

2008 National Survey of Consumer and Workforce Satisfaction in Nursing Homes

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IMPLICATIONS




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EXECUTIVE SUMMARY

Key findings
Why satisfaction matters

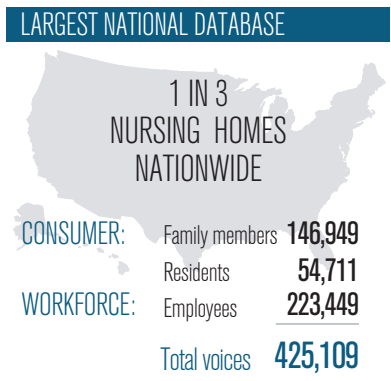
EXECUTIVE SUMMARY

This is the fourth and largest annual report of nursing home satisfaction published by My InnerView. It represents the voices of 425,000 nursing home consumers (residents and families) and workers who completed satisfaction surveys during 2008. Included are responses from 223,449 employees, 54,711 residents and 146,949 family members in 5,075 nursing facilities across the United States. One in three nursing homes nationwide is represented in this year's report. SEE FIGURE 3, PAGE 3

Prior to research conducted by My InnerView, there were no national benchmarks available to compare nursing home quality on metrics beyond regulatory survey compliance and clinical outcomes.

My InnerView's database provides robust longitudinal estimates and describes trends in consumer and workforce satisfaction in nursing homes across America. Our estimates are based on a methodology that My InnerView researchers developed to assign weights that adjust for facility characteristics on a state and national level. This multi-year series of national reports helps foster greater accountability in the use of public and private resources for long-term

care services. It offers greater transparency to help consumers make informed decisions when seeking nursing home care. This year's report underscores the link between consumer and workforce satisfaction. It demonstrates that satisfaction measures are critical dimensions of quality where the interests of consumers, payers and providers are aligned.



Key findings

Incremental improvements in consumer and workforce satisfaction

The level of consumer and workforce satisfaction was stable from 2005 to 2007 and reached its highest level in 2008. Both consumers and workers consistently

report high levels of satisfaction with nursing homes. Eighty-five percent of consumers rate their overall satisfaction and their recommendation of the facility to others as either "excellent" or "good." SEE FIGURE 1, PAGE 2 Sixty-six percent of employees rate their facility as an "excellent" or "good" place to work (SEE FIGURE 2, PAGE 2), and 73% rate their facility as an "excellent" or "good" place to receive care.

■ Consumers rating their overall satisfaction as “excellent” increased from 31% in 2007 to 35% in 2008.

■ Consumer satisfaction increased across all demographic groups (e.g., among both family and resident respondents; in groups stratified by other demographics, such as the family member’s relationship to the resident, resident’s length of stay and age, and how often family members visited) and other demographic characteristics; and facility characteristics (e.g., stratified by type of ownership, geographic region, size and other factors).

■ Although rates of improvement varied, workforce satisfaction increased across job classifications (e.g., nurses, nursing assistants, housekeeping, food service, administration and other job classifications), demographic groups (e.g., stratified by gender, length of employment, shift worked, length of tenure and other employee characteristics) and organizational characteristics (e.g., type of facility ownership, geographic region, size and other facility characteristics).



Figure 1



Figure 2

Consumers and payers are demanding more

Renewed efforts by the long-term care profession are warranted to demonstrate value to consumers and payers, especially when it comes to the expenditure of state and federal taxpayer dollars.

Survey respondents 2005 to 2008

	2005	2006	2007	2008
Surveys returned and percent of total				
CONSUMER RESPONDENTS				
Family members	63,160 89%	77,491 84%	118,985 81%	146,949 73%
Residents	7,806 11%	14,942 16%	27,397 19%	54,711 27%
Total respondents	70,966	92,433	146,382	201,660
WORKFORCE RESPONDENTS				
Nurses		20,150 19%	30,309 19%	42,042 19%
Nursing assistants		41,465 39%	63,157 39%	87,315 39%
All other staff		45,243 42%	68,442 42%	94,092 42%
Total respondents		106,858	161,908	223,449
FACILITY COUNT*	2,224	3,030	4,116	5,075

Figure 3 * "Facility count" is unduplicated total of facilities completing consumer and/or workforce satisfaction surveys.

Database growth

My InnerView's database of consumer and workforce satisfaction continues to grow. There were 184% more consumer respondents in 2008 than in 2005. There were 109% more workforce respondents in 2008 than in 2006. There were 134% more facilities completing satisfaction surveys in 2008 than in 2005. The number of residents surveyed doubled every year since 2005. More than one quarter (27%) of consumers surveyed in 2008 were nursing home residents (as opposed to their family members).

From 2006 to 2008, My InnerView surveyed a total of 492,215 nursing home employees from all 50 states and the District of Columbia. These respondents include 191,937 nursing assistants, 92,501 nurses (RNs, LVNs and LPNs in non-administrative positions) and 207,777 other staff. During these years, the overall distribution of workers in various job

classifications remained constant. Nurses account for 19%, nursing assistants for 39%, and other staff for 42% of the workers surveyed each year.

Satisfaction and value-based purchasing

Consumers and payers are demanding more comprehensive information about nursing home quality than ever before. As a consequence, reimbursement systems for nursing homes are adopting components of value-based purchasing (also referred to as "pay for performance"). Consumer and workforce satisfaction are becoming broadly recognized as important dimensions of nursing home quality.

Renewed efforts by the long-term care profession are warranted to demonstrate value to consumers and payers, especially when it comes to the expenditure of state and federal taxpayer dollars. Reimbursement systems for nursing homes are likely to continue

evolving toward value-based purchasing due to pressures for greater fiscal accountability and transparency in programs such as Medicare and Medicaid.

In an era of diminishing resources, it is becoming increasingly important to demonstrate value to key stakeholders by establishing valid benchmarks that include metrics for consumer and workforce satisfaction. Performance metrics used in value-based payment systems generally include a balanced set of metrics to assess consumer and workforce satisfaction along with other critical performance parameters.

A growing number of states use consumer and/or workforce satisfaction data to support value-based reimbursement programs for nursing homes. These data provide greater transparency to consumers and other purchasers by putting facility-specific satisfaction information in the public domain. As value-based reimbursement systems become more widespread, it is ever more critical that the long-term care profession establish benchmarks for consumer and workforce satisfaction using standardized protocols at state and national levels. The significance of these trends is highlighted below.

- In 2008, Georgia completed its second year and Oklahoma its first year of statewide programs using My InnerView consumer and workforce satisfaction metrics in support of value-based purchasing initiatives sponsored by state Medicaid agencies.

