



Badger Prairie Health Care Center

2016 Survey of Certified Nursing Assistants (CNAs) and Nurses

7.11.2016

Thank you to Bill Brotzman and Laura Ferguson for their willingness to undertake this project, assistance with the focus of the survey, responses to questions, and assistance with distributing the survey forms.

Thank you to the certified nursing assistants and nurses for their dedication to the residents of Badger Prairie and a special thank you to those who took the time to complete the survey forms.

Introduction

Background

Badger Prairie Health Care Center (BPHCC) is a 120-bed licensed, skilled nursing home in Verona, Wisconsin operated by the Dane County Department of Human Services. Their mission is to provide high-quality, cost-effective services to residents that improve the lives of those served and respond to rigorous regulatory requirements and industry standards. Skilled nursing care and person-directed treatment is provided to Dane County residents with behavioral, emotional, or psychiatric disorders that keep them from living with their own families, in community settings, or in traditional nursing homes. A state-of-the-art new building opened February 23, 2011 replacing an aging facility, with numerous additions, first constructed in 1883.

Staff satisfaction was last formally surveyed in December, 2009 when BPHCC participated in the Centers for Medicare & Medicaid Services (CMS) Patient Safety Project to Eliminate Physical Restraints. Project participation included an agreement to complete a staff satisfaction survey sponsored by the Agency for Healthcare and Quality Research (AHRQ). The survey found:

- 46% of CNA staff are afraid to report mistakes.
- 38% of CNA staff feel that management does not ask for or listen to staff suggestions.
- 40% of CNAs feel staff don't treat each other with respect.
- 53% of CNA staff feel that they are not treated fairly when they make a mistake.
- 38% of CNA staff feel their good work is not recognized.¹

A root cause analysis was conducted by MetaStar, the Medicare Quality Improvement Organization (QIO) for Wisconsin under contract with CMS, with certified nursing assistants (CNAs) on June 30, 2010 to get at the root cause of the ongoing quality issues. Solutions offered by CNAs included:

¹ MetaStar under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services, Badger Prairie Health Care Center Verona, Wisconsin, Certified Nursing Assistants (CNA) Feedback Root Cause Analysis, June 2010, p. 1.

- Provide straight honest answers to question/situations – rather than, “No we can’t.”
- Open door to the Nursing Home Administrator (NHA).
- Increase length of in-service training by a specific educator vs. other CNAs.
- Provide more training options for all staff.
- Treat everyone fairly regarding mistakes.
- Create a CNA ambassador program.
- Respect one another.
- Know staff on a more personal level.
- Request the NHA to work a little on the unit – daily rounds –work recognized.
- Make supervisors available on different shifts.
- Offer training at all levels of Health & Human Services regarding how to do professional investigation.²

The report recommended that in addition to continuing the monthly meetings established by the Directors of Nursing and Social Services Departments to obtain CNA feedback on the facility and the work processes, that an interdisciplinary team (IDT) of CNAs, nurses, supervisors, and administrators begin work on concerns that had been brought forward prior to beginning new projects. The IDT was to check with the rest of the staff to ensure that all voices were heard in prioritizing projects. Once an area for improvement was identified, the Plan, Do, Study, Act, Cycle (PDSA) cycle of the Quality Improvement process was recommended as a means to undertake projects. Transparency and communication with staff throughout the process were emphasized.

A few monthly meetings were held, before stopping quickly and no additional work occurred.

In late 2015, Bill Brotzman, the Nursing Home Administrator hired in 2014, approached the Planning and Evaluation Manager regarding conducting an employee survey. Subsequent meetings with the SR. Program Analyst/Manager identified concerns with staff job satisfaction, teamwork, communication, respect and treatment of one another, management/supervisory support, the scheduling system, and absenteeism.

² Root Cause Analysis, p. 5.

I. Study Question

The study question was, “What is the experience of certified nursing assistants (CNAs) and nurses working at BPHCC?”

II. Data Collection

Measures

Three instruments were used.

- a. The Benjamin Rose Nurse Assistant Job Satisfaction Scale, developed by the researchers at the Margaret Blenkner Research Institute and used through permission extended to the Advancing Excellence in America’s Nursing Homes campaign, is an 18-item scale that measures job satisfaction. It was developed for use in surveys of state-tested nursing assistants working in nursing homes and its psychometric properties have been established. The Flesch-Kincaid readability is 4.3. The scale includes five subscales: communication and teamwork, amount of time to do work, available resources, teamwork, and management practices. The survey uses a 4-point Likert scale with 0 = very dissatisfied to 3 = very satisfied. All but two items in the survey were used in this study. The two that were omitted and the subscales to which they were attached included:

Management Practice and Policy Subscale

Your job security?

Teamwork Subscale

The teamwork between nurse assistants and other staff?

- b. The Supervisor Support Scale, developed by Dr. Katherine McGilton and Lawrence Bloomberg and used by permission granted to Advancing Excellence in America’s Nursing Homes members, was used to measure supervisory support. Supervisory support is defined as being dependable, nurturing, and empathetic. The full scale contains 15 statements and asks the degree to which the individual’s supervisor demonstrates these behaviors. The instrument uses a five point Likert scale with 1 = Never and 5 = Always. Its psychometric properties have been established.

The Supervisor Support Scale is a summated rating. Higher scores indicated that the supervisor is supportive of staff.

Three items on the scale were omitted:

- My supervisor tries to meet my needs.
- My supervisor knows me well enough to know when I have concerns about resident care.
- My supervisor strikes a balance between clients/families' concerns and mine.

The possible summated rating was then 60 points (12 items x 5 points possible).

- c. The Teamwork and Communication Openness scales on the Nursing Home Survey on Patient Safety Culture developed by the Agency for Healthcare Research and Quality were also included on the form. The survey uses a 5-point Likert scale with 1 = strongly disagree to 5 = strongly agree. A composite score is computed by determining the percent of respondents who agree/strongly agree with each item and computing a mean average – adding the percent positive and dividing by the number of items in the scale.

As the Communication Openness scale is comprised of three questions, one that is the inverse of another question, just two were used:

- Staff ideas and suggestions are valued in this nursing home.
- It is easy for staff to speak up about problems in this nursing home.

Two additional questions that were added to this section, but scored separately including:

- Management follows through with what they say they'll do.
- Management keeps me informed about changes in the facility.

Survey Population

The survey population was all certified nursing assistants and nurses employed at BPHCC as of March 29, 2016.

Survey Method

Survey forms were distributed beginning March 29 through April 8, 2016. Approximately 95% were handed out to staff in-person, with the remaining 5% mailed to staff who were not working on-site during the survey window, including those who were on FMLA leave. A total of 113 survey forms were distributed to CNAs and 34 to Nurses.

Survey forms were distributed along with a postage-paid, addressed return envelope for the DCDHS Planning and Evaluation Unit housed at the Northport Office. These were due April 29, 2016.

Translation

The survey form was made available only in English.

Client Confidentiality

Potential respondents were assured of anonymity. Information from the surveys is being released in aggregate form.

Data Entry

Data was entered by Frances Macaulay, a limited term employee (LTE).

Response Rate

A total of 77 survey forms were returned – 56 from CNAs and 21 from Nurses. The overall response rate was 49.7%. The response rate for CNAs was 49.6% and 61.7% for Nurses.

III. Findings

Data were analyzed by the Senior Program Analyst in the Planning and Evaluation Unit of Dane County Department of Human Services.

Findings are presented in the following sections of the report:

- Demographics
- Job Satisfaction
- Supervisory Support
- Teamwork/Communication
- Scheduling/Absenteeism
- Suggestions for Improvement

Graphs 11-14, starting on page 36, provide quick visual summaries for the results on the individual items in each of the scales.

Briefly, the findings include:

Positives

- a. 83% of survey respondents agreed/strongly agreed that they would tell friends that this is a safe nursing home for their family.
- b. Most survey respondents are satisfied with their work experience at BPHCC (83% agree/strongly agree) and 80% would recommend this facility to a friend or family member as a good place to work.
- c. A large majority of survey respondents are satisfied or very satisfied with the rate of pay (98.7%), fringe benefits (98.2%), working conditions (97.5%), and amount of time to get their job done (94.8%).

Opportunities for Improvement

a. Scheduling

Just 38% of respondents agreed/strongly agreed that the scheduling system is fair. 42% of respondents agreed/strongly agreed that they were usually able to get the days off they wanted and 34% indicated they had called in sick when they could not get the days off they needed. CNAs (33%) were much less likely than nurses (67%) to be able to get the days off they wanted. Fewer than half or all respondents, (43%) agreed/strongly agreed that Schedulers treated them with respect when they brought concerns to them about their schedule.

b. Communication and Recognition

Over half (52%) of the survey respondents were dissatisfied or very dissatisfied with the way employee complaints are handled. Dissatisfaction extended to the feedback about how well they did their job (42.1%), the recognition for their work (36.8%), the attention paid to suggestions they made (36%), and the attention paid to their observations or opinions (28.9%). One out of every four (26.3%) of survey respondents were dissatisfied or very dissatisfied with the information they get to do their job.

c. Teamwork

On the Teamwork composite from the Nursing Home Survey on Patient Safety and Culture, Badger Prairie scored between the 10th and 25th percentile – meaning higher than at least 10% of the nursing homes in the 2014 comparative database or lower than at least 75%. Less than half of the survey respondents agreed/strongly agreed that staff ideas and suggestions are valued (38.4%), staff treat each other with respect (46.6%) or that staff feel like they are part of a team (48%).

d. Bullying/Harassment/Retaliation

While not specifically addressed in the items on the survey, there were numerous written comments indicating bullying by staff upon other staff, retaliation when this is brought to the attention of management, and one comment regarding harassment of residents. These are all violations of County civil service work rules.

e. Communication Openness

On the two individual questions of the Communication Openness from the Nursing Home Survey on Patient Safety and Culture, Badger Prairie scored between the 10th and 25th percentile – meaning higher than at least 10% of the nursing homes in the 2014 comparative database or lower than at least 75%. 36.8% of survey respondents agreed or strongly agreed that staff ideas and suggestions are valued in this nursing home. 30% disagreed/strongly disagreed that it is easy for staff to speak up about problems.

IV. Limitations

There are a number of limitations that are inherent in a study of this nature:

- The study was conducted by staff from the Planning and Evaluation Unit with the Dane County Department of Human Services rather than an independent third party.
- The number of questions that were missed by respondents, led to the decision in several areas to analyze data based on the number of respondents for each question rather than using the total number of survey respondents, which is the usual methodology.

V. Future Studies

In future studies it would be useful to:

- Capture the demographics of survey respondents to determine if there are any differences based on gender, age, or race/ethnicity.
- Collect information on the unit worked and/or name of nurse manager or neighborhood nurse.

VI. Recommendations

By undertaking this survey, the administration at Badger Prairie Health Care Center has demonstrated a commitment to beginning the work necessary to attain its stated values of:

- Providing a work environment for staff that is personally and professionally rewarding and promotes professional growth, continuous quality improvement and team development.
- Recognizing the professional skill of all staff, and encouraging every staff person to assume responsibility for outstanding customer service.

Action is needed to address the issues raised in this survey. This will require a commitment of time and resources, including resources to cover staff shifts when individuals attend meetings.

VII. Next Steps

a. The results of this study will be shared with:

- Director of Department of Human Services
- BPHCC Nursing Home Administrator
- BPHCC Nursing and CNA staff via presentation at the all-staff meetings on July 28, 2016 at 1:30 p.m. and 9:30 p.m.
- General public via posting on the DCDHS web site at: <https://danecountyhumanservices.org/reports.aspx>

b. Administrator will review the Employee Survey with all Supervisors and Managers to review the areas for improvement, areas that are viewed as positive, and to discuss how we will go about addressing the aforementioned issues going forward.

c. A Quality Assurance/Performance Improvement (QAPI) group, with representation from BPHCC management, County Department of Administration (DOA), the Employee Group (EO), scheduler(s), and CNAs across all shifts and lengths of tenure will be formed to address the scheduling issues for CNAs. The QA/PI

group will be announced in the July *Prairie Tales* with volunteers solicited via the newsletter and at the all-staff meetings. Additional QA/PI groups will be formed to address other items raised in this report, including scheduling for nurses, co-worker relationships, communication/ recognition, and training. Given the staff resources needed, only one QA/PI group will be undertaken at the same time.

- d. Additional cuts of the data and research will be conducted as requested by the QA/PI groups and BPHCC management.
- e. The survey will be re-administered in two (2) years to measure if desired changes are being achieved.

Demographics

During the study period of March 29 through April 29, 2016, there were 150 certified nursing assistants (CNAs) and nurses employed at Badger Prairie. Slightly more than half responded to the survey.

It was decided not to capture demographics of survey respondents, i.e., gender, age, race/ethnicity due to the small numbers in some groups such that potential respondents would be deterred from responding if they felt their anonymity would not be preserved.

Information on the number of employees by float or core status and shift worked most often was not readily available and not used for comparison purposes.

CNAs comprised 76% of the employees surveyed and nearly 73% of respondents.

There were no statistically significant differences between employees and survey respondents based on position³ or length of time worked at Badger Prairie⁴. This means that respondents were reflective of employees during the study period on these two items.

