A STUDY OF EMPLOYEE SATISFACTION AT THE ROYAL HOSPITAL FOR NEURO-DISABILITY

An Interactive Qualifying Project

Submitted to:

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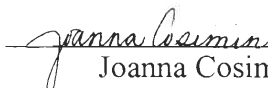*Professor Chrysanthe Demetry*
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In partial fulfillment of the requirements for the

Degree of Bachelor of Science

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Abstract

The Royal Hospital for Neuro-disability (RHNd), located in Putney Hill, London, provides extensive care for people with neuro-disabilities. Currently, the RHNd would like to improve employee satisfaction in order to maintain its high quality staff. To determine trends among the employees at the RHNd, our project team conducted an employee satisfaction survey, personal interviews and focus group interviews. From these methods, we created a series of recommendations to present to the RHNd, including those in the area of stress, communication, manager relations, and respect. Improvement in these areas will allow the RHNd to productively manage its staff and retain its recognition from Investors in People.

Acknowledgements

Executive Summary

The task of providing high quality health care is often difficult for hospitals and health care providers. The tendency of a stressful working environment to create dissatisfied employees and detract from productivity magnifies the importance of employee satisfaction in the health care industry. The actions of health care providers not only have an effect on the workers themselves, but also on the patients that they deal with on a daily basis. Therefore, it is vital for health care organizations to maintain high levels of employee satisfaction.

The challenges of providing high quality health care and achieving high levels of employee satisfaction are particularly evident in a specialty hospital such as the Royal Hospital for Neuro-disability (RHNd). The RHNd, a national charity located in Putney Hill, London, provides treatment and care for patients with neuro-disabilities. Believing that all disabled people should have the opportunity to lead a high quality life, the RHNd aims to ensure that patients receive exemplary treatment. However, the hospital is currently experiencing some employee satisfaction concerns that may be hindering its ability to accomplish this goal.

These concerns were documented in a recent Investors in People (IIP) assessment. IIP is an organization that establishes a standard, or benchmark, for employee welfare and development, and assesses individual companies, determining if they are achieving this standard. While the RHNd has attained this recognition, its latest IIP assessment revealed many areas that needed improvement. These areas included both economic and work demands with which the employees must cope. The hospital's location in an

affluent area as well as understaffing and insufficient patient feedback are just some of the possible causes for these concerns. The IIP assessment, however, did not look into reasons why the employees' concerns existed and how employees at the RHNd felt these problems could be alleviated.

These findings induced the following set of goals for this project. The first goal was to provide recommendations to the RHNd to improve employee satisfaction. The second goal was to provide the RHNd with insight into employee satisfaction and employee satisfaction strategies. The final goal was to aid the RHNd in maintaining its recognition from IIP.

In order to complete these goals, we used three forms of data collection for three distinct purposes. First, we administered an employee satisfaction survey to determine the general areas of concern regarding employee satisfaction. Next, we sought to understand these issues in more depth through follow-up personal interviews. Lastly, we conducted focus groups to extract suggestions to rectify problem areas that were identified.

Overall, 312 employees completed the self-administered employee satisfaction survey, providing us with a 52 percent response rate. The results from this sample showed that responses to the following three survey questions most strongly correlated with the overall satisfaction of employees at the RHNd: *The RHNd treats me like a person, not a number; RHNd provides necessary strategies to cope with stress;* and *I believe there is cooperation at the RHNd.* Using the data from these three questions, along with the answers from an open-ended question regarding what employees felt the RHNd could do to improve employee satisfaction, we identified four main themes that

served as the basis for our follow-up interviews: stress, communication, manager relations, and respect.

Our first form of follow-up interviews, personal interviews, revealed specific causes for these issues. We conducted 16 interviews with both clinical and non-clinical staff, using both random sampling and purposive sampling, whereby people where chosen according to their willingness to express their opinions in the free response section of the survey. The interviewees attributed their stress to understaffing and lack of recognition for a job well done. The inability to communicate effectively, both between departments and up the chain of command, was the main communication concern. Another communication complaint was that communication lines are not open to all levels of the staff; these complicated lines of communication may be the result of too many levels of management. The complex management structure, combined with the fact that the managers are seldom seen on the ground floor, was stated as the cause of the manager relation issues. By keeping themselves away from the actual workings of the hospital, the management has created a respect issue among many employees. The clinical staff, those directly in contact with the patients, feel they receive little recognition for their hard work; however, the non-clinical staff feel they receive adequate respect. The results from these personal interviews gave us possible answers as to why there are concerns in these areas; the next step was to determine how to resolve them.

Suggestions for addressing these areas of employee concern were elicited from the staff through the use of 8 focus groups. These groups consisted of 5 to 7 employees that mirrored the participant categorization used for the personal interviews. Within these groups, the employees freely expressed their opinions of the hospital and how it

could improve their employee satisfaction.

The staff felt that stress in the workplace could be reduced through the development of stress management programs, particularly when a stressful event, such as the death of a patient, occurs. In addition, they asked for a re-evaluation of the staffing level in each ward and an improved recruiting program. They felt that they were unable to express many of the concerns they had; they wanted a better mode of two-way communication to be implemented, as well as improvement of the internal communication strategies between departments. These suggestions to improve communication strongly paralleled the suggestions for manager relations and respect. In the area of manager relations, the staff would like to see a more personal management with individuals that they can interact with. This goes along with the suggestion to create a management that is not necessarily concerned with the rank of employees, but is more concerned with the ideas and value that come with working as a team to achieve a common goal. Finally, in order to enhance an atmosphere of respect the staff would like to receive more positive feedback.

From this data we formulated a set of recommendations to present to the RHNd that would accomplish our goals. These recommendations were presented according to the specific concerns of employee satisfaction.

Our first set of recommendations pertains to the issue of stress. In order to improve the employee satisfaction in regards to the issue of **stress**, we made the following recommendations: offer stress management classes, provide counseling for both the staff and the family of patients, re-evaluate the staff levels, encourage teamwork within each ward, and to re-assess the employee rest facilities. These recommendations

are intended to allow the staff to become more productive and satisfied by reducing their daily stress, help them to cope with stress, and provide an outlet for excessive stress when it arises.

The next set of recommendations aims to improve **communication** at the RHNd. These recommendations include: re-evaluation of the internal communication strategies, elaboration of the employee suggestion process, restructuring of the team briefing, promotion of communication workshops, and encouragement of participation from the lower level management. These recommendations are in an effort to make the planning process of the RHNd a decentralized process where all of the staff has a method to provide suggestions.

The next area of concern is the issue of **manager relations**. These recommendations are in an effort to improve both the managerial structure as well as the attitudes held by those in managerial roles. These recommendations include: increase everyday management involvement, clarify the managerial structure, review the managerial requirements and qualifications, and create a less hierarchical atmosphere. These recommendations are intended to get the management more involved with the daily workings of the hospital, and provide the balance of managerial skills and clinical understanding to effectively manage a hospital.

The last set of recommendations was in the area of promoting **respect**. This includes both the issues of respect for superiors and respect for subordinates. These recommendations are simply stated, but difficult to obtain. They include creating a more democratic setting and providing more praise to employees. By implementing these methods, employees will have a better working environment, and the focus of their role

will be on providing exceptional care, not worrying about being reprimanded.

Since these recommendations all focus on specific employee satisfaction problems, there was a comprehensive recommendation designed to improve all of these areas simultaneously. This recommendation is a daylong event called **Employee Awareness Day**. This day could consist of a ward and department exhibition, employee role reversal, and excellence awards. Introducing this annual event should allow the RHNd to illustrate its commitment to continued improvement of employee satisfaction.

These recommendations are customized to the hospital's specific demands, but without full commitment by the RHNd, they will not work. The areas of concern affecting the RHNd today can all be improved by a commitment to fulfill these recommendations, and with this commitment can come an increase of employee satisfaction and a continuation of high quality care that the RHNd can provide in the future.

Authorship Page

This project is a culmination of effort by the four group members. Each member contributed hours of writing, editing, and proofreading. Additionally, each group member contributed to a specific area of the project. Ruben Brito extensively researched hospital management and health care organisations. Joanna Cosimini was responsible for investigating surveying methods and for the majority of survey design. Dan Erickson contributed to the Royal Hospital of Neuro-disability research and compilation of the literature review. Steve Meyer examined the Investors in People organisation and topics in human resources. Joanna Cosimini and Dan Erickson conducted personal interviews while Ruben Brito and Steve Meyer conducted focus groups. In addition, Dan Erickson and Steve Meyer performed quantitative analysis as Ruben Brito and Joanna Cosimini performed qualitative analysis.

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1 Introduction

The task of providing high quality health care is often difficult for hospitals and health care providers. The tendency of a stressful working environment to create dissatisfied employees and detract from productivity magnifies the importance of employee satisfaction in the health care industry. The actions of health care providers not only have an effect on the workers themselves, but also on the patients that they deal with on a daily basis. Therefore, it is vital for health care organizations to maintain high levels of employee satisfaction.

The challenges of providing high quality health care and achieving high levels of employee satisfaction are particularly evident in a specialty hospital such as the Royal Hospital for Neuro-disability (RHNd). The RHNd, a national charity located in Putney Hill, London, provides treatment and care for patients with neuro-disabilities. Believing that all disabled people should have the opportunity to lead a high quality life, the RHNd aims to ensure that patients receive exemplary treatment. The hospital also strives to allow disabled individuals to lead the most independent life possible within the range of their disabilities through ongoing research and development. However, the hospital is currently experiencing some employee satisfaction concerns that may be hindering its ability to accomplish these goals.

Recently, Investors in People (IIP) reviewed the RHNd on aspects of employee satisfaction to identify areas of strength and opportunities for improvement. By maintaining and enhancing employee satisfaction, the RHNd can retain the Investors in People standard. Investors in People evaluates a company's "level of good practice for training and development of people to achieve business goals." By achieving recognition

from this organisation, the RHNd gains the prestigious reputation of a company committed to staff welfare and development. The IIP assessment, however, did not look into the reasons why the employees' concerns existed and how the employees at the RHNd felt these problems could be alleviated.

The goal of our project team was to present recommendations to the Royal Hospital for Neuro-disability to help maintain its high quality staff. Areas of employee concern were identified so that we could provide the RHNd with insight to improve employee satisfaction. The RHNd can use this insight to improve aspects of employee satisfaction and development so it can retain its recognition from Investors in People.

This project focused on gathering input from the RHNd employees so that we could suggest strategies for the hospital to improve employee satisfaction. Through quantitative surveys we determined general areas of concern among employees. Next, we conducted personal interviews to see why these problems existed. Then, through focus group interviews, we gathered general recommendations on how employees felt the RHNd could improve employee satisfaction. We then formulated our own detailed recommendations to help the hospital make improvements in key areas and to help them meet the Investors in People standard.

The remainder of this report is organised into four main areas: Literature Review, Methodology, Results and Analysis, and Conclusions and Recommendations. The Literature Review focuses on the background information behind the problem. The Methodology Chapter focuses on how we went about solving the problem; this section includes our survey, interview questions, and strategies used to elucidate the problem. The Results and Analysis Chapter reports the findings from our data collection and

details the steps taken during the analysis. Lastly, we make conclusions about current employee satisfaction at the RHNd and provide recommendations to improve employee satisfaction.

2 Literature Review

The following literature review provides the background information necessary to achieve our project goals outlined in the Introduction. The first section gives details about the Royal Hospital for Neuro-disability and the disorders that are treated at the hospital. Next, there is a discussion of hospital structure, health care, and job-related stress. These sections are followed by an overview of employee satisfaction, which then leads into the final discussion of surveys and how best to conduct them.

2.1 The Royal Hospital for Neuro-disability

The Royal Hospital for Neuro-disability (RHNd) specialises in all forms of treatment for neurological diseases and helps those who have experienced severe brain injuries as the result of a traumatic accident. According to its mission statement, "the Royal Hospital for Neuro-disability...is a non-profit making organisation, which seeks...to meet the needs of people with complex neurological disabilities resulting from damage to the brain and nervous system" (www.neuro-disability.org.uk, 2000).

Established in 1854, the hospital has provided care for people with neuro-disabilities for well over a century. A major influence on the establishment of the hospital was a plea from Charles Dickens, who asked to "give permanent relief to such persons as are hopelessly disqualified for the duties of life," (www.neuro-disability.org.uk, 2000). The hospital was created as an answer to this plea. Originally called the Hospital for the Incurables, it received a Royal Charter in 1903; the hospital's name was changed to the Royal Hospital for Neuro-disability in 1995.

Many different forms of neuro-disability have been discovered since the induction of the hospital, and the hospital has responded to these discoveries. The hospital aims to

help patients so that they can get the best out of life with their conditions. The RHNd has developed methods to assist the patients to achieve degrees of physical independence through the combination of assistive technology and social environment. The hospital steadfastly researches the development of this technology, and it consults with other professionals and the general public to get ideas for technological improvements (www.neuro-disability.org.uk, 2000).

The hospital is comprised of four major units addressing profound brain injury, neurological diseases, disability management, and rehabilitation (www.neuro-disability.org.uk, 2000). Each unit has its own specialised nurses and other clinical and non-clinical staff members. The specifics of each ward along with the recognisable differences between wards are discussed in the following sections.

2.1.1 Profound Brain Injury

One of the major wards in the RHNd is the Profound Brain Injury ward. This ward contains numerous patients with a wide range of injuries. Some patients have conditions caused by accidents that leave long-term damage, and these patients need professional medical care. If patients are in any situation that involves severe head trauma, they may experience permanent, life-altering effects. If the trauma is severe enough, the patient may be in what is called a *persistent vegetative state* (PVS). The term *vegetative* is used to describe an organic body capable of growth and development but devoid of sensation and thought; this state occurs when the brain becomes severely injured. When patients are in this state, they are totally unresponsive to all forms of communication. Zeman says that a person in PVS lives a merely physical life devoid of intellectual activity or social intercourse (Zeman, 1997).

Profound brain injury does not always have the dramatic result of PVS. Many times, these injuries result in impaired communication directly affecting a patient's hearing or speech. These patients may become very frustrated, and may need to go through some amount of rehabilitation. The RHNd helps with this rehabilitation, and treats individuals with conditions as minor as hearing loss and as serious as PVS. Noting that there is hope for those with serious injury, Nottebohm (1985) states that in a fully developed individual, it is possible for a damaged central nervous system to recover.

2.1.2 Neurological Disorders

In addition to working with patients with profound brain injury, the RHNd also assists patients with neurological disorders such as stroke, Multiple Sclerosis, Huntington's disease, and Parkinson's disease. Some of these conditions are inherited, while others are acquired; for example, forms of Multiple Sclerosis and Huntington's are inherited, while stroke is a random occurrence.

Parkinson's disease, on the other hand, is a neurological disease that has no known origin. This disease affects the physical movement of the patient; symptoms include tremors, muscular rigidity, and relatively little limb movement. These symptoms cause patients to walk with small slow steps and make any form of physical movement a challenge (Bradford, 1986). Parkinson's disease has no cure.

Another incurable neurological disorder is Huntington's. This progressively degenerative disease is passed on to about one half of a carrier's offspring. Bradford (1986) describes it as the combination of progressive dementia with bizarre involuntary movements and odd bodily postures. Another name for Huntington's disease is Huntington's Chorea. The term *chorea* refers to the way the patients "writhe, twist, and

turn in a constant, uncontrollable dance-like motion" (healthlink.mcw.edu/neurological-disorders, 1999).

The RHNd also provides care for many people who have suffered from a stroke. These patients often recover and are eventually released, either to their homes or a nursing home. The term *stroke* refers to an event in which a part of the brain has actually died due to an obstruction such as bleeding or a clot. The most predominant symptom of a stroke is weakness on one side of the body; other common symptoms are loss of sensation, speech disturbance, intellectual disorder, and visual difficulty (Kerson & Kerson, 1985). Very rarely does one fully recover from a stroke.

Another major neurological disorder that is unfortunately very common among patients at the RHNd is Multiple Sclerosis (MS). MS is a disease in which the brain has trouble communicating with muscles in the body. The disease has a severity ranging from benign to tragically crippling (healthlink.mcw.edu/neurological-disorders, 1999). Many people suffer from MS, and the Royal Hospital helps these people in trying to lead a normal life.

2.1.3 Disability Management

Along with caring for patients with acute disorders, the RHNd also specialises in the short-term management of patients. Short-term patients have to adjust to their situations and must learn how to take care of themselves once they leave the hospital. Prescription drugs can only treat part of the problem. Nurses provide these patients with care that will not only help them in the hospital, but also outside the hospital as well. Hospital staff teach patients to be self-sufficient within the boundaries of their disabilities. Along with the Disability Management ward, the RHNd also has a Day

Hospital where individuals receive the help they need dealing with different aspects of everyday life. The nurses in both the management and day hospital wards have important roles in the lives of their patients. They not only work to restore the health of their patients, but also to promote healthy and positive aspects of the lives that the patients will pursue once leaving the hospital.

2.1.4 Rehabilitation

Another main objective of the staff of the RHNd is the rehabilitation of patients; aspects of rehabilitation are seen in all of the wards contained within the hospital. Using developing technology and continuous research, the caretakers of the hospital can help short-term patients to go back to leading a normal life. The staff at any hospital, especially the RHNd, considers this a primary goal. Specifically, the RHNd aims to "use currently available technology to research neurological diseases so that they can provide aids to those disabled, whether or not they are still residents of the hospital" (www.neuro-disablilty.org.uk, 2000).

The rehabilitation process is a lengthy process for any kind of injury, whether a neurological disorder or a broken arm. The body takes time to heal. Nottebohm (1985) discusses how in the case of neurological disorders, most of the time the brain is not repaired immediately. Although recovery is difficult, it is still possible to recuperate from some of the less severe conditions treated at the hospital; many patients and families, however, lose hope during the long rehabilitation process. This potential for loss of hope is why the staff needs to provide not only treatment, but also encouragement so that the patients can work hard to alleviate their condition.

2.1.5 Staff Roles and Qualification

In order to treat patients with neurological disabilities, the health care specialists involved need to learn to develop alternative forms of communication to assist with the patients' difficulties in communicating. Benjamin and Curtis (1981) have extensively analysed these qualifications. They state that staff must also possess knowledge of the emotional and physical transitions that the patients are going through. A nurse is supposed to work with both the public and with other health care professionals so that health needs are met for the community (Benjamin & Curtis, 1981).

Often patients do not really understand the different aspects of their treatments. It is the job of the staff to convey this information to the client (Baly, 1984). In all hospitals, there is a need for staff to communicate well with patients, as well as a need for staff with experience in the healthcare field. When staff members retire, a valuable source of experience is lost, and replacement of retired staff members will not necessarily replace the intangible aspects of professional health care. Experience is particularly important at the RHNd because the diseases treated at the hospital require special care. Baly (1984) further states that academic training alone does not create a sufficiently experienced health care worker.

2.2 Hospitals and Health Care

In addition to the qualifications of the hospitals staff, the structure of a hospital also influences the quality of health care that it can offer (Flood and Scott, 1987). By examining the structure of other hospitals and analysing the role of management, a hospital can improve the quality of health care it provides. In addition to discussing hospital structure and management, this next section explores certain characteristics of

public and private health care.

2.2.1 General Hospital Structure and Management

There are many external factors that greatly influence the selection of a structure for an organisation. Daft and Marcic (1998) have written extensively about management and structure; they believe that there are only two types of hospital structure: mechanical and organic. The mechanic structure emphasises vertical control, and this structure is appropriate within a stable environment (Daft and Marcic, 1998). An organic structure is appropriate in an unstable environment, because a lot of change occurs and the organic structure is flexible and is equipped to adapt to changes. In addition, an organic structure is more decentralised, consisting of teams that have decision-making authority at all levels within an organisation (Daft and Marcic, 1998).

Within a hospital, organisational structure details lines of authority and contains hierarchical levels that can be seen in the organisational chart located in Figure 2.1.

Figure 2.1 – General Management Levels for an Organisation
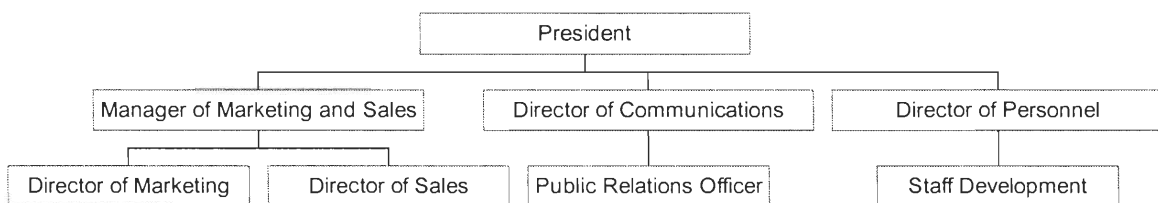
Within the vertical structure of a hospital, there are many levels of management that have various functions; these functions are necessary to help the hospital accomplish its goals. Managers have the authority to assign work to be done by all positions below them. The role, rather than the person filling the role, is this authority (Daft and Marcic, 1998). Managers are responsible for delegating responsibility to employees within their

authority, and this delegation must be coordinated with other managers so that the organisation can move forward together. Coordination comes about by having clear communication lines and promoting communication systems within the organisation (Daft and Marcic, 1998).

There can be various amounts of hierarchical levels within an organisational structure. One type of structure is known as a tall structure. Within a tall structure, there are many levels of management and employees. Conversely, a flat structure has fewer levels of staff than a tall structure. Within this type of structure, the decision-making authority is decentralised, or shared by various levels within the organisation. Depending on the organisation's needs, this authority can either be pushed into the lower or higher levels of the structure (Daft and Marcic, 1998). Management within an organisation must be careful when deciding what form of organisational structure to implement. This choice must be made with the organisation's needs in mind, or the organisation will not perform up to its highest potential and there will be low employee satisfaction (Daft and Marcic, 1998).

The RHNd currently uses a functional structure; this type of structure is utilised so a company can divide different employees into departments based on common experiences and ability (Daft and Marcic, 1998). The structure allows management to assign roles within each level of the structure, which simplifies delegating responsibilities and tasks to be done (Daft and Marcic, 1998). This structure also identifies the roles that have authority and those roles that are subordinate to these authoritative figures. A positive feature to this structure is the freedom a manager has to coordinate procedures and to combine the efforts of other departments within the manager's authority.

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Due to internal and external pressures, organisations similar to the RHNd experience many changes that can overshadow the stimulus for employee satisfaction. An external issue facing the RHNd is its independent role in health care. To clarify the facets of the health care that the RHNd deals with, both the health care systems of the United States (US) and the United Kingdom (UK) will be presented.

2.2.2 Health Care

In different cultures, the issue of health care is dealt with in various ways. The two primary forms of health care systems evident in today's society are private and public. To illustrate the characteristics of both health care systems, there is a discussion of the systems implemented by both the United States and the United Kingdom in the following sections. The United States is an example of a country that uses the private health care system, while the United Kingdom is an illustration of a county that implements a public health care system.

2.2.2.1 United States Health Care

The United States mainly uses a private health care system. Within this system, there are two types of health care specific to the US: primary and secondary. The United States' primary health care system consists of doctors specialising in a particular set of ailments; this specialisation often leads to higher fees for patients. Many of these specialists' patients are provided with health care insurance from their place of employment; these insurance companies pay for these individuals' visits. The secondary health care system in the US is composed of a small amount of profit-making health care facilities (Wall, 1996). These facilities are mostly institutions catering for the wealthy, who pay for their visits without the assistance of insurance companies (Wall, 1996).

Unfortunately, not all individuals receive the same quality of health care due to the disparity of the cost within the health care industry. The methods of payment for US health care are based on a private, employer, or government funded health insurance (Wall, 1996). There are, however, exceptions to this health care system within the U.S. Certain types of health care for the elderly and the poor such as Medicare and Medicaid are government funded (Wall, 1996).

2.2.2.2 United Kingdom Health Care

The United Kingdom utilises a public health care system that is administered by the National Health Service (NHS). The NHS is a tax funded political institution consisting of promotional groups involved in public health and the health care environment. The General Practitioners (GP) work with the NHS by assigning patients to specialists. Other types of services outside of the NHS include the informal sector, the voluntary sector, and the private sector. The informal sector includes networks of families, colleagues, and friends who care for each other (Wall, 1996). The voluntary sector not only provides services but also the necessary fundraising. This sector is made up of voluntary workers, which NHS utilises to the fullest extent and, through fundraising, educates the public opinion concerning issues dealing with health care. The voluntary sector tends to the unmet needs of the United Kingdom. The private sector is a more specialised section that focuses on the patients that need long term care. Many times NHS consultants are hired for these special needs (Wall, 1996).

Table 2.1 summarises the main differences between the health care systems in the UK and the US. This table includes the labels for each type of health care, how each system is funded, and who has control within each model.

Table 2.1 – Main differences between health care systems in the United States and the United Kingdom

Model	Coverage	Funding	Control
NHS	Universal	Taxation	Public
Modified Market or US	Partial	Private Insurance	Private

Even though many aspects of private and public health care systems differ, the issue of stress in the workplace is common to both.

2.3 Stress in the Health Care Environment

Stress is a special concern to health care workers because of its significance in the healthcare environment (Hamilton, 1996). Jinks and Daniels (1999) agree that stress seems to be an inevitable part of working life in health services. Health care professionals who care for neurological patients work in very stressful environments and thus become prime targets for job-related stress responses and burnout. Hickey (1986) says that unless these health care professionals take time to protect themselves from the acute and chronic stresses of their jobs, both their mental and physical health are at risk. Lachman (1983) states that health care professionals must learn to recognise the signs and symptoms of stress and do something to prevent them before serious problems result. This next section focuses on stress, causes of stress, self-awareness of stress, and stress management.

