R e p o r t   o f

"better **workplaces"** *Queensland Health*

Staff Opinion Survey September 2007

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Executive summary

In September 2007, staff from four Queensland Health Service Districts (HSDs), Clinical and Statewide Services, and Policy, Planning and Resourcing Divisions participated in the Better Workplaces Staff Opinion Survey.

The survey consisted of a number of questions requesting biographical data, measures of Individual Outcomes and Organisational Climate from the Queensland Public Agency Staff Survey (QPASS), Trust in Leadership, and several Organisational Management Practices measures. Two sets of comparative data were used for QPASS measures: (1) previous Queensland Health surveys, and (2) combined Queensland Health and other Public Sector organisations. For all other measures, the results from April 2007 survey were used. All comparative data for QPASS measures have been aggregated from surveys conducted since 1999. While these data provided a useful indicator for the QPASS measures, it is aggregated from data spread across eight years and therefore may not be based on a representative sample of Queensland Health employees.

Respondents were also provided with the opportunity to write additional comments. Section C, Table 10 (pg. 45) presents the frequencies of suggestions and improvements made in the workplace in the last six months from 14 main themes. Comments on Workplace Functioning were the most predominant (the ratio of suggestions to comments about improvements made in the area was 16:5), followed by Infrastructure Issues (11:3), Workplace Conduct and Behaviours (33:7), Leadership (5:2), Staffing (7:2), Communication Practices (21:5), and Recruitment, Retention and Career Pathway Processes (72:7) (see Table 10 for ratios of the other seven themes).

Key findings

Positive Indicators:

- Queensland Health results for September 2007 for all three measures of Individual Outcomes (*Quality of Work Life, Individual Morale, Individual Distress*) are comparable to overall public sector employees (Health and other public sector organisations) and comparative data obtained from previous Queensland Health surveys.

- All ten measures of organisational climate (*Workplace Morale, Supervisor Support, Participative Decision Making, Role Clarity, Peer Support, Appraisal and Recognition, Professional Growth, Goal Congruence, Workplace Distress, Excessive Work Demands*) are comparable to overall public sector employees (Health and other public sector organisations) and comparative data obtained in previous Queensland Health surveys.

- *Individual Distress* at 32.7% is lower than one would expect relative to *Workplace Distress*.

- *Role Clarity* and *Peer Support* at 63% are in the upper band, which is consistent with previous Better Workplaces Staff Opinion Survey scores.

- *Trust in Leadership of Immediate Supervisor* at 63.2% is higher relative to *Trust in the Leadership of Senior Manager* (54.1%) and *District Executive/Executive* (47%). Differential scores of the different levels of managers have been the trend since the first Better Workplaces Staff Opinion Survey in May 2006.

- *Workplace Health and Safety* score has maintained at the upper band (70.6%).

- The level of confidence in the procedures to resolve harmful behaviours (*Confidence in Procedures to resolve Harmful Behaviours)* at 65.6% remains encouraging.

- Respondents' ratings of *Clinical Communication* (60.9%) and *Multidisciplinary Team's Support for Patient Care* (65.1%) are in the upper band.

- 92.7% of the respondents who had performance reviews reported that they were conducted fairly and without bias.

- Respondents indicated that relationships among co-workers and availability of right materials and equipment to do the job are the best indicators of quality in their workplace.

Key Challenges

- The overall response rate was 29% (N = 6051), varying between 23% and 84% for the participating health service districts and divisions. The response rates for May and September 2006 were 31% (N = 4513) and 37% (N = 4518) respectively, whilst April 2007 attained a 34% (N = 4709) response rate.

"better **workplaces**"
Queensland Health

- Whilst the level of *Workplace Distress*[1] (55.7%) is comparable to Queensland Health comparative data and overall public sector employees data, it stands in contrast to the lower *Individual Distress* score (32.7%), indicating that *Individual Distress*[2] may increase in the coming year if the relatively higher *Workplace Distress* does not decline.

- The level of *Trust of District Executives/Executives* (47%) is lower than one would expect, even during significant organisational challenges.

- 37% of respondents are thinking of leaving their Health Service District, 26% are looking for a new job in the next 12 months and 19% will leave as soon as they find another job.

- Respondents indicated 'lack of job satisfaction', 'unhappy with management', and 'lack of recognition' as main reasons for intending to leave their current job.

- 33% of respondents report experiencing some level of *Harmful Behaviour* in their work area within the past six months. Co-workers within profession/occupation/work group (35%) was the most prevalent source of harmful behaviours, followed by supervisors (23%), members of the public (24%), and co-workers from other professions/occupations/work groups (18%).

- 39% of respondents who experienced harmful behaviours indicated they did not report the behaviour. Whilst confidence in the procedures to resolve harmful behaviours is high, respondents indicated 'no action would be taken' (27%) to be the primary reason for not reporting, followed by, they 'did not trust manager/supervisor to respond appropriately' (23%), 'reprisal or victimisation' (22%), 'able to deal with the situation themselves' (16%), 'planning to leave' (7%), and 'unaware of correct process' (5%).

- More than half of the respondents (55%) who reported harmful behaviours perceived that action was not taken.

- 46% of respondents indicated that they have not had formal performance reviews within the last 12 months, and 59% of respondents who manage others indicated they had not conducted performance reviews with **all** their direct staff in the last 12 months.

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[1] Workplace Distress: Respondents feel frustrated, stressed, tense, anxious and depressed about their work
[2] Individual Distress: Feeling tense, afraid, unhappy, anxious, negative, uneasy and depressed at work.

- Respondents indicated that recognition for doing good work, and leadership and supervisory practice most needed to improve in their workplace.

Predictors of Quality of Work Life, Individual Morale and Distress

Results from preliminary analysis (statistical assumptions were not applied in this analysis) conducted found the following specifically for the September 2007 sample:

- The strong predictors of **Quality of Work Life** are:
    - Workplace Morale – the extent staff show enthusiasm, pride in their work, team spirit, and energy
    - Role Clarity – the extent to which expectations, work objectives, responsibilities, and authority are clearly defined
    - Trust in the Leadership of District Executive - 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.
    - Professional Growth – the extent to which there is interest, encouragement, opportunity for training, career development and professional growth
    - Trust in the Leadership of Immediate Supervisor - 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.

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

- The strong predictors of **Individual Morale** are:
    - Workplace Morale – the extent staff show enthusiasm, pride in their work, team spirit, and energy
    - Role Clarity – the extent to which expectations, work objectives, responsibilities, and authority are clearly defined
    - Professional Growth – Interest, encouragement, opportunity for training, career development and professional growth

      o Appreciation and Recognition – Quality and regular recognition and feedback on work performance

Individual Morale is higher when Workplace Distress is lower.

- The strong predictor of **Individual Distress** is:

      o Workplace Distress – Staff feel frustrated, stressed, tense, and anxious and depressed about their work

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

- The strong predictors of **Workplace Distress** are:

      o Excessive Work Demands – Staff are overloaded with constant pressure to keep working, leaving no time to relax

      o Workplace Morale – the extent staff show enthusiasm, pride in their work, team spirit, and energy

      o Supervisor Support – Managers are approachable, dependable, supportive, and they know the problems faced by staff, and communicate well with them

Conclusions

Some parts of the conclusions of this survey are similar to the surveys of May 2006, September 2006 and April 2007, which is not unexpected, considering the nature of organisational culture and timeframes required for cultural change.

Queensland Health has committed to monitoring employee attitudes on a regular basis so that trends and issues can be identified before more significant problems arise. This survey was the final of four surveys conducted since May 2006 and marked the end of the first state-wide cycle. The response rate of the "Better Workplaces" Staff Opinion Survey September 2007 was lower than expected and below the target of 30%. In most respects, the results are comparable to Queensland Health Comparative data and overall Queensland public sector QPASS scores. These results and response rate may reflect the different districts and divisions participating in this survey period, or the reactions or factors related to mergers of health service districts during that period.

The proportion of respondents who reported experiencing harmful behaviours has not differentiated from the last three rounds of survey. Hence, vigorous effort is required, whether it is by way of regulations, active investigations, or counselling, to drive the message of zero tolerance of harmful behaviours throughout the organisation.

As in May and September 2006 and April 2007, performance reviews remain a challenge according to scores achieved in this survey. An understanding of the obstructions to carrying out the process is warranted. Though many challenges remain, continued management and employee engagement will optimise on the results of surveys and further contribute to organisational improvement.

All levels of management and staff who participated in this survey should be acknowledged for their sustained effort in the process. In so doing, they have shown a genuine willingness and commitment to the improvement of organisational culture.

Recommendations

As issues remain similar to previous surveys, many of the following recommendations are similar to those presented in the May, September 2006 and April 2007 reports.

1. Queensland Health should review the processes of each survey, and look for ways to improve the response rate for the next survey. The more management engages these findings, involves staff in improvements, and communicates outcomes of initiatives to staff, the more likely staff will engage in subsequent surveys.

2. Convey these findings to staff, and let them know the management has both heard them and accepted the results. Do not distort the findings in any way, but portray a balanced picture of both the key successes and challenges. This will help increase trust in leadership.

3. Consult with staff on the implications of the findings and welcome their suggestions to address challenges. In particular, identify the work areas where immediate attention is required. Consultation could be in the way of focus groups, ongoing committees or working groups. This step establishes the process for staff to be involved and participate in decisions that affect their work functions.

4. Empower staff to create innovative and workable solutions to issues identified. Empowerment promotes a sense of belonging to the organisation, which in turn enhances performance.

5. Recognise that staff are motivated by being valued. Provide **regular** feedback, formal and informal, of staff's work and skills as best practice management. Appraisal and recognition are not limited to just formal performance reviews and long service awards respectively.

6. Drive the message of **Zero Tolerance** of harmful behaviours in the workplace.

7. The management of harmful behaviour in the workplace is a complex issue for most organisations. Reporting of harmful behaviours is limited by the perception that no action will be taken. Hence, there should be a special focus on providing feedback to assure staff that appropriate actions have occurred, even if details that would breach confidentiality cannot be provided. Prevention and management of harmful behaviours should initially focus on those work areas or occupational groups highlighted in the report as experiencing such behaviour.

8. Trust in leadership is partly a function of perception, and partly a function of performance. While a range of initiatives are being implemented (e.g., Leadership Program), staff perception remains an issue. In the absence of regular face-to-face contact and communication with management, staff will understandably make their own assumptions about situations and uninformed conclusions of decisions made by management. Regular contact between managers and all workers is strongly encouraged. Whist this may be an additional challenge to management, the benefits of improved trust and relationships will be significant.

9. The higher than desirable level of workplace distress is a product of several factors, in particular the perception of excessive work demands. Workplace distress and the perception of excessive work demands may be moderated by a positive work environment where workplace morale is high and management is trusted. Managers and supervisors at every level should be encouraged to make their work areas cohesive, supportive and positive places to work, through management practices including regular open communication and recognition of staff.

10. Management at every level should take every opportunity to listen to staff concerns and take the lead in removing barriers to create good working relationships with staff and a work environment that is conducive to open communication. Whilst no immediate operational solution may be available to problems raised, staff often respond more positively to change and situations if they know they are genuinely heard. This survey is only one aspect of what should be a culture of listening.

11. Management should not solely focus on areas highlighted in the results of the surveys as 'problems' and instead should focus on a balanced approach which celebrates and maintains measures which have attained positive results.

12. Aggregate scores on any indicator will tend to produce a middling score when the sample size is large, eg district-wide scores. This may not reflect both positive and challenging results for individual work units. Further interrogation of the 'Total Ideas' database is recommended for individual work units as available. Each unit manager should be encouraged to evaluate how their unit responded (where available), recognise and support their unit's strengths, offer praise where praise is due, and work with staff to make positive changes where that is warranted.

13. Districts will benefit from further analysis of results with respect to other organisational measures including absenteeism, retention, grievances, WorkCover data and exit interviews to provide clearer evidence of causative factors and further direction for improvement strategies.

Introduction

Introduction

This report contains the results of a survey conducted by a consultancy team from the Community and Organisational Research (*core*) Unit at the University of Southern Queensland (USQ) in September 2007. The survey was based on the measures of Individual Outcomes and Organisational Climate from the Queensland Public Agency Staff Survey (QPASS), Trust in Leadership, and Organisational Management Practices measures that were formulated by the Queensland Health Workplace Culture team in consultation with researchers from *core*. All measures were found to have acceptable consistencies in the last three rounds of the survey. Combined results are reported for Central Queensland, Princess Alexandra Hospital, Southside, and Townsville Health Service Districts, Clinical and Statewide Services, and Policy, Planning and Resourcing Divisions. Additional analyses and comparisons can be made using the interactive database, *Total Ideas*, which is provided to the Workplace Culture Team as a supplement to this report. Separate reports and databases are also provided for each of the Districts, Clinical and Statewide Services, and Policy, Planning and Resourcing Divisions. In addition to this report and *Total Ideas* is a newly developed interactive database, *Total Comments*, which provides counts and de-identified text comments based 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. Data obtained from (1) 23 677 Queensland Health employees, (2) 43 312 Queensland Health and other Public Sectors employees surveyed between 1999 and 2007, and (3) 4 696 respondents from April 2007 survey will be used as comparisons to indicate areas of consistent strength as well as areas that need to be addressed.

Survey Process

Staff in the Clinical and Statewide Services and Policy, Planning and Resourcing Divisions 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 those with access to GroupWise were also offered the opportunity to complete the survey on-line. The researchers at *core* had no access to staff address details as the survey forms were mailed directly by Queensland Health's distribution contractor. In order to ensure the confidentiality of the process, staff could complete surveys on-line or they could mail them, reply-paid, directly to USQ. At no time were completed forms seen by Queensland Health personnel. Surveys were collected over a three week period, at the end of which time, 6 051 were returned, of which 6 029 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, work area management practices, confidence in procedures to resolve harmful behaviours, workplace health and safety, trust in leadership of immediate supervisor, senior manager, and district /divisional executive and the five principles of the Code of Conduct. Items relating to aspects of team work, clinical work, and support for managing others were also obtained from relevant subgroups within the sample. Respondents were also given the opportunity to suggest ways to make things better at their workplace, comment on what has improved in the last six months.

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

Survey Results

Interpretive guidelines

At the commencement of surveys, respondents will normally give their lowest ratings and ratings gradually improve over a number of years. Hence, results from early surveys generally represent a "low water mark" against which future results can be compared.

- Response rates of 30%+ is generally considered representative. A growing response rate from one survey period to the next indicates growing trust in the survey process (this will not be available until staff who have been surveyed are surveyed a second time).

- In order to maintain the consistency of reporting, for districts/divisions that did not attain a 30% response rate, a confidence interval of the mean scores of measures from the September 2007 survey is reported (Response rate = 29%). Confidence interval represents the range within which the mean of the opinion of the staff in question will likely fall (population). Specifically, we reported the range that we are 95% confident that the population mean will lie in.

- Changes of at least 3% are considered significant, though 3% is still a relatively small change. One should also look for consistent change over a number of years where this is available.

- The nature of aggregate results means that the lowest scores that an organisation can expect to see are about 20%, and the highest are about 80%. When interpreting results it is often better to consider the range in which they fall. We recommend:

    - **60%-80% Upper Band**
    - 40%-60% Middle Band
    - **20%-40% Lower Band**

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

- Qualitative comments have been categorised according into 14 themes that were identified from previous surveys. Isolated comments, especially those that do not reflect the quantitative findings should be seen as individual opinion rather than an indication of systemic issues.

Section A: QPASS Measures: Individual Outcomes and Organisational Climate

Measures of Individual Outcomes:

Three main measures of Individual Outcomes are obtained in the survey.

- Scores from **Quality of Work Life** provide a global evaluation of respondents' experience of their life in the workplace
- Scores from **Individual Morale** indicate the extent to which respondents experience positive emotions at work
- Scores from **Individual Distress** indicate the level of negative emotions experienced

> High scores are desirable for Quality of Work Life and Individual Morale, while Low scores are desirable for Individual Distress

Average scores obtained by respondents from Central Queensland, Princess Alexandra Hospital, Southside, and Townsville Health Service Districts, Clinical and Statewide Services, and Policy and Planning and Resourcing Divisions in this survey are compared with results of Queensland Health Comparative data (N = 23 677), and the combined data from personnel of health and other public sectors (N = 43 312).

In the graphs, Queensland Health Comparative scores will be denoted as **QH Comparative** and combined Queensland Health and Public Sector Comparative scores will be denoted as **QH&PS Comparative**. In all comparisons, a difference of at least 3% is utilised as the "rule of thumb" to determine significant difference.

