



Staff Opinion Survey Results April 2009

Queensland Health Workplace Culture Project Team

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Executive Report

Introduction

The seventh round of the "Better Workplaces" Staff Opinion Survey was conducted from the 20th April until the 8th May, 2009. The participating Queensland Health health service districts were Cape York, Central West, Darling Downs-West Moreton, Mackay, Sunshine Coast-Wide Bay and Torres Strait and Northern Peninsula Area. Also participating was the Division of the Chief Health Officer.

The response rate of 42% is the highest recorded since the inception of the surveys in 2006, and an 8% increase from the April 2007 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) and several additional measures which were developed specifically for Queensland Health, including Trust in Leadership, Clinical Practice Measures and Harmful Behaviours.

Each district and division within Queensland Health is surveyed every two years, with approximately one quarter of the organisation being surveyed every six months. This report presents the key findings from the participating districts and division as a whole, together with their comparative data. Due to the reform within Queensland Health in August 2008, (when a number of Districts and Divisions were realigned), the comparative data in the graphs, labelled April 2007 for reporting purposes, has been combined from separate data bases from when the locations were surveyed separately. (Northern Downs in April 2006; Sunshine Coast and Torres in September 2006; Division of the Chief Health Officer, Cape York, Mackay, Central West, Toowoomba/Southern Downs/West Moreton in April 2007; and Wide Bay in April 2008). Each district and division is presented with its own summary and detailed findings to evaluate for the action planning process.

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

Respondents were also provided with the opportunity to write comments. Comments on Workplace Functioning were the most predominant, followed by Infrastructure Issues and Leadership.

Methodology

The survey results are reported using the Measurement of Outcomes Index (MO-Index), which is a measure of how staff responded to survey items. The results are presented in Outcome Units (OU), which have been divided into bands. For positive measures, i.e. those where high scores are desirable, the middling band ranges from -8.0 OU to 8.8 OU, the commendable band from 8.8 OU to 30.2 OU and outstanding results are above 30.2 OU. Scores below middling fall into either the challenging band, -8.8 OU to -30.2 OU, or adverse, for scores below -30.2 OU. Within the survey there are three negative indicators (those where low scores are desirable), these being *Individual Distress*, *Workplace Distress* and *Excessive Work Demands*. For these three measures, middling remains 8.8 OU to -8.8 OU, commendable scores are between -8.8 OU and -30.2 OU, with outstanding scores lower than -30.2 OU. Challenging scores for the negative indicators are between 8.8 OU and 30.2 OU. Figures 1 and 2 below represent the bands for positive and negative indicators, respectively.

