



# 2009 National Survey of Consumer and Workforce Satisfaction in Nursing Homes

---

OVERVIEW  
BACKGROUND AND FINDINGS  
RESPONDENT COMMENTS  
METHODOLOGY

  
**MY INNERVIEW**  
BECAUSE KNOWING MORE MATTERS MOST™

[myinnerview.com](http://myinnerview.com)



## In this report:

### **Overview**

- Satisfaction as a predictor for recommendation
- Why satisfaction matters
- Beyond quantitative data
- Key findings
- Conclusion

### **Part one: Background and findings**

- Survey respondents 2005 to 2009
- Consumer and workforce demographics
- Consumer and workforce recommendation
- Factors that drive consumer recommendation
- Consumers identify strengths and opportunities
- Factors that drive workforce recommendation
- Workforce identify strengths and opportunities
- Interdependence of consumer and workforce satisfaction

### **Part two: Respondent comments**

- Words that matter to residents
- Words that matter to families
- Words that matter to workforce

### **Part three: Methodology**

- Workforce satisfaction
- Consumer satisfaction
- Predictive validity
- Weighting procedures

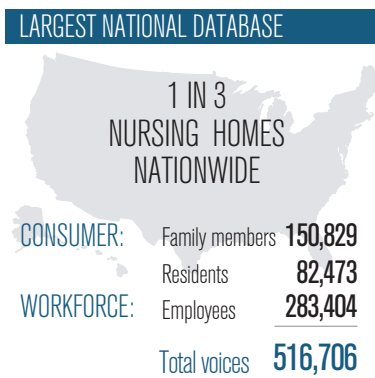


# OVERVIEW

An applied research company, My InnerView has been measuring and reporting the level of consumer and workforce satisfaction in nursing homes since 2005. This multi-year series of national reports helps foster greater accountability in the use of public and private resources for long-term care services. It also offers greater transparency to help consumers make informed decisions when seeking nursing home care.

This is the fifth and most in-depth annual report published by My InnerView. It is the most comprehensive voluntary survey ever taken of nursing home consumers (residents and families) and staff in the United States. Encompassing one in three nursing homes, the 2009 report represents the largest national database of nursing homes and the opinions of 82,473 residents, 150,829 family members and 283,404 employees.

My InnerView's database provides robust longitudinal estimates and describes trends in consumer and workforce satisfaction in nursing homes across America. Our estimates are based on a methodology that My InnerView researchers developed to assign weights that adjust for facility characteristics on a state and national level.



## Satisfaction as a predictor for recommendation

This year's report underscores the important fact that consumer and workforce satisfaction are positively correlated — meaning that facilities that do well on consumer satisfaction tend to do well on workforce satisfaction.

The report analyzes key consumer- and workplace-related factors that influence overall satisfaction, such as:

- Consumer and workforce demographics  
SEE FIGURES 2–3, PAGES 8–9
- Resident and family concerns  
SEE FIGURE 7, PAGE 12
- Staff issues  
SEE FIGURE 9, PAGE 14
- Pay-for-performance systems  
SEE FIGURE 6, PAGE 11

The data reveal a strong interdependence of resident and family satisfaction, and family and employee satisfaction. SEE FIGURES 11–12, PAGE 16

## Why satisfaction matters

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

Satisfaction measures are critical dimensions of quality where the interests of consumers, payers and providers are aligned. For the field of practice, this year's report contains very positive results. The level of satisfaction in the country's nursing homes shows incremental improvements every year since these data were first collected by My InnerView in 2005.

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

## Beyond quantitative data

For the first time, we have gone beyond reporting quantitative data, and have identified and rated key words in the comments (or answers) respondents provided to open-ended questions. These comments were analyzed based on a word count and content analysis. The qualitative data are especially useful because these data were coded to reflect a "positive versus a negative versus a mixed (both positive and negative)" meaning from the perspective of the respondent. Using content analysis, we were able to identify those factors that matter most to consumers and workers, and at the same time determine how

positive or negative these factors are perceived to be. SEE FIGURES 13–15, PAGES 19–21

## Key findings

The 2009 National Report is part of an expanding series of My InnerView reports that are helping to guide the development of more systematic approaches to quality improvement in America's nursing homes.

Measuring satisfaction is a critical dimension of quality where the interests of consumers, payers and providers are aligned.

- Consumer and staff recommendation is above the national average in states with pay-for-performance programs.

- The care and services provided by the employee — and the employee/resident relationship —

are the most consistent predictors of consumer recommendations.

- Competent and caring staff is a consistent predictor of resident and family recommendation.

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

We have seen an increase in satisfaction of consumers and employees from 2005–2008. This high level of satisfaction remains stable since 2008. The increases are consistent across sectors (such as nonprofit and privately owned facilities) and across many geographic areas (states, urban, suburban and rural).

## Conclusion

To better align financial incentives, reimbursement systems (especially new value-based reimbursement systems) should take into account consumer and workforce satisfaction. A more balanced set of metrics should be incorporated into value-based reimbursement systems and consumer report

cards to place greater emphasis on consumer and workforce satisfaction to complement basic metrics related to state surveys and clinical outcomes.

In recent years, Medicaid agencies in more states have added workforce and/or consumer satisfaction metrics into their value-based payment systems to provide financial incentives to facilities that demonstrate progress in implementing practices that improve consumer and workforce satisfaction.

National collaborative partnerships such as the *Quality First* initiative, *CMS' Nursing Home Quality Initiative* and the *Advancing Excellence in America's Nursing Homes* campaign<sup>1</sup> promote a broader, more systematic definition of long-term care quality that views consumer and workforce satisfaction as critical indicators of organizational excellence. This report underscores the fact that providers of senior care services in the United States are responding to those initiatives, and are paying attention to the voices of consumers and the workforce. My InnerView data lend support to the view that incremental progress is being made, in part because greater attention is now being paid to these matters.

