Creating a Quality Work Environment

RESULTS FROM THE HSAA 2006 WORK ENVIRONMENT SURVEY

Submitted to the Health Sciences Association of Alberta

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HIGHLIGHTS

This report presents findings from Creating a Quality Work Environment, a study commissioned by the Health Sciences Association of Alberta (HSAA). The study conducted the HSAA Work Environment Survey to obtain new evidence that will enable HSAA to take a leadership role in making improvements in its members' work environments.

Approach

- A mail questionnaire was sent to 12,000 HSAA members at their home address. The data collection period was March and early April 2006. A total of 5,131 completed questionnaires were returned to the Graham Lowe Group, for a response rate of 43%.
- The survey provides the most reliable and comprehensive analysis ever conducted in Alberta of health care employees that included HSAA members.
- The survey included three types of indicators: work environment factors affecting the quality of work life, individual quality of work-life outcomes, and organizational outcomes.

Profile of Survey Respondents

- Most (87%) of the respondents are female. The 25–34 age group comprises 25% of all respondents, suggesting that workforce renewal has been underway.
- More than 40% of the health care workers in this study will be retiring from their current jobs over the next 10 to 20 years.
- 56% of respondents are in full-time jobs. The next largest group is in part-time positions (37%), while relatively few (6%) are in casual or temporary jobs.
- More than 1 in 5 of the survey respondents have ongoing supervisory responsibilities. Half of these, or 10% of all respondents, supervise other union members.
- Hospitals are the dominant health sector employing HSAA members, accounting for 61% of survey respondents. The next major sector is community health (15%), followed by lab services (13%).
- Capital Health and Calgary Health Region employ 27% and 24%, respectively, of HSAA members responding to the survey. The next largest employers are David Thompson Regional Health Authority and Calgary Lab Services, with just over 8% each.

Work Time

- Just over half (55%) of respondents needed time off for family or personal reasons in the 12 months prior to the survey. Most of these respondents (94%) asked for time off and about half (53%) took that time in the form of special leave. Two-thirds reported that it was easy to get the time off they needed.
- Two-thirds of respondents had worked overtime in the 12 months prior to the survey. In a typical week, 37% worked an hour or less overtime, 44% worked 1 to 5 hours, and 9% worked 6 or more hours. Most were compensated for overtime hours.
- A large majority (82%) of respondents reported getting the vacation schedules they preferred. Most (78%) took all statutory holidays in the 12 months prior to the survey, except EMS, where 64% did not.

- However, fewer (56%) took all their vacations in the 12 months prior to the survey.
- Three-quarters of respondents would prefer the same work hours for the coming year, 16% would prefer fewer hours, while 8% want more hours.

Job Resources and Conditions

- The majority of respondents have the necessary tools, equipment, and other resources they require to do their jobs well. However, 1 in 5 reported that they lacked these essential resources.
- A large majority of respondents lack the feedback they need to help them do a better job.
- The main causes of workload problems are inadequate staffing levels, increased job performance expectations, and increased complexity of work.
- 60% agreed that their job allows them freedom to decide how to do their work. Just over half of respondents agreed that their job allows them to develop their skills and abilities (54%).
- Only 1 in 5 agreed that they are free from conflicting demands others make, or that their job provides opportunities for career development.

Training, Professional Development, and Learning

- A large majority of survey respondents (77%) had taken job-related training or professional development (PD) in the 12 months prior to the survey.
- 60% received financial support from the Professional Development Fund (PDF), 37% received other financial support, and 64% received time off.
- Among the 40% of training recipients who did not receive PDF support, 41% received other financial support from their employers for this training or development, and 63% received paid time off for this training or development.
- Two-thirds of training recipients rated the training as effective in meeting their PD needs. Less than half (46%) rated their employer as effective in meeting their training and development needs.
- Well below half (38%) of all respondents indicated that "to a great extent" their employer provided them time to maintain their professional certifications; 24% said "not at all."
- In terms of having access to an easy process for approving PD requests, 36% said they have this "to a great extent," while 28% indicated "not at all."
- Respondents were asked for their written comments on how employers could help them achieve their PD goals. The most common suggestions focused on paid time off or allotted time for PD (20% of all responses), financial support for PD (12%), and increased opportunities and choices for training (11%).
- When asked to describe their greatest training need, respondents most frequently identified job-specific training (16%), computer and technology skill training (14%), and increased PD support (9%).
- Most respondents are able to take initiative and use existing skills. When asked how frequently they felt they took initiative in their job, 80% said "often" or "very often." When asked how frequently they are able to fully contribute their skills, knowledge, and abilities, 78% replied "often" or "very often." However, when asked how frequently they learn new ways to do their jobs better, 56% indicated "often" or "very often."

- 42% of respondents received a performance appraisal in the 12 months prior to the survey, with substantial differences across employers.
- When asked about the most recent performance appraisal received, 61% of respondents said it accurately assessed their job performance; half said it provided recognition for their contributions and feedback on how to improve job performance. About 1 in 3 said it helped them to develop a learning and career development plan.
- Among respondents who had not received an annual performance appraisal, 63% said they would benefit from a performance appraisal at least once a year.

Work Teams and Relationships

- Relationships with co-workers and supervisors were rated positively by 79% and 71%, respectively. Just over 60% provided a positive assessment of team communication.
- About half were positive about the level of interdisciplinary collaboration and opportunities to discuss professional practice issues in their work area. In contrast, considerably fewer respondents viewed the procedures, rules, and policies governing work in their area or team in positive terms.
- Less than half agreed that work is assigned fairly and equitably, hiring is fairly conducted, and rules and policies are fairly and consistently applied and make sense.
- Over 80% of survey respondents felt that their co-workers and patients or clients treat them with respect. Close to 80% believed that other health care professionals treat them with respect, and almost three-quarters reported that their supervisor treats them with respect.
- 66% agreed that HSAA representatives treat them with respect.
- Close to 60% agreed that managers above their supervisor treat them with respect.

Immediate Supervisors

- Just over half of respondents rate their supervisors effective or very effective in sharing information and in creating a work environment free of harassment and discrimination.
- 47% consider their immediate supervisor to be effective at promoting teamwork, while 43% consider their supervisor to be effective in listening to and acting on their suggestions and ideas.
- Around 40% gave positive ratings to supervisors for encouraging them to be innovative in how they do their work and supporting their career development.
- Less than 40% consider their supervisor to be effective in helping them achieve work-life balance and providing timely and constructive feedback on their job performance.
- Approximately 1 in 5 survey respondents consider their supervisors to be ineffective in how they perform their jobs.

Resources and Support for Supervisory Roles

- HSAA members with supervisory responsibilities were asked to assess to what extent they have the knowledge, resources, and support needed to perform this role successfully.
- 43% feel adequately supported by their managers to be effective supervisors. About 1 in 4 report receiving little or no support in this regard.
- 31% have "a good working knowledge" of the collective agreement "to a great extent," and 50% "to some extent."

- Just over 1 in 4 feel they receive the training needed to be an effective supervisor "to a great extent," whereas over one-third feel the needed training is not available.
- One in five feel adequately rewarded for their contributions as a supervisor, while almost half do not. 38% do not feel adequately recognized for their contributions.
- There are gaps in their knowledge of human rights policies and legislation, given that 30% claim to have none or little of this knowledge.

Consultation with Employees

- The survey asked respondents if they had been consulted by management in the 12 months prior to the survey about six major issues: workplace safety, service improvement, work process improvement, team effectiveness, workplace health promotion, and quality of work life improvement.
- Fewer than half of respondents reported any consultation on these issues. Between 42% and 44% had been consulted on work processes, client or patient services, and workplace safety issues. The prevalence of consultation on the other issues was in the 25% to 36% range.
- Some employers are more committed than others to involving employees in planning and decision making. About 1 in 4 respondents had been consulted by their employer on at least 4 of the 6 issues above.

Management's People Focus

- When asked to what extent the senior managers in their organization support supervisors to do a good job, 27% of respondents said "to a great extent," but almost as many said "not at all."
- The following practices are not widespread: effectively communicating with employees about change, setting realistic performance expectations, valuing employees' contributions, seeking employees' input on improvements, and taking employees' interests into account when planning change.
- Around half of survey respondents understand their employer's mission and values.
- Just under half of respondents trust their employer to treat them fairly, and even fewer (36%) trust their employer to keep them informed about matters affecting their future.
- A higher proportion of respondents (36%) disagreed as agreed (31%) with the statement "My employer shows that it values its employees."
- These measures of people focus and people values vary significantly by employer. The fact that people value scores always are higher than people support scores suggests that employers face challenges putting their values into practice.

Organizational Change

- Barely 1 in 3 respondents agreed that, in their area, they have been able to learn from past experiences of organizational change.
- Even fewer agreed that, in their area, regionalization improved the quality of the services to clients or patients (18%) or the quality of work life (12%).
- 30% disagreed that regionalization had improved service quality, and 37% disagreed that it improved the quality of work life.

- 48% of respondents experienced workplace or work process change in the 12 months prior to the survey, and this varied widely across employers.

Service Quality and Patient Safety

- Respondents gave moderately positive ratings to the quality of service provided by their team or unit in the 12 months prior to the survey, with 50% considering it to be "very good," and 17% calling it "excellent." Very few (7%) consider service quality to be "poor" or "fair."
- 59% agreed that working conditions in their area contribute to patient safety; 15% disagreed.
- Generally, there are strong elements of a safety culture in the workplaces of HSAA members who responded to the survey. More than 4 in 5 respondents said that co-workers would take the appropriate action to prevent a reoccurrence if a mistake was made and that their team would learn from the mistake. Almost as many (78%) said the error would be reported, and 75% said management would take the appropriate action.
- These measures vary significantly by employer, but not by job classification.

Workplace and Employee Health

- Most survey respondents are in a safe workplace. Three-quarters agreed with the statement "my work environment is safe." Only 10% disagreed with this statement.
- Less than half (47%) agreed with the statement "my work environment is healthy." Over 1 in 4 disagreed with this statement.
- 45% of all respondents rated their work environment as both healthy and safe. 8% rated their work environment as both unhealthy *and* unsafe.
- Most healthy workplaces are also safe, but the reverse is less common.
- A much higher percentage of employees with high levels of trust in management, high levels of work engagement, and who deliver high-quality services perceive their work environment to be both healthy and safe, compared with workers who report low levels of all these outcomes.

Work-Life Balance

- A slight majority (57%) agreed that their job allows them to balance work and personal/family life. In contrast, 19% disagreed.
- Over the past few years, the most common experience for survey respondents, expressed by 43%, is that work-life balance has been getting harder to achieve. Almost as many (38%) reported no change in work-life balance, while 18% said it has gotten easier.
- 45% of respondents who reported that work-life balance has been getting harder attributed this to a combination of both work and family/personal factors contributing to imbalance. An almost equivalent number (43%) identified work factors as making work-life balance harder.
- A supportive work environment is crucial to employees' work-life balance. 83% of the survey respondents who reported that work-life balance has been getting easier agreed that their job allows them to balance work and family/personal life. Among those who reported that work-life balance has become more difficult, only 34% agreed that their job allows them to balance work and family/personal life.

- For respondents who were finding it harder to balance work and family or personal life, changes such as adequate staffing levels, increased flexibility and choice in work hours and schedules, and decreased workloads would help most.

Employee Health and Wellness

- 57% of respondents perceived themselves to have very good or excellent health. 33% perceived their health to be good, while 9% perceived their health to be fair or poor. Compared to health care workers in Canada and workers in other industries, HSAA survey respondents perceive themselves to be somewhat less healthy.
- Younger survey respondents and those with the least seniority are significantly more likely (than older workers and those with more years seniority) to report very good or excellent health, as are respondents working in long-term care, community health, and hospital settings (compared to other health sectors). Health status did not vary by employer.

Absenteeism and Presenteeism

- 21% reported no absenteeism due to their own illness or injury, while 33% reported no presenteeism (going to work despite an illness or injury because they felt they had to).
- Typically, absenteeism was of short duration, usually 5 or fewer days. Only 11% of respondents were absent for 11 or more days.
- Presenteeism followed a slightly different pattern, with 40% of survey respondents spending a week or more on the job while ill or injured.
- There were no statistically significant differences in either absenteeism or presenteeism by job classification. Among employers, there were significant differences in absenteeism patterns.
- 48% said they did not know if there was an attendance management program in their workplace, while 31% said there was one. In the latter group, 12% had been required to attend a meeting about their attendance in the past 12 months, and most assessed the meeting outcome to be "neutral" (47%) or "negative" (33%).

Work Stress

- Compared with other health care workers in Canada and to workers in other industries, HSAA members who responded to the survey have somewhat lower stress than the former, but slightly higher stress than the latter.
- 38% of survey respondents reported feeling that most days at work are "quite a bit" or "extremely" stressful, compared with 45% of all health care workers in Canada and 31% of workers in other industries.
- As with most of the other quality of work-life indicators examined, there were statistically significant differences in work stress by employer, but not by job classification.

Workplace Health Promotion

- 59% of respondents were aware of health promotion activities or programs offered by their employer. Across employers, this varied from 44% to 91%.
- Among those who were aware of employee health promotion initiatives, 33% participated in or utilized these programs in the 12 months prior to the survey. Of these,

62% reported that these programs helped them to achieve their health and wellness goals "to some extent," and 23% said "to a great extent."

- Employer support for workplace health promotion was closely associated with employees' perceptions of their work environment as healthy and safe.
- 12.3% of respondents reported having an illness or injury at work in the 12 months prior to the survey that required accommodation. Of these respondents, 50% received the accommodation they needed "to a great extent," 32% "to some extent," and 18% did not receive the needed accommodation.

Employee Satisfaction and Commitment

- Most respondents (71%) were either satisfied or very satisfied with their jobs. Only 14% said they were dissatisfied or very dissatisfied. This mirrors trends in the Canadian workforce as a whole.
- 13% of respondents plan to look for a new employer in the next 12 months.
- Just over half (53%) of respondents either often or always look forward to going to work. 13% never or rarely look forward to going to work.
- Most (88%) HSAA members surveyed are very committed to the kind of work they do in their job. However, only 45% are very committed to their employer.

Retirement

- One in five respondents, or a total of 982 employees, plan to retire from their current employer in the next five years.
- 28% of those between the ages of 45 and 54, and 78% of those 55 years and older, plan to retire in the coming five years.
- The majority of those with retirement plans do not consider it likely that they will stay in the workforce after retirement. If they do, the largest group (31%) would consider working in jobs outside health care. Just over 20% would consider retiring and then returning to work for their current employer, and somewhat fewer are open to doing this with another health care employer. About the same proportion (20%) could be convinced to delay retirement for a year or two.

Summary of Key Outcomes

- The study examined six key outcomes that are important for individuals and for employers: work-life balance, being able to fully contribute skills and abilities, being able to develop skills and abilities, the quality of service provided, trust in senior managers, and commitment.
- While none of these outcomes varied significantly by job classifications, all had statistically significant differences by employer. Capital Health is above average on five and average on one indicator. Alberta Cancer Board, Caritas, and Millard Health are above average on five and below average on one. Chinook, Northern Lights, Palliser, and Peace Country have below average scores on five of the six indicators.
- These findings suggest that employer practices and policies, not the unique aspects of the jobs performed by HSAA members, influence these outcomes.

Employee Feedback and Suggestions

- When respondents were asked to describe one thing that has improved the quality of their work environment in the past 12 months, the top three response categories were: more staff/adequate staffing (13%), teamwork/team meetings/co-worker relations and communication (11%), and nothing (10%).
- When respondents were asked to recommend one thing that their employer could do to improve their quality of work life, the top three response categories were: hire more staff/adequate staffing/retention (18%); improve the physical work space (8%); and make changes in schedules/shifts/flexible work arrangements/vacations/leaves (7%).
- Respondents also were asked: "What is the one thing you would recommend the HSAA do to improve your quality of work life?" The three most common response categories were: hours/overtime/schedules/shifts/vacation/flextime/holidays (14%), training/ education/development (11%), and already doing a good job/keep doing what you're doing (10%).

PURPOSE AND APPROACH

This report presents findings from Creating a Quality Work Environment, a study commissioned by the Health Sciences Association of Alberta (HSAA) to document its members' work environments. While there has been considerable research done on nursing work environments, far less is known about the job experiences, organizational conditions, and work environments of other professional, technical, and support workers in the health system.

The purpose of the study was to fill this information gap. This was achieved by conducting a survey to obtain new evidence that will enable the HSAA to take a leadership role in making improvements in its members' work environments. This report uses the evidence from the *HSAA Work Environment Survey* to identify opportunities for positive change. It also documents areas where progress already has been made to provide a quality work environment.

The underlying assumption of the study is that work environment improvements will benefit the health system as a whole. There are well-documented links between employees' quality of work life and organizational performance. Major health system challenges—such as recruitment and retention, leadership succession, developing and engaging staff, and improving patient safety and service quality—all depend on high-quality work environments.

The main goal of the study is to contribute to better health care in Alberta. Indeed, the HSAA initiated the study with a commitment to work with its partners to improve the overall quality of the health system in Alberta for employees, patients, and the larger community.

Context

There is growing recognition that work-environment factors affect health system performance. The Canadian Council on Health Services Accreditation now includes quality of work life as one of the four areas it assesses during the accreditation process. As a result, all accredited organizations are expected to take steps to measure, report, and act on quality of work-life indicators. Employee input on the quality of their work lives has been a weak link in this process. Indeed, much needs to be done to develop effective surveys and other consultation mechanisms.

Provincially, the Health Boards of Alberta and the Council of CEOs for health regions accepted the recommendation of the Health Policy Forum's Labour-Management and Human Resources Task Group to make "building quality workplaces" a priority. It is notable that quality of work life was the theme of the 2005 Health Boards of Alberta conference. The province-wide human resource framework, called "Strengthening People," gives high priority to developing effective people practices. Yet there are no accurate regional or province-wide measures of work environments, workplace cultures, or employee quality of work-life outcomes that establish baselines and track progress in these areas.

In this context, the HSAA's Work Environment Survey provides a timely and important opportunity to advance the "building quality workplaces" agenda in Alberta. The HSAA is one of a growing number of health system stakeholders that recognize work-life and work-environment

issues as key ingredients in future sustainability. The survey findings presented in this report identify directions for change that, from the perspective of HSAA members, make a positive difference for them and for their patients or clients.

The renewal of the health system in Alberta depends on genuine cooperation among all internal stakeholders to pursue a common agenda of quality work and quality care. Boards, executives, managers at all levels, and front-line workers, and their unions and professional associations, have a shared responsibility to create high-quality work environments that support positive outcomes for health service providers and their patients and clients. The Work Environment Survey is the HSAA's contribution to this process. Above all, it is an invitation to employers to build on the strengths identified in the survey and to engage HSAA members to find ways to address the gaps.

Method

A mail questionnaire was sent to 12,000 HSAA members at their home address. The questionnaire contained 170 questions covering a compressive range of work-environment areas. Parts of the survey were answered by subgroups that met certain criteria, so not all respondents had to answer all questions. The questionnaire was pretested, resulting in minor modifications to the wording of several questions. The average pretest completion time was approximately 25 minutes.

Most questions used standard response scales (measuring, for example, agreement, frequency, effectiveness, or likelihood) or customized response categories designed to address the unique issues of HSAA members. Many of the measures of work-environment factors, job characteristics, work experience, and health and wellness come from extensive research literature in these areas. Other questions were designed specifically for this study.

The data collection period was March and early April 2006. The questionnaire mailing was preceded by a phone message from the HSAA President, Elisabeth Ballermann, using the union's automated phoning system. The questionnaire package included a cover letter from the union president and a postage-paid envelope addressed to the consultants. The union used its phoning system to send reminders at 7- to 10-day intervals throughout the data collection period.

As an incentive to complete the questionnaire, the union offered a range of prizes for completed and returned questionnaires. The questionnaire package contained a numbered "contest" draw form that was returned with the questionnaire but which did not reveal the identity of the respondent. Winning numbers were posted on the HSAA website.

A total of 5,131 completed questionnaires were returned to the Graham Lowe Group, for a response rate of 43%. This is an acceptable level of response for a mail survey of this kind, and certainly is within the response rate range usually achieved by health care employers when conducting internal employee surveys.

The consultants took all necessary steps to ensure the confidentiality of data collected by the survey.

Given the HSAA Work Environment Survey's good response rate and the wide range of issues examined, we can reasonably conclude that the survey provides the most reliable and comprehensive analysis ever conducted in Alberta of health care employees that included HSAA members.

Content

The questionnaire was developed in consultation with the HSAA Survey Advisory Committee. The committee helped to identify the most important work-environment and quality of work-life issues facing HSAA members. The consultants provided expert advice, drawing on their knowledge of the workplace research literature, human resource trends in health care, and employee surveys used by health employers across Canada.

Five principles guided the entire project. It was agreed that the survey will:
- Provide useful information that can lead to positive change within HSAA members' workplaces.
- Take a constructive and positive approach, providing HSAA members an opportunity to identify their priorities for work-environment improvements and to suggest solutions.
- Identify what is working well, in terms of employer human resource practices that support HSAA members' quality of work-life goals and job contributions.
- Help to build capacity within HSAA and its membership to engage in follow-up actions and to track progress.
- Enable work-environment change within regions and work sites, raising the overall level of people practices affecting HSAA members.

