

Implementation of an online qualitative and quantitative employee satisfaction survey across the East Arkansas Family Health Center System

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Introduction and Background:

The relationship between employee satisfaction and customer satisfaction, productivity, profit, employee turnover and even accidents at the workplace has been studied widely throughout the world in a variety of industries. Intuitively, the relationship between employee satisfaction and company output makes sense: a happier employee with strong loyalty to an employer will take more pride in their work and promote their employer to customers. Research has supported this line of thinking. The more satisfied the employees of a company the more content are the customers of that company.ⁱ In the world of healthcare, specifically, studies also suggest a strong relationship between employee satisfaction and patients' perception of the quality of their care. Furthermore, employee dissatisfaction can negatively impact the quality of patient care, adversely impacting patient loyalty.ⁱⁱ The less loyal the patient to the health care provider, the more likely the patient is to seek care elsewhere, which can hurt patient volume, impact patient continuity and worsen providers' job satisfaction. Employee dissatisfaction can have lasting and complicated downstream impacts.

On the other hand, employee satisfaction can have several positive downstream effects. One study published in 2006 utilized a national database of over 2 million patients, 150,000 hospital employees, and 40,000 physicians. The findings of the study demonstrated strong positive interrelationships between patients, employees and physician satisfaction with the hospital. Therefore, improving employee/physician relations, loyalty to and satisfaction with the hospital is an integral part of promoting "patient-centeredness".ⁱⁱⁱ

As a patient-centered medical home (PCMH), The East Arkansas Family Health Center (EAFHC) has been providing care to underserved populations in east Arkansas since 1974 through five primary care medical offices and an HIV/AIDS care center. Recently established officially as a Level 3 NCQA PCMH, EAFHC has committed to systematically offering comprehensive, coordinated accessible and quality care to patients in a measurable and standardized way.^{iv} Having recently completed a patient satisfaction study, EAFHC is aware of both strengths and challenges it faces as an organization looking to provide the highest level of care to patients. As research suggests, however, understanding and improving employee satisfaction is an interrelated task towards improving patient satisfaction, loyalty and care. Additionally, EAFHC serves another important community role: providing the local community with fulfilling and meaningful jobs. As a rapidly growing organization, EAFHC also has a duty to its employees to ensure it is providing the kind of environment where staff can develop skills and realize their full potential.

With the goal of improving patient care, the Chief Operating Officer and Board decided to survey employees in an anonymous way to gauge overall satisfaction with and loyalty to EAFHC. Using the results of the quantitative and qualitative survey, I will also discuss strategies and recommendation to address challenges with employee satisfaction and ensure strengths are not lost.

Methods:

The survey was largely developed based on a prior paper-based version given to employees the prior year. Given the success and comprehensiveness of the survey, the survey questions remained largely unchanged. The goal of the survey was to assess staff confidence and satisfaction with key management officials, satisfaction and communication with direct managers and finally overall loyalty to the EAFHC. With the construction of a new building in the upcoming year, the COO also wanted to assess employees' impressions and suggestions for the new space. Fourteen questions were included using a 9-point Likert scale. We chose the Likert scale because it is commonly used in survey techniques,

meaning staff could quickly complete the survey with little explanation. Furthermore, the results are easily tabulated, analyzed and displayed for interpretation. The downside, however, is respondent fatigue that can lead to “straight-lining”, the practice whereby the respondent may use the same rating down the line to complete the survey earlier.^{vi}

East Arkansas Family Health Center, Inc., Employee Satisfaction Survey

Instructions: The following survey is ANONYMOUS, therefore please be honest with your answers. There is no way your answers will be linked back to you. Check the number that corresponds to your answer (9 most agree with the statement and 1 least agree with the statement). There is also room at the bottom of the survey to leave additional suggestions and comments.
* Required

I trust the CEO to make decisions that are in the best interest of the overall health of EAFHC. *

1 2 3 4 5 6 7 8 9

Disagree Agree

I trust the COO to make decisions that are in the best interest of the overall health of EAFHC. *

1 2 3 4 5 6 7 8 9

Disagree Agree

I trust the CFO to make sound decisions as it relates to the financial health of EAFHC. *

1 2 3 4 5 6 7 8 9

Disagree Agree

What are your thoughts/concerns about the new building in West Memphis? *

Please comment on any areas you feel management must critically address.

Please feel free to leave additional comments.

Never submit passwords through Google Forms.

