**people
strengths**

Radiation Oncology Department

Workplace Culture Report

Central Coast Local Health District
Cancer Services Directorate

Prepared June 2022

14 June 2022

Mr Matthew Sproats
Operations Director
Central Coast Local Health District
Cancer Services Directorate
Gosford Hospital

Dear Mr ~~Sproats~~ *Matthew,*

Thank you for the opportunity to conduct a workplace culture review of the Radiation Oncology Department. The report, its conclusions and its recommendations, is attached.

Should you require us to meet with you to discuss the review and its outcomes we would be more than happy to do so.

If **People Strengths** can assist you further with your people portfolio, please do not hesitate to contact me directly on mobile ▮▮▮▮▮▮ or email to ▮▮▮▮▮▮▮▮▮▮
Yours sincerely

Gerard Rooney
Director, People Strengths

'Strong leadership sets the tone for the company and provides a model for all employees. Employees look to the leaders of the company for guidance on how to communicate, how to do their jobs, how to interact with each other, and to determine if their jobs are important to the company. Leaders who have a strong focus on the mission, vision and values of the company, have effective communication skills, know how to invest in and build their teams, can plan and manage strategically, and who are focused on remaining ethical in the most difficult times, are the leaders who thrive.'

How Leadership Can Determine the Success or Failure of Your Company
October 5, 2017

The Formula for Dynamic Leadership & How Leadership Can Determine the Success or Failure of Your Company

by Dr. Natalie Parks

Executive Summary

An external review at the Central Coast Local Health District's (CCLHD's) Cancer Services Directorate (CSD), Radiation Oncology Department (ROD) was undertaken by Mr Gerard Rooney, 'People Strengths' consultancy, focusing on the organisational structures, leadership, and communication methodologies at the ROD, in relation to the impact of this in achieving an optimal workplace culture.

As per the review's Terms of Reference, an assessment of relevant data generally associated with determining workplace culture was to be undertaken. This included researching aspects such as information on any industrial matters, eg complaints and outcomes of complaints where there were culture-based allegations against the ROD, annual Employee Assistance Program (EAP) data for the last two calendar years in relation to workplace culture issues at ROD, exit-interview data for ROD, covering the last two calendar years, etc. Not all data was provided, however; therefore the review largely focused upon a comparison of the People Matters Employee Survey (PMES) 2021 and 2019 results for the CSD/ROD.

Extensive and in-depth consultation was also undertaken with seventy-one staff associated with the ROD. This included conducting individual interviews with more than twenty participants and leading five Focus Groups (FGs) with various members of staff. A workplace culture-themed survey was additionally sent to all who participated in the consultations. Results of the interviews, FGs and survey were collated, and findings reported upon in this review.

While the review uncovered several positive workplace experiences, there were serious concerns raised, particularly in relation to leadership and the workplace culture within the ROD. One concern, arising from results of the ROD survey, was the majority of staff who could not say their workplace was free from bullying and harassment.

In their face-to-face interviews, many participants, including managers, mentioned how unhappy they had been at times during their employment at the ROD, and a good number admitted they had considered leaving to look for work elsewhere. At times during these

interviews, the Reviewer referred these staff to the Employee Assistance Program (EAP), as he held some concerns regarding the health of participants. This was due to their separate, yet similar, interactions with one of the Radiation Oncologists. Their recall of these incidents in discussion with the Reviewer brought forward unpleasant, unhappy, and disturbing memories of their interactions with that Radiation Oncologist, and how they felt for some time afterwards. Additionally, a consistent 'theme' of inefficient and unfair management practises was found throughout the review, from staff, managers and medical clinicians.

Based on the findings of the review and the Terms of Reference provided to the Reviewer, the report proposes a number of recommendations focusing on developing improved leadership efficiencies and towards delivering a sense of wellbeing within the staff at the ROD.

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1. Purpose

People Strengths was commissioned by the Cancer Services Executive of the Cancer Services Directorate (CSD), Central Coast Local Health District (CCLHD) to review the workplace culture of the Directorate's Radiation Oncology Department (ROD), for the purpose of identifying any issues or roadblocks related to systems or personnel that may affect achieving an optimal workplace culture.

2. Background

The CCLHD CSD consists of Medical Oncology, Haematology, Radiation Oncology, Radiation therapy treatment centre, a Cancer day unit and a ward, K8. The individual services provide comprehensive care to patients and their carers dealing with a cancer diagnosis, and are serviced by a multidisciplinary team of medical, nursing and allied health disciplines. The ROD department, consists predominantly of the Radiation Oncologists, Radiation Therapists, Medical Physicist and nursing staff. This core staffing makes up approximately 30% of the total staff within the Cancer Service Directorate. Other support staff such as administration, allied health, cancer nurse coordinators provide support to the radiation oncology department, within this department.

Recently, concerns had been raised regarding the workplace culture of the ROD, partly due to the somewhat negative feedback from CSD staff who participated in the '2021 People Matters Engagement Survey' (PMES)[1]. Further to this, the CCLHD had received feedback on medical workplace culture from the Royal Australian and New Zealand College of Radiologists (RANZCR) in 2019. This, coupled with the relative newness of the CSD, an observed culture of disharmony amongst ROD staff, and an increase in employee-initiated separations of highly valued and experienced staff, had led CSD management to the decision to consult with ROD staff on their view of their workplace culture.

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[1] The annual survey, conducted by the Public Service Commission (PSC) asks sector employees about their experiences with their work, workgroup, managers, and organisation.

The ROD is an integral component of the CSD, where any discord has potential to adversely affect all aspects of the Directorate. This may include patient throughput, patient safety and satisfaction, carer satisfaction, ROD staff satisfaction, recruitment and retention of staff, communication between ROD units, and may also impact negatively on other CSD operational areas, and potentially the reputation of the CSD and the LHD.

3. Terms of Reference

The Terms of Reference (TOR) for the review were provided by CCLHD and can be found in *Attachment 1*.

4. Policy Considerations

A review of the relevant NSW Health policies, including but not limited to:

- NSW Health Code of Conduct and CORE Values

- Managing Misconduct

- Prevention and Management of Workplace Bullying in NSW Health

- Recruitment and Selection of Staff to the NSW Health Service

- Caring for the Coast Strategy 2019 - 2024

5. Methodology for the Review

The methodology utilised in addressing the purpose and TOR of the review, included:

1. a desktop review of documents provided or sourced by CSD, which were used in the course of the review. These included:
    i. both full and summarised versions of the People Matter surveys from 2020 to 2021 inclusive,
    ii. actions or proposed actions by CSD to address issues raised in the 2021 PMES,
    iii. staff exit surveys for the past 2 years,
    iv. a summary of complaints and recorded incidents for the past 2 years,
    v. records of staff sick leave for the ROD for the past 2 financial years,

vi. relevant NSW Health and CCLHD policies, procedures, or business rules that govern the ROD workforce,

vii. information on any industrial matters, eg complaints and outcomes of complaints where there were culture-based allegations against the ROD,

viii. annual EAP data for the last 2 calendar years in relation to workplace culture issues at the ROD,

ix. organisational structures of the ROD/CSD, and

x. other relevant CSD/ROD organisational documentation as required e.g. Business Plans, Strategic Plans etc.

2. the consultation, arranged by Mr Sproats and the CCLHD Director of Training, Dr Louise Nardone, this included:

i. recorded <u>individual interviews</u> with 21 ROD staff, who commented on the current and previous workplace culture. The staff interviewed included:

- Radiation Oncologists (4 VMO and 4 Staff Specialists)
- Registrars
- Radiation Therapists
- Medical Physicists
- Administration
- Nursing staff (including NUMS, Nurse Coordinators and CNC)

ii. conducting 5 Focus Groups with mixed groupings of the aforementioned staff, which focused on how participants viewed their organisations' administration of the NSW Health CORE Values and the CCLHD's 'Caring for the Coast' [2]values.

iii. dissemination of a 24-statement de-identified survey to all ROD staff who had participated in the aforementioned consultations.

3. an analysis of the consultations and all documentation provided.

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[2] Caring for the Coast incorporates the vision and purpose of the CCLHD, and 'encompasses delivering exceptional care and caring for our patients, community and staff'

6. Consultation Outcomes

As per the review's TOR, the interviews, FGs and surveys were held to elicit participants' views on:

- their perceptions of what had instigated this review,
- the prevailing culture of the ROD,
- issues impacting the workplace culture,
- positives within the workplace culture,
- how to make improvements to the workplace culture,
- how the 'Caring for the Coast' and the NSW Health Core Values were being utilised, modelled, and promoted within the ROD and the broader CSD, by the leadership groups.

There were some difficulties experienced with ensuring participation by some of the medical clinicians, including Registrars, which was as an unfortunate result of email systems not communicating and hence sending the Reviewer's interview invitations to the invitee's spam folders. That issue aside, the interviews were characterised by complete cooperation from staff, and their full and frank participation and commentary.

Following is an overview of the results of the interviews, FGs and surveys. In addition to this, a complete list of participants' comments provided in the FGs can be found at **Attachment 2**. As previously mentioned in *'5. Methodology for the Review'*, the FG participants discussed how they viewed the utilisation of the NSW Health CORE values was undertaken by the CSD/ROD.

Additionally, the 24-statement survey invited comments, at the discretion of the participants, and these have been incorporated into the report.

6.1 Key themes arising from the Consultation

As a result of the consultation, an understanding of the current perceptions, risks and opportunities was developed. These have been collated and grouped into the following five 'Key Themes' (see *Fig 1,* following).

Fig 1: The five themes arising from the review's consultation process, showing the connection to how workplace culture is affected by several constructs.
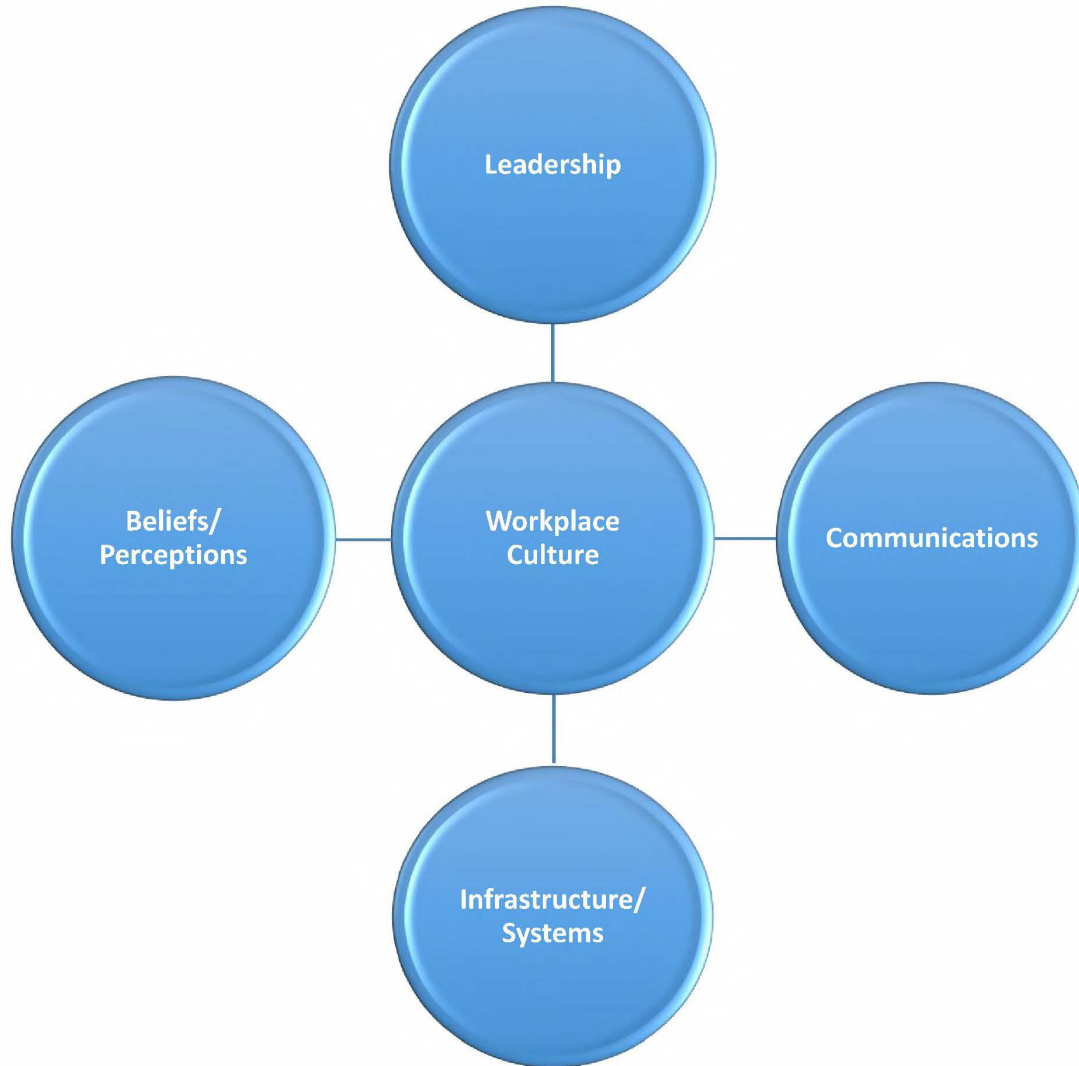
6.2   Results of ROD Survey

6.2.1 Method and Participants

A 24-question survey was developed by People Strengths and addressed 3 main areas (themes) of concern; communication, workplace culture and leadership. The survey served as an adjunct to the consultation process and allowed the participation of staff who were unable to be interviewed during the consultation phase.

