2007 National Survey of Consumer and Workforce Satisfaction in Nursing Homes

EXECUTIVE SUMMARY

BACKGROUND

FINDINGS

IMPLICATIONS

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EXECUTIVE SUMMARY

This report is based on the largest dataset ever assembled about resident, family and employee satisfaction in America’s nursing homes. It provides critical baseline information about consumer and workforce satisfaction in nursing homes nationally. The report helps foster greater accountability and transparency in support of consumer-driven healthcare choices. It underscores the link between consumer and workforce satisfaction, and demonstrates how satisfaction measures are a critical dimension of quality where the interests of consumers, payers and providers are aligned.

National database

Until recently, there were no national benchmarks that could be used to compare performance on metrics beyond regulatory survey compliance and clinical outcomes. Between 2005 and 2007, My InnerView researchers collected satisfaction data from 309,781 consumers (residents and their families) and 268,766 employees in America’s nursing homes. The database includes responses from 161,908 employees, 27,397 residents and 118,985 family members in 4,116 nursing facilities nationally in 2007. Fully one in four nursing facilities nationwide are represented in this report. National estimates are based on a standard weighting methodology that My InnerView researchers used to adjust for facility characteristics within each state and nationally. Figure 1 summarizes who the participants are of the national survey by year.

Highlight of key findings

A significant majority of both consumers and workers surveyed in 2007 reported to have high rates of satisfaction. Eighty-two percent of consumers report that their satisfaction is either “excellent” or “good,” and that they would recommend the facility to others. Seventy percent of workers would recommend their facility as a place to receive care. Sixty-three percent would recommend their facility as a place to work.

The interdependence of workforce satisfaction, management practices and quality are demonstrated by the relationship between consumer and workforce drivers of satisfaction. Management practices are the most important drivers of workforce satisfaction, and
are among those rated lowest by employees. The questions about how well management listens to and cares about staff were the most highly correlated to overall recommendation across all employees and in both high performing and sub-par performing facilities. Management that listens to and truly cares about their staff is key to any facility’s overall performance. See Figure 31, Page 30. The care and competency of staff are the most important drivers of consumer satisfaction for both resident and family respondents. The level of satisfaction in America’s nursing homes can be increased through creative strategies to enhance quality from the consumer’s perspective and improve the work environment for staff. Clearly, any measure of quality in nursing homes has to include a focus on the workforce that cares for the residents.

Respondent characteristics

- The size of the national consumer satisfaction database increased 106% between 2005 and 2007.
- The proportion of resident surveys increased from 11% of the total consumer surveys returned in 2005 to 16% in 2006 and to 19% in 2007. The number of resident surveys more than tripled since 2005.
- Between 2006 and 2007, the size of the workforce satisfaction database grew 52%. These respondents represent a cross-section of workers in nursing, housekeeping, food service, administration, social service and other job categories.
- The overwhelming majority of residents (83%) are visited in the nursing facility by family or friends at least weekly.
- The proportion of workers in the 60 or older group drops sharply for both nurses and assistants.
- Nearly three quarters (72%) of employees report they have worked in their current facility for over a year.
- Nearly two-thirds (65%) of residents had been in the facility for over one year at the time of the survey.

High rates of satisfaction

A significant majority of both consumers and workers have high rates of satisfaction. Eighty-two percent of consumers (residents and their families) report that their satisfaction is either “excellent” or “good,” and that they would recommend the facility to others.
Consumer satisfaction

- Overall satisfaction ratings among consumers is consistently high across all three years. See Figure 8, Page 17. In 2007, most residents and family members (82%) rated their facility as either “excellent” or “good.”

- Family satisfaction ratings vary by the respondent’s relationship to the resident, reason for choosing the facility and visitation frequency.

- Trends in consumer satisfaction show improvements in the domains of quality of care and quality of life from 2005 to 2007. Similar improvements in the domain of quality of service were not found.

Workforce satisfaction

- Workers generally rate nursing homes more favorably as a place to receive care than as a place to work.

- Modest improvements were seen between 2006 and 2007 in the domains of quality of supervision, work environment, training and management.

- Nurses and nursing assistants have the lowest employee satisfaction scores of all job categories. Employees in administration and nursing administration give the highest scores.

- Satisfaction among nurses and nursing assistants declines sharply after the first three months of employment and rebounds slightly after five years of tenure.

- Comparison of pay is one of the least correlated to overall recommendation for all employees.

Factors underlying satisfaction

- Consumer and workforce satisfaction are correlated positively. Facilities with higher workforce satisfaction have higher consumer satisfaction. Facilities with lower workforce satisfaction have lower consumer satisfaction.

- Two management practices related to caring (management cares) and communication (management listens) are the strongest predictors of satisfaction among nurses and nursing assistants.

- Competent and caring staff consistently predicts resident and family satisfaction.

What’s in the 2007 report?

This year’s report:

- Sets national benchmarks for consumer and workforce satisfaction that can be used to set performance targets for the profession.

- Underscores the strong links between consumer and workforce satisfaction as well as the management practices that support a caring, competent staff.

- Presents satisfaction metrics that can be used to create greater accountability and transparency in value-based reimbursement systems to support consumer-driven healthcare choices.

- Explores the characteristics of satisfaction of nurses and nursing assistants, the critical frontline caregivers in today’s nursing home.

- Defines a model for long-term care quality that brings together regulatory compliance and clinical competency with workforce satisfaction, workforce commitment and stability — and ultimately the satisfaction of the consumer.
Implications for policymakers, providers and consumers

Supporting emerging quality models

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 demonstrates the fact that providers of senior care services in the United States are responding to those initiatives, and are hearing the voices of consumers and their workers, and that data support that progress is being made.

In the future, the value proposition of long-term care services will include an alignment of stakeholder interests to an extent that is only now being contemplated. Regulatory compliance and clinical outcomes will continue to be important elements of ongoing quality models. Measuring and understanding the voice of the residents and the families that represent them is a critical next step in the process of building a robust and valuable measure of quality.

The model is not complete, however, without a valid way to measure the commitment, stability and satisfaction of the workforce that cares for the long-term care resident. The new quality model will combine data from clinical and regulatory results and include a focus on the workforce, the leadership and management characteristics that create a stable work environment and the voice of the residents and their families. Without this alignment, the value of long-term care services cannot adequately be measured.

Creating greater transparency and accountability

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 being broadly recognized as important dimensions of nursing home quality. Several states now use data collected by My InnerView to support value-based reimbursement programs for nursing homes.

Demonstrating value

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 consensus about how quality can be redefined to better align their interests as important stakeholders. This report suggests that input from nursing home residents, their family members and employees is important in any comprehensive system of quality measurement and improvement.

