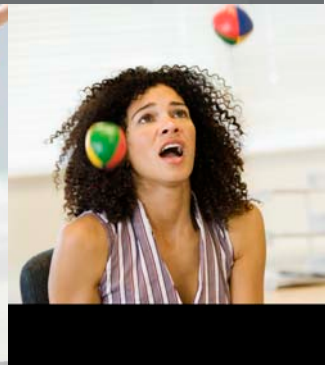


Flexible Work Practices Education Program Evaluation

Mini-Fellowship in Rural Primary Health Care Research and
Evaluation – Midwest and Murchison Region 2008



work life balance + equity

“creating a culture that values work life balance and diversity”

Work Life Balance + Equity Unit
June 2009

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Contents

	Page
1.0 Executive summary	1
2.0 Introduction	4
3.0 Background	5
4.0 Organisational overview	6
Company background	6
Organisational culture	7
Strategic goals	8
5.0 Theoretical framework	9
6.0 Creating flexible workplaces across WA Health education program	10
7.0 Research project	10
8.0 Methodology	10
9.0 Survey contents	11
Section one	11
Employment details	11
Registration	11
Section two	11
Awareness of the range of flexible work options	12
Level of knowledge of flexible work options	12
Suitability of flexible work options	12
Willingness to implement flexible work options	12
Future intention to implement flexible work options	12
Barriers to the implementation of flexible work options	12
Enablers for the implementation of flexible work options	12
Comments on flexible work practices as a retention strategy	13
10.0 Results	13
Section one	13
Employment details	13
Registration	13
Section two	14
Awareness of the range of flexible work options	14
Level of knowledge of flexible work options	14
Table:1 The descriptive mean knowledge response across all groups	14
Suitability of flexible work options	14
Willingness to implement flexible work options	15
Future intention to implement flexible work options	15
Table 2: Mean response to the intention items across all groups	15
Barriers to the implementation of flexible work options	15
Table 3: Top three barriers to implementation of flexible work practices and response rates in percentages	16

Enablers for the implementation of flexible work options	16
Table 4: Top three enablers to implementation of flexible work practices and response rates in percentages	16
Comments on flexible work practices as a retention strategy	16
Current uptake of flexible work options	17
11.0 Discussion	17
12.0 Recommendation	20
13.0 Conclusion	21
14.0 References	22
15.0 Appendix 1	24
16.0 Appendix 2	28

1.0 Executive summary

Western Australian Country Health Service (WACHS) is made up of seven health regions of which the Midwest is one. WACHS Midwest is currently facing some significant workforce issues including a shrinking workforce, declining health of current employees as the result of an ageing workforce, coupled with an ageing population placing increasing burden on the health care system.

WACHS, along with all Area Health Services, has recently been provided with the services of a Work Life Balance (WLB) Consultant to implement strategies designed to lead cultural change in the workplace, contribute to job redesign, and raise awareness for WLB initiatives as an economic imperative. The WLB Consultant works as part of the Work Life Balance and Equity Unit which is responsible for addressing retention issues across WA Health. Staff retention strategies should target the key career transition stages of working life which are; entry into the workforce, family formation, mid-career, and pre-retirement and retirement (Auer & Elton, 2008; Managing Work/Life Balance International, 2007).

One of the key WLB initiatives has been to develop and present the WLB Training Module for Managers on Creating Flexible Workplaces across WA Health. The provision of this education program in Geraldton, where the WACHS WLB Consultant is based, provided an excellent opportunity to investigate the relationship between a targeted education program delivered at the Midwest Health Campus and consequent changes in organisational culture and retention and attraction of staff.

A summary of the key results of the evaluation include:

- There were statistically significant improvements in participant knowledge from pre to follow-up responses.
- There were reported increases in future intentions to implement flexible work hours, phased retirement initiatives and retrogressing from managerial roles to other roles. Over half of the respondents reported their intention to reduce overall workloads.
- The top three barriers to the implementation of flexible work practices were staffing limitations, job requirements and concerns regarding equity and access for all employees. In the pre program group 82% of the respondents identified staffing limitations as the top barrier.
- For pre and follow-up groups the highest nominated enabler by respondents was support from direct line managers. Adequate understanding of the process was in the top three enablers nominated by both the pre and follow-up groups.
- Participants in all groups provided comments specific to flexible work options as a retention strategy. There were some recurring themes including capacity to implement flexible work options from a staffing perspective (FTE limitations) and a workload perspective as well as budget restrictions.

- There was one recurring comment which centred on the difficulties associated with implementing flexible work practices in the unique 24/7 nursing environment.
- Education and training of senior and middle managers is a very important aspect of the success of the education program to facilitate behavioural change.
- The top rated barrier to implementing flexible work practices was staffing limitations.
- The ability to meet the individual needs of employees was identified as one of the top enablers, and consistently all three groups identified concerns regarding equity and access for all employees as a barrier to the implementation of flexible work practices.
- Feedback provided by all groups of participants with regards to the flexible work options as a retention strategy indicated workload issues were problematic with regard to a lack of workforce capacity, and increasing workloads.
- One of most significant findings was the reported increase in implementation across 63% of the flexible work options. In the follow-up group there was a reported 10% increase in the uptake of flexible work options.

The reported increase in the number of implemented flexible work options at the six week post education program mark was very encouraging.

The evaluation of the education program project to date has provided an opportunity to view the current retention issues in health as a whole. It is from the examination of these issues that the following recommendations have been made.

1. The current education program 'Creating Flexible Workplaces across WA Health' should continue to be delivered across WACHS in 2009/10. The development and delivery of flexible education modules is necessary to raise awareness of the policy and assist managers and employees deal with requests. The program should be modified to include a session that provides operational instructions regarding the decision making process. The use of specific case studies could be included to assist managers develop skills and knowledge specific to working through the conflict that exists when managers want to provide staff with flexible work practices, but do not perceive that they have the capacity to support the requests from an equity/financial/workforce perspective.
2. The 24/7 work environment in Health brings with it its own unique set of difficulties in terms of implementing flexible work practices. Further exploration of these issues with a view to gaining a deeper understanding of how the Work Life Balance and Equity (WLB+E) Unit can support managers and employees increase the uptake of options in these work areas should be a priority.
3. The WLB+E Unit needs to develop and implement strategies to address inequalities in access to flexible work practices across all levels of employment. In addition, the development of a set of

- guidelines would assist managers with the decision making process regarding flexible work practice requests. This process also needs to address specific concerns regarding equity, access and transparency.
4. Marketing and promotion of the education programs needs to be modified to ensure there is a focus on retention. This may go some way to ensuring that managers are aware of the importance of the information presented in the education program, to them, and the relevance of the initiatives being presented to retention issues they may be experiencing.

Project evaluation results are encouraging with managers demonstrating an increase in awareness and knowledge of specific flexible work options. Information specific to the suitability of flexible work options available to managers in their current work environments was also provided as part of the training. This has helped inform the ongoing work plan of the WLB Consultant and will support changes to the education program thus enabling the needs of managers in rural WA to be met. There was a demonstrated commitment to creating work places that value work life balance as evidenced by a 63% increase in implementation of flexible work practices six weeks after the delivery of the education program. These results have provided valuable direction to work of the WLB Consultant in supporting managers and further addressing retention issues specific to country Health.