2.3.1 Defining Stress

Stress is defined as the effort it takes to maintain equilibrium and adapt to change (Leddy & Pepper, 1998). Many individuals experience stress at one time or another, but

the effects of stress vary by person and situation. As such, stress can sometimes be difficult to identify. Stress can result from an extremely broad range of events ranging from the death of a family member to major changes in a work environment. More broadly, three distinct models can be used to classify stress: stimulus, response, and transaction (Lachman, 1983).

The stimulus model defines stress as a phenomenon that disrupts a person's life (Lachman, 1983). The event or circumstance that causes this disrupted state is often a life-changing event. Lachman (1983) further discusses the response model, which defines stress as a non-specific response of the body to the demands placed on it. Lastly, the transactional model views stress as a concept that is neither in the environment nor in the person, but a product of the interplay between the two (Lachman, 1983). Regardless of which type of stress is affecting a person, it is important to become aware of these stresses and begin to discover the underlying problems.

2.3.2 Causes and Manifestations of Stress

Stress occurs when demands exceed manageable levels and a person begins to feel overwhelmed. Research has shown that many causes of stress are prevalent in health care organisations; among the most serious of these are increased workloads due to under staffing, job insecurity, and inadequate resources (Numerof, 1983). Jinks and Daniels (1999) agree that high workloads and staff shortages are serious problems, and state that impatient management is often an added factor. Hickey (1986) further discusses this issue, focusing on the actual stresses that can be associated with caring for patients with neurological illnesses. Common job-related stressors in the neurology field include: the inability to effectively communicate with patients, dealing with responsibilities that

health care workers are not prepared to manage, and working with disoriented patients who are unable to provide the positive feedback that is desired (Hickey, 1986). The consensus of researchers is that it is imperative that actions be taken to protect and support each worker, considering that caregivers are so vulnerable to stress.

Stress is manifested by physiologic and psychologic symptoms and behaviours (Numerof, 1983). Typical physiologic manifestations include increased heart rate, blood pressure, muscle tension, as well as headaches and insomnia (Hamilton, 1996). Physiologic effects vary according to a person's actual perception of the stress and with the effectiveness of his coping strategies. Psychologic symptoms include feelings of anxiety and anger towards a situation or person (Hamilton, 1996). If these warning signs are not noticed, symptoms can grow into full-scale stressors.

2.3.3 Self-Awareness of Stress

Self-awareness is the ability to realise and recognise one's true feelings. In cases dealing with stress, it is important for not only individual employees but also organisations to become aware of the feelings and behaviours that are linked to stress-related issues. Common stress-related behaviours include finger tapping, teeth grinding, and fist clenching, and feelings such as inadequacy and impatience (Hamilton, 1996). Numerof (1983) also states that eating and sleeping disturbances can be signs of stress, as can isolation and indifference. Another recognisable symptom of stress, often seen in the health care profession, is reduced tolerance for patients (Lachman, 1983). To begin the development of self-awareness, it is essential for both employers and employees to notice all of the thoughts and feelings that can be associated with stress (Hamilton, 1996). Once

a person achieves self-awareness, that person can start to explore the different coping

mechanisms of stress management.

2.3.4 Stress Management

Stress management is how a person handles problems that arise from situations

such as job-related stress (Lachman, 1983). Individual stress management techniques

have been shown to be very effective in eliminating negative effects of job-related

problems (Numerof, 1983). Numerof (1983) further states that as hospitals are places

where people are constantly exposed to stress inducing events, workers will benefit more

from approaches that modify each source of stress than from those that try to eliminate

the sources.

One way to manage stress effectively is to investigate different coping

mechanisms. Hamilton (1996) mentions that coping has two main functions: to manage

stress-related emotions, and to work towards changing the stressful situation. Hamilton

(1996) further states that coping strategies can help people to balance demands and

resources effectively, to change stress-producing factors, and to regulate their feelings.

Numerof (1983) states that in a health care organisation, work-related stress management

should not be a problem of the individual worker alone, and that managers of these

facilities need to share the responsibility of identifying and teaching coping strategies to

their employees. Doing so can enhance the positive aspects of the organisation and

reduce the turnover rate (Lachman, 1983).

2.3.5 Avoiding Burnout

Webster's New World Dictionary defines burnout as exhaustion from too much

work or dissipation. Burnout can occur when members of a helping profession lose

concern and feeling for those whom they are treating (Hamilton, 1996). With the demands and pressures associated with any health care professional's job, it is easy to see why these individuals experience burnout. Lachman (1983) claims that burnout is rapidly becoming the number one occupational health hazard for health care personnel, and further states that if the effects of burnout are not lessened, burnout will significantly increase the already 50 percent turnover rate of health care providers.

Effective ways to reduce the likelihood of burnout or emotional exhaustion that have been identified include getting adequate sleep and exercise, learning how to recognise feelings, and learning how to say no (Hamilton, 1996). Realising personal capabilities, what one can and cannot handle, is also seen as a crucial part of avoiding burnout as a result of excessive work-related stress (Numerof, 1983). If health care organisations are clear about job expectations and are skilful at communicating effectively, employees will have a better chance at avoiding burnout and ultimately achieving higher overall staff satisfaction.

2.4 Employee Satisfaction

One way of rectifying the current employment problems facing the RHNd is to address the issue of employee satisfaction. Employees who are satisfied with their work have been shown to be more productive and to take more responsibility for their actions (Ashton, 1994). One way an organisation can show a commitment to employee satisfaction is by striving to achieve the Investors in People standard.

2.4.1 Investors in People

Established in the UK in 1990, Investors in People (IIP) is a company that represents a national standard of excellence. Their standard serves as a benchmark

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allowing companies to compare their practices to those of competitors and other industries. IIP is a service for businesses, but it is also the work of the government to revolutionise the training and development of the UK work force (Down and Smith, 1998).

The IIP standard focuses on the "level of good practice for training and development of people who achieve business goals." The National Training Task Force, in conjunction with leading businesses, personnel, professional and employee organisations, developed this standard. Major testing was performed on the acceptance of this standard in 1991; much of this testing was conducted by Training and Enterprise Councils (TECs) and the Local Enterprise Councils (LECs), on all facets of the business community. The standard received a full endorsement from all interested parties in 1991 (Investors in People, 2000).

2.4.1.1 Defining the Standard

The IIP standard is designed to improve business performance and competition. By establishing a benchmark based on the success of other companies, IIP allows organisations to successfully audit their policies and practices in the development of employees (Down and Smith, 1998).

The IIP standard is based on four primary principles: commitment, planning, action, and evaluation. These principles represent the four main stages of the organisational development process. First, a company must make a commitment to its employees and make a worker feel valuable. The planning stage involves development of the actual strategies that will be used to improve the skills of individuals or distribution of teamwork to achieve goals. The action stage is where the employee skills are refined

and developed in a context directly related to business objectives. Evaluation starts the process all over again. At this stage, a company must assess its gains and determine what must be assessed in the future; evaluations to achieve the standard are based on these aforementioned principles (Investors in People, 2000).

2.4.1.2 Benefits to Companies

By using the four principles of IIP and achieving the standard, companies strive to improve their employee relations and morale; however, there are very few reliable measurements on the overall benefit to the business. Most organisations have a generally positive reaction to the Investors in People standard, but it is argued that the organisations that most need the Investors in People standard are not using it. The TECs in charge of evaluating the companies and bringing them up to standard have been accused of targeting those companies that already meet the standard. The motivation behind this targeting is to make the standard more widespread and accepted in a shorter period of time, but this also compromises the actual impact of the training in organisations in the UK (Down and Smith, 1998).

The growth of the standard has been undeniable. In 1993, there were only 202 organisations achieving the standard and another 2,060 that were committed. In comparison, as of June 1996 a total of 4,125 had met the standard, and 19,673 were committed to achieving it. These numbers show that, as of 1996, 27 percent of the working population was employed by a company that is recognised by Investors in People (People Management, 1996).

While these numbers show acceptance of the standard, the need for businesses to achieve the standard is still debatable. The correlation between training and company

performance and profit is hard to measure. The main focus of most Investors in People supporters is to avoid a declining workforce that would eventually lead to a low skill economy; however, most managers are primarily concerned with the net result in performance (Down and Smith, 1998).

Simon Down and David Smith (1998) conducted a study to determine the qualitative benefits of Investors in People, and the results were mixed. Almost none of the surveyed organisations stated an improvement in the "bottom line." Many of the companies reported more cost-efficient training methods and confirmed their human resource quality. The data showed a significant range, from one company that found no benefits, to a company that attributed a 20 percent increase in profits to Investors in People (Down and Smith, 1998).

Down and Smith (1998) believe that the Investors in People standard benefits the employees on an individual basis more than it does the management of an organisation. Most employees expressed pleasure in the increase of communication within their organisation after their company implemented the standard. This newfound communication with management created a sense of responsibility that was previously not there. This responsibility was reported to lead to a reduction in error and a rise in product quality. The employees experienced more pride in belonging to a successful team and found an improvement in the working environment (Investors in People, 2000).

2.4.2 Human Resource Management

Since many of the benefits of the Investors in People standard deal with the individual employee and not the direct profits of the business, these benefits assist human resources management departments in particular. Focus areas of human resource offices

are effective communication with the employees and management of their development and paperwork. Their tasks are diverse, including management of payroll and vacation benefits and oversight of employee satisfaction. Human resources is a field that has changed over recent years; the discipline has shifted from strictly paperwork to more of a focus on people. This new focus has brought the emergence of counseling and teamwork into the workplace (Ashton, 1994).

2.4.2.1 Counseling in the Workplace

The issue of counseling in the workplace has brought with it many problems. The main problem facing those individuals handling counseling in the work place is the issue of confidentiality. If an employee divulges information of a crime or other personal situation, the counsellor must decide to whom he or she will show loyalty. In other words, counseling by a human resource manager puts the manager in a situation in which he or she might be informed of an act that violates company policy. In true counseling the counsellor should respect confidentiality, but in the workplace, assurance of this confidentiality is difficult to guarantee. As a result, workplace counseling must be a highly defined and structured process, focused on skills and satisfaction of the employee and less on personal issues (Ashton, 1994).

2.4.2.2 Teamwork in the Workplace

Another method of achieving employee satisfaction and development is through the use of teamwork. Teamwork allows employees to take a personal interest in the success of their organisation by striving to achieve a common goal. The achievement of a team's goal creates greater satisfaction in the workplace. Ingram (1999) states that the use of teams is sure to increase the learning and development of employees, the job

performance and quality of the output, and the communication within an organisation. Teamwork has also been used by organisations to increase the services provided within a given budget boundary. This increase is a result of the organisations taking advantage of the creativity and commitment of satisfied employees involved in teams (Ingram, 1999).

2.4.3 Auditing Staff Welfare

One way for the human resource department of an organisation to measure the welfare of the staff is through an audit. An audit is defined as a systematic approach to analysing a situation. Audits can be either statistical or intuitive in nature. A statistical audit is one that focuses on measurable and comparable data collection and analysis. In contrast, an intuitive audit draws on the experience of the auditor to assess the situation qualitatively and make recommendations (Greenwood, 1971).

Audits conducted by businesses and organisations cover a broad range of topics. Many audits are done on the overall performance of a company. These types of audits are known as management audits. However, there are also many limited audits that focus on the performance of one specific department or aspect of the organisation (Greenwood, 1971).

Greenwood (1971) states that the key points to assess when preparing to audit are what is sampled, how it is sampled, how much is sampled, and what the results mean. An audit that is focused on these questions will be relevant and useful to the company. These questions apply more to a structured statistical audit than to an intuitive audit; however, both forms of audits are often used to assess an organisation.

2.5 Surveying Health Care Professionals

One common type of a statistical audit is a survey. A survey can be a powerful

tool for gathering data on human characteristics, attitudes, thoughts, and behaviour (Doyle, 1997). There are many instances in which a health care organisation may want to conduct a survey, ranging from assessment of staff satisfaction to determination of the quality of care provided to patients. In order to gather information on a general population of workers, an organisation may want to conduct an evaluation survey; this survey is defined as a specific type of tool that organisations use to learn about the impact of public or private programs and policies (Salant & Dillman, 1994).

The process of accurately completing a survey can be very complicated and often burdensome for the respondent. Often, improperly conducted or poorly organised surveys lead to incorrect conclusions about the surveyed population (Doyle, 1997). Salant and Dillman (1994) stress the importance of two major components of surveying-- sampling and survey design--in order to achieve a high level of accuracy in any survey.

2.5.1 Sampling

Sampling is an important aspect of surveying that must be considered before the actual survey is conducted. If the desired population is small, it is feasible to survey every member of the population. Salant and Dillman (1994) observe that an obstacle is introduced when the population becomes very large. Sudman (1982) agrees, and states that for a large population it is impractical to collect data from every person. Due to time and monetary constraints, evaluators are sometimes forced to utilise a technique called *sampling*. Salant and Dillman (1994) define a sample as a set of respondents selected from a larger population for the purpose of a survey. Doyle (1997) states that if chosen wisely, a relatively small sample of the population can yield highly accurate results about the entire population.

Many techniques exist for the sampling of a population; Berg (1998) cites four commonly used methods. The first approach is *simple random sampling*. Using this method, every member of the chosen population has an equal chance of being included in the sample (Doyle, 1997). In *systematic sampling*, every *n*th entry is selected to complete the survey (Berg, 1998). Another method he discusses is *stratified sampling*, in which the population is broken up into subgroups, or strata, and independently sampled within these smaller groups. The final technique that Berg (1998) discusses is *purposive sampling*, where researchers use previous knowledge about a certain group to select subjects that are representative of the entire population.

2.5.2 Response Rates

To guarantee accurate results of a survey, it is important to ensure that those who do respond are representative of the entire target population (Salant-Dillman, 1994). The *response rate* of the survey displays this representation and ensures that a particular demographic group is not over- or under-represented among the respondents. Doyle (1997) defines the response rate as the number of completed, usable surveys obtained divided by the number of people who were asked to complete a survey. Salant and Dillman (1994) give this example: if 70 people respond out of the 100 people selected for the survey, the response rate is 70 percent.

Response rates are important because they are an indication of the accuracy of a survey. Obtaining a high response rate will ensure that the results are close to the true population value (Salant & Dillman, 1994). According to Salant and Dillman (1994), a response rate less than 60 percent serves as a warning that the opinions of those members

of the population who responded may or may not reflect the thoughts of the entire population. Doyle (1997) agrees with Salant and Dillman, stating that the response rate needs to be above 60 to 70 percent to be an accurate representation.

In addition to obtaining a high response rate, it is important to prevent response or non-response bias. Regardless of the obtained response rate, there is a possibility that both these forms of bias could exist. Doyle (1997) states that survey results might prove biased because those who responded may have different characteristics or opinions of those who did not respond. However, there is no way to know the opinions of the nonrespondents. Along with receiving a high response rate, non-response bias can be prevented by conducting a demographic analysis to ensure that each subsection of respondents contained within the target population is represented equally.

2.5.3 Self-Administered Surveys

Since a high response rate is necessary for an accurate study, the type of survey selected must aim for such an outcome. There are numerous ways to conduct a survey, but according to Salant and Dillman (1994) the self-administered survey tends to be the most effective for achieving a high response rate. Using the self-administered survey method, the respondent is asked to fill out a questionnaire on his or her own and return it to the evaluator in a relatively short amount of time.

There are many advantages to using the self-administered survey technique. Sudman (1982) states that respondents feel less pressured going through a questionnaire at their own speed, as opposed to quick paced face-to-face interviews. Salant and Dillman (1994) agree, and also state that self-administered questionnaires tend to be less biased because respondents are less likely to give a response interviewers want to hear.

They further state that the greatest strength of self-administered surveys is that they require the least amount of time, resources, and interviewing skills.

2.5.4 Survey Design

Sudman (1982) proposes that the most effective way of reducing error and increasing the response rate of a self-administered survey is to carefully design the survey. Doyle (1997) agrees, and states that a good survey design immediately makes it clear to people that responding to the survey is important, and that completing it will be easy. Salant and Dillman (1994) state that the evaluators must distinguish the essential information they wish to obtain from the results of the survey, in order to ensure the survey is properly designed. This knowledge helps to ascertain that the questionnaire fulfils its purpose. Sudman (1982) discusses that survey designers can motivate people to respond to surveys by paying careful attention to question wording and questionnaire organisation.

2.5.4.1 Question Wording

According to Berg (1998), the wording of questions in a survey is of utmost importance. Improperly phrased questions can lead to incorrect and biased results from the survey. The language used in the questions should be understandable and at the level of the respondents to ensure the intentions of a question have been communicated effectively (Berg, 1998). Sudman (1982) and Doyle (1997) state that questions should be as specific as possible to guarantee that the most reliable information possible is obtained. Doyle (1997) further states that questions should not be worded in ways that bias respondents to answer one way over another.

Two basic types of questions can be used in a survey: open-ended and close-ended questions. With open-ended questions, the respondent is required to provide a written response to a question in his or her own words. Although open-ended questions provide insight into the minds of the respondents, they are demanding, time-consuming, and quite difficult for the researcher to analyse (Salant & Dillman, 1994). However, in self-administered surveys, it is especially important to include at least one open-ended question to ensure respondents have a chance to express their opinions or comments (Doyle, 1997). A close-ended question is the opposite of an open-ended question; the respondent is supplied with a list of possible answers and asked to select one. This type of question is easy for the respondent to answer and for the researcher to analyse. Self-administered surveys typically use close-ended questions for this reason (Sudman, 1982).

2.5.4.2 Questionnaire Organisation

A good questionnaire begins with an introduction that clearly states the purpose of the study (Sudman, 1982). Sudman (1982) believes that people are more likely to respond honestly if they know the reasoning behind the survey and feel that their responses will be important. A self-administered survey should be accompanied by a cover letter; in addition to explaining why the survey is important, the cover letter should also assure that answers will be kept confidential and should give an estimate of the amount of time the survey will take to complete (Doyle, 1997). Sudman (1982) agrees with Doyle (1997), and notes that cover letters should state what respondents should do if questions arise, and should also thank the respondents for their cooperation.

The ordering of questions in the questionnaire is just as important as the

introduction. Berg (1998) and Sudman (1982) believe that questionnaires should begin with easy and non-threatening questions so that respondents will not feel overwhelmed at first. Doyle (1997) states that the first few questions should be carefully chosen to capture the attention of the respondents and motivate them to complete the survey. Doyle (1997) further discusses how questions with related topics should be grouped together to ease the task of responding. Salant and Dillman (1994) and Sudman (1982) all suggest saving demographic questions until the end of the survey, because personal questions might appear threatening; this can avoid any unnecessary distraction for the respondent.

2.5.4.3 Format

A well-formatted questionnaire will increase the number of people who respond and will also help to minimise errors made by the respondents (Doyle, 1997). Salant and Dillman (1994) assert that the goal of a questionnaire is to make it as easy as possible for the people to move from one question to the next without inadvertently skipping one or becoming confused about what to do next. Sudman (1982) states that self-administered questionnaires should be easy to comprehend and to answer. In order for the survey to be easy to read for all of the respondents, the font should be dark and sufficiently large, and any directions should be clearly stated (Sudman, 1982). Sudman (1982) further discusses the importance of avoiding crowding the questions so that the questionnaire does not look confusing to the respondent. Also, grouping questions on the same topic together can be helpful for the respondents so that they are not constantly switching from one topic to another (Salant & Dillman, 1994). These methods can help reduce confusion and allow the respondents to give more honest answers.

2.5.5   Pre-testing the Questionnaire

In spite of researchers' best efforts, questionnaires can often contain errors, typing mistakes, and biased or poorly worded questions (Doyle, 1997). An effective step that researchers can take to reduce the chance of survey errors is to conduct a pre-test (Doyle, 1997). This method is used to determine the effectiveness of the survey before actually surveying the entire population. Sudman (1982) suggests pre-testing the survey on a small but representative population that is similar to the target group of the actual survey. Salant and Dillman (1994) state that evaluators need to ask the participants of the pre-test certain follow up questions: *Did the respondents understand the questions and wording that were used? Does any of the questionnaire suggest bias? Did the questionnaire create a positive impression that will motivate people to respond honestly?* These answers give researchers an opportunity to identify any problems people will have with the survey (Doyle, 1997). Based on comments and recommendations from the pre-testing group, the researcher can revise the survey as needed before administration.

3 Methodology

The primary focus of this project was to present recommendations to the RHNd to help it maintain its high quality staff and increase overall employee satisfaction. These recommendations should not only provide specific strategies, but also help the RHNd to develop employee satisfaction strategies of its own to improve areas of staff management. Since Investors in People has previously recognised the RHNd as an organisation achieving their employee satisfaction standard, these recommendations will ensure that the RHNd possesses the knowledge to maintain it in the future. This chapter details the steps of survey design and implementation, personal and focus group interviews, and analysis that we completed to achieve the project goals.

3.1 Employee Satisfaction Survey

In order to provide recommendations to the RHNd regarding staff management, we developed an employee satisfaction survey. We used this survey to determine the general opinions of the employees regarding employee satisfaction and development. The survey results were used to identify what the primary concerns of the entire staff were, so that these issues could later be addressed in the follow-up interviews.

3.1.1 Development of the Survey

After conducting background research on surveying, we chose to use a single self-administered survey. We chose this style of questionnaire so that the employees of the RHNd could complete it on their own. It was also selected because approximately 620 employees were to be surveyed, and there was no other method that would allow us to gather this information in a short time. Our liaison also influenced this decision because

she wanted the questionnaire to be sent to London before our scheduled arrival.

We reviewed several references on the design of a self-administered survey and discovered that several techniques were recommended to ensure that the respondents reply accurately and completely. A premise of effective survey design is that people are more likely to respond if they realise how useful their answers will be to the overall outcome of the study. We also discovered that people are more apt to respond if they feel that they will benefit by responding. To convey these points, we included a cover page that briefly described the purpose of our project and how the survey results would be used. The cover page also assured the anonymity of the respondents and explained that we were independent researchers. Clarifying that we were independent from the hospital was important so that we could ensure obtaining honest and uninhibited responses from employees.

Another step that we took to design the survey was to consider that the layout of the survey must allow the respondent to move quickly and easily from one question to another. In order to achieve this goal, we kept ample spacing between each question, followed a vertical answer layout, used bold lettering for section headings, and provided clear directions. Another important aspect of our survey design was the positioning of the demographic questions such as age, gender, length of employment, and job description. This positioning was especially relevant to our survey since we did not want the employees to answer inaccurately because they felt uncomfortable answering these personal questions. For this reason, we placed the demographic questions at the end of the survey to prevent respondent bias.

3.1.2 Survey Questions

Before we designed our survey, we decided what information we wanted to obtain from the employees at the RHNd. By investigating other employee satisfaction surveys, we realised that we should gather information in several areas from the staff to assess employee satisfaction accurately. These areas are listed as follows, in the order which they were presented in the survey:

- How accurately the RHNd communicates with its employees
- How employees feel about their role at the RHNd
- The environment at the RHNd
- How employees feel about relationships with their supervisors
- The amount of personal satisfaction that each employee obtains
- Work demands at the RHND
- Issues of employee development at the RHNd
- Overall employee satisfaction
- Demographic information about the employees

We organised the survey into categories not only to facilitate the analysis of data, but also to make the survey easier for the respondent to read and complete correctly. Questions addressed toward issues of employee development at the RHNd provided us information about how the RHNd trains its staff and what measures are taken to keep them informed about current medical innovations. The next four categories of questions, which include overall employee satisfaction, employees' role at the RHNd, environment at the RHNd, and personal satisfaction, were all developed in order to obtain knowledge about the general welfare of staff at the RHNd as well as to examine any possible occurrences of stress in the workplace. In addition, we included questions about the employees' relationships and communication with their supervisors to identify any areas of management at the RHNd that may need improvement. Finally, we collected

information about the respondents, such as age, gender, length of employment, and job description. This information not only allowed us to classify the respondents into different categories before we analysed the data, but also helped us to ensure that the data we collected was not response biased; we were able to determine whether each population at the RHNd was represented proportionally among the survey respondents.

Once we decided on the general areas to include in our survey and what information we desired to obtain in these areas, we devised closed-ended questions that specifically fit into the categories described above. We started this process by developing a question or series of questions and then placing them under the category of the most relevance. After the development of a question list, the questions were analysed for bias and validity and then organised into the format of our questionnaire. We made sure that each question in our survey had a focus and possessed relevance to the overall goal of our project.

3.1.3 Survey Pre-Test

In order to determine the effectiveness of a survey, it is beneficial to perform a pilot survey on a population representative of the target group. A pre-test confirms the validity of each question and discovers any areas of the survey that require alterations. After completing our initial survey design, we conducted a pilot survey at the University of Massachusetts Medical Center's Neurology Department. In this pilot survey, twenty members of the Neurology Department completed the questionnaire from the perspective of a health care professional. We requested that they make comments on the overall effectiveness of the survey as well as the cover letter that was attached. This material is located in Appendix A.

After the hospital's staff finished the survey, we went into the hospital to meet with the respondents and address issues such as the following: *Did any questions show forms of bias? Were any questions worded poorly or seem difficult to understand? Were the intentions of each question conveyed effectively? Were the directions of the questionnaire easy to follow? Did all close-ended questions offer answers that reflected your experiences?* We also sent our liaison a draft of our survey so that we could incorporate her suggestions in our final survey.

After receiving comments from the respondents and recommendations from our liaison, we altered the questionnaire to make it easier for members of the RHNd to complete accurately and honestly. We did not make major changes to our survey because the overall comments on its effectiveness were positive in general. We did correct a few typographical and formatting errors, and we repositioned the first question on overall satisfaction to the end of the questionnaire. This adjustment was intended to allow the respondents to consider all aspects of employee satisfaction before answering the question on their overall feelings toward this issue. We also incorporated our liaison's suggestions in our final survey. These alterations mainly dealt with the differences in wording to reflect English rather than American terminology. The only specific change was the addition of a question dealing with satisfaction of living accommodations for those who reside at the hospital. A copy of our final survey is located in Appendix B.