1 In 2002, the three major provider associations (the American Health Care Association, the American Association of Homes and Services for the Aging and the Alliance for Quality Nursing Home Care entered into the Quality First initiative. Quality First is a commitment to performance excellence in quality of care and quality of life by the long-term care community. At the same time, the Centers for Medicare and Medicaid Services (CMS) launched the Nursing Home Quality Initiative. The initiative combined new information for consumers about the quality of care provided in individual nursing homes with important resources available to improve the quality of care in their facilities. In 2006, the three major provider associations and CMS joined together with consumer advocacy groups, professional associations and others to form the Advancing Excellence in America's Nursing Homes campaign. In this combined initiative, providers select up to eight performance outcomes, including consumer satisfaction, as part of their quality-improvement program.
Implications for providers

National benchmarks of consumer and workforce satisfaction are powerful tools for providers to impact care delivery and management practices to drive greater value for all stakeholders. By studying their own performance in the context of the national benchmarks and understanding how individual characteristics of satisfaction drive overall results, providers can identify opportunities for leveraging their results.

Several workforce factors identified in this report provide guidance for driving better results. Seventy-two percent of employees in long-term care facilities have been in their jobs for one year or more. This suggests that turnover is actually occurring in 28% of the positions in the facility. National estimates of turnover in long-term care are as high as 100%. With turnover occurring in 28% of the positions, it would suggest that these positions are turning over almost three times in the course of the year. Furthermore, satisfaction of employees drops off after three months of tenure. This clearly points to the importance of hiring the right people and making sure they are adequately trained and supported in the early months of their employment. The "onboarding" process for new employees is critical to their continued satisfaction and retention.

My InnerView researchers have found that facilities with lower turnover and higher retention of staff have higher levels of consumer satisfaction. The leadership practices that will drive these results are based on understanding the needs of the employees. The extent to which facility management listens to and cares about the needs of employees and assistance with job stress will drive greater satisfaction among the workforce.

While the importance of these management practices are clearly identified, the leadership characteristics that impact them may be a challenge for providers. In her testimony to the Senate Special Committee on Aging (April 16, 2008), Robyn Stone, Ph.D., executive director of the Institute for the Future of Aging Services, identified that, "High turnover is a sign of unhappy employees. While many providers have gotten that message, many others have not. Too few long-term care professionals have the leadership, management and supervisory skills needed to motivate and lead frontline workers."

The significance of workforce factors in consumer satisfaction cannot be overestimated. The factor most highly correlated with willingness to recommend the facility for both residents and their families is their evaluation of the competency of staff. This is true for both best-in-class and sub-par facilities. The next most significant drivers of satisfaction include the care and concern of staff, the quality of nursing and nursing assistant care, and the respectfulness shown by staff to residents.

Providers must also carefully consider the differences between resident and family satisfaction. While it is clear that family members provide a valid representation of the needs of the resident, distinctions exist in terms of the factors that are most correlated with recommendation. In planning a quality-improvement approach, providers need to look carefully at their individual results to understand how the responses of these groups are interrelated.
In this report:

**Part one: Background** provides information about why this national survey about consumer and workforce satisfaction matters to the long-term care profession and other stakeholders.

**Part two: Findings** has four sections, each addressing a different set of questions.

Section A — **Demographic profile of the respondents** describes respondents to the consumer and workforce surveys, and addresses these questions. It also describes the growth in the number of respondents and survey methods.

- Who are the respondents to the consumer surveys in 2005, 2006 and 2007?
- Who are the respondents to the workforce surveys in 2006 and 2007?

Section B — **Respondent satisfaction** looks at levels of satisfaction during 2007 and explores how consumer and workforce satisfaction levels vary according to the demographic characteristics of respondents. It addresses questions such as the following.

- How satisfied are consumers in 2007?
- How satisfied is the workforce in 2007?
- How does satisfaction differ by respondent characteristics?

Section C — **National trends in satisfaction** explores national trends in consumer satisfaction from 2005 to 2007, and examines changes in workforce satisfaction between 2006 and 2007. Questions related to trends over time are addressed.

- What trends are evident in three years of consumer satisfaction surveys?
- What changes are seen in two years of workforce satisfaction surveys?

Section D — **Factors that drive satisfaction among “best-in-class” facilities** looks at the critical links between consumer and workforce satisfaction. It compares factors underlying satisfaction between facilities among the “best-in-class” (defined as the top 10th percentile) and “sub-par” performers (defined as the lowest 10th percentile). It address the following three questions.

- What drives direct-care satisfaction?
- What drives consumer satisfaction?
- What drives workforce satisfaction?

**Part three: Implications** discusses what these findings are saying about the state of consumer and workforce satisfaction in America’s nursing homes. The implications of the findings for consumers, policymakers and providers are discussed.
Part One

BACKGROUND
Organizational excellence and quality improvement are not achievable without a satisfied, committed and stable workforce.

My InnerView researchers are seeing a growing body of evidence that workforce performance and organizational excellence go hand in hand. A satisfied workforce and satisfied consumers can be two sides of the same coin. (See Part Two, Section D for further detail about these interrelationships). Action is warranted to improve the current state of workforce satisfaction, especially among nurses and nursing assistants.

Nurses and nursing assistants (who comprise the majority of the nursing home workforce) are the least satisfied compared to nursing home workers in all other job categories, yet are more satisfied than the typical U.S. worker. Forty-seven percent of U.S. workers are satisfied (according to the Conference Board)\(^2\), compared to 56% of nurses, 54% of nursing assistants and 60% of all employees in nursing homes.

Consumers and payers are demanding more comprehensive information about nursing home quality.

Stakeholders deserve transparency and accountability

Renewed efforts by the long-term care profession are warranted to demonstrate evidence-based value to consumers and payers, especially when it comes to allocation and expenditure of state and federal resources. Consumers and payers are demanding more comprehensive information about nursing home quality. Reimbursement systems for nursing homes are likely to continue moving toward value-based purchasing due to pressures for greater accountability and transparency in programs such as Medicare and Medicaid.

It is difficult to gain credibility about value without 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 that assess consumer, workforce and other organizational parameters.

Several states now use satisfaction data collected by My InnerView 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 becomes even more critical that the long-term care profession set benchmarks for consumer and workforce satisfaction using a common framework at the state and national levels.