A total of 72 surveys were emailed from the Reviewer directly to each participant's personal email address. These participants had either recently been individually interviewed by the Reviewer or were part of a Focus Group. The survey consisted of a simple 'click button' response, where participants were de-identified, as submitted surveys were received via the survey website.

Additional to the 24 statements, which required employees to rank responses as either 'False', 'Somewhat false', 'Neither True nor False', 'Somewhat true', and 'True', was the invitation to participants to add a comment as to how they viewed their workplace culture These additional comments can be viewed at **Attachment 3**.

Of the 72 surveys sent, a total of 39 (approximately 54.1%) completed surveys were received by People Strengths.

6.2.2 Findings of Staff Survey

Following is a 'snapshot' of the significant findings from this survey:

- The majority of respondents (approx 95%) understood the expectations of their roles at work (Q1).

- An encouraging 87% of respondents answered positively to knowing *'how to find information about policy directives and clinical practice guidelines'* (Q14), where 56% responded 'True' and a further 31% answered 'Somewhat true'.

- A less encouraging response was received for Q4, *'In the last seven days I have received acknowledgment for doing a good job'*, where a total of 62% answered negatively (10% 'Somewhat false' and 52% 'False').

- While 100% of the total population answered positively to understanding *'what bullying behaviour is/looks like'* (Q7), an alarming 59% reported that they did <u>not</u> *'work in a team free of discrimination and harassment'* (Q6), and the same number of respondents (59%) answered negatively to the statement *'I work in a team free of bullying'* (Q8). Only 15% answered 'True', respectively to both statements.

- A concerning proportion of respondents (26% 'False', and 26% 'Somewhat false'), felt that they did not work in an environment where their 'team members show respect for each other's ideas and opinions' (Q9).

  - Further to this, a total of 54% respondents answered negatively (36% 'False' and 18% 'Somewhat false') that within their unit/service they celebrated the team successes (Q12).

  - Only 10% of respondents answered 'True' to the statement *'Staff in my unit/service are held appropriately accountable for their work'* (Q17), where the majority answered negatively (28% 'Somewhat false' and 26% 'False').

  - Similarly, a diminutive 5% answered 'True' to the statement *'My manager manages the performance of all members of our team in an effective way'* (Q18), where a concerning 62% (36% 'Somewhat false' and 26% 'False') answered negatively to this statement.

  - Finally, in responding to the statement (Q13) *'I feel valued for the work I do here'*, it was noted that the same number of respondents answered positively (46%) to this statement, as did those who answered negatively (46%).

Chart 1, following, provides results from the 39 survey participants.

Chart 1: Results from 39 participants who completed the ROD survey (*please note: statements are presented here in reverse of the original survey*).

ROD Survey Responses

Statement	TRUE	Somewhat true	Neither true nor false	Somewhat false	FALSE
I am happy in my job	15%	36%	21%	15%	13%
This is great place to work	18%	33%	18%	10%	21%
My immediate Supervisor/Manager works with me to develop my learning and...	15%	28%	13%	10%	33%
My immediate Supervisor/Manager provides timely and constructive feedback on...	21%	15%	21%	13%	31%
My immediate Supervisor/Manager listens and responds appropriately to me	36%	31%	13%	5%	15%
My immediate Supervisor/Manager is open and honest in communicating with staff	33%	23%	10%	13%	21%
My manager manages the performances of all members of our team in an effective...	5%	23%	10%	36%	26%
Staff in my unit/service are held appropriately for their work	10%	26%	10%	28%	26%
I am informed in a timely way of policy or procedural changes that affect my...	15%	31%	8%	23%	23%
My team mates are committed to doing a good job	44%	36%	3%	13%	5%
I know how to find information about policy directives and clinical practice guidelines	56%	31%	8%	5%	0%
I feel valued for the work I do here	18%	28%	8%	15%	31%
In my unit/service we celebrate our team successes	15%	21%	10%	18%	36%
While at work, I feel confident that others in my team look out for my wellbeing...	31%	28%	5%	21%	15%
I have adequate access to resources that help me learn about safety issues	28%	38%	23%	5%	5%
My team members show respect for each others' ideas and opinions	8%	33%	8%	26%	26%
I work in a team free of bullying behaviour	23%	15%	3%	21%	38%
I understand what bullying behaviour is/looks like	82%	18%			0%
I work in a team free of discrimination and harassment	23%	15%	3%	31%	28%
I know about and understand the Values of my organisation	49%	28%	15%	3%	5%
In the last seven days I have received acknowledgement for doing a good job	18%	8%	13%	10%	51%
At work I have the opportunity to do what I know I can do best, every day	26%	36%	8%	23%	8%
At work I mostly receive timely and effective communications from my manager	21%	31%	8%	26%	15%
I know what is expected of me in my role at work	59%	36%	3%		3%

Scale: 0% – 120% · TRUE · Somewhat true · Neither true nor false · Somewhat false · FALSE

7 Overview and Analysis of Consultations and Data

This section includes the analysis of the consultations and all of the data sources provided to, or gathered by, the Reviewer during the review.

7.1 Issues Impacting ROD Team Cultures

Once the consultation phase of the review was completed, the Reviewer undertook to analyse the various 'craft' group that comprise the ROD. Following is an overview of how effectively the teams work together, both within their own team and with other teams within the ROD.

7.1.1 Radiation Oncologists

The Radiation Oncology team is divided between VMOs, who are contracted part-time medical staff, SSs, who are permanent medical staff in the ROD, and Registrars (accredited and non-accredited) who are in training to become Radiation Oncologists.

This group were viewed by their colleagues in other ROD teams, as being responsible for the majority of negative culture-based issues in the Department, with one senior team person stating, "*RadOnc is toxic, the issues (in the ROD) stem from them but are spilling over into all of the craft groups*". This was reportedly due to continued and ongoing friction between the SSs and the VMOs. Registrar management and training was raised as a cause of friction by some of the ROD's SSs and by staff in other teams. The management and distribution of the Trust Funds by the SSs was viewed by all teams, including some of the Radiation Oncologists, as an obstacle to a collegiate culture in the Department.

Further, the structural change that created the CSD and the ROD in 2019 has not been widely accepted by this group and has influenced their responses to the review. Finally, the leadership and management of the Radiation Oncology team was viewed, by many staff, to be an unresolved issue that has created tensions, disputes and anger across the team and within the wider Department.

During the individual interviews, and in some of the FGs, these claims were examined by the Reviewer, as follows:

- **Ongoing Friction between VMOs and SSs:** The issues between the VMOs and the SSs date back to almost the founding of the Department, post the organisational split of the former Northern Sydney Central Coast Area Health Services, into the two LHDs, CCLHD and Northern Sydney Local Health District (NSLHD). Over that period, the basic roster of VMOs has not greatly changed; however, there has been considerable turnover of SSs, reportedly nine in a ten-year period. Discussions with all Radiation Oncology staff, and some former staff of this group, have identified that the tensions are largely driven by ██

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  ██████████████ issues with the VMOs are mainly related to their lack of on-site time. ██ ██████ believes that the VMOs cannot manage their caseloads, patient care and needs, and their obligations to Registrars when they present one day a week or less at the ROD.

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  █████████████████████████████████ In ██ interview, ██████████ reported additional issues arising from recommendations made in the Royal Australian and New Zealand College of Radiologists' (RANZCRs') accreditation report from 2019, one of which was regarding clinical handover, and another regarding Registrar supervision. Both issues relate to VMOs and are, however, not within the scope of this review. RANZCR did recommend a 'culture review' for the Radiation Oncologists, which was a factor in the genesis of this process.

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- **Registrar management and training:** ROD Registrars supported the VMO model, which provides them with access to highly experienced, well published experts within each of their sub-specialities of Radiation Oncology. The Registrars reported that their supervision

and training from the VMOs was acceptable. However, they did claim that the issues between ██████ and the VMOs was counterproductive to patient care, and that the joint meetings between the VMOs and the SSs, which included ██████, *"were very uncomfortable"* to attend. This was supported by a SS, who stated that *"RadOnc staff meetings are toxic for the Registrars"*.

- **'Trust Fund' tensions:** the management and distribution of the Radiation Oncology 'Trust Fund' finances is a source of ongoing dispute and tension. Managed by the SSs, funds may be distributed by application to the Fund. ██

- **The structure of the CSD/ ROD:** Some of the VMOs and SSs do not believe that this iteration of Cancer Services is meeting the needs of the Radiation Oncology team. They did not agree with the changes at the time, and do not believe that the consultation leading to the new structure was genuine. As a result, this affects how they view and interact with the CSD leadership.

- **Leadership and management of the Radiation Oncology team:** The HoD, Radiation Oncology, has stated that he cannot be in the same room as ██████, without other staff being present. Some of the VMOs, echoed the HoD's sentiment by also reporting their difficulties regarding ██████.

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There were two further issues that were viewed to impact the workplace culture of the Radiation Oncologists and the ROD. One was found in the lack of promotion or engagement towards the organisational values and NSW Health CORE Values, by ██████████ by the majority of the other clinicians within that team. VMOs, SSs, and Registrars showed little or no knowledge of the Values, and of how they intersected with their professional lives beyond the annual 'tick-a-box' of signing the 'Code of Conduct'. This is viewed as a failure on behalf of CSD to properly embed the values as part of the everyday within the Department.

The second factor that strongly impacts the workplace culture of not only the Radiation Oncology team, but also the ROD, is the behaviours, actions and activities of ████████████ ████████ was variously described as a *"bully"*, *"a control freak"*, *"a toxic personality"*, *"the main protagonist for all of the culture woes"*, and *"completely narcissistic...with no insight into* ██ *behaviours"*.[3] The Reviewer felt that these descriptions of ████████████ reflected the genuine fear that many staff reportedly felt ████████, or when receiving an email ████████. During the consultation, the Reviewer needed to refer two staff members to EAP due their emotional response to them discussing ██ impact on workplace culture.

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[3] All quotes provided during the consultation phase of the review.

