APEX
Allied Scientific and Technical

Underpaid and undervalued: Findings from APEX's Health Charter survey of non-Health NZ members

December 2024

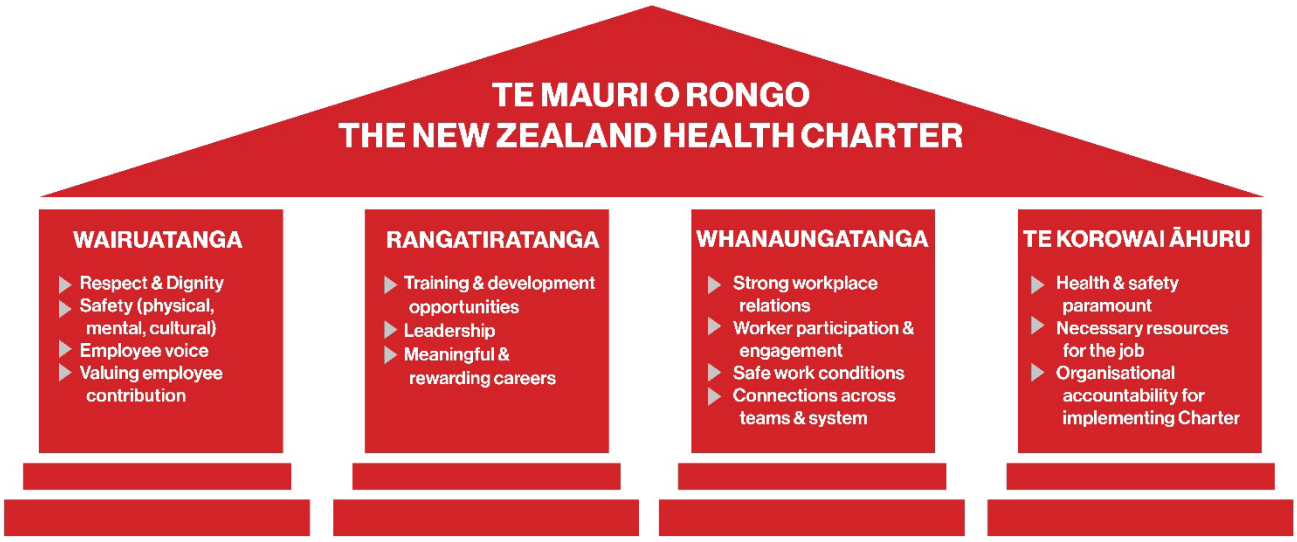
Navigating this document

1. Introduction

1.1 Background to the Charter

Te Mauri o Rongo – the New Zealand Health Charter was endorsed in August 2023 as part of the health sector reforms, under the Pae Ora (Healthy Futures) Act 2022.[1] It was intended to transform the way the sector worked; aiming to support and retain the health workforce by promoting a safe working culture for all. The Charter applies to all health entities, including the funded sector and for-profit providers.

The Charter comprises four pou (pillars). Each pou sets out values, principles, and expected behaviours at the collective, organisational, and individual levels (see figure below for a summary).[2]



It's fair to say from the outset the Charter has been fraught with challenges – including scepticism about the transformation promised. Prior to the Charter's endorsement, an APEX survey revealed that while our members agreed with its aims in principle, they remained unconvinced it would achieve its purpose due to a lack of resourcing and employer accountability mechanisms for its implementation – particularly in the case of private providers.[3]

A little over a year on from its endorsement, this report set out to capture perspectives of our Allied Scientific and Technical (AST) workforce employed by the funded sector and private providers (i.e., non-Health NZ | Te Whatu Ora members) to understand exactly what, if any, impact the Health Charter has had on their health, safety, wellbeing, and working conditions over the last year. Where relevant, throughout the report we draw comparisons to the findings from the survey of our APEX Health NZ members.

1.2 Purpose of the survey

Our survey was aimed at:

1. Establishing a baseline measure for monitoring the effectiveness of Te Mauri o Rongo on workplace culture and conditions for the AST workforce outside of Health NZ employment.
2. Assessing the impact of Te Mauri o Rongo on the AST workforce, breaking these down by profession where sufficient data is available.
3. Identifying what further action is required and where.

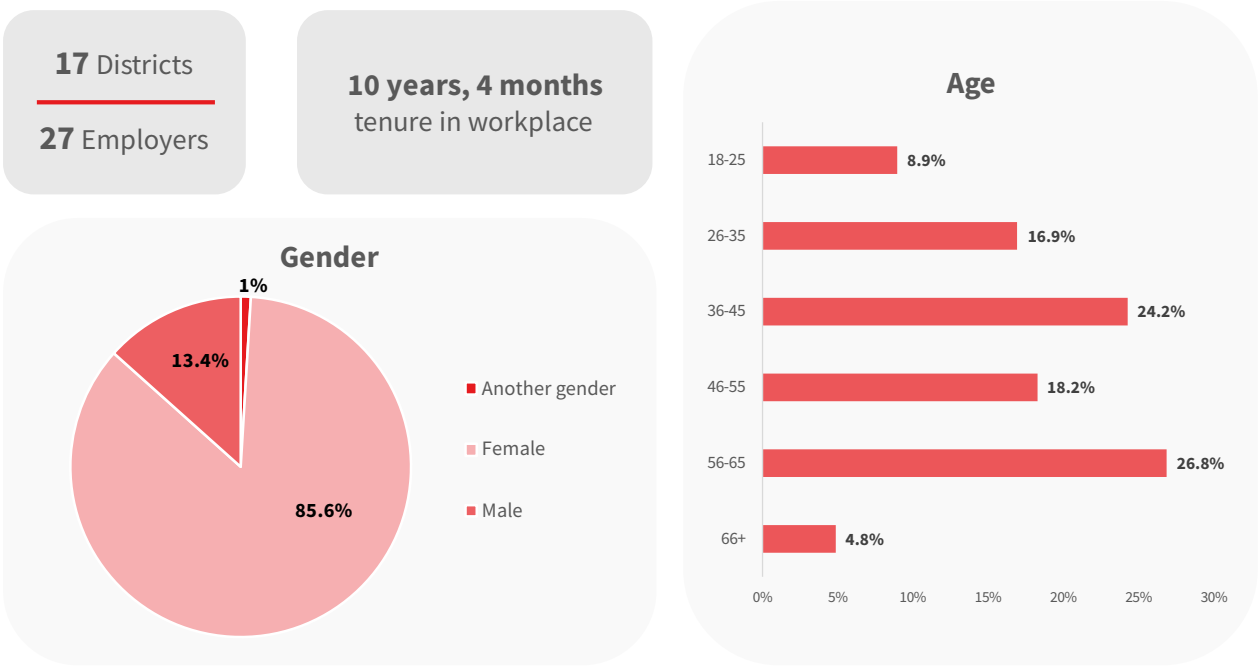
1.3 Methodology

An online survey was sent out to all APEX members currently in employment outside of Health NZ and was open for 11 days in October 2024. Survey items were designed to capture an overall assessment for each of the four pou, with a free-text option for select questions. Full detail on our methodology is provided in the Appendix.