- States with value-based purchasing programs for nursing homes score above the national mean on consumer and workforce satisfaction. These findings support the view that aligning financial

incentives with performance improvement in nursing homes is an effective quality-improvement strategy. SEE FIGURE 12, PAGE 17

Family and resident satisfaction

Although their perspectives are not identical, both families and residents are important stakeholders who are able to provide valid feedback about the quality of nursing home care. Input from both groups can help improve nursing home performance overall.

- Family and resident satisfaction are positively correlated. Facilities ranked high on family satisfaction

also have high resident satisfaction, and facilities ranked low on family satisfaction also have low resident satisfaction. SEE FIGURE 17, PAGE 23

- The most powerful drivers of whether a resident or family member would recommend a nursing facility are workforce issues: care or concern shown by staff, competency of staff, quality of service, and attention to the resident's choices or preferences.

- Differences exist in terms of how residents and family members experience care, as well as in the factors that are most strongly correlated with the recommendation of a facility to others.

- In planning quality-improvement initiatives, providers need to look carefully at their results to better understand how the responses of families and residents are interrelated.

Workforce and consumer satisfaction

The relationship between consumer and workforce satisfaction is seen in the factors that underlie

Providers need to look carefully at their results to better understand how the responses of families and residents are interrelated.

satisfaction among these groups. For consumers, the care and competency of staff are the most important drivers of satisfaction. This holds true for both resident and family respondents. For employees, management practices are the most important drivers of satisfaction. SEE FIGURE 15, PAGE 20 More importantly, these same management practices are among those rated the lowest by employees.

■ Consumer and workforce satisfaction are correlated positively. Facilities with higher workforce satisfaction also have higher consumer satisfaction. SEE FIGURE 18, PAGE 23 Facilities with lower workforce satisfaction also have lower consumer satisfaction.

■ Competent and caring staff is a consistent predictor of resident and family satisfaction.

The level of satisfaction in America's nursing homes can be increased through strategies to simultaneously enhance quality from the consumer's perspective and improve the work environment for staff. Clearly, an effective strategy for quality improvement has to include a focus on the workforce who provides care for residents and their family members.

Why satisfaction matters

Demonstrating value to key stakeholders, such as consumers and payers, is paramount in discussions about how to set priorities in the allocation and expenditure of state and federal resources. Policymakers, payers, regulators, consumers and providers need to reach a consensus as to how quality can be redefined to better align their interests as important stakeholders. This report suggests that input from nursing home residents, family members and employees is important in any comprehensive system of quality measurement and improvement.

Evolving value propositions for long-term care

National collaborative partnerships such as the *Quality First* initiative, *CMS' Nursing Home Quality Initiative* and the *Advancing Excellence in America's Nursing Homes* campaign¹ are promoting a broader, more systematic definition of long-term care quality that views consumer and workforce satisfaction as critical indicators of organizational excellence. This report underscores the fact that providers of senior care services in the United States are responding to those initiatives, and are paying attention to the voices of consumers and the workforce. My InnerView data lend support to the view that incremental progress is being made, in part because greater attention is now being paid to these matters.

The value proposition for key stakeholder groups for long-term care services continues to evolve. Regulatory compliance and clinical outcomes will remain central themes in ongoing debates about what quality of nursing home care really means from the perspective of diverse stakeholder groups. For consumers, measuring and understanding the voices of residents and their families are of paramount importance. Assessing the satisfaction among workers who care for residents and their families is another essential strategy toward developing a comprehensive approach to quality management. The 2008 National Report is part of an expanding series of My InnerView reports that are helping to guide the development of more systematic approaches to quality improvement in America's nursing homes.

¹ *Quality First* is a commitment to performance excellence in quality of care and quality of life by the long-term care community. The *CMS Nursing Home Quality Initiative*, launched in 2002 provides information to consumers about the quality of care provided and offers important resources available to improve the quality of care in facilities. The *Advancing Excellence in America's Nursing Homes* campaign is a broadly-based initiative that includes, government and other stakeholders. Provider participants select up to eight performance outcomes, including consumer satisfaction, as part of their quality-improvement program.

In this report:

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- Workforce satisfaction
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- Weighting procedures

Part One

BACKGROUND

Continued database growth

Database comparison

Respondent characteristics

BACKGROUND

Continued database growth

Using data from one in three nursing homes in the United States, this report establishes national benchmarks for consumer and workforce satisfaction. These benchmarks provide information critical to improving organizational performance in nursing homes nationwide. Consumer and workforce satisfaction are correlated with many other metrics reflective of organizational excellence such as clinical outcomes, state survey compliance, and workforce performance. The continued growth of My InnerView's database suggests that the long-term care profession is gradually redefining organizational excellence using a balanced set of measures that supports the interdependent interest of diverse stakeholder groups such as residents, family members, workers and payers.

National benchmarks for consumer and workforce satisfaction are powerful tools that providers can use to drive greater value for all stakeholders. By comparing the performance of individual facilities against national benchmarks, providers can identify opportunities to leverage their results.

These benchmarks provide information critical to improving organizational performance in nursing homes nationwide.

As more providers recognize the value of national benchmarks for consumer and workforce satisfaction, voluntary participation in My InnerView's satisfaction surveys continues to increase. Nursing homes from every state and the District of Columbia were surveyed in 2008.

More nursing homes participated in My InnerView's consumer and workforce satisfaction surveys in 2008 than in any previous year. SEE FIGURES 4–5, PAGE 10

■ The number of facilities surveyed in 2008 increased to 5,075 or roughly one-third of the 15,711 nursing homes in the United States.²

■ In 2008, My InnerView surveyed 54,711 residents, representing more than one-fourth (27%) of all consumers surveyed.

■ In terms of workers surveyed, the distribution of nurses (19%), nursing assistants (39%) and other staff (42%) remained unchanged since 2006.

² American Health Care Association. "Trends in Nursing Facility Characteristics." December 2008. Compiled from CMS OSCAR data.