Figure 1 reveals that Quality of Work Life and Individual Morale are in the middle band (40%-60%) and Individual Distress is in the desired lower band (20%-40%). All average scores for the Individual Outcome measures from the September 2007 sample are similar to both comparative data.

Due to a lower than desirable response rate, Table 1 shows with 95% confidence, the range of scores that the mean results would lie within. For example, the average score

from the sample of respondents (N = 6029) for Quality of Worklife is 50.1%. Since the target of at least 30% (approximately N = 6 348) of staff from participating districts and divisions was not attained, there is a 95% chance that the average score of Quality of Worklife lies somewhere within 49.4% (lower level) to 50.7% (upper level).

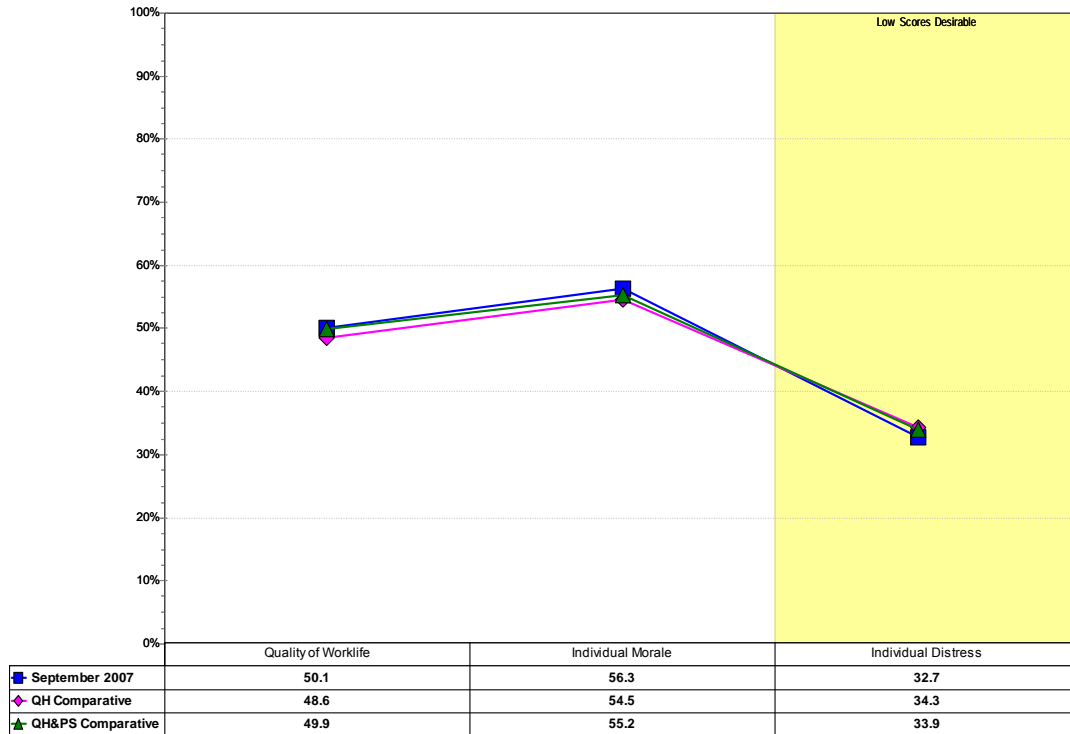|	Quality of Worklife	Individual Morale	Individual Distress
September 2007	50.1	56.3	32.7
QH Comparative	48.6	54.5	34.3
QH&PS Comparative	49.9	55.2	33.9

Figure 1. Average scores of Individual Outcomes Measures

Table 1. 95% Confidence Range of Mean Scores of Individual Outcome Measures

Measure	Lower Level	Upper Level
Quality of Work Life	49.4	50.7
Individual Morale	55.8	56.9
Individual Distress	32.2	33.3

Measures of Organisational Climate

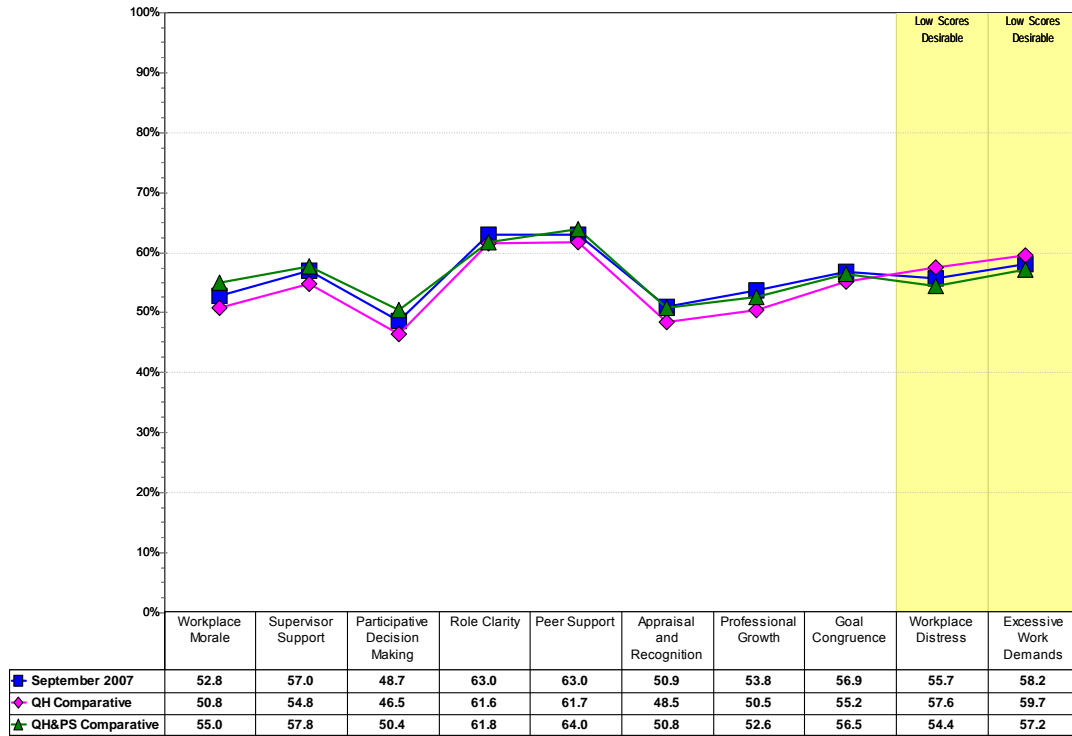|	Workplace Morale	Supervisor Support	Participative Decision Making	Role Clarity	Peer Support	Appraisal and Recognition	Professional Growth	Goal Congruence	Workplace Distress	Excessive Work Demands
September 2007	52.8	57.0	48.7	63.0	63.0	50.9	53.8	56.9	55.7	58.2
QH Comparative	50.8	54.8	46.5	61.6	61.7	48.5	50.5	55.2	57.6	59.7
QH&PS Comparative	55.0	57.8	50.4	61.8	64.0	50.8	52.6	56.5	54.4	57.2

Figure 2. Average scores of Organisational Climate Measures

Average scores of Role Clarity and Peer Support are in the upper band (60%-80%), whilst the other 8 measures are in the middle band.

Figure 2 reveals that September 2007 respondents are reporting similar scores to QH and QH&PS Comparative data on all measures of organisational climate

Table 2 shows the lower and upper level of the range that there is a 95% chance the population mean will lie within for each of the organisational climate measures.

Table 2. 95% Confidence Range of Organisational Climate Measures

Measures	Lower Level	Upper Level
Workplace Morale	52.3	53.4
Supervisor Support	56.4	57.6
Participative Decision Making	48.1	49.3
Role Clarity	62.5	63.4
Peer Support	62.6	63.5
Appraisal and Recognition	50.4	51.5
Professional Growth	53.2	54.3
Goal Congruence	56.5	57.4
Workplace Distress	55.1	56.2
Excessive Work Demands	57.6	58.7

Section B: Measures designed specifically for Queensland Health, including Trust in Leadership, Organisational Management Practices and Item-Response Frequencies

Some items measured in the Better Workplaces Staff Opinion Survey applied to all respondents, whilst some measures were designed to target specific work groups.

Results from Measures based on Average Percentage Scores

Results of September 2007 survey are compared to results of April 2007 survey.

Measures that apply to all respondents (**N = 6 029**) are:

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

- Confidence in Procedures to Resolve Harmful Behaviours
- 5 Principles of the Code of Conduct
    - Respect for People
    - Integrity
    - Respect for Law and the System of Government
    - Diligence
    - Economy and Efficiency

Some measures target specific groups. Table 3 presents the subgroups and the related measures.

Table 3. Subgroups and Measures

Subgroup	N	Measures
Respondents who manage others	39.3% (2368)	Support for Managing Others
Respondents who work in a team	95.4% (5750)	Presence of Team Characteristics
		Trust Amongst Team Members
Respondents who work in a clinical environment	64.4% (3882)	Clinical Communication
		Clinical Management Practices
		Multidisciplinary Team Support for Patient Care

Figure 3 shows that Trust in Leadership of Immediate Supervisor is in the upper band but scores for Senior Manager and District Executive are in the middle band. All scores are similar to April 2007 sample.
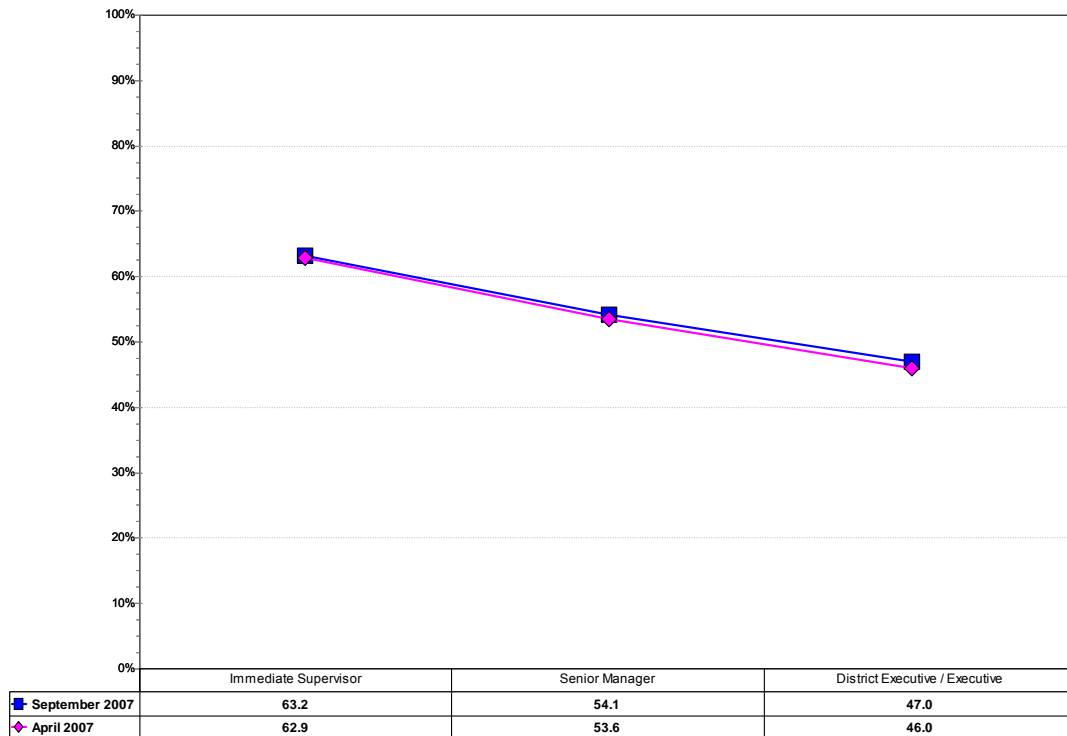

	Immediate Supervisor	Senior Manager	District Executive / Executive
September 2007	63.2	54.1	47.0
April 2007	62.9	53.6	46.0

Figure 3. Average scores of Trust in Leadership

Table 4 presents the lower and upper level of the range that there is a 95% chance the population mean will lie within for each of the Trust measures.

Table 4. 95% Confidence Range of Trust in Leadership

Measures	Lower Level	Upper Level
Trust in Immediate Supervisor	62.6	63.7
Trust in Senior Manager	53.5	54.7
Trust in District Executive	46.5	47.6

	Workplace Health _Safety	Work Area Management Practices	Confidence in Procedure to Resolve HB	Support for Managing Others
September 2007	70.6	54.2	65.6	56.8
April 2007	70.4	53.5	65.2	57.0

Figure 4. Average scores of Organisation Management Practices Measures

Figure 4 shows Workplace Health and Safety and Confidence in Procedures to Resolve Harmful Behaviours are in the upper band and are similar to the average scores of April 2007.

Table 5 shows the lower and upper level of the range that there is a 95% chance the population mean will lie within for each of the Organisational Management Practices measures.

Table 5. 95% Confidence Range of Organisational Management Practices Measures

Measures	Lower Level	Upper Level
Workplace Health and Safety	70.2	71.0
Work Area Management Practices	53.7	54.7
Confidence in Procedure to Resolve Harmful Behaviours	65.2	66.0
Support for Managing Others	56.1	57.5

Figure 5 shows the variability in scores of Support for Managing Others across occupation stream groups. The average scores of occupation stream groups from April 2007 and the overall score in September 2007 from the subgroup of respondents who manage others are included for comparison.

There were fewer than 10 respondents from Indigenous Health Workers in September 2007, hence the average score is not presented.
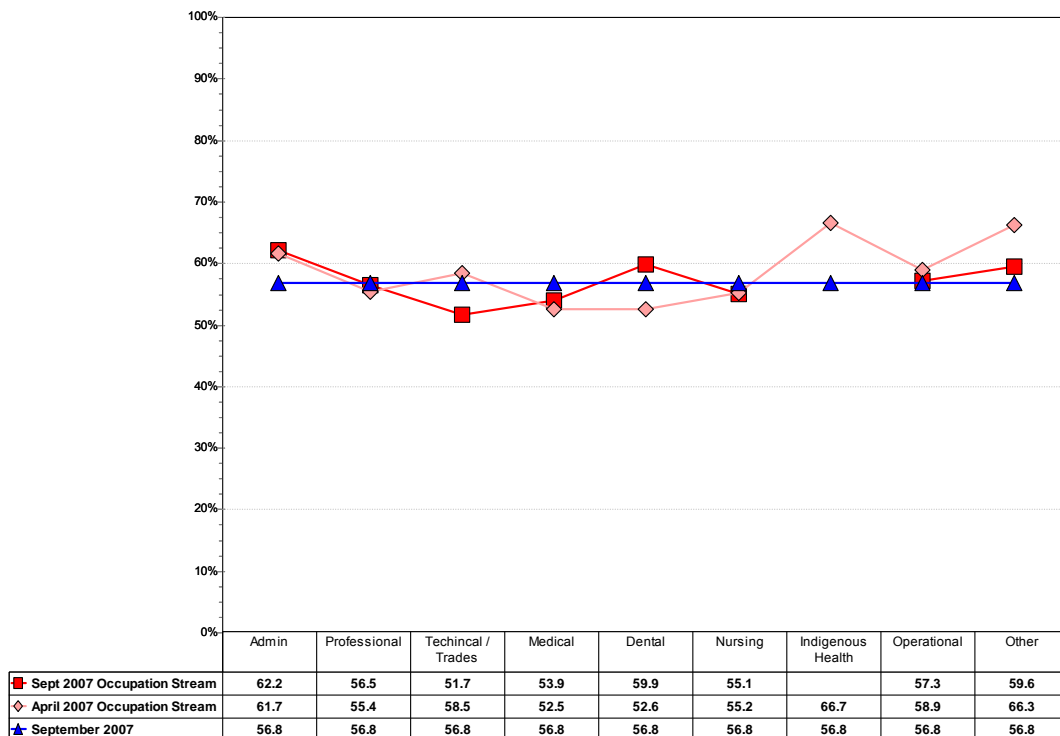

	Admin	Professional	Techincal / Trades	Medical	Dental	Nursing	Indigenous Health	Operational	Other
Sept 2007 Occupation Stream	62.2	56.5	51.7	53.9	59.9	55.1		57.3	59.6
April 2007 Occupation Stream	61.7	55.4	58.5	52.5	52.6	55.2	66.7	58.9	66.3
September 2007	56.8	56.8	56.8	56.8	56.8	56.8	56.8	56.8	56.8

Figure 5. Average scores of Support for Managing Others (by occupational stream groups)

Figure 5 shows that the average scores for Administration respondents who manage others are in the upper band. Dental respondents who manage others are reporting more favourably than their counterparts from the April 2007 survey. The average score for respondents of Other stream is less favourable than the their counterparts of April 2007.

