
2010-2011 National Survey of Customer and Employee Satisfaction in Nursing Homes




MY INNERVIEW
BECAUSE KNOWING MORE MATTERS MOST™


ELEVATING HEALTHCARE INTELLIGENCE

INTRODUCTION

- Database Profile
- Customer & Employee Characteristics

RESIDENTS & FAMILIES RATE NURSING HOMES

- Understanding Different Perspectives
- Factors that Drive Recommendation

EMPLOYEES PROVIDE FEEDBACK

- Variations in Score
- Factors that Drive Recommendation
- Understanding Different Perspectives

CONTINUOUS IMPROVEMENT

- Where Improvement is Most Evident
- Value of Improvement

RELATIONSHIPS BETWEEN MULTIPLE INDICATORS OF PERFORMANCE

- Trends in Satisfaction Rates
- Integrating Satisfaction with Quality Data
- Understanding Different Perspectives

SPOTLIGHT: WHEN CAREGIVERS QUIT

- Understanding CNA Longevity
- Staff Tenure & Satisfaction
- What Drives CNA Turnover?
- Leaders Make a Difference

CONCLUSION

Introduction

- Database Profile
- Customer & Employee Characteristics

INTRODUCTION

The 2010-2011 National Survey of Customer and Employee Satisfaction (National Report) includes an in-depth overview of the voice of nursing facility caregivers, residents, and families from the largest ever compilation of surveys representative of almost 5,500 facilities. The metrics and information in this report are presented to support the advancement of the long term care profession. This information gives stakeholders a better understanding of the well-being of this critical component of the health care sector and the drivers of quality in nursing homes, and to reveal benchmarks that providers can use to gauge and improve their own performance.

The primary source of the National Report is My InnerView surveys of employees and customers of skilled nursing facilities. While these are generally referred to as “satisfaction surveys,” they are designed to serve multiple functions: quality assurance, program evaluation, recruiting, and marketing, just to name a few. These varied purposes serve the overriding goals of My InnerView and of all long term care stakeholders:

- Promote evidence-based practice in long term care
- Provide information that helps clients improve organizational performance
- Support and promote the long term care industry

The growing My InnerView archives that capture the customer’s voice, the largest such collection anywhere, has emerged as an indispensable resource that supports these objectives.

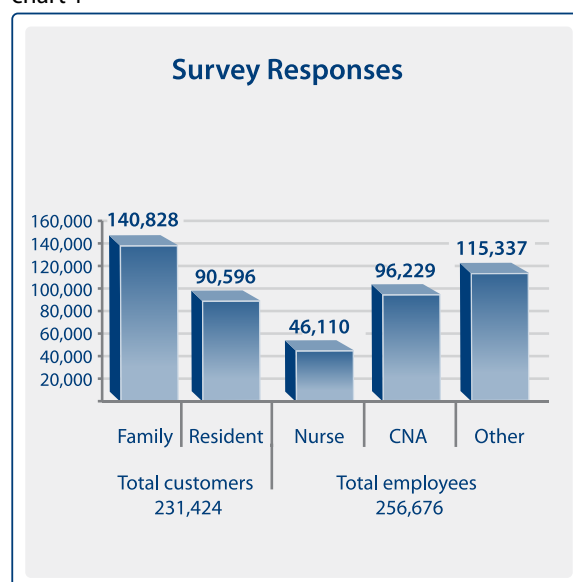
Although My InnerView surveys track satisfaction across the long term care spectrum, including

skilled nursing facilities, assisted and independent living facilities, home health agencies, and continuing care retirement communities, here we confine our discussion to only one, although the largest, segment in that spectrum—nursing facilities. We primarily rely on analyses conducted on the 2010 My InnerView customer and employee survey data, but we also draw on analyses conducted for other purposes in other years and refer to material sourced outside of the My InnerView database.

Database Profile

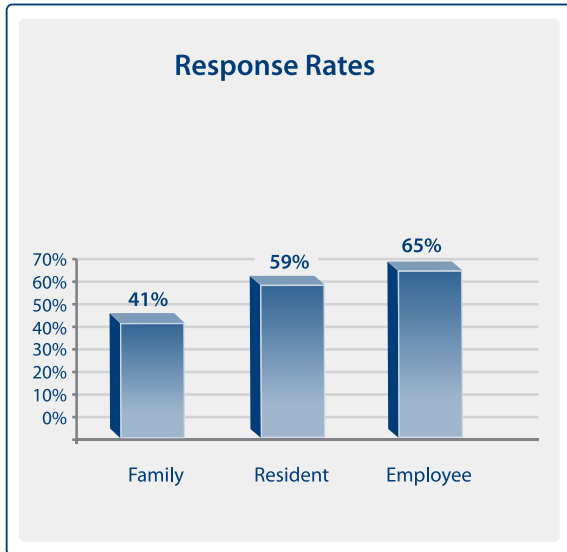
The 2010-2011 National Report includes data from 35% of the nursing facilities in the United States, exactly 5,466 facilities representing every state and the District of Columbia, which is a 7% increase from the 2009 National Report. My InnerView collected input from 283,404 employees and 231,424 customers (chart 1).

chart 1



Results show that 65% of employees who received a survey replied to the request, while 41% of families and 59% of residents responded to surveys (chart 2).

chart 2



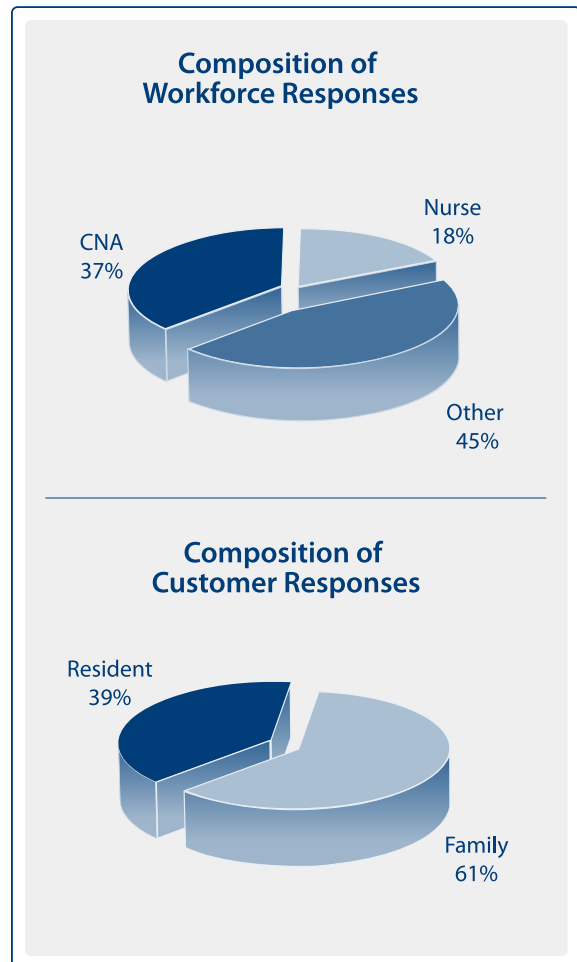
Direct caregivers represent 55% of the employee responses (chart 3): 46,110 nurses and 96,229 certified nursing assistants (CNAs). Almost 40% of this year's customer data set (90,596 surveys) represents residents (chart 4). The total volume of surveys returned by residents, especially when combined with the high 59% resident response rate, demonstrates both the interest and ability of this population to provide feedback on their nursing facility experiences, which is something that has been previously questioned.