2.0 Introduction

The aim of this project was to evaluate the impact of an education program on managers' willingness and competence to manage and support employees' requests for flexible work options. The evaluation of the 'Creating Flexible Workplaces across WA Health' education program provided an excellent opportunity to investigate the relationship between a targeted education program delivered at the Midwest Health Campus and consequent changes in organisational culture and retention and attraction of staff.

The implementation of system wide retention strategies is vital to ensuring an adequate and sustainable workforce across WA Health. According to Frederick Herzberg's motivational theory it is recognised that factors which motivate people at work are different to and not simply the opposite of the factors which cause dissatisfaction (Samson & Daft, 2005). Therefore employee feedback is critical to understanding the key factors that engage and retain our workforce. The collection and analysis of qualitative and quantitative information through employee surveys and other methods is ongoing. New surveys are being developed to further identify and address employee's needs and promote existing best practice retention strategies across WA Health.

Staff retention strategies should target the key career transition stages of working life which are; entry into the workforce, family formation, mid-career, and pre-retirement and retirement (Auer & Elton, 2008; Managing Work/Life Balance International, 2007). Given workforce supply pressures and expected future increased demand on the health system, workforce planning forecasts indicate the need to retain the existing workforce by reducing exit rates (by at least 10%) in addition to increasing recruitment activity (including a 10% increase in international recruitment) (SMAHS Workforce Planning Division, personal communication, September 6, 2008). There is a need for greater commitment and resourcing to develop and implement a broad range of retention initiatives, as well as targeted strategies for high value groups where workforce shortages are likely. Increasing the numbers of our shrinking workforce is critical in the current climate of skills shortages and competitive labor markets.

The Work Life Balance initiative is the most significant retention strategy currently in place across all occupational groups. The former State Health Advisory Committee on WLB and the Work Life Balance + Equity Unit has designed and implemented significant WLB research projects and strategies across the WA Health workforce. Many of these initiatives are designed to re/engage the inactive workforce and/or improve retention (Pleffer, 2007). One of the key achievements to date in this area is the 'Creating Flexible Workplaces across WA Health' education program, and the evaluation of behavioural changes aligned with attendance at this program.

According to the current literature there is a need to focus on the whole gamut of issues facing Health (Shanley, 2007). This includes addressing workforce reform, workforce supply and demand, leadership, change management, retention, and education and training. Work Life Balance vis-e-vis Flexible

Work Options, cannot be addressed in isolation and will not have an impact on retention issues in the Midwest if they do not form part of an organisational development program. This program needs to be holistic in its approach to change management driving retention as a whole, at state, national and international levels.

3.0 Background

WA Health is comprised of four major Area Health Services. They are the Western Australian Country Health Service, South Metropolitan Area Health Service (SMAHS), North Metropolitan Area Health Service (NMAHS), and State Wide Services. The WACHS is a dynamic, large scale provider of Health Care Services within rural and remote Western Australia (WA). Service delivery is planned to meet the needs of diverse and sprawling populations with varied health needs (Department of Health, 2007a).

According to the Foundations for Country Health Services: The WA Country Health Service Strategic Plan 2007–2010, WACHS currently employs approximately 5,662 FTE staff (including 2,310 nurses and 180 salaried doctors), and contracts 150 Visiting Medical Officers across 70 hospitals and a large number of smaller health services and nursing posts (e.g. aged care, health centres, child, community, dental, alcohol & drug, mental and public health facilities).

The Midwest Health Region is one of seven regions that comprise WACHS. Together with the rest of WA Health, WACHS Midwest is facing some significant workforce issues that are predicted to worsen over the next 10–15 years. This is as a result of the current workforce shrinking, through the retirement of a large number of employees, the potential decline in the health of current employees coupled with an ageing population.

WACHS, along with all Area Health Services, has recently been provided with the services of a WLB Consultant to implement strategies designed to:

- Enable the continuation of world best practice public health care across the state of Western Australia
- Halt the contracting base of the WA Health workforce
- Address its ageing and gender-skewed workforce demography
- Focus on the expansion and ageing of WA's population

(Dr Cheryl Davenport, personal communication, Chair SHAC, July 2008)

In 2002 the 'Discussion Paper on Family Friendly Initiatives' was released as part of the 2001 state Labor election commitment (Department of Health, 2002). This was followed in 2003–2005 by an appointed Ministerial Advisory Committee. The committee developed the Work Life Balance Agenda. A summary of the Report to the Director General on the Work Life Balance Agenda was made public in 2006.

In 2006 there was an appointment of a second Ministerial Advisory Committee and Chair. This committee commenced the implementation of the Work Life Balance Agenda as part of the 2005 electoral commitment. Labor Government Policy stated, "Hospitals and health services need to be family friendly to

assist in retaining their experienced and skilled workforce” (Labor Government Policy, 2005).

According to the Department of Health the capacity to recruit and retain staff in rural and remote WA is affected by:

- Projected reduction in national workforce growth from 170,000pa to 12,500pa by the year 2020 as a result of the slow population growth combined with an ageing population
- An ageing workforce — the current average age of the WA Health workforce is 44
- Increasing employee demand for flexible, family friendly working arrangements and reluctance to work long hours or on call

(Department of Health, 2007a, p. 64)

A further difficulty is that public sector Health employers plan their needs for staff and undertake recruitment in relative isolation. It is not uncommon for public sector Health employers to compete with each other to recruit the same person. WACHS needs to consider work redesign, flexible working arrangements and staff support in order to create a workplace that values work life balance and the role it plays in addressing retention specific to health.

Strategies specific to WLB aim to; lead cultural change in the workplace, contribute to job redesign, and raise awareness of WLB initiatives as an economic imperative to building a collaborative and inclusive workforce that ensures the delivery of best practice health care. Ultimately the Work Life Balance and Equity Unit are responsible for addressing retention issues across WA Health. One of the key work life balance initiatives has been to develop and deliver the WLB Training Module for Managers on Creating Flexible Workplaces across WA Health.

The provision of this education program in Geraldton, where the WACHS WLB Consultant is based, provided an excellent opportunity to investigate the relationship between a targeted education program at the Midwest Health Campus and consequent changes in organisational culture and retention and attraction of staff. Findings of this investigation will shape the Work Life Balance education program to ensure it is an effective package that leads to behavioural change in the workplace.

4.0 Organisational overview

Company background

WA Country Health Service was formed in 2002 along with the South West Area Health Service (SWAHS). Prior to this the country health system consisted of 42 separate health services. These services acted as independent statutory authorities and were controlled by local Boards of management. In 2005 SWAHS was merged to become part of the WACHS. This provided a single, unified and strengthened country health system (Department of Health, 2007a).

WACHS Midwest covers 605,000 square kilometres, equal to over one fifth of the state in size. The total population is approximately 60,000 and over 90% of the population is based in Geraldton. Geraldton is the Regional Resource Centre for the Midwest region. The population of Geraldton alone has been estimated to grow to 80,000–100,000 by 2020 (City of Geraldton-Greenough, 2008). The region has 8 hospitals, 2 health centres and 9 nursing posts.