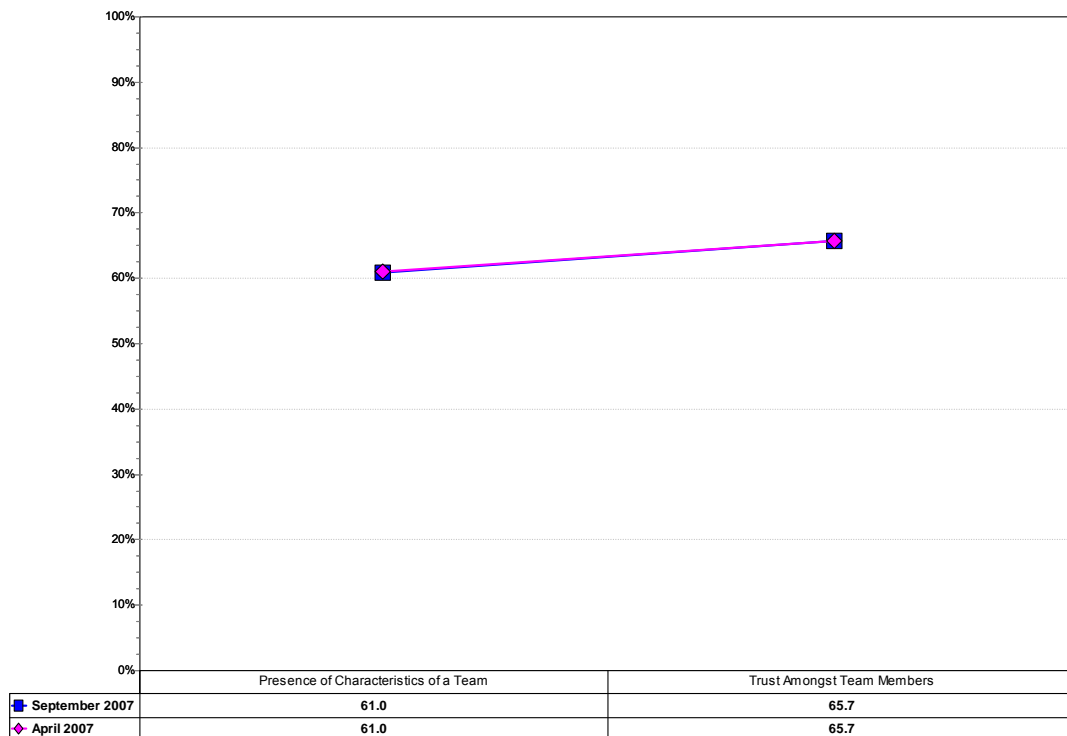|	Presence of Characteristics of a Team	Trust Amongst Team Members
September 2007	61.0	65.7
April 2007	61.0	65.7

Figure 6. Average scores of Team Work Measures

Figure 6 shows that average scores of Presence of Team Characteristics and Trust among Team Members are in the upper band. All measures of Team Work are similar to the April 2007 sample.

Table 6 shows the lower and upper level of the range that there is a 95% chance the population mean will lie within for each of the Team Work measures.

Table 6. 95% Confidence Range of Team Work Measures

Measures	Lower Level	Upper Level
Presence of Team Characteristics	60.4	61.5
Trust among Team Members	65.2	66.3

	Clinical Communication	Clinical Management Practices	Multidisciplinary Team Support for Patient Care
September 2007	60.9	53.1	65.1
April 2007	60.8	54.1	65.6

Figure 7. Average scores of Clinical Work Measures

Figure 7 shows that the average scores of Clinical Communication and Multidisciplinary Team Support for Patient Care are in the upper band, whilst Management Practices (procedures and systems) is in the middle band. All measures of Clinical Work are similar to the April 2007 sample.

Table 7 shows the lower and upper level of the range that there is a 95% chance the population mean will lie within for each of the Clinical Work measures.

Table 7. 95% Confidence Range of Clinical Work Measures

Measures	Lower Level	Upper Level
Clinical Communication	60.4	61.5
Clinical Management Practices	52.6	53.7
Multidisciplinary Team Support for Patient Care	64.5	65.7

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

The items that best describe the five principles of the Code of Conduct were chosen from the survey based on face validity. The internal consistency of each principle was then estimated. The computed internal consistencies of Respect for Law and the System of Government and Economy & Efficiency were below the acceptable estimated Cronbach alpha level of .7; hence they should be interpreted with caution (see Appendix B).

Average scores for the overall April 2007 sample are presented in Figure 8.

	Respect for People	Integrity	Respect for Law System of Gov.	Dilligence	Economy Efficiency
September 2007	59.5	55.4	65.8	67.3	61.0
April 2007	59.0	54.7	65.3	67.3	60.6
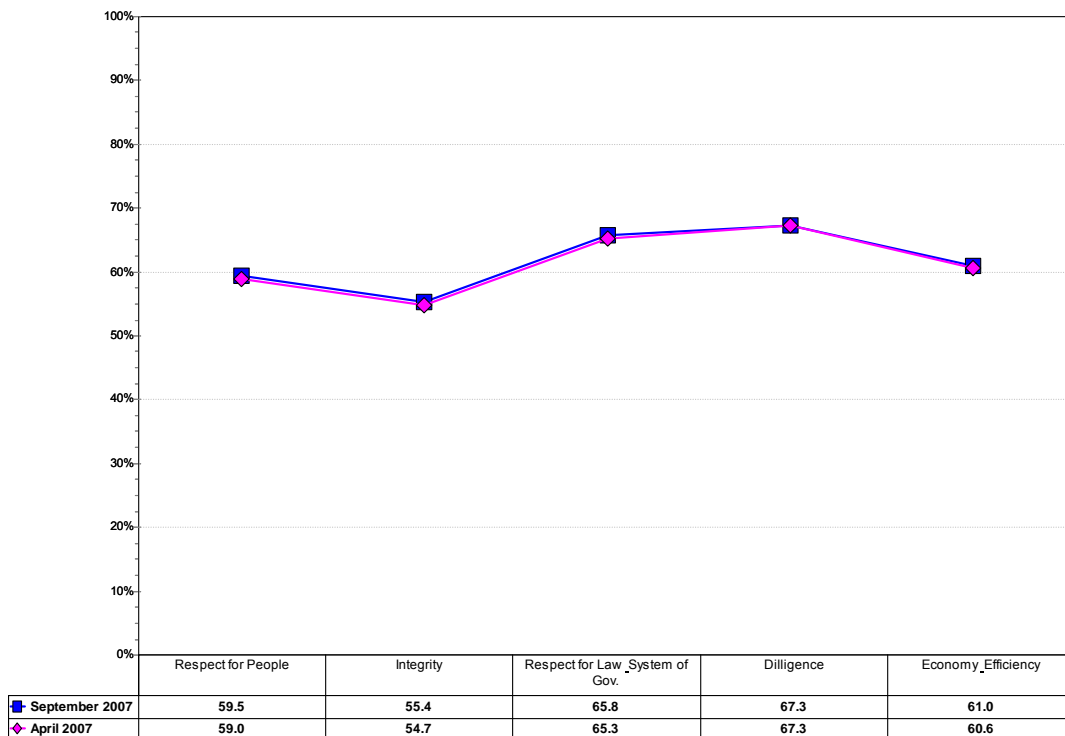
Figure 8. Average scores of Code of Conduct Principles

Table 8 shows the lower and upper level of the range that there is a 95% chance the population mean will lie within for each of the Code of Conduct Principles.

Table 8. 95% Confidence Range of Code of Conduct Principles

Measures	Lower Level	Upper Level
Respect for People	58.9	60.1
Integrity	54.9	55.9
Respect for Law and System of Government	65.4	66
Diligence	66.9	67.7
Economy and Efficiency	60.5	61.4

The frequency distributions (number of responses) of three items from the section on Management Practices and one item from Clinical Work are reported in Figures 9 to 11 and Table 9 respectively.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree		NoResponse
September 2007	1106	2217	992	1099	555		60
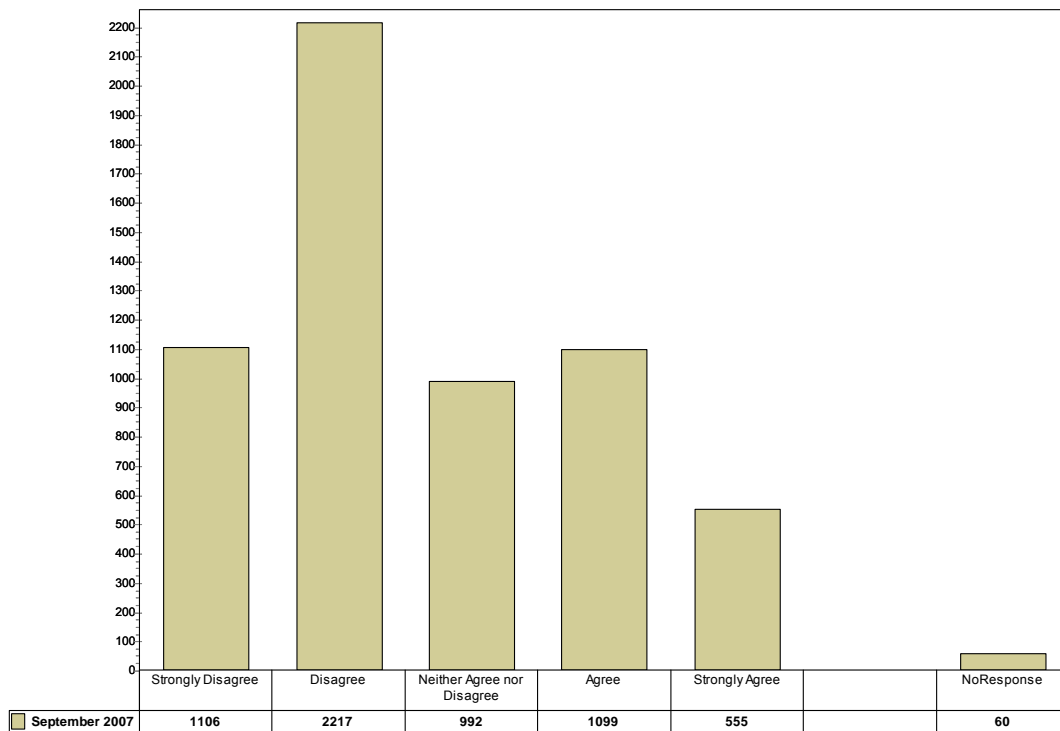
Figure 9. Number of responses: "Staff feel pressured to work unpaid over time"

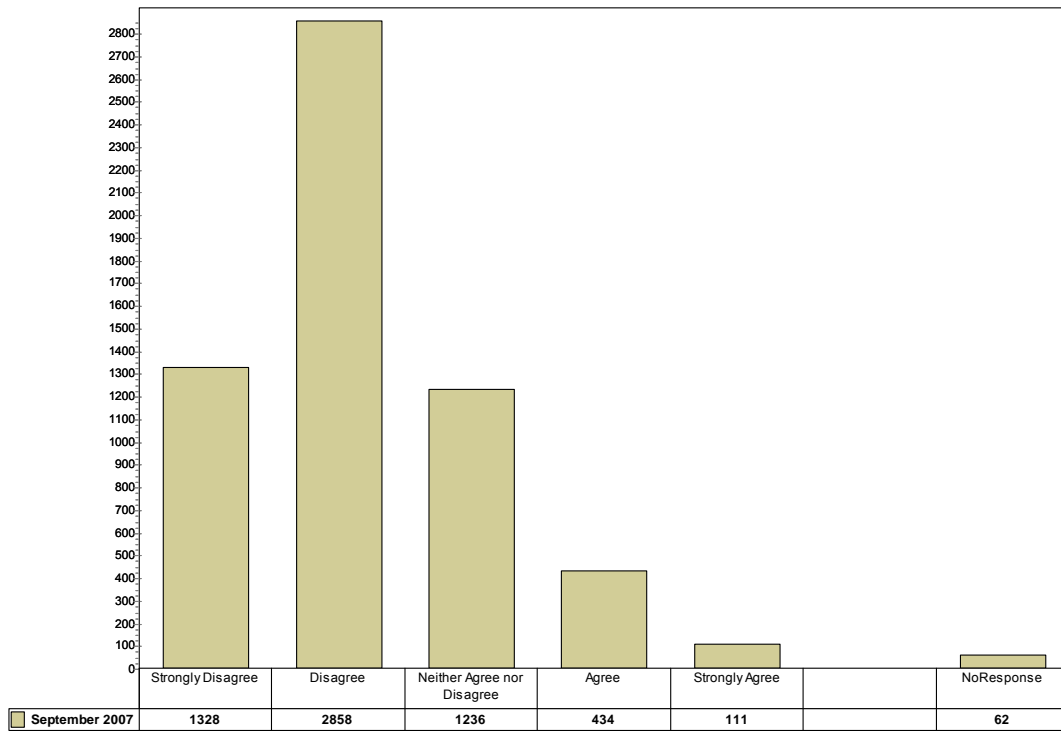Figure 9 shows that approximately 28% of valid respondents agree that staff feel pressured to work unpaid over time.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree		NoResponse
September 2007	1328	2858	1236	434	111		62

**Figure 10. Number of responses: "Staff use Departmental resources
for private use more than would be considered reasonable"**

Figure 10 shows that approximately 3% of valid respondents agree that staff use
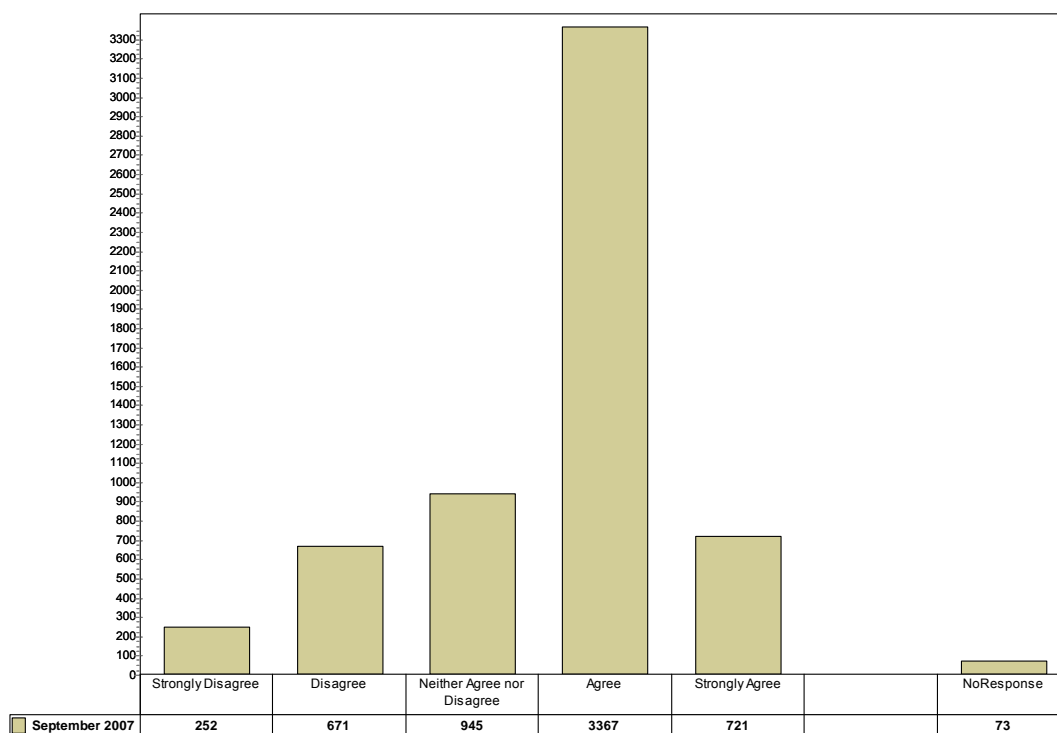departmental resources for private use more than would be considered reasonable.

Figure 11. Number of responses: "Staff behave according to the Code of Conduct"

Figure 11 shows that approximately 69% of valid respondents agree that staff behave according to the Code of Conduct.