### Consumer and workforce satisfaction database grows

My InnerView’s national database of consumer and workforce satisfaction continues to grow — with a 106% increase in consumer respondents since 2005, a 52% increase in workforce respondents since 2006 and a 85% growth in the number of facilities participating. Between 2005 and 2007, My InnerView surveyed 259,636 family members and 50,145 residents in 4,394 nursing facilities in all 50 states and the District of Columbia. **SEE FIGURE 2**

During 2006 and 2007, My InnerView collected data from a total of 268,766 nursing home employees in all states and the District of Columbia. **SEE FIGURE 3** These respondents included a total of 104,622 nursing assistants, 50,459 nurses (RNs, LVNs and LPNs in non-administrative positions) and 113,685 other staff. My InnerView’s workforce satisfaction database grew by 52% between 2006 and 2007.
FINDINGS

Findings in this report represent the most comprehensive assessment ever of consumer and workforce satisfaction in nursing facilities. The growth in consumer response (106%) and in workforce response (52%) indicates that more providers are implementing practices recommended by national quality-improvement initiatives and accepting satisfaction metrics as important dimensions of quality. These trends are seen in both resident and family response groups, and in both best-in-class and sub-par performers.

Key findings include:

- A significant majority of both consumers and workers have high rates of satisfaction. Eighty-two percent of consumers (residents and their families) report that their satisfaction with the nursing home is either “excellent” or “good,” and that they would recommend the facility to others.

- Turnover is concentrated in a limited segment of the workforce. Most respondents (72%) have been working at the same facility for at least one year, with 58% having two or more years of experience working at the same nursing home.

- The challenges of recruiting and retaining nurses and nursing assistants are likely to grow as the average age of nursing personnel in nursing homes continues to increase.

- For a third year in a row, global satisfaction among consumers shows improvement. This improvement is stronger in facilities that have surveyed in each of the three calendar years 2005, 2006 and 2007.

- Quality of life and quality of care scores showed incremental improvements from 2005 to 2007, but quality of service scores showed a slight decline in 2007.

- Nurses are most satisfied with supervision and least satisfied with management. Nursing assistants are most satisfied with training.

- Competency of staff is the most consistent predictor of consumer recommendations on behalf of a facility.

Growth in responses indicates that more providers are accepting satisfaction metrics as important dimensions of nursing home quality.

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1. “Global satisfaction” is used to describe overall satisfaction and the willingness of the respondent to recommend the facility.
Section A — Demographic profile of the respondents

Overall, the demographics of those living in, visiting and working at nursing homes have remained stable since 2005. Data show that addressing the challenges presented by an aging direct-care workforce remains.

Characteristics of residents and their families

Demographic characteristics of respondents to both resident and family surveys have remained remarkably stable from 2005 to 2007. SEE FIGURE 4 (Results are based on combined data from resident and family surveys.) However, the proportion of consumer surveys completed by residents increased from 11% of the total in 2005 to 16% in 2006 to 19% in 2007.

- The resident’s gender, age and average length of stay are similar to those reported in other national studies. In 2007, 73% are women; 69% are 80 years or older and 65% have been in the facility for over one year.

- Family ties do not end after nursing home admission occurs. The person who visits the resident most frequently is an adult child (55%) or spouse (16%). Eighty-three percent of residents and family members report being visited or visiting residents at least weekly.

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Characteristics of the nursing home 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. SEE FIGURE 5

- Respondents are predominantly women (80%) and primarily over the age of 40 (55%).
- The majority of respondents are nursing staff (56%).
- Most respondents (83%) work more than 30 hours per week.
- Turnover is concentrated in a limited segment of the workforce. Most respondents (72%) have been working at the same facility for at least one year, with 58% having two or more years of experience working at the same nursing home.
- The proportion of respondents who have been on the job the longest — 10 or more years — fell slightly from 18% in 2006 to 17% in 2007.

Workforce is stable

The stability of the workforce is far greater than commonly assumed when looking at turnover rates alone. Fifty-eight percent (58%) of respondents have two or more years of experience working at the same nursing home. Only one in ten respondents (10%) have been at their current nursing facility for less than three months.
Challenges of the aging nursing workforce

The challenges of recruiting and retaining nurses and nursing assistants are likely to grow as the average age of nursing personnel in nursing homes continues to increase.

Many of the most experienced direct caregivers are approaching their retirement years. Thirty-three percent (33%) of nurses and 19% of nursing assistants are age 50 and over. See Figure 6. Nurses (33%) are more likely than nursing assistants (29%) to have had five or more years working at the same nursing facility. See Figure 7. Almost one in seven nurses (15%) and nursing assistants (13%) have 10 or more years of experience at their facility.

Buerhaus and colleagues\(^1\) project that 40% of RNs will be over age 50 within the next 10 years. This aging of the RN workforce is compounded by anticipated nursing shortages due to a declining proportion of nurses under age 30.\(^4\) As nurses and nursing assistants approach retirement age, providers must find ways to support their particular needs and increase their satisfaction so as to retain their services. Hwalek and Essenmacher note that older workers were more likely to be loyal employees, were less likely to leave their positions and had skills that were essential to their roles.\(^7\)

The profession needs to address not only how to retain the aging workforce, but how to recruit younger talent into the profession. Renewed efforts are warranted to maintain a satisfied and committed workforce in nursing facilities. While nurses and nursing assistants are more satisfied than the typical U.S. worker\(^6\), My InnerView data indicate there are higher levels of job dissatisfaction among nurses and nursing assistants compared to other job categories that were surveyed. In short, the profession must continue to focus on the quality of the workplace and the satisfaction and commitment of its frontline caregivers.

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Section B — Respondent satisfaction

This section is a global and specific look at satisfaction within the profession.

The big picture: Consumer satisfaction

Findings about consumer satisfaction from the 2007 national survey are presented below. A number of consumer satisfaction metrics are examined, including global satisfaction, quality of life, quality of care and quality of service.

GLOBAL SATISFACTION: For the third year in a row, global satisfaction among consumers is higher than may be commonly assumed. When asked about satisfaction with nursing home care in global terms — overall consumer satisfaction and the consumer’s recommendation of a nursing facility to others — most residents and family members (82%) rate their facility as either “excellent” or “good.”

Among those facilities that are deemed best in class (defined as the top tenth percentile on global satisfaction), 96% of respondents rate their facility as either “excellent” or “good.” See Figure 8

Roughly speaking, about half the respondents rate their overall satisfaction as “good” (51%) and a slightly smaller proportion (48%) recommend their facility as “good” to others. A little less than one-third (31%) rate their overall satisfaction as “excellent” and a slightly larger proportion (34%) recommend their facility as “excellent” to others.

Few respondents are dissatisfied with nursing home care as seen in the proportion of ratings that are “poor.” Only 5% give a rating of “poor” on their recommendation to others, and even fewer (3%) rate their overall satisfaction as “poor.”

Consumers are overwhelmingly satisfied with care globally. But, differences exist in levels of consumer satisfaction between “best-in-class” and “sub-par” performers.