The staff demographics demonstrate a predominantly female workforce where 81.8% of employees in the Midwest are female, and 18.2% are males. The workforce is ageing with the largest cohort of employees currently aged 45–55 years old. More nurses are employed than any other work group (39.5%) followed by hotel services staff (26.6%) and administration and clerical staff (16.9%) (Matthews, 2008). According to the Department of Health (2007c) 2006 Retirement Intentions Survey Agency Report, 62% of current employees are planning to retire in the next 10–15 years. Current workforce issues include difficulties recruiting to specialist professions, difficulties with attraction and retention in remote areas, and issues specific to the provision of accommodation and social support.

Organisational culture

In September 2006 the WA Health 'Have Your Say' Employee Survey was conducted by Best Practice Australia. The survey provided employees with the opportunity to comment on working in WA Health. The results of the survey have been widely distributed to each area health service and strategies have been developed to address the issues specific to each health region. In 2009 the survey was repeated. With WA Health keen to become an 'Employer of Choice', a focus on initiatives that align closely with the concepts associated with 'Magnet Status' hospitals and learning organisations are being adopted. (Rowley, 2006)

Making WA Health a great place to work is a priority in their efforts to attract and retain staff. The Employee Survey provided a snapshot of the current status of views across the Health workforce and has been linked to other reform initiatives designed to deliver a Healthy Workforce and Healthy Leadership. The survey results addressed seven areas. These were; type of culture, employee engagement, employee satisfaction, balancing work and home, performance development, a healthy workplace and safe working environment. The results of the survey indicated a need for improvement strategies within WACHS in an effort to improve staff retention and turnover rates.

An area of concern to staff included difficulty in maintaining their work life balance. Therefore key improvements identified for WACHS included developing, promoting and implementing flexible and family friendly work practices as part of the Foundations for Country Health Services Plan 2007–2010 (Department of Health, 2007a), developing and implementing education programs and other cultural changes to facilitate reduction of workplace harassment and bullying.

Best Practice Australia identified five major clusters of organisation culture. They were blame, reaction, consolidation, ambition and success (2006). The culture identified in the Midwest was one of blame. Sixty percent of respondents disagreed that on balance, the organisation was a 'truly great place to work'. With regard to the statement, 'I often think of leaving this organisation' 45% agree and 47% agree that they find it 'difficult to maintain a balance between the demands of my working life and the demands of my personal life'. Lastly only 33% of employees surveyed agreed that 'the organisation actively accommodates the work life balance needs of employees (Best Practice Australia, 2006).

Strategic goals

In 2004, 'A Healthy Future for Western Australians: Report of the Health Reform Committee' (The Reid Report) provided a vision for the WA Health system. Implementation of the Reid Report reforms were documented in the WA Health Strategic Intent 2005–2010. This document identifies the purpose, vision and strategic directions specific to the whole public health system in WA. The WA Health purpose and vision respectively is to 'ensure healthier, longer and better lives for all Western Australians' and 'to provide and protect the health of Western Australians by providing a safe, high-quality, accountable and sustainable health care system'. The strategic directions are, 'Healthy Workforce, Healthy Hospitals, Healthy Partnerships, Healthy Communities, Health Resources and Healthy Leadership (Department of Health, 2005).

In terms of a Healthy Workforce, WACHS aims to build a skilled, stable and motivated workforce. They aim to achieve this "through a focus on workforce planning, attraction and retention, the development of innovative new workforce models, cultivating partnerships with other employers and providers and striving to be an employer of choice" (Department of Health, 2007a, p. 64).

The 'WA Health Strategic Framework 2006–2016' identifies the WA Health Workforce reform areas, one of which is 'Workplace Culture and Environments'. The strategy states, "Develop systems and conditions that promote equal opportunity in employment services delivery, including an appropriate work life balance of staff employed in the WA Health system, and a safe work environment." (Department of Health, 2006, p. 17)

Similarly the 'WA Health Operational Plan 2007–08', identifies Strategic Intention One as 'Healthy Workforce'. This initiative aligns closely with Work Life Balance and identifies two targets. The first is to implement "10 Essential Management Actions for Creating a Family Friendly Workplace" including WA Health Child Care Strategy, and the second states "Implement the WA Health Work Life Balance Plan". (Department of Health, 2007b, p 5)

Specific to WACHS, the 'Foundations Strategic Directions', objective 27 is identified as 'WACHS is an employer of choice'. The key reform action aligned to this objective is to develop, promote and implement flexible and family friendly work practices (2007a. p 66). The 'WACHS Operation Plan 2007–08'

further supports this objective to strengthen and modernise the Country Health System. This document also identifies the intent of WACHS becoming an employer of choice through, in part, the development of an information manual of work life balance options for WACHS management and staff, the implementation of the WA Health Work Life Balance Plan and the implementation of the 10 Essential Management Actions for Creating a Flexible and Family Friendly Workplace.

A soft system model for change was identified as the approach to explore to support the reform required in WA Health specific to retention and its broader agenda. Specifically Lewin's Three-phase Model of Change was explored as the vehicle to guide the roll out of the education program 'Creating Flexible Workplaces across WA Health' in the context of the whole of health change management process.

5.0 Theoretical framework

Kurt Lewin's three-phase Organisational Development model is concerned with permanent social change. Lewin believed that motivation and action were strongly related and that empowerment and ownership of actions lead to increased likelihood of behaviour being permanently adopted. Lewin's model is an example of action research and is a long range, dynamic, cyclic process of behavioural science investigation (Senior & Fleming, 2006).

Lewin's model involves three phases; unfreezing, moving and refreezing. In the first phase 'unfreezing' the organisation needs to become aware of a need to change and the following key action is to change existing mindsets. In this stage planning, identification of the problem and the gathering of data occurs (Senior & Fleming, 2006). This is evidenced in WACHS, by current workforce data provided including but not exclusive to; workforce projections, exit and entry rates and feedback from exit survey and retirement intention survey data.

The second stage of 'moving' is where change occurs. During this stage confusion and transition may take place as the organisation trials and tests new practices and behaviours. Old behaviour is altered or modified and a new learning process begins. Education and workshops may be conducted (Senior & Fleming, 2006). In WACHS the second phase has consisted of; the five-year journey to establish the Work Life Balance and Equity Unit including the development of key policies, renewing workplace industrial agreements and commencing initiatives and projects specific to retention.

The final stage of 'refreezing' is described as the most difficult and involves crystallizing the new mind set. The new practices and behaviours are evaluated and permanently adopted. Data is gathered to monitor the progress of these practices and behaviours. If further change is required then repetition of the three phases would occur (Senior & Fleming, 2006). The Work Life Balance education program for managers 'Creating Flexible Workplaces across WA Health' is part of the second and third phase of the organisational development model. Behavioural change is the key aim as per stage two and

evaluation and modification of the education program are part of the process of refreezing practices and modelling new ways of thinking.

6.0 Creating Flexible Workplaces across WA Health education program

The purpose of the WLB education program was to educate managers, supervisors, coordinators, emerging leaders and employees in the Midwest from all health disciplines and directorates, on the benefits of creating a workplace which encourages work life balance, and how to manage a more flexible workforce.

The learning outcomes of the program were to provide managers with resources, skills and support to implement work life balance initiatives across WA Health, leading to cultural change and improved retention and attraction of staff.

7.0 Research project

The aim of the project was to evaluate the effectiveness of the WLB education program, 'Creating Flexible Workplaces across WA Health'. This education program was designed to increase the knowledge, skills and confidence of managers in implementing flexible work practices and to build future management capacity.

