Why staff stay:

an investigation into the relationship between staff retention and staff satisfaction in a specialist public sector hospital

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Abstract

The purpose of this work is to investigate the relationship between staff retention and staff satisfaction and longevity of service. Also to explore whether there is a relationship between retention of staff and levels of staff satisfaction within a specialist healthcare setting in a HSE hospital.

The sub-objectives of the research are as follows:

- To establish the factors that give rise to longevity of service
- To identify any relationship between longevity and satisfaction
- To explore any external factors that directly impact retention
- To provide recommendations that could be implemented to enhance retention

A mixed methodology of both quantitative and qualitative research was carried out. A staff survey was circulated to 554 staff using a Likert scale to measure satisfaction. 209 staff responded – 161 females and 48 males. The survey was conducted using Survey Monkey and the results analysed using SPSS.

In addition to this a series of interviews were used to follow up specific reasons for staff retention.

Ten semi structured interviews were carried out with staff who had completed the survey and had either less than fifteen years service or more than fifteen years service.

The research clearly demonstrates that there is a relationship between staff retention and satisfaction. The factors that emerged from the research were that job satisfaction, engagement, the environment, and leadership style, all affected satisfaction in general and so had a part to play in retention.

There is a relationship demonstrated between longevity and satisfaction that decreases based on service length when service length is greater than fifteen years.

There is a relationship demonstrated between longevity and satisfaction. 70% of staff with under fifteen years' service strongly agreed or agreed that they were satisfied with their job. This is backed up by the results of staff with less than 15 years' service interviewed who presented with good job satisfaction levels, positive

opinions on leadership styles and employee engagement, specifically feeling valued within the organisation. Whereas only 11.1% of staff with over fifteen years' service strongly agreed or agreed that they were satisfied with their job. This concurs with the staff interviewed, who have over 15 years' service, who no longer felt valued by the organisation.

Communication, leadership structures and systems in place are viewed negatively by these staff interviewed. The external factors that impact retention are lack of stability and personal reasons.

Thus the factors that give rise to longevity of service and retention up to 15 years and the factors that give rise after 15 years appear to be different. This also implies that longevity of service beyond 15 years may have less to do with factors that influence retention positively.

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Chapter One: Introduction

Background and Context to Study

Achieving high levels of staff satisfaction is the Holy Grail for HR professionals and for organisations alike. The determination of staff satisfaction can have many outcomes for all organisations, positive and negative.

The question is "what makes staff stay in an organisation?".Is there a relationship between longevity of service and staff satisfaction? Research done to date in this area has focussed primarily on nurses. Factors identified that affect nursing staff satisfaction are job satisfaction, engagement, leadership style, empowerment and autonomy, stress, quality of care , turnover and retention levels. Are the factors that cause staff satisfaction among nurses the same as other staff groups? The aim is to investigate the relationship between retention and longevity and staff satisfaction and to consider whether there is a relationship between retention of staff and levels of staff satisfaction within a specialist healthcare setting in a HSE hospital.

Research has found that distress can have negative effects on the wellbeing of the professionals and also on the quality of care they provide to patients however job satisfaction was found to have a protective effect against these potential negative forces (Renzi, Tabolli, Ianni, Di Pietro, & Puddu, 2005).

The proposed research aims to build on the theory already established and to expand it to include non-clinical staff within a clinical environment to investigate a possible relationship between longevity of service and staff satisfaction.

The Organisation

The selected environment under consideration is a small specialist hospital with 554 employees providing oncology treatment nationally over three sites in Dublin. The ethos of the hospital is that the patient is at the centre of everything that happens.

The research question

Why do staff stay?: Is there a relationship between staff retention and staff satisfaction?

The goal of this research is to examine the factors attributing to staff retention throughout staff divisions in a healthcare hospital setting. The aim is to investigate the relationship between retention and longevity and staff satisfaction and to consider whether there is a relationship between retention of staff and levels of staff satisfaction within a specialist healthcare setting in a HSE hospital.

Ultimately it is hoped that this study will provide management with greater insight into the factors that affect attrition in hospitals by understanding the factors that contribute to decisions to stay in an organisation and through making recommendations to improve retention.

Therefore the research proposal question is to consider whether there is a relationship between retention of staff and levels of staff satisfaction within a specialist healthcare setting in a HSE hospital.

The sub-objectives of the research are as follows:

- To establish the factors that give rise to longevity of service
- To identify any relationship between longevity and satisfaction
- To explore any external factors that directly impact retention
- To provide recommendations that could be implemented to enhance retention

It can be seen that there is a gap within the literature regarding this topic and therefore there is an opportunity to undertake a more focused study and explore the relationship between satisfaction and staff retention most notably within an oncology setting across all staff sectors.

The structure

This dissertation encompasses six chapters. Chapter One includes the introduction, the context of the study, the profile of the organisation where the research was undertaken and the research problem. Chapter Two is the Literature Review which focuses on the theories surrounding job and employee satisfaction and retention. Chapter Three describes the Research Methodology carried out. Chapter Four

displays the Results from the research. Chapter Five discusses the Findings of the research. Chapter 6 shows Conclusions and Recommendations drawn from the research. It is hoped that these recommendations will provide management with greater insight into the factors that affect attrition in hospitals by understanding the factors that contribute to decisions to stay in an organisation. Fundamentally it is hoped that this study will provide management with insight into the factors that influence retention of staff.

Chapter Two: Literature review

Introduction

"A critical literature review is a detailed and justified analysis and commentary of the merits and faults of the literature within a chosen area, which demonstrates familiarity with what is already known about a research topic" (Saunders, Lewis, & Thornhill, 2007, p. 595).

What is Staff Satisfaction?

Staff satisfaction refers to how content employees are with their work in terms of fulfilling employment needs and aspirations. High levels of satisfaction usually contribute positively to good staff morale, workforce stability and low staff turnover (Tham, R; Buykx, P; Kinsman, L; Ward, B; Humphreys, J.S; , Asaid, A; Tuohey, K; Jenner, R, 2014).

Staff satisfaction is an essential outcome variable in research describing the success rate of work environments in hospitals. Studies have focussed on the satisfaction of nursing staff and indicated the importance of job satisfaction in quality outcomes. (Best & Thurston, 2004), (Boyd, Collins, Pipitone, Balk, & Kapustay, 1990). Research by Kvist (2013) focussed on widening this to all staff in one Finnish hospital with the aim of evaluating job satisfaction between staff groups.

The researcher proposes that the following elements together can impact positively or negatively on the manifestation of staff satisfaction in the workplace: engagement, (Schaufeli, Bakker, & Salanova, 2002), job satisfaction, (Peters, L; Cant, R; Sellick, K; O'Connor, M; Lee, S; Burney, S; Karimi, L, 2012), (Boyd, et al., 1990) empowerment and autonomy (Tillott, 2013) (Forest & Kleiner, 2011), (Lartey, Cummings, & Profetto-Mcgrath, 2014), stress, (Dougherty, Pierce, Ma, Panzarella, Rodin, & Zimmermann, 2009), employee retention and employee turnover (Fleming & Taylor, 2006),leadership style (Coetzee & Pauw, 2013), (Doh, Stumpf, & Tymon, 2011), quality of care (Mullenbach, 2010).

Factors affecting Staff Satisfaction

Job Satisfaction

Job satisfaction is defined as the "feelings a worker has about his or her job experiences in relation to previous experiences, current expectations or available alternatives" (Balzer, Kihm, Smith, Irwin, Bachiochi, & Robie, 1997). Job satisfaction can determine the productivity and efficiency of human resource for health as it depicts the extent to which professionals like or dislike their jobs. It can be seen to be linked to the employee's work environment, job responsibility level and time pressures which can all factor in to the employee's organisational commitment and the quality of service provided. (Kumar, Ahmed, Shaikh, Hafeez, & Hafeez, 2013).

Job satisfaction can be defined as an emotional state that is enhanced by achieving results and the feeling of belonging to an efficient functioning work community. Thus it is influenced by working conditions, and the attitude of employees. Research demonstrates that hospitals that score highly in job satisfaction measurements also reportedly score high in quality of care and other desirable outcomes (Best & Thurston, 2004)."Job satisfaction is positively correlated with the quality of care, which is highest in units where job satisfaction among staff is high. (Kvist, Mantynen, & Vehvilainen-Julkunen, 2013). Therefore job satisfaction levels can act as an indicator of the quality of health care.

The analysis of job satisfaction is very important and the evaluation of the indicators of satisfaction is essential. If patient satisfaction is a step on the achievement of quality health care then the quality of care cannot be guaranteed without patient satisfaction. (Cidon, Martin, Villaizan, & Lara, 2012).Job satisfaction in nurses was deemed a major motivator in retention or attrition among nurses (Peters, et al., 2012). Research indicates that satisfaction occurs when nurse expectations are matched with the hospital's vision and values (Boyd et al.,1990).

Job satisfaction is influenced by working conditions such as managements approach and behaviour. Supportive supervisor behaviour creates a culture that provides individuals with the chance to make a difference on the job, try out new skills, exercise discretion and receive feedback on their performance (Kochanski & Ledford, 2001).

Meyer (1991) linked job satisfaction to job commitment, arguing that an affective organisation with an involvement and where employees can identify with a particular organisation will maintain employees and provide satisfaction for responsibilities. Research has considered that if satisfied employees do perform and stay loyal to an organisation then what are the variables that influence high and low satisfaction in the public and private sector (Izvercian, Potra, & Ivascu, 2016).

In research in to the Dutch public sector (Steijn, 2004) the classifications that were used cover individual characteristics such as age gender and ethnicity, job characteristics, such as income, permanency of job and skill utilisation, and work environment characteristics such as workload, satisfaction with management, personnel management practices and overall satisfaction.

Factors affecting Staff Satisfaction

Employee Retention

One of the greatest concerns for any organization, especially high growth organisations is the retention of employees (Peterson, 2005). In the past thirty years recruitment and retention of nurses has been indicated as the most significant issue facing nursing administrators, educators, researchers and clinicians in the ongoing nursing shortage in the United States (Boyd et al.,1990).

Studies suggest that healthcare organisations need to be more pro-active improving staff retention (Duffield, Roche, Blay, & Stasa, 2010). Specifically a lot of research has focussed predominantly on the category of nurses and nurse retention as a result of the somewhat worldwide shortage of nurses and retention of staff over the past decade. Research indicates pay, poor service, increasing responsibility and stress are key factors in recruitment and retention with health care workers (Fleming & Taylor, 2006).

Research into retention of Canadian nurses demonstrates that retention is influenced by many factors such as flexible scheduling, money, health benefits, mentorship, opportunities, organisational focus on retention, management practices and recognition, work environment and retirement plans (Lartey, Cummings, & Profetto-Mcgrath, 2014).

Academic research is limited regarding any potential links between organisational performance and staff retention within the HSE or indeed any hospital setting. "Scant attention has been paid to the health care environment and how it may influence important individual and organizational outcomes (Rathert, Ishqaidef, & May, 2009, p. 334).

Factors affecting Staff Satisfaction

Employee Turnover

Employee turnover is not an event but rather a process of disengagement that can take days, weeks, months or even years to manifest (Branham, 2005).

Mobley's model of turnover (1977) "posits that job and working conditions affect job satisfaction which in turn leads to thoughts of quitting, to evaluation of the utility of searching behaviour, job search, evaluation of alternatives, comparison of alternatives vs. the present job, intention to quit or stay and finally to turnover or retention behaviour" (1977, p. 238).

Indicators from research state that minimal staff turnover allows consistency in the level of service provided to customers. The link between a healthy work environment and retention for nurses has been noted by research to date.

Research completed within the HSE has investigated the relationship between turnover and retention of nurses employed and the factors that influence both (Cullen, 2016). The data extracted showed that the relationship the organisation had with its patients was the most influential factor while the public reputation of the organisation was the least influential in staff retention.

Decreasing nurse turnover could decrease healthcare costs, increase staff satisfaction and maintain safer patient care (Lartey, Cummings, & Profetto-Mcgrath, 2014). High nurse turnover has been associated in research with high stress among nurses in the workplace (Erenstein & McCaffrey, 2007).

"There is no doubt that staff turnover at any level can have a negative impact on employee morale and can affect employee motivation and work ethic" (Thompson, 2014).

Factors affecting Staff Satisfaction

Leadership Style

The role of organisational leaders is key to achieving retention success (Doh et al., 2011). This research stated that there must be a commitment by leaders to a business strategy that addresses the development of its talent and its retention through practices that affect satisfaction and retention levels. These themes were investigated among American nurses (Forest & Kleiner, 2011) and it was determined that leadership style was a factor and this research offered an alternative theory on retention where leadership styles were deemed to provide autonomy for nurses.

Employee commitment is vital in shaping desired employee behaviours and attitudes by forging psychological links between the goals of the organisation and the employee. (Coetzee & Pauw, 2013).

According to research if performers leave organisations and non-performers stay then retention is considered highly dysfunctional and can result in damage to innovation and performance (Abbasi & Hollman, 2000). Leaders' emotional competency can positively predict staff members' attitudes and perceptions toward the organization specifically in regards to retention (Coetzee & Pauw, 2013). Research s showed that leadership style is strongly related to job satisfaction and organizational commitment (Lok & Crawford, 2004).

Factors affecting Staff Satisfaction

Employee Engagement

Engagement can be defined as Kahn states "the harnessing of organizational member selves to their work roles" (1990, p. 692). Nursing has used the term as referring to engaged scholarship, civic and clinical engagement (Bargagliotti, 2011)."Today's successful organizations are reaching back into their missions to draw out the reason they are here in the first place: to care for patients" (Lanser, 2000, p. 7).

"Engaged employees have a sense of energetic and effective connection with their work activities and they see themselves as able to deal with the demands of their jobs. Work engagement is defined as a positive fulfilling work related state of mind that is characterized by vigour, dedication and absorption (Schaufeli W. , 2006).

It is imperative to ensure that outcomes of engagement are measureable as well as tangible; Simpson urges a word of warning in his research; "The danger with concepts like engagement is that they can become unwieldy fuzzily defined terms invoked as panaceas for the dilemmas of workforce management" (2009a, p. 1013).

Harter, Schmidt & Keyes (2003) propose that higher levels of work engagement may contribute to workplaces where employees are more productive, committed and creative and in the long run will prevent countless negative consequences for employees and their organisations.

The social identity theory describes how individual and group processes interact to determine individual motivation – "where people think of themselves as part of a collective they are more energized by different experiences or events than when they identify themselves as separate individuals " (Ellemers, De Gilder, & Haslam, 2004, p. 452).

Rock's (2008) domains - status, certainty, autonomy, relatedness and fairness align with emerging themes attempting to identify the dominant influencing factors of workplace culture and nurse engagement (Tillott, 2013).

Factors affecting Staff Satisfaction

Stress

Work stress is defined as "the process by which workplace psychological experiences and demands (stressors) produce both short term and long term changes in mental and physical health" (Ganster & Rosen, 2013, p. 1085). The Maslach Burnout inventory (MBI) is the most common measure of burnout – it encompasses being emotionally overextended from one's work, emotional detachment from the work and feelings of incompetence and lack of achievement. (Dougherty et al., 2009).

Research into stress in the working environment (Mosadeghrad, 2014)determined that it can have a negative effect on the standard of care to patients which differentiates employees stress levels about their specific roles and responsibilities. Within the healthcare industry any toxic culture of an organisation can have a very negative impact on employees (Longo, 2007).

Specifically within an oncology setting this was investigated by research (Ko & Kiser-larson, 2016) who determined that the occurrence of mistakes in practice due to poor working conditions and a lack of support can create stress as an outcome for nurses which then impacts the type of care given to patients.

Another negative outcome is the increased levels of stress on existing nurses (Erenstein & McCaffrey, 2007). Researchers have identified that workplace stress, which covers job stress and the quality of the work environment, is a significant contributory factor to retention issues in nursing (Duffield, Roche, Blay, & Stasa, 2010) (Letvak & Buck, 2008). In research into the same subject among in Indian nurses (Parul, 2014) it was found that stress consistently affected nurses' job satisfaction, employee turnover and general employee wellbeing.

However research also indicates that despite high levels of stress within an oncology setting 85% of surveyed staff stated that they looked forward to coming to work and the majority in this research felt supported by their team and the hospital. Professional satisfaction was strongly negatively correlated with staff stress (Dougherty et al., 2009).

There are indicators that personal characteristics such as resilience are an important factor in the management of work stress within an oncology setting. "In a time of ongoing nursing shortages and retention difficulties particularly in the oncology specialty, resilience is an important personal characteristic in the management of professional and organizational workplace stress" (Grafton, Gillespie, & Henderson, 2010, p. 699).

Factors affecting Staff Satisfaction

Quality of Care

Research indicates that a high level of job satisfaction of nursing staff results in a higher quality of health care, which in turn determines high levels of patient satisfaction (Munson & Heda, 1974) and there is a direct relationship between the level of job satisfaction of nursing staff and the care they provide.

In an evaluation of elements from the patients perspective (Kvist, Voutilainen, Mantynen, & Wehvilainen-Julkunen, 2014) it was found that in general, nursing staff with a high level of job satisfaction is important for a high quality of care to patients and continuing professional development increases the job satisfaction for nurses.

"Information concerning patient satisfaction is a key indicator of the quality of care and treatment delivered by physicians, paramedical staff and the hospital as a whole" (Bergenmar, Nylen, Lidbrink, Bergh, & Breandberg, 2006, p. 550).

Mosedeghrad's (2014) research into stress in the working environment determined that it can have a negative effect on the standard of care to patients. Similarly Scott (2014)compounded this in research. Schein's theory of organizational culture (1995) highlights the assumptions that define an organisation – this allows for significant differences to exist between espoused values and underlying assumptions and in a hospital environment this can resonate into the experience of the patient.

Mullenbach (2010) highlighted that retention among nurses in medical and surgical wards can bring about higher staff satisfaction, fewer vacancies and less patient error. This research doesn't correlate a reduction in stress in conjunction with staff retention but does indicate that the quality of patient care does lie with retention. It appears that job satisfaction is drawn from the perception of doing something worthwhile; for example by making an emotional investment in the life of another individual (Fleming & Taylor, 2006).

Factors affecting Staff Satisfaction

Empowerment & Autonomy

Research on work empowerment is deemed to be a critical factor for success in any organization (Joo, Lim, & Kim, 2016). As a result of its importance, there has been significant research done on the positive impact of empowerment on employees' health, loyalty and job satisfaction. The Work Cognition Inventory (WCI) was developed (Nimon, Zigarmi, Houson, Witt, & Diehl, 2011) to investigate the cognitive work experience of employees necessary to facilitate work passion.

Lartey (2014) indicates professional work practice models promoting nurses autonomy, increased accountability and shared governance resulted in either maintained or increased retention. The research demonstrated that interventions that were team oriented as well as individually targeted strategies produced higher retention results.

How do these factors relate to the theoretical models?

Having examined theoretical models available the researcher is using the established theoretical framework of the Affective Events Theory to makes sense of findings. Why is the researcher using this theory and why is another not appropriate? In giving consideration to this it is important to look at existing theoretical models in order to compare and contrast research data analysis. The following is a summary of theoretical models considered.

Adam's Equity Theory

The Equity theory considers justice in the workplace environment (Adams, 1965) and has been used to consider a general theory around interpersonal relationships that treats social interaction as an exchange between people. The theory argues that resources should be used in a way so that inputs and outcomes are proportional. (Arvanitis & Hantzl, 2016).

It proposes that individuals who perceive themselves as either under-rewarded or over rewarded will experience distress and this distress leads to efforts to restore equity (Huseman, 1987). There are four propositions to this theory – that individuals evaluate their relationships with others by assessing the ratio of their outcomes from and inputs to the relationship against the outcome/input ratio of a comparison other. Then if the outcome/input ratios of the individual and the comparison other are

perceived to be unequal then inequity exists. The greater the inequity the individual perceives the more distress the individual feels. Finally the greater the distress the harder the individual will work to restore equity to reduce the distress (Adams, 1965) (Adams, 1963).

This theory is predicated on the employee's perception of fairness and balance as they strive to ensure that rewards are equitable in comparison to the inputs of other employees. In an effort to rebalance equity employees may choose to leave the organisation, request higher pay or reduce performance. A perception of inequity can reduce job satisfaction through reduced motivation as a result of stress generated by this perception. The impact of inequity in the workplace contributes to a systematic loss of human capital with implications for growth across all organizational settings.

The Job Characteristic Theory

Job characteristics are recognised as important antecedents of job satisfaction (Charkhabi, Alimohammadi, & Charkhabi, 2014). The Hackman Oldham model (Hackman & Oldham, 1976) describe five job characteristics (variety, identity, significance, autonomy and feedback) and how these influence three key psychological states (experienced meaningfulness of the work, experienced responsibility for the outcomes of the work and knowledge of the results of the work activities). Research confirms that by setting proper job characteristics employers can improve job satisfaction among nurses which will promote health outcomes (Charkhabi et al., 2014).

The Two Factor Theory

The two factor theory also known as the motivation-hygiene theory and the dual factor theory states that two sets of factor exist within the workplace that either satisfy or do not satisfy employees (Herzberg, 2003). The theory determines individual factors, such as salary, recognition or relationship with peers as separate components of work environment as related to job motivation and job satisfaction (Herzberg, 2003). Satisfiers can lead to job satisfaction. However dissatisfiers do not motivate people and they do not create job satisfaction. But equally they do not necessarily lead to job dissatisfaction. The theory at its centre has the belief that a

variable can uniquely influence a person's satisfaction or dissatisfaction but not both (Bohm, 2012). The antagonistic nature of motivation and hygiene factors allows the theory to challenge the assumption that satisfaction and dissatisfaction are one-dimensional polar opposites and recognises that a variable might exclusively relate to one but not necessarily to both (Bohm, 2012).

The Affective Events Theory

A central attitude in organisational research is commitment, being a force that binds people to organisations (Meyer & Herscovitch, 1997). Affective Events Theory supplies a framework for investigating the relationship between events in the workplace, employee's emotions and the attitudes and behaviours that result from these events. AET is concerned with how employees feel while working, the workplace events which cause those feelings and the impact the feelings have on organizational attitudes and behaviours (Weiss & Cropanzano, 1996).

The four main elements supporting AET are the nature, cause and consequences of emotion in the workplace, secondly what events cause emotional reactions in the workplace, thirdly that emotions fluctuate over time and can be predicted and lastly that emotional experiences are multidimensional and that this multidimensionality is as important as the environment that it occurs within (Mitchell, 2011). As employees with a strong affective commitment continue employment with the organization and tend to make more effort for the organization, it can be said that affective commitment represents the overall organizational commitment. Employees with strong affective attachment to the organization tend to "identify with, be involved in, and enjoy membership in, the organization" (Allen & Meyer, 1990).

Conclusion

When the researcher considers the historical theories in relation to satisfaction the researcher sees the theories in the following way – Adam's theory is predicated on the employee's perception of fairness in terms of the equity of reward to input of efforts. This perception can impact overall staff satisfaction if the employee believes inequity exists. The researcher determines that perception is how an employee sees

things even if this may not be the reality but is based on their view of the situation and how they feel about it.

The job characteristic theory hinges on the effects of job characteristics on the mental and physical wellbeing of employees. Thus how the employee views task significance, task variety and autonomy in relation to their job and whether these characteristics are viewed positively or negatively. The Hackman Oldham model took this a step further by examining five specific job characteristics and whether or how these influence three key psychological states surrounding meaningfulness of the work, the outcomes and the results of how work activities are completed.

At this point in theoretical models, research has identified that how the employee feels about their job can influence outcomes for themselves and for the organisation. Thus Herzberg's dual factor theory takes this idea further to present the theory that some factors do not produce a binary result for employees i.e., although when factors e.g. salary, recognition and relationship with peers is present this can increase job satisfaction the opposite does not produce job dissatisfaction even though these factors equally do not motivate employees.

At this juncture it is evident to the researcher that the relationship that an employee has with its organisation in terms of satisfaction is complex and varied and indeed that satisfaction can be influenced and likewise not influenced by standard variables.

Therefore the researcher begins to see the importance of the employee's individual opinion in relationship to motivators for satisfaction and the researcher determines that all variables are interchangeable depending on the employee's perspective.

To this end the Affective Events Theory is the researcher's theory of choice because this theory is concerned with how employees feel while working, the events within the workplace that cause these feelings and the impact that these feelings can have on behaviours and the overall organisation. Employees who are highly committed to the organization would stay because they want to (Allen & Meyer, 1996).

The researcher proposes that how an employee feels about their work, the workplace, the organisation and their work colleagues has an impact on their own behaviour in terms of retention. The researcher proposes that how an employee feels

can affect their opinion in relation to the factors that impact satisfaction. This paper aims to understand the main variables that influence staff retention in an oncology setting in the Irish public sector and proposes to discover theory from interview data and analysis from quantitative research.

Chapter 3: Research Methodology

Introduction

"Methodology is the theory of how research should be undertaken, including the theoretical and philosophical assumptions upon which research is based and the implications of these for the method or methods adopted" (Saunders, Lewis, & Thornhill, 2007, p. 603).

This chapter deals with the methodology that was used to carry out the research to achieve the goal of the study. The aim is to investigate the relationship between retention, longevity and staff satisfaction; to consider whether there is a relationship between retention of staff in terms of longevity of service and levels of staff satisfaction within a specialist healthcare setting in a HSE hospital.

This chapter outlines the research approach and methods chosen. It provides details on the justification of the approach. The areas covered include the research approach, research design, data collection instruments, data collection limitations and ethical considerations.

Research Question, Aim and Objectives

The research proposal question is to consider whether there is a relationship between retention of staff and levels of staff satisfaction within a specialist healthcare setting in the HSE.

Therefore the goal of the research is to indicate factors that cause staff to stay in a specialist healthcare environment with the aim of making recommendations to management to enhance retention further.

The objectives of the research are as follows:

- To establish the factors that give rise to longevity of service
- To identify any relationship between longevity and satisfaction
- To explore any external factors that directly impact retention
- To provide recommendations that could be implemented to enhance retention

The Research Paradigm

Kuhn (1970) describes a paradigm as a cluster of beliefs that guides researchers to decide what should be studied and how results should be interpreted. Saunders, Lewis & Morgan (2007) cite research by Burrell and Morgan (p112) who identify four paradigms for research, functionalist, interpretive, radical humanist and radical structuralist. Each of these fosters a different research method and focuses on a different area of study.

The researcher has determined that to use the interpretive approach is the appropriate approach as there is a particular set of circumstances with individuals coming together at a specific time and thus the researcher is entering their world and must understand it from their perspective. This relates positively to the researcher's theory of choice because the AET theory is concerned with how employees feel while working, the events within the workplace that cause these feelings and the impact that these feelings can have on behaviours and the overall organisation.

The research method will be a mixed method, combining qualitative and quantitative research. Some research argues that multiple methods are useful if they provide the researcher with better opportunities to answer the research questions and where they allow the researcher to better evaluate the extent to which your research findings can be trusted (Tashakkori, 2003). The researcher concurs with this view and the methodology used will combine qualitative and quantitative research to strengthen the validity and quality of data analysis and research findings regarding staff satisfaction and staff retention.

A mixed method research approach uses both quantitative and qualitative world views at the research methods stage, quantitative data are analysed quantitatively and qualitative data are analysed qualitatively (Saunders, 2015). The purpose is to understand the different realities that purport to explain motivation for retention for employees and how the organisation does or doesn't impact these realities and whether satisfaction is a consistent reality for retention of staff across different

departmental groupings within a specialist hospital environment. "The appropriateness of a research investigation, in terms of its design and methodology, is derived from the nature of the social phenomena being explored" (Morgan & Smircich, 1980, p. 491).