Figure 1- Screenshots of online survey with Likert scale and free text questions

Additionally, we added more free text space asking specifically about the construction of a new building and space for employees to talk about critical issues facing the EAFHC. Based on concerns about anonymity and low response rates from the previous paper-based survey, we also decided to implement the survey online via Google documents as a free and easily accessible tool for deploying surveys. We collected email addresses from individuals at the center using the employee payroll list as the source for all currently employees. For this reason, consultants and temporary workers were not included in the survey sample. When collecting email addresses, we found that several workers did not have EAFHC-tied email accounts. In those instances, we used personal email addresses.

The survey was launched via email on July 25, 2013 and closed on July 31, 2013 at 5PM. A memo was also faxed to all sites stating the purpose of the survey and employees were encouraged to take the survey on site visits following launch. In two instances where staff misunderstood taking the

survey electronically, hardcopies were printed by the staff and data was coded directly from the printouts. In all other instances, once survey participants hit the “Submit” button on the survey, results automatically populated a Google spreadsheet and kept no personal identifying information. The anticipated survey response rate was 80%. Once the results were collected, frequencies and averages of the 14 quantitative questions were tabulated. We analyzed the free text responses and identified several key reoccurring themes.

Results:

Out of the 87 unique emails that were sent out, we received 49 responses online and 2 hard copies of the printed survey. The survey response rate was 56%. Analysis of the 14 quantitative questions were divided into four distinct groups representing the following themes: (1) confidence in senior management, (2) satisfaction with supervisors, (3) finances and communication, (4) overall satisfaction with and loyalty to EAFHC.

In the first three questions where confidence in senior management was assessed, the overall mean score for the CEO, COO and CFO was 7.36. The mean for the CEO and COO were 7.5 individually, while the mean for the CFO was 7.1. While the majority strongly agreed with the statement, “I trust the CEO/COO/CFO to make decisions that are in the best interest of the overall health of EAFHC,” there was more variation in response with regards to the CFO, with a few more individuals strongly disagreeing with this statement.

Q1: I trust the CEO to make decisions that are in the best interest of the overall health of EAFHC.
Q2: I trust the COO to make decisions that are in the best interest of the overall health of EAFHC.
Q3: I trust the CFO to make sound decisions as it relates to the financial health of EAFHC.