The objectives were to measure managers;

- Level of awareness of flexible work options
- Perceptions of the suitability of current working arrangements
- Commitment to creating a workplace that values work life balance
- Willingness to try new initiatives that provide greater flexibility

The research will be used to inform any changes that need to be made to the program to best meet the needs of managers in rural WA. It also provided data regarding the barriers and enablers to the implementation and uptake of flexible work practices. This will provide direction to the work of the WLB consultant in addressing retention issues specific to Health.

8.0 Methodology

The education program was advertised widely across the Midwest Health Region by hard copy flyer and electronic email. It was also promoted on the WACHS Midwest Intranet Workforce Development Calendar web page.

Attendees at the education session were self nominated, with an interest in WLB, and had line management responsibility for approval of flexible work options. Employees who registered to attend the education program formed the test group. The control group included managers, coordinators, supervisors and heads of departments with line management responsibility for approval of WLB requests across the Midwest that did not nominate to attend the training. This cohort had 38 identified participants.

A tool to measure attendees' knowledge of flexible work options prior to attendance at the education program was developed. It identified flexible practices that may have already been in place within the work units. In addition attendees were invited to comment on their perceptions regarding the effectiveness of current working arrangements, their commitment to creating a workplace that values work life balance and their willingness to support the implementation of new work life balance strategies. Lastly, attendees were asked to identify barriers and enablers in their workplaces to the implementation of flexible work options.

All participants were provided with a letter outlining the intention of the project. Information in relation to confidentiality and participation instructions were discussed in this document (Appendix A). The test group were sent the questionnaire (Appendix B) on three separate occasions; the week prior to attending the education program; at the end of the day of the education program; and 6 weeks after the education program. The control group were sent the questionnaire once, the week prior to the education program being delivered.

The questionnaire was eight pages long, broken into two sections. Section one allowed the collection of employment and registration details. Section two asked ten questions specific to flexible work options.

9.0 Survey contents

Section one

Employment details

Understanding the current employee profile of managers attending the education program will assist in identifying the breath of representation across the Health service and any key directorates that were not represented.

Registration

Managers were asked to identify variables that influenced their decision to register to attend the education program. This question was included in order to determine the unique needs of the managers regarding the education program and flexible work practices.

Section two

A list of nineteen flexible work options was developed to be used consistently in section two of the questionnaire. This list included flexible work options that are documented in marketing and promotional materials, circulated by the Work Life Balance and Equity Unit, are supported by Department of Health policy or the registered Health Awards and Agreements.

Awareness of the range of flexible work options

A question was designed to gauge managers' level of awareness of the nineteen listed flexible work options. Respondents were asked to indicate either yes or no regarding awareness.

Level of knowledge of flexible work options

A question was designed to determine managers' level of knowledge of the nineteen listed flexible work options. Respondents were asked to indicate their level of knowledge these flexible work options on a five point Likert scale rated (1) low level to (5) high level.

Suitability of flexible work options

This question was designed to determine managers' perceptions regarding the suitability of the nineteen listed flexible work options. Respondents were asked to indicate on a five point Likert scale rated (1) low level to (5) high level, how suitable the flexible work options are to the current working arrangements of their units.

Willingness to implement flexible work options

An additional question focused on identifying managers' willingness to implement the nineteen listed flexible work options. Respondents were asked to indicate on a five point Likert scale rated (1) low level to (5) high level, how willing they are to support the implementation of the flexible work options in their units.

Future intention to implement flexible work options

The questionnaire was designed to be administered at three points over a six week period. A question was asked regarding respondents future intentions to implement flexible work options. The purpose was to gauge if attendance at the education program had any impact on the managers future intention to implement flexible work options. The question asked respondents how likely they are to implement any of the nineteen listed flexible work options in their work units over the next twelve months. Respondents were asked to indicate either yes, no or maybe.

Barriers to the implementation of flexible work practices

A question regarding barriers to the implementation of flexible work options was included in the questionnaire. A list of 16 barriers, as determined by the literature, was provided and respondents were asked to tick the barriers they thought were applicable to their work place. (De Cieri, Holmes, Abbott, & Pettit, 2002). An open ended question, stating 'other (please specify)' was included to provide respondents with the opportunity to contribute other information in regard to barriers to implementation of flexible work practices that were not identified in the questionnaire.

Enablers for the implementation of flexible work practices

A question regarding enablers to the implementation of flexible work options was included in the questionnaire. A list of ten enablers, as determined by the literature, was provided and respondents were asked to tick the enablers they believe were applicable to their work place. An open ended question, stating

'other (please specify)' was included to provide further depth and ensure respondents were able to include enablers that were not identified in the questionnaire.

Comments on flexible work practices as a retention strategy

An open ended question was included inviting respondents to discuss any other information in respect to retention and flexible work practices that is applicable to their work environments.

This qualitative data will provide additional depth to the quantitative data, and help inform future directions for the Creating Flexible Workplaces across WA Health education program.

10.0 Results

The three questionnaires that were administered to the test group were nominated pre, post and follow-up. The control group were nominated pre only as they were required to complete the questionnaire once only. This was completed at the same time as the test group in the week prior to the delivery of the education program.

Questionnaires were sent to the 20 managers who registered to attend the training. The response rate for the test group was pre 75% (15 responses), post 75% (15 responses) and follow-up 70% (14 responses).

A total of 38 managers, coordinators, supervisors and heads of departments with line management responsibility for approval of WLB requests were invited to participate in the questionnaire and form the control group. Respondents were given two weeks to complete the questionnaire. The response rate for the control group was 34.2% with 13 responses.

Section one

Employment details

There was comparatively equal representation at the training from all directorates excluding the Gascoyne District. Overall, Population Health and Corporate Services had the highest number of participants, with each directorate representing 23.1% of attendees. Within directorates, for those respondents who nominated a specific workplace unit, there was no duplication of any of the participants; with each unit having only one representative. Gender mix of attendees was good with female representation equaling 53.8% and males being 46.2%. All attendees were permanent employees, with 92.3% of them working 76 hours or greater per fortnight. The ages, in years, of attendees ranged from 26–60 with the majority of respondents aged 40–50.

Registration

The top two options that influenced managers' decisions to register to attend the education program were;

- Want to know more about the Work Life Balance policy (51.5%) and;
- I have staff wanting to access flexible work options (42.4%)

The main reason managers didn't register to attend the education program was:

- Heavy workload (27.3%).

The ability to back fill was not ranked by any respondents. Only 15.2% of managers identified trouble retaining staff as an influencing factor. The two lowest ranking influencing factors were budget restrictions (9.1%) and budget capacity (6.1%).

Section two

Awareness of the range of flexible work options

There was no significant difference between identified levels of awareness of the nineteen flexible work options for participants in the control and pre education program groups. There were however significant improvements in levels of awareness from pre to post and from pre to follow-up scores.

Level of knowledge of flexible work options

Results from the question regarding any change in the reported level of knowledge of flexible work options prior to, immediately after, or at six weeks post the education program are encouraging.

There were statistically significant improvements in knowledge from the pre to post group, and from the pre and follow-up responses. The mean knowledge score pre the education program was 1.7692. The mean at the six week follow up almost doubled to 3.3333. There was no significant difference between the control group and the pre group.