Among sub-par performers (defined as the lowest tenth percentile in the database), the overall satisfaction rate is a combined 60% of “excellent” or “good” recommendations.

QUALITY OF LIFE, CARE AND SERVICE DOMAINS: As in previous years, in 2007, the majority of consumers are pleased with all three indicators. A combined rating of “excellent” or “good” was given for each of the indicators as follows:

- Quality of life, 81%
- Quality of care, 78%
- Quality of service, 73%
QUALITY OF LIFE:
Improving the residents’ quality of life is emphasized by the culture-change movement that is working to transform the nursing home environment from an “institution” to a “home.” And quality of life for residents is increasingly regarded as a critical component of quality improvement, as well as a measure of operational excellence. Quality of life is one of the goals of the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987). It is also a prominent goal of many culture-change models.

Consumers rated respectfulness of staff (89% “excellent” or “good”) and safety of the facility (87%) highly, but were less satisfied with resident choices or preferences (82%), availability of meaningful activities (79%), and security of personal belongings (65%). See Figure 9

QUALITY OF CARE:
Residents and their families overall were highly satisfied with the quality of care provided by the facility. See Figure 10 Seventy-eight percent of respondents expressed either “excellent” or “good” ratings of the quality of care.

Consumers indicated confidence in nursing staff. They rate the quality of nursing care (88% “excellent” or “good”), care and concern shown by staff (84%), and competence of nursing staff (83%) more favorably than adequacy in the numbers of staff (60%) and how residents are groomed (69%).

QUALITY OF SERVICE:
On average, 73% of respondents would rate quality of service as either “excellent” or “good.” While this is a significant majority, this domain receives lower consumer ratings than quality of life and care. See Figure 11 Seventy-eight percent found the cleanliness of the facility to be either “excellent” or “good.” The lowest ratings are given to quality of meals (68% “excellent” or “good”) and laundry services (69%).

### Consumer satisfaction by domain

#### QUALITY OF LIFE

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<tr>
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<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
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<tr>
<td>Respectfulness of staff</td>
<td>43%</td>
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<tr>
<td>Safety of facility</td>
<td>38%</td>
<td>49%</td>
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<td>2%</td>
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<tr>
<td>Resident-to-staff friendships</td>
<td>37%</td>
<td>48%</td>
<td>12%</td>
<td>2%</td>
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<tr>
<td>Resident-to-resident friendships</td>
<td>34%</td>
<td>51%</td>
<td>12%</td>
<td>3%</td>
</tr>
<tr>
<td>Respect for privacy</td>
<td>33%</td>
<td>52%</td>
<td>13%</td>
<td>3%</td>
</tr>
<tr>
<td>Religious/spiritual opportunities</td>
<td>33%</td>
<td>50%</td>
<td>14%</td>
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<tr>
<td>Choices/preferences</td>
<td>27%</td>
<td>55%</td>
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<td>3%</td>
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<tr>
<td>Meaningfulness of activities</td>
<td>32%</td>
<td>47%</td>
<td>16%</td>
<td>5%</td>
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<tr>
<td>Quality of dining experience</td>
<td>19%</td>
<td>49%</td>
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<tr>
<td>Security of personal belongings</td>
<td>21%</td>
<td>44%</td>
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<tr>
<td><strong>OVERALL AVERAGE</strong></td>
<td>32%</td>
<td>49%</td>
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Figure 9

#### QUALITY OF CARE

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<td>Resident/family updates</td>
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<td>39%</td>
<td>13%</td>
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<tr>
<td>Nursing care</td>
<td>42%</td>
<td>46%</td>
<td>11%</td>
<td>2%</td>
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<tr>
<td>Care (concern) of staff</td>
<td>36%</td>
<td>46%</td>
<td>13%</td>
<td>3%</td>
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<tr>
<td>Rehabilitation therapy</td>
<td>35%</td>
<td>46%</td>
<td>14%</td>
<td>5%</td>
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<tr>
<td>Nursing assistant care</td>
<td>34%</td>
<td>45%</td>
<td>17%</td>
<td>4%</td>
</tr>
<tr>
<td>Competency of staff</td>
<td>33%</td>
<td>50%</td>
<td>14%</td>
<td>2%</td>
</tr>
<tr>
<td>Grooming</td>
<td>23%</td>
<td>46%</td>
<td>24%</td>
<td>8%</td>
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<tr>
<td>Staffing adequacy</td>
<td>19%</td>
<td>41%</td>
<td>27%</td>
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<tr>
<td><strong>OVERALL AVERAGE</strong></td>
<td>33%</td>
<td>45%</td>
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Figure 10

#### QUALITY OF SERVICE

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<tbody>
<tr>
<td>Cleanliness of premises</td>
<td>32%</td>
<td>46%</td>
<td>17%</td>
<td>5%</td>
</tr>
<tr>
<td>Management responsiveness</td>
<td>31%</td>
<td>44%</td>
<td>18%</td>
<td>7%</td>
</tr>
<tr>
<td>Quality of meals</td>
<td>22%</td>
<td>46%</td>
<td>23%</td>
<td>9%</td>
</tr>
<tr>
<td>Quality of laundry services</td>
<td>22%</td>
<td>47%</td>
<td>21%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>OVERALL AVERAGE</strong></td>
<td>27%</td>
<td>46%</td>
<td>20%</td>
<td>8%</td>
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Figure 11 May not total 100% due to rounding
The big picture: Workforce satisfaction

GLOBAL SATISFACTION: Employees were asked to rate their global satisfaction in three areas: overall satisfaction, recommendation of the facility as a place to work and recommendation of the facility as a place for care. See Figure 12. Respondents generally rate the nursing home more positively as a place for care (70% gave an “excellent” or “good” rating) than as a place to work (63% gave an “excellent” or “good” rating).

- Sixty percent (60%) indicated overall satisfaction with an “excellent” or “good” rating.

- Almost one in five (19%) gave ratings of “excellent” to their facility as a place to work. Less than one in ten (9%) gave ratings of “poor.”

- One in four respondents (25%) rated their nursing home as an “excellent” place for care.

QUALITY OF TRAINING, WORK ENVIRONMENT, SUPERVISION AND MANAGEMENT DOMAINS: To gain a better understanding of the specific factors affecting workforce satisfaction, respondents were asked to assess satisfaction within training, work environment, supervision and management domains. In each of these domains, some facet of employee interaction with residents, their family members and other staff and leadership at the facility plays a role in job satisfaction. Employees are most satisfied with the quality of supervision (62% “excellent” or “good”) and least satisfied with the quality of management (46%).