Table 1: Demographics of Survey Respondents Compared With CNA and Nursing Employees During the Study Period

Characteristic	Employees		Respondents	
	No.	Percent	No.	Percent
Position				
Certified Nursing Assistants (CNAs)	114	76.0	56	72.7
Nurses – LPN and RN	36	24.0	21	27.3
Total	150	100.0	77	100.0
Length of Time at BPHCC				
1 year or less	25	16.7	8	10.4
2-4 years	41	27.3	22	28.6
5-7 years	24	16.0	17	22.1
8-10 years	13	8.7	5	6.5
11-15 years	27	18.0	8	10.4
Over 15 years	20	13.3	11	14.3
Not indicated	0	0.0	6	7.8
Total	150	100.0	77	100.1 ⁵
Float or Core				
Float			22	28.6
Core			41	53.2
Not indicated or marked more than one			14	18.2
Total			77	100.0
Shift Worked Most Often				
AM			27	35.1
PM			29	37.7
NOC			6	7.8
Not indicated or marked more than one			15	19.5
Total			77	100.1 ⁶

³ $\chi^2 = 0.289804$, $df = 1$, $p < 0.05$.

⁴ $\chi^2 = 4.500918$, $df = 5$, $p < 0.05$.

⁵ Will not equal 100% due to rounding.

⁶ Will not equal 100% due to rounding.

Job Satisfaction

Two generic questions were used to gather the opinion of staff as to their overall job satisfaction. One asked about their overall satisfaction with their work experience and the other about whether they would recommend this facility to a friend or family member as a good place to work.

CNAs and Nurses responding to the survey were generally satisfied with their jobs with 83% agreeing or strongly agreeing with the statement, “Overall, I am satisfied with my work experience in this facility.”

The majority of survey respondents (80.5%) indicated that they would recommend this facility to a friend or family member as a good place to work.

There were no significant differences in satisfaction with their work experience or whether they would recommend Badger Prairie as a good place to work based on whether the respondent was a CNA or Nurse, Float or Core, shift worked most often, or length of tenure.

Table 2: Percent of Survey Respondents by Question Regarding Job Satisfaction

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N
Overall, I am satisfied with my work experience in this facility. ⁷	45.5	37.7	14.3	2.6	0.0	77
I would recommend this facility to a friend or family member as a good place to work.	46.8	33.8	16.9	1.3	1.3	77

Sample of Survey Comments

Overall, I can say BPHC is the best place to work with all the good benefits and staff to resident ratio.

I love my work and I love the people I work with.

Very proud to be part of the Badger Prairie team. I support all efforts to make this wonderful place better for our residents and employees.

I am proud to work at BPHC. I value my job. The good far outweighs the not so good.

BPHCC is a hard, but rewarding place to work. Not perfect for staff, but I feel the patients do receive good care. Bill B admin is making a positive difference.

Like any job there is always room for improvement. I love my residents and most of the time love my coworkers. We are like family, but sometimes a dysfunctional family.

This facility is the best place to work at. I would highly recommend to others.

⁷ Will not equal 100% due to rounding.

While respondents were generally satisfied with their jobs, the Benjamin Rose Nurse Assistant Job Satisfaction Scale provided additional insight into the various components of the job, such as teamwork and communication.

Sixteen (16) of the eighteen items on the Benjamin Rose Nurse Assistant Job Satisfaction Scale were used to measure job satisfaction. As each item was given a score from 0-3, this meant that the total scale score for the 16 items could range from 0-48. Higher scores indicated higher job satisfaction.

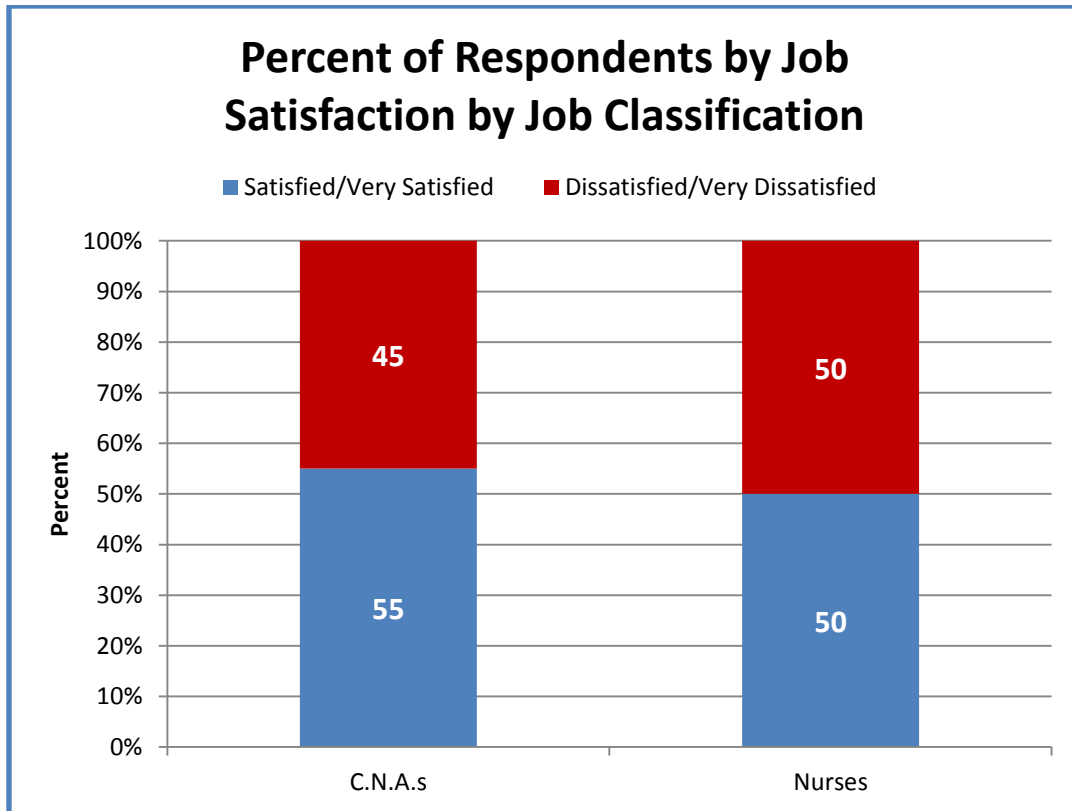
Scores for CNAs responding to the survey ranged from 10-48 and for Nurses from 15-48. The mean score overall was 32.6. It was higher for CNA.s at 33.4 and lower for Nurses at 30.8 indicating a lower level of job satisfaction.

Position	Mean Score
C.N.A.	33.4
Nurse	30.8
Overall	32.6

A total score of 32 or higher was used to indicate that a survey respondent was satisfied or very satisfied.⁸ A total score lower than 32 was used to indicate that the respondent was dissatisfied or very dissatisfied. As seen in Graph 1, 55% of the CNA survey respondents were satisfied or very satisfied with their jobs compared with 50% of the Nurses.

⁸ This equates to a mean score of 2.0 or higher or a rating of satisfied.

Graph 1: Overall Job Satisfaction Based on the Benjamin Rose Nurse Assistant Job Satisfaction Scale by Job Classification



N = 49 for C.N.A.s and 20 for Nurses.

There were significant differences in how satisfied survey respondents were on each of the job satisfaction subscales as seen in Graph 2.

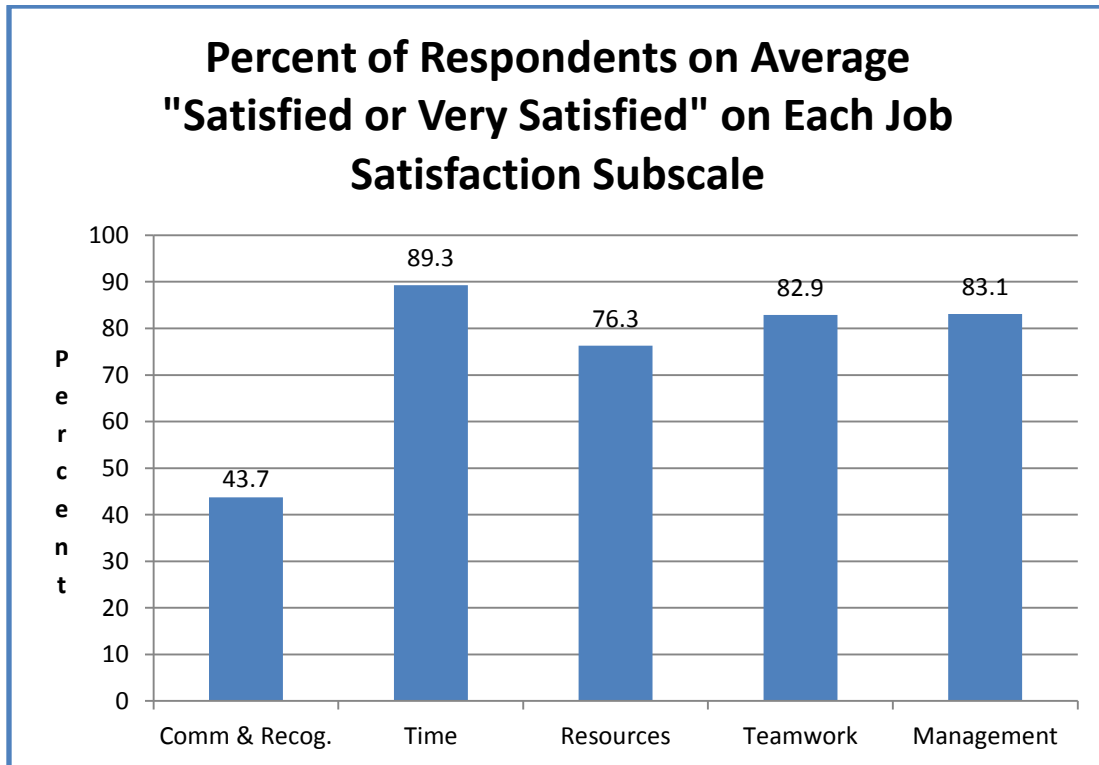
The Communication and Recognition subscale was the lowest rated area with just 43.7% of respondents overall satisfied or very satisfied. While CNAs rated this area slightly lower than Nurses with 45% being satisfied or very satisfied compared with 50% of Nurses, this was not statistically significant.

The Resources subscale which examined the information to do one's job and supplies used on the job was the next lowest area with 76.3% of survey respondents overall satisfied or very satisfied.

The Amount of Time/Organization subscale was the highest rated with 89.3% of respondents overall satisfied or very satisfied.

While differences were also seen in the percent of Nurses (76%) compared with CNAs (86%) who were satisfied or very satisfied on the Management Practice and Policy Subscale, this also was not statistically significant.

Graph 2: Percent of Survey Respondents with an Average Score of 2.0 or Higher on Each Subscale of the Benjamin Rose Nurse Assistant Job Satisfaction Scale



N = 71 for communication and recognition subscale, 75 for time/organization subscale, 76 for resources subscale, 76 for teamwork subscale, and 71 for management practice and policy subscale.

The lowest rated subscale on the Benjamin Rose Nurse Assistant Job Satisfaction Scale was the five-item Communication and Recognition Subscale.

Over half (52%) of the survey respondents were dissatisfied or very dissatisfied with the way employee complaints are handled.

While not as pervasive, dissatisfaction extended to the feedback about how well they did their job (42.1%), the recognition for their work (36.8%), the attention paid to suggestions they made (36%), and the attention paid to their observations or opinions (28.9%).

There were significant differences in how satisfied CNAs were with the recognition they received for their work and the feedback they received about how well they did their job based on the shift worked.

Respondents who worked a NOC shift (100%) or a PM shift (74%) were more satisfied/very satisfied with the recognition for their work than were CNAs who worked an AM shift (47%).⁹

CNAs responding to the survey who worked a NOC shift (100%) or a PM shift (65%) were more satisfied/very satisfied with the feedback about how well they did their job than were CNAs who worked an AM shift (33%).¹⁰

⁹ $\chi^2 = 6.152986, df = 2, p < .0.05.$

¹⁰ $\chi^2 = 8.492308, df = 2, p < .0.02.$

Table 3: Percent of Survey Respondents by Question by Level of Satisfaction With Items on the Communications and Recognition Subscale of the Benjamin Rose Nurse Assistant Job Satisfaction Scale

Question	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	N
How satisfied are you with: The recognition you get for your work? ¹¹	18.4	44.7	28.9	7.9	76
The attention paid to suggestions you make?	12.0	52.0	28.0	8.0	75
The attention paid to your observations or opinions?	14.5	56.6	25.0	3.9	76
The way employee complaints are handled?	10.7	37.3	36.0	16.0	75
The feedback you get about how well you do your job?	13.2	44.7	28.9	13.2	76

Sample of Survey Comments

Complaints take too long to get feedback. CNAs get frustrated and more problems develop and people get fired after they talked to supervisors about complaints.

Seems if you're not a "senior" employee, you are not allowed to have opinions or suggestions by co-workers on other shifts.

Haven't gotten any feedback how well I did at job. Only something wrong, then you get called into office.

Sometimes, upper staff (RN/charge/etc.) do not listen to the opinion of the C.N.A.

On my unit we are respected and listened to by our core nurse. It varies with other nurses. Some management are great and you feel good after talking with them. Management that doesn't know you well are not so understanding and with one is just plain rude and disrespectful. Employee complaints about staff appear to be ignored by management.