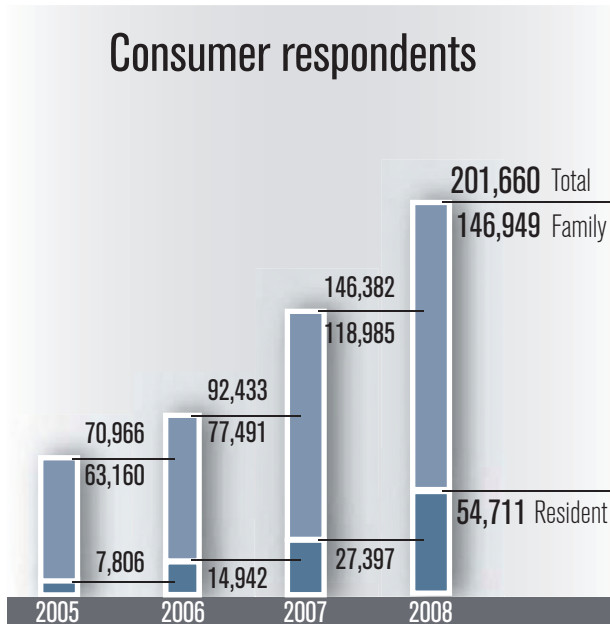


Figure 4

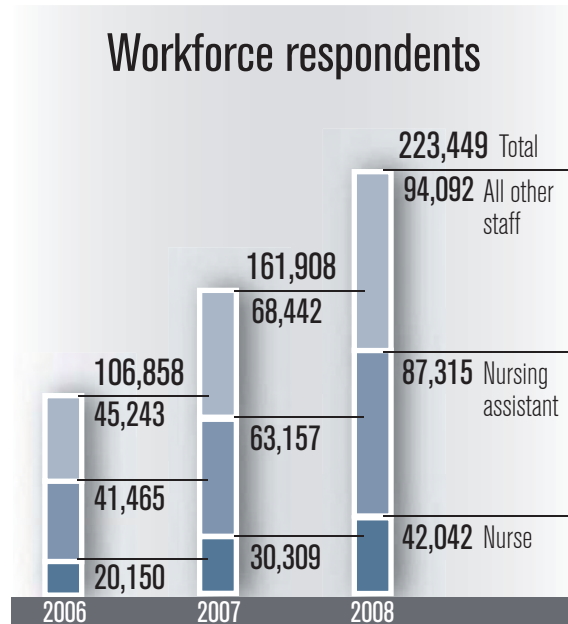


Figure 5

■ Resident, family and employee demographics remained essentially unchanged from 2005 to 2008.

■ Response rates among residents improved from 37% in 2005 to 52% in 2008.

■ Response rates among workers improved from 48% in 2006 to 60% in 2008.

Database comparison

Weighting procedures and missing values

The data in this report are taken from a convenience sample of U.S. nursing homes. Participating facilities in the sample have chosen to measure consumer and workforce satisfaction for their own internal, quality-improvement efforts. The sample of facilities is not

randomly selected nor is it stratified by state or other facility characteristics. In order to make our national estimates more robust, we use a standard weighting methodology to adjust for facility characteristics on a state and national level. The weighting methodology makes our estimates more stable over time and helps assure the comparability of data across years. To address missing data for individual survey items, missing values are imputed based on selected demographic and facility characteristics for each respondent using the hotdeck imputation method in Stata® software.³

³ Ford, B.L., (1983). "An Overview of Hotdeck Procedures." Incomplete data in sample surveys, Madow, W. G.; Olkin, I.; Rubin, D. B. (Eds.), Academic Press, New York, pp. 185-207.

Respondent characteristics

Consumers

Resident and family demographics are stable across survey years. These characteristics remain essentially the same since 2005. Resident age and average length of stay are similar to those reported in previous My InnerView National Reports and comparable to what has been reported in other national studies.⁴ My InnerView's database has continued to grow since 2005. Response rates are improving and the representation of residents has increased every year. Despite that, the other demographic characteristics of respondent groups are comparable across years, suggesting that the underlying demographic characteristics of respondents participating in these voluntary surveys over time is stable.

■ In 2008, My InnerView collected surveys from 54,711 nursing home residents and 146,949 family members.

■ The number of resident respondents nearly doubled from the 27,397 surveyed in 2007. Residents represented 19% of consumer respondents in 2007 but 27% in 2008. SEE FIGURE 6

■ The overwhelming majority of residents (81%) are visited in the nursing facility by family or friends at least weekly.

■ Nearly two-thirds (64%) of residents had been in the facility for over one year at the time of the survey.

■ The most frequent (53%) visitor is the adult child, while the spouse is the second most frequent (15%).

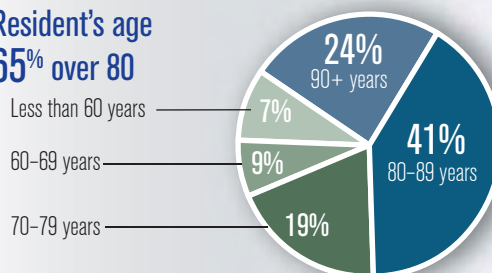
⁴ Jones, A. (2002). The National Nursing Home Survey: 1999 Summary. Hyattsville, MD: Vital and Health Statistics, National Center for Health Statistics, Department of Health and Human Services.

Consumer demographics

201,600 respondents:
73% families of residents; 27% residents

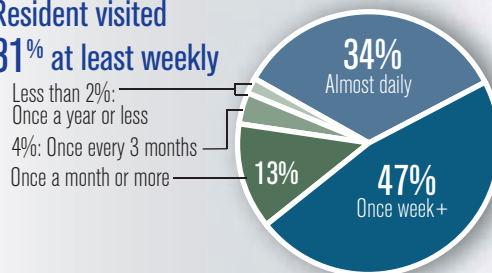
Resident's age

65% over 80



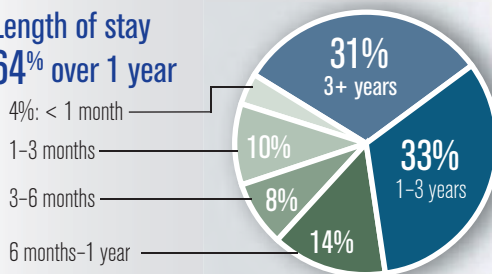
Resident visited

81% at least weekly



Length of stay

64% over 1 year



Visitor is adult child

53% of time

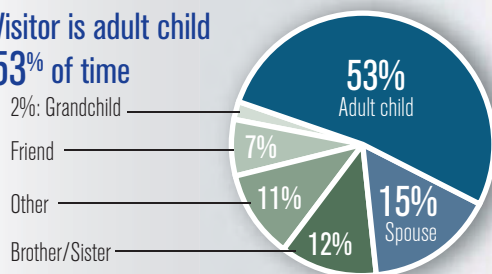


Figure 6 May not total 100% due to rounding

Workforce

Little change occurred in the demographic characteristics of workforce respondents since 2006; respondents represent the wide range of job categories found in a typical nursing facility, including nursing, housekeeping, food service, administrative, social service and other personnel.

■ My InnerView collected 223,449 surveys from nursing home employees in 2008. Of those respondents, 42,042 were nurses and 87,315 were nursing assistants. SEE FIGURE 7

■ The data continue to point out the importance of an aging workforce. Fifty-five percent of respondents were over the age of 40.

■ Responders were predominantly women (87% overall). Most respondents (83%) worked more than 30 hours per week.

■ Fifty-eight percent of respondents were nursing staff, with nurses representing 19% of employee respondents and nursing assistants representing 39% of employees.