2. Findings across the AST workforce

2.1 Demographics

A dashboard summarising the demographic profile of our respondents is provided below.



Our respondents were represented across the following APEX professions: Medical Laboratory Workers; Psychologists; Radiographers (MIT/MRI/Nuc Med); Anaesthetic Technicians; Sonographers; CSSD; Embryologists; Occupational Therapists; Physiologists; Physiotherapists; Psychotherapists; Social Workers; and Managers, IT and Administration.

They were employed across 27 employers and 17 Districts around the country. Their tenure in their workplace ranged from a month to a maximum of 47 years, with an average of 10 years and 4 months. Around 10.2% of respondents had been at their current workplace for under a year.

A majority identified as female (85.6%), with 13.4% identifying as male and 1% identifying as another gender.

Over two-thirds (69.4%) identified as New Zealand European, followed by an 'other' ethnicity (23.2%). We have not broken this down further to preserve respondent anonymity.

A breakdown of respondents by age categories shows that close to a third of our AST workforce is aged 56 and over, and therefore likely to retire within the next 5-10 years. This underscores the need for strategic planning and investment in our AST workforce pipelines.

2.2 Overview of four pou

Below is a high-level overview of indicators across each of the four pou. This is a similar approach to the Health NZ Ngātahitanga Pulse surveys, with a traffic light system indicating how strongly respondents agreed (green) or disagreed (red) with each item.

It is immediately clear that across the board employers' performance in terms of providing a safe working environment and workplace culture is well below satisfactory. Most indicators score within the 40-50% range, often indicative of a 'failing' grade.

We now turn our attention to specific indicators under each of the four pou.

2.2.1 Wairuatanga

Wairuatanga was assessed through seven indicators, four of which were rated on a six-point 'Agree-Disagree' scale. As shown below, all four pou are in the 'red' zone (i.e., below 50%), indicating major underlying issues and urgent need for action.

We also included three additional indicators within this pou: two relating to workplace bullying, harassment, and discrimination, and one reflecting turnover intent. Here, respondents were also able to elaborate on their experiences through free-text comments.

Together, the findings in this pou show that respondents feel undervalued by their workplace (42.8%) and under recognised for their good work (45.3%). Respondents largely do not feel their workplace supports their overall wellbeing (47.8%), and for the most part would not recommend their workplace as a good place to work (61.5%). Turnover intent is also staggeringly high amongst respondents with 38.4% indicating they were likely (very likely 11.7%; likely 6.7%; or somewhat likely 20%) to leave their workplace within the next six months.

These findings are unsurprising when we look at specific indicators related to workplace hazards of bullying, sexual harassment, and discrimination. Given the high rates of these behaviours experienced by our AST workforce and their harmful impacts on employee wellbeing, we take a deep dive into respondent experiences overleaf.

AST experiences of workplace bullying, harassment, and discrimination

Experiences of workplace bullying, harassment, and discrimination (collectively referred to as 'workplace abuse') is a common experience for many AST workers.[4,5] In our survey around one in four respondents (24.7%) directly experienced these behaviours in the last 12 months and 37.6% had witnessed these behaviours over the same period. These figures are higher than in our Health NZ AST survey where one in five respondents directly experienced these behaviours and a third witnessed the same.

Perpetrators of the behaviours

Perpetrators included line managers, senior management, and other colleagues such as Consultants, Surgeons, Nurses, and other AST employees. Patients featured less so, compared to the Health NZ survey, consistent with findings that care workers in public hospitals experience greater occupational violence from patients compared to their private sector or community counterparts.[6]

What do the behaviours look like?

Respondents described a range of bullying and harassment behaviours they directly experienced and witnessed.

This included **personal attacks** ranging from more covert behaviours such as gossip, social exclusion, demeaning comments, and hostile tone, to more overt intimidation, yelling, and verbal and physical aggression, such as having paper balls thrown at them.

On the other hand, **task-related bullying** included behaviours such as micromanaging, "bull dozing decision making", undermining staff competence, overriding staff concerns, and unfair treatment. Some noted senior staff and management in their workplace were "unapproachable and unhelpful… as a result, we try not to ask questions which of course leads to errors".

Racism featured heavily in responses, as did **sexual harassment**. A few respondents also mentioned online occurrences (i.e., posting negative statements on social media, online sexual harassment). There were at least two separate incidents of workplace stalking by a fellow employee reported in this survey.

While **discrimination** was experienced across all health entities, including Health NZ, there were two notable aspects in this survey. First, several respondents felt discriminated against for being a union member:

> *"If [you're] in the union there is no advancement, no training opportunities or access to seminars."*

> *"Non-union members offered trading, incentives and supervisory roles over more qualified and suitable staff who are Union members. Blatant and obvious by senior management."*

> *"HR have a big tendency to be bullies and use intimidation and lowkey harassment, particularly during union negotiations/bargaining/strikes"*

> *"Staff [were] told their immigration status is threatened if they join the union."*

This is of course unlawful behaviour on the part of the employer(s). Freedom of association is enshrined in the New Zealand Bill of Rights Act (1990) and protected under the Employment Relations Act 2000, so it is concerning that this is a frequent experience for our members.[7,8]

Second, several respondents also experienced some form of discrimination based on their medical status, including having to repeatedly endure the "humiliating process" of explaining why their health issues required special accommodations at work. Others spoke of:

> *"Being giving a disciplinary sheet because of taking 'too many' sick days is discrimination... I have a chronic inflammatory disorder with a lot of pain. I ran out of sick days and could not come in to work because I couldn't stand. Upper management floated the idea of removing me from my role as supervisor, which was just added stress."*

> *"Was moved out of my 25 hr/week Team Leader role after returning to work after cancer surgery and radiation treatments. Was told job would require me to work 40 hrs now which was obviously impossible due to my health. This is a position I held for 8-10 years."*

> *"I was treated poorly when I had an accident and was booked off on ACC. I have been treated unfavourably since my return."*

> *"I have experienced discrimination by way over being passed over for a promotion directly as a consequence of having a parent pass away, I was told that I was the pick for the job but couldn't be given the job as I was "too sad". My bereavement leave was also cut short by the manager."*

Good faith employment relations would expect reasonable provisions are made to accommodate an employee's return to work after major illness or injury, where instead our respondents experienced discrimination and vilification because of their health status or bereavement.

Finally, respondents experienced **institutional bullying** in the form of feeling pressured to work particular rosters, being declined leave due to staffing shortages, and feeling forced "to do overtime in order to 'not let the team down'." Here, workers are systematically mistreated through poor management practices, and often scapegoated for wider organisational failures.[9]

Underlying dynamics

While the dynamics of workplace abuse are numerous and complex, we identify four consistent themes across respondent experiences.