TRAINING:
Both in-service education (73% “excellent” or “good”) and new staff orientation (64%) receive high ratings from employees. See Figure 14. However, respondents indicate that the workforce — especially in direct-care
positions — might benefit from additional training and/or support when it comes to working with difficult consumers. Findings support the view that working in a nursing home is demanding, and especially so when coupled with time pressures and growing consumer expectations. Assistance dealing with job stress and burnout are among the top predictors of direct caregivers’ recommendation of the facility as a place to work. (See Section D for further information about how these factors contribute to workforce satisfaction).

WORK ENVIRONMENT:
An employee's ability to see the difference he/she can make in people's lives is rated highest (84% “excellent” or “good”), while help with job stress and burnout (37%) and pay (39%) are rated lowest. SEE FIGURE 14 Nursing homes offer jobs characterized by low pay and high levels of job stress; however, workers remain engaged and committed because this work allows them to make a difference in people's lives.

SUPERVISION:
This domain (which focuses on the direct supervisor) had the highest levels of employee satisfaction — particularly as it relates to how a supervisor “cares about me as a person” (65% “excellent” or “good”). SEE FIGURE 15 The majority of respondents gave their direct supervisor a rating of “excellent” or “good” for “regularly giving important work-related information” (63%) and “showing appreciation for a job well done” (57%).

MANAGEMENT:
Management (defined as the leadership of the facility) gets the lowest ratings of all domains. Less than half of the respondents (47%) rated “how facility management cares about employees” as “excellent” or “good.” SEE FIGURE 15 Even fewer felt that leadership listened to employees (44%). These findings demonstrate an opportunity for providers to enhance the levels of satisfaction of frontline caregivers by focusing on the extent to which managers understand, act upon and care about their employees.
A CLOSER LOOK AT WORKFORCE CHARACTERISTICS: An employee’s willingness to recommend a facility as a place to work is generally considered the best single-item indicator of global satisfaction in the workforce. Further, research indicates it is influenced by factors as varied as:  
- characteristics of the nursing facility  
- job category of the worker  
- facility ownership type and size  
- staff workload and staffing levels  
- teamwork effectiveness  
- rotation in job assignments  
- shift work  
- work recognition  

The following factors play a determining role in the level of employee satisfaction at nursing homes:  

- An employee’s willingness to recommend a facility differs by job category, with direct-care personnel — nurses and nursing assistants — showing the lowest levels of global satisfaction. SEE FIGURE 17  
- Administration and nursing administration have the highest overall willingness to recommend.  
- Willingness to recommend a facility also differs by length of service. SEE FIGURE 18 The decline in satisfaction among employees between three months and one year highlight the importance of a quality orientation and initial training. It also raises questions about the extent to which prospective employees understand the job and the choice they are making when they are hired.  

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Nurses and nursing assistant recommendations

Because nurses and nursing assistants comprise the largest proportion of direct caregivers in nursing homes, separate analyses were completed to compare these two groups. The willingness of a direct-care respondent to recommend the facility differs by age of respondent, length of service and shift worked. SEE FIGURE 19

Nursing assistants are more willing to recommend than nurses in the youngest group (age 19 to 29). Those 60 or older are the most likely overall to recommend the facility.

For nursing assistants, willingness to recommend dips slightly from the youngest age group (19 to 29) to the 30 to 39 age group. From age 40 on, it improves gradually until the most senior group (age 60 and older) when it improves dramatically.

Recommendations from both nurses and nursing assistants tend to be higher at age 50 and above than in younger age groups. It is highest at age 60 and above.

Nursing assistants are more likely to recommend the facility than nurses with up to two years of service. Thereafter, their willingness to recommend is less than nurses. SEE FIGURE 20

Both nurses and nursing assistants are more willing to recommend during the first three months of employment.

Nurses and nursing assistants with ten or more years of service are more willing to recommend than those with 5 to 10 years.

Nursing assistants who work evening shifts give higher recommendations of all groups. However, nurses have more willingness to recommend than nursing assistants on day shifts, but not on other shifts.
A CLOSER LOOK AT CONSUMER CHARACTERISTICS: The willingness of a consumer to recommend a facility to others is generally considered the best single indicator of consumer satisfaction.

Similar to what other research indicates, consumer satisfaction is influenced by personal characteristics.10 My InnerView data indicate that consumer satisfaction is influenced by a respondent’s relationship to the resident, the reason for choosing the facility, resident age and how often visits occur. SEE FIGURES 22–25

- Siblings report the highest levels of global satisfaction. Spouses report second highest. Adult children are third. Grandchildren give the least favorable recommendations, but represent only two percent of all respondents.

- Choosing a facility based on reputation yields the highest levels of global satisfaction. SEE FIGURE 23

- When consumers select a nursing home based on reputation or recommendation of a relative or friend, they are more willing to recommend the facility than if they made their selection based on location.

Younger and older residents, as well as families with younger and older relatives in nursing homes may have different expectations for nursing home care — suggesting that expectations differ across age cohorts currently residing in nursing homes. See Figure 24.

Willingness to recommend is associated positively with the resident’s age — suggesting that nursing homes do better at meeting the expectations of older residents relative to younger residents. Older residents and families with older relatives in nursing homes are more willing to recommend their facility to others compared to younger residents and families with younger relatives.

Visitation frequency is related to recommendation among families and residents. See Figure 25. However, these effects are in opposite directions — suggesting that the meaning behind frequent visits is different for residents and family members.

Clearly, residents are more satisfied when they receive visitors more frequently. Families who visit daily or once a week may have very different characteristics than those that visit less often.

Recommendation based on many factors

The consumer’s willingness to recommend a facility to others is related to the respondent’s relationship to the resident, the reason for choosing the facility, resident’s age and how often visits occur.
Section C — National trends in satisfaction

Overall, three-year trends in consumer satisfaction and two-year trends in workforce satisfaction show improvement. Among consumers, quality of service was not only rated lower than other domains, but actually showed a slight decline in satisfaction. And all employees gave management of the facility the lowest satisfaction ratings.

Three-year trends in consumer satisfaction

Trends in consumer satisfaction are examined by looking at composite scores, quality of life, quality of care and quality of service. Trends from 2005 to 2007 are analyzed using two sampling strategies: a panel sample which includes all facilities in the database, and a longitudinal sample that includes only those facilities that reported data for all three years (2005, 2006 and 2007). Similar trends are seen in both the panel and longitudinal samples. SEE FIGURE 25.

11 A series of aggregate scores are computed for each domain using multiple items. This analytic strategy makes the aggregate scores more stable than relying on single-item indicators. Aggregate scores reduce the “noise” in the data due to potential measurement error, so the trends that are reported are more robust. The quality of life domain averages scores across 10 items. The quality of care score includes eight items. The quality of service score includes four items. The composite score represents the average of all 22 items in the consumer survey. In other words, it averages all items across all domains.