The mixed method approach was decided upon because it allows the researcher to broaden the engagement of the process overall. The researcher wishes to analyse the responses on the theme of satisfaction in the quantitative analysis. The semi-structured interviews allow for themes to be investigated and possibly corroborated. Employees can elaborate on answers in order for the researcher to elicit a greater understanding. This allows the researcher to begin with a general hypothesis and potentially move to specific answers. The combination of the methods will allow for in depth analysis and for comparisons to be made. The researcher can use the survey results to indicate a broad view of the research question and the interviews can allow for greater investigation on themes identified (Greener, 2017). This is identified by Creswell (2003) as the sequential explanatory design.

Research Design

The researcher considered the factors to be considered in determining whether an inductive or a deductive approach should be taken. Time, risk and the audience were all given due consideration in weighing up a decision. Deductive research can be quicker to complete and can also be lower risk in terms of strategy. It is a very structured approach and based on scientific principles where the researcher is independent of the research. Induction emphasises a more flexible structure to permit changes of research emphasis and a realisation that the researcher is part of the research process. It is less concerned with the need to generalise. (Saunders, 2015) The researcher decided on an inductive approach.

Induction is favoured over deduction as fundamentally this research is a general attempt to gain an understanding from specific and detailed findings of the meaning staff attach to elements such as their work environment and job satisfaction (Wallace, 1971). To this end the researcher is particularly concerned with the context in which the events are taking place.

The assessment of the research must be considered in regards to the potential consistency of findings using data collection techniques and analysis of same.

Reliability can be measured in three ways; looking at whether measurement on a different occasion will yield the same result, will other observers reach similar conclusions and is there transparency in how sense was made from the raw data (Easterby-Smith, Golden-Biddle, & Locke, 2008). The researcher is also concerned with the potential ambiguity about causal direction regarding a potential threat to validity.

Qualitative research

This is a generic term for investigative methodologies described as ethnographic, naturalistic, anthropological, field, or participant observer research. It emphasizes the importance of looking at variables in the natural setting in which they are found. Interaction between variables is important. Detailed data is gathered through open ended questions that provide direct quotations. The interviewer is a part of the process.

The justification for this is that qualitative research aims to capture the voice and experience of other people and understand the world from their perspective. To this end it is according to Bryman (2008) "inductivist, constructionist and interpretivist". The advantage of this for this research project is that it is useful to conduct interviews in a specific environment, context and condition which fits the criteria of the research question. Semi –structured interviews will allow the researcher a better opportunity to evaluate the extent to which the findings can be evaluated.

The main disadvantage is that it is resource intensive and data analysis can be time consuming. There is an expectation according to Tsoukas (1994) that change will occur in all systems, groups or individuals under study and the researcher determines that for this reason conducting the research as an interpretivist assumes that the research will be virtually impossible to reproduce.

Quantitative Data

Quantitative data refers to all numerical data or data that can be quantified to assist in answering a research question. A quantitative approach in terms of a data survey will examine the relationships between the variables i.e. factors that influence staff retention and factors that influence staff satisfaction using clear and unambiguous

questions and the research will measure results numerically on a scale of 1 to 5 – Strongly agree (1) Agree (2) Neither (3) Disagree (4) and Disagree strongly (5)

A survey will allow for a large collection of data in an economical way and the data can be standardised, allowing for easy comparison. Saunders (2015) states that a valid questionnaire will enable accurate data to be collected and a questionnaire that that is reliable will mean that data is collected consistently.

The use of quantitative analysis techniques such as graphs, charts and statistics will allow the researcher to examine relationships and present trends (if any) in the data.

The researcher is conscious of the advantage of having organisational knowledge which may enhance an understanding of the organisational complexities however the researcher is also aware that with this knowledge can come assumptions and preconceptions which could prevent enrichment of the research. In order to pre-empt this, the researcher will ask basic questions in the quantitative research to allow for full transparency and eradicating assumptions. The researcher determines that this will increase the internal validity of the survey because the survey will represent the reality of each employee's perspective and thus what needs to be measured.

A timeframe of four weeks was given for the completion for the staff satisfaction survey in order to reduce participant error. Examining staff satisfaction on a Monday morning may give rise to different results than on a Friday afternoon. Robson (2002) had indicated this as one of the threats to reliability. Anonymity of respondents is assured and no personal data that could allow for identification was requested in the survey – in this way the potential for participant bias is reduced also.

Quantitative Research Choice: On-line Survey

The researcher proposes using data collected from a cross sectional survey of staff in one hospital based on the HSE Health Sector National Staff Survey Scale developed in 2014. The survey will be self-administered by respondents via Surveymonkey. This method of self-administration allows staff the convenience of doing the survey at a time that is convenient for them and allows them to honestly answer the questions. This will ensure valid and dependable data is extracted.

Each question in the survey will be a scale item using the Likert scale. The Likert scale was decided upon because the scale has been empirically tested and validated, the scale measures what the researcher is interested in and the scale was designed for respondents similar to the target population identified.

The HSE Health Sector National Staff Survey Scale was developed in 2014 and is a 65 item instrument that measures satisfaction with culture and values (7), satisfaction with the work (11), satisfaction with the organisation (7), satisfaction with communication (11), satisfaction with relationships (9), satisfaction with environment (11) and satisfaction with development opportunities (9).

Closed questions will be asked to determine factors in regards to satisfaction. The data will be analysed using SPSS statistical tool for analysis.

Qualitative Research Choice: Interviews

The researcher proposes using the semi –structured interview tool for the following reasons: firstly it is composed of a series of questions on a certain theme in a planned form. Secondly a script of certain themed questions will be followed but the respondent has the freedom to express freely. Therefore if new evidence presents itself through the successive interviews the researcher has the scope to change or amend the questions to adapt same to get better efficiency.

This concurs with findings from Jankowicz (2005) and Easterby-Smith et al (2008). The researcher has also considered that this choice may neutralise the potential biases that can come from using a single research method (Creswell, 2003).

"Semi-structured and in-depth interviews provide you with the opportunity to "probe" answers, where you want your interviewees to explain or build upon their responses" (Saunders, 2015). This also allows interviewees the opportunity to think about subjects they may not have thought about before.

Population and sample size

The population for this research is all staff employed in one specialty healthcare setting in Dublin encompassing 554 employees across three separate sites. This is the only healthcare setting of its kind in Ireland thus the experiences of staff may not be reflective of all staff within the HSE across Ireland.

Pilot Testing

A pilot study was not used due to time restraints.

Ethical Considerations

The research topic is governed by ethical considerations. To ensure that the research remains ethical the researcher will avoid bias in design, data analysis and data interpretation, ensure confidentiality, remain open in terms of sharing data, protect subjects and practice non-discrimination. The researcher has considered fully the extent and access that is required in order to be able to answer the research question and to fully meet the objectives.

It was specified that the research was being conducted for academic purposes and that responses were confidential. Participants were asked to provide answers according to their personal opinions. Trust was established at all aspects throughout the process by emphasising confidentiality, by offering total transparency and by articulating at each stage the purpose of the research to the interviewee. The researcher considered their ability to gain sufficient access to subjects in order to answer the research question. Ethical considerations were taken into consideration when designing questions to ensure that misinterpretation could not occur regarding any aspects of discrimination.

Limitations of the Research

One limitation of this research approach is the potential for a low response rate of staff to the general survey. Another potential limitation is that staff will not wish to participate in semi-structured interviews because of a lack of anonymity and knowing the researcher. Had the researcher more time a larger number of semi-structured interviews would have occurred. However the researcher feels that the

data extracted accurately reflects the opinions and mind-set of staff across one specialist healthcare setting.

Data collection: Quantitative Data Analysis

A web based link questionnaire was sent to all 554 staff. The survey was accompanied by an e-mail that explained the purpose of the survey. The response rates were categorised by group: consultant, medical (other), non-consultants, nurses, health and social care professionals, other support staff, (maintenance staff, catering assistants, chefs,) health care assistants, clerical and administration. It was also categorised by the profile of manager and non-managers, length of service more than fifteen years and less than fifteen years as well as contract type. All groups and profiles used reflect the Health Sector National Staff Survey 2016 groups and profiles for benchmarking. The data was statistically analysed. The data was compiled using charts for ease of display.

Data collection: Semi-Structured Interviews

All participants were briefed prior to interview with regards to confidentiality and it was also outlined to participants before commencement that if they wished to withdraw from proceedings they may do so at any stage, and that if there were questions they felt they could not, or preferred not to answer this would be acceptable.

Participants were also informed that any of the material produced as a result of their contributions was available to access at any time if they so wished. They were notified that the information and content provided would be transcribed, typed up and included in the final report of the research, and then subsequently published in the college library thereafter.

Written consent was received prior to any interview beginning.   Two scheduled dates of interviews were proposed for interviewees in line with their own schedules.

Finally, before the beginning of each interview the individuals were made aware that the entirety of the interview would be electronically recorded using a laptop, with the purpose of assisting the transcribing in the analysis section of the study. They were also informed that notes would be taken throughout the interview, notes that would be highlighting key points or comments mentioned, and also are used in the transcribing process to assist the researcher.

The interviews had an indicative timeframe of 15-30 minutes depending on each individual participant. Interviews were semi-structured with a set list of questions for each sub-objective. Interviews were recorded. The interview guide composed of eighteen main questions allowing the interviewee the scope to describe and identify their main work, position and title. Where the essence of the question has not been fully understood the question was answered and then rephrased. Ten individuals in a range of positions with positive length of service were interviewed. The interviewees were specifically chosen on the basis that they firstly had completed the survey and secondly that they had longevity of service as determined by the survey i.e. falling into one of two categories; greater than fifteen years' service or less than fifteen years' service.

The interviews took 2 weeks to be completed.

The interviewees were only comfortable to record their position and length of service. These were as follows: • Subject A: Finance Manager(10 years) • Subject B: PA to the Network manager (36 years) • Subject C: HR Officer (10 years), Subject D; Catering Assistant (13 years), Subject E: Porter (13 years), Subject F: Director of Nursing (16.5 years), Subject G: Catering Manager (15 years), Subject H: Medical Secretary (31 years), Subject I: Payroll Supervisor (19 years), Subject J: Network Manager (10 years).

The findings from the interviews were analysed using themes that prevailed in the duration of the interviews.

The researcher used a thematic network approach because the researcher wished to investigate if there was any similarity between factors impacting staff satisfaction presented in research to date with the chosen research organisation and subsection of staff interviewed. "It enables a methodical systematization of textual data, facilitates

the disclosure of each step in the analytic process, it aids the organization of an analysis and its presentation and allows a sensitive insightful and rich exploration of a texts' overt structures and underlying patterns" (Attride-Stirling, 2001).

The researcher began by linking the qualitative data together by commonality. Basic themes were extracted from reading and rereading multiple times the transcribed interviews. The researcher also found it helpful to listen on multiple occasions to the audio version of the interviews to look for similar phrases used. These basic themes were listed out. The basic themes were decided upon based on the relevance to the research question, and other reasons for example if a statement or a comment surprised the researcher, if the interviewee stressed its importance, or if it demonstrated a theoretical concept.

These organizing themes were linked finally to a global theme.

Chapter 4: Results

Introduction

The aim of this chapter is to amalgamate the results. The quantitative results will be displayed first followed by the qualitative results.

Quantitative Research Results

A scaled questionnaire was designed using Survey Monkey and was deployed to all employees in one specialist HSE hospital. Out of the total 209(N) responses 47 were men and 161 were women.

The descriptive statistics define the Mean (M) and Standard Deviations (SD) followed by Correlations. Reliability tests were performed. Reliability is an assessment of the degree of consistency between multiple measurements of a variable. High construct reliability indicates that internal consistency exists, meaning that they measure all consistently represent the same latent construct.

Reliability analyses of the 61 variables were carried out and the Cronbach's alpha was 0.993. The reliability value of 0.7 or higher suggests good reliability.

Case Processing Summary

		N	%
Cases	Valid	206	98.6
	Excluded[a]	3	1.4
	Total	209	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.993	61

Table 1: Reliability

Table 1 shows that all the variables are consistent to indicate a specific construct. This result does confirm the validity of the constructs chosen as well as confirming them as suitable for the present research.

The table in **Appendix 1** shows the Item Statistics**.** It lists the Mean and Standard deviation for each of the 61 variables for the   206(N) results. The **Mean** or average describes the central tendency. The **Standard Deviation** shows the relation that the set of scores has to the mean of the sample. The table shows that all the variables are consistent to indicate a specific construct.

Descriptives

Appendix 2 lists the measures of central tendency (**mean**), measures of dispersion (range, **standard deviation**, variance, **minimum** and **maximum**), and measures of **kurtosis** and **skewness**.

Tests of Normality

The tables in **Appendix 3** presents the results from two well-known tests of normality, the Kolmogorov-Smirnov Test and the Shapiro-Wilk Test. The Shapiro-Wilk Test is more appropriate for small sample sizes (< 50 samples), but can also handle sample sizes as large as 2000. For this reason, we will use the Shapiro-Wilk test as our numerical means of assessing normality.

We can see from the table that the dependent variable was not normally distributed. If the **Sig.** value of the Shapiro-Wilk Test is greater than 0.05, the data is normal. If it is below 0.05, the data significantly deviates from a normal distribution. The Sig. is 0 therefore we reject the null hypothesis. This means that we can state that there is a significant deviation from normal distribution.

Single Sample T-Test comparing to HSE stats satisfaction

An independent single sample T-test was undertaken to ascertain if there were differences between the average job satisfaction level of HSE employees and the job satisfaction level of staff in the specialist hospital. Table 2 depicts the typical output from an Independent Samples T-test. Mean job satisfaction score (2.68 ± 1.176) was higher than the normal job satisfaction score of 0.56, so there is a statistically significant difference, $t(208) = 26.061$, $p = .000$.

There was a statistically significant difference between means ($p < .05$) and, therefore, we can reject the null hypothesis and accept the alternative hypothesis. This means that there is a difference between the average HSE satisfaction score and the results obtained in the specialist hospital.

Table 2: Independent single sample T-test

One-Sample Statistics				
	N	Mean	Std. Deviation	Std. Error Mean
Overall, how satisfied are you with your job at the present time?	209	2.68	1.176	.081

One-Sample Test						
Test Value = 0.56						
					95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
Overall, how satisfied are you with your job at the present time?	26.061	208	.000	2.119	1.96	2.28

Frequency Analysis

For staff with less than 15 years of service, it can be seen from the Frequency Table below (**Table 3)** and bar chart (**Figure 1**) that (14.4%, n=21) of the people strongly agreed that they are satisfied with their job at the present time. It was observed that (65.8%, n=96) of the people agreed that they are satisfied with their job at the present time, (19.2%, n=28) of the people neither agreed or disagreed that they are satisfied with their job at the present time. Finally, (0.7%, n=1) of the people disagreed that they are satisfied with their job at the present time.

For staff with more than 15 years of service, it can be seen from the Frequency Table below**(Table3)** and bar chart **(Figure 2)**that (4.8%, n=3) of the people strongly agreed that they are satisfied with their job at the present time. It was observed that (6.3%, n=4) of the people neither agreed or disagreed that they are satisfied with their job at the present time, (57.1%, n=36) of the people disagreed that they are satisfied with their job at the present time. Finally, (31.7%, n=20) of the people strongly disagreed that they are satisfied with their job at the present time.

Custom Data 3 <; or >; 15 years' service			Frequency	Percent	Valid Percent	Cumulative Percent
<15	Valid	Strongly agree	21	14.4	14.4	14.4
		Agree	96	65.8	65.8	80.1
		Neither agree or disagree	28	19.2	19.2	99.3
		Disagree	1	.7	.7	100.0
		Total	146	100.0	100.0	
>15	Valid	Strongly agree	3	4.8	4.8	4.8
		Neither agree or disagree	4	6.3	6.3	11.1
		Disagree	36	57.1	57.1	68.3
		Strongly disagree	20	31.7	31.7	100.0
		Total	63	100.0	100.0	

Table 3: Frequency; Overall, how satisfied are you with your job at the present time?

Figure 1: Overall how satisfied are you with your job at the present time <15 years

Overall, how satisfied are you with your job at the present time?

Custom Data 3 < or > 15 years service: <15

Figure 2: Overall how satisfied are you with your job at the present time <15 years

Overall, how satisfied are you with your job at the present time?

Custom Data 3 < or > 15 years service: >15

Frequency Analysis

For female staff, it can be seen from the Frequency Table below **(Table 4)**and bar chart **(Figure 3)**that (11.9%, n=19) of the people strongly agreed that they are satisfied with their job at the present time. It was observed that (50.3%, n=80) of the people agreed that they are satisfied with their job at the present time, (10.7%, n=17) of the people neither agreed or disagreed that they are satisfied with their job at the present time, (18.2%, n=29) of the people disagreed that they are satisfied with their job at the present time.. Finally, (8.8%, n=14) of the people strongly disagreed that they are satisfied with their job at the present time.

For male staff, it can be seen from the Frequency Table **(Table 4)** and bar chart **(Figure 3)**that (10.0%, n=5) of the people strongly agreed that they are satisfied with their job at the present time.

Table 4: Frequency: Male/Female

Custom Data 1 Male / Female			Frequency	Percent	Valid Percent	Cumulative Percent
Female	Valid	Strongly agree	19	11.9	11.9	11.9
		Agree	80	50.3	50.3	62.3
		Neither agree or disagree	17	10.7	10.7	73.0
		Disagree	29	18.2	18.2	91.2
		Strongly disagree	14	8.8	8.8	100.0
		Total	159	100.0	100.0	
Male	Valid	Strongly agree	5	10.0	10.0	10.0
		Agree	16	32.0	32.0	42.0
		Neither agree or disagree	15	30.0	30.0	72.0
		Disagree	8	16.0	16.0	88.0
		Strongly disagree	6	12.0	12.0	100.0
		Total	50	100.0	100.0	

It was observed that (32.0%, n=16) of the people agreed that they are satisfied with their job at the present time, (30.0%, n=15) of the people neither agreed or disagreed that they are satisfied with their job at the present time, (16.0%, n=8) of the people disagreed that they are satisfied with their job at the present time. Finally, (12.0%, n=6) of the people strongly disagreed that they are satisfied with their job at the present time.

Overall, how satisfied are you with your job at the present time?
Custom Data 1 Male / Female: Female

[Bar chart showing Frequency on y-axis (0 to 80) and satisfaction categories on x-axis: Strongly agree (~19), Agree (80), Neither agree or disagree (~17), Disagree (~29), Strongly disagree (~14)]

Overall, how satisfied are you with your job at the present time?

Figure 3

Overall, how satisfied are you with your job at the present time?
Custom Data 1 Male / Female: Male

[Bar chart showing Frequency on y-axis (0 to 20) and satisfaction categories on x-axis: Strongly agree (5), Agree (16), Neither agree or disagree (15), Disagree (8), Strongly disagree (6)]

Overall, how satisfied are you with your job at the present time?

Figure 4

Non parametric tests: K-Independent Samples Test

Question: Is there a difference in overall job satisfaction among the staffcategories?

The Kruskal-Wallis test is the nonparametric test equivalent to the single factor ANOVA. It was used because the normality assumption was violated.

It is used to compare three or more sets of scores that come from different groups. The dependent variable is how overall satisfied are you with your job at the present time (this is measured on a 5-point scale from strongly agree through to strongly disagree).

The independent variable is staff categories and it consists of three or more categorical, independent groups (9 groups: C & A Clerical & Admin, Consultant, HCA, HSCP, Manager, NCHD, Nursing, Other Medical and Other Support).

Question: Is there a difference in overall job satisfaction among the staff categories?

Null Hypothesis: There is no difference in overall job satisfaction among the staff categories

Alternative Hypothesis: there is difference in overall job satisfaction among the staff categories

The Kruskal Wallis Test results in **Table 5** indicate that there is statistically significant difference in the how overall satisfied are you with your job at the present time among different categories of staff (chi-square $=153.537$, p-value $=0.000$). Therefore we accept the Alternative Hypothesis that states that there is difference in overall job satisfaction among staff categories.

Table 5: Kruskal-Wallis Test

Ranks

	Custom Data 6 Staff Category Consultant /Other Medical / NCHD / Nurse /HCA / HSCP / Manager / C&A / Other Support	N	Mean Rank
Overall, how satisfied are you with your job at the present time?	C&A	32	166.69
	Consultant	3	12.50
	HCA	14	146.36
	HSCP	60	91.70
	Manager	1	72.50
	NCHD	16	27.50
	Nursing	54	66.94
	Other Medical	1	12.50
	Other Support	28	174.38
	Total	209	

Kruskal Wallis Test	Overall, how satisfied are you with your job at the present time?
Chi-Square	153.537
df	8
Asymp. Sig.	.000

Means

Since there is statistically significant difference in the how overall satisfied are you with your job at the present time among different categories of staff, we look at the coding and the labels of the dependent variable. Strongly disagree is coded as 5, disagree is coded as 4, neither agree or disagree is coded as 3, agree is coded as 2, and strongly agree is coded as 1. In **Table 6** the median shows that Consultant, NCHD and Other Medical Strongly agreed that they are overall satisfied with their job at the present time. The median shows that HSCP, Manager and Nursing agreed that they are overall satisfied with their job at the present time. The median shows that HCA neither agree or disagree that they are overall satisfied with their job at the present time. The median shows that C&A disagreed that they are overall satisfied with their job at the present time. The median shows that Other Support Strongly disagreed that they are overall satisfied with their job at the present time.

Table 6: Report

Overall, how satisfied are you with your job at the present time?

Custom Data 6 Staff Category Consultant /Other Medical / NCHD / Nurse /HCA / HSCP / Manager / C&A / Other Support	N	Median	Mean
C&A	32	4.00	3.88
Consultant	3	1.00	1.00
HCA	14	3.00	3.29
HSCP	60	2.00	2.30
Manager	1	2.00	2.00
NCHD	16	1.00	1.25
Nursing	54	2.00	1.91
Other Medical	1	1.00	1.00
Other Support	28	5.00	4.39
Total	209	2.00	2.68

Non-Parametric Tests – Independent Samples Test (Mann-Whitney U-test)

Question: Is there a difference between job satisfaction between Full Time and Part Time Type of work?

A Mann-Whitney U test is used to compare two independent groups when variables area not normally distributed and also because the variables are measured on an ordinal and nominal scale. The dependent variable is how overall satisfied are you with your job at the present time (this is measured on a 5-point scale from strongly agree through to strongly disagree).

The independent variable is Type of work and it consists of two categorical, independent groups (2 groups: Full Time or Part Time).

Question: Is there a difference between job satisfaction between Full Time and Part Time Type of work?

Null Hypothesis: there is no difference in overall job satisfaction between Full Time and Part Time Type of work

Alternative Hypothesis: there is difference in overall job satisfaction between Full Time and Part Time Type of work

The Mann-Whitney Test results in **Table 7** suggest that there is statistically significant difference in how overall satisfied are you with your job at the present time between the Full Time and Part Time Type of work (U = 515.000, p = 0.000). Therefore we accept the Alternative Hypothesis that states there is difference in overall job satisfaction between full and part time workers.

Table 7: Mann-Whitney Test

Ranks

	Custom Data 4 Type of work Full Time / Part Time	N	Mean Rank	Sum of Ranks
Overall, how satisfied are you with your job at the present time?	Full Time	156	81.80	12761.00
	Part Time	53	173.28	9184.00
	Total	209		

Test Statistics[a]

	Overall, how satisfied are you with your job at the present time?
Mann-Whitney U	515.000
Wilcoxon W	12761.000
Z	-10.076
Asymp. Sig. (2-tailed)	.000

Table 7: Mann-Whitney Test(Cont)

Means

Since there is statistically significant difference in the how overall satisfied are you with your job at the present time between Full Time and Part TimeType of work, we look at the coding and the labels of the dependent variable. Strongly disagree is coded as 5, disagree is coded as 4, neither agree or disagree is coded as 3, agree is coded as 2, and strongly agree is coded as 1. In **Table 8** the median shows that Full Time Type of work agreed that they are overall satisfied with their job at the present time. The median shows that Part TimeType of work disagreed that they are overall satisfied with their job at the present time.

Table 8: Report

Overall, how satisfied are you with your job at the present time?

Custom Data 4 Type of work Full Time / Part Time	N	Median	Mean
Full Time	156	2.00	2.17
Part Time	53	4.00	4.19
Total	209	2.00	2.68

Non-Parametric Tests – Independent Samples Test (Mann-Whitney U-test)

Question: Is there a difference in job satisfaction between <15 years of service and >15 years of service?

The independent variable is years of service or longevity and it consists of two categorical, independent groups (2 groups: <15 years of service or >15 years of service).

Question: Is there a difference in job satisfaction between <15 years of service and >15 years of service?

Null Hypothesis: there is no difference in overall job satisfaction between <15 years of service and >15 years of service

Alternative Hypothesis: there is difference in overall job satisfaction between <15 years of service and >15 years of service

The Mann-Whitney Test results in **Table 9** suggest that there is statistically significant difference in how overall satisfied are you with your job at the present time between the <15 years of service and >15 years of service (U = 484.500, p = 0.000). Therefore we accept the Alternative Hypothesis which states that there is a difference in overall job satisfaction between <15 years of service and >15 years of service.

Table 9: Mann-Whitney Test

Ranks

	Custom Data 3 < or > 15 years' service	N	Mean Rank	Sum of Ranks
Overall, how satisfied are you with your job at the present time?	<15	146	76.82	11215.50
	>15	63	170.31	10729.50
	Total	209		

Test Statistics[a]

Mann-Whitney U	484.500
Wilcoxon W	11215.500
Z	-10.861
Asymp. Sig. (2-tailed)	.000

Means

Since there is statistically significant difference in the how overall satisfied are you with your job at the present time between the <15 years of service and >15 years of service, we look at the coding and the labels of the dependent variable. Strongly disagree is coded as 5, disagree is coded as 4, neither agree or disagree is coded as 3, agree is coded as 2, and strongly agree is coded as 1. In **Table 10** the median shows that the <15 years of service agreed that they are overall satisfied with their job at the present time. The median shows that the >15 years of service disagreed that they are overall satisfied with their job at the present time.

Table 10: Report

Overall, how satisfied are you with your job at the present time?

Custom Data 3 < or > 15 years' service	N	Median	Mean
<15	146	2.00	2.06
>15	63	4.00	4.11
Total	209	2.00	2.68

Non-Parametric Tests – Independent Samples Test (Mann-Whitney U-test)

Question: Is there a difference between job satisfaction between Manager and Non-Manager?

The independent variable is Manager / Non-Manager role and it consists of two categorical, independent groups (2 groups: Manager or Non-Manager).

Question: Is there a difference between job satisfaction between Manager and Non-Manager?

Null Hypothesis: there is no difference in overall job satisfaction between Manager and Non-Manager

Alternative Hypothesis: there is difference in overall job satisfaction between Manager and Non-Manager

The Mann-Whitney Test results in **Table 11** suggest that there is statistically significant difference in how overall satisfied are you with your job at the present time between the Manager and Non-Manager role (U = 1247.500, p = 0.000). Therefore we accept the Alternative Hypothesis which states that there is difference in overall job satisfaction between Manager and non-Manager.