There is growing recognition that the definition of nursing home quality must continue to evolve to make it more congruent with the needs and preferences of many older Americans and their families who are seeking long-term care. This My InnerView series of national reports contributes to an expanding body of research demonstrating the value of benchmarking consumer and workforce satisfaction as a basic parameter of nursing home quality. Gradual progress is being made, but much work remains to be done to support the improvement of consumer and workforce satisfaction in America's nursing homes.

---

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



---

Part One  
BACKGROUND  
AND FINDINGS

---

Survey respondents 2005 to 2009  
Consumer and workforce demographics  
Consumer and workforce recommendation  
Factors that drive consumer recommendation  
Consumers identify strengths and opportunities  
Factors that drive workforce recommendation  
Workforce identify strengths and opportunities  
Interdependence of consumer and workforce satisfaction

## Background and findings

More nursing homes participated in My InnerView's consumer and workforce satisfaction survey in 2009 than in any previous year. SEE FIGURE 1, PAGE 7 The continued growth of our database suggests that the long-term care profession is gradually redefining organizational excellence using a balanced set of measures that supports the interdependent interest of diverse stakeholder groups such as residents, family members, workers and payers.

### Consumer and workforce demographics

Consumer and workforce demographics play a key role when measuring recommendations. Only by understanding each group individually can facility owners begin to fully define where to invest their improvement efforts.

#### Consumer demographics

Consumer respondents total 233,302: 65% are families of residents and 35% are residents. Results are broken down by resident's age, length of stay, how often the resident is visited, and who the visitors are: grandchild, friend, sibling and other. SEE FIGURE 2, PAGE 8

#### Workforce demographics

Employee respondents total 283,404. Results are broken down by employees' age, job category, hours worked and length of employment. SEE FIGURE 3, PAGE 9

### Key findings

High levels of satisfaction among nursing home consumers and employees is indicative of their

likelihood to recommend a facility to others. The probability of recommendation among these two key groups is measured by the combined percentage of "excellent" and "good" responses, and continues to be stable since 2005. SEE FIGURES 4–5, PAGES 10–11

- Recommendation among nurses, nursing assistants and overall workforce has steadily risen every year since 2007.

- Consumer recommendation was at 85% in 2008 and essentially unchanged in 2009.

- States with pay-for-performance systems have higher degrees of consumer and workforce satisfaction when compared to the national average. SEE FIGURE 6, PAGE 11

- Care and competency of staff are the two top factors that drive consumer recommendation. SEE FIGURE 7, PAGE 12

- Primary opportunities for improvement differ between residents and families. SEE FIGURE 8, PAGE 13

- The top four factors that drive workforce recommendation are the same for all workforce groups. SEE FIGURE 9, PAGE 14

- The care/concern of supervisors is seen as a primary strength by employees; job stress and management issues are the main areas for improvement. SEE FIGURE 10, PAGE 15

- There is a strong interdependence of resident and family satisfaction as well as family and employee satisfaction. SEE FIGURES 11–12, PAGE 16

# Survey respondents 2005 to 2009

Surveys returned and percent of total

	2005	2006	2007	2008	2009
<b>CONSUMER RESPONDENTS</b>					
Family members	63,160 89%	77,491 84%	118,985 81%	146,949 73%	150,829 65%
Residents	7,806 11%	14,942 16%	27,397 19%	54,711 27%	82,473 35%
Total respondents	<b>70,966</b>	<b>92,433</b>	<b>146,382</b>	<b>201,660</b>	<b>233,302</b>
<b>WORKFORCE RESPONDENTS</b>					
Nurses		20,150 19%	30,309 19%	42,042 19%	54,094 19%
Nursing assistants		41,465 39%	63,157 39%	87,315 39%	114,490 40%
All other staff		45,243 42%	68,442 42%	94,092 42%	114,820 41%
Total respondents		<b>106,858</b>	<b>161,908</b>	<b>223,449</b>	<b>283,404</b>
<b>FACILITY COUNT*</b>	<b>2,224</b>	<b>3,030</b>	<b>4,116</b>	<b>5,075</b>	<b>5,091</b>

**Figure 1** \* "Facility count" is unduplicated total of facilities completing consumer and/or workforce satisfaction surveys

As more providers recognize the value of national benchmarks for consumer and workforce satisfaction, participation in My InnerView's voluntary satisfaction surveys continues to increase.

- The total number of respondents has grown tremendously from 70,966 in 2005 to 516,706 in 2009.
- 2,867 more facilities participated in 2009 than in 2005.
- There were 228% more consumer respondents in 2009 (233,302) than in 2005 (70,966).
- There were 165% more workforce respondents in 2009 (283,404) than in 2006 (106,858).

■ More than one-third (35%) of consumers surveyed in 2009 are nursing home residents (as opposed to their family members).

From 2006 to 2009, My InnerView surveyed a total of 775,619 nursing home employees from all 50 states and the District of Columbia. These respondents include 306,427 nursing assistants, 146,595 nurses (RNs, LVNs and LPNs in non-administrative positions) and 322,597 other staff. During these years, the overall distribution of workers in various job classifications remained constant. Nurses account for 19%, nursing assistants for 39–40%, and other staff for 41–42% of the workers surveyed each year.