The survey included three types of indicators: work environment factors affecting the quality of work life, individual quality of work-life outcomes, and organizational outcomes. Specifically, the following issues were examined:
- Work hours, schedules, time off
- Professional development and training
- Job quality
- Workload
- Job satisfaction
- Work team or unit
- Quality of supervision and management
- Organizational change
- Work-life balance
- Health and well-being
- Career plans
- Basic demographic and employment characteristics

Profile of Survey Respondents

This section profiles the HSAA members who responded to the survey. Union membership records do not track demographic and employment characteristics, so it is not possible to determine if respondents reflect the total membership of the union. Therefore, the best we can say is that what follows is the most accurate description available of close to half of the HSAA membership, or in other words, over 5,000 health care employees in Alberta.

Where relevant, responses to survey questions were broken down by key demographic and employment characteristics to help understand patterns and trends. Throughout the report, only those characteristics that had statistically significant differences are mentioned in the text or reported in the tables and figures. The key variables included: gender, age group, seniority, employment status, job classification, health sector, and employer.

Turning first to demographics (Table 1), most (87%) of respondents are female. Very few (3%) are under the age of 25. The fact that the 25–34 age group comprises 25% of all respondents suggests that workforce renewal has been underway, which is important given that just over 11% are 55 and older and therefore close to retirement. Looking at the relative size of the 45-plus age group, we can predict that more than 40% of the health care workers in this study will be retiring from their current jobs over the next 10 to 20 years. If anything, the pace of recruitment will increase. This alone is reason for employers to focus on improving the quality of work environments, for as we will see in a later section, working conditions are important factors in workers' retirement decisions.

Respondents also are fairly evenly distributed in terms of job locations between Calgary, Edmonton, and other areas of the province. It is interesting to note in this regard that 16% are located in small town work sites.

Table 1: Demographic characteristics		
		Percent
Gender	Female	87.4
	Male	12.6
Age group	Under age 25	3.1
	25–34	24.5
	35–44	30.9
	45–54	30.0
	55+	11.5
Job location	City of Edmonton	33.4
	City of Calgary	32.1
	Another city	18.3
	Small town	16.2

Turning now to employment characteristics (Table 2), we note that 56% of respondents are in full-time jobs. The next largest group is in part-time positions (37%), while relatively few (6%) are in casual or temporary jobs. The prevalence of part-time and casual positions may explain why 12% of respondents are working more than one job. In terms of experience, 41% of respondents have been with their current employer more than 10 years. This reflects a high level of experience not only in the health system, but also within specific organizations. About 7% of respondents have less than 1 year of experience with their current employer, and 23% have less than 3 years. As in any organization, the challenge is to ensure that the experiences of these new workers are positive so that they develop long-term commitment to their career and employer.

One might expect that in a survey of union members, virtually all individuals would be front-line employees. In fact, more than 1 in 5 of the survey respondents have ongoing supervisory responsibilities. Half of these in-scope supervisors, or 10% of all respondents, supervise other union members. A later section in this report examines these supervisors in more depth.

Hospitals are the dominant health sector employing HSAA members, accounting for 61% of survey respondents. The next major sector for HSAA members is community health (15%), followed by lab services (13%). Mental health, long-term care, and emergency medical services (EMS) make up the rest.

Table 2: Employment characteristics		
		Percent
Job status	Full time	56.3
	Part time	37.1
	Casual–temporary	6.5
Employed in more than one health care job	Yes	12.4
	No	87.6
Years with current employer	< 1 year	6.7
	1–3 years	16.1
	4–6 years	20.9
	7–10 years	15.0
	> 10 years	41.5
Ongoing supervisory responsibilities	No	79.1
	Yes, for employees who are HSAA members	10.2
	Yes, for employees who are not HSAA members	7.5
	Yes, for both groups	3.2
Type of health sector	Hospital	60.6
	Community health	15.0
	Lab services	12.6
	Mental health	6.5
	Long-term care	3.0
	EMS	2.2
Total Respondents = 5,131		

As we are especially interested in variations in work environments and quality of work-life outcomes, the survey questions addressing these issues were broken down by the variables of employer and job classification in order to detect patterns. The basic question motivating this analysis is: Are conditions and outcomes better or worse in some employers than others, and in some jobs than in others? This knowledge will help to identify the 'pockets of excellence' within the system and, conversely, areas that require immediate attention.

As background, it is important to note that Capital Health and Calgary Health Region employ 27% and 24%, respectively, of HSAA members responding to the survey. The next two largest employers are David Thompson Regional Health Authority and Calgary Lab Services, with just over 8% each. The rest of the respondents are spread over 10 smaller employers, and an "other" category (Table 3).

Table 3: Employers		
	Number	**Percent**
Capital Health	1,370	27.0
Calgary Health Region	1,222	24.1
David Thompson Regional Health Authority	426	8.4
Calgary Lab Services	416	8.2
Chinook Regional Health Authority	261	5.1
Aspen Regional Health Authority	234	4.6
Peace Country Health	195	3.8
Caritas Health Group	183	3.6
Alberta Cancer Board	180	3.5
Palliser Health Region	144	2.8
East Central Health	121	2.4
Canadian Blood Services	109	2.1
Northern Lights Health Region	67	1.3
Millard Health – WCB	47	0.9
Other	104	2.0
Total	5,079	100.0

The HSAA represents dozens of occupational groups. The range of technical, professional, and support services provided by HSAA members reflects the complexity of health care delivery and the detailed division of labour required to make the system function effectively. Rather than combining these distinct occupations into broader categories, we have attempted to capture the full diversity of the jobs performed by HSAA members by using 40 job classifications throughout this report. Our intent is to determine if there are unique needs, experiences, and challenges that specific groups face.

From Table 4, we can see that 10 of the occupations account for close to 70% of respondents. The largest groups are lab technologists, occupational therapists, pharmacists, respiratory therapists, physical therapists, social workers, medical radiation technologists, and lab assistants. Each of these groups comprises 5% or more of HSAA members who responded to the survey. A list of all 40 job classifications is provided in Appendix 1.

Table 4: Ten largest occupational groups		
	Number	**Percent**
Lab Technologists/Medical Lab Technologists	763	15.2
Occupational Therapists	377	7.5
Pharmacists	344	6.9
Respiratory Therapists	342	6.8
Physical Therapists	332	6.6
Social Workers	292	5.8
Medical Radiation/Radiographer/Radiology Technologists	283	5.6
Lab Assistant/Attendant/Helper	279	5.6
Health Record Technicians	239	4.8
Speech Language Pathologists/Therapists and Audiologists	214	4.3
Total of the 10 above jobs	3,465	69.1

WORK TIME

This section documents various dimensions of work time. Specifically, the following issues are examined: time off for family or personal reasons, overtime hours and compensation, vacations and holidays, and work hour preferences. All of these issues have an influence on the quality of work life.

Time Off for Family or Personal Reasons

Just over half (55%) of respondents needed time off for family or personal reasons in the 12 months prior to the survey. Most of these respondents (94%) asked for time off, and about half (53%) took that time in the form of special leave. Among those respondents requesting time off, two-thirds reported that it was somewhat or very easy to get the time off they needed. About 14% indicated that it was "neither difficult nor easy," while 20% indicated that it was either "somewhat difficult" or "very difficult." Among the 20% who had difficulty getting time off, half (51%) had asked for special leave.

Figure 1: Time off for family or personal reasons

How difficult or easy was it for you to get the time off you needed?
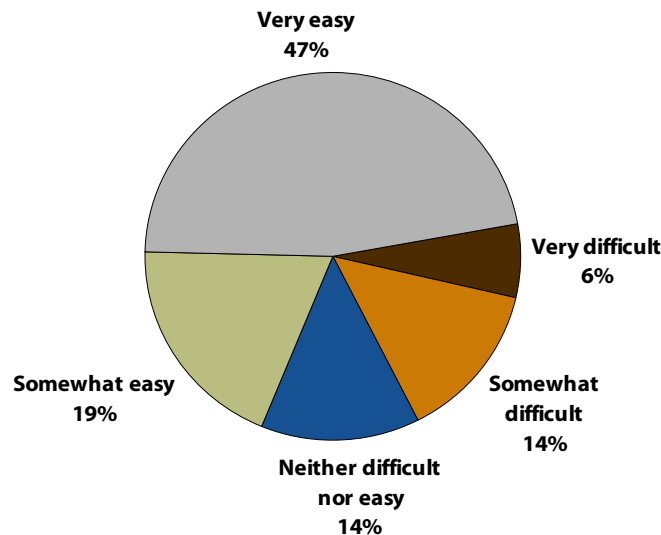
Overtime Hours and Compensation

Two-thirds of respondents had worked overtime in the 12 months prior to the survey. In a typical week, 37% worked an hour or less overtime, 44% worked 1 to 5 hours, and 9% worked 6 or more hours. Most (84%) were compensated for overtime hours.

The compensation came in the form of overtime pay (67%), time off in lieu of pay (48%), or straight-time pay (12%). A very small number of respondents (3%) were compensated in other ways.

Figure 2: Overtime hours and compensation

Types of overtime compensation (respondents could select more than one):
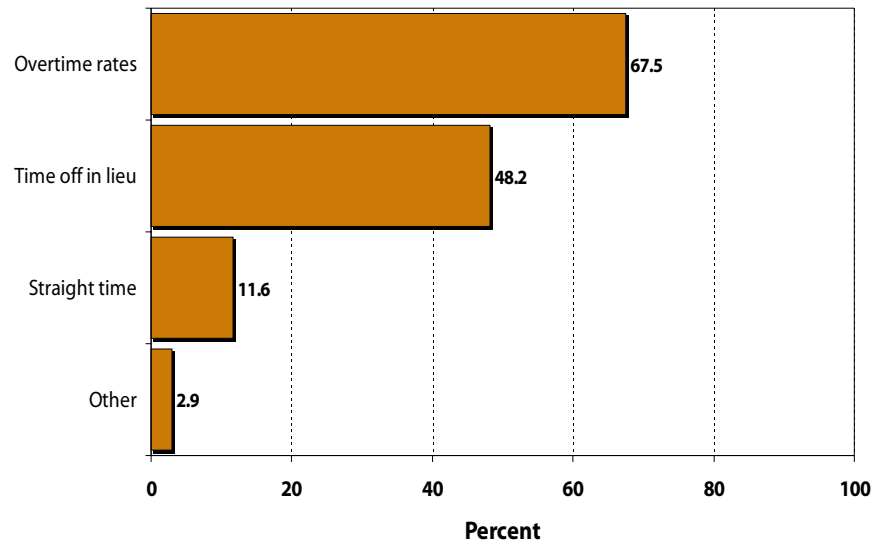
Vacations and Holidays

A large majority of respondents reported getting the vacation schedules they preferred (82%) in the 12 months prior to the survey. An equally large majority (78%) took all statutory holidays during this period, except EMS, where 64% did not.

However, a considerably smaller majority (56%) took all their vacations in the 12 months prior to the survey. By health sector, EMS workers were least likely to take all their vacations, whereas those in lab services and community health were most likely to take all their vacations. There were significant variations across employers in this regard. More than half of respondents in Peace Country, Capital Health, and David Thompson did not take all their vacation days in the past 12 months. There also were significant age differences, with younger workers (especially those under 25) being less likely than older workers to take all their vacation days or statutory holidays.

Figure 3: Vacations and holidays

In the past 12 months, did you…

Get the vacation schedule you preferred — 81.9
Take all statutory holidays — 78.2
Take all your vacation days — 55.8

Percent
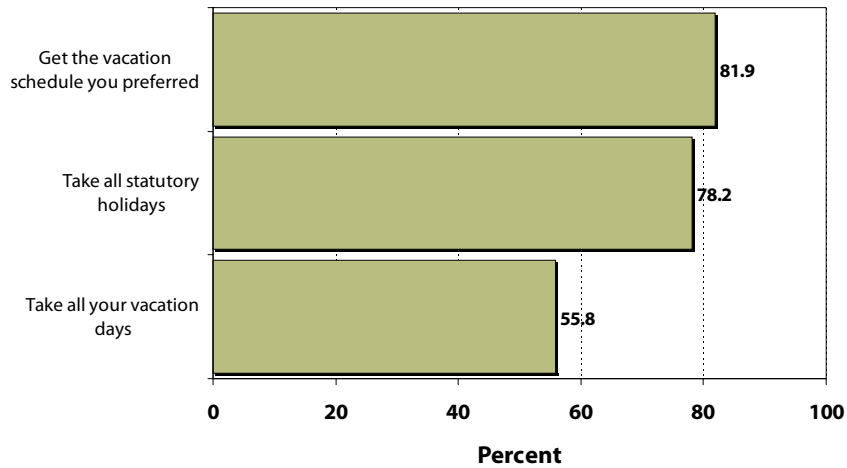
Work Hour Preferences for the Coming Year

Three-quarters of respondents would prefer the same work hours for the coming year. It is also important to note that 16% would prefer fewer hours, while 8% want more hours. Across all demographic variables (including age, gender, supervisory position, employer, and health sector) a large majority indicated their work hour preference would be for the "same hours weekly," followed by "fewer hours weekly."

Figure 4: Work hour preferences for the coming year

Same hours weekly ■ Fewer hours weekly ■ More hours weekly

75.5%

8.1%   16.4%
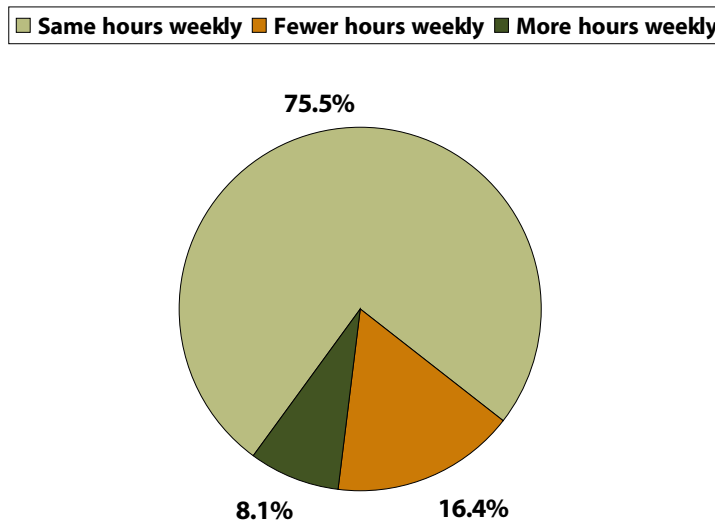
JOB RESOURCES AND CONDITIONS

Job resources and conditions influence an employee's quality of work life. Employees' immediate job situation can either hinder or enable their contributions to their employer's goals. This section of the report considers job resources, work load, and key job characteristics related to quality of work life and job performance.

Resources and Demands

The majority of respondents have the necessary tools, equipment, and other resources they require to do their jobs well (Figure 5). However, 1 in 5 reported that they lacked these essential resources often or very often in the 12 months prior to the survey. Clearly, a large majority of respondents lack the feedback they need to help them do a better job: 43% never or rarely receive such feedback, and only 17% receive it often or very often. Somewhat less than half of respondents (44%) often or very often had difficulty keeping up with the workload. About 23% never or rarely had this problem.

Figure 5: Work resources and demands

In the past 12 months, how frequently have you...
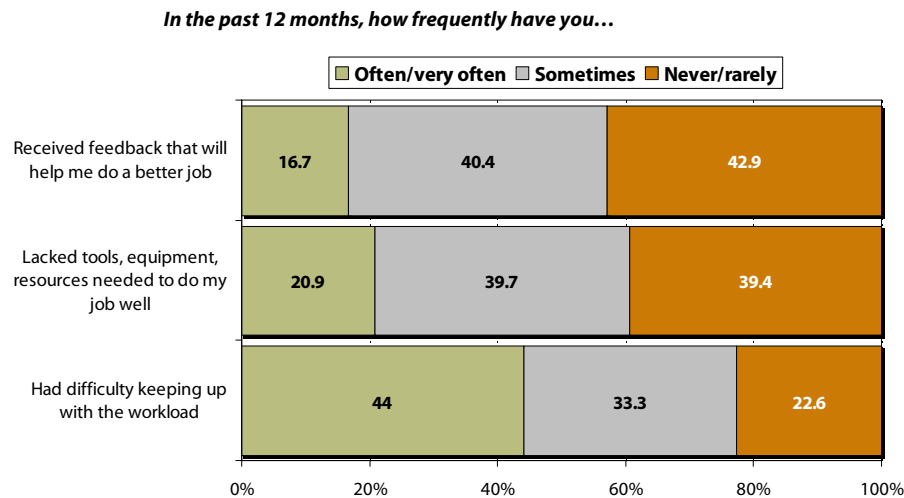
Those survey respondents who had difficulty keeping up with their workloads were asked the reasons for this. Figure 6 shows that the two most frequently cited reasons had to do with inadequate staffing levels. Next in importance were increased job performance expectations and increased complexity of work. Interestingly, the three least important factors were ineffective teamwork, inadequate tools and resources, and unclear goals.

Figure 6: Factors contributing to difficulties keeping up with workload

To what extent do each of the following factors make it difficult for you to keep up with your workload (asked only of the 2,226 respondents who often or always had difficulty keeping up with their workload):

Percent answering "to a great extent"
(5 on a 5-point scale, where 1="not at all" and 5="to a great extent")
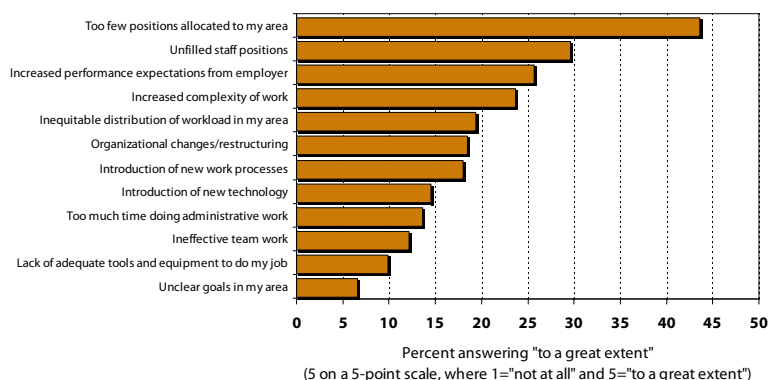
n = 2,226

Job Conditions

Assessing specific job conditions, Figure 7 shows that 60% agreed or strongly agreed that their job allows them freedom to decide how to do their work. Just over half (54%) of respondents agreed or strongly agreed that their job allows them to develop their skills and abilities. While a majority gave positive assessments of these two job characteristics, only 1 in 5 agreed or strongly agreed that they are free from conflicting demands others make, or that their job provides opportunities for career development. The presence of high levels of conflicting demands is most likely related to workloads, and so too is experiencing one's job as hectic, which is the case for 78% of respondents.

Figure 7: Assessments of job characteristics

To what extent do you agree or disagree that your job…
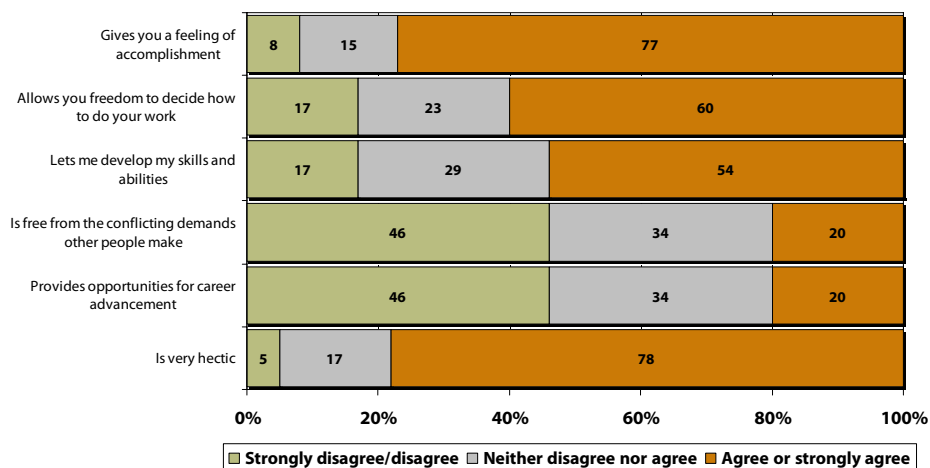
TRAINING AND PROFESSIONAL DEVELOPMENT

We note that two job characteristics—being able to develop one's skills and abilities, and career advancement opportunities—received moderate to low ratings, suggesting that professional development (PD) is an area of concern for survey respondents. This section examines training and PD, focusing on three key aspects: access to PD, support and resources for PD, and the effectiveness of the PD received.

Training Access and Supports

A large majority of survey respondents (77%) had taken job-related training or PD in the 12 months prior to the survey. These individuals were asked a series of questions about the financial support they received for this PD and to rate the effectiveness of the training they received, which are basic assessment criteria for training and development initiatives in organizations.

Overall, 60% received financial support from the Professional Development Fund (PDF), 37% received other financial support, and 64% received time off. Of those who had received PDF support, 35% also received other financial support from their employer for this training or development, and 64% received paid time off. Those who did not receive PDF support were no more likely, however, to access these other forms of support. Among the 40% of training recipients who did not receive PDF support, 41% received other financial support from their employers for this training or development, and 63% received paid time off for this training or development—which is at similar levels to those receiving PDF support.