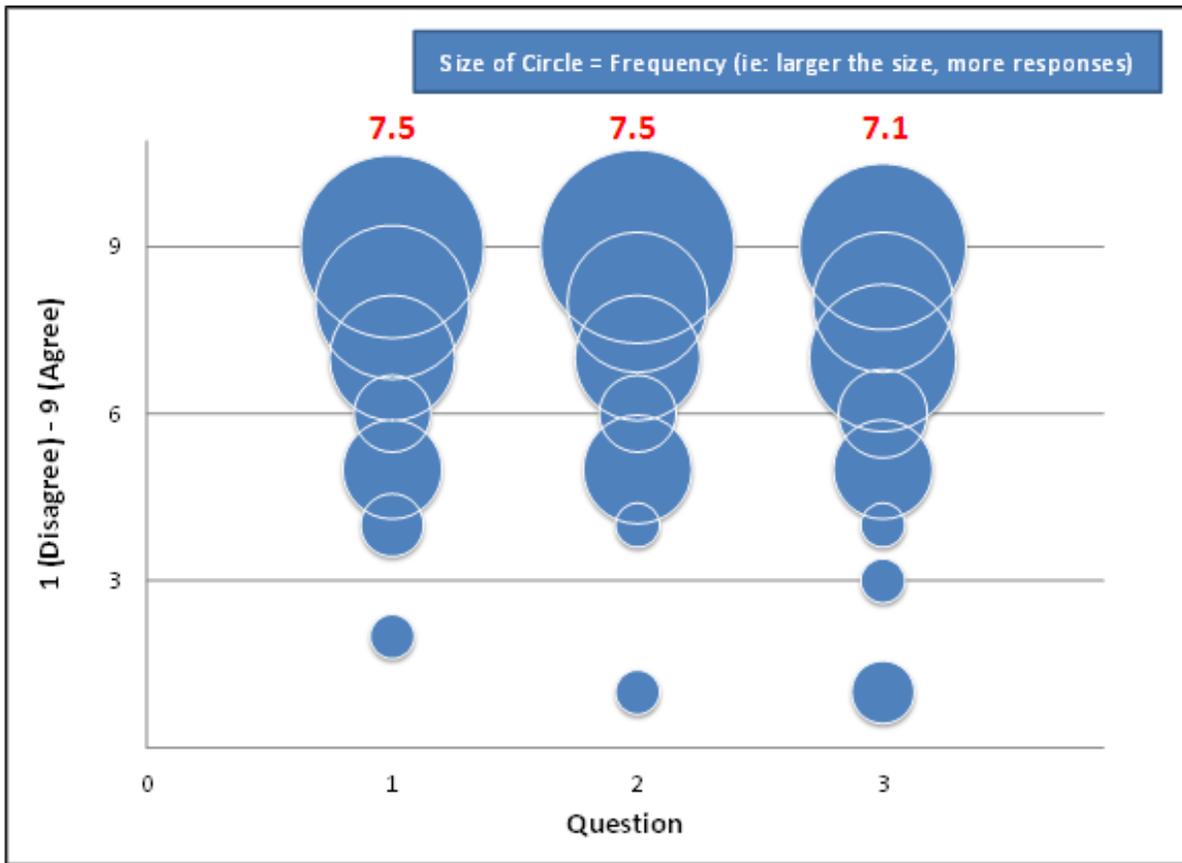


Figure 2: Confidence in senior management

The next four questions dealt with employee satisfaction with supervisors. The overall mean across those questions was 6.25, just a point above a neutral agreement with the statements related to supervisors. The mean agreement with Question 4 about the supervisor being fair in decision-making was 6.6, above the mean. This same question had the large majority scoring a nine, seven and five. Question 5 about supervisors giving feedback had a mean of 6.1 with a significant spread across agreement and disagreement, with six employees completely disagreeing with this statement. Question 6 addressed employee perception of how their opinion is valued by the supervisor. The mean

response to this question was a 6.1 and showed similar spread in agreement with Question 5. Lastly, Question 7 addressed employee perception of non-offensive/non-condescending feedback from supervisors. The mean response was 6.2 with most answers clustering around 9, 7 and 5.