3.1.4 Conducting the Survey

After the survey was developed and tested, it was distributed to the employees at the RHNd before our arrival in London. We mailed the surveys to London during the last week in February 2000 in order for the RHNd to receive them and have time to distribute

the questionnaires with its employees' February pay stubs. The employees of the RHNd then had approximately one month to complete the questionnaires and return them to the Quality Assurance Department of the RHNd. To ensure the staff of confidentiality, envelopes were distributed along with the survey. The surveys were then returned in these envelopes addressed to WPI students, care of the Quality Assurance Department. While interoffice post could be used, strategically placed receptacles were also utilised to expedite the survey return. Placing receptacles along heavily travelled paths in the hospital increased our chance of obtaining more of the completed questionnaires and also acted as a reminder for employees who had not yet completed them. These return receptacles were placed in the cafeteria, lobbies, main entrances to the hospital, and at the head station of each ward. Once we received a large enough number of completed questionnaires to ensure a response rate greater than 50 percent, we began to review the surveys and determine areas to be further researched.

A high response rate, combined with appropriate demographic representation, ensures that the respondents' answers are representative of the entire population at the RHNd. Survey design experts generally recommend a response rate of sixty percent as explained in Section 2.5.2. In an effort to obtain such a response rate, we hung posters along the corridors of the RHNd the week we arrived in London. These posters acted as reminders for staff to complete and return the questionnaires. In addition to displaying the posters, we made daily visits to each ward to ensure that the staff of the RHNd was clear that their responses would remain confidential and also to establish a relationship with the employees and gain their confidence before the interviews began.

Upon arrival at the RHNd we had not obtained the desired response rate of 60

36

percent. Therefore, we devised a follow-up strategy consisting of personal reminders to individual staff members and the re-distribution of extra surveys to those employees who had misplaced their copies. By using these tactics and stressing the importance of the outcome of our project, we were able to gather more complete and usable questionnaires to increase our final response rate.

3.2 Interviews

To supplement the general data obtained through the survey, we conducted follow-up interviews. The method for conducting these interviews was determined based on quantitative survey data and the free response answers from the survey. The two methods we chose to use were personal interviews and focus groups. The personal interviews provided us with insight into why the problems identified in the survey existed, and the focus groups informed us of how the staff would like to see them rectified.

Table 3.1 shows our plan for both methods of interviewing as well as the types of interviewees included in each type of interview.

Table 3.1 – Follow-up Interview Breakdown

	Job Type	Random Sampling	Purposive Sampling
Personal Interview	Clinical	4 Individuals	4 Individuals
Personal Interview	Non-Clinical	4 Individuals	4 Individuals
Focus Group	Clinical	2 Groups	2 Groups
Focus Group	Non-Clinical	2 Groups	2 Groups

The benefits and drawbacks of both types of follow-up interviews as well as the importance of choosing interviewees using both a random and purposive, or non-random, process will be discussed in the following sections.

3.2.1 Personal Interviews

One method used for gathering supplemental data was personal interviews. The purpose of these interviews was to provide insight into the survey results, as well as allow us to expand on the survey findings. Our research showed that through personal interviews it is possible to elicit honest and private feelings from a respondent (Sudman, 1982). This method of interviewing allows subjects to express their opinions without fear of being judged by their peers (Sudman, 1982). However, the format of personal interviews can radically affect the data obtained through them. For the personal interviews to be effective, the interviewer must be skilled in earning the interviewee's trust (Berg, 1998). Another drawback is that many interviews must be conducted on a one on one basis; therefore, this process is time consuming.

To use personal interviews as our first method of follow-up interviewing, we completed the following steps. Once we received the completed questionnaires, we classified the respondents into two different categories: clinical and non-clinical. This classification allowed us to find trends that occurred within each of the subsections of staff and to begin to determine one set of interviewees through a purposive sampling process. After this differentiation, we determined which individuals we would like to interview, either to clear up areas of confusion or learn more about their responses. We also used correlations developed from the survey data to choose interviewees. These correlations helped us to target interviewees who had voiced opinions at both extremes,

positive and negative, of the general population at the hospital. These correlations are specified in the survey analysis Section 3.3.1. In addition to using a purposive selection process for these follow-up interviews, we also selected interviewees using a random method of selection. This random sampling was important to get a more general opinion of the hospital staff, and is discussed in detail in Section 3.2.3.

After deciding upon the personal interview topics and participants, we conducted these interviews to acquire follow-up information that was necessary to gain more insight into the survey results. In order for these personal interviews to be successful, we created a standard line of questioning (Doyle, 1997). The questions that we used in the personal interviews reflected the employee concerns expressed in the open response section of the questionnaire, as well as areas of the survey with a strong correlation to overall employee satisfaction. We also included some questions that would elicit suggestions from the interviewees that they felt would improve their satisfaction. One benefit of the personal interview was the ability to expand on personal comments the interviewees voiced in their questionnaires. Along with this line of questioning, we developed a series of probes and follow up questions to elicit the necessary information from the interviewee (Doyle, 1997). A template of the personal interview questions is shown in Appendix H.

3.2.2 Focus Group Interviews

Another method used to supplement our survey data was the focus group interview. The purpose of these interviews was to provide suggestions on how to rectify the areas of concern previously identified, as well as to provide further insight into the survey findings. We also chose to conduct focus groups to expedite data gathering in the short period that we spent in London. The focus group technique also has many other

positives attributes. A focus group setting creates a more flexible environment and exploratory setting than a one-on-one interview (Sudman, 1982). Focus groups often elicit non-verbal responses from group members as well as influence people to say things that they might not have voiced in an individual interview setting (Berg, 1998). However, sometimes it is difficult to obtain honest responses from employees in front of their peers. Another drawback of this method is that others who are outspoken may overshadow shy or reticent people.

Much like the questions developed for the personal interviews, the focus group interview questions reflected the employee concerns expressed in the open response section of the questionnaire as well as areas of the survey with a strong correlation to overall employee satisfaction. We specifically included questions that would elicit suggestions from the interviewees that they felt would improve their satisfaction. A template of the focus group questions is located in Appendix H.

To use focus groups as our second method of follow-up interviewing, we completed the same steps for personal interviews with a few additions. Special consideration was given to the grouping of individuals in the focus groups. We made sure that all focus groups consisted of either all clinical or all non-clinical employees and that individuals were not placed in groups with their supervisors. This method of grouping was decided upon to avoid any unnecessary confrontations between employees and to prevent employees from responding dishonestly.

The focus groups that we conducted at the RHNd followed standard procedures for such interviews. After getting acquainted with the subject matter that we hoped to obtain, we decided upon two people to conduct these sessions. We practiced focus group

discussions in advance to assure that each moderator conducted the interview in a similar fashion, so that differences in the focus group results could not be attributed to differences in the moderators' styles (Doyle, 1997). The moderators then conducted these groups by asking small groups of individuals a series of open-ended questions; moderators also ensured that dominant respondents were controlled while passive group members were encouraged to participate (Berg, 1998).

3.2.3 Sampling

Because of the large number of people in our target population, we needed to design an effective method to draw a representative sample. From our literature review, we determined that a sample can represent the entire population when the desired population is large. For this reason, we used a sampling method to identify the employees at the RHNd who were asked to participate in focus groups or personal interviews. Also from our prior background research, we discovered that there are two main types of sampling: random sampling and purposive sampling. Random sampling requires that the researcher have a sampling frame, which is a list of all individuals in the sampled population. Our sampling frame at the RHNd was a list of the current employees. Since we had access to such a list, we utilised the method of random sampling for both focus groups and personal interviews.

The most practical random sampling method for our interviews was to the use of a computer-generated list of employees. We created this list once we had classified each employee as either clinical or non-clinical. This resulted in two distinct sampling frames: one clinical and one non-clinical. From these computerised lists, we used the Excel random number generator function to generate our random sample population for both

personal interviews and focus groups. We conducted interviews using a random sampling method so that we could obtain the opinions of the general employee population at the RHNd. While we did not conduct enough interviews to make reliable generalisations of the entire hospital, the purpose of these interviews was primarily to gain insight to our survey and not to generalise for the entire population.

In addition to using the random sample method for the selection of the interviewees, we also identified some interviewees using the optional section of our questionnaire in which respondents could state their name if they felt comfortable. From this additional group of people, we purposefully decided which employees we were interested in including in our follow-up interviews. We found some in depth responses to the open ended question more helpful than others and desired to incorporate these employees into our interviews in order to elicit further responses. Then, using the demographic information from the surveys, we ensured that all job descriptions were represented so as to prevent bias in our findings. The results from our purposefully selected interviews could not be used to generalise the opinions and feelings of all the staff at the RHNd, but allowed us to expand upon the major employee satisfaction issues affecting the hospital. An overall summary of the interpretation of each category of follow-up interviews is located in Table 3.2.

Table 3.2 – Follow-up Interview Interpretations

	Job Class	Random	Purposive
Personal Interview	Clinical	Generalised Concerns	Personal concerns/ Verifications
Personal Interview	Non-Clinical	Generalised Concerns	Personal concerns/ Verifications
Focus Group	Clinical	Generalised Recommendations	Specific Recommendations
Focus Group	Non-Clinical	Generalised Recommendations	Specific Recommendations

3.3 Data Analysis Methods

Due to the fact that the methods we devised to accomplish our project goals included surveying and two forms of follow-up interviewing, we obtained many types of data that needed specific analysis. The following section details the steps of both quantitative and qualitative analysis as well as the steps taken to synthesise all of the data. Formulation of employee satisfaction recommendations is also discussed.

3.3.1 Survey Analysis

Once we collected sufficient information from our survey, we analysed the data in order to draw conclusions. We used Microsoft Excel to analyse the quantitative survey results. After we entered all of the data into the computer, we identified trends among the data. We did this using Excel's statistical analysis software to determine correlations between specific areas. These correlations were determined between the average for each section of the survey and overall employee satisfaction, each question within a section and the section total, and finally between each question and overall employee satisfaction. All of these areas were analysed for clinical employees, non-clinical employees, and the entire sample.

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The first step of this analysis was to calculate the correlation coefficients between each of the aforementioned areas. A correlation coefficient, or r-value, is a value ranging from –1 to 1 that describes the strength and direction of the relationship between pairs of values from two different variables. A value of r = 1 indicates perfect positive correlation, r = -1 illustrates perfect negative correlation, and r = 0 shows no correlation at all. By identifying correlations, we determined issues that affected overall employee satisfaction, and both types of our follow-up interviews focused around these issues. It is important to note that a correlation cannot prove a causal connection. Correlations only provide statistical support for a logical connection made from the data (Rowntree, 1991). For this reason, we conducted follow-up interviews to determine causal connections.

To determine which correlations were statistically significant, we calculated the significance level, SL, for our sample. Given a sample size of n, the level of 1.0 percent significance was calculated according to the formula SL = 2.5/ $\sqrt{n}$ (Rowntree, 1991). We were able to be 99.0 percent certain that all correlation coefficients above the SL were a result of a correlation and did not occur by chance. We also calculated the standard error, SE, of our correlation coefficients using the formula SE= $(1-r^2)$ / $\sqrt{n}$ (Rowntree, 1991). Then we determined the 99.7 percent confidence level interval of our data by taking the range of the r-value plus or minus 3SE. This interval means that we are 99.7 percent certain that the correlation of the entire population falls within the confidence range. Combining this confidence interval with the level of significance, we determined that any confidence interval that did not drop below the significance level was almost certainly the result of a correlation of the entire population (Rowntree, 1991).

Although significance and confidence intervals are ways of eliminating the

insignificant data, the true significance of our correlations is based on their strength according to the following scale:

0.0 - 0.2	Insignificant
0.2 - 0.4	Moderately significant
0.4 - 0.7	Significant
0.7 - 0.9	Very significant
0.9 – 1.0	Extremely significant

According to this chart, we placed merit only on those correlations that have coefficients above 0.4 (Rowntree, 1991).

Another means of analysis using correlations was the testing of specific hypotheses about employee satisfaction. These hypotheses were designed in order to gain insight into the relationship between specific variables and employee satisfaction.

3.3.2 Response Distribution

Once the most influential factors in relation to employee satisfaction based on r-values were determined, the response distribution and the mean response were calculated for each question. Since a correlation only illustrates a relationship between data, and not necessarily the trend of the data, this analysis was necessary to determine if these factors were areas of strength or concern. It was also necessary to analyse the breakdown of the percentage of respondents for each survey response value. This was used to determine whether or not the mean was a reflection of a normally distributed population or whether it was the result of two individually distributed populations—for example, to explore the possibility that there might be a large number of both very satisfied and very dissatisfied employees. These results also told us whether or not pursuing these issues would improve employee satisfaction for the entire population, or if this pursuit would only improve employee satisfaction for a fraction of employees.

3.3.3 Subgroup Analysis

In order to gain insight on differences in satisfaction and concerns that might exist among the different subgroups of employees, we performed the aforementioned survey analysis on specific groups. These groups went beyond the previously mentioned clinical and non-clinical analysis. The main subgroups that we analysed were nurses and dissatisfied employees. This is because of the large number of people included in each of these categories and the impact that specific trends in these groups could have on the entire hospital.

3.3.4 Demographic Analysis

In order to determine the possibility of any bias in our results, it was necessary to analyse the demographic data. The first step in doing this was creating a response distribution for the demographic questions similar to those created for the survey question responses. Next we created a distribution of the entire RHNd staff from the information provided by the RHNd's personnel department. The final step was to perform a null hypothesis test to see if the two populations were closely related enough to provide unbiased results.

This null hypothesis test consisted of comparing the z value, the probability that our sample and the entire population of the RHNd did not come from the same population, with the five-percent probability level of 1.96. In other words, if the z value for a particular group is greater than 1.96 there is a 95 percent chance that the group is over-represented, conversely, if the z value is less than -1.96 there is a 95 percent chance that the group is under-represented (Caulcott, 1973).

The z values for each group were calculated according to the following formula: z

value = $(p_1-p_2)/\{\sqrt{(p*(1-p)(1/n_1-1/n_2)}\}$ (Caulcott, 1973). In this formula, p refers to the percentage of the combined population, p_1 refers to the percentage of the sample population, and p_2 refers to the percentage of the RHNd population that is associated with each category. Also, the variables n_1 and n_2 refer to the number of people in our sample and RHNd population, respectively, that associated themselves with a category.

Along with establishing any bias, this analysis allowed us to determine the types of workers that might have avoided completing the questionnaire. This information also provided us with a better idea of whom to include in our purposive focus groups and personal interviews. Once these follow-up interviews were conducted, we used a method known as content analysis to analyse our qualitative data.

3.3.4 Content Analysis

Content analysis is a technique for drawing inferences from qualitative data in a systematic way. This method allows one to study large target populations and document trends that occur over time (Doyle, 1997). Doyle (1997) also states that although this technique is often used in qualitative studies, it is subject to biases of interpretation. To minimise this error of interpretation, at least two group members were at each interview so that the data acquired could be more objectively represented and analysed.

We began this analysis process by reducing the amount of qualitative data to a more manageable level by disregarding the impractical responses. We then extracted the most important and meaningful parts of the focus group or personal interview text. This extraction was transcribed into a database so that each interviewee's pertinent comments were appropriately sorted by subject and grouped together with other respondents' similar answers. Once the data was reduced sufficiently, we looked for similarities,

differences, and patterns in the collected data. The organisation of the database aided this process, and we noted the general trends among the interviewees for each issue. We then noted any quantitative aspects of the interview data--for example, the number of interviewees who are satisfied overall with the RHNd. The only different aspect to focus group analysis is that the groups rather than the individuals were the units of analysis. Using the focus group survey data, we made comparisons between groups, not within each group (Doyle, 1997).

3.3.5 Triangulation

Since we obtained three different sets of data to analyse--quantitative survey results, qualitative focus group results, and personal interview results-- we needed to explore different types of biases that are introduced when analysing many different types of data sets. We needed to identify the commonalities and differences between the three sets of results and also learn how to accurately draw strong conclusions from a combination of these results. In order to address all of these issues, we used a process known as triangulation. This process was done in two ways. First, in order to identify the most significant issues affecting employee satisfaction, we made a database of the three data sets and the points that arose in each. Then by focusing on the issues that were common to all three methods and those that appeared in only two of the three, we clearly identified the main areas of concern. The second method used to combine the data focused on extracting the data specific to each facet of our project from the appropriate method of data collection. This involved listing the primary areas of concern determined by the survey analysis and then expanding on those issues according to the results of the personal interviews. Finally, we synthesised all of the data by taking into account the

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suggestions formulated in the focus groups. Using both approaches to triangulation, we were prepared to begin formulating recommendations.

3.4 Formulation of Recommendations to the RHNd

All three major steps of data collection contributed specifically to the overall formulation of recommendations presented to the hospital. The employee satisfaction survey gave us data that identified areas of satisfaction at the hospital that needed improvement. The personal interviews were used to expand upon issues that were affecting the hospital's overall employee satisfaction, while the focus group interviews were aimed at eliciting any recommendations to areas of specific concern. The outcomes from each method were then synthesised by triangulation and used to formulate recommendations to present to the RHNd. These recommendations included any changes that we felt pertained to the overall satisfaction of workers at the hospital and would improve satisfaction. Presentation of these suggestions will not only allow the RHNd to identify areas of concern at their company, but will also allow it to gain better insight about employee satisfaction. The RHNd can further use this insight to address issues with its staff and ultimately retain its recognition from Investors in People.

4 Results and Analysis

The main goal of this project is to present recommendations to the RHNd so it can maintain its high quality staff. In order to determine the areas needing improvement in terms of employee satisfaction, sufficient data had to be collected. After successfully obtaining the data necessary to assess employee satisfaction, we analysed and correlated the survey, personal interviews, and focus groups. From this analysis, we extracted pertinent results dealing with overall satisfaction. This section details the findings from both the employee satisfaction survey and follow-up interviews.

4.1 Quantitative Analysis of the Survey

The response rate for the employee satisfaction survey was 52 percent; we then quantitatively analysed the responses from these surveys. The raw data obtained from the 312 survey respondents can be viewed in Appendix C. The survey data was analysed in many ways, as described in Section 3.3. The primary approach that was used to identify potentially influential factors in employee satisfaction was the correlation between each survey question and overall satisfaction. We also tested other correlations such as each question with its section totals and each section average with overall satisfaction. This analysis was not only performed on the entire sample, but also on just the clinical and then just the non-clinical respondents as well. This section presents the results of these correlation tests as well as the response breakdown. The response breakdown not only allowed us to establish whether a specific issue is an area of strength or concern, but also allowed us to prove that our results are unbiased by analysing the demographic data. A complete listing of correlation factors is located in Appendix D, and the entire list of

response breakdowns is located in Appendix E.

4.1.1 Demographic Analysis

In order to determine any bias in our results, it was necessary to analyse the demographic data to see if the survey respondent population was representative of the entire staff population. As stated in Section 3.3.3 this analysis was done by performing a null hypothesis test. This test resulted in a z value for each demographic category that was then compared to ±1.96 in order to determine under- or over-representation. All of the z values for each category as well as the percentages of both our sample and the hospital population are shown in Table 4.1.

Table 4.1 – Demographics of Survey Respondents Compared to the Entire Staff Population.

Age	Under 21	21-34	35-44	45-54	55+	Other
Sample	0.00%	27.12%	18.63%	29.74%	5.88%	18.63%
Entire Population	0.31%	30.09%	26.02%	28.37%	14.89%	
z value	-0.99	-0.95	-2.52	0.44	-4.02	11.25

Length of Employment	less than 1	1 to 2	2 to 5	5 to 10	10+	Other
Sample	12.42%	8.82%	18.63%	17.97%	24.51%	17.65%
Entire Population	19.44%	11.91%	24.61%	15.83%	28.21%	
z value	-2.70	-1.44	-2.07	0.83	-1.21	10.93

Job Classification	Clinical	Non-Clinical	Other
Sample	56.41%	23.72%	19.87%
Entire Population	68.34%	31.82%	
z value	-3.61	-2.58	11.65

Gender	Male	Female	Other
Sample	22.55%	61.11%	16.34%
Entire Population	24.92%	75.24%	
z value	-0.80	-4.49	10.50

Marital Status	Married	Unmarried	Other
Sample	39.87%	38.89%	21.24%
Entire Population	48.43%	51.72%	
z value	-2.49	-3.72	12.07

From these results it is evident that many of the demographic categories are underrepresented since they have z values less than –1.96. This is particularly evident in the 55+, clinical, and unmarried categories. We believe that much of this under-representation is a result of the large number of survey respondents who neglected to disclose their demographic information. These respondents are represented by the 'Other' category found for each question. This demographic analysis has shown that while many of our categories are under-represented, they are all reasonably close to the 5-percent value, 1.96.

4.1.2 Overall Analysis

The overall sample was analysed to determine trends among the RHNd population as a whole. To determine which of the correlations have an impact on the hospital's overall employee satisfaction, three statistical indicators were calculated: the sample r-value, the 99.7 percent confidence level, and the significance level of the population. All of these values were calculated as described in Section 3.3.1. The significance level for the overall population was found to be 0.14. Since this level was so small, we used the correlation interpretations from the list in Section 3.3.1, where a significant correlation is defined as r >0.4.

The survey question responses that most directly corresponded to employees overall satisfaction was the section on *Work Demands at RHNd*. This section had an r-value of 0.74; this falls into the classification of highly significant. Within the Work Demands at RHNd section, the two questions that correlated the most with the overall section response dealt with the issues of stress coping strategies and physical demands.

These questions had r-values of 0.68 and 0.62 respectively. Other survey sections that had a significant correlation with overall satisfaction were *Personal Role at RHNd* and *RHNd Work Environment*, with r-values of 0.60 and 0.62 respectively.

Along with the general aspects that most highly corresponded to overall employee satisfaction, the specific issues that correlated to overall satisfaction were also determined. This was done using the correlations between each question and overall satisfaction. There were six questions that scored solidly in the significant category. These questions dealt with the RHNd's concern with teamwork, pride in the hospital, treatment of employees, recognition of employees, daily satisfaction, and stress coping strategies. These questions all had r-values ranging from 0.50 to 0.58, as well as minimum confidence levels that fell within the significant range. For the exact values, as well as a graphical representation of these r-values and confidence levels, see Figure 4.1. The strong correlation between daily satisfaction and overall satisfaction was expected since it is logical that someone who is satisfied on a daily basis would be satisfied overall. As for the other issues, we need to further investigate them using response breakdowns to determine if they are areas of concern or strength.

Figure 4.1- Correlation of Survey Question Themes with Overall Employee Satisfaction

	Teamwork	Pride	Treatment	Recognition	Daily Sat.	Coping Strategies
CL max	0.65	0.67	0.69	0.66	0.70	0.65
CL min	0.40	0.44	0.46	0.42	0.47	0.41
● r-value	0.52	0.55	0.58	0.54	0.58	0.53
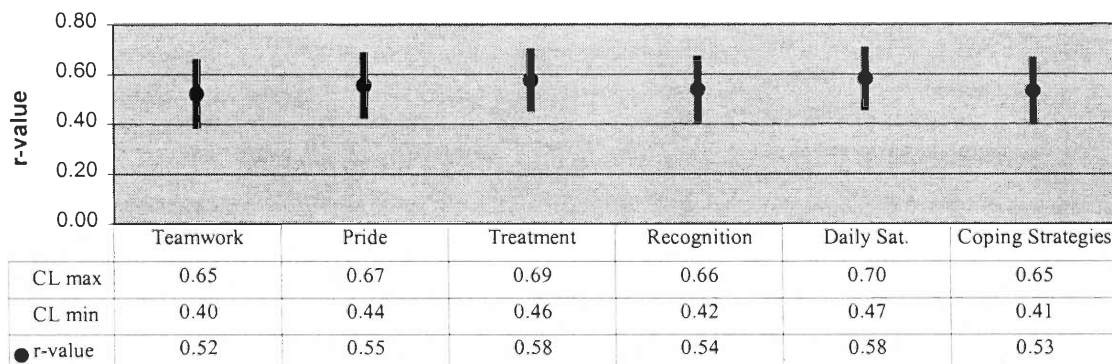
Each of the issues with significant correlation had to be classified as either an area of approval or concern. This was determined by the mean responses and the response distributions, which are shown in Figure 4.2. The significance of the distribution is that it validates using the mean for analysis. By examining the distribution, or response breakdown, we could determine if the responses are concentrated around the mean, or if the mean value was a result of responses centred around two opposite values. If the latter is the case, then the mean is not an accurate representation of the sample.

