distress/anxiety
- Physical/psychological harm

3.7% / 63.9% / 23.3% / 9.1%

Figure 56. Frequency of responses: Experienced effects from source of harmful behaviour

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University of Southern Queensland
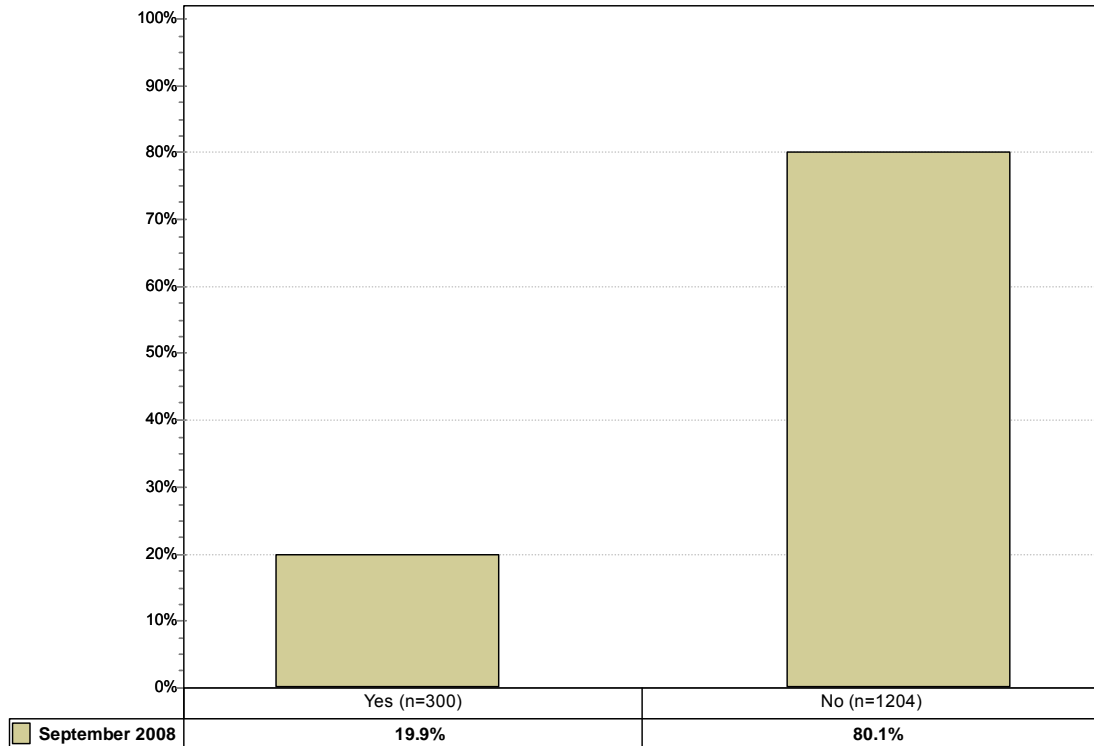
Figure 57. "In the past 6 months I have experienced harmful behaviours from staff I manage or supervise"

Figure 57 shows that 20% of the subgroup of respondents who manage staff, and who responded to the item related to harmful behaviour while managing or supervising, reported experiencing harmful behaviours from staff they manage or supervise.

Table 8. Harmful Behaviours Reported Formally and Some Action Taken

	Reported formally	Action taken
	N	N
September 2008	1 690	1 130

Table 8 shows that for the 1 690 incidents of harmful behaviour that respondents reported formally, they were aware that some action was taken for about 67% (1 130) of these incidents compared to 2006 when 46% of respondents who reported harmful behaviour affirmed that action had been taken.

Figure 58 shows the percentage and number of different reasons respondents provided for not reporting incidents of harmful behaviour.
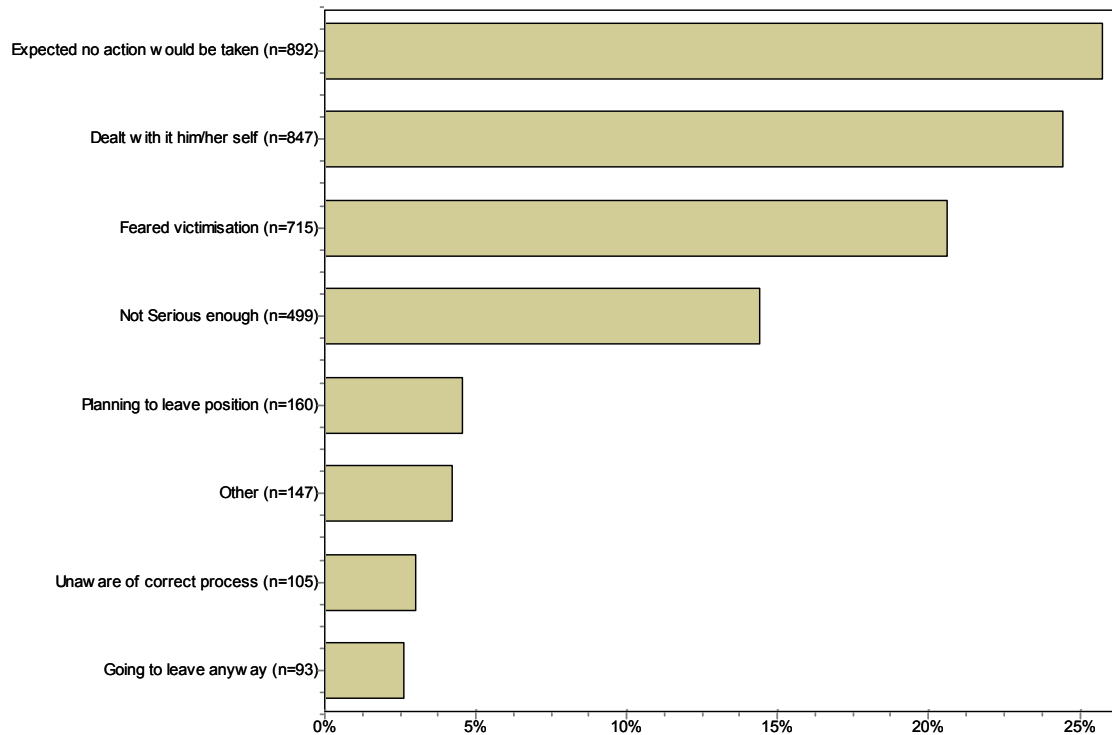
Figure 58. Frequency of reasons for not reporting harmful behaviours