Table 1: The descriptive for mean knowledge response across all groups.

Group	Mean
Pre knowledge controls	1.7692
Pre knowledge participants	1.5385
Post knowledge participants	2.8000
Follow-up knowledge participants	3.3333

Suitability of flexible work options

The questionnaire asked respondents to nominate how suitable they believed the nineteen flexible work options are to the current working arrangements of their work unit. There was no reported difference in suitability between responses in the control group and the pre program group. In addition there were no significant differences in mean suitability score across time for the respondents. Furthermore when the nineteen individual flexible work options were examined there was no change in the response from respondents' pre and post the education program.

Willingness to implement flexible work options

Respondents were asked to indicate, across time, their willingness to implement flexible work options. There was no difference in the reported level of willingness to implement flexible work options in the test group pre, post or at follow-up points in the survey.

There was also no reported difference in managers' willingness to implement flexible work options between the test group and the control group. In addition when the nineteen individual flexible work options were examined there was no change in the response from respondents' pre and post the education program.

Future intention to implement flexible work options

Control respondents were significantly less likely to say they intend to use the flexible work options than respondents in the pre group. There were reported increases in the future intention to implement flexible work hours, phased retirement and retrogress from a managerial role to another role. There was no reported change in future intentions to implement flexible annual and long service leave. However, over half of the respondents reported they intend to reduce overall workloads.

However, the overall differences between pre, post and follow-up group responses are not statistically significant. Furthermore, when the nineteen flexible work options were compared individually there were no statistically significant differences in the responses from respondents' pre and post the education program.

Table 2: Mean response to the intention items across all groups.

Group	Mean
Pre intention controls	0.9963
Pre intention respondents	1.5308
Post intention respondents	1.3876
Follow-up intention respondents	1.3788

Barriers to the implementation of flexible work practices

Analysis of the pre, post and follow-up groups' responses consistently identified the same top three barriers to the implementation of flexible work practices. These barriers were; staffing limitations, job requirements and concerns regarding equity and access for all employees.

Staffing limitations was identified as the top barrier by 82% of respondents in the pre program group, 67% in the post group and 57% in the follow-up group.

Table 3: Top three barriers to implementation of flexible work practices and response rates in percentages.

	Pre Program	Post Program	Follow up
Staffing limitations	82%	67%	57%
Job requirements	64%	60%	50%
Concerns regarding equity and access for all employees	50%	47%	50%

Enablers for the implementation of flexible work practices

Two out of the ten listed enablers were identified, by all three groups, as being in the top three. These were support from direct line managers and adequate understanding of the options. Pre and follow-up groups nominated, support from direct line managers, as the highest enabler. In the pre group 75% of respondents ranked this option and 50% in the follow-up group making this the highest ranked option in two out the three groups. Again both the pre and follow-up group ranked adequate understanding of the options as the second most identified enabler. In the post groups this enabler was the most frequently identified by 60% of respondents. Adequate understanding of the process was in the top three enablers nominated by both the post and follow up groups with frequencies of 53% and 46% respectively.

Table 4: Top three enablers to implementation of flexible work practices and response rates in percentages.

	Pre Program	Post Program	Follow up
Support from direct line manager	75%	53%	50%
Adequate understanding of the options	64%	60%	50%
Adequate understanding of the process		53%	46%
Support for change	61%		
Ability to meet the individual needs of employees			46%

Comments on flexible work practices as a retention strategy

Participants in all groups provided comments specific to flexible work options as a retention strategy. There were some recurring themes in terms of capacity to implement from a workload perspective as well as a staffing perspective/FTE limitations, and budget restrictions.

In the pre group, feedback was provided specific to implementation difficulties in smaller rural sites compared to Regional Resource Centres and Metropolitan Hospitals. Unfilled vacancies and budget restrictions were reported to have an impact on sites capacity to support flexible work options.

A perceived lack of equity across employees working shift work versus office hours and from entry level employees through to senior staff and executives was also reported. The requirement for further education was noted.

Post group feedback indicated an increase in activity that was not matched by any increase in FTE and therefore service delivery capacity. This was also evident in the follow-up group where it was noted that in providing part time work and other flexible work options the overall workforce was reduced. This impacted on employees' workloads and subsequent capacity to provide further support for flexible work option request. Comments from the follow-up group cited budget constraints as impacting negatively on their capacity to provide flexible work options to employees.

Positive comments were made by the control group in regard to support for flexible work practices stating they were "very effective in assisting staff manage stressful work and minimise burn out." Limitations included lack of workforce capacity and increasing work loads. Difficulty managing the 24/7 service delivery requirements and supporting requests was also raised compared to the 9–5 work environment. The requirement for further education was also noted.

Current uptake of flexible work options

Respondents identified an increase in the uptake of just under half of the nineteen listed flexible work options. The most significant increase was cashing out leave entitlements. The uptake of this option almost doubled over the six week period between surveys. Other options that showed an increase in uptake included, purchased leave and reconfiguration of part-time hours.

Survey findings demonstrate that the uptake of flexible work options is extensive across all disciplines with the follow up group reporting a 10% increase in the uptake of flexible work options. Respondents reported that twelve of the nineteen flexible work options were newly implemented in the six weeks since attending the education program. A specific respondent comment included, "I manage an all female work team and have always had strong commitment to flexible work practices – I think every member of my team access these at some level".(Creating Flexible Workplaces across WA Health education program evaluation extract)

11.0 Discussion

Questionnaire results have provided a number of key points for discussion, and areas for further exploration. One of most significant findings was the reported increase in implementation across 63% of the flexible work options. The need to explore issues with regard to implementing flexible work practices in the 24/7 environment unique to smaller rural sites was also apparent.

There was relatively equal participation in the survey by respondents across all directorates in the Midwest Health Region. The sample, while representative of the various work environments and disciplines across Health, was however small, making the general transferability and reliability of

results across the Department of Health limited. Initial registration rates were low. This may have been due to the managers not being aware of the importance of the information provided in the education, to them, and the initiatives relevance to retention issues they may be experiencing. The majority of respondents were middle managers. This may be in part due to the length of the training program i.e. 6 hours.

In order to facilitate behavioural change the education and training of senior and middle managers has shown to be beneficial. In addition successful change management processes require top down support. Comments provided by respondents indicated that there is a perception that WLB initiatives are not suitable for senior managers with significant workloads.

“Whilst this is strongly encouraged I don’t feel the same support is given to senior staff/managers in regards to reducing the excessive hours they work and encouraging and enabling them to take TOIL etc. Indeed no record of extra hours worked is even recorded”.

(Creating Flexible Workplaces across WA Health education program evaluation extract)

There was an increase in the current uptake of flexible work options across all survey time points. The most significant increases were in regard to cashing out leave entitlements, purchased leave and reconfiguring part-time hours. Future intentions to implement flexible work practices specific to flexible work hours was also reported. This is similar to results reported in the Alma Street Centre Work Life Balance Pilot, where respondents reported future intentions to utilise flexible work hours/days, and increase purchased leave.