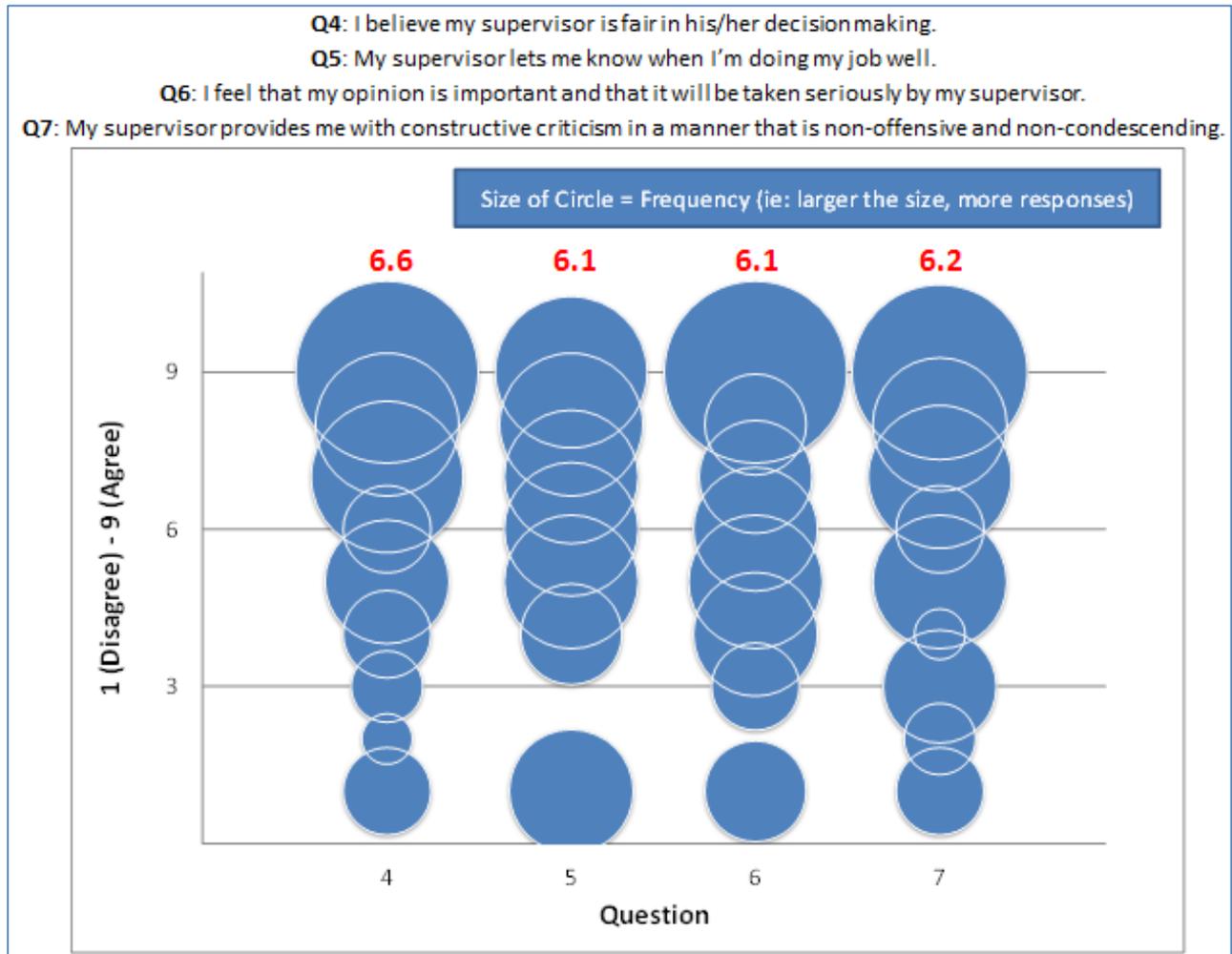


Figure 3: Satisfaction with supervisor

The following three sets of questions dealt with finances and communications. Question 8, which dealt with money being spent properly, had a response mean of 6.0, with clustering at 9, 7 and 5. Question 9 asked about communication at the EAFHC with a mean of 4.6, which was slightly less than neutral position. The largest cluster of employees responded between 3 to 6, showing more of a predilection for disagreement with the statement that there is good communication throughout the

Center. Seven disagreed with the statement completely. The final question in this cluster, question 10, had a mean response of 5.5, slightly agreeing with the statement, “I feel that I am adequately compensated for my position duties and responsibilities.” Response frequencies were spread evenly between 3 to 9.