¹¹ Will not equal 100% due to rounding.

The Time/Organization Subscale was the highest rated of those on the Benjamin Rose Nurse Assistant Job Satisfaction Scale.

Nearly 95% of survey respondents were satisfied or very satisfied with the amount of time they have to get their job done. There were no significant differences on this question based on tenure, shift worked, position, or being a float or core.

While nearly 11% of survey respondents were dissatisfied or very dissatisfied with the speed or pace at which they have to work, 89% were satisfied or very satisfied. There were no significant differences on this question based on tenure, shift worked, position, or being a float or core.

The written responses to this series of questions seem to indicate that there may be differences in the workload among units, however, this was not an item picked up on the survey.

Table 4: Percent of Survey Respondents by Question by Level of Satisfaction With Items on the Amount of Time/Organization Subscale of the Benjamin Rose Nurse Assistant Job Satisfaction Scale

Question	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	N
How satisfied are you with: The amount of time you have to get your job done?	36.4	58.4	5.2	0.0	77
The pace or speed at which you have to work? ¹²	22.7	66.7	8.0	2.7	75

Sample of Survey Comments

We C.N.As need our full breaks because the job is overwhelming sometimes.

The work load many times is not evenly distributed throughout the facility. Currently we have staff who are not taking any of their breaks because of their heavy work load and that does not include the hours of in-services they are expected to complete. Majority of core and float staff easily get burned out on these units. Other units, staff has time to walk laps.... Maybe having all staff float would be a good thing...or maybe within the 2 households?

¹² Will not equal 100% due to rounding.

The Resources Subscale of the Benjamin Rose Nurse Assistant Job Satisfaction Scale is comprised of two items – one related to the information received to do one’s job and the other related to the supplies used on the job.

Over one out of every four (26.3%) survey respondents were dissatisfied or very dissatisfied with the information they get to do their job. There were no significant differences on this item between CNAs and Nurses, Float and Core staff, the length of time that respondents indicated they worked at Badger Prairie, nor for the shift worked most often. Written comments indicated that information to do their job could include better orientation and training, including training specific to the populations served by Badger Prairie; ongoing training, specific to the job, position, and self-care as a caregiver; information on patients, including care plans, new admissions, and when someone has passed; as well as, information regarding current practices and changes in policies and procedures.

Staff were overwhelmingly (92%) satisfied/very satisfied with the supplies they use on the job. There was one comment about gloves leaking and a suggestion that, “Each nurse should have the opportunity for an automatic pill crusher, to save injuries with workers comp claims.” Another comment mentioned, “Some ergonomic feeding chairs would be greatly appreciated.”

Table 5: Percent of Survey Respondents by Question by Level of Satisfaction With Items on the Resources Subscale of the Benjamin Rose Nurse Assistant Job Satisfaction Scale

Question	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	N
How satisfied are you with: The information you get to do your job?	22.4	51.3	19.7	6.6	76
The supplies you use on the job?	39.0	53.2	7.8	0.0	77

Sample of Survey Comments

I enjoy working with people and helping the residents live a productive, happy and meaningful life. The equipment is readily available and in good repair. C N A workers are quick to help one another, a great working environment.

New employees are generally given one orientation shift on each household (12 households, 24 groups) and then are expected to perform at a seasoned staff level. Unfortunately many of the staff who are providing the training are not the most informative or welcoming to new employees. New employees many times are scheduled a PM shift and then a AM shift for the next day. This process is very stressful and anxiety filled and detrimental to the learning process (less than 8 hours between shifts).¹³

Nursing staff should be informed of new admits, their current conditions, and there should be a CCC available to coordinate admit paperwork. Unless the admit is an emergency.

CPR Training should be offered to ALL not just the RNs. Shame on BP/Dane CO!!!

Lots of information between shifts is being lost with new "report" system. Too many "know it alls" that don't know it all.

The working conditions are great except for when you float the building. I find it hard to provide exceptional care for residents I don't know well. GLOVES=terrible=always leaking which allows you to have bodily fluid on your skin=unsanitary.

¹³ The Employee Benefit Handbook states that, “ Employees shall be provided at least nine (9) consecutive hours off between scheduled shifts, except in the event of an emergency, or unless the employee consents otherwise.” (p. 56)

Of the six questions on the Management Practice and Policy Subscale of the Benjamin Rose Nurse Assistant Job Satisfaction Scale, a large majority of survey respondents were satisfied or very satisfied with the rate of pay (98.7%) and fringe benefits (98.2%).

The area with the largest percent of respondents who were dissatisfied or very dissatisfied was with the way this nursing home is managed (23.7%).

Table 6: Percent of Survey Respondents by Question by Level of Satisfaction With Items on the Management Practice and Policy Subscale of the Benjamin Rose Nurse Assistant Job Satisfaction Scale

Question	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	N
How satisfied are you with:					
The working conditions here? ¹⁴	48.1	49.4	2.6	0.0	77
The amount of responsibility you have?	30.3	59.2	9.2	1.3	76
Your rate of pay?	64.9	33.8	1.3	0.0	77
The way this nursing home is managed?	26.3	50.0	13.2	10.5	76
The amount of variety in your job? ¹⁵	20.3	68.9	9.5	1.4	74
Your fringe benefits?	52.7	45.9	1.4	0.0	74

Sample of Survey Comments

I love working here. The facility is beautiful, the equipment is nice. The pay and benefits are amazing and I feel so lucky to be an employee here!

I think overall the pay, the benefits and 95% of the job is great. But it is that 5% that can make your work life miserable at times when it seems like bullying is not stopped, staff are disciplined for some things and not other things, and that those that complain the most or have the biggest attendance issues continue to get away with it.

I've gotten the impression that [the Nursing Home Administrator] thinks we are spoiled and overpaid. Some of us earn every cent, and there are others who should be working at the Walmart.

Great job with benefits. I think there should be a mentoring system especially for C.N.A.s.

It's a good place to work. Some things just need to be "tweaked" a bit.

¹⁴ Will not equal 100% due to rounding.

¹⁵ Will not equal 100% due to rounding.

Supervisory Support

The Supervisor Support Scale developed by Dr. Katherine McGilton and Lawrence Bloomberg, and used by permission granted to Advancing Excellence in America's Nursing Homes members, was used to measure supervisory support. Twelve of the fifteen items on the scale were used. Total scores could range from 12-60 with higher scale scores indicating a higher level of supervisory support.

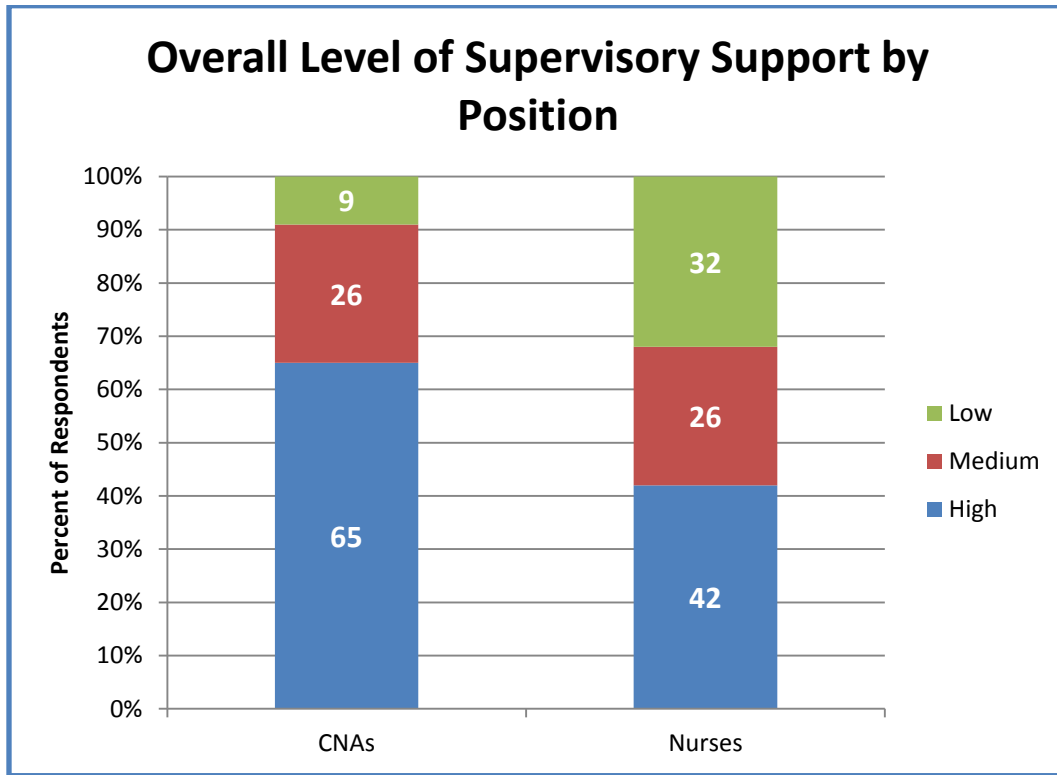
There were no significant differences on this scale between CNAs and Nurses, Float and Core staff, the length of time that respondents indicated they worked at Badger Prairie, nor for the shift worked most often.

Among CNA respondents, scores ranged from a low of 19 to 60. For Nurses, the range was 28 to 60.

The mean score overall was 48.6. It was higher for CNA.s at 49.3 and lower for Nurses at 46.6 indicating a lower level of supervisory support. This variation was not statistically significant.

Position	Mean Score
C.N.A.	49.3
Nurse	46.6
Overall	48.6

Graph 3: Overall Level of Supervisory Support by Position



N = 54 for CNAs and 19 for Nurses.

For the sake of comparison, scores were categorized into high, medium, and low. Scores of 50 or higher were considered high, 40-49 was medium, and scores below 40 were considered low. Graph 3 illustrates that 65% of respondents who were CNAs, scored their supervisor support “high” compared with 42% of respondents who were Nurses.

Individual items on the Supervisory Support Scale where respondents indicated their neighborhood nurse or nurse manger “always” or “often” demonstrated the item included:

- Respecting them as a person (75%).
- Recognizing their ability to deliver quality care (71.5%).
- Keeping them informed as to what is expected when working with their residents (71.5%).

Items more frequently marked “seldom” or “never” included:

- Encouraging them even in difficult situations (21.4%).
- Relying on their supervisor to be open to any remarks they made to him/her (17.1%).
- The supervisor making a point of expressing appreciation when they did a good job (16.9%).
- The supervisor recognizing their strengths and areas for development (15.6%).

Table 7: Percent of Survey Respondents Indicating the Frequency with Which Their Supervisor Demonstrates Each Item

Note: Phrasing on statements in survey substitute nurse manager or neighborhood nurse for the word supervisor.

Statement	Always	Often	Occasionally	Seldom	Never	N
My supervisor recognizes my ability to deliver quality care. ¹⁶	48.1	23.4	18.2	5.2	1.3	77
My supervisor tries to understand my point of view when I speak to him or her. ¹⁷	46.8	20.8	18.2	10.4	1.3	77
My supervisor tries to meet my needs in such ways as informing me of what is expected of me when working with my residents. ¹⁸	45.5	26.0	13.0	11.7	1.3	77
I can rely on my supervisor when I ask for help, for example, if things are not going well between myself and my co-workers or between myself and residents and/or their families. ¹⁹	45.9	21.6	17.6	8.1	5.4	74
My supervisor keeps me informed of any major changes in the work environment or organization. ²⁰	42.1	27.6	19.7	5.3	2.6	76

¹⁶ Will not equal 100% as 3.9% of respondents indicated a response between two categories.

¹⁷ Will not equal 100% as 2.5% of respondents indicated a response between two categories.

¹⁸ Will not equal 100% as 2.5% of respondents indicated a response between two categories.

¹⁹ Will not equal 100% as 1.4% of respondents indicated a response between two categories.

²⁰ Will not equal 100% as 2.7% of respondents indicated a response between two categories.

There were no significant differences on any item in this scale between CNAs and Nurses, Float and Core staff, the length of time that respondents indicated they worked at Badger Prairie, nor for the shift worked most often.

There were significant distinctions on these items between Nurses and Nurse Managers who had high Supervisory Support Scale scores compared with those with low scores.

Statement	Always	Often	Occasionally	Seldom	Never	N
I can rely on my supervisor to be open to any remarks I make to him/her. ²¹	40.8	21.1	17.1	13.2	3.9	76
My supervisor keeps me informed of any decisions that were made in regards to any residents. ²²	45.5	23.4	18.2	10.4	0.0	77
My supervisor encourages me even in difficult situations. ²³	45.3	16.0	16.0	14.7	6.7	76
My supervisor makes a point of expressing appreciation when I do a good job. ²⁴	44.2	19.5	18.2	11.7	5.2	77
My supervisor respects me as a person. ²⁵	53.9	21.1	21.1	1.3	1.3	76
My supervisor makes time to listen to me. ²⁶	49.4	19.5	18.2	6.5	5.2	77
My supervisor recognizes my strengths and areas for development. ²⁷	42.9	20.8	19.5	11.7	3.9	77

²¹ Will not equal 100% as 3.9% of respondents indicated a response between two categories.

²² Will not equal 100% as 2.6% of respondents indicated a response between two categories.

