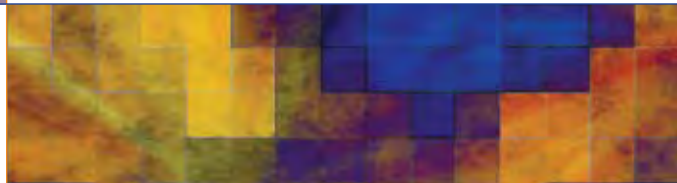


2006 National Survey of Nursing Home Workforce Satisfaction



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2006 National Survey of Nursing Home Workforce Satisfaction

EXECUTIVE SUMMARY

The graying of America continues to put pressure on all facets of long-term care. From policy makers and employees to residents and their families, there is a vested interest in the short- and long-term solutions needed to meet this growing demand with the highest level of care.

This original research reveals and quantifies factors that drive varying degrees of employee satisfaction. By understanding employee motivations, administrators and policymakers will be in a better position to manage the looming exodus of the highly skilled nurses and nursing assistants that are the profession's primary caregivers. The findings offer clear indicators as to the state of employee satisfaction and provide insight into what motivates long-term care professionals.

By presenting new and compelling facts, our goal is to inform and advance the ongoing discussions seeking to alleviate long-term care's chronic workforce issues.

Nurse, nursing assistant satisfaction lower

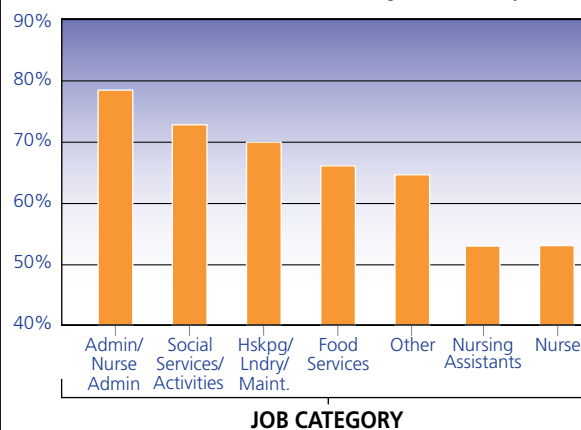
Long-term care workforce issues have received considerable attention in recent years, particularly as providers across the U.S. experience nursing shortages and experts predict an inadequate supply of workers to meet future long-term care needs. Findings from this report show that nurses and nursing assistants (the majority of the nursing home workforce) are less satisfied compared to staff in other job categories.

Of interest to providers and policymakers, the report also identifies priorities that show the greatest promise for improving job satisfaction and organizational performance. (See NURSING STAFF, page 11)

Figure 1

SATISFIED NURSING HOME WORKERS BY CATEGORY

Based on the percent of total weighted respondents who rated their overall satisfaction as "excellent" or "good" in each job category.



During 2006, My InnerView collected satisfaction data from 106,858 staff working in 1,933 nursing homes in every state (except Alaska) and the District of Columbia. These data represent the largest database ever assembled about employee satisfaction and related demographics in the nation's nursing homes. This first national report provides a baseline for future measurement of employee satisfaction in nursing homes.

Key findings include:

- **The lowest rates of overall satisfaction are reported by nursing assistants and nurses (54% “excellent” or “good”) compared to all other categories of nursing home employees.** Managers and nurses in administration reported the highest levels of satisfaction (78% “excellent” or “good”). (See Figure 1)
- **A majority of employees (63%) recommend their nursing facility as an “excellent” or “good” place to work.** Factors that are most predictive of positive employee recommendations of a facility as a place to work include help dealing with job stress, managers who care and listen, the safety of the workplace, and supervisors who care about them, show appreciation for a job well done and give important work-related information.
- **Employees are more satisfied with supervision (61%) and work environment (60%) than training (57%) or management (45%).**
- **The proportion of older (age 50+) nurses and nursing assistants increases with length of service.** One in two nursing staff with the most time on the job (10+ years) is in this older age group.
- **At the individual level, comparison of pay is the weakest predictor of workplace recommendation—**suggesting that people who work in nursing homes are not in it strictly for the financial reward. However, pay is among the least favorably rated items especially for nurses and nursing assistants.
- **Pay seems to matter more at the organizational level.** Nursing assistants give more favorable overall satisfaction and workplace recommendation ratings in those facilities that perform better on pay in comparison to other facilities.

Prior research has established the strong links between employee satisfaction and other performance areas, such as staff turnover, and resident and family satisfaction. A less satisfied group of direct-care workers in nursing homes is likely to lead to a higher turnover rate. Staff turnover, in turn, is likely to impede organizational performance as reflected in higher operating costs, lower clinical outcomes, lower occupancy rates, and diminished customer satisfaction and regulatory compliance. Providers, with the support of policymakers, must implement targeted strategies to deal with workforce satisfaction especially among direct-care nursing staff to support ongoing quality-improvement efforts.

