

Employee Satisfaction

Your people are your prophets—Listen well and respond quickly

Diane Fassel, PhD

Providers everywhere have efforts underway to improve the retention of clinical and ancillary staff. But most of these “incentives-of-the-day” are costly, and healthcare organizations face tough financial decisions about where they are likely to get the most bang for their buck.

Listening to the concerns of staff via an employee satisfaction survey is one of the most effective ways to define what employees want and value in an organization. Unfortunately, the survey process itself can be so cumbersome that neither employees nor managers can bear to put themselves through the pain more than once every few years—and it's expensive.

A typical employee survey consists of 150 questions or more and takes an hour to complete. Tabulation and distribution of the results can take several months, and when the report does surface—often in a doorstop-sized binder—it is difficult to interpret and provides no clear indications of what the key issues are. The end result is that managers launch misguided, ineffective projects, or there is no follow-through at all.

■ Faster and more focused

The multihospital Franciscan Services Corporation (FSC) has found an effective way to listen to its employees—and, more important, to act on the resulting input—in a very short span of time.

“We can't wait four months to find out what our employees are concerned about,” says Holly Meyers, director of quality management. “Many of our hospitals are in areas where there are severe shortages, and they're faced with a ‘need-to-know-now’ situation to keep the employees they have.”

Based in Sylvania, OH, FSC is composed of six acute care hospitals, and several long term care facilities located in Ohio and Texas. Since June 2000, FSC has been surveying its employees systemwide every six months with a brief survey instrument developed by Newmeasures, Inc., Boulder, CO.

The Developing Organizational Capacity (DOC) survey is short—16 questions—with room for an additional 5 to 7 organization-specific items. It can be completed either on paper or via the Internet in approximately four minutes, and the results are returned within two weeks. More important, the results are spelled out clearly in the form of a *Solutions Path*, which identifies one or two “drivers” that managers should focus on to improve employee satisfaction and retention (see figure 1).

“When we did the first DOC survey, we weren't sure whether we were going to get the type of information that we needed because it is so different from others that we've used in the past,” says Meyers. But “we've just completed our third round of surveys and are very pleased with the level of

Employees who don't feel valued and those who rate the organization as being ineffective are four times more likely to leave.

employee participation and the ability of our managers to use the results to make meaningful changes in a short period of time.”

And “it's no big deal to get the survey done and disseminate the results,” she adds. “The managers have the *Solution Paths* and a system-wide benchmarking report in their hands within three weeks after the surveys are completed.”

Seven to 10 days is the typical time that hospitals allot to distribute and collect the surveys. The method used to distribute the surveys varies, but stationing volunteers in high employee-traffic areas is one effective means of engaging employees. Many hospitals use incentives, such as drawings, meal vouchers, or prizes to encourage employees to participate. The average survey completion rate is 60%, which represents a statistical sampling.

At FSC, 55% and 73% of its employees participated in the first and second survey cycles, respectively. All of the hospitals established a mechanism for planning and implementing strategies to address the key drivers that were identified in their customized *Solution Path*. Most of the facilities created

Figure 1: Examples of Solution Paths for large, medium, and small hospitals

	Large hospital (1,041*)	Medium hospital (464)	Small hospital (236)
FIRST TARGET FOR CHANGE	Recognition for good work	Recognition for good work	New ideas encouraged (innovation)
SECOND TARGET FOR CHANGE	Coached and developed to improve performance	Get enough information about the organization	Recognition for good work

*Number of surveys included in the analysis of data from two hospitals in each category.

Source: Newmeasure Inc., Boulder, CO. Reprinted with permission.

multidisciplinary “response” teams that implemented small, inexpensive changes, such as creating a consistent mechanism for “closing the loop” when employees suggested ideas to improve the workplace or patient care.

As a result, the average number of employees who reported that they intended to leave declined, and the percentage who said they felt valued improved from 57% to 60%. It’s too early in the game for FSC to ascertain whether the new survey process is having an effect on its employee turnover. Currently, the turnover rate of nurses at FSC’s acute care hospitals varies from 0% to 24%. The systemwide vacancy rate for all employees is approximately 25%.

As evidence of the FSC teams’ effectiveness in responding to the employee input, all but 2 of the 12 sites that administered surveys in the second round had new drivers on which to focus.

During the first survey cycle, the first target for change that was consistent across the system was in the area of employee recognition, Meyers explains. “We did some targeted work in this area to help managers identify ways to reward employees and gave them tips about how to talk with staff about the issues that are important to them.”

FSC makes the satisfaction survey results available to every employee, and distributes a newsletter before and after the survey process to keep staff informed.