²³ Will not equal 100% as 1.3% of respondents indicated a response between two categories.

²⁴ Will not equal 100% as 1.3% of respondents indicated a response between two categories.

²⁵ Will not equal 100% as 1.3% of respondents indicated a response between two categories.

²⁶ Will not equal 100% as 1.3% of respondents indicated a response between two categories.

²⁷ Will not equal 100% as 1.3% of respondents indicated a response between two categories.

There were significant differences on every individual item in the Scale for neighborhood nurses who received higher Supervisory Support Scale scores by CNA respondents compared with those with lower scores.

Compared with neighborhood nurses with low (below 40) Supervisory Support Scale scores, neighborhood nurses with high (50 and above) scores were significantly more likely to:

- Be relied on to be open to any remarks made to him/her.²⁸
- Recognize the CNA's strengths and areas for development.²⁹
- Encourage the CNA even in difficult situations.³⁰
- Make a point of expressing appreciation when the CNA does a good job.³¹
- Make time to listen to the CNA.³²
- Try to understand the CNA's point of view.³³

²⁸ $\chi^2 = 54.20189, df = 6, p < .05.$

²⁹ $\chi^2 = 64.01855, df = 8, p < .05.$

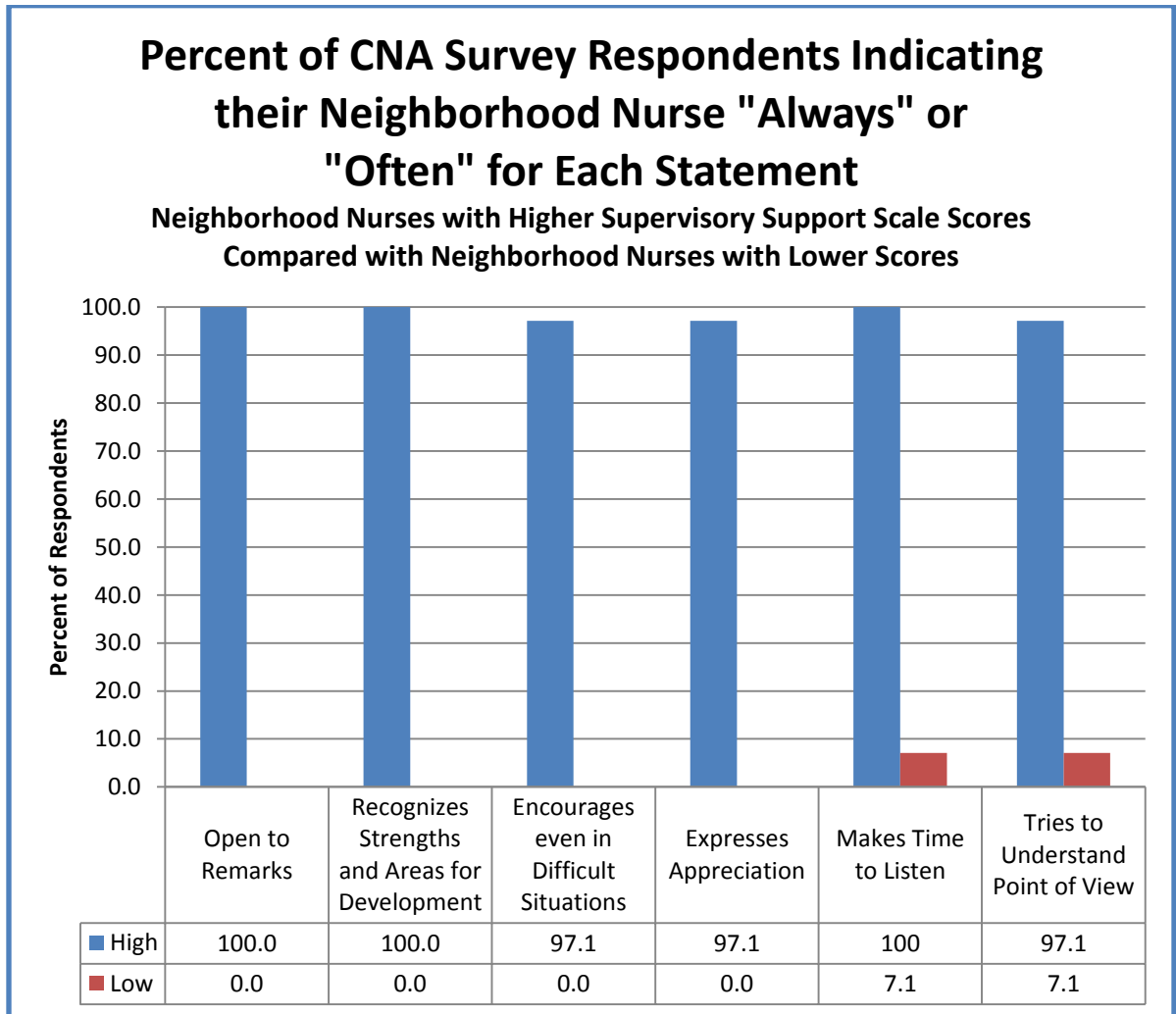
³⁰ $\chi^2 = 52.36531, df = 8, p < .05.$

³¹ $\chi^2 = 55.77429, df = 8, p < .05.$

³² $\chi^2 = 50.50795, df = 8, p < .05.$

³³ $\chi^2 = 59.862, df = 8, p < .05.$

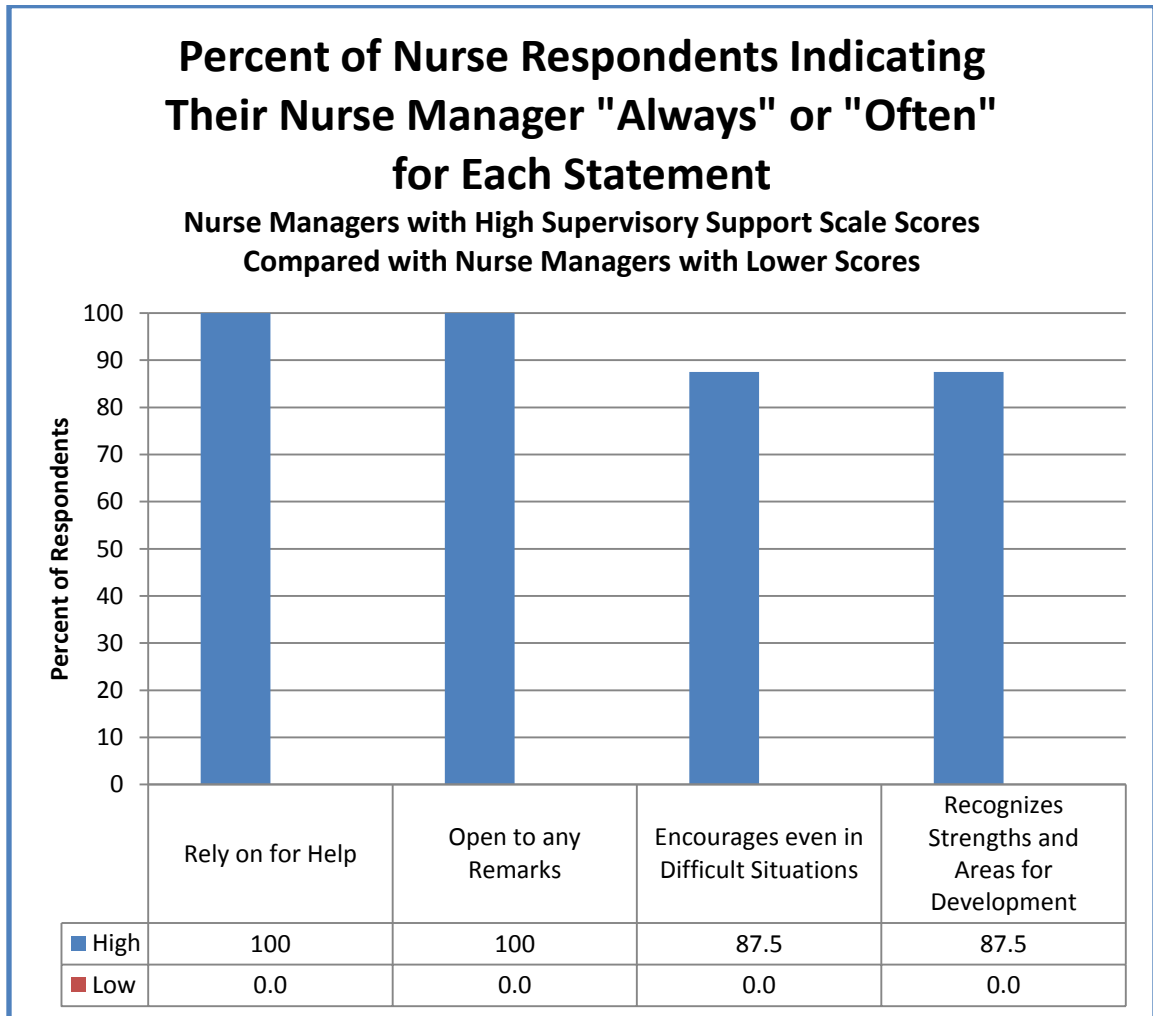
Graph 4: Percent of CNA Respondents Indicating their Neighborhood Nurse “Always” or “Often” for each Statement Comparing Neighborhood Nurses with High Supervisory Support Scale Scores to Those with Low Scores



As with neighborhood nurses, nurse managers who received higher Supervisory Support Scale scores had statistically significant differences on the individual items that comprised the scale than did those with lower scores. Those with higher scores were more likely to:

- Be able to be relied on when the Nurse asks for help.³⁴
- Be relied on to be open to any remarks made to him/her.³⁵
- Encourage the Nurse even in difficult situations.³⁶
- Recognize the Nurse's strengths and areas for development.³⁷

Graph 5: Percent of Nurse Respondents Indicating their Nurse Manager “Always” or “Often” for each Statement Comparing Nurse Managers with High Supervisory Support Scale Scores to Those with Low Scores



³⁴ $\chi^2 = 26.445$, $df = 6$, $p < .05$.

³⁵ $\chi^2 = 14.24571$, $df = 6$, $p < .05$.

³⁶ $\chi^2 = 18.9$, $df = 6$, $p < .05$.

³⁷ $\chi^2 = 17.37143$, $df = 6$, $p < .05$.

Teamwork/Communication

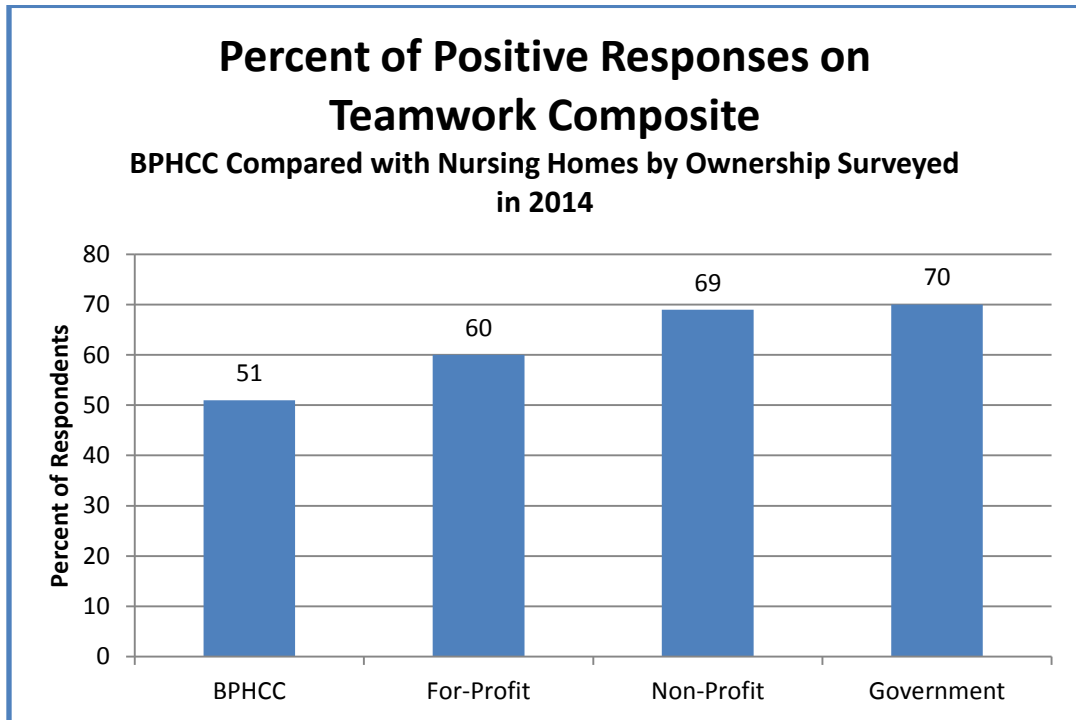
Teamwork was examined using the 4-item Teamwork scale from the Nursing Home Survey on Patient Safety and Culture. A composite score was constructed by determining the percent of respondents who agree/strongly agree with each item and computing a mean average – adding the percent positive and dividing by the number of items. Strengths for a nursing home are identified as those items where 75% of respondents agree or strongly agree although nursing homes can use a higher or lower percentage.³⁸

The Agency for Healthcare Research and Quality 2014 User Comparative Database Report was used to compare the composite score for BPHCC to other nursing homes based on ownership.