About respondents:

The majority of survey respondents are:

Women in direct-care nursing (nurses and nursing assistants)

Age 40 or older (57%)

Work 30 or more hours per week (83%)

On the job for two or more years (61%)

■ BACKGROUND

This report is based on the largest dataset on employee satisfaction in nursing facilities ever assembled in the United States. Surveys were completed by 106,858 employees in 1,933 nursing facilities in all states (except Alaska) and the District of Columbia.

This report addresses seven questions:

- 1 Who are the respondents to the national survey?
- 2 How satisfied is the nursing home workforce?
- 3 How do employees rate their satisfaction with training, work environment, supervision and management?
- 4 What factors drive satisfaction within the workplace?
- 5 How do demographic characteristics affect satisfaction?
- 6 What areas should be targeted to support the needs of nursing staff when it comes to improving workforce satisfaction?
- 7 How does pay matter for nursing assistants?

Why measure employee satisfaction in nursing homes?

Interest has grown in the long-term care workforce, particularly as it relates to the current and projected shortage of nursing staff. Job satisfaction is recognized as a critical factor that underlies staff turnover. Turnover affects customer satisfaction, operating costs, clinical performance, occupancy and regulatory compliance. More and more providers recognize the need to develop and implement effective strategies to improve workforce satisfaction in order to achieve their quality-improvement goals.

What do we know about workforce satisfaction?

According to the most recent survey of U.S. workers conducted by Conference Board¹, job satisfaction among U.S. workers has been declining for the past two decades. Less than half (47%) of those surveyed in 2006 reported being satisfied with their jobs.¹ Government reports have identified job dissatisfaction among nurses as a key contributor to ongoing workforce shortages.²

Recent studies identify a number of possible causes and consequences of job satisfaction in nursing homes across the nation:

- Satisfaction rates are influenced by characteristics of the nursing facility, the job category and the individual. For example, job satisfaction is related to facility ownership type and size; workload and staffing levels; teamwork; rotating job assignments; shift work; and recognition at work.³

- Nurses are less satisfied with their work in a nursing home than nursing assistants, who in turn are less satisfied with pay than nurses.⁴
- Job satisfaction influences staff turnover, relationships with co-workers, residents and families, quality of care and regulatory compliance. Higher satisfaction is associated with more satisfied residents and families, better quality care and lower rates of workers intending to leave. Conversely, job dissatisfaction is associated with higher turnover and higher rates of workers with an intent to leave, more absenteeism, and poorer compliance with regulatory standards.⁵
- Despite the low social status, low pay, heavy workloads and high stress associated with caregiving in nursing homes, high levels of satisfaction have been reported among nursing staff. Workers appear to be motivated by aspects of their work environment, the content of their work, and their relationships with residents, residents' families and co-workers.⁶

How was the survey conducted?

Data for this report came from confidential surveys completed by employees and returned directly to My InnerView during 2006. (More detailed information about survey methods is provided in the section about Research Methods on page 17). The survey instrument has undergone extensive field-testing and has demonstrated outstanding psychometric properties. The survey included questions about global satisfaction, training, work environment, supervision, management and demographics. Ratings on a four-point scale ("excellent," "good," "fair" or "poor") are used to assess job satisfaction on specific items and domains. Since the facilities in this report do not represent a random stratified sample, national estimates of employee satisfaction are based on a standard weighting methodology that My InnerView researchers used to adjust for facility characteristics within each state and nationally.

¹ The Conference Board. (2007). *In Pursuit of Satisfaction: U.S. Job Satisfaction Declines*. Washington, DC: News Release #5114.

² GAO. (2001). *Nursing Workforce: Recruitment and Retention of Nurses and Nurse Aides Is a Growing Concern* (GAO-01-750T). Washington, DC: United States General Accounting Office.

³ Tellis-Nayak, V. (2007). *A person-centered workplace: the foundation for person-centered caregiving in long-term care*. *Journal of the American Medical Directors Association*, 8(1), 46-54; Grant, L. A. (2004). *Organizational Predictors of Family Satisfaction in Nursing Facilities*. *Seniors Housing and Care Journal*, 12(1), 3-13; Parsons, S. K., Simmons, W. P., Penn, K., & Furlough, M. (2003). *Determinants of satisfaction and turnover among nursing assistants. The results of a statewide survey*. *Journal of Gerontological Nursing*, 29(3), 51-58; Chou, S. C., Boldy, D. P., & Lee, A. H. (2002). *Measuring job satisfaction in residential aged care*. *International Journal for Quality in Health Care*, 14(1), 49-54; Burgio, L. D., Fisher, S. E., Fairchild, J. K., Scilley, K., & Hardin, J. M. (2004). *Quality of care in the nursing home: effects of staff assignment and work shift*. *Gerontologist*, 44(3), 368-377;

⁴ Castle, N. G., Degenholtz, H., & Rosen, J. (2006). *Determinants of staff job satisfaction of caregivers in two nursing homes in Pennsylvania*. *BMC Health Services Research*, 6, 60.