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7.1.3 Medical Physicists (MPs)

[REDACTED]

7.1.4 Nursing Staff

[REDACTED]

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7.1.5 Administration Team

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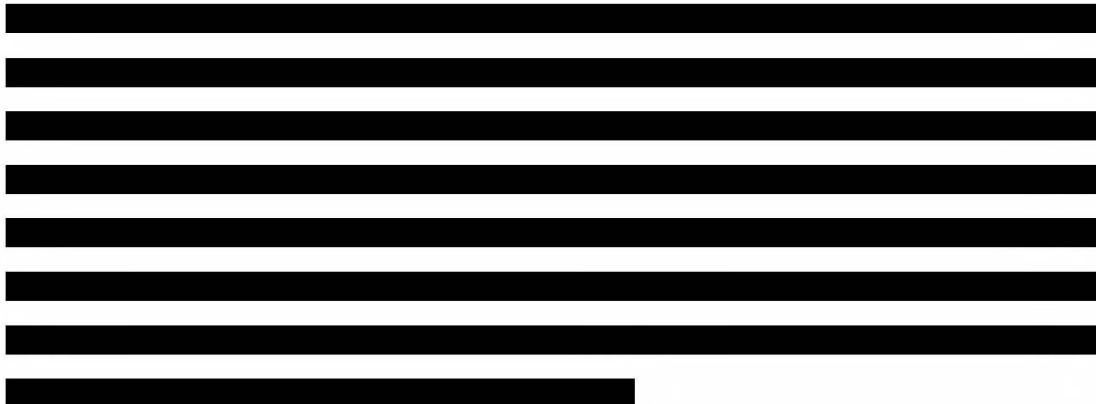
7.2   Analysis of Data

The following overview provides an evaluation of the data provided for this review. It should be noted that, despite requests for several documents relating to staff turnover, leave, wellbeing, and job satisfaction, the Reviewer received data for staff sick leave from January 2021 up to the current date, plus results from the 2019 and 2021 People Matter Employee Survey (PMES) surveys only.

In relation to the data on staff sick leave, as the Covid 19 pandemic affected a significant number of NSW Health staff during these years, there was insufficient comparison in the data provided by the CSD to determine any concerns related to workplace culture, within this area.

7.2.1 People Matter Employee Surveys: Comparison 2019/21

It is noted that the results of the People Matter Employee Survey (PMES) were those for the CSD as a whole, and there is no data specifically for the ROD. However, the ROD contains a large percentage of staff employed in the CSD, the following data results were viewed to be significantly relevant towards an understanding of the workplace culture within the ROD.

The results from the 2021 PMES provided a thorough insight into the way staff in the CSD viewed their Directorate. In the survey results there were some positive signs of employee engagement such as a:

- *Survey response rate of 62%, which is indicative of an engaged workforce*

- *Wellbeing indicator of 70%. This figure shows that, overall, staff feel good about working where they do and are deriving satisfaction from their work and their life.*

- *Customer Service/ Patient Care indicator of 71%, which shows that staff are engaged with their patients and carers, they understand that the work they do helps these people, and they derive great satisfaction from providing services to them.*

Other key points obtained from a comparison of the 2019 and 2021 PMESs were, as follows:

There is a negative trendline on overall Employee Engagement from 74% in 2019 down to 66% in 2021 (see Chart 2, following). This is a substantial fall and reflects a workplace culture that is under pressure. The areas that show the most significant falls were in the survey domains of; 'Leadership', 'Enabling practices', and an element of 'Work environment'.

Chart 2: Results from the 2021 PMES showing the decline in employee engagement from 2019 to 2021.
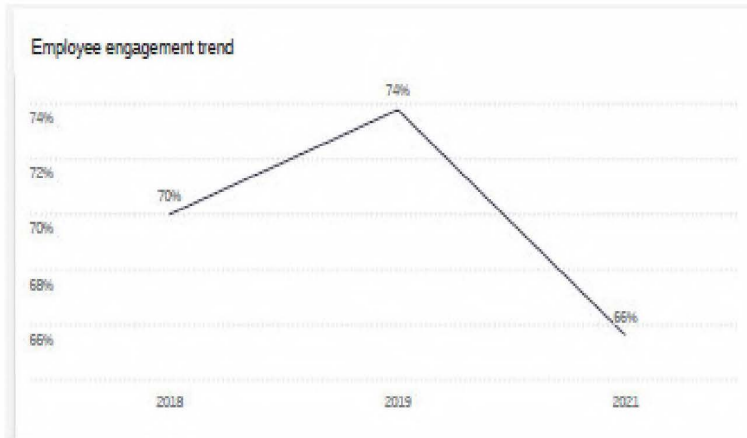
Leadership

Every element of the *'Leadership'* domain of the 2021 PMES survey has deteriorated; and some, substantially. The element of *'Action on survey results'* was the lowest at *-4%*. However, this came off a low % base in the 2019 PMES. The issue of significance with this element is, that staff are convinced that the CSD leadership have not acted, and will not act, on the issues they identified in the 2019 and preceding surveys.

The results of the remaining elements of *'Leadership'* were found to be troubling, as the downward trend is in double figures. The element of *'Senior managers'*, being the greatest fall at *-24%* indicates that staff in the CSD have lost faith in their direct managers, and by extension the CSD leadership group. *'Decision Making and accountability'*, at *-19%*, are also an indication of the loss of faith in management's ability to do, what staff view, their jobs. '*Communication and change management'*, at *-17%*, whilst some of the other negative aspects of *'Leadership'* are likely influencing this result, there could, potentially, be a continuation

of some negative reactions to the structural change that created the CSD in 2019. The negative result of -12% for *'Employee voice'*, shows that since 2019 staff are increasingly feeling like management are not consulting or listening to them regarding their issues.

Enabling Practices

The elements from the *'Enabling practices'* domain that, in the 2021 PMES survey, had declined the most were found in *'Recruitment'*, and *'Learning and development'*. The significance of this is that these elements are linked to professional satisfaction and employee engagement. The magnitude of this fall, from the previously positive engagement score for both elements, should be a cause for concern for CSD management.

The *'Recruitment'* element at *-17%,* validates findings from the current review that staff are concerned about the filling of positions, and/or the time taken to fill those positions. This can reflect negatively on the organisation, if staff believe that positions are being left unfilled due to budgetary issues. This, in turn, creates uncertainty over the recruitment function and if positions are vacant, can lead to work stress and pressure.

The *'Learning and development'* element has declined *-17%* since the 2019 survey. This decline needs to be examined more closely by CSD and the ROD. In the experience of the Reviewer, a downward trend in this element could be aligned to diminished opportunities for positional development, e.g. 'Acting-up' in more senior roles, less opportunities to attend/ present at conferences, a lack of in-house development programs, or a lack of support for further tertiary studies.

Enabling practices

Recruitment

52%

2019
▼ 17

Learning and development

60%

2019
▼ 17

Work Environment

Under the domain of *'Work environment'*, from the 2021 PMES survey, the element of *'Teamwork and collaboration'* has declined *-16% from 2019 PMES*. This is an issue which needs to be examined more closely by the CSD and the ROD. The downward trend is quite significant as, previously, this element was in much more positive territory. This element relates to how the teams in CSD interact, and work together. A sharp decline in this element would suggest that there are negative issues occurring between teams and between individuals within those teams. There could also be a falling off in cross-team projects, and or decreased cooperation between the teams that make up the Directorate.

8   Findings for the Review

The summary of the findings from the review follows:

8.1   ROD Workplace Culture

- The workplace culture of the ROD is under significant pressure from internal and external forces

- The organisational culture of the ROD is, reportedly, poor and many staff are distrustful of their leaders and senior medical clinicians. There is an elevated claim of workplace bullying and harassment (see staff survey and interviews).

- Management of the CSD/ROD is inconsistent in the areas of people management, workplace culture and values leadership

- With the exception of the Medical Physicists team, there are significant issues relating to a poor workplace culture within all of the ROD teams. Of greatest concern, the Radiation Oncology team displays heightened concerns of bullying, disharmony amongst peers, and a lack of engagement.

- This is a workplace that is under serious risk of providing less-than-ideal care to its patients, staff and community.

8.2   Adherence To Organisational Values

- The NSW Health CORE Values are not being effectively promoted or utilised within the ROD. The same can be said the for the mandated purpose of the 'Caring for the Coast' initiative.

- Staff were largely unaware of the content of the Values and how they are applied in their workplace. The 'Caring for the Coast' CCLHD Values were not referred to by staff as being important.

- ROD staff did not feel the many of their leaders, senior staff, and clinicians modelled the CORE Values.

8.3   Workplace Communication

- There is a lack of engagement amongst the CSD/ROD leadership and their staff, particularly in the absence of a communicated shared vision for the Directorate.

- In general, communications are 'siloed' across the ROD team, within the teams, and amongst team members, this was a consistent theme espoused by all staff.

- Due to an absence of meaningful communications from management, there is a heightened level of rumour-spreading amongst ROD staff, leading to negative beliefs and perceptions.

8.4   Management & Leadership

- In general, frontline managers are well regarded by their staff within the ROD, particularly amongst the Medical Physicists team.
- There is a concerning level of intimidatory behaviour from managers and senior Radiation Oncology staff, as reported by the RT and Admin team members
- There is a general feeling from staff of disconnectedness and distance in relation to their leaders.
- Staff are of the view that management does not care about them or the impact of patient care, due to the long-term and ongoing issues with the workplace culture.

9   Discussion.

With conditions across NSW Health being as they have been for the past two to three years during the pandemic, it is entirely reasonable that many of its staff are feeling disengaged due to an ever-increasing demand for their services, staff illnesses and absences, and resultant staff shortages. This is a time for employers and staff to be patient, empathetic, kind and supportive. Sadly, this was not found to be the case in reviewing the workplace culture of the CCLHD's CSD/ROD, where reports of a toxic culture had been provided to management *before* the effects of the pandemic were felt.

There is substantial evidence linking low job satisfaction, burn out and depression particularly within medical environments, to reduced employee productivity, and increased error, absence, and 'presenteeism'. Conversely, research into employee productivity finds that wellbeing at work improves organisational 'citizenship' behaviour, turnover rates and performance ratings. Wellbeing, in turn contributes to the conditions that allow improved service delivery to occur. Further, there is a correlation between happy workers and productivity, which exists in both directions; not only are happy workers more productive, but job quality increases with higher levels of job satisfaction. Within this positive environment, employees are likely to be more resilient in the face of adversity.

9.1   The Workplace Culture of the ROD

Research into the Health setting has shown that there are increased benefits to patients who receive improved service from well-functioning employees working within medical institutions, (Studer, 2003). Studies into poor workplace cultures attribute higher levels of employee stress to incompetent management, and poor employee relationships with their immediate managers.

Negative emotions tend to correspond to specific inclinations. Fear tends to coincide with the inclination to escape or avoid the cause of fear; anger is associated with the inclination to attack or maintain a course of action. Disgust is associated with the inclination to shun others, and so forth. Many of these negative feelings and their corresponding reactions can be associated to bullying behaviours. If left unheeded, as in the case of the ROD, the situation

only worsens, often resulting in costly industrial actions, increases in LTI's through psychological or other injuries, compromised patient care, and/or loss of valued staff.

It is of grave concern that a large number of staff survey and interview results alleged that the ROD workplace was not free from bullying and harassment. It is the responsibility of management to ensure that all staff work in a safe, caring environment. As a duty of care, the CSD/ROD must take immediate action towards implementing appropriate behaviour mandates for managers and staff.

The successful recruitment and retention of quality staff, relies heavily on an organisation's positive workplace culture. It is apparent from this review, and previous investigations in this area, that the culture in the CSD/ROD has been less than satisfactory for some time. The danger in allowing this to continue may result in further damage inflicted upon staff morale, productivity, and the CCLHD's reputation as an employer.

Contemporary approaches towards improving workplace culture, particularly in medical settings, have reported great success in employing measures using positive psychology constructs; moving away from a 'blame' culture and instead adopting a solutions-focused approach. The recommendations following in this review, have been developed utilising this approach, and are aimed at creating a positively focused workforce of engaged, productive and happy people.

The 'Broaden and Build' theory, formulated by Fredrickson (1998), claims that positive emotions often initiate a cycle of *more* positive emotions. Specifically, positive emotions can facilitate the development of skills, networks, resources, and capacities, which in turn promote wellbeing and fulfilment. Applied to a work setting, individuals can develop skills and capacities that enhance their resilience, wellbeing, progress, and satisfaction.