Items relating to Performance Reviews

	Yes (n=3315)	No (n=2816)		NoResponse (n=94)
September 2008	53.3%	45.2%		1.5%
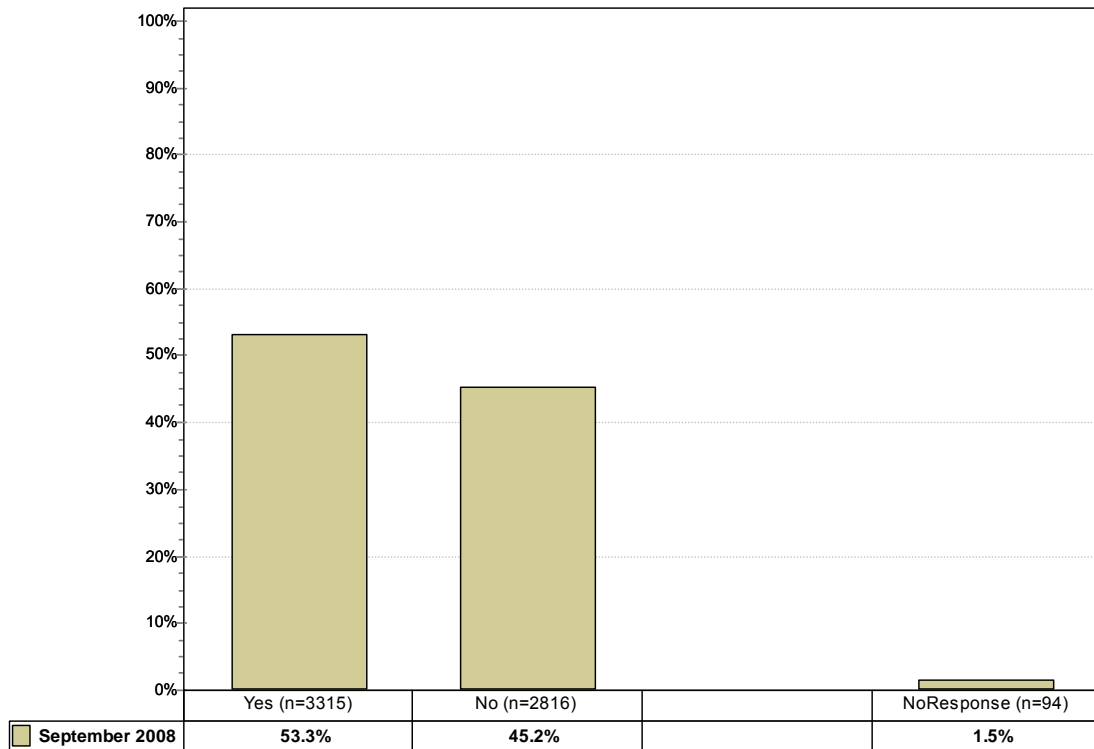
Figure 59. "I have had a written performance and development plan (i.e. PAD, PPR, MFP etc) in the last 12 months"

Figure 59 shows that 53% of respondents reported having a written performance and development plan (i.e. PAD, PPR, MFP etc) in the last 12 months.

	Yes (n=766)	No (n=497)
September 2008	60.6%	39.4%
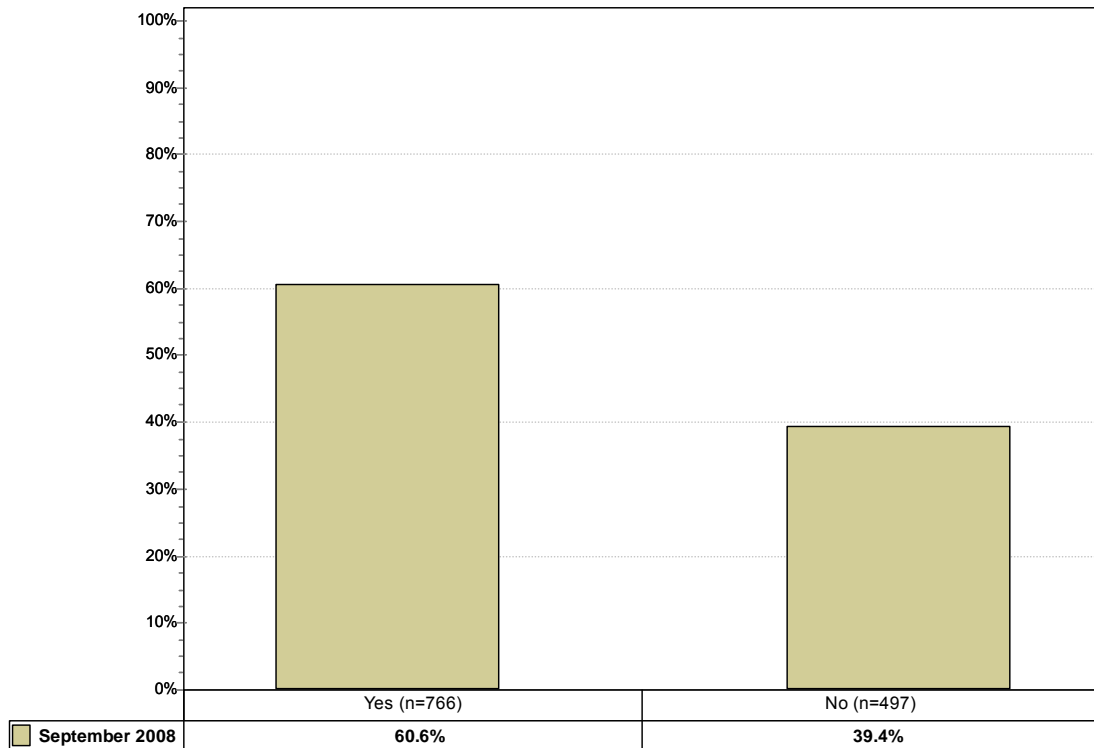
Figure 60. "I have conducted performance reviews with all my direct report staff in the last 12 months"