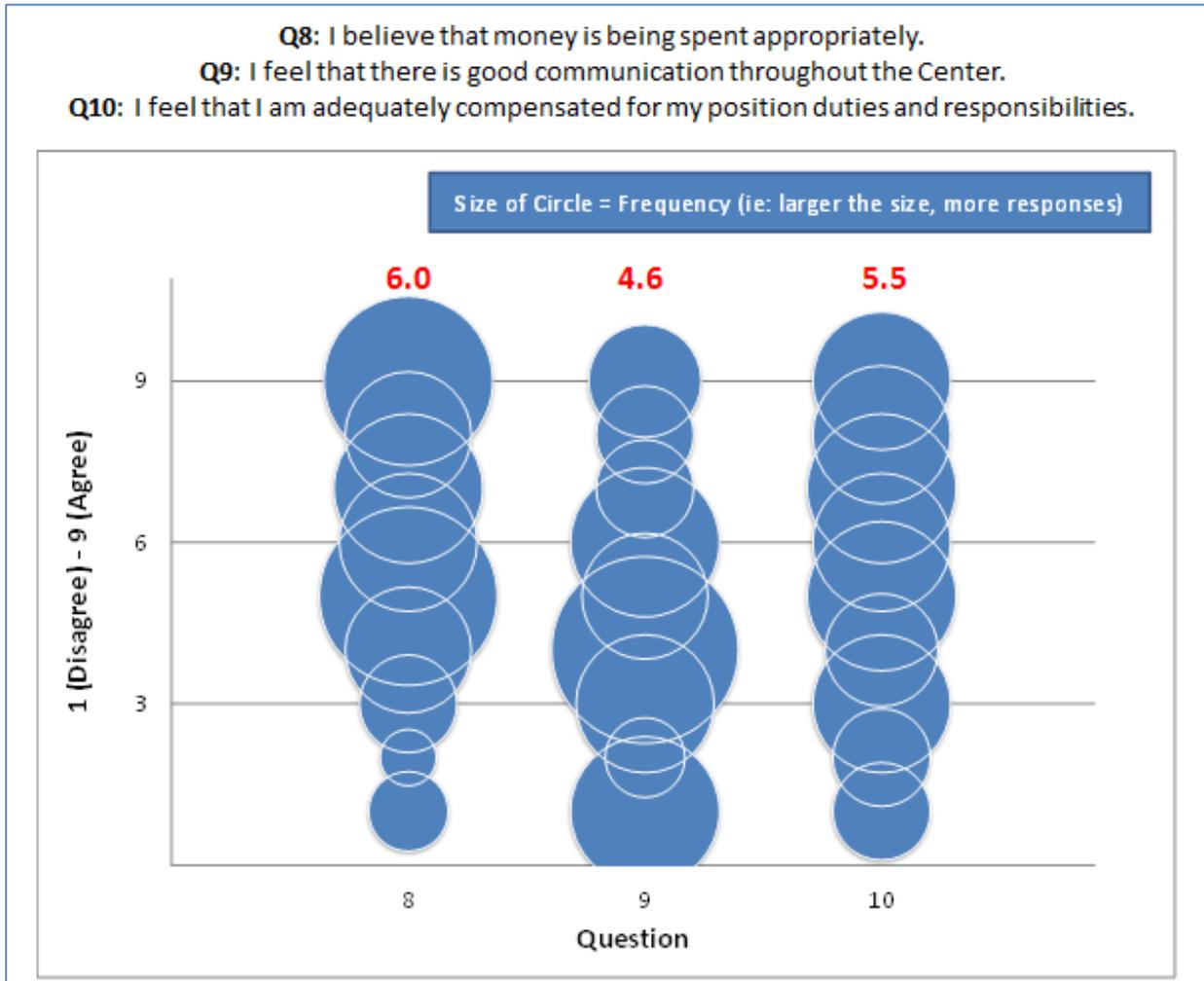


Figure 4: Finances and communication

The final set of questions (11-14) dealt with overall satisfaction and loyalty to EAFHC. The mean response to question 11 regarding how part of the overall team an employee at EAFHC felt was 5.9, with large cluster frequencies at 5 and 9. Question 12, which dealt with upward mobility, had an average response of 6.1, indicating most employees felt they had moderate agreement with the statement that

they had upward mobility at EAFHC. When asked about overall satisfaction with their positions at EAFHC, the mean response level was 6.9, with the largest clusters at 9 and 8. Finally, the mean of 4.6 on question 14 indicated most employees were either neutral or did not think they would seek another job outside of EAFHC. Eleven of the employees strongly disagreed with the statement that they would look for jobs outside of EAFHC, while 12 employees were neutral.