Favouritism featured heavily reflecting preferential treatment and instances of nepotism in hiring practices, career development opportunities, and other employment benefits. This obviously creates unhealthy work dynamics. Respondents noted:

> *"One of our supervisors shows favouritism towards some employees, mostly family friends that she has hired."*

> *"There is favouritism with regards to certain ethnic groups especially those who are friends of the HOD and 2IC."*

> *"If you are not in the 'in the company crowd' then those staff get consistently poor treatment by senior management."*

This is related to the notion of **power differentials**, which we have identified as a driver of workplace abuse for the AST profession.[10] Power differences exist within the deeply entrenched medical hierarchy (bullying from Consultants and Surgeons was mentioned); within specific professions (bullying toward Technicians was frequently noted); and within the organisational hierarchy from those in formalised leadership or management roles. Favouritism, through proximity to someone in power, is another type of power imbalance.

However, these factors are simply driving unhealthy workplace behaviours; it is **poor management practices** that allow them to continue. Respondents raised complaints through formal and informal channels, yet the issue was never addressed. In many cases, those who spoke up often experienced gaslighting or some form of retaliation, including threats to their employment continuity:

> *"Another staff member complained to her HOD and HR [about her experience of repeated sexual harassment] … the HOD and HR told her she was making things up despite the victim having screenshots of the harassment. The [harasser] was not reprimanded and was then offered a full-time permanent contract."*

> *"Speaking up for poor management behaviour consistently sees me appearing in front of HR!"*

> *"It is well known here that if you make waves you are encouraged to move on."*

Over time, this creates an **organisational culture** where bullying becomes the norm, with 'known' bullies tolerated or sometimes even rewarded. Many recounted being reduced to tears themselves or witnessing "an alarming number of employees crying" on a near-frequent basis. As a result, staff feel unsafe in their workplace and often dread coming into work, to the point where leaving the organisation is the only feasible option. This creates a "continuous cycle" where the perpetrator stays and everyone around them exits.

Together, these findings highlight a significant risk to AST workers' health, safety, and wellbeing at work, and a failure by their employers in managing these workplace hazards under the Health and Safety at Work Act.[11] This is further to instances of human rights and employment law violations due to harassment and discrimination. Within this background and given none of the indicators in this pou exceed the 50% mark, it is clear Wairuatanga for this cohort remains compromised.

2.2.2 Rangatiratanga

Rangatiratanga was assessed through three indicators rated on a six-point 'Agree-Disagree' scale. As shown below, two out of three items in this pou score in the 'red' zone, with one scoring slightly more favourably in the 'orange' zone – where there are still concerns that need attention.

Whereas respondents are more likely to be able to access the right learning and development opportunities when they need to (55.3%), this is less so for leadership opportunities (43.2%). The lack of leadership pathways and representation for ASTs is a significant missed opportunity as there are demonstrated upshots to having services led by allied health clinicians, in terms of better patient outcomes, reduced wait times, and provision of high-quality care.[12]

Respondents are also far less likely to see opportunities for career progression within their workplace (39.8%). Together these findings suggest that the collective clinical expertise, specialist knowledge, and leadership potential of our AST workforce is still largely being undervalued and unrecognised. These are crucial elements of a meaningful and rewarding career.

2.2.3 Whanaungatanga

Whanaungatanga was assessed through eight indicators, six of which were rated on a six-point 'Agree-Disagree' scale. As shown below, five out of six score within the 'red' zone, with only one item in the 'green' zone.

The lowest scoring items within this pou pertain to employee consultation on work-related changes (40.2%), however items around communication and worker participation – key requirements under the Health and Safety at Work Act and the Employment Relations Act – aren't much better.[8,11] Likewise, relations between management and employees are poor (43.6%). All in all, these findings indicate significant room for improvement in how workers are communicated with, consulted, and treated at work.

It is noteworthy that relations between coworkers (72.2%) is the only item within the 'green' zone. As the highest rated item across the *entire survey*, it is also the only factor not directly in the employer's control.

7.9% **RARELY or NEVER able to take minimum rest breaks**

15.9% **HAD DIFFICULTIES accessing sick/ discretionary leave**

Other indicators of whanaungatanga were around accessing the minimum mandated rest breaks and leave entitlements as per the collective agreement. Only a minority of respondents are rarely or never able to take their minimum rest breaks (7.9%) which is promising. However, a higher percentage (15.9%) have experienced challenges with accessing leave entitlements, indicating more work is needed to ensure members can access their contractual entitlements.

2.2.4 Te Korowai Āhuru

Te Korowai Āhuru was assessed through 11 indicators, six of which were rated on a six-point 'Agree-Disagree' scale. As shown below, four items score within the 'orange' with the other two in the 'red' zone. The lowest scoring item in the entire survey is also contained within this pou, which is concerning since Te Korowai Āhuru is about safety at work.

There are two aspects to worker safety and wellbeing. The first requires a work environment and conditions that support worker health and wellbeing. The second involves a workplace culture that is conducive to employees raising concerns and having management systems and processes to address these concerns in a timely manner. In short, health and safety at work is about more than just harm minimisation – it is about actively fostering and prioritising employee wellbeing on par with other organisational goals.

Unfortunately, as the indicators show, neither holds up in the case of the AST workforce across a range of public agencies and private providers. Only 58.3% of employees feel they have a safe work environment, which is unsurprising given health and safety does not appear to be prioritised over other competing goals such as cost-savings and productivity (51.2%).

While employees feel only partially safe to speak up about anything that concerns them at work (51.3%), they are generally not confident their concerns will be actioned (44.2%). This is indicative of a poor reporting culture, which can deter employees from raising concerns around risks, errors, and accidents, and ultimately perpetuate unsafe practices. In this way, a poor reporting culture also has implications for patient safety and care.

Perhaps most confronting is the finding pointing to severe staff shortages across the sector, with only a minority of respondents feeling they have adequate staffing (37.4%). On the other hand, more respondents felt they had the tools and resources needed to do the job well (56.7%). Adequate staffing levels are critical in ensuring AST employees are able to do their jobs effectively, without compromising quality or safety of patient care – especially since individual AST practitioners can be, and are, held accountable for failing to provide adequate care under the Health and Disability Commissioner Act.[13] It is unfair that this leaves individual practitioners in the position of being scapegoated for system failures. Yet, this is the lowest rated item in our survey, sparking major alarms for the safe provision of health services. This is, in fact, not just a wellbeing issue for AST workers but a major public health concern.

22.3% **ALWAYS or USUALLY work overtime or beyond rostered hours**

65.7% **SICKNESS PRESENTEEISM in the last 3 months**

Under this pou we also consider other indicators of a 'safety cloak' around working hours and sickness presenteeism. Around a fifth of employees (22.3%) are more often than not working overtime or outside of their rostered hours, and nearly two-thirds of workers feel pressured to attend work despite feeling unwell (65.7%). This is symptomatic of staffing issues and suggests our AST workers are consistently extending themselves – over and above contractual obligations – for their work, with little by way of employer care for their health, safety, and wellbeing.

Te Mauri o Rongo – the Health Charter

We also asked members four questions pertaining directly to Te Mauri o Rongo, including an option for free-text comments. We have included this under Te Korowai Āhuru as this pou references organisational accountability for implementing the Health Charter.