Figure 60 shows that 61% of supervisors and managers reported conducting performance reviews with all their direct staff in the last 12 months. This percentage is greater than the 35% of supervisors and managers who reported conducting performance reviews with all direct staff in September 2006.

Items relating to Quality in Workplace

Respondents were asked to indicate up to:

- Five most important things that need to improve in their work area.
- Five best things about their work area from the same list of indicators.

Figures 61 and 62 present the percentages of responses in descending order.
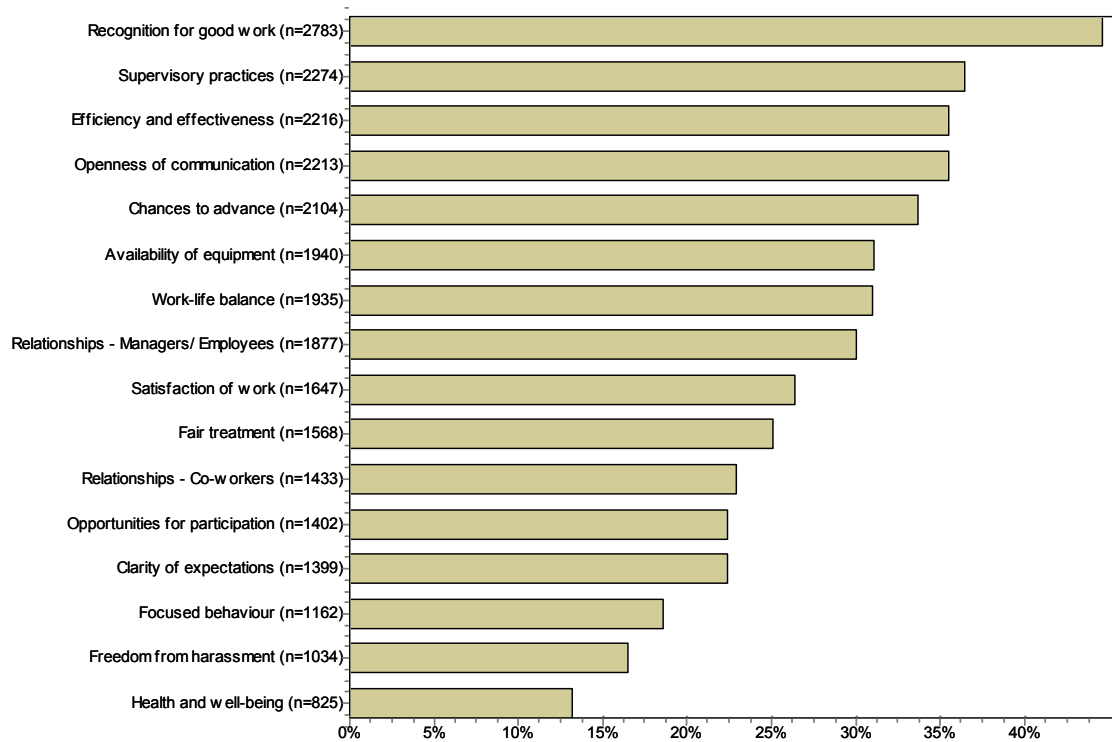
Figure 61. Most important Indicators that need to improve in the workplace
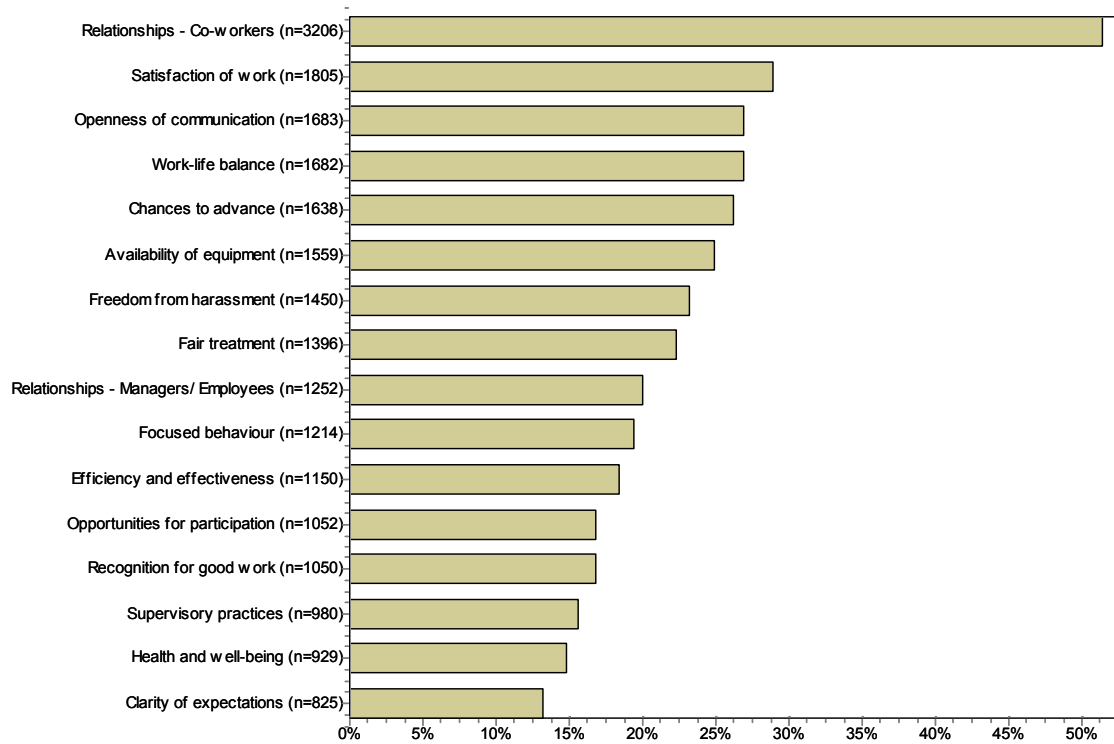
Figure 62. Best Indicators of Quality in the Workplace