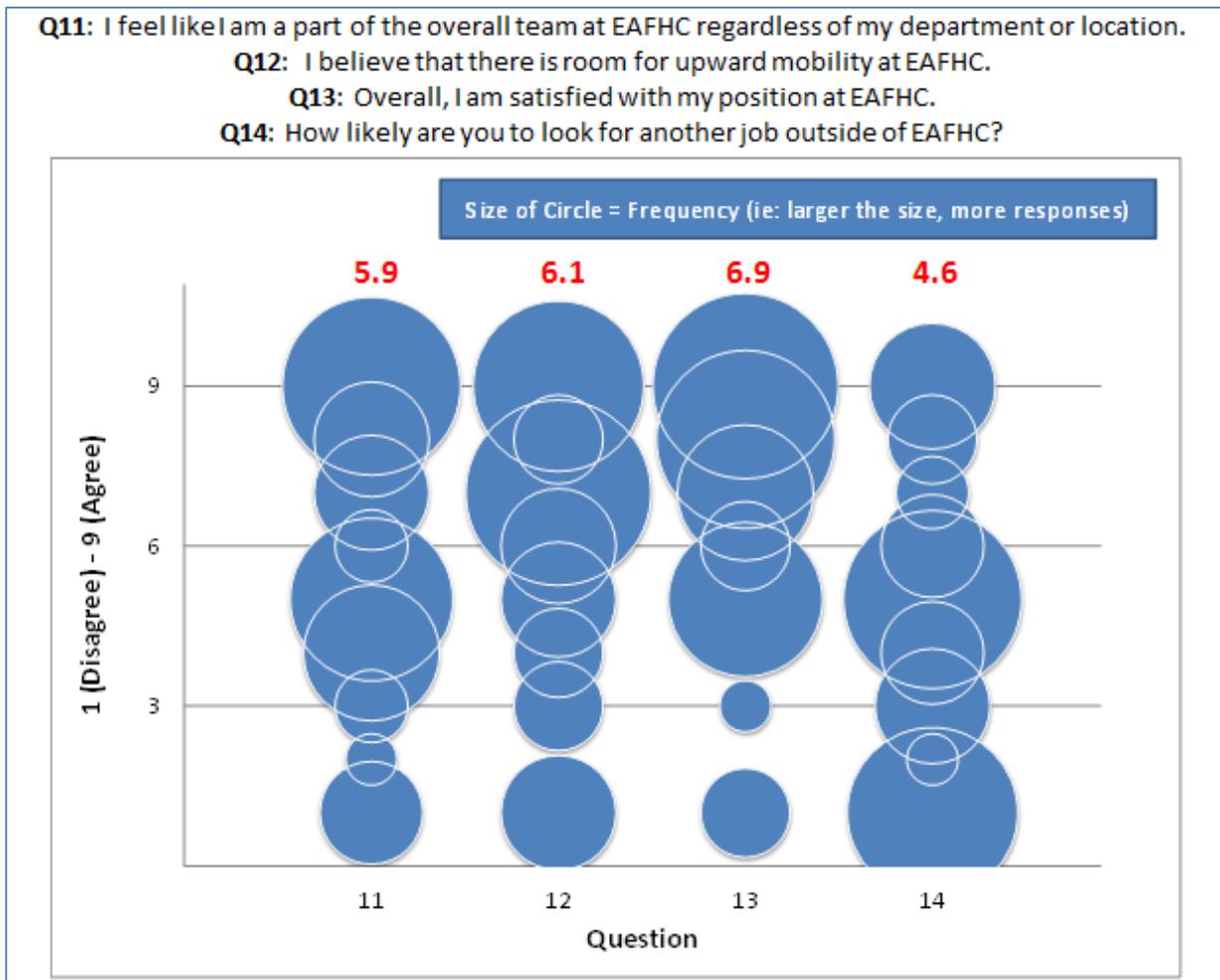


Figure 5: Overall satisfaction and loyalty to EAFHC

Based on a coding of the qualitative answers to the question, “What are your thoughts/concerns about the new building in West Memphis?” several key themes surfaced. Overwhelmingly, of the 47 people that responded to the question, the majority were “excited” and “proud” of the new space. Many employees commented on the added workspace the building would add and thought it would cut

down on patient wait times by providing better workflow. Staff also noted they felt the new space would make for a better work environment and provide a face that patients would take more seriously.

The following quotation exemplifies the theme of the majority of responses to the question:

Looking forward to a new building and location which is long overdue. I believe a new location, more space for staff and patients will help foster positive attitudes & morale among the staff, patients, and their families. Looking forward to better climate control, more space for exams rooms, possibly consultation rooms, and a layout for better flow.

The other theme that came up among a minority of respondents was concern about the financial feasibility of opening a new site. One employee commented:

I wonder if we will be able to afford the building. I'm concerned about our ability to increase our encounters and collections simultaneously. I'm concerned about whether or not we will be able to get the right leadership in place in order to promote optimal operations.

Another employee mentioned a concern that with West Memphis bringing in the bulk of patient volume, other clinics would have to close with more money being invested in the West Memphis site. Finally, one other employee expressed concern that the current struggles of the clinic (not specifically stated) would not be solved by simply moving into a new building.

In analyzing the comments on areas management must critically address, two key themes emerged: leadership and communication. Several employees felt management needed to do a better job enforcing policies throughout the organization in a consistent manner. One respondent expressed that management should be “true managers and not friends with their staff.” Along the lines of leadership, employees also felt the right people needed to be put in the right place. Conversely, if certain staff were not appropriate for a position or not appropriately responding to feedback, leadership in the organization needed to be more comfortable letting that person go. Regarding communication, several employees also felt communication was an area of much needed improvement. Specifically, staff felt intradepartmental communication was weak and employees felt new employees were being added without many people knowing.

Despite these areas of improvement, a large majority of survey respondents had glowing remarks for management in this question and the last open-ended question of the survey. One respondent said the following:

EAFHC has been a blessing to the community in which I work. I have had the chance to talk with several people in my community that could not afford to see the doctor because it was too expensive so they were neglecting their health due to the fact they did not have the funds to pay a doctor. The patients are now able to get the quality care they need at an affordable price. I feel that more people in our community will be able to live longer and healthier lives now that we are here.