Figure 4.2 - Question Response Breakdown for the Entire Sample
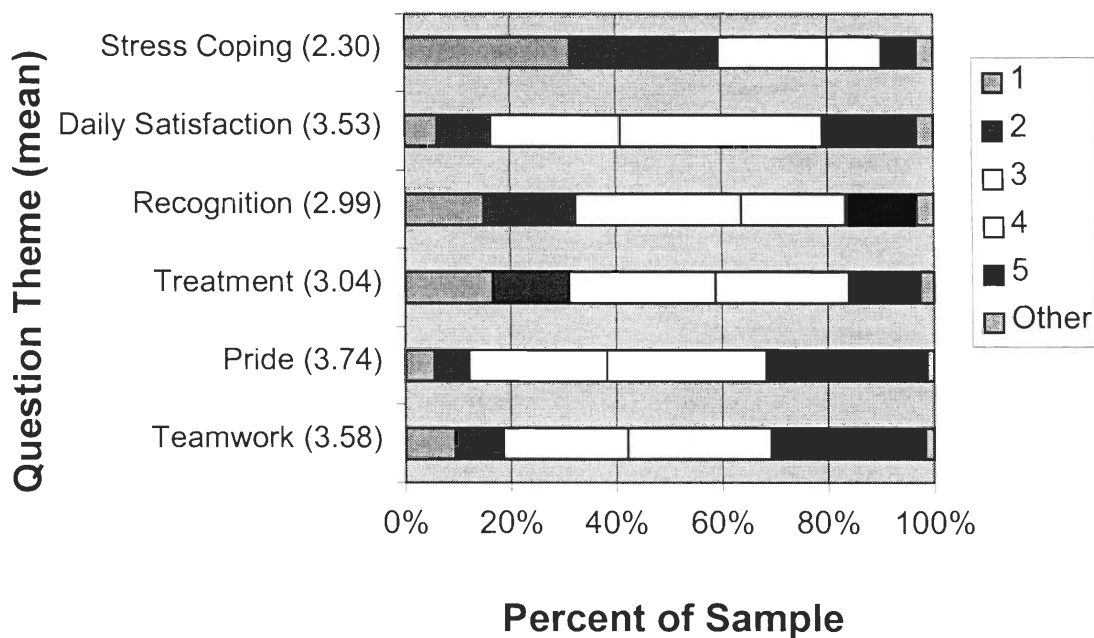
To determine whether each issue was an area of strength or concern we compared the mean response of the question to the overall mean of 3.38. If the mean was larger, as in the areas of teamwork and pride, then they were identified as areas of strength. Figure 4.2 shows that the issues of teamwork and pride have means of 3.58 and 3.74

respectively. The question themes of recognition and treatment had means less than that of the entire survey; their mean values were 2.99 for recognition and 3.04 for treatment. The only issue that was concluded upon as a definite area of concern, with its 2.30 mean value, was the issue of coping with stress. Since this issue also showed a strong correlation to the overall section (see Appendix D), this was an issue further investigated during the follow-up interviews.

We also performed hypothesis testing on the overall sample population, but none of the correlations of these tests proved to be statistically significant. This testing was necessary to show that some correlations did not arise purely by coincidence. A complete listing of the hypotheses tested and the results are shown in Appendix F.

In addition to analysing the responses of the hospital staff as a whole, it was also necessary to perform this analysis on the two distinct classifications of staff at the RHNd: clinical and non-clinical. This differentiation allowed us to gain insight into the characteristic opinions of each group. The next two sections detail the analysis of each group independently.

4.1.3 Clinical Survey Analysis

Of the 312 total respondents, 176 identified themselves as clinical workers. The responses of these workers were separated from the overall sample to determine any issues that were specific to the clinicians, as well as to confirm any of the issues from the overall analysis. From this sample size, the significant r-value was calculated to be 0.19. This value is close to 0.2, which is considered to be moderately significant according to the correlation significance interpretation table from Section 3.3.1, so once again these terms from the table were used to determine the significance of the clinical correlations.

To determine the areas of concern for the clinical workers, we utilised the same process that was completed for the overall analysis. The first step of this process was to identify the overall areas of concern from the survey. These areas were found to be *The RHNd Work Environment*, with an r-value of 0.54, and the *Personal Role at the RHNd*, with an r-value of 0.50. These issues were then further explored, and we found that the questions from those areas with the greatest correspondence to the sections as a whole were the issues of *cooperation at the hospital* and *treatment as a person* from the *RHNd Work Environment* section, with r-values of 0.74, and the issue of value from the personal role section with an r-value of 0.79.

Along with identifying general areas of concern, we calculated the individual question most corresponding to overall employee satisfaction. The two most correlated questions to overall employee satisfaction were the issues of treatment, r=0.53, and daily satisfaction, r=0.50. The other aspects of the survey with correlations still in the significant range were teamwork, pride, positive feedback, and cooperation. The response breakdown for these issues as well as the mean values can be seen in Figure 4.3.

Figure 4.3 - Question Response Breakdown for the Sample of Clinical Employees
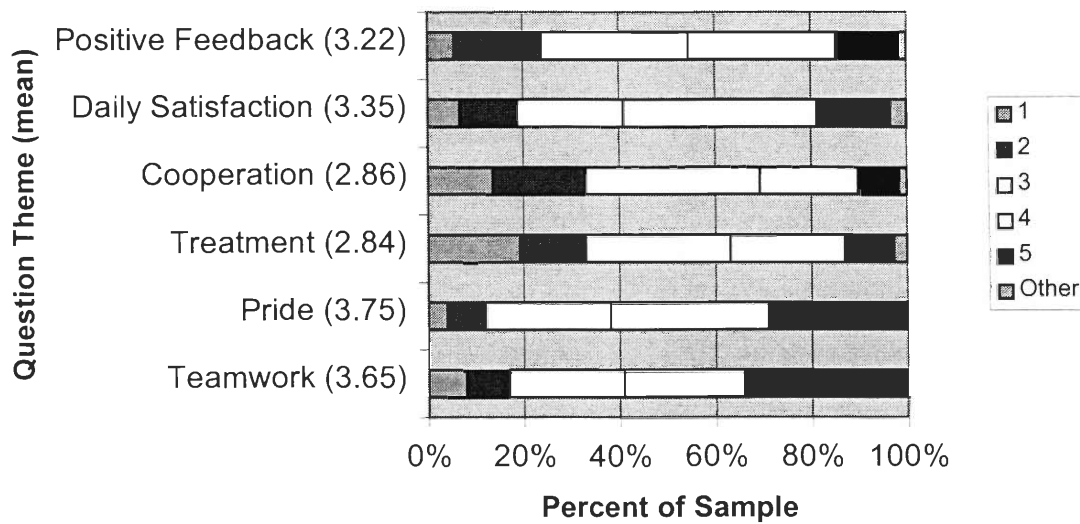
From the graph it is evident that the issues of teamwork and pride are seen as areas of strength, while treatment and cooperation are areas of concern. The remaining two issues were approximately the mean value of 3.38 and are not areas of approval or concern. This clinical analysis shows that the clinical employees feel the issues of treatment and cooperation need to be addressed. To see if this is true for the major subset of clinical employees—nursing staff—we also analysed that population separately.

4.1.3.1 Analysis of Surveys from Nurses

There were many correlations between specific issues and overall satisfaction that were in the significant range for nurses. The data shows that they are concerned mainly with issues previously discussed, such as confidence, pride, communication, daily satisfaction, and trust within the RHNd. All of these issues were common trends among our results, but from the analysis of nurses, we found three similar questions that had high correlations with overall satisfaction: *treatment as a person, recognising work well*

done, and *satisfaction with the amount of positive feedback.* The next section explores whether these issues are also affecting non-clinical employees and also identifies specific areas of concern that pertain to non-clinical staff at the RHNd.

4.1.4 Non-Clinical Survey Analysis

In order to determine the opinions of the non-clinical workers, the 74 respondents who identified themselves as non-clinical staff were analysed. For this sample population the correlation significance level was 0.29. This value was large, so one should note that the r-values from this section may seem higher than those in the previous two sections; however, that does not necessarily mean they are more significant. Since this significance level is high, we limited the data we used to those with both the r-value and the minimum confidence level in the significant range; this significant range begins with values above 0.4.

The major areas that corresponded to overall satisfaction for the non-clinical employees proved to be *Personal Role at the RHNd* and *RHNd Work Environment.* These areas had r-values of 0.63 and 0.62 respectively. The factors from the personal role section that highly correlated to the overall section were the issues of teamwork with r=0.82, and pride with r=0.80. The issue of recognition was the most highly correlated to the work environment category with an r-value of 0.87. These issues are similar to those for both the clinical employees and the hospital as a whole.

In the analysis of individual question responses compared with and overall employee satisfaction, there were four questions that scored in the upper echelon of the significant category. These questions dealt with the RHNd's concern with work related stress, its coping methods for stress, the employees' level of daily satisfaction, and

cooperation at the RHNd. These questions all had r-values above 0.60, as well as minimum confidence levels that still fell within the significant range. These numbers show that stress and cooperation are major areas affecting the non-clinical staff of the hospital. Along with the issues of stress and cooperation, the issues of teamwork, pride, recognition, quality, and training all had r-values greater than 0.50. The response breakdown for the four highest correlating questions is shown in Figure 4.4.

Figure 4.4 - Question Response Breakdown for the Sample of Non-Clinical Employees
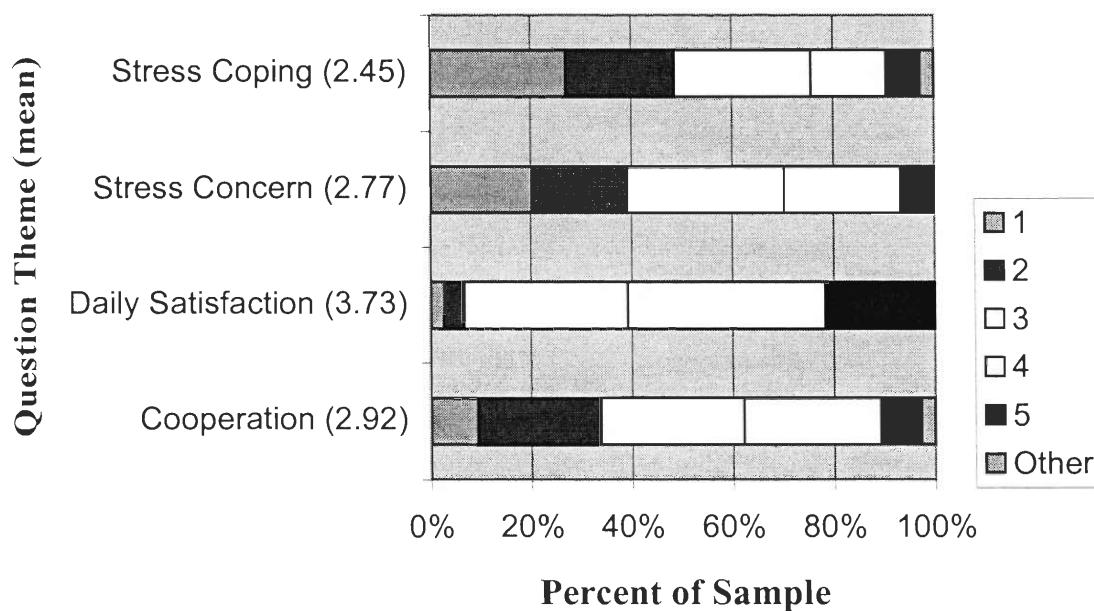
From Figure 4.4, it is evident that the issues of cooperation and stress management are major areas of concern for the non-clinical staff, as well as the clinical staff and the overall staff. The next section investigates how these areas of concern compare to the areas of concern of dissatisfied employees.

4.1.5 Dissatisfied Employee Results

Staff considered generally dissatisfied were those who selected "1" or "2" on

scale of "5" for overall satisfaction. We chose to correlate all questions for this group to overall satisfaction so that we could pinpoint any issues that lead to overall dissatisfaction. Two issues came up with the highest correlations: *physical work conditions* and *my job is overly physically demanding*. While these two issues are directly related, we could not deem the r-values significant due to a small sample size of 49 employees. Although these issues were not statistically significant, we nevertheless took them into consideration when conducting qualitative analysis.

4.1.5 Discussion

In order to determine the significant issues common to all three distinct samples we analysed, we looked for patterns of concern. Table 4.2 lists the common areas of concern for all three groups as shown by each type of correlation.

Table 4.2 - Summary of Survey Areas of Concern

Correlation Type	Overall	Clinical	Non-Clinical
Question Totals Most Highly Correlated with Overall Satisfaction	-Work Demands	-Work Environment -Personal Role	-Personal Role -Work Environment
Sub-issues Most Highly Correlated with Question Areas	-Physical Demands -Stress Coping	-Cooperation -Treatment	-Teamwork -Pride
Sub-issues Most Highly Correlated with Overall Satisfaction	-Treatment -Recognition -Stress Coping	-Treatment -Cooperation	-Stress Coping -Cooperation

From Table 4.2 it is apparent that the issues of treatment, stress coping strategies, and cooperation are the main areas of employee concern throughout the hospital. This is evident because they reoccur multiple times, at least in two of the three samples analysed from the Question vs. Overall Satisfaction category. These issues come from the following questions:

RHNd provides necessary strategies to cope with stress

RHNd treats me like a person, not a number

I believe there is cooperation at the RHNd

Our follow-up interviews focused on these issues so that we could gain insight as to the specific problem and how to go about rectifying these concerns.

Since the purpose of the follow-up interviews was to gain insight into the satisfaction problems, we decided to broaden these questions into categories to allow more input from the respondents. These three specific questions, along with ideas from the free response section of the survey, were used as the basis for four specific areas addressed in the interviews: stress, communication, management relations, and respect.

These four main areas were chosen because they directly corresponded with the questions that were highly correlated with employee satisfaction from the survey. The category of stress obviously comes from the first question dealing with strategies for coping with stress. The communication category is a generalised way of asking about cooperation. From Section 2.4.2.2, we know that communication is a key to cooperation and teamwork. Also, the free response answers mentioned general communication problems. For a summary of these free response question answers, see Appendix G. The third and fourth issues both come from the question dealing with treatment. The issues of

respect and management are inter-related; however, from the free response answers, as well as the aforementioned *treatment* question we realised they were both areas of concern that should be addressed independently. After we had extracted the main areas of concern from the survey, we looked into why these concerns existed and how they might be remedied, by conducting personal interviews and focus groups.

4.2 Follow-up Interview Results

In order to expand upon the employee satisfaction survey results, we conducted two main types of follow-up interviews: personal interviews and focus group interviews. Both types of interviews were designed in accordance with the survey results and also focused on the different aspects of employee satisfaction that employees felt were either a strength or weakness in the hospital. The personal interviews were used to determine why employee satisfaction problems existed at the hospital, and focus group interviews were used to elicit employee suggestions on how the RHNd could rectify these problems. The four main satisfaction issues addressed were stress, communication, manager relations, and respect. The steps highlighted in Table 4.3 show how we analysed the qualitative data obtained from both the personal and focus group interviews.

Table 4.3- Qualitative Analysis Steps

Task	Steps Taken
Reduce qualitative data to a manageable Level	Created qualitative data spread sheet that included all data collected
Extract the most significant information Gathered	Coding of reoccurring responses and creation of reduced spread sheets
Determine similarities and patterns among clinical and non-clinical data	Coding of similarities and patterns and creation of further reduced spread sheets
Determine themes that exist between personal and focus group interviews	Comparing similarities of both sets of follow-up interviews

4.2.1 Personal Interview Results

To ascertain the employee satisfaction issues the RHNd was facing, as well as to gain insight as to why problems exist, we conducted personal interviews as our first method of follow-up data collection. We designed the personal interview questions to allow employees to elaborate on issues of employee satisfaction and how these issues affected their overall satisfaction at the RHNd; follow-up interview templates are located in Appendix H. Many times this elaboration led into the voicing of recommendations that staff members felt would help the RHNd achieve a higher overall employee satisfaction. The results of the personal interviews are discussed in detail below according to the employees' job classification--clinical or non-clinical--and then common responses between both classifications are reviewed. By classifying interviewees as clinical or non-clinical workers, the interviewees' responses allowed us to determine characteristic opinions of each group. Respondents were also classified as either being selected by a random or a purposive process. These classifications were illustrated in Table 3.2. Table 4.4 shows the number of employees who were included in the personal interviews.

Table 4.4 – Personal Interviews Conducted

	Random Sampling Process	Purposive Sampling Process	Total
Clinical	4	4	8
Non-Clinical	4	4	8
	8	8	**16**

As one can see from the above table, we selected employees for interviews through both random and purposive processes. As mentioned earlier in Section 3.2.3, we chose these two types of interviewees for specific reasons. A sampling frame of all current employees of the RHNd allowed us to select interviewees randomly, and this sampling method allowed all employees to be chosen, as not to represent a biased hospital population. We also utilised this method so that all employees had a chance to voice their opinion even if they had not returned their employee satisfaction survey. We also selected interviewees through a purposive process using the completed surveys with employees' names. We conducted these interviews to follow-up on employees who had voiced a strong opinion about staff satisfaction at the RHNd. As we conducted personal interviews, we noticed that there was no difference in responses that we received from interviewees sampled by random and purposive methods, and that the main differences existed between clinical and non-clinical staff. For this reason, the next section will focus on the differentiation between these two job classifications.

4.2.1.1 Clinical Results

One group that was analysed according to their job classification was the clinical staff of the hospital. Personal interviews of clinical employees allowed us to further expand upon specific employee satisfaction issues that these employees who work hands on with patients, encounter at the RHNd. As mentioned previously, there were four main satisfaction issues that the personal interviews aimed at expanding upon: stress, communication, manager relations, and respect. In addition to these issues, we also discussed positive aspects of working at the hospital as well as specific personal issues.

The first of the topics covered in the personal interviews was the issue of stress in

the workplace. Overall, clinical employees felt that their jobs at the RHNd were both demanding and stressful. Employees felt that the shortage of clinical staff at the hospital, as well as the emotional attachments developed with their patients, contributed to the high levels of stress within their field. Employees also felt that dealing with the relatives of families and helping them cope with the medical condition of a loved one sometimes attributed to high levels of stress. Other comments about stress, along with the complete compilation of clinical employee responses from personal interviews, are located in Appendix I.

The next issue that the personal interviews covered was communication within the organisation. As a whole, the clinical profession of the RHNd had many concerns with the issue of communication. Clinical employees voiced that they had difficulty communicating internally both between departments and upwards to higher management. Many clinical staff members also felt that the hospital did not inform them enough about current happenings, and the clinical staff showed a desire to know more about any major issues affecting the hospital. Along the same lines, clinical employees feel that they do not contribute enough to hospital decisions. Again, this summary represents reoccurring comments from interviewees, but one can find a detailed list of other clinical employees' comments dealing with communication in Appendix I.

According to the survey results and correlations, manager relations were an issue at the hospital that strongly affected employee satisfaction; therefore, the next section of the personal interviews focused on this topic. Clinical employees voiced a strong concern that there are too many levels of management present at the hospital and that the organisation is too hierarchical. Clinical employees also believed that senior

management is inaccessible and voiced concern that high levels of management are not seen on the hospital floor enough. For example, one clinical employee responded, "On a good ship the captain is known to everyone." Furthermore, many felt that senior management neither recognises employees as individuals, nor recognises the jobs that they are accomplishing.

The topic of manager relations led directly into the next issue addressed in the personal interviews, namely that of respect. Again many of the responses from interviewees reoccurred throughout the interviews conducted. Overall, clinical employees at the RHNd felt that their positions lacked both respect and support. They expressed that receiving only negative feedback from other staff members attributed to this lack of respect. Many clinical employees also mentioned the feeling that they are not recognised or supported for the hard work that they perform. Many of the responses obtained from the clinical employees also pertained to non-clinical employees at the RHNd. Specifics of the non-clinical employees' responses are located in the next section.

4.2.1.2 Non-Clinical Results

The four main aspects that affected employee satisfaction--stress, communication, manager relations, and respect--were also the main themes of each non-clinical personal interview. We conducted non-clinical interviews in the same fashion as the clinical interviews, and again the issue of stress in the workplace was the first issue discussed with the interviewees. The following summary is a description of the reoccurring and prevailing comments obtained from the non-clinical interviewees. The complete collection of non-clinical employee responses is located in Appendix J.

The issue of stress in the workplace was also an important issue to non-clinical staff at the RHNd, but issues were quite different from those of clinical staff members. In general, the non-clinical employees felt that each of their jobs had certain aspects that they considered stressful. The main opinion was that understaffing of employees greatly contributed to stress, and that this understaffing led to the difficulty of having to take on the workload of others, causing employees to work overtime. On the other hand, non-clinical staff also voiced that their jobs were not nearly as stressful as the clinical employees' professions because they do not work directly with the patients and the patients' relatives.

Communication was the next aspect of employee satisfaction discussed with non-clinical employees. As a whole, non-clinical employees felt that communication had improved over the past few years, but that some aspects of communication still needed improvement. Employees felt that it is still quite difficult to communicate internally within the organisation, specifically across departments and upwards to higher management. Non-clinical employees also felt that lines of communication need to be more open and that more junior level staff need to be included in lines of communication.

The next topic covered in the personal interviews was that of manager and employee relations. Overall, non-clinical employees felt that senior management, as a whole, is effective, but also voiced some concerns regarding management. Non-clinical employees stated that management at the RHNd is too hierarchical, and that management is not seen on the floor enough. Employees also felt that senior management needs to be more approachable if they are genuinely concerned about the happenings at the hospital. Lastly, non-clinical staff voiced the concern that they believe there are far too many

managers residing in managerial positions without necessary qualifications.

The issue of respect and its effects on employee satisfaction were the last topics covered in the personal interviews. In general, non-clinical employees voiced that they felt both respected and valued by the RHNd. Employees also mentioned that their work is supported but not as often as expected. Non-clinical employees did not feel that lack of respect was a problem affecting employee satisfaction in their field, but felt that clinical positions at the hospital greatly lacked respect and recognition from the hospital.

4.2.1.3 Overall Insight Gained

After obtaining information from two very distinct classifications of hospital staff, we determined similarities and differences that existed between the two groups. In order to recognise patterns between both the clinical and non-clinical employee responses, we extracted the most significant information gathered in the interviews. The resulting condensed interview responses are located in Appendix K. Once the responses were condensed, patterns in the data from both job classifications could be deduced. Main similarities and differences determined are shown in Tables 4.5 and 4.6, and a complete collection of these patterns is located in Appendix L.

Table 4.5- Personal Interview Response Similarities between Clinical and Non-Clinical Staff

	Stress	Communication	Manager Relations
Similarities	-Shortage of staff contributes to high stress levels -Stress contributed by others not recognising work well done	-Difficult to communicate between departments and upwards -Lines of communication need to include all levels staff	-Too many levels of management -Management needs to be seen on the hospital floor and be more approachable and accessible

Table 4.6- Personal Interview Response Differences between Clinical and Non-clinical Staff

	Respect
Differences	-Clinical staff feel they are not respected and supported as much as merited -Overall, non-clinical staff feel they are respected

As can be seen from the tables, the personal interviews allowed us to determine why the issues of stress, communication, manager relations, and respect all existed as areas of concern among hospital employees. Although both sets of employees did not always feel the same about specific issues, the personal interview results supplied us with important information to expand upon, namely along the lines of the formulation of staff recommendations.

4.2.2 Focus Group Results

The focus group interviews were similar to the personal interviews in that during

both types of interviews we questioned employees based on the results and analysis of the employee satisfaction questionnaire. However, contrary to personal interviews, the person conducting the focus group took on the role of a mediator by guiding the group, allowing the group to control what was said. We used this type of interview to extract other issues tied to employee satisfaction that were undisclosed by both employees who completed the questionnaire and also the employees who did not respond to the questionnaire. We structured this format of interviewing mainly so that the interviewees could suggest solutions to any problems previously determined. We sorted each of the comments made in the focus group discussions into the clinical or non-clinical templates located in Appendix M and Appendix N respectively. The process used to format the qualitative data from the focus group section is shown in Table 4.3. Table 4.7 shows the different types of focus groups that were held. In the column on the far left are the two occupational categories, *clinical* and *non-clinical*. Next to each category is the number of focus groups held and the number of participants, and the following columns labelled *random* and *purposive* describe the method used to create each group.

Table 4.7 – Focus Groups Conducted

	Random Sampling Process	Purposive Sampling Process	Total
Clinical	2	2	4
Non-Clinical	2	2	4
Totals	4	4	**8**

We made note of the issues raised by different focus groups members to identify the common concerns within each job classification; these concerns, along with recommendations, are discussed in the next two sections.

4.2.2.1 Clinical Results

We set the clinical employees of the RHNd apart from the overall population of the hospital, for the same reason described in Section 4.2.1.1. Each clinical focus group concentrated on the following topics related to employee satisfaction: stress, communication, manager relations, and respect. Any other comments that were outside of these four topics were placed into a category labelled "other", and any positive attributes mentioned about the RHNd can be found in the "positive" section in Appendix M.

The first issue introduced to the focus groups was stress, and one area of stress for many clinical employees was the lack of staff. The employees stated that certain departments depend on each other, and that the shortage of staff in one department has affected other departments. Another area of concern was the stress that came from caring for patients and interacting with their relatives. An extreme case used as an example by the interviewees was appropriately addressing and comforting the patient's relatives after the patient passes away. The workers admitted to feeling unprepared to successfully handle this type of situation. The one suggestion mentioned for this issue during the clinical focus groups was having courses or training for coping with the typical issues that arise in the work place, such as stress management, or dealing with the death of patients. Other comments and solutions mentioned in the area of stress are located in Appendix M.

The next issue covered in the focus groups was the area of communication within the RHNd. The majority of the focus groups used the term "bottom-up" to describe the direction of communications from the clinical staff to both line managers and higher management. Many of the interviewees stressed that the "bottom-up" communication needed improvement, and they also sought after more feedback from the higher management concerning any ideas they suggested. Other focus group members further noted that horizontal communication, or the communication between directorates, needed improvement as well. Many interviewees showed a desire to know more people from other departments. Many people pushed for improvement in communication, but one idea was recommended that confronts many issues. The idea was to hold a job exhibition. This exhibition would provide an opportunity for managers to get to know other's staff in hopes of easing the lines of communication. Another aspect of communication that many thought needed improvement was the various meetings held within their departments. Some of the interviewees mentioned certain meetings that should focus more on the patient, but the patients and their relatives were not included in these meetings as often as the employees thought was necessary. A recommendation for this problem was to keep patients in mind while conducting a meeting. Other comments from the clinical focus groups regarding their views on communication within the RHNd can be found in Appendix M.