Section C: Results from Comments

Comments

Free text comments were written in response to the following questions: "What has improved in your work area in the last 6 months?" and "What are your other realistic suggestions for making things better at your work area?" The counts of improvements and suggestions made in the last six months are presented as 14 main themes in Table 9. The domains of the 14 themes are presented in Appendix C.

Table 9. Improvements and Suggestions made in the last six months

Main Themes	Total Number of Comments	Improvements Made	Suggestions	Ratio of Improvements to Suggestions (rounded off)
Workplace functioning	1 968	628	1 340	1:2
Infrastructure issues	1 425	414	1 011	1:2
Staffing	1 148	326	822	1:3
Leadership skills	892	300	592	1:2
Workplace conduct and behaviours	844	256	588	1:2
Communication practices	809	216	593	1:3
Training and professional development	688	181	507	1:3
Organisational structure issues	678	126	552	1:4
Recruitment, retention and career pathway processes	555	137	418	1:3
Employment conditions	395	67	328	1:5
Recognition	381	48	333	1:7
Management practices	255	34	221	1:7
Public/patients	107	25	82	1:3
Questionnaire	95	11	84	1:8

Section D: General Information

Response Rate

Of the 6 239 surveys returned, 6 225 were valid and useable. Table 10 provides the web and valid paper survey counts and response rates for QH overall and participating districts and divisions.

Table 10. Response Rate

QH Overall	Total possible respondents	Actual paper based respondents	Actual web based respondents	Response Rate (%)
September 2008	16 563	3092	3133	37.6
Districts and Divisions				
Northside	7 191	1 554	858	33.5
Gold Coast	5 136	1 117	744	36.2
Royal Children's Hospital	1 986	345	240	29.5
SSP	1 484	76	749	55.6
DIVISION OF THE DIRECTOR-GENERAL	71	-	55	77.5
CHI	237	-	181	76.4
Corporate Services	426	-	306	71.8

Demographic Details of Respondents

Demographic details of the sample (N = 6 225) are provided in the table and graphs to follow.