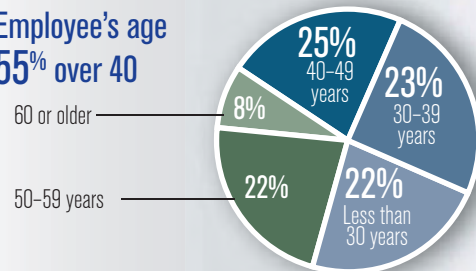
■ The data continue to point to a fairly stable workforce. Seventy-three percent of all employees reported working in the same facility for one year or more.

Workforce demographics

223,449 respondents: 39% nursing assistants; 19% nurses; 42% other

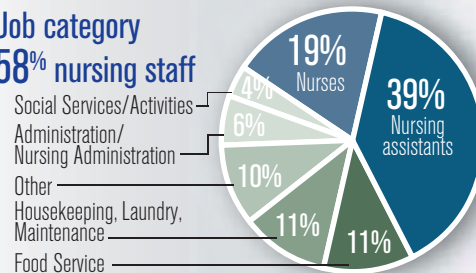
Employee's age

55% over 40



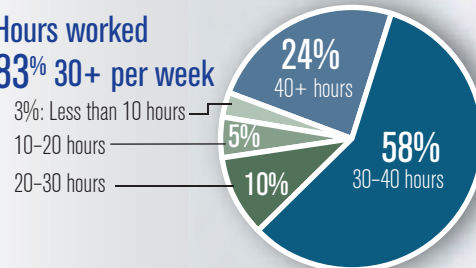
Job category

58% nursing staff



Hours worked

83% 30+ per week



Length of employment

73% 1 year+

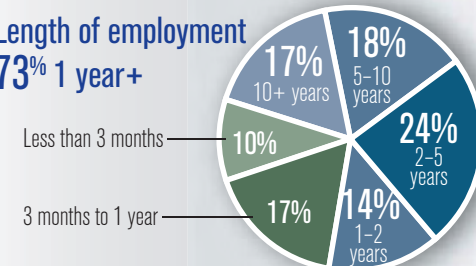


Figure 7 May not total 100% due to rounding

Part Two
FINDINGS

Satisfaction increase
Satisfaction and value-based purchasing
Factors that drive resident and family satisfaction
Factors that drive nursing staff satisfaction
Interdependence of resident and family satisfaction
Interdependence of workforce and consumer satisfaction

FINDINGS

Satisfaction increase

For stakeholders

My InnerView has reported high levels of consumer and workforce satisfaction in previous years.⁵ An increase in satisfaction among consumers and employees in 2008 indicates that more providers are implementing practices recommended by national quality-improvement initiatives and accepting satisfaction metrics as important dimensions of quality. State governments are also beginning to implement these practices. Six states — Georgia, Oklahoma, Iowa, Kansas, Minnesota and Ohio — currently use value-based purchasing to reimburse providers who utilize consumer satisfaction as a performance metric; two of the states, Georgia and Oklahoma, also use employee satisfaction.

Key findings include:

- The percentage of consumers and employees who rated their satisfaction as “excellent” or “good” increased for the first time since My InnerView began publishing these reports in 2005.

- Satisfaction is high in states with pay-for-performance programs. In each of these states, satisfaction meets or exceeds national satisfaction with nursing homes.

- The care and services provided by the employee — and the employee/resident relationship — are the most consistent predictors of consumer recommendations.

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Four-year trends in consumer satisfaction and three-year trends in workforce satisfaction show improvement. Much of this improvement was made in 2008. The satisfaction increase in 2008 is pervasive and can be seen in multiple stakeholder groups. Nursing homes represented in My InnerView’s

database had an overall satisfaction increase among both consumers and employees. The increases in consumer and employee satisfaction were consistent across sectors (such as nonprofit and privately owned facilities) and across many geographic areas (states, urban, suburban and rural).

⁵ National reports of consumer and employee satisfaction for 2005–2007 are available on My InnerView’s Web site: www.myinnerview.com



Figure 8

Consumer satisfaction trend

The number of satisfied residents has increased to 85%, four percentage points higher than 2006. Resident satisfaction was stable between 2007 and 2008, but the overall trend has been an increase in satisfaction since 2005. SEE FIGURES 8–9 Family satisfaction increased for the first time since My InnerView published this report in 2005.

■ Family members who rate their satisfaction as "excellent" or "good" increased by 3% between 2007 and 2008. Eighty-two percent of family members were satisfied in 2007; 85% were satisfied in 2008.



Figure 9

■ The largest gain (4%) in satisfied consumers occurred in facilities that conduct resident, family and employee surveys. Nursing homes that conduct only consumer surveys had a 1% increase in satisfied consumers.

Workforce satisfaction trend

Workforce satisfaction increased in every job category between 2007 and 2008. Satisfaction among nurses and nursing assistants remains lower than the satisfaction of employees in other job categories; however, both types of workers have become more satisfied with their facilities since 2006. SEE FIGURES 10–11



Figure 10

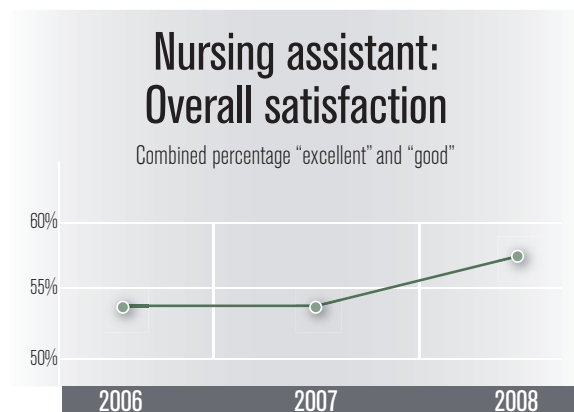


Figure 11

■ The percent of nursing home employees who rate their satisfaction as either “excellent” or “good” increased to 63% in 2008. Sixty-one percent were satisfied in 2007, and 60% were satisfied in 2006.

■ Between 2006 and 2008, the number of nurses rating their satisfaction as either “excellent” or “good” increased by 4%. Between 2007 and 2008, the number of satisfied nurses increased by 2% (from 56% in 2007 to 58% in 2008). SEE FIGURE 10

■ The number of nursing assistants who rate their satisfaction as either “excellent” or “good” increased to 57%, up from 54% in 2007. SEE FIGURE 11

Satisfaction and value-based purchasing

States that have implemented pay-for-performance systems have higher degrees of consumer and employee satisfaction compared to the national average, and showed an increase in satisfaction rates between 2007 and 2008. SEE FIGURE 12 Georgia, Oklahoma, Iowa, Kansas, Minnesota and Ohio all have implemented value-based purchasing for nursing home care. Each of these states, with the exception of Kansas, uses consumer satisfaction as a performance metric. (Kansas is in the process of adding a consumer satisfaction metric.) My InnerView manages the pay-for-performance programs in Oklahoma and Georgia; consequently, they have a very high representation in the database. Satisfaction scores in the other states are based not on program data but on data gained from My InnerView customer participation in those states.