9.2 The Leadership of the ROD

The literature reveals clearly that leaders impact and influence the successes and failures of business. In his extensive study of organisational management across the globe, Marcus

Buckingham, (2006), reported a strong correlation of employee performance and job satisfaction to their perception of the leadership qualities of their direct manager or supervisor. In their work on organisational transformation and growth, Isaksen and Tidd, (2006) report that good leaders are responsible in directing workplace culture.

In striving to implement and sustain best-practise service delivery in its ROD, management must ensure that their staff are fully engaged. The traditional leadership approach of 'command and control', prevalent in large public sector organisations, has proven to be not conducive to the creation of employee engagement. Research indicates that, particularly in medical settings, a collaborative approach to patient care is preferred, and that collaboration between clinicians and associative staff is related to patient outcomes.

In many larger complex organisations, coaching has become an essential part of a leader's learning process, providing knowledge, opinions, and judgements in critical areas; coaches do more than just influence behaviours. Coaching is viewed as an effective change management approach for leaders – as opposed to a training activity, or a counselling/mentoring session. To this end, management in the ROD would do well with incorporating a coaching regime. Broadly speaking, it can be viewed as a process for 'facilitating some sort of positive change' (Stober, 2008) and can enable a leader to be the 'best that they can in the areas they choose to focus on' (Leimon et al, 2005). In the case of managers at the ROD, coaching can specifically assist in the transformation phase of addressing concerns raised in the review, leading to a greater goal of increasing managers' and staff satisfaction and productivity.

9.3   Communications within the ROD

Findings from the review revealed that particular information provided to staff was delivered well. In their survey, the majority of ROD staff gave a positive response to knowing how to seek out information on policies, procedural guidelines and changes, the organisational values and safety issues, and most agreed that they knew was expected of them in their work roles.

However, it appears the problem lies more in the way the message is delivered, rather than its content. In their written descriptions staff used words such as 'abrupt', 'communication without consultation', and 'insensitive' to describe their experiences in receiving communications from their managers. Most often, the criticism from staff in relation to being provided with timely, relevant information, was, that they were not.

Studies into communication styles have shown that people who are 'direct communicators' may not be aware that this can be perceived as harsh or even threatening by the receiver of the message. Additionally, by employing an autocratic approach to 'owning' the information, managers can leave their staff feeling powerless and voiceless; a claim often made during the review. They may also inadvertently rob themselves of the benefits of others' opinions and expertise.

Finally, workplaces that encourage collaboration amongst their employees, enjoy greater staff morale, more proactive communications, less time dealing with grievances, and find that people become more solutions, and less blame-focused.

10 Matters Arising

During the course of the review there were several matters that were identified as being contributing factors to the negativity staff are perceiving around the workplace culture of the ROD. The following additional issues were considered important by staff, as they impacted on their ability to perform in the workplace:

i.   The excessive and unnecessary email correspondence that staff perceived to be harassment, and inappropriate use of the senior position of the sender.

ii. Senior medical staff, reportedly, are not following a 'chain of command', by bypassing their manager and CSD management, to raise issues and concerns both within and outside of the organisation. Staff claimed that ▮▮▮▮▮▮ concerned in doing so, was also not following NSW Health policies

iii. The access to the 'Tea Room' by non-ROD staff has created an atmosphere where staff uncomfortable in eating together and exchanging social interactions. The 'Tea Room' has allegedly been used by maintenance staff and others, to sleep in or hold ad-hoc meetings.

iv. A lack of current service and business plans for the ROD and for CSD, was repeatedly identified as an issue by staff. Reportedly, this impacted on their engagement with their workplace as they did not see that management had a shared vision for the future of Cancer Services. They did not feel part of any forward thinking or planning for Cancer Services, and felt that they would not be consulted by CSD management anyway.

v. Reportedly, there is a limited access to research opportunities for non-medical staff, and this was considered by many of the FG attendees, and some interviewees, as an impediment to a positive workplace culture. The Reviewer did not consider this perceived deficit as necessarily impacting a values-based workplace culture. However, as a component of a culture of learning, and cultivating staff CPD, research can be seen to be a key element.

11 Recommendations

Based on the outcomes of the consultation and review process, the following recommendations are proposed in relation to establishing a positive workplace culture in the ROD.

Important: As the findings from this review have revealed a number of sensitive issues in relation to some ███████████████████ roles in the ROD, it is highly recommended that the CSD leadership group arranges to provide feedback on this review to those staff, prior to implementing any of the following recommendations.

Recommendations:

1. **Establish a Culture Change Project in the ROD**

   It is proposed that the CSD leadership team sponsor and support the establishment of a ROD-based culture change project. This project should contain:

   i. the appointment of a Culture Change Project Manager (CCPM), preferably with a background in Human Resource change projects,

   ii. the development of Terms of Reference for the project by the CCPM, in consultation with CSD leadership,

   iii. a culture change project plan, aligned to the 'Action Plan' proposed in this report (*see following*), to be developed by the CCPM and agreed to by CSD leadership,

   iv. a lifecycle for this project that would be no less than 26 weeks and no longer than 52 weeks, with monthly updates reported to CSD leadership.

2. **Leadership & Management**

   The two areas where leadership and management performance were identified as needing to be addressed were the Radiation Oncology and Radiation Therapy teams. To address this, the following actions are proposed:

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ii. The CSD's Human Resource Business Partner (HRBP) will examine and assess how secondments and staff acting in higher grade opportunities in Radiation Therapy are approved. The findings from this process will be reported to the Operations Manager, CSD.

iii. The HRBP will work with the Chief and Deputy Chief, Radiation Therapists, on building a values-based approach to team management in the Radiation Therapy team.

3. **Management Communications**

A clear and consistent management communications process was identified by staff as an area for improvement. This included line management and CSD management, with the team huddles in particular, viewed to be inadequate for anything more than the most basic of management communications. To address this, the following is proposed:

i. As per the attached 'Action Plan', it is recommended that CSD management adopt a 'Team Brief' (*see attachment 5)* methodology. Here, CSD management would have a monthly meeting with ROD line management, face-to-face or via video conferencing, to disseminate pertinent information to line management, and from them to their teams. This, subject to monthly content, should have a dot point agenda and not take more that 15-20 minutes in which to brief staff. Line managers should utilize this opportunity to celebrate team wins, identify exceptional staff performance, and to reinforce the values e.g., 'Caring for the Coast'

ii. CSD management should consider publishing a quarterly email to staff that highlights CSD/ROD performance, and to keep staff informed on whole-of-organisation issues relevant to their department and teams

iii. CSD should keep staff informed on the business planning and clinical service planning cycle. This could be used to involve selected staff in the planning process, as part of building trust and cooperation across the ROD teams

iv. CSD management should consider keeping staff informed regarding the budget position of the CSD. This could include identifying what capital purchases are required by the ROD over the short to medium term and work with staff on how savings could be made to purchase these items

4. **Use of Email in the ROD**

The inappropriate usage of email as a communication tool was highlighted by many staff within the ROD. The correct use of email is not to lecture, harass, or otherwise overwhelm the receiver with information.

It is recommended that a set of rules / procedures for the appropriate use of email are adopted by the ROD and published to all staff, as per section 4 'Management Communications' (3) of the 'Action Plan'.

5. **Continued Professional Development (CPD)**

Opportunities for CPD for the non-medical ROD staff was reportedly limited, and not always transparently distributed. This included secondments, acting-up opportunities, formal learning programs, conference attendance, and the authoring of professional journal articles. To address this, the following actions are proposed:

i. Line managers are to work with their HRBP to prepare a template for an Individual Learning Plan (ILP) for their staff.

ii. Line managers are to meet individually with their staff, over a maximum of 12 weeks, to identify and capture the proposed ILP development for the period 2022 to 2025.

iii. It should be noted that the ILP is not a guarantee of support for staff CPD, but rather it collates the entirety of staff development requests that can be planned for, managed, potentially budgeted for, and provide an indication of staff interest in their own further professional development.

iv. CSD/ ROD management should create an oversight committee for research. This committee, in discussion with CSD and LHD management, could identify opportunities for staff to be involved in research projects.