Many of the focus group discussions stayed within the areas of management and communication revealing the necessity for both a successful management team and excellent communication among the staff at RHNd. Communication was noted as an area needing overall enhancement, but the interviewees also felt that a having a friendly

management team was also valuable to them. The aforementioned recommendation for having a job exhibition could ease the manager-to-staff relationship significantly. Another managerial concern of workers was systems and policies. Workers noted that there are many policies and systems, but they saw no implementation of these procedures. The rest of the comments made concerning manager relations can be found in Appendix M. The overall consensus among the focus groups on the issue of respect was that they wanted all workers in the RHNd at all levels to respect each other. All comments on respect can be found in Appendix M.

The problems and recommendations mentioned in this section reflected some of the common feelings of the hospital staff and also revealed certain feelings that were specific to the clinical occupations. To complete this perspective, an analysis will be presented highlighting the general issues that affect the non-clinical departments' employee satisfaction.

4.2.2.2 Non-Clinical Results

The other group selected from the population of the RHNd was the non-clinical employees. The same topics that were covered in the clinical focus groups were used in these non-clinical focus groups as well. The first topic in focus groups was the issue of stress. Many employees stated that due to the interdependence of many non-clinical departments, the understaffing of one department affects several departments, resulting in high stress levels. Others said some stress came from the management. A suggestion for this problem was to train employees according to their job scope. Any other comments from the non-clinical groups are located in Appendix M.

The next area covered in the focus groups was communication. The phrase "top-

down" was used to describe the direction of communication from the high management to other staff under their authority. The non-clinical groups desired improvement in top-down communications and horizontally among different disciplines. Some groups said that there was no genuine communication from management. Other comments from the non-clinical staff can be found in Appendix M.

The next area covered in the non-clinical focus groups was manager relations. Overall many of the workers did not know any higher management or any other managers besides their own. Another area of concern was clarifying the lines of management or authority. Some focus groups had expressed a difficulty in knowing the responsibilities of certain managers, therefore making it difficult to know whom they were responsible to. A solution to this problem was to redefine the structure to clearly show where the authority lies. Other problems stated by these focus groups dealt with the lack of an interpersonal management. Some mentioned that the manager did communicate with them, but to communicate back was quite difficult. Other comments and suggestions are located in Appendix N.

The last topic covered by the non-clinical focus groups was the area of respect. The main concern among most interviewees was that the RHNd, as a whole, needed to respect its workers and treat them as human beings. One improvement suggested by some focus groups was to change the manner in which staff meetings are conducted; focus groups suggested that the individual handling the meetings should always be respectful of other staff. Other statements and recommendations are located in Appendix N.

4.2.2.3 Overall Recommendations Gained

The focus groups provided the means to determine relevant information on issues that directly influence employee satisfaction. We collected specific recommendations from each focus group to improve any areas of concern. Many of the problems mentioned in the focus groups specifically applied to either clinical employees or non-clinical employees, but there were various areas where both thought improvement was needed. Their suggestions are located below in Table 4.8; this table lists the recommendations that clinical and non-clinical had in common. The recommendations that differed between the clinical and non-clinical groups are located in Table 4.9. We categorised each of the suggestions into the areas of stress, communication, manager relations, and respect.

Table 4.8 –Similarities in Recommendations from Clinical and Non-Clinical Focus Groups

	Communications	Manager relations	Respect
Similarities	-Develop better modes of open, two-way communication -Create internal communication strategies upwards to management and across departments	-Create a less hierarchic setting -Visits by management to wards to get to know staff and level of work they accomplish	-Constitute a more positive praise setting at the hospital

Table 4.9 –Differences in Recommendations from Clinical and Non-Clinical Focus Groups

	Stress
Differences	-Non-clinical staff thought to develop stress management programs for staff -Clinical staff thought to re-evaluate staffing levels on high stress wards and work on recruiting programs

As one can see from Tables 4.8 and 4.9, focus group interviews provided us with useful staff recommendations pertaining to the improvement of employee satisfaction. Using these focus group results, along with the survey and personal interview results, we synthesised the findings in order to formulate overall employee satisfaction recommendations. This data synthesis is discussed in the following section.

4.3   Discussion

Once we obtained our three sets of data we needed to identify agreements between the three sets of results and also draw strong conclusions from the combinations of these results. As stated in Section 3.3.5, the first step was to create databases for each of the three methods. From this concise representation of the data, we were able to identify common themes from each group of responses. Table 4.10 shows a compilation of the three forms of data collection and the major themes acquired from each.

Table 4.10 - Data Synthesis

	Survey	Personal Interviews	Focus Group
Stress	-High levels of stress -Stress management	-Understaffing in departments -Demanding profession	-Develop stress management programs for staff -Re-evaluate staffing levels
Communication	-Lack of teamwork and cooperation	-Difficult to communicate internally -Closed lines of communication	-Develop better modes of open, two-way communication -Create internal communication strategies
Management Relations	- Insufficient recognition	-Too many levels of management -Management is never seen on the floor	-Create a less hierarchical setting -Visits by management to wards
Respect	-Treated like numbers	-Lack of positive feedback	-Constitute a more positive praise setting

From the results summarised in Table 4.10, one can see the progression of our three steps of data collection. The results acquired from the survey revealed the general areas of employee satisfaction concern. The personal interviews provided insight into why these problems exist, and the focus groups expanded upon these issues by eliciting suggestions from the RHNd staff on how to improve employee satisfaction. Before we used this information to formulate recommendations to the RHNd, we decided to compare our observations to those made by IIP. This allowed us to determine any similarities between both assessments and also to emphasise any findings that IIP may

have overlooked. There is a detailed discussion of this comparison in the following section.

4.3.1 Comparison of this Study with the Investors in People Assessment

Upon evaluating of the IIP assessment report, we noticed that there were two areas that closely mirrored areas that were addressed in our study: communication and manager relations. The issues of stress and respect were not emphasised as much in the IIP assessment as they were in our study; however, IIP focused more on the issue of employee training and development. Table 4.11 shows the comparison of the recommendations that surfaced in the IIP report compared to our findings.

Table 4.11 – Comparison of Recommendations from Investors in People Assessment and from WPI Students

	Investors in People	WPI Students
Communication	-Encourage greater upwards feedback from junior staff -Develop greater linkages within internal and horizontal communication -Change perception held by employees that the RHNd does not listen	-Develop better modes of open, two-way communication -Create internal communication strategies upwards to management and across departments
Manager Relations	-Grant employees a greater degree of delegation and empowerment -Ensure managers acquire skills necessary to operate effectively -Develop more of a consistent praise culture -Ensure managers/directors are visible and accessible	-Create a less hierarchical setting -Visits by management to wards to get to know the staff and the level of work they accomplish -Constitute a more positive praise culture at the hospital

These findings represent the preliminary comparison between both assessments. After we formally created our recommendations another comparison was conducted between the two assessments. At this stage both assessments seem to concur on many of the significant issues. The next section will focus on our specific conclusions and recommendations and any similarities and differences between the two reports.

5 Conclusions and Recommendations

The major goal of our project was to present recommendations to the Royal Hospital for Neuro-disability to help improve overall employee satisfaction. This last chapter of our report details the conclusions we made pertaining to stress, communication, manager relations, and respect in the RHNd workplace. These conclusions allowed us to formulate recommendations to the RHNd regarding the importance of these four aspects of employee satisfaction that our study identified. This chapter describes the significance that these four aspects have on employee satisfaction, why these issues are important to address, how recommendations pertaining to each issue were formulated, and the final recommendations.

5.1 Conclusions and Recommendations Regarding Stress in the Workplace

Stress is an inevitable part of working in the health care profession; individuals who care for neurological patients work in particularly stressful environments and are targets for job-related stress, as explained in Section 2.3. Having gained an understanding of stress and how it is related to the health care profession, we had anticipated that the survey results would show that some employees at the RHNd were experiencing high levels of stress. Along the same lines, the concerns that employees had with the lack of stress management at the hospital were also expected. Although most of the results were predictable, we obtained a greater understanding of stress among the RHNd staff and ideas for mitigating stress by conducting follow-up interviews.

The analysis of the survey, personal interviews, and focus group interviews allowed us to formulate overall conclusions on how staff at the RHNd felt about stress

levels within the hospital. The employee satisfaction survey data revealed that there are high levels of stress evident at the hospital and that employees were concerned with the lack of methods the RHNd implemented to prevent this stress. Conducting the personal interviews helped us to recognise the reasons that stress was prevalent at the hospital; we determined that understaffing in certain departments and a demanding work environment led to these high levels of stress. Finally, the focus groups elicited recommendations from the staff as to how they felt the RHNd could work at alleviating some of the stress that they were experiencing. The main recommendations that we received from both clinical and non-clinical staff members at the hospital were to develop stress management programs for employees, and to re-evaluate the staffing levels in departments where high levels of stress were occurring. Expanding upon these employee recommendations, we formulated our own recommendations that incorporated our other analysis findings and ideas for improvement at the hospital.

In order to address the employees' concerns regarding stress in the workplace, we recommend that the RHNd:

- Offer stress management classes
- Provide counseling for both employees and relatives of patients
- Re-evaluate staffing levels
- Encourage teamwork within wards
- Re-assess rest facilities

These recommendations are discussed in further detail in the following paragraphs. Specifically, we will explain why each recommendation is important to the RHNd and how utilising these recommendations can alleviate employee satisfaction concerns.

We recommend that the RHNd offer stress management classes for all staff at the hospital. Our background research showed that stress management training is an

effective way to teach individuals how to deal with stress on their own. By implementing stress management classes, the RHNd can help staff become aware of stress that they may be experiencing as well as of ways to reduce the amount of stress in their lives contributed by their work. If the RHNd were to offer these classes to its staff, employee satisfaction should improve for a number of reasons. Reducing the level of stress that employees are experiencing should in turn reduce the amount of frustration that workers are enduring and create greater amounts of staff productivity. This higher amount of staff productivity is likely to increase the employees' overall quality of work and to improve staff and patient relations.

In addition to implementing stress management classes, it is also important for the RHNd to recognise that there will be circumstances when staff will need more of a one on one support system. For this reason, **we recommend that the RHNd provide counseling for both staff and for relatives of patients**. It is important for the hospital to provide employees with an outlet, especially for those staff who do not know how to cope on their own. Some traumatic events experienced by staff of the RHNd, such as the death of a patient or conflict with patients' relatives, require this specialised counseling. It is also essential to provide this service for the relatives of patients because staff often take on the role of counseling; this role in turn increases the employees' stress levels because they often cannot help relatives to the extent that a professional counsellor could. If the RHNd were to provide this counseling, our results suggest that employee satisfaction should improve since staff would have a place to confidentially vent any frustrations or emotions. Along the same lines as the stress management classes, this counseling is likely to allow workers to become aware of any stress they are experiencing

and ultimately allow them to manage this stress effectively.

Another main factor that greatly contributed to employees' high stress levels was the understaffing of employees in certain departments. To remedy this issue, **we recommend that the RHNd re-evaluate the staffing levels in departments where high levels of stress are evident**. This re-evaluation should lead to a redistribution of available staff. In addition, this re-evaluation may lead to the conclusion that the hospital requires additional staff, and we acknowledge that financial constraints may prevent this. This re-evaluation is an important issue for the hospital to address because most employees feel that they have multiple roles at the hospital and these added tasks contribute to higher levels of stress among both the clinical and non-clinical employees. If the RHNd re-evaluates the work that is being performed within different departments at the hospital and ensures that each ward is proportionally staffed, then it will be reducing the workloads of some employees. The reduction of these workloads can in turn reduce the level of stress workers are experiencing and ultimately improve employee satisfaction.

In addition to re-evaluating staffing levels, **we recommend that the RHNd encourage teamwork within wards at the hospital**. Teamwork is important in any organisation because it teaches individuals to share the workload equally. Furthermore, staff felt that the enhancement of teamwork is likely to help employees identify a common goal between themselves and other individuals. Knowing that others also are working towards this common goal should motivate employees to provide quality care to patients and other aspects of work completed at the hospital. A specific example for motivating teamwork is discussed in Section 5.5. Once again, encouraging teamwork can

increase overall employee satisfaction for a number of reasons. Foremost, working as a team should ease the individual workloads of employees and increase overall employee productivity. This sharing of workloads can ultimately decrease the levels of stress that individuals experience and create a feeling of unity among workers.

Finally, pertaining to the issue of stress in the workplace, **we recommend that the RHNd re-assess rest facilities at the hospital**. Many employees at the RHNd experience high levels of stress during their workday; one way to help to alleviate these stress levels is by providing employees with adequate rest facilities. Employees who are either physically or mentally stressed need somewhere to relax, recuperate, and collect their thoughts before returning to work. It is important that the hospital recognises this concern and work on providing better rest facilities for employees. Again, this reduction of stress will increase staff productivity and employee satisfaction.

5.2 Conclusions and Recommendations Regarding Communication

We concluded that the issue of communication is a major factor influencing employee satisfaction at the RHNd. From our survey, we determined that employees believe the primary communication problems at the RHNd are that there is a lack of cooperation among departments, teamwork within wards, and communication between all levels of staff. These issues were then further expanded upon through the personal interviews; we found that the specific areas of concern were caused by difficulty communicating both between departments and upwards to management and also by closed lines of communication within the organisation. Then, from the focus groups, we learned that the employees would like to see the hospital develop better modes of open, two-way communication, and create communication strategies upwards to management

and across departments.

To address these issues and improve employee satisfaction at the RHNd, we recommend that the RHNd:

- Re-evaluate internal communication strategies
- Encourage participation from junior levels
- Re-assess the employee suggestion process
- Re-structure team briefings and the NeuroNews
- Promote communication workshops

Each of these recommendations will now be presented in more detail.

We recommend the RHNd re-evaluate its internal communication strategies. This is an important issue because our results showed that most staff at the RHNd currently find it difficult to communicate between different departments. The difficulties in communication are even more evident when attempting to communicate upwards to management. This recommendation concurs with the recent IIP assessment, which stated that the RHNd should develop greater linkages within internal and horizontal communication. This re-evaluation could lead to identifying communication barriers evident at the RHNd. For example, a lack of formal communication channels can be overcome by creating and encouraging both formal and informal channels, and communication difficulties upwards to management can be overcome by developing trust between the different status levels at the hospital (Daft and Marcic, 1998). By re-evaluating the internal communication strategies, the RHNd can not only improve the overall-working environment, but also improve overall employee satisfaction.

To follow along with the same idea, the RHNd needs to decentralise the process of idea generation. To address this, **we recommend that the RHNd encourage participation from the junior levels of staff within the hospital**. By requesting the

ideas of the junior workers, management will illustrate that they are willing to listen to contributions the staff may have to the planning process of the organisation. Our findings indicated that currently there is fear of repercussion for speaking out against the ideas of management. Specifically this recommendation can improve levels of satisfaction and communication by bridging the gap between different classes of workers. Methods for implementing this recommendation include both *promoting open-door policies* and *introducing management performance reports*. These reports would allow staff to evaluate the overall effectiveness of their managers. Once again, this recommendation substantiates the findings of IIP which encouraged greater upwards feedback from junior staff.

Another form of bottom-up communication that is practiced at the RHNd is the use of employee suggestions. However, our findings showed that employees feel these suggestions are handled in an impersonal way that discourages them from participating in this process. **We recommend that the RHNd re-evaluate its current suggestion process**. Through the use of personal follow-ups to employees who make suggestions, the RHNd would be able to convey to its employees that all suggestions are important and considered, but that some ideas are just not feasible. This follow-up would explain exactly how and why a suggestion is being acted upon, and convey to the employees that their ideas are being listened to. This recommendation will also address one of IIP's concerns, namely to change the perception held by employees that the RHNd does not listen.

Other key aspects of the RHNd communication process that are currently not meeting the expectations of the staff are the team briefing and the NeuroNews. **We**

recommend that the RHNd re-structure the team briefings and the NeuroNews. The team briefings ideally incorporate two-way communication, but in practice they are thought of as one-way lectures. The team briefing should be continued in a similar manner to the way they are conducted today but with a greater balance between talking, listening, and idea generation among all levels of employees. *NeuroNews* is seen by staff as an overall improvement to the hospital's communication process, but some staff feel that other workers may not be acquiring and reading these newsletters. The only aspect of this newsletter that we propose to alter is its distribution process. A simple method of ensuring that all employees receive a copy of *NeuroNews* would be to address the issues to staff or to attach copies to employees' paychecks.

Our final recommendation for the RHNd to address communication is to **promote communication workshops.** It is important that all levels of employees should be encouraged to attend these classes in order to teach them how to effectively listen to other employee suggestions and keep each other properly informed. These workshops can act to overcome the individual communication barriers at the RHNd by teaching staff methods of active listening and tolerance of others' perspectives (Daft and Marcic, 1998). This communication education is likely to improve employee satisfaction by creating a better more open environment throughout all levels of hospital staff.

All of these recommendations aim to encourage the free exchange of ideas throughout the hospital. Our findings indicated that management has the reputation of being inapproachable. While these recommendations encourage all levels of staff to take a more active role in the hospital, they primarily challenge the management to show that they accept ideas from all levels of staff. This free exchange of ideas between staff and

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management introduces the issue of manager relations.

5.3 Conclusions and Recommendations Regarding Manager Relations

Daft and Marcic (1998) state that in order to have effective communication among employees, a health care organisation must establish strong relationships within the work place. Managers must take the initiative to establish relationships with subordinates, and commit to respecting those working with them and those under their authority. An unapproachable manager will only create a separation within a hospital hindering the organisation's growth and reducing overall employee satisfaction.

We concluded from the survey results that one major concern of the RHNd staff is to improve managerial relations. The personal interviews revealed that employees thought there were too many levels of management present within the organisation, and that managers were not seen enough on the hospital floor. This lack of managerial involvement directly influences employees' perception of management. A manager makes many decisions that directly influence those within their authority, and some staff in both personal and focus group interviews voiced that if they are not familiar with their managers, then these decisions may not be followed. During the focus group interviews, the staff recommended the creation of a less hierarchical setting and visits from the management to the wards and departments.

To address concerns employees have with managerial relations, we recommend that the RHNd:

- Increase management involvement within the workplace
- Create a less hierarchical atmosphere
- Clarify management structure
- Re-evaluate managerial qualifications

These recommendations will now be explained in further detail.

We recommend that the RHNd increase management involvement within the workplace and with employees. This involvement can be as simple as weekly visits to wards and departments to get to know employees and the jobs that they perform. Specifically, through face-to-face meetings and direct observations, management can gain a better understanding of the organisation and individuals within it (Daft and Marcic, 1998). The implementation of this recommendation should increase the perception that management cares about day-to-day hospital operations and that they are aware of what gets done on the hospital floor. Increasing managerial involvement can improve attitudes about management and bring a sense of unity to the hospital. This involvement is also likely to improve overall employee satisfaction because staff should feel that management is more accessible and approachable.

It was clear from our findings that employees disapprove of the centralised structure at the hospital; employees seek to expand the decision making process practiced by the hospital so that it will include more levels of staff. Therefore, **we recommend that the RHNd create a less hierarchical atmosphere**. By creating less of a hierarchical setting, the RHNd can grant more empowerment to staff members, ultimately increasing employee satisfaction. A less hierarchical setting should empower more employees by delegating power and authority to subordinates in an organisation. Increasing employee empowerment can increase employees' motivation and improve their job effectiveness (Daft and Marcic, 1998). This recommendation coincides with IIP's recommendation to grant employees a greater degree of delegation and empowerment.

Currently, many staff feel that it is difficult to determine between the different managerial roles and to decide what individuals are in charge of others. Therefore, **we recommend that the RHNd clarify the management structure**. Clarifying this structure will help management improve task efficiency by making clear the number of tasks that they must perform, the number of individuals that are their subordinates, and lines of authority within the organisation (Daft and Marcic, 1998). Furthermore, employees will be able to focus on their individual roles at the hospital and improve the amount of job-related satisfaction they are obtaining.

The last recommendation that we propose pertaining to the improvement of managerial relations is the **re-evaluation of managerial qualifications**. Some employees suggested that manager positions should be reviewed and updated on a regular basis to ensure that managers' skills are being developed to keep up with current advancements. IIP also made a similar recommendation that the RHNd ensure that managers acquire the necessary skills to operate effectively. This re-evaluation is an important aspect for the hospital to address because managers within health care organisations need to be able to balance their acquired managerial skills with the everyday needs of a hospital. This recommendation should improve manager relations because staff are more apt to respect competent managers. The RHNd should provide proper training to staff that might require further development. Moreover, there should be less conflicts of opinion because staff are likely to have more confidence in their leaders. Ultimately, this confidence can enhance each employee's experience at the RHNd.

5.4 Conclusions and Recommendations Regarding Respect

In any work environment, it is necessary for employees to have respect for co-workers. Our background research showed that if respect is not common between employees, no matter what rank in the organisation, it is difficult for the organisation to both produce and recognise high quality work. Those employees who respect fellow workers on higher and lower levels can form better relationships and therefore they can work better as a team.

From the three data collection methods we performed, we found that many employees at the hospital feel that there is a lack of mutual respect. The employee satisfaction survey data showed that in many cases, staff feel that they did not receive enough positive feedback. In addition, many clinical employees feel that some staff members of higher rank treat them as numbers and do not recognise their work. We also found this consensus through personal interviews. Employees who we interviewed spoke of different situations in which managers failed to commend employees on a job well done, but were quick to scold them if something went wrong. When we interviewed staff in focus groups, they provided ideas on possible solutions to the problems. In the workplace, respect should be reciprocal. In both personal and focus group interviews, many employees said that levels of respect had to be improved on all fronts. In addition to what employees suggest for increased respect, we formulated our own recommendations for the hospital.

Because some employees found that there was a lack of respect throughout the hospital, we recommend that the RHNd:

- Create a more democratic setting
- Provide more praise to employees

The first recommendation we devised for the hospital on the topic of respect was to **create a more democratic setting**. Many workers feel that higher-level employees are too condescending in nature. In our follow-up interviews, there were many instances cited in which upper management did not bother to explain an issue that was recently resolved. Instead, employees observed that higher-level employees just give orders that came about because of their individual decision. Democratic leaders utilises methods that delegate authority to others, encourage participation, and rely on others to manage subordinates (Daft and Marcic, 1998). Most employees we spoke to feel that they are not given the chance to be part of discussions and are expected to just follow orders under the current management. It is important that employees know why they have to follow such orders. They will be more inclined to follow policies if they feel respected (Daft and Marcic, 1998). Also, some employees feel that many times managers do not have the clinical background necessary for the decision made in the policy, but if they discussed the policy with their workers, they could get better insight as to how effective the policy would be. If a manager treats his employees as they want to be treated then his workers will be more inclined to complete quality work.

The next recommendation we had for the hospital dealing with the issue of respect was to **provide more praise to employees at the RHNd**. Employees from the follow-up interviews felt that jobs done well are not often recognised, whereas commonly when someone makes a mistake, that person is immediately reprimanded. Once again, this recommendation is echoed by the IIP report, which states that the RHNd should strive to develop more of a consistent praise culture. This reprimanding makes

employees feel less valuable, and therefore they are less likely to carry a positive attitude in the workplace.

5.5 Comprehensive Recommendations

All of the previous recommendations are targeted at improving specific aspects of employee satisfaction, but the RHNd will not reach its full potential until a total commitment is made to address these issues in a comprehensive manner. For this reason, **we recommend a series of events to promote the RHNd's commitment to employee satisfaction**—an Employee Awareness Day with three major features:

- Department and Ward Exhibitions
- Role Reversals
- Excellence Awards

Each of the aspects of this event is intended to contribute to the enhancement of employee satisfaction in several of the previously discussed areas. The objective of the Employee Awareness Day should be to enhance communication and mutual appreciation between all levels of staff, as well as to promote teamwork within the workplace.

We recommend that **Employee Awareness Day** become an annual event to promote the RHNd's commitment to employee satisfaction. The department and ward exhibition could be the focal point of these events. Starting early in the day, each ward and department should set up a display in attempt to best convey the importance of each ward member and the ward or department that they work in. Displays should also show what each ward or department accomplishes to achieve the hospital's overall goals. This exhibition could include all aspects of the hospital, particularly the management, and could promote communication by allowing everyone to get to know one another. Employees can socialise while visiting other exhibits and also while meeting the

individuals that stop at their displays. This day could also provide a chance to relieve stress by taking the focus off work and placing more importance on the appreciation of hospital staff. This exhibition would be an excellent place for the hospital to provide a stress management display to allow the employees to be acquainted with the new counsellors or classes. In addition, all would be encouraged to participate because of a free picnic lunch and awards offered for outstanding displays.

Before this exhibition takes place, the morning could feature a **role reversal**. We recommend that the role reversal consist of higher and lower levels of staff switching their work positions at the hospital for a few hours. This switching exercise should allow both managers and staff to gain respect, through understanding and participation, for the tasks each performs daily. This would also promote manager relations by forming bonds through interaction. After the reversal, lunch, and exhibition the **excellence awards** could be introduced and presented. This presentation would be the ultimate honour for those wards and departments that were nominated by their managers and co-workers as displaying exemplary service above and beyond the required duty. These awards would show the positive impact of using teamwork among wards and departments and are likely to motivate others to strive to achieve such excellence.

Overall, the RHNd can use this Employee Awareness Day to illustrate its commitment to continued improvement of employee satisfaction. Furthermore, through the ongoing implementation of the previous recommendations, the RHNd will be able to improve its employee satisfaction levels. These improved satisfaction levels will allow the RHNd to maintain its high quality staff and to retains its recognition from IIP presently as well as in the future.

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7 Appendix A- Pretest Cover Letter and Survey

In order to determine the effectiveness of the employee satisfaction survey that we developed, we felt that it was necessary to conduct a pre-test at a local hospital's Neurology Department. The cover letter administered to the pre-test group, along with our first drafts of the cover letter and employee satisfaction survey for the Royal Hospital for Neuro-disability, can be located in this appendix.