Training recipients also were asked to assess the training they had received in the past 12 months (Figure 8). Two-thirds rated it as either effective or very effective in meeting their PD needs, while 12% considered the training received to be ineffective or very ineffective. The rest were neutral in their assessments. Less than half (46%) rated their employer as effective or very effective in meeting their training and development needs, while 26% said their employer was ineffective or very ineffective in this respect. This finding is generally consistent across demographic groups, employers, length of employment, and sector. However, EMS employees were most critical of their employer's support for PD; males are less positive than females; younger workers and those with the least seniority are more positive than older and experienced workers.

**Figure 8: Assessment of training and professional development
received in past 12 months**

Effectiveness of training in meeting professional development needs: Ineffective 11.4, Neither ineffective nor effective 22, Effective 66.5

Overall effectiveness of employer in meeting training and development needs: Ineffective 25.6, Neither ineffective nor effective 28.5, Effective 45.9

Legend: ☐ Ineffective ☐ Neither ineffective nor effective ■ Effective

n = 3,899
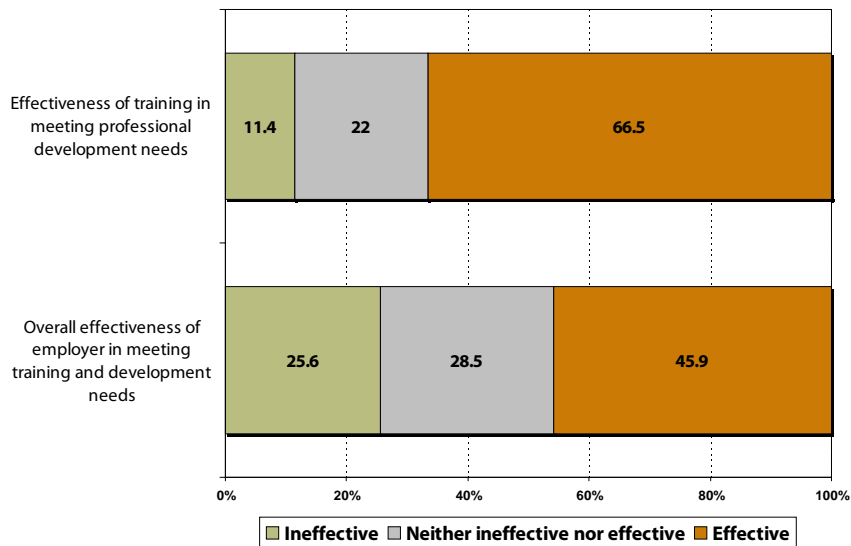
All respondents were also asked a series of questions assessing to what extent their employer provides them with the time to maintain their professional certifications or licences, the financial support needed to maintain certifications or licences, and an easy process for approving requests for PD support. The results, presented in Figure 9, clearly identify a major area for improvement.

Figure 9: Assessment of employer support for professional development

To what extent does your employer provide you with...

	Not at all	To some extent	To a great extent
Time needed to maintain professional certification	24.1	38.3	37.7
Easy process for approving requests for PD support	27.9	35.9	36.2
Financial support needed to maintain professional certification	33.7	33.7	32.5
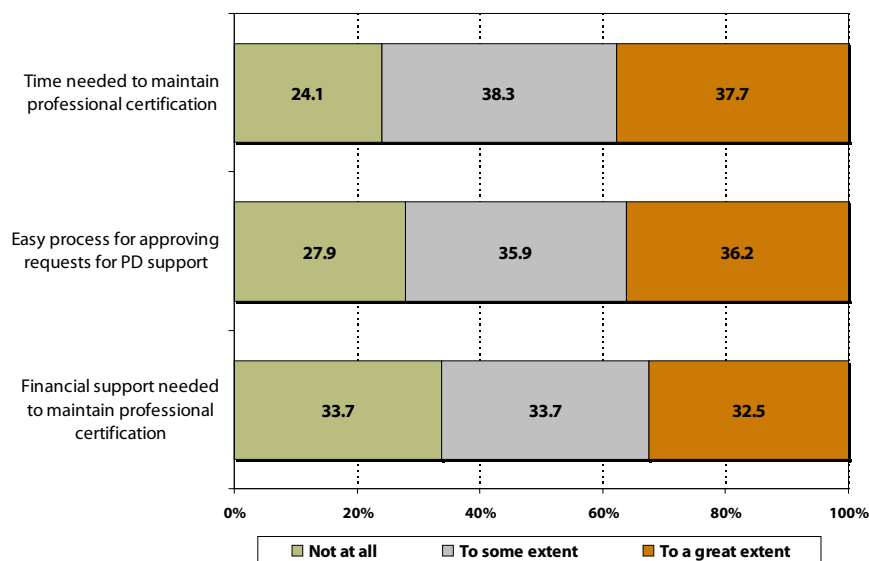
Well below half (38%) indicated that "to a great extent" their employer provided them time to maintain their professional certifications. An equal-sized group said that they received this support "to some extent," while 24% said "not at all." In terms of having access to an easy process for approving PD support requests, 36% said they have this "to a great extent," 36% said "to some extent," and 28% indicated "not at all." Assessment of the financial support provided to maintain professional certification was evenly distributed across these three categories, with as many providing positive responses as negative responses.

In summary, between a quarter and a third of survey respondents lack the time, approval process, or financial support required to pursue PD. Furthermore, between 34% and 38% of respondents have what could be described as partial access to these training enablers. Overall, some employers are more effective than others in meeting employees' training needs. As Figure 10 shows, just under half (46%) of respondents rated their employer as effective or very effective in meeting their training and PD needs. None was well above average, although four employers (Caritas, Canadian Blood Services, David Thompson, East Central) were rated as effective by slightly more than half of their employees responding to the survey. In contrast, Northern Lights and Millard Health received the lowest effectiveness ratings, with 33% and 40% respectively.

Figure 10: Percent of respondents receiving training and PD in the past 12 months who rated their employer as "effective or very effective" in meeting their training and PD needs, by employer

Employer	Percent
Caritas Health Group	53
Canadian Blood Services	52
David Thompson Regional Health Authority	51
East Central Health	51
Calgary Lab Services	50
Peace Country Health	49
Palliser Health Region	46
Calgary Health Region	46
Aspen Regional Health Authority	45
Alberta Cancer Board	45
Capital Health	43
Chinook Regional Health Authority	43
Millard Health - WCB	40
Northern Lights Health Region	33

Provincial Average = 46%

n = 3,888

In order to provide direction for improvements in training and PD, respondents were asked for their written comments on how employers could help them to achieve their PD goals. They were also asked to identify their greatest training and development need in the coming year. Table 5 summarizes the main types of suggestions, based on responses to the question: "What is the single most useful thing your employer could do to help you achieve your professional development goals?" A large majority (78%) of all survey respondents answered this question.

We can extract two key points from the suggestions made. First, over 40% of responses fell into three categories: paid time off or allotted time for PD (20% of all responses), financial support for PD (12%), and increased opportunities and choices for training (11%). Second, the list of suggestions includes many improvements in the processes, procedures, and supports available to employees to meet their PD goals.

Table 5: What is the single most useful thing your employer could do to help you achieve your professional development goals?		
Response category	Number	Percent
Paid time off/education days/time allotted for PD/LOA for education	788	19.6
Financial support for PD	485	12.1
Increased opportunities/training/choice	426	10.6
Management communication/feedback/reviews/supervision	363	9.1
Management support/encouragement/recognition	351	8.8
Adequate staffing coverage/workload/control over workload	337	8.4
More local courses/onsite/online	222	5.5
Easier access/more efficient approval/improve processes	166	4.1
Provide information about educational opportunities	128	3.2
Provide more financial support and time off	124	3.1
Neutral/satisfied	82	2.0
Scheduling issues/flexible schedules	71	1.8
Provide opportunity for skill use/career growth opportunities	69	1.7
Continue to support PD	65	1.6
Funding for additional training costs for travel, etc.	54	1.3
Improved allocation of PD fund	49	1.2
Co-worker relations/teamwork/equality between employees	39	1.0
Financial support for temp and casual PD/returning from leave	39	1.0
Technology/resources	38	0.9
Other	28	0.7
Allocate time in work day for reading/studying	25	0.6
Pay for licence fees/certification	18	0.4
Clear departmental goals/objectives/plans	16	0.4
Mentoring programs	16	0.4
Continued management practices	12	0.3
Total	4,011	100.0

A related question asked respondents to describe their greatest training need in the next 12 months. The fact that over two-thirds (68%) of all respondents described their training needs shows how important professional development is to HSAA members. The answers to this question are summarized into major types of training needs in Table 6. Close to 40% of the comments fell into three distinct categories: a general request for job-specific training (16%), computer and technology skill training (14%), and increased PD support (9%). Also notable is the diversity of specific training needs, ranging from stress and workload management to Meditech, nutrition, and assessment. The challenge this poses for employers is finding an effective and accessible means for delivering training to relatively small groups of workers. Meeting such diverse training needs may be easier to achieve by province-wide initiatives involving cooperation among employers, professional associations, and the HSAA.

Table 6: In the next 12 months, what is your greatest training need?		
Type of training need	**Number**	**Percent**
Job-specific training	549	15.7
Computer/technology skills	482	13.8
Increased PD support	300	8.6
Training on current/new equipment/troubleshooting	203	5.8
Credits or course required for licence/certification/professional exams	181	5.2
Neutral/don't know	153	4.4
Leadership/supervisory/management/coaching skills	128	3.7
Maintain/update/refresh existing training	126	3.6
Time/stress/workload management; work-life balance; change	83	2.4
Meditech training	78	2.2
Time provided for training/time off for education	77	2.2
Policies/procedures/processes/programs/general techniques	76	2.2
Conflict management/team-building skills/communication	71	2.0
Ongoing/on-the-job/hands-on training	71	2.0
Clinical skills/evidence-based	68	1.9
Patient issues (counselling, difficult personalities, etc.)	64	1.8
Other	60	1.7
Assessment	58	1.7
Human resources/health & safety/CPR/WHIMIS	57	1.6
Cross-training/variety	55	1.6
Pediatrics/neonatal/children's therapy	47	1.3
Research skills/writing proposals/reports	40	1.1
Hematology/microbiology/chemistry/pharmacology/pathology	40	1.1
Increased resources/staffing/hours	37	1.1
Coding	37	1.1
Time allocated to read manuals/industry publications	36	1.0
Formal education/completion of degree (e.g., Masters or PhD)	34	1.0
Medical treatments/medication	33	0.9
Training students/preceptor/training new staff	32	0.9
Personal/retirement/home assistance	29	0.8
GAP training	26	0.7
Mental health/psychology	24	0.7
Alternative therapies/treatments	24	0.7
Networking/meeting with other professionals/mentorship	23	0.7
Reorientation/retraining post LOA/maternity leave	20	0.6
Financial support	19	0.5
Knowledge about employer, union, etc.	18	0.5
Program planning and implementation	15	0.4
Consistency in training/equal opportunity	12	0.3
Nutrition	10	0.3
Total	3,496	100.0

Learning Environment

Health care is one of the most knowledge-intensive industries in Canada. So it is essential that work environments support ongoing workplace learning and the continuous development and use of employees' knowledge. This expands our thinking beyond training programs to consider how skills and knowledge are continuously renewed on the job—what is often called a "learning organization." The survey examined three indicators of a learning organization, or knowledge-based work environment: use of skills, knowledge, and abilities; being able to take initiative; and learning new ways to do one's job better.

Most respondents are able to take initiative and use existing skills. When asked how frequently they felt they took initiative in their job, 80% selected "often" or "very often" (Figure 11). When asked how frequently they are able to fully contribute their skills, knowledge, and abilities, 78% replied "often" or "very often." However, the results were less positive when asked how frequently they learn new ways to do their jobs better. Just over half (56%) of the respondents indicated "often" or "very often," while 35% chose "sometimes," and the remaining 9% indicated "rarely" or "never."

Figure 11: Learning environment

In your current job, how frequently do you...
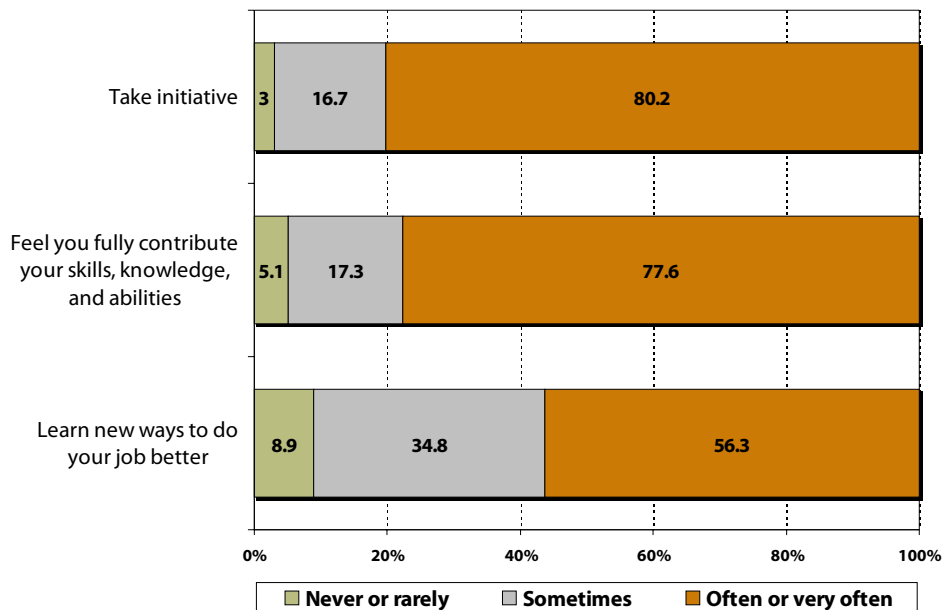
Performance Appraisals

Performance appraisals are a standard human resource management practice in most large organizations. While regular feedback on job performance is essential, a formalized annual performance appraisal helps to ensure that supervisors help employees to set, and then achieve, job performance and PD goals. Human resource professionals recognize that employees are better able to fully contribute to the organization's goals if they receive constructive feedback and support for development through various communication channels, including performance appraisals. However, an effective performance appraisal system can be difficult to implement, especially if front-line supervisors are responsible for large numbers of staff—often the case in health care organizations.

With this background in mind, it is interesting to observe (Figure 12) that only 42% of respondents received a performance appraisal in the 12 months prior to the survey. There were substantial differences across employers, however, with 68% to 79% of respondents employed at Millard Health, Calgary Lab Services, and Canada Blood Services having had a performance appraisal. In contrast, 30% or fewer at Caritas, Aspen, David Thompson, and East Central received a performance appraisal.

Figure 12: Percent of respondents receiving performance appraisals in the past 12 months, by employer
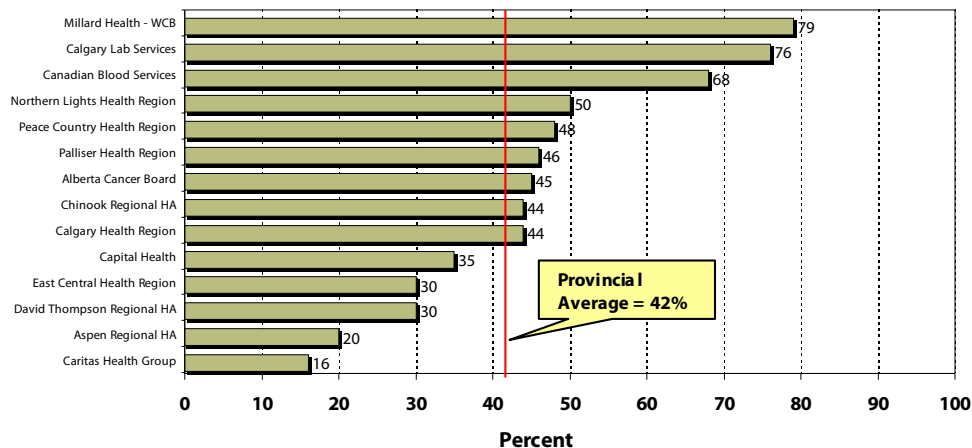
n = 2,067

Given that the majority has not received a recent performance appraisal, two questions arise: Are the current approaches to performance appraisals effective? And do respondents who have not received an appraisal in the last 12 months feel they would benefit from this process in the future? The answers to both questions are provided in Figures 13 and 14.

When asked about the most recent performance appraisal received, 61% of respondents said it accurately assessed their job performance, and around half said it provided recognition for their contributions and feedback on how to improve job performance. Just over 1 in 3 said it helped them to develop a learning and career development plan. This last finding is consistent with the gaps identified in support for training and PD.

Figure 13: Assessment of effectiveness of performance appraisals received in the past 12 months

Category	Ineffective	Neither ineffective nor effective	Effective
Accurately assessing job performance	14.4	24.7	60.9
Providing recognition for employee's contributions	23.7	24.4	51.9
Providing feedback on how to improve job performance	17.6	32.9	49.5
Helping develop a learning and career development plan	27.7	37.3	35

n = 2,067
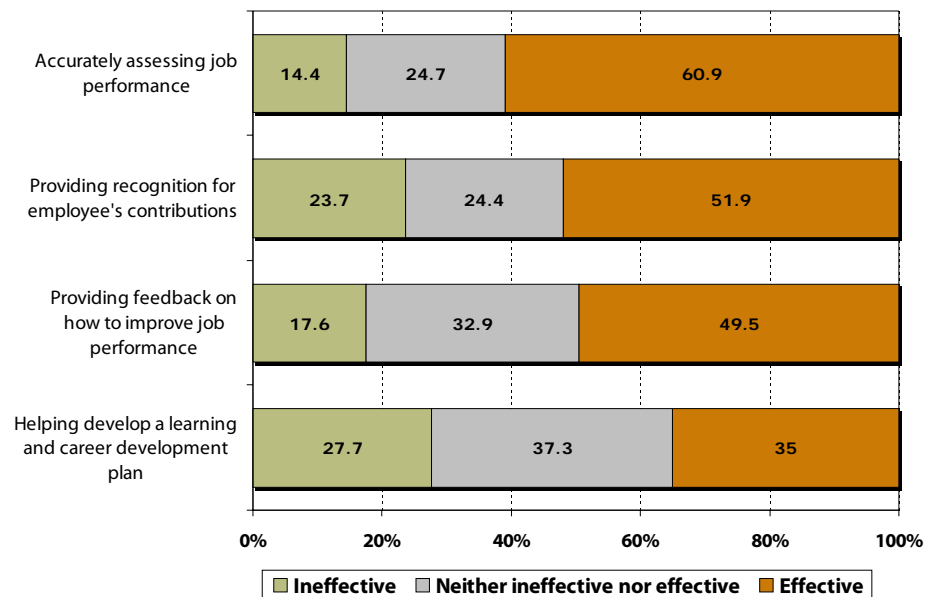
Respondents who had not received an annual performance appraisal were asked if they would benefit from a performance appraisal at least once a year. Some 63% answered "yes." This varied from 80% or more in Northern Lights and Millard Health, to less than 60% in David Thompson and Caritas. What is interesting is that these results reflect the patterns, noted previously, of which employers provided recent performance appraisals. It seems that in organizations where performance appraisals are common practice, the expectation is that everyone should get one on a regular basis. If the practice is not widespread, fewer employees are likely to see any benefits.

Figure 14: Percent of respondents not receiving a performance appraisal in the past 12 months who would benefit from this annually, by employer

Employer	Percent
Northern Lights Health Region	85
Millard Health - WCB	80
Palliser Health Region	77
East Central Health	74
Other - please describe	70
Canadian Blood Services	70
Alberta Cancer Board	66
Calgary Lab Services	66
Aspen Regional Health Authority	64
Calgary Health Region	63
Peace Country Health	63
Chinook Regional Health Authority	62
Capital Health	62
Caritas Health Group	58
David Thompson Regional Health Authority	56

Provincial Average = 63%

n = 2,919

WORK TEAMS AND RELATIONSHIPS

So far, we have focused on job-level factors that affect quality of work life and performance. We now expand our focus to other features of the work environment: work teams and work relationships. Effective teamwork and positive workplace relations are essential ingredients of quality health care—and the quality of work life for those who provide these services.

Work Teams

Both the quality of work life and job performance depend on effective systems and positive relationships within work units. Work units, or teams, are the basic building blocks of organizations. The survey asked respondents to assess crucial aspects of their teams or units. The questions focused on two areas: relationships; and rules, policies, and processes that influence how work gets done at the unit level.

Figure 15 documents that relationships with co-workers and supervisors are rated positively by a large majority of respondents. Just over 60% provided a positive assessment of team communication. About half are positive about the level of interdisciplinary collaboration and opportunities to discuss professional practice issues in their work area. In contrast, considerably fewer respondents view the procedures, rules, and policies governing work in their area or team in positive terms. Less than half agree or strongly agree that work is assigned fairly and equitably, hiring is fairly conducted, and rules and policies are fairly and consistently applied and make sense.