77.5% **DID NOT UNDERSTAND** what the Charter was trying to achieve

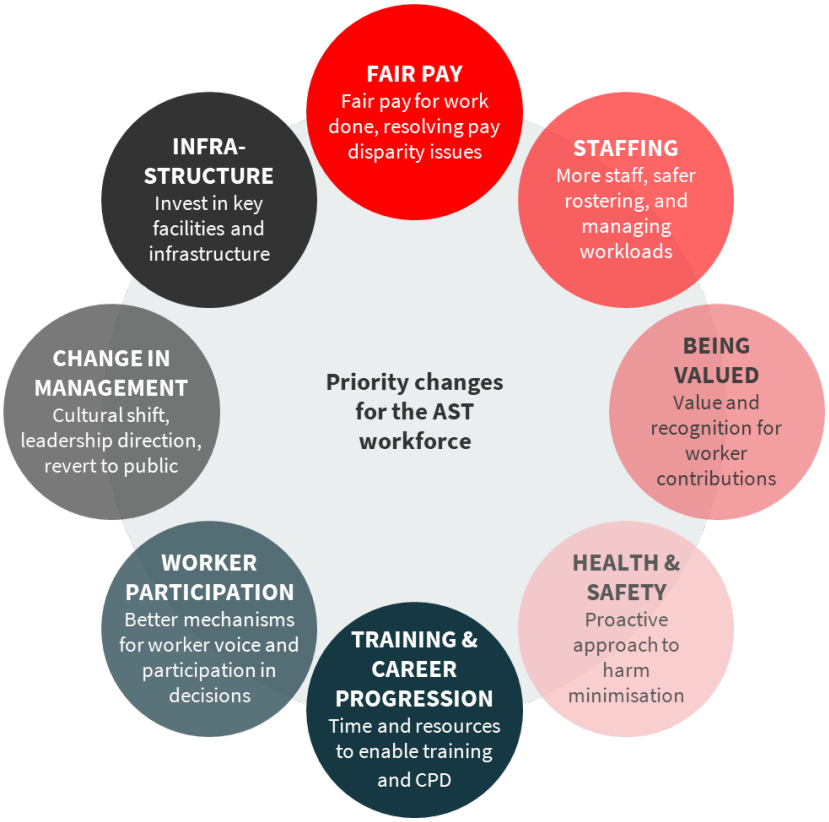
94.9% **HAVEN'T SEEN** the Charter implemented in their workplace

95.9% **HAVEN'T SEEN** any positive change as a result of the Charter

Most respondents (77.5%) did not understand what the Charter was setting out to achieve, and even more have not seen any practical implementation in their workplace (94.9%), nor any positive change as a result (95.9%). Those who were familiar with the Charter considered its aims to be "worthwhile, ambitious and inspiring", yet felt there was "no practical pathway to results" nor any oversight or accountability for its implementation in the funded sector. A few respondents noted their (private or funded sector) employers believed they were exempt from the Charter. Overall, then, it appears that the effects of Te Mauri o Rongo are not being widely understood, seen, or felt by our AST workforce, despite many being open to this change.

2.3 Priority changes for the AST workforce and recommendations for employers

Lastly, we asked our AST members what they'd like to see change or happen at their workplace in the next 12 months. Responses were grouped into eight key themes. We describe these below, in order of comment frequency, and include recommendations for employers.



Fair pay

The most pressing issue for respondents was fair pay for work done. This is unsurprising since Medical Laboratory Workers, who comprised a majority of survey respondents, experience a significant pay disparity – up to 33% less than their public sector counterparts, and in some cases, less than the living wage. Respondents explained:

> *"I would like to achieve pay parity with hospital run labs as our current pay rate in private labs is a joke."*

> *"Give fair wage increases. The lowest paid members of staff should be entitled to a living wage at minimum."*

> *"We are paid less than the living wage and always short staffed. The stress and pressure on staff is ridiculous."*

Respondents identified that low pay was not only a major stressor, but it was simultaneously driving turnover and constraining recruitment of much-needed staff. However, issues of fair pay weren't limited to Laboratory Workers; professions such as Psychologists also wanted fair pay that reflected their qualifications, training, skillset, and workload.

Our recommendation for employers:

- Urgently remedy the longstanding and substantial pay disparities that exist for Medical Laboratory Workers, through the upcoming MECA bargaining, so as to not jeopardize the continuity of this essential clinical service.
- For all other AST professions, ensure worker contributions (in terms of skillsets, work volumes, and outcomes) are appropriately remunerated, to demonstrate recognition and ensure retention of this valued workforce.

More staff

The need for more staff followed closely behind pay, and in fact the two are inherently related. This is because short staffing – whether due to workforce shortages and/or as an organisational cost-cutting strategy – prevented current staff from doing their job well, and added further workload demands due to working alongside untrained staff or being engaged in the "continual training" of newer staff.

Chronic understaffing was also linked to unsafe rostering and compromised employees' ability to take adequate breaks and access their leave entitlements. Existing staff were being forced to cover roster gaps, work multiple shifts, and work "unsustainable rosters" to keep the service running, which was affecting quality (i.e., accurate processing) and safety. As one respondent explained: "mistakes are going to be made and patients are at the end of those mistakes."

These issues were also taking a toll on staff health and wellbeing:

> *"Constant understaffing does not create a good working environment. [There is] stress, pressure, burnout and sickness with the existing staff."*

> *"Staff are getting sick physically and mentally because of covering several areas in the lab alone."*

> *"As staffing levels have been managed into decline, the pressures of shift work have in fact increased... [The company] certainly don't have any evident intention of ameliorating the chronic understaffing of their organisation and the pressure mounts by the week."*

> *"In patient services we have been forced to down staff. Our number of staff rostered on was reduced to 4 (which I was fine with), but if someone calls in sick or is on annual leave, we are not allowed to replace the staff member unless it is a Monday. When this happens (which it frequently does) one staff member spends most of the day doing home visits and GP rounds, leaving 2 staff on site for most of the day. Jobs are not getting done and staff are stressed and tired having to work harder... We have been told this is a non-negotiable directive from head office and there will be no movement on this. Staff are telling me they cannot carry on like this, but head office do not want to talk about it."*

Our recommendation for employers:

- Promptly advertise and fill vacancies and increase staffing levels across AST and other health workforces, to alleviate undue workload pressure on existing staff and enable them to take entitled breaks and leave.
- Prioritise the recruitment of capable, fully qualified, and technically trained staff, to ensure minimal disruption and reduced workload burden on existing staff.
- Improve rosters to ensure they are compliant with Best Rostering Practices, and do not compromise worker health and safety.