Table 11. Details of sample

Gender	Count	Percent
Female	4 879	78.4
Male	1 280	20.6
Didn't indicate	66	1.1

Subgroups	Count	Percent
Clinical	3 319	53.3
Manage Others	1 502	24.1
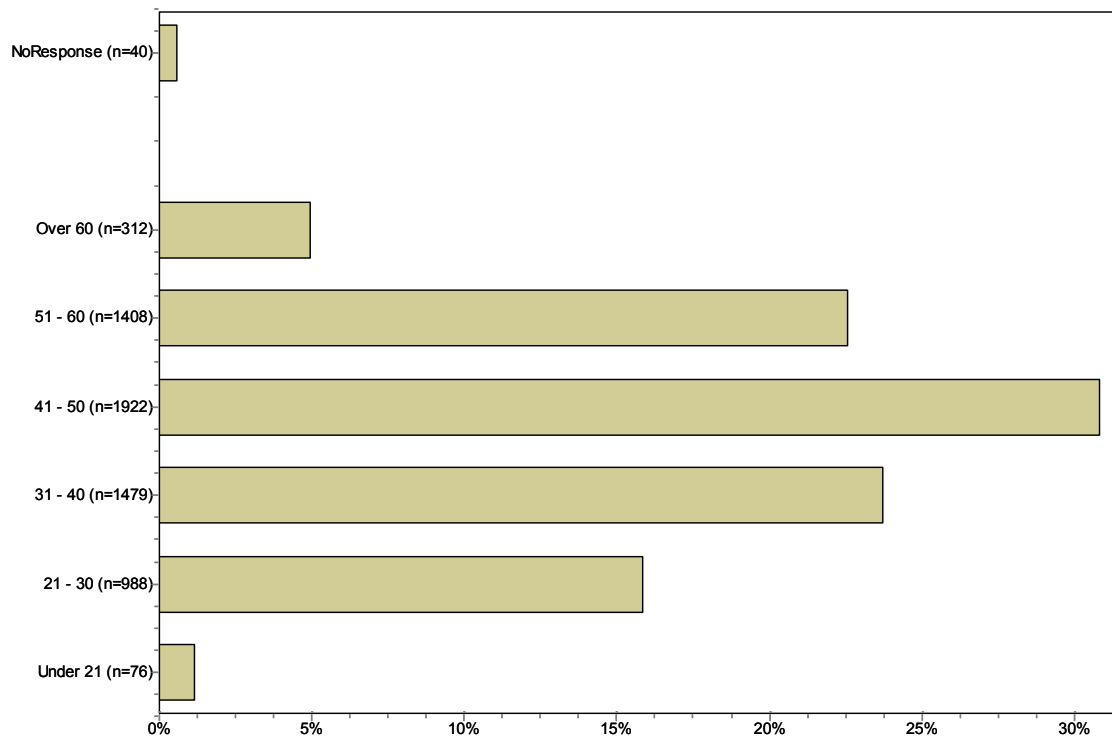
Figure 63. Age of Respondents