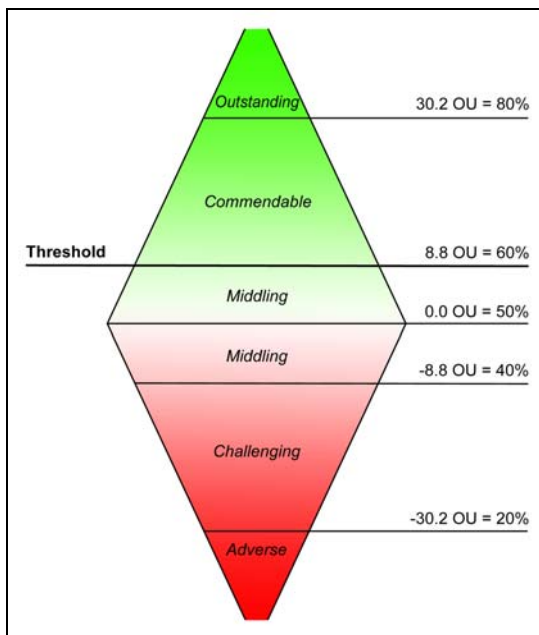


Figure 1. Positive Indicators

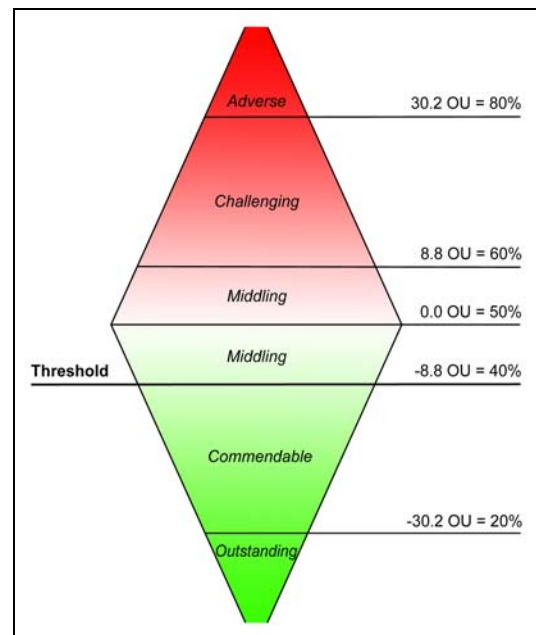


Figure 2. Negative Indicators

For a full description of how these numbers are calculated and the interpretive guidelines, see Appendix A.

With the introduction of the MO-Index, measures can now be broken down into the items (questions) that make up each measure. This provides meaningful data, from which more targeted actions can be developed for inclusion in action plans and implementation across work areas.

Contextual information

In August 2008, Queensland Health underwent a major health reform, with a number of districts and divisions being realigned to allow them to take on a greater level of responsibility and accountability. At the time of the survey, some new districts (comprising up to five former districts) were still bedding down these changes.

The H1N1 Influenza A 2009 (Swine Flu) outbreak occurred during the second week of the survey, affecting services within districts and the Division of the Chief Health Officer. Each district and division has provided their specific context information for inclusion in their Executive Reports.

Key findings

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

Individual Outcome Measures (QPASS)

- *Quality of Worklife* and *Individual Morale* both improved within the middling band. All items within these two measures also improved.
- *Individual Distress* improved overall and remains in the commendable band. There was variation within the items for this measure, with the highest scoring item relating to *feeling afraid at work* being the only one to experience a negative shift of 0.5 OU, but remains within the outstanding band. The only item to score in the middling band, relates to staff *feeling tense at work*, with all others in the commendable band.

Organisational Climate Measures (QPASS)

- Overall, of the 10 organisational Climate Measures, eight scored in the middling band and two are commendable. There were no challenging scores. Only one measure, *Excessive Work Demands* experienced a negative shift.
- *Workplace Morale* improved more than all other QPASS measures, with all items within the measure improving. The score for the measure remains in the middling band.
- *Professional Growth* improved and remains in the middling band. The item, *encouraged to pursue further training* has the highest score and remains in the commendable band. The item, *others take an active interest in my career* improved the most, but has the lowest score.

- *Participative Decision Making* shifted from an undesirable negative score to a positive score, within the middling band, but has the lowest score of all the positive measures. The item, *asked to participate in decisions concerning administrative policies and procedures in this work area*, showed the most improvement, but remains the lowest scoring item.
- *Supervisor Support* remains a middling score with some improvement. There was variation within the items, with the item relating to staff being *able to approach the supervisors in this work area to discuss concerns and grievances* achieving the highest score, a commendable 17 OU. The item which had both the lowest score (1.2 OU) and the least improvement was *the supervisors don't really know the problems faced by staff in this work area*. The item relating to supervisors being *relied upon when things get tough* contributed the most to the positive change.
- *Peer Support* showed some improvement and remains in the commendable band. All items within the measure improved, with the item *there is good communication among staff* contributing the most to the change. *I feel accepted by other staff in this work area* is the item which scored the highest (21.3 OU), while *there is good communication between groups* at 3.1 OU, is the lowest scoring item.
- *Appraisal and Recognition* improved, and remains a middling score. The highest scoring item was *I have the opportunity to discuss and receive feedback on my work performance* with 8.2 OU. The only negative shift within the items was *there is structure and process that provides feedback on my work performance*, which dropped by 0.6 OU.
- *Goal Congruence* improved within the middling band, with all items also improving. Two items, *the staff are committed to the work area's goals and values*, and *my personal goals are in agreement with the goals of this work area*, both improved to a commendable level.
- *Workplace Distress*, which is a negative indicator where scores below -8.8 OU are desirable, improved, but remains an undesirable positive score within the middling band. All items showed positive shifts, with the best score and equal most improvement being for *staff in this work area feel depressed about their job*. *Staff in this work area are frustrated with their job* shared the lead for the most improvement. The least improvement and worst score was for *staff in this work area experience a lot of stress* which remains a challenging score.
- *Role Clarity* improved slightly and remains within the commendable band. The item *I am clear about my professional responsibilities* attained the highest score of 22.6 OU, which is in the commendable band. *My work objectives are always well defined* had the only

negative shift within the items and the lowest score, 6.2 OU (which was also the only item score in the middling band).