Figure 15: Assessment of work relationships and processes

To what extent do you agree or disagree* that each of the following describes your workplace, team or unit…

Relationships

	Percent
My co-workers are friendly and helpful	79
I have a good relationship with my supervisor	71
Communication is good among the people I work with	63
There is a high level of interdisciplinary collaboration	50
There is adequate opportunity to discuss professional practice issues	47

Processes

	Percent
Work is assigned fairly and equitably	49
The hiring and competition process is fair	46
Rules and policies are fairly applied	44
Rules and policies make sense	42
Rules and policies are consistently applied	37

* Answered on a 5-point scale, where 1 = "strongly disagree," and 5 = "strongly agree." Responses of 4 and 5 combined are reported in this graph.

Respectful Relationships

Respectful workplace relationships contribute to employees' psychological well-being and to teamwork. Effective communication and collaboration depend on mutual respect. A positive finding in this regard is that over 80% of survey respondents reported that their co-workers and patients or clients treat them with respect. Close to 80% reported that other health care professionals treat them with respect, and almost three-quarters reported that their supervisor treats them with respect.

Respondents are somewhat less positive regarding HSAA representatives, with 66% agreeing or strongly agreeing that these reps treat them with respect. The lowest ratings, however, are for higher levels of management (above the respondent's supervisor), but even so, close to 60% agreed or strongly agreed that these managers treat them with respect (Figure 16). One interpretation of this pair of findings is that HSAA reps and middle and upper levels of management are more distant from front-line workers, with less face-to-face interaction as a basis for judging respect. Regardless, there is a considerable gap between the level of respect received from union reps and upper management, compared with immediate supervisors, co-workers, and patients or clients.

Figure 16: Respectful workplace relationships

To what extent do you agree or disagree* that…

Statement	Percent
My co-workers treat me with respect	83.6
Patients and clients treat me with respect	81.1
Other health care professionals in my organization treat me with respect	79.0
My supervisor treats me with respect	74.4
Representatives of the HSAA treat me with respect	66.1
Managers above my supervisor treat me with respect	59.4

* Answered on a 5-point scale, where 1 = "strongly disagree," and 5 = "strongly agree." Responses of 4 and 5 combined are reported in this graph.

SUPERVISORS AND MANAGEMENT

This section examines HSAA members' relationships with their immediate supervisors and with senior management. It also looks more closely at the role of those HSAA members who supervise other employees. The basic issue addressed is the extent to which managers at all levels provide the support employees require to do their best work and to meet their quality of work-life goals.

Immediate Supervisors

Respondents were asked to assess their immediate supervisor using eight criteria for effective supervisory performance. These results are presented in Figure 17.

Just over half of the respondents rated their supervisors as effective or very effective in sharing information and in creating a work environment free of harassment and discrimination. These are central ingredients of a quality workplace, but so too are the other aspects of a supervisor's role reported in Figure 17. Yet fewer than half of the respondents provided positive assessments. Specifically, 47% considered their immediate supervisor to be effective at promoting teamwork, while 43% considered their supervisor to be effective in listening to and acting on their suggestions and ideas. Around 40% gave positive ratings to supervisors for encouraging them to be innovative in how they do their work and supporting their career development. Less than 40% considered their supervisor to be effective in helping them achieve work-life balance and in providing timely and constructive feedback on their job performance.

Figure 17: Assessment of immediate supervisors

How would you rate* your immediate supervisor (the person to whom you report) in terms of the following…

	Ineffective	Neither effective nor ineffective	Effective
Sharing information	21.4	22.9	55.7
Creating a work environment free of harassment and discrimination	17.6	29.8	52.5
Encouraging teamwork	21.2	32.2	46.6
Listening to and acting upon your suggestions and ideas	24.1	32.5	43.4
Encouraging you to be innovative in how you do your job	20.5	37.9	41.6
Supporting your career development	20.2	39.9	40
Helping you achieve work-life balance	22.9	40.9	36.2
Providing timely and constructive feedback on job performance	33.7	36.0	30.3

* Answered on a 5-point scale, where 1 = "very ineffective," and 5 = "very effective." Responses of 4 and 5 combined are reported in this graph.

It is important to note that none of these supervisor evaluations varied significantly by job classification. However, five of the eight measures did vary significantly by employer: providing constructive feedback on job performance, encouraging teamwork, creating a work environment free of harassment and discrimination, encouraging innovation, and helping employees achieve work-life balance. Briefly, several employers were either high or low on two or more of these five measures. For example, Millard Health scored well above average on measures of teamwork, harassment and discrimination, encouraging innovation, and work-life balance. East Central was above average on creating a work environment free of harassment and discrimination, encouraging innovation, and helping employees achieve work-life balance. Both Canadian Blood Services and Calgary Lab Services were above average on providing feedback and teamwork. In contrast, Palliser scored considerably below average on three measures: teamwork, harassment and discrimination, and work-life balance. Canadian Blood Services was lower than average on innovation and work-life balance. Alberta Cancer Board was low on feedback and innovation measures. Aspen was low on feedback and teamwork.

It may be that supervisors lack the time to perform these roles, or that in some cases they lack the skills or knowledge required. What is clear from these findings is that approximately 1 in 5 survey respondents consider their supervisors to be ineffective or very ineffective in how they perform their jobs. The most positive assessments were for creating a work environment free of harassment and discrimination. The most negative were for providing timely and constructive feedback on job performance—a concern we documented earlier regarding performance appraisals.
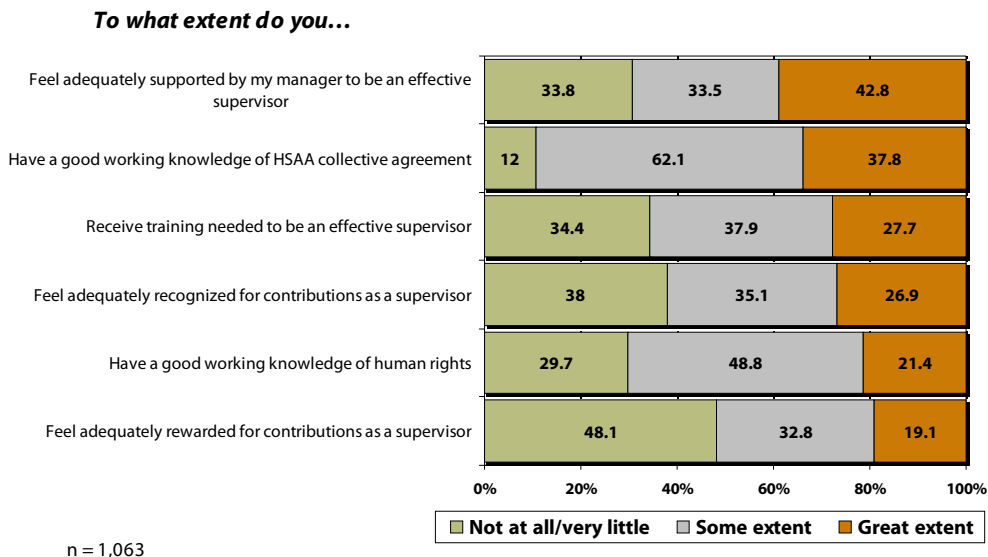
Resources and Support for Supervisory Roles

A survey of supervisors and managers would be the best way to determine, from their perspective, the barriers and enablers to being effective in their roles. However, we noted earlier that almost 1 in 5 respondents have ongoing responsibility for supervising the work of others. So this provides an opportunity to understand the constraints faced by supervisors and to identify their needs.

We asked these HSAA members with supervisory responsibilities to assess the extent to which they have the knowledge, resources, and support needed to perform this role successfully. Looking at Figure 19, it is clear that the majority of these supervisors perceive they have limited support, knowledge, and resources. Specifically, 43% felt adequately supported by their managers to be effective supervisors. One-third reported receiving little or no support in this regard. Furthermore, 38% claimed to have "a good working knowledge" of the collective agreement "to a great extent" and 62% "to some extent."

Just over 1 in 4 feel they receive the training needed to be an effective supervisor "to a great extent," whereas over one-third feel the needed training is not available. One in five feel adequately rewarded for their contributions as a supervisor, while almost half do not, and 38% do not feel adequately recognized for their contributions. There also appears to be gaps in their knowledge of human rights policies and legislation, given that just over 1 in 5 claimed to have this knowledge "to a great extent."

Figure 18: Resources and support for supervisory roles

To what extent do you…

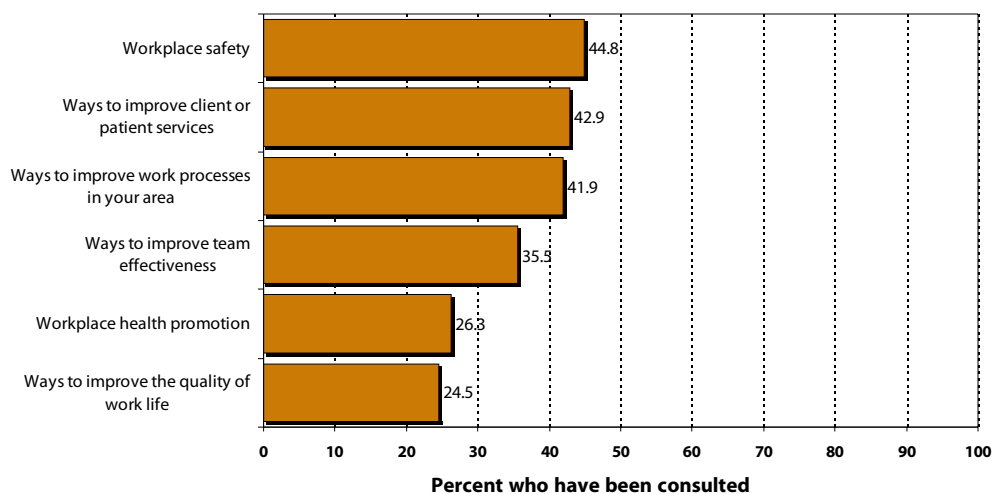|	Not at all/very little	Some extent	Great extent
Feel adequately supported by my manager to be an effective supervisor	33.8	33.5	42.8
Have a good working knowledge of HSAA collective agreement	12	62.1	37.8
Receive training needed to be an effective supervisor	34.4	37.9	27.7
Feel adequately recognized for contributions as a supervisor	38	35.1	26.9
Have a good working knowledge of human rights	29.7	48.8	21.4
Feel adequately rewarded for contributions as a supervisor	48.1	32.8	19.1

n = 1,063

Consultation with Employees

In knowledge-based organizations, it is essential for managers to tap into employees' ideas and provide opportunities for them to contribute to decisions affecting their work lives. Involving employees in these ways benefits performance and gives employees a much greater sense of "ownership" about their jobs and the organization's goals.

The survey asked respondents about how managers consult them on workplace issues and decisions. Specifically, they were asked if they had been consulted by management in the 12 months prior to the survey about six major issues: workplace safety, service improvement, work process improvement, team effectiveness, workplace health promotion, and quality of work-life improvement. Figure 19 shows that fewer than half of all respondents reported receiving any consultation on these issues. Between 42% and 44% had been consulted on work processes, client or patient services, and workplace safety issues. The prevalence of consultation on the other issues was in the 25% to 36% range.

Figure 19: Management consultation with employees

Over the past 12 months, have you been consulted by management about...

Issue	Percent who have been consulted
Workplace safety	44.8
Ways to improve client or patient services	42.9
Ways to improve work processes in your area	41.9
Ways to improve team effectiveness	35.5
Workplace health promotion	26.3
Ways to improve the quality of work life	24.5

While consultation did not vary by job classification, we did find significant variations by employer. It appears that some employers are more committed to involving employees in planning and decision making than others. Figure 20 reports the percentage of survey respondents in each employer who had been consulted on at least 4 of the 6 issues outlined above. Overall, about 1 in 4 respondents had been consulted fairly extensively. This ranged from a high of just over 30% to a low of 17%. Note that five employers have consulted on multiple issues with around 30% of their employees. Conversely, Aspen Health Authority stands out as having done the least extensive employee consultations, with 17% of its employees who

participated in the survey stating they had been consulted on 4 or more of the issues listed above.

Figure 20: Management consultation with employees on 4 to 6 issues, by employer

*Employers who have consulted with employees over the past 12 months on **at least 4** of the following 6 issues: work process improvement, workplace health promotion, workplace safety, improving client/patient services, improving the quality of work life, or improving team effectiveness.*
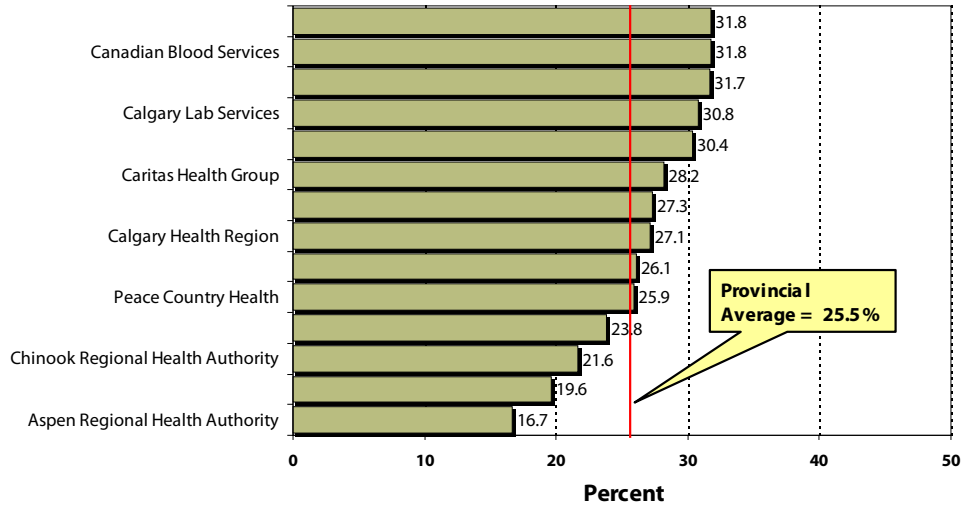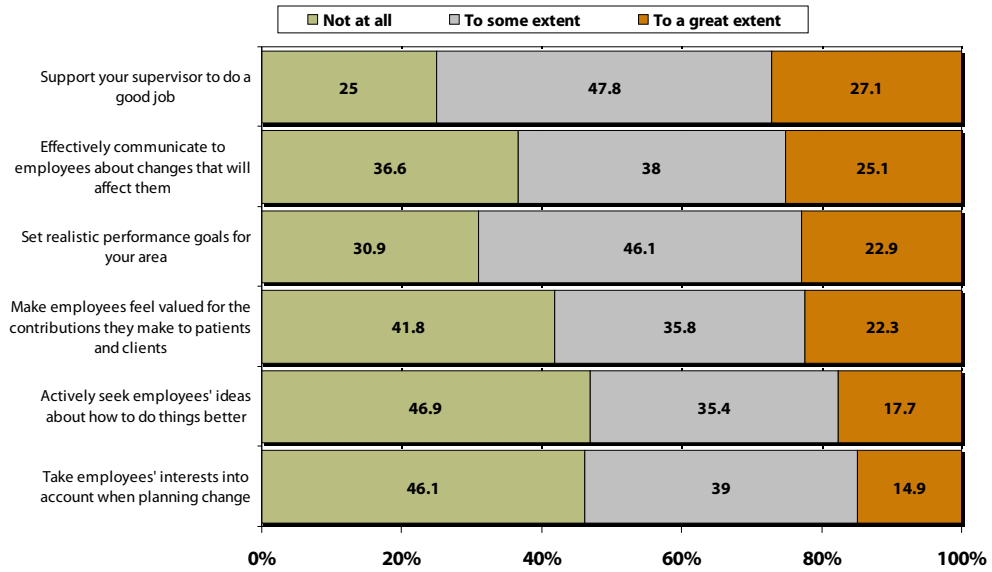

Management's People Focus and People Values

The management practices we have discussed, whether it is support for PD or consultation with employees, could reflect the overall importance organizational leaders place on people. This section looks at the people (or employee) focus taken by management and the values that guide human resource policies and practices.

There is growing recognition among management experts that excellent organizations have cultures that value employees (and physicians, volunteers, and student interns, in the case of health care) as core assets. Figure 21 suggests that health care organizations in Alberta have some ways to go to create people-focused cultures. When asked to what extent the senior managers in their organization support supervisors to do a good job, 27% of respondents said "to a great extent," but almost as many said "not at all." Five other indicators of a people-focused organizational culture are presented in the figure below, and it is clear that these practices are not widespread: effectively communicating with employees about change, setting realistic performance expectations, valuing employees' contributions, seeking employee input on improvements, and taking employees' interests into account when planning change. On all these measures, a higher proportion of respondents said that these practices are not done at all than said they are done extensively. And where they are practiced, these management actions are not consistently used.

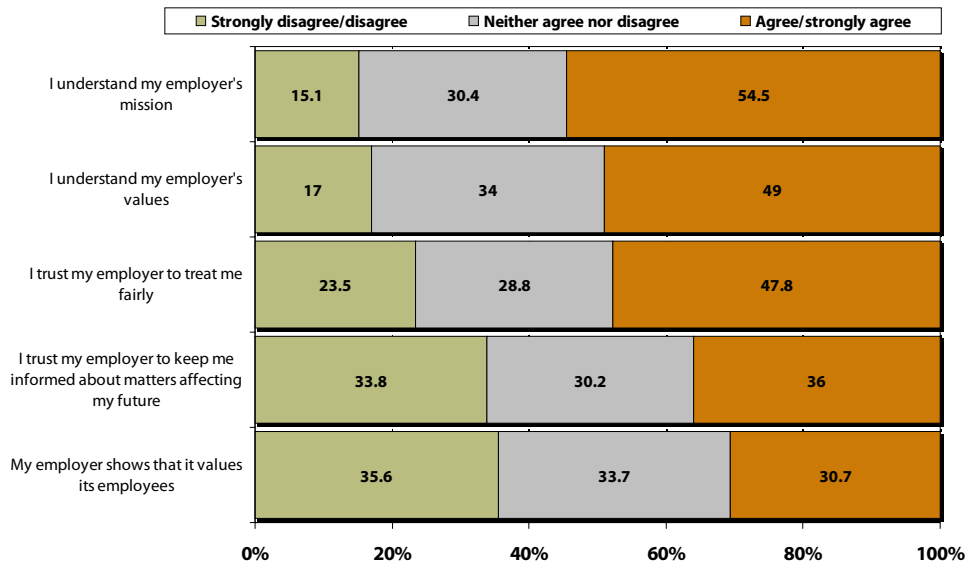## Figure 21: Assessment of senior management's people focus

To what extent* do senior managers in your organization do each of the following...

	Not at all	To some extent	To a great extent
Support your supervisor to do a good job	25	47.8	27.1
Effectively communicate to employees about changes that will affect them	36.6	38	25.1
Set realistic performance goals for your area	30.9	46.1	22.9
Make employees feel valued for the contributions they make to patients and clients	41.8	35.8	22.3
Actively seek employees' ideas about how to do things better	46.9	35.4	17.7
Take employees' interests into account when planning change	46.1	39	14.9

*Answered on a 5-point scale, where 1 = "not at all," 3 = "to some extent," and 5 = "to a great extent." Responses of 4 and 5 combined are reported in this graph.

Figure 22: Employers' people values

To what extent* do you agree or disagree that each of the following statements describes your employer...

|	Strongly disagree/disagree	Neither agree nor disagree	Agree/strongly agree
I understand my employer's mission	15.1	30.4	54.5
I understand my employer's values	17	34	49
I trust my employer to treat me fairly	23.5	28.8	47.8
I trust my employer to keep me informed about matters affecting my future	33.8	30.2	36
My employer shows that it values its employees	35.6	33.7	30.7

*Answered on a 5-point scale, where 1 = "not at all"; 3 = "to some extent"; and 5 = "to a great extent." Responses of 4 and 5 combined are reported in this graph.

Probing the values of health care employers in Alberta, we can see from Figure 22 that around half of survey respondents understand their employer's mission and values. These features of a culture help connect an employee to an organization's goals. However, not quite half of respondents trust their employer to treat them fairly, and even fewer (36%) trust their employer to keep them informed about matters affecting their future. On this latter measure, almost as many disagreed as agreed. But perhaps the clearest test of the people values of employers is the straightforward question "My employer shows that it values its employees." In answering this question, a higher proportion of respondents (36%) disagreed as agreed (31%).

We created two separate scales measuring people focus and people values. The people focus scale is comprised of the statements in Figure 21, and the people values scale is comprised of the statements in Figure 22. Figure 23 compares the scores on these two scales for each employer. Differences among employers were statistically significant for both scales. There were no statistically significant variations by job classification for either scale.