Table 9 shows the responses to "If I were a patient in the facility that I work in, I would be happy with the standard of care provided" from respondents who work in a clinical environment.

Table 9. Percentage of respondents to "If I were a patient in the facility that I work in, I would be happy with the standard of care provided"

Clinical Group (N = 3882)	Disagree (%)	Neither (%)	Agree (%)	No Response (%)
September 2007	20.2%	19.2%	56.4%	4.2%

Results from Items relating to Career Intentions
(reported as number of respondents for each response option)

The numbers of responses to each of the items related to career intentions are shown in Figures 12 to 17.
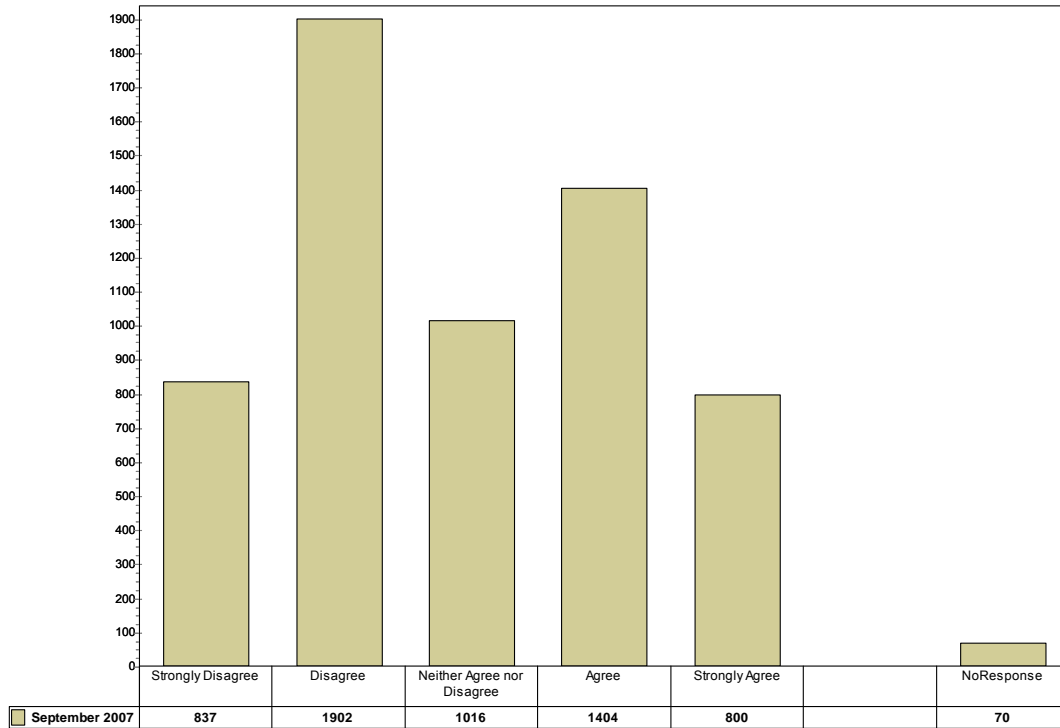

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree		NoResponse
September 2007	837	1902	1016	1404	800		70

Figure 12. Number of responses: "I often think about leaving this Health Service District/Division".

September 2007	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree		NoResponse
	968	2182	1254	977	567		81
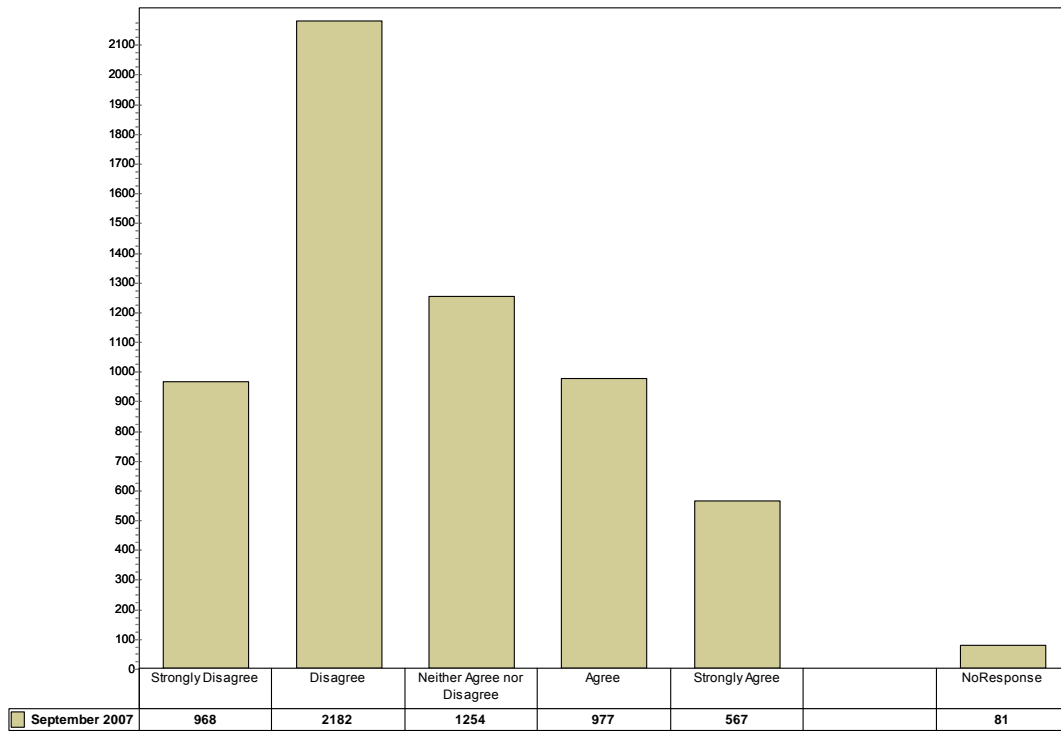
Figure 13. Number of responses: "I will probably look for a new job at a new organisation in the next 12 months".

September 2007	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree		NoResponse
	1121	2344	1332	658	483		91
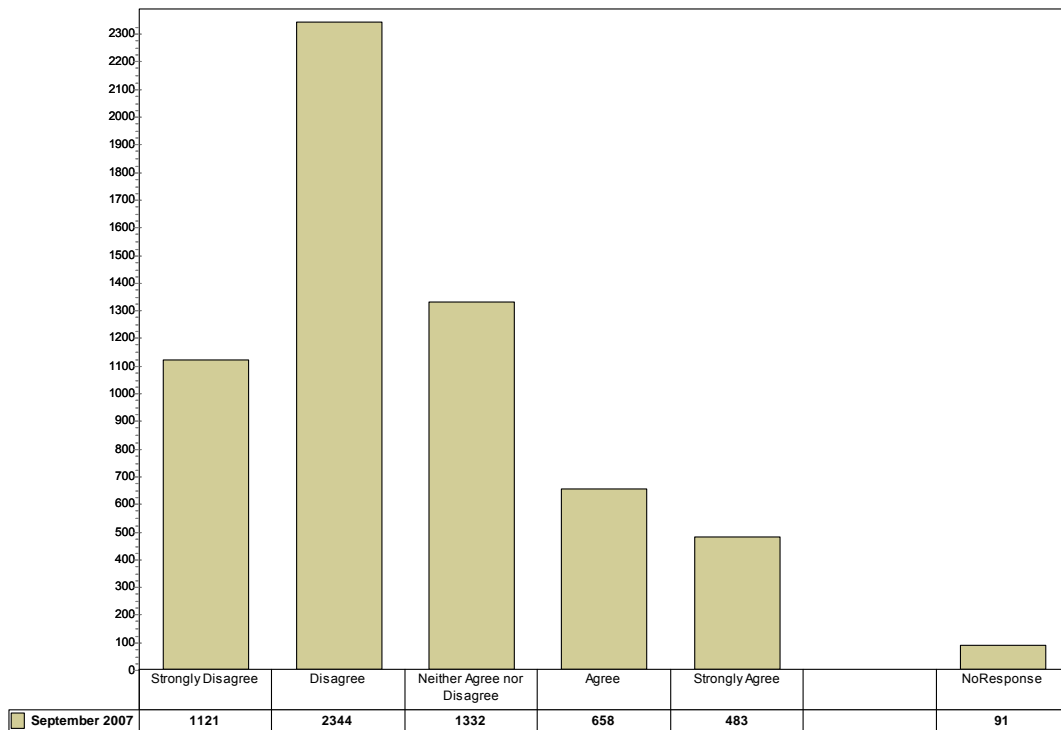
Figure 14. Number of responses: "As soon as I can find another job I will leave this Health Service District/Division".

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree		NoResponse
September 2007	409	695	1729	2252	848		96
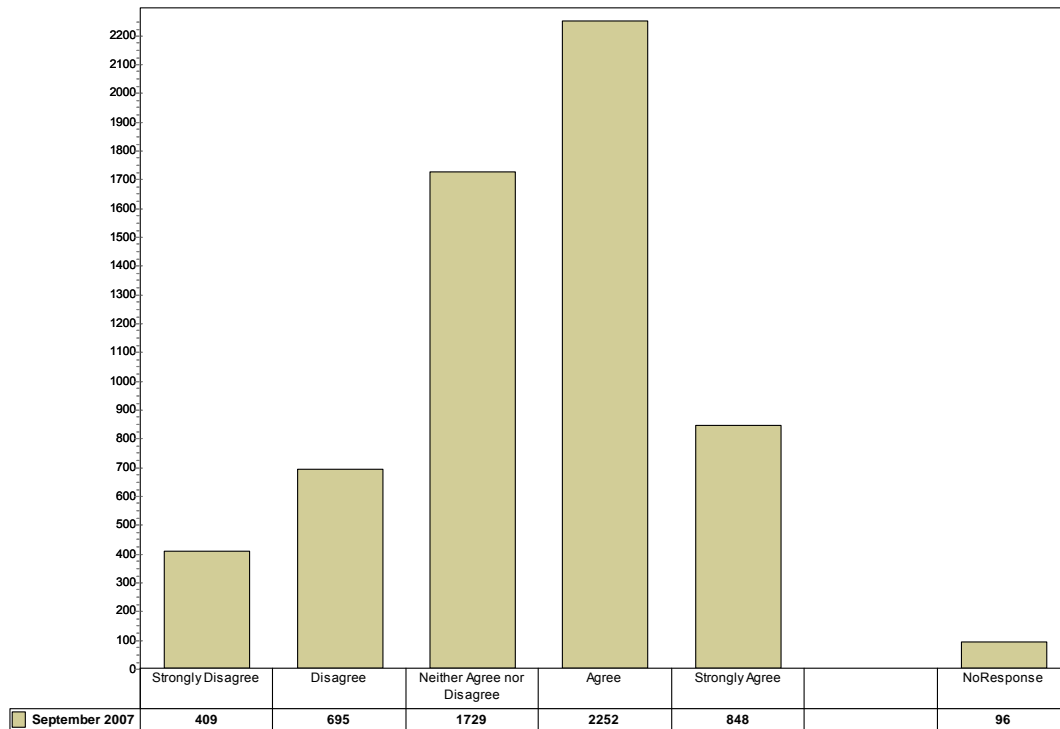
Figure 15. Number of responses: "If I leave my current job, I would want to stay in Queensland Health".

Figures 12 to 15 show that 37% of respondents are thinking of leaving their Health Service District or Division, 26% are looking for a new job in the next 12 months, 19% will leave as soon as they find another job and 51% would want to stay in Queensland Health even if they leave their current position.
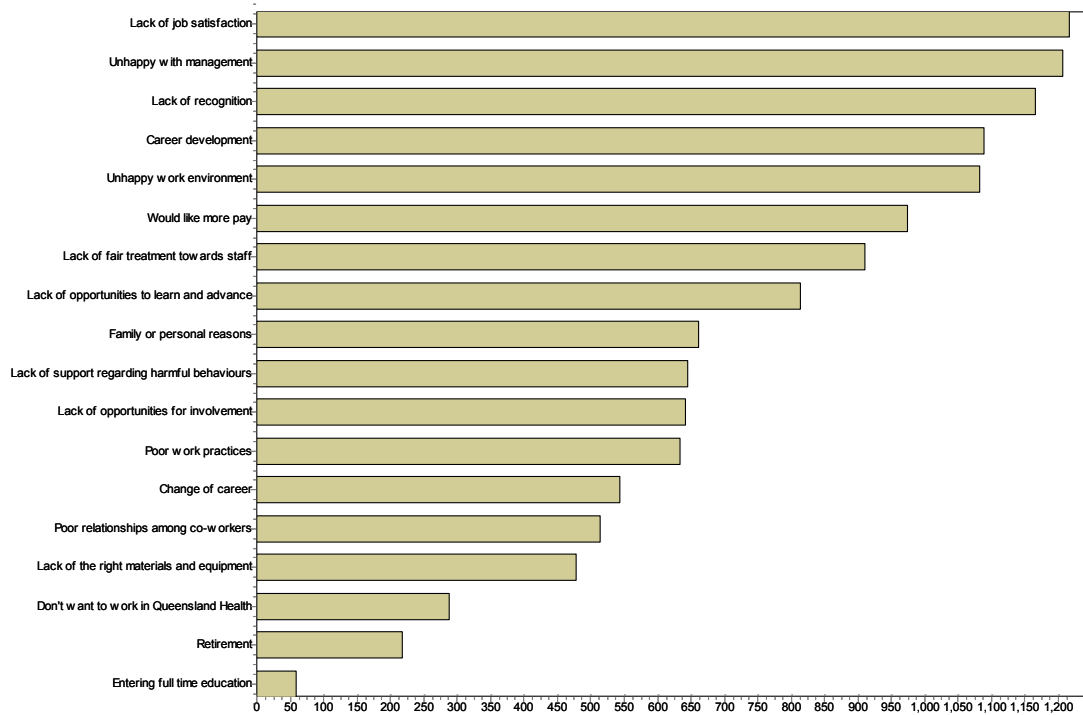
Figure 16. Number of responses: Main reasons for considering leaving current position.
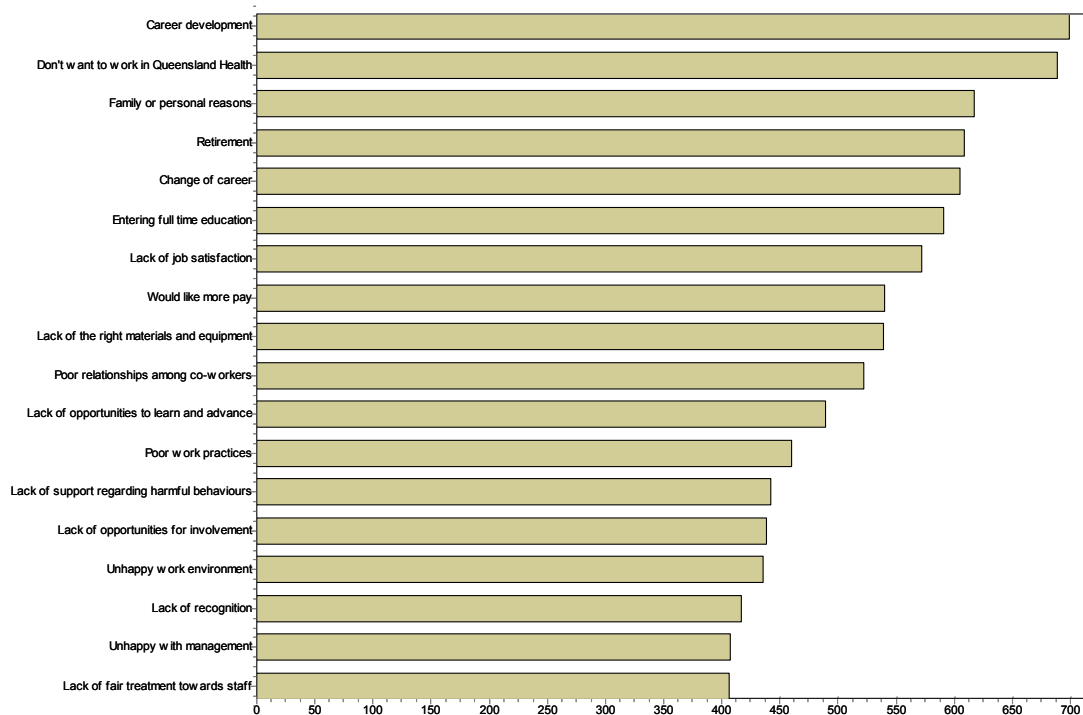
Figure 17. Number of responses: Secondary reasons for considering leaving current position.