Table 11: Mann-Whitney Test

Ranks

	Custom Data 2 Manager / Non-Manager	N	Mean Rank	Sum of Ranks
Overall, how satisfied are you with your job at the present time?	Manager	85	57.68	4902.50
	Non Manager	124	137.44	17042.50
	Total	209		

Test Statistics[a]

Mann-Whitney U	1247.500
Wilcoxon W	4902.500
Z	-9.919
Asymp. Sig. (2-tailed)	.000

Means

Since there is statistically significant difference in the how overall satisfied are you with your job at the present time between the Manager and Non-Manager role, we look at the coding and the labels of the dependent variable. Strongly disagree is coded

as 5, disagree is coded as 4, neither agree or disagree is coded as 3, agree is coded as 2, and strongly agree is coded as 1. In **Table 12** the median shows that the Managers agreed that they are overall satisfied with their job at the present time. The median shows that the Non-Managers neither agreed or disagreed that they are overall satisfied with their job at the present time.

Table 12: Report

Overall, how satisfied are you with your job at the present time?

Custom Data 2 Manager / Non-Manager	N	Median	Mean
Manager	85	2.00	1.75
Non Manager	124	3.00	3.31
Total	209	2.00	2.68

Non-Parametric Tests – Independent Samples Test (Mann-Whitney U-test)

The independent variable is Patient Contact and it consists of two categorical, independent groups (2 groups: yes or No).

Question: Is there a difference between job satisfaction between Yes to Patient Contact and No to Patient Contact?

Null Hypothesis: there is no difference in overall job satisfaction between Yes to Patient Contact and No to Patient Contact

Alternative Hypothesis: there is difference in overall job satisfaction between Yes to Patient Contact and No to Patient Contact

The Mann-Whitney Test results in **Table 13** suggests that there is statistically significant difference in how overall satisfied are you with your job at the present time between the Yes to Patient Contact and No to Patient Contact (U = 818.500, p = 0.000).

Therefore we accept the Alternative Hypothesis that there is difference in overall job satisfaction between Yes to Patient Contact and No to Patient Contact.

Table 13: Mann-Whitney Test

Ranks

	Custom Data 5 Patient Contact Yes / No	N	Mean Rank	Sum of Ranks
Overall, how satisfied are you with your job at the present time?	No	33	168.20	5550.50
	Yes	176	93.15	16394.50
	Total	209		

Test Statistics[a]

Mann-Whitney U	818.500
Wilcoxon W	16394.500
Z	-6.928
Asymp. Sig. (2-tailed)	.000

Means

Since there is statistically significant difference in the how overall satisfied are you with your job at the present time between the Yes to Patient Contact and No to Patient Contact, we look at the coding and the labels of the dependent variable. Strongly disagree is coded as 5, disagree is coded as 4, neither agree or disagree is coded as 3,

agree is coded as 2, and strongly agree is coded as 1. In **Table 14** the median shows that the No to Patient Contact strongly disagreed that they are overall satisfied with their job at the present time. The median shows that the Yes to Patient Contact agreed that they are overall satisfied with their job at the present time.

Table 14: Report

Overall, how satisfied are you with your job at the present time?

Custom Data 5 Patient Contact Yes / No	N	Median	Mean
No	33	5.00	4.21
Yes	176	2.00	2.39
Total	209	2.00	2.68

Correlation (Pearson and Spearman)

Correlation is a measure of the relation between two or more variables. Correlation coefficients can range from -1.00 to +1.00. The value of -1.00 represents a perfect negative correlation while a value of +1.00 represents a perfect positive correlation. A

value of 0.00 represents a lack of correlation. Thus, the coefficient of correlation can vary from positive one (indicating a perfect positive relationship), through zero (indicating the absence of a relationship), to negative one (indicating a perfect negative relationship). As a rule of thumb, correlation coefficients between .00 and .30 are considered weak, those between .30 and .70 are moderate and coefficients between .70 and 1.00 are considered high.

The significance level calculated for each correlation is a primary source of information about the reliability of the correlation. The correlation coefficient between two variables is statistically significant if the p-value is less than 0.05.

Table 15 demonstrates that there is statistically significant positive correlation between how satisfied are you with your job at the present time and years of service (r=0.753, p=0.000).

Table 15: How satisfied are you with your job at the present time and Length of Service (< or > 15 Years)

Overall, how satisfied are you with your job at the present time?				Custom Data 3 < or >15 years' service
Spearman's rho	Overall, how satisfied are you with your job at the present time?	Correlation Coefficient	1.000	.753**
		Sig. (2-tailed)	.	.000
		N	209	209
	Custom Data 3 < or >15 years' service	Correlation Coefficient	.753**	1.000
		Sig. (2-tailed)	.000	.
		N	209	209

**. Correlation is significant at the 0.01 level (2-tailed).

<u>Qualitative Research Discussion of Results:</u>
<u>Job Satisfaction</u>

Basic themes that emerged under the organizing theme of Job Satisfactions were being happy, loving what you do, challenging and varied work, being treated equally.

This was demonstrated in the Catering Manager's interview who stated "up until 2012 we just prepared food for the patients whereas now we are looking after the patients and I suppose we have learned so much about diets and about the patients, getting to know the patients so that's a huge factor for us".

Similarly the Payroll Supervisor said "There are so many categories of people and working in Payroll you get to know alot of people through work so this makes it very interesting".

The Finance Manager stated "I like the work. The nature of the work is challenging, it's very varied".

Employee Turnover and Retention

The basic themes within turnover were because of a lack of stability, in order to achieve professional advancement and personal reasons. The main personal reason that emerged was the factor of commuting distance. These basic themes presented as positive and negative factors for different employees. The Payroll Supervisor stated "We lost someone recently and he had been here for seventeen years because he got somewhere closer to home".

Also the Director of Corporate Services stated that attrition some of his departments had been quite high because staff were on temporary contracts. As a result of the moratorium permanent contracts could not be issued. "I think they would have stayed if we had been able to give them the sort of opportunities they sought i.e. "solid contracts" -people need security" Director of Corp. Services. The Network Manager Personal Assistant stated that younger staff will leave because they want opportunities that they won't get in the current environment because of a finite number of positions in management.

The Catering Assistant talked about the physicality of her role and how she will leave because the work is unsustainable later in life "catering is a very hard job for women in the kitchen".

Retention was mentioned in many of the interviews as a reason why people liked their jobs i.e. their department had good retention levels. This seems to present as a positive factor. The Catering manager stated "staff may leave a department but they don't leave the hospital". The Porter stated "they are here and they go up the ranks until retirement; people don't leave unless they retire". The HR Officer stated "I think from catering right up to the consultants I think everybody here is really dedicated to their job and I think that's why they have long term long serving staff here". This is also reflective of the interviewee profile which ranged from 10 years' service to 36 years' service.

A factor here was stability and security in so far that permanency allows staff to plan but also not to think about their job as a risk. The Director of Corporate Services referred to this as "inertia with happiness" however he also states that this could be linked to a public sector mentality of a "job for life". Lack of stability in regards to contract type was also mentioned as a possible reason for attrition in some departments.

Employee Engagement

The basic themes that presented here were quality of service, the hospital ethos and whether employees felt valued within the organisation.

All interviewees talked about the ethos of the hospital as important. The Medical Secretary stated "The hospital has a good ethos". Words such as "patient-centric", "Why we are here" were used in multiple interviews. The Catering Assistant talked about the "meaningfulness of the job". The Director of Corporate Services stated "people swear by it, people come to work because of it and (there's a real,) people buy into it". The Porter stated that "I know that I am helping the people, especially now the kids, they are my best friends".

The HR Officer stated "patients always say if you meet patients who have been here even ten years ago they all say they remember how kind and nice everybody was" HR Officer.

All staff with fewer than 15 years of service stated they felt valued. The Porter said "yes I'm definitely valued here". The Director of Corporate Service stated "I do feel valued". The HR Officer said that "if you didn't feel valued you'd be dwelling on it and I don't".

Staff with 15-20 years' service felt valued some of the time or most of the time. The Director of Nursing said "I feel valued most of the time" Staff with over 20 years' service did not feel valued or felt their value came from themselves primarily. The Medical Secretary said "no, 90% comes from me".The Network Manager PA stated that she has no voice and that non clinical staff are not valued.

Leadership Style

Being part of the decision making process, having a voice, feeling supported and being appreciated all emerged as elements under this theme. The Network Manager stated "we have worked very hard at communication through the years". The Catering Assistant concurred with this view stating "management want to hear your voice".

The Director of Corporate Services talked about reciprocal support from his manager "The more support I get the more support I can give to my heads of department" – Director of Corporate Services.

The Payroll Supervisor talked about the importance of her boss being approachable and how her colleagues and boss assist her by their support. The HR Officer stated "I suppose they help you move forward here" about management.

The Director of Nursing talked about her role as a leader as a factor in retention. The Catering Manager talked about it as continuous improvement within her department "I think we strive and we aim to improve it every single day".

In some departments there seems to be a differentiation made between management style within a team and communication within the overall Hospital. "I have always

had job satisfaction in our own team" "The style of management has changed because here is someone new in charge" and "communication is not inclusive". (Medical Secretary).

The Network Manager PA stated that there is no articulation of a job well done and that the leadership style does not view clinical and non-clinical staff in the same way.

Quality of Care

The consensus across the interviews was extremely positive in regards to the level of service provided to patients and the quality of it in general. The Medical Secretary stated "Excellent" because we know what we are doing". The Catering Assistant stated "everything we do we try to ensure that everything is almost perfect, it's really good". The Porter stated "I am not just saying that but the quality of service is excellent" The Payroll Supervisor stated that "People who are appreciated, looked after remunerated and can see there are opportunities to go forward then definitely they will do a better job.

Unique Environment

The themes that emerged here related to the hospital being a very different environment to any other hospital, the nature of the illness of the patients, the personal experience of staff relating to the nature of the disease and how the environment helps

"It is hugely different to a hospital, it isn't a hospital really and because it is so small there are no waiting lists" stated the Medical Secretary. The Porter stated "it doesn't feel like a hospital. Everything from the staff to the grounds is excellent".

"It has always had a special name you know with the treatment of their patients" Director of Nursing.

The PA to the Network Director stated "I have a personal affiliation to the hospital because my father died here at 57. The Payroll Supervisor talked about her personal

link because she was a patient "security and permanency of my job helped my healing process".

Chapter Five: Discussion of results

Introduction

This chapter aims to analyse the data extracted from qualitative and quantitative analysis and to relate it to the theory.The chapter will highlight factors indicated that affect retention in a specialist healthcare environment. Discussion will consider these factors in regards to longevity of service, and highlight external factors that directly impact retention.

Discussion of results

The Affective Events Theory is the researcher's theory of choice because this theory is concerned with how employees feel while working, the events within the workplace that cause these feelings and the impact that these feelings can have on behaviours and the overall organisation.

The overall satisfaction rate of staff surveyed in the specialist hospital was higher than the 2016 HSE rate of satisfaction. This concurs with the rate of completion of the staff survey as 209 staff completed the survey out of 554 possible responses – a rate of 37% return. This rate of return was double the HSE rate of return in 2016. This return rate indicates a positive engagement with staff overall. There is no difference recorded between rates of satisfaction among males and females.

The factors that emerged from the quantitative data in relation to retention are autonomy, engagement, quality of care and job satisfaction. The research from qualitative interviews demonstrated factors that give rise to longevity as job satisfaction, engagement, the environment, and leadership style.

Below 15 years there is a positive correlation between "how satisfied you are with your job at the present time" and years of service. This concurs with Staff with less than 15 years service interviewed who presented with good job satisfaction levels, positive opinions on leadership styles and employee engagement, specifically feeling valued within the organisation. 70% of staff with under fifteen years service strongly agreed or agreed that they were satisfied with their job. 11.1% of staff with over fifteen years service strongly agreed or agreed that they were satisfied with their job.

Interestingly when the researcher plots out themes relating to individual interviews there is an increase in negativity towards job satisfaction displayed among staff interviewed who have more than 15 years service. The research presents evidence that these staff do not feel valued in their position.

Communication, leadership structures and systems in place are viewed negatively by those staff interviewed. The staff survey results demonstrate a relationship between longevity and satisfaction however the positive relationship decreases beyond 15 years.

Thus the factors that give rise to longevity of service and retention up to 15 years and the factors that give rise after 15 years appear to be different. This also implies that longevity of service beyond 15 years may have less to do with factors that influence retention positively.

The results of the staff survey demonstrate that there is a difference in overall job satisfaction among the staff categories. Front line staff such as doctors, nurses and other medical, staff experience higher job satisfaction levels while Clerical and Admin staff and General Support staff have the lowest level of job satisfaction. Interestingly when consideration is given to the difficulties of retention within nursing in general this indicates that retention levels in this specialist hospital are higher as satisfaction rates in general are higher.

This is enhanced by the quantitative data results that show there is a difference in overall job satisfaction between "Yes to Patient Contact" and "No to Patient Contact" - with satisfaction of staff with Patient Contact higher. This demonstrates that there is a relationship between retention and patient care. This concurs with the existing research done that proposes that job satisfaction is drawn from the perception of doing something worthwhile (Fleming & Taylor, 2006) and Schaufelis's theory that work engagement is a positive fulfilling work related state of mind that is characterized by vigour, dedication and absorption (2006).

Equally staff who are managers experience higher satisfaction which demonstrates a relationship between retention and autonomy. Managers who were interviewed all articulated positive levels of satisfaction. Lartey (2014) indicates professional work

practice models promoting nurses autonomy, increased accountability and shared governance resulted in either maintained or increased retention.

The survey findings showed that Full Time staff were satisfied overall with their job at the present time whereas Part Time workers were less satisfied. The researcher queries if this is related to the type of contract part time workers have in regards to lack of job stability as a factor for retention levels. Lack of job stability arose as a reason why staff leave the organisation in the interviews.

The data emerging indicates that there is a relationship between longevity and satisfaction up to 15 years' service. It also indicates a relationship between the positive impact of patient contact and satisfaction. It indicates a further relationship between satisfaction as a manager and non-manager which would also demonstrate the positive relationship between the factor of autonomy and satisfaction.

There are a number of staff interviewed who have between 15 and 36 years' service and the interviews indicate that the longer staff are in a position that their reasons for staying are different to the factors that emerged for staff with significantly less service. These have to do more with a personal affiliation, and the specific team they work in as opposed to an organisational ethos, management style, job satisfaction or feeling valued by the organisation.

Staff with over 20 years' service feel loyalty to the hospital and proud to work for the organisation but do not garner job satisfaction from their own roles or from management support structures.

This is an unexpected finding but it is backed up by the findings of the quantitative analysis carried out in the Staff Survey results. The element of feeling valued by the organisation seems to diminish and is replaced by an increase in self-value. The indication from interviews is that the longer beyond 15 years staff stay that their reasons for remaining with the employer may not be related to job satisfaction. Meyer (1991) linked job satisfaction to job commitment, arguing that an affective organisation with staff involvement where employees can identify with their particular organisation, will retain employees and provide satisfaction derived from

additional responsibilities. This theory is contradicted by results presented in both qualitative and quantitative research results.

All staff interviewed perceive the environment as different to other hospitals and this seems to be because of the physical environment, grounds, buildings etc and the nature of the disease treated – but also closely linked to the culture and ethos.

Interestingly since interview one staff member with over 30 years' service has communicated to me that she now wishes to leave the organisation as the interview has provoked her to think about things that she has never considered before.

Staff personally affected by cancer feel a loyalty to the organisation that can be positive or negative in regards to their job satisfaction.

Quality of care factored for all interviewees as very important. Staff with more than twenty years' service commented that the service level had dropped since they started and was not consistent.

This research indicates that there is a finite time where staff are retained because of satisfaction levels. There is scope for further research to investigate more specifically satisfaction levels from 0-5, 5-10, 10-15,15-20 years, 20-25 years, 25-30 years and 30-40 years and for other parameters measured in longevity bands rather than simply <15 and >15 years.

Chapter six: Conclusions & Recommendations

Introduction

This chapter aims to draw conclusions from the research done and to contextualise the data extracted research question answering the sub-objectives and addressing the aim of the research question. The researcher will also outline recommendations for implementation within the organisation in order to enhance retention strategies.

Conclusions

The research proposal question was to consider whether there is a relationship between retention of staff and levels of staff satisfaction within a specialist healthcare setting in a HSE hospital.

The sub-objectives of the research are as follows:

- To establish the factors that give rise to longevity of service
- To identify any relationship between longevity and satisfaction
- To explore any external factors that directly impact retention
- To provide recommendations that could be implemented to enhance retention

The research clearly shows that there is a relationship between staff retention and satisfaction. The factors that emerged from the research were that job satisfaction, engagement, the environment, and leadership style, all affected satisfaction in general and so had a part to play in retention.

There is a relationship demonstrated between longevity and satisfaction. 70% of staff with under fifteen years service strongly agreed or agreed that they were satisfied with their job. This is backed up by the results of staff with less than 15 years service interviewed who presented with good job satisfaction levels, positive opinions on leadership styles and employee engagement, specifically feeling valued within the organisation.

11.1% of staff with over fifteen years service strongly agreed or agreed that they were satisfied with their job. This concurs with staff interviewed who have over 15 years service who didn't feel valued by the organisation.

Communication, leadership structures and systems in place are viewed negatively by these staff interviewed.

Thus the factors that give rise to longevity of service and retention up to 15 years and the factors that give rise after 15 years appear to be different. This also implies that longevity of service beyond 15 years may have less to do with factors that influence retention positively.

The external factors that impact retention are lack of stability and personal reasons. This may explain the dissatisfaction of part time workers compared to full time workers as it may have to do with the type of contract they have. Location and commuting distance was the prevalent reason given for leaving.

Recommendations:

Recommendations for enhancing retention are:

- To grade staff in 5 year categories and invest in further research to identify within smaller categories of staff levels of satisfaction.
- To ensure that exit interviews are completed with all staff to ensure that trends are logged and can be addressed proactively.
- To begin a Programme of Engagement around Values for staff with more than 15 years service in order to garner more data around dissatisfaction and to address issues raised.

The costings for above are minimal as the research for further studies can be via Survey Monkey. Exit interviews have no cost to the organisation. Finally the Programme of Engagement around Values should be undertaken as an internal HR project for the organisation with the support of the Senior management team.

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Appendix 1

Item Statistics

	Mean	Std. Deviation	N
Overall, how satisfied are you with your job at the present time?	2.65	1.150	206
I feel proud to work for my organisation	2.13	1.063	206
I feel valued and recognised by my organisation	3.29	1.199	206
I value the culture in my organisation	2.80	1.223	206
I look forward to going to work	2.62	1.023	206
I am enthusiastic about my job	2.17	.954	206
I have clear planned goals and objectives for my job	2.28	.931	206
I am trusted to do my job	1.91	.903	206
Team members where I work have a set of shared objectives	2.50	1.108	206
My team works effectively together	2.47	1.155	206
Communication is good within my team	2.66	1.250	206
I am able to make suggestions to improve the work of my team/department	2.57	1.266	206
I have all the equipment support and resources I require to do my job correctly	3.30	1.191	206
I am satisfied with the quality of care I give to patients/service users	2.07	.952	206
I feel that my role makes a difference to patients/service users	1.78	.802	206
The recognition of my performance	3.33	1.142	206

The support I get from my line manager	2.92	1.291	206
The support I get from my work colleagues	2.15	.797	206
The opportunities I have to use my skills	2.62	1.140	206
The level of responsibility I have in my job	2.33	1.068	206
Job security	2.00	.916	206
My level of pay	3.52	1.212	206
The extent to which my organisation values my work	3.39	1.111	206
The opportunity to express my own ideas in my job	2.89	1.238	206
The level of autonomy I have in my job	2.53	1.029	206
How motivated do you feel in your current job?	2.33	1.142	206
I am happy in my job	2.53	1.058	206
Care of patients/service users is the top priority in my organisation	2.11	1.242	206
I would recommend my organisation as an employer to a friend or family member	2.59	1.210	206
If a friend or relative needed treatment/service I would be happy with the standard of care/service provided in my organisation	1.78	.892	206
I intend to be working in my organisation in two years' time	2.36	1.116	206
My organisation gets the best out of me	2.87	1.363	206

Communication between the senior management in my organisation and staff is effective	3.77	1.190	206
I have confidence in the decisions made by the senior management in my organisation	3.63	1.197	206
I am involved in decisions that affect me in my work	3.37	1.288	206
I go beyond what is normally required in my job for my organisation to succeed	1.66	.686	206
I understand the relationship between my individual objectives and my organisation's objectives	2.66	1.110	206
The opportunities are good that exist for upward communication in my organisation	3.39	1.142	206
I am happy with the quality of internal communication in my organisation	3.56	1.179	206
My line manager communicates well with the team	2.86	1.296	206
My line manager motivates me to perform at the highest levels	3.07	1.290	206
My line manager supports me to improve quality where I work	2.80	1.260	206
My physical working conditions (space, light, comfort, etc.)	2.35	1.120	206
I am happy with the workplace atmosphere	2.53	1.171	206
The balance between my private & professional life	2.64	1.155	206
My workload	3.08	1.201	206
My organisation is genuinely interested in the wellbeing of its staff	2.24	1.017	206

I believe the source of my stress is work-related	2.17	1.031	206
I tend to manage any work-related stress well	2.46	.875	206
At my work I always persevere even when things do not go well	1.79	.772	206
My organisation is good at developing staff to their full potential	3.40	1.117	206
I receive the training that helps me to do my job properly	2.75	1.088	206
My job gives me a sense of personal fulfilment	2.36	1.125	206
My opportunities for career progression	3.38	1.153	206
My organisation encourages staff to report errors near misses or incidents	1.93	.978	206
Custom Data 1 Male / Female	1.24	.427	206
Custom Data 2 Manager / Non-Manager	1.59	.494	206
Custom Data 3 < or > 15 years service	1.29	.455	206
Custom Data 4 Type of work Full Time / Part Time	1.24	.430	206
Custom Data 5 Patient Contact Yes / No	1.85	.354	206
Custom Data 6 Staff Category Consultant /Other Medical / NCHD / Nurse /HCA / HSPC / Manager / A&C / Other Support	5.01	2.514	206

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Overall, how satisfied are you with your job at the present time?	154.87	3063.145	.944	.992
I feel proud to work for my organisation	155.39	3072.941	.938	.992
I feel valued and recognised by my organisation	154.23	3069.553	.855	.993
I value the culture in my organisation	154.72	3055.774	.941	.992
I look forward to going to work	154.90	3076.843	.941	.992
I am enthusiastic about my job	155.35	3084.006	.941	.992
I have clear planned goals and objectives for my job	155.24	3087.450	.931	.992
I am trusted to do my job	155.61	3099.166	.842	.993
Team members where I work have a set of shared objectives	155.02	3070.473	.920	.992
My team works effectively together	155.05	3062.885	.942	.992
Communication is good within my team	154.86	3051.926	.950	.992
I am able to make suggestions to improve the work of my team/department	154.95	3049.607	.954	.992

I have all the equipment support and resources I require to do my job correctly	154.22	3064.438	.900	.992
I am satisfied with the quality of care I give to patients/service users	155.45	3086.687	.917	.992
I feel that my role makes a difference to patients/service users	155.74	3109.597	.832	.993
The recognition of my performance	154.19	3065.891	.928	.992
The support I get from my line manager	154.60	3049.372	.937	.992
The support I get from my work colleagues	155.37	3103.083	.911	.993
The opportunities I have to use my skills	154.90	3063.624	.948	.992
The level of responsibility I have in my job	155.18	3075.078	.915	.992
Job security	155.52	3092.114	.900	.993
My level of pay	154.00	3063.039	.895	.992
The extent to which my organisation values my work	154.13	3070.641	.916	.992
The opportunity to express my own ideas in my job	154.63	3051.990	.958	.992
The level of autonomy I have in my job	154.99	3077.107	.932	.992
How motivated do you feel in your current job?	155.19	3063.367	.949	.992
I am happy in my job	154.99	3073.292	.940	.992
Care of patients/service users is the top priority in my organisation	155.41	3054.740	.934	.992

I would recommend my organisation as an employer to a friend or family member	154.93	3054.659	.961	.992
If a friend or relative needed treatment/service I would be happy with the standard of care/service provided in my organisation	155.74	3094.116	.904	.993
I intend to be working in my organisation in two years' time	155.16	3065.969	.950	.992
My organisation gets the best out of me	154.65	3045.498	.913	.992
Communication between the senior management in my organisation and staff is effective	153.75	3068.024	.874	.993
I have confidence in the decisions made by the senior management in my organisation	153.89	3063.202	.905	.992
I am involved in decisions that affect me in my work	154.15	3051.885	.921	.992
I go beyond what is normally required in my job for my organisation to succeed	155.86	3118.128	.861	.993
I understand the relationship between my individual objectives and my organisation's objectives	154.86	3069.669	.925	.992
The opportunities are good that exist for upward communication in my organisation	154.13	3066.530	.924	.992
I am happy with the quality of internal communication in my organisation	153.96	3065.062	.905	.992

My line manager communicates well with the team	154.66	3047.437	.947	.992
My line manager motivates me to perform at the highest levels	154.45	3048.561	.944	.992
My line manager supports me to improve quality where I work	154.72	3050.894	.949	.992
My physical working conditions (space, light, comfort, etc.)	155.17	3068.373	.927	.992
I am happy with the workplace atmosphere	154.99	3063.058	.927	.992
The balance between my private & professional life	154.88	3063.713	.935	.992
My workload	154.44	3060.247	.925	.992
My organisation is genuinely interested in the wellbeing of its staff	155.28	3085.850	.865	.993
I believe the source of my stress is work-related	155.34	3078.754	.916	.992
I tend to manage any work-related stress well	155.06	3096.976	.892	.993
At my work I always persevere even when things do not go well	155.73	3112.267	.833	.993
My organisation is good at developing staff to their full potential	154.12	3071.479	.904	.992
I receive the training that helps me to do my job properly	154.77	3073.231	.913	.992

My job gives me a sense of personal fulfilment	155.16	3067.374	.931	.992
My opportunities for career progression	154.14	3066.034	.918	.992
My organisation encourages staff to report errors near misses or incidents	155.59	3088.682	.874	.993
Custom Data 1 Male / Female	156.28	3181.130	.069	.993
Custom Data 2 Manager / Non-Manager	155.93	3142.747	.752	.993
Custom Data 3 < or > 15 years service	156.23	3145.660	.758	.993
Custom Data 4 Type of work Full Time / Part Time	156.28	3151.021	.692	.993
Custom Data 5 Patient Contact Yes / No	155.67	3207.395	-.572	.993
Custom Data 6 Staff Category Consultant /Other Medical / NCHD / Nurse /HCA / HSPC / Manager / A&C / Other Support	152.51	3225.812	-.166	.995

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
157.52	3184.612	56.432	61

Appendix 2: Descriptives

			Statistic	Std. Error
Overall, how satisfied are you with your job at the present time?	Mean		2.65	.080
	95% Confidence Interval for Mean	Lower Bound	2.49	
		Upper Bound	2.80	
	5% Trimmed Mean		2.61	
	Median		2.00	
	Variance		1.323	
	Std. Deviation		1.150	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		.591	.169
	Kurtosis		-.632	.337
I feel proud to work for my organisation	Mean		2.13	.074
	95% Confidence Interval for Mean	Lower Bound	1.99	
		Upper Bound	2.28	
	5% Trimmed Mean		2.05	
	Median		2.00	
	Variance		1.129	
	Std. Deviation		1.063	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		.942	.169