Figure 23: People focus and people values scale scores*, by employer
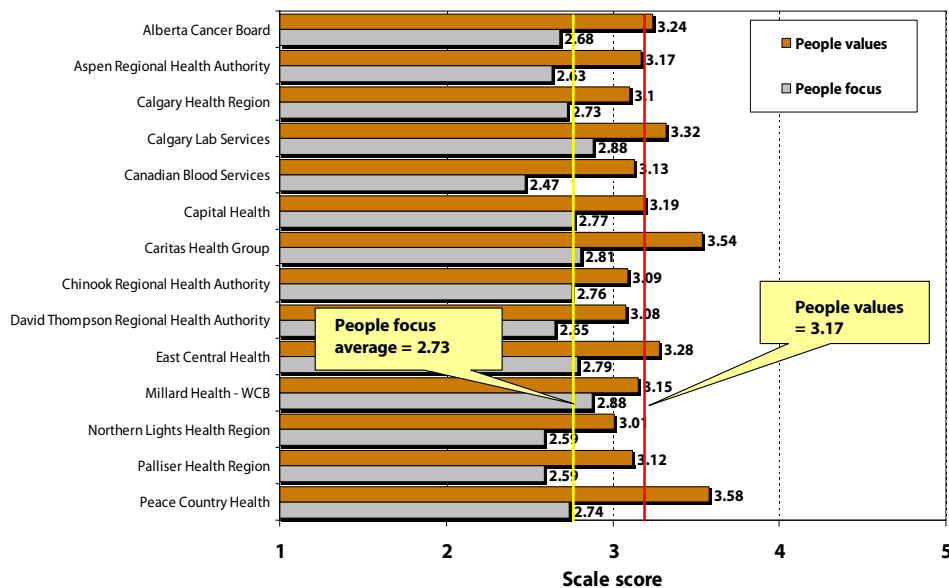
* The People Focus scale is the combined responses to the questions in Figure 21, addressing support for supervisors, employee communication, realistic performance goals, valuing employees' contributions, seeking employees' input, and considering employees' interests during change (scale reliability alpha = .91). The People Values scale combines responses to the questions in Figure 22, addressing employees' understanding of their employer's mission and values, employees' trust in their employer to treat them fairly and keep them informed, and the value an employer places on employees (scale reliability alpha = . 96).

There is a lot of detail in Figure 23, so we will extract some basic findings. First, note that two employers—Peace Country and Caritas—stand out as having the highest scores on the people values scale. In a pattern that is observed for other employers, Peace Country and Caritas are about average on the people focus scale. The highest scores on the people focus scale are for Calgary Lab Services and Millard Health. Only one of these organizations, Calgary Lab Services, scored above average on the people values scale. The fact that the people value scores always are

higher than the people focus scores suggests that employers face challenges putting their values into practice.
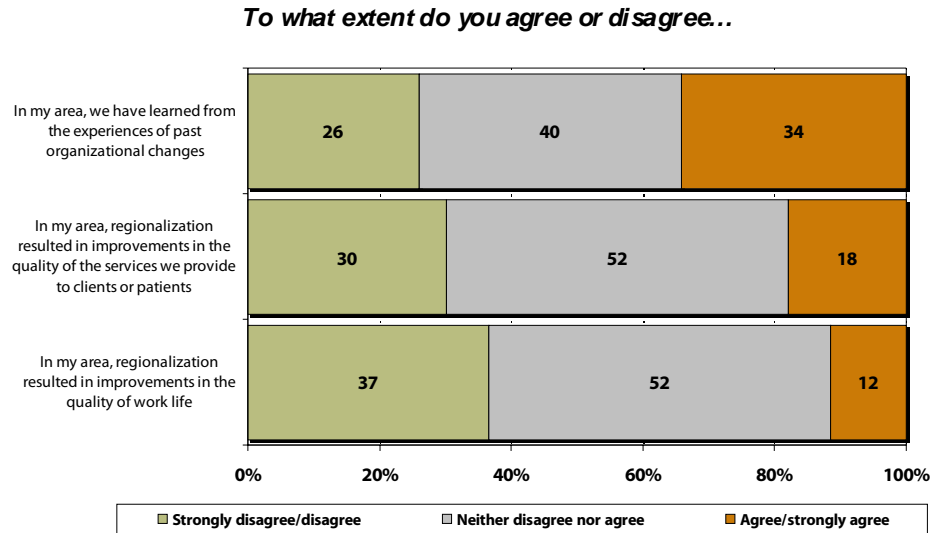
ORGANIZATIONAL CHANGE

Health care workers have experienced almost continuous, and often disruptive, changes in the past 15 years. Regionalization, the restructuring of health service delivery, the introduction of new technologies, transformations in how work units deliver services, and the design of jobs are the big changes that have swept across all levels of the health system. This section addresses basic questions about the process and impact of organizational change.

Lessons from Change

Figure 24 focuses on lessons that may have been learned from past organizational changes. Barely 1 in 3 respondents agreed that in their area, they were able to learn from past experiences of organizational change. Over a quarter of respondents disagreed with this assessment. Even fewer agreed that in their area, regionalization improved the quality of the services they provide to clients or patients (18%) or the quality of work life (12%). On both these questions, over half of the respondents were neutral in their assessments, 30% disagreed that regionalization had improved service quality, and 37% disagreed that it had improved the quality of work life.

Figure 24: Lessons from organizational change experiences

To what extent do you agree or disagree…

	Strongly disagree/disagree	Neither disagree nor agree	Agree/strongly agree
In my area, we have learned from the experiences of past organizational changes	26	40	34
In my area, regionalization resulted in improvements in the quality of the services we provide to clients or patients	30	52	18
In my area, regionalization resulted in improvements in the quality of work life	37	52	12

Assessing Recent Change

Slightly under half (48%) of the respondents experienced workplace or work process change in the 12 months prior to the survey (Figure 25). The experience of this change varied significantly by employer, with 40% or fewer in Caritas and Aspen reporting change, compared with two-thirds or more in Millard Health, David Thompson, and Canadian Blood Services.

Figure 25: Percent of respondents reporting workplace or work process reorganization in the 12 months prior to the survey, by employer
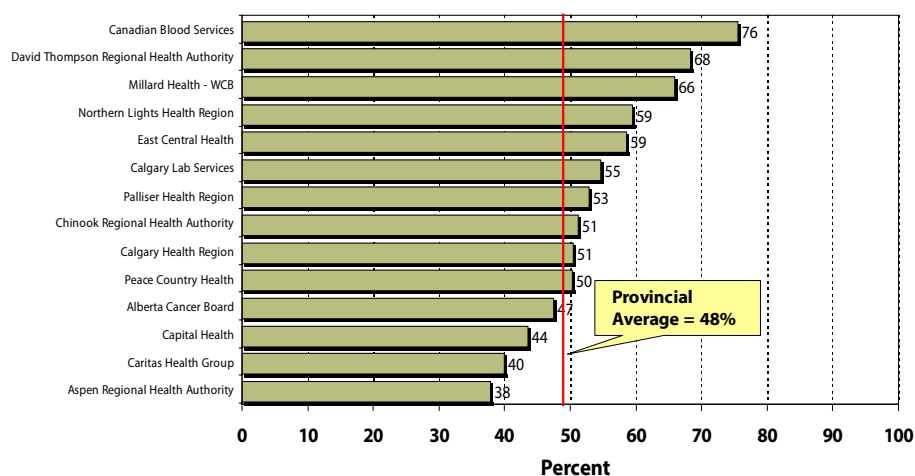
Those respondents who had experienced workplace or work process change in the 12 months prior to the survey were asked to assess how this change was carried out and its impact on them and they services they provide. Table 7 summarizes these findings, reporting mean scores on a 5-point response scale, where 1 is "not at all," 5 is "to a great extent," and 3 is the mid-point.

Stepping back from the details, we can identify some interesting patterns. First, given that on all five questions mean scores are below 3, we can conclude that consultation on the changes and positive impacts were minimal, and that health and safety issues were not a major focus. Second, there is consistency, to the extent that a number of employers were above average in terms of consulting with employees and taking health and safety issues into account, as well as achieving positive outcomes through improved quality of work life, making jobs easier to perform and improving the quality of services to clients or patients. This approach to positive organizational change is evident in Aspen, Calgary Lab Services, Northern Lights, Palliser and Peace Country. In contrast, two employers—Capital Health and Caritas—are below average on all these measures.

The survey does not tell us what specific changes were made, so it would be useful to take a closer look at how each employer goes about planning organizational change and what approaches are most likely to benefit all stakeholders.

Employer	Were you consulted on this change?	Did this change improve your quality of work life?	Did this change make it easier to do your job?	Did this change improve the quality of the services you provide clients or patients?	Were health and safety issues taken into account?
Table 7: Assessment of the process and impact of workplace or work process reorganization in the past 12 months, by employer					
Alberta Cancer Board	2.63	2.29	2.15	2.39	2.48
Aspen RHA	2.48	2.22	2.31	2.44	2.53
Calgary Health Region	2.32	2.17	1.99	2.21	2.45
Calgary Lab Services	2.48	2.42	2.40	2.74	2.79
Canadian Blood Svs.	2.28	1.86	1.80	2.28	2.88
Capital Health	2.16	2.08	1.94	2.19	2.42
Caritas Health Group	2.11	1.85	1.75	2.07	2.45
Chinook RHA	2.28	2.16	1.89	2.30	2.20
David Thompson RHA	2.00	2.04	1.92	2.01	2.51
East Central Health	2.45	2.22	2.01	2.43	2.94
Northern Lights	2.54	2.82	2.56	2.59	2.76
Palliser Health Region	2.42	2.50	2.24	2.59	2.67
Peace Country Health	2.34	2.22	2.05	2.61	2.53
Millard Health – WCB	2.31	1.60	1.60	1.70	2.18
Overall mean score	**2.28**	**2.15**	**2.01**	**2.27**	**2.51**
n =	2,461	2,490	2,494	2,477	2,365
Above average	Table reports mean scores on a 5-point scale, where 1 = "not at all" and 5 = "to a great extent."				
Below average	For all questions, differences among employers are statistically significant (p=.000).				
RHA=Regional Health Authority.					

SERVICE QUALITY AND PATIENT SAFETY

Quality and safety are priority goals in health care delivery. Since the publication of the *Canadian Adverse Events Study* in 2004, identifying and eliminating risks to patient safety has received even more attention. In Alberta, the provincial Health Quality Council has a mandate to improve system-wide quality and safety outcomes.

Against this backdrop, the HSAA Work Environment Survey sought members' perceptions on quality and safety goals and processes in their work area. The results are presented in Figures 26 to 29.

Assessing Quality and Safety

Respondents gave moderately positive ratings to the quality of service provided by their team or unit in the 12 months prior to the survey, with 50% considering it to be "very good" and 17% calling it "excellent." Very few (7%) considered service quality to be poor or fair. At a time when many health care organizations are striving for "excellence," these results invite discussions about

how "good" or "very good" can become "excellent." Respondents also were asked if the working conditions in their area contributed to patient safety. A majority (59%) agreed that this was the case. Only 15% disagreed. This suggests that working conditions do affect service quality, especially in critical areas such as patient safety, making the quality of the work environment an enabler of health system performance.

Figure 26: Service quality and patient safety
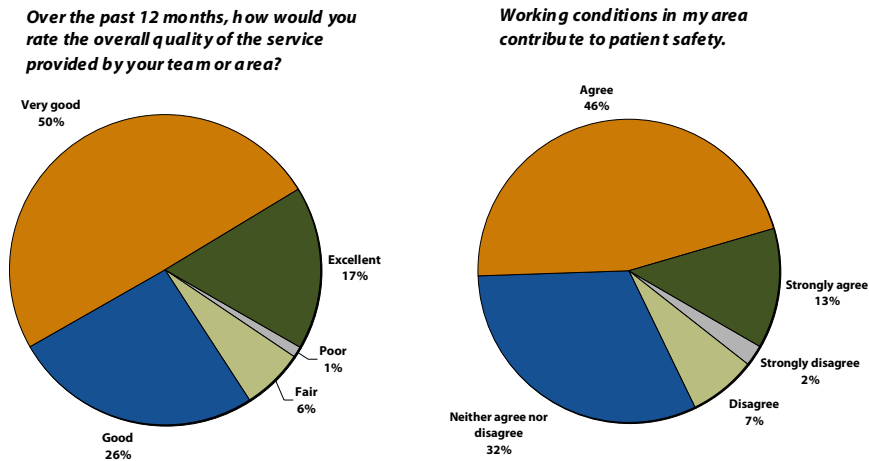
Safety Culture

These general assessments need to be complemented with an understanding of how workplace behaviour contributes to safety and quality goals. To this end, the survey asked respondents what would happen in their area if someone made an error that put patient or client safety at risk. Would the error be reported? Would the team learn from the mistake? Would co-workers, and management, take appropriate action to ensure it did not happen again?

The issues raised by these questions go to the core of a safety culture. Generally, there are strong elements of such a culture in the workplaces of HSAA members who responded to the survey. More than 4 in 5 respondents said that co-workers would take the appropriate action to prevent a reoccurrence and that their team would learn from the mistake. Almost as many (78%) said the error would be reported. Furthermore, 75% said management would take the appropriate action—which is relatively high compared with other assessments of management provided by survey respondents.

Figure 27: Actions to ensure patient or client safety

If someone working in your area made an error that put patient or client safety at risk, how likely is it that...
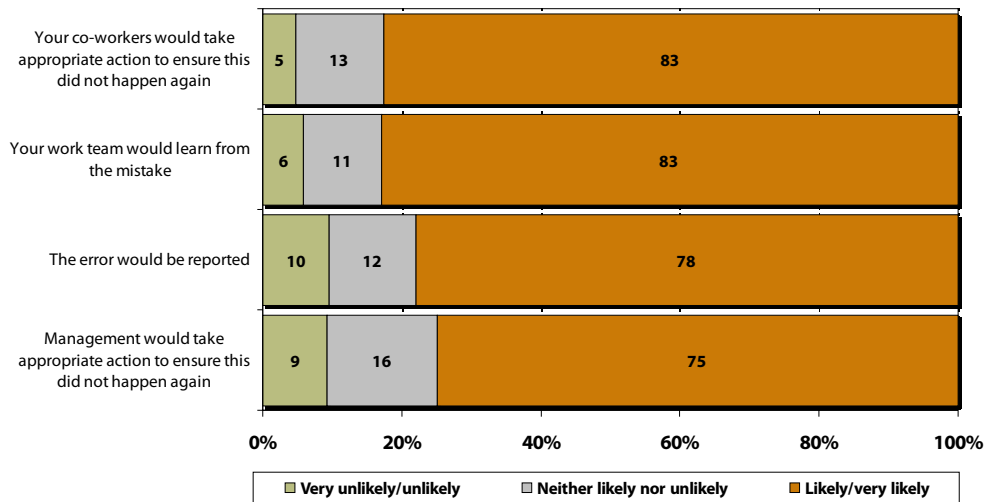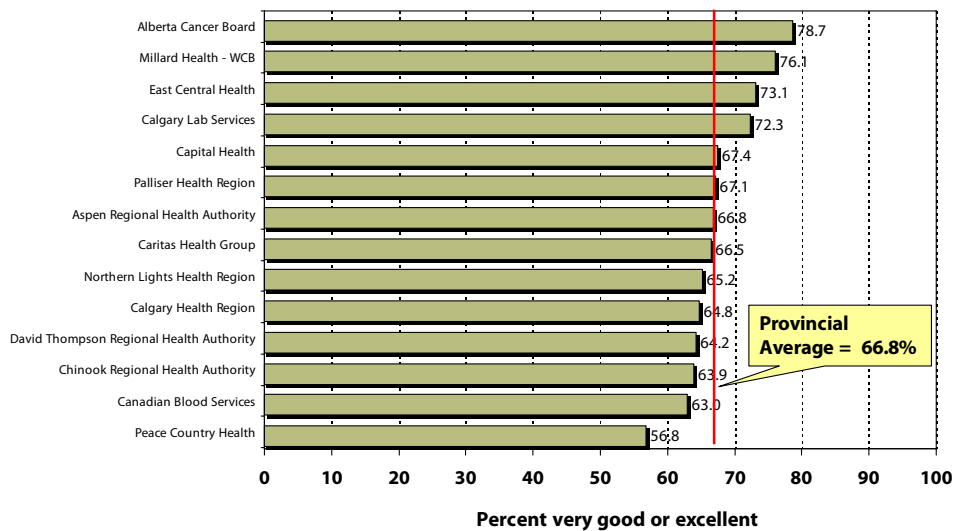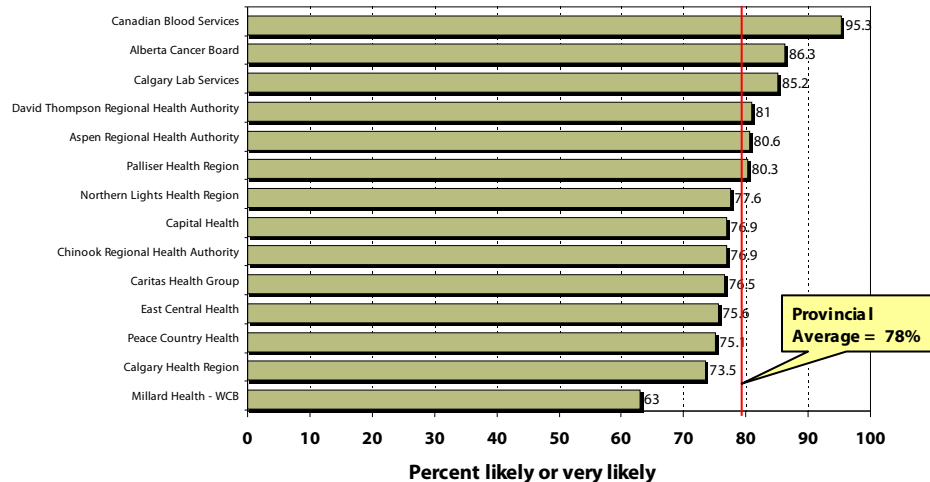
	Very unlikely/unlikely	Neither likely nor unlikely	Likely/very likely
Your co-workers would take appropriate action to ensure this did not happen again	5	13	83
Your work team would learn from the mistake	6	11	83
The error would be reported	10	12	78
Management would take appropriate action to ensure this did not happen again	9	16	75

Figure 28: Percent of respondents rating* the overall quality of the service provided by their team or area in the past 12 months as "very good" or "excellent," by employer

Employer	Percent very good or excellent
Alberta Cancer Board	78.7
Millard Health - WCB	76.1
East Central Health	73.1
Calgary Lab Services	72.3
Capital Health	67.4
Palliser Health Region	67.1
Aspen Regional Health Authority	66.8
Caritas Health Group	66.5
Northern Lights Health Region	65.2
Calgary Health Region	64.8
David Thompson Regional Health Authority	64.2
Chinook Regional Health Authority	63.9
Canadian Blood Services	63.0
Peace Country Health	56.8

Provincial Average = 66.8%

* This question was answered on a 5-point scale, where 1 = "poor"; and 5 = "excellent." Responses of 4 and 5 combined are reported in this graph.

Figure 29: Percent of respondents stating* it is "likely" or "very likely" that if someone in their area made an error that put patient or client safety at risk it would be reported, by employer

Employer	Value
Canadian Blood Services	95.3
Alberta Cancer Board	86.3
Calgary Lab Services	85.2
David Thompson Regional Health Authority	81
Aspen Regional Health Authority	80.6
Palliser Health Region	80.3
Northern Lights Health Region	77.6
Capital Health	76.9
Chinook Regional Health Authority	76.9
Caritas Health Group	76.5
East Central Health	75.6
Peace Country Health	75.1
Calgary Health Region	73.5
Millard Health - WCB	63

Provincial Average = 78%

Percent likely or very likely

* This question was answered on a 5-point scale, where 1 = "very unlikely," and 5 = "very likely." Responses of 4 and 5 combined are reported in this graph.

A separate, though related, issue is whether adverse events are likely to be reported. From Figure 29, we can see that 78% of respondents thought it likely or very likely that errors that put patient or client safety at risk would be reported. This ranged from a high of 95% at Canadian Blood Services to a low of 63% at Millard Health. Six of the 14 employers had an 80% or higher rating on this measure. Three of these organizations—Alberta Cancer Board, Calgary Lab Services, and Palliser Health—also scored high on the service quality measure, above. But the fact that two employers with below average quality ratings (Canadian Blood Service, David Thompson) were above average in terms of reporting errors suggests that a safety culture that supports open communication and learning when mistakes are made is only one piece of the overall health service quality puzzle—albeit a crucial one.

WORKPLACE AND EMPLOYEE HEALTH

Having a healthy and safe work environment is a basic aspiration for all workers. There is ongoing concern that health care workplaces, compared with other industries, not only pose a higher level of health and safety risks to workers, but in turn affect the capacity to deliver quality health care. High rates of absenteeism, lost-time injury, and work stress within the health care workforce nationally indicate a problem. Research on health and safety in health care has tended to focus on nurses and their work environments.

This section therefore fills an important knowledge gap by documenting the extent to which HSAA members experience their workplaces as healthy and safe, and the consequences of these conditions for their quality of work life and for organizational performance.

Generally, most survey respondents are in a safe workplace. Three-quarters agreed or strongly agreed with the statement "My work environment is safe." Only 10% disagreed or strongly disagreed with this statement. In contrast, less than half perceived their workplace to be healthy. About 47% agreed or strongly agreed with the statement "My work environment is healthy." Over 1 in 4 (27%) disagreed or strongly disagreed with this statement.

These working conditions are related. Ideally, workplaces should be both healthy and safe. As we can see from Figure 30, 45% of all respondents rated their work environment as both healthy *and* safe. That is, they agreed or strongly agreed with both of the evaluative statements above. At the other end of the continuum, 8% rated their work environment as both unhealthy and unsafe. Other combinations of healthy and safe are also reported, and it is worth noting that 17% of respondents view their work environments as safe and somewhat healthy, while 13% have safe and unhealthy work environments. Very few respondents have healthy work environments that are unsafe. In other words, most healthy workplaces are also safe, but the reverse is less common.