- *Excessive Work Demands* (a negative indicator) had an undesirable negative shift and remains in the middling band but with an undesirable positive score of 6.9 OU. There were minimal changes within the items, with the best score and only positive shift being for *no time for staff to relax in this work area*. *Staff in this work area are overloaded with work* was the only challenging score among the items.

Additional measures designed specifically for Queensland Health

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

Trust in Leadership

Overall for Queensland Health, all three levels of *trust in leadership* had slight negative shifts.

- Although *Trust in Immediate Supervisor* experienced a negative shift of 0.4OU, it remains a commendable score. The highest scoring item at 14.2 OU, was *my supervisor treats people with care and respect*. The lowest scoring item was *asks for my opinion before making decisions that affect my work*, at 5.8 OU.
- The score for *Trust in Senior Manager* remains a middling score.
- *Trust in District/Divisional Executive* remains an undesirable negative score, within the middling band. All items experienced very small negative shifts.

Organisational Management Practices

- *Workplace Health and Safety* improved and remains in the commendable band.
- *Work Area Management Practices* improved within the middling band, with the highest scoring item being *there are clear guidelines and policies for how we work*, which is in the commendable band. The lowest scoring item, with an undesirable negative score within the middling band is *poor performance is appropriately managed*.
- *Support for managing others* improved, shifting from a middling to commendable score. The highest scoring item was *I am confident I have appropriate skills for managing staff performance*, which scored in the commendable band. The lowest scoring item and only

negative change was for the item, *I have adequate time and resources to manage my staff.*

Clinical Work

- *Clinical Management Practices* measure improved and remains in the middling band. The highest scoring item and only commendable score was for *I am expected to perform within my skills.* The item, *clinical teams participate in decisions about funding allocation for patient care* had the largest negative shift and lowest score across these items.
- *Clinical Communication* improved and remains in the commendable band. *Sharing of clinical communications is efficient* and *receiving the information needed to carry out work* are the equal highest scoring items. The lowest scoring item and only one in the middling band, was *my opinions about improving clinical services are valued.*
- *Multidisciplinary Team Support* improved and remains in the commendable band. All items within the measure achieved positive change and scored in the commendable band. The highest score was for *patient care is provided by multidisciplinary teams* (23.3 OU) while the lowest score was for *multidisciplinary teams meet regularly to plan and review patient care*, which is commendable at 9.8 OU.

Career Intentions

- 32% of respondents are considering leaving their current job, with 20% currently actively looking for another job.
- 72% of respondents said they would want to stay in Queensland Health if they left their current job.
- The main reason for considering leaving their current position is *career development*, followed by *unhappy with management* and *lack of recognition in the work area.*

Harmful Behaviours

- 31% of respondents reported that they had experienced harmful behaviours in their work area in the past six months, compared with 27% in 2007.
- The most common source of harmful behaviours was reported as co-workers (35%), followed by supervisors/managers with 29%.
- Where the source of the harmful behaviour was internal, i.e. supervisors/managers or co-workers, the effect *fear for their safety* was less likely, while the effect *made me upset at the time* was more common.

- Where the source of the harmful behaviour was external, i.e. visitors/relatives or patients/clients, the respondent would be *upset at the time* or more likely to *fear for their safety*, while more serious effects such as *ongoing distress or anxiety* or *physical or psychological harm for which medical treatment was sought*, were less likely.
- Actual *physical or psychological harm for which medical treatment was sought* was more likely where the source was internal.
- The majority of respondents say they *know how to report harmful behaviours*, but only about half say they *trust the process for managing harmful behaviours*.
- 23.6% of managers/supervisors reported experiencing harmful behaviours from people they manage, compared with 22.7% in 2007.
- Respondents indicated they were aware that some action was taken in about 47% of the instances of harmful behaviour they reported formally.

Performance Reviews

- 51% of respondents indicated they have had a written performance and development plan (i.e. PAD, PPR, MFP etc) in the last 12 months.
- 56% of supervisors reported having conducted performance and development plans with all their direct report staff in the last 12 months.