The Royal Hospital for Neuro-disability Employee Satisfaction Survey Pretest

May 2, 2000

Dear Sir or Madam:

We are students from the Worcester Polytechnic Institute conducting a study on employee satisfaction. Our actual project will take place at the Royal Hospital for Neuro-disability in London. In order to collect the data for our project, all employees of the Royal Hospital for Neuro-disability will receive the attached survey. The results will then determine recommendations that we will present to the Royal Hospital for Neuro-disability to improve employee satisfaction.

In order to determine the effectiveness of our survey, we are distributing the survey and its cover letter for pretesting. Please take a few minutes to answer the survey honestly and completely. Then, on the last page please comment on the overall effectiveness of the survey and state whether the cover letter would motivate you to complete the survey. Please state if you find any questions poorly worded, unclear, or biased. It would be helpful if you would also comment on any strength or weakness that you detect in the survey as you are completing it.

We greatly appreciate your time and input.

Sincerely,

Ruben Brito

Joanna Cosimini

Dan Erickson

Steve Meyer

Employee Satisfaction Survey

The following survey will be used to assess employee satisfaction. As an employee, this is a chance to voice your opinion. Please take a few moments to answer the following questions honestly and completely. Please note that all answers will remain anonymous. It is important that you complete this survey because we value your views.

Date:_____ / _____ / _____

Job Title:_____

Overall, how satisfied are you with the Royal Hospital of Neuro-disability as an employer? (Please circle one number)

Very Dissatisfied						Very Satisfied
1	2	3	4	5	6	7

RHNd 's communication and planning (Please circle one number for each statement)

	Disagree Strongly				Agree Strongly
I understand the long-term strategy of RHNd	1	2	3	4	5
I have confidence in the leadership of RHNd	1	2	3	4	5
There is adequate planning of objectives at RHNd	1	2	3	4	5
I contribute to the planning process at RHNd	1	2	3	4	5

Your role at RHNd (Please circle one number for each statement)

	Disagree Strongly				Agree Strongly
I like the type of work that I do	1	2	3	4	5
I believe my job is secure	1	2	3	4	5
My physical working conditions are good	1	2	3	4	5
I feel I am contributing to RHNd's mission	1	2	3	4	5
I feel part of a team working toward a shared goal	1	2	3	4	5
I feel I am valued at RHNd	1	2	3	4	5
I am proud to work for RHNd	1	2	3	4	5

RHNd environment (Please circle one number for each statement)

	Disagree Strongly				Agree Strongly
RHNd communicates to me effectively	1	2	3	4	5
I feel I can trust what RHNd tells me	1	2	3	4	5
RHNd treats me like a person, not a number	1	2	3	4	5
RHNd recognizes work that's well done	1	2	3	4	5
Quality is a top priority with RHNd	1	2	3	4	5
I believe there is cooperation at RHNd	1	2	3	4	5
I like the people I work with at RHNd	1	2	3	4	5

Relations with your supervisor (Please circle one number for each statement)

	Disagree Strongly				Agree Strongly
My supervisor treats me fairly	1	2	3	4	5
My supervisor treats me with respect	1	2	3	4	5
My supervisor handles my work-related issues well	1	2	3	4	5
My supervisor handles my personal issues well	1	2	3	4	5
My supervisor tells me when my work needs improvement	1	2	3	4	5
My supervisor tells me when I do my work well	1	2	3	4	5
My supervisor asks me for my input to help make decisions	1	2	3	4	5

Individual Satisfaction at RHNd (Skip these questions if this section does not pertain to your field of work)

	Disagree Strongly				Agree Strongly
I am satisfied after a day of work	1	2	3	4	5
I enjoy helping others	1	2	3	4	5
I am satisfied with my amount of positive feedback	1	2	3	4	5

I feel I am appreciated by the patients .... 1 .... 2 .... 3 .... 4 5

I have formed strong bonds with my patients .... 1 .... 2 .... 3 .... 4 5

I do all I can to meet the patients needs .... 1 .... 2 .... 3 .... 4 5

Work Demands at RHNd (Please circle one number for each statement)

I feel that my work is overly physically demanding .... 1 .... 2 .... 3 .... 4 5

I feel that my work produces high stress levels .... 1 .... 2 .... 3 .... 4 5

I believe that the RHNd is concerned about work related stress 1 .... 2 .... 3 .... 4 5

RHNd provides necessary strategies to cope with stress .... 1 .... 2 .... 3 .... 4 5

RHNd's employee development (Please circle one number for each statement)

	Disagree Strongly				Agree Strongly
RHNd provided ample initial training	1	2	3	4	5
RHNd provides as much ongoing training as I need	1	2	3	4	5
RHNd provides enough information to enable me to do my job well	1	2	3	4	5

Specifically, I'm satisfied with the:

	Disagree Strongly				Agree Strongly
Amount of vacation	1	2	3	4	5
Sick leave policy	1	2	3	4	5
Amount of health care paid for	1	2	3	4	5
Retirement plan benefits	1	2	3	4	5
Life insurance	1	2	3	4	5
Disability benefits	1	2	3	4	5
Amount of hours	1	2	3	4	5

Amount of pay ....1 ....2 ....3 ....4 5

Commuting time to RHNd...1 ....2 ....3 ....4 5

How long do you plan to continue your career with RHNd?
Less than one year..☐
One to two years ....☐
Two to five years ....☐
More than five years ....☐
Don't Know ....☐

Would you recommend employment at RHNd to a friend?
Definitely not ....☐
Probably not..☐
Maybe ....☐
Probably would..☐
Definitely would ....☐

What can RHNd do to increase your satisfaction as an employee?

_____

_____

_____

_____

_____

How long have you worked for RHNd?

Less than one year..☐

One year to less than two years.....................☐

Two years to less than five years...................☐

Five years to less than ten years....................☐

Ten years or more ....☐

What is your age?

Under 21..☐

21 to 34 ....☐

35 to 44 ....☐

45 to 54 ....☐

55 or older...☐

What is your sex?

Male ....☐

Female...☐

What is your marital status?

Married..☐

Unmarried ....☐

If after having completed the questionnaire, you feel comfortable stating your name we would appreciate it for follow up interviews.

_____

Overall Effectiveness of Survey:

- Did any questions show forms of bias?

- Were any questions worded poorly or seem difficult to understand?

- Where the directions of the questionnaire easy to follow?

- Did all close-ended questions offer answers that reflected your experiences?

- Do you feel that the intentions of each question were conveyed effectively?

- Additional comments:

Thank you again for your time and input. Ruben, Joanna, Dan, and Steve

8 Appendix B – Employee Satisfaction Cover Letter and Survey

The Royal Hospital for Neuro-disability Employee Satisfaction Survey

May 2, 2000

Dear Sir or Madam:

We are university students from WPI, which is located in Worcester, Massachusetts in the United States of America. We are conducting an employee satisfaction survey. To help us assess the issues of employee satisfaction in your workplace, we are asking you to complete the attached survey. The data we collect will determine the recommendations we present to the Royal Hospital for Neuro-disability to improve employee satisfaction. We assure you that any data collected will remain confidential and will only be used for analysis.

Please take the time to complete the following survey. Completing the survey honestly and accurately will directly benefit your workplace. The following survey should only take approximately 10-15 minutes to finish and then you may return it to one of the collection boxes that have been set up throughout the hospital. We greatly appreciate your time.
Thank you for your participation.

Sincerely,

Ruben Brito

Joanna Cosimini

Dan Erickson

Steve Meyer

Employee Satisfaction Survey

The following survey will be used to assess employee satisfaction. As an employee, this is a chance to voice your opinion. Please take a few moments to answer the following questions honestly and completely. Please note that all answers will remain anonymous. It is important that you complete this survey because we value your views.

Date:____/____/_____

Job Title:_____

Full Time / Part Time / Bank (please circle)

RHNd 's communication and planning (Please circle one number for each statement)

	Disagree Strongly				Agree Strongly
I understand the long-term strategy of RHNd	1	2	3	4	5
I have confidence in the leadership of RHNd	1	2	3	4	5
There is adequate planning of objectives at RHNd	1	2	3	4	5
I contribute to the planning process at RHNd	1	2	3	4	5

Your role at RHNd (Please circle one number for each statement)

	Disagree Strongly				Agree Strongly
I like the type of work that I do	1	2	3	4	5
I believe my job is secure	1	2	3	4	5
My physical working conditions are good	1	2	3	4	5
I feel I am contributing to RHNd's mission	1	2	3	4	5
I feel part of a team working toward a shared goal	1	2	3	4	5
I feel I am valued at RHNd	1	2	3	4	5
I am proud to work for RHNd	1	2	3	4	5

RHNd environment (Please circle one number for each statement)

	Disagree Strongly				Agree Strongly
RHNd communicates to me effectively	1	2	3	4	5
I feel I can trust what RHNd tells me	1	2	3	4	5
RHNd treats me like a person, not a number	1	2	3	4	5
RHNd recognizes work that's well done	1	2	3	4	5
Quality is a top priority with RHNd	1	2	3	4	5
I believe there is cooperation at RHNd	1	2	3	4	5
I like the people I work with at RHNd	1	2	3	4	5

Relations with your Line Manager (Please circle one number for each statement)

	Disagree Strongly				Agree Strongly
My Line Manager treats me fairly	1	2	3	4	5
My Line Manager treats me with respect	1	2	3	4	5
My Line Manager handles my work-related issues well	1	2	3	4	5
My Line Manager handles my personal issues well	1	2	3	4	5
My Line Manager tells me when my work needs improvement	1	2	3	4	5
My Line Manager tells me when I do my work well	1	2	3	4	5
My Line Manager asks me for my input to help make decisions	1	2	3	4	5

Individual Satisfaction at RHNd

	Disagree Strongly				Agree Strongly
I am satisfied after a day of work	1	2	3	4	5
I enjoy helping others	1	2	3	4	5
I am satisfied with the amount of feedback I receive	1	2	3	4	5
I feel I am appreciated by the patients	1	2	3	4	5
I have formed strong bonds with the patients	1	2	3	4	5
I do all I can to meet the patients needs	1	2	3	4	5

Work Demands at RHNd (Please circle one number for each statement)

	Disagree Strongly				Agree Strongly
I feel that my work is overly physically demanding	1	2	3	4	5
I feel that my work produces high stress levels	1	2	3	4	5
I believe that the RHNd is concerned about work related stress	1	2	3	4	5
RHNd provides necessary strategies to cope with stress	1	2	3	4	5

RHNd's employee development (Please circle one number for each statement)

	Disagree Strongly				Agree Strongly
RHNd provides ample initial training	1	2	3	4	5
RHNd provides as much ongoing training as I need	1	2	3	4	5
RHNd provides enough information to enable me to do my job well	1	2	3	4	5

Specifically, I'm satisfied with the:

	Disagree Strongly				Agree Strongly
Amount of annual leave	1	2	3	4	5
Sick leave policy	1	2	3	4	5
Occupational Health Service	1	2	3	4	5
Staff Pension Scheme	1	2	3	4	5
Provision of meal facilities	1	2	3	4	5
Uniforms provided	1	2	3	4	5
Changing facilities	1	2	3	4	5
Rest facilities	1	2	3	4	5
Amount of hours	1	2	3	4	5
Amount of pay	1	2	3	4	5
Travelling time to RHNd	1	2	3	4	5
If resident, accommodations	1	2	3	4	5

Overall, how satisfied are you with the Royal Hospital of Neuro-disability as an employer? (Please circle one number)

Very Dissatisfied				Very Satisfied
1	2	3	4	5

How long do you plan to continue your career with RHNd?

Less than one year..☐

One to two years ....☐

Two to five years ....☐

More than five years ....☐

Don't Know ....☐

Would you recommend employment at RHNd to a friend?

Definitely not ....☐

Probably not..☐

Maybe ....☐

Probably would...☐

Definitely would ....☐

What can RHNd do to increase your satisfaction as an employee?

_____

_____

_____

_____

_____

How long have you worked for RHNd?

Less than one year..☐
One year to less than two years......................☐
Two years to less than five years...................☐
Five years to less than ten years....................☐
Ten years or more ....☐

What is your age?

Under 21...☐
21 to 34 ....☐
35 to 44 ....☐
45 to 54 ....☐
55 or older..☐

What is your gender?

Male ....☐
Female...☐

What is your marital status?

Married..☐
Unmarried ....☐

If after having completed the questionnaire, you feel comfortable stating your name we would appreciate it for follow up interviews.

9 Appendix C – Employee Satisfaction Survey Data

This appendix contains the responses received from the employee satisfaction survey. All of the data from the 312 respondents is broken down into sections that correspond to their respective survey section.

Section 1 – RHNd's Communication and Planning

1a. I understand the long-term strategy of RHNd

1b. I have confidence in the leadership of RHNd

1c. There is adequate planning of objectives at RHNd

1d. I contribute to the planning process at RHNd

Survey Number	1a	1b	1c	1d	Survey Number	1a	1b	1c	1d	Survey Number	1a	1b	1c	1d
1	3	2	2	4	53	3	4	3	4	105	5	5	5	5
2	5	5	5	5	54	4	4	4	4	106	4	3	2	2
3	2	2	2	2	55	3	5	5	1	107	4	3	5	2
4	3	1	2	3	56	3	3	3	4	108	3	3	3	2
5	3	2	2	n/a	57	3	5	5	5	109	1	1	2	1
6	1	1	1	1	58	4	3	3	2	110	1	1	1	1
7	5	5	5	5	59	1	1		1	111	2	3	2	2
8	3	3	3	1	60	4	5	4	5	112	3	3	3	2
9	3	1	1	2	61	3	4	3	3	113	4	4	4	4
10	5	5	4	5	62	4	2	2	3	114	4	4	3	3
11	2	2	2	2	63	4	3	3	2	115	4	1	1	2
12	2	1	2	1	64	4	4	5	3	116	1	1	1	1
13	n/a	1	1	1	65	5	5	5	5	117	4	3	2	4
14	1	3	2	5	66	2	4	4	3	118	3	3	3	4
15	5	3	3	2	67	1	2	2	2	119	3	2	3	1
16	1	2	1	3	68	2	3	3	3	120	3	4	3	2
17	2	3	2	2	69	3	3	4	2	121	2	4	3	1
18	4	3	4	2	70	4	3	3	3	122	3	3	4	4
19	3	3	3	2	71	5	1	1	1	123	2	3	3	2
20	2	3	4	3	72	5	5	5	1	124	2	2	3	3
21	3	3	2	2	73	4	3	5	5	125	3	3	2	2
22	2	5	5	1	74	5	3	4	na	126	4	3	3	3
23	3	3	3	2	75	2	3	2	na	127	4	3	2	2
24	1	1	1	1	76	2	2	2	1	128	5	2	3	5
25	2	2	2	2	77	1	1	1	1	129	5	5	n/a	n/a
26	3	2	2	3	78	4	3	3	2	130	3	3	2	1
27	3	3	4	1	79	1	2	2	1	131	3	3	2	3
28	5	4	4	3	80	5	4	3	3	132	4	5	4	3
29	1	1	1	1	81	5	5	5	1	133	3	4	4	1
30	2	1	2	1	82	4	4	4	1	134	5	5	5	5
31	2	3	4	3	83	na	na	na	na	135	3	4	3	4
32	3	3	3	3	84	3	3	3	1	136	4	4	3	4
33	2	2	3	2	85	4	4	3	2	137	2	1	2	1
34	3	2	2	2	86	3	3	2	5	138	2	2	3	1
35	4	3	3	2	87	2	2	2	2	139	1	1	1	1
36	3	4	4	2	88	2	2	2	1	140	2	n/a	1	2
37	1	2	3	1	89	2	2	2	2	141	2	2	3	1
38	5	3	3	3	90	2	3	3	1	142	4	4	3	3
39	4	4	4	4	91	5	5	5	5	143	3	3	3	2
40	5	3	3	3	92	3	3	3	1	144	4	4	4	4
41	4	3	1	4	93	1	1	1	1	145	2	3	3	1
42	4	3	3	3	94	4	4	3	4	146	5	5	4	5
43	1	1	1	1	95	4	3		1	147	3	4	3	n/a
44	2	2	2	1	96	4	5	4	3	148	2	3	4	4
45	4	2	3	4	97	3	3	2	2	149	2	3	3	1
46	2	3	3	2	98	3	5	4	1	150	5	4	5	3
47	2	4	2	5	99	4	4	3	2	151	4	4	4	1
48	3	1	1	2	100	4	4	5	4	152	1	2	1	1
49	1	1	1	1	101	1	3	4	1	153		1	3	1
50	1	2	2	1	102	4	3	4	4	154	4	4	4	4
51	4	5	4	5	103	3	3	2	3	155	3	3	2	1
52	1	3	3	1	104	3	2	4	1	156	5	3	4	1

Survey Number	1a	1b	1c	1d
157	3	2	2	1
158	1	5	5	1
159	3	2	3	2
160	5	5	5	4
161	5	4	4	2
162	4	4	2	3
163	3	3	3	3
164	5	2	2	1
165	3	3	4	4
166	1	n/a	n/a	1
167	5	5	5	5
168	4	3	3	2
169	3	1	2	1
170	3	2	3	1
171	4	4	5	3
172	3	3	3	2
173	3	4	3	2
174	4	3	3	1
175	3	3	2	3
176	2	1	2	3
177	3	4	3	4
178	1	1	1	1
179	5	5	4	4
180	3	2	3	3
181	4	3	3	2
182	1	2	2	2
183	1	1	2	4
184	3	2	3	1
185	4	4	4	2
186	3	3	3	2
187	2	1	2	2
188	4	4	4	2
189	4	4	4	4
190	2	2	2	2
191	1	1	1	1
192	5	5	5	1
193	2	3	3	3
194	2	2	2	2
195	4	3	3	3
196	3	4	3	2
197	5	1	n/a	1
198	4	3	3	2
199	4	3	3	2
200	4	4	4	n/a
201	5	5	5	4
202	4	3	4	2
203	4	3	2	1
204	3	2	3	3
205	1	1	1	1
206	2	2	2	2
207	4	3	3	4
208	4	3	3	1

Survey Number	1a	1b	1c	1d
209	2	1	2	1
210	5	5	5	5
211	2	2	2	4
212	2	2	1	4
213	2	3	3	2
214	5	5	5	5
215	2	3	3	3
216	4	4	4	1
217	5	4	4	1
218	2	1	2	2
219	2	2	2	2
220	3	3	2	1
221	3	3	3	1
222	5	4	4	5
223	4	4	4	4
224	3	4	3	3
225	3	3	3	1
226	3	3	3	1
227	3	3	2	3
228	5	2	2	2
229	4	3	3	3
230	3	3	3	3
231	4	4	4	4
232	4	3	3	4
233	4	4	4	4
234	3	3	3	2
235	5	5	4	1
236	1	2	2	5
237	3	1	n/a	1
238	1	1	1	1
239	2	3	3	3
240	2	4	4	1
241	5	5	5	3
242	4	3	3	1
243	2	2	2	3
244	2	3	2	1
245	3	3	3	5
246	2	3	1	1
247	2	3	2	3
248	3	1	n/a	n/a
249	2	2	2	1
250	1	1	1	1
251	5	3	1	1
252	n/a	4	n/a	n/a
253	2	4	3	3
254	1	2	3	4
255	1	2	2	1
256	3	3	2	2
257	1	2	3	4
258	2	2	3	1
259	5	4	2	4
260	3	2	3	1

Survey Number	1a	1b	1c	1d
261	3	2	2	1
262	4	5	3	3
263	5	3	3	n/a
264	4	4	3	1
265	3	2	2	2
266	n/a	3	3	n/a
267	3	2	2	1
268	2	3	3	1
269	1	2	2	1
270	2	2	1	1
271	4	4	3	3
272	1	1	1	1
273	2	3	2	1
274	3	3	3	1
275	3	2	2	1
276	3	3	3	3
277	2	2	2	3
278	1	n/a	n/a	1
279	4	3	4	2
280	4	4	5	1
281	4	4	5	2
282	3	4	4	2
283	4	4	4	3
284	3	3	3	2
285	4	4	4	3
286	4	4	4	2
287	3	3	3	3
288	5	3	4	4
289	5	4	3	2
290	2	4	5	3
291	3	3	3	1
292	3	2	3	2
293	4	3	3	3
294	3	4	4	1
295		1		
296	5	1	2	2
297	3	3	3	1
298	3	3	3	3
299	3	1	3	3
300	4	4	3	4
301	2	2	2	2
302	3	3	2	2
303	3	2	2	2
304	5	3	3	3
305	3	4	3	3
306		4	5	2
307	4	5	5	3
308	3	2	2	2
309	2	3	3	2
310	2	2	3	1
311	3	4	2	3
312	4	5	4	1

Section 2 – Your Role at RHNd

    2a. I like the type of work that I do

    2b. I believe my job is secure

    2c. My physical working conditions are good

    2d. I feel I am contributing to RHNd's mission

    2e. I feel part of a team working toward a shared goal

    2f. I feel I am valued at RHNd

    2g. I am proud to work for RHNd

Survey Number	2a	2b	2c	2d	2e	2f	2g
1	3	4	4	4	4	3	3
2	3	5	5	5	5	5	5
3	5	5	5	5	5	5	5
4	3	3	2	4	4	2	4
5	3	3	4	2	3	2	2
6	5	3	1	n/a	1	1	1
7	5	5	3	5	5	5	5
8	3	1	2	2	3	1	2
9	5	3	1	2	1	1	2
10	5	5	5	5	5	3	5
11	5	4	2	5	3	2	3
12	1	1	1	2	1	1	1
13	3	2	1	3	1	1	2
14	5	5	1	5	5	5	5
15	5	5	5	5	5	5	5
16	5	3	3	4	4	3	3
17	4	3	3	3	4	3	4
18	5	5	1	4	2	4	4
19	3	2	2	4	2	2	4
20	5	3	5	4	5	3	4
21	5	4	4	4	5	3	4
22	4	4	4	2	3	n/a	3
23	4	3	4	3	3	3	3
24	3	3	3	3	3	3	3
25	5	3	5	3	3	4	3
26	5	4	5	3	3	4	4
27	4	5	5	4	4	4	5
28	5	4	5	5	5	5	5
29	1	2	1	1	1	1	1
30	4	2	3	2	3	2	3
31	4	3	5	4	2	2	4
32	5	4	4	4	3	3	4
33	5	n/a	4	2	4	4	4
34	4	4	4	3	5	3	3
35	4	2	4	4	5	5	4
36	3	4	4	4	3	4	3
37	3	3	3	3	3	2	1
38	5	3	3	3	4	3	3
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46	3	2	3	3	3	3	2
47	5	5	5	3	5	5	5
48	3	1	1	3	1	1	1
49	4	2	3	1	2	2	2
50	4	n/a	2	2	3	3	3
51	5	3	4	5	5	5	5
52	3	4	2	3	4	3	3
53	5	2	5	5	5	4	5
54	4	4	5	4	4	4	4
55	3	1	5	3	3	3	4
56	5	4	4	4	4	4	3
57	5	5	5	5		4	5
58	3	5	5	2	3	3	3
59	4	4	1	3	1	1	1
60	5	5	4	5	4	5	n/a
61	4	4	4	4	4	4	4
62	5	3	5	4	5	3	3
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64	5	5	5	4	5	4	4
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66	4	5	5	3	5	5	5
67	5	3	1	3	1	3	4
68	4	1	4	4	5	3	4
69	5	4	2	4	3	3	3
70	4	2	2	4	3	3	4
71	5	5	5	3	3	1	1
72	5	5	1	5	1	1	5
73	5	5	4	3	5	5	5
74	4	4	4	4	4	3	4
75	5	3	4	5	5	4	5
76	4	2	4	5	4	2	3
77	1	1	1	1	1	1	1
78	5	3	3	4	4	3	5
79	5	3	3	5	4	1	3
80	5	4	4	5	4	4	5
81	5	3	2	4	4	3	4
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84	4	2	4	4	3	2	4
85	5	4	4	5	4	5	4
86	5	5	5	5	5	1	5
87	4	3	3	3	2	2	2
88	4	4	4	1	1	3	3
89	5	3	4	4	4	4	4
90	4	2	2	3	3	3	3
91	3	4	4	4	5	5	5
92	3	2	1	4	2	2	3
93	5	3	3	1	5	1	3
94	5	5	3	5	4	4	5
95	5	3	3	5	5	4	5
96	5	4	4	5	5	5	5
97	5	5	5	5	5	5	5
98	5	3	5	5	4	4	4
99	3	3	2	5	5	1	5
100	5	3	5	5	5	4	5
101	3	5	3	4	3	4	3
102	5	3	3	5	4	3	3
103	5	5	4	4	3	4	4
104	4	4	3	4	3	2	3