Figure 30: Healthy and safe work environments

This chart reports the relationship between two questions: "My work environment is healthy," and "My work environment is safe." Both were answered on a 5-point 'agree-disagree' scale.
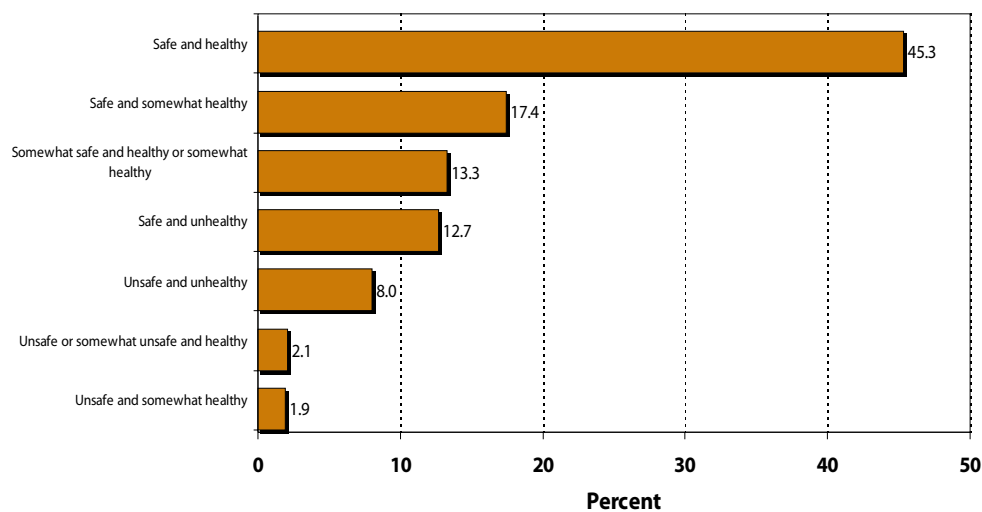
Why does this matter? There is growing recognition among health care researchers and decision-makers that healthy (and therefore safe) work environments are a prerequisite for achieving human resource renewal goals and enabling the system to deliver high-quality services to patients and clients. Evidence from this study confirms this link between healthy work environments and positive system outcomes.

Figure 31 presents the results of a detailed analysis of the relationship between respondents' assessments of whether their work environment is healthy and safe and three major sets of outcomes: trust, engagement, and service quality. Briefly, the graph focuses on those respondents who have both healthy and safe work environments. It asks a basic question: Are employees with high levels of trust in management, high levels of work engagement, and whose teams deliver high-quality services more likely to perceive their work environment as healthy and safe, compared with their co-workers who have low trust in management, low engagement, and give low ratings to the quality of the services their team provides?

Figure 31: Percent of respondents with a healthy and safe work environment by levels of trust, engagement, and quality service
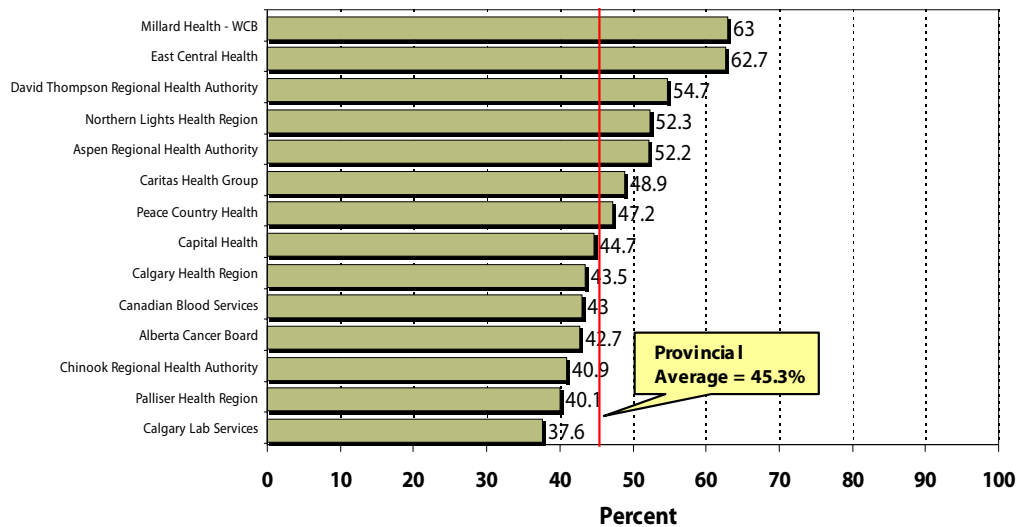

n = 2,248

All relationships between the health and safe work environment measure and the 6 outcome measures are statistically significant (p= .000, Chi-square test).

The answer to the question is resoundingly "yes." All six outcome indicators in Figure 31 had a statistically significant relationship with the healthy and safe work-environment measure. For example, 67% of respondents with high levels of trust in senior management are in a healthy and safe work environment, compared with 29% of those with low trust in senior management. Perhaps most striking is the fact that healthy and safe work environments for workers are associated with patient safety and to the perceived overall quality of the services provided by the respondent's team.

In view of these findings, it is important to know which employers and health sectors have achieved both healthy and safe work environments. These results are displayed in Figures 32 and 33, respectively.

Figure 32: Percent of respondents agreeing or strongly agreeing that their work environment is both healthy and safe, by employer

Employer	Percent
Millard Health - WCB	63
East Central Health	62.7
David Thompson Regional Health Authority	54.7
Northern Lights Health Region	52.3
Aspen Regional Health Authority	52.2
Caritas Health Group	48.9
Peace Country Health	47.2
Capital Health	44.7
Calgary Health Region	43.5
Canadian Blood Services	43
Alberta Cancer Board	42.7
Chinook Regional Health Authority	40.9
Palliser Health Region	40.1
Calgary Lab Services	37.6

Provincial Average = 45.3%

Health employers fell evenly above and below the provincial average for healthy and safe workplaces. Two employers stood out as being well above average: 63% of the respondents in Millard Health and East Central reported having both healthy and safe workplaces. In contrast, Calgary Lab Services and Palliser were in the 40% range in this respect. Looking at health sectors, community health was somewhat above average, with just half of the respondents in this sector reporting a healthy and safe work environment. Most notable, however, is that barely a quarter of respondents in EMS perceived their work environments to be healthy and safe. These differences among employers, and among health sectors, were statistically significant.

Taken as a whole, these findings raise practical questions about what lessons can be learned from how Millard Health and East Central have created healthy and safe work environments. From a remedial perspective, it is important to understand the specific aspects of EMS work that make these goals difficult to achieve. While this analysis cannot determine "causation," the strength and consistency of the findings in Figure 33 suggest that achieving healthy and safe work environments can influence positive results for all health system stakeholders.

Figure 33: Percent of respondents agreeing or strongly agreeing that their work environment is both healthy and safe, by health sector
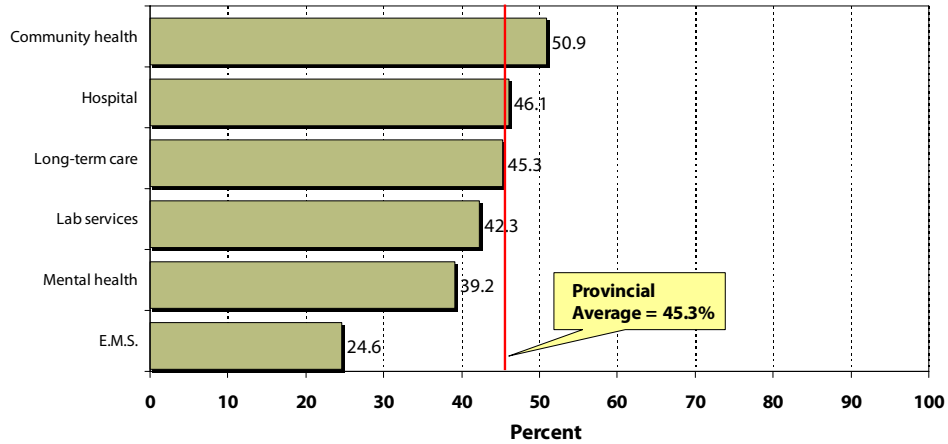

Work-Life Balance

This section examines work-life balance, a key indicator of an individual's overall quality of life. The survey asked respondents whether their job allows them to balance work and family/personal life. It also documented whether balancing work and family/personal life has been getting easier or harder in recent years, as well as the major sources of imbalance.
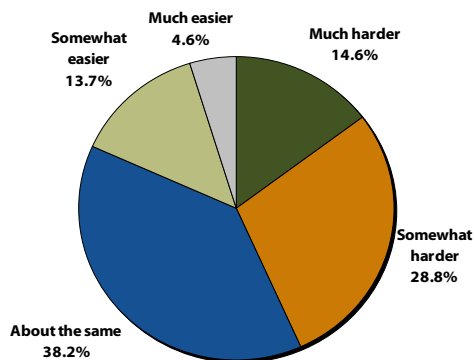
Figure 34 shows that a slight majority (57%) either agreed or strongly agreed that their job allows them to balance work and family/personal life. In contrast, 19% disagreed with this assessment of their job, while 24% were neutral in this regard.

Figure 34: Work-life balance

My job allows me to balance work and family/personal life:

Neutral 23.8%

Agree 42.2%

Disagree 14.1%

Strongly disagree 5.2%

Strongly agree 14.6%
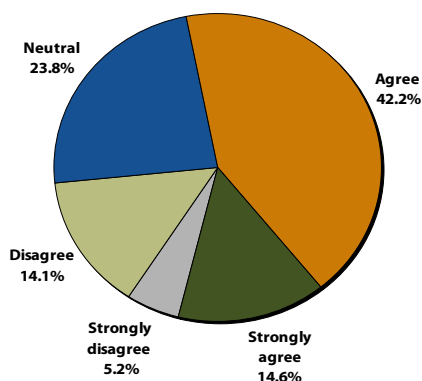
Has balancing your work and family/personal life been getting easier or harder over the past few years?

Much easier 4.6%

Somewhat easier 13.7%

Much harder 14.6%

Somewhat harder 28.8%

About the same 38.2%

We also can see from Figure 34 that, over the past few years, the most common experience for survey respondents, expressed by 43%, is that this balance has been getting harder to achieve. Almost as many (38%) reported no change in work-life balance, while 18% said it has gotten easier.

Workers who are 35 to 44 years of age were most likely to report it was getting harder, compared with other age groups. Females, compared with males, were slightly more likely to report it was getting easier. By employer, respondents in Canadian Blood Services and the Chinook Regional Health Authority were significantly more likely to say balance was getting harder. By health sector, those in mental health and lab services were significantly more likely to say balance was getting harder.

Respondents who reported that work-life balance has been getting harder were asked if this mainly was due to work life, family/personal life, or both. The answers to this question are revealing, showing that for 45%, a combination of work and family/personal factors contributed to imbalance. An almost equivalent number (43%) identified work factors as making it harder. This group tended to be younger (under 25) or older (55+) respondents. This is understandable, given that both these age groups are least likely to have dependents and, therefore, family responsibilities that could interfere with work. Only 12% said the imbalance was solely a result of family/personal factors. Overall, these findings suggest that work factors, often in combination with what is happening in an employee's personal life, are the dominant influence on whether that individual is able to achieve optimal work-life balance.

A more detailed analysis provides further evidence of the importance of a supportive work environment to an employee's experience of work-life balance. There was a statistically significant relationship between the two questions in Figure 34. Specifically, 83% of the survey

respondents who reported that work-life balance has been getting easier agreed or strongly agreed that their job allows them to balance work and family/personal life. This figure declines a bit, to 71%, among those who reported no recent changes in work-life balance. However, among those who reported that work-life balance has become more difficult, only 34% believe that their job allows them to balance work and family/personal life.

The 2,160 respondents who found it harder to balance work and family/personal life were asked to suggest solutions: "Please describe one change that would contribute most to helping you achieve a good work-life balance." Almost all of these individuals offered suggestions, and their comments are summarized by major themes in Table 8. The three most commonly mentioned changes, accounting for 45% of all responses, focused on adequate staffing levels, increased flexibility and choice in work hours and schedules, and decreased workloads.

| Table 8: Please describe one change that would contribute most to helping you achieve a good work-life balance.		
	Number	**Percent**
Hire more staff/adequate staffing levels	385	18.2
Increase flexibility/more choice in work hours/schedules	325	15.4
Decrease workload/reasonable performance expectations	249	11.8
More effective/supportive management	154	7.3
Reduced FTE for employee/reduced hours/create more part-time positions	126	6.0
Less overtime and 'on-call'/recognition for overtime and 'on-call'	111	5.2
Work is OK: I need a change in my own attitude/family life	90	4.3
Increased support/availability for personal/mental health days	89	4.2
Consistent/routine scheduling/rotations	73	3.4
Fewer shifts/different shifts	68	3.2
Work fewer evenings or weekends/equitable evening and weekend schedules	63	3.0
Time off (vacation/extended sick leave/maternity leave)	62	2.9
Access to childcare/fitness programs	50	2.4
Less work stress/pressure	49	2.3
Improve co-worker relationships/more competent co-workers	36	1.7
Location/travel time/commute	36	1.7
Other	33	1.6
Change in equipment/resources/work processes	32	1.5
Increase compensation/benefits	27	1.3
Neutral/positive comments	25	1.2
Education and professional development	15	0.7
Work environment/morale	11	0.5
Retiring/resigning/changing jobs	7	0.3
Total	2,116	100.0

Employee Health and Wellness

The survey used a standard self-assessed health measure from Statistics Canada, providing national benchmarks for HSAA members. Figure 35 shows that 57% of HSAA survey respondents perceived themselves to have very good or excellent health. Another 33% considered themselves to be in good health, while 9% assessed their health as fair or poor. Compared to other health care employees and employees in other industries in Canada, HSAA survey respondents perceive themselves to be somewhat less healthy.

Younger survey respondents and those with the least seniority were significantly more likely (than older workers and those with more years seniority) to report very good or excellent health, as were respondents working in long-term care, community health, and hospital settings (compared to other health sectors). Health status did not vary by employer.

Figure 35: Self-perceived health, comparing HSAA members with other employees in Canada

In general, would you say your health is...
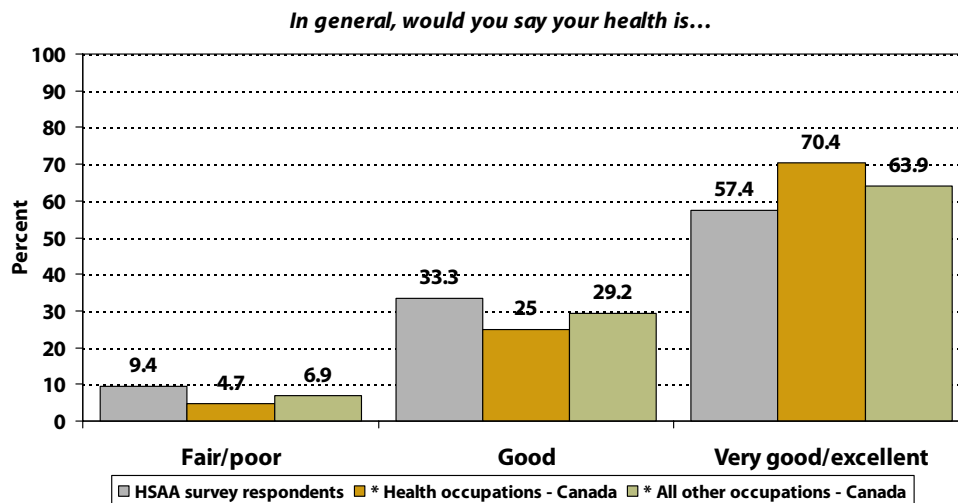
* Source: Statistics Canada, 2003 Canadian Community Health Survey.
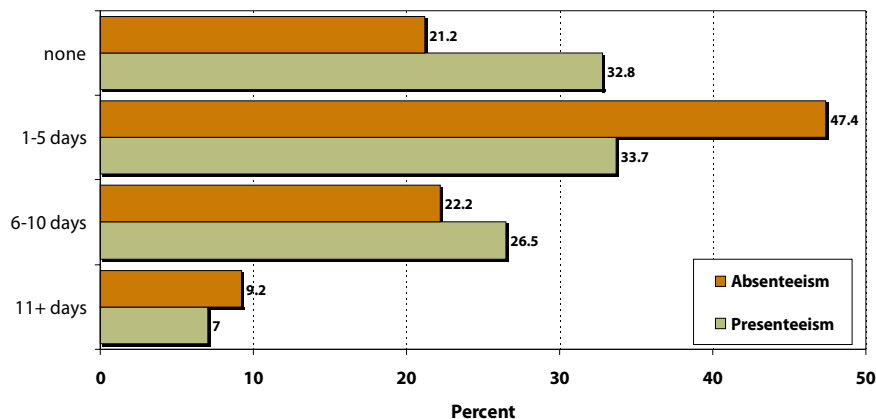
Absenteeism and Presenteeism

Absenteeism is a commonly used healthy workplace indicator. Lower absenteeism rates are assumed to indicate a healthy employee population and work environment. Absenteeism also is a major cost, in the form of lost productivity associated with unhealthy work environments. At the same time, there is growing recognition that low absenteeism can mask another problem: presenteeism. This refers to employees coming to work when they are ill or injured instead of taking time off to care for themselves. This behaviour could be due to heavy workloads, or it could be an unintended consequence of attendance management programs.

Figure 36 reports absenteeism and presenteeism among survey respondents in the 12 months prior to the survey. The survey attempted to capture both incidence and duration. In terms of incidence, 21% reported no absenteeism due to their own illness or injury, while 33% reported no presenteeism. In other words, the majority of employees experienced both absenteeism or presenteeism related to their own illness or injury in the 12 months prior to the survey. Typically, absenteeism is of short duration, usually 5 or fewer days. Only 11% of respondents were absent for 11 or more days. Presenteeism follows a slightly different pattern: 33% of respondents reported 1 to 5 days, 27% reported 6 to 10 days, and 7% reported 11 or more days. To put this in perspective, 2 in 5 HSAA members responding to this survey spent a week or more on the job while ill or injured. This raises important questions about the risks this poses to themselves and others, and the hidden productivity costs to employers. In the long term it may be beneficial to all stakeholders to enable employees to take the time they need to care for themselves, even if this means increases in recorded absenteeism.

Figure 36: Incidence of absenteeism and presenteeism

Absenteeism: "During the past 12 months, how many days were you away from work because of your own illness or injury?"

Presenteeism: "During the past 12 months, how many days did you work despite an illness or injury because you felt you had to?"

There were some demographic patterns in absenteeism and presenteeism. Age and seniority were related to both absenteeism or presenteeism. Younger workers and those with the least seniority had the lowest incidence of any absenteeism, followed by older (age 55+) and experienced (11+ years) workers. Casual and temporary workers reported low levels of absenteeism and presenteeism, compared to full-time or part-time employees. By health sector, EMS had the lowest rate of either absenteeism or presenteeism. There were no significant differences in either absenteeism or presenteeism by job classification. Among employers, there were statistically significant differences in absenteeism patterns (presented in Table 9), but not for presenteeism.

Table 9: Absenteeism, by employer					
Employer	**Days absent from work because of own illness or injury in the past 12 months.**				
	None	*1–5 days*	*6–10 days*	*11+ days*	*Total*
	%	%	%	%	%
Alberta Cancer Board	17.3	50.8	24.6	7.3	100
Aspen RHA	27.4	43.5	18.3	10.9	100
Calgary Health Region	19.8	43.9	26.0	10.3	100
Calgary Lab Services	20.9	44.3	23.6	11.2	100
Canadian Blood Services	11.4	43.8	33.3	11.4	100
Capital Health	20.7	49.4	21.1	8.8	100
Caritas Health Group	17.8	53.4	17.8	10.9	100
Chinook RHA	19.9	48.8	21.1	10.2	100
David Thompson RHA	23.2	50.1	21.2	5.5	100
East Central Health	30.3	43.7	17.6	8.4	100
Northern Lights Health Region	16.9	52.3	24.6	6.2	100
Palliser Health Region	22.9	52.8	16.7	7.6	100
Peace Country Health	27.5	43.5	17.6	11.4	100
Millard Health – WCB	10.9	60.9	23.9	4.3	100
Total	21.1	47.4	22.3	9.2	100

In order to understand how employers address absenteeism, we asked respondents if there was an attendance management program in their workplace. Almost half (48%) said they did not know, and 31% said there was a program. Of the 1,592 respondents who indicated that their workplaces have attendance management programs, 12% had been required to attend a meeting about their attendance in the past 12 months. Of those who did attend the meeting, many indicated that, from their perspective, the main result of the meeting was "neutral" (47%) or "negative" (33%). Only 20% felt that these meetings had "positive" results.