	Kurtosis		.386	.337
I feel valued and recognised by my organisation	Mean		3.29	.084
	95% Confidence Interval for Mean	Lower Bound	3.13	
		Upper Bound	3.46	
	5% Trimmed Mean		3.32	
	Median		3.00	
	Variance		1.437	
	Std. Deviation		1.199	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		-.116	.169
	Kurtosis		-.991	.337
I value the culture in my organisation	Mean		2.80	.085
	95% Confidence Interval for Mean	Lower Bound	2.63	
		Upper Bound	2.97	
	5% Trimmed Mean		2.78	
	Median		3.00	
	Variance		1.497	
	Std. Deviation		1.223	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		.209	.169
	Kurtosis		-.991	.337

I look forward to going to work	Mean		2.62	.071
	95% Confidence Interval for Mean	Lower Bound	2.48	
		Upper Bound	2.76	
	5% Trimmed Mean		2.59	
	Median		3.00	
	Variance		1.046	
	Std. Deviation		1.023	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		.261	.169
	Kurtosis		-.413	.337
I am enthusiastic about my job	Mean		2.17	.066
	95% Confidence Interval for Mean	Lower Bound	2.03	
		Upper Bound	2.30	
	5% Trimmed Mean		2.12	
	Median		2.00	
	Variance		.909	
	Std. Deviation		.954	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		.482	.169
	Kurtosis		-.508	.337
	Mean		2.28	.065

I have clear planned goals and objectives for my job	95% Confidence Interval for Mean	Lower Bound	2.15	
		Upper Bound	2.41	
	5% Trimmed Mean		2.25	
	Median		2.00	
	Variance		.867	
	Std. Deviation		.931	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		.729	.169
	Kurtosis		-.010	.337
I am trusted to do my job	Mean		1.91	.063
	95% Confidence Interval for Mean	Lower Bound	1.78	
		Upper Bound	2.03	
	5% Trimmed Mean		1.81	
	Median		2.00	
	Variance		.816	
	Std. Deviation		.903	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		1.427	.169
	Kurtosis		2.655	.337
	Mean		2.50	.077
		Lower Bound	2.34	

Team members where I work have a set of shared objectives	95% Confidence Interval for Mean	Upper Bound	2.65	
	5% Trimmed Mean		2.44	
	Median		2.00	
	Variance		1.227	
	Std. Deviation		1.108	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		.926	.169
	Kurtosis		.125	.337
My team works effectively together	Mean		2.47	.080
	95% Confidence Interval for Mean	Lower Bound	2.31	
		Upper Bound	2.63	
	5% Trimmed Mean		2.41	
	Median		2.00	
	Variance		1.333	
	Std. Deviation		1.155	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		.753	.169
	Kurtosis		-.349	.337
Communication is good within my team	Mean		2.66	.087
	95% Confidence Interval for Mean	Lower Bound	2.49	
		Upper Bound	2.83	

	5% Trimmed Mean		2.62	
	Median		2.00	
	Variance		1.562	
	Std. Deviation		1.250	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		.471	.169
	Kurtosis		-.918	.337
I am able to make suggestions to improve the work of my team/department	Mean		2.57	.088
	95% Confidence Interval for Mean	Lower Bound	2.39	
		Upper Bound	2.74	
	5% Trimmed Mean		2.52	
	Median		2.00	
	Variance		1.603	
	Std. Deviation		1.266	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		.669	.169
	Kurtosis		-.604	.337
I have all the equipment support and resources I require to do my job correctly	Mean		3.30	.083
	95% Confidence Interval for Mean	Lower Bound	3.13	
		Upper Bound	3.46	
	5% Trimmed Mean		3.33	

	Median		4.00	
	Variance		1.419	
	Std. Deviation		1.191	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		-.189	.169
	Kurtosis		-1.121	.337
I am satisfied with the quality of care I give to patients/service users	Mean		2.07	.066
	95% Confidence Interval for Mean	Lower Bound	1.94	
		Upper Bound	2.20	
	5% Trimmed Mean		2.00	
	Median		2.00	
	Variance		.907	
	Std. Deviation		.952	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		.983	.169
	Kurtosis		.907	.337
I feel that my role makes a difference to patients/service users	Mean		1.78	.056
	95% Confidence Interval for Mean	Lower Bound	1.67	
		Upper Bound	1.89	
	5% Trimmed Mean		1.69	
	Median		2.00	

	Variance		.643	
	Std. Deviation		.802	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		1.631	.169
	Kurtosis		4.576	.337
The recognition of my performance	Mean		3.33	.080
	95% Confidence Interval for Mean	Lower Bound	3.17	
		Upper Bound	3.49	
	5% Trimmed Mean		3.37	
	Median		3.00	
	Variance		1.305	
	Std. Deviation		1.142	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		-.199	.169
	Kurtosis		-.920	.337
The support I get from my line manager	Mean		2.92	.090
	95% Confidence Interval for Mean	Lower Bound	2.74	
		Upper Bound	3.09	
	5% Trimmed Mean		2.91	
	Median		3.00	
	Variance		1.666	

	Std. Deviation		1.291	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		.196	.169
	Kurtosis		-1.117	.337
The support I get from my work colleagues	Mean		2.15	.056
	95% Confidence Interval for Mean	Lower Bound	2.04	
		Upper Bound	2.26	
	5% Trimmed Mean		2.11	
	Median		2.00	
	Variance		.636	
	Std. Deviation		.797	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		.714	.169
	Kurtosis		.696	.337
The opportunities I have to use my skills	Mean		2.62	.079
	95% Confidence Interval for Mean	Lower Bound	2.46	
		Upper Bound	2.78	
	5% Trimmed Mean		2.58	
	Median		2.00	
	Variance		1.300	
	Std. Deviation		1.140	

	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		.664	.169
	Kurtosis		-.460	.337
The level of responsibility I have in my job	Mean		2.33	.074
	95% Confidence Interval for Mean	Lower Bound	2.19	
		Upper Bound	2.48	
	5% Trimmed Mean		2.26	
	Median		2.00	
	Variance		1.141	
	Std. Deviation		1.068	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		.971	.169
	Kurtosis		.302	.337
Job security	Mean		2.00	.064
	95% Confidence Interval for Mean	Lower Bound	1.87	
		Upper Bound	2.13	
	5% Trimmed Mean		1.92	
	Median		2.00	
	Variance		.839	
	Std. Deviation		.916	
	Minimum		1	

	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		1.192	.169
	Kurtosis		1.693	.337
My level of pay	Mean		3.52	.084
	95% Confidence Interval for Mean	Lower Bound	3.36	
		Upper Bound	3.69	
	5% Trimmed Mean		3.57	
	Median		4.00	
	Variance		1.470	
	Std. Deviation		1.212	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		-.381	.169
	Kurtosis		-1.087	.337
The extent to which my organisation values my work	Mean		3.39	.077
	95% Confidence Interval for Mean	Lower Bound	3.24	
		Upper Bound	3.54	
	5% Trimmed Mean		3.42	
	Median		4.00	
	Variance		1.234	
	Std. Deviation		1.111	
	Minimum		1	
	Maximum		5	

	Range		4	
	Interquartile Range		1	
	Skewness		-.297	.169
	Kurtosis		-.791	.337
The opportunity to express my own ideas in my job	Mean		2.89	.086
	95% Confidence Interval for Mean	Lower Bound	2.72	
		Upper Bound	3.06	
	5% Trimmed Mean		2.88	
	Median		3.00	
	Variance		1.534	
	Std. Deviation		1.238	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		.339	.169
	Kurtosis		-.961	.337
The level of autonomy I have in my job	Mean		2.53	.072
	95% Confidence Interval for Mean	Lower Bound	2.39	
		Upper Bound	2.68	
	5% Trimmed Mean		2.48	
	Median		2.00	
	Variance		1.060	
	Std. Deviation		1.029	
	Minimum		1	
	Maximum		5	
	Range		4	

	Interquartile Range		1	
	Skewness		.788	.169
	Kurtosis		.151	.337
How motivated do you feel in your current job?	Mean		2.33	.080
	95% Confidence Interval for Mean	Lower Bound	2.17	
		Upper Bound	2.48	
	5% Trimmed Mean		2.25	
	Median		2.00	
	Variance		1.303	
	Std. Deviation		1.142	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		.765	.169
	Kurtosis		-.324	.337
I am happy in my job	Mean		2.53	.074
	95% Confidence Interval for Mean	Lower Bound	2.39	
		Upper Bound	2.68	
	5% Trimmed Mean		2.49	
	Median		2.00	
	Variance		1.118	
	Std. Deviation		1.058	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	

	Skewness		.572	.169
	Kurtosis		-.419	.337
Care of patients/service users is the top priority in my organisation	Mean		2.11	.087
	95% Confidence Interval for Mean	Lower Bound	1.94	
		Upper Bound	2.28	
	5% Trimmed Mean		2.01	
	Median		2.00	
	Variance		1.544	
	Std. Deviation		1.242	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		1.050	.169
	Kurtosis		.027	.337
I would recommend my organisation as an employer to a friend or family member	Mean		2.59	.084
	95% Confidence Interval for Mean	Lower Bound	2.42	
		Upper Bound	2.75	
	5% Trimmed Mean		2.54	
	Median		2.00	
	Variance		1.463	
	Std. Deviation		1.210	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		.453	.169

	Kurtosis			-.812	.337
If a friend or relative needed treatment/service I would be happy with the standard of care/service provided in my organisation	Mean			1.78	.062
	95% Confidence Interval for Mean	Lower Bound		1.66	
		Upper Bound		1.90	
	5% Trimmed Mean			1.69	
	Median			2.00	
	Variance			.796	
	Std. Deviation			.892	
	Minimum			1	
	Maximum			5	
	Range			4	
	Interquartile Range			1	
	Skewness			1.194	.169
	Kurtosis			1.238	.337
I intend to be working in my organisation in two years' time	Mean			2.36	.078
	95% Confidence Interval for Mean	Lower Bound		2.21	
		Upper Bound		2.51	
	5% Trimmed Mean			2.31	
	Median			2.00	
	Variance			1.246	
	Std. Deviation			1.116	
	Minimum			1	
	Maximum			5	
	Range			4	
	Interquartile Range			2	
	Skewness			.465	.169
	Kurtosis			-.714	.337

My organisation gets the best out of me	Mean		2.87	.095
	95% Confidence Interval for Mean	Lower Bound	2.69	
		Upper Bound	3.06	
	5% Trimmed Mean		2.86	
	Median		3.00	
	Variance		1.857	
	Std. Deviation		1.363	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		.032	.169
	Kurtosis		-1.285	.337
Communication between the senior management in my organisation and staff is effective	Mean		3.77	.083
	95% Confidence Interval for Mean	Lower Bound	3.61	
		Upper Bound	3.94	
	5% Trimmed Mean		3.86	
	Median		4.00	
	Variance		1.416	
	Std. Deviation		1.190	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		-.760	.169
	Kurtosis		-.317	.337
	Mean		3.63	.083

I have confidence in the decisions made by the senior management in my organisation	95% Confidence Interval for Mean	Lower Bound	3.47	
		Upper Bound	3.80	
	5% Trimmed Mean		3.68	
	Median		4.00	
	Variance		1.434	
	Std. Deviation		1.197	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		-.374	.169
	Kurtosis		-1.008	.337
I am involved in decisions that affect me in my work	Mean		3.37	.090
	95% Confidence Interval for Mean	Lower Bound	3.19	
		Upper Bound	3.55	
	5% Trimmed Mean		3.41	
	Median		3.00	
	Variance		1.658	
	Std. Deviation		1.288	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		3	
	Skewness		-.149	.169
	Kurtosis		-1.244	.337
I go beyond what is normally required in my job	Mean		1.66	.048
		Lower Bound	1.56	

for my organisation to succeed	95% Confidence Interval for Mean	Upper Bound	1.75	
	5% Trimmed Mean		1.61	
	Median		2.00	
	Variance		.471	
	Std. Deviation		.686	
	Minimum		1	
	Maximum		4	
	Range		3	
	Interquartile Range		1	
	Skewness		.659	.169
	Kurtosis		-.305	.337
I understand the relationship between my individual objectives and my organisation's objectives	Mean		2.66	.077
	95% Confidence Interval for Mean	Lower Bound	2.50	
		Upper Bound	2.81	
	5% Trimmed Mean		2.62	
	Median		3.00	
	Variance		1.232	
	Std. Deviation		1.110	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		.478	.169
	Kurtosis		-.341	.337
The opportunities are good that exist for upward communication in my organisation	Mean		3.39	.080
	95% Confidence Interval for Mean	Lower Bound	3.24	
		Upper Bound	3.55	

	5% Trimmed Mean		3.44	
	Median		3.00	
	Variance		1.303	
	Std. Deviation		1.142	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		-.241	.169
	Kurtosis		-.760	.337
I am happy with the quality of internal communication in my organisation	Mean		3.56	.082
	95% Confidence Interval for Mean	Lower Bound	3.40	
		Upper Bound	3.72	
	5% Trimmed Mean		3.62	
	Median		4.00	
	Variance		1.389	
	Std. Deviation		1.179	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		-.511	.169
	Kurtosis		-.776	.337
My line manager communicates well with the team	Mean		2.86	.090
	95% Confidence Interval for Mean	Lower Bound	2.69	
		Upper Bound	3.04	
	5% Trimmed Mean		2.85	

	Median		3.00	
	Variance		1.679	
	Std. Deviation		1.296	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		.364	.169
	Kurtosis		-1.011	.337
My line manager motivates me to perform at the highest levels	Mean		3.07	.090
	95% Confidence Interval for Mean	Lower Bound	2.89	
		Upper Bound	3.25	
	5% Trimmed Mean		3.08	
	Median		3.00	
	Variance		1.664	
	Std. Deviation		1.290	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		-.086	.169
	Kurtosis		-1.050	.337
My line manager supports me to improve quality where I work	Mean		2.80	.088
	95% Confidence Interval for Mean	Lower Bound	2.62	
		Upper Bound	2.97	
	5% Trimmed Mean		2.77	
	Median		2.00	

	Variance		1.587	
	Std. Deviation		1.260	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		.391	.169
	Kurtosis		-.944	.337
My physical working conditions (space, light, comfort, etc.)	Mean		2.35	.078
	95% Confidence Interval for Mean	Lower Bound	2.20	
		Upper Bound	2.51	
	5% Trimmed Mean		2.28	
	Median		2.00	
	Variance		1.254	
	Std. Deviation		1.120	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		.780	.169
	Kurtosis		-.252	.337
I am happy with the workplace atmosphere	Mean		2.53	.082
	95% Confidence Interval for Mean	Lower Bound	2.37	
		Upper Bound	2.69	
	5% Trimmed Mean		2.48	
	Median		2.00	
	Variance		1.372	

	Std. Deviation		1.171	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		.570	.169
	Kurtosis		-.716	.337
The balance between my private & professional life	Mean		2.64	.081
	95% Confidence Interval for Mean	Lower Bound	2.48	
		Upper Bound	2.79	
	5% Trimmed Mean		2.60	
	Median		2.00	
	Variance		1.335	
	Std. Deviation		1.155	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		.459	.169
	Kurtosis		-.775	.337
My workload	Mean		3.08	.084
	95% Confidence Interval for Mean	Lower Bound	2.92	
		Upper Bound	3.25	
	5% Trimmed Mean		3.09	
	Median		3.00	
	Variance		1.442	
	Std. Deviation		1.201	

	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		.130	.169
	Kurtosis		-1.088	.337
My organisation is genuinely interested in the wellbeing of its staff	Mean		2.24	.071
	95% Confidence Interval for Mean	Lower Bound	2.10	
		Upper Bound	2.38	
	5% Trimmed Mean		2.20	
	Median		2.00	
	Variance		1.033	
	Std. Deviation		1.017	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		.566	.169
	Kurtosis		-.415	.337
I believe the source of my stress is work-related	Mean		2.17	.072
	95% Confidence Interval for Mean	Lower Bound	2.03	
		Upper Bound	2.32	
	5% Trimmed Mean		2.11	
	Median		2.00	
	Variance		1.062	
	Std. Deviation		1.031	
	Minimum		1	

	Maximum		5	
	Range		4	
	Interquartile Range		2	
	Skewness		.697	.169
	Kurtosis		-.088	.337
I tend to manage any work-related stress well	Mean		2.46	.061
	95% Confidence Interval for Mean	Lower Bound	2.34	
		Upper Bound	2.58	
	5% Trimmed Mean		2.44	
	Median		2.00	
	Variance		.766	
	Std. Deviation		.875	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		.774	.169
	Kurtosis		.090	.337
At my work I always persevere even when things do not go well	Mean		1.79	.054
	95% Confidence Interval for Mean	Lower Bound	1.69	
		Upper Bound	1.90	
	5% Trimmed Mean		1.71	
	Median		2.00	
	Variance		.595	
	Std. Deviation		.772	
	Minimum		1	
	Maximum		5	

	Range		4	
	Interquartile Range		1	
	Skewness		1.344	.169
	Kurtosis		3.070	.337
My organisation is good at developing staff to their full potential	Mean		3.40	.078
	95% Confidence Interval for Mean	Lower Bound	3.25	
		Upper Bound	3.56	
	5% Trimmed Mean		3.45	
	Median		4.00	
	Variance		1.247	
	Std. Deviation		1.117	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		-.529	.169
	Kurtosis		-.487	.337
I receive the training that helps me to do my job properly	Mean		2.75	.076
	95% Confidence Interval for Mean	Lower Bound	2.60	
		Upper Bound	2.90	
	5% Trimmed Mean		2.72	
	Median		3.00	
	Variance		1.185	
	Std. Deviation		1.088	
	Minimum		1	
	Maximum		5	
	Range		4	

	Interquartile Range		2	
	Skewness		.310	.169
	Kurtosis		-.753	.337
My job gives me a sense of personal fulfilment	Mean		2.36	.078
	95% Confidence Interval for Mean	Lower Bound	2.20	
		Upper Bound	2.51	
	5% Trimmed Mean		2.29	
	Median		2.00	
	Variance		1.265	
	Std. Deviation		1.125	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		.709	.169
	Kurtosis		-.249	.337
My opportunities for career progression	Mean		3.38	.080
	95% Confidence Interval for Mean	Lower Bound	3.22	
		Upper Bound	3.54	
	5% Trimmed Mean		3.40	
	Median		3.00	
	Variance		1.329	
	Std. Deviation		1.153	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		2	

	Skewness		-.105	.169
	Kurtosis		-1.051	.337
My organisation encourages staff to report errors near misses or incidents	Mean		1.93	.068
	95% Confidence Interval for Mean	Lower Bound	1.79	
		Upper Bound	2.06	
	5% Trimmed Mean		1.81	
	Median		2.00	
	Variance		.956	
	Std. Deviation		.978	
	Minimum		1	
	Maximum		5	
	Range		4	
	Interquartile Range		1	
	Skewness		1.412	.169
	Kurtosis		2.262	.337

Appendix 3

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Overall, how satisfied are you with your job at the present time?	.295	206	.000	.860	206	.000
I feel proud to work for my organisation	.272	206	.000	.839	206	.000
I feel valued and recognised by my organisation	.174	206	.000	.905	206	.000
I value the culture in my organisation	.210	206	.000	.904	206	.000
I look forward to going to work	.199	206	.000	.905	206	.000
I am enthusiastic about my job	.239	206	.000	.868	206	.000
I have clear planned goals and objectives for my job	.328	206	.000	.830	206	.000
I am trusted to do my job	.309	206	.000	.765	206	.000
Team members where I work have a set of shared objectives	.323	206	.000	.823	206	.000
My team works effectively together	.314	206	.000	.844	206	.000
Communication is good within my team	.274	206	.000	.872	206	.000
I am able to make suggestions to improve the work of my team/department	.275	206	.000	.857	206	.000

I have all the equipment support and resources I require to do my job correctly	.237	206	.000	.884	206	.000
I am satisfied with the quality of care I give to patients/service users	.288	206	.000	.831	206	.000
I feel that my role makes a difference to patients/service users	.288	206	.000	.727	206	.000
The recognition of my performance	.211	206	.000	.902	206	.000
The support I get from my line manager	.213	206	.000	.897	206	.000
The support I get from my work colleagues	.322	206	.000	.825	206	.000
The opportunities I have to use my skills	.295	206	.000	.858	206	.000
The level of responsibility I have in my job	.342	206	.000	.814	206	.000
Job security	.311	206	.000	.798	206	.000
My level of pay	.250	206	.000	.865	206	.000
The extent to which my organisation values my work	.228	206	.000	.899	206	.000
The opportunity to express my own ideas in my job	.229	206	.000	.890	206	.000
The level of autonomy I have in my job	.290	206	.000	.854	206	.000
How motivated do you feel in your current job?	.301	206	.000	.844	206	.000
I am happy in my job	.285	206	.000	.871	206	.000

Care of patients/service users is the top priority in my organisation	.283	206	.000	.794	206	.000
I would recommend my organisation as an employer to a friend or family member	.249	206	.000	.886	206	.000
If a friend or relative needed treatment/service I would be happy with the standard of care/service provided in my organisation	.261	206	.000	.782	206	.000
I intend to be working in my organisation in two years' time	.228	206	.000	.882	206	.000
My organisation gets the best out of me	.189	206	.000	.889	206	.000
Communication between the senior management in my organisation and staff is effective	.227	206	.000	.853	206	.000
I have confidence in the decisions made by the senior management in my organisation	.189	206	.000	.873	206	.000
I am involved in decisions that affect me in my work	.178	206	.000	.881	206	.000
I go beyond what is normally required in my job for my organisation to succeed	.291	206	.000	.772	206	.000
I understand the relationship between my individual objectives and my organisation's objectives	.213	206	.000	.896	206	.000

The opportunities are good that exist for upward communication in my organisation	.183	206	.000	.906	206	.000
I am happy with the quality of internal communication in my organisation	.258	206	.000	.874	206	.000
My line manager communicates well with the team	.228	206	.000	.883	206	.000
My line manager motivates me to perform at the highest levels	.163	206	.000	.908	206	.000
My line manager supports me to improve quality where I work	.241	206	.000	.886	206	.000
My physical working conditions (space, light, comfort, etc.)	.313	206	.000	.840	206	.000
I am happy with the workplace atmosphere	.297	206	.000	.859	206	.000
The balance between my private & professional life	.272	206	.000	.878	206	.000
My workload	.210	206	.000	.896	206	.000
My organisation is genuinely interested in the wellbeing of its staff	.255	206	.000	.870	206	.000
I believe the source of my stress is work-related	.242	206	.000	.865	206	.000
I tend to manage any work-related stress well	.340	206	.000	.814	206	.000
At my work I always persevere even when things do not go well	.296	206	.000	.745	206	.000

My organisation is good at developing staff to their full potential	.257	206	.000	.886	206	.000
I receive the training that helps me to do my job properly	.239	206	.000	.896	206	.000
My job gives me a sense of personal fulfilment	.271	206	.000	.867	206	.000
My opportunities for career progression	.186	206	.000	.896	206	.000
My organisation encourages staff to report errors near misses or incidents	.286	206	.000	.775	206	.000

a. Lilliefors Significance Correction

Appendix 4

Recording 1

Q   So can you describe your job for me?

A   Difficult.

Q   Start with your title.

A   Ok director of nursing of St. Luke's radiation, oncology network. With all the nurses in both centres and here at St. Luke's reporting in. dealing with recruitment, retention, any issues that take place within the nursing department. God it's very difficult when you're asked that question.

Q   That's ok, so that's it, that's a good description. So how long have you worked here.

A   16 ½ years.

Q   Ok so talk a little bit to me about why you like working here.

A   I suppose Deirdre when I came to St. Luke's first it was 24 years in, I had been in my previous position. And I just decided well you know I think I needed a change and I came here to work at St. Luke's. I felt that the ethos of the hospital was very different from where I worked, where I worked was a HSE hospital, this was voluntary at the time. It was very easy to recruit staff here at the hospital. Very patient focused and the patient really was at the centre of everything.

Q   Ok.

A   And I think you know the staff that were here, it was just terrific working with them and easy to get on.

Q   Ok have you ever considered leaving?

A   No.

Q   Ok.

A   No, never.

Q   So if you never considered leaving, why do you think it never crossed your mind, what are the things?

A   Because I was happy here.

Q   Because you're happy, ok.

A   Yeah.

Q   So when you think about the things that are most important to you in relation to your job, what are those things, I mean are they, is there personal motivations or are they, you know is it the professional commitment or is it a mixture of the 2.

A   It would be a mixture of the 2, I suppose achievement, achieving, getting staff in, starting up new initiatives, like having HDRs as day cases. Introducingultrasound for PIC lines in the day ward. All of those things.

Q   Ok, and I suppose being able to introduce those things.

A   Being able, yeah and to have the freedom to introduce them.

Q   Ok so do you feel that you're valued here?

A   Most of the time yeah I would.

Q   Ok do you, you talked about the ethos of the organisation, so obviously you feel that you support the ethos of the organisation.

A   Yeah.

Q   Ok in terms of the decision making process here, now obviously you're the director or nursing so you are the decision maker, do you think that people within your team feel that they are part of the decision making process.

A   I would like to think, I would hope that they are, that they do think like that Deirdre, yeah. Because you know at our monthly meetings anything like that, if there's anything new coming on stream I will always discuss it with them. And I have one to one meetings with all the nurse managers on a weekly basis. And anything like that, you know new coming on, I would talk to them and get their feelings and their input into it.

Q   **Ok, what are retention levels like in your department current?**

A   Currently it's quite good and we have more nurses coming on stream, which I am delighted. But it hasn't been good in the past couple of years.

Q   **Right ok, so what do you feel, are you just at a moment in time where things are just good, you know or are there things that you've put in place that are allowing the retention levels.**

A   Well because the levels were so poor, I think it all started with the moratorium. And from then on you know Ireland in itself, not just St. Luke's wasn't a good place to work. But I think at the moment, I would hope that it is part of me, that we have the retention levels that we have at the moment. Yeah I think it is, yeah.

Q   **Ok, what would have been or what are the main reasons for attrition that you're aware of, so in terms of staff leaving and staff coming to you saying Breda I'm going to, you know what are, is there any trends, is there anything that you can say that you know is consistent in terms of why they leave or is it.**

A   A number of them left to go down the country, others left for promotional purposes.

Q   **Ok.**

A   And I would never have been told in the past or say in the past 2 years, that they were leaving because there were issues on the wards or units.

Q   **Ok.**

A   To me, I don't know what may have been said to HR or anywhere else or to colleagues.

Q   **Ok so to the best of your knowledge then the reason for staff leaving really are professional in terms of promotion or seeking a promotion in terms of moving on in their career or personal in terms of maybe relocation.**

A   Personal reasons, relocating down the country.

Q **Maybe selling a house and.**

A Yeah or moving abroad.

Q **Ok right. Do you think that satisfied staff deliver safer health care?**

A Yeah I do. I think if you're satisfied within your working environment, I think you're happier and more content. Whereas if you're not people can be angry. And I think in an angry person sometimes they're not safe.

Q **Ok so obviously in kind of dispensation of medications and that kind of stuff, that would be, you know a primary concern for anybody working in a nursing environment.**

A Big time.

Q **Ok and do you think staff will stay regardless, you know if they're satisfied, you know or do you think it has to do with, you know are there other motivating factors there.**

A I think staff will stay in a position if they're treated well. And that you know their colleagues get on with them and they get on with their colleagues. And you know that there's a good atmosphere.

Q **Ok, do you think that the age of staff leaving has anything to do with it, I mean is it, you know if you consider kind of like the age profile of nurses within your department. You know you've probably got a couple of graduates you know but overall you know would you be, are you losing nurses to retirement.**

A Somenurses yeah in the past maybe year, 18 months, a number of them to retirement.

Q **Ok so obviously the moratorium would have caused difficulties in terms of trying to recruit.**

A Yeah in succession planning.