Results from Items relating to Immediate Supervisor
(reported as number of respondents/percentages for each response option)

The numbers of responses to three items describing the behaviour of immediate supervisors are shown in Figures 18 to 20.
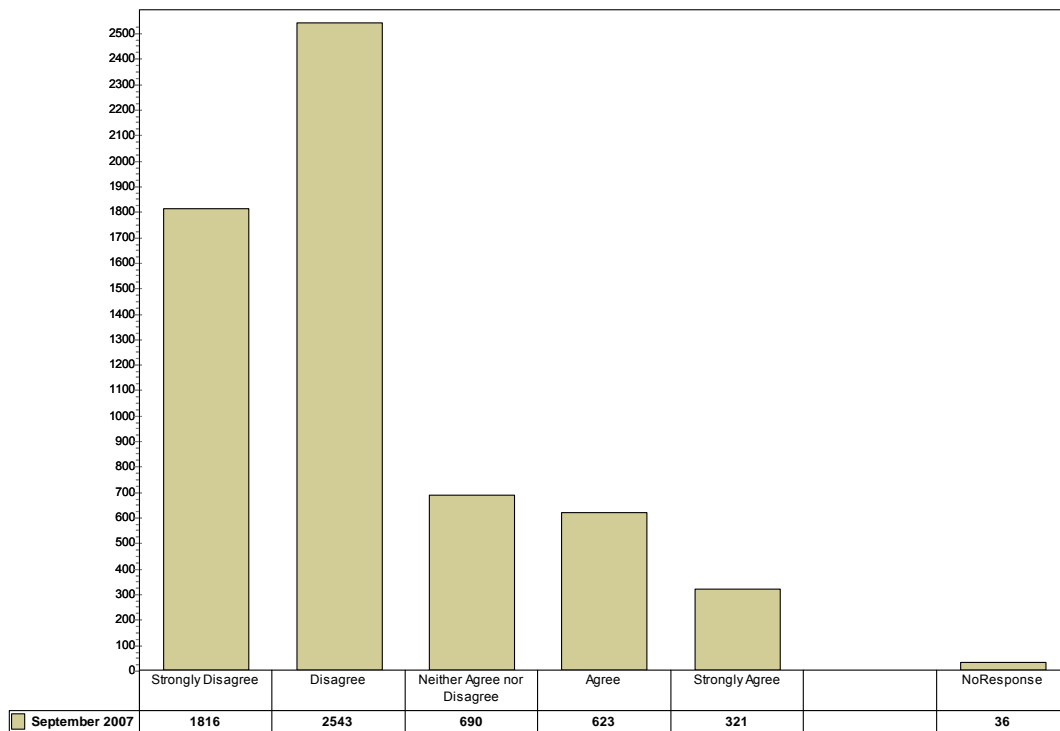

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree		NoResponse
September 2007	1816	2543	690	623	321		36

Figure 18. Number of responses: "My supervisor is unapproachable"

September 2007	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree		NoResponse
	390	645	1351	2627	973		43
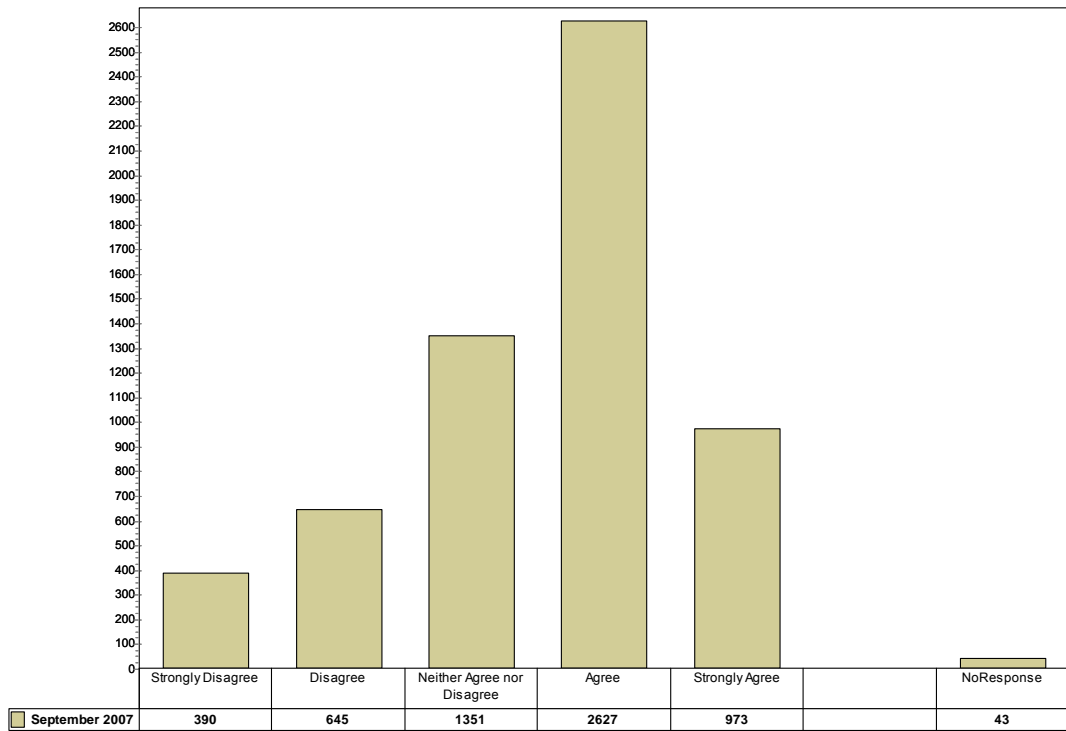
Figure 19. Number of responses: "My supervisor and I trust each other"

September 2007	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree		NoResponse
	835	1887	1234	1305	735		33
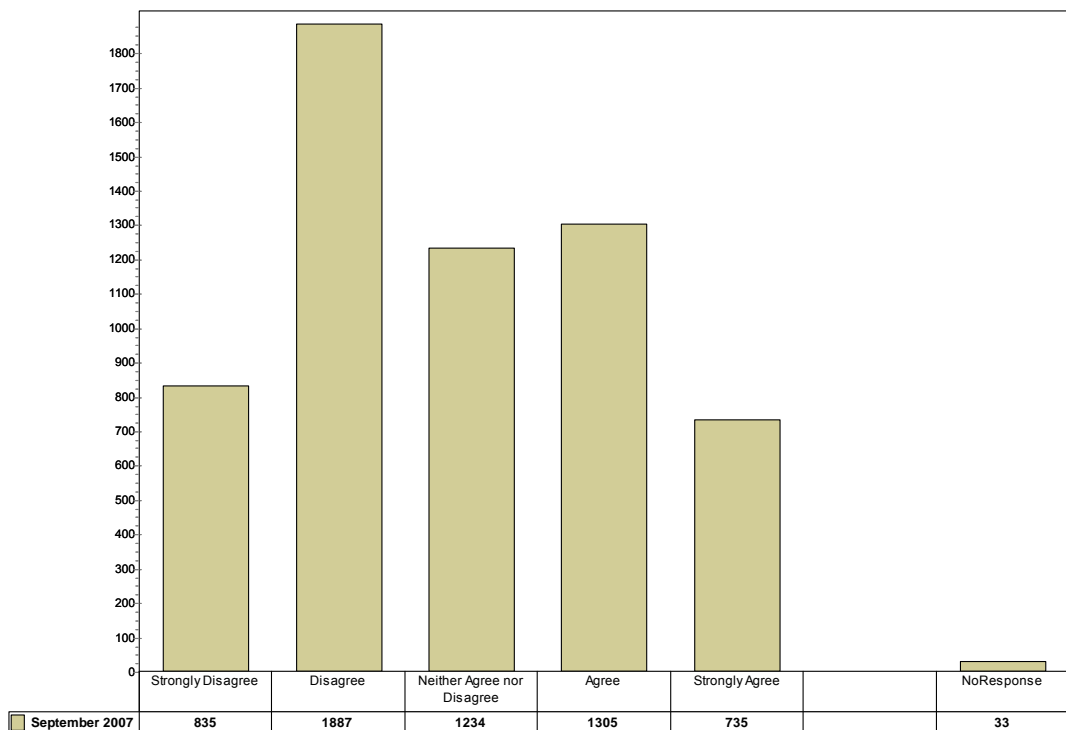
Figure 20. Number of responses: "My supervisor shows favouritism towards some staff"

Results from Items relating to Harmful Behaviours
(reported as number of respondents/percentages for each response option)

The numbers of responses and percentages to a series of items in the survey that relate to the experience of harmful behaviours, action taken on reported harmful behaviours, source of harmful behaviours, and reasons for not reporting harmful behaviours are presented in the following section.
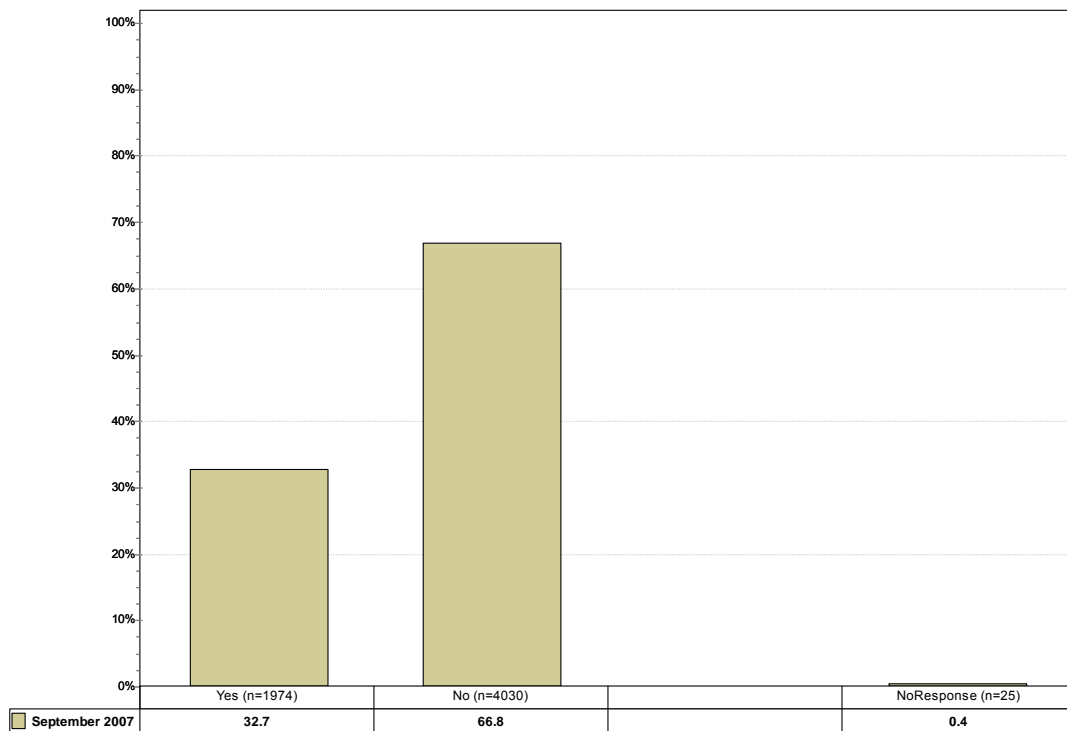

	Yes (n=1974)	No (n=4030)		NoResponse (n=25)
September 2007	32.7	66.8		0.4

Figure 21. "In the past 6 months, I have experienced harmful behaviours
in my work area"

Figure 21 shows that approximately 33% of the respondents reported experiencing harmful behaviours in their work area.

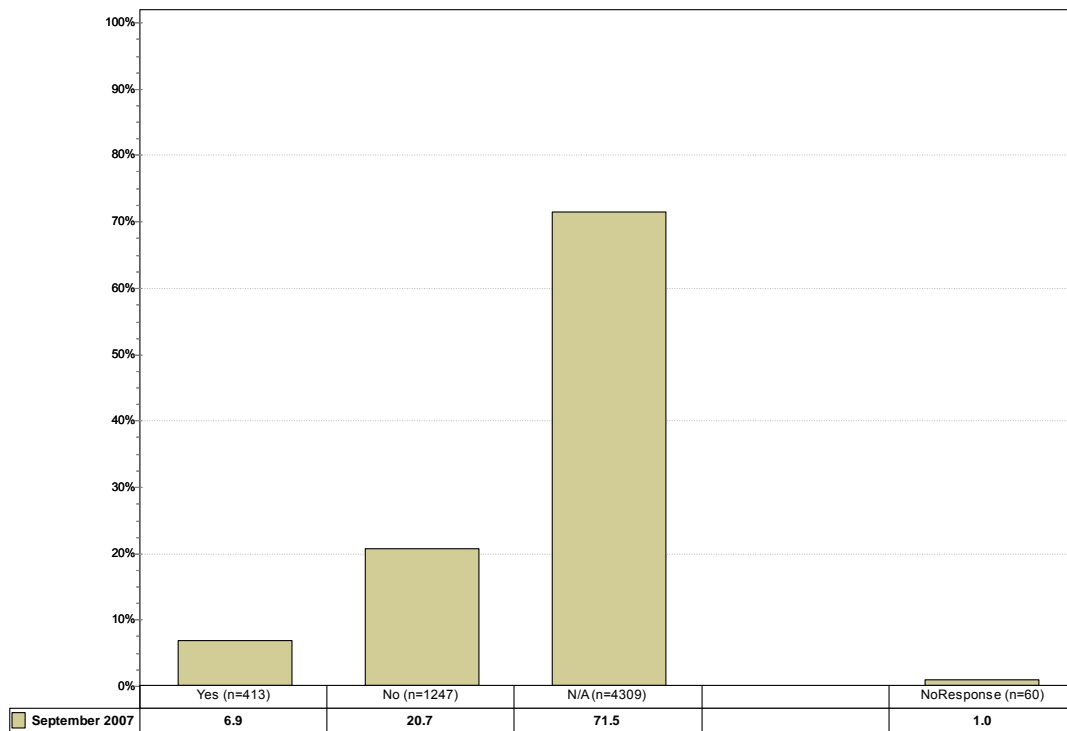|	Yes (n=413)	No (n=1247)	N/A (n=4309)		NoResponse (n=60)
September 2007	6.9	20.7	71.5		1.0

Figure 22. "In the past 6 months, I have experienced this behaviour when my performance was being managed"

Figure 22 shows that approximately 7% of the respondents reported experiencing harmful behaviours when their performance was being managed. As this item was responded to in association with the previous item (Figure 21), the results constitute 21% (413 out of 1974) of those who indicated they experienced harmful behaviours in their work area.
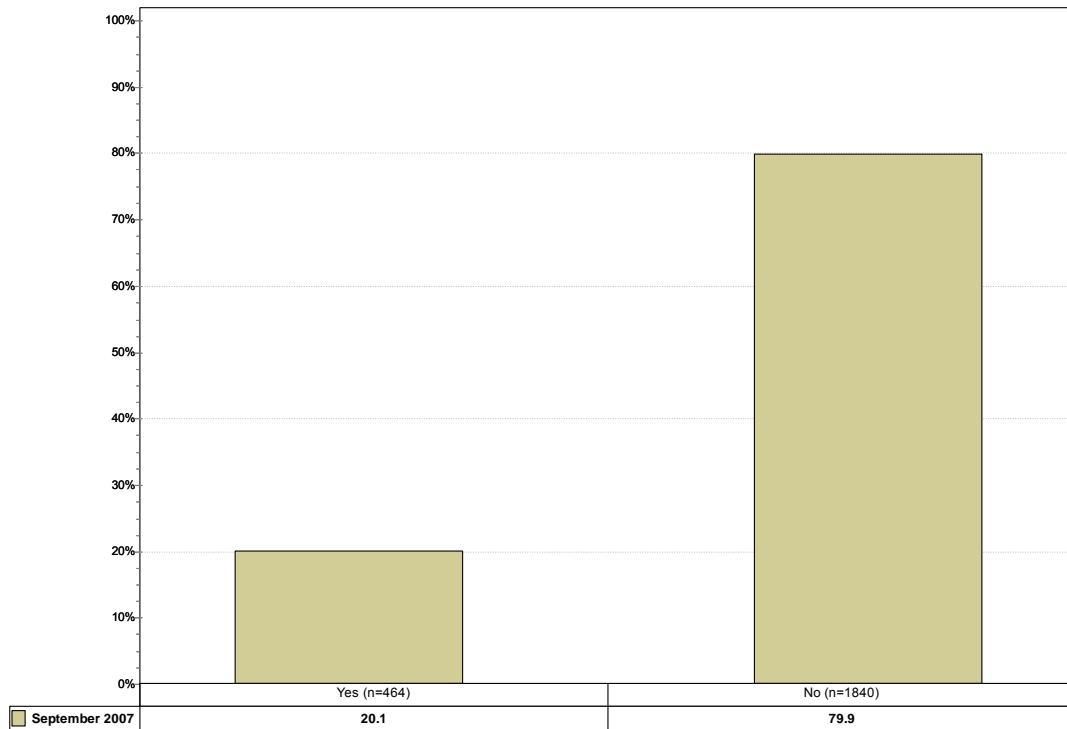
Figure 23. In the past 6 months, I have experienced harmful behaviour when trying to manage my staff