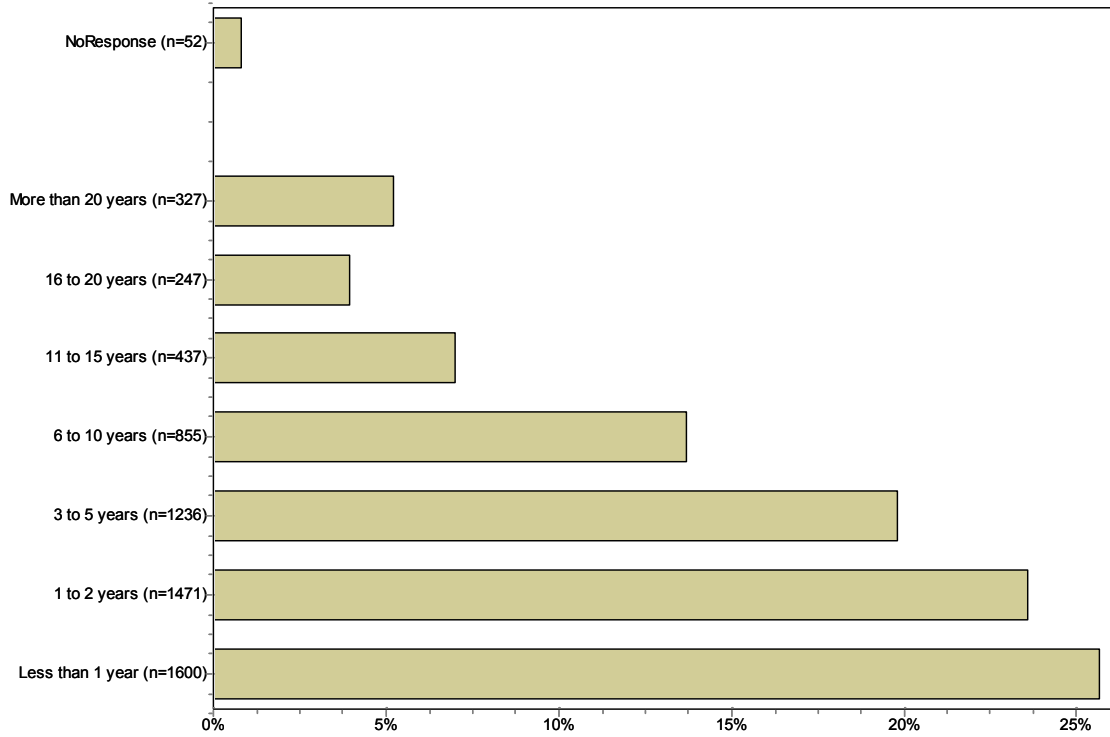
Figure 64. Length of Time Working in Current Role
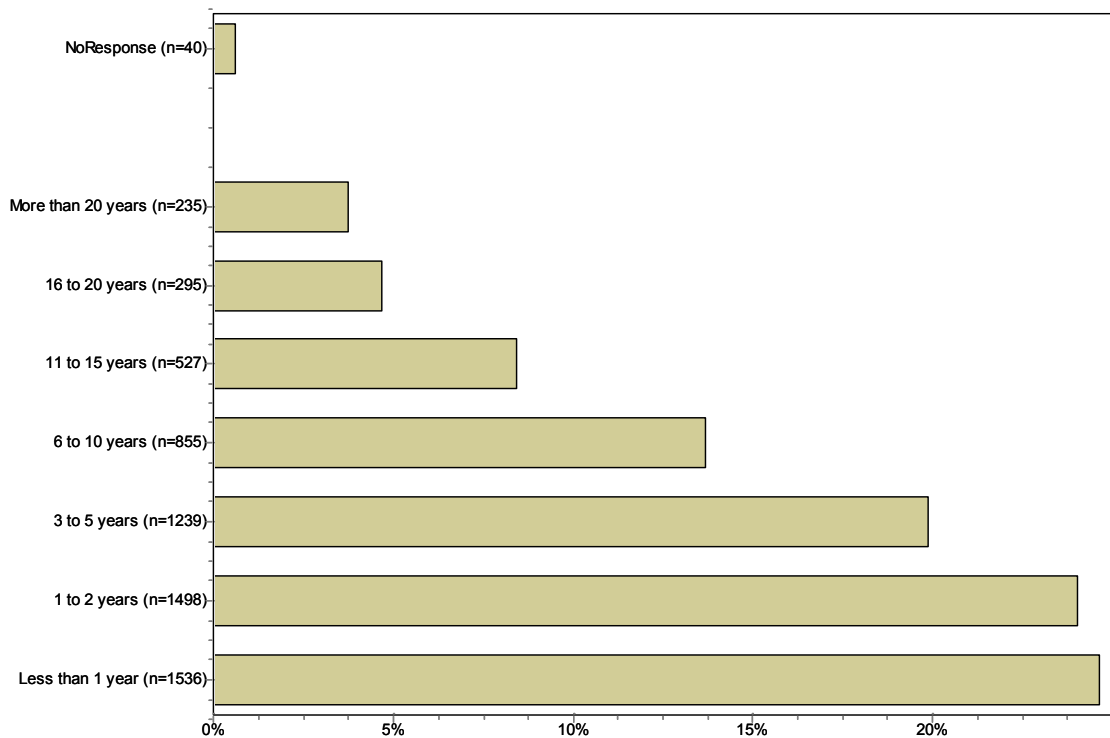
Figure 65. Length of Time Working at Current Work Location
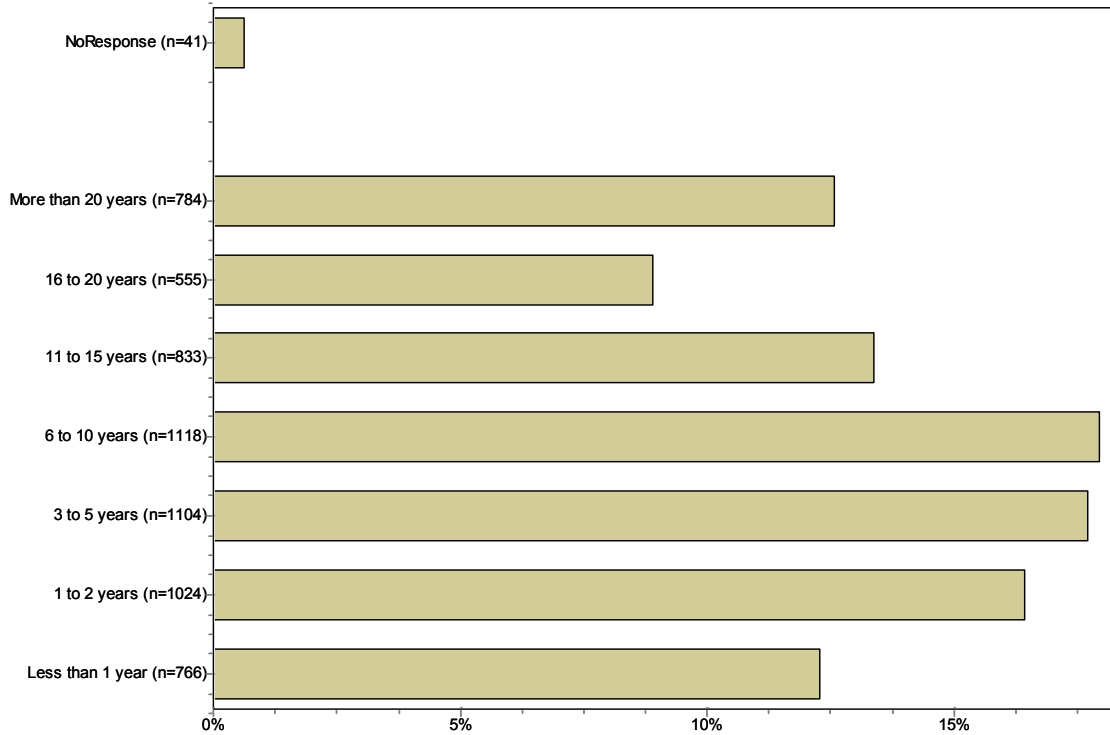
Figure 66. Length of Time Working for Queensland Health