Indicators of Quality and Improvement

- *Relationships with co-workers* was identified as the best indicator of quality in the workplace, with *recognition for good work* being identified as the most important indicator requiring improvement, which is consistent with previous survey rounds.

Results by occupational stream groups

Most occupational stream groups recorded an improvement across the majority of QPASS measures.

Health Practitioners

- This group achieved six commendable and seven middling scores for the QPASS measures.
- All measures improved, with *Supervisor Support*, *Goal Congruence* and *Role Clarity* improving from middling to commendable scores.
- *Workplace Distress* scored lower for this occupational stream than any other.

- *Trust in Immediate Supervisor* improved and remains a commendable score.
- *Trust in Senior Manager* improved and remains middling.
- *Trust in Executive* experienced a slight drop, and with a score of -4.6 is the lowest scoring trust measure for this group.

Medical

- This group achieved six commendable and seven middling scores for the QPASS measures.
- Eleven measures improved, while two, *Role clarity* (remaining commendable) and *Excessive Work Demands* (remaining middling) had negative shifts.
- *Workplace Morale* and *Goal Congruence* both improved from middling to commendable scores.
- *Trust in Immediate Supervisor* had a negative shift, but remains commendable.
- *Trust in Executive* improved, but remains an undesirable negative score within the middling band.

Nursing

- Nursing staff reported commendable scores for three of the QPASS measures, and the remaining 10 scores are in the middling band.
- There was only one QPASS measure to experience a negative shift, this being *Excessive Work Demands* which increased to 8.5 OU.
- All three levels of trust in leadership had negative shifts.
- Trust in Immediate Supervisor dropped from a commendable to middling score,
- *Trust in Senior Manager and Executive* both recorded middling scores.

Administration Staff

- This occupational stream reported four commendable and nine middling scores for the QPASS measures.
- *Supervisor Support* shifted from a middling to commendable score.
- All three levels of trust in leadership had negative shifts.
- *Trust in Immediate Supervisor* remains a commendable score.
- *Trust in Senior Manager and Executive* both recorded middling scores.

Operational Staff

- Operational staff recorded commendable scores for two of the QPASS measures and middling for the remaining eleven.
- *Peer Support* recorded the lowest and only middling score of all occupational streams.
- *Excessive Work Demands* is the only QPASS measure to experience a negative shift, and this shift was the largest across all occupation stream groups.
- All three levels of trust in leadership had negative shifts and scored within the middling band.

Indigenous Health

- Indigenous health staff recorded commendable scores for ten of the QPASS measures and middling for the remaining three.
- Eight measures scored higher than any other occupational stream.
- Ten on the QPASS measures had negative shifts, with seven of these being larger negative shifts than for any other occupational stream group.
- *Trust in Immediate Supervisor* improved more for the Indigenous Health staff than any other occupational stream and recorded the highest score. At 19.7 OU, it is a commendable score.
- *Trust in Senior Manager* experienced the largest negative shift of the occupational streams, but remains a commendable score.
- *Trust in Executive* experienced the largest negative shift of the occupational streams. However, with a middling score of 3.2 OU, it attained the highest score of all occupational stream groups.

Professional

- Due to the introduction of the Health Practitioner stream, the professional stream does not have any comparative data.
- This group scored in the commendable range for two of the QPASS measures and middling for the remaining eleven.
- *Quality of Worklife*, *Role Clarity* and *Individual Distress* attained the lowest scores for the professional stream than for any other occupational stream.
- *Trust in Immediate Supervisor* scored in the commendable range.

- *Trust in Senior Manager and Executive* both scored in the middling band.

Trades

- For the QPASS measures, trades staff recorded three commendable scores, eight middling and two challenging scores.
- While their actual scores are not as high as for other occupational streams, the improvement in their scores for nine measures (which includes all of the Individual Outcomes) was greater than for any other occupational stream.
- *Individual Distress, Peer Support* and *Role Clarity* all moved from middling to commendable scores, while *Appraisal and Recognition, Workplace Distress* and *Excessive Work Demands* improved from challenging to middling scores.
- *Professional Growth* improved more for this stream than any other.
- *Trust in Senior Manager* improved, but remains a challenging score. At -9.3 OU, it is the lowest score across the occupational streams.
- *Trust in District/Divisional Executive* experienced the largest positive change, shifting the score from challenging to middling.