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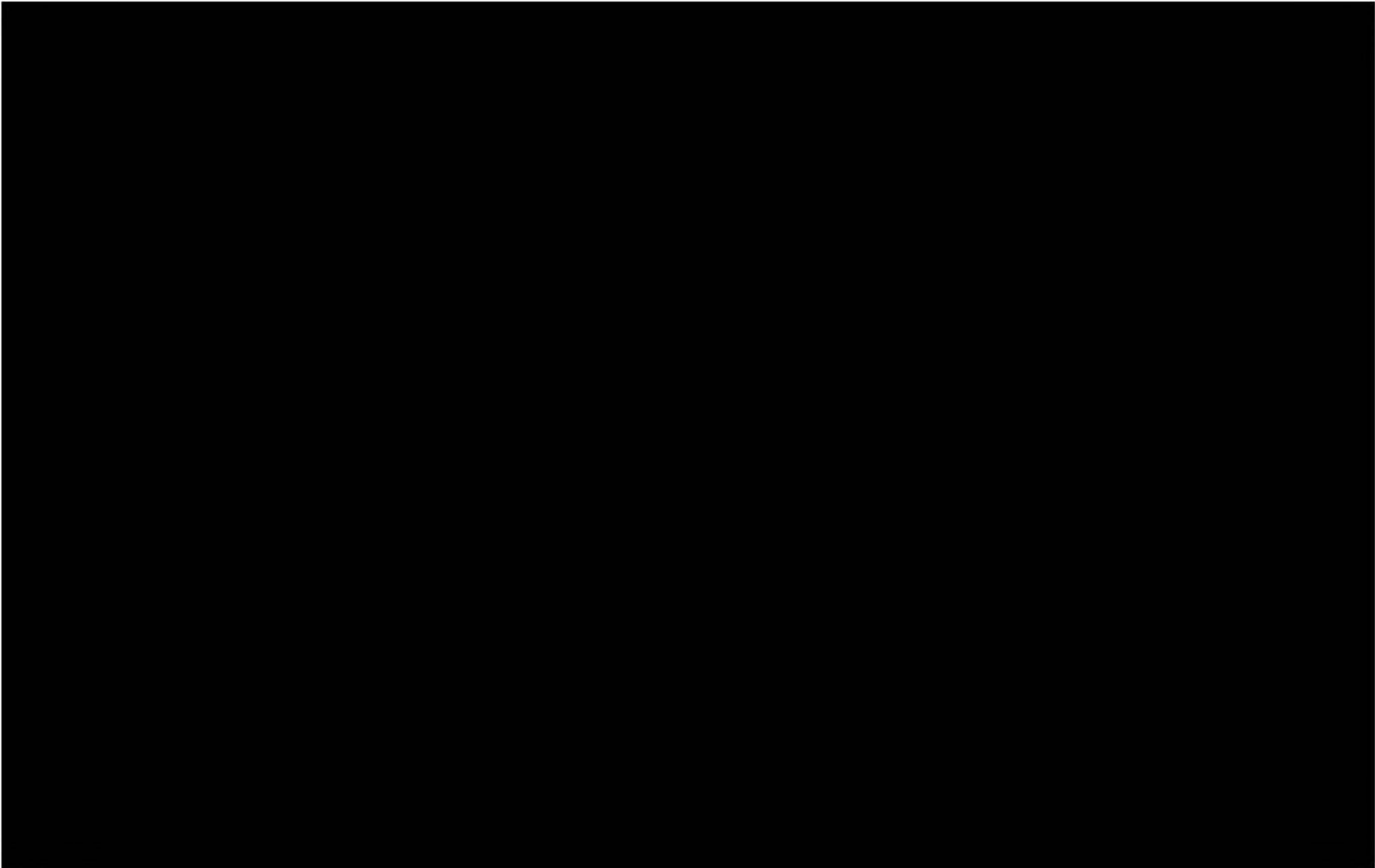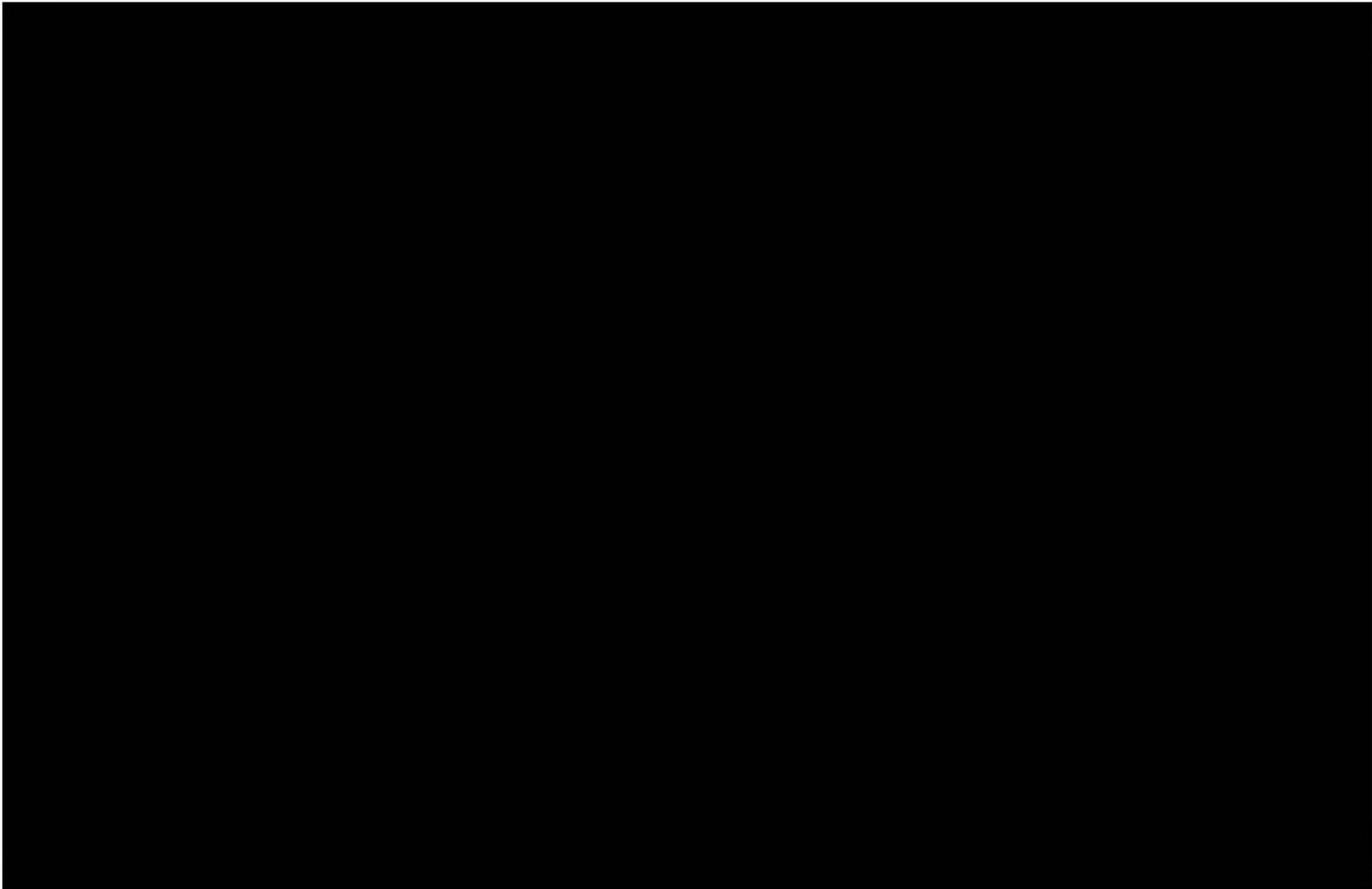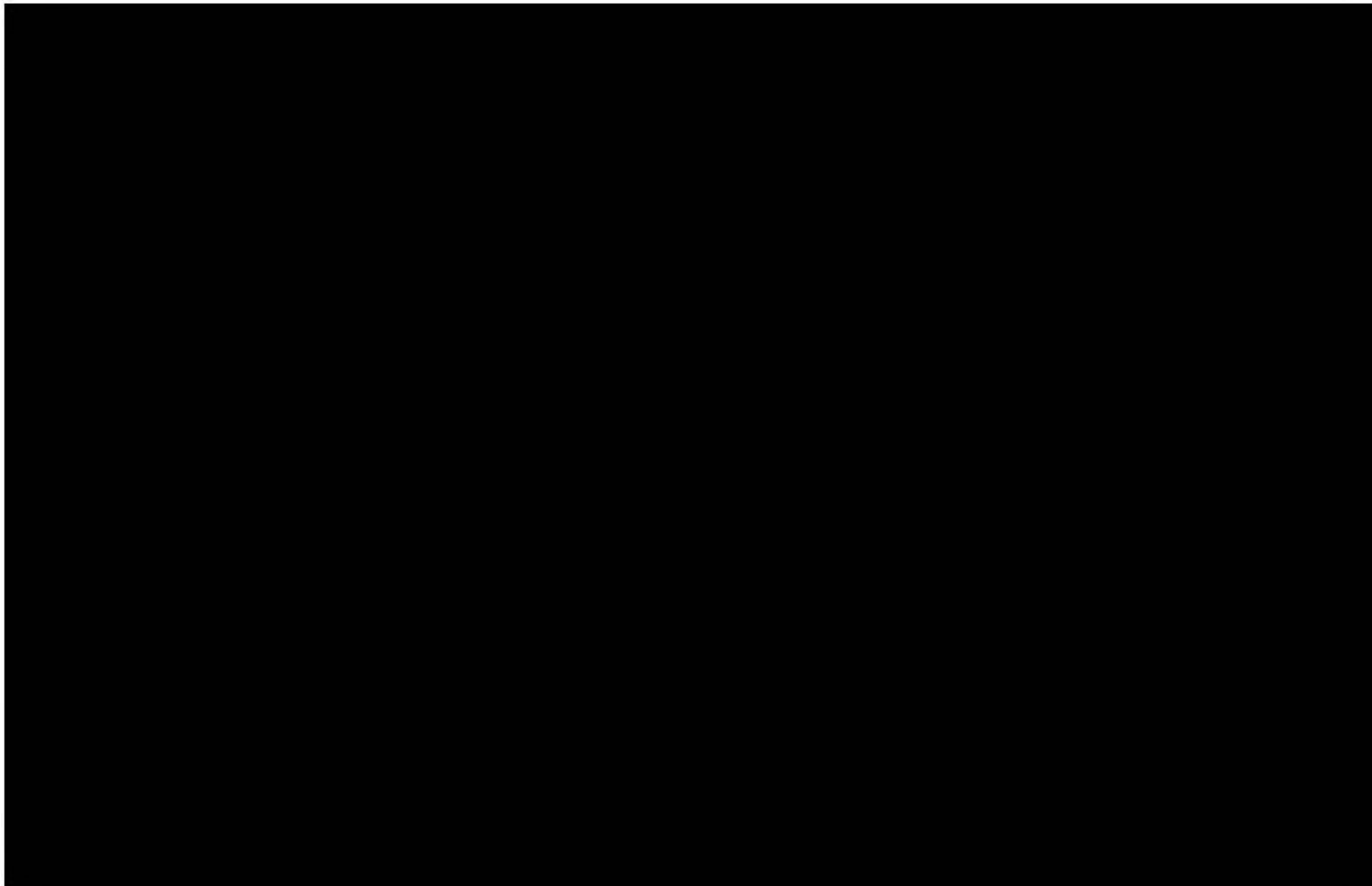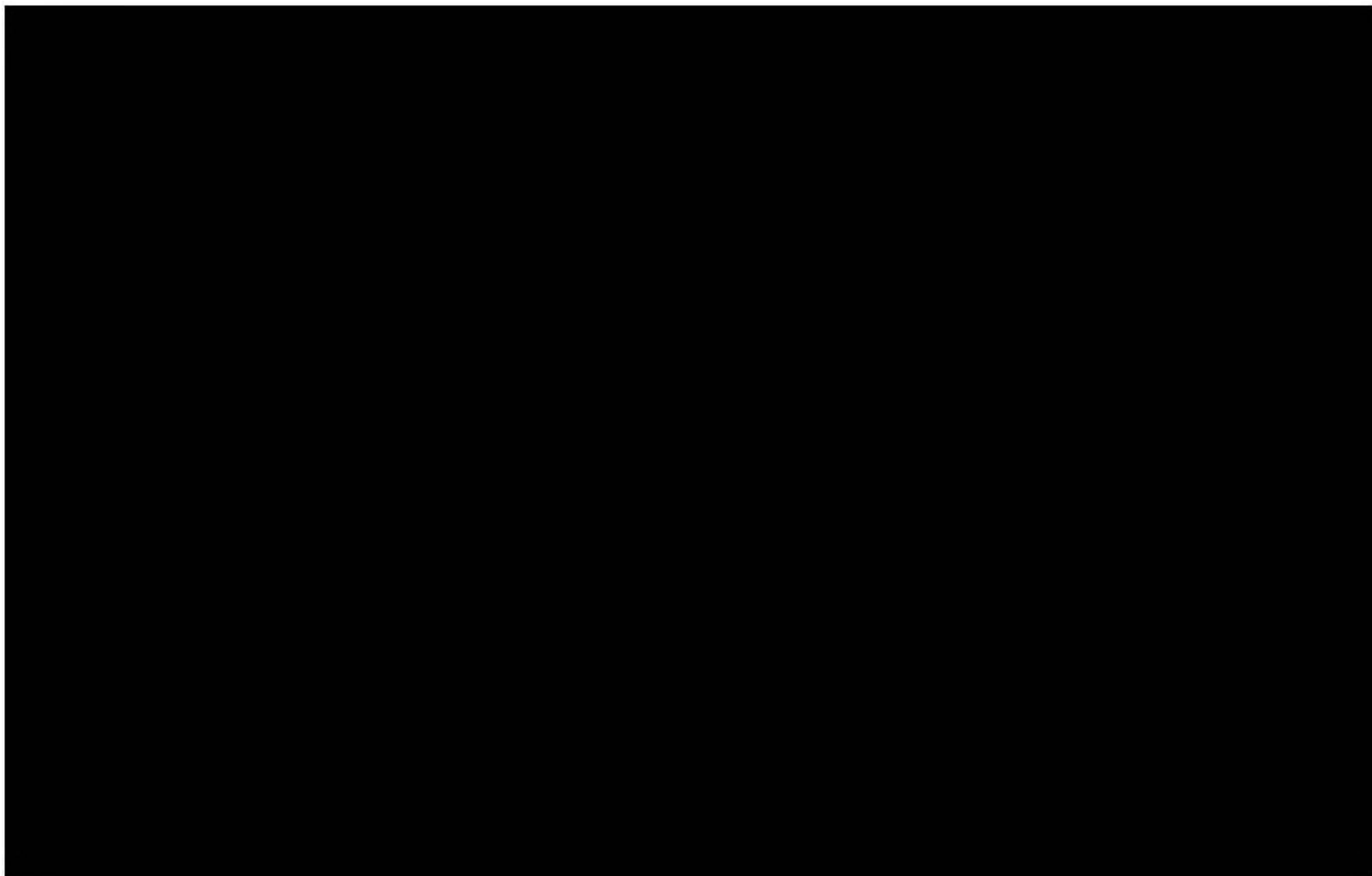