Customer & Employee Characteristics

The characteristics of the residents, family members, and employees have changed very little

during the years that My InnerView has published the National Report. The database has continued to grow each year, response rates have improved, and the representation of residents has increased year over year. Despite these differences, the other demographic characteristics of respondent groups are comparable across years, suggesting that the underlying demographic characteristics of respondents participating in these voluntary surveys remain stable over time.

chart 3 / chart 4

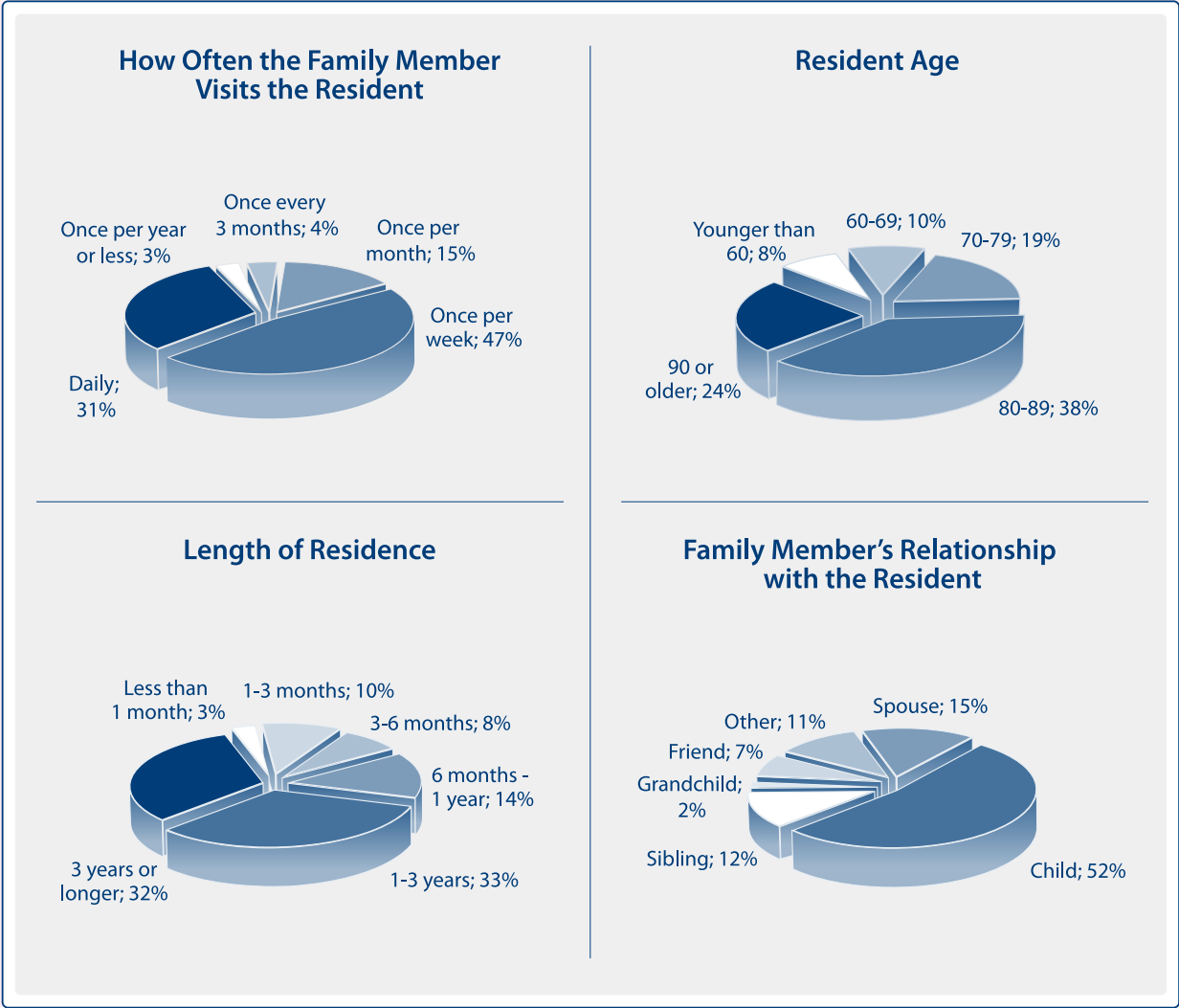


Customers:

- The majority of residents (78%) are visited in the nursing facility by family or friends at least weekly (chart 5).
- Nearly two-thirds (62%) of residents are 80 or older (chart 6) and nearly two-thirds (65%) have been in the facility for over one year at time of the survey (chart 7).
- The most frequent (52%) visitor is the adult child, while the spouse is the second most frequent (15%) (chart 8).

chart 5 / chart 7

chart 6 / chart 8

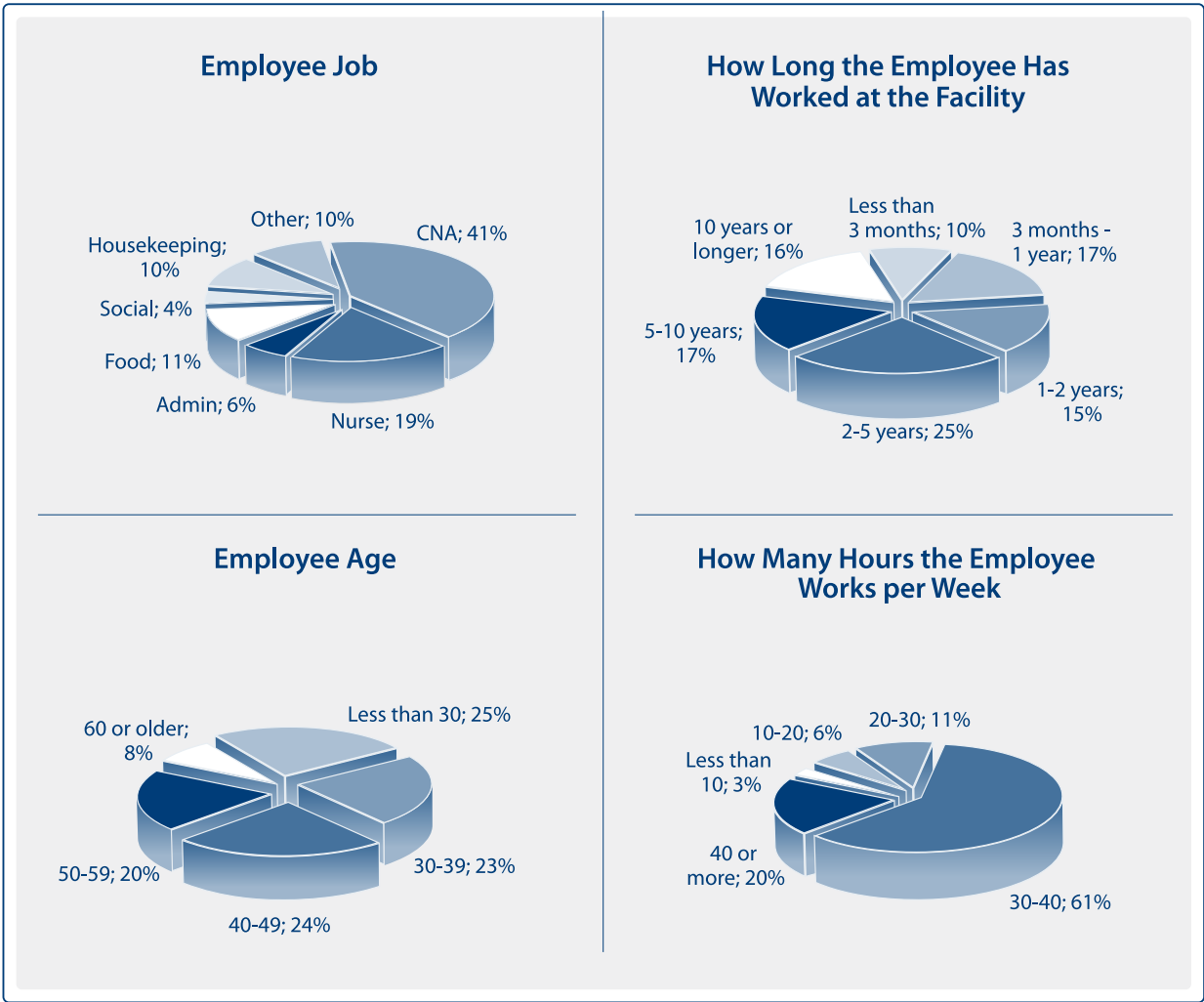


Employees:

- Well over half (60%) of respondents were nursing staff, with nurses representing 19% of employee respondents and nursing assistants representing 41% of employees (chart 9).
- Almost three out of four (73%) of all employees reported working in the same facility for one year or more (chart 10).
- Just over half (52%) of respondents were over the age of 40 (chart 11).
- Most respondents (81%) worked more than 30 hours per week (chart 12).

chart 9 / chart 11

chart 10 / chart 12



Residents & Families Rate Nursing Homes

- Understanding Different Perspectives
- Factors that Drive Recommendation

RESIDENTS & FAMILIES RATE NURSING HOMES

One fact about nursing facilities has been indisputably reaffirmed year after year, and in a variety of surveys: residents and families hold their nursing home in high regard.

The My InnerView Customer survey asked residents and families to review 22 nursing facility experiences across three broad areas.

- Quality of life: if they felt affirmed as persons in matters of safety, privacy, dignity, choice, and other aspects of well-being;
- Quality of care: how they rated the staff and care practices in regard to adequacy, competence, and a caring attitude;
- Quality of services: how satisfied they were with meals, laundry, maintenance, and more.

In a direct challenge to a negative popular belief, more than four out of five families and an even greater proportion of residents rate their nursing facilities as “good” or “excellent.” This indicator has steadily scored over 80% from both the family and the resident perspective for the past

chart 13

five years. But it has been gradually increasing during that time, from a low of 83% for families and 85% for residents in 2006 and 2007, to a high of 87% for families and 88% for residents in 2010 (chart 13).

Understanding Different Perspectives

Feedback is consistently high across all of the indicators included in the survey, with the lowest scoring items still receiving close to or over 70% excellent and good scores. However, both families and residents give higher marks to their nursing facilities for some areas of performance than others. What is especially interesting about these findings is where the top and bottom metrics are the same across families and residents, and where they are different.

Both families and residents rate the care provided by nurses (RNs, LVNs/LPNs) and the safety of the facility as two of the top three characteristics



of their nursing facilities (chart 14). The strong family-resident affirmation of the respect that staffs show towards the elders is in stark contrast to the common perception of inadequate or improper care being provided at nursing facilities. An examination of open-ended comments provided on the surveys affirms the overarching positive feedback provided about the care received in nursing facilities. The groups also share one related item in the bottom three scoring items for both of their lists—adequate staff to meet needs.

Where the lists of top and bottom scoring items differ lends valuable insight into the perspectives and experiences of the two categories of stakeholders. Residents round out the top three positively ranked items with cleanliness of the premises and the bottom three with quality of meals and dining experience. While families are not as dissatisfied with these measures as residents, they still fall close to the bottom of their lists (fifth and sixth from the bottom).

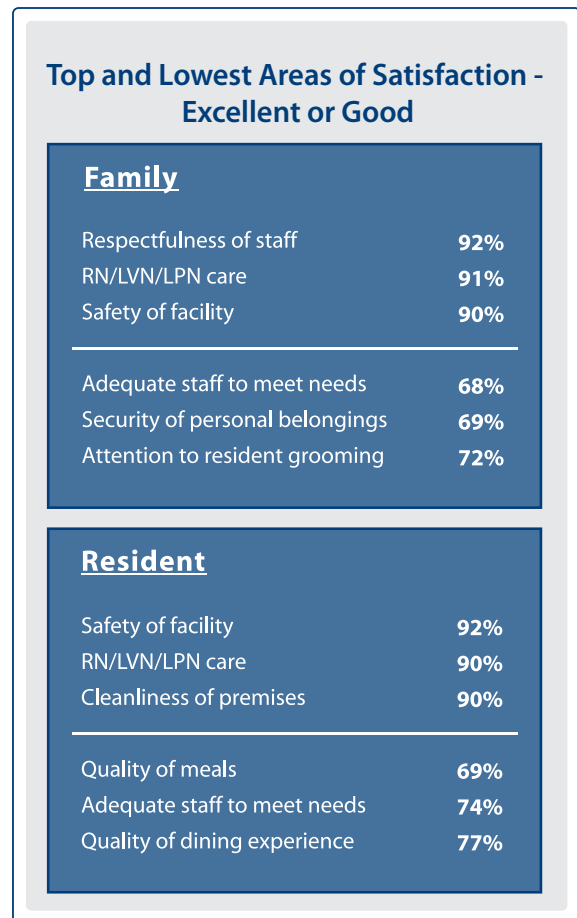
Respectfulness of staff makes the top three and security of personal belongings and attention to resident grooming complete the list of the bottom three among the family results. Residents are also less satisfied with the security of their belongings (the fourth-lowest ranked item), but attention to resident grooming is less of a concern (86% of residents rate this item as excellent or good, putting it in the middle of the pack). This difference demonstrates the importance of collecting feedback from both residents and families. One could presume that the families who provided negative feedback about resident grooming are more likely to be speaking for residents who are not able to themselves, while the

residents who don't see a problem with grooming are not the ones who need the assistance.

Factors that Drive Recommendation

The importance of the caregivers and the quality of the work they do is emphasized when looking at the factors that drive the likelihood of both families and residents to recommend a nursing home as a place to receive care (chart 15).

chart 14



Three of the top five and five of the top ten drivers for families to recommend a facility are directly related to the care the resident receives—care (concern) of staff, competency of staff, RN and LVN/LPN care are the first, second, and fourth indicators correlated with recommendation nationally for families. Care (concern) of staff and competency of staff are the top two items correlated with recommendation for residents, as well.

chart 15

Items Most Correlated with Recommendation to Others	
Family	Resident
Care (concern) of staff	Care (concern) of staff
Competency of staff	Competency of staff
Choices/preferences	Responsiveness of management
RN/LVN/LPN care	Choices/preferences
Responsiveness of management	Safety of facility
CNA/NA care	RN/LVN/LPN care
Respectfulness of staff	CNA/NA care
Safety of facility	Respectfulness of staff
Adequate staff to meet needs	Attention to resident grooming
Resident-to-staff friendships	Commitment to family updates

Employees Provide Feedback

- Variations in Score
- Factors that Drive Recommendation
- Understanding Different Perspectives

EMPLOYEES PROVIDE FEEDBACK

The satisfaction and recommendation rates of employees have also shown improvement over the past five years, similar to customer satisfaction rates. Sixty-five percent (65%) of nurses (RNs, LPNs/LVNs) and 63% of certified nursing assistants (CNAs) rate their overall satisfaction with their employers as “excellent” or “good” (chart 16). The feedback is almost identical when rating the facility as a place to work with 65% of nurses and 66% of CNAs scoring it as “excellent” or “good” (chart 17).