Technical

- This occupational stream reported seven commendable and six middling scores for the QPASS measures.
- *Quality of Worklife, Workplace Morale, and Goal Congruence* all moved from the middling to commendable band.
- *Peer Support* and *Excessive Work Demands* had better scores for these two measures than any other occupational stream.
- *Individual Distress, Professional Growth* and *Supervisor Support* experienced larger negative shifts than any other occupational stream.
- *Trust in Immediate Supervisor* improved and remains a commendable score.
- *Trust in Senior Manager* improved more for this group than any other occupational stream and moved from a middling to commendable score. Their score of 12.8 OU is higher than for any other occupational stream.
- *Trust in Executive* experienced a small negative shift and remains in the middling band.

Dental

- Dental staff recorded three commendable and ten middling scores for the QPASS measures.
- Seven measures experienced negative shifts, with *Goal Congruence* and *Workplace Distress* having larger negative shifts than the other occupational streams.
- Scores for four QPASS measures were worse for this group than any other occupational streams.
- All three levels of trust in leadership had negative shifts.
- *Trust in Immediate Supervisor* dropped from a commendable to middling score.
- *Trust in Senior Manager* and *Trust in Executive* remain middling scores.

Conclusions

The April 2009 survey results showed *Workplace Morale* to have recorded more improvement than any other measure of organisational climate. *Peer Support*, *Role Clarity*, *Trust in Immediate Supervisor*, *Workplace Health and Safety*, *Support for Managing Others*, *Multidisciplinary Team Support for Patient Care*, and *Clinical Communication* remained commendably high, and *Individual Distress* remains commendably low. While the results of these overall measures were deserving of praise, there were aspects within each measure that should be noted (refer to key findings; e.g., the item *supervisors don't really know the problems faced by staff in this work area* in the measure of *Supervisor Support*).

The improvement across several measures reported by *Trades* respondents is to be commended. Although *Indigenous Health* reported declines on several measures, the maintenance of commendable results for these measures is also noteworthy.

Recommendations

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

- The need for more to be done in the way of valuing staff and providing feedback continued to be apparent and crucial. There was also suggestion that structure and process for feedback requires improvement.
- Career development and advancement opportunities were highlighted as the most common reason for respondents who were considering leaving their job, which signals an area of attention for managers. In light of this response, succession planning could be considered at a strategic level and training plans could incorporate:
 - (1) development - improving skills for the present job, and
 - (2) growth - preparation for advancement in career, and in particular focusing attention on the high proportion of respondents who have not had a written performance and development plan conducted in the last 12 months.
- The prevalence of harmful behaviour remains an issue, which is detrimental to ongoing improvements in organisational culture. Without compromising ethical and legal obligations of confidentiality, management needs to communicate whether or not action was taken in response to staff reporting incidents of harmful behaviour. This may reduce the number of incidents, and staff would likely have more faith in the management of harmful behaviour situations.
- Management and staff at all levels need to remain vigilant and intolerant of harmful behaviour, even when it is circumstantial or unintended. Failure to do so will mean that the impact of harmful behaviours from internal sources continues to undermine staff abilities to perform at their best.
- Results suggest that regular communication with staff, as well as other aspects of trust, by senior and executive management are key issues to be addressed.
- The results of this survey should be conveyed to staff, portraying a balanced picture of both the key successes and challenges. This would help increase trust in leadership. The Executive Management Team should continue driving the action planning process at the organisational level, together with CEOs and Deputy Director Generals at the district/divisional level.