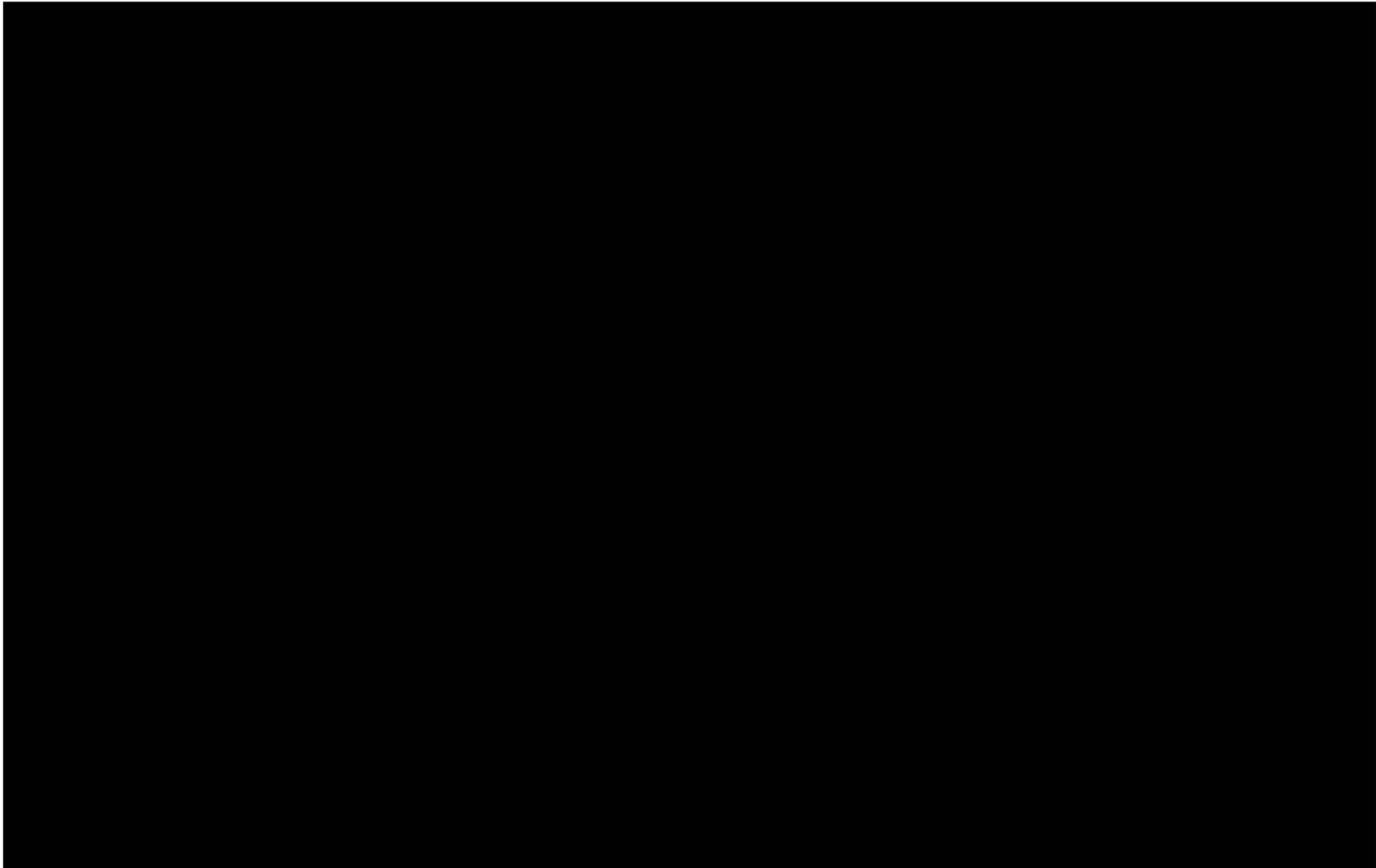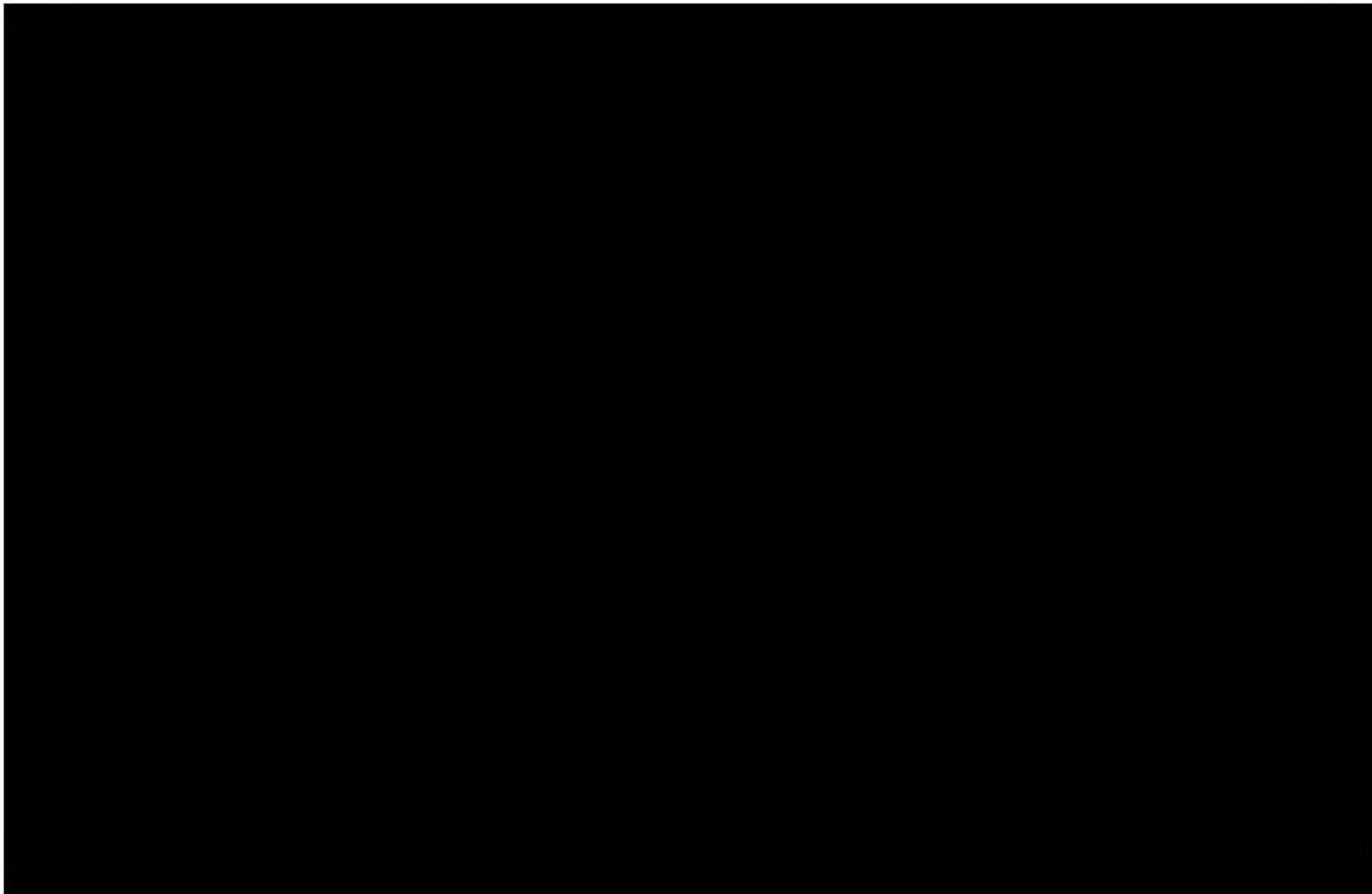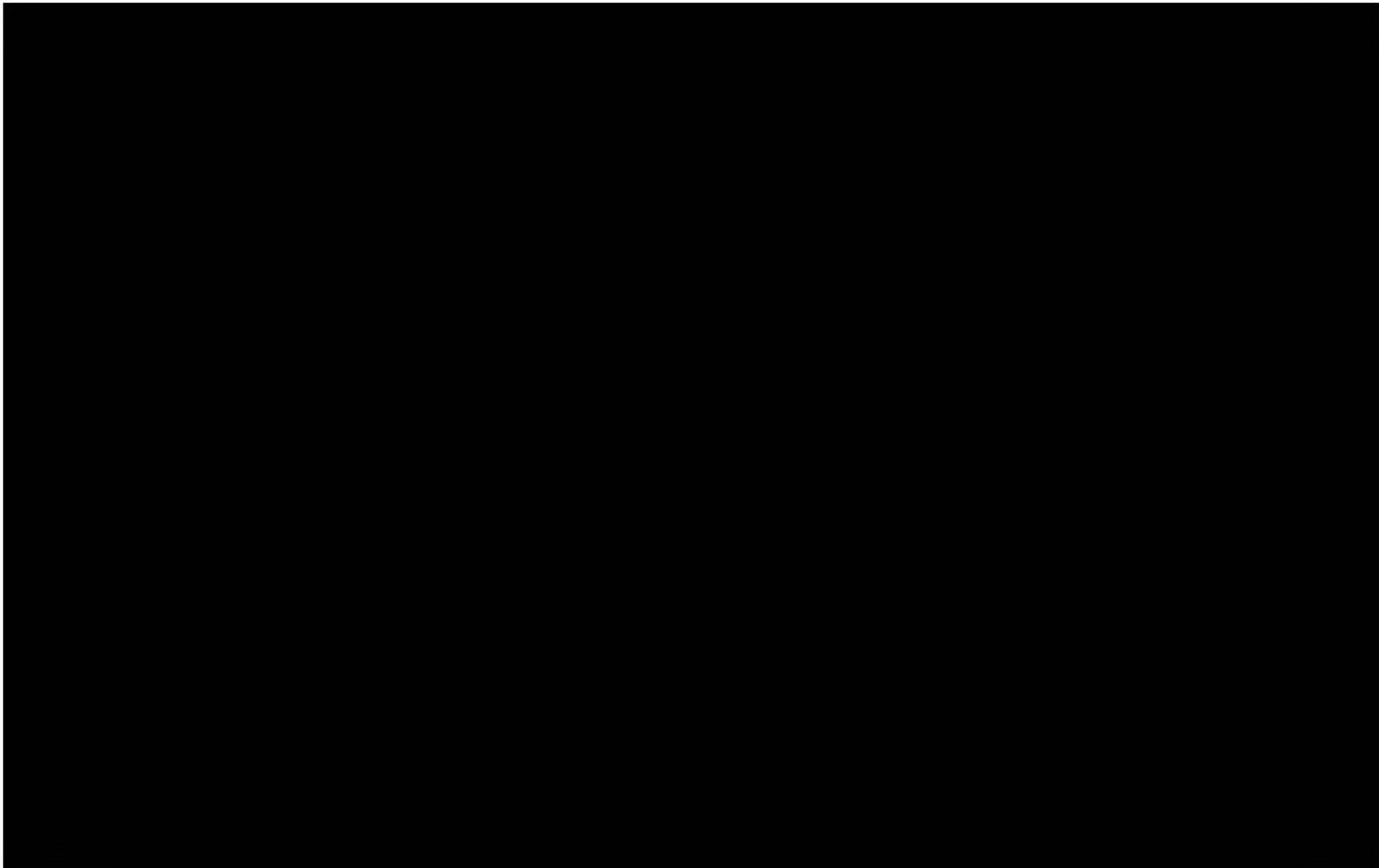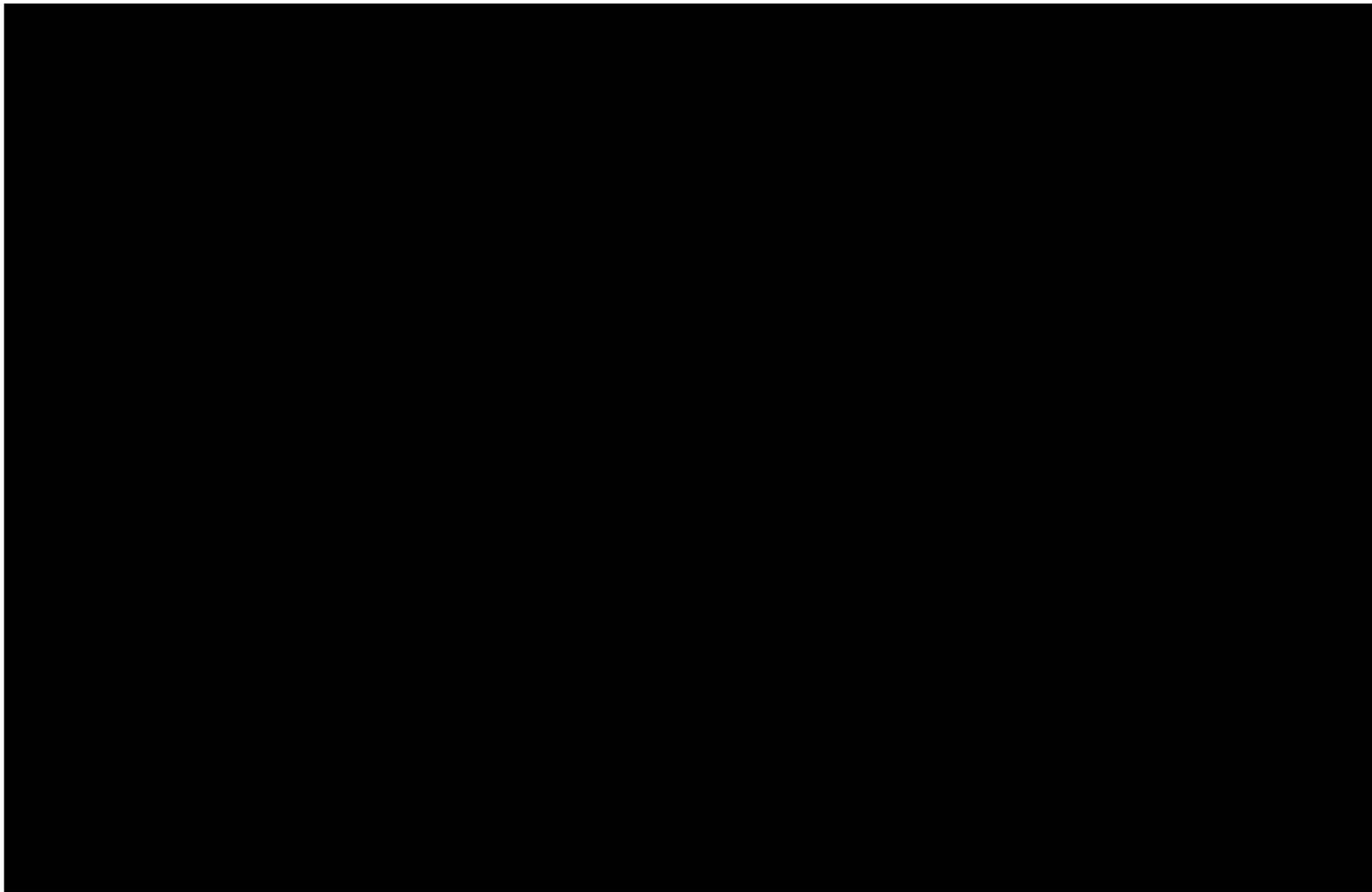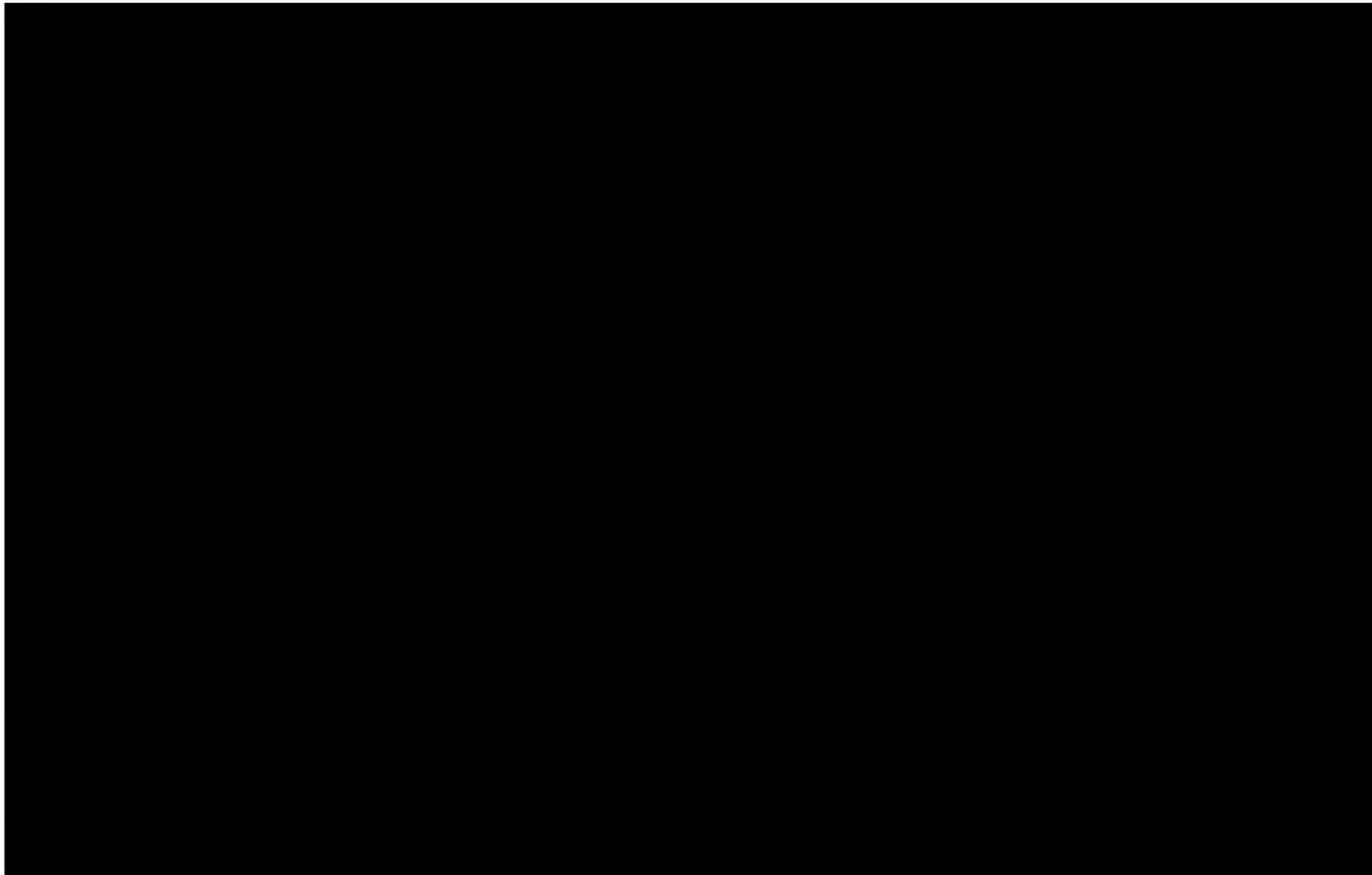