The feedback is even more positive when the employees are asked to rate their recommendation of the facility as a place to receive care—75% of nurses and 74% of CNAs respond with “excellent” or “good” (chart 18). When stepping back to survey the entire workforce, including non-caregivers, positive feedback rates are slightly higher at 76% as a place to receive care, 69% as a place to work, and 67% overall satisfaction (chart 19).

chart 16 / chart 17 / chart 18

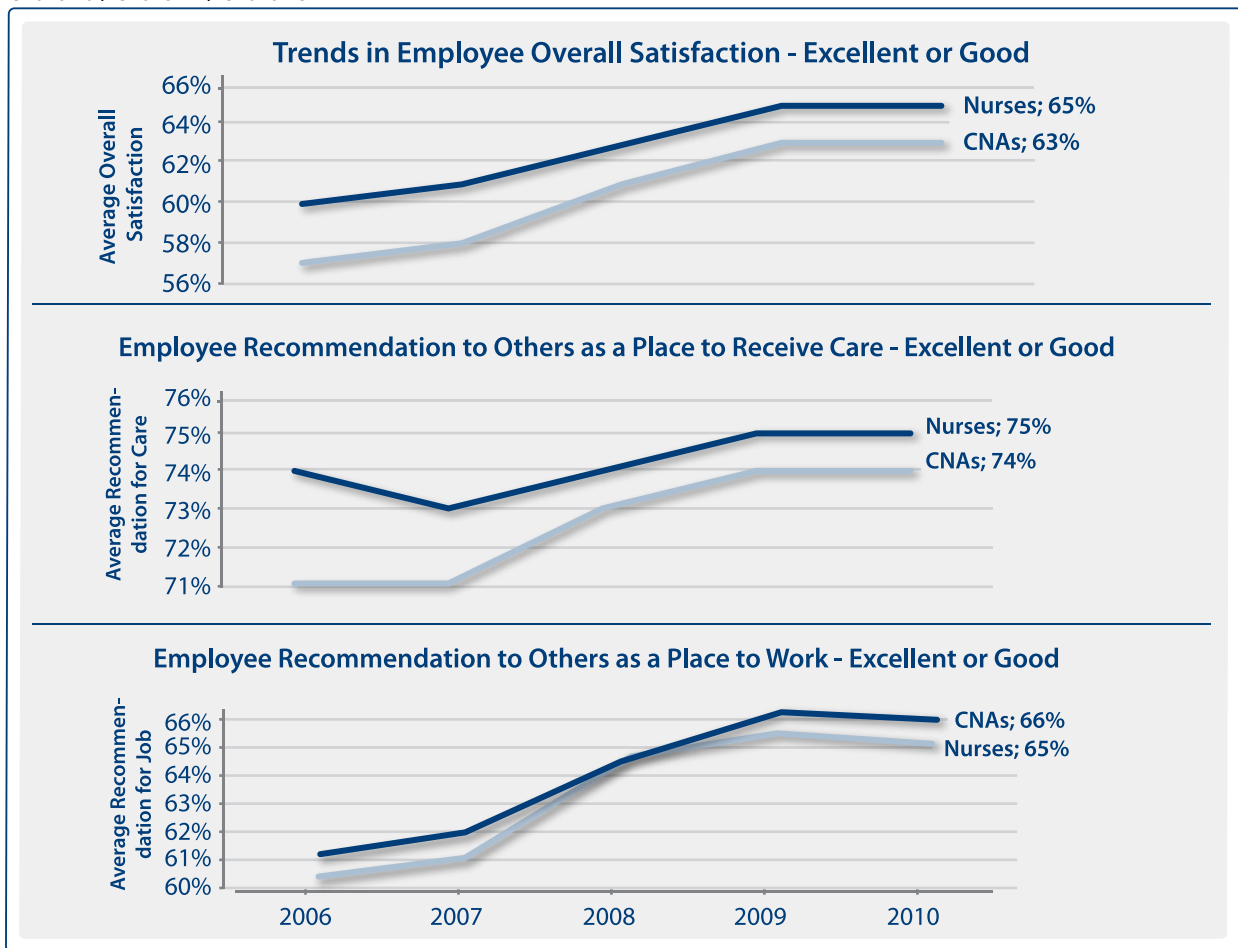
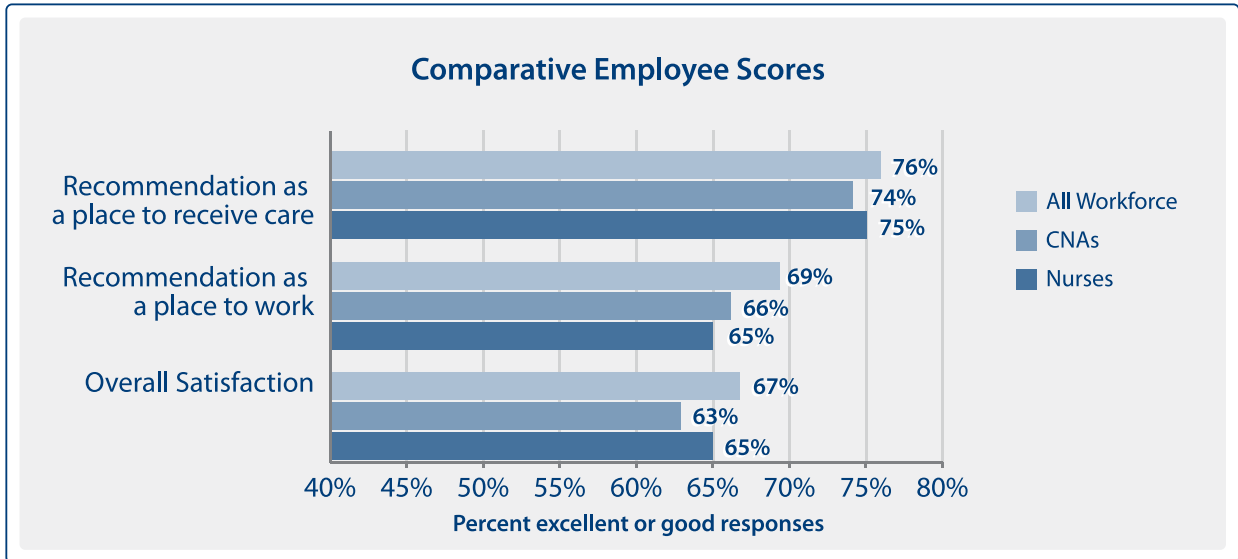


chart 19



Variations in Score

Sixty-seven percent (67%) of nursing facility employees are satisfied with their employers, but that number varies widely from facility to facility. The median score for overall satisfaction of employees is also 67% (chart 20). In other words, half of all facilities have an “excellent” or “good” overall employee satisfaction rating of better than 67%, while half have a worse score. The range

on either side of the median score is especially interesting, offering insight into the variability of long term care employees’ satisfaction. At the 10th percentile, only 44% of employees provide a positive overall rating, while at the 90th percentile the rate is 87%. Half of all facilities fall within a range of 55% and 78% positive overall feedback (the 25th and 75th percentiles of performance, respectively).

chart 20

	<u>Nurses</u>	<u>All Employees</u>
10th Percentile	33%	44%
25th Percentile	50%	55%
50th Percentile	67%	67%
75th Percentile	83%	78%
90th Percentile	100%	87%

What is especially interesting about this perspective of performance at the facility level is how the satisfaction scores of nurses are even more widespread than full employee scores, even while the median, or 50th percentile, is identical at 67%. The 10th percentile value for overall nurses' satisfaction is 33% and the 90th is 100%. Even in the middle tier of performance, the 25th percentile score is 50% while the 75th is 83%. The satisfaction rates of long term care nurses vary more than for the employee population as a whole.

Factors that Drive Recommendation

The top drivers of employees' recommend a facility as a place to work are remarkably similar for nurses, CNAs, and all other employees alike (chart 21). The top four items are identical for all three groups: care (concern) of management, attentiveness of management, assistance with job stress, and safety of the work-

place. The remaining six items on each list do not match perfectly, but show some clear trends and highlight important factors for each specific employee category.