Figure 23 shows that approximately 20% of the respondents reported experiencing harmful behaviours when trying to managing staff.
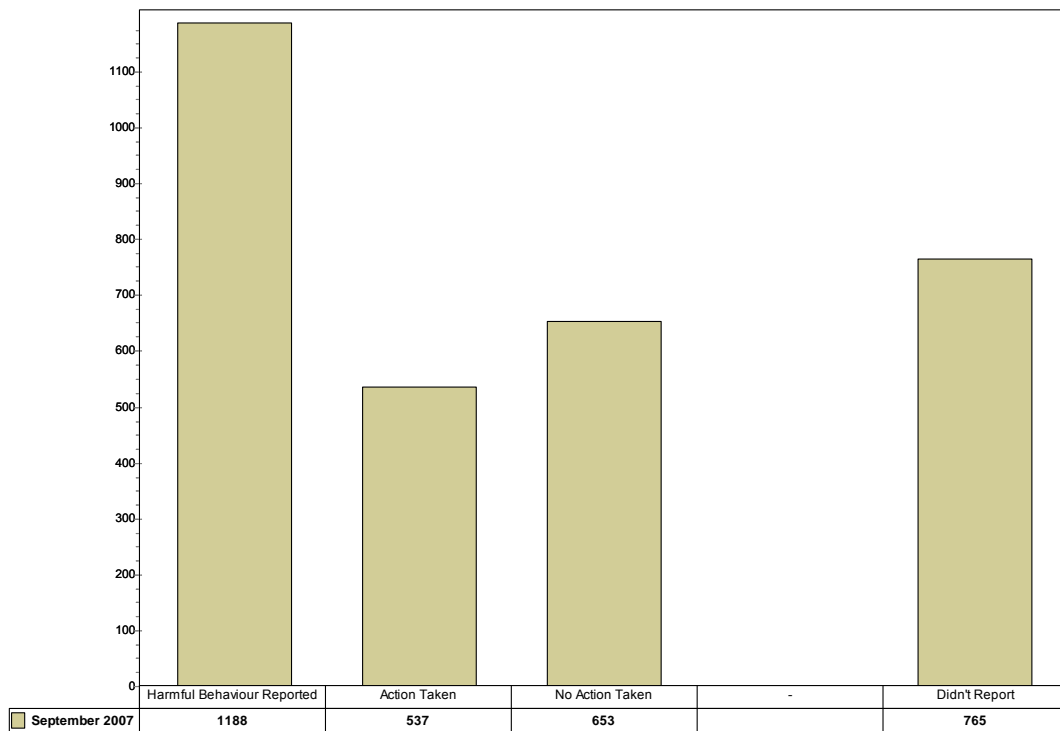
Figure 24. Number of responses: "If you have experienced harmful behaviours in the past 6 months, did you report the behaviour?" and "If yes, was any action taken?"

Figure 24 shows that approximately 39% (765 out of 1974) of those who experienced harmful behaviours in their work area indicated that they did not report the experience of harmful behaviours and of the 1188 respondents who reported the harmful behaviours, 45% (537) affirm that action was taken.

Figure 25 and 26 present the results from items that asked for the source of harmful behaviours experienced in the last 6 months and the main reasons for not reporting harmful behaviours respectively.
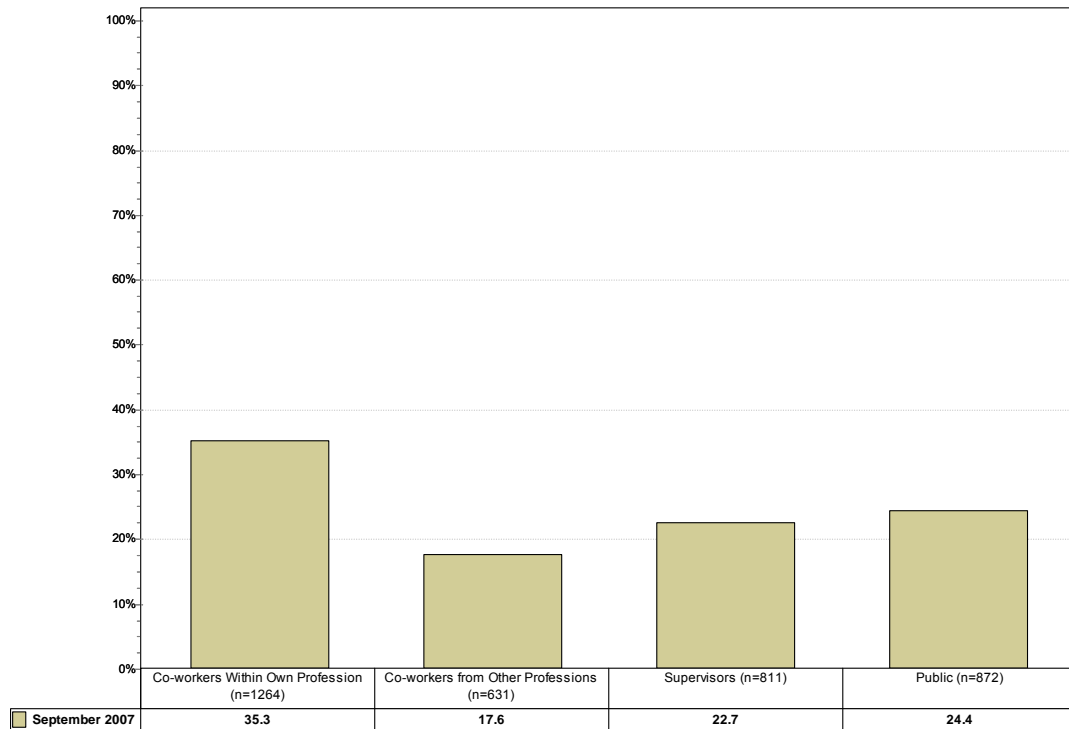
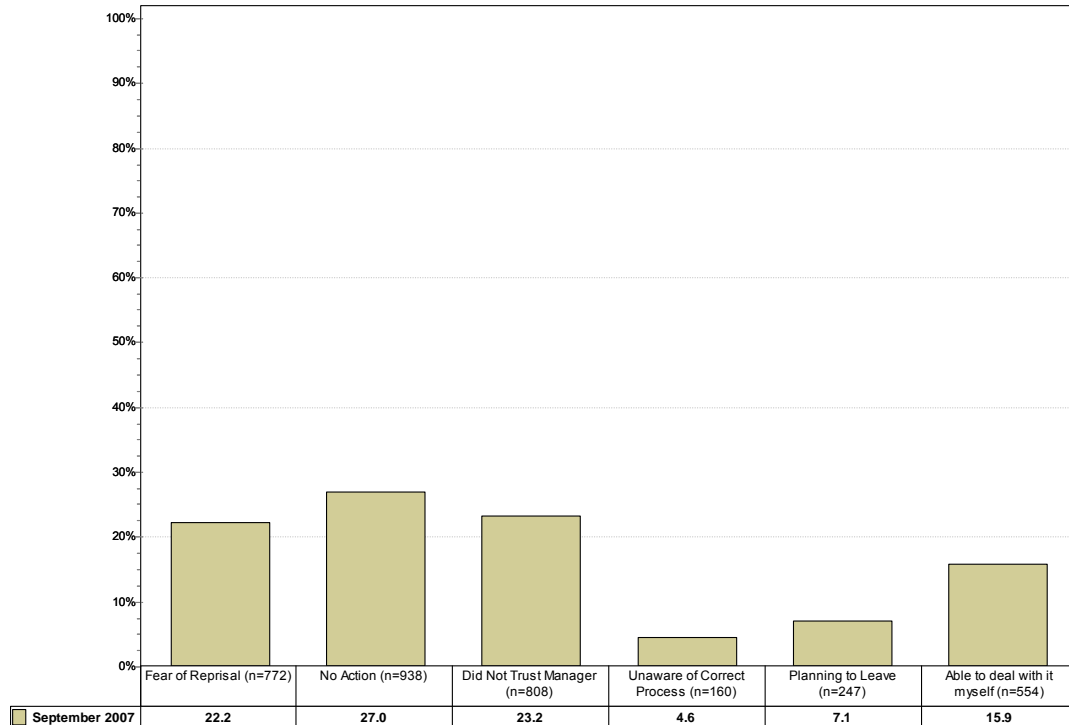**Figure 25. Percentage of respondents who indicate source of harmful behaviours**

	Co-workers Within Own Profession (n=1264)	Co-workers from Other Professions (n=631)	Supervisors (n=811)	Public (n=872)
September 2007	35.3	17.6	22.7	24.4

Figure 26. Percentage of respondents who indicated main reasons for not reporting harmful behaviours

	Fear of Reprisal (n=772)	No Action (n=938)	Did Not Trust Manager (n=808)	Unaware of Correct Process (n=160)	Planning to Leave (n=247)	Able to deal with it myself (n=554)
September 2007	22.2	27.0	23.2	4.6	7.1	15.9

Results from Items relating to Performance Review
(reported as number of respondents/percentages for each response option)

Figures 27 to 29 present the numbers of responses and percentages to items pertaining to performance review.
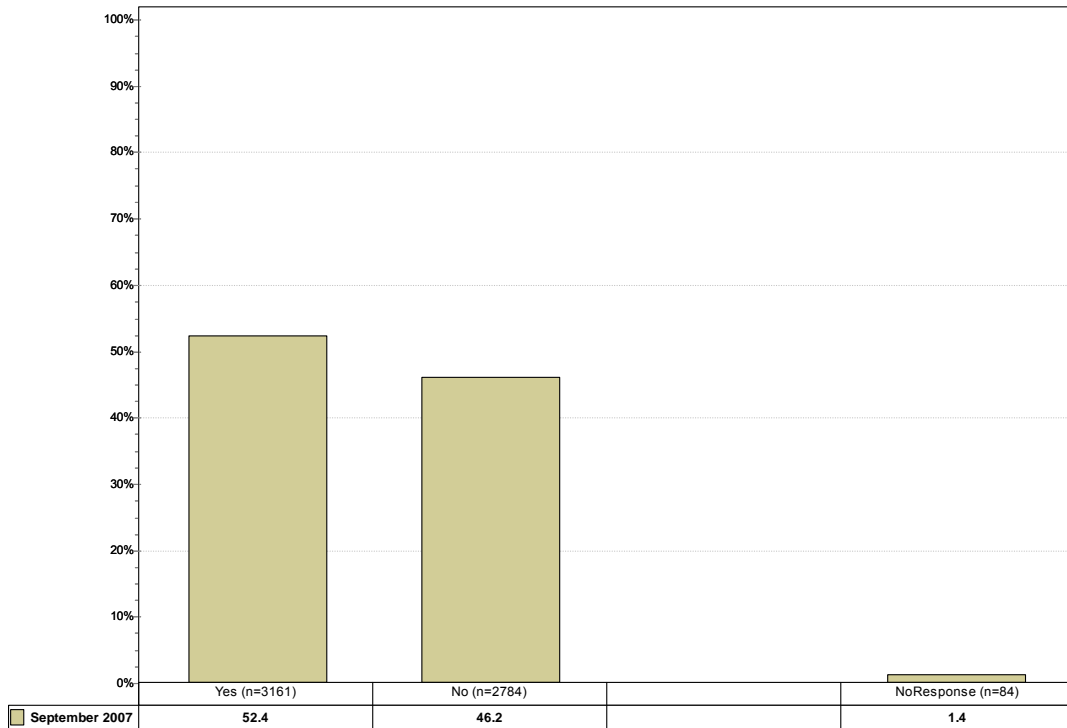
	Yes (n=3161)	No (n=2784)		NoResponse (n=84)
September 2007	52.4	46.2		1.4

Figure 27. "I have had a formal performance review in the last 12 months"

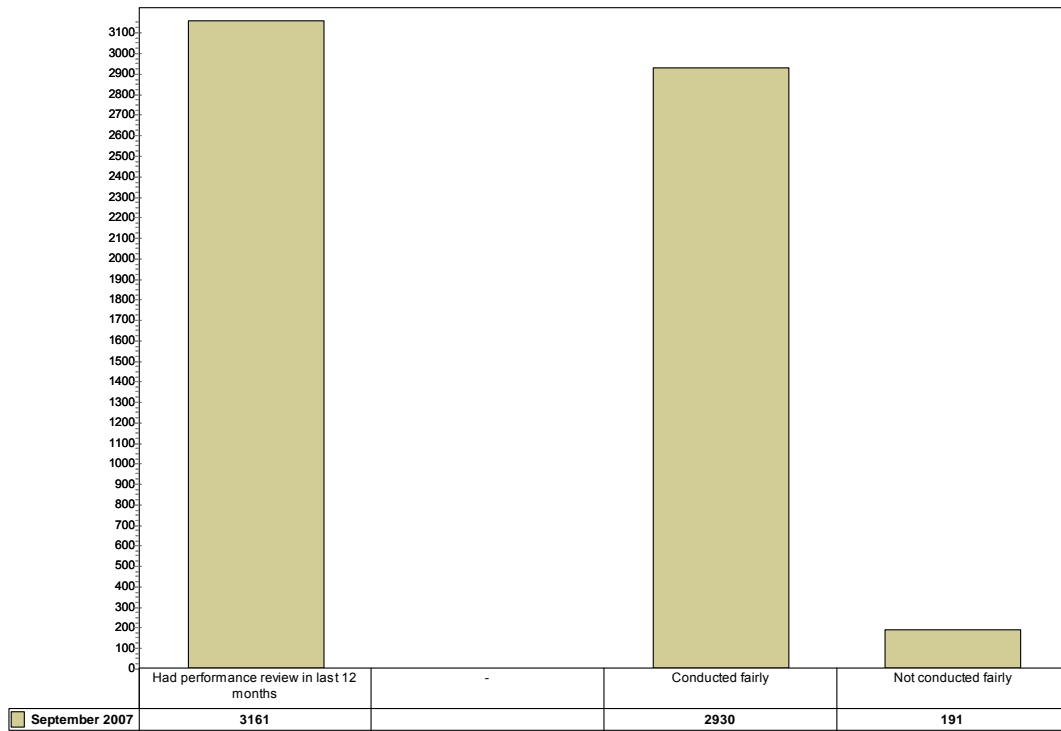|	Had performance review in last 12 months	-	Conducted fairly	Not conducted fairly
September 2007	3161		2930	191

Figure 28. Number of responses: "My performance review was conducted fairly and without bias"