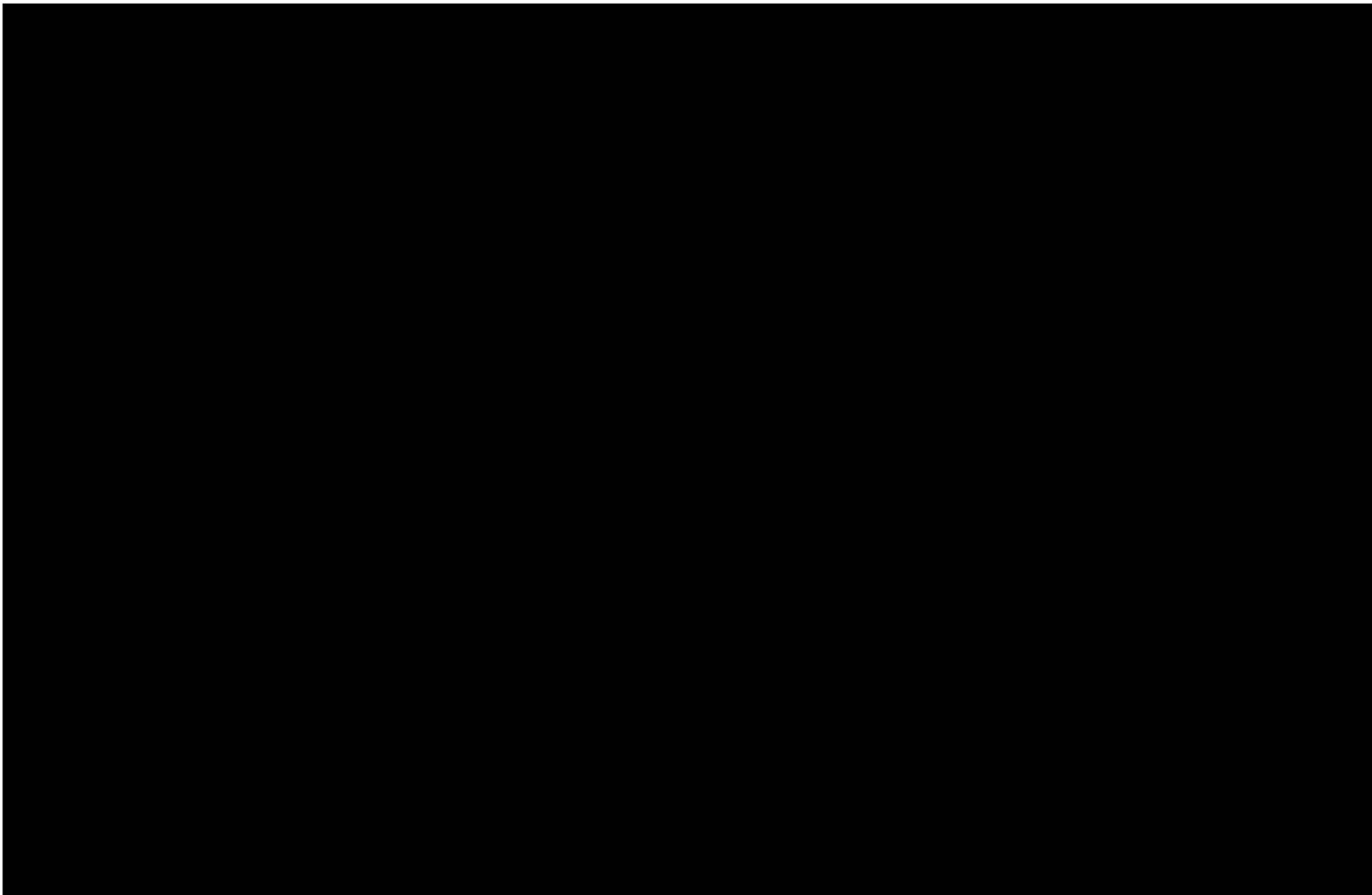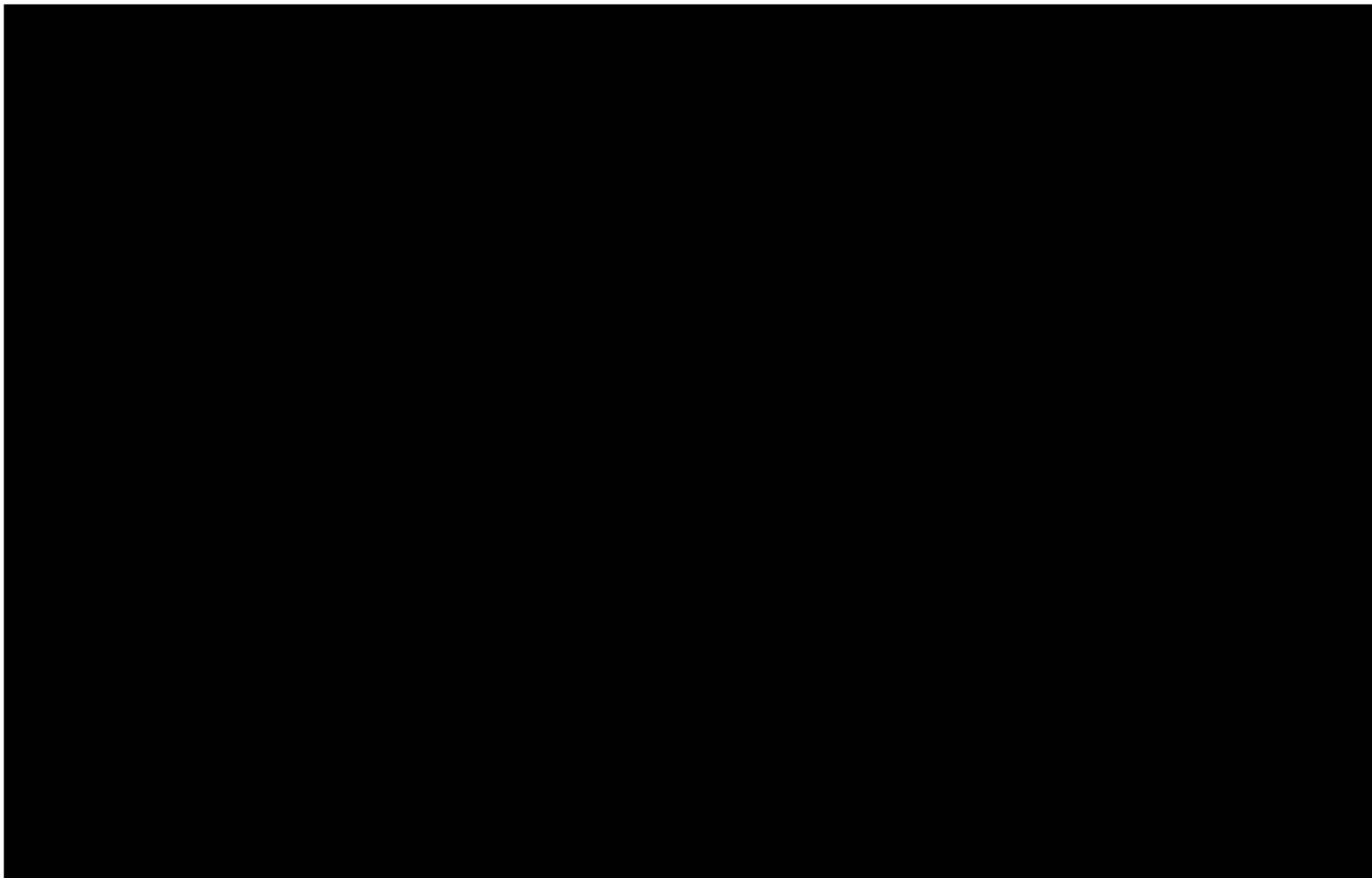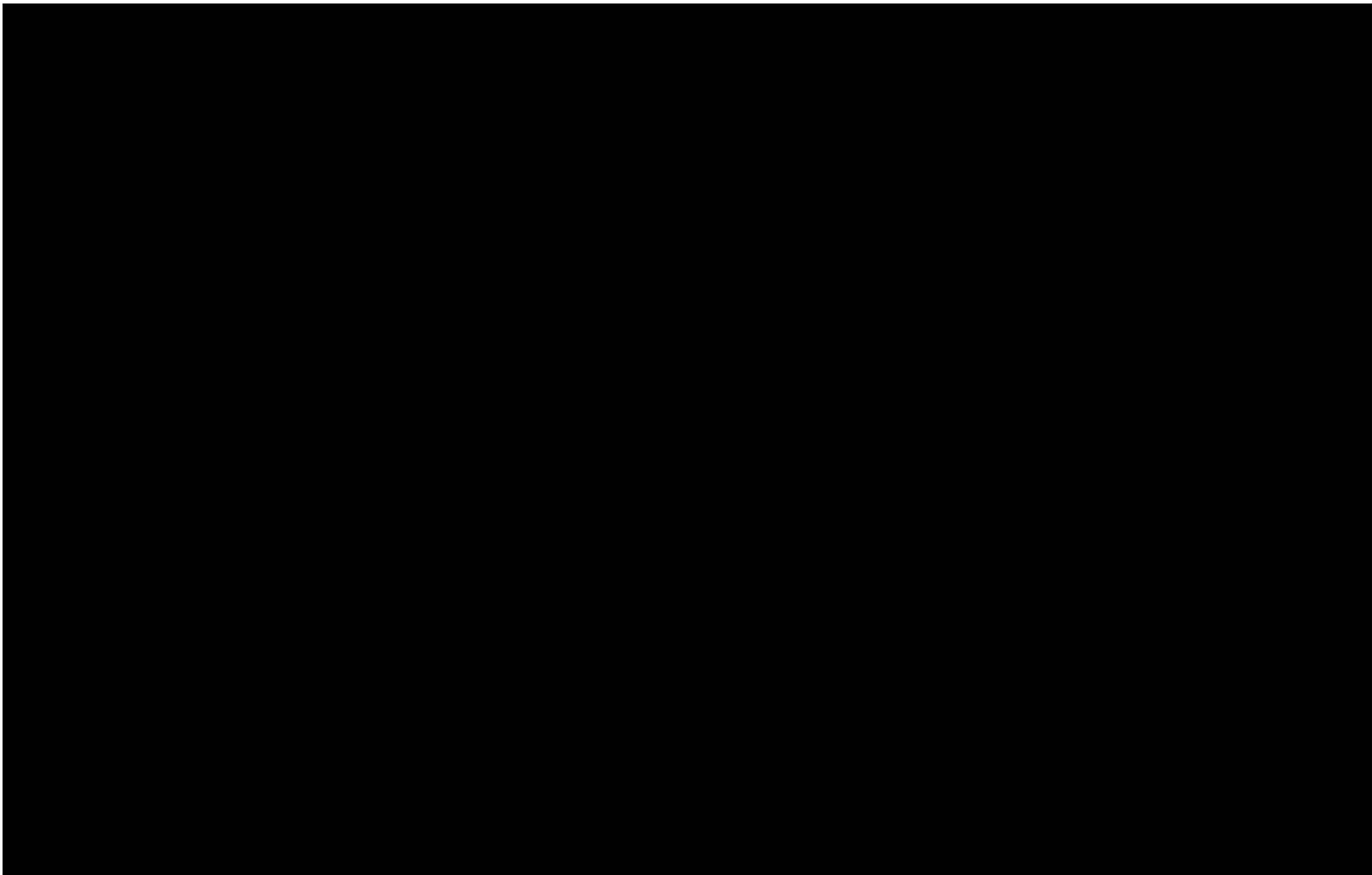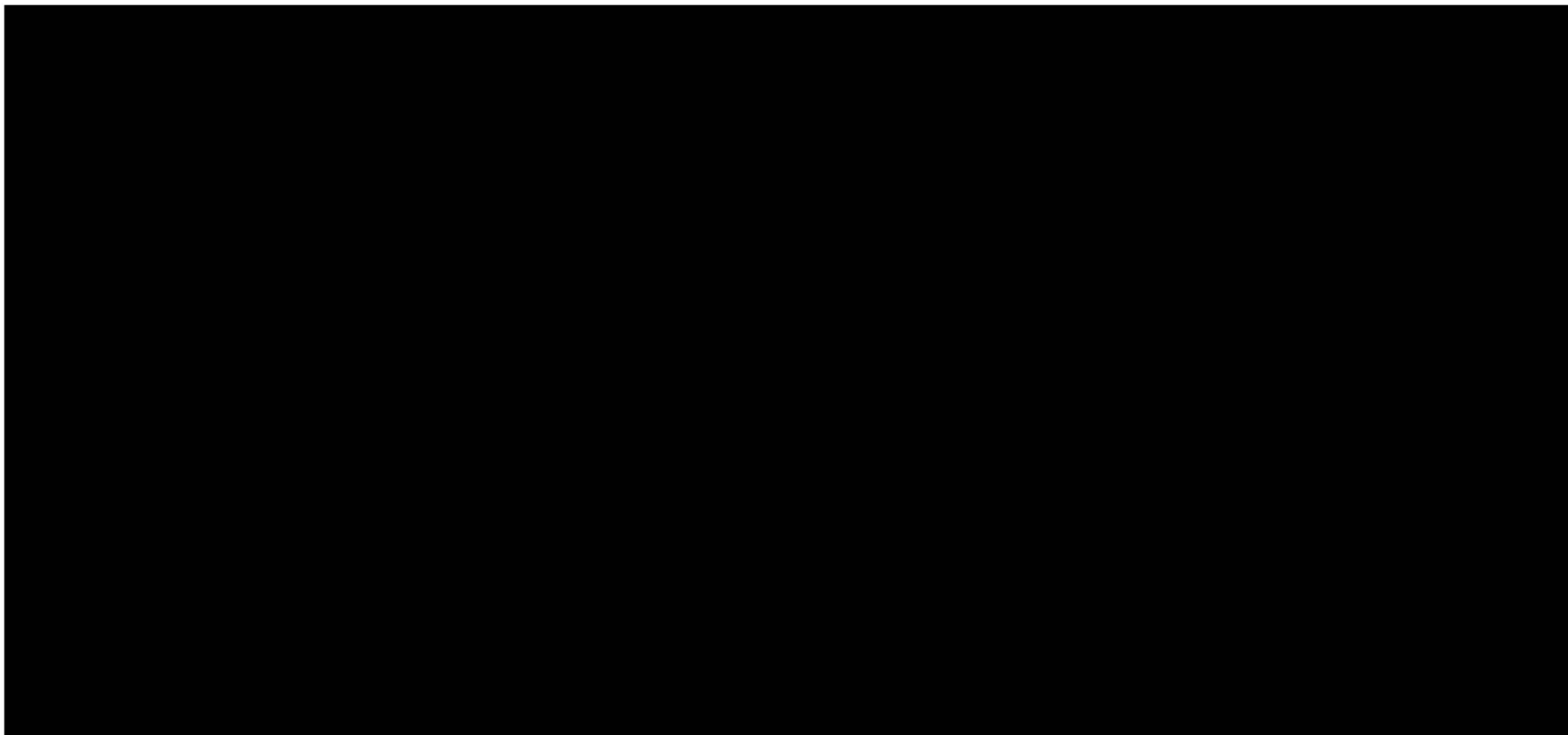
Attachment 1 - TERMS OF REFERENCE