12 To the extent that similar trends are found in both panel and longitudinal samples, the findings are less likely attributable to selection bias, per se. The longitudinal strategy ensures that improvements seen are not just due to changes in the sample over time. Rather, there is improvement in consumer satisfaction in the same facilities over time. This dual analytic strategy is warranted given the rapid growth over the past three years in the number of facilities participating in the national surveys.
Since 2005, consumer responses indicate that improvements are being made in most every domain.

Quality of service scores improved from 2005 to 2006, but declined slightly in 2007.

With the exception of quality of life, scores are generally higher in the panel sample than longitudinal sample. Consistent patterns of incremental improvement are seen in both panel and longitudinal samples.

Improvements in workforce satisfaction since 2005

To examine changes in workforce satisfaction over time, the same analytic strategy was used.13 See Figure 27. Similar to consumer trends, workforce satisfaction has shown improvement from 2006 to 2007.

Modest improvements are seen from 2006 to 2007 in the quality of supervision, work environment, training, management and composite scores in both panel and longitudinal samples.

Work environment, management and composite scores are higher in the longitudinal sample than the panel sample.

Satisfaction is consistently higher across all metrics in the longitudinal sample than the panel sample — suggesting that the longitudinal group took action to improve performance.

---

13 Scores on individual items are averaged across all the items to compute average scores for each domain. The supervision score averages three items. The work environment score averages nine items. The training score averages four items. The management score averages two items. Composite scores are calculated based on the average score on all 18 questions. Changes are examined separately for a panel sample (all facilities in the database) and a longitudinal sample (facilities reporting data in 2006 and 2007).
The rate of improvement over time across all metrics is also higher in the longitudinal than the panel sample.

**Trends in satisfaction among direct caregivers**

Satisfaction for nurses is analyzed separately to look at changes in satisfaction among direct-care nursing staff between 2006 and 2007. See Figure 28. With the exception of supervision, the directionality of all changes is consistent between panel and longitudinal samples.

- Improvements are seen in quality of the work environment, training, management and composite scores between 2006 and 2007.
- Supervision scores dip slightly in the panel sample, but improve in the longitudinal sample.
- Satisfaction among nurses is consistently higher across all metrics in the longitudinal sample than the panel sample — suggesting that the longitudinal group took action to improve performance.
- The rate of improvement over time across all metrics is also higher in the longitudinal sample than panel sample.

- Nurses are least satisfied with the management practices of their facility.

An opportunity for improvement in “management listens” and “management cares” is consistent across all facilities, in both the panel and longitudinal samples. In rating their direct supervisors, nurses were much more likely to express satisfaction with the extent to which their supervisors listened to their concerns and cared about them as people.
Among nursing assistants, satisfaction scores for both panel and longitudinal samples show consistent improvements on all metrics between 2006 and 2007. See Figure 29.

- Satisfaction among nursing assistants is higher on all metrics in the longitudinal sample than the panel sample.
- The rate of improvement over time on all metrics is also greater in the longitudinal sample than the panel sample.
- The greatest gains were seen in nursing assistant satisfaction with supervision.
- Nursing assistants are least satisfied with management.
- In contrast to nurses, nursing assistants are most satisfied with training.

The two factors in the management domain are how well management listens and how facility management cares about employees. Results for both of these factors are significantly below other areas. This difference is seen across facilities and respondents by job category.

**Figure 29**

**Nursing assistant satisfaction improves**

Nursing assistant satisfaction showed consistent improvement on all metrics between 2006 and 2007. The greatest gains were seen with supervision.
Section D — Factors that drive satisfaction among “best-in-class” facilities

In this section, factors underlying workforce and consumer satisfaction are explored. The strong link between them is underscored with comparison of global satisfaction among nurses and nursing assistants in facilities deemed “best-in-class” and “sub-par” performers.

To define best-in-class, facilities completing both consumer and workforce satisfaction surveys during 2007 were identified and assigned a percentile rank based on their employees’ willingness to recommend the facility as a place to work. These facilities were sorted into three groups based on the percentage of “excellent” and “good” recommendations. Facilities in the highest decile (top tenth percentile) were deemed best-in-class. Those in the lowest decile (bottom tenth percentile) were considered sub-par performers. The remaining 80% of facilities were deemed “middle” performers.

Links between consumer and workforce satisfaction

Figure 30 shows mean scores for these three groups concerning global employee satisfaction, and consumer ratings of quality of life, quality of care, quality of service and composite scores.

- A positive relationship exists between consumer and workforce satisfaction. Best-in-class facilities — those whose employees are most likely to recommend the facility as an “excellent” or “good” place to work — also have the highest levels of consumer satisfaction.

- In comparison, sub-par performers have the lowest scores on resident and family satisfaction across all domains.

- The greatest difference in consumer satisfaction between the best-in-class and sub-par performers is evident in global satisfaction and quality of service scores.

These findings illustrate the significant and positive impact that a committed, satisfied and stable workforce has on resident outcomes and consumer satisfaction.

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14 Domain and composite scores represent average scores on all items included in each domain.
What drives nurse and nursing assistant recommendation?

There are several reasons to examine what drives the willingness to recommend for the nurse and nursing assistant sector of the workforce:

- It is the largest sector of the workforce.
- This sector is responsible for the day-to-day handling and interactions with residents and family members.
- This sector of the population is older and, as this sector approaches retirement, the profession may experience a substantial loss in qualified personnel.
- Both nurses and nursing assistants exhibit the lowest inclination to recommend facilities as a place to work.

In order to identify the drivers of workforce satisfaction, each item on the workforce survey was ranked in order of the strength of its correlation with the respondent’s recommendation of the facility as a

<table>
<thead>
<tr>
<th>Drivers of workforce ‘recommendation’</th>
<th>NURSING ASSISTANT</th>
<th>NURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BEST IN CLASS</td>
<td>SUB-PAR PERFORMERS</td>
</tr>
<tr>
<td>Management cares</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Management listens</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Help with job stress</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Fair evaluations</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Staff respect for residents</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Workplace safety</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Supervisor cares</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Work makes a difference</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Training to deal with difficult residents</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Adequate equipment/supplies</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Training to deal with difficult family</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Supervisor appreciates</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>In-service education</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Supervisor informs</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Staff communication between shifts</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>New staff orientation</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>Teamwork</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>Comparison of pay</td>
<td>18</td>
<td>14</td>
</tr>
</tbody>
</table>

Figure 31
as a place to work. See Figure 31. Items with the strongest correlations are given the highest rank because they are the most predictive of global workforce satisfaction (in the statistical sense). Higher-ranked items can be thought of as being more important because they have greater effects on global satisfaction among direct caregivers. Items with the weaker correlations are ranked lower because they have smaller effects.