Q **In succession planning.**

A Yeah, would have been difficult.

Q **Ok and in terms of where that sits now for you as a manager, is succession planning on your agenda, is that something you're able to do.**

A Well I am at the moment with everything that's coming on stream from the director general, from the work to rule that didn't take place, there's a number of things coming out in that. That all the recruitment is being handed over to the directors of nursing, which will make it much easier for succession planning.

Q **Ok so if its handed over to the directors of nursing you will have, like a direct line in terms of.**

A Exactly.

Q **You know giving your input and your opinions.**

A Yeah, that you don't have to rely on the NRS to do it for you.

Q **Ok.**

A That it will be local.

Q **Ok which in itself would give you autonomy.**

A Autonomy exactly.

Q **Ok how do you view the quality of service delivery to patients, for your department, what would you, if you were to gauge that, what would you say.**

A I would think that the delivery of service to the patients by the nursing staff and the health care assistants, I think it's very good. I think the standard is very high. And as I said before they're patient focused and they will do anything for the patients.

Q **And do you think that that is, is that related to the ethos of the organisation, is that related to your management, is that related to them being happy and contented.**

A I think it's related to them being happy and contented in what they're doing. And the ethos of the organisation you know.

Q **Ok, so obviously then all of those things really have to be tied up together.**

A Yeah, it's a circle.

Q **Yeah ok. And having worked in other environments outside of this speciality setting, is there anything that you could say about this environment that sets it apart in terms of the nursing staff. The employees, you know. I'm just trying to, I suppose I'm just looking again at relationship between what motivates people to stay and the ethos ofthe organisation as opposed to maybe a bigger hospital.**

A I suppose Deirdre it's the type of patient that we have here. It can be very emotive. And I think the staff just love dealing with them and helping them, that doesn't say that they can't be burned out you know.

Q **Yeah**

A And get tired of it and need breaks, but it's the type of patient we have here, and I think St. Luke's has always had a special name, you know with the treatment of their patients, you know.

Q **Ok**

A And I think that comes from the friends of St. Luke's as well.

Q **Yeah.**

A You know in different ways because they're very supportive of anything that we need for front line for the patients.

Q **Ok.**

A I have to say that.

Q **And for yourself as an employee, but also as a manger, do you feel supported by the management here in terms of the decisions that you need to make for your department.**

A Yeah I would, yeah I never have a problem with that.

Q **Ok do you have any other comments you'd like to make.**

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A No.

Q **Ok thank you very much…(end).**

Recording 2

Q   **So thank you very much for agreeing to be interviewed. Can you describe your job for me please?**

A   Ok, I'm catering manager, I don't have to describe the hospital or anything do I.

Q   **No.**

A   I'm catering manager and we look after the patients, I suppose is our main priority and we look after the staff and visitors. And we have 50 staff, some part time, some full time staff. And a team of managers and I manage the catering department.

Q   **Ok great and how long have you worked in this organisation?**

A   I started in 2002, June 2002, so 15 years, coming up on 15 years, yeah.

Q   **Ok very good.**

A   Yeah it's a long time.

Q   **So what do you like about working here?**

A   I suppose I like the consistency, I like that I know everybody. I think there's, you know I wouldn't be the type of person obviously to, you know my last job I was 16 years and this I'm 15 years. And I am actually saying to myself right do I do another 15 years somewhere else or what do I do. But I like that I know everybody, I like that, you know that when you come in every day you kind of know what to expect. Although there is always something different. But I do like that consistency yeah.

Q   **Ok, have you ever considered leaving?**

A   Yes, many times.

Q   **Ok, what would have been the main factors or you know is there any information you could give me in terms of why you considered leaving.**

A   I suppose some of the considerations would be things that may have happened in the past and you know say things that happened at work. I suppose the biggest thing is sometimes, and my sister works in HR and these are things that I would talk to her about. That a lot of times people need to feel that they're valued. And I think every now and then you feel as an employee that maybe you're not valued. And I'm not saying that you're not but you sometimes go through, you know and I suppose at one stage we went through a great period of change and there was a lot of hassle with that, it probably wasn't managed as well as it should have been. And that kind of brought some kind of unhappiness for me. But I found a way around it and part of, and as well as that you want to think that you'll do something different. And I have this thing where I would like to do something different than catering. So that kind of thing.

Q   **Ok so I suppose two fold then, some of the reasons were kind of professional, professionally motivated and some of them were personal.**

A   Yeah and some were personal, yeah absolutely.

Q   **Ok so what are the things that are most important to you when you think about your job?**

A   I suppose the most important part is, I suppose I'm a bit of a perfectionist ok and I have this kind of ideal way of what something should be and of course it never is that way. And I strive to get, you know I would strive towards the perfectionist end of it. But I kind of bring myself back all the time. And I suppose I do the best I can. Tell me what the question was again because I'm after losing track|?

Q   **So what are the things that are most important to you?**

A   Ok so I suppose that I do a good job and that I do it as well as I can and that I suppose that the people around me are happy which is very hard to do, you know but I do my best with it, you know.

Q   **Ok.**

A   Sorry (laugh).

Q   That's great. Do you feel valued?

A   I do, yes I do feel valued. But every now and then I suppose you look at things around you that are, you know say maybe trivial or something, that are blown up into a bigger thing or whatever. And then you kind of think well what does it all really matter, do you know what I mean. But I do, for the most part yes I do.

Q   Ok and who or where do you think that that value comes from, is it from the team around you, is it from the senior management team that you report into, is it from your line manager, is it from a sense of satisfaction about my job.

A   I think it's all of those things. I think it's all of those things and all of them at different times.

Q   Ok.

A   I think that would be it you know. but definitely I suppose now more so than, I think there's been great change in the hospital in the last few years we'll say since say Angela originally say took on the role and then we'll say Aggie, ok where we as a department have become more valued where there was a time where we didn't feel as valued as we do now. So I would say now more so than ever, but I think part of, but you also get it from your own, you know from your own self-worth of doing your job, that kind of thing.

Q   Do you support the ethos of the organisation?

A   Absolutely yeah.

Q   And do you feel that that's important.

A   Oh I think it's hugely important, yeah.

Q   To your role?

A   Yeah, yeah to my role. I mean we get a great satisfaction in looking after the patients. and I suppose more so now than ever because up until 2012 we just prepared food for the patients and we sent it out the door and that was the end of our, you know work with it. whereas now we're looking after the patients

and I suppose we've learned so much about diets and about the patients, getting to know the patients and you know all that kind of thing, so that's a huge factor for us now. Yeah huge, the ethos of the hospital is the most important thing, yeah.

Q **Ok great. Do you feel you're part of the decision making process within your team or within the organisation.**

A I feel within my team and what we do on a day to day basis yes absolutely. I feel, my personal opinion is I think there is, I think the decisions, the big decisions are made for you and then you're just told this is the decision. And I don't feel that there's the input there to say I don't agree with this or you know. You kind of feel that you must go along with it. I'm not saying anything is wrong in what they're doing but yes, you would be quite left out of things like that.

Q **Ok and do you think that's because information isn't kind of fed back to you in advance. It's much more information is fed down to you from say your exec member in terms of this is happening.**

A Yes.

Q **As opposed to.**

A Being involved in it.

Q **Being involved or maybe thinking in the next 6 months the NEMT are looking at the following things, one of the includes your department.**

A Yeah, we would normally hear those things afterwards when the decision has been made.

Q **Afterwards ok.**

A And this is what we're doing, you know.

Q **Ok so communication.**

A And that's not to say now that you'd be left out because there are times, I suppose really what it is is everybody is so busy. So there isn't the actual time. I meet with Aggie all the time but I only see Angela every now and

then, do you know what I mean. So we wouldn't maybe hear so many things, you know.

Q **Ok what are retention levels like in your department?**

A Well they actually have been very good, but did you hear (inaudible 6.39) handed in his notice, so now we've lost 3 people in the last, you know but mostly people stay for a long time. But I think that has been because of the recession and people have stayed in their jobs and that. but I think, I saw a great change in the Mater when I was there, you know where there was a change, we had an actual change of management and then overnight everybody left, all the old staff left, new staff came in ok. And I think we're kind of trending towards that at the moment. Where a lot of the long term staff where better opportunities are coming along for them and they're leaving and that's fine you know. But it does create a problem but we are retaining staff, yeah.

Q **Ok what are the main reasons for attrition that you're aware of, so what would be the main reasons that you would know of, why people leave your department or the organisation?**

A Well recently, I think mostly people will leave for a better opportunity, you know. AndI suppose catering has always been seen as a job that you know would not be seen as the good jobs or whatever. Whereas now there's a lot more training involved, you know it's not just that you come in and you can just do catering. Whereas when I started in catering years and years ago you just came in and somebody told you do this, do that. Whereas now there's a level of knowledge required you know and training or whatever. But I think that people generally leave because they've got a better opportunity or they're moving, we'll say like Carolina who moved, you know to go back home, things like that.

Q **It's a personal reason.**

A Yes.

Q **So really the reasons that you're highlighting don't seem to have anything to do with the organisation per say or I don't want to work in Luke's anymore.**

A I don't think so, I think people do say things like that every now and then or you know something might happen and you'll say that's it I'm leaving or I'm not happy or I'm not, but when they actually sit down and think about it and they get past whatever they're going through, then they kind of say to themselves well hang on a second what about the pros and cons and thenthey realise that maybe it's just a blip and you know. And I've been through that myself, you know where you have a blip and you think to yourself but look at the overall picture you know.

Q **Ok and I suppose then what you think when people look at the overall picture, the pros outweigh the cons.**

A Yeah I think so. I don't think people actually leave just, I'm sure there's a certain percentage of people that leave because they don't like the organisation, I don't think that's really true in my department.

Q **Ok so what you're saying is that the connection between staff in your department and I suppose the organisation, in terms of what the organisation does is quite strong.**

A Yeah I think so, yeah. I mean we've had people leave the department to go to work in another department so they haven't wanted to leave the hospital, they just hadn't wanted to work under whatever the constraints we'll say are within the catering department, but they still stay in the organisation.

Q **Yeah, ok which does speak.**

A Yeah of the organisation to a certain extent, yeah.

Q **Ok yeah. Do you think that satisfied staff deliver better or safer health care? Do you think that within your department you can see any correlation between staff being satisfied and the level of service delivery?**

A I think there's a few things there, I think the staff can be satisfied, I think sometimes things come down to a personal, your own personal work ethic.

And I think that people can be satisfied so they'll do a good job. And then on the other hand I can see where people are teed off over different things or are not happy about certain things you know and their level may go down. But still will perform in terms of that they know that they have to get this done. If they go below a certain thing that you know they'll get into trouble or whatever. So they keep, but their overall we'll say satisfaction or their overall performance wouldn't be as good as it should be, depending on what's going on around them or how, you know if there's a major change or whatever that might effect it. But I think mostly if people are satisfied they do a good job.

Q   **And do you think staff stay if they're satisfied.**

A   I think mostly they do yeah, I do, I mean we have a lot of staff down there that were there a long time, yeah.

Q   **Do you think that the moratorium played any part in staff staying? And what I'm asking about there is the differentiation between staff satisfaction and maybe bigger environmental factors like the economic downturn, like all the cuts in the public sector. That staff didn't have a choice.**

A   Yeah maybe to a certain extent. But I think people also like stability. I'm old school and I was brought up go get yourself a permanent job, you know stay in it forever and ever and ever, you know that kind of way right. And we have a lot of staff in the catering department that are long term, they see this as a stable job or whatever. And I don't think the moratorium would have really effected them but I do think that anybody moving to a new job now would be thinking in terms of how secure is it, how likely am I to stay. Unless they got a transfer within the organisation where they still would have the same terms and conditions. But I don't think it really effects our staff to the same extent.

Q   **You're different, ok.**

A   No.

Q   **Do you think that the demographic of staff has any part to play in why staff leave? So the age of the staff that leave, is there any trends that you**

have seen there in your department, you know is it younger staff in their 20s who are going off to travel or.

A   No not recently no, we've had very few leave over the last few years. You know so no, I don't think so.

Q   Ok how do you view the quality of service delivery to patients for your department?

A   I think we have a very high quality, delivery of service, I really, really do and I think we strive and we aim to improve it every single day. Like there's not a day we just say that's just it, it's always right we're doing this and we're always doing something more to make it better all the time, always yeah.

Q   Ok do people, do you see a relationship between individual departments and the staff and the culture of the organisation, do people feel that the culture works and do you think that that has any element of why people stay or is it?

A   I think it's a funny one because I remember when I came here first, ok I worked in the Mater ok where I was there a long time and everybody knew everybody ok and there was always a kind of a differentiation between departments, you know that kind of way. And when I came here what really struck me about it was that everybody knew everybody and everybody had, you know a good relationship or whatever else. And one of the things that really struck me was sometimes, right down in the catering department it can be, there's no kind of impetus to rush, whereas say for instance you come down and you're waiting for, staff will go I'll get it for you now Deirdre and they'll go off and they'll take say 5 minutes to get it. And you'll stand there patiently and wait for them to come back. Whereas in the Mater it was always like oh we need cups go and get them and we'd fly back and forth right. Whereas because there was that kind of, they knew each other so very well, it was kind of accepted that that was ok or whatever. So I know I'm going around the world but ultimately right I think that there is an idea of it all being a very friendly, you know and all accepting of each department. But underneath I think it's the same underlying thing where everybody knows everybody and this one, that one, you know and all the rumours. So it's no

different than say the bigger hospital was. It was just a different, the relationship was nicer between the staff. When I came here first I thought, but then when I looked at it deeper I seen that it is the same. It's just a little bit different you know.

Q **Yes, ok.**

A I know that kind of doesn't make sense but.

Q **No, no, no, that's fine, that's fine. Do you have any other comments you'd like to make about the organisation, about your role, about your department in terms of staff satisfaction or staff retention levels or anything else you feel is important to say.**

A Well I would like to see some changes in my department, ok and we are working towards that with the review that's starting next week. And the reason that we're looking for those things is just to make things better all the time you know. So it is like what we said before is striving to make things better you know. And I think that yes it can initially maybe, you know bring a bit of dissatisfaction and people re unhappy or whatever. But I think ultimately over time it shows that it benefits the staff.

Q **Ok thank you very much…(end).**

Recording 3

Q **So thank you very much, can you describe your job for me please?**

A I am the director of finance and corporate services. So I manage the areas of finance, IT, patient services and corporate affairs within St. Luke's network.

Q **Ok and how long have you worked here?**

A 10 years, over 10 years.

Q **Ok and what do you like about working here.**

A What do I like? I like the culture and the people.

Q **Yeah ok great. Have you ever thought about leaving?**

A Yes.

Q **Ok if so why?**

A Personal advancement would have been the main reason. And opportunities, just other opportunities. So no major one, no major issue, no major downside with this organisation.

Q **Sure, so really kind of the personal element would have been more predominant there.**

A Yeah.

Q **What are the things that are most important to you when you think about your job here?**

A When I think about my job here?

Q **So I suppose, they can be personal or professional, so you know people would say I like the people I work with, you know it's an easy location to get to, I don't have to pay for parking, you know those kind of.**

A I like the work, I'm a finance professional, but I don't like working with numbers all day. I like an operational side of things, so it's what I want whether I'm in the private or public sector, what I have is a broader, so I like that. I like the people that I work with, the management team. I feel I've been

supported by management over the years. I've worked under general managers and chief executives who I've enjoyed working with. That was key, so everyone I worked with, Lorcan, (inaudible 2.07) Richard, Eileen, Orla now, I've enjoyed working with them and I've been supported. And managers who have reported to me, I enjoyed working with them. The nature of the work is challenging, it's very varied. I can be working on a report one minute and I can be working in a building project or on a health service development the next, or a major charity project, so it's very varied.

Q   Ok.

A   Very interesting and it's very busy.

Q   Ok great. Do you feel valued?

A   I do yeah. I think I do feel valued, I do feel that the work I do is appreciated.

Q   Yeah.

A   And I do feel it's worthwhile.

Q   Ok.

A   I don't think I'm just crunching numbers, or just ticking boxes, which is important to me.

Q   Yeah.

A   So yeah.

Q   Do you support the ethos of the organisation?

A   I do, I do, I think it's something real, I think it's very real, I think it exists. And people swear by it, people come to work because of it. And there's a real, people buy into it.

Q   Ok, do you feel you are part of the decision making process within your team.

A   I do, I do yeah.

Q Ok and within your own department what are retention levels like? Do people, you know is there a high level of retention kind of across departments.

A The departments that report to me, I would say IT and finance, do have a high retention rate. In patient services it's much more to do with, we have more staff, we have more low grade staff, we've had a lot of staff on very flexible contracts who have taken opportunities elsewhere that we have been unable to offer.

Q Yeah.

A So that's resulted in a high turnover, not due to the work, I think they would have stayed if we'd been able to give them the sort of opportunities that they sought.

Q Right ok, so again that's kind of, you know personal reasons for leaving in terms of there's only so many grade 5s in the organisation, therefore if nobody leaves I may not ever get one of those or.

A Yeah possibly, partly that and partly because we just haven't been able to offer more solid contracts. A lot of staff have been on grade 3 and on short term contracts and as a HSE hospital we haven't been able to offer them anything more permanent.

Q Ok, obviously because of the moratorium.

A Yeah.

Q Ok and again that could be, well it would be personal because people are looking for security.

A People need security.

Q Ok, so I suppose that kind of covers what the main reasons for attrition are within your department. So we've kind of categorised that under.

A It's probably the situation coming out of the moratorium as well. For 6 or 7 years of my time here people have stayed put because they've been afraid to move.

Q   Ok.

A   So there's another element in there as well.

Q   **Ok so that's really interesting. So maybe people just didn't even think about it.**

A   I think there was a baton down the hatches approach for, between 2008/9 and 2014/15. So for a long time people were just, nobody was moving anywhere, even the voluntaries weren't recruiting. So everybody was just staying put, the only people who were moving were nurses and they were going to Dubai or London.

Q   **Ok. So that's really environmental as opposed to anything to do with the organisation or the people themselves.**

A   Yeah.

Q   **Just the bigger economic situation, yeah.**

A   But I think also finance, salaries in the public sector are higher for low and mid-level finance staff than they are outside. So somebody in payroll inside is not going to earn the sort of money in the private sector, than they're going to earn here. In the finance office, they're not going to earn, IT is different, IT will earn it outside, finance won't.

Q   **Ok and then I suppose if you add that to a pension and kind of the regularity of the work and then possibly other elements that are just specific to the person about the location or parking or those kind of things.**

A   You end up keeping a cohort of staff that aren't necessarily happy but can't afford to move.

Q   **Ok and when you say they are not happy, do you mean with the organisation or.**

A   With their work, with their position, with whatever.

Q   **Ok.**

A   But for them to move they would lose wages, they'd lose benefits.

Q   Ok.

A   And there's no public sector recruitment, so for a lot of that period.

Q   So essentially even though you may be retaining staff within different departments, it may not be the right staff or may not be for the right reasons.

A   Yeah absolutely.

Q   Kind of in that picture perfect world.

A   Yeah.

Q   Ok do you think that satisfied staff deliver safer health care? Now I accept that you're not working in a clinical setting. But I suppose in terms of the organisation and the role that you have and maybe kind of even under the corporate services side in terms of risk. Do you think that that plays a part?

A   Yeah it does, it definitely helps, I think satisfied staff perform better. But I think it doesn't mean that dissatisfied staff don't perform. But I think there is a positive. There would be a positive correlation between errors and time keeping and absenteeism. So performance, I would expect better performance from satisfied staff.

Q   Ok and do you think if staff are satisfied they will stay in this organisation?

A   Yes I think that's, definitely yeah because they do.

Q   Yeah ok. Do you think that the demographic of staff has any part to play in why staff leave? So the age group of staff. So I know that you know.

A   Possibly yeah.

Q   You know a lot of staff may have stayed here for their entire working lives and then left because they retired. So they reached retirement age. So I suppose I'm just kind of thinking is it within kind of maybe staff in their 20s or staff in their 30s, you know have you seen any trends where

staff would say well I'm leaving because you know I'm going to go travelling or I'm going to, I can earn more money or you know is age.

A   Is age an issue?

Q   Is age an issue in your experience?

A   I think the older you get the more likely you are, I think if you go over 40, I think you stay. I think if you go maybe 40, 45, I think if you go over that threshold, I think you're not going to leave. I think if you're going to leave you're going to leave in your 20s to go to the private sector or. I mean you could leave at 55 and go to another public sector organisation but I think your eye is on your pension then. You're looking at.

Q   Maximising your profit.

A   You're looking at maximising it and what it means to you.

Q   Yeah.

A   And the risk of going back to the private sector for an extra €5,000 or €10,000 a year is possibly not worth it with the downside in your pension. And the lack of security. So yeah age does play a factor, yeah.

Q   Ok how do you view the quality of service delivery from your department, so I accept that within your department again you're not dealing, well within one department you are dealing directly with patients? What's your opinion on the quality of service delivery?

A   I think it's exceptional, yeah I think it's high.

Q   Ok do you see a relationship, is there a relationship between kind of level of support that you feel from the senior management team and your department, just with the role that you have as a member of the exec and kind of, and then the departments that you take care of, is that a factor in terms of your satisfaction or do you think in terms of your staff satisfaction with what you guys do.

A   I think it's linked, I mean the more support I get the more support I can give to my heads of department, my managers. And then, I mean they're reliant on

their staff, their staff are out there working extra hours, doing extra jobs, really putting their shoulder to the wheel. So they look, everyone looks up I suppose and they look up their managers. And if their managers are getting supported and then that feeds down to them. I think so, to answer your question I think the support I get then results in better performance, yeah.

Q   Yeah ok.

A   I think it feeds.

Q   Ok and it goes both ways then I suppose from what you're saying.

A   I think it does yeah.

Q   That people look up, see the actions and also see kind of what's coming down.

A   Yeah absolutely. I'd spend a lot of time with IT or patient services or finance I suppose. I think it's important that the staff feel part of it, that they're not left at their desks doing their job in isolation that they feel part of.

Q   And do you think that that's, do you think that exists in all departments throughout this organisation. I mean do you think that that's kind of part of the culture of how, not just senior managers want the organisation to be but that people feel, you know do people feel kind of they've bought in, do people feel that they're part of what's going on here and that they make a difference.

A   That's a tricky one, it's hard for me to say looking from the outside at other departments. I can see departments where it does work, I can see nursing for example where I think definitely they've a strong communication and there's a strong, they work very closely together. So department heads meet regularly, they communicate regularly, they speak openly. So I can see how it works in nursing. I can see less, I can departments where it doesn't work as well. I think the physics clinic and engineering is an area where I think they tend to work as very disparate organisations. And I don't see support from the NEMT there. I can see things going, things being said at the NEMT that don't feed down. And I think.

Q   So the key really is the communication from the top down. So where there is fluid communication and constructive communication from the NEMT member to departments, that seems to work from what you're saying and seems to work very effectively because it's a 2 way street.

A   Absolutely yeah.

Q   But if the communication doesn't exist from the NEMT member to the department they manage, that creates a disconnect or possibly just kind of, well it is, it's a disconnected department in terms of being able to see the bigger picture.

A   Exactly.

Q   And being part of the ethos.

A   They don't know what's happening and it only takes 1 or 2 small things to happen where I would meet with somebody in a department and they would say I didn't know anything about this project and I'd say well that was mentioned at NEMT. So you should have heard about that.

Q   Ok.

A   And that happens once or twice then they start to feel disconnected. They start to feel less part of it.

Q   Ok, so communication then plays a major role.

A   Yeah absolutely.

Q   And if we take that then, so then I guess your opinion on communication within the organisation is in some departments it works very well, in some departments it doesn't.

A   Some departments it works less well I think, yeah.

Q   Ok and obviously then if communication were to depreciate overall from the top down. What you're saying is that that could have an impact on how staff work, how staff feel.

A   Yeah, I think you could, over a period of time you could end up with demotivated heads of department and less productive staff, staff that wouldn't be happy or productive or feel as well managed.

Q   Which could result in staff leaving.

A   Could result in mistakes, staff leaving, poor performance, absenteeism, the lot yeah.

Q   Ok, is there anything else or any other comments you'd like to make just in regards to the discussion we've had. The organisation that you work in. or anything you feel that would be beneficial.

A   Yeah I was trying to think when you were asking me about this, I was thinking why am I here so long and I suppose I'm making excuses for myself, the fact that I, not excuses but there's definitely inertia. There's a degree of inertia I think in my case where I got comfortable and you get into your comfort zone. Now I have gone and done a bit of operational work so I've gone to the centres and I've taken on IT, so I've done other things as well. But there's definitely a degree of inertia there. And I think the public sector does, can generate that?

Q   Ok.

A   Safety and inertia kind of works.

Q   Yeah I'm just wondering, do you view that as a positive or a negative because inertia could, you know could be because I don't actually have to think about these things because it's a no brainer because it's all just working.

A   Yeah.

Q   Which could mean I am very content, I'm very satisfied, you know.

A   Yeah absolutely, yeah, I know yeah.

Q   And in one respect that could be viewed as a major positive.

A   Could be a positive, yeah.

Q   **I suppose it's looking at, you know how much inertia is good and how much inertia is bad. Where is the line?**

A   Yeah its inertia with happiness and contentment or inertia with dissatisfaction.

Q   **With I don't care, I just come in, I take the pay cheque, I go home.**

A   Yeah but there is an element of that in the public sector definitely.

Q   **Right, ok.**

A   And its purely I've got so much going on in my life, I've got childcare, I've got my mother in law, I've got all the rest and the job just works.

Q   **Yes.**

A   I'm getting decent wage, I have parking, I've got my lunches, I go 9 to 5, I go home and it works, I get paid every month and why change that.

Q   **Yeah ok.**

A   So there's definitely a huge element of that as well.

Q   **Ok so that really kind of comes under the umbrella of public sector thinking, I suppose if you were to generalise it and.**

A   I think it does yeah, you can find inertia in the private sector too but if the inertia impacts on your performance then it won't last long.

Q   **Right, whereas what you're saying, inertia could impact on your performance in the public sector and it may not mean anything.**

A   It wouldn't mean a negative thing really, not necessarily.

Q   **Yeah, ok, so again then that's a cultural kind of thing I suppose in terms of the representation of the HSE and.**

A   Just public sector in general or semi state, semi state, state bodies.

Q   **Yeah kind of job for life mentality.**

A   Yeah, between us we could name 50 people probably, I'm sure we could, you know (laugh).

Q   **Ok so that's a good thought to end on, anything else.**

A   No I don't think so, no, I think I've given you enough, have I?

Q   **Yeah that's great, thank you…(end).**

Recording 4

Q Can you describe your job for me please?

A As a PA, a personal assistant to the network managers, the clinical director. So on a day today basis we manage calendar entries, we manage meetings, we organise and schedule meetings. We submit data back to the Dublin midlands that come in on a daily basis. We monitor post, requests coming in and out on a daily basis, in and out of the office. Monitor checks, we have 2 trackers, 3 trackers at the moment, Dublin midlands hospital. The office tracker and what's the other one, in out, cheques to be signed, POs to be signed, that kind of stuff.

Q Ok so how long have you worked here?

A Since 1981.

Q And what do you like about working here?

A The building, the grounds, there's no parking, I know my way directly, I know how long it's going to take me to get here, that's about it.

Q Ok.

A It's not the people or it's not the hospital, it's just that.

Q The convenience.

A Umm.

Q Ok

A I'm probably institutionalised (laugh).

Q Have you ever considered leaving?

A Yes.