The Teamwork composite score for BPHCC was 51% positive. Based on the 2014 comparative database, this puts it above the 10th percentile but below the 25th. This means that BPHCC scored higher than at least 10% of the nursing homes in the database on this item or lower than at least 75%.

³⁸ Chapter 5. Preparing and Analyzing Data and Producing Reports., Agency for Healthcare Research and Quality, Rockville, MD, <http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/nursing-home/nhguide/nhguide5.html#analyze>, accessed May 20, 2016.

Graph 6: Percent of Positive Responses (Agree/Strongly Agree) on Teamwork Composite Comparing BPHCC with Nursing Homes by Ownership in the AHRQ 2014 User Comparative Database Report



Source: Sorra J Famolaro, Yount N, et al. Nursing Home Survey on Patient Safety Culture 2014 User Comparative Database Report (Prepared by Westat, Rockville, MD under Contract No. HHS290201300003C), Rockville, MD: Agency for Healthcare Research and Quality: November 2014. AHRQ Publication No. 15-0004.

As seen in Graph 6, the Teamwork composite score for BPHCC was lower than that of all other types of nursing homes included in the 2014 User Comparative Database Report. The Teamwork composite score was 70% positive for government-owned nursing homes in the study compared with BPHCC at 51%.

There were a large number of respondents to the individual items of this portion of the survey who were “neutral.”

Less than half of the survey respondents agreed or strongly agreed that staff treat each other with respect (46.6%) or that staff feel like they are part of a team (48%).

CNAs (56%) compared with nurses (40%) were significantly more likely to agree or strongly agree that staff support one another in this nursing home.³⁹

Core (66.7%) staff were significantly more likely than Float (36.4%) staff to agree/strongly agree that when someone gets really busy in this nursing home, other staff help out.⁴⁰

There were no other significant differences in how persons responded to the remaining items based on position, shift, or float or core status.

Table 8: Percent of Survey Respondents by Level of Agreement With Items on the Teamwork Composite of the Nursing Home Survey on Patient Safety and Culture

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N
Staff in this nursing home treat each other with respect.	12.3	34.2	41.1	11.0	1.4	73
Staff support one another in this nursing home.	18.1	34.7	34.7	9.7	2.8	72
Staff feel like they are part of a team.	16.0	32.0	37.3	12.0	2.7	75
When someone gets really busy in this nursing home, other staff help out.	20.5	37.0	24.7	13.7	4.1	73

Sample of Survey Comments

Yes! We've teamwork and communication but still need effort to make it better.

Depending on what unit or shift you work the level of teamwork and communication varies.

Core nurses on AM shift are very informative, but seem to not trust feedback from CNAs unless they personally witness it. We are all important members of a health care team, treat us all as such.

I see other nurses not look at the C.N.As as part of the team. They are treated differently.

Overall, I really like my job and the team members I work with are great! When I have to float I would rather call in - teamwork stinks then!

Nurse managers are very receptive to demands when units are full i.e., needing extra staff (appreciated!)

Most nurses are pretty good but my core nurse is awesome.

³⁹ $\chi^2 = 9.93026, df = 4, p < .0.05.$

⁴⁰ $\chi^2 = 13.66514, df = 4, p < .0.05$

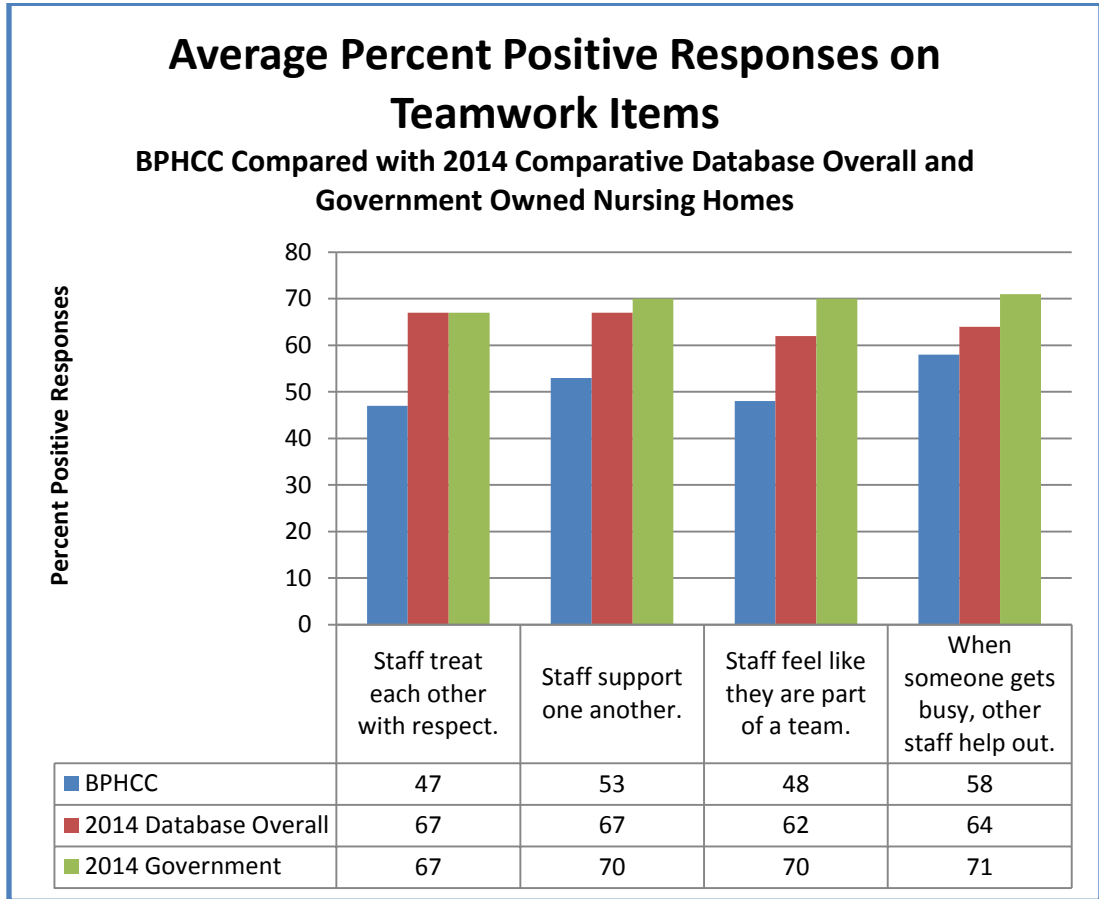
The Agency for Healthcare Research and Quality 2014 User Comparative Database Report provided the opportunity to compare the results on individual Teamwork items for BPHCC to other government-owned nursing homes and to the overall results from this database.

On every item, BPHCC had fewer persons responding positively (agreeing/strongly agreeing) than did other government-owned nursing homes and the overall results from the 2014 Comparative Database.

There was a 22 point spread in the percent of BPHCC positive responses (48%) to the item on staff feeling like they are part of a team compared with other government-owned nursing homes (70%).

There was a 20 point spread in the percent of BPHCC positive responses (47%) to the item on staff treating each other with respect compared with other government-owned nursing homes (67%).

Graph 7: Average Percent of Positive Responses (Agreeing/Strongly Agreeing) with Items on the Teamwork Composite Comparing BPHCC to the 2014 Comparative Database Overall and Government Owned Nursing Homes.



Source: Sorra J Famolaro, Yount N, et al. Nursing Home Survey on Patient Safety Culture 2014 User Comparative Database Report (Prepared by Westat, Rockville, MD under Contract No. HHS290201300003C), Rockville, MD: Agency for Healthcare Research and Quality: November 2014. AHRQ Publication No. 15-0004.

Two of the three items on the Communication Openness Composite of the Nursing Home Survey on Patient Safety Culture were included.

As seen with the individual items on the Teamwork Composite, a fairly large number of respondents were neutral.

Just 38.4% of survey respondents agreed or strongly agreed that staff ideas and suggestions are valued in this nursing home.

While 40.8% of those responding to the survey agreed or strongly agreed that it is easy for staff to speak up about problems in this nursing home, 30% disagreed or strongly disagreed.

There were no significant differences in how persons responded to these items based on position, shift, float or core, or tenure.

Table 9: Percent of Survey Respondents by Level of Agreement With Items on the Communication Openness Composite of the Nursing Home Survey on Patient Safety and Culture

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N
Staff ideas and suggestions are valued in this nursing home.	9.6	28.8	39.7	16.4	5.5	73
It is easy for staff to speak up about problems in this nursing home.	10.5	30.3	28.9	15.8	14.5	76

Sample of Survey Comments

After the change in report, things don't get passed on/something has to happen before our concerns are listened to.

Management & CCCs sit in numerous meetings, making decisions on patients they don't directly care for with little to no input from floor staff.

Sometimes it feels like there is a retaliation if you say something about a staff member and then there is no support. It is allowed to continue. It feels like you are best not to say anything about anyone.

Few staff not very helpful and instead try to find mistakes and get the other staff in trouble.

I feel my voice is heard when I suggest things to help.

Many staff are afraid to speak up about issues. Staff feel that if they make mistakes they will be terminated. Teamwork can be poor. Some staff take care of "their" group.

You are ignored if you are not highly educated. If you speak up you are targeted.

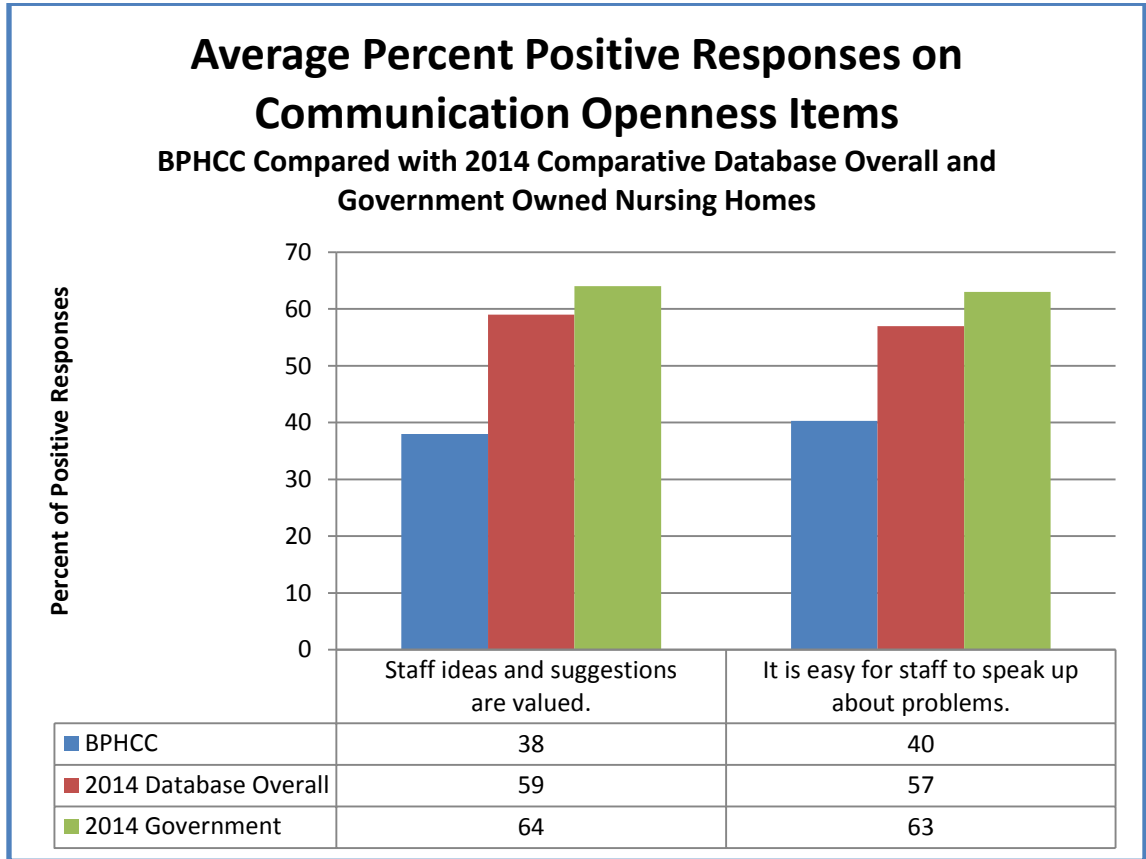
The Agency for Healthcare Research and Quality 2014 User Comparative Database Report provided the opportunity to compare the results of the two individual Communication Openness items for BPHCC with other government-owned nursing homes and with the overall results from this database.

On each item, BPHCC had fewer persons responding positively (agreeing/strongly agreeing) than did other government-owned nursing homes and the overall results from the 2014 Comparative Database.

While 38% of respondents to the survey indicated positively (agree/strongly agree) that staff ideas and suggestions are valued, the same was true for 64% of government-owned and 59% of all nursing homes in the Agency for Healthcare Research and Quality 2014 User Comparative Database Report.

There was a 23 point spread in the percent of BPHCC positive responses (40%) to the item on being easy for staff to speak up about problems compared with other government-owned nursing homes (63%).

Graph 8: Average Percent of Positive Responses (Agreeing/Strongly Agreeing) with Items on the Communication Openness Composite Comparing BPHCC to the 2014 Comparative Database Overall and Government Owned Nursing Homes.