QPASS Measures

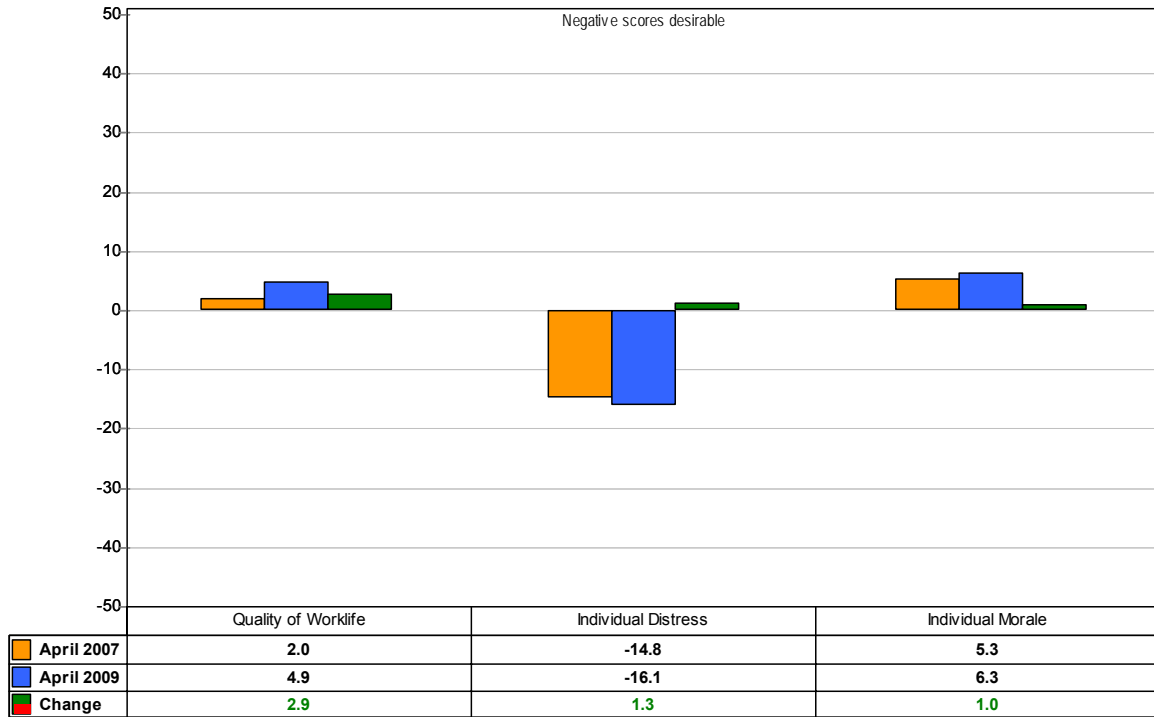


Figure 3 Individual Outcomes measures

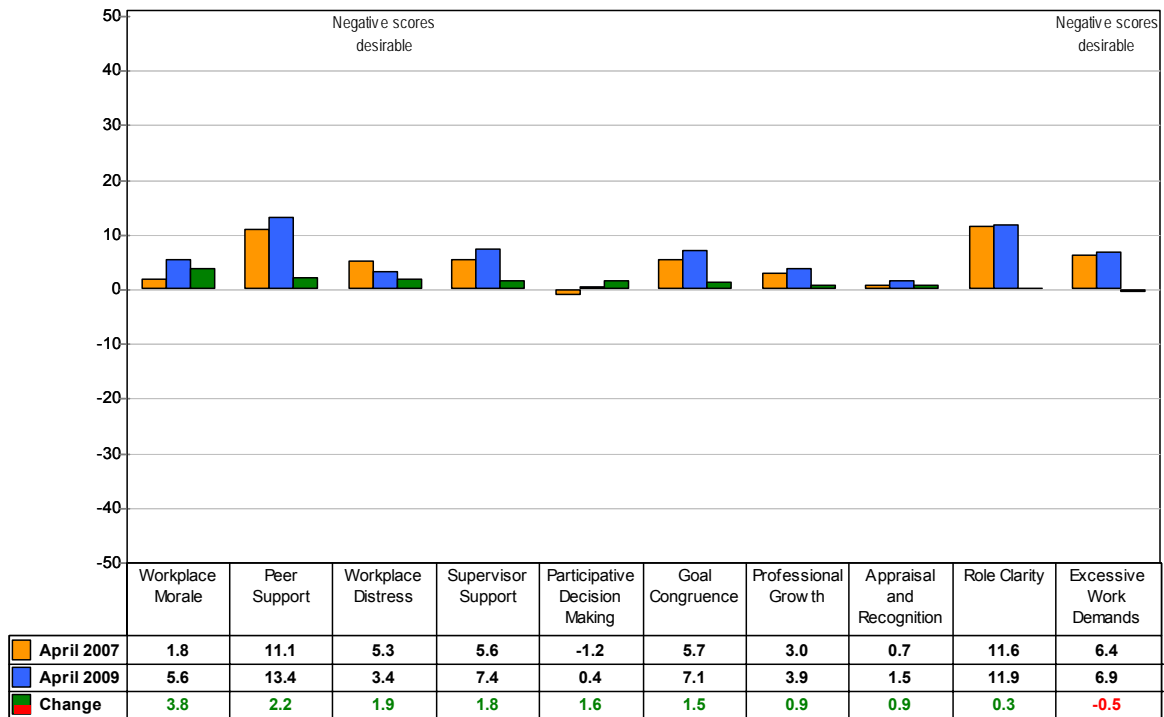


Figure 4 Organisational Climate measures

Trust in Leadership



Figure 4 Trust in Leadership measures

Response Rate and Comparative Data

Table 1. Response Rates

QH Overall	Total possible respondents	Actual paper based respondents	Actual web based respondents	Response Rate (%)
April 2009	19 210	5026	3 007	41.8
Districts and Divisions				
Mackay	1 847	781	363	61.9
Cape York	374	68	147	57.5
Division of the Chief Health Officer	1 237	34	603	51.5
Central West	360	110	69	49.7
Sunshine Coast-Wide Bay	6 955	2 092	867	42.5
Torres Strait & Northern Peninsula	405	91	62	37.8
Darling Downs-West Moreton	8 032	1 850	896	34.2

Table 2. Survey Dates of Comparative Data

April 2009 HSD/Division	Comparative Data
<u>Mackay:</u> Mackay Townsville	April 2007 September 2007
<u>Division of the Chief Health Officer:</u> Chief Health Officer CAHS NAHS SAHS Offender Health Services	April 2007 April 2007 April 2007 April 2007 October 2008
<u>Sunshine Coast-Wide Bay:</u> Sunshine Coast & Cooloola Gympie Wide Bay Fraser Coast	September 2006 April 2007 April 2008 April 2008
<u>Darling Downs-West Moreton:</u> Toowoomba & Southern Downs West Moreton Northern Downs	April 2007 April 2007 April 2006
<u>Cape York</u>	April 2007
<u>Central West</u>	April 2007
<u>Torres</u>	September 2006

Demographic Details of Respondents

Table 3. Gender of respondents

Gender	Count	Percent
Female	1481	18.4
Male	6467	80.5
Didn't indicate	55	0.7

Table 4. Age of respondents

Age	Count	Percent
Under 21	63	0.8
21 – 30	1007	12.5
31 – 40	1614	20.1
41 – 50	2715	33.8
51 – 60	2082	26
Over 60	493	6.1
No response	59	0.7

Table 5. Employment Status

	Count	Percent
Permanent full-time	4297	53.5
Temporary full-time	623	7.8
Permanent part-time	2275	28.3
Temporary part-time	263	3.3
Casual/flexible	530	6.6

Table 6. Aboriginal or Torres Strait Islander

	Count	Percent
Yes	306	3.8
No	7643	95.1
No response	84	1.0

Table 7. Non-English speaking background

	Count	Percent
Yes	628	7.8
No	7314	91.0
No response	91	1.1

Table 8. Occupation stream groups

	Count	Percent
Administration	1745	21.7