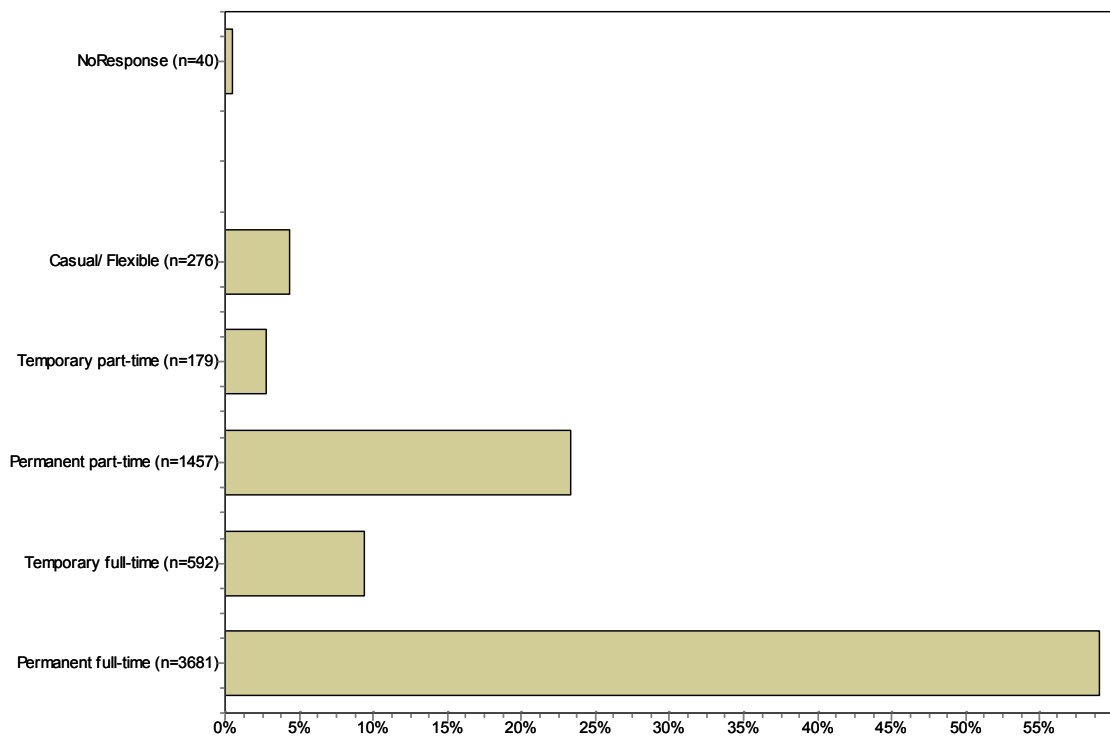
Figure 67. Current Employment Status of Respondents
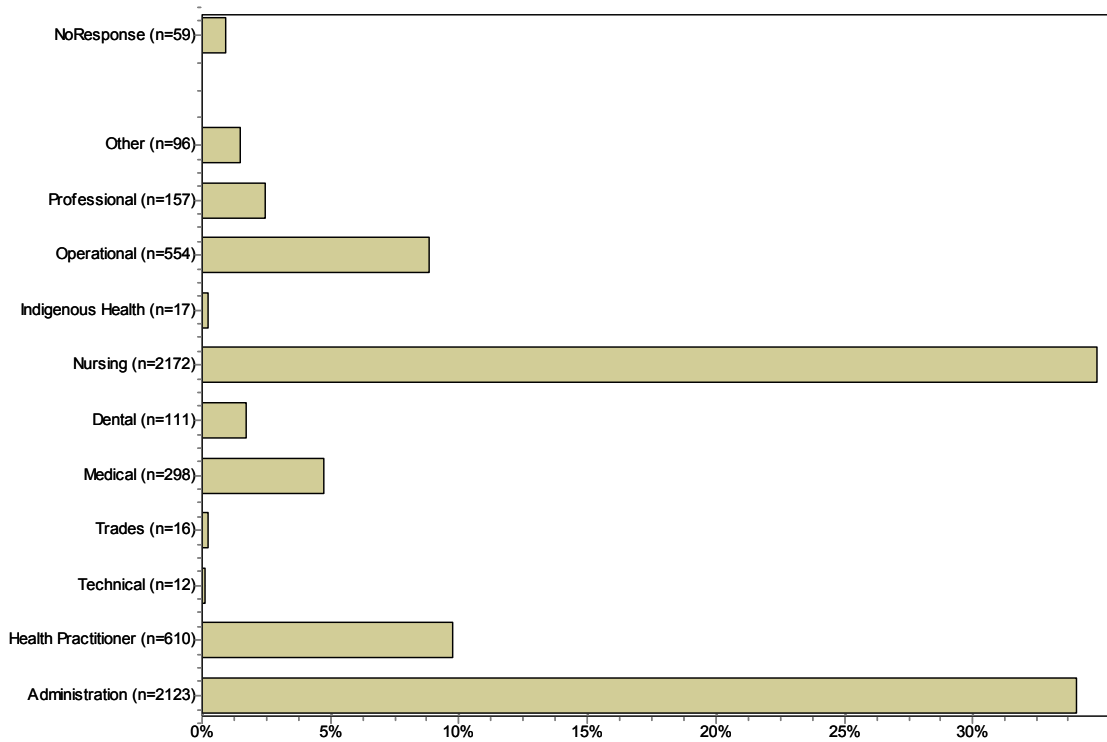
Figure 68. Occupation Stream Groups
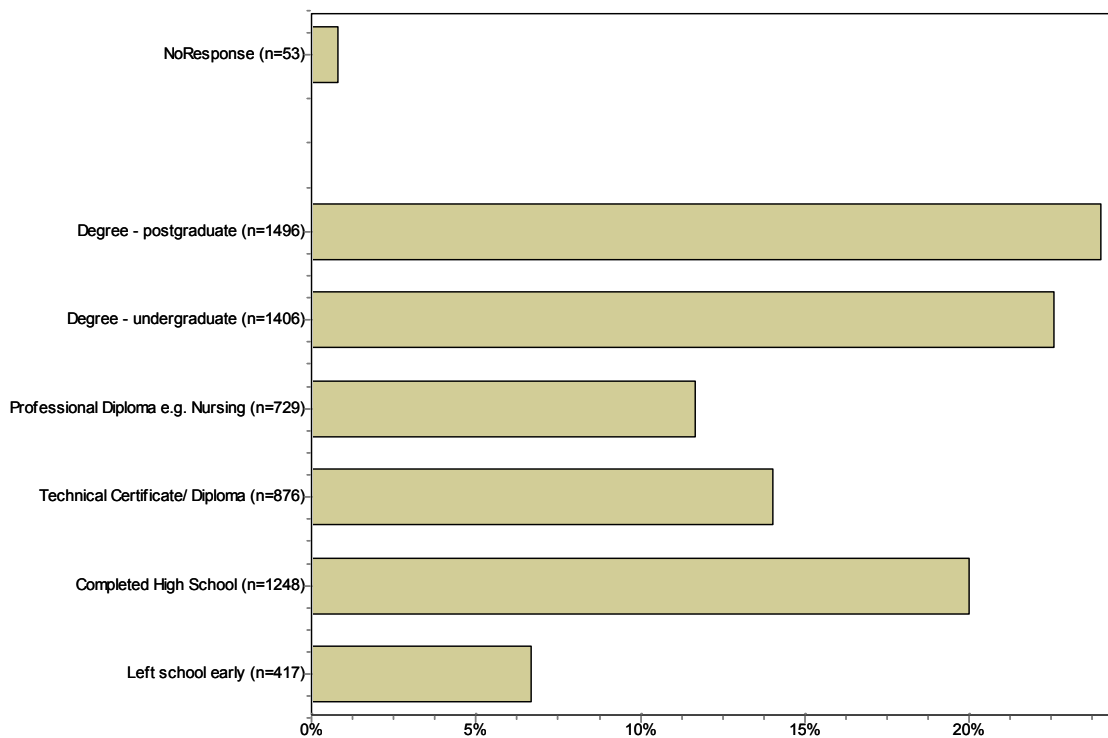
Figure 69. Highest Educational Level Achieved

