

ICF framework. The presentation emphasizes neuropsychological assessment's effectiveness for measuring an individual's abilities related to body structures, body functions, identification of limitations and abilities in activities and participation, and the individual's ability to perform in major life areas such as work and education. The merits and limitations of utilizing qualitative and quantitative methods of neuropsychological evaluation are reviewed. A brief representation of assessment methods for providing both qualitative and quantitative information for all major aspects of cognition will be presented, with an emphasis upon their ecological validity in respect to prediction of functional skills. The functional implications of considering assessment from a holistic perspective, including consideration of the individual's culture or other, will be emphasized. Qualities that may impact test performance also are identified. Finally, the role of the rehabilitation neuropsychologist in the context of the treatment team is outlined, including methods for increasing the effectiveness of the rehabilitation team's efforts. Neuropsychological assessment in the rehabilitation and other health-related settings provides information for various needs, including diagnosis, treatment planning and intervention, and establishment of competencies. Many aspects of ICF classification are pertinent for neuropsychological assessment. Obtained data are meaningful only in a person's holistic context.

Keywords: neuropsychological assessment, International Classification of Functioning, rehabilitation, health care services, cognition

Improving employee engagement, well-being and performance: New tools, interventions, and solutions

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This symposium will focus on developing better tools, interventions, and solutions to improve important individual and organizational outcomes such as engagement, well-being, and performance. The presenters will represent developments from three continents (Australia, North America, and Europe). The key learning outcomes are: (1) To increase the awareness of researchers of the critical factors that influence employees' engagement with organizational initiatives; (2) To provide managers with solutions that impact positively on organizational and employee well-being; (3) To assist employees to better understand the impact of organizational variables on their well-being and performance; (4) To encourage the deployment of interventions that impact positively on employees' well-being and performance.

Establishing links between organizational climate, employee well-being and historical patient outcomes

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This research undertaken in collaboration with Queensland Health analysed the links between dimensions of workplace climate/employee well-being contained in a number of Queensland Health databases, including the Patient Satisfaction Survey, the Clinical Incident database, the compliments and complaints database, the Variable Life Adjusted Display

(VLAD) Database and the Better Workplaces Staff Opinion Survey database. Queensland Health sought to identify in what ways workplace climate is related to patient outcomes using existing datasets collected within the Queensland Health Centre for Healthcare Improvement. The process of establishing links involved matching aggregated data for specific facilities (where possible), or failing that, larger facilities (e.g. Hospital), or the Health Service District. Once the datasets had been matched on location or facility, correlations were calculated between the aggregated scores. The results demonstrated links between the data sets. These links showed that a better workplace climate is associated with greater reported numbers of clinical incidents, especially “no harm” clinical incidents. There was also a link between workplace climate and patient compliments/complaints which show that unsolicited compliments received from patients and their families are clearly related to a number of positive aspects of workplace climate (workplace morale, role clarity, and appraisal and recognition) and individual morale. The results linking workplace climate and patient satisfaction showed that there is a strong positive relationship between overall patient satisfaction and role clarity, and a negative relationship between overall patient satisfaction and both workplace distress and excessive work demands. While these results relate to historical data and therefore should not be construed to reflect the current state of operation within Queensland Health, they are still indicative of some very important relationships. This is the first study to demonstrate that more positive clinical management practices, better perceptions of the workplace climate and better employee well-being are a reflection of a better incident reporting and learning culture in a health care organization, ultimately resulting in improved patient outcomes.

Keywords: *climate, well-being, Queensland Health, job demands, patient outcomes*

Alleviating burnout through enhancing civility among colleagues

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Hospital units implemented CREW (Civility, Respect, and Engagement with Work) to enhance collegiality. The research evaluated the impact of the procedure on collegial and supervisory relationships, attitudes towards work, job burnout, and work engagement. We implemented surveys before and after the CREW process on the eight intervention units and 32 control units. The survey assessed collegiality (civility and incivility among colleagues), job burnout, attitudes (commitment, satisfaction), perceptions of worklife (workload, control, reward, community, fairness, and values), and absences. The CREW process was implemented through weekly sessions facilitated by hospital personnel with mentoring from research staff. CREW units improved across the full range of measures. For example, a MANOVA for the Intervention group on the social context variables-civility, coworker incivility, supervisor incivility, instigated incivility, and respect-produced a significant improvement from Time 1 to Time 2 ($F(5,413) = 6.271, p < .001, \eta = .070$). A 2 X 2 MANOVA for the social context variables produced a significant interaction of Time with Intervention ($F(5,1958) = 3.25, p = .006, \eta = .008$), confirming a greater improvement in civility among intervention participants. Further, a MANOVA for the Intervention group on the burnout measures—exhaustion and cynicism—and turnover intention—produced a significant improvement from Time 1 to Time 2 ($F(3,418) = 11.58, p < .001, \eta = .077$), and a 2 X 2 MANOVA for the burnout and turnover intention variables produced a significant interaction of Time with Intervention ($F(3,1977) = 3.066, p = .027, \eta = .005$). The results confirm that the CREW process has a significant impact on the quality of interaction among colleagues. The results further support the proposition that improvements in psychological connections with work, job attitudes, and job behaviors accompany these changes in collegiality. The discussion considers the implications for the CREW process and for collegiality for workplace health. The discussion also considers the pivotal role of collegial relationships in the