Being valued and recognition

Issues of low pay and understaffing were indicative of staff feeling undervalued by their organisation, and their wellbeing compromised at the expense of financial goals. This was incredibly demoralising and dehumanising for members. They often spoke of wanting their employer to "treat us as humans" and "treat employees with respect and value, not like idiots and numbers." Respondents explained:

> *"It cannot be overstated just how demoralising it is to be so obviously viewed as "production units" with no intelligence or capacity for autonomy."*

> *"I want the hierarchy (CEO and the likes) to stop treating us like we're expendable and replaceable."*

Instead, respondents wanted management to recognise that staff were the biggest organisational asset, and to be valued and recognised as such. One respondent explained:

> *"I would feel so much more valued as a staff member if a manager came to see me personally and told me I was doing a good job and discussed how I contributed to the team."*

Staff also wanted good work throughout the organisation to be valued and recognised; including managers who were excelling in their role. One respondent who noted having an "exceptional clinical manager" in their workplace, explained: "managers like that need to be recognised because of the value they add to a safe, productive and cohesive workplace environment."

Our recommendation for employers:

- Demonstrate, through actions, that staff are valued and recognise their contribution and good work regularly, to foster their job satisfaction, morale, and retention. This could take the form of positive feedback from line managers as well as more formal acknowledgement of employee effort through shout-outs or awards.
- Appropriately recognise employee qualifications, skillsets, and added training undertaken through role progression and remuneration.

Workplace health and safety

Next were workplace health and safety matters. Several respondents mentioned "best rostering practice" in response to instances of staff being overextended to meet service demands. Some spoke of being asked to perform duties out of scope that they weren't trained for and of "new trainees being pushed out before being signed off". Others described instances of staff concerns or safety mechanisms being overridden to compensate for rostering gaps:

> *"[Charge MIT] overrides staff concerns i.e., using mobile machine for imaging procedures that are bucky imaging because has not been organized enough to manage physicist time and pt booking poor rostering and newly trained CT MRT put on call over Xmas/NY period when not competent and 3 well experienced MRTs had said this....were ignored"*

While an increase in staffing is required to address many of these issues, this does not preclude stop-gap solutions being implemented in the meantime so as to not compromise staff safety and wellbeing. Relatedly, respondents wanted a more balanced and better-managed workload (including allowing more time to properly care for patients), being able to take breaks, and access to more sick leave.

A few respondents also called for workplace hazards such as stress, bullying, racism, and discrimination to be addressed preventatively and for the organisation to adopt a "proactive approach to reducing injury in the workplace". This is about more than just compliance. It requires "a significantly better understanding of psychological safety for staff and understanding wellbeing and safety as more than just physical." And it requires management to take employee concerns seriously, and act to address these rather than blame or dismiss individuals.

Our recommendations for employers:

- Adopt a proactive approach to harm prevention and minimisation at work, as set out by WorkSafe Guidelines. This includes harm to physical and mental wellbeing such as workplace bullying, racism, and discrimination.
- Step up compliance in relation to safe rostering and clinical practice to ensure staff are not put in the vulnerable position of being extended beyond their scope of practice or training level. Allow sufficient training time for newer entrants to become fully trained and practice safely, without rostering practices and staffing shortages compromising this.
- Ensure there are mechanisms for worker participation in health and safety matters, as required under the Health and Safety at Work Act.[11]

Training and career progression

Access to CPD and other learning opportunities were also mentioned as an issue by several respondents, owing to a scarcity of resources and time:

> *"How on earth can we pursue CPD when we can barely keep up with the work?"*

> *"Access to professional development is poor, and there is an arduous process to go through without any assurance that it will even be approved. We are also limited in what we can apply for - we can't request any books or client resources. I have self-funded some of my own PD."*

At a more basic level, a few respondents noted that staff training was also poor with "new trainees being pushed out before being signed off". We have covered this as a health and safety matter earlier.

Respondents also desired clarity in their career progression paths. Some felt like there was no room for growth or progression, with limited leadership opportunities. Others noted issues with merit progression and designated roles:

> *"Currently little career progression & they don't use the Merit steps appropriately (they give no chance to do what they say you need to do to get a Merit step, no point having them if they don't utilise them)."*

Our recommendations for employers:

- Allocate the necessary time and resourcing to enable staff to undertake training opportunities, CPD, and career-advancing study, as well as access to CME funds in the first instance.
- Develop transparent, fair, and consistent career progression pathways, particularly into leadership positions – and ensure these are free from bias and favouritism.
- Where merit progression paths exist, ensure these are appropriately and consistently implemented, drawing on employee input.

Better communication and worker participation

Respondents also consistently desired more frequent and transparent communication from management, which included "open communication channels for [employee] feedback and suggestions". However, good communication alone is insufficient. Many respondents felt their voice was not heard and they were excluded from major decisions that impacted their work:

> *"We have no experience of our voices being heard and key decisions are made without consultation and at a distance by people who wouldn't recognise us if they passed us in the street."*

> *"The workforce are never meaningfully involved in decision making. At best, a paper-exercise consultation is initiated to calm the flock, before the predetermined outcome is enacted over the heads and the objections of the staff."*

In this sense, respondents desired genuine worker participation and engagement – a requirement under the Health and Safety at Work Act – and to have decisions and delegations made by "managers that actually know how our department works".

Our recommendations for employers:

- Improve the process and mechanisms for two-way communication, creating specific channels for worker voice, and foster a climate of psychological safety that ensures staff concerns are listened to and acted upon.
- Engage in genuine employer-led consultation on big picture changes and those that directly impact employees' day-to-day work, allowing sufficient time and resourcing for workers and their representatives (unions) to have their say.
- Acknowledge and better value the clinical judgement and expertise of our AST staff by enabling their input into decision-making.

Change in management and ownership

Of note, several respondents desired a change in the business model and management of their organisation. They spoke of needing a "cultural shift in management" and better "leadership direction" from senior management. Medical Laboratory respondents also wanted a change in ownership with private labs reverting to public ownership. Some were fundamentally opposed to private ownership of health services, while others believed their (private) employer had failed to demonstrate a successful case for contracting. Respondents explained:

> *"Corporates have no place in essential frontline health service provision."*
>
> *"The idea of health as a business disgusts me."*
>
> *"I would like to see the contract removed from my current employer: they have not shown themselves worthy of keeping it. The current model was flawed at its inception and has become gradually more debased by the year … The great fallacy at the core of this setup is that these companies are actually private. This is emphatically not the case. In fact, they are siphons for public funding, with guaranteed multi-year block funding arrangements and very dilute sanctions for poor performance. When an entity controls over 70% of the pathology provision in the country, it has become "too big to fail" and that is not healthy."*
>
> *"I work for an employer with no interest in anything except diverting public pathology funding into shareholders, to end. This 17-year experiment of destroying people's lives and the destruction of the medical laboratory profession needs to end."*

While we have no specific recommendations here, we note that many AST employees feel dehumanised in their work and feel they are being used as a means of driving profit for their employers. Significant shifts in the operational model, leadership direction, and organisational culture will be required to remedy this.