# Consumer demographics

233,302 respondents: 65% families of residents; 35% residents

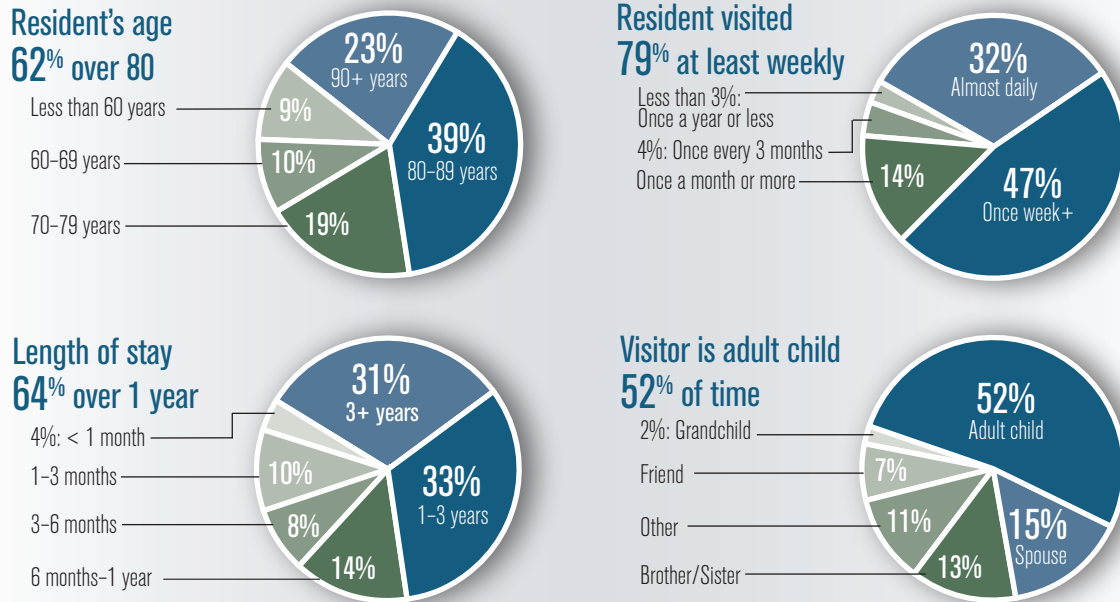


Figure 2 May not total 100% due to rounding

Resident and family demographics are stable across survey years. These characteristics remain essentially the same since 2005. Response rates are improving and the representation of residents has increased every year. Despite that, the other demographic characteristics of respondent groups are comparable across years, suggesting that the underlying demographic characteristics of respondents participating in these voluntary surveys over time is stable.

- In 2009, My InnerView collected surveys from 5,091 nursing homes, 82,473 nursing home residents and 150,829 family members.
- The number of resident respondents continues to rise. Residents represented 19% of consumer respondents in 2007, but 35% in 2009.

- Nearly two-thirds (64%) of residents had been in the facility for more than one year at the time of the survey.
- 62% of residents responding are over 80 years of age.
- The number of residents less than age 60 and 60-69 are nearly equal, 9% and 10% respectively.
- The overwhelmingly majority of residents (79%) are visited in the nursing facility at least weekly. Family members represent 82% of visitors.
- The most frequent visitor (52%) is the resident's adult child.

# Workforce demographics

283,404 respondents: 40% nursing assistants; 19% nurses; 41% other

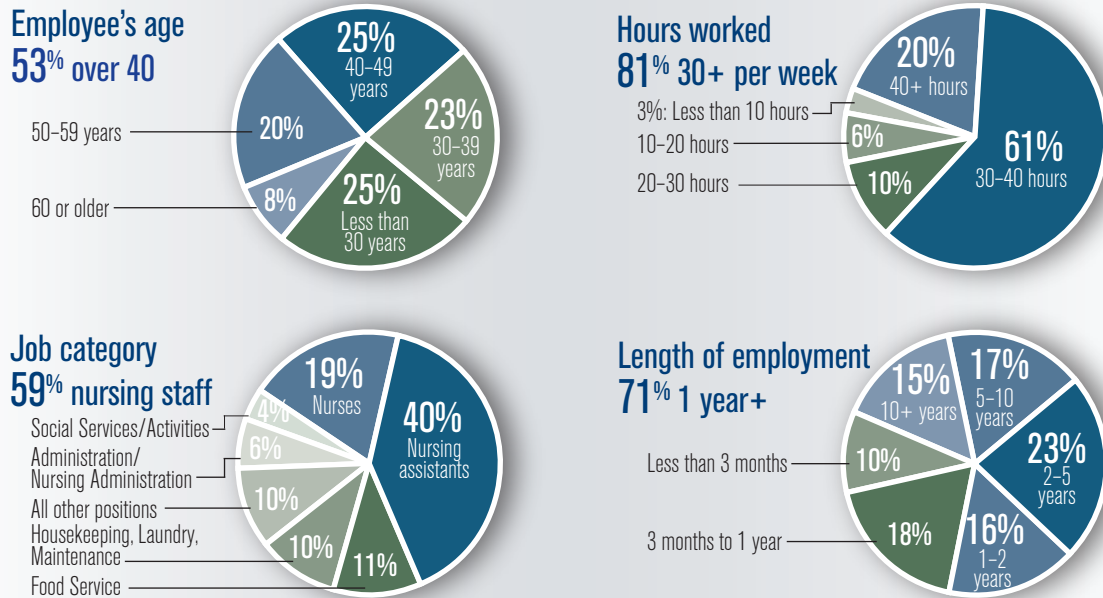


Figure 3 May not total 100% due to rounding

My InnerView collected 283,404 surveys from nursing home employees in 2009. Of those respondents, 54,094 are nurses and 114,490 are nursing assistants.

- The data continue to point out the importance of an aging workforce, with 53% of employees being over the age of 40.
- 23% of employees are age 30-39; 25% are less than 30 years.
- The data continue to indicate a fairly stable workforce: 71% of all employees report working in the

same facility for one year or more. However, recent data from My InnerView and other sources indicate that overall staff turnover has declined during the present economic downturn.

- There are twice as many nursing assistants (40%) than nurses (19%). The next largest groups are food service (11%), and housekeeping, laundry and maintenance (10%).
- 81% of employees work more than 30 hours a week.

# Consumer: Recommendation to others

Combined percentage “excellent” and “good” recommendations of the nursing home to others



Figure 4

Consumer and workforce recommendation are becoming broadly recognized as important dimensions of nursing home quality. Although there is more work to be done, monitoring the state of consumer and workforce satisfaction in the nation’s nursing homes is an important step towards improving nursing home care in general.