⁵ Castle, N. G., Engberg, J., Anderson, R., & Men, A. (2007). *Job Satisfaction of Nurse Aides in Nursing Homes: Intent to Leave and Turnover*. *Gerontologist*, 47(2), 193-204; Tellis-Nayak, V. (2007); Grant, L. A. (2004)

⁶ Castle et al (2007); Tellis-Nayak (2007); Castle et al (2006); Grant (2004); Parsons et al (2003)

FINDINGS

1 Who are the respondents to the survey?

The respondents are mostly women (87%, data not shown) and somewhat older with the majority being more than 40 years old (57%).

The largest job categories include nursing assistants (36%); direct-care nurses (19%); and housekeeping, laundry and maintenance staff (11%). Professional and paraprofessional nursing staff in direct-care positions represent the majority of respondents (55%).

Most respondents (59%) work between 30 to 40 hours per week, while almost one in four (24%) work 40 or more hours per week.

Figure 2a

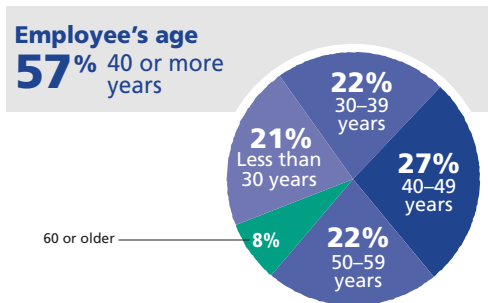


Figure 2b

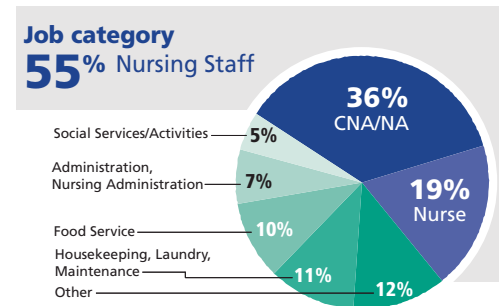


Figure 2c

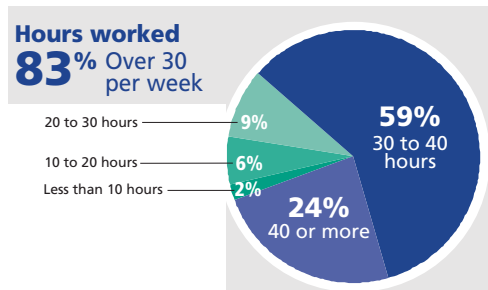
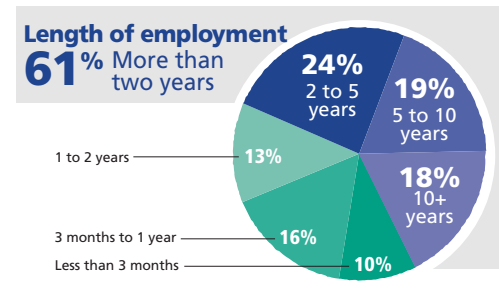


Figure 2d



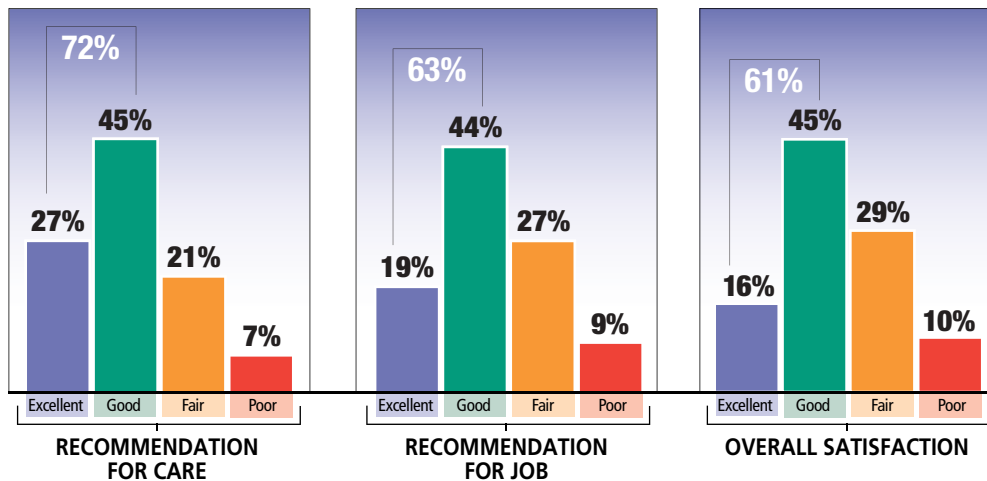
Respondents' characteristics suggest a more stable workforce than commonly recognized when examining turnover rates alone. Length of employment provides an indication of the stability of the nursing home workforce. Only one in ten (10%) respondents would be considered new employees having less than three months tenure. The large majority of survey respondents (61%) have two or more years of experience working at the same nursing home. Employees with the most time on the job — 10 or more years — represented almost one in five (18%) employees.