Q Ok if so why?

A Why did I.

Q Consider it?

A Consider leaving?

Q **Were the motivations personal or professional.**

A I would have, it would have been probably, I'm trying to think of the couple of things I thought of leaving. And it would have been really to do with the people I was working with, I wanted to get away from the people I worked with.

Q **Ok.**

A It wouldn't have been the work itself, it would have been the people.

Q **Ok so a lot of people always say that people don't leave organisations, they leave managers, is that something that you would.**

A It would be yeah or colleagues, or work colleagues yeah.

Q **Yeah, ok so what are the things that are most important to you when you think about your job.**

A What's important to me would be, in this particular role here, it would be that the person that I am PA to, feels that they are, their back is covered, they hand me something, they can forget about it. And that I do it properly and it's done efficiently and quickly. And that nobody ever questions, if something is given to me I don't want them to ever feel they have to ever worry about it again.

Q **Ok so that kind of sounds like your professional integrity.**

A Umm, yeah.

Q **Do you feel valued?**

A At the moment no.

Q **Ok, did you?**

A Did I? You see how far back to I go?

Q **Well overall would you say?**

A In this hospital, was I valued in this hospital?

Q **Yeah.**

A   No.

Q   No?

A   No, no.

Q   Did that ever make you consider not staying here?

A   Absolutely yeah.

Q   Ok, do you support the ethos of the organisation?

A   I would and you see I'd have a personal affiliation to the hospital because my father died here at 57. So I would have that, my whole, not my social life but a very personal part of my life would have been spent here, you know from the age of 18. So I probably have that kind of a loyalty to the hospital really, that you could never repay them for what they did with my father. And you know I've had some good friends in here along the way. I have fallen out with people along the way as well and I've seen people come and go. No I do, I really, I think St. Luke's is a wonderful place.

Q   Ok.

A   Yeah.

Q   So do you think that your own personal situation has impacted you staying here?

A   Probably has, yeah that I probably feel I owe the hospital something.

Q   Yeah nearly a legacy issue there with your dad.

A   Yeah absolutely, yeah.

Q   Do you feel that you're part of the decision making process within your team here or for yourself.

A   No, no, I have no voice, no one is interested.

Q   Ok tell me about retention levels within this department, so I mean this is pretty small, so there's probably 2, is it, no there's probably, how many people would work within the network managers department.

A   Office? 1.

Q   Ok so that's just you?

A   Yeah.

Q   So you're a team of 1.

A   Yeah.

Q   Ok but under, ok so that's fine and your.

A   I couldn't depend on anyone Deirdre, do you know what I mean, I know I have Jane sitting there temporarily but no I wouldn't consider her part of the network managers office.

Q   Ok and how long have you worked as network manager, within this position?

A   I think it's 2013, so it's going on 4 years.

Q   4 years ok.

A   Yeah.

Q   Do you think that satisfied staff deliver better health care?

A   Absolutely, yeah. I remember a very, an old, Michael Moriarty here in the hospital a couple of years ago.

Q   Oh yeah.

A   And he said to me, I worked with him as a public secretary to him in medical records in the '80s and he offered me a job as a data manager in the Irish cancer society so I took leave of absence for 5 years I think that time to do that. But he instilled in me, and I brought it to my entire life, is that you get more bees with honey than vinegar.

Q   Totally.

A   Absolutely, you look after people, they will bend over backwards to look after you. And that applies to ever single aspect of your life. So I do

genuinely believe you look after people, they will split themselves in half to look after you.

Q   Ok.

A   Yeah.

Q   So do you think that if staff are satisfied that that's one of the reasons why they stay in the hospital?

A   Do I think people are satisfied? I think if they felt, I think if you feel, you see I can't speak for everyone because I don't know why people stay here.

Q   So what about for yourself.

A   Yeah if I felt valued would I stay, absolutely?

Q   But is value a motivator for you to leave?

A   It's a double sided, yeah, isn't it, yeah. So that motivation and that value thing does play a huge part, ok but having said that the people that you work with and how you're treated and you know what goes on in this place, that can have a huge negative impact on you.

Q   Absolutely.

A   So that would be a reason you'd consider leaving. I mean at the moment this woman who is driving me nuts and I would leave in the morning just to get away from her. After 31 years in the hospital, you know or 35 years, something as simple as that would be enough to chuck me over the edge now. That easily.

Q   Which means that, ok so do you put that down to just it's a moment in time or?

A   No I think if I felt I was valued and if I felt I was a huge benefit to the hospital, if I felt, it's funny, you know I remember when I went on maternity leave with Laura and I was 24 at the time and I was working for Michael Moriarty and I thought I was the business, I thought nobody could do my job the way I did, no one could look after him the way I did. And they replaced me with, I won't tell you who they replaced me with, she's still here in the

hospital. But I couldn't have picked a more docile, disinterested, lazy individual. And when I came back after my leave, nobody had died. The job was still there. And I just picked up where I left off. So you know that had a huge impact on me, that now at 24, you know that you just think. And you are replaceable, which is, you know.

Q   Yeah but just because you're replaceable doesn't mean that you don't have a value or that a value cannot be articulated.

A   True, there's the point though isn't it. It's never articulated, when does anybody ever say that's brilliant, that's a great job, thanks very much. Or you were missed or you know, never ever, ever, ever, ever. In fact you might have been at a meeting once where administration staff were referred to as grunts (laugh).

Q   I don't recollect.

A   Do you not.

Q   But that doesn't mean I wasn't there.

A   Yeah, so comments like that, yeah huge.

Q   Are just.

A   Yeah.

Q   Ok, do you think that the demographic of staff in terms of age, do you think that that has any part to play in terms of why staff leave an organisation, you know are staff leaving here because they're retiring, you know so they're just getting to the age of retirement or are staff leaving because they want a promotion.

A   You see Deirdre if you look at say the radiographers, a lot of those girls down there will leave because there is no room for, there is no promotional prospects here.

Q   Sure, there is only one top dog.

A   So they're definitely going to go.

Q   Yeah.

A   If you look at young girls coming in here at whatever, in their early 20's, if they want to progress they know when they look up at the Michele's and the Jackie's, they're not going anywhere.

Q   **Yeah.**

A   So if they want to progress they'll go, if they're quite happy to sit and take their wages and go home, then they'll stay. So it depends on whether the individual is motivated to progress or not.

Q   **Yeah themselves, ok.**

A   Yeah if they're happy just to sit in a job and have an income, then they'll stay but if they're motivated to leave, you'll see that with the radiographers, a lot of them leave and they go off to Australia and they'll travel.

Q   **Most definitely, yeah and I think that that's kind of part of being a small hospital, you know where people nearly get engrained into certain jobs and are going to be there forever.**

A   Forever.

Q   **Yeah.**

A   Forever yeah.

Q   **Ok.**

A   Certainly the years I think Deirdre too, if you look at say my, the age group that I am, or if you look at our age group. we all came in here early '80s, you know and those that stayed, you know they're not going anywhere now, you know not going to go anywhere in your 40s or 50s, do you know what I mean, you're just going to stay here because we don't know anything else.

Q   **Yeah ok.**

A   Do you know, so the younger girls I think coming in, it's interesting, if I look at some of them, a lot of them coming in say to medical records, would be relatives of women here. So they're not going anywhere. You know they came in for the security and for the income and that's it. They'll be here like myself in 50 years' time.

Q   (laugh).

A   Yeah, and Luke's have been good to be Deirdre, do you know I've had good times in here, I've had really good times and I've had, you know I've seen so much change in here. You know from starting from a tiny little hospital, you know with a couple of wards and a couple of machines and then you watch the whole thing evolve. Some of it was for the better, some of it not so. I don't think moving to the HSE was good. I thought that just killed the spirit in here. Because we'd a fabulous, we did, the ethos here was lovely, we worked as a team. Everybody knew everyone. But the bigger we got, the more you know control that was, people just start, now you find people are just covering their backs. It's all about covering your ass, that's it, yeah.

Q   **And do you think that that change is tangible from the transition from say voluntary to HSE.**

A   Absolutely, absolutely. It was, tangible is actually how you'd describe it, yeah.

Q   **Ok.**

A   I think we got lost, you know, I think when we were our own, that hospital run by a board, that's what we were, we were just this little oasis. But when you become a very, very small fish in a very big pond, that's what you are, it's that attitude you know and people don't.

Q   **So is it a case that higher up maybe external managers don't value St. Luke's, therefore St. Luke's as an entity starts to lose.**

A   Yeah its value in itself.

Q   **Its value in itself.**

A   Yeah, yeah.

Q   **Ok interesting. Tell me how do you view the quality of service delivery to patients that you see kind of I suppose in a non-clinical capacity or the relationship between service delivery and your role. Do you see any?**

A   I don't see any connection, we wouldn't even know there was a patient in the hospital. But you see you can't Deirdre, with the cancer you can't avoid meeting people or being associated with people who have been affected by it. And everybody loves this hospital, they hate coming here. and I remember once someone said to me, it was one of the nurses in the medical records or out patients, years and years ago and she said you know Angela, she said when people come into this hospital, she said they're falling apart, they have the diagnoses, they've had the surgery, they don't know what the future is and she said we put them back together, you know that's the difference between St. Luke's. And you see the grounds and everything, all of that helps, it does Deirdre, you know nobody.

Q   It does.

A   Very, very rare are you ever going to hear anyone. And they're so vulnerable in here.

Q   Yeah.

A   Very, very vulnerable and the families are vulnerable. And you'd hate to lose that.

Q   Yeah.

A   That's something you'd hate to lose. I do wonder about our nursing, because I think the standard of nursing is compromised because we don't have our speciality oncology nurses and for years we would have had the same nurses here, all trained as specialised oncology nurses. And now we're just plucking agency people, just trying to get any kind of general nurse to come in. I think that's going to have a huge effect on how we treat our, how our service is perceived or the experience people have in here as in patients. I think out patients are fine because it's in and out but it's when you're really, really sick. I think that could be a problem.

Q   Ok so even as somebody who works in a non-clinical capacity, the impact of the service that we provide is something that you're very aware of and you also seem quite concerned about it.

A   Yeah, well you see Deirdre if you speak to anyone and they say where do you work, St. Luke's, everyone says oh St. Luke's, oh I was in there, or thank god I've never been in there or I know somebody who has been in there. but I'm never ashamed to say I'm in St. Luke's, you know that people don't, you know years ago the big C. you know in the 1980s and the big C, so no one ever came in, no one ever came out of St. Luke's alive, you know they came in and they never got out. but I never even as a young person, was never embarrassed or ashamed or afraid to say I was in St. Luke's, because the people who did survive and did get out of here had such a wonderful positive experience in here. And it's great to be associated with that.

Q   Ok, so that must have motivated you in some way to stay.

A   Motivated me to stay, yeah it would have, yeah, absolutely.

Q   Yeah because it sounds as if, you know you're speaking with pride, you know. And maybe you wouldn't have had that pride if you were working in another hospital that maybe.

A   Absolutely, yeah I know a general hospital, now Naas hospital, sure I could have walked in to Naas hospital 100s of times but Naas hospital has a dreadful reputation, I don't want to be associated with that. The same with Tallaght, any of those, don't want to be associated with it. and that's probably, it probably is something that has kept me here Deirdre and I probably never really thought about it, was actually to be proud to be associated with a hospital like this. And then on the flip side I would have concerns about where we're actually going with our service, you know. It's the human aspect, it's not the delivery, we can deliver the best, we're delivering it. But it's the handling of the people through that journey, that's.

Q   Yeah that's key.

A   That is key yeah.

Q   But it's interesting to me as a non-clinical person who seems very engaged and involved and concerned, you know with the delivery of the service. I mean it seems as if you are, you know you are emotionally engaged with the hospital.

A   With the hospital umm.

Q   **With the organisation, with the perception of the service, with the actual delivery of the service and the future of it. So that's very interesting, ok. Do you have any other comments that you would like to make, just in regards to your role, staying in your role, the organisation, anything else you know that you believe the organisation should do or could do to avoid losing employees or to avoid high attrition.**

A   You see Deirdre, at this moment in time it's just one big bubbling pot, it's like watching a car crash and I can do nothing, I can sit back and watch decisions being made and people not doing things and it's just, it soul destroying. It's probably like watching, you know like watching, I'm not saying a child but watching something that I would have been proud of just being actually hacked away, you know. I don't think administration staff are given half of the kudus that they should be given. I think even in your own role, that HR, the way they, how do they think they can cope without that.You know there's a naivety I think from a clinical perspective on actually what we do. How we, just pen pushers, like what do you do, but it's the dismissive. And that's probably my problem with this role at the minute. I'm not answerable to an administrative person, I'm answerable to a clinical person.

Q   **Ok, so do you think that that is a difficulty, do you think that makes your job more challenging because there is not a ying and a yang there.**

A   Yeah.

Q   **There is a non-clinical reporting to a clinical.**

A   Yeah, we're a different.

Q   **And do you think that that creates a disconnect.**

A   Absolutely, yeah, yeah.

Q   **Ok.**

A   It's like a French person trying to communicate with the Chinese in broken English.

Q **In your opinion do you think that the disconnect is, that a clinical person does not see the value of a non-clinical person.**

A Absolutely.

Q **Within the hospital environment under the administrative.**

A But I do believe that if that non clinical, if the clinical person is in that position long enough there will be a change of heart.

Q **Sure.**

A I think it's a huge learning curve.

Q **Learning curve, ok.**

A Right but it's actually, it's having the willpower to actually stay for the journey, do you know what I mean.

Q **Well I mean how do you sustain yourself through that type of a journey if you are not motivated. If you don't feel valued, if you feel that your job is, you know worth less than a clinical person's job.**

A Yes, that's right, absolutely. I've seen it, I've seen it Deirdre. You know it's like somebody who gets on to a plane and you know they arrive at their destination but there's no consideration for how did they actually get here, somebody actually drove a truck to put the fuel into that plane. But do they matter, you know you don't think about those people. But if those people don't do that, this is not going to happen, you know. I think it's probably dropping, at the moment I think it's kind of fallen into place, we can see but still there's a reluctance to. I did say at one stage that I felt this whole office was compromised because of that lack of engagement. There's no ownership taken, it's just a temporary thing and it's a kind of just do it, just do it. Whereas I would have been used to higher standards than that.

Q **Sure.**

A You know so standards are slipping I think.

Q   **Yeah ok and standards are slipping because there isn't engagement because things are being done ad hoc but if things are done in an ad hoc way it does imply that they're not important enough to follow a process.**

A   That's right, that's right yeah.

Q   **Which by definition then diminishes your role in terms of what you do because then it makes it look like you know you as a person, as an administrator are not important enough to justify having a process that is followed by higher authorities.**

A   Yeah.

Q   **Ok and obviously this is totally related to the change in management structure from a non-clinical manager in charge of the hospital in a CEO type capacity to a clinical director.**

A   Yeah.

Q   **Ok so if we go back to the topic or the theme of value, although pride has probably maintained you here, at this juncture you're not sure if your value will be acknowledged in any time fashion that would allow you to kind of, to stay happy and motivated.**

A   Yeah.

Q   **Yeah ok, now at this point with as many years' service here as you have, would you consider or have you considered leaving.**

A   Yeah.

Q   **Yeah ok and obviously for all of these reasons.**

A   For all of those reasons, you know for all of those reasons.

Q   **Ok but if those reasons could be addressed, that would, those would be reasons enough to stay.**

A   To stay yeah.

Q   **So the motivators for leaving are exactly the same as the motivators for staying.**

A   Yeah.

Q   It's just the management of them.

A   Yeah.

Q   Ok.

A   And you see I suppose if you think about that, if we had this conversation in December I could feel completely different.

Q   Yeah.

A   You know, so it depends on that personal relationship between, you know a manager and.

Q   Sure because they are going to be your guiding light in terms of how you feel about your job, what level of responsibility you have, whether you feel valued, whether you feel you have autonomy to make decisions that actually are service impacting. Regardless of whether it involves a patient or not.

A   Yeah.

Q   Ok and these things, you know yes obviously timing is everything in terms of what our perspectives are, however the motivators for leaving or staying remain the same.

A   Yeah.

Q   Ok, great, thank you very much…(end).

Recording 5

Q   Now thank you very much for agreeing to be interviewed. Could we begin by, could you tell me what your job is, what your job title is?

A   Medical secretary.

Q   Ok and can you give me a bit of a description about what that entails.

A   I work for 4 consultants and their teams.

Q   So you take care of the administrative.

A   Yeah it's a lot of, yeah it's a mixture really, it's a mixture of just looking after all the patients and their appointments and it varies. Obviously doing correspondence for the doctors and typing, a lot of it now would be email, phone calls and queries.

Q   Ok and how long have you worked in this organisation?

A   31 years.

Q   Wow, ok.

A   Yeah (laugh).

Q   That's wonderful, wonderful, yeah. So what do you like about working here?

A   Well I think because it's a specialist, specialised hospital, you're providing a service that the service industry would have interested me anyway. And my dad was a teacher and my sister was a teacher. So we all kind of, you know went down that road. I think Luke's is different. I just feel you're helping people.

Q   Yeah ok.

A   So that's the reason I stayed and that's one of the reasons I stayed.

Q   And can I ask did you ever think about leaving.

A   Yeah, I think one of the reasons I stayed, well one of the main reasons, probably a personal reason I stayed. I lived in Dublin for over 20 years and I was renting but I moved about 60 times or 70 times because when you're renting, back in the '80s and '90s it was very difficult to rent and when you were renting you had to move on all the time, there was no.

Q   **Ah no security.**

A   No security for people who were renting.

Q   **Ok.**

A   And landlords could just shut down whenever they wanted to or do whatever they wanted. But I think because I moved so much that the job was a bit of stability.

Q   **Ah I understand.**

A   That's one of the reasons.

Q   **Ok.**

A   I moved constantly around Dublin, you could move, have 3 moves in 2 years.

Q   **Wow.**

A   So I think for me that's one of the reasons, when I look back on it, that I stayed so long.

Q   **Yeah ok.**

A   I would have been happy anywhere, I had 3 jobs before I started here, I worked in Limerick and I worked in Dublin airport.

Q   **Ok.**

A   This was my third job. But I always liked it because it was small and everybody was very friendly. But I think the main reason I stayed is because.

Q   **It gave you stability when you didn't have stability.**

A   Exactly.

Q   **Yeah ok that's a personal reason and that's great. So what are the things that are most important to you when you think about your job?**

A   Doing something for others.

Q   **Ok.**

A   Yeah, yeah doing something for others.

Q   **So it kind of goes back to that idea of providing a service.**

A   Yeah, that for me personally its assisting people.

Q   **Ok.**

A   You know you get positive, it's really I'm just in it to assist the patients, it sounds silly but (laugh).

Q   **No I don't, I think it's wonderful, it's wonderful ok.**

A   It's what does it for me.

Q   **Yeah ok and you know what it's different for everyone but do you feel valued?**

A   That's up to yourself really, for me it.

Q   **It's a very personal thing, yeah.**

A   Yeah it's a self, you know I live by my own, I suppose my own whatever. Yeah well generally as a staff member, yeah. Butit's more from within myself.

Q   **Ok.**

A   That I get job satisfaction from what I'm actually doing.

Q   **Ok and that actually is interesting because it leads, it's kind of the next question that I had there. So what you're saying is that your value comes from your own feelings about what you do as opposed to the feelings from others within the organisation. I mean is there, you know in terms of your job satisfaction, I think what you're saying is that that's very**

personal to you. But distinct from say kind of the message of senior management or your manager or your department.

A   Yeah, no 90% now is from myself.

Q   Yourself, ok.

A   I think, I suppose management is a different role, I think every level, I don't think there's good communication.

Q   Ok.

A   No, generally or, well there isn't communication. I can obviously bypass that at this stage of my life because I'm here 31 years and I'm 51 years of age.

Q   Yeah.

A   And it changes too as you get older.

Q   It does.

A   Everything changes.

Q   It does yeah.

A   But I don't think there's any communication, I think it's very bad. So I think it's up to staff themselves. But now I do think the staff themselves are, you know generally get a long and I find you know that kind of thing. But I just think there's a huge divide between, even at local level apart from senior management or whatever. I just think there's a huge divide. And I suppose there has to be to a certain extent. But as regards the work itself, it's my own.

Q   Yeah your own motivation that gives you that satisfaction

A   Yeah.

Q   Ok, do you support the ethos of the organisation?

A   Yeah, of St. Luke's do you mean?

Q   Yeah.

A   Yeah, I'm kind of not too sure about the network itself. I don't know about the different interlinked sites, I don't know if that's, I don't know. I don't

know if it's necessary. I think if they were all kind of on the one campus or you know that kind of thing it would be easier in ways.

Q   **Yeah.**

A   I think 3 sites is a lot, even 2 sites would be better than 3 sites. But that will all just be developing I suppose and if it continues to develop (laugh).

Q   **Oh it will, it will. Do you feel that you're part of the decision making process within your team or within the organisation. And maybe this goes back to what you were saying about the communication.**

A   No not really, no, no, to answer your question.

Q   **Yeah ok. So I guess that does go back to communication in terms of feeling that you have a voice or feeling that you don't have a voice or feeling that you're included in terms of what's going on in the organisation.**

A   Yeah you don't have a voice. I think too it's different, I mean obviously it's different to when you're very young. I suppose too as you get older you're more aware and I suppose you get cynical in a way, I mean generally with everything in life as you get older. It actually doesn't bother me because you know I know myself what I can do and what I'm capable of doing. And I think it's confidence in yourself and I think as well its lack of communication really.

Q   **Yeah that's it.**

A   I think taking a step back and I mean I know I'm as intelligent as the next person, we're all, you know we're all intelligent like, but.

Q   **Maybe your perspective on things has changed.**

A   Yeah has changed, yeah.

Q   **So that maybe if.**

A   And I think too you have to be willing to, which I never was, I think I just go on my own kind of, which is probably not good either but I just think that like I say I think you have to be true to yourself like you know.

Q   Yeah ok. So do you, would you have an awareness or an understanding of anything that happens at, you know from the senior management team, in terms of decisions, is that fed back or is it not fed back, you know.

A   I suppose, yeah, sorry in terms of?

Q   Well I suppose in terms of kind of say anything that's impacting, you know so maybe.

A   I suppose it would get down to us eventually.

Q   Ok.

A   Yeah it would get down eventually probably.

Q   But how you hear it might not be through the channels.

A   Yeah, no it wouldn't be, yeah exactly.

Q   That it should come through.

A   It wouldn't be, it's really call communication.

Q   Yeah it absolutely is.

A   It's not inclusive.

Q   Ok.

A   It is, I think a lot of it is communication yeah. I mean everything is like, you know even decision making is.

Q   Well this is it, exactly its all, yeah, ok. What are retention levels like in your department, so in terms of you've been here 31 years, is that a trend that would be, that would exist in your department or do you see a lot of movement.

A   Well there hasn't been much movement in the last 10 years because of the recruitment ban and that as well.

Q   Yeah and that's obviously a huge.

A   That's an impact yeah, oh that has had a huge impact and the work level, because we're short staffed, so that's obviously gone up like, there's no cover provided at all, in my own department there's no cover provided. So there might only be 2 people there one day, there might be 3 another. So you're doing all the doctors, 2 people or 3 people. But I think people, I suppose the atmosphere in Luke's is nice. I think maybe that's why people stay. In our own department yeah people, most people are there a long time.

Q   **Yeah.**

A   And then you see it suits other people because they're only, you know their own personal reasons, they only live around the corner or whatever, like that suits them. But I don't think, I think it's as regards, I suppose too it depends on your ambition. I would never have been.

Q   **Sure so it kind of comes back to the personal aspect again then in terms of what motivates people.**

A   Yeah and I think too as regards ambition or as regards, like I would have had so much going on in my personal life, do you know and I was always very involved in sport and volunteering and lots of things, so work was only a tiny part of my life in that sense like you know.

Q   **Yeah.**

A   I never placed huge emphasis on it (laugh).

Q   **No harm in that. I think sometimes when, you know.**

A   I think it depends on your personality as well.

Q   **Yeah it does.**

A   I suppose I wouldn't be tough or I wouldn't be, you know.

Q   **I think that it's really about what, how you look at work. And I think that with a lot of these things if we don't think about them it's because we don't need to think about them. So you know.**

A   Yeah exactly, yeah.

Q   **So if somebody hasn't considered leaving, maybe that's because nothing has compelled them to think about it.**

A   Yeah.

Q   **You know as opposed to you know people tend to put this on themselves and think well maybe I should have been more motivated or whatever.**

A   Yes of course yeah.

Q   **But I do think that, you know as humans I think that if everything is ok, we tend to go along with it, it's only when, because.**

A   Yeah you're correct, yeah, that would be the main reason, the only reason we're all still here like (laugh), I know.

Q   **Yeah so that does tend, that would kind of indicate that you know there must be a lot of box ticking.**

A   Yeah content, yeah.

Q   **You know.**

A   I would have thought about leaving over the years but yet I never did enough about it to actually, you know.

Q   **Yeah so you kind of wonder, even if you did have those thoughts then you know did the pros weigh out the cons in terms of.**

A   Yeah.

Q   **I mean people talk about the atmosphere, people talk about the friendliness.**

A   Yeah.

Q   **People talk about the service.**

A   Yeah there is, yeah. And I think too because every patient in here has cancer. You know which is different, so there has to be a certain amount of understanding and you know, like they're all (inaudible 12.31) like you know by the time they get here.

Q **Yeah and I wonder how much of a role the cancer element has to play in terms of how long people stay in Luke's or how few people consider leaving.**

A Yeah I think too, like I always, thankfully always had job satisfaction. And a lot of the people who work with me have huge job satisfaction as well. But it's more, it's just out own, you know it's our own.

Q **So you would say that that's more to do with your own little team.**

A Yeah it's our own job satisfaction, if that makes sense.

Q **Right as opposed to the organisation.**

A Oh yeah, no it wouldn't have anything to do with the organisation.

Q **Ok.**

A And we'd be self-sufficient and I mean we could run the whole place with our eyes closed like you know (laugh).

Q **So do you think, so one of the things that's always come out in the research that's done about nurses is that autonomy plays a really big part in terms of how people feel satisfied by the job.**

A Yeah that's true, yeah.

Q **And the ability to do what needs to be done to be a decision maker and to kind of move things on. It sounds quite like that in terms of what you've been saying.**

A Yeah, in our experience it's, like any situation that's thrown at us we can deal with it.

Q **Yeah.**

A Which is you is good like, you know and that obviously helps move things along. I mean it is a lesser, people think you know whatever medical sessions don't do anything but like they kind of hold everything together as well.

Q **Yes, they do absolutely.**

A You know generally like you know.

Q   **I think that there's always that clinical versus non clinical kind of.**

A   It's an understated kind of, you know.

Q   **Yeah it's a viewpoint that is, that really doesn't give enough consideration to what people do.**

A   Yeah, but they're definitely aware that there is job satisfaction.

Q   **Ok.**

A   I know in the medical secretarial department.

Q   **Yeah that's great.**

A   They'll all say that.

Q   **Ok so that's really good. So autonomy then could be something in terms of the fact that you are self-sufficient, you all know what you're doing. You know how to do it. There isn't a situation that's going to come up that you wouldn't know how to deal with it.**

A   No, if there was we'd liaise with each other.

Q   **Yeah ok. And you'd get on, like you'll get on and find the solution together.**

A   Yeah exactly.

Q   **Ok so it's really team support.**

A   Oh yeah it is hugely yeah.

Q   **A lot of kind of internal knowledge.**

A   Just from ourselves, not even from.