Overall, the number of consumers who would recommend a long-term care facility remains high at 85%, four percentage points higher than 2005. The number of residents who would recommend a nursing home increased by one percentage point over 2008. The likelihood of families to recommend a facility remains essentially unchanged, just one percentage point lower than in 2008. SEE FIGURE 4

Resident satisfaction was relatively stable between 2007 and 2009, but the overall trend has been an increase in satisfaction since 2005, indicating that more providers are implementing practices recommended by national quality-improvement initiatives and accepting satisfaction metrics as important dimensions of quality.

## Impact of value-based purchasing on recommendation

Consumers and payers are demanding more comprehensive information about nursing home quality than ever before. As a consequence, states are exploring how to add more meaningful information to consumer Web sites, and payments systems for nursing homes are adopting components of value-based purchasing (also referred to as “pay for performance”).

Reimbursement systems for nursing homes are likely to continue evolving toward value-based purchasing due to pressures for greater fiscal accountability and transparency in programs such as Medicare and Medicaid.

States with value-based purchasing programs have higher degrees of consumer and workforce satisfaction compared to the national average. SEE FIGURE 6, PAGE 11

# Workforce: Recommendation to others

Combined percentage “excellent” and “good” recommendations of the nursing home as a place to work

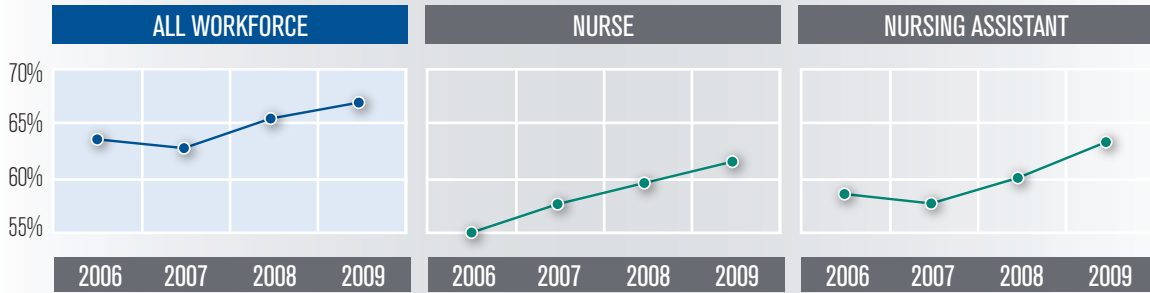


Figure 5

Workforce satisfaction increased in every job category between 2007 and 2009. Satisfaction among nurses and nursing assistants remains lower than the satisfaction of employees in other job categories; however, both types of workers have become more satisfied with their facilities since 2006, showing a sustained upward trend. SEE FIGURE 5

Workforce and consumer satisfaction are correlated positively. Facilities with higher workforce satisfaction also have higher family satisfaction. SEE FIGURE 12, PAGE 16 An effective strategy for quality improvement must include an intense and sustained focus on the skills, commitment and satisfaction of the workforce, particularly those staff who directly care for residents and communicate with family members.

## In pay-for-performance states:

The seven states listed below — Colorado, Georgia, Iowa, Kansas, Minnesota, Ohio and Oklahoma — have had pay-for-performance programs for at least the past two years. Although these data don't tell us why these differences in consumer and workforce satisfaction exist between states with and without pay-for-performance systems, they lend support to the proposition that aligning financial incentives with better performance is an effective strategy for quality improvement in nursing homes.

	CONSUMER			WORKFORCE		
	2007	2008	2009	2007	2008	2009
CO, GA, IA, KS, MN, OH, OK	85%	86%	86%	62%	65%	68%
All other states (total)	82%	84%	84%	61%	63%	64%

Figure 6

# Factors that drive consumer recommendation

Items ranked by correlation with recommendation to others

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

Figure 7

Five of the top ten family and resident survey items most correlated to recommending the facility are related to staffing issues. How residents perceive the concern and competency of staff are the two highest predictors of both resident and staff recommendation. SEE FIGURE 7

The third highest predictor among residents is the availability of choices or preferences to the resident within the facility. Of the top five drivers of resident recommendation, three are in the quality of care domain: care (concern) of staff, competency of staff and nursing (RN/LVN/LPN) care.

Family members also perceive care or concern of the staff as the top predictor of how they would recommend the facility to others. Three of the top five predictors of whether a family member would recommend the facility relate to quality care.

Most of the top ten predictors of resident and family recommendations of the facility are the same for both groups.

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

Differences exist in terms of how residents and family members experience care, as well as in the factors that are most strongly correlated with the recommendation of a facility to others. In planning quality-improvement initiatives, providers need to look carefully at their results to better understand how the responses of families and residents are interrelated. SEE FIGURE 8, PAGE 13

# Consumers identify strengths and opportunities

Items ranked by both correlation and performance

RESIDENT	FAMILY
<b>STRENGTHS</b>	<b>STRENGTHS</b>
Competency of staff	Nursing assistant care
Care (concern) of staff	Competency of staff
Resident/family updates	Care (concern) of staff
Resident-to-staff friendships	Nursing care
Nursing care	Safety of facility
Respectfulness of staff	Respectfulness of staff
Safety of facility	
<b>OPPORTUNITIES</b>	<b>OPPORTUNITIES</b>
Choices/preferences	Staffing adequacy
Management responsiveness	Grooming
Quality of dining experience	Management responsiveness
Nursing assistant care	Choices/preferences
	Cleanliness of premises

Figure 8

Survey items that are important drivers of recommendation, yet have a low score, are potential areas that providers should prioritize for improvement. We call these “primary opportunities.” SEE FIGURE 8 For residents and families, two factors that represent primary opportunities for improvement are: meeting resident choices and preferences, and responsiveness of management. For residents, nursing assistant care and dining — the most personal issues they face — are primary opportunities for improvement. Families see staffing levels, cleanliness of premises and grooming as primary opportunities, gravitating their attention to those things visible to them during their visits.