2 How satisfied is the nursing home workforce?

Three global questions ask employees to rate the overall quality of the nursing home where they work. The largest majority of respondents gave “excellent” or “good” ratings in response to how they would recommend the facility as a place to receive care (72%), followed by recommending the facility as a place to work (63%) and their overall satisfaction with the facility (61%) (see Figure 3). Specifically:

Figure 3

GLOBAL SATISFACTION

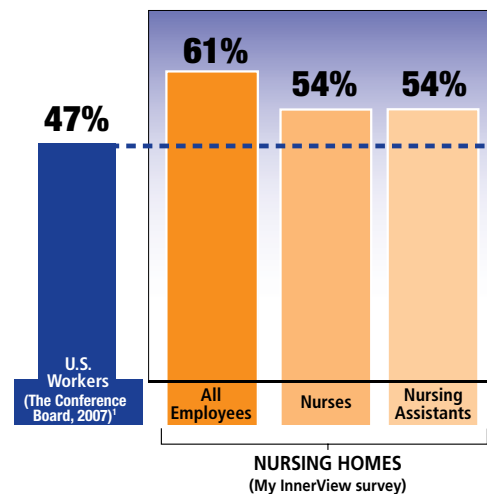


- The largest proportion of respondents rated their overall satisfaction with the facility as “good” (45%), “fair” (29%) or “excellent” (16%). Those who were least satisfied (according to a rating of “poor”) represented the smallest proportion of respondents (10%).
- In terms of recommending the facility as a place to work, less than half of the respondents (44%) gave a “good” rating, followed by “fair” (27%) or “excellent” (19%). Almost one in ten employees gave their facility a “poor” workplace recommendation rating (9%).
- The recommendation for care item received higher satisfaction ratings with the largest proportions giving “good” (45%) or “excellent” (27%) ratings. Employees were less likely to give “fair” (21%) or “poor” (7%) ratings for this item.

Figure 4

COMPARISON OF OVERALL SATISFACTION

Findings indicate that overall satisfaction ratings among nursing home employees from all job categories are higher than those reported for U.S. workers overall for whom less than half (47%) are satisfied with their jobs.⁷ Nurses and nursing assistants appear more satisfied than typical U.S. workers but less so than other nursing home employees (See Figure 4.)



⁷ The Conference Board. (2007). *In Pursuit of Satisfaction: U.S. Job Satisfaction Declines*. Washington, DC: News Release #5114.

3 How do employees rate their satisfaction with training, work environment, supervision and management?

My InnerView researchers assessed four domains of job satisfaction by asking employees to rate their satisfaction with their nursing facility's training and work environment, as well as their relationships with their direct supervisor and facility management. Employees are more likely to be satisfied with their supervisor (with 61% combined "excellent" and "good") and work environment (60%) than training (57%) or facility management (45%). (Combined category totals may differ slightly due to rounding.)

Training

Employees are more likely to give "excellent" ratings for in-service education (20%) and new staff orientation (16%) than for training to deal with difficult residents (13%) and family members (10%). Employees' satisfaction with compliance-directed education and training is higher than with training for dealing with difficult residents and family members.

Table 1

TRAINING	EXCELLENT	GOOD	FAIR	POOR
In-service education	20%	51%	23%	6%
New staff orientation	16%	46%	28%	10%
Training to deal with difficult residents	13%	39%	32%	17%
Training to deal with difficult family members	10%	34%	34%	23%
OVERALL AVERAGE	14%	42%	29%	14%

May not total 100% due to rounding

Work Environment

The proportion of "excellent" ratings is highest for work making a difference in people's lives (35%), staff respect for residents (28%) and safety of the workplace (22%). The lowest rated items are pay compared to other facilities (9% "excellent"), help dealing with job stress and burnout (8%) and staff communication between shifts (8%).

Table 2

WORK ENVIRONMENT	EXCELLENT	GOOD	FAIR	POOR
Work makes a difference	35%	49%	13%	3%
Staff respect for residents	28%	52%	17%	4%
Workplace safety	22%	53%	20%	5%
Fair evaluations	18%	47%	23%	11%
Teamwork	17%	39%	29%	14%
Adequate equipment/supplies	17%	41%	27%	14%
Comparison of pay	9%	30%	34%	27%
Help with job stress	8%	28%	33%	31%
Staff communication between shifts	8%	33%	35%	23%
OVERALL AVERAGE	18%	41%	26%	15%

May not total 100% due to rounding.

Supervision

Satisfaction with the employees' direct supervisor is higher than other domains, particularly when asked how the supervisor "cares about me as a person" (with 31% "excellent"). The majority of respondents gave their direct supervisor "excellent" or "good" ratings for "showing appreciation for a job well done" and "regularly giving important work-related information."