Survey Number	2a	2b	2c	2d	2e	2f	2g
105	5	5	5	5	5	5	5
106	4	4	3	4	5	4	5
107	5	5	4	5	3	5	5
108	5	2	4	3	4	3	4
109	4	5	1	1	1	1	3
110	3	4	3	2	3	1	3
111	5	3	3	4	4	4	4
112	4	3	4	4	4	4	4
113	5	4	5	5	5	5	5
114	5	3	4	5	4	4	4
115	5	n/a	n/a	n/a	5	2	5
116	4	3	1	3	3	1	3
117	3	4	4	4	4	2	3
118	4	4	3	4	3	3	4
119	4	3	3	4	5	3	5
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121	4	4	3	5	n/a	3	5
122	4	3	4	4	5	4	4
123	3	3	5	3	3	3	5
124	3	2	3	3	2	3	3
125	5	4	5	5	5	4	5
126	5	5	5	5	4	4	4
127	4	5	4	4	3	4	3
128	5	5	3	4	5	1	4
129	4	5	2	4	3	1	3
130	4	2	4	2	2	2	3
131	5	2	4	4	4	3	4
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136	4	3	3	3	3	3	3
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151	4	3	3	5	5	3	3
152	5	2	2	1	5	1	5
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157	4	2	4	5	3	3	4
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166	2	1	2	2	2	2	4
167	5	3	5	5	5	3	5
168	5	4	3	5	4	5	5
169	2	1	1	2	1	1	3
170	4	3	2	3	2	2	4
171	5	5	4	4	5	5	5
172	4	4	4	3	4	3	3
173	4	4	1	5	3	1	3
174	5	3	3	2	2	2	3
175	5	3	4	4	4	3	3
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178	5	3	5	5	3	4	4
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180	4	2	3	3	3	3	4
181	5	4	5	5	5	5	5
182	5	5	5	5	5	3	5
183	2	4	3	4	1	1	3
184	5	5	5	5	5	3	5
185	4	4	4	5	4	4	4
186	3	3	4	4	4	3	3
187	5	4	5	5	5	1	3
188	3	4	4	3	4	3	5
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190	4	3	4	3	3	3	3
191	4	1	2	2	1	3	3
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193	4	2	3	4	4	2	3
194	4	3	3	3	5	2	2
195	5	5	5	5	4	5	5
196	5	3	4	5	5	4	5
197	5	3	1	n/a	1	1	1
198	4	4	4	3	4	3	4
199	4	3	3	3	3	3	3
200	5	1	5	5	5	4	5
201	5	5	5	5	5	5	5
202	5	5	1	5	3	1	5
203	5	4	4	4	5	4	5
204	5	1	5	3	3	3	3
205	4	1	1	1	1	1	1
206	4	4	5	3	5	5	3
207	5	2	4	4	4	3	4
208	5	3	4	3	2	3	5

Survey Number	2a	2b	2c	2d	2e	2f	2g
209	5	3	3	1	3	1	1
210	1	5	3	5	5	5	5
211	5	2	5	3	3	2	4
212	5	4	2	4	3	3	3
213	5	5	4	4	4	4	3
214	5	5	5	5	5	5	5
215	5	3	4	4	3	3	5
216	5	4	4	5	4	4	5
217	4	5	5	3	2	3	4
218	4	2	4	1	2	1	1
219	4	3	3	2	4	4	2
220	4	4	4	3	3	4	4
221	3	3	3	2	3	2	4
222	5	5	4	5	5	4	4
223	5	n/a	4	4	5	5	5
224	4	3	4	2	2	2	3
225	4	4	3	4	4	3	4
226	5	5	5	5	5	5	5
227	4	3	2	2	3	2	3
228	4	5	1	1	1	2	3
229	5	5	4	5	4	4	2
230	5	5	5	4	4	4	4
231	5	5	4	4	4	3	5
232	3	3	3	4	2	2	3
233	4	4	4	4	4	3	4
234	4	2	2	3	3	2	4
235	5	5	5	5	5	4	4
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239	5	3	4	4	4	1	4
240	3	3	4	4	3	2	3
241	5	3	4	5	5	5	5
242	5	5	4	5	4	3	4
243	4	4	4	3	3	2	3
244	2	3	1	3	1	3	2
245	5	4	5	5	5	5	5
246	5	3	3	4	4	3	3
247	5	3	4	4	4	2	3
248	1	n/a	n/a	n/a	n/a	n/a	n/a
249	2	2	1	4	2	1	1
250	4	1	4	1	1	1	5
251	3	4	3	5	2	1	4
252	4	5	5	4	4	3	4
253	4	4	4	4	3	4	4
254	5	5	5	5	5	5	5
255	5	5	4	1	1	4	2
256	3	3	3	4	4	3	3
257	5	4	5	4	1	1	4
258	3	4	3	2	2	2	4
259	3	5	2	5	5	5	5
260	5	4	4	4	3	4	4

Survey Number	2a	2b	2c	2d	2e	2f	2g
261	n/a	1	2	3	4	2	5
262	5	5	3	5	5	5	5
263	5	5	1	5	5	5	5
264	5	5	5	5	4	5	3
265	4	4	2	2	1	2	2
266	5	4	2	4	3	3	5
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268	5	3	3	2	5	5	5
269	3	2	4	4	1	2	3
270	5	3	3	5	4	1	5
271	4	4	4	4	4	4	5
272	1	2	4	5	5	5	4
273	3	3	3	3	3	2	2
274	3	3	3	2	3	3	3
275	5	3	5	5	5	2	4
276	4	4	3	3	2	2	4
277	4	3	4	4	3	4	3
278	5	2	5	n/a	3	4	3
279	4	4	3	5	5	3	5
280	3	1	3	3	3	2	4
281	4	5	3	4	5	5	5
282	4	3	4	4	4	4	4
283	4	2	3	4	4	5	4
284	5	5	4	4	5	5	4
285	4	2	3	4	4	5	5
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288	5	5	5	3	4	4	4
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291	3	4	5	4	3	4	4
292	3	3	4	3	3	1	4
293	3	4	3	3	2	2	2
294	5	5	3	5	4	3	4
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296	4	5	3	2	3	1	3
297	4	5	3	2	3	1	4
298	5	5	2		5	5	5
299	3	5	5	5	5	3	4
300	4	4	3	4	5	1	2
301	3	1	3	4	4	4	2
302	5	3	3	4	3	3	4
303	5	5	5	4	4	4	3
304	5	5	5	5	5	5	5
305	3	2	4	4	3	3	4
306	5	5	5	5	5	5	5
307	5	4	5	5	5	5	5
308	5	4	3	2	4	3	4
309	3	3	3	3	3	3	4
310	5	3	2	3	2	2	4
311	4	3	4	4	3	4	3
312	5	5	5	5	5	5	5

Section 3 – RHNd Environment

3a. RHNd communicates to me effectively

3b. I feel I can trust what RHNd tells me

3c. RHNd treats me like a person, not a number

3d. RHNd recognizes work that's well done

3e. Quality is a top priority with RHNd

3f. I believe there is cooperation at RHNd

3g. I like the people I work with at RHNd

Survey Number	3a	3b	3c	3d	3e	3f	3g
1	4	3	4	3	3	2	4
2	4	5	5	4	4	5	5
3	3	2	4	4	3	2	5
4	2	2	2	3	3	3	3
5	2	2	2	1	2	2	2
6	1	1	1	1	1	1	3
7	5	5	5	5	5	5	5
8	2	1	1	3	4	2	5
9	2	1	1	1	2	2	3
10	5	4	4	3	5	4	5
11	2	2	2	2	2	2	4
12	1	2	1	1	2	2	2
13	2	1	1	3	2	2	3
14	1	3	4	5	5	1	4
15	3	3	4	5	4	4	5
16	4	4	4	5	4	5	2
17	2	2	2	3	2	2	4
18	1	3	3	3	5	3	5
19	2	3	2	2	3	2	3
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22	3	4	4	3	3	3	3
23	3	3	4	4	3	2	4
24	1	1	1	1	1	1	3
25	4	3	4	4	3	2	5
26	2	2	2	2	3	2	5
27	2	4	4	2	4	3	5
28	5	4	5	5	4	4	5
29	1	1	1	1	1	1	3
30	3	2	3	3	2	2	4
31	2	4	3	2	3	3	5
32	3	3	3	3	3	3	4
33	2	3	3	3	3	4	4
34	3	2	2	2	3	2	4
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63	3	1	3	2	2	3	4
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96	5	5	5	5	5	5	5
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Survey Number	3a	3b	3c	3d	3e	3f	3g
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118	3	3	3	4	4	3	3
119	2	3	3	3	4	2	3
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Survey Number	3a	3b	3c	3d	3e	3f	3g
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165	4	3	5	4	4	3	5
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167	5	5	5	3	3	5	5
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192	2	1	5	3	4	4	4
193	2	2	n/a	2	3	2	4
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195	4	4	5	3	3	3	5
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199	4	3	3	3	4	3	4
200	3	3	5	n/a	4	4	5
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206	4	3	4	4	2	1	5
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Survey Number	3a	3b	3c	3d	3e	3f	3g
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213	3	3	4	3	3	3	5
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216	4	4	5	5	3	4	4
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219	2	2	2	2	2	2	3
220	3	3	3	3	2	3	4
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227	1	2	2	2	3	2	3
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230	4	3	4	4	3	4	4
231	5	4	5	5	5	4	5
232	3	4	3	3	2	2	2
233	4	4	4	4	4	4	4
234	3	3	3	3	3	3	4
235	5	n/a	4	5	5	5	5
236	3	4	3	4	4	2	3
237	2	3	1	1	2	1	2
238	1	1	1	1	1	1	1
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240	4	3	3	4	5	3	3
241	5	5	5	5	4	4	4
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246	1	1	3	3	3	2	3
247	3	2	2	2	2	3	4
248	1	1	1	n/a	n/a	2	2
249	1	2	1	1	3	4	3
250	n/a	n/a	n/a	n/a	n/a	n/a	n/a
251	2	3	2	2	3	3	4
252	5	4	3	4	3	4	5
253	3	4	4	n/a	4	4	4
254	5	3	4	3	2	3	5
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256	3	2	2	2	3	2	4
257	2	2	4	1	3	1	5
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260	3	3	2	4	2	3	5

Survey Number	3a	3b	3c	3d	3e	3f	3g
261	3	3	3	5	5	5	5
262	4	4	5	4	5	5	5
263	n/a	n/a	5	5	3	3	5
264	3	3	4	4	2	3	4
265	2	2	2	1	2	2	3
266	n/a	n/a	4	4	3	3	5
267	2	1	1	1	1	2	2
268	4	4	4	3	4	4	5
269	3	2	2	2	2	3	3
270	1	3	2	4	4	1	3
271	3	3	4	3	3	3	3
272	2	2	1	3	3	2	1
273	2	3	3	1	2	n/a	3
274	3	3	3	3	3	3	3
275	3	3	4	2	3	3	5
276	3	2	2	2	2	3	3
277	2	2	4	4	3	3	5
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281	3	4	3	4	4	4	5
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Survey Number	4a	4b	4c	4d	4e	4f	4g
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3	5	5	n/a	n/a	n/a	n/a	4
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5	3	3	2	n/a	4	4	3
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8	5	5	4	4	4	5	4
9	1	2	1	2	3	2	3
10	4	4	4	4	1	2	4
11	4	4	4	2	4	4	4
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14	4	5	5	4	5	5	4
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19	2	2	2	2	2	2	2
20	5	5	5	5	4	4	4
21	5	5	4	3	1	1	5
22	4	4	3	n/a	3	3	3
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Survey Number	4a	4b	4c	4d	4e	4f	4g
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189	4	4	4	4	4	3	4
190	2	2	3	1	2	2	1
191	2	2	2	2	1	1	1
192	4	4	3	1	4	5	1
193	5	5	5	5	5	5	5
194	5	5	5	5	5	5	5
195	5	5	5	5	5	5	5
196	4	5	5	5	4	4	5
197	4	4	3	2	4	1	1
198	4	4	4	4	3	4	4
199	4	3	3	4	3	3	2
200	5	5	4	5	5	5	3
201	5	5	5	5	3	5	5
202	5	5	5	5	5	5	5
203	4	4	4	4	3	4	2
204	5	5	5	5	5	5	5
205	2	1	1	1	3	1	1
206	5	5	5	5	5	5	5
207	5	5	3	5	4	4	4
208	2	2	2	2	4	2	2

Survey Number	4a	4b	4c	4d	4e	4f	4g
209	5	5	5	5	5	5	5
210	3	3	3	3	3	1	1
211	5	5	5	5	5	5	5
212	5	5	5	5	5	5	4
213	5	5	5	4	4	5	4
214	5	5	5	5	5	5	5
215	4	4	3	3	3	3	3
216	5	5	5	5	3	4	4
217	5	4	5	5	4	3	3
218	5	5	5	5	5	5	5
219	1	3	1	1	2	2	2
220	4	4	4	4	4	3	4
221	4	4	3	3	3	4	3
222	4	4	5	5	5	5	5
223	5	5	5	5	5	4	5
224	4	4	4	4	4	4	4
225	4	4	4	4	4	3	4
226	4	4	4	4	n/a	5	4
227	n/a	n/a	n/a	n/a	n/a	n/a	n/a
228	5	4	3	4	4	3	5
229	5	5	4	n/a	3	5	4
230	5	5	5	5	5	5	5
231	5	5	5	5	5	5	5
232	5	5	5	3	4	3	5
233	5	5	5	5	5	5	5
234	3	3	3	3	3	3	2
235	4	4	4	4	5	5	4
236	3	3	4	n/a	4	4	4
237	1	1	3	1	5	3	1
238	1	1	1	1	1	1	1
239	5	5	5	5	5	5	5
240	4	5	4	4	4	4	4
241	4	5	5	n/a	5	5	5
242	4	4	4	3	5	2	n/a
243	4	4	4	3	3	4	4
244	2	2	3	3	2	3	1
245	5	4	4	3	4	4	4
246	4	4	3	n/a	2	3	3
247	3	3	4	4	4	4	3
248	1	1	1	1	3	2	1
249	3	2	2	3	3	2	2
250	n/a	n/a	n/a	n/a	n/a	n/a	n/a
251	5	5	3	3	4	4	2
252	4	4	4	5	4	5	5
253	4	4	3	4	4	4	3
254	5	5	5	5	5	5	5
255	5	5	5	5	3	5	5
256	5	5	5	5	5	5	5
257	5	5	4	4	4	5	5
258	2	1	1	1	3	4	1
259	2	4	2	1	5	5	2
260	4	4	3	3	2	4	4
261	5	5	5	5	5	3	3
262	5	5	5	5	5	5	5
263	5	5	5	5	n/a	5	5
264	5	5	4	5	4	5	5
265	3	4	2	4	3	3	4
266	5	5	n/a	4	n/a	4	4
267	2	2	2	2	3	3	3
268	5	5	5	5	5	5	5
269	2	2	2	2	3	3	3
270	1	2	1	1	1	1	1
271	4	4	4	3	4	4	n/a
272	2	2	1	1	2	5	1
273	4	4	4	4	3	3	1
274	n/a	n/a	n/a	n/a	n/a	n/a	n/a
275	5	5	5	5	5	4	2
276	4	4	4	4	3	3	3
277	5	5	5	5	4	4	5
278	5	5	4	5	n/a	5	5
279	4	3	4	2	4	4	3
280	3	3	3	3	4	2	1
281	3	2	3	2	2	4	2
282	5	5	5	3	3	5	5
283	4	4	3	3	3	3	4
284	5	5	5	3	4	4	5
285	4	4	3	3	3	3	4
286	4	4	4	4	3	4	3
287	3	3	3	3	3	3	2
288	5	5	5	4	5	5	5
289	2	2	2	2	3	2	2
290	5	5	5	4	5	4	2
291	4	4	4	4	4	4	2
292	3	3	3	3	3	2	2
293	3	2	3	3	5	2	2
294	5	5	3	3	3	3	3
295	1	1	1	1	1	1	1
296	5	5	5	5	5	5	5
297	5	5	5	5	n/a	3	1
298	3	4		4	4	4	3
299	5	5	5	5	3	3	3
300	5	5	4	5	5	4	5
301	2	2	2	2	2	2	2
302	4	4	4	n/a	3	4	4
303	5	5	5	5	5	5	5
304	2	3	2	2	3	3	2
305	5	5	5	4	4	4	5
306	5	5	5	5	5	5	5
307	5	5	5	5	5	5	5
308	5	5	5	5	4	4	4
309	5	5	5	5	5	5	5
310	3	2	2	1	2	2	2
311	3	3	3	4	4	3	3
312	5	5	5	5	5	5	3

Section 5 – Individual Satisfaction

5a. I am satisfied after a day of work

5b. I enjoy helping others

5c. I am satisfied with the amount of feedback I receive

5d. I feel I am appreciated by the patients

5e. I have formed strong bonds with the patients

5f. I do all I can to meet the patients' needs

Survey Number	5a	5b	5c	5d	5e	5f
1	3	4	2	n/a	2	4
2	4	4	4	4	4	3
3	5	5	5	5	5	5
4	2	4	2	4	4	4
5	3	5	3	5	5	5
6	4	5	3	5	5	5
7	5	5	5	5	5	5
8	4	4	3	4	5	5
9	3	5	2	5	5	5
10	5	5	5	5	5	5
11	3	4	2	4	4	4
12	1	2	1	5	4	5
13	n/a	4	2	4	3	3
14	3	5	1	5	4	5
15	3	5	4	4	4	5
16	4	5	2	3	3	5
17	3	4	3	4	4	4
18	3	5	2	5	4	5
19	1	4	1	3	3	4
20	3	5	3	2	2	3
21	4	4	2	4	5	5
22	3	4	3	n/a	n/a	n/a
23	3	4	3	n/a	n/a	n/a
24	3	3	2	3	2	3
25	3	5	3	5	5	4
26	4	5	3	4	4	4
27	4	5	4	5	4	5
28	5	5	4	5	4	5
29	1	5	1	5	5	5
30	3	5	2	4	4	4
31	3	4	2	3	3	4
32	4	5	4	5	4	5
33	4	4	4	4	3	5
34	3	4	4	4	3	3
35	4	5	4	1	1	1
36	3	3	2	3	3	2
37	3	3	1	4	3	5
38	3	5	1	5	4	5
39	4	5	4	5	5	5
40	5	5	3	5	5	5
41	4	5	2	5	5	5
42	3	5	3	4	4	5
43	4	5	1	5	5	5
44	3	5	2	5	4	4
45	3	5	3	4	3	5
46	3	3	2	3	2	3
47	5	5	5	4	5	5
48	1	5	1	2	5	5
49	2	5	2	5	5	5
50	4	4	3	2	4	5
51	4	5	3	5	5	5
52	3	4	4	4	3	4
53	5	4	4	4	4	4
54	4	4	4	4	3	4
55	4	3	5	3	1	1
56	3	4	3	n/a	n/a	n/a
57		5	3	4	5	5
58		2	5	3	3	3
59		4	5		4	5
60	5	5	5	5	5	3
61		5	5	4		
62	4	5	3	5	5	5
63	2	4	3	1	2	5
64	4	5	4	5	5	5
65	5	5	5	5	5	5
66	4	4	5	2	3	5
67	1	5	2	5	5	5
68	3	4	2	3	3	4
69	3	5	3	3	3	5
70	3	4	4	5	5	4
71	2	5	1	5	3	5
72	1	5	1	5	5	5
73	5	5	5	4	4	4
74	3	4	3	4	4	4
75	4	5	4	5	5	5
76	2	4	3	3	3	4
77	1	4	1	5	5	5
78	5	5	4	5	5	5
79	4	5	1	5	4	5
80	4	5	3	2	2	5
81	5	5	5	5	4	5
82	4	4	4	4	3	4
83	3	5	3	5	5	5
84	4	4	2	4	3	4
85	4	5	4	3	4	5
86	5	5	5	5	5	5
87	2	5	2	5	5	5
88	4	4	4	4	4	4
89	3	4	4	4	5	4
90	3	4	3	3	2	3
91	5	5	5	5	4	5
92	3	5	4	5	5	5
93	2	5	4	4	4	4
94	4	4	3	3	2	4
95	4	5	4	5	5	5
96	5	5	4	5	5	5
97	5	5	5	5	5	5
98	4	5	4	5	5	5
99	4	4	3	4	4	5
100	5	5	5	5	5	5
101	1	5	1	3	3	3
102	3	5	2	2	3	5
103	3	3	3	5	5	5
104	2	5	4	5	5	5

Survey Number	5a	5b	5c	5d	5e	5f
105	5	5	4	5	5	5
106	4	5	4	5	4	5
107	5	5	3	5	5	5
108	3	5	3	5	5	5
109	1	3	2	5	4	5
110	3	4	4	3	3	4
111	4	4	3	3	3	5
112	3	4	4	4	5	4
113	5	5	5	5	5	5
114	4	4	4	3	1	3
115	n/a	5	4	5	5	5
116	3	4	3	4	4	4
117	2	4	4	2	2	2
118	4	5	4	5	5	5
119	4	5	4	5	5	5
120	4	5	4	5	5	5
121	4	5	4	4	4	4
122	2	5	3	4	4	3
123	3	5	2	3	3	5
124	2	4	2	4	3	4
125	4	5	3	4	4	5
126	5	5	4	4	3	3
127	2	5	3	3	4	5
128	4	5	4	4	5	5
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130	4	5	3	5	5	5
131	4	4	3	4	4	4
132	4	5	4	5	5	5
133	n/a	5	5	4	5	5
134	5	5	5	5	5	5
135	3	5	n/a	2	2	4
136	4	4	3	n/a	n/a	n/a
137	3	5	3	3	5	5
138	2	5	2	2	5	5
139	2	5	1	5	5	5
140	2	5	3	5	5	5
141	4	5	2	n/a	n/a	n/a
142	3	4	2	4	3	4
143	3	5	3	5	5	3
144	4	4	4	4	3	5
145	4	5	2	4	4	5
146	4	5	5	4	5	5
147	4	5	3	4	4	4
148	5	5	4	n/a	n/a	n/a
149	4	4	3	4	5	4
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152	5	5	4	4	5	5
153	5	5	4	5	4	5
154	4	5	2	3	2	5
155	3	5	3	1	1	1
156	3	5	n/a	4	n/a	5
157	4	5	2	5	5	5
158	5	5	5	5	5	5
159	2	4	3	3	3	4
160	4	5	5	5	5	5
161	5	5	5	5	5	5
162	5	5	3	3	3	5
163	3	5	3	4	2	5
164	1	5	1	3	5	5
165	4	5	4	5	4	5
166	2	3	2	1	1	4
167	5	5	4	5	5	5
168	5	5	4	5	5	5
169	2	3	1	2	3	5
170	4	4	3	3	3	4
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172	3	5	3	3	3	4
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174	4	5	2	5	5	5
175	4	5	5	5	3	5
176	4	4	5	2	2	5
177	4	5	4	4	4	4
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179	3	4	4	5	5	5
180	4	4	4	4	4	4
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182	5	5	3	5	5	5
183	3	5	4	4	4	5
184	5	5	4	3	5	5
185	4	5	4	4	4	4
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187	3	3	3	2	3	4
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189	5	5	4	4	4	5
190	4	4	2	4	4	4
191	2	5	3	4	3	5
192	1	5	3	5	5	5
193	2	5	4	4	4	4
194	4	5	4	4	4	5
195	5	5	5	n/a	n/a	n/a
196	4	5	4	4	4	5
197	5	5	4	5	5	5
198	4	4	4	5	5	5
199	4	4	2	3	2	3
200	4	5	5	5	4	5
201	5	5	5	5	5	5
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203	5	5	3	5	5	5
204	2	5	3	3	3	5
205	3	3	1	1	1	5
206	3	4	5	4	4	4
207	5	5	3	5	5	5
208	4	5	4	2	2	4

Survey Number	5a	5b	5c	5d	5e	5f
209	1	5	1	5	5	5
210	2	2	2	4	3	3
211	3	4	4	1	3	4
212	3	5	4	5	5	5
213	4	5	4	4	3	5
214	5	5	5	5	5	5
215	5	5	3	n/a	n/a	n/a
216	4	5	5	5	5	5
217	4	4	2	4	3	4
218	2	5	3	4	4	5
219	2	4	2	2	1	4
220	4	4	3	4	3	4
221	3	4	3	n/a	n/a	4
222	5	5	5	5	5	5
223	5	5	5	4	4	4
224	4	4	3	4	4	4
225	4	4	3	4	4	5
226	4	5	5	3	2	3
227	3	4	2	n/a	n/a	4
228	3	5	2	3	5	5
229	4	5	5	4	3	5
230	4	4	4	2	4	5
231	4	5	5	5	5	5
232	2	4	3	1	1	3
233	4	4	4	4	4	4
234	4	4	3	3	4	4
235	5	5	5	5	5	5
236	3	n/a	4	3	3	3
237	1	3	2	4	4	5
238	1	5	5	5	5	5
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242	4	5	4	5	5	5
243	3	3	3	3	3	4
244	3	3	3	4	4	5
245	4	5	4			
246	4	4	3	3	3	4
247	3	5	3	5	5	5
248	2	4	1	n/a	5	5
249	1	5	3	3	4	5
250	n/a	n/a	n/a	n/a	n/a	n/a
251	3	5	1	3	4	5
252	4	3	5	5	4	4
253	4	4	3	2	3	4
254	5	5	5	3	4	5
255	4	5	4	4	4	1
256	3	3	2	4	4	3
257	2	4	2	5	4	4
258	3	4	4	5	4	4
259	5	5	5	5	5	5
260	4	4	3	4	4	5
261	4	5	3	4	4	5
262	5	5	4	5	5	5
263	5	5	4	n/a	n/a	n/a
264	4	3	3	n/a	4	4
265	4	4	2	5	5	4
266	4	5	n/a	n/a	n/a	n/a
267	3	5	2	5	5	5
268	4	4	4	4	4	4
269	3	4	3	3	2	3
270	5	5	1	5	5	5
271	3	4	3	4	4	4
272	1	5	3	5	5	5
273	3	5	1	4	3	4
274	2	3	2	2	2	3
275	4	5	4	4	3	5
276	4	5	3	4	5	5
277	3	4	4	4	4	5
278	4	n/a	n/a	4	4	5
279	4	5	4	3	3	5
280	3	5	2	3	2	4
281	5	4	3	2	4	4
282	4	5	4	4	4	5
283	4	4	2	3	4	4
284	4	5	4	4	4	5
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305	3	4	3	3	3	3
306	4	5	5	5	4	4
307	5	5	5	4	4	5
308	4	5	4	5	4	5
309	4	5	4	3	2	3
310	3	5	2	5	5	5
311	3	4	3	3	4	4
312	4	5	4	4	4	4