Survey items that are important drivers of satisfaction but are also high scoring are called “primary

strengths.” For families, nursing assistant care is seen as a primary strength. Although we find similarities in the overall rank order of items that predict global satisfaction among residents and families, there are differences in how residents and families rate certain items. Nursing assistant care is rated as a strength by families, but as an opportunity by residents.

Three of the top four predictors of whether a family member would recommend the facility to others relate to care: nursing assistant care, care (concern) of staff and nursing care. Both residents and family name respectfulness of staff as a facility’s strength.

# Factors that drive workforce recommendation

Items ranked by correlation with recommendation as a place to work

NURSE	NURSING ASSISTANT	ALL OTHERS
Management cares	Management cares	Management cares
Management listens	Management listens	Management listens
Help with job stress and burnout	Help with job stress and burnout	Help with job stress and burnout
Workplace safety	Workplace safety	Workplace safety
Supervisor cares	Adequate equipment/supplies	Adequate equipment/supplies
Supervisor appreciates	Training to deal with difficult residents	Supervisor cares
Training to deal with difficult residents		Respectfulness of staff
	Supervisor cares	Supervisor appreciates
Supervisor informs	Supervisor informs	Supervisor informs
Training to deal with difficult family members	Supervisor appreciates	Staff communication between shifts
Adequate equipment/supplies	Training to deal with difficult family members	

Figure 9

Nurses and nursing assistants comprise the majority of the workforce in nursing homes. Nursing staff are responsible for providing most of the hands-on care to residents. They interact daily with residents and family members. Nurse and nursing assistant recommendations of a facility as a place to work are critical indicators of the quality of the work environment.

Each item on the workforce satisfaction survey was ranked in order of the strength of its correlation with the respondent's recommendation of the facility as a place to work. SEE FIGURE 9

Nurses and nursing assistants are very consistent in their ratings of management attention, stress management and safety as items that are predictive of recommending the facility as a place to work.

Items with stronger correlations are given higher ranks because they are more predictive of global job satisfaction. Higher ranked items have stronger effects on worker recommendations, while lower ranked items have weaker effects. The top ten predictors of nurse and nursing assistant recommendations are quite similar.

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

# Workforce identify strengths and opportunities

Items ranked by both correlation and performance

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

Figure 10

This year's survey expands on workforce ratings to encompass the opinions of all employees, including nurses, nursing assistants, administration/nursing administration, food service, social services/activities and other support staff. This provides additional data owners can use to ascertain the quality of their facility.

Survey items that are important drivers of global satisfaction based on the respondent's recommendation of the facility as a place to work, but are low scoring, represent potential areas that providers should target for improvement, referred to as "opportunities."

Help with job stress is the top priority item for all sectors of the workforce, followed by management listens, and management cares. SEE FIGURE 10

Survey items that are important drivers of satisfaction but are also high scoring are called "strengths." For employees, the care/concern of the supervisor, workplace safety, and supervisor informs are seen as strengths. Both strengths and opportunities are quite consistent between nurses and nursing assistants.

## Interdependence of resident and family satisfaction

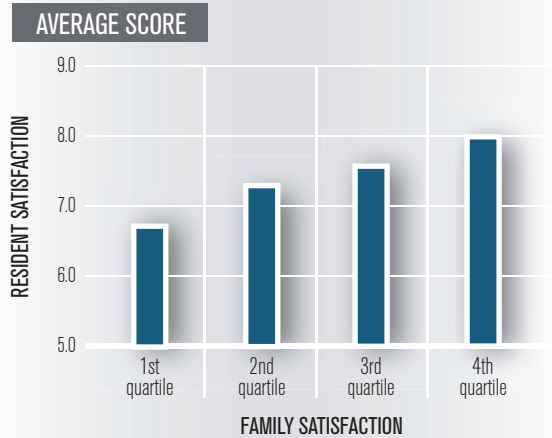


Figure 11

On average, facilities that score higher on family satisfaction also score higher on resident satisfaction. This phenomenon is shown graphically by dividing facilities into quartiles based on their family satisfaction scores. Both family and resident satisfaction scores are highest in the fourth quartile and lowest in the first quartile. SEE FIGURE 11

Facilities that score higher on employee satisfaction also score higher on family satisfaction. The interdependence of workforce and consumer satisfaction is shown graphically by dividing facilities into quartiles based on their employee satisfaction scores. Both employee and consumer satisfaction scores are highest in the fourth quartile and lowest in the first quartile. SEE FIGURE 12

## Interdependence of family and employee satisfaction



Figure 12

The quartiles clearly demonstrate that as families are more satisfied, residents are more satisfied. Conversely, as employees are more satisfied, families are more satisfied. It is not often that satisfied employees result in dissatisfied families or vice versa.

When selecting a nursing home, families place tremendous value on assessing quality based on the recommendation of other consumers.<sup>2</sup>

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

<sup>2</sup> Shiverick, Bradley N.; Moon, Rajean P.; and Mabry, Samantha (2009). "What Consumers Want to Know When Selecting a Nursing Home; 2008 Study on Consumer Choice." My InnerView.

---

Part Two  
RESPONDENT  
COMMENTS

---

Words that matter to residents

Words that matter to families

Words that matter to workforce

## Respondent comments

It is important to understand the meaning of words when used by residents, families and employees. Because they are subjective, the same word can have entirely different meanings for each group or an individual depending on the context. For the first time in a national survey of nursing homes, My InnerView developed a way to measure the significance of respondents' replies as it applies to their likelihood to recommend a nursing home.

To capture the data, respondents were asked three key questions about the facility:

- What do we do best?
- What can we do to improve?
- Any other comments or suggestions?