Table 3

SUPERVISION

	EXCELLENT	GOOD	FAIR	POOR
Supervisor cares	31%	35%	21%	14%
Supervisor appreciates	25%	31%	24%	20%
Supervisor informs	24%	38%	25%	5%
OVERALL AVERAGE	27%	35%	23%	16%

May not total 100% due to rounding.

Management

Less favorable ratings were given to "how facility management cares about employees" and "how well facility management listens to employees." Only 12% to 13% of respondents rate these management items as "excellent."

Table 4

MANAGEMENT

	EXCELLENT	GOOD	FAIR	POOR
Management cares	13%	33%	31%	22%
Management listens	12%	31%	32%	25%
OVERALL AVERAGE	13%	32%	32%	24%

May not total 100% due to rounding.

4 What factors drive satisfaction in the workplace?

We conducted a correlational analysis to identify factors that make the biggest difference when it comes to staff recommendations of the nursing facility as a place to work. How employees recommend the facility to others as a place to work is generally considered the best single indicator of global employee satisfaction.

Table 5 shows a list of survey items ranked in order of their correlation with employee ratings of workplace recommendation. Factors with the highest rank have the strongest correlations with positive employee recommendations, while those with the lowest rank have the weakest correlations.

Table 5

FACTORS THAT DRIVE WORKPLACE RECOMMENDATION

1	Management cares	0.66
2	Management listens	0.63
3	Help with job stress and burnout	0.59
4	Workplace safety	0.54
5	Supervisor cares	0.52
6	Adequate equipment/supplies	0.51
7	Supervisor appreciates	0.50
8	Supervisor informs	0.50
9	Training to deal with difficult residents	0.48
10	New staff orientation	0.48
11	Fair evaluations	0.47
12	Training to deal with difficult family members	0.46
13	Staff respect for residents	0.45
14	In-service education	0.45
15	Staff communication between shifts	0.45
16	Works makes a difference	0.44
17	Teamwork	0.44
18	Comparison of pay	0.43

Ranked correlations ($p < .05$) between employee workplace recommendation and employee satisfaction items.

Employees are more likely to positively recommend their nursing facility as a place to work when they: feel that management cares and listens; get help dealing with job stress and burnout; have a safe workplace; and have a supervisor who cares. Comparison of pay did not register among the more important factors influencing workplace recommendations — suggesting that people who work in nursing homes are often more motivated by other factors than compensation.

5 How do demographic characteristics affect satisfaction?

Studies have shown that job satisfaction may be partly determined by individual employee characteristics, as well as that person's role in the nursing home. Understanding how satisfaction levels may differ by individual characteristics may help employers target improvement efforts to specific sectors of their workforce. To examine these differences, we first calculated a "Total Satisfaction" score for each individual based on the average score for each of the 21 survey items, which ranged from 0 ("poor") to 3 ("excellent"). This score is compared across demographic groups. Standard tests were used to determine if differences between groups were statistically significant (refer to Research Methods, page 17).

Findings confirm how levels of satisfaction differ:

- Direct-care nurses and nursing assistants have the lowest total satisfaction scores, while managers and nurses in administration have the highest scores.
- Scores decrease as tenure increases up to 10 or more years, then it rebounds slightly.
- Part-time workers have higher scores than those who are employed 30 or more hours per week.

(Statistical tests confirm that differences within and between groups are all statistically significant at $p < .01$).