The actions and attitudes of supervisors (direct supervisors as opposed to facility administrators and DONs assessed by "management" items) dominate the remainder of each of the three top ten lists. Care (concern) of supervisor and fairness of evaluations are found on all three lists, along with appreciation of supervisor and communication by supervisor, each falling on two of the three lists. Adequacy of equipment and supplies is also important to all three groups. Training-related issues are stronger drivers of recommendation for caregivers than for other staff, as evidenced by quality of resident-related training falling on the top 10 lists for both nurses and CNAs, with quality of family-related training also making the nurses' list. Finally, non-caregiver employees place high value on staff-related issues, specifically staff-to-staff communication and respectfulness of staff.

chart 21

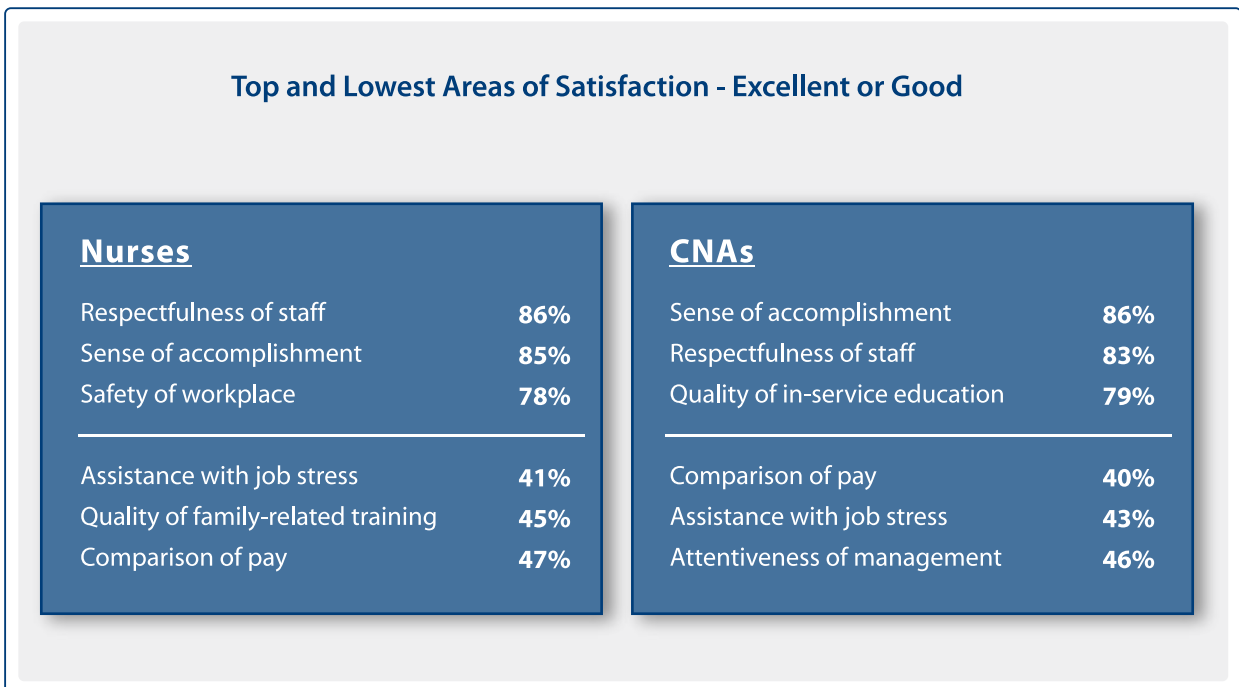
Items Most Correlated with Recommendation to Others		
<u>Nurses</u>	<u>CNA</u>	<u>All other Employees</u>
Care (concern) of management	Care (concern) of management	Care (concern) of management
Attentiveness of management	Attentiveness of management	Attentiveness of management
Assistance with job stress	Assistance with job stress	Assistance with job stress
Safety of workplace	Safety of workplace	Safety of workplace
Quality of resident-related training	Adequacy of equipment/supplies	Fairness of evaluations
Fairness of evaluations	Care (concern) of supervisor	Staff-to-staff communication
Care (concern) of supervisor	Appreciation of supervisor	Adequacy of equipment/supplies
Appreciation of supervisor	Quality of resident-related training	Respectfulness of staff
Adequacy of equipment/supplies	Communication by supervisor	Care (concern) of supervisor
Quality of family-related training	Fairness of evaluations	Communication by supervisor

Understanding Different Perspectives

While positive scores on global measures of employee satisfaction—such as overall satisfaction and likelihood of recommending as a place to work—sit in the mid- to upper-60s range, the scores of individual areas of satisfaction range from about 40% to close to 90% at a national level. Caregivers, including nurses and CNAs, have shown consistency in two of the three areas where they rank at both the low and high extremes of the scale (chart 22). Nurses and CNAs offer the highest ratings on respectfulness of staff (85% and 83%) and sense of accomplishment (85% and 86%). Nurses are also very satisfied with safety of the workplace (78%) and CNAs with the quality of in-service education (79%).

Caregivers are least satisfied when it comes to assistance with job stress (41% and 43% positive scores) and comparison of pay (47% and 40%). Nurses are also less satisfied with the quality of family-related training (45%) and CNAs with the attentiveness of management (46%). Interestingly, only one of the top three items for either nurses or CNAs is among the top ten drivers of positive recommendations—safety of workplace. But several of the lowest performing measures are among the top drivers, such as assistance with job stress, quality of family-related training, and attentiveness of management.

chart 22



Continuous Improvement

- Where Improvement Is Most Evident
- Value of Improvement

CONTINUOUS IMPROVEMENT

As previously discussed, the long term care profession has seen improvement in both customer and employee satisfaction scores over the past five years. In fact, comparing every single measure included in both the customer and employee satisfaction surveys, the national average score is between two and seven percentage points higher in 2010 than it was in 2006. While the improvement has not been constant, with flat or even slightly downward trended years in some measures, it is clear that the profession is improving in multiple dimensions of performance.

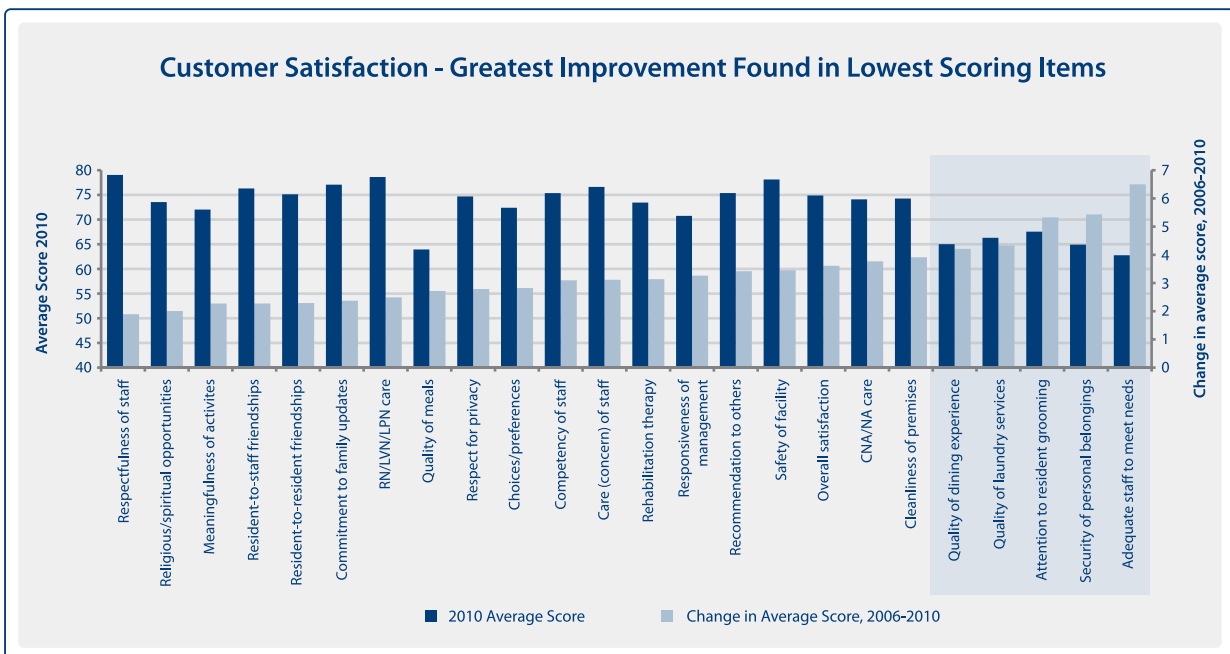
Where Improvement Is Most Evident

What is especially noteworthy about these improvements is that they have come in many of the areas where nursing homes have struggled

to achieve higher scores. In fact, when looking at the five measures that saw the greatest improvement (between four and seven percentage points) among customer satisfaction scores, they are five of the six lowest customer satisfaction scores overall (chart 23). The five most improved measures include adequate staff to meet needs, security of personal belongings, attention to resident grooming, quality of laundry services, and quality of dining experience.