Responses were analyzed based on a word count and a content analysis. The qualitative data presented below are especially useful because they were coded to reflect a "positive versus a negative versus a mixed (both positive and negative)" reply from the perspective of the respondent. Because these open-ended questions elicited such a broad array of responses, key words or themes were identified based on a word count. Major themes were also identified based on their predictive value by evaluating how they related to each other. Words that occurred with a high frequency in the word count and those that had at least a moderate predictive value were retained. Each occurrence of these words was coded and rated to signify a positive, negative or mixed reply based on the meaning of the word within a given context.

### Resident comments

Themes identified among residents are generally positive or mixed. Positive themes (or words) that are most predictive of resident recommendations of the facility to others include aspects of staff treatment, clinical care and caring. Themes with a mixed reply include staff showing concern for the resident and staff listening to the resident. Factors that predict resident satisfaction such as nursing care, care and

concern among staff or listening to the resident also were factors.

### Family comments

Positive themes that are the most predictive of family recommendations of the facility to others include staff treatment of the resident, staff caring for the family member, and staff showing respect for the resident.

Mixed themes include cleanliness, nursing issues related to clinical staff (RNs, LVNs or LPNs), and employee concerns for family members.

Negative themes among family members include lack of communication with administrator or other staff, and odor perceived by the family member. Predictive factors include care and concern of staff (especially for family members), quality of clinical care, good communication (keeping the family informed about the resident) and cleanliness of the facility.

### Workforce comments

Positive themes that predict worker recommendation of the facility to others include patient care, clinical care provided to the resident, and caring or friendly staff.

Mixed themes among workers include administrator issues, and staff showing appropriate consideration or concern for residents and for fellow staff.

Negative themes among workers include not listening or paying attention to staff issues, poor resident treatment or negative staff behaviors, and lack of respect or negative attitudes among staff. It is interesting that several factors identified as being important, such as workplace safety and helping staff cope with job stress/burnout, did not consistently emerge in all data. On the other hand, factors such as listening to employee concerns and caring among managerial or supervisory staff were predictive of the recommendation of the facility to others as seen in all data.

# Words that matter to residents

Recurring themes predict recommendation

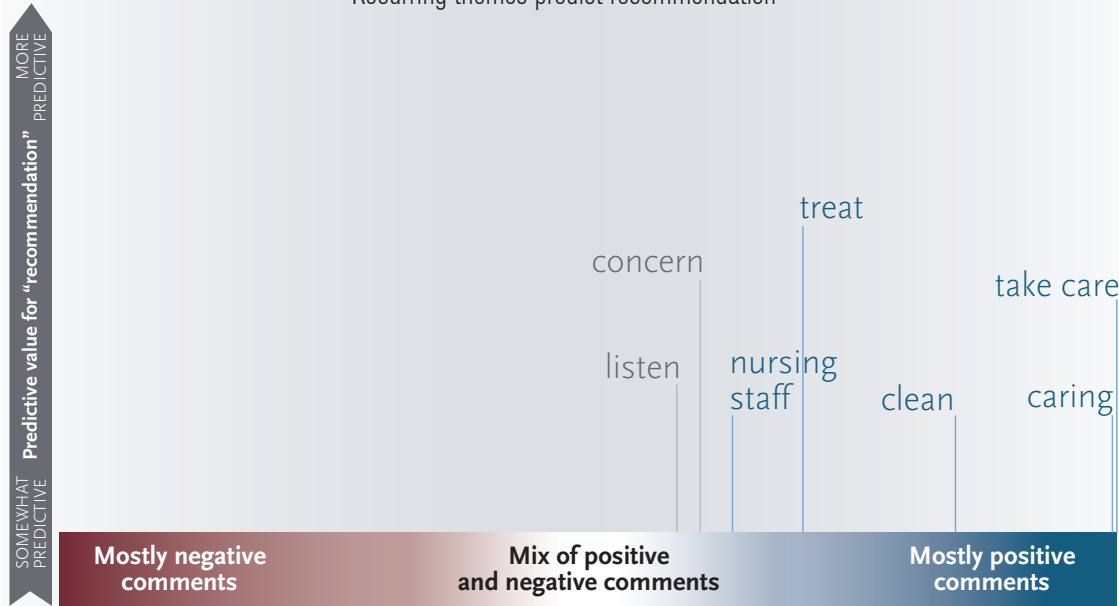


Figure 13

To determine which words matter to residents, family and staff, we looked at the strength of the overall correlation between the meaning of the word and overall recommendation of the facility to others. Note that all of these words have predictive value in the sense that they are at least moderately correlated with the recommendation of the facility.

For residents: SEE FIGURE 13

- The word “treat” is very predictive of the willingness to recommend, and is usually associated within positive comments.
- The words “listen” and “concern” are somewhat predictive, but are generally associated with positive comments.
- The meaning behind these words are mostly associated with positive comments.

Residents are the only group in which all predictive words are mostly positive. While there were some negative comments, none were of sufficient sample size to report.