Source: Sorra J Famolaro, Yount N, et al. Nursing Home Survey on Patient Safety Culture 2014 User Comparative Database Report (Prepared by Westat, Rockville, MD under Contract No. HHS290201300003C), Rockville, MD: Agency for Healthcare Research and Quality: November 2014. AHRQ Publication No. 15-0004.

Two questions on management, requested by the Nursing Home Administrator, were added to this section of the survey.

Less than half (41.6%) of the survey respondents agreed/strongly agreed that management follows through with what they say they'll do. About one in five respondents were neutral on this item while 31.2% disagreed or strongly disagreed. There were no significant differences based on position, tenure, shift worked, or float or core staff.

In terms of management keeping them informed about changes in the facility, nearly 29% were neutral while 53.3% of survey respondents agreed or strongly agreed.

There were significant differences based on the shift worked by survey respondents regarding management keeping them informed of changes in the facility. While 83% of survey respondents who worked a NOC shift, agreed/strongly agreed that management kept them informed of changes in the facility, this was true for 72% of those who worked a PM shift and for 33% who worked an AM shift.⁴¹

There were no other significant differences based on position, tenure, or float/core staff.

Table 10: Percent of Survey Respondents by Level of Agreement With Items on Management

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N
Management follows through with what they say they'll do. ⁴²	6.5	35.1	19.5	19.5	11.7	77
Management keeps me informed about changes in the facility. ⁴³	19.5	33.8	28.6	9.1	6.5	77

Sample of Survey Comments

Management at times seems to be willing to listen, but they definitely lack in follow-through.

Management at BPHCC need to take more responsibility instead of hiding behind "I'm not the one that handles that." Maybe if they handled everything in smaller areas instead of breaking up tasks all over, they would be more on top of things.

Good management. Employee and resident oriented.

⁴¹ $\chi^2 = 20.06673$, $df = 8$, $p < 0.05$.

⁴² Will not equal 100%. 3.9% of respondents marked "Don't Know" and 1.3% marked both Neutral and Disagree.

⁴³ Will not equal 100%. 1.3% of respondents marked "Don't Know" and 1.3% marked both Neutral and Disagree.

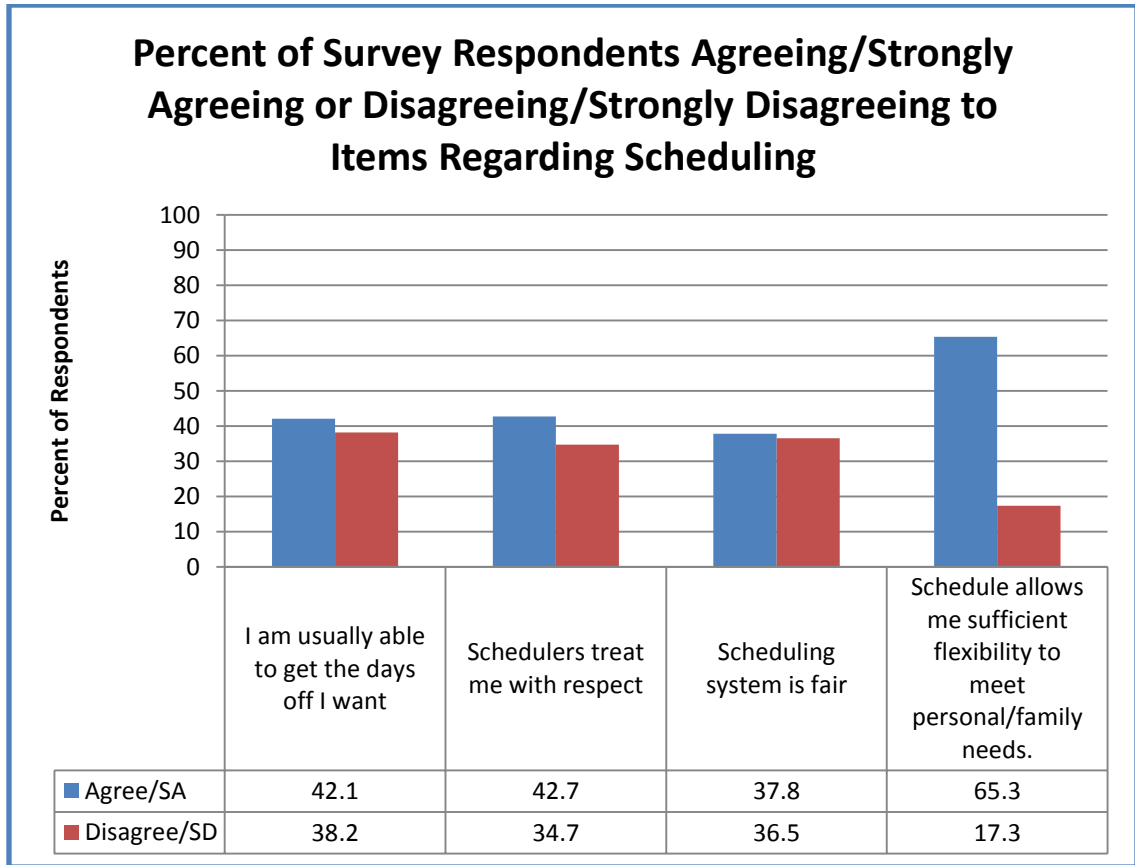
Scheduling/Absenteeism

The *Employee Benefit Handbook* for employee groups 720/705 outlines the policy for distributing vacation for employees at Badger Prairie Health Care Center. This requires that employees schedule at least half of their time off for each calendar year (January 1 – December 31) between October 1 and November 30 of the preceding year. Signups for 2016 were done in 2015. Each employee signs up based on seniority with those with more seniority signing up first. There are a fixed number of people who may be accommodated on any given day. Once that number is met, employees are expected to select another date.

Vacation time not scheduled during this annual process may be saved and requested on a first come-first served basis. This means that if three employees request the same day off, the request is granted in the order in which each made the request. So if the third employee has found someone to cover his/her hours, until subs have been found for the first two employees, that individual may not be granted time off.

While 65% of respondents felt their work schedule allowed sufficient flexibility to meet their personal/family needs; only 42% agreed or strongly agreed they were usually able to get the days off they want.

Graph 9: Percent of Survey Respondents Who Agree/Strongly Agree with Items on the Survey Regarding Scheduling Compared with Those Who Disagree/Strongly Disagree



Nurses (66.7%) were significantly more likely to agree/strongly agree they were usually able to get the days off they wanted compared with CNAs (32.7%).⁴⁴

Just 43% of respondents agreed/strongly agreed that Schedulers treated them with respect when they brought concerns to them about their schedule; even fewer (37.8%) agreed/strongly agreed that the scheduling system is fair.

The only significant difference in responses to the scheduling section of the survey based on amount of seniority was related to whether the scheduling system was fair. Respondents with over 15 years of seniority were more likely to agree/strongly agree (60%) that the scheduling system was fair compared with respondents with 2-4 years of seniority (36%) or 5-7 years of seniority (31%).⁴⁵

The survey also asked about the shift respondents worked and the shift preferred. Among those most often working an AM shift, 7% would prefer a PM shift and 4% would prefer a NOC shift. Among respondents working a PM shift, 17% would prefer an AM shift, and 14% would prefer a NOC shift.

Sample of Survey Comments

Schedulers treat you like you are stupid and don't have a life. Seniority is important, I understand that, but that doesn't mean non-senior team members shouldn't be able to take off the time they have earned either. It is sad to have to miss a sibling's wedding or call in because you can't get a trade or a day off--very sad!

There have been a couple of occasions that I had to find someone or more to work for me, did that and was told NO for the day off anyway by the scheduler.

I feel that scheduling and call-in policy is fair.

The full-time schedulers "bite your head off" and complain that they cannot help find a replacement for your shift. Full-time schedulers are secretive about the vacation book--unwilling to help. We do not have an efficient, helpful vacation system. I wish they would be approachable and friendly while at work. The direct care staff cannot walk around being rude to others. Sometimes you are forced to call in when you can't get time off.

Should not have to pick vacation in November for the following year. The procedure for finding someone to work for you is unfair. There would be a lot less call-ins if you only had to find for yourself. If you can only get 4 out of 5 days off for a week of vacation then are expected to find 2 to 3 or more people to work, it's easier to call in. Then you get reprimanded if you do. How can someone go on a weeks vacation then expect to work the [one] day you can't get off. This needs to change--you wait for days off-you find one person.

It is very hard to find the replacement when we need off day. Sometimes we have to find two to three people to refill your off day--it's kind of unfair when we need off for some urgent reason.

CNAs are forced to do Schedulers job when they want somebody to work for them. You will be asked sometimes to find 3 or 4 staff to cover your spot instead of one when you want to have somebody to work for you. This forces CNAs to call in when they can't get the number they are asked to find.

The scheduling office is not prepared to work as a team in this building. They make it more difficult for C.N.A.s and never treat people with respect.

I have never worked with staff who are unprofessional, does favoritism, not fair, rude with staff, not friendly, not willing to help staff at all. Always on bad mood.

⁴⁴ $\chi^2 = 9.587631$, $df = 4$, $p < 0.05$.

⁴⁵ $\chi^2 = 36.36429$, $df = 20$, $p < 0.05$.

The scheduling system appears to have a negative impact on absenteeism with over one-third (34.3%) of survey respondents indicating they have called in sick when they could not get the days off they needed.

Less than half (48.7%) of the survey respondents agreed/strongly agreed that the attendance policy is fair and 45.2% agreed/strongly agreed that management adequately enforces the attendance policy.

About one in four (25.3%) survey respondents agreed or strongly agreed that their peers' absenteeism affected their ability to provide continuous quality care.

There were no significant differences between CNAs and Nurses in responding to this section of the survey.

Table 11: Percent of Survey Respondents by Question by Level of Satisfaction With Items on the Absenteeism Portion of the Survey

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N
I have called in sick when I could not get the days off I needed. ⁴⁶	13.2	21.1	14.5	14.5	13.2	76
I feel the attendance policy is fair. ⁴⁷	17.6	31.1	27.0	14.9	8.1	74
My peers' absenteeism affects my ability to provide continuous quality care. ⁴⁸	16.0	9.3	32.0	25.3	13.3	75
Management adequately enforces the attendance policy. ⁴⁹	16.4	28.8	35.6	6.8	9.6	73

Sample of Survey Comments

Some of the attendance and scheduling policies are very old and need to be changed to promote staff retentions.

Needs improvement.

Management allows unit clerks to change rules and do whatever when it comes to attendance matters.

⁴⁶ 23.7% of survey respondents indicated this item was not applicable.

⁴⁷ Will not equal 100% as 1.35% of respondents indicated the item was not applicable.

⁴⁸ Will not equal 100% as 4.0% of respondents indicated the item was not applicable.

⁴⁹ Will not equal 100% as 2.7% of respondents indicated the item was not applicable.

Suggestions for Improvement

The survey included an open-ended question, “What suggestions do you have to make BPHCC a better place to work?” Of the 77 respondents, 42 responded to this item of whom 7% indicated they had no suggestions.

About 12% of the comments expressed satisfaction with one or more items, as seen in the following:

- *The care given is by far better than any place out there.*
- *Keep doing what they are doing.*

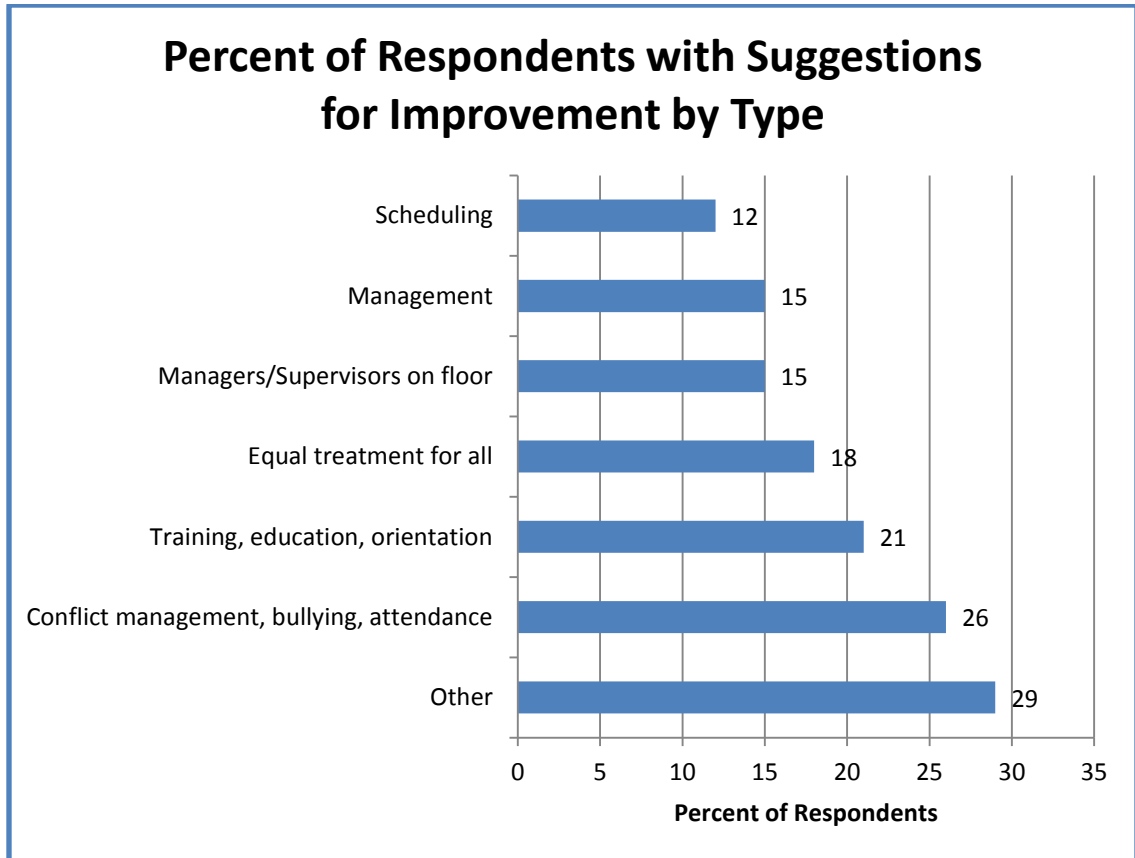
Responses to the remaining comments were grouped into one or more of the 7 categories seen in Graph 10.