It is interesting that the ability to meet individual needs of employees was identified as one of the top enablers in the follow-up group, when consistently, all three groups identified concerns regarding equity and access for all employees as a barrier to the implementation of flexible work practices. This is supported anecdotally where there is reported conflict between managers wanting to provide staff with flexible work practices, but not having the capacity to support requests from a financial/workforce perspective. Furthermore there is also a misconception amongst managers and staff with respect to equity, fairness and transparency in the approval process. The common belief is that what you do for one you must do for all. An understanding of equity being different things for different people is not widely understood.

The top rated barrier to implementing flexible work practices was staffing limitations. Similarly, the Alma Street Centre Work Life Balance Pilot also identified that staff shortages made it more difficult to access flexible work practices. The second ranked barrier being ‘job requirements’ supports the feedback that there are inherent difficulties implementing and supporting flexible work practices in all work environments. The uniqueness of the 24/7 nursing environment and the associated difficulties in implementing flexible work practices was a recurring comment.

The top reason cited for not registering to attend the education program was heavy workload. This was congruent with feedback provided by all participant groups in relation to flexible work options as a retention strategy. Respondents, in the open ended questions, repeatedly raised workload issues with regard to a lack of workforce capacity, and increasing workloads. Specific respondents' comments included, "Currently have vacancies that management have not supported in filling trying to save funding. This has overloaded staff in department, options for WLB flexibility may not work due to limited staffing that would be available for the department"

Another comment states, "Natural forces are working against work life balance. Activity continues to grow, at a faster pace than FTE levels grow".

With one respondent sharing the following "Within the budget constraints many of flexible work practices have now put a huge amount of pressure and stress on staff to maintain appropriate service delivery. The awareness of all these options has created a back log of requests at a time when staffing is an issue". (Creating Flexible Workplaces across WA Health education program evaluation extract)

It is interesting to note however that ability to back fill was not ranked by any respondent, across the four groups, as being an option that influenced their decision to register/not register to attend the education program. Budget restrictions and budget capacity were also the two lowest ranking influencing factors. Feedback from both the control and pre groups also indicated that further education programs were wanted.

The top two options that influenced managers' decisions to register to attend included; wanting to know more about the Work Life Balance policy, and having staff that wanted to access flexible work options. It is therefore encouraging that there were statistically significant improvements in both the levels of awareness and levels of knowledge from the pre to post group and pre to follow-up group respondents.

One objective of this project was to measure managers' level of awareness of flexible work options. There were statistically significant improvements in participants' levels of awareness from the beginning to the end of the project. Reported perceptions of the suitability of current working arrangements, provided valuable information for the Work Life Balance Consultant in regard to;

- Identifying the flexible work options that managers that are wanting to implement
- Identifying where to provide support to assist managers develop skills, and competence with the change management process associated with implementing flexible work practices.

The other objective of the project was to change behaviour. In terms of this there was an increase in the number of implemented flexible work options at the six week post education program mark, which was very encouraging.

Creating a workplace that values work life balance requires commitment from the managers. Gauging managers' willingness to try new initiatives and introduce flexible work options has informed, to some degree, the direction to the work plan of the WLB consultant.

12.0 Recommendations

Evaluation of the Creating Flexible Workplaces across WA Health education program provided an excellent opportunity to investigate the relationship between a targeted education program, at the Midwest Health Campus, and consequent changes in managers practices with regard to flexible work options.

The findings of this investigation, as discussed, will shape future development of the WLB education program to ensure it is an effective package that leads to behavioural change in the workplace. The evaluation of the education program project to date has provided an opportunity to view the current retention issues across of the whole of the Department of Health. It is from the examination of these issues that the following recommendations have been made.

1. The current education program 'Creating Flexible Workplaces across WA Health' should continue to be delivered across WACHS in 2009/10. The development and delivery of flexible education modules is necessary to raise awareness of the Work Life Balance policy and assist managers and employees deal with requests. The program should be modified to include a session that provides operational instructions regarding the decision making process. The use of specific case studies could be included to assist managers to developed skills and knowledge specific to working through the conflict that exists when managers want to provide staff with flexible work practices, but do not perceive that they have the capacity to support the requests from an equity/financial/workforce perspective.
2. The 24/7 work environment in Health brings with it its own unique set of difficulties in terms of implementing flexible work practices. Further exploration of these issues with a view to gaining a deeper understanding of how the Work Life Balance and Equity Unit can support managers and employees increase the uptake of options in these work areas should be a priority.
3. The WLB+E Unit needs to develop and implement strategies to address inequalities in access to flexible work practices across all levels of employment. In addition the development of a set of (need a title here) guidelines would assist managers with the decision making process regarding flexible work practice requests. This process must address specific concerns regarding equity, access and transparency.
4. Marketing and promotion of the education programs needs to be modified to ensure there is a focus on retention. This may go some way to ensuring managers are aware of the importance of the education to them and the relevance of the initiatives being presented to retention issues they may be experiencing.

13.0 Conclusion

Country Health is a vital link in the provision of Health Care to people in Western Australian. Like many other organisations in Australia the Department of Health will face a significant crisis in maintaining its workforce over the next decade and beyond. Factors contributing to this are the shrinking workforce, local and global competition for labour the ageing population and the ageing workforce and the declining health and wellbeing of the WA population.

Retention of the current workforce and initiatives that support the current workforce to stay engaged in employment beyond current retirement age are critical to addressing these workforce issues. Therefore, specifically developing, implementing and evaluating work life balance initiatives across WA Health that provide valuable data to ensure the focus for rural health is relevant and appropriate is essential.

This project forms one small piece of a very big retention puzzle..The issue of retention is a mission critical imperative facing WA Health as a whole and has far reaching implications. The full scope of retention issues include workforce reform, workforce supply and demand, leadership, change management, retention, and education and training. According to the literature managing this full scope of issues is described as organisational development. From a theoretical perspective the WACHS WLB Consultant has read the literature on Lewin's Three Phase Model and has used the concept to help understand change management as it relates to organisational development. Ultimately projects in isolation have little impact instigating behavioural change. The organisational culture, leadership and management, and overarching workforce strategic planning need to be implemented in collaboration with smaller focussed projects and simultaneously with other change management projects.

Project evaluation results are encouraging in terms of the stated aim and objectives. Managers did demonstrate an increase in awareness and knowledge of specific flexible work options. The results provided information specific to the suitability of the flexible work options available to managers in their current work environments, which has helped to inform the ongoing work plan of the WLB Consultant. Furthermore this information will support changes that are made to the education program in order to best meet the needs of WA rural Health managers. There was a demonstrated commitment to creating work places that value work life balance as evidenced by a 63% increase in implementation of the flexible work practices six weeks after delivery of the education program. These results have provided valuable direction to the work of the WLB Consultant in supporting managers and further addressing retention issues specific to country health.

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15.0 Appendix 1

Marie Norris
WACHS Work Life Balance Consultant
PO Box 22
GEARLDTON WA 6531

Name
Position
PO Box 22
Geraldton WA 6531

23rd September 2008

Dear Name,

Re: **PARTICIPATION IN A SURVEY TO EVALUATE THE WORK LIFE BALANCE
EDUCATION PROGRAM – TEST GROUP**

I am seeking your participation in a voluntary survey to assist in the shaping of the Work Life Balance Education program to ensure it is an effective package that leads to behavioural change in the workplace.

The Work Life Balance + Equity unit are responsible for offering training and development programs for managers on the benefits of creating a workplace which encourages work life balance, and how to manage a more flexible workforce.