This analysis finds a very similar trend with the employee satisfaction scores, where four out of five measures with the greatest improvement (between five and six percentage points) in average scores are also four of the five lowest scoring measures overall (chart 24). Those four measures are quality of family-related training, assistance with job stress, staff-to-staff communication, and attentiveness of management.

chart 23

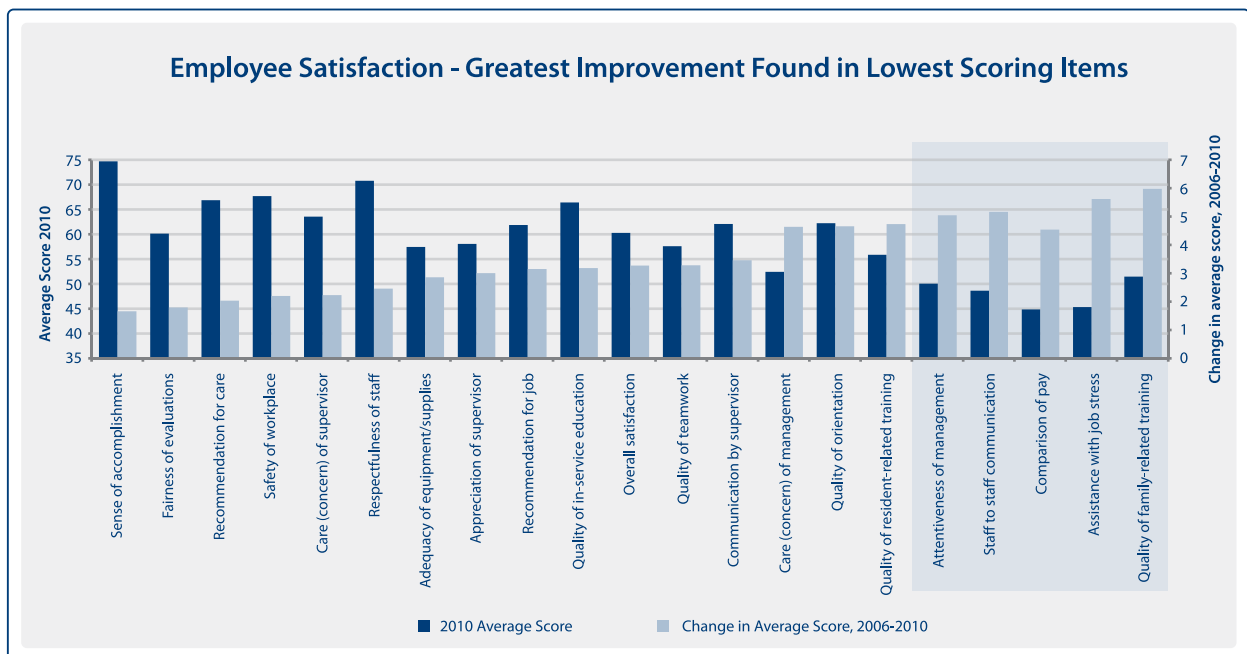


Value of Improvement

In both customer and employee satisfaction rates, nursing facilities are improving performance in the measures with the most room to improve. However, they are not necessarily the measures that matter most to the customers. Only two of the areas where scores have improved the most appears on the top-ten list of items correlated with a family or resident's likelihood of recommending the facility. Adequate staff to meet needs is ninth on the list for families, while attention to resident grooming is ninth on the list for residents. While it's reassuring to see nursing facilities improving the quality where the quality was assessed as less satisfactory by customers, they may not be the most important aspects to those same customers.

For employees, the story is exactly the opposite—four out of the five areas that have improved the most fall onto one of the lists of the top ten items correlated with an employee's likelihood of recommending a nursing home as a place to work. Further, two of those items are found in the top three drivers of recommendation for nurses, CNAs, and all other employees: attentiveness of management and assistance with job stress. On this side of the equation, facilities are improving in measures where performance was weak and where it matters significantly to their employees.

chart 24



Relationships Between Multiple Indicators of Performance

- Trends in Satisfaction Rates
- Integrating Satisfaction with Quality Data

RELATIONSHIPS BETWEEN MULTIPLE INDICATORS OF PERFORMANCE

One of the unique and important attributes that My InnerView brings to its work of providing information to nursing facilities and the entire post-acute care continuum is an ability to combine disparate data sets and multiple measures of organizational performance to provide deeper insight into the quality of services provided by the long term care profession—plus the relationships between these various dimensions of quality. In the 2010-2011 National Report, we explore the dynamics of how employee, family, and resident satisfaction interact with each other, along with the trends we have observed looking at the relationship between My InnerView satisfaction results and quality measures published through Nursing Home Compare.

Trends in Satisfaction Rates

Our initial observations reaffirm relationships revealed in previous National Reports. Previously we revealed that facilities that score higher on family satisfaction also score higher on resident satisfaction, and facilities that score higher on employee satisfaction also score higher on family satisfaction. This dynamic was again uncovered in 2010 (charts 25 and 26). It is shown graphically by dividing facilities into quartiles, first based on family satisfaction scores then a second time based on employee satisfaction scores. For each analysis, this National Report study found the highest of both sets of scores (family and resident in the first, employee and family in the second) in the fourth quartile and the lowest scores in the first quartile.

These analyses clearly demonstrate that as families are more satisfied, residents are, on average

also more satisfied. Similarly, when employees are more satisfied, families are as well.

Integrating Satisfaction with Quality Data

We also explored the relationship between satisfaction ratings and quality indicators published on Nursing Home Compare, a public Medicare website where consumers, referral sources, employees, competitors, and other stakeholders