Figure 5

TOTAL AVERAGE SATISFACTION BY JOB CATEGORY

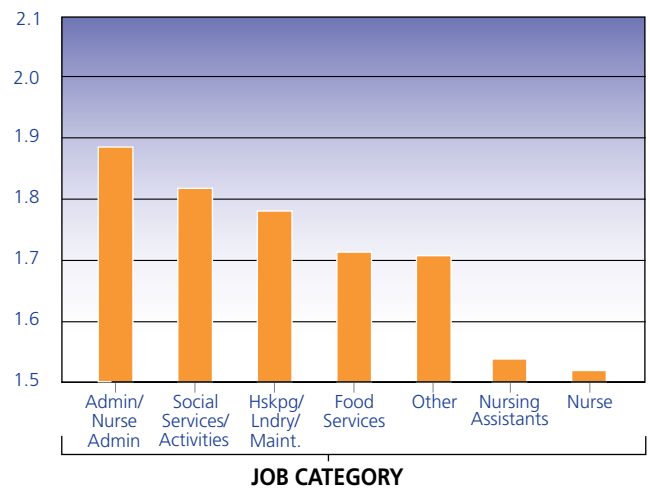


Figure 6

TOTAL AVERAGE SATISFACTION BY LENGTH OF EMPLOYMENT

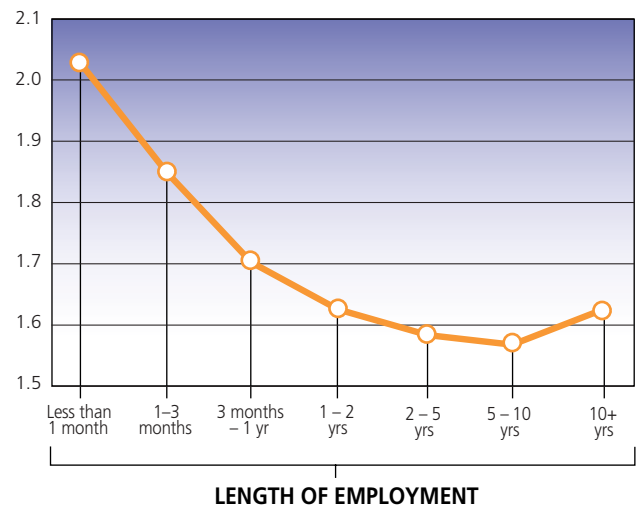
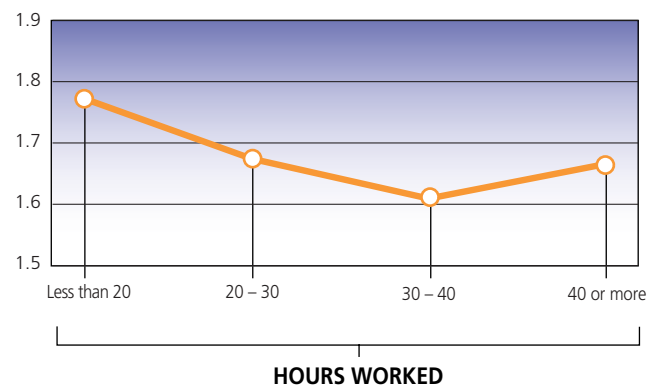


Figure 7

TOTAL AVERAGE SATISFACTION BY HOURS WORKED



6 What areas should be targeted to support the needs of nursing staff when it comes to improving workforce satisfaction?

Nurses and nursing assistants comprise the majority (55%) of respondents to this national survey. To delve more deeply into the concerns raised by these two groups of employees, we identified priority items based on satisfaction scores and how those scores predict workplace recommendation for each group.

A priority rating was calculated based on how each item ranked both in terms of its average score and the strength of its correlation with workplace recommendation. Higher priority is given to items that are rated lower across respondents (low average scores) and were relatively important to respondents (high correlation with workplace recommendation) compared with other items on the survey. The top-ranked items reflect specific areas where (a) nursing facilities seem to have the most room for improvement and that (b) are likely to have the greatest impact on global satisfaction as measured by workplace recommendation.

Better support with job stress and burnout, and adopting more caring and attentive management practices show the most promise for improving workforce satisfaction.

Table 6 shows the five top-ranked priority items for nurses and nursing assistants. Interestingly, the top three priorities were the same for nurses and nursing assistants. Results suggest that providing better support with job stress and burnout, and adopting more caring and attentive management practices show the most promise for improving job satisfaction rates for both types of employees.

Table 6

PRIORITY ITEMS FOR NURSING STAFF

NURSING ASSISTANTS	
1	Help with job stress
2	Management listens
3	Management cares
4	Supervisor appreciates
4	Adequate equipment/supplies

NURSES	
1	Help with job stress
2	Management listens
2	Management cares
4	Training to deal with difficult residents
4	Training to deal with difficult family members

Ranked by average scores and correlations with workplace recommendation

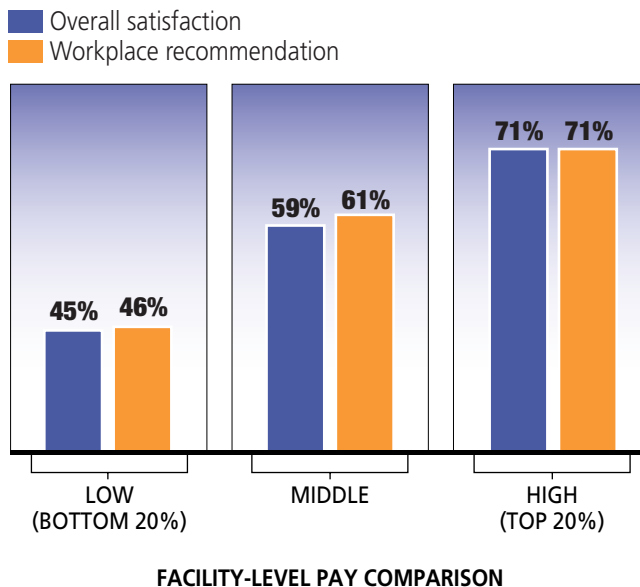
For nurses, enhanced training for working with difficult residents and family members are the next two ranked priorities. The next two highest priority items for nursing assistants include showing appreciation for work performed and ensuring adequate equipment and supplies. Again, these top-five priority items are those that are rated less favorably and are more predictive of workplace recommendation. These differences reflect the challenges faced by nurses who may feel ill equipped in handling the most challenging relationships with residents and family members. On the other hand, nursing assistants want to be recognized for the work they do and have adequate equipment and supplies to do their jobs.