You have recently registered to attend the education program titled, '*Creating Flexible Workplaces across WA Health*' in Geraldton on the 8th October 2008. This education program provided an excellent opportunity to investigate the relationship between a targeted education program at the Midwest Health Campus and consequent changes in organisational culture and retention and attraction of staff.

Your contribution is vital as it will provide data regarding the barriers and enablers to the implementation and uptake of flexible work practices. This will provide direction to the work of the WLB consultant in addressing retention issues specific to health. Increasing the numbers of our shrinking workforce is mission critical in a current climate of skills shortages and competitive labor markets.

Confidentiality

All information that you provide is strictly confidential and will only be seen by the Work Life Balance + Equity Unit (WLB+E). The data will aggregate so individual details will not be disclosed when reported.

Responses are anonymous and will not be used to identify participants. The data will be stored securely in a locked cupboard until it is destroyed in accordance with records management requirements.

Instructions

The questionnaire will be administered in three stages

- Pre the education program (immediately prior to attendance of the education program)
- Post the education program (immediately after attendance of the education program)
- Post-post the education program (6 weeks after attendance of the education program)
- The survey will take 10 to 15 minutes to complete on each occasion.
- **No question is compulsory** however to make the evaluation a success, we encourage you to answer as many questions as you can.

Please take your time in providing responses to this questionnaire as accuracy increases relevance.

Return your survey **completed or uncompleted** in the envelope provided to Marie Norris, Work Life Balance Consultant, first floor in the Community Health Centre, Geraldton Health Campus. It would be appreciated if you could forward your survey by the COB **Friday 3 October 2008**. You will be provided with an additional copy of this survey at the end of the day on the 8th October, and 6 weeks later at the end of November 2008.

This survey is being conducted as a Mini-fellowship with the Combined Universities Centre for Rural Health under the supervision of Kerrie Doyle, Senior Lecturer. Comments or questions may be forwarded to Kerrie by email at kerried@cucrhuwa.edu.au or by phone on 9956 0200. The WACHS CEO Kim Snowball and WACHS Leadership group have also been briefed regarding this project.

Many thanks,

Marie Norris

WACHS WORK LIFE BALANCE CONSULTANT

Marie.norris@health.wa.gov.au

Ph: 9956 1977

Marie Norris
WACHS Work Life Balance Consultant
PO Box 22
GEARLDTON WA 6531

Name
Geraldton Hospital
PO Box 22
Geraldton WA 6531

23rd September 2008

Dear Name,

Re: **PARTICIPATION IN A SURVEY TO EVALUATE THE WORK LIFE BALANCE
EDUCATION PROGRAM – CONTROL GROUP**

I am seeking your participation in a voluntary survey to assist in the shaping of the Work Life Balance Education program to ensure it is an effective package that leads to behavioural change in the workplace.

The Work Life Balance + Equity unit are responsible for offering training and development programs for managers on the benefits of creating a workplace which encourages work life balance, and how to manage a more flexible workforce.

The education program titled, '*Creating Flexible Workplaces across WA Health*' has been provided in Geraldton on the 8th October 2008. This education program provided an excellent opportunity to investigate the relationship between a targeted education program at the Midwest Health Campus and consequent changes in organisational culture and retention and attraction of staff.

In addition I am seeking input from managers that were unable to attend the education program. Your contribution is vital as it will provide data regarding the barriers and enablers to the implementation and uptake of flexible work practices. This will provide direction to the work of the WLB consultant in addressing retention issues specific to health. Increasing the numbers of our shrinking workforce is mission critical in a current climate of skills shortages and competitive labor markets.

Confidentiality

All information that you provide is strictly confidential and will only be seen by the Work Life Balance + Equity Unit (WLB+E). The data will aggregate so individual details will not be disclosed when reported.

Responses are anonymous and will not be used to identify participants. The data will be stored securely in a locked cupboard until it is destroyed in accordance with records management requirements.

Instructions

- The survey will take 10 to 15 minutes to complete.
- **No question is compulsory** however to make the evaluation a success, we encourage you to answer as many questions as you can.

Please take your time in providing responses to this questionnaire as accuracy increases relevance.

Return your survey **completed or uncompleted** in the envelope provided to Marie Norris, Work Life Balance Consultant, first floor in the Community Health Centre, Geraldton Health Campus. It would be appreciated if you could forward your survey by the COB **Friday 24 October 2008**.

This survey is being conducted as a Mini-fellowship with the Combined Universities Centre for Rural Health under the supervision of Kerrie Doyle, Senior Lecturer. Comments or questions may be forwarded to Kerrie by email at kerried@cucr.h.uwa.edu.au or by phone on 9956 0200. The WACHS CEO Kim Snowball and WACHS Leadership group have also been briefed regarding this project.

Many thanks,

Marie Norris

WACHS WORK LIFE BALANCE CONSULTANT

Marie.norris@health.wa.gov.au

Ph: 9956 1977

16.0 Appendix 2

'Creating Flexible Workplaces across WA Health' Education Program Evaluation

The provision of this education program in Geraldton provides an excellent opportunity to investigate the relationship between a targeted education program at the Midwest Health Campus and consequent changes in organisational culture and retention and attraction of staff.

The attraction and retention of staff is crucial to ensuring a sustainable workforce to deliver WA Health services. Part of our commitment to retaining our valued staff is providing policies and work practices that support and encourage employees to stay working in Health.

By completing this voluntary survey you can assist us to shape the Work Life Balance education program to ensure it is an effective package that leads to behavioural change in the workplace.

Confidentiality

All information that you provide is strictly confidential and will only be seen by the Work Life Balance + Equity Unit (WLB+E). The data will aggregate so individual details will not be disclosed when reported.

Responses are anonymous and will not be used to identify participants. The data will be stored securely in a locked cupboard until it is destroyed in accordance with records management requirements.

Instructions

- The questionnaire will be administered in three stages
 - Pre the education program (immediately prior to attendance of the education program)
 - Post the education program (immediately after attendance of the education program)
 - Post-post the education program (6 weeks after attendance of the education program)
- The survey will take 10 to 15 minutes to complete on each occasion.
- **No question is compulsory** however to make the evaluation a success, we encourage you to answer as many questions as you can.

Section One

Please complete the matrix below by writing your answer in the corresponding box or circling the response that is relevant to you.

Employment details:	
Directorate	Aged Care Central West Mental Health Corporate Services Gascoyne District Geraldton Hospital Midwest & Murchison District Population Health
Work unit	
Employment type	Permanent / temporary / casual
Hours worked per fortnight	
Age (years)	
How long have you worked in this unit? (years)	
How long have you worked at Health? (years)	
Gender	Male / Female

Place a tick in as many of the boxes opposite the options that you believe influenced your decision to either **register/not register** (please circle relevant option) to attend this education program?

Heavy workload	
Booked leave	
Budget restrictions	
Budget capacity	
Inability to back fill/find relief	
Ability to back fill/find relief	
The requirement to travel to the RRC to attend	
Want to know more about the WLB policy	
I need to balance my work life commitments	
I have staff wanting to access flexible work practices	
I have trouble retaining staff	
Other (please specify):	

Section Two

The following questions are designed to gauge your level of awareness of the range of flexible work options listed, and determine your level of knowledge regarding the details of the option.