Work Stress

Job-related stress is one of the commonly cited symptoms of poor quality work. The survey documented the extent to which stress is experienced by HSAA members. Figure 37 suggests that, compared with other health care workers in Canada and to workers in other industries, HSAA members who responded to the survey have somewhat lower self-perceived stress than the former, but slightly higher stress than the latter. Specifically, 38% of survey respondents reported feeling that most days at work are "quite a bit" or "extremely" stressful, compared with 45% of all health care workers in Canada and 31% of workers in other industries. It is important to note that this measure of self-perceived stress is used by Statistics Canada in national surveys, so it is considered a reliable indicator of overall self-perceived stress.
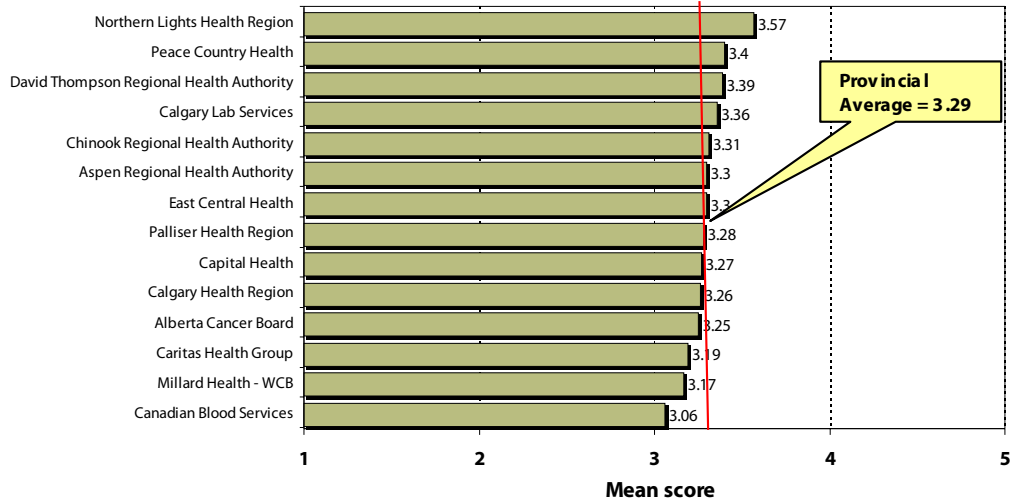
Figure 37: Self-perceived work stress, comparing HSAA members with other employees in Canada

In the past 12 months, would you say that most days at work were…
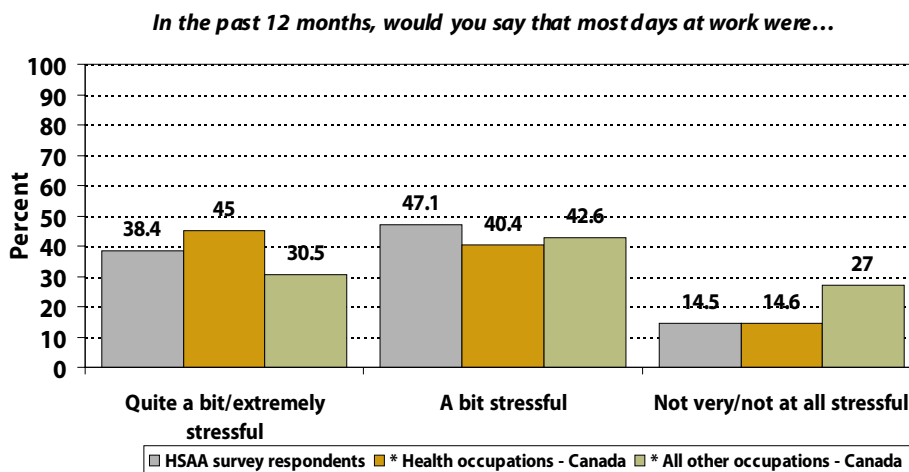
* Source: Statistics Canada, 2003 Canadian Community Health Survey.

There were some variations by employment characteristics. For example, full-time workers experience more work stress than part-time or temporary or casual workers. And workers with 11 or more years seniority reported higher work stress than co-workers with less seniority. As with most of the other quality of work-life indicators we have examined, there were statistically significant differences by employer but not by job classification. The mean scores on the 5-point stress scale are presented in Figure 38. A number of employers are clustered around the scale mean (a score of 3 indicates that most days are "a bit stressful." We also note that Northern Lights had a substantially higher work stress score than other employers, whereas Canadian Blood Services is considerably lower than others in this regard. More information than provided in this report would be required to understand the reasons for these variations in employee work stress.

Figure 38: Self-perceived work stress during the past 12 months, by employer

| Employer	Mean score
Northern Lights Health Region	3.57
Peace Country Health	3.4
David Thompson Regional Health Authority	3.39
Calgary Lab Services	3.36
Chinook Regional Health Authority	3.31
Aspen Regional Health Authority	3.3
East Central Health	3.3
Palliser Health Region	3.28
Capital Health	3.27
Calgary Health Region	3.26
Alberta Cancer Board	3.25
Caritas Health Group	3.19
Millard Health - WCB	3.17
Canadian Blood Services	3.06

Provincial Average = 3.29

This chart reports the level of perceived stress most days at work. Numbers represent mean scores on a 5-point scale, where 1 =- "not at all stressful" and 5 = "extremely stressful."

Workplace Health Promotion

There is growing interest in many industries in providing workplace health promotion and wellness programs. To determine the prevalence of such programs in Alberta's health care organizations, the survey asked respondents if they were aware of health promotion activities or programs offered by their employer. The assumption here is that employees must first be aware of such programs in order to make use of them.

A total of 59% of respondents were aware of these activities or programs. However, as Figure 39 shows, access to these workplace health promotion resources is unevenly distributed across the province. There were statistically significant differences among employers in the extent to which their employees were aware of health promotion activities or programs, ranging from a high of 91% in Millard Health to a low of 44% at the Alberta Cancer Board.

Figure 39: Percentage of respondents who are aware of health promotion activities or programs offered by their employer, by employer
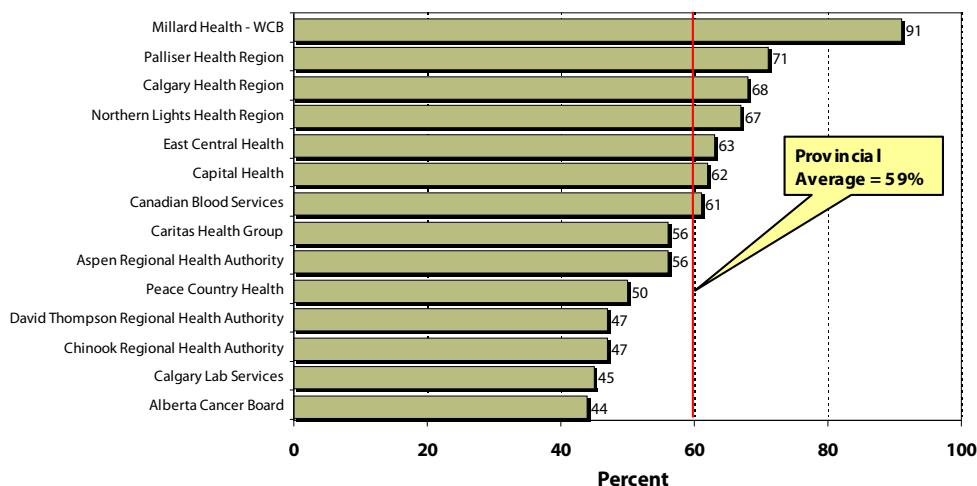
Among those who were aware of employer health promotion initiatives, 33% participated in or utilized these programs in the 12 months prior to the survey. Of these, 62% reported that these programs helped them to achieve their health and wellness goals "to some extent," 23% said "to a great extent," and 16% said "not at all." Generally, these levels of participation and positive assessment suggest that the programs in place are successful.

It also is interesting to note that employer support for workplace health promotion is closely associated with employees' perceptions of their work environment as healthy and safe. Statistically significant relationships were found for employer consultation with employees in the 12 months prior to the survey on workplace health promotion and respondents' awareness of workplace health promotion activities and programs. In short, employees in healthy and safe workplaces, compared to those in unhealthy and/or unsafe workplaces, are far more likely to have opportunities to engage in workplace health promotion. However, what the survey cannot tell us is the role of workplace health promotion in creating and maintaining healthy and safe work environments.

Another way that employers can support employees' health and wellness goals is by being responsive to their needs for accommodation if they are ill or injured but still capable of working. There were 12.3% of respondents who reported having an illness or injury at work in the 12 months prior to the survey that required accommodation. Of these respondents, 50% received the accommodation they needed ("to a great extent"), 32.5% received the needed accommodation "to some extent," and 18% did not receive the needed accommodation.

EMPLOYEES' WORK EXPERIENCES AND PLANS

Employees' satisfaction with their job reflects their quality of work life. From an employer's perspective, creating an "engaged" workforce is an important human resource management goal. The two underlying dimensions of employee engagement are job satisfaction and commitment to their employer, and this survey measured these two dimensions. The subjective assessments of job quality and employer loyalty were complemented by measures of accomplishment, pride, and motivation. Overall, the survey provides a comprehensive perspective on employees' subjective work experiences.

Job Satisfaction

Respondents were asked about their overall job satisfaction. Figure 40 shows that most respondents (71%) are either "satisfied" or "very satisfied" with their jobs. Only 14% said they were "dissatisfied" or "very dissatisfied." As Figure 41 shows, this result mirrors trends in the Canadian workforce as a whole, suggesting that HSAA members responding to this survey are "average" in terms of job satisfaction. Regarding variations across all relevant demographic and employment characteristics, the following statistically significant differences were identified: seniority (those with less than one year and those with 11 or more years were more satisfied); sector (community health and long-term care had the highest levels of satisfaction, EMS the lowest); age (the youngest and the oldest workers were most satisfied); and gender (females were more satisfied than males). Note that there were no significant variations by employer or job classification.

Figure 40: Job satisfaction
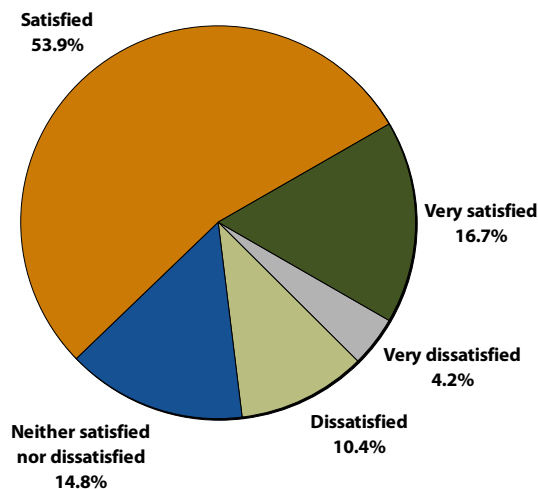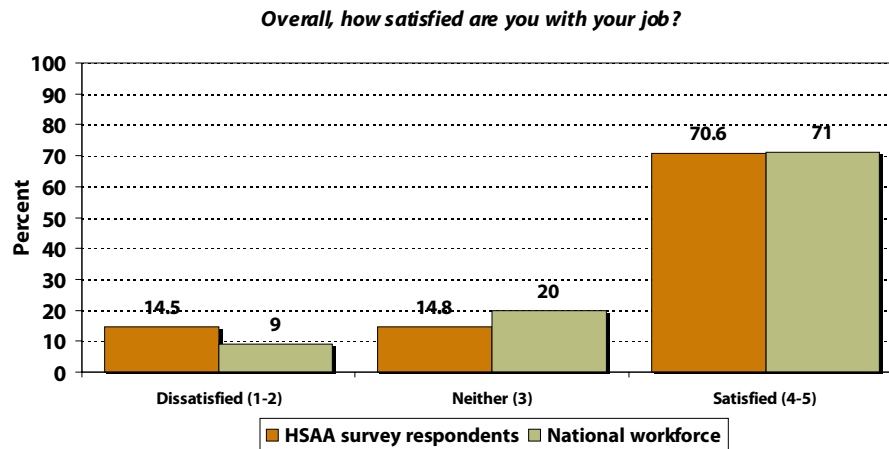
Overall, how satisfied are you with your job?

Satisfied 53.9%

Very satisfied 16.7%

Very dissatisfied 4.2%

Dissatisfied 10.4%

Neither satisfied nor dissatisfied 14.8%

Figure 41: Job satisfaction, comparing HSAA members with other employees in Canada

Overall, how satisfied are you with your job?

* Source: Rethinking work. National survey of workers conducted fall 2004 by Graham Lowe Group Inc. and EKOS Research Associates. N=2,002.

The survey also used a more specific measure of intrinsic job rewards, asking respondents to what extent their job gives them a feeling of accomplishment. Interestingly, positive ratings for this question were higher than overall job satisfaction, with 77% agreeing or strongly agreeing with this assessment. Very few (8%) disagreed that their jobs give them a feeling of accomplishment.

Looking at variations by employee characteristics, casual and temporary workers (compared with part- and full-time permanent staff) and recent hires (compared with co-workers with more than one year seniority) felt a greater sense of job accomplishment, as did younger and older workers (compared with those between the ages of 26 and 54), and females (compared with males). Respondents working in the community care, mental health, and long-term care sectors had a higher sense of accomplishment compared with workers in other sectors. There also were significant variations by job classification and employer. The greatest sense of job accomplishment was found among dosimetrists, biomedical equipment technologists, orthoptists, and exercise therapists. The lowest levels were among medical library techs, respiratory therapists, X-ray techs, physiotherapists, and clerical and administrative support workers. In terms of employers, job accomplishment levels were highest in Aspen and in East Central regions, and lowest in Calgary Lab Services, Canadian Blood Services, Peace Country, and Millard Health.

Figure 42: Sense of job accomplishment

To what extent do you agree or disagree that your job gives you a feeling of accomplishment?

Agree
56.2%

Strongly agree
20.7%

Strongly disagree
2%

Disagree
6%

Neither agree nor disagree
15.1%
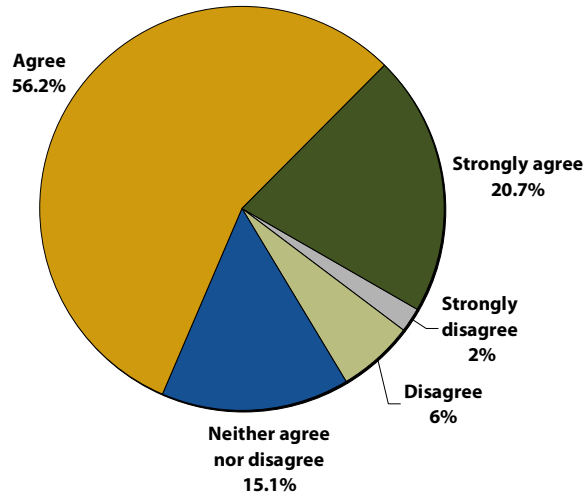
Job motivation was measured by asking: "How often do you look forward to going to work?" Just over half (53%) of respondents either often or always look forward to going to work. In contrast, 13% never or rarely look forward to going to work. There were no significant variations by employer or job classification. However, there were statistically significant differences by employment status (temporary/casual workers were more motivated than continuing part-time or full-time workers) and sector (community health and long-term care were most motivated, lab services least motivated).

Figure 43: Job motivation

How often do you look forward to going to work?

Often
42.9%

Always
10.2%

Never
2.2%

Rarely
10.5%

Sometimes
34.2%
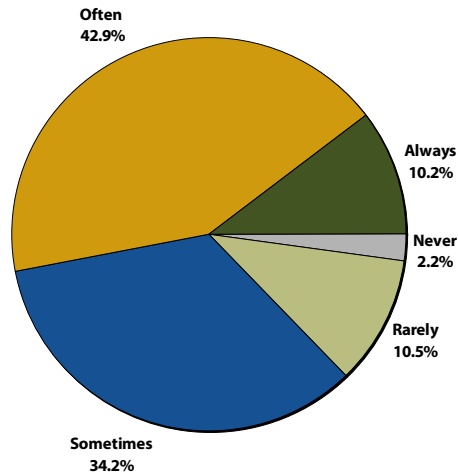
Commitment and Pride

Engaged employees are committed not only to the kind of work they do, but also to their employer. Closely associated with commitment, or loyalty, to one's employer is having a sense of pride in the organization. These issues are examined in this section.

Figure 44: Commitment and pride

To what extent do you agree or disagree with the following statements?

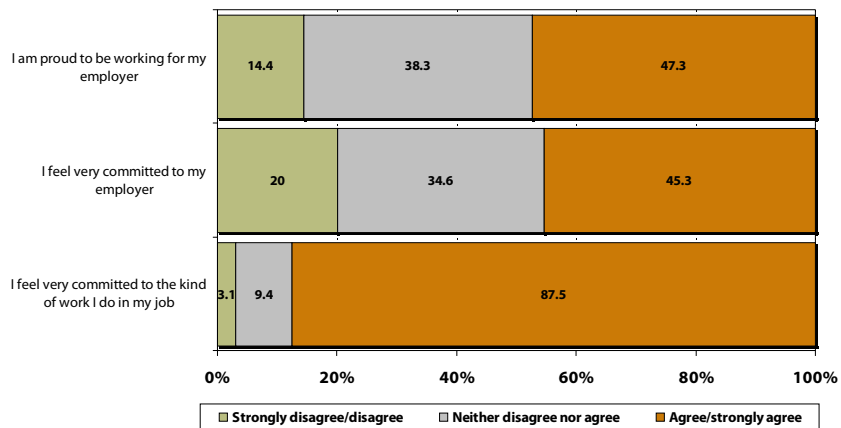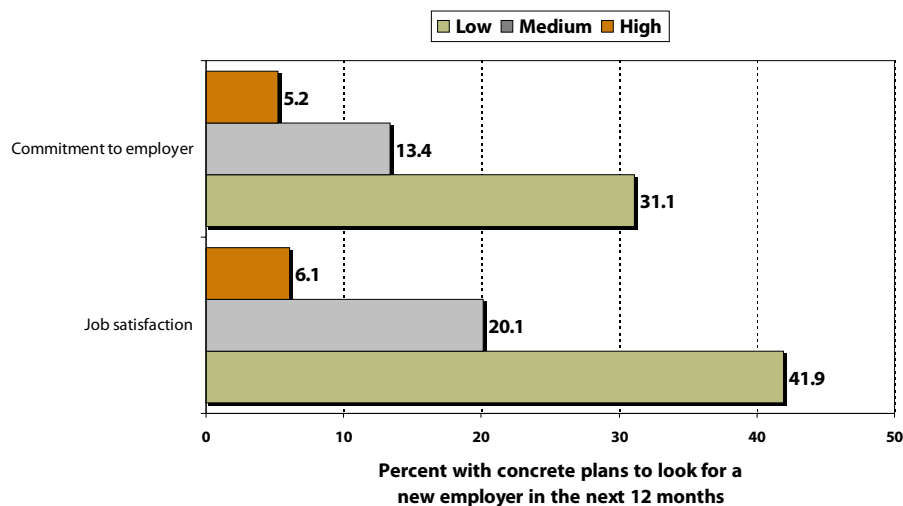|	Strongly disagree/disagree	Neither disagree nor agree	Agree/strongly agree
I am proud to be working for my employer	14.4	38.3	47.3
I feel very committed to my employer	20	34.6	45.3
I feel very committed to the kind of work I do in my job	3.1	9.4	87.5

Figure 44 shows that the vast majority (88%) of health care employees participating in this survey feel very committed to the kind of work they do in their job. In contrast, less than half (45%) feel very committed to their employer. This is a large commitment gap, one which employers must acknowledge and attempt to close. The relatively low level of employer commitment is reflected in respondents' weak sense of pride in their employer.
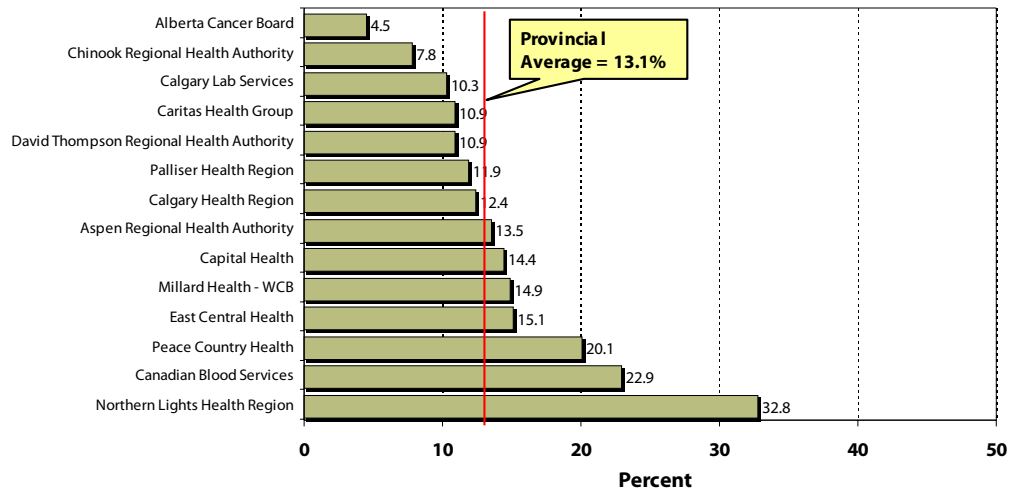
Intent to Quit

Respondents also were asked if they had concrete plans to look for a new employer in the next 12 months. This is a behavioural intention that predicts turnover. Only 13% of respondents have concrete plans to look for a new employer in the next 12 months. There were no significant variations by job classification. Statistically significant variations were found by employment status (temporary/casual workers are more likely to look for another job); sector (workers in EMS and mental health are more likely to look); seniority (those with three years or less are most actively on the job market); age (those aged 25 to 34 are most active job seekers); and gender (males are more likely to look for another job than females). Most interesting, perhaps, were the statistically significant variations by employer, reported below in Figure 45. The range was wide, with under 5% of employees at the Alberta Cancer Board planning to look for a new employer, compared with 33% of those at Northern Lights.