Infrastructure

Lastly, respondents desired much needed improvements to infrastructure, including more reliable technologies and network connections; better training and trials to accompany new IT systems; improvements to physical workspaces and buildings; and better stocking of consumables. One respondent described:

> *"The company does not appear to have invested meaningfully in its plant an infrastructure any more than it has in its staff, for quite some time: the cracks are now gaping everywhere. This is also demotivating, in fact demoralising... That this is being done deliberately makes me physically nauseous with anger."*

Our recommendation for employers:

- Urgently invest in key facilities and infrastructure (both physical and digital) needed to provide clinical services and bring the service level up to a decent standard.

2.4 Contextualising our findings

A note on survey representativeness

At the outset it is important to be clear that this survey has an overrepresentation of Laboratory Workers where there are ongoing issues of staffing shortages and pay disparity. Not all employers of our AST workforce are operating in bad faith. Within specific services, teams, or regions there may well be positive experiences and pockets of initiatives that are fostering employee health and wellbeing. In fact, one respondent noted about their workplace culture:

> *"[My employer] is part of [bigger network] and there are work practices in the wider group that are not as positive as those at [my employer]. If those had a greater impact on me than currently then I might reconsider my decisions about staying here."*

More importantly, there are indications that terms and conditions of work may be more or less favourable across different professions – although smaller sample sizes prevent a full analysis here. Before delving into the profession-specific reports, we first compare findings between APEX members employed by Health NZ versus those employed elsewhere (i.e., this survey). Our previous report on Health NZ be found on the APEX website.

Comparison with Health NZ APEX survey

The table below compares the average scores across the two surveys only for items where there are notable variations (i.e., five or more percentage points). Favourable variations (where findings are *better* than the Health NZ survey findings) are highlighted in green, whereas unfavourable variations are shaded in red.

Pou	Indicator	Health NZ survey	This survey
Wairuatanga	My workplace supports my overall wellbeing	58.7	47.8
	I feel valued by my workplace	57.2	42.8
	In my workplace I get recognition for good work	54.7	45.3
	I would recommend my workplace as a good place to work	57.9	38.5
	In the last 12 months have you experienced workplace bullying, sexual harassment, or discrimination in your workplace?	21.3	24.7
	In the last 12 months have you witnessed workplace bullying, sexual harassment, or discrimination in your workplace?	33.8	37.6
	How likely is it that you will leave your workplace in the next 6 months?	24.8	38.4
Rangatiratanga	I am able to access the right learning and development opportunities when I need to	62.1	55.3
	I get the leadership development opportunities that I want	52.2	43.2
	There are opportunities for me to develop my career in my	52.4	39.8
Whanaungatanga	In general, relations between management and employees in my workplace are good	57.3	43.6
	Communication between senior leadership and employees is good in my workplace	50.0	44.1
	For the most part, my workplace treats its employees fairly	57.6	45.7
	My opinions are sought on the issues that affect me and my job	52.9	44.2
	I am consulted about proposed changes at work	49.0	40.2
	Experienced difficulties accessing sick or discretionary leave entitlements	10.5	15.9
Te Korowai Āhuru	In my workplace health and safety is considered just as important as other goals such as productivity or cost-efficiency	57.2	51.2
	I feel safe to speak up about anything that concerns me in my workplace	60.0	51.3
	If I spoke up about something that concerned me, I am confident my workplace would address my concern	50.3	44.2
	Always or usually work overtime or outside your rostered hours	27.7	22.3

*Note: numbers reflect percentages

A quick glance at the table shows that things appear worse for our non-Health NZ AST workforces. This is also reflected in respondent comments, which indicate a greater degree of employer non-compliance with fundamental worker rights and protections. APEX has experienced this first hand and now we have additional evidence this is the case. However, trends still largely align with the experiences of APEX Health NZ employees, as we have discussed throughout this report.

3. Profession reports

Within this section we break down results for those AST professions with sufficient numbers to allow a separate analysis while preserving respondent identities. Smaller sample sizes prevent a direct comparison against the workforce average in this survey.

3.1 Medical Laboratory Workers

Demographic profile

Medical Laboratory Workers were represented across 15 Districts and seven employers. They had the longest tenure of around 11.5 years. Most respondents identified as female (85.6%) with the remainder identifying as male or another gender. A third of this workforce (33.5%) were aged 56 or above; 5.1% of this cohort comprising workers aged 66 and older.

Comparative findings

The table below provides an overview of indicators for the Medical Laboratory profession, with the supplementary indicators highlighted in grey.

Pou	Indicator	Lab Workers
Wairuatanga	My workplace supports my overall wellbeing	43.5
	I feel valued by my workplace	37.6
	In my workplace I get recognition for good work	40.9
	I would recommend my workplace as a good place to work	32.9
	In the last 12 months have you experienced workplace bullying, sexual harassment, or discrimination in your workplace?	25.2
	In the last 12 months have you witnessed workplace bullying, sexual harassment, or discrimination in your workplace?	40.0
	How likely is it that you will leave your workplace in the next 6 months?	40.9
Rangatiratanga	I am able to access the right learning and development opportunities when I need to	52.6
	I get the leadership development opportunities that I want	40.5
	There are opportunities for me to develop my career in my workplace	36.6
Whanaungatanga	In general, relations between management and employees in my workplace are good	40.4
	In general, relations between coworkers in my workplace are good	71.2
	Communication between senior leadership and employees is good in my workplace	41.1
	For the most part, my workplace treats its employees fairly	41.1

	My opinions are sought on the issues that affect me and my job	41.9
	I am consulted about proposed changes at work	38.8
	Rarely or never able to take the minimum rest breaks guaranteed in your contract	6.9
	Experienced difficulties accessing sick or discretionary leave entitlements	17.3
Te Korowai Āhuru	I have the tools and resources I need to do my job well	53.9
	There are enough staff at my workplace for me to do my job properly	31.5
	In my workplace health and safety is considered just as important as other goals such as productivity or cost-efficiency	49.0
	My workplace has a safe work environment	56.7
	I feel safe to speak up about anything that concerns me in my workplace	48.4
	If I spoke up about something that concerned me, I am confident my workplace would address my concern	42.1
	Always or usually work overtime or outside your rostered hours	23.4
	Sickness presenteeism in the last 3 months	72.2
	Do <u>not</u> understand what Te Mauri o Rongo – The New Zealand Health Charter is trying to achieve	76.8
	<u>Haven't</u> seen practical ways in which Te Mauri o Rongo - The New Zealand Health Charter has been implemented in my workplace	97.3
	<u>Haven't</u> seen positive change as a result of Te Mauri o Rongo – The New Zealand Health Charter being implemented in my workplace	96.9

*Note: numbers reflect percentages

Key points

Being the largest profession in our sample (75.6% of respondents) Medical Laboratory Workers' results are consistent with the survey average – that is, they score poorly across the board. However, it is worth noting that Laboratory Workers:

- Tend to feel the most undervalued and under recognised for the work they do.
- Are one of the professions in this survey, along with Radiographers, most impacted by staffing shortages. Related to this, rates of sickness presenteeism are drastically high.
- Experience one of the highest pay disparities compared to their Health NZ-employed colleagues.
- Unsurprisingly have the lowest ratings in terms of recommending their workplace as a good place to work. Turnover intent also appears high.
- Have a higher proportion of the workforce aged 56 and older, which has implications for workforce sustainability. This makes resolving issues of pay disparity and staffing shortages all the more urgent.