## Words and predominant meaning

- Caring: Demonstrated concern by staff for the resident
- Clean: State of facility or resident's garments or hygiene
- Concern: Awareness and consideration (usually for resident)
- Listen: Pay attention and remember conversations and issues from staff
- Nursing staff: Clinical staff, usually RNs, LVNs or LPNs and CNAs or NAs
- Take care: Render personal clinical care to resident
- Treat: How staff cares for resident

# Words that matter to families

Recurring themes predict recommendation

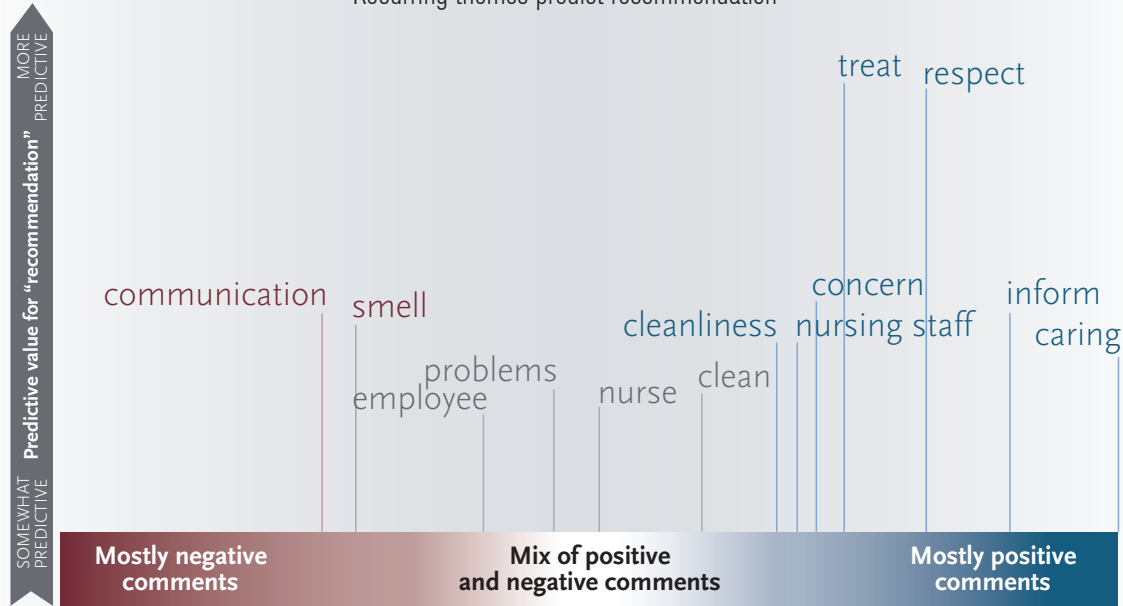


Figure 14

The occurrence of certain words in family comments are also predictive of the family's recommendation of a facility. SEE FIGURE 14

Words on the left side of the chart represent primarily negative comments; words on the right primarily positive comments. Words in the middle are associated with both negative and positive comments. The higher the correlation or predictive value, the higher the placement on the vertical axis.

For families:

- The words "treat" and "respect" are very predictive of the willingness to recommend, and are usually used within a positive context.

- The words "communication" and "smell" are somewhat predictive but usually associated with negative comments.

## Word and predominant meaning

Caring:	Demonstrated concern by staff for family member
Clean:	State of facility or resident's garments or hygiene
Cleanliness:	(Same as "clean")
Communication:	Information passed to family from administrator or staff
Concern:	Awareness and consideration (usually for family member)
Inform:	Tell family something, typically about resident
Nurse:	Clinical staff, usually RNs, LVNs or LPNs
Nursing staff:	Clinical staff, usually RNs, LVNs or LPNs and CNAs or NAs
Problems:	Any negative situation relating to care of the resident or the facility
Respect:	Due consideration for resident
Smell:	Odor(s) noticed by family
Treat:	How staff cares for resident

# Words that matter to workforce

Recurring themes predict recommendation

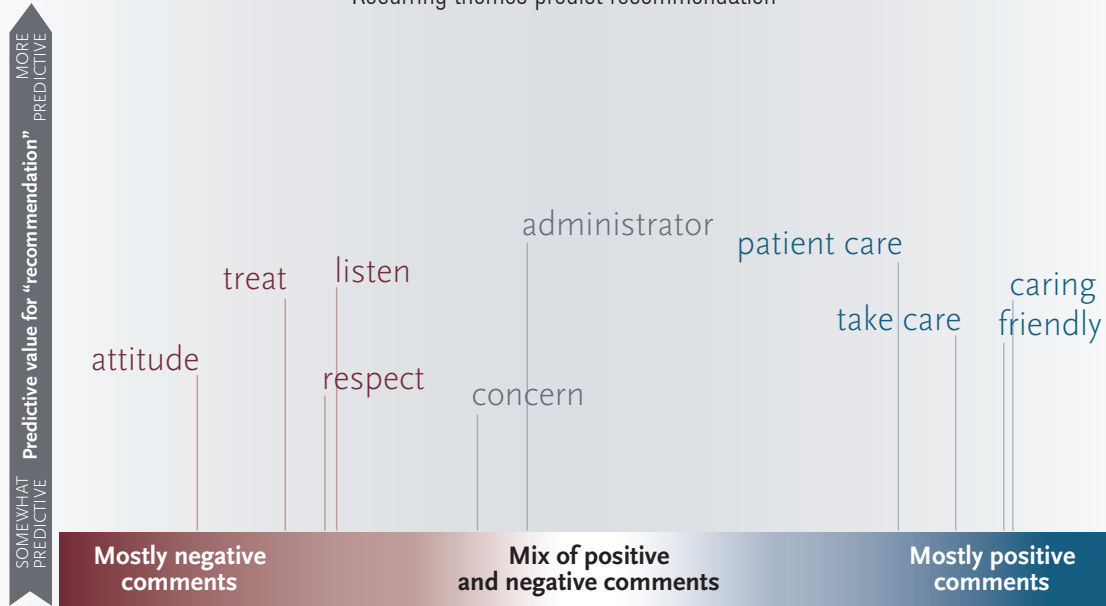


Figure 15

The occurrence of certain words in employee comments predicts the employee's willingness to recommend the facility. SEE FIGURE 15

For workforce:

- The word “administrator” is used in both positive and negative contexts, and is the most predictive word for employees.
- The word “attitude” is also somewhat predictive, but is usually associated with negative experiences among workers.
- Words associated with positive comments include “friendly,” “patient care” and “caring.”
- The words “listen,” “treat” and “respect” tend to carry a negative meaning for workers.