Q   **Yeah that's, I'm getting that sense, so it's very heavily defined within the small team that you work in.**

A   Yeah.

Q   **Ok.**

A Yeah, now it happens to be like that and I suppose we're all experienced as well. But I know everyone has job satisfaction.

Q Ok so that really indicates to me then that that's very insular as opposed to anything to do with the organisation. If I could ask you in terms of what you're saying for you and the kind of people that you work with. That there is high job satisfaction present.

A Yeah.

Q Do you, would you agree with the statement that satisfied staff deliver better health care or better and safer health care. Now I appreciate that you're working in a non clinical capacity. But there is still an awful lot about your job that has an impact.

A Yeah, yeah that would be correct statement, yeah, it would make sense.

Q And I don't know if any, you know people tend not to think like this about their jobs because they're too busy doing them, right but I suppose my premise is that if you're happy, if you're garnering satisfaction from what you do every day, that would indicate that you want to do a good job. It's important to you to do a good job. And it's important that you deliver the service. So it goes back to what you've said at the start.

A We're delivering it for the hospital itself as opposed to.

Q You're delivering for the hospital yeah. But the impact on the patient is very high.

A You want it to be positive for them yeah, exactly yeah.

Q Yeah.

A You want to get them through it as seamlessly as possible.

Q Exactly yeah. So I suppose my idea there is that when job satisfactionexists?

A Yeah.

Q That there is a positive impact.

A   Yeah true.

Q   **And is the positive impact in a non-clinical way, it impacts on the hospital because then the patients experience with the hospital is I got my appointment on time, they followed up with a letter, I saw a consultant who was the consultant I was supposed to see. You know and then my patient journey.**

A   Yeah, it's not long, yeah.

Q   **Yeah ok. So that's really good. Do you think staff stay if they're satisfied and maybe you've answered?**

A   Yeah I mean if they're satisfied with their job.

Q   **Yeah.**

A   Yeah.

Q   **So again in your department you're telling me that you know.**

A   90% of them are long service, yeah.

Q   **Do you think that the age of staff has any part to play in why staff stay?**

A   Yeah of course, is you it depends where you are in your life, yeah of course. I mean obviously they need young staff here in Luke's badly, very badly. Probably need young staff all around, you know all different areas. But definitely yeah in admin they need young staff, which is good for everyone like you know.

Q   **Yeah.**

A   But I presume as the recruitment picks up again that will happen.

Q   **That will, let's hope.**

A   Let's hope so yeah (laugh).

Q   **And what would you consider in terms of a measurement of the quality of service delivery that your team do. Like on a scale of 1 to 10 how would you measure that in terms of the quality of service?**

A	I think it's very good, I think it's excellent, I'm not just saying that.

Q	**No.**

A	That's partly because we know what we're doing, you know I mean if you had obviously someone who, like anything if you have someone who doesn't know what they're doing.

Q	**Yeah.**

A	It's like anything once you know what you're doing, you can deal with it and off load it or you know make it smaller or.

Q	**Yeah, yeah you can do something faster because you know what you're doing.**

A	Yeah exactly, yeah.

Q	**Do you see a relationship between maybe even your team, the department that you work in and the culture of the organisation? Do you see any relationship between what you do and what your team does?**

A	Yeah, I mean it is all interlinked I suppose yeah. Yeah I mean it is all part and parcel of it now. I think, I suppose it's different, you see it's hard, it's different because when you're younger it's a lot different. But I think as regards the communication again that's changed an awful lot and the atmosphere has changed, in the whole hospital like with all staff. You know you'd hear the nurses and you'd hear, it is the same in all departments. And maybe, well I don't know about the other units but I know in Luke's. But hopefully that will improve again as time goes on. When I say there was better communication that's probably a long time ago, do you know. I suppose more now as regards what's going on, whereas I suppose the ethos I'd be aware of because I'm here so long but more of what you are aware of you find out for yourself kind of thing you know.

Q	**Ok.**

A	You find out for yourself generally as opposed to you know being informed.

Q	**Being told through the.**

A   Yeah.

Q   So communication is a big thing.

A   Yeah.

Q   I mean the culture.

A   And I think too as regards where we are, as regards decisions and that, I mean I personally have taken a step back, like it would be nice if your decision was sought. But of course when it isn't you're not going to enter any, whatever discussion or anything like because it's not even sought. But I mean that's the same I'm sure everywhere, you know every department as well like you know.

Q   Yeah I suppose, I guess would.

A   It has a good ethos, the hospital itself has a good ethos, yes I mean it does you know.

Q   Ok so is it that the culture is impacted, would you say that the culture is impacted by the lack of communication or by the communication.

A   Oh yeah it has impacted, yeah it has yeah.

Q   Ok and is that something thatyou've seen kind of in more recent.

A   Gradually, yeah.

Q   And would it be more recent.

A   Yeah.

Q   Yeah ok. So would you say that communication has decreased negatively in the past year?

A   Yeah it has.

Q   I'm just wondering is there a correlation, is there a link between lack of communication and say senior management leaving.

A	Yeah I suppose in the last few years, yeah just in the last few years yeah, there would be a decrease. Everyone would notice like you know. Yeahjust in the last few years.

**Q	Ok and is there anything that you can put that down to? I mean is that?**

A	Well I suppose its management or how people do their jobs like, that's what I think like you know.

**Q	Yeah ok so what I take from that is that the style of management that somebody has.**

A	Yeah has changed, yeah.

**Q	And that's changed because there's somebody new in charge.**

A	Yeah.

**Q	Right ok.**

A	Yeah it would be, yeah exactly. And I mean you know you should communicate with your staff.

**Q	Absolutely.**

A	And say well done or thanks or you know (laugh).

**Q	It goes a long way.**

A	But that's completely ignored (laugh), left, right and centre.

**Q	Do you think that the culture as you think of it in Luke's, do you think it has anything to do with why people stay?**

A	I suppose people, it's up to people themselves, yeah. Why they stay?

**Q	Umm.**

A	Yeah well I suppose the nature of the hospital itself, the type of hospital it is. I mean I would say it's hugely different to a general hospital or a big general hospital, it isn't a hospital really like, it is only a treatment centre. It isn't a hospital. And I suppose because it's so small, you know I mean there are no

waiting lists, there's no, well I mean as such there's no waiting lists. Whereas obviously in a general hospital you'd have waiting lists for everything.

Q   **Yeah.**

A   I'd say a lot of people stay, yeah partly because it is small and it is, you know.

Q   **So there's things like its small, people are friendly, I suppose people know what they're doing.**

A   Yeah

Q   **You know there's probably incidentals like you know car parking is free.**

A   Yeah, that all adds for some people, yeah as well, yeah.

Q   **You know so I would say.**

A   But it has got bigger, like there is a lot more staff, like there was a time when you would be on first name terms with everyone, absolutely everyone.

Q   **Everyone.**

A   Everyone but now you wouldn't hardly know people's faces, well I certainly wouldn't know their names or I wouldn't know their, now I kind of wouldn't be great at that anyway, I wouldn't notice. But there was a time when you did, when everything was you know hello Niamh how are you, whatever, but you know.

Q   **Yeah, ok**

A   That's long gone (laugh) but as I suppose an organisation gets bigger as well and.

Q   **Yeah, it's hard I suppose to balance all those things but they are really important because they are things that people talk about. Do you have any other comments that you'd like to make about the organisation or your role or job satisfaction or anything else you feel is important.**

A   I know it's well thought of, like Luke's is well thought of in, you know the community.

Q   **Is that important to you, that it's well thought of, that the place where you work.**

A   Yeah you'd be proud, like I mean you'd want to, I mean we all contribute and we all, well you want it to work for them like, you want it to work for the public you know.

Q   **Yeah but I wonder, it's just something else that somebody else had mentioned is that they always, when somebody asks them where they worked, they always felt proud to say they worked in St. Luke's as opposed to saying I work in another very large general public hospital.**

A   Yeah Luke's is different, it's very different, yeah no it is, yeah Luke's is different.

Q   **So is that ever.**

A   Yeah I personally would have been proud, yeah.

Q   **Yeah.**

A   And I still would be.

Q   **Yeah of course.**

A   But again that's more our own, yeah I suppose that's the whole place too yeah. Now I would always have been proud of it and I did always think it was a bit different. And I worked in a general hospital before so it is obviously different to a general hospital. I think it's the nature of the, you know of the disease, of the specific disease as well like because people are vulnerable coming here like. So they want a good experience. I think generally they get it like you know. now I know even as regards the consultants and that, you know that's all changed as well and I don't know whether, I think the consultants, I personally, I don't know if I'd have a lot of, do you know what I mean, there's only certain consultants that I'd have full confidence in. But that's a different, you know that's at a medical level its different. But it has a good name, yeah it certainly has a good name. And people still think when they hear the word cancer, obviously they're still afraid. There's a little bit of that still there.

Q   **Yeah of course.**

A   But it would be well thought of alright, yeah.

Q   **Yeah, ok.**

A   Would be well thought of I imagine (laugh0.

Q   **That's great.**

A   I'm half asleep, sorry (laugh).

Q   **No that's ok, that's really good, thank you very much for your time.**

A   Friday morning…(end).

Recording 6

Q **So thank you very much for agreeing to be interviewed today, could you describe your job for me please.**

A As a porter? We go up and we bring patients down off the wards. We change oxygen. We do the HGRS, the beds. Bring people down in beds. I actually, the job itself I actually love what I'm doing.

Q **Great.**

A And my main job here is the kids. So they go on anaesthetic, I set up the machine, make sure the oxygen is working, make sure the air is on, everything is working…(end).

Part 2:

A So I have to start all over again.

Q **No, no, no so you work mainly with the kids.**

A Yes mainly with the kids, at the moment we have none, we have 2 coming in on Tuesday, we have 3 coming in on Thursday so that takes up 3 hours.

Q **Ok.**

A So they have to go under a general anaesthetic, they have to under an anaesthetic and my job there is to make sure everything is running smooth.

Q **Ok great. And how long have you worked here.**

A As a porter?

Q **Yeah.**

A 11, 13 years as a porter.

Q **13 years ok, and what do you like about working here?**

A I love everything, because I know that I'm helping the people, that's the whole idea of the job, that's what I like about it. Especially now the kids because they're actually, they're like my best friends as they come in here.

They follow me around, I feed the fish with them, yeah so there's all little things that, yeah. So when they're going they probably want a photograph and all so yeah. So the job is, it's nice, it is a nice job.

Q   Ok, did you ever think about leaving?

A   No.

Q   No?

A   I'm at the end of the road now.

Q   Yeah ok, ok can I ask if you never thought about leaving, do you think that's because there's nothing that gave you question, you know there was nothing, normally I think when people, I think when people are happy doing what they're doing, they tend not to question things because they are happy, do you think that that would be your case.

A   Yes definitely, yeah.

Q   Ok so that's really, really good to hear, what are the things that are most important to you when you think about your job.

A   When I think about my job, to make sure the patient, it's the patient, it's all got to do with the patient.

Q   It's all to do with the patients.

A   It's all got to do with the patients, to make sure that they're safe and they come down for their treatment and they have good days and bad days and we get a lot of them, bad days. So yeah that's it in a nutshell really.

Q   That's it, that's the main focus.

A   Yeah.

Q   Do you feel valued?

A   Oh definitely yeah, oh definitely yeah. Especially with the kids, no one would pass me in a corridor, that works here, that won't say hello to me. There's other people and they come down and the head down but I'd say

hello to everyone and yes I'm definitely valued here. Especially with the kids because if I'm not here.

Q   Yeah.

A   You know, yeah.

Q   Do you think that that value comes from the team around you, within your department, do you think it comes from senior management or do you think it comes from you.

A   It comes from myself and the people around me, the people who, the nurses that work on, especially on the anaesthetics.

Q   Yeah.

A   Yeah its team work. I'm doing it that long, I'm doing it longer than most of the nurses down there, I'd spot things quicker and if I think something is out of place I'll say it to them, even though it wouldn't be my job to fix it. I'd say it to them so that's, yeah.

Q   Ok and what about say the management team that you report in to, say your line manager or their line manager, you know in terms of the senior management team. Do you think that there's, do you feel a value from management.

A   Good question that (laugh).

Q   Ok, will we move on?

A   Yeah.

Q   Ok tell me do you support the ethos of the organisation.

A   Explain that to me.

Q   So the ethos of the organisation really comes from I suppose our mission statement, which is to put the patient at the centre of everything we do. And within the culture of our organisation which is about being very patent centric in our approach to everything. So we consider the patient first and foremost.

A   First, definitely first yeah.

Q   And then everything revolves around that.

A   Around that, exactly yeah.

Q   So you'd subscribe to that perspective.

A   I would yeah, yeah.

Q   Ok do you think it's important that you feel that in terms of what the organisation thinks about being patient centric, do you think it's important that you believe the same.

A   Yes I definitely believe the same, definitely yeah.

Q   Ok do you think that if you didn't feel that way that you'd have a different approach to your job.

A   To the job, yeah, I mean if a person is not interested in the job they'd be, I'm in here at 7 o'clock every morning, I'm not supposed to be in here at 7 o'clock in the morning. It's like when I was doing the garden, when I was doing, the last job I was doing, I was never out sick.

Q   Yeah.

A   Never out sick, that job, I threw everything at it because I worked with people with disability.

Q   Yeah.

A   And I idolised them and I idolised the job. So yeah definitely.

Q   Ok do you feel that you're part of the decision making process?

A   No.

Q   No, do you think that if you were part of the decision making process that it would help you feel more valued or do you think would it help you feel more satisfied with your job.

A   You see I'm stuck in a rut, I'm on the same job and I'll be on the same job till I leave here, so I don't go out of therapy, I'm stuck in therapy.

Q   **Ok and that's it.**

A   And that's just the way it is.

Q   **Yeah ok.**

A   I won't go down that road but.

Q   **But within the team that you work in.**

A   The guys I work with therapy, everything is grand, no problem.

Q   **Yeah ok and any decisions that you.**

A   Outside that, other people, I'm talking about other porters.

Q   **Yeah, no and ok so if we bring it back and we just talk about the people that you work with every day in terms of therapy, do you feel you're part of the decision making process there.**

A   Oh definitely, definitely, we'll I'd probably be known as the number 1.

Q   **Yeah because like what you said before you'd.**

A   I'd be always there, yeah. If the girls came around and they asked, they were asking something, they'd ask me because they know I'm the longest there and I'm more experienced.

Q   **Yeah, ok. What are the retention levels like in your department and what I mean there is that are other staff like yourself, have they, are they there a long time or is there a lot of leaving happening in your department.**

A   Well Sean is only new, so Mark is in and out through the summer. Adam is in and out through the summer. So at the moment they're the ones we have at the moment in therapy, there's nobody else there.

Q   **Ok.**

A   And Ray is coming back off nights, so he's going to be back in therapy. And Johnathan is in and out as well, he's different jobs.

Q   **Ok but that's in and out to the hospital just working in different.**

A   Well you see Mark and Adam are, they're college.

Q   Yeah so they're summer cover.

A   Yeah they're summer cover yeah.

Q   Yeah ok.

A   Johnathan goes out, Ray goes out, so I'm the only one that stays in.

Q   Yeah ok, that's fine. Would you have any idea or any thoughts on why people leave this organisation?

A   No. I've never seen anyone leave unless they retire.

Q   Yeah.

A   Know what I mean, that's, know what I mean, I have never seen anyone leave. Dermot Crummy, he's the only one but he went, he got transferred to Beaumont. So if they're leaving they'd be probably transferred to another hospital, they're still in the HSE so.

Q   Yeah ok. Do you think that satisfied staff deliver better health care?

A   Yeah.

Q   Do you think they deliver safer health care?

A   Definitely yeah, definitely yeah.

Q   Ok, so if people are happy.

A   If people are happy there, they'll do the job that they're there to do.

Q   Yeah and do you think they'll do more.

A   Exactly, they'll go out of their way to do it, know what I mean, yeah definitely.

Q   Ok. And do you think staff stay if they're satisfied?

A   Yes.

Q   Do you think that the age of staff has anything to do with why staff leave, if they leave?

A   I haven't really seen any young lads coming in here, know what I mean, if anyone came in here, they're here and they go up the ranks, they go up to, more than likely its retirement. I've only 4 years left here so.

Q   **Ok, what do you think of the quality of service that's delivered in the area whereyou work.**

A   Excellent.

Q   **Yeah ok.**

A   Yeah,seriously, I'm not just saying that.

Q   **Yeah I know you're not.**

A   Yeah.

Q   **I know you're not.**

A   Definitely.

Q   **And do you think that, do you see any relationship between say the culture of the organisation and why people stay here. Do you think that it is anything to do with this organisation, what this organisation does in terms of cancer treatment and how its approach, the patient centric approach, do you see any relationship between what the organisation does and why staff stay, why staff want to be here or why staff don't think about leaving.**

A   Well the only reason why a lot of them leave as I said to go to other hospitals.

Q   **Yeah.**

A   Unless they're coming from, a lot of them live on the north here, most of the radiographers live, they'd be.

Q   **So commuting.**

A   Exactly they'd have to go nearer to where they're living, you know what I mean.

Q   **Ok.**

A That's it, everybody I happy here. I think everyone is happy here. The staff, they haven't really changed over the years. We have a few young girls come in because some of them are going to Beaumont because it's probably nearer for them or someone moved from another hospital.

Q Yeah, but other than that.

A Other than that, no.

Q There's no reason to leave.

A No, I cannot see, no.

Q Do you feel proud to say that you work for this organisation?

A Definitely yeah.

Q Do you feel that you feel, do you think that if you worked for a larger acute hospital that you would feel the same.

A No.

Q Do you feel that it is because it is this organisation?

A Because it's this, exactly yeah.

Q And is that because of the service that's delivered.

A Yeah exactly, yeah.

Q And do you think it's because of the type of treatment, do you think it's because it's a specialist hospital, do you think it's anything to do with the cancer element?

A Yes and no. You see I deal with the staff down there, right, I'm not talking about patients. And when everyone is in for their treatment they always say about the radiographers, how good they've been treated and how, you know what I mean. And the porters, because we get cards and we get presents, probably a bottle of wine or they'd throw something, you know what I mean. Because they know they were well looked after. Even this place yesterday, I don't know how many people said to me yesterday how clean the place was.

And everybody is nice. I was in such and such a hospital and I wasn't treated the same. But here they were treated the way they should be treated.

Q **Ok, so do you feel that there's something about how service is delivered here that is different?**

A Top, top notch I think, yeah definitely.

Q **Ok so it's the standard that people should get and want to get.**

A The standard, should get everywhere but it's obvious they're not getting it, they're getting it here but they're not getting it because patients are coming, just say they were in another hospital and they were coming from another hospital, and they had the same treatment, they'd say this place is just, you know doesn't feel like a hospital. It's more relaxed, which is true you know. Because some days you go out on that corridor you wouldn't see a person, no. And you wouldn't hear a pin drop and that's what, you know what I mean. And then they talk about the woodlands, that they're able to get out, if they were in hospital they wouldn't be able to do that, you know.

Q **Yeah, so the environment here.**

A Everything around.

Q **The grounds.**

A Yeah everything from the staff down to the grounds yeah excellent.

Q **Ok that's great, do you have anything else you'd like to say.**

A No that's just, I think I put it all in a nutshell there.

Q **You did, thank you very much.**

A No problem…(end).

Recording 7

Q   **So thank you very much for agreeing to be interviewed. Can you describe your job for me please?**

A   Well I suppose payroll supervisor. And responsible for to have all the payroll processed and out on time. And monthly and fortnightly. And liaise with various HR, mainly HR in order to get all the requirements that we can get for to get everything in on time and processed on time. That's really it.

Q   **Great ok and how long have you worked in this organisation.**

A   Since 1998.

Q   **Ok and what do you like about working here?**

A   Well I enjoy, I mean I like the kind of, all the different, there's so many different sections and so many different categories of people. And I find that quite interesting. And in payroll you get to know quite a few people in different sections. And from that point of view you get to know a lot of people, you know through work. And some of them are very interesting.

Q   **Ok. And have you ever thought about leaving?**

A   Yes I had, yes.

Q   **And can I ask what would have been the main factors in you thinking about leaving or considering.**

A   Well the one thing probably would have sung it would be to get a position nearer home, the commuting was.

Q   **Ok commuting.**

A   Commuting in the winter months from October to April, that would have been, that would have swung it for me if something came up that would have been nearer home.

Q   **Ok so was it, so that would have been the main motivator as opposed to anything to do with the job.**

A   Yes.

Q   **Or the organisation?**

A   Yes.

Q   **Ok when you think about your job what are the things that are most important to you?**

A   Well to be as accurate as possible and to try and get everything done in a timely fashion. And to be accurate, I'm still working on it but you know so you're depending as well on other people for to get stuff in. But that would be kind of.

Q   **The main.**

A   The main thing to get. And to get everything on time and we've always been on time with payroll.

Q   **Ok and do you feel valued in what you do?**

A   Yes I suppose I do, there might be times you mightn't feel valued (laugh).

Q   **Yeah I think that happens to everyone.**

A   But I have to say, mostly I suppose yes you are.

Q   **And does that value that you feel, does that come from the environment that you work in, does it come from yourself in knowing that you're doing a good job or does it come from the management team, your manager or the senior management team, I'm just wondering how do you feel that value.**

A   Well I suppose it has to come from yourself first. And that you kind of feel confident about yourself. And also, well I suppose it does help if your colleagues and your boss in your immediate environment kind of are amenable to you.

Q   **Ok and do you think that that value creates a sense of job satisfaction for you?**

A   Yes it would of course yes.

Q   **Ok do you support the ethos of the organisation?**

A   Yes I would.

Q   **And do you feel that that's important for you in your job or your job satisfaction.**

A   Yes I think it is important. I mean St. Luke's has been around for a long time and the great work that is done here for the patients. And that has, you know apart from my end of things, I would be interested in that too and I'd always be a great supporter of the friends of St. Luke's and anything for patient's comforts and that kind of thing. And that would be very important.

Q   **Umm. Do you feel that you're part of the decision making process within the team you work in or within the organisation.**

A   Not really.

Q   **No, do you feel that if you were involved in the decision making that this would give you more job satisfaction?**

A   Probably if you were asked occasionally, we used to have meetings, finance department meetings once a month and that all petered out, you know. Not that there was anything wonderful discussed at it but it gave us, if there was anything to be aired it was aired.

Q   **Yeah and I suppose you knew that there was an opportunity there.**

A   Yes, but I don't think I'd, if I had something that I was really upset about, I think our boss, our financial controller, I think he is approachable.

Q   **Ok so even though that communication, I suppose regular communication isn't there, you know that, you would feel that you could still go to him if there was something.**

A   Yeah.

Q   **Ok what are retention levels like in your department? So in terms of you know are staff there a long time or is there a lot of movement from your department in terms of staff leaving.**

A   No in our department now there's a good percentage of people have been here for a long time, there's been a few that came and went. But that was mainly to do with personal matters you know. But mainly most people, there's a couple of us that still came around the same time and we're still here.

Q   Ok.

A   And some of the girls that came later and fellas. I mean we lost somebody recently who was here for over 17 years and he got a place nearer home.

Q   So the reason why that person left was probably nearly similar to why you had considered leaving, so it was about the pressure of commuting.

A   It would be the pressure of commuting but the other person may have had other reasons as well. But I think, mainly I think for a lot of people they would go if they can get to be nearer home and maybe if younger people are looking at promotion and things like that.

Q   Promotion.

A   And getting up the grades, you know.

Q   Yeah so I suppose one of the, so the age profile of the person is important then because there's different motivating factors at different, at maybe different ages.

A   Yes absolutely.

Q   Yeah ok. So if we say, so personal reasons in terms of work life balance then for the commuting and possibly progression in terms of promotion.

A   Yes.

Q   Ok so both of those are quite specific but really nothing to do with the organisation per say in terms of there isn't a main motivator there to leave because of I don't like the way this organisation is or.

A   Well there may be that, there may be that as well but I'm not aware of it as such. But I would say that probably people if they're not happy with their set

up, they have, there's a lot of opportunities there to move on, regardless of your age, I think.

Q Yeah ok. Do you think that satisfied staff deliver better health care, I appreciate that you work in a non-clinical position but as I've said previously my view is that clinical care cannot happen without the support of non-clinical care. And I suppose what I'm asking there is that if staff are satisfied in terms of they get job satisfaction from their job, do you feel that the service that they deliver is of a better standard.

A Oh definitely, I think that would apply across the board. I think if people are appreciated, looked after and remunerated properly and have the opportunities to, can see that there's opportunities to go forward. That they definitely will give their best.

Q Ok and do you think that those, you know boxes are ticked here for you in terms of what you said, if people feel remunerated, if they feel appreciated.

A Yeah I think so. Because I mean I came in, I was a clerical officer, and in those days when I came in you weren't, you didn't get any added years for your experience in the private sector. Because I had never been in the public sector. So I had to start at the bottom. So you just go for it and hope for the best. And as it worked out you know over the years. Now it might have been a bit of a wait but at least when you know that you're permanent and you have, you're permanent staff and you have an income. Well you can do things and you can.

Q Plan.

A Plan and get, plan exactly and you can get loans and you know have a standard.

Q Ok.

A So I think that's important.

Q Ok and then do you think that staff stay if they're satisfied by those.

A   Yeah I think so, I think people, there are a lot of people here that I would know in other areas and they have you know come up the line and in the clinical end of things and they're very happy and they just really are devoted to this place.

Q   **Yeah ok, that's great to hear. Do you think that, how do you view the quality of service that your department delivers. What would you say on a scale of 1 to 10?**

A   Well I'm not sure what is expected of them, what's expected of us all. But I'd say everybody does their best in what we're asked. And we always try to provide for whatever we're asked.

Q   **Ok do you see any relationship between individual departments, say the relationship of the department that you work in and the culture of the organisation, do you feel that, you know is there, would you be aware of the culture of the organisation, would you feel that that plays a part in what you do.**

A   In what way?

Q   **I suppose in terms of why you're here or understanding kind of what the bigger picture is, if we think about say the ethos of the organisation and the mission statement and that everything is about the patient and we have a patient centric approach. Is that something that you feel filters down into the departmental level.**

A   It may not do, you know it may not do. I think you know sometimes you can be behind the doors and forget what's really going on down maybe on the wards and what is major emergency somewhere in clinical areas, what's going on. So you may not be aware of that unless you hear it on the grapevine or something. But you know if you're mature enough or whatever, maybe that's not the correct word, you will realise that there are people in every section who care and who are stressed out for the day, I don't mean stressed out but are maybe stretched for the day.

Q   **Stretched yeah.**

A   Trying to make things work and get things done.

Q   Ok.

A   And they may have emergencies and sometimes you know I'm sure there's, we see things that are very upsetting and that you know. Because I mean I was a patient here as well.

Q   Ok.

A   I know what it's like.

Q   Ok.

A   Do you know from that end of it?

Q   Ok so yeah, now that's interesting, so you've realty seen both sides then.

A   Yeah and I mean they were all very thorough, it was excellent and I realised, you think oh my god my world is going to end but you meet someone else and you realise I'm not so bad. There's other people that are a lot worse, you know who once they get sick they have no money, they have no nothing, they have no income. Whereas at least you're in the public service, you're guaranteed at least to get paid for a certain period of time anyway, yeah.

Q   Ok so the elements of your job again in terms of security and permanency.

A   Yeah.

Q   Probably helped to give you some.

A   Yeah to help the healing process along the way, I didn't have those worries.

Q   You didn't have, yeah.

A   Yeah, I know I had private cover as well, that I had that as well to fall back on if anything happened. But you know I saw the other side you know.