chart 25 / chart 26



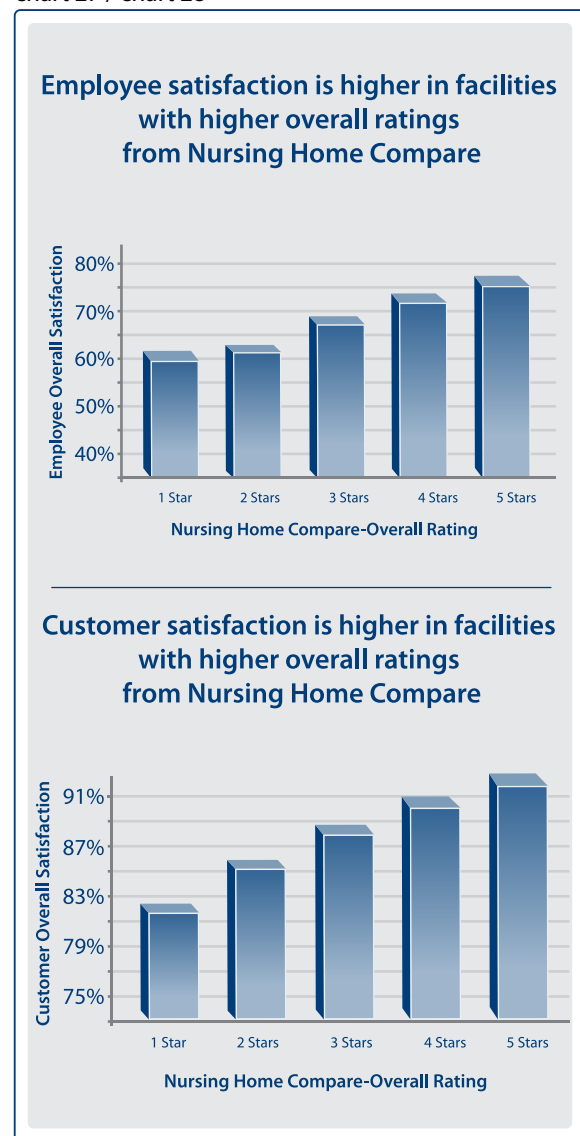
can locate and compare nursing facilities. For this branch of the analysis, we used summary scores—overall employee satisfaction, overall customer (combined family and resident) satisfaction, and the overall rating five-star score from Nursing Home Compare—to provide a high-level view of the results.

It is worth noting that the summary scores are very useful for gaining a quick picture of overall trends, but the underlying metrics provide detailed information that is more focused and meaningful for understanding the specific issues and dimensions of performance. For example, while it is handy to group resident and family satisfaction data to get a sense of general customer satisfaction, the two groups are distinctly different. They have different perspectives and interactions with the facility and staff. Therefore, it is important to analyze them separately and useful to examine the specific scores, even delving into the measures that are more granular than “overall satisfaction,” in reference to other indicators. Likewise, the overall rating from Nursing Home Compare combines the results from health inspections, staffing measures, and quality indicators to provide a high-level picture of a nursing facility’s quality. Important information about each of these areas of performance can get muddled with the overall rating.

To examine the issue of the relationship between quality indicators and satisfaction measures, this study grouped facilities by the number of stars they earned for their overall rating on Nursing Home Compare and calculated the average employee and average customer satisfaction score for each set of organizations (charts 27 and 28). Both analyses found that facilities with

higher star ratings (indicating higher overall quality) also had higher satisfaction scores. In other words, nursing facilities with higher overall quality as assessed by Medicare had, overall, more satisfied employees and more satisfied customers.

chart 27 / chart 28



Spotlight: When Caregivers Quit

- Understanding CNA Longevity
- Staff Tenure & Satisfaction
- What Drives CNA Turnover?
- Leaders Make a Difference

SPOTLIGHT SECTION: WHEN CAREGIVERS QUIT

Consider turnover of caregivers, a pivotal issue for many nursing homes, estimated in an American Health Care Association (AHCA) study to be 53% for CNAs in 2010. While this is lower than in pre-recession years, CNA turnover is still the bane of too many organizations. The effects are cascading: as CNAs leave, money invested in training and earmarked for recruiting evaporates, and those left behind can become demoralized. The upheaval that follows adds insecurity to the life of residents. Temporary staff does not get conversant with residents' personal and clinical needs. A heavy use of agency-based temporary staff alters the tone of the workplace. Efficiency and competence become top priority, and a CNA-resident bond gives way to impersonal care.

High turnover is not a feature unique to nursing homes. Turnover is an equal-opportunity virus; it spares no manufacturing or service sector, nor respects organizational rank. High turnover in the executive ranks is well publicized. In the late 1980s, 18% of hospital CEOs went through the revolving door. The turnover virus hits some sectors more virulently than the CNA ranks. McDonald's hires and trains over 2,000 workers every day—more than the U.S. army. Wal-Mart is accustomed to lose 70% of its new hires before completing their first year.

In regards to CNAs, how do we determine, measure, and combat turnover? Is all CNA turnover negative? Consider how the following four situations inflate the numbers and skew the meaning of CNA turnover.

- Good DONs and NHAs have to be effective managers. A good manager has to let

the less devoted, unmotivated, unsalvageable workers leave, voluntarily or not, thereby making room for fresh talent. Losing a loser is a gain, not a loss.

- Often college students, who lack neither motivation nor skill, seek work in a nursing home not as a first step on their chosen career path, but because the nursing facility lets them temporarily supplement their modest finances at a convenient location and with a suitable work schedule. These students never intend to stay, as they have other career plans. When the time comes, they leave to pursue their goals.
- Another such group of young and eager souls comes to the nursing home urged by a vague desire to help people. They are not sure they want to make the commitment, yet they wish to test this yearning. The stark demands of working in a nursing home soon erode their spirit and idealism, and, many walk away wisely recognizing their limitations.
- Then there is another segment of talented and motivated CNAs who have done a good job, have made their mark, and are eager for a greater challenge. They move up in the profession through supervisory and managerial ranks and enrich the executive ranks with their bedside experience. Although not documented by research, it is common knowledge that an overwhelming number of long-term care nurses who today serve in top executive and policy positions began their careers as CNAs. No one wishes to reduce turnover by fencing in the talent that is likely to promote quality on a wider scale.

Understanding CNA Longevity

My InnerView 2010 survey data is consistent with these everyday observations. A close look at CNA longevity of service reveals a peculiar feature of CNA turnover: a typical nursing facility can boast of a solid, stable core of CNAs who, amid high turnover, can be counted on to be at their post ensuring continuity and calm stability. In 2010, about three in four CNAs had worked for their nursing facility for more than a year, while about one in three had a tenure of at least five years and one in seven at least 10 years (chart 29). The industry's high turnover numbers make no reference to the contribution that the loyal make; instead they train the spotlight on the CNA exodus and blur its context. The turnover, speaking metaphorically, is the restless churning at the edges of the calm sea. The same group is replaced repeatedly, while the committed and devoted form a consistent and predictable element

to the organization. Among those CNAs on service for less than 3 months, close to 12% were 19 years of age or younger, 44% were in their 20s, and only 36% served on the day shift—features congruent with younger people and college students, referred to above, who come and go at the start of their working careers.

Staff Tenure and Satisfaction

There is also no evidence of a direct relationship between staff tenure and customer satisfaction (chart 30), further emphasizing that turnover is not unilaterally a bad thing. Facilities with the smallest percentage of employees who have worked for less than a year have almost the exact same overall customer satisfaction scores as facilities that have the highest percentage of staff employed for less than a year. How the employees and turnover are managed have a higher impact on resident and family satisfaction than the presence of newer caregivers alone.