■ The Solution Paths

The responses from the DOC survey are analyzed to generate a *Solution Path* focused on the drivers of improvement in the two areas that affect retention most—feeling valued, and perception of organizational effectiveness. (See sidebar, “Perception of

organizational effectiveness is a key measure of intention to leave.”)

We know from our data analysis that hospitals that work to improve their DOC scores become more effective and high-performing organizations. Specifically, effective organizations pay more attention to employee incentives and rewards, communication, shared decisionmaking, efficient workflow processes, and the career development of their employees.

■ The cost

In selecting its employee satisfaction instrument, FSC used 15 criteria to evaluate the products of various vendors, including Press Ganey, Moorehead Associates, Inc., Management Science Associates, National Research Corporation, Standard & Associates, Inc., and Velghe & Associates. Among the selection criteria were time frame to receipt of survey results; survey length and employee time commitment required for completion; and ease and feasibility of correlating results with existing physician and patient satisfaction survey results.

“Cost was one of the considerations, but none of the managers was aware of the total cost of each of the products,” says Meyers. “The DOC survey costs \$6.50 per employee, as compared with a cost range of \$3.25 to \$12.65 per employee for the other tools that were considered.”

FSC has also found that the employee survey provides an accurate measure of satisfaction across multiple departments. During the first survey, one of FSC’s larger hospitals requested that the responses from nursing staff be analyzed separately. But “the difference between the nurse-specific analysis and the global analysis was negligible,” says Meyers. “We’ll look at it again

Perception of organizational effectiveness is a key measure of intent to leave

Research has shown that employee ratings of “intent to leave” are good predictors of actual turnover. The Developing Organizational Capacity (DOC) survey, however, was designed to investigate the relationship between turnover, employee



Diane Fassel

satisfaction, *and* organizational effectiveness. To date, the DOC survey has been used in 475 healthcare settings, and has a database of more than 180,000 individual surveys.

A research study was conducted using DOC survey responses ($n = 3,646$) from six hospitals (2 large, 2 medium, and 2 small hospitals). In addition to the 16 core items, the hospitals had included an item to measure “intention to leave the organization in the next year for reasons other than retirement.”

Two questions were posed. First, “Which aspects of organizational function, as measured by the DOC survey items, have the strongest statistical links with “intent to leave?” The second was, “What is the probability that workers who give low scores on these DOC items will indicate that they intend to leave the organization in the next year?”

Two sets of analyses were performed. First, the strength of the correlation between each of the 16 DOC items and the “intent to leave” item was calculated. We found that at all six hospi-

tals, two of the items were consistent and statistically linked to intent to leave—workers not feeling valued and low rating of organizational effectiveness.

The finding that workers not feeling valued is a predictor of intent to leave is consistent with prior research. The *new twist* is that a low rating of organizational effectiveness was just as powerful a predictor of intent to leave. This is especially important because it suggests that actions designed to improve the overall organizational effectiveness will ultimately reduce employee turnover.

In the second analysis, we calculated the odds ratios for intent to leave for each of the 16 DOC items. The odds ratio shows the likelihood or probability of workers saying they intend to leave the organization according to their scores related to feeling valued and organizational effectiveness.

At the two large hospitals in our sample, employees who said they did not feel valued were four times more likely to say they intend to leave the organization than those who said they did feel valued at work. Likewise, workers who rated their organization as being ineffective were four times more likely to say they intend to leave the organization.

In the small- and medium-size hospitals, workers who didn't feel valued were 6 to 12 times more likely to say they intend to leave. —Diane Fassel, PhD

during the next cycle to see whether this trend holds true.”

For more information, Holly Meyers can be reached via e-mail at hmeyers@fscsylvania.org

Diane Fassel, PhD, is president of Newmeasures, Inc., and the author of two books on organizational health, *Working Ourselves to Death* and *The Addictive Organization*. She can be reached at dianefassel@newmeasures.com, or call 303/499-3811.

Reprints of this article (PC0109003) are available from <http://www.corhealth.com/reprint.asp>

References:

1. “An evaluation of the precursors of hospital employee turnover,” W. H. Mobley, et al., *Journal of Applied Psychology*, 1978, vol. 63, pp. 408-414.
2. *Psychology Applied to Work, Third Edition*, P. Muchinsky, 1990, Brooks-Cole, Pacific Grove, CA.
3. “Evaluating nurse turnover: Comparing attitude surveys and exit interviews,” M. D. Fottler, *Hospital and Health Services Administration*, 1995, vol. 40, pp. 279-295.
4. “Organizational, work, and personal factors in employee turnover and absenteeism,” L. W. Porter & R. M. Steers, *Psychological Bulletin*, 1973, vol. 80, pp. 151-176. 