In Figure 31, the ten items that are the most predictive of willingness to recommend are color coded. The factors underlying workforce satisfaction differ among nursing assistants versus nurses and for the “best-in-class” versus “sub-par” performers.

- Two competencies related to leadership attitudes (management cares) and leadership communication (management listens) are the two strongest predictors of workforce satisfaction for direct caregivers. These two leadership competencies consistently predict global satisfaction across all four groups.

- Help dealing with job stress and burnout is the third strongest predictor of global satisfaction for direct caregivers. It consistently predicts global satisfaction across all four groups.

- Fairness of performance evaluations is more predictive of global satisfaction among direct caregivers in best-in-class facilities than sub-par performers.

- The respect shown to residents by staff is among the top five predictors of global satisfaction among nursing assistants working in best-in-class facilities; however, it is not nearly as salient in other groups.

- Making a difference in people’s lives is more predictive of global satisfaction for direct caregivers in facilities among the best-in-class than sub-par performers.

- Workplace safety is a stronger predictor of global satisfaction among direct caregivers in sub-par facilities than in the best-in-class.

- Several aspects of the quality of supervision (supervisor cares about me, supervisor provides important work-related information and supervisor shows appreciation for a job well done) are predictive of nurses’ global satisfaction.
What drives consumer recommendation?

Each item on the consumer satisfaction survey was ranked in order of the strength of its correlation with the respondent's recommendation of the facility to others. See Figure 32. Items with stronger correlations are given higher ranks because they are more predictive of global consumer satisfaction. Higher ranked items have stronger effects on consumer recommendations, while items with weaker correlations have smaller effects.

<table>
<thead>
<tr>
<th>Drivers of consumer ‘recommendation’</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAMILY</strong></td>
</tr>
<tr>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Competency of staff</td>
</tr>
<tr>
<td>Care (concern) of staff</td>
</tr>
<tr>
<td>Nursing care</td>
</tr>
<tr>
<td>Respectfulness of staff</td>
</tr>
<tr>
<td>Nursing assistant care</td>
</tr>
<tr>
<td>Safety of facility</td>
</tr>
<tr>
<td>Meeting choices/preferences</td>
</tr>
<tr>
<td>Staffing adequacy</td>
</tr>
<tr>
<td>Management responsiveness</td>
</tr>
<tr>
<td>Resident-to-staff friendships</td>
</tr>
<tr>
<td>Grooming</td>
</tr>
<tr>
<td>Cleanliness of premises</td>
</tr>
<tr>
<td>Resident/family updates</td>
</tr>
<tr>
<td>Respect for privacy</td>
</tr>
<tr>
<td>Meaningfulness of activities</td>
</tr>
<tr>
<td>Resident-to-resident friendships</td>
</tr>
<tr>
<td>Quality of meals</td>
</tr>
<tr>
<td>Security of personal belongings</td>
</tr>
<tr>
<td>Quality of dining experience</td>
</tr>
<tr>
<td>Quality of laundry</td>
</tr>
<tr>
<td>Religious/spiritual opportunities</td>
</tr>
<tr>
<td>Rehabilitation therapy</td>
</tr>
</tbody>
</table>

Figure 32
Figure 32, in which the top ten items are color-coded, indicates that factors most predictive of consumer recommendations differ between family members and residents. The salience of these factors also differs between the top and bottom deciles.

- Competency of staff is the most important and consistent predictor of consumer recommendations. It ranks first in all four groups.

- Care (concern) of staff is the second strongest predictor of family recommendations, and it ranks among the top four items for resident recommendations.

- Nursing care is a strong predictor of consumer recommendations among the best-in-class (consistently ranked second or third). However, it loses salience for consumers in sub-par performers, and especially for residents in sub-par performers.

- The quality of nursing assistant care is among the top five predictors in the best-in-class but not in sub-par performers.

- The quality of meals and the dining experience carry greater salience for residents in sub-par performers than all other groups.

- Meeting resident choices and preferences has greater significance for residents and family members in sub-par performers than in the best-in-class.

- Several items including the quality of laundry services, availability of religious and spiritual opportunities, and rehabilitation therapy rank low consistently across all four groups.
Including data from over one in four nursing facilities across the United States, this report establishes national benchmarks for consumer and workforce satisfaction. These benchmarks are an essential element of a broader long-term collaboration to improve organizational performance system-wide. The long-term care profession must now define a balanced, valid and actionable model for organizational excellence that is aligned with the needs of the interdependent interests of all stakeholders. This model will include measures of clinical performance and regulatory compliance but will go further by recognizing the importance of a stable and committed workforce, and by putting the satisfaction of the consumer, the residents and the families who represent them as the ultimate outcome.

The profession is moving toward consumer-choice models with greater requirements for transparency and accountability. The critical needs of the caregiving workforce, and the leadership characteristics that create a supportive workplace, will necessarily be represented in any definition of quality long-term care services.

Supporting emerging quality models
In recent years, new national collaborative partnerships have emerged such as the Quality First initiative, CMS’ Nursing Home Quality Initiative and the Advancing Excellence in America’s Nursing Homes campaign. Although these partnerships differ in their specific objectives, they have similar goals that encompass clinical outcomes, workforce parameters and consumer satisfaction. These voluntary programs are gaining wider acceptance among provider organizations and other stakeholders, and promote a more systematic quality-improvement paradigm that views consumer and workforce satisfaction as important indicators of organizational excellence.

More nursing facilities are listening to the voices of consumers and the workforce, using My InnerView’s benchmarks nationwide. These trends indicate providers across the country are implementing practices recommended by several national quality-improvement partnerships endorsed by the federal government, trade and professional associations, provider organizations and other key stakeholders.

Input from residents, family members and direct caregivers are important factors to consider in any systematic approach to quality improvement.
This report shows how nursing facilities across the country are making progress in improving consumer and workforce satisfaction. Several key goals of the national quality-improvement initiatives are being realized.

The Baldrige approach to organizational excellence recognizes that quality results are built from a multi-dimensional framework encompassing leadership, performance improvement, knowledge management, consumer focus, workforce focus and strategy. According to the Malcolm Baldrige Criteria for Performance Excellence:

— excellence is driven by interdependent organizational systems.
— the best performing organizations understand how leadership competencies, workforce development and consumer focus are all essential elements of an integrated strategic plan for performance improvement.
— performance targets are established on key parameters and progress tracked using the principles of evidence-based management.