Of the 29% of comments that fell into the category of Other, some suggestions were light-hearted as in:

- *A never ending supply of PRNs for staff (aka chocolate, M&Ms) would be greatly appreciated!*
- *Food trucks :)*

A few “Other” suggestions dealt with items to improve the work environment for staff such as: automatic pill crushers, water and ice dispenser in the break room, and less paperwork.

Graph 10: Grouped Responses to Survey Item: “What suggestions do you have to make BPHCC a better place to work?”



N = 34 Responses may have been grouped into more than one category as a number of persons had multiple suggestions.

“Other” suggestions also looked to improve the environment for residents, such as:

- *Some ergonomic feeding chairs would be greatly appreciated.*
- *We are here for the residents and that is where our focus should be totally. They sit around "bored out of their minds" 90% of the time yet we employ a handful of RTs. We provide no "leisure activities" for them to do independently of the units. No wonder we give all the meds we do which contributes to the number of falls we have.*
- *Our current programming does not offer patients with AODA any educational opportunities to learn different coping mechanism.*
- *We have also committed patients with obesity issues and BP has failed in providing these patients with education opportunities, counseling programs, exercise programs (we put them on a low cal diet and have them walk 100 yards twice a day).*

Slightly more than a quarter of the comments dealt with the need to provide conflict management, plus addressing bullying, and attendance issues.

One out of every five of the comments addressed training, education, and new employee orientation.

Sample of Survey Comments

Improved communication. Equal treatment of all employees. Managers spending time on floor/being more involved. Educational requirements beyond AND for nurse managers/DON. Increased tuition reimbursement.

Respect, regardless of your job title. Listening and better communication, across the board. Follow up when promised, either positive or negative.

Supervisors come out of office and pay attention. Policies need to be followed consistently for everyone, no special treatment.

Training on how to handle stress in the workplace. Currently stress=bullying and this is happening on all levels. But mostly RNs bullying C.N.As. I do not feel comfortable going to management, some of them can be very cruel and insensitive. How I feel "I am a CNA , I am not good enough in their eyes no matter what I do." I dream of being respected and appreciated.

More conflict management between employees, employees need to understand this is a professional work environment. Professionalism is a must :)

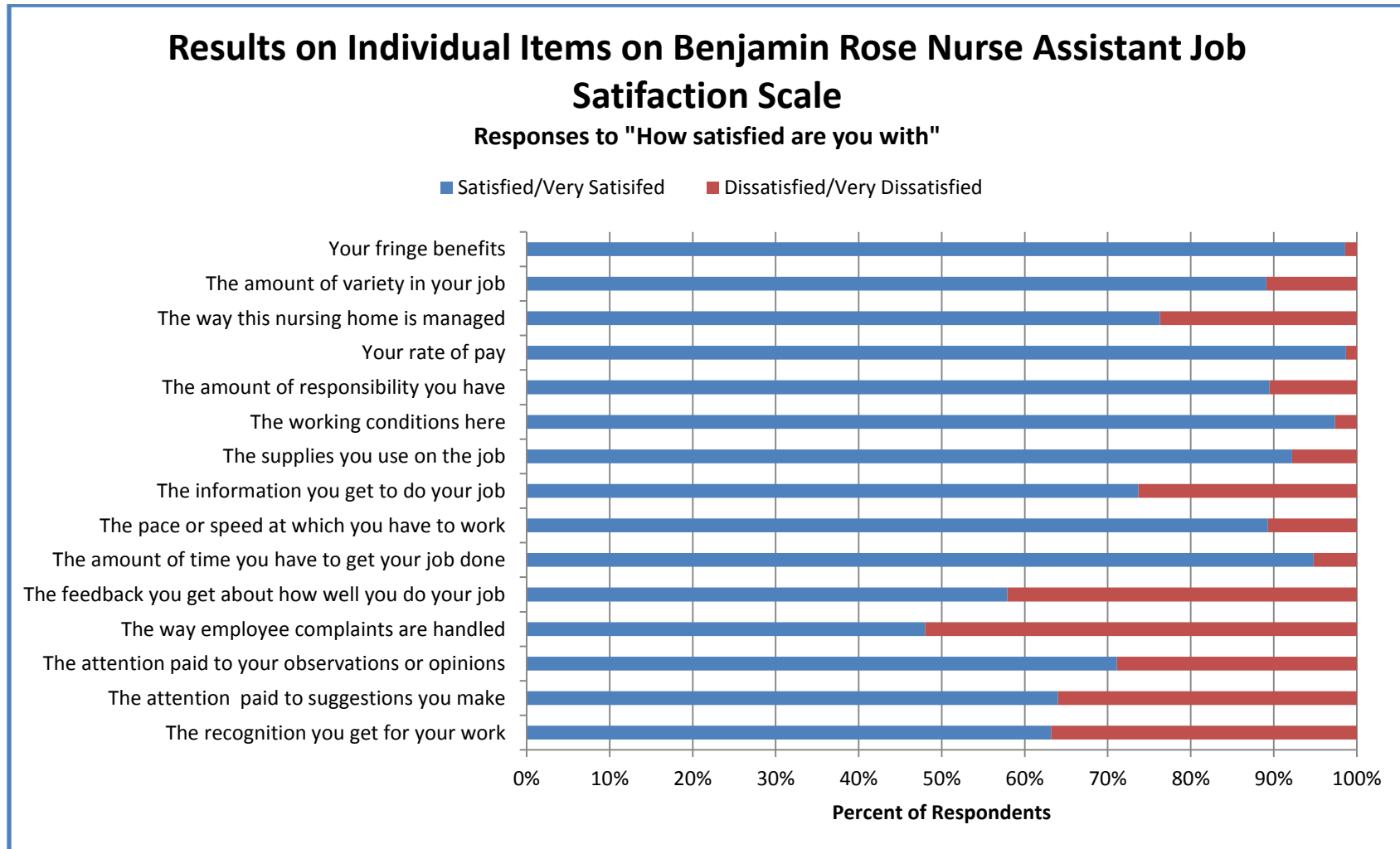
I have a strong feeling management knows the problem areas regarding cliques, bullying and new employees. Your idea about a trainer/mentor program would be a great start. Being brand new is very overwhelming! I love my job and get along with the majority of my co-workers. I feel very lucky!

Hire people with more experience (5 years). Check references better. Pay better attention to concerns from staff in regards to employees not fulfilling the duties they have been hired to perform and follow-up on those complaints. Don't let them get away with unacceptable work performance. Don't lower "our" standards.

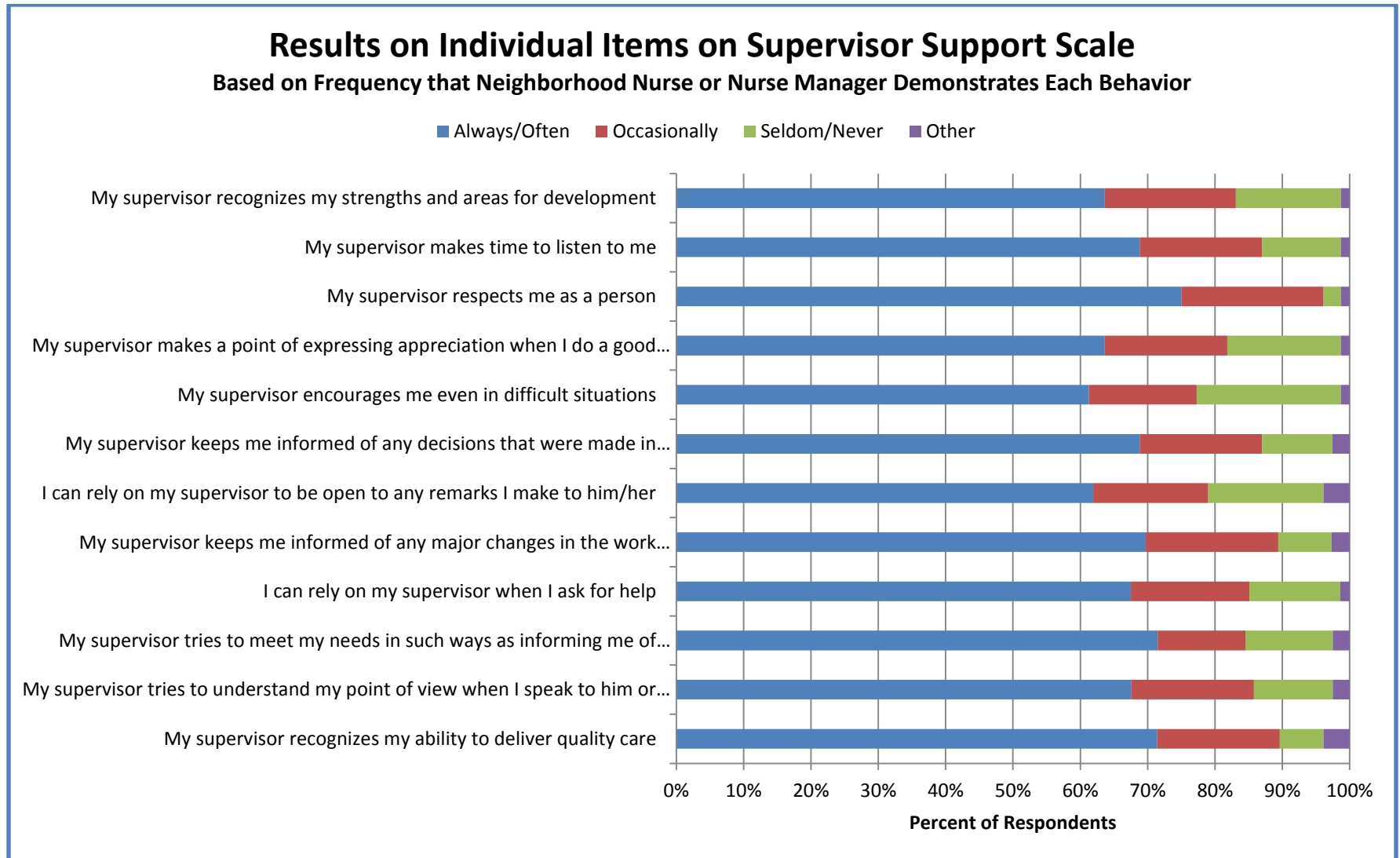
Education/training==move out of the 1950s hospital-based model. Focusing on the positive aspects of personhood and recognizing residual strengths and abilities to engage in meaningful relationships that have purpose. Reconstructing-rethinking staffing roles.

BP requires CNAs to have one year experience prior to hire. However, not all CNAs/nurses have had proper training dealing with people with mental illness/dementia/Alzheimer's. Educating staff on de-escalating techniques and symptom management with non-pharmaceutical approaches should be offered to all staff.