Nursing	3366	41.9
Health Practitioner	995	12.4
Indigenous Health	104	1.3
Medical	336	4.2
Operational	991	12.3
Professional	105	1.3
Dental	206	2.6
Technical	14	0.2
Trades	25	0.3
Other	86	1.1

Glossary of Key Terms

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

Undesirable negative score	Scores below 0.0 OU for positive indicators.
Undesirable positive score	Scores above 0.0 OU for negative indicators.
Threshold	The point at which something begins or changes. For the MO-Index an outcome of 8.8 OU is the threshold at which scores are described as "Commendable". An outcome of -8.8 OU is the threshold at which scores are described as "Challenges".

Appendix A

Interpretive Guidelines

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

Principle 1: Response rates

Queensland Health has for years aimed and usually exceeded a target of 30% or more participation in staff surveys at the organisation, district or divisional level. 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 literature¹, and the guidelines endorsed by the National Statistical Service².

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.

¹ e.g. Krejcie & Morgan, 1970; Jaccard, 1983

² www.nss.gov.au/nss/home.nsf/pages/sample%20size%20calculator

Star ratings of benchmarks

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

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

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

Principle 3: Interpreting Change

Where five-star benchmarking is used, the issue arises as to how to interpret change over time. What is significant change? The term “significant” is not used here, as it has a particular statistical connotation³. The difference in which Queensland Health is interested 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

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

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

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

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

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

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

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.