Addressing workforce challenges

This report finds that management practices are key drivers of workforce satisfaction among direct caregivers who comprise the largest segment of the nursing home workforce and are the least satisfied of all workers. The satisfaction and commitment of the entire workforce and, in particular, the direct caregivers, is a critical aspect of long-term care performance. Data in this report clearly demonstrate that caregivers are committed to their residents and their work. Most of them have significant tenure and are likely to recommend the facility to others as a place to receive care. The primary opportunity to increase satisfaction is the degree to which they feel that management listens to and cares about them.

Another way in which providers can leverage the effectiveness of their workforce is to focus on their hiring and “onboarding” processes. This report has identified that 72% of employees have been in the facility for at least one year, indicating that turnover occurred in the other 28% of positions. Stone and Wiener note that national estimates of turnover in long-term care run as high as 100%. If that is true, it indicates that the positions that did turn over, turned over approximately three times. The data show that satisfaction drops after three months, illustrating the importance of hiring the right people and making sure they are adequately trained and supported to be successful.

Many of the most experienced direct caregivers in nursing positions are now approaching their retirement years, and few nurses and nursing assistants work past age 60. The aging of the direct caregiver in America’s nursing homes will make these issues even more pressing in coming years. New strategies are needed to motivate older direct-care nursing staff to remain on the job and enable them to remain productive. The profession not only needs to do better at retaining older workers, it needs to attract younger talent into the profession.

The onboarding process

The “onboarding” process for new employees is critical to their continued satisfaction and retention. The data show that satisfaction drops after three months, illustrating the importance of hiring the right people and making sure they are adequately trained and supported to be successful.
Establishing national benchmarks

Establishing national benchmarks for consumer and workforce satisfaction can be seen as the first step in a broader long-term collaboration to improve organizational performance system-wide. Variations were found in the levels of consumer and workforce satisfaction in nursing homes across the nation. Striking differences and similarities were also found between the best-in-class and sub-par performers in the salience of various factors underlying satisfaction among consumers and workers.

Creating greater transparency and accountability

Both federal and state governments face unprecedented challenges in managing cost in publicly funded healthcare programs — public programs are under tremendous pressure to optimize quality to make more efficient use of public resources. In addition, the general public is increasingly demanding greater accountability and transparency in programs such as Medicare and Medicaid. Not surprisingly, providers are adopting the principles of evidence-based management and payers are implementing new reimbursement systems for nursing homes that use components of value-based purchasing to help realign incentives for stakeholders.

In a growing number of states, Medicaid reimbursement systems for nursing homes have moved in this direction due to pressures to provide greater accountability and transparency in publicly funded healthcare programs. Even when public resources are limited, innovative strategies are needed to sustain and enhance quality-improvement efforts in nursing homes. 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 and state regulators and payers.

This report provides greater transparency to consumers and other purchasers by putting new information about the current state of consumer and workforce satisfaction in America’s nursing homes into the public domain. The public availability of valid, representative and public data about the consumer and workforce enables an objective policy dialogue about senior care services.

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.

It is critical that policymakers, payers, regulators, consumers and providers reach consensus about how quality can be redefined to better align their interests as important stakeholders. Input from nursing home residents, their family members and direct-care workers are important factors to consider in any systematic approach to quality improvement. Strategies aimed at aligning stakeholder expectations to drive evidence-based practice, supporting public policies to improve the efficiency of the overall healthcare system and fostering consumer-driven healthcare choices offer new approaches for improving system-wide performance.

Achieving these strategic goals will require agreement on what the key performance parameters are that underlie nursing home quality. Consumer and workforce satisfaction in nursing homes is a critical dimension of quality where the interests of consumers, payers and providers are well aligned.
RESEARCH METHODS AND WEIGHTING PROCEDURES

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.

This report is based on mailed survey data collected from 309,781 consumers and 268,766 workers in nursing facilities in the 50 states and the District of Columbia. These data were collected between 2005 and 2007. A total of 2,224 facilities participated in these surveys during 2005; 3,030 during 2006; and 4,116 during 2007.

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 figure 33 and 34.

Workforce satisfaction

These data come from confidential surveys completed by nursing home employees and returned directly to My InnerView during 2006 and 2007. The workforce satisfaction survey is kept reasonably short to avoid undue burdens on respondents. Workforce 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 a self-addressed stamped 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. Additional questions gather demographic and background information. Figure 33 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.

<table>
<thead>
<tr>
<th>Cronbach’s alpha coefficients for workforce satisfaction scale and sub-scales</th>
<th>NUMBER OF ITEMS</th>
<th>CRONBACH’S ALPHA</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>4</td>
<td>.85</td>
<td>95,744</td>
</tr>
<tr>
<td>Work environment</td>
<td>9</td>
<td>.86</td>
<td>89,543</td>
</tr>
<tr>
<td>Supervision</td>
<td>3</td>
<td>.90</td>
<td>103,836</td>
</tr>
<tr>
<td>Management</td>
<td>2</td>
<td>.91</td>
<td>104,251</td>
</tr>
<tr>
<td>Global satisfaction</td>
<td>3</td>
<td>.90</td>
<td>104,594</td>
</tr>
<tr>
<td>Workforce satisfaction scale</td>
<td>21</td>
<td>.95</td>
<td>81,597</td>
</tr>
</tbody>
</table>

NOTE: These coefficients are calculated using 2006 data. 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 mailed resident and family satisfaction surveys that were completed...
and returned to My InnerView during 2005, 2006 and 2007. The survey is comprehensive and of a manageable length to avoid excessive burden on respondents. Respondents are asked to rate nursing facilities using a four-point scale (“excellent,” “good,” “fair” or “poor”). Additional 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, (2) quality of care, (3) quality of service and (4) global satisfaction. Figure 34 shows the internal consistency of these measures.

### Predictive validity

Grant\(^6\) 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

Since the participating nursing facilities represent a convenience sample rather than a random stratified sample, national estimates of consumer and workforce 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 are imputed using selected demographic and location characteristics for each respondent. All imputations are done using the standard hotdeck procedure available in Stata® software.


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

<table>
<thead>
<tr>
<th></th>
<th>NUMBER OF ITEMS</th>
<th>CRONBACH’S ALPHA</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of life</td>
<td>10</td>
<td>.92</td>
<td>66,658</td>
</tr>
<tr>
<td>Quality of care</td>
<td>8</td>
<td>.92</td>
<td>68,461</td>
</tr>
<tr>
<td>Quality of service</td>
<td>4</td>
<td>.79</td>
<td>66,302</td>
</tr>
<tr>
<td>Global satisfaction</td>
<td>2</td>
<td>.95</td>
<td>88,119</td>
</tr>
<tr>
<td>Consumer satisfaction scale</td>
<td>24</td>
<td>.97</td>
<td>45,345</td>
</tr>
</tbody>
</table>

NOTE: These coefficients are calculated using 2006 data. 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.