3.2 Psychologists

Demographic profile

Psychologists (including Clinical Psychologists) were represented across 12 Districts and six employers across New Zealand. They had an average tenure in their workplace of four years and 10 months. Most identified as female (84.6%) with the remainder as male (15.4%). The largest cohort (34.6%) were aged between 26 to 35 years, reflecting a slightly younger workforce.

Comparative findings

The table below provides an overview of indicators for the Psychology profession, with the supplementary indicators highlighted in grey.

Pou	Indicator	Psychs
Wairuatanga	My workplace supports my overall wellbeing	64
	I feel valued by my workplace	62.4
	In my workplace I get recognition for good work	68
	I would recommend my workplace as a good place to work	61.6
	In the last 12 months have you experienced workplace bullying, sexual harassment, or discrimination in your workplace?	15.4
	In the last 12 months have you witnessed workplace bullying, sexual harassment, or discrimination in your workplace?	15.4
	How likely is it that you will leave your workplace in the next 6 months?	23.1
Rangatiratanga	I am able to access the right learning and development opportunities when I need to	59.2
	I get the leadership development opportunities that I want	60.8
	There are opportunities for me to develop my career in my workplace	57.6
Whanaungatanga	In general, relations between management and employees in my workplace are good	58.4
	In general, relations between coworkers in my workplace are good	82.4
	Communication between senior leadership and employees is good in my workplace	54.4
	For the most part, my workplace treats its employees fairly	63.2
	My opinions are sought on the issues that affect me and my job	56.8
	I am consulted about proposed changes at work	53.6
	Rarely or never able to take the minimum rest breaks guaranteed in your contract	3.8
	Experienced difficulties accessing sick or discretionary leave entitlements	0**
Te Korowai Āhuru	I have the tools and resources I need to do my job well	64
	There are enough staff at my workplace for me to do my job properly	58.4
	In my workplace health and safety is considered just as important as other goals such as productivity or cost-efficiency	54.4
	My workplace has a safe work environment	64

	I feel safe to speak up about anything that concerns me in my workplace	59.2
	If I spoke up about something that concerned me, I am confident my workplace would address my concern	50.4
	Always or usually work overtime or outside your rostered hours	15.3
	Sickness presenteeism in the last 3 months	42.3
	Do not understand what Te Mauri o Rongo – The New Zealand Health Charter is trying to achieve	76.9
	Haven't seen practical ways in which Te Mauri o Rongo - The New Zealand Health Charter has been implemented in my workplace	88.5
	Haven't seen positive change as a result of Te Mauri o Rongo – The New Zealand Health Charter being implemented in my workplace	92.3

*Note: numbers reflect percentages

**No member indicated difficulties accessing leave entitlements.

Key points

- In general, Psychologists felt more valued and recognised for their work, compared to other AST professions in this survey.
- They were also more likely to have leadership and career progression opportunities, although objectively these scores are still less than ideal (in the 'orange' zone).
- Ratings for co-worker relationships were especially high – in fact, higher than the workforce average and any other professional group across both surveys (including Psychologists employed by Health NZ). This sense of collegiality may be a valuable protective factor against workplace stressors for the profession.
- Perceptions of fairness in the workplace were also higher than the survey average, although objectively not very high.
- Although no respondent indicated they had experienced difficulties accessing sick or discretionary leave entitlements, at least two-fifths appear to be exhibiting sickness presenteeism.

3.3 Radiographers (MIT, MRI, Nuc Med)

Demographic profile

Radiographers (MIT, MRI, and Nuc Med) were represented across four Districts and the same number of employers. They had an average tenure in their workplace of nine and a half years. All respondents identified as female, and the largest cohort within this workforce (36.8%) was aged 36-45 years old.

Comparative findings

The table below provides an overview of indicators for the Radiography profession, with the supplementary indicators highlighted in grey.

Pou	Indicators	Radiographers
Wairuatanga	My workplace supports my overall wellbeing	52.2
	I feel valued by my workplace	48.9
	In my workplace I get recognition for good work	44.4
	I would recommend my workplace as a good place to work	45.6

	In the last 12 months have you experienced workplace bullying, sexual harassment, or discrimination in your workplace?	36.8
	In the last 12 months have you witnessed workplace bullying, sexual harassment, or discrimination in your workplace?	47.1
	How likely is it that you will leave your workplace in the next 6 months?	42.2
Rangatiratanga	I am able to access the right learning and development opportunities when I need to	55.6
	I get the leadership development opportunities that I want	36.7
	There are opportunities for me to develop my career in my workplace	42.2
Whanaungatanga	In general, relations between management and employees in my workplace are good	38.9
	In general, relations between coworkers in my workplace are good	57.8
	Communication between senior leadership and employees is good in my workplace	45.6
	For the most part, my workplace treats its employees fairly	51.1
	My opinions are sought on the issues that affect me and my job	43.3
	I am consulted about proposed changes at work	37.8
	Rarely or never able to take the minimum rest breaks guaranteed in your contract	21.1
	Experienced difficulties accessing sick or discretionary leave entitlements	31.6
Te Korowai Āhuru	I have the tools and resources I need to do my job well	54.4
	There are enough staff at my workplace for me to do my job properly	31.1
	In my workplace health and safety is considered just as important as other goals such as productivity or cost-efficiency	60.0
	My workplace has a safe work environment	65.9
	I feel safe to speak up about anything that concerns me in my workplace	51.1
	If I spoke up about something that concerned me, I am confident my workplace would address my concern	44.4
	Always or usually work overtime or outside your rostered hours	21.1
	Sickness presenteeism in the last 3 months	42.1
	Do <u>not</u> understand what Te Mauri o Rongo – The New Zealand Health Charter is trying to achieve	78.9
	<u>Haven't</u> seen practical ways in which Te Mauri o Rongo - The New Zealand Health Charter has been implemented in my workplace	89.5
	<u>Haven't</u> seen positive change as a result of Te Mauri o Rongo – The New Zealand Health Charter being implemented in my workplace	94.7

*Note: numbers reflect percentages

Key points

- Radiographers were one of the lower scoring professions across many indicators, including having sufficient staffing needed to do their job. This partially explains the higher proportion of staff who are rarely or never able to take their minimum rest breaks, and unable to access leave entitlements.
- Interestingly, relationships between management and employees and between coworkers were both rated poorly. In fact, this cohort had the lowest score for relationships between coworkers across both APEX surveys.
- This may be related to the higher levels of workplace bullying, sexual harassment, and discrimination experienced and witnessed by this group.
- Given the above, it's unsurprising that turnover intent remains high for Radiographers, similar to those in Health NZ employment, reflecting the attrition of this workforce overseas.

3.4 Anaesthetic Technicians

Demographic profile

Anaesthetic Technicians (AT) respondents were represented across five Districts and three employers, with an average tenure in their workplace of five years. Most respondents identified as female (69.2%) with the rest as male (30.8%). The largest cohort of this workforce (38.46%) was aged 36 to 45 years.