Discussion:

The results of the employee satisfaction completed by close to 60% of the staff across 5 different clinic sites illustrates both the strengths and challenges facing EAFHC as seen by those “on the front line.” Using the qualitative and quantitative data, we can also develop both short and long-term recommendations to better the satisfaction of employees which then feeds into better patient care.

In both the Likert-scale questions and free response questions, it is evident employees are generally satisfied with management, supervisors and job prospects at EAFHC. The highest means, indicating a high level of agreement, were in the categories of confidence in upper management, which included the CEO, COO and CFO. Questions regarding supervisors were about 1-1.5 points lower than senior management, indicating there is further room for upward improvement in overall satisfaction with supervisors. Comments from the free-text section of the survey support the notion that some employees, while not the majority, feel as though supervisors are inconsistent in how they handle different employees. Coupled with the results showing a handful of staff disagreeing with the statement, “My supervisor lets me know when I’m doing my job well” and “I feel that my opinion is important”, supervisors may need further training and experience managing people in a way that is perceived as fair. In addition, these results also suggest clear, transparent and diligently enforced policies dealing with commonly reoccurring incidents, for example tardiness, can alleviate some of these hard feelings. Along the lines of leadership, several staff expressed in one way or another, the need to

have the right people in the right place, which may mean, “getting rid of weak links in the organization.” Due to the anonymous nature of the survey, it is difficult to pinpoint which supervisors may be the source for these hard feelings. However, while senior management seemed to garner a great deal of respect and confidence, survey results suggest strong leadership qualities past that level are wanted.

Another area of improvement that stood out in both the qualitative and quantitative data was the issue of communication. The lowest mean score was in response to the statement, “I feel that there is good communication throughout the Center.” Staff weakly agreed with the statement, “I feel my opinion is important and that it will be taken seriously by my supervisor.” In the comments section, communication issues came up not only between individuals but also between sites. One person specifically cited lack of communication between the main office and the outside sites. Communication with patients was also commented on by employees. For example, they felt front desk staff and billing staff were not able to effectively communicate to patients why they owed a bill. Finally, inappropriate communication was also brought up. One employee felt personal issues should not be the subject of gossip and known widely throughout the organization. The results of the survey pinpoint several key issues with communication that must be addressed by the organization in order to maintain cohesiveness and effectiveness.

The final area of employee dissatisfaction stemmed from finances, from compensation to how much money was being spent on the new building. Across the boards in both the qualitative and quantitative portions of the survey, employees seem to feel they are either not fairly compensated for their work or that fellow employees are overcompensated for the work they do. Again, due to the anonymity of the survey and employee compensation, it is difficult to understand if in fact their dissatisfaction is related to a true discrepancy in the market-rate for particular positions. It may also be these feelings toward finances are related to a feeling of favoritism. One employee commented:

The employees that are giving their best and trying to get the job done are overlooked and are never compensated, but there are a lot of favoritism and those are the ones that gets the good treatment.

If more money is not available to pay employees, part of the problem may be addressed by showing a greater, consistent appreciation for employees and also being as transparent as possible about enforcing policies so as not to engender a feeling of favoritism.

For future studies, several improvements can be made to the survey. Firstly, questions should be included for the medical/dental director as well as other key supervisors. A free text section should also be included after each question in order to allow respondents the space to speak specifically about a particular question. An option for “Not Applicable” should also be added to each question as some employees felt they could not fully comment on particular items or areas. If the survey was to become an annual event, baseline data from previous studies should be used for comparison in order to gauge improvement or regression in particular areas.

Recommendations and Conclusion:

In order to address two main areas of improvement within the organization, communication and leadership, the following short- (less than one year) and long-term recommendations are outlined below.

	Short-Term	Long-Term
Leadership	<ul style="list-style-type: none"> • Consider annual manager/supervisor assessments • Leadership training/workshops for supervisors 	<ul style="list-style-type: none"> • Based on supervisor assessments, consider reorganization • Keep ongoing talent pool for local positions when need arises
Communication	<ul style="list-style-type: none"> • Monthly newsletter to update staff on events in the different locations • Company emails for everyone and training on email / Internet use • Solicit employee feedback 	<ul style="list-style-type: none"> • Clearly documented policies on feedback systems • Workflow analysis before moving into new buildings

Leadership can be improved within the organization in the short-term by adding supervisor/manager assessments to gauge which managers may be falling behind. Survey results also suggest leadership training and workshops for not only managers, but all staff could be implemented in the next year. All staff should feel empowered to take more initiative in their own roles and seek ways in which they can improve upon their current work. In the longer horizon, EAFHC will have to take a harder look at really ensuring they have the right people in the right place. Although particular managers or employees may be well-liked, they should not necessarily be kept at their current positions if they have not been able to effectively do their job despite coaching. The task of replacing key employees can be made easier if EAFHC maintains a pipeline or pool of talented people in the area that could potentially fill positions that may become available.