1. In the first section please indicate either yes or no regarding your awareness by placing an X in the relevant box.
2. In the second section indicate your level of knowledge from (1) low level to (5) high level by circling the number that best represents your knowledge of the option described

Your Work Environment	Section 1		Section 2				
	Aware of the option		Level of knowledge				
	Yes	No	Low				High
Flexible work hours (flexible start and finish times)			1	2	3	4	5
Reduce the number of hours worked each day			1	2	3	4	5
Reduce the number of days worked each fortnight			1	2	3	4	5
Reconfiguration of part-time hours			1	2	3	4	5
Change in rostered shifts			1	2	3	4	5
Reduced overall workload			1	2	3	4	5
Rostered and Accrued Days Off or Time off in Lieu (TOIL)			1	2	3	4	5
Compressed Working Week (more hours over fewer days)			1	2	3	4	5
Flexible Employment (Part time/Job Share/Casual)			1	2	3	4	5
Telecommuting (Working from home)			1	2	3	4	5
Flexible annual and long service leave			1	2	3	4	5
Short/emergency leave			1	2	3	4	5
Carers of family leave			1	2	3	4	5
Parental Leave (paid and unpaid)			1	2	3	4	5
Purchased leave			1	2	3	4	5
Deferred Salary Scheme (4/5 option)			1	2	3	4	5
Cashing out leave entitlements			1	2	3	4	5
Phased retirement			1	2	3	4	5
Step down from managerial or supervisory role to another role			1	2	3	4	5
Other(please specify):			1	2	3	4	5

3. Please nominate by placing an X in the box, those flexible practices which have been implemented in this work unit in the past two years?

4. For each item, please indicate the number of staff accessing that option.

Your Work Environment	Implemented		Number of Staff
	Yes	No	
Flexible work hours (flexible start and finish times)			
Reduce the number of hours worked each day			
Reduce the number of days worked each fortnight			
Reconfiguration of part-time hours			
Change in rostered shifts			
Reduced overall workload			
Rostered and Accrued Days Off or Time off in Lieu (TOIL)			
Compressed Working Week (more hours over fewer days)			
Flexible Employment (Part time/Job Share,/Casual)			
Telecommuting (Working from home)			
Flexible annual and long service leave			
Short/emergency leave			
Carers of family leave			
Parental Leave (paid and unpaid)			
Purchased leave			
Deferred Salary Scheme (4/5 option)			
Cashing out leave entitlements			
Phased retirement			
Step down from managerial or supervisory role to another role			
Other (please specify):			

- With regard to the following list of flexible work options on a scale of 1 to 5,
5. How suitable do you believe these options are to the current working arrangements in your unit?
 6. How willing are you to support their implementation in your work unit?

Your Work Environment	Suitability					Willingness to implement				
	Low	High				Low	High			
Flexible work hours (flexible start and finish times)	1	2	3	4	5	1	2	3	4	5
Reduce the number of hours worked each day	1	2	3	4	5	1	2	3	4	5
Reduce the number of days worked each fortnight	1	2	3	4	5	1	2	3	4	5
Reconfiguration of part-time hours	1	2	3	4	5	1	2	3	4	5
Change in rostered shifts	1	2	3	4	5	1	2	3	4	5
Reduced overall workload	1	2	3	4	5	1	2	3	4	5
Rostered and Accrued Days Off or Time off in Lieu (TOIL)	1	2	3	4	5	1	2	3	4	5
Compressed Working Week (more hours over fewer days)	1	2	3	4	5	1	2	3	4	5
Flexible Employment (Part time/Job Share/Casual)	1	2	3	4	5	1	2	3	4	5
Telecommuting (Working from home)	1	2	3	4	5	1	2	3	4	5
Flexible annual and long service leave	1	2	3	4	5	1	2	3	4	5
Short/emergency leave	1	2	3	4	5	1	2	3	4	5
Carers of family leave	1	2	3	4	5	1	2	3	4	5
Parental Leave (paid and unpaid)	1	2	3	4	5	1	2	3	4	5
Purchased leave	1	2	3	4	5	1	2	3	4	5
Deferred Salary Scheme (4/5 option)	1	2	3	4	5	1	2	3	4	5
Cashing out leave entitlements	1	2	3	4	5	1	2	3	4	5
Phased retirement	1	2	3	4	5	1	2	3	4	5
Step down from managerial or supervisory role to another role	1	2	3	4	5	1	2	3	4	5
Other (please specify):	1	2	3	4	5	1	2	3	4	5

7. How likely are you to implement the following flexible work options in your unit over the next 12 months?

Your Work Environment	Future intention to implement		
	Yes	No	Maybe
Flexible work hours (flexible start and finish times)			
Reduce the number of hours worked each day			
Reduce the number of days worked each fortnight			
Reconfiguration of part-time hours			
Change in rostered shifts			
Reduced overall workload			
Rostered and Accrued Days Off or Time off in Lieu (TOIL)			
Compressed Working Week (more hours over fewer days)			
Flexible Employment (Part time/Job Share,/Casual)			
Telecommuting (Working from home)			
Flexible annual and long service leave			
Short/emergency leave			
Carers of family leave			
Parental Leave (paid and unpaid)			
Purchased leave			
Deferred Salary Scheme (4/5 option)			
Cashing out leave entitlements			
Phased retirement			
Step down from managerial or supervisory role to another role			
Other (please specify):			

8. Place a tick in as many of the boxes opposite the options that you believe are **barriers** to the implementation of flexible work options in your work place?

Resistance and lack of direct line management support	<input type="checkbox"/>
Superficial belief in the merits and support from the organisation	<input type="checkbox"/>
Lack of role modelling of work life balance from management and within the organisation	<input type="checkbox"/>
Resistance to change	<input type="checkbox"/>
Financial limitations	<input type="checkbox"/>
Staffing limitations	<input type="checkbox"/>
Job requirements	<input type="checkbox"/>
Lack of personal commitment and loyalty	<input type="checkbox"/>
Concerns regarding equity and access for all employees	<input type="checkbox"/>
Bullying by employees making requests for flexible work practices	<input type="checkbox"/>
Being made to feel guilty by employees submitting requests	<input type="checkbox"/>
Lack of understanding and education of the options	<input type="checkbox"/>
Lack of knowledge regarding the process	<input type="checkbox"/>
Time constraints	<input type="checkbox"/>
Ineffective IT systems	<input type="checkbox"/>
Lack of Human Resource Support	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

9. Place a tick in as many of the boxes opposite the options that you believe are **enablers** to the implementation of flexible work options in your work place?

Support from direct line manager	<input type="checkbox"/>
Strong belief in the merits and support from the organisation	<input type="checkbox"/>
Strong personal commitment and loyalty	<input type="checkbox"/>
Role modelling of work life balance from management and within the organisation	<input type="checkbox"/>
Support for change	<input type="checkbox"/>
Adequate staffing	<input type="checkbox"/>
Adequate funding	<input type="checkbox"/>
Ability to meet the individual needs of employees	<input type="checkbox"/>
Adequate understanding of the options	<input type="checkbox"/>
Adequate understanding of the process	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

10. Is there anything else you would like add with regard to retention and flexible work practices in your work environment?

- Thank you for completing this survey -



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