Radiation Oncology Culture Review

Background

Central Coast Local Health District (CCLHD) provides public health services to the communities of the Central Coast Local Government Area (LGA).

To support the communities of the Central Coast, the Cancer Services Directorate (CSD) provides a multidisciplinary team of medical, nursing and allied health specialities with services extending across Gosford and Wyong Hospitals.

Recently, after a review of Radiation Oncology services by The Royal Australian and New Zealand College of Radiologists (RANZCR), the management of the CSD determined a need to undertake a workplace culture review of the Radiation Oncology Department. This review is intended to examine, analyse, and report on all elements of the Radiation Oncology Departments workplace culture.

Purpose

The purpose of this project is to undertake an in-depth review of the prevailing workplace culture of the Radiation Oncology Department through an examination and analysis of documentation relating to workplace culture, organisational structures, and positions that may impact on the workplace culture. Further to this, the review is to identify any issues or roadblocks related to systems or personnel that may affect achieving an optimal workplace culture.

This will include a review of the:

- current workplace culture successes and issues,
- workplace safety culture environment,
- overall workload and business processes,
- manager's and team leader's roles,
- accountability of team and management operational areas, and performance levels,
- areas that are causing uncertainty in responsibility and decision-making, and
- the preparation of suitable reports outlining any findings.

The project will consider all staff working within Radiation Oncology, including Medical Staff, Radiation Therapists, Medical Physicists, Administration staff, Nurses and Cancer Nurse Coordinators.

Scope of Works

The Scope of this review will include:

- an initial briefing with the Human Resources Business Partner (HRBP),
- a review of current structures, manager roles and staff size,
- undertaking up to 20 x 1:1 interviews with key staff,
- completing a maximum of 5 Focus Groups (FGs) with up to 10 staff per FG, as identified by CSD,
- preparation of interview and FG questions,
- preparation and delivery of a workplace culture staff survey with a maximum distribution to 70 staff,
- analysis of documentation inclusive of interviews, FGs, and survey responses,
- the completion of reports as per CSD's requirements.

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