Regarding communication, EAFHC can make leaps and bounds in the short-term by ensuring all staff have company emails. Furthermore, it is clear staff need training on the use of email in their daily work, which has the added benefit of improving workflow. Management should also seek to solicit feedback and ideas directly from employees, opening the lines of communication that many staff say is stifled. Longer-term, EAFHC must ensure company policies for disciplinary action are clearly documented, communicated and enforced fairly. Implementing these policies requires behavior change and diligence on the part of senior leadership. To many employees, it may also represent a culture shift in the organization that cannot happen overnight and may come up against resistance.

While the employee satisfaction survey helps shed light on areas of improvement at EAFHC, we must not forget the overwhelming majority are both loyal to and satisfied with their current situation at the clinic. However, in order to provide the best care possible for the community, EAFHC must continue to strive to find ways to improve.

Appendix:

	Mean	Median	Mode
Q1: I trust the CEO to make decisions that are in the best interest of the overall health of EAFHC.	7.5	8.0	9.0
Q2: I trust the COO to make decisions that are in the best interest of the overall health of EAFHC.	7.5	8.0	9.0
Q3: I trust the CFO to make sound decisions as it relates to the financial health of EAFHC.	7.1	7.5	9.0
Q4: I believe my supervisor is fair in his/her decision making.	6.6	7.0	9.0
Q5: My supervisor lets me know when I'm doing my job well.	6.1	6.5	9.0
Q6: I feel that my opinion is important and that it will be taken seriously by my supervisor.	6.1	6.0	9.0
Q7: My supervisor provides me with constructive criticism in a manner that is non-offensive and non-condescending.	6.2	7.0	9.0
Q8: I believe that money is being spent appropriately.	6.0	6.0	5.0
Q9: I feel that there is good communication throughout the Center.	4.6	4.0	4.0
Q10: I feel that I am adequately compensated for my position duties and responsibilities.	5.5	6.0	7.0
Q11: I feel like I am a part of the overall team at EAFHC regardless of my department or location.	5.9	5.5	9.0
Q12: I believe that there is room for upward mobility at EAFHC.	6.1	7.0	7.0
Q13: Overall, I am satisfied with my position at EAFHC.	6.9	8.0	9.0
Q14: How likely are you to look for another job outside of EAFHC?	4.6	5.0	5.0

Figure 6: Survey Questions and Results

References:

- ⁱ Harter, James K.; Schmidt, Frank L.; Hayes, Theodore L. *Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes: A meta-analysis*. Journal of Applied Psychology, Vol 87(2), Apr 2002, 268-279. doi: 10.1037/0021-9010.87.2.268
- ⁱⁱ Atkins PM, Marshall BS, Javalgi RG. *Happy employees lead to loyal patients. Survey of nurses and patients shows a strong link between employee satisfaction and patient loyalty*. J Health Care Mark. 1996 Winter;16(4):14-23.
- ⁱⁱⁱ Clark PA, Wolosin RJ, Gavran G. *Customer convergence: patients, physicians, and employees share in the experience and evaluation of healthcare quality*. Health Mark Q. 2006;23(3):79-99.
- ^{iv} NCQA Patient-centered Medical Home. *A New Model of Care Delivery*.
<http://www.ncqa.org/portals/0/PCMH%20brochure-web.pdf>
- ^v Birkett, N. J. (1986). *Selecting the number of response categories for a Likert-type scale*. In Proceedings of the American statistical association (pp. 488-492). Cittàstudi.
- ^{vi} The Research Bunker. *RMS: Research & Marketing Strategies*. September 22, 2010.
<http://rmsbunkerblog.wordpress.com/2010/09/22/rms-scale-week-2010-likert-scale-%E2%80%93-market-research-in-syracuse-ny-upstate-central-new-york-survey-focus-group/>