chart 29

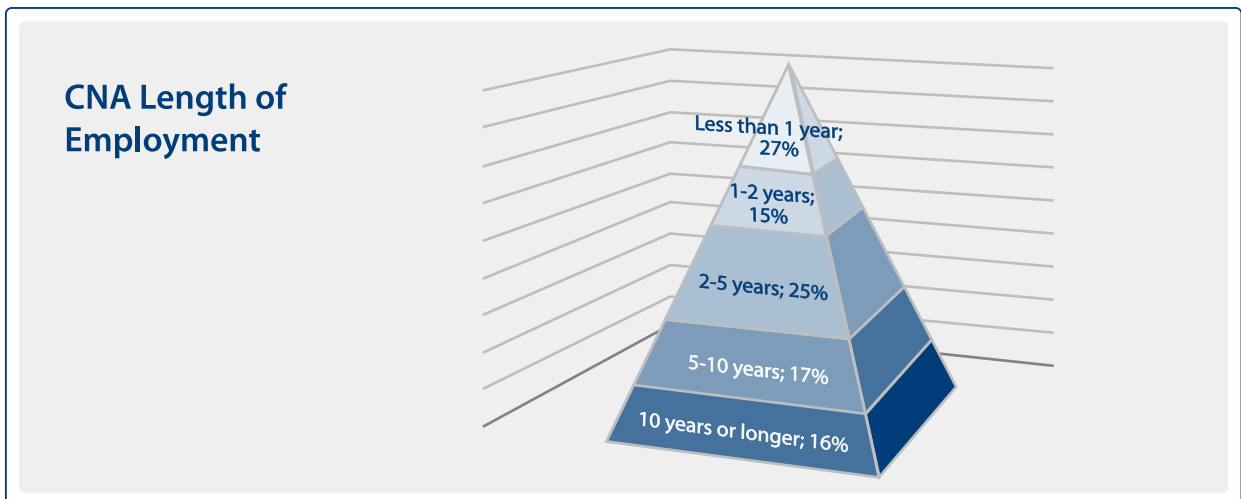
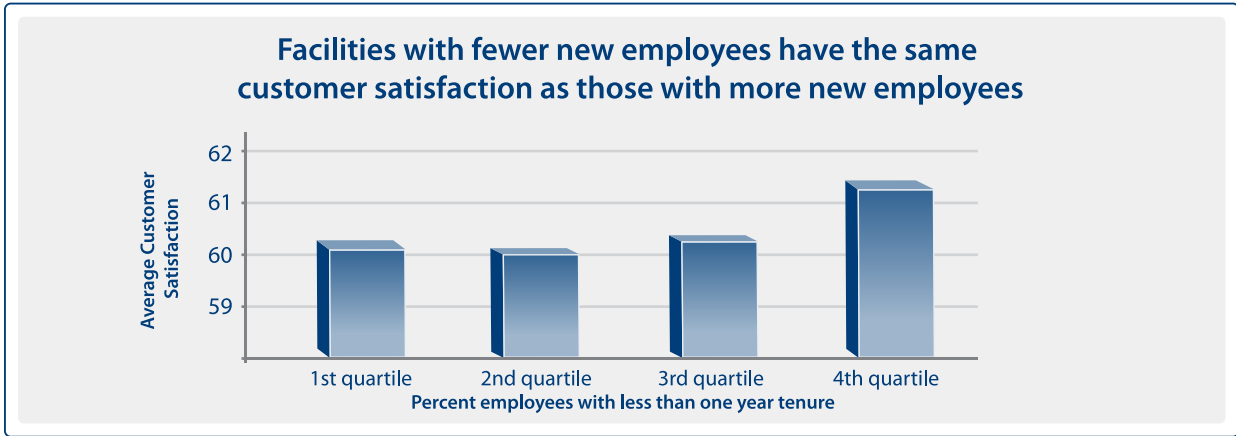


chart 30



What Drives CNA Turnover

Regardless of its impact (or lack thereof) on quality, turnover is still financially expensive for an organization. What drives CNA turnover? Many popular explanations run contrary to factual evidence that point us to the answer. Many suggest that fast food chains and others lure away CNAs with higher wages. This explanation stems from a bias that lower income groups, unlike those higher up on the social pyramid, are primarily driven by the economic motive. Yet research has established that the selfless drive in humans displays no class boundaries.

Year in and year out, CNAs tell us consistently, repeatedly, and overwhelmingly that the greatest satisfaction they enjoy in work is the reward of knowing that they make a difference in the lives of the elderly whom they serve. Their modest wages trouble them and they clearly register their dissatisfaction in feedback offered on comparison of pay. But a statistical computation to determine what effect this displeasure has on how they will recommend the facility as a place to work ranks its influence as number 14 out of 18

factors. That is, 13 factors unrelated to pay play a larger role in evoking their commitment and turning them into advocates of their employer.

A second explanation, often advanced by DONs, suggests that heavy workloads take their toll and push CNAs through the exit door. Stress and work overload do indeed seem built into the very definition of the CNA role. CNAs list stress-related issues as the third strongest influence on whether and how they will recommend their nursing facility to others as a good place to work. However, it is not work-related stress that alienates them as much as what their managers could have done, but have not, to spare them or assist them with managing that stress.

This emphasizes the importance of ensuring that nursing facilities and DONs are trained and governed to stay tuned in to their CNAs. If facility leaders and managers care enough to listen to CNAs, it is possible to understand why CNAs leave and what it is in their work environment that dampens their idealism, adds to their burden, dissolves their loyalty, and makes them quit.

Leaders Make a Difference

The 96,229 satisfaction survey responses from CNAs in 2010 all point to an unambiguous conclusion. The work may not earn a fortune and the stress is indeed burdensome, but what makes their job intolerable is an environment that ignores them as persons, does not acknowledge or celebrate their contributions, and lends no help to relieve their stress.

CNAs correctly hold the administrator and the DON responsible for the quality of their workplace, not their immediate supervisors, as discovered and documented by My InnerView researchers. CNAs see their work setting as a creation of their managers and an extension of their values and priorities. Caring managers can demonstrate their concern for CNAs by making the workplace safe, setting their employees up for success, and giving workers the room to create and to grow.

Such managers win the loyalty of CNAs by adding quality to their life. In turn, managers create devoted caregivers instead of workers. Committed and satisfied caregivers deliver quality at the bedside. They will not trade such a rewarding work setting for the lure of a few extra cents of wages at a fast food restaurant.

The manager-CNA relationship is the pivotal issue for nursing home quality and for the commitment and devotion of the CNAs. Analysis of the 2010 data indisputably tells us that by far the most potent factor that earns CNA loyalty and strong recommendation is the care and concern of the nursing home administrator and the DON. Other factors that top the list of strongest drivers of CNA loyalty also relate to the way managers express concern: they truly listen, they prevent stress, they make the workplace safe, they provide tools for a job to be done well, and they do things that express that they genuinely care for their employees as people.

Conclusion

The vast and valuable archive representing the voice of long term care's customers and employees, as maintained by My InnerView, serves as a source of wisdom for those seeking to understand more about the long term care profession as well as those engaged in improving the performance of long term care providers. With deliberate and thoughtful research, we are able to extract meaningful messages that can help inform and support a wide variety of activities that are critical to the health and well-being of long term care, including advocacy, quality improvement, and operational management.

One key fact highlighted again by this year's report: residents and their families generally think in very positive terms about their experiences with their nursing homes. The report highlights other points of evidence that are also important to long term care stakeholders: employees are

generally satisfied with the facilities they work for, and higher levels of performance across multiple indicators of quality tend to move together (that is, facilities with higher satisfaction scores tend to have higher outcome scores, as well).

With continued research and investigation, and the ongoing integration of additional types of performance data to better understand the most complete picture of quality, we will continue to develop our understanding of long term care, its patients, and employees. My InnerView will continue to help elevate both the individual providers and the profession as a whole to a higher level of performance.



As a combined business unit of National Research Corporation (NRC), My InnerView and OCS empowers clients and partners throughout the entire post-acute continuum of care, including skilled nursing, assisted living, home health, hospice, and more.

The company offers market-leading analytics, survey solutions, predictive tools, quality and outcomes reporting, financial insights, and the nation's largest comparative databases. My InnerView and OCS partner with more than 12,000 post-acute providers.



www.MyInnerView.com ■ 1245 Q Street, Lincoln NE, 68508 ■ 800-601-3884 ■ © 2011 National Research Corporation, Inc.

© 2011 National Research Corporation, Inc. All rights reserved. My InnerView-OCS is a division of National Research Corporation, Inc. My InnerView, the My InnerView logo, and the OCS logo are trademarks of National Research Corporation, Inc. All other trademarks mentioned herein are the property of their respective holders. All original data, analyses, and intellectual property presented herein cannot be duplicated or claimed as source material by parties other than National Research Corporation.