■ Each of these states has a consumer satisfaction equal to or greater than the overall national level of 84%. SEE FIGURE 12

■ The percent of satisfied consumers in Oklahoma increased by almost 4% between 2007 and 2008.

Consumer and workforce satisfaction

In pay-for-performance states

	CONSUMER		WORKFORCE	
	2007	2008	2007	2008
OK and GA	84%	86%	67%	68%
KS, IA, MN and OH	85%	86%	60%	64%
All other states (total)	82%	84%	61%	63%

Figure 12

Georgia and Oklahoma are two states that use employee satisfaction as a performance metric in their pay-for-performance programs. Policymakers in both states recognize that workforce satisfaction is a key driver of quality care and consumer satisfaction. Colorado recently implemented its program, including employee satisfaction as a metric. Virginia is also considering a pay-for-performance program. Each of the six states that have implemented value-based purchasing in nursing homes had employee satisfaction rates that met or exceeded the overall national average of 63%. Some of these states also had large increases in satisfied employees from 2007 to 2008.

■ Among this group, pay-for-performance states had higher consumer satisfaction in 2008 than the average for the 44 states and the District of Columbia without pay-for-performance systems.

■ Georgia and Oklahoma had the highest workforce satisfaction of all groups during 2007 and 2008.

■ States with pay-for-performance programs generally outperform other states on these metrics.

Although these data don't tell us why these differences in consumer and workforce satisfaction exist between states with and without pay-for-

performance systems, these data lend support to the proposition that aligning financial incentives with better performance is an effective strategy for quality improvement in nursing homes.

Factors that drive resident and family satisfaction

Consumers: Resident

Each item on the consumer satisfaction survey is ranked in order of the strength of its correlation with the respondent's recommendation of the facility to others. Items with stronger correlations are given

higher ranks because they are more predictive of global consumer satisfaction. Items ranked higher have more of an effect on consumer recommendations, while items with weaker correlations have less of an effect. SEE FIGURE 13

- Five of the top ten items are related to staffing. How residents perceive the concern and competency of staff are the two highest predictors of resident recommendation.

- The third highest predictor is the availability of choices or preferences to the resident within the facility.

Factors that drive consumer recommendation

Items ranked by correlation with recommendation

RESIDENT	FAMILY
Care (concern) of staff	Care (concern) of staff
Competency of staff	Nursing care
Choices/preferences	Respectfulness of staff
Nursing care	Nursing assistant care
Safety of facility	Choices/preferences
Management responsiveness	Competency of staff
Nursing assistant care	Safety of facility
Respectfulness of staff	Management responsiveness
Grooming	Grooming
Resident-to-staff friendships	Resident/family updates
Cleanliness of premises	Cleanliness of premises
Resident/family updates	Resident-to-staff friendships
Quality of dining experience	Staffing adequacy
Staffing adequacy	Respect for privacy
Respect for privacy	Security of personal belongings
Security of personal belongings	Meaningfulness of activities
Quality of meals	Resident-to-resident friendships
Meaningfulness of activities	Quality of dining experience

Figure 13

Consumers identify strengths and opportunities

Items ranked by both correlation and performance

RESIDENT	FAMILY
STRENGTHS	STRENGTHS
Competency of staff	Nursing assistant care
Care (concern) of staff	Care (concern) of staff
Nursing care	Competency of staff
Resident-to-staff friendships	Nursing care
Safety of facility	Respectfulness of staff
Respectfulness of staff	Safety of facility
Cleanliness of premises	Resident-to-staff friendships
	Resident/family updates
OPPORTUNITIES	OPPORTUNITIES
Choices/preferences	Grooming
Management responsiveness	Choices/preferences
Grooming	Management responsiveness
Nursing assistant care	

Figure 14

■ Of the top five drivers of resident recommendation, three are in the quality of care domain: care (concern) of staff, competency of staff, and nursing (RN/LVN/LPN) care.

Consumers: Family

■ Family members also perceive care or concern of the staff as the top predictor of how they would recommend the facility to others.

■ Three of the top five predictors of whether a family member would recommend the facility relate to quality care.

■ Nine of the top ten predictors of resident and family recommendations of the facility are the same

for both groups. The tenth predictor of family recommendation is commitment to family updates; the tenth predictor of resident recommendation is resident-to-staff friendships.

Opportunities for improvement

Survey items that are important drivers of satisfaction but are low scoring are potential areas that providers should prioritize for improvement. We call these “primary opportunities.” For both residents and families, the following three items represent primary opportunities: meeting resident choices and preferences, paying attention to resident grooming and responsiveness of management. For residents, the quality of nursing assistant care is also a primary opportunity for improvement.

Survey items that are important drivers of satisfaction but are also high scoring are called “primary strengths.” For families, the quality of nursing assistant care is seen as a primary strength. Although we find similarities in the overall rank order of items that predict global satisfaction among residents and families, there are subtle differences in how residents and families rate certain items, such as the quality of rehabilitation therapy or respect for privacy. SEE FIGURE 14, PAGE 19

Factors that drive nursing staff satisfaction

Nurse and nursing assistant

Nurses and nursing assistants comprise the majority of the workforce in nursing homes. Nursing staff are responsible for providing most of the direct hands-on care to residents. They interact daily with residents and family members. Nurse and nursing assistant

Factors that drive nursing staff satisfaction

Items ranked by correlation with recommendation

NURSE	NURSING ASSISTANT
Management cares	Management cares
Management listens	Management listens
Help with job stress and burnout	Help with job stress and burnout
Supervisor cares	Workplace safety
Workplace safety	Supervisor cares
Training to deal with difficult residents	Training to deal with difficult residents
Supervisor informs	Supervisor informs
Supervisor appreciates	Supervisor appreciates
Adequate equipment/supplies	Adequate equipment/supplies
Training to deal with difficult family members	Fair evaluations
Work makes a difference	Training to deal with difficult family members
Fair evaluations	New staff orientation
New staff orientation	In-service education
In-service education	Staff communication between shifts
Staff communication between shifts	Comparison of pay
Teamwork	Work makes a difference
Staff respect for residents	Staff respect for residents
Comparison of pay	Teamwork

Figure 15

Workforce identify strengths and opportunities

Items ranked by correlation with recommendation

NURSE	NURSING ASSISTANT
STRENGTHS	STRENGTHS
Supervisor cares	Supervisor cares
Supervisor informs	Supervisor informs
Workplace safety	Workplace safety
OPPORTUNITIES	OPPORTUNITIES
Help with job stress and burnout	Help with job stress and burnout
Management listens	Management listens
Management cares	Management cares
Training to deal with difficult residents	Training to deal with difficult residents
Supervisor appreciates	Supervisor appreciates
Adequacy of equipment/supplies	Adequacy of equipment/supplies

Figure 16 Note: Nurse and nursing assistant results were identical.

recommendations of a facility as a place to work are critical indicators of the quality of the work environment. Perhaps because working conditions in nursing homes are extremely demanding for nurses and nursing assistants, they exhibit the lowest inclination of all job categories to recommend facilities favorably as a place to work.