7 How does pay matter for nursing assistants?

To answer this question, we compared global satisfaction ratings for nursing assistants working in better or worse performing facilities in terms of pay comparison ratings by all staff. As noted in other sections of this report, pay is one of the areas with which employees are least satisfied. About two in three nursing assistants (66%) are dissatisfied with their pay. Although pay ratings may not be among the strongest predictors of global satisfaction at the individual level, results suggest that this aspect of the work environment seems to make a difference when comparing employees from facilities where pay was rated more or less highly than others (see Figure 8). Specifically, nursing assistants in facilities with the highest average ratings for pay (top 20%) also had the largest proportion of employees who were satisfied overall and would recommend their facility to others as a place to work. In these top performing facilities with respect to pay, the proportion of nursing assistant respondents with “excellent” or “good” ratings for overall satisfaction and workplace recommendation was 16% and 17% higher than those working in facilities with mid-range scores and 49% and 46% higher than those working in facilities with the lowest scores.

Figure 8

COMPARISON OF SATISFIED NURSING ASSISTANTS IN NURSING HOMES RANKED BY PAY RATINGS



Nursing assistants in facilities with the highest average ratings for pay (top 20%) also had the largest proportion of employees who were satisfied overall.

Direct-care workers: A ‘graying’ profession

Considering widespread concerns about the labor shortages in healthcare and the “graying” of the nursing profession, we also examined the age distribution and tenure of the survey respondents who were nurses or nursing assistants.

Overall, nurses are more likely to be age 40 or older (65%) compared to nursing assistants (44%, Table 7). They are also more likely to have had five or more years working at the same nursing facility (37% and 34% respectively, Table 8). Note that the distribution of workers in the oldest age categories drops sharply, which may reflect voluntary departures from the workforce due to retirement or other barriers to recruiting and retaining older workers. Other results (not shown) point to a sizeable proportion of older direct-care workers (age 50+) that increases with length of service. Within the category of nurses and nursing assistants who have the most years of service (10+ years), at least one in two is age 50 or older. In other words, a large proportion of the most experienced direct-care workers are approaching their retirement years.

Table 7

AGE

	NURSES	NURSING ASSISTANTS
Less than 30	12%	30%
30 to 39	24%	25%
40 to 49	30%	25%
50 to 59	27%	15%
60 or older	8%	4%
	100%	100%

Table 8

LENGTH OF SERVICE

	NURSES	NURSING ASSISTANTS
Less than 3 months	8%	12%
3 months to 1 year	16%	17%
1 to 2 years	13%	14%
2 to 5 years	26%	23%
5 to 10 years	19%	17%
10+ years	18%	17%
	100%	100%

These findings are consistent with projections by Buerhaus and colleagues⁸ that 40% of the RN workforce will be older than 50 years within the next 10 years. The aging of the nursing home workforce suggests that new strategies are needed to encourage older workers to remain on the job. Contributing to anticipated nursing shortages has been the steady decline in the proportion of nurses below age 30 during the last two decades.⁹ This age group represents a similarly small proportion of nurses in this study, which indicates the need for new career opportunities for attracting younger workers to the profession. Given the reported low levels of satisfaction with pay reported here, especially among nurses and nursing assistants, additional resources will likely be needed to maintain an adequate supply of direct-care workers and ensure its future growth.

⁸ Buerhaus, P. I., Staiger, D. O., & Auerbach, D. I. (2000). *Implications of an aging registered nurse workforce*. *Journal of the American Medical Association*, 283(22), 2948-2954

⁹ GAO. (2001). *Nursing workforce: Emerging nurse shortages due to multiple factors* (GAO-01-944). Washington, DC: United States General Accounting Office.

Implications for policy and practice

Nurses and nursing assistants — who provide most of the direct-care to nursing home residents — are among the least satisfied staff working in this nation’s nursing facilities. Fifty-four percent (54%) of nurses and nursing assistants are satisfied compared to 61% for all job classifications combined. Maintaining a less satisfied group of direct-care workers in nursing homes tends to undermine organizational performance. Unless providers and policymakers can begin to address critical concerns raised by this report, nursing facilities will face continuing challenges in recruitment and retention of nursing staff. Greater effort should be focused on key factors contributing to job dissatisfaction among nursing staff including high job stress, sub-optimal management practices, inadequate training, poor supervision and low pay. Staff turnover, in turn, is likely to impede organizational performance as reflected in higher operating costs, lower clinical outcomes, lower occupancy rates, diminished customer satisfaction and regulatory compliance. Provider organizations must implement more effective strategies to improve workforce satisfaction especially among direct-care nursing staff. Quality-improvement efforts will not succeed if investments to support direct-care workers are not made.