Figure 45: Percentage of respondents who intend to quit by level of job satisfaction and commitment to their employer

Legend: ☐ Low ▨ Medium ■ High

Commitment to employer: High 5.2, Medium 13.4, Low 31.1
Job satisfaction: High 6.1, Medium 20.1, Low 41.9

X-axis: Percent with concrete plans to look for a new employer in the next 12 months (0, 10, 20, 30, 40, 50)

Differences between levels of job satisfaction and commitment to current employer are statistically significant (p=.000, Chi-square test).

Figure 46: Percent of respondents who have concrete plans to look for a new employer in the next 12 months, by employer

Alberta Cancer Board — 4.5
Chinook Regional Health Authority — 7.8
Calgary Lab Services — 10.3
Caritas Health Group — 10.9
David Thompson Regional Health Authority — 10.9
Palliser Health Region — 11.9
Calgary Health Region — 12.4
Aspen Regional Health Authority — 13.5
Capital Health — 14.4
Millard Health - WCB — 14.9
East Central Health — 15.1
Peace Country Health — 20.1
Canadian Blood Services — 22.9
Northern Lights Health Region — 32.8

Provincial Average = 13.1%

Percent

Retirement

Staff shortages are in part a result of the aging workforce in health care. The retirement of baby-boom generation workers makes workforce renewal an urgent priority. Effective employer responses to workforce aging require detailed knowledge of the retirement plans and preferences of the existing workforce—information rarely available in health care.

One in five respondents, or a total of 982 employees, plan to retire from their current employer in the next five years. Although plans did not vary significantly by job classification, employer, or health sector, there were expected differences by age and seniority. Almost 1 in 3 workers with 11 or more years experience plan to retire. Similarly, 28% of those between the ages of 45 and 54, and 78% of those 55 years and older, plan to retire in the coming five years. To put this in perspective, a total of 440 workers 55 and older will be leaving the system, taking with them extensive experience.

The 982 respondents with retirement plans were asked a series of follow-up questions to determine their receptivity to continued employment, either in health care or elsewhere. We can see in Figure 47 that the majority do not consider it likely that they will stay in the workforce after retirement. If they do, the largest group (31%) would consider working in jobs outside health care. Just over 20% would consider retiring and then returning to work for their current employer, and somewhat fewer would be open to doing this with another health care employer. About the same proportion (20%) could be convinced to delay retirement for a year or two.

These are important options for employers to provide older workers in order to alleviate a demographically induced labour shortage. According to the survey findings, there is some receptivity to these options among employees. However, further analysis suggest that other

factors come into play in these retirement-planning decisions, particularly the level of job satisfaction. Specifically, around 80% of the retiring respondents who are likely to consider delaying retirement or returning to their current employer are satisfied with their current job. In contrast, 55% of those who consider it unlikely they will delay retirement or return to work for their current employer are satisfied with their job.

Figure 47: Likelihood of changes in retirement plans

Respondents with plans to retire from their current employer in the next 5 years were asked how likely it is that they could be convinced to…
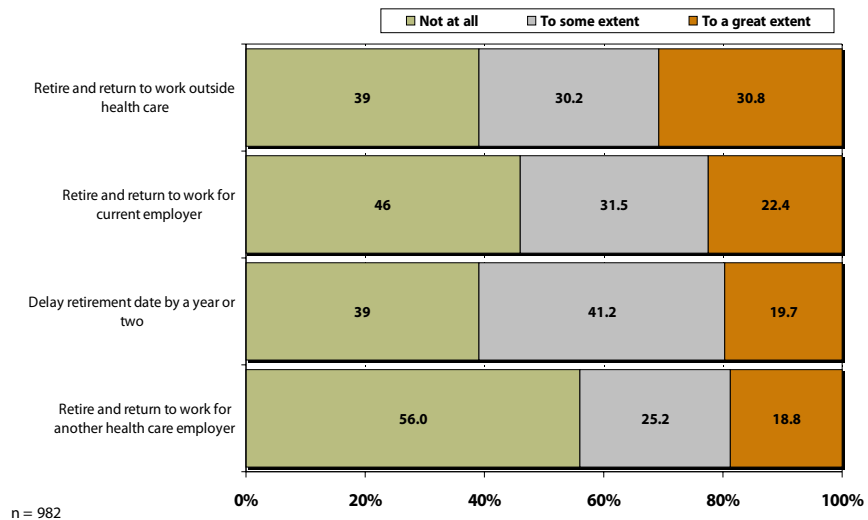
n = 982

* Answered on a 5-point scale, where 1 = "not at all"; 3 = "to some extent"; and 5 = "to a great extent." Responses of 4 and 5 combined are reported in this graph.

ACTION IMPLICATIONS

To help summarize the action implications of this survey, we examined six key outcomes that are important for individuals and for employers. The following were examined by job classification and by employer:

- Job allows you to balance your work and family/personal life.
- Feel that you fully contribute your skills, knowledge, and abilities?
- Job lets you develop your skills and abilities.
- Over the past 12 months, how would you rate the overall quality of the service provided by your team or area?
- Overall, how much do you trust senior managers in your organization?
- I feel very committed to my employer.

None of these outcomes varied significantly across job classifications. However, all have statistically significant variations across employers. Table 10 summarizes the mean scores (on response scales that range from 1 to 5, with 5 being the most positive response). Olive green

shading indicates scores above average, while grey shading indicates scores below average. Looking for patterns across all six indicators in the figure, we can identify one employer—Capital Health—that is above average on five and average on one indicator. Three other employers— Alberta Cancer Board, Caritas, and Millard Health—are above average on five and below average on one indicator. We also can identify four employers that have below average scores on five of the six indicators: Chinook, Northern Lights, Palliser, and Peace Country.

To interpret these findings, bear in mind that even though differences in mean scores are not that large in absolute terms, the relative ranking of the employers does reflect real differences on all six outcomes. This discussion is intended to point the direction for follow-up actions. While it is tempting to call for more in-depth analysis of the data, the insights provided here suggest that employer practices and policies, not the unique aspects of the jobs performed by HSAA members, influence these outcomes.

Table 10: Key individual and organizational outcomes, by employer.						
Employer	*Work-life balance*	*Contribute skills*	*Develop skills*	*Quality of service*	*Trust senior management*	*Committed to employer*
Alberta Cancer Board	3.57	4.07	3.38	3.99	2.67	3.50
Aspen RHA	3.52	4.22	3.62	3.71	2.69	3.28
Calgary Health Region	3.49	4.04	3.44	3.74	2.58	3.27
Calgary Lab Services	3.27	4.01	3.25	3.87	2.62	3.37
Canadian Blood Svs.	2.88	3.60	2.90	3.76	2.31	3.34
Capital Health	3.49	4.04	3.46	3.76	2.69	3.31
Caritas Health Group	3.73	4.11	3.59	3.74	2.80	3.63
Chinook RHA	3.38	4.04	3.42	3.70	2.59	3.20
David Thompson RHA	3.52	4.09	3.49	3.72	2.64	3.13
East Central Health	3.71	4.01	3.64	3.82	2.63	3.36
Northern Lights	3.33	4.09	3.30	3.65	2.59	3.03
Palliser Health Region	3.28	4.10	3.37	3.67	2.53	3.10
Peace Country Health	3.28	3.91	3.34	3.56	2.66	3.05
Millard Health – WCB	4.15	3.74	3.53	3.93	2.82	3.59
Overall mean score	**3.47**	**4.04**	**3.43**	**3.75**	**2.64**	**3.28**
Above average	Table reports mean scores on a 5-point scale, where 1 is the lowest score and 5 the highest.					
Below average	For all questions, differences among employers are statistically significant (p=.000).					
RHA=Regional Health Authority.						

Feedback and Suggestions

The questionnaire concluded with three open-ended questions, inviting respondents to write comments. Three topics were addressed: improvements in the quality of work environments in the past 12 months, recommended actions for employers to undertake that would improve respondents' quality of work life, and recommended actions for the HSAA that would improve respondents' quality of work life. The responses to these questions were coded into major thematic categories.

It is important to note the high response rates to these write-in questions. Between 67% and 83% of all survey respondents took the time to provide answers. Generally, written responses were constructive and thoughtful. The content and tone of the actual responses suggest that these employees are realistic about what is possible but also convinced that specific changes are required in order to improve outcomes for them and for their clients or patients.

Overall, there are no surprises in these open-ended comments. Indeed, survey respondents took the opportunity to use their own words to expand on issues raised in the questionnaire. Prominent among these issues are staffing levels and workload; the strengths of teamwork and co-worker relations; the need to improve physical work spaces; a cluster of concerns regarding hours, schedules, and time off; the quality of supervision; and training and development opportunities. Equally important, it is clear too that respondents recognize the steps that their employer and their union have already taken to improve the work environment and quality of work life.

Improvements

Respondents were asked: "Please describe one thing that has improved the quality of your work environment in the past 12 months." The response rate to this question was 73%. The five most commonly mentioned improvements comprise 48% of all responses. The top three response categories, accounting for 34.2% of all responses, are reported below, along with illustrative verbatim comments.

- **More staff/adequate staffing** (13.4%):
    - Hiring of more staff and spread out of workload
    - The filling of vacant positions.
    - More consistent extra staff levels.
    - The hiring of extra casual staff.

- **Teamwork/team meetings/co-worker relations and communication** (10.9%):
    - The team that I work with is my key to success. My co-workers and I share our caseload demands and do occasional social outings to stay grounded.
    - Regular team meetings, allows us to discuss as a team, listen to others and be heard and make changes together.
    - Positive relationships with peers.
    - Intentional value checks by our multi-disciplinary team, and changing our personal behavior/attitude as necessary.

- **Nothing** (9.7%):
    - Nothing.
    - Quality of my work environment has remained about the same over the past year. Not much change has taken place.
    - No improvement over last 12 months.
    - The work environment has not improved during the past 12 months.

Table 11: Please describe one thing that has improved the quality of your work environment in the past 12 months.		
	Frequency	**Valid Percent**
More staff/adequate staffing	501	13.4
Teamwork/team meetings/co-worker relations and communication	409	10.9
Nothing	362	9.7
New manager/supervisor	264	7.1
Improved physical workspace	263	7.0
Management practices/actions	226	6.0
Other equipment/resources	223	6.0
Changed jobs/employer/FTEs	213	5.7
Schedules/shifts/flexible work arrangements	201	5.4
Technology	188	5.0
Health/safety/wellness/worklife	147	3.9
Training and development	132	3.5
Work processes	124	3.3
Nothing: negative comments	115	3.1
Personal action	74	2.0
Reduced workload/more control over workload	70	1.9
HSAA actions and policies	39	1.0
Resignation/termination of a difficult co-worker	38	1.0
Fulfilling work/variety of tasks	38	1.0
Pay	28	0.7
Commute/travel	27	0.7
Other	23	0.6
Nothing: positive comments	17	0.5
Centralization/amalgamation of services	11	0.3
Job stability	8	0.2
Total	3,741	100.0

Recommendations for employers

Respondents were asked to provide written answers to the following question: "What is the one thing that you would recommend your employer do to improve your quality of work life?" The response rate to this question was 83%. The top three response categories, accounting for 32.3% of all responses to this question, are reported below, along with illustrative verbatim comments.

- **Hire more staff/adequate staffing/retention** (18.1%):
  - o We need more permanent positions allocated. There are not enough people for the demands of the jobs.
  - o Increase staff numbers – staff burn out is happening – morale is slipping.
  - o Hire more staff in a timely fashion.
  - o Ensure vacancies are filled quickly and ensure proper FTE for workloads.

- **Improve the physical work space** (7.7%):
  - Provide cleaner environment, rugs shampoo more often. Better cleaning staff to ensure rooms and furniture are disinfected daily.
  - Better air quality and air flow.
  - Some places to have personal quiet time during breaks. It is very noisy everywhere.
  - Now desperately overcrowded, this contributes to noise level which is increased stress. Also is contributing to errors being made, need adequate work space (including adequate # of computers).
  - Better parking, closer access to building.

- **Schedules/shifts/flexible work arrangements/vacations/leaves** (7.2%):
  - More flexible work hours.
  - Allow people to feel they can request time off and the request will be taken seriously.
  - Overhaul all staff shift rotations to incorporate newer thinking regarding how to rotate staff with the least disruption to their biorhythm systems thereby having a "happier" dept. with (I suspect) a significant reduction in illness and our current high sick time use.
  - Let me know when my holidays are approved. A lot of time you are not given an answer and most of us just assume we will get the holidays requested.
  - Modify the work schedule/rotations for full time staff. Our schedule has too many long stretches, ie; 5-7 days with one day off. One day off is not a sufficient rest period prior to going back to work.

Table 12: What is the one thing that you would recommend your employer do to improve your quality of work life?

Response category	Number	Percent
Hire more staff/adequate staffing/retention	773	18.1
Improve physical workspace	327	7.7
Schedules/shifts/flexible work arrangements/vacations/leaves	307	7.2
Improve communication and feedback from management	298	7.0
Training and development	229	5.4
Respect/value/recognize/reward/support employees	216	5.1
Employee decision input/management listening to employees	211	4.9
Hire more relief staff/vacation/illness coverage	203	4.8
Reduce or redistribute workload/sufficient time for work	191	4.5
Health/safety/wellness/quality of worklife initiatives	175	4.1
Deal with problem employees/replace incompetent staff	156	3.7
Improve teamwork/morale/co-worker relations & communication	145	3.4
Fair treatment/follow collective agreement	124	2.9
Technology/equipment/resources	122	2.9
Improve quality/competence/skills of managers and supervisor	110	2.6
Change FTE/classification	105	2.5
Less micro-managing/more autonomy & flexibility in job	83	1.9
Change work processes	80	1.9
Management more involved/aware of department	56	1.3
More money/benefits	54	1.3
Hire competent/qualified staff	39	0.9
Nothing/don't know	38	0.9
Nothing – things are good now	36	0.8
Clearly defined roles and responsibilities/less rotation	34	0.8
Other	33	0.8
More stability/slow down change process	31	0.7
Hire more administrative/support staff	30	0.7
Improve patient care/focus on quality care	22	0.5
Provide more variety of tasks/opportunities for advancement	20	0.5
Address special needs of rural communities	15	0.4
Address problem with Meditech system	8	0.2
Total	4,271	100.0

Recommendations for HSAA

The last question in the survey asked respondents: "What is the one thing you would recommend the HSAA do to improve your quality of work life?" The response rate to this open-ended question was 67%. The top five response categories accounted for 52% of all responses to this question; the top three response accounted for 36%. Here are examples of verbatim comments provided in the three most common response categories, suggesting areas for future HSAA action:

- **Hours/overtime/schedules/shifts/vacation/flextime/holidays** (14.2%):
    - Ensure that special leave/personal days are easier to use. It is sometimes hard to have to explain your personal reasons to your employer (e.g.: marital problems, aging parents, etc). I thought the idea was not to use a sick day but to use a PL day for these cases. It would be much easier to just phone in sick!!
    - Negotiate more vacation time.
    - Advocate for the flexibility to job share with peers. This helps both the employer (providing experienced employees) and the employee (enhances balance between work and family life).
    - Encourage management to utilize more staff by increasing their hours. Let part-time staff get more hours. Many would love the extra work.

- **Training/education/development for employees, supervisors** (11.2%):
    - More financial support for continuing education.
    - Love ongoing education - love learning. Encourage more telehealth as unable to get away and too costly to travel to Edmonton & Calgary.
    - Bargain for access to PD account immediately upon hiring rather than having to accumulate a certain number of work hours. PD is mandatory for us to maintain our license, whether we are full time or part time.
    - Increase flexibility of professional development fund. At present, I have two professional licenses that are required for employment, but the fund allows only reimbursement of one licensing fee. Thank you for the enquiry.
    - Have the employer make it easier in regards to time off to attend seminars, conferences and such. We already have financial support but it's useless if we can't attend these functions.

- **Already doing a good job/keep doing what you're doing/positive comments** (10.3%):
    - Keep up the good work that you are doing for all members. Thank you!
    - I am proud to be part of HSAA! You have always been there for me whenever I needed you! I thank you with all my heart!
    - Continue to be proactive.
    - Just keep doing what you're doing; looking out for our best interests.
    - Your doing a wonderful job, keep up the good work.
    - I think that HSAA is already doing a lot for its members. This survey is proof of that.

Table 13: What is the one thing you would recommend the HSAA do to improve your quality of work life?

Response category	Number	Percent
Hours/overtime/schedules/shifts/vacation/flextime/holidays	484	14.2
Training/education/development for employees, supervisors	384	11.2
Already doing a good job/keep doing what you're doing/positive comments	352	10.3
Management practices & policies/employer accountability/work with employer for improvements	285	8.3
Presence in the workplace/communication/direct contact with members	270	7.9
Compensation	261	7.6
Job classification/positions/job duties/job competitions/seniority/job security	236	6.9
Staffing/workload/recruitment & retention	221	6.5
Nothing/don't know/new member – neutral comments	206	6.0
Benefits/parking/child care/RRSPs/retirement plans	151	4.4
More general support to members/stronger role/more advocacy	150	4.4
Health/safety/wellness initiatives/quality of work-life/work-life balance	98	2.9
Follow up on survey results/do more surveys/get feedback from members	81	2.4
Other contract issues (not coded elsewhere)	71	2.1
Job performance issues/member behaviour/conflict in the workplace	53	1.6
Physical workspace	34	1.0
Harassment/abuse/bullying	31	0.9
Union dues/fees	22	0.6
Grievances/disciplinary issues	15	0.4
Other	9	0.3
Nothing – negative comments	5	0.1
Total	3,419	100.0

CONCLUSIONS

The purpose of this study is to provide new evidence that can be used in a positive and constructive way to improve the work environments of HSAA members, and through this, contribute to health service excellence in Alberta. The report can be a basis for discussion about priority areas for change, specific actions needed, and how to successfully implement these changes. The HSAA can take a leadership role in bringing stakeholders together to discuss follow up to this report, though measurable improvements will require the commitment of employers to act on the report's findings.

Moving forward, it clearly is important to acknowledge and build upon the strengths identified in this report. Among the many positive features of HSAA members' work environments are respectful work relations with co-workers and supervisors, effective teamwork, and a strong commitment to the kind of work they perform. Furthermore, all groups of HSAA members who participated in the survey are committed to developing their skills and abilities. Professional development is a major need identified in the study, and to address this it is essential that employers enable employees to act on this commitment.

Staffing levels and workload are major areas of concern, and most readers would be surprised if this was not a key finding in the study. But the study has gone beyond simply documenting, once again, that health care organizations are understaffed and health care workers are overworked. Overall, there are many opportunities identified in the study for management and employees to find more effective ways to schedule work, allocate existing staff resources, and generally make better use of available human capital. Even if these initiatives result in a 10% workload reduction and 10% improvement in service delivery, the savings and benefits would be substantial. Based on survey results, employees want to participate in finding solutions to workload and service delivery challenges. And they are realistic that while hiring more staff is essential, this is not always easy to do.

Another major contribution of this study is to provide strong evidence of the relationship between the quality of the work environment and the quality of health services. A key finding in this regard is that quality and safety outcomes vary systematically across health employers and not job classifications. The same holds true for quality of work-life outcomes. This leads to the conclusion that the values, policies, and practices of specific employers matter most when it comes to improving the quality of employees' work life and the quality of patient or client services.

APPENDIX 1: JOB CLASSIFICATIONS

Job classification	Number	Percent
Lab Technologists/Medical Lab Technologists	763	15.2
Occupational Therapists	377	7.5
Pharmacists	344	6.9
Respiratory Therapists	342	6.8
Physical Therapists	332	6.6
Social Workers	292	5.8
Medical Radiation/Radiographer/Radiology Technologists	283	5.6
Lab Assistants/Attendants/Helpers	279	5.6
Health Record Technicians	239	4.8
Speech Language Pathologists/Therapists and Audiologists	214	4.3
Dietitians/Nutritionists	182	3.6
Combined Lab/X-ray Technologists	150	3.0
Emergency Medical Technicians/Paramedics	112	2.2
Psychologists	108	2.2
X-Ray Technologists	81	1.6
Recreation Therapists	76	1.5
Other – Technical Positions	76	1.5
Diagnostic Sonographers/Medical Sonographers	72	1.4
Mental Health Therapists	72	1.4
Clinical Instructors/Assistants/Research Coordinators/Supervisors	60	1.2
Public Health Inspectors	57	1.1
Cardiology Technologists	56	1.1
Facilitators/Coordinators/Educators	48	1.0
Radiation Therapists	45	0.9
Clerical/Admin. Support	40	0.8
Biomedical Equipment Technologists	35	0.7
Child Care	34	0.7
Nuclear Medicine Technologists	34	0.7
Counsellors	28	0.6
Dental/Oral Health	27	0.5
Other – Small groups	23	0.5
Exercise Specialists/Therapists	21	0.4
Dietary Technicians	19	0.4
Physical Therapist/Rehab - other	18	0.4
Other – Support	16	0.3
Other – Professional	15	0.3
Orthoptists	14	0.3
Research/Information/Data	14	0.3
Dosimetrists	10	0.2
Medical Library Techs	10	0.2
No response	113	2.2
Total	5,131	100.0