## Word and predominant meaning

Administrator:	Senior manager in nursing home
Attitude:	Predominant manner and disposition exhibited, usually by staff
Caring:	Demonstrated concern and action for staff and residents
Concern:	Awareness and consideration for resident or staff
Friendly:	Outgoing and cheerful to staff and residents
Listen:	Pay attention and remember conversations and issues from staff
Patient care:	Personal clinical service rendered to a resident
Respect:	Due consideration for resident or staff
Take care:	Render personal clinical care to a resident or act in the best interests
Treat:	Take care of a resident, or how one behaves toward residents or staff



---

Part Three  
METHODOLOGY

---

Workforce satisfaction  
Consumer satisfaction  
    Predictive validity  
Weighting procedures

## Methodology

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

My InnerView solicited feedback between 2005 and 2009 from over 3.5 million residents, family members and employees in nursing homes across the United States. Of those solicited, over one million returned the questionnaire, for a total response rate of more than 44%. In all, over 6,540 nursing facilities have participated in the data collection. In 2009 alone, the surveys were completed with 283,404 employees, 82,473 residents and 150,829 family members in 5,091 nursing facilities to produce this report. This represents fully one in three nursing facilities in the United States.

Members of My InnerView's research team — Leslie A. Grant, Ph.D. and Vivian Tellis-Nayak, Ph.D. — designed the survey instruments. Initial survey design was based on reviews of the literature and existing surveys; in-depth interviews with residents, family members and staff; and focus groups and corresponding content analyses. These instruments have undergone extensive field testing and have outstanding psychometric properties. SEE FIGURES 16–17, PAGE 25

### Workforce satisfaction

These data come from confidential surveys completed by nursing home employees and returned directly to My InnerView during 2006, 2007, 2008 and 2009. The workforce satisfaction survey consists of 18 content questions and three global satisfaction questions (overall satisfaction, recommendation for care and recommendation as a place to work) along with eight categorical “demographic” questions. Facilities have the option to include additional questions on the survey.

In most cases, workforce satisfaction surveys were sent to the participating nursing facilities, where individual survey packets were distributed to all non-agency staff. To protect respondent privacy and ensure confidentiality, survey questions do not ask for personal identifying information. The surveys were completed by individual employee respondents and mailed directly to My InnerView using a self-addressed, postage-paid envelope included in the survey packet.

A four-point scale (“excellent,” “good,” “fair” or “poor”) is used to rate job satisfaction in five areas: (1) training, (2) work environment, (3) supervision, (4) management and (5) global satisfaction. The workforce survey includes 21 questions corresponding to five sub-scales. Figure 16 (page 25) shows the internal consistency of these measures. Cronbach's coefficient alpha is a special application of construct validity. In general, a Cronbach's alpha of 0.80 or greater is considered excellent. All coefficients for these measures exceed the 0.80 threshold.

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

### Consumer satisfaction

These data were gathered through mail surveys completed by residents and family members in participating facilities. This report includes data from satisfaction surveys that were completed and returned to My InnerView during 2005, 2006, 2007, 2008 and 2009. The survey consists of 22 items and two global satisfaction questions (overall satisfaction and recommendation of the facility to others).

Respondents were asked to rate nursing facilities using a four-point scale (“excellent,” “good,” “fair” or “poor”). An additional eight questions gather demographic and background information, but no personally identifiable data are collected.

The consumer survey includes 24 questions encompassing four sub-scales: (1) quality of life, (2) quality of care, (3) quality of service and (4) global satisfaction. Figure 17 shows the internal consistency of these measures.

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

### Predictive validity

Grant<sup>3</sup> found strong positive correlations between consumer and workforce satisfaction assessed using My InnerView's satisfaction survey instruments. Data from other sources, including clinical outcomes (e.g., CMS' quality indicators or QIs), workforce performance (e.g., tracked by My InnerView's Quality Profile™), and state survey data (e.g., collected in the federal OSCAR system) are predictive of these consumer and workforce satisfaction metrics. Because these data elements are taken from independent sources, there is strong empirical evidence for the predictive validity of My InnerView's survey instruments.

### Weighting procedures

This report represents a convenience sample of U.S. nursing homes. The sample of facilities is not randomly selected nor is it stratified by state or other facility characteristics. In order to make our national estimates more robust, we use a standard weighting methodology to adjust for facility characteristics such

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

	NUMBER OF ITEMS	CRONBACH'S ALPHA	N
Training	4	.87	259,558
Work environment	9	.88	239,691
Supervision	3	.90	273,064
Management	2	.92	273,101
Global satisfaction	3	.91	272,744
Workforce satisfaction scale	21	.96	223,163

Figure 16

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

	NUMBER OF ITEMS	CRONBACH'S ALPHA	N
Quality of life	10	.92	180,275
Quality of care	8	.92	169,669
Quality of service	4	.79	179,083
Global satisfaction	2	.93	222,646
Consumer satisfaction scale	24	.97	124,096

Figure 17

as ownership type, location (MSA/non MSA), bed-size and census within each state and nationally. To address missing data for individual survey items, missing values are imputed based on selected demographic and facility characteristics for each respondent using the standard hotdeck procedure available in Stata© software.<sup>4</sup>

<sup>3</sup> Grant, L.A. (2004).

<sup>4</sup> Ford, B.L., (1983).





My InnerView is an applied research company that currently works with over 9,000 senior care providers throughout the United States to promote quality improvement through evidence-based management.

Contributions to this report were made by the following members of My InnerView's research team: Leslie A. Grant, Ph.D.; Eric Lewerenz, M.S.; and John Mabry, M.P.H.

An electronic version of this report and other related information (including the 2005, 2006, 2007 and 2008 consumer and 2006, 2007 and 2008 workforce reports) can be found at [www.myinnerview.com](http://www.myinnerview.com).

---

500 Third Street  
Wausau, WI 54403  
(715) 848-2713  
[myinnerview.com](http://myinnerview.com)

---