Rethinking reimbursement and regulation

Government payers, specifically Medicare and state Medicaid programs, are the largest purchasers of nursing home care in the United States. These payers are currently moving their payment policies in the direction of value-based purchasing, commonly referred to as “pay for performance” strategies. Given the limited ability of regulatory-based performance data to motivate and reward superior performance, state policymakers have been re-examining the benefits of using financial incentives as one strategy for improving quality. Employee satisfaction and other workforce-related measures are key drivers of overall performance. These measures are being used as criteria in “pay for performance” models.

Public payers also necessarily impact the nursing home workforce given that reimbursement levels largely determine the financial resources available to providers. Traditionally, public reimbursement and public regulatory policies, have focused on the numerical sufficiency of nursing home staffing levels per se. It will continue to be important to ensure reimbursement rates enable nursing home providers to hire the staff they need at competitive salary and wage levels. However, this and previous research studies suggest that a parallel focus on workforce satisfaction, stability and engagement, and of organizational culture change in nursing homes is fundamental to moving beyond adequacy to excellence.

A strategic framework for managers

Although this report represents a significant achievement for the long-term care community of providers, residents/families, staff and allied interests, much work remains to be done. This first national report provides an important baseline for tracking employee satisfaction in the nation's nursing homes. This report finds that overall satisfaction among the workforce in nursing homes is higher than for U.S. workers overall. Because providers cannot achieve excellence without a committed and satisfied workforce, it is imperative that job satisfaction among direct-care nursing staff in nursing homes be improved. This objective is especially important in light of current and projected labor shortages for nursing staff. For satisfaction to improve, managers must change and make changes. These results provide a strategic framework for managers to make changes in those specific areas that show the greatest room for improvement and matter most to their employees.

The profession and government policymakers must pursue joint strategies that will respond to societal challenges of an aging population and workforce.

Research methods

This section provides an overview of the research methods used for the national satisfaction survey by describing data sources, survey instruments used, survey distribution, as well as other weighting, imputation and analytic procedures. The study is based on mailed survey data collected from 106,858 managers and staff working in 1,933 nursing homes that engaged My InnerView to measure the satisfaction of their employees in 2006.

Members of My InnerView's research team — Leslie A. Grant, Ph.D. and V. Tellis-Nayak, Ph.D — designed the survey questionnaire. Initial survey questionnaire design was based on reviews of the literature and existing surveys, in-depth interviews with employees, focus groups and corresponding content analyses. The employee questionnaire includes 21 questions that correspond to specific domains within five broader constructs — training (4 items), work environment (9 items), supervision (3 items), management (2 items) and global satisfaction (3 items). Instruments underwent cognitive testing for question and response development. Additional analyses were conducted that provide strong empirical support for the construct validity of the survey instruments. My InnerView's survey instrument has undergone extensive field-testing. It has outstanding psychometric properties (refer to Validity of Survey Instrument on page 18).

Employee satisfaction surveys were sent to the participating nursing facilities who distributed individual survey packets 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 self-addressed stamped envelopes included with the survey and packets.

Since the participating nursing facilities represent a convenience sample rather than a random stratified sample, national estimates of employee satisfaction are based on a standard weighting methodology that My InnerView researchers used to adjust for facility characteristics within each state and nationally. To address missing data for individual survey items, values were imputed using selected demographic and location characteristics for each respondent. All imputations were done using the standard hotdeck procedure available in Stata® software. Analyses included descriptive statistics (frequencies, percents, means) and correlations, as well as group score comparisons using analyses of variance (ANOVA) and post hoc tests for multiple between-group comparisons.

Validity of survey instrument

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. Table 9 shows Cronbach's coefficient alphas for four sub-scales and overall satisfaction scale in our employee satisfaction survey instrument.

Table 9

CRONBACH'S ALPHA COEFFICIENTS FOR EMPLOYEE SATISFACTION SCALE AND SUB-SCALES

SUB-SCALE/ SCALE	NO. ITEMS	CHRONBACH'S ALPHA	N
Training	4	.85	95,744
Work environment	9	.86	89,543
Supervision	3	.90	103,836
Management	2	.91	104,251
Global satisfaction	3	.90	104,594
Satisfaction scale	21	.95	81,597

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

Grant¹⁰ found very strong positive correlations between family and employee satisfaction assessed using My InnerView's customer and employee satisfaction survey instruments. Because these data come from two independent sources (i.e., a survey of families and a separate survey of employees), there is strong empirical evidence for the predictive validity of My InnerView's survey instruments.

¹⁰ Grant, L.A. (2004). *Organizational Predictors of Family Satisfaction in Nursing Facilities*. *Seniors Housing and Care Journal*. Vol. 12, No. 1, 3–13.47(2),193-204; Tellis-Nayak, V. (2007); Grant, L. A. (2004)



An electronic version of this report and other related information can be found at www.myinnerview.com

My InnerView is an applied research company that currently works with over 5,600 long-term care and senior housing 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., Mauro Hernandez, Ph.D., Michael Davern, Ph.D., V. Tellis-Nayak, Ph.D., Amy Hu, M.S., and Eric Lewerenz, M.S.