Each item on the workforce satisfaction survey was ranked in order of the strength of its correlation with the respondent's recommendation of the facility as a place to work. SEE FIGURE 15, PAGE 20 Items with stronger correlations are given higher ranks because they are more predictive of global job satisfaction. Higher ranked items have stronger effects on worker recommendations, while items with weaker correlations have smaller effects. The top

ten predictors of nurse and nursing assistant recommendations are almost identical.

- Care (concern) of management and management who listens are the top two predictors of favorable recommendations of the facility as a place to work for both nurses and nursing assistants.
- Help dealing with job stress and burnout is the third strongest predictor of recommendations for nursing staff. These top three items have ranked consistently as the strongest predictors of positive recommendations of the facility since 2006.
- Five of the top ten drivers of recommendation for nurses and nursing assistants represent items related to the effective supervision and management of the workforce.

Opportunities for improvement

Nurses and nursing assistants have identical results for primary strengths and primary opportunities. Survey items that are important drivers of global satisfaction based on the respondent's recommendation of the facility as a place to work, but are low scoring, represent potential areas that providers should target for improvement — primary opportunities.

Help with job stress is the top priority item for both nurses and nursing assistants. Other opportunities for improvement are the following items. SEE FIGURE 16, PAGE 21

- Management listens
- Management cares
- Training to deal with difficult residents
- Supervisor appreciates
- Adequacy of equipment/supplies

Interdependence of resident and family satisfaction

Residents and family members each have important perspectives concerning the quality of care offered by nursing homes. Both are usually involved with decisions about placement when seeking nursing home care, and both groups are profoundly impacted by their experiences with the quality of care after

placement occurs. Each group offers a slightly different but equally insightful perspective about their experiences with nursing home care.

At the facility level, family satisfaction mirrors resident satisfaction. Similar proportions of residents and families rate their global satisfaction as “excellent,” “good,” “fair” or “poor.” When satisfaction scores are aggregated to the individual facility level, satisfaction with nursing home care among residents and families are correlated. In other words, family satisfaction tends to be higher in facilities where resident satisfaction is higher, and vice versa. Family satisfaction tends to be lower where resident satisfaction is lower, and vice versa.

Although we don't know why these patterns emerge, it is very likely that the same organizational systems (e.g., good management, supervision and leadership) that drive performance in one area impact performance in other areas. Interestingly, when it comes to identifying opportunities for improvement from their own unique perspective, residents and families have very similar concerns (as demonstrated by the primary strengths and opportunities). It is also possible that family members become dissatisfied when their relative is dissatisfied, and vice versa. Because resident and family satisfaction are related in complex ways, we view them as being interdependent. That is, it's very challenging in most cases to satisfy the needs of one stakeholder group without meeting the needs of the other.

Family satisfaction mirrors resident satisfaction

Family satisfaction tends to be higher in facilities where resident satisfaction is higher.
Family satisfaction tends to be lower where resident satisfaction is lower.

When selecting a nursing home, residents place tremendous value on assessing quality based on satisfaction among other consumers.⁶ As noted above, care or concern of staff is the single most powerful predictor of both resident and family satisfaction. Residents often evaluate a nursing facility on this dimension of quality based on their personal relationships with staff. Families tend to see things a bit differently from residents. Quality of nurse and nursing assistant care are stronger predictors of family satisfaction than resident satisfaction, and clinical outcomes are more important to family members than to residents.⁷ Family members also tend to judge the quality of service by staff turnover rates.

Here are some things to note when comparing satisfaction scores at the facility level:

- The same factors that predict a resident's recommendation to others also predict a family's

recommendation to others. Although the size of the correlation coefficients differ, the overall rank orders based on the strength of the correlations are quite similar. SEE FIGURE 13, PAGE 18

- On average, facilities that score higher on family satisfaction also score higher on resident satisfaction. This phenomenon is shown graphically by dividing facilities into quartiles based on their family satisfaction scores. Both family and resident satisfaction scores are highest in the fourth quartile and lowest in the first quartile. SEE FIGURE 17

⁶ Shiverick, Bradley N.; Moon, Rajean P.; and Mabry, Samantha (2009). "What Consumers Want to Know When Selecting a Nursing Home; 2008 Study on Consumer Choice." My InnerView.

⁷ Ibid.