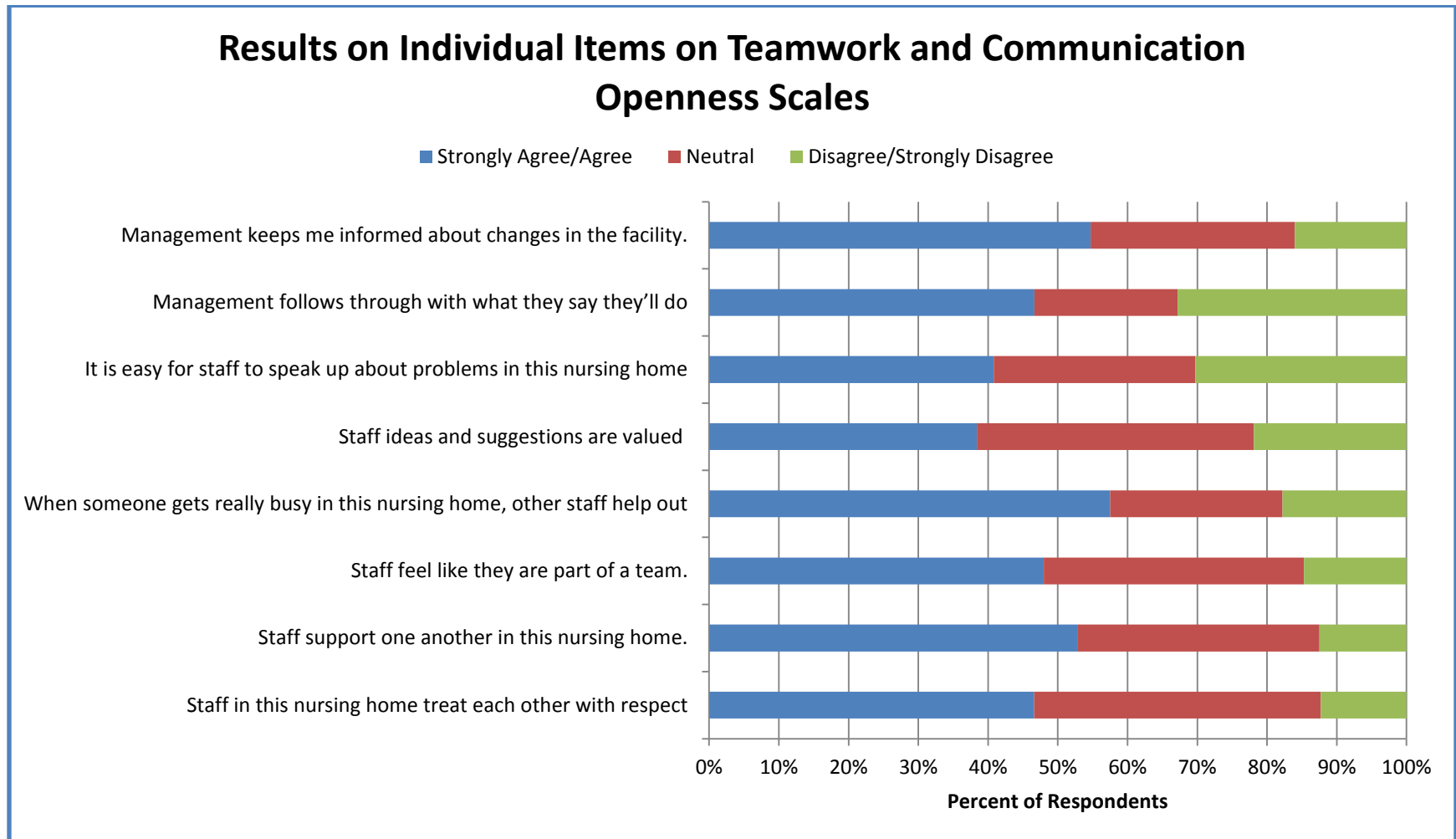
Graph 11: Percent of Survey Respondents who were Satisfied/Very Satisfied Compared with Those who were Dissatisfied/Very Dissatisfied on the Individual Items from the Benjamin Rose Nurse Assistant Job Satisfaction Scale



Graph 12: Percent of Respondents by Frequency with which their Neighborhood Nurse/Nurse Manager Demonstrated Each Behavior on Individual Items on the Supervisor Support Scale

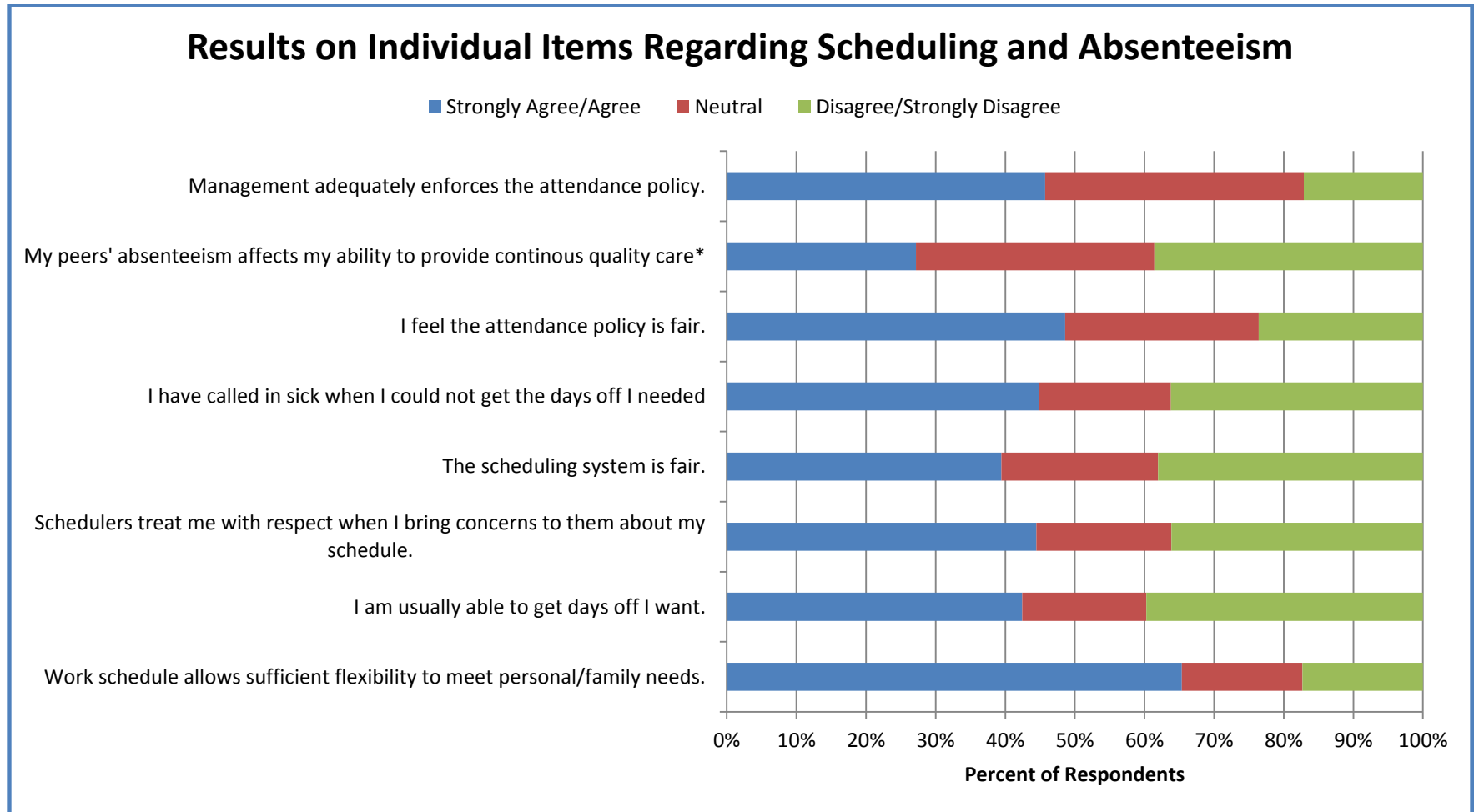


Graph 13: Percent of Respondents by Level of Agreement with Individual Items on the Teamwork and Communication Openness Scales



Graph 14: Percent of Respondents by Level of Agreement to Individual Items Regarding Scheduling and Absenteeism

Note: Based on those responding to each item. Percentages do not include “Not applicable” or those who indicated more than one opinion, i.e., marking both neutral and disagree.



Asterisk (*) indicates that the item is reverse scored. A low score on the strongly agree/agree is desired.



CNA Survey

Badger Prairie Health Care Center

Introduction: We would like to get your opinion about your experience in working at BPHCC. We would like to know what you think about such things as your job, management/supervisory support, teamwork, and scheduling. Tell us what we are doing well and where improvements are needed.

This survey is completely anonymous. You do not have to complete it if you don't want to, but we hope you will help us out. How you answer the questions will not negatively impact your work in any way. The results of this survey will be released in aggregate form only. That means that your answers will be grouped together with those of other people who have responded to this survey.

Every person's opinion is important and we want to make sure your voice is heard. Space is provided after each section of the survey for you to write in any additional comments you might want to share.

Please return your completed survey in the enclosed, postage-paid envelope by either mailing it or sending it inter-d to the address on the last page no later than Friday, **April 29, 2016**.

Your Job

The following items are about different aspects of your job. For each, please check the box that reflects how satisfied you are with each item.

	How satisfied are you with:	Very Satisfied (3)	Satisfied (2)	Dissatisfied (1)	Very Dissatisfied (0)
1.	The working conditions here?				
2.	The way CNAs here pitch in to help one another?				
3.	The recognition you get for your work?				
4.	The amount of responsibility you have?				
5.	Your rate of pay?				
6.	The way this nursing home is managed?				
7.	The attention paid to suggestions you make?				
8.	The amount of variety in your job?				
9.	Your fringe benefits?				
10.	The amount of time you have to get your job done?				
11.	The attention paid to your observations or opinions?				
12.	The information you get to do your job?				
13.	The supplies you use on the job?				
14.	The pace or speed at which you have to work?				
15.	The way employee complaints are handled?				
16.	The feedback you get about how well you do your job?				

17. Please use the space below for any other comments you have about your job.

Supervisory Support

The following statements relate to how you feel about your neighborhood nurse. Please check the box that reflects your relationship with your neighborhood nurse. If you work with more than one neighborhood nurse, please answer these questions in relation to the neighborhood nurse that you work with most often.

	Statement	Always (5)	Often (4)	Occasionally (3)	Seldom (2)	Never (1)
18.	My neighborhood nurse recognizes my ability to deliver quality care.					
19.	My neighborhood nurse tries to understand my point of view when I speak to him or her.					
20.	My neighborhood nurse tries to meet my needs in such ways as informing me of what is expected of me when working with my residents.					
21.	I can rely on my neighborhood nurse when I ask for help, for example, if things are not going well between myself and my co-workers or between myself and residents and/or their families.					
22.	My neighborhood nurse keeps me informed of any major changes in the work environment or organization.					
23.	I can rely on my neighborhood nurse to be open to any remarks I may make to him/her.					
24.	My neighborhood nurse keeps me informed of any decisions that were made in regards to any residents.					
25.	My neighborhood nurse encourages me even in difficult situations.					
26.	My neighborhood nurse makes a point of expressing appreciation when I do a good job.					

	Statement	Always (5)	Often (4)	Occasionally (3)	Seldom (2)	Never (1)
27.	My neighborhood nurse respects me as a person.					
28.	My neighborhood nurse makes time to listen to me.					
29.	My neighborhood nurse recognizes my strengths and areas for development.					

30. Please use the space below for any other comments you have about the support from your neighborhood nurse.

Teamwork/Communication

Please indicate your agreement/disagreement with each statement by checking the box that best represents your opinion.

	Statement	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)	Don't Know
31.	Staff in this nursing home treat each other with respect.						
32.	Staff support one another in this nursing home.						
33.	Staff feel like they are part of a team.						
34.	When someone gets really busy in this nursing home, other staff help out.						
35.	Staff ideas and suggestions are valued in this nursing home.						
36.	It is easy for staff to speak up about problems in this nursing home.						
37.	Management follows through with what they say they'll do.						
38.	Management keeps me informed about changes in the facility.						

39. Please use the space below for any other comments you have about teamwork and communication at BPHCC.

Scheduling/Absenteeism

The following questions ask your opinion about scheduling and absenteeism. Please indicate your agreement/disagreement with each statement by checking the box that best represents your opinion.

	Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
40.	My work schedule allows me sufficient flexibility to meet my personal/family needs.						
41.	I am usually able to get the days off that I want.						
42.	The Schedulers treat me with respect when I bring concerns to them about my schedule.						
43.	The scheduling system is fair.						
44.	I have called in sick when I could not get the days off I needed.						
45.	I feel the attendance policy is fair.						
46.	My peers' absenteeism affects my ability to provide continuous quality care.						
47.	Management adequately enforces the attendance policy.						

48. Please use the space below for any other comments you have about scheduling and absenteeism.

Other

Please indicate your agreement/disagreement with each statement by checking the box that best represents your opinion.

	Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
49.	Overall, I am satisfied with my work experience in this facility.						
50.	I would recommend this facility to a friend or family member as a good place to work.						
51.	I would tell friends that this is a safe nursing home for their family.						

52. What suggestions do you have to make BPHCC a better place to work?

53. How long have you worked at BPHCC?

- | | | | |
|-------|-------------------|-------|------------------|
| _____ | a. 1 year or less | _____ | d. 8-10 years |
| _____ | b. 2-4 years | _____ | e. 11-15 years |
| _____ | c. 5-7 years | _____ | f. Over 15 years |

54. How many hours per week do you usually work at BPHCC?

- | | |
|-------|---------------------------------|
| _____ | a. 15 or fewer hours per week |
| _____ | b. 16 to 30 hours per week. |
| _____ | c. 31 to 40 hours per week. |
| _____ | d. More than 40 hours per week. |

55. Are you a Float or Core?

- | | |
|-------|----------|
| _____ | a. Float |
| _____ | b. Core |

56. Which shift do you work most often at BPHCC?

- a. AM
- b. PM
- c. NOC

57. Which shift would you prefer to work at BPHCC?

- a. AM
- b. PM
- c. NOC

58. Please use the space below for any other comments you have about working at BPHCC.

Thank you for taking the time to complete this survey!

Please return it in the enclosed envelope to:

Dane County Department of Human Services
ATTN: Lori Bastean
1202 Northport DR/4th FL
Madison, WI 53704

Or inter-d to:

Lori Bastean
DCDHS
NPO/4th FL