Q   The other side of it, ok.

A   Where there was great facilities here from the social workers and there was.

Q   Support.

A   Supports there to help you if you didn't have anything to, no back up you know.

Q   Umm. So that's an interesting, so you've probably got quite a different perspective on this organisation in terms of the fact that not only have you worked for it, you've experienced the service provision.

A   Yes.

Q   Do you think that that plays a part in terms of why you've stayed for 19 years?

A   It probably has.

Q   Do you feel any, is there a loyalty there?

A   Well there probably is, of course.

Q   In terms of.

A   Because I was able, I mean I was better, was very well looked after and kind of knew what was available and there were some very good people who were a great help along the way in nursing and in radio therapy and social workers who were really good. And of course the consultants. And I mean I came back eventually to work full time. So that was wonderful.

Q   Yeah ok.

A   You know that doesn't happen everybody.

Q   No and I suppose even coming back to full time work in an organisation that assisted you by treating you, in terms of nearly allowing that to happen.

A   Yes.

Q   It kind of is the full circle isn't it.

A   The full circle, absolutely.

Q   That's really interesting, ok. So that may, well I suppose there's, and maybe it's not something you've ever really thought about but there probably could be something there between, on a personal level for you

then in terms of your affiliation with the organisation or your feelings for it might be different to another employees because of that.

A   Yes, bond or whatever, yes, probably is yeah.

Q   Ok and one thing I just wanted to ask, has it ever, 19 years that you're here, when people ask you where you work, are you proud to say you work here.

A   I am yes, yeah.

Q   Do you think that, and it's difficult because you've been here for 19 years, but do you think that if you worked for say a large acute hospital, not too far away from here, do you think that you would feel the same pride.

A   I'd say so, I'd say so, I'd be loyal enough like that.

Q   You'd be loyal, ok.

A   Yes.

Q   What I'm wondering about is, the words that other people have used to describe this hospital and they've said that it's special. And they've said that patients feel that it'sspecial. And they've said that because it's a specialist hospital in terms of there is only one treatment that occurs, there's only one reason why anybody comes here. And I'm wondering if that differentiates it in terms of how people feel about it.

A   It probably does because I mean it's such a, I mean you could go into, I could go into Connelly hospital and have a broken arm or leg or something and that's different because it's an emergency. But when you have, when you're diagnosed with cancer, it's a very different thing. And suddenly you know you're saying oh my god, you know.

Q   Everything is different.

A   Everything is very different. And your priorities all of a sudden change very quickly. So I think St. Luke's would always be associated as both with cancer treatment and for people who have comeout the other end and done very

well. And there are a lot of people. And I'd say it would be special to them, yeah.

Q   **Ok is there anything else that you'd like to say about the organisation or your role or job satisfaction?**

A   Oh gosh, I don't know, there isn't really I suppose, you know it's something you do and I kind of like doing it. I know there's hassle, always payroll isn't easy, it's a difficult one and you're dealing with so many people. But there's great days as well in it.

Q   **Ok that's brilliant, thank you very much.**

A   You're welcome.

Q   **Thank you…(end).**

Recording 8

Can you describe your job for me please?

I am Network Manager. That means I am responsible for St Luke's Hospital and the two Centres in St James's and Beaumont Hospitals.

Ok great and how long have you worked here?

 For over 10 years in a number of promotional roles

Ok thanks for that. So what do you like about working here?

Emm, The atmosphere, I like the atmosphere and the culture and the patient centred ethos of staff. We have a very patient centric approach here and thats very important to me.

Have you ever considered leaving?

Yes

If so why?

Mmm, promotion to a higher grade in a larger organisation

** So your motivation was professional I mean advancement for you professionally as opposed to I don't like it here?**

Oh yes definitely.

What are the things that are most important to you when you think about your job?

Well, really that we are making a difference to the lives of patients that the hospital / Network can continue to function efficiently and effectively despite the general upheaval in the HSE and Hospital groups.

Do you feel valued?

Within the Hospital / Network, Yes. Outside in the Hospital Group and the wider HSE, No.

So is that because of the people in here, I mean that you feel valued?

Yes - what we do here is special and I am not sure if the Group really get that.

Do you support the ethos of the organisation?

Absolutely – I think every one of the staff does

Do you feel you are part of the decision making process within your team?

Yes, as Network Manager I lead the team.

What are retention levels like in your department?

Very good. But some areas of the hospital suffer.

So where then? I mean what are the main reasons for attrition that you are aware of?

Temporary or fixed term / specified purpose contracts – we couldn't and still cant offer permament posts because of the moratorium and now because of the NRS.

I suppose we have staff looking for promotion in a small hospital with limited opportunities. You will have the same people in that small group of jobs possibly for a long time.

Emmm, junior nurses looking for promotional posts especially when dissatisfied with salary.

Do you think that satisfied staff deliver safer healthcare?

Definitely. There is an established link between satisfied staff and satisfied patients. There is also an established link between satisfied patients and clinical outcomes. Staff are more satisfied if they are engaged with and communicated with and feel part of the set up rather than just working for it. The staff at St Luke's are the culture

and ethos. Yes it comes from the top down, but not in the form of rules, policies and procedures. These are all necessary to give a structure and framework but on their own can't ever result in the culture we have.

The patients know the staff will look after them, they trust the staff and are continuously telling us that. They know their feedback is acted on. Better engaged / informed / satisfied patients are more likely to take a responsibility in their treatment and this will always result in improved clinical outcomes and better safer healthcare.

Do you think staff stay if they are satisfied?

Yes. Staff are frequently prepared to forego the opportunity of higher salaries for a 'nice' place to work. Staff at St Luke's have very good opportunities for training and development, possibly better than in many HSE establishments. The staff tell us they acknowledge and are grateful for this.

Do you think that the demographic of staff has any apart to play in why staff leave?

It can do. It goes back to what I was saying earlier -younger staff are more likely to be looking for promotion and be prepared to move around before settling down permanently. The average age for this is increasing all the time. Staff who have finished qualifying and moved a few rungs up the ladder are more likely to be able to enjoy their jobs in an environment that works for them. Staff are always less likely to move during the final third of their working life.

How do you view the quality of service delivery to patients for your department?

Given that my department is the whole hospital and wider Network, I think that overall the quality of service is very good. It's something we have been working

very hard on over the past few years. We now have systems in place to monitor and record the quality of the service.

Do you see a relationship between what the senior management team do and your department?

Again, tricky question for me because my department is the senior management team. But yes there is a very definite relationship between the senior management team and the department's heads and general staff. Communications is again something that we have worked hard at with a cascade system of staff meetings starting with the NEMT and working down to HoD and then department level. Every member of staff should attend a staff meeting every month.

Is there anything else you would like to say about your job or the organisation?

Most people will tell you that their hospital is special or unique. But St Luke's is both special and unique. Even visitors will tell you that you can pick up the culture and ethos as soon as you enter the buildings.

Thank you very much for your time.

You are very welcome.

Recording 9

Q   **Now thank you very much for agreeing to be interviewed. Can you tell me what your job is?**

A   I'm one of the catering assistants in St. Luke's Rathgar.

Q   **And how long have you worked here?**

A   I've been working here since 13 years.

Q   **13 years?**

A   13 years (laugh).

Q   **Ok and what do you like about working here?**

A   There's loads. First is, I feel so, when I first came here in St. Luke's, you know when you try to mingle with somebody, it's no matter how hard the job, as long as it's the people around you. So I get on so well with the people. It's like when we're on the job, it's like we're a team. So it's like, it's not only the job but it's also as well the environment.

Q   **Yes.**

A   So it's, that's it.

Q   **Ok great. Have you ever considered leaving?**

A   It's different for me because I'm not from here, so I'm planning to leave for good but not yet.

Q   **Not yet, ok?**

A   Yeah.

Q   **Ok, you're happy here.**

A   I'm happy here, because it's different, when you have the job like mostly you're on your feet so it's more physical. So when you're young you don't feel tired, so when you're at the age of 40s so your body is different, even though your mind, your physical, you want to do it but sometimes it's the effect of your body is, yeah that's beyond your control..

Q   Ok.

A   So that's the problem.

Q   So you're saying that if you were to leave it would be to maybe go to do something very, very different.

A   Different year.

Q   Ok what are the things that are most important to you when you think about your job?

A   The service, it's the thing that you give to people, not only for yourself, because if you have a job, if you think of yourself, you will not go further, because if you think of service or giving something to other people, that makes the meaningful of your job.

Q   Sure ok.

A   Yeah, that's the way, because I've been working too long.

Q   Yeah.

A   Yeah and back home as well, I've been working as, I have a team so I'd be the one directing them as well. But it's the, sometimes you have to be firm but sometimes it's a give and take basis you know.

Q   Yes.

A   So it's more on service, not for yourself, yeah.

Q   Ok and that's the service to the patients.

A   Yeah the cus.

Q   The customers.

A   Customer, patients, everything.

Q   Everyone.

A   Everyone.

Q   Ok, do you feel valued?

A   Of course, everybody is value, because I feel here that its, I try to compare back home and here, it's like that here you are equally, no matter what kind of job you are, it's like you're equal, yeah you're not this grade, ok you're there and you're here.

Q   Yes.

A   So you feel you can have your voice, yeah. So you are valued because the management, they want to hear your voice so that's, it's a value, yeah.

Q   Sure, ok brilliant. Do you support the ethos of the organisation?

A   What do you mean by ethos?

Q   So you know what the hospital does here is put the patient at the centre of everything that we do, so yeah.

A   Yes I support ethos. In the first place it's them, why we are here, one day we can be patient as well.

Q   Yeah.

A   So I believe in this, what you give you can take with us.

Q   Come back.

A   Yeah come back to you as well.

Q   Ok, do you feel you're part of the decision making process within the department that you work in, within the team?

A   Of course because sometimes if we give ideas as well to, for example to Laura. She will listen and then of course you don't, the management will look to it, which is good and if it is really working. And sometimes more ideas as well, she put into action, so yes of course, yeah.

Q   Ok great. And what are retention levels like in your department, so retention levels are how many people stay. So is there a lot of people that you work with that.

A   Yeah most of them they're gone, there's all new, but it's difficult because its individual you know.

Q   **Individual, ok.**

A   Yeah so it's individual. Its individual like the attitude, the behaviour, some people are negative, some people are positive. Some people leave because they have a better.

Q   **Opportunity.**

A   Opportunity yeah. Some people they leave because they might feel like it's not good or it's something like, its personal that maybe they keep going talking to them, which is, because some people it's hard because an individual, how the way you take it.

Q   **Yeah.**

A   Yeah because it's a give and take. Some people they always them, them, them.

Q   **Yeah.**

A   They don't give to the management which is hard for them as well, so that's why maybe.

Q   **Ok very good. Do you think that if staff are satisfied that they deliver better health care or better care?**

A   Yes of course, yeah, because if you treat the members of the community well, of course people will stay.

Q   **Yeah ok. And do you think staff stay if they are satisfied in their job?**

A   Of course. It depends on the job, yeah it depends on the job because like in our job is, I mean if you to approach anything, like if I'm Irish, if I live here I will be maybe working for just a few years and if I find opportunity to go somewhere else, that for the future because catering is hard, yeah it'svery hard job for women, like in the kitchen because you have to maintain the standard. So you have to be on the move, move everythingand it'sphysical. So maybe I won't stay long if I am here, yeah. But I am happy, it's very, it's a very happy environment.

Q   **Good ok, yeah I understand that.**

A Yeah.

Q So do you think then the age of staff, the demographic, so the age of staff, do you think that that plays a part in why people leave within your department.

A I think so.

Q Because of the physicality of the work.

A Because if you have education, like if you want to go somewhere else, you try to have yourself an education.

Q Yes.

A That's why people are leaving, yeah, to have opportunity.

Q Ok.

A But if you are, you have no education, you don't want to be yourself, you're just satisfied for being like that, there will be no problem then for you.

Q Yeah ok, so for you if you were to leave it would be about a greater opportunity, maybe in a job that isn't as physical.

A Physical yeah.

Q Ok.

A But personally I like on the field.

Q Yes ok.

A Because I'm more physical (laugh), that's why, because I have this thing back home, I have a thing called mostly I go out, yeah.

Q Ok so you like to be active.

A Yeah like to be active.

Q Ok.

A When you are young (laugh).

Q   **How do you view the quality of service delivery in your department, so the level of service that the catering department give, what do you think of it?**

A   I think it's, in our department it's a high standard, the quality, because everything that we do, we try to make sure that its really on the spot, that everything was almost perfect. So if everything is wrong, totally all gone, so it's really good yeah.

Q   **Ok brilliant. Do you see a relationship between the senior management team and your department that you work in or do you think that your department just do what they do, you know is there a relationship between what happens at a senior management level.**

A   I understand within the side of the management, I am not really management but I understand because they have, I mean the purpose is to have a service. And it's not their power to have just, for example if we have no staff so it's going to be one person probably have to do 2 to 3 jobs. And then this is what I couldn't understand some of my fellow workers, it's not the management, the power, they have no power as much as possible to replace the person or you want more staff. Sometimes I know they're just working, like come on, just come and go, whatever this day, just work it. Even sometimes it's not standard anymore because what can you do if you have no staff at all.

Q   **Sure.**

A   So it's not, it's beyond their power. So that's why sometimes you have to look, you have to think of we just finish this day, do your best, just do your best and that's it.

Q   **And that's it.**

A   By the end of the day the work, you go home, that's it.

Q   **Ok do you think that there is, that the culture within the hospital, that you can see relationships between departments in terms of how they work.**

A   You cannot deny that you know, the culture because we have different upbringing, like I have a different upbringing, you have a different upbringing, but sometimes if you're the one who knows how to handle the thing, so it's better for you just to, don't mingle with it, so if you try to force yourself to that situation that you know that is not right, so it will blows, so that's why sometimes like me, like if I know that, because sometimesyou're in a good mood and then this person always moaning and moaning, you know. Even in small things moaning and moaning. So if you give in to that situation you cannot be (laugh). So it depends, some people loads of moaning you know.

Q   **Yeah.**

A   And sometimes you have to make joke as well, what can you do, don't worry, at the end of the day you will be going home, have a cup of tea (laugh), that's it.

Q   **Yeah ok, do you have anything else you'd like to say about the hospital, about your job, about satisfaction within your job, anything?**

A   So far because St. Luke's, you know it's really a nice hospital so it's just a pity that the A and D, C ward is not part of St Luke's anymore, but that's ok. We're still open so.

Q   **Yes we're still.**

A   Yeah we're still open, so that's the good thing.

Q   **Ok great, thank you, thank you very much…(end).**

Recording 10

Q **So thank you very much, can you describe your job for me please?**

A Ok, I am a grade 5 HR officer working in the HR department. Do you want me to describe what I actually do or just generally.

Q **Just generally.**

A Generally, ok I suppose I work within the HR department, it's normally a team of 5, it's down to a team of 3. And I have to say I love it. I really do love it, I think it's great. And I love the team and I love the rapport that we have and I love every aspect of the work.

Q **Ok brilliant, so how long have you worked in this department and how long have you worked for the hospital?**

A Nearly 10 years in the hospital, and I'm here 2 years in HR.

Q **Ok so nearly 10 years. So can we talk about what you like about working here and when I say here I mean.**

A Luke's.

Q **Luke's yeah.**

A Ok I suppose I think, I do think it's a lovely place to work, I think generally all staff are really nice and I think there's a great, you know you come in and everybody goes hi and everybody says hi and good evening and good morning and I suppose I love that. Why do I like it? I suppose I've always liked it. I really have, I've always liked it.

Q **Ok have you ever thought about leaving?**

A No.

Q **No.**

A No.

Q   **Why do you think you have never thought about leaving?**

A   Why? Because I suppose initially when I came in I was part time, that suited me at the time, the time I was at, I used to work 9 to 1. So I was still able to go, get the children, it didn't impact on my life really. Then when I went full time it was a time where I needed to go, is that recording?

Q   **Yeah.**

A   And then when I went, when I decided to go full time it was a time that I needed to go full time, so each time it suited. Part time transition to full time, is perfect.

Q   **Ok so really through, it transitioned through different.**

A   Yeah it just suited in with my life, yeah.

Q   **Parts of your life.**

A   Yeah and it suited and worked.

Q   **It fitted, ok.**

A   Yeah.

Q   **Ok so what are the things that are most important to you when you think about your job?**

A   What are the things, I suppose I get great job satisfaction. I do love everything that I do in, you know I suppose from doing amendments to messy people, hard people and I suppose you do, there's great job satisfaction from it.

Q   **Ok and do you feel valued within the organisation.**

A   Do I? I suppose I didn't really think about that.

Q   **Ok so I suppose if we take that as, you know I could take that as a positive because I can say if you've never thought about it then obviously it's not an issue.**

A   Yeah because if you didn't feel valued you'd be dwelling on it and I don't, yeah.

Q **Yeah ok, so we could park that, talk to me a little bit about what you think about the ethos of the organisation, do you support the ethos of the organisation?**

A   As in the cancer care of the hospital, yeah absolutely. I think everybody on the ground does a wonderful job. I think from catering right up to the consultants, I think everybody here really is dedicated to their job and I think that's why they have long term, like long serving staff here.

Q **Ok.**

A   Because I think there's a huge dedication. I think patients always say, if you meet patients who have been here, like even 10 years ago they'll say they remember how kind and nice everybody was to them.

Q **Ok.**

A   So I think that's a good place to work, isn't it?

Q **Yeah, and do you think that that filters across, so it's not just from facing staff, it's not just clinical.**

A   Yeah right through, yeah.

Q **It's right through.**

A   I think it impacts on every department because I think at some stage along the line every department interacts with another department.

Q **Sure.**

A   So it has to impact.

Q **Sure ok great. Do you feel you are part of the decision making process within your team.**

A   Yes, yeah because I think we do work so well together as a team. And we rally everything off each other, like we discuss everything. So any decisions that are made, yes we do.

Q **Ok and is that important to you?**

A   Yeah I suppose, yeah because I suppose if your voice wasn't heard, I suppose then you wouldn't feel valued, do you know.

Q   Ok. What are retention levels like in your department?

A   I suppose 2 people have gone recently so I suppose that's a bit detrimental to the department. But think part of that, I think they had good retention level in here. But I think the 3 that are here now probably are going to stay, I hope.

Q   Ok, what are the main reasons for attrition that you are aware of, now whether that's within your department or whether within the hospital or you know maybe just from conversations, why do you think people leave if people leave?

A   I suppose many different reasons. I suppose sometimes some people feel disillusioned. Some people probably go for better positons. Sometimes it's kind of geographical, they're moving. But I think generally here people do stay, you know radiation therapists and nursing staff who are here for 40 years, so there has to be something that's good.

Q   Absolutely.

A   But I suppose yeah people leaving, I suppose its many reasons.

Q   So do you think you could say that people leave for personal reasons as opposed to leaving the organisation?

A   Yes, I do think that, I don't think you ever hear people saying I hate the HSE and I feel badly done by, I don't think so. because I think when you work in the HSE you know that, you know your into, you know what level you're going in at, you know how you move, you know you've got your increments. So there's nothing, like there's no difference. Whereas in the private sector it's very different.

Q   Ok do you think that satisfied staff deliver safer health care?

A   Yeah I suppose they do. Satisfied staff? Well safer health care, I suppose everybody, I suppose nursing and RTs and doctors, they're always going to be safe because they're trained well aren't they and they're here a long time

and they're working alongside. I suppose, yeah I know safer, do you mean as like in safe practice?

Q **Yeah do you think that if staff are happy, I suppose it's kind of, to ask the question another way, do you think if staff are happy that they are more engaged with their job, they think about it more, which means that they would deliver a high standard which means that you know they might.**

A Yeah, I suppose that goes hand in hand doesn't it.

Q **Umm.**

A If you're happy in your job you're going to do it 100%. Whereas if you're not, you're probably a bit slap dash aren't you, but you don't really see there here I don't think. Maybe in other hospitals you do but I think here you don't see that.

Q **Ok do you think that, do you think staff will stay if they feel personally satisfied? So in the case of yourself.**

A Am I going to stay, yeah probably.

Q **If there's nothing, you know so what I'm trying to say is, is that is there, is it a personal motivation to stay because you know everything kind of works.**

A Yes I suppose it is, yeah. Now obviously if I got a better offer, do you know what I mean, like you kind of, I suppose you'd think about it.

Q **But then you'd think about it.**

A Yeah.

Q **Ok but.**

A But I'm not looking.

Q **There isn't an appetite.**

A No.

Q **Ok because it works.**

A   Because I'm happy and I'm not, yeah.

Q   Ok, do you think that the demographic of staff has any part to play in why staff leave?

A   What do you mean now the demographic?

Q   So I mean kind of the age group, would that be something that you could profile in terms of why staff leave. So you know whether it's just because it's actually a fait accompi because staff are retiring which isn't really leaving, it's retiring because you've done your service. Or because staff are younger and maybe.

A   Well I suppose, yeah you see in some departments I suppose you've got radiation, you know RTs. There's a group of very young people down there and I suppose there is a few of them that will go travelling for a year or 2 and maybe come back. Or maybe not come back. So I suppose that's a very young, when you see young people, that's their, they all want to travel. Whereas I think as you go, like once you kind of go over a certain age, years in here, the organisation, I think people are staying. I don't think people are moving out.

Q   Ok so basically maybe the age profile of different categories.

A   Yeah makes people.

Q   Does make.

A   And I suppose medical more than anything, you know nursing or RTs, they are moving and they're going to Australia or, yeah.

Q   Ok how do you view the quality of service delivery to patients for your department? What would you say your standard is? And I accept that maybe you're not front facing.

A   Yeah.

Q   But you still have customers and your customers are other employees.

A   Yeah, say the question again, what do we think our quality of service is.

Q   Yeah.

A   I think 100%, I really do, I think we all, if somebody comes to us with a problem we deal with it, we sort it out. If we can't sort it out we try and get information and we do come back to everybody. So I think we, I can stand yeah and say we do.

Q   **Ok do you see any relationship between your service delivery and your department and say the senior management team.**

A   Delivering something?

Q   **Just in terms of you know do you see yourself as an entity that works alone or do you, you know is there a strong relationship there with senior management in terms of communication. Coming back to you, support for your department etc.**

A   Do I, yeah I suppose, yeah, I suppose with the change now at the moment I'm not sure but up to now yes.

Q   **I suppose historically.**

A   Yes it was.

Q   **When you had somebody sitting on the exec.**

A   Yes it was, we had good support. I do think we have good support. I'm not sure now what way, but I think up to now yes we did.

Q   **Ok.**

A   And I think they valued what came out of here and how we dealt with stuff, I don't know now how that's, but yeah I do.

Q   **Ok do you have any other comments you'd like to make, just in regards to your role, your opinion of the organisation that you work in, in terms of your commitment to stay.**

A   I suppose really, yeah I mean I am going to stay because I do love it, do you know what I mean. and I know that you're always going to kind of move forward and I suppose they help you move forward here so.

Q   **Ok.**

A   Yeah I do love it. I know that's a bit silly maybe, I do love it, yeah.

Q   No it's wonderful, ok that's great, thank you very much…(end).

Appendix 5: Letter of consent

To:

From:

Subject: Informed Consent to Participate in Study

Date: May 10 2017

Dear xxxx

I am researching employees within a specialty hospital setting of the HSE and what motivates staff to stay working within this organization. I am particularly interested in these main areas: (1) is there a relationship between staff retention and levels of staff engagement within a specific environment in the HSE? (2) Is there a link between an employees personal motivation to stay and the relationship the hospital has with its patients? (3)

This research will add to the body of knowledge about staff retention within the HSE. This research could potentially assist with a greater awareness of how to reduce attrition within the HSE and also how to assist organisations to put mechanisms in place to allow retention to occur.

Thank you for your willingness to participate in the interview. Your participation is voluntary. You do not have to answer any questions you do not want to answer. If at any time you do not want to continue with the interview, you may decline. Your time and involvement is appreciated. The entire interview will take approximately one hour. To maintain the essence of your words for the research, I will record the information. At any time you may request to see or hear the information I collect.

The interview will be recorded and the interviewer will take notes. This is done for data analysis. The tape will be transcribed by the interviewer and kept confidential in a password-protected computer. All individual identification will be removed from the hard copy of the transcript. Participant identity and confidentiality will be concealed using coding procedures. The researcher will also maintain a copy of the data on a password-protected computer.

Excerpts from the interview may be included in the final dissertation report or other later publications. However, under no circumstances will your name or identifying characteristics appear in these writings. If, at a subsequent date, biographical data were relevant to a publication, a separate release form would be sent to you.

I would be grateful if you would sign this form on the line provided below to show that you have read and agree with the contents.

_____

Signature

This study is being conducted in part to fulfill requirements for my Masters degree in Human Resource Management at the National College of Ireland.

The study has been approved by the Ethics Review Board of National College of Ireland.

Sincerely,

Deirdre Rudden

National College of Ireland

Appendix 6: Staff Survey

Questions	Strongly agree	Agree	Neither	Disagree	Disagree Strongly
Overall, how satisfied are you with your job at the present time?					
I feel proud to work for my organisation					
I feel valued and recognised by my organisation					
I value the culture in my organisation					
I look forward to going to work					
I am enthusiastic about my job					
I have clear planned goals and objectives for my job					
I am trusted to do my job					
Team members where I work have a set of shared objectives					
My team works effectively together					
Communication is good within my team					
I am able to make suggestions to improve the work of my team/department					
I have all the equipment support and resources I require to do my job correctly					
I am satisfied with the quality of care I give to patients/service users					
I feel that my role makes a difference to patients/service users					
The recognition of my performance					
The support I get from my line manager					
The support I get from my work colleagues					
The opportunities I have to use my skills					
The level of responsibility I have in my job					
Job security					
My level of pay					
The extent to which my organisation values my work					
The opportunity to express my own ideas in my job					
The level of autonomy I have in my job					
How motivated do you feel in your current job?					
I am happy in my job					

Care of patients/service users is the top priority in my organisation	
I would recommend my organisation as an employer to a friend or family member	
If a friend or relative needed treatment/service I would be happy with the standard of care/service provided in my organisation	
I intend to be working in my organisation in two years' time	
My organisation gets the best out of me	
Communication between the senior management in my organisation and staff is effective	
I have confidence in the decisions made by the senior management in my organisation	
I am involved in decisions that affect me in my work	
I go beyond what is normally required in my job for my organisation to succeed	
I understand the relationship between my individual objectives and my organisation's objectives	
The opportunities are good that exist for upward communication in my organisation	
I am happy with the quality of internal communication in my organisation	
My line manager communicates well with the team	
My line manager motivates me to perform at the highest levels	
My line manager supports me to improve quality where I work	
My physical working conditions (space, light, comfort, etc.)	
I am happy with the workplace atmosphere	
The balance between my private & professional life	
My workload	
My organisation is genuinely interested in the wellbeing of its staff	
I believe the source of my stress is work-related	
I tend to manage any work-related stress well	
At my work I always persevere even when things do not go well	

My organisation is good at developing staff to their full potential
I receive the training that helps me to do my job properly
My job gives me a sense of personal fulfilment
My opportunities for career progression
My organisation encourages staff to report errors near misses or incidents
Custom Data 1 Male / Female
Custom Data 2   Manager / Non-Manager
Custom Data 3   < or > 15 years service
Custom Data 4   Type of work Full Time / Part Time
Custom Data 5   Patient Contact Yes / No
Custom Data 6   Staff Category Consultant /Other Medical / NCHD / Nurse /HCA / HSCP / Manager / Admin & Clerical / Other Support