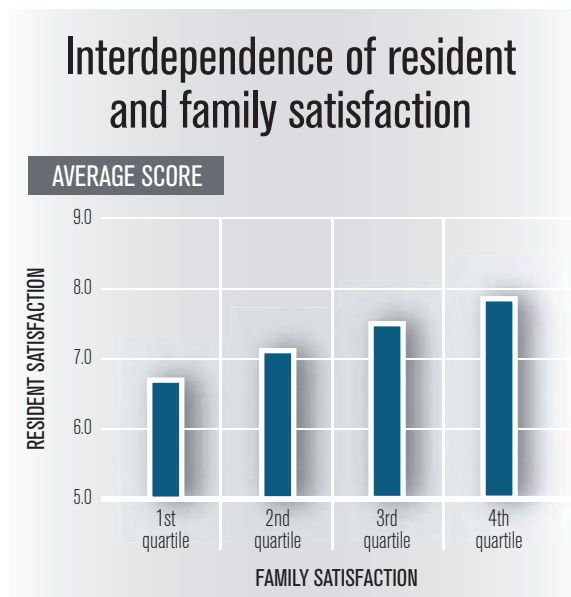


Figure 17

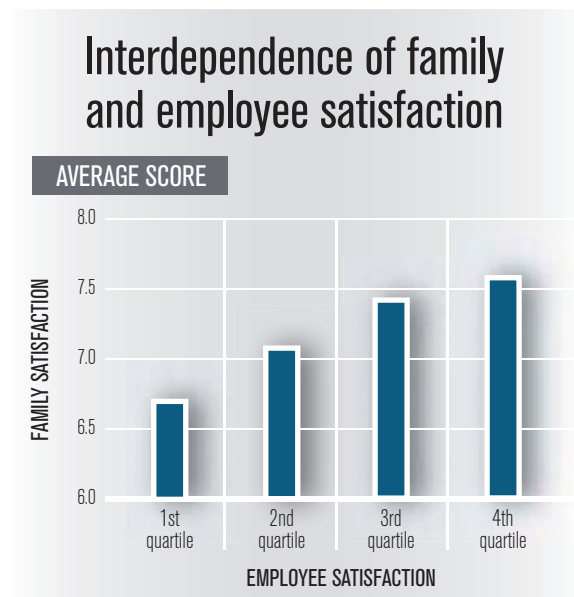


Figure 18

Interdependence of workforce and consumer satisfaction

The powerful correlation between workforce and consumer satisfaction has been shown in earlier research by My InnerView.⁸ Employee satisfaction and family satisfaction are interdependent. Problems between families and staff are a key cause of family dissatisfaction.⁹ Beyond consumer satisfaction, employee satisfaction is predictive of many other performance parameters. Facilities with higher employee satisfaction tend to have lower staff turnover and better clinical outcomes. These findings support the view that the same organizational systems that drive performance in one area (e.g., good management, supervision and leadership) also impact performance in many other areas. Qualitative research completed by My InnerView in 2008 shows that consumer perceptions of employees and their performance are among the most important criteria that families use to evaluate nursing home quality.¹⁰ When comparing workforce and consumer satisfaction scores at the facility level, here are some things to consider:

- Facilities that score high on employee satisfaction generally score high on family satisfaction. The interdependence of workforce and consumer satisfaction is shown graphically by dividing facilities into quartiles based on their employee satisfaction scores. Both workforce and consumer satisfaction scores are highest in the fourth quartile and lowest in the first quartile. SEE FIGURE 18, PAGE 23

Providers that monitor both consumer and employee satisfaction saw greater improvements in global

Measuring both consumer and workforce satisfaction

Facilities that measure both consumer and workforce satisfaction show better results

	CONSUMER ONLY		ALL TYPES	
	2007	2008	2007	2008
Overall satisfaction	83%	84%	84%	86%
Recommendation	83%	84%	84%	86%

Figure 19

consumer satisfaction in 2008 (up two percentage points) than providers that monitor only consumer satisfaction (up one percentage point). Facilities completing all three survey types also had higher satisfaction scores in 2007 and 2008 than facilities that did only family and resident surveys. Although we don't know why these patterns emerge, these results suggest that facilities with better performance recognize the interdependence of workforce and consumer satisfaction. SEE FIGURE 19

⁸ Grant, Leslie A. (2004). "Organizational Predictors of Family Satisfaction in Nursing Homes." *Seniors Housing and Care Journal*. 2004. 12 (1): 3-13.

⁹ Ibid.

¹⁰ Shiverick, Bradley N.; Moon, Rajean P.; and Mabry, Samantha (2009). "What Consumers Want to Know When Selecting a Nursing Home; 2008 Study on Consumer Choice." My InnerView.

Part Three

IMPLICATIONS

Quantitative research
Implications for practice
Implications for policy

IMPLICATIONS

Quantitative research

My InnerView has compiled annual reports measuring consumer satisfaction in nursing homes since 2005, and workforce satisfaction since 2006. Every year since 2005, the number of nursing homes participating in these voluntary surveys has increased — reaching one in three facilities in the United States as of 2008. This is by far the largest database ever assembled about the levels of satisfaction among residents, families and workers in America's nursing homes. These reports are potentially useful to consumers, providers and policymakers because they establish important benchmarks about consumer and workforce satisfaction in the nation's nursing homes.

Implications for practice

For the field of practice, this year's report contains very positive results. The level of satisfaction in the country's nursing homes is showing incremental improvements for the first time since these data were first collected in 2005. We now have empirical

Fiscal pressures on Medicaid budgets will continue to grow due to demographic shifts and increasing disability rates in the general population.

evidence that ongoing national collaborative partnerships such as the *Quality First* initiative, *CMS' Nursing Home Quality Initiative* and the *Advancing Excellence in America's Nursing Homes* campaign may be helping to improve levels of consumer and workforce satisfaction nationwide. Although these partnerships differ in their specific objectives, they have similar goals encompassing clinical outcomes, workforce performance and consumer satisfaction. These voluntary programs are gaining wider acceptance among provider organizations and other stakeholders. A more systematic quality-improvement paradigm that views consumer and workforce satisfaction as important indicators of organizational excellence appears to be taking hold.

This report highlights the interdependence of resident and family satisfaction. It also underscores the interdependence of workforce and consumer satisfaction. Although we are unable to identify the causal factors that underlie the interdependence among these metrics, it is likely that the same organizational systems that drive performance in one area are likely to impact performance in other

areas. For example, good leadership, good management and good supervision are likely to have salutary effects on resident, family and employee satisfaction. A recent paper by My InnerView researchers found that leadership competencies are strongly associated with job satisfaction in nursing homes.¹¹ We recommend that aging services professionals focus on leadership competencies and workforce development as key initiatives to sustain quality-improvement efforts in nursing homes.

Implications for policy

Fiscal pressures on state Medicaid budgets will continue to grow due to demographic shifts and increasing disability rates in the general population across the United States. Limits of the American economy to support public programs for healthcare and long-term care services are likely to remain well into future years. Regardless of anyone's political agenda, greater demands will be placed on state Medicaid programs to ensure that taxpayers are getting a good return on their investment in nursing home care. New strategies are warranted to achieve greater efficiencies in quality assurance and improvement.

Medicaid reimbursement systems are gradually evolving to enhance accountability and transparency through value-based purchasing strategies. Value-based purchasing will increasingly be used by state Medicaid agencies to improve the quality of nursing home care and create value for multiple stakeholders,

including consumers, providers, regulators and payers. Value-based purchasing offers an opportunity for state Medicaid programs to establish cost-effective mechanisms for quality assurance going beyond regulatory sanctions. Financial incentives for providers can be aligned to improve outcomes across a broad set of performance parameters beyond regulatory compliance or clinical performance.

Two states (Georgia and Oklahoma) now use consumer and workforce satisfaction data collected by My InnerView to afford greater transparency about nursing home quality to purchasers, consumers and policymakers at minimal cost. Both of these states have higher levels of consumer and workforce satisfaction in 2007 and 2008 compared to states without value-based purchasing programs. This report supports the view that aligning financial incentives with organizational performance through value-based purchasing is an effective strategy for quality improvement in nursing homes. These innovations in Medicaid reimbursement policy offer greater transparency to consumers by providing information that these stakeholders value most when assessing nursing home quality.

¹¹ Abraham, J. and Grant, L.A. (2008). "Leadership Competencies and Employee Satisfaction in Nursing Homes." *Seniors Housing and Care Journal*. 16 (1), 11-23.

An opportunity for state Medicaid programs

Value-based purchasing offers an opportunity to establish cost-effective mechanisms for quality assurance going beyond regulatory sanctions. Financial incentives for providers can be aligned to improve outcomes across a broad set of performance parameters.