Glossary of Key Terms

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

Positive Indicator	Quality of Work Life, Individual Morale, Workplace Morale, Supervisor Support, Participative Decision-Making, Role Clarity, Peer Support, Appraisal and Recognition, Professional Growth, Goal Congruence.
Undesirable negative score	Scores below 0.0 OU for positive indicators.
Undesirable positive score	Scores above 0.0 OU for negative indicators.
Threshold	The point at which something begins or changes. For the MO-Index an outcome of 8.8 OU is the threshold at which scores are described as "Commendable". An outcome of -8.8 OU is the threshold at which scores are described as "Challenges".

Appendix A

Description of the Survey Questionnaire

Biographical Data

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

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

The next section contained two measures from QPASS. These included Individual Outcomes and Organisational Climate.

Individual Outcomes

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

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) – Staff show enthusiasm, pride in their work, team spirit, and energy.
- **Supervisor Support** (5 items) – Managers are approachable, dependable, supportive, and they know the problems faced by staff, and communicate well with them.
- **Participative Decision-Making** (4 items) – Staff are asked to participate in decisions, and are given opportunities to express their views.
- **Role Clarity** (4 items) – Expectations, work objectives, responsibilities, and authority are clearly defined.
- **Peer Support** (7 items) – Acceptance and support from others, with involvement, sharing, good communication and help when needed.
- **Appraisal and Recognition** (6 items) – Quality and regular recognition and feedback on work performance.
- **Professional Growth** (5 items) – Interest, encouragement, opportunity for training, career development and professional growth.

- **Goal Congruence** (5 items) – Personal goals are in agreement with workplace goals which are clearly stated and easily understood.
- **Workplace Distress** (5 items) – Staff feel frustrated, stressed, tense, and anxious and depressed about their work.
- **Excessive Work Demands** (4 items) – Staff are overloaded with constant pressure to keep working, leaving no time to relax.

Trust in Leadership and Organisational Management Practices Measures

- **Workplace Health and Safety** (5 items) – Indicates the extent to which staff agree that procedures are committed by management to ensure staff are free from risk of injury, illness and individual harm caused by workplace activity.
- **Work Area Management Practices** (9 items) – Indicates the extent to which staff agree that policies and practices with regards to work, performance, recruitment and selection, and training are fair and adequate.
- **Trust in Leadership - Immediate Supervisor** (10 items) – Indicates the extent to which staff trust the leadership of immediate supervisor through behaviours that describe openness and integrity in communication and interaction, support, and fairness.
- **Trust in Leadership - Senior Manager** (6 items) – Indicates the extent to which staff trust the leadership of senior manager through behaviours that describe openness and integrity in communication and interaction, support and fairness.
- **Trust in Leadership - District Executive/Division Executive** (6 items) – Indicates the extent to which staff trust the leadership of district executive through behaviours that describe openness and integrity in communication and interaction, support, and fairness.

Two measures apply to subgroups of respondents.

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

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

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

- **Clinical Communication** (5 items) – Indicates the extent staff agree that there is bidirectional information, both verbal and documentation, for them to do their job.
- **Clinical Management Practices** (7 items) – Indicates the extent to which staff agree that there are adequate procedures and systems to support clinical work.
- **Multidisciplinary Team Support for Patient Care** (4 items) – Indicates the extent to which staff agree that multidisciplinary teams support patient care.

Additional Measure in September 2008

The new measure applies to all respondents.

- **Employee Engagement** (5 items) – Indicates the extent to which staff have a positive attitude, pride and belief in the organisation, feel enabled to do well, are willing to behave altruistically, be a good team player, and see the bigger picture.

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	0.92
Individual Morale	0.93
Individual Distress	0.91
Organisational Climate	
Workplace Morale	0.88
Workplace Distress	0.88
Supervisor Support	0.89
Participative Decision Making	0.85
Role Clarity	0.79
Peer Support	0.87
Appraisal & Recognition	0.91
Profession Growth	0.85
Goal Congruence	0.81
Excessive Work Demands	0.84
Employee Engagement, Trust in Leadership and Organisational Management Practices Measures	
Employee Engagement	0.75
Trust in Leadership - Immediate Supervisor	0.96
Trust in Leadership - Senior Manager	0.96
Trust in Leadership - District Executive/Executive	0.95
Work Area Management Practices	0.91
Workplace Health and Safety	0.71
Support for Managing Others	0.65
Clinical Communication	0.84
Clinical Management Practices	0.72
Multidisciplinary Team Support for Patient Care	0.75

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

Appendix C

The Domains of Comments in the 14 Themes

The subjects of comments made by respondents have been listed below under 14 themed headings.

Workplace conduct and behaviours
- bullying/harassment
- Code of Conduct
- fairness/equality
- favouritism
- honesty
- morale
- racism
- respect from co-workers
- staff accountability
- stress
- support for co-workers

Communication practices
- communication
- confidentiality
- staff meetings
- participative decision-making

Employment conditions
- access to leave/holidays
- more work hours
- need permanent contracts
- paid overtime/TOIL
- part-time/job sharing
- pay levels
- sick leave
- work/life balance

Workplace functioning
- co-ordination among work units
- paperwork/bureaucracy
- shared workload
- shifts/rostering
- teamwork/teambuilding
- work duty clarification
- workload
- workplace system functioning

Recruitment, retention and career pathway processes
- English-speaking doctors
- nepotism
- promotion
- recruitment process
- retention
- work appraisals/PAD

Leadership skills
- leadership
- holding to account
- listening skills
- nepotism
- support for management
- support from management
- teamwork/team building
- transparency (personal integrity)
- trust for management
- management out of touch

Management practices
- management of staff behaviours
- feedback from management
- management competency
- managers need work appraisals/PAD

Organisational structure issues
- planning/policy making
- QH culture
- resources/budgets
- top heavy/too much management

Questionnaire
- comments regarding survey

Recognition
- encouragement
- recognition of skills
- recognition of work
- respect from superiors
- rewards/incentives
- social events
- staff valued

Staffing
- appropriately trained staff
- backfilling
- more staff
- rostered skill mix

Training and professional development

- mentoring
- training/professional development
- management training

Infrastructure issues

- accommodation
- child care facilities
- computers/internet access
- equipment
- more beds
- parking
- patient care/safety
- security for night shift
- staff canteen
- staff gym/health facilities
- WH&S
- workspace hygiene
- workspace/buildings

Public/Patients

- community/public education
- harassment by patients
- respect towards staff