- 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 OU⁵.

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. 19.

Hierarchy of Descriptors

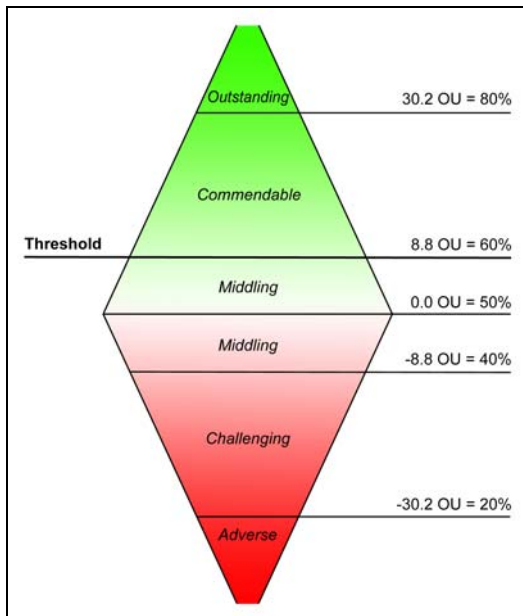


Figure 1. Positive Indicators

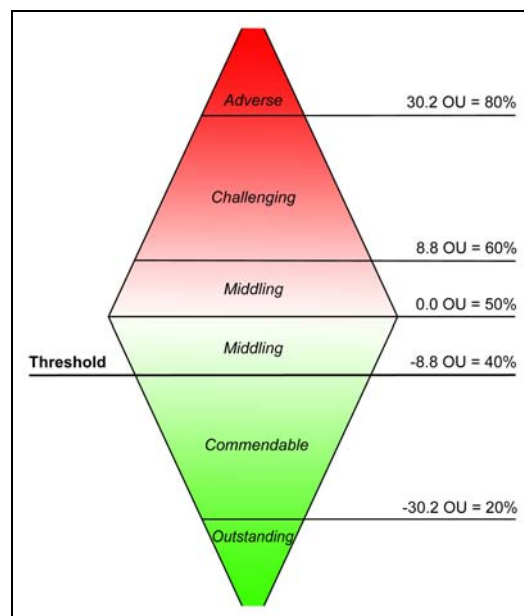


Figure 2. Negative Indicators

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

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

middling result without the inherent inaccuracies of the simple average percentage score. Higher than this is Commendable (unless it is a negative indicator), and lower than this is Challenging (again, unless it is a negative indicator). This threshold represents a balance 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 (“April 2009” as shown in graphs in this report) and prior survey period (“April 2007” as shown in graphs in this report), and not to the level of change in scores indicated by comparisons between the survey periods (“Change” as shown in graphs).

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

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

Appendix B

Description of the Survey Questionnaire

Biographical Data

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

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

The next section contains two groups of measures from QPASS. These included Individual Outcomes and Organisational Climate.

Individual Outcomes

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

Measures include:

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

Organisational Climate

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

Measures include:

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

Trust in Leadership and Organisational Management Practices Measures

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

Employee Engagement Measure

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

Two measures apply to subgroups of respondents.

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

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

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

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

Appendix C

Reliabilities of Measures

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

Individual Outcome	α
Individual Morale	0.94
Quality of Work Life	0.93
Individual Distress	0.91
Organisational Climate	
Appraisal & Recognition	0.92
Supervisor Support	0.90
Workplace Morale	0.89
Workplace Distress	0.88
Peer Support	0.88
Participative Decision Making	0.85
Profession Growth	0.85
Excessive Work Demands	0.84
Goal Congruence	0.81
Role Clarity	0.78
Employee Engagement, Trust in Leadership and Organisational Management Practices Measures	
Trust in Leadership - Senior Manager	0.96
Trust in Leadership - Immediate Supervisor	0.95
Trust in Leadership - District Executive/Executive	0.95
Work Area Management Practices	0.91
Clinical Communication	0.85
Multidisciplinary Team Support for Patient Care	0.77
Employee Engagement	0.76
Clinical Management Practices	0.76
Workplace Health and Safety	0.71
Support for Managing Others	0.68

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