Demonstrating value

The need to demonstrate value to stakeholders is central to ongoing discussions about setting priorities in the allocation and expenditure of state and federal resources. Renewed efforts by the long-term care profession are warranted to demonstrate unquestionable value to consumers and payers. This report furthers these efforts through the dissemination of new knowledge about the state of consumer and workforce satisfaction in America's nursing homes.

It is critical that policymakers, payers, regulators, consumers and providers reach a consensus as to how quality can be redefined to better align their interests as important stakeholders. Seeking input from nursing home residents, their family members and direct-care workers is central to any systematic approach to quality improvement. Monitoring the state of consumer and workforce satisfaction in the nation's nursing homes is an important step towards improving nursing home care.

Part Four

METHODOLOGY

Workforce satisfaction

Consumer satisfaction

Predictive validity

Weighting procedures

METHODOLOGY

This section provides an overview of research methods used to gather information about consumer and workforce satisfaction. Data sources, survey instruments and survey distribution, as well as weighting, imputation and analytic procedures, are described.

My InnerView solicited feedback between 2005 and 2008 from over 2.2 million residents, family members and employees in nursing homes across the United States. Of those solicited, over one million returned the questionnaire, for a total response rate of more than 45%. In all, over 6,600 nursing facilities have participated in the data collection. In 2008 alone, the surveys were completed with 223,449 employees, 54,711 residents and 146,949 family members in 5,075 nursing facilities to produce this report. This represents fully one in three nursing facilities in the United States.

Members of My InnerView's research team — Leslie A. Grant, Ph.D. and Vivian Tellis-Nayak, Ph.D. — designed the survey instruments. Initial survey design was based on reviews of the literature and existing

surveys; in-depth interviews with residents, family members and staff; focus groups and corresponding content analyses. These instruments have undergone extensive field testing and have outstanding psychometric properties. SEE FIGURES 20–21, PAGE 34

Workforce satisfaction

Between 2005 and 2008, My InnerView solicited feedback from over 2.2 million residents, families and employees in U.S. nursing facilities.

These data come from confidential surveys completed by nursing home employees and returned directly to My InnerView during 2006, 2007 and 2008. The workforce satisfaction survey consists of 18 content questions and three global satisfaction questions (overall satisfaction, recommendation for care and recommendation as a place to work) along with eight categorical

“demographic” questions. Facilities have the option to include additional questions on the survey.

In most cases, workforce satisfaction surveys were sent to the participating nursing facilities, where individual survey packets were distributed to all non-agency staff. To protect respondent privacy and ensure confidentiality, survey questions do not ask for personal identifying information. The surveys were

completed by individual employee respondents and mailed directly to My InnerView using a self-addressed, postage-paid envelope included in the survey packet.

A four-point scale (“excellent,” “good,” “fair” or “poor”) is used to rate job satisfaction in five areas: (1) training, (2) work environment, (3) supervision, (4) management and (5) global satisfaction. The workforce survey includes 21 questions corresponding to five sub-scales. Figure 20 shows the internal consistency of these measures. Cronbach’s coefficient alpha is a special application of construct validity. In general, a Cronbach’s alpha of 0.80 or greater is considered excellent. All coefficients for these measures exceed the 0.80 threshold.

Observations with missing or skipped items are excluded from the reliability analysis. Sample sizes are reduced because Cronbach’s alpha coefficients are calculated by excluding imputed values to avoid spurious correlations.

Consumer satisfaction

These data were gathered through mail surveys completed by residents and family members in participating facilities. This report includes data from satisfaction surveys that were completed and returned to My InnerView during 2005, 2006, 2007 and 2008. The survey consists of 22 items and two global satisfaction questions (overall satisfaction and recommendation of the facility to others).

Respondents were asked to rate nursing facilities using a four-point scale (“excellent,” “good,” “fair” or “poor”). An additional eight questions gather demographic and background information, but no personally identifiable data are collected. The consumer survey includes 24 questions encompassing four sub-scales: (1) quality of life,

Cronbach’s alpha coefficients for workforce satisfaction scale and sub-scales

	NUMBER OF ITEMS	CRONBACH’S ALPHA	N
Training	4	.86	187,794
Work environment	9	.87	173,977
Supervision	3	.90	198,538
Management	2	.91	199,394
Global satisfaction	3	.90	198,210
Workforce satisfaction scale	21	.95	161,237

Figure 20

Cronbach’s alpha coefficients for consumer satisfaction scale and sub-scales

	NUMBER OF ITEMS	CRONBACH’S ALPHA	N
Quality of life	10	.92	149,357
Quality of care	8	.92	141,106
Quality of service	4	.79	149,531
Global satisfaction	2	.94	188,810
Consumer satisfaction scale	24	.97	99,484

Figure 21

(2) quality of care, (3) quality of service and (4) global satisfaction. Figure 21 shows the internal consistency of these measures.

Observations with missing or skipped items are excluded from the reliability analysis. Sample sizes are reduced because Cronbach’s alpha coefficients are calculated by excluding imputed values to avoid spurious correlations.

Predictive validity

Grant¹² found strong positive correlations between consumer and workforce satisfaction assessed using My InnerView's satisfaction survey instruments. Data from other sources, including clinical outcomes (e.g., CMS' quality indicators or QIs), workforce performance (e.g., tracked by My InnerView's Quality Profile™), and state survey data (e.g., collected in the federal OSCAR system) are predictive of these consumer and workforce satisfaction metrics. Because these data elements are taken from independent sources, there is strong empirical evidence for the predictive validity of My InnerView's survey instruments.

Weighting procedures

This report represents a convenience sample of U.S. nursing homes. The sample of facilities is not

randomly selected nor is it stratified by state or other facility characteristics. In order to make our national estimates more robust, we use a standard weighting methodology to adjust for facility characteristics such as ownership type, location (MSA/non MSA), bedsize and census within each state and nationally. To address missing data for individual survey items, missing values are imputed based on selected demographic and facility characteristics for each respondent using the standard hotdeck procedure available in Stata© software.¹³

¹² Grant, L.A. (2004).

¹³ Ford, B.L., (1983).

My InnerView is an applied research company that currently works with over 8,000 senior care providers throughout the United States to promote quality improvement through evidence-based management.

Contributions to this report were made by the following members of My InnerView's research team: Leslie A. Grant, Ph.D.; Brad Shiverick, C.P.H.Q.; Peter Janelle M.P.P.; Michael Davern, Ph.D.; Amy Hu, M.S.; and Eric Lewerenz, M.S.

An electronic version of this report and other related information (including the 2005, 2006 and 2007 consumer and 2006 and 2007 workforce reports) can be found at www.myinnerview.com.

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