Comparative findings

The table below provides an overview of indicators for the AT profession, with the supplementary indicators highlighted in grey.

Pou	Indicator	ATs
Wairuatanga	My workplace supports my overall wellbeing	65.5
	I feel valued by my workplace	61.8
	In my workplace I get recognition for good work	58.2
	I would recommend my workplace as a good place to work	66
	In the last 12 months have you experienced workplace bullying, sexual harassment, or discrimination in your workplace?	27.3
	In the last 12 months have you witnessed workplace bullying, sexual harassment, or discrimination in your workplace?	45.5
	How likely is it that you will leave your workplace in the next 6 months?	9.1
Rangatiratanga	I am able to access the right learning and development opportunities when I need to	69.1
	I get the leadership development opportunities that I want	49.1
	There are opportunities for me to develop my career in my workplace	47.3
Whanaungatanga	In general, relations between management and employees in my workplace are good	56
	In general, relations between coworkers in my workplace are good	76
	Communication between senior leadership and employees is good in my workplace	46

	For the most part, my workplace treats its employees fairly	58
	My opinions are sought on the issues that affect me and my job	48
	I am consulted about proposed changes at work	38
	Rarely or never able to take the minimum rest breaks guaranteed in your contract	18.2
	Experienced difficulties accessing sick or discretionary leave entitlements	0**
Te Korowai Āhuru	I have the tools and resources I need to do my job well	78.2
	There are enough staff at my workplace for me to do my job properly	81.8
	In my workplace health and safety is considered just as important as other goals such as productivity or cost-efficiency	56.0
	My workplace has a safe work environment	60.0
	I feel safe to speak up about anything that concerns me in my workplace	70.0
	If I spoke up about something that concerned me, I am confident my workplace would address my concern	56.0
	Always or usually work overtime or outside your rostered hours	27.3
	Sickness presenteeism in the last 3 months	45.5
	Do not understand what Te Mauri o Rongo – The New Zealand Health Charter is trying to achieve	63.7
	Haven't seen practical ways in which Te Mauri o Rongo - The New Zealand Health Charter has been implemented in my workplace	81.9
	Haven't seen positive change as a result of Te Mauri o Rongo – The New Zealand Health Charter being implemented in my workplace	70

*Note: numbers reflect percentages

**No member indicated difficulties accessing leave entitlements.

Key points

- Across both APEX surveys, ATs in this sample had the most favourable scores. They were also the only group in this survey with more than one indicator in the 'green' zone, particularly in relation to staffing and resourcing needed for the job.
- They also experienced fewer challenges accessing learning and development opportunities when needed.
- Despite having the most favourable scores for wellbeing and feeling valued by their workplace, indicators remain largely in the 'orange' zone suggesting room for improvement. Interestingly, reported experiences (direct and witnessing) of workplace bullying, harassment, and discrimination were still high.
- This profession also reported one of the lowest turnover intention rates. This suggests that on balance, ATs were faring reasonably well, albeit improvements were needed around aspects of fair treatment, communication, and worker participation.
- Interestingly, ATs also reported the greatest familiarity with the Charter, with comparatively more respondents reporting positive change in their workplaces because of its implementation.

4. Conclusion

4.1 A summary of our findings

On the whole, our AST workforce employed in other public agencies, private providers, and within the funded sector appear to be experiencing conditions of employment that are worse than their Health NZ - counterparts. Issues of workplace bullying, racism, discrimination, and favouritism are rife as are issues of employer non-compliance with key employment provisions. Significant pay disparities along with persistent staffing shortages also continue to erode the collective wellbeing of this workforce. These factors are consistently identified in the research as precursors for turnover amongst the AST workforce, further jeopardising long-term sustainability of these professions.[14,15]

4.2 Where to from here?

Responses highlighted eight priority areas for change within our AST professions, and this has informed our recommendations for employers. These areas are inherently related. Improvements in one will have natural flow-on impacts on others, with pay and staffing being central amongst these.

Urgent employer-led action is therefore needed to remedy the current state of affairs, and the very first step in doing so is identifying where these issues exist. APEX will continue to champion worker rights and interests during bargaining, and we will continue advocating on behalf of our members when issues arise. However, to do so we need to be aware of where and when this is happening.

The simplest but most powerful action you can take as a member is to tell us about these issues, so we can advocate on behalf of you and other employees at your workplace and hold employers accountable. We need you to tell us when you see or experience issues, whether this be in relation to health and safety matters, career progression, pay, rosters, leave, or workplace facilities. Without this, we have limited avenues for intervention.

The Health Charter is also a useful mechanism for catalysing the change we wish to see. Giving life to the Charter is a shared responsibility and APEX is of the view that workers should be empowered to use the Health Charter to drive meaningful change within their own teams and departments. This is where we are starting.

We will be socialising the Health Charter with our members, through Delegates, and supporting the initiatives that arise from these discussions. We will not solve the health crisis with a report alone. So, this is our call to action: if you haven't already, have a look at the Health Charter. And then, simply begin a conversation about it in your workplace. This is how we make sure the Charter becomes a living, breathing document across all health entities within the sector.

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6. Appendix: Methodology

Survey design

We developed indicators for each of the four pou, focusing primarily on indicators at the organisational level, and to a lesser extent the collective level. This is because the organisational level is where accountability should start.

Indicators were selected based on a review of the relevant literature on constructs related to organisational culture and workplace conditions and drawing on select indicators of workplace culture from the NHS in the UK.

Since each pou vary in the breadth of principles, values, and behaviours, we were selective in our use of indicators; noting that some pou such as Rangatiratanga had a smaller and more defined scope. Where indicators overlapped across multiple pou, we have made a judgement call about where any one indicator best fit and ascribed it to that pou. However, there is considerable overlap of concepts across the pou – so the analysis should be interpreted as a whole, rather than as a reflection of performance across any one pou.

Data analysis

Our analysis aimed at capturing an overall snapshot of indicators for each pou. Most items were rated on a 6-point Likert scale from strongly agree to strongly disagree, and for these items we have coded this similar to the Health NZ Ngātahitanga Pulse surveys; converting them as a percentage on a 'traffic light' continuum to show how well workplaces are faring.

Demographic data such as gender and ethnicity have been coded in line with Stats NZ standards. To ensure participant anonymity is preserved, we have not provided a demographic breakdown for categories and groups with significantly fewer participants – however their responses are included in the overall results.

Free-text qualitative responses were analysed using thematic analysis to extract high-level themes across the data.

Profession reports

In addition to analysing the collective responses across the AST workforce, we have also analysed responses across those professions where there were sufficient numbers of respondents to preserve individual respondent anonymity. These mini reports serve to provide a quick snapshot of the profession's average, as well as briefly capture specific professional challenges and areas of concern. However, smaller sample sizes across professions mean there was insufficient statistical power for some professions. Therefore, any variations between sample scores don't necessarily represent a statistically significant difference.


APEX
Allied Scientific and Technical