Of the 3 161 respondents who had their performance reviewed, 92.7% (2 930) reported that the performance reviews were conducted fairly and without bias.
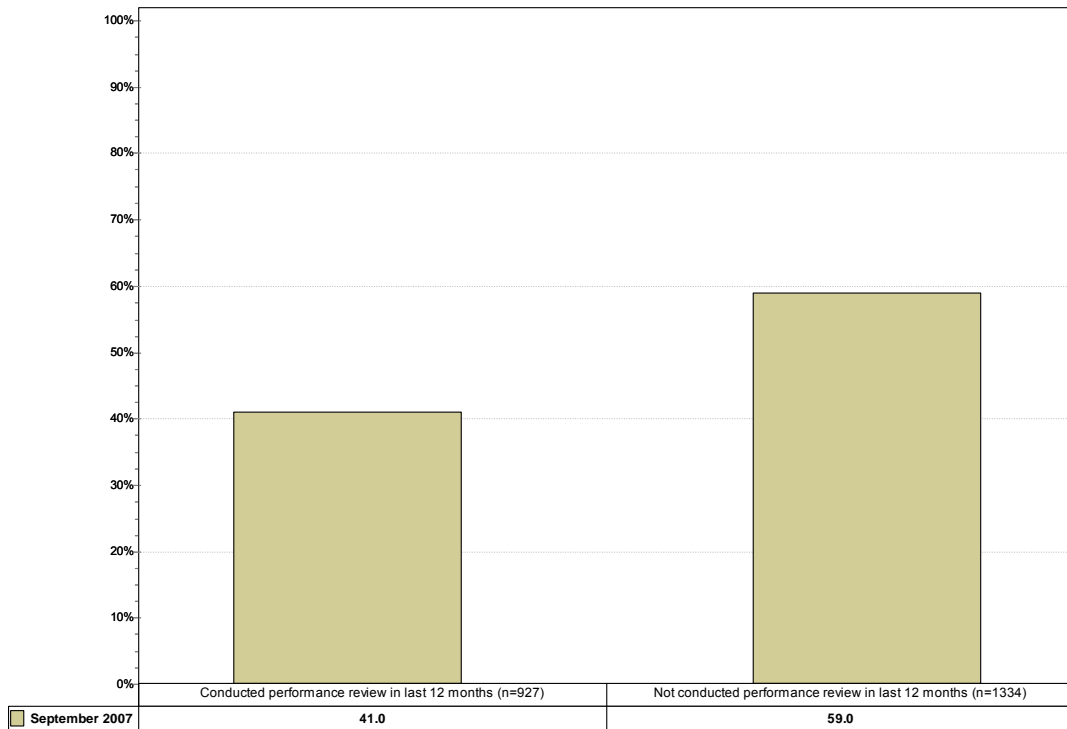
Figure 29. "I have conducted performance reviews with all my direct staff in the last 12 months"

Results from Items relating to Quality in Workplace

Respondents were asked to indicate up to

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

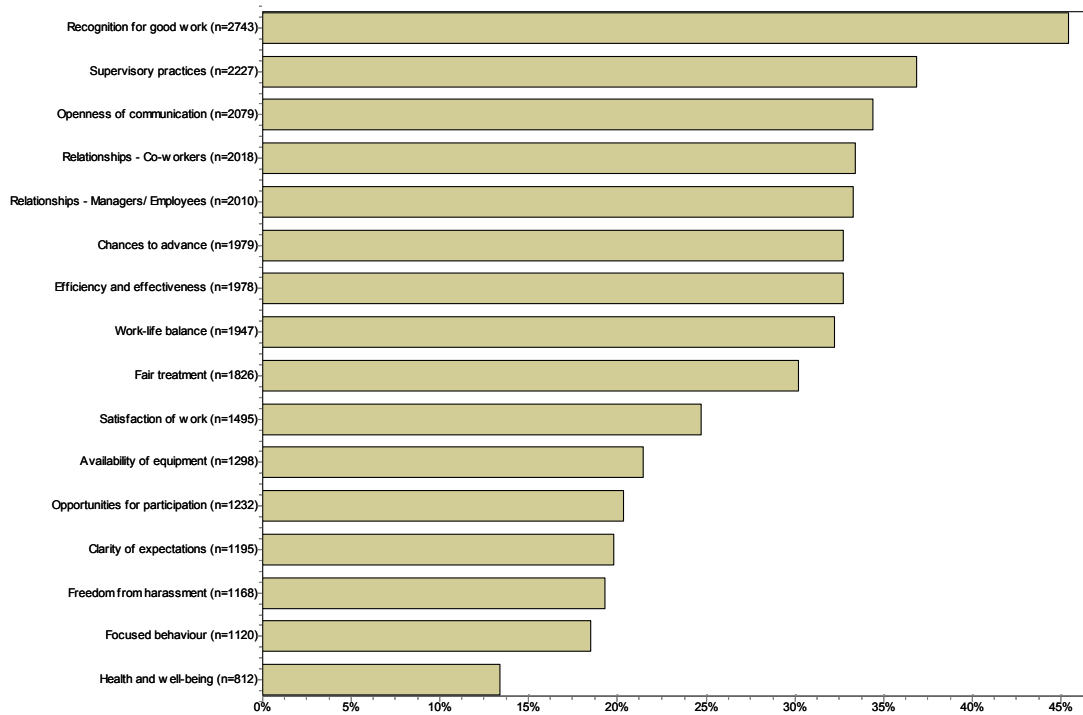Figure 30 and 31 present the percentages of respondents in descending order.

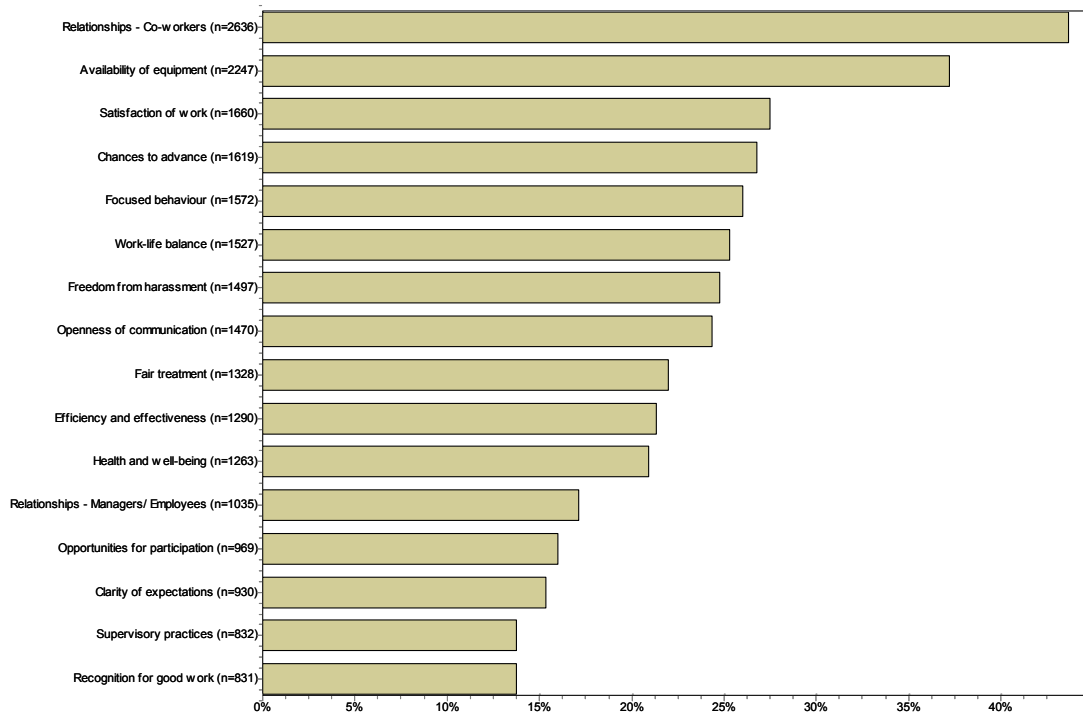**Figure 30. Most important Indicators that need to improve in the workplace**

Figure 31. Best Indicators of Quality in the Workplace

Section C: Frequency of Main Themes from Free Text Comments

Free text comments were written in response to the following questions: "What are your other realistic suggestions for making things better at your workplace?" and "What has improved in your workplace in the last 6 months?" Comments from Central Queensland, Princess Alexandra Hospital, Southside, and Townsville Health Service Districts, Clinical and Statewide Services, and Policy and Planning and Resourcing Divisions were collated. The counts of suggestions and improvements made in the last 6 months are presented as 14 main themes in Table 10 and Figure 32. The domains of the 14 themes are presented in Appendix C.

Table 10. Suggestions and Improvements made in the last six months

Main Themes	Total Number of Comments	Suggestions	Improvements Made	Ratio of Suggestions to Improvements
Workplace functioning	1485	1132	353	16:5
Infrastructure issues	1215	954	261	11:3
Workplace conduct and behaviours	973	803	170	33:7
Leadership	696	498	198	5:2
Staffing	683	531	152	7:2
Communication practices	555	448	107	21:5
Recruitment, retention and career pathway processes	553	504	49	72:7
Training and professional development	544	454	90	5:1
Organisational structure issues	530	471	59	8:1
Management practices	488	424	64	53:8
Employment conditions	449	397	52	61:8
Miscellaneous	373	330	43	23:3
Recognition	340	311	29	75:7
Rural/remote issues	3	2	1	2:1

	Wkpl funct	Cond & Beh	Infras Issues	Leader	Recruit & Retent	Staffing	Org Struct	Comm Pract	Training	Mgmt Pract	Misc	Employ Cond	Recog	Rural
■ Suggestions	253	198	163	137	98	98	84	81	79	71	56	54	53	0
■ Improvements Made	45	32	34	39	8	12	6	13	21	11	6	7	2	1
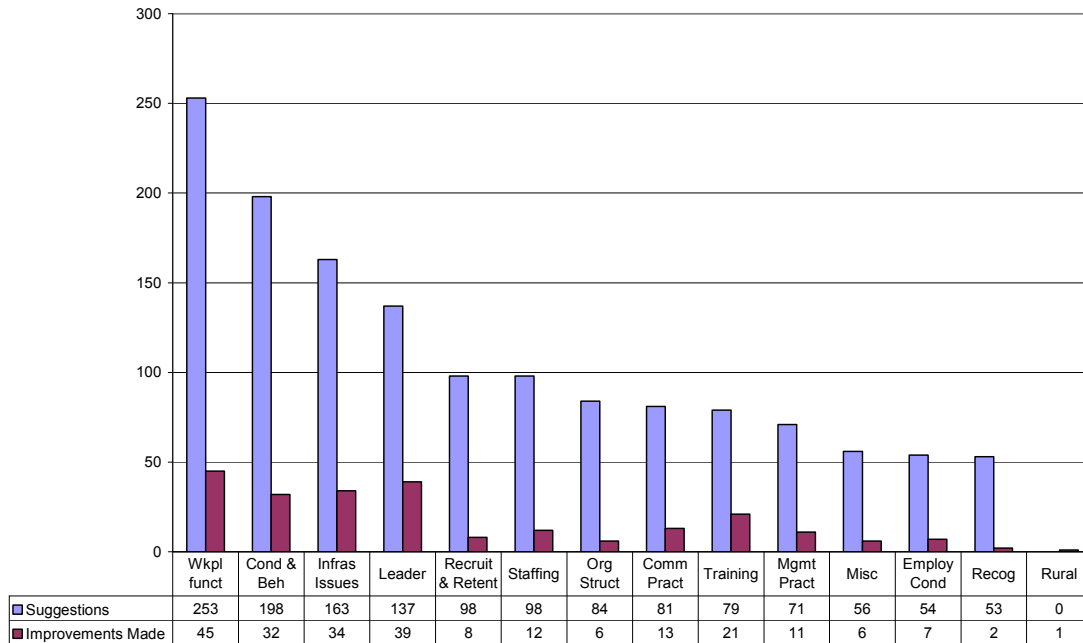
Figure 32. Suggestions and Improvements Made in the last 6 months

Section D: General Information

Demographic Details of Respondents

6 051 paper and web version surveys were returned. Of these, 6 029 were valid and useable.Demographic details of the sample **(N = 6 029)** are provided in the table and graphs to follow.

Table 11. Details of sample

Gender	Count	Percent
Female	4691	77.8
Male	1252	20.8
Didn't indicate	86	1.4

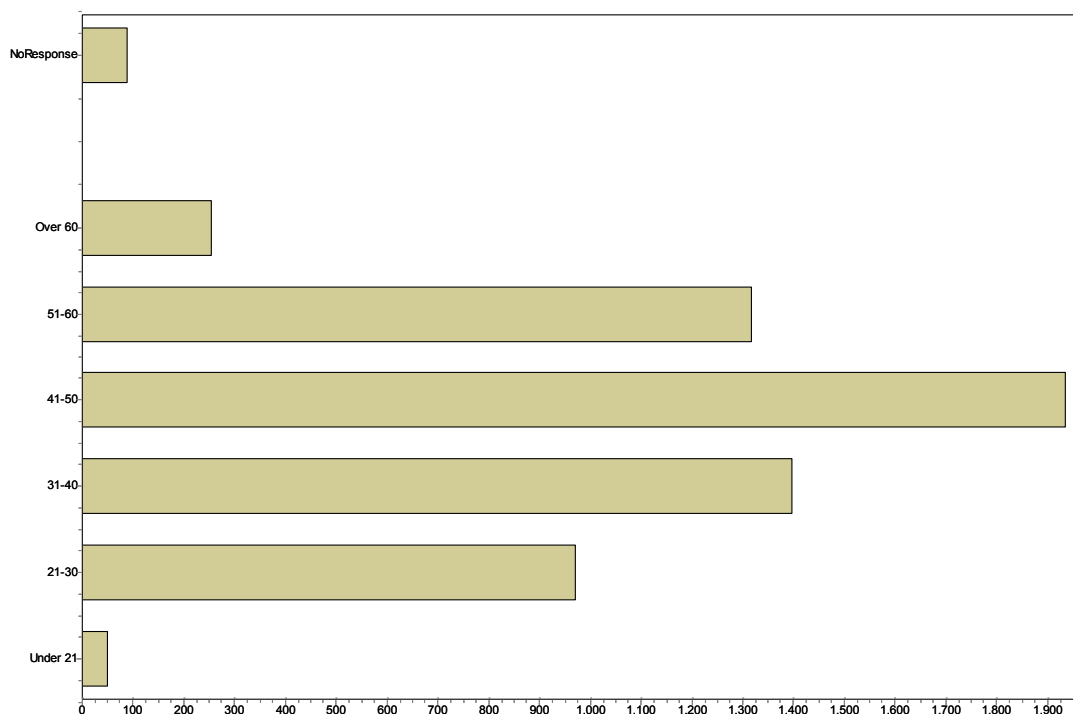| Subgroups	Count	Percent
Team	5750	95.4
Clinical	3882	64.4
Manage Others	2368	39.3

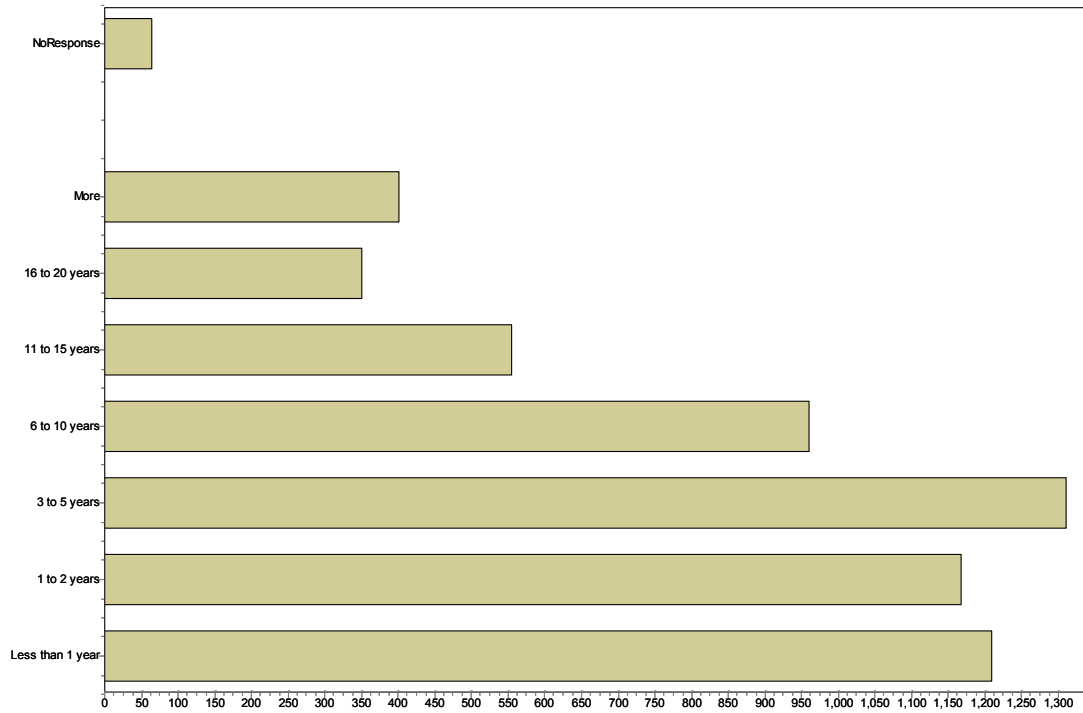**Figure 33. Age of Respondents**

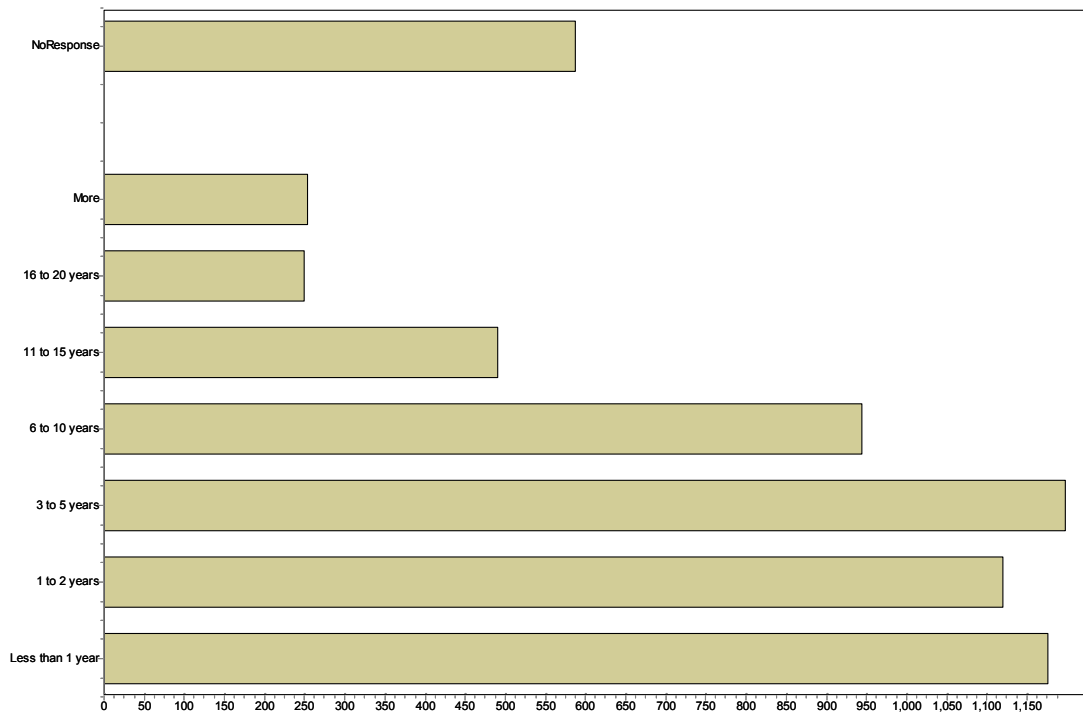**Figure 34. Length of Time Working in Current Role**

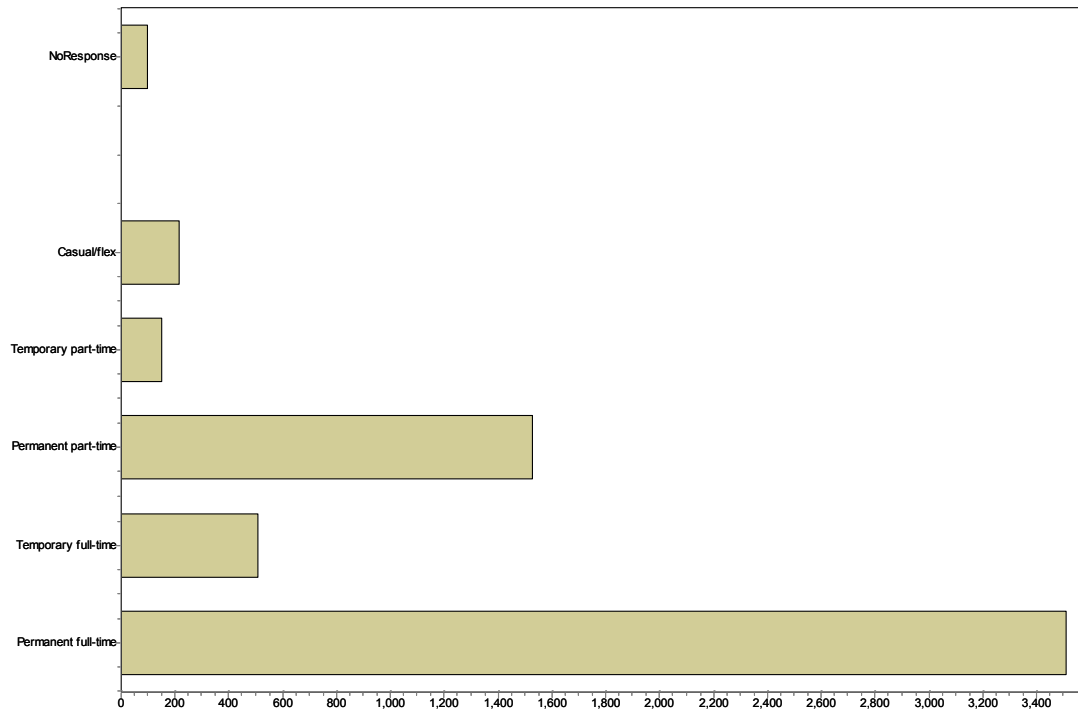**Figure 35. Length of Time Working at Current Work Location**

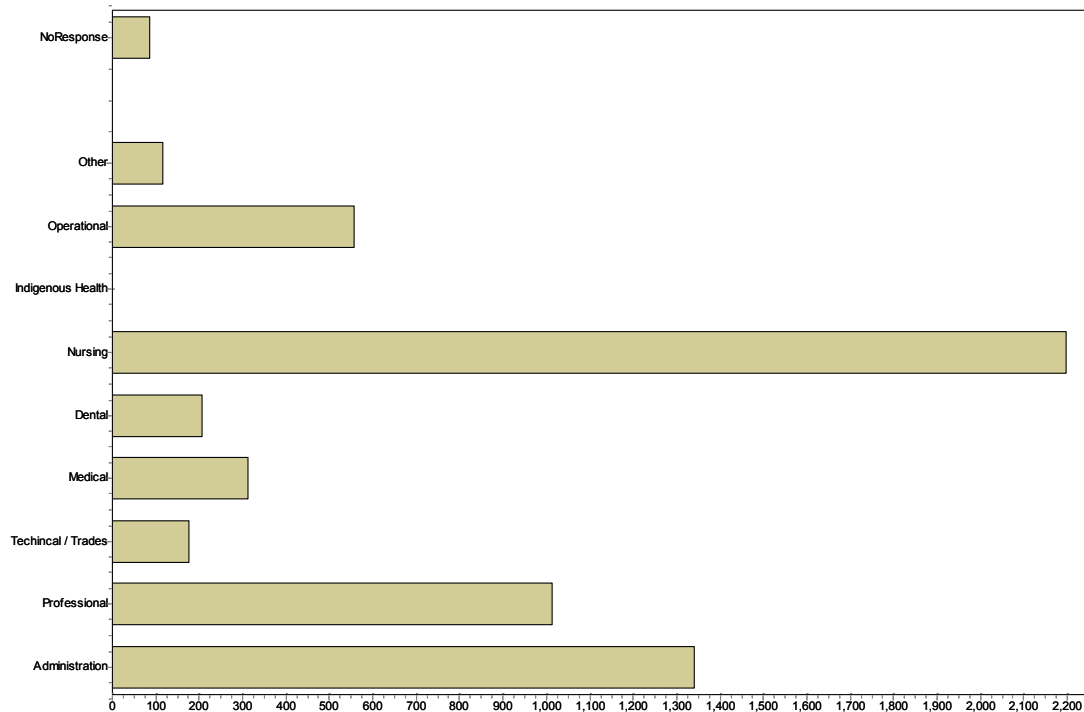**Figure 36. Current Employment Status of Respondents**

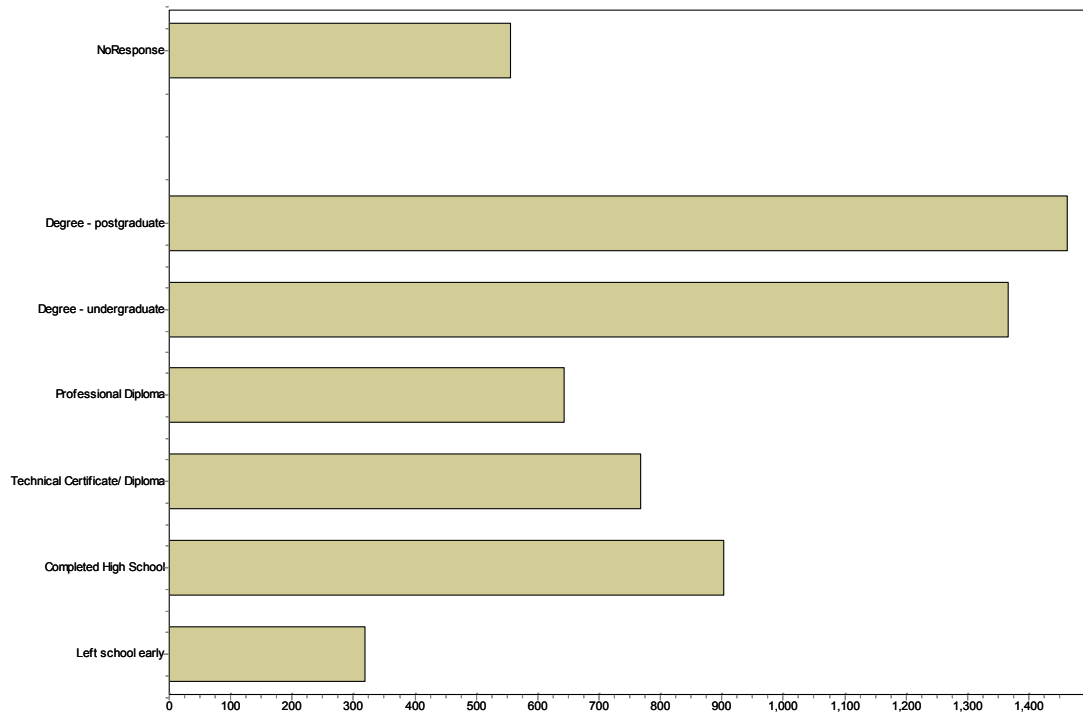**Figure 37. Occupation Stream Groups (There were 3 in Indigenous Health)**

Figure 38. Highest Educational Level Achieved

Appendix

Appendix A

Description of the Survey Questionnaire

The first section contained two measures from QPASS. These included Individual Outcome and Organisational Climate.

Individual Outcome

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

Variables in this measure include:

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

Organisational Climate

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

Variables in this measure include:

- **Workplace Morale** (5 items) – Respondents show enthusiasm, pride in their work, team spirit, and energy.
- **Supervisor Support** (5 items) – Managers are approachable, dependable, supportive, and they know the problems faced by staff, and communicate well with them.

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

Trust in Leadership and 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** (9 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/Divisional Executive** (6 items) – Indicates the extent to which staff trust the leadership of district executive/executive through behaviours that describe openness and integrity in communication and interaction, support and fairness.
- **Confidence in Procedures to Resolve Harmful Behaviours** (4 items) – Indicates the extent to which staff agree that they are confident with the procedures available to resolve harmful behaviours.

Six measures apply to subgroups of respondents.

For a subgroup of respondents who work in a team, the following two measures apply:

- **Presence of Characteristics of a Team** (4 items) – Indicates the extent to which staff agree that the team has clear objectives and guidelines to work from, shared understanding of and committed to those objectives, and review its effectiveness and how it could be improved.
- **Trust amongst Team Members** (6 items) – Indicates the extent to which staff agree that there is trust amongst team members through behaviours that describe honesty, openness in communication, integrity in interaction, and support.

For a subgroup of respondents who 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 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.

Biographical Data

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

- Gender
- Age
- Length of time in current position and at current location
- Current employment status
- Current classification
- Work location
- Highest level of education
- Supervisory responsibilities

Appendix B

Reliabilities of Measures

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

Individual Outcome	α
Quality of Work Life	0.93
Individual Morale	0.93
Individual Distress	0.90
Organisational Climate	
Workplace Morale	0.89
Workplace Distress	0.88
Supervisor Support	0.89
Participative Decision Making	0.84
Role Clarity	0.75
Peer Support	0.87
Appraisal & Recognition	0.90
Profession Growth	0.84
Goal Congruence	0.81
Excessive Work Demands	0.84
Trust in Leadership and Organisational Management Practices Measures	
Trust in Leadership - Immediate Supervisor	0.95
Trust in Leadership - Senior Manager	0.95
Trust in Leadership - District Executive/Executive	0.93
Workplace Health and Safety	0.70
Work Area Management Practices	0.88
Confidence in Procedures for Resolving Harmful Behaviours	0.68
Support for Managing Others	0.65
Presence of Characteristics of a Team	0.87
Trust amongst Team Members	0.92
Clinical Communication	0.84
Clinical Management Practices	0.75
Multidisciplinary Team Support for Patient Care	0.73

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

Principle 1 Respect for People	α = .89
Mn3	Staff are treated fairly when mistakes are made
Sup4	My supervisor and I trust each other
Sup7	My supervisor treats people with care and respect
Sup8	My supervisor asks for my opinion before making decisions that affect my work
Sup10rev	My supervisor shows favouritism towards some staff
Sup11	My supervisor manages conflicts fairly and promptly

Principle 2 Integrity	α = .79
Mn1	Recruitment and selection practices are transparent and fair
Mn2	Problems are managed in a timely and appropriate manner
Mn4	Work is allocated fairly
Mn12	My formal review was conducted fairly and without bias
Sup11	My supervisor manages conflict fairly and promptly

Principle 3 Respect for Law and the System of Government	α = .61
WHS3rev	My work is physically unsafe for me
WHS5	I am always released for mandatory Workplace Health and Safety training
Mn7	There are clear guidelines and policies for how we work
Mn9	Staff behave according to the Code of Conduct
HB3	I trust the process for managing harmful behaviours that breach the Code of Conduct

Principle 4 Diligence	α = .70
WHS1	There is genuine commitment by management to staff safety in my work area
WHS2	Staff are encouraged to always report hazards, incidents and 'near misses'
WHS4	I have confidential access to counselling service (EAS) when required
Mn6	I receive the training that I need to do my work
Sup2	My supervisor supports me to improve my skills and performance

Principle 5 Economy and Efficiency	α = .59
Mn5	I am provided with the right equipment to complete my work
Mn9	There are structures and routine which encourage staff, collectively, to evaluate and improve their work practices
Mn10rev	Staff feel pressured to work unpaid overtime
Mn11rev	Staff regularly use departmental resources for personal use
Sup12	My supervisor encourages me to raise new ideas and find improved ways of doing my job

Note. An alpha (α) of .7 is usually regarded as acceptable. Interpretation of measures with alphas of less than .7 has to be done with caution.

Appendix C

The Domains of Comments in the 14 Themes

Workplace functioning

- Workplace system functioning
- Teamwork/teambuilding
- Support for co-workers
- Work duty clarification
- Staff accountability
- Shared workload
- Shifts/rostering
- Rostered skill mix
- Co-ordination among work units
- Workload
- Paperwork/bureaucracy

Infrastructure issues

- Workspace/buildings
- Workspace hygiene
- Security for night shift
- Staff canteen
- Staff gym/health facilities
- Child care facilities
- Equipment
- Resources/budgets
- Parking
- Computers/internet access
- More beds
- Workplace health and safety

Leadership

- Management competency
- Management listening
- Teamwork/teambuilding
- Trust
- Leadership

Workplace conduct and behaviours

- Code of Conduct
- Respect
- Bullying/harassment
- Favouritism
- Nepotism
- Racism
- Workplace/QH culture
- Morale
- Harassment by patients
- Honesty
- Fairness/equality
- Staff accountability
- Stress

Communication practices

- Participative decision-making
- Communication
- Need staff meetings
- Confidentiality

Management practices

- Management out of touch
- Work duty clarification
- Work appraisals/PAD
- Transparency

- Support from management

- Management training

- Management accountability

- Feedback

- Support for management

Staffing

- More staff

- Backfilling

Employment conditions

- Pay levels

- Need permanent contracts

- Part-time/job sharing

- Paid overtime/TOIL

- Work/life balance

- Sick leave

- Access to leave/holidays

- More work hours

Recruitment, retention, and career pathway processes

- Promotion

- Work appraisals/PAD

- Nepotism

- Appropriately trained staff

- Recruitment process

- Retention

Organisational structure issues

- Planning/policy making

- Top heavy organisation

Training and professional development

- Training and professional development

Recognition

- Recognition of skills
- Recognition of work
- Staff valued
- Encouragement
- Rewards/incentives
- Social events

Miscellaneous

- Survey
- Accommodation
- Need English-speaking doctors
- Patient care/safety

Rural/remote issues

- Rural/remote