Section 6 – Work Demands at RHNd

6a. I feel that my work is overly physically demanding

6b. I feel that my work produces high stress levels

6c. I believe that the RHNd is concerned about work related stress

6d. RHNd provides necessary strategies to cope with stress

Survey Number	6a	6b	6c	6d
1	5	4	2	2
2	4	5	4	5
3	5	3	2	2
4	3	3	3	2
5	3	2	1	1
6	3	3	1	1
7	3	3	3	5
8	3	2	1	1
9	2	1	1	1
10	2	3	1	5
11	4	2	1	1
12	1	1	1	1
13	n/a	n/a	1	1
14	1	1	5	4
15	2	4	2	2
16	3	2	1	1
17	3	4	2	1
18	1	2	4	1
19	3	1	1	2
20	5	4	3	4
21	4	3	1	1
22	5	5	2	2
23	5	2	3	3
24	1	1	1	1
25	5	4	3	2
26	4	2	2	1
27	3	2	5	2
28	4	3	4	4
29	1	1	1	1
30	4	2	3	2
31	4	3	3	2
32	4	3	2	2
33	n/a	n/a	n/a	n/a
34	3	3	1	2
35	5	4	5	5
36	4	2	3	3
37	4	3	1	n/a
38	3	1	2	2
39	2	3	4	3
40	2	1	4	4
41	3	1	1	1
42	4	3	3	2
43	3	1	1	1
44	3	2	1	1
45	4	2	1	1
46	3	4	3	1
47	5	3	5	5
48	1	1	1	1
49	3	1	1	1
50	1	1	2	2
51	1	1	5	2
52	5	5	3	3
53	5	2	3	3
54	5	4	3	3
55	5	5	3	1
56	4	2	3	2
57	3	4	3	2
58	5	1	2	2
59	2	1	1	1
60	1	2	5	5
61	3	3	3	3
62	5	1	2	1
63	1	1	3	1
64	3	3	4	4
65	1	3	5	5
66	4	2	4	3
67	1	1	1	2
68	4	3	2	na
69	1	1	2	2
70	1	2	1	2
71	4	4	1	1
72	5	5	5	1
73	2	1	5	4
74	4	3	3	2
75	2	2	4	2
76	3	4	3	1
77	1	1	1	1
78	4	4	3	3
79	3	2	1	1
80	4	4	2	2
81	5	3	4	4
82	4	4	4	4
83	1	1	2	2
84	4	4	1	1
85	5	2	3	3
86	1	1	1	1
87	3	1	1	1
88	4	2	2	2
89	4	2	2	1
90	4	4	3	3
91	1	1	5	5
92	3	1	2	2
93	3	1	1	1
94	4	2	3	2
95	1	1	1	1
96	4	4	3	3
97	4	4	5	5
98	1	1	1	1
99	1	2	1	1
100	1	1	5	4
101	4	4	1	1
102	1	1	2	2
103	2	2	2	2
104	1	1	3	2
105	4	5	2	4
106	4	2	3	3
107	2	3	3	4
108	4	2	4	2
109	5	5	1	1
110	1	2	1	1
111	4	3	2	3
112	3	2	2	2
113	3	2	4	4
114	4	1	3	3
115	n/a	1	2	2
116	3	2	1	1
117	5	2	2	2
118	2	2	3	3
119	1	1	3	2
120	1	3	2	2
121	1	2	2	2
122	5	5	3	3
123	4	4	3	2
124	2	1	1	1
125	5	3	3	3
126	2	1	4	3
127	3	2	3	2
128	1	1	5	2
129	1	1	1	1
130	4	1	2	1
131	3	3	2	2
132	2	1	4	4
133	2	3	5	3
134	3	4	4	4
135	5	4	3	3
136	n/a	2	3	2
137	1	1	1	1
138	1	1	2	2
139	1	5	1	1
140	2	2	1	1
141	5	2	3	2
142	3	1	4	3
143	3	1	2	2
144	3	3	3	3
145	3	1	3	2
146	1	1	3	1
147	3	2	2	2
148	5	3	2	2
149	5	4	1	1
150	2	2	4	4
151	1	1	3	3
152	1	1	1	1
153	1	1	1	1
154	5	4	2	3
155	3	2	1	1
156	1	1	1	1

Survey Number	6a	6b	6c	6d
157	3	1	4	1
158	1	1	5	5
159	3	1	1	1
160	1	1	1	2
161	3	3	2	2
162	1	4	4	5
163	4	4	4	
164	1	1	2	1
165	4	4	3	3
166	5	5	1	1
167	4	4	3	3
168	4	3	3	3
169	1	1	1	1
170	4	4	3	3
171	3	2	4	5
172	3	4	3	3
173	1	2	1	1
174	5	3	3	3
175	5	2	1	1
176	5	4	2	1
177	4	4	2	2
178	5	3	1	1
179	1	1	1	1
180	3	3	3	2
181	1	2	4	3
182	4	4	2	2
183	2	3	4	1
184	5	4	3	1
185	3	3	3	3
186	3	3	2	2
187	3	1	1	1
188	4	2	4	4
189	3	1	3	1
190	2	2	2	2
191	5	5	1	1
192	1	1	1	1
193	2	1	2	2
194	4	1	3	2
195	4	4	2	2
196	3	3	3	2
197	1	3	1	1
198	2	2	3	3
199	n/a	n/a	n/a	n/a
200	4	5	5	5
201	1	1	4	4
202	1	1	1	1
203	2	3	4	4
204	5	1	1	2
205	3	3	1	1
206	4	3	2	1
207	2	2	1	1
208	3	1	4	3
209	3	1	2	2
210	3	5	3	3
211	5	2	2	3
212	3	2	2	2
213	3	3	2	2
214	2	2	5	5
215	5	2	3	3
216	2	1	3	3
217	5	4	3	3
218	1	2	1	1
219	2	2	2	2
220	3	3	3	2
221	5	4	3	4
222	2	2	5	4
223	2	2	5	4
224	1	2	3	3
225	2	3	4	4
226	5	2	2	2
227	3	2	2	2
228	1	1	3	1
229	5	3	4	3
230	4	1	4	4
231	2	2	4	4
232	5	1	3	1
233	2	4	4	1
234	3	3	2	2
235	5	5	5	4
236	2	2	3	4
237	2	1	1	1
238	1	1	1	1
239	1	1	3	2
240	1	1	4	3
241	5	5	5	5
242	1	2	3	4
243	4	2	2	2
244	3	3	2	2
245	4	2	3	3
246	4	3	2	1
247	1	1	3	3
248	n/a	2	1	1
249	5	5	1	1
250	4	1	1	1
251	1	4	1	1
252	3	3	4	n/a
253	4	2	3	2
254	4	3	3	3
255	4	3	1	1
256	4	2	2	2
257	5	1	2	1
258	1	1	4	2
259				1
260	3	3	2	2
261	1	2	5	5
262	5	4	4	2
263				
264	5	1	4	3
265	1	2	1	1
266	5	5	3	n/a
267	5	2	1	1
268	2	3	2	1
269	3	1	3	3
270	3	1	1	1
271	4	4	2	2
272	1	1	2	1
273	4	3	2	2
274	5	5	2	3
275	4	3	3	3
276	1	1	3	2
277	3	3	2	1
278	4	3	n/a	n/a
279	1	2	4	2
280	2	2	4	3
281	4	2	4	3
282	2	3	3	2
283	1	2	4	2
284	3	3	2	1
285	1	1	4	2
286	3	4	2	2
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292	2	2	2	3
293	1	1	3	3
294	2	3	1	1
295	2	2	1	2
296	1	1	1	1
297	1	2	5	5
298	2	3	3	3
299	1	1	1	1
300	1	1	1	1
301	4	4	2	2
302	2	1	3	2
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304	5	5	5	4
305	5	3	3	2
306	2	2	4	
307	5	4	3	3
308	5	4	2	2
309	3	2	3	2
310	1	2	1	1
311	3	2	3	3
312	5	4	2	2

Section 7 – RHNd's Employee Development

7a. RHNd provides ample initial training

7b. RHNd provides as much ongoing training as I need

7c. RHNd provides enough information to enable me to do my job well

Survey Number	7a	7b	7c
1	4	2	3
2	5	5	5
3	4	4	4
4	3	3	3
5	3	3	3
6	5	5	5
7	5	5	5
8	5	3	4
9	3	2	3
10	4	4	5
11	1	1	4
12	3	3	5
13	n/a	n/a	n/a
14	3	4	3
15	2	5	3
16	5	5	4
17	3	3	4
18	5	5	5
19	4	3	2
20	4	4	4
21	1	3	3
22	2	2	2
23	3	3	3
24	1	1	1
25	5	5	5
26	3	3	4
27	5	5	5
28	5	5	5
29	1	1	1
30	2	2	2
31	3	4	3
32	4	3	4
33	n/a	n/a	n/a
34	4	4	4
35	3	4	4
36	3	3	3
37	2	1	1
38	1	4	4
39	4	4	4
40	5	5	5
41	1	1	2
42	3	3	2
43	2	2	1
44	5	4	2
45	4	5	4
46	3	4	2
47	5	5	4
48	2	2	4
49	3	3	3
50	2	3	4
51	4	5	5
52	3	3	3
53	5	3	4
54	3	4	4
55	3	3	4
56	4	4	3
57	5	5	5
58	4	2	3
59	3	3	3
60	5	5	5
61	4	4	4
62	4	4	3
63	4	4	4
64	5	5	5
65	5	5	5
66	3	4	4
67	3	2	1
68	2	3	2
69	4	4	4
70	5	3	3
71	2	4	3
72	5	5	5
73	5	5	5
74	4	5	4
75	5	5	5
76	4	3	4
77	1	1	3
78	4	4	5
79	2	3	2
80	3	3	3
81	4	4	4
82	4	4	4
83	5	5	5
84	2	2	3
85	4	4	4
86	4	5	4
87	2	2	2
88	3	3	3
89	3	3	3
90	3	3	3
91	5	5	5
92	4	2	3
93	1	1	3
94	2	2	4
95	5	5	3
96	5	5	5
97	5	5	5
98	4	4	4
99	3	3	3
100	5	5	5
101	2	3	3
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103	4	4	4
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105	5	5	5
106	4	4	4
107	5	5	5
108	4	4	4
109	5	5	5
110	4	4	4
111	3	3	3
112	4	4	4
113	4	4	4
114	4	3	3
115	5	5	5
116	3	3	1
117	4	2	3
118	5	4	4
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121	3	3	2
122	4	2	4
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125	5	5	5
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134	5	5	5
135	5	2	3
136	3	4	3
137	4	3	2
138	4	3	2
139	5	5	4
140	1	1	2
141	4	5	4
142	4	2	3
143	4	3	3
144	4	4	4
145	4	2	3
146	4	4	5
147	4	4	4
148	5	5	4
149	2	3	4
150	5	5	5
151	4	4	4
152			4
153	4	4	5
154	4	3	3
155	4	4	3
156	5	5	5

Survey Number	7a	7b	7c
157	4	4	4
158	5	5	5
159	4	3	4
160	5	5	1
161	5	4	5
162	5	5	5
163	3	2	3
164	2	1	1
165	5	5	5
166	2	2	1
167	5	5	5
168	5	5	5
169	3	1	2
170	4	4	3
171	5	5	5
172	4	4	4
173	1	2	2
174	4	5	4
175	3	1	2
176	5	2	4
177	3	3	3
178	2	2	1
179	4	4	3
180	3	3	3
181	4	1	3
182	2	2	2
183	4	5	4
184	2	5	3
185	4	4	5
186	3	3	3
187	3	3	3
188	5	5	5
189	5	5	4
190	5	4	2
191	1	2	2
192	5	2	4
193	4	4	3
194	4	3	3
195	5	5	4
196	4	5	4
197	4	4	5
198	4	4	4
199	n/a	n/a	n/a
200	5	5	5
201	5	5	5
202	5	5	5
203	3	3	4
204	5	5	5
205	1	1	1
206	4	4	4
207	3	4	4
208	3	2	2

Survey Number	7a	7b	7c
209	5	3	3
210	5	4	4
211	5	5	2
212	n/a	n/a	n/a
213	4	4	4
214	5	5	5
215	5	4	4
216	4	4	3
217	4	2	4
218	3	3	3
219	2	2	1
220	3	3	3
221	3	4	4
222	5	5	5
223	5	4	5
224	2	2	2
225	4	4	4
226	3	4	4
227	3	3	1
228	n/a	5	5
229	2	2	3
230	2	5	5
231	4	4	4
232	3	2	3
233	5	5	5
234	4	4	4
235	5	5	5
236	2	3	4
237	4	4	4
238	1	1	1
239	5	5	5
240	4	4	5
241	5	5	5
242	3	n/a	4
243	2	2	3
244	2	3	2
245		3	
246	2	2	4
247	3	3	3
248	n/a	n/a	2
249	4	3	2
250	1	1	1
251	3	3	4
252	4	4	4
253	3	4	4
254	4	4	5
255	4	4	4
256	4	3	3
257	2	4	5
258	4	3	4
259	5	5	
260	3	4	4

Survey Number	7a	7b	7c
261	5	5	5
262	5	5	4
263	5	5	3
264	4	4	4
265	3	4	4
266	4	n/a	3
267	2	2	3
268	2	3	3
269	4	4	3
270	5	5	5
271	3	4	4
272	3	3	3
273	3	3	3
274	n/a	n/a	n/a
275	3	5	5
276	4	4	4
277	3	4	4
278	4	4	n/a
279	4	4	4
280	5	5	4
281	3	4	4
282	5	5	5
283	4	3	3
284	4	4	4
285	4	3	3
286	3	4	4
287	5	4	4
288	5	4	5
289	4	2	2
290	4	4	4
291	4	4	4
292	3	3	3
293	5	5	5
294	4	3	3
295	4	3	2
296	5	5	5
297	1	5	5
298	5	5	5
299	5	5	3
300	4	4	4
301	3	3	3
302	4	3	4
303	3	3	4
304	4	5	3
305	3	3	4
306	4	4	5
307	5	4	5
308	2	2	2
309	4	3	4
310	4	4	4
311	3	3	4
312	4	4	3

Section 8 – Specifically, I am Satisfied with the...

    8a. Amount of annual leave

    8b. Sick leave policy

    8c. Occupation Health service

    8d. Staff pension scheme

    8e. Provision of meal facilities

    8f. Uniforms provided

    8g. Changing facilities

    8h. Rest facilities

    8i. Hours of work

    8j. Amount of pay

    8k. Traveling time to RHNd

    8l. If resident, accommodations provided

Survey Number	8a	8b	8c	8d	8e	8f	8g	8h	8i	8j	8k	8l
1	5	5	5	5	2	n/a	1	2	4	4	4	n/a
2	4	4	5	5	2	4	1	1	4	4	4	n/a
3	5	n/a	3	3	3	n/a	n/a	n/a	3	3	5	n/a
4	4	1	2	2	1	1	1	1	3	2	1	n/a
5	3	2	2	3	2	2	3	1	3	2	3	n/a
6	5	3	5	n/a	1	5	1	1	5	3	n/a	1
7	5	5	5	5	3	3	3	3	5	5	5	5
8	1	5	3	3	1	1	2	4	5	2	1	5
9	3	1	2	3	1	2	3	1	4	2	2	n/a
10	4	4	5	5	3	4	4	5	5	4	5	n/a
11	2	1	3	3	2	3	2	1	3	1	1	n/a
12	1	1	1	2	1	3	1	1	2	1	3	1
13	n/a	n/a	n/a	3	3	n/a	n/a	n/a	n/a	1	n/a	n/a
14	5	4	5	4	1	5	1	1	4	1	4	3
15	5	2	5	3	5	3	3	3	5	1	5	3
16	5	2	3	3	2	3	1	1	4	1	3	n/a
17	3	3	4	3	1	3	3	2	4	3	3	3
18	5	4	5	4	3	1	1	3	5	1	5	n/a
19	3	3	3	5	1	3	n/a	1	2	3	4	n/a
20	4	4	3	n/a	2	n/a	3	3	4	3	5	n/a
21	4	4	1	4	2	4	1	1	4	4	4	n/a
22	2	4	4	n/a	n/a	n/a	n/a	n/a	4	1	4	n/a
23	4	4	3	4	4	n/a	n/a	n/a	3	1	4	n/a
24	5	5	5	5	1	3	1	2	5	5	1	1
25	5	5	5	5	2	4	2	1	3	3	5	n/a
26	4	4	3	3	2	3	3	2	4	3	3	n/a
27	5	4	5	5	3	4	5	1	5	5	5	n/a
28	5	5	5	5	4	5	4	5	5	5	5	n/a
29	1	2	1	1	1	1	1	1	1	1	1	1
30	3	2	4	3	2	3	2	2	3	2	2	n/a
31	2	3	2	3	4	3	3	2	4	3	4	n/a
32	4	4	5	4	3	3	4	3	4	3	5	4
33	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
34	4	4	3	n/a	2	3	2	1	4	3	4	n/a
35	4	4	3	4	2	4	3	1	5	2	5	n/a
36	3	3	4	4	2	3	3	3	2	2	2	n/a
37	5	3	3	3	3	3	3	3	3	3	3	3
38	4	1	1	3	1	3	1	1	1	3	1	n/a
39	4	3	4	3	3	4	3	2	4	2	n/a	4
40	5	5	5	5	2	5	1	1	5	5	5	5
41	4	1	4	n/a	1	5	1	1	3	1	1	n/a
42	4	4	4	4	1	2	2	2	4	4	3	n/a
43	5	5	3		3	4	2		4	3	1	
44	5	4	4	4	2	4	1	1	4	4	1	
45	2	4	4	4	1	n/a	n/a	1	4	4	4	n/a
46	3	3	3	n/a	4	3	4	3	3	3	n/a	n/a
47	5	5	5	5	2	5	3	3	5	5	2	2
48	1	2	4	1	1	2	1	1	4	1	3	2
49	4	4	3	4	2	3	2	1	3	3	4	n/a
50	4	2	5	2	4	4	4	3	4	3	5	2
51	5	4	2	5	2	5	1	1	5	3	5	n/a
52	1	2	3	2	1	3	1	1	4	1	5	

Survey Number	8a	8b	8c	8d	8e	8f	8g	8h	8i	8j	8k	8l
53	5	4	3	4	3	3	1	2	4	4	5	5
54	4	4	n/a	3	4	n/a	n/a	n/a	4	2	5	n/a
55	3	3	3	3	1	3	3	3	4	2	2	
56	4	4	4	4	3	3	n/a	3	3	3	3	n/a
57	4	5	3	3	2	5	2	2	3	3	2	
58	5	4	3	5	1	1	1	2	5	5	3	
59	5	2	3	5	1	4	1	1	5	5	2	
60	5	n/a	5	5	5	n/a	5	5	n/a	5		
61	3	3	3	3	3				4	3	4	
62	5	2	3	4	3	n/a	n/a	3	3	3	3	n/a
63	1	3	3	4	1	1	2	1	3	1	5	3
64	5	3	5	4	3	4	2	2	5	4	3	4
65	5	5	5	5	5	5	4	3	5	5	5	n/a
66	4	4	4	5	4	4	4	4	4	2		
67	2	1	3	5	1	2	1	1	1	1	3	3
68	3	3	3	NA	3	3	2	2	2	3	4	na
69	4	5	5	5	1	4	1	1	3	3	1	na
70	2	2	4	4	3	1	1	1	2	2	3	na
71	5	5	5	5	1	5	1	1	3	1	1	5
72	5	5	5	5	1	5	1	1	1	1	1	5
73	5	5	4	5	4	5	4	5	5	1	4	3
74	4	4	4	4	4	4	3	3	4	3	4	4
75	5	4	5	5	3	4	1	1	4	4	3	na
76	1	3	2	4	3	5	4	2	4	1	5	4
77	5	5	5	4	1	5	1	1	3	1	1	5
78	4	5	4	2	4	5	4	4	4	1	4	na
79	3	3	3	2	1	1	4	2	3	1	5	na
80	4	4	3	3	1	3	2	1	4	3	4	na
81	5	5	5	3	5	5	5	5	5	2	5	na
82	4	4	4	4	3	na	na	na	4	4	4	na
83	5	5	5	5	1	5	1	1	5	5	5	na
84	1	3	3	3	3	2	3	3	2	1	3	na
85	5	4	4	5	4	na	na	1	5	5	5	4
86	4	4	4	4	4	4	4	1	5	4	4	4
87	3	3	3	3	3	3			1	1	2	
88	4	4	4	4	3	3	2	2	3	3	3	3
89	4	3	1	3	4			2	4	3	3	
90	2	3	3	3	4	n\a	n\a	n\a	4	2	4	
91	5	4	5	5		5	4	5	5	4	5	4
92	4	3	4	4	2	2	2	1	3	3	4	
93	5	5	1	3	1	1	3	1	3	4	3	n\a
94	4	3	3	3	1	4	1	1	3	3	3	
95			4		1	1	1	1	3	1	4	
96	5	4	4	4	4	4	2	3	4	4	3	n/a
97	5	5	5	5		3		3	5	5	n/a	n/a
98	4	4	4	4	3	4	3	1	4	4	4	
99	4	4	4	4	1	4	2	2	3	3	3	2
100	5	4	5	5	5	5	3	2	4	4	1	n/a
101	4	4	2	3	2	n/a	3	3	5	3	4	n/a
102	5	5	5	5	1	4	1	1	5	1	5	2
103	3	3	4	3	3	3	2	2	4	3	3	n/a
104	1	3	4	4	3	3	3	1	2	1	3	n/a

Survey Number	8a	8b	8c	8d	8e	8f	8g	8h	8i	8j	8k	8l
105	5	5	5	5	5	5	n/a	n/a	5	5	n/a	5
106	1	2	3	n/a	3	2	2	3	4	1	3	n/a
107	5	5	5	5	1	5	1	3	2	1	4	4
108	3	3	3	4	1	1	2	1	3	2	2	2
109	5	3	5	n/a	4	4	3	1	5	2	2	2
110	4	2	2	4	1	3	1	1	3	3	3	n/a
111	3	n/a	2	2	3	n/a	n/a	n/a	4	2	3	n/a
112	1	3	3	2	2	4	1	1	4	4	3	n/a
113	5	5	4	5	4	4	4	4	4	4	3	n/a
114	4	4	4	5	4	2	2	2	4	4	4	n/a
115	2	3	3	5	2	3	1	1	1	1	1	3
116	4	2	1	4	1	2	2	1	3	3	2	1
117	4	4	4	4	2	n/a	n/a	2	2	4	4	3
118	4	3	4	3	4	4	2	2	4	3	4	n/a
119	4	3	3	4	3	4	1	1	5	3	4	n/a
120	3	1	3	3	1	4	1	1	5	3	3	n/a
121	3	3	3	3	3	5	1	1	n/a	3	3	n/a
122	4	3	3	3	4	3	3	4	4	2	5	4
123	4	4	4	4	4	4	4	3	4	2	3	n/a
124	4	3	4	4	3	4	1	1	4	4	4	n/a
125	5	5	3	n/a	3	5	3	3	5	2	4	n/a
126	5	5	3	5	n/a	n/a	n/a	n/a	4	5	3	n/a
127	5	5	4	5	2	5	5	2	5	3	3	n/a
128	1	1	3	5	1	5	1	3	5	1	1	4
129	4	3	1	5	1	3	1	1	5	1	5	5
130	4	4	4	3	3	4	2	2	4	1	4	n/a
131	5	3	4	4	3	4	3	1	5	4	5	5
132	5	4	4	4	2	4	2	2	4	2	3	3
133	3	3	n/a	4	3	3	2	3	5	4	3	n/a
134	5	5	5	5	3	2	2	2	5	5	5	n/a
135	4	3	1	5	4	n/a	n/a	1	4	3	2	n/a
136	4	4	3	4	3	3	2	2	2	4	4	n/a
137	5	5	5	5	3	4	2	2	4	3	3	n/a
138	5	4	3	5	2	5	1	1	5	2	1	n/a
139	5	1	4	5	1	5	3	1	5	3	3	n/a
140	5	5	5	5	1	3	1	1	4	3	3	n/a
141	2	3	3	2	1	n/a	n/a	1	4	2	5	n/a
142	4	2	4	4	2	3	2	2	4	3	3	n/a
143	3	1	4	4	2	3	3	2	2	2	3	n/a
144	4	5	4	4	4	4	1	3	4	4	4	n/a
145	3	2	4	4	3	2	1	1	4	1	3	n/a
146	4	2	5	4	5	5	5	5	5	4	5	n/a
147	4	5	4	4	3	2	3	3	4	3	4	n/a
148	5	5	5	5	4	n/a	n/a	n/a	5	4	5	n/a
149	1	5	3	5	4	4	5	2	5	2	3	n/a
150	1	1	2		1	5	5	1	5	4	5	
151	2	2	3	4	1	1	1	1	1	1	1	n/a
152	5	5	5	4		3	3	1	5	3	2	n/a
153	4	1	2	5	5	5	1	1	1	1	1	4
154	5	5	5	3	2	5	2	2	5	3	5	n/a
155	3	3	3	3	4	1	3	1	4	3	5	1
156	5	n/a	5	n/a	4	1	1	1	4	1	2	n/a

Survey Number	8a	8b	8c	8d	8e	8f	8g	8h	8i	8j	8k	8l
157	4	4	4	1	3	n/a	n/a	2	4	5	4	n/a
158	5	5	5	5		5	1	1	5	4	5	
159	4	4	4	4	3	n/a	n/a	3	3	2	4	n/a
160	5	5	5	5	5	5	5	5	5	3	5	5
161	5	5	5	5	1		2	1	5	3	5	2
162	4	3	4	4	3	5	1	1	4	3	1	4
163	4	3	3	3	3	3			4	3		
164	3	3	2	3	1	2	1	1	1	1	1	2
165	5	4	5	5	1	4	3	1	5	2	5	n/a
166	5	5	3	3	3	1	1	3	1	1	5	n/a
167	5	5	5	5	5	5	5	5	5	5	3	
168	4	4	3	3	5	n/a	n/a	n/a	4	3	3	
169	4	2	3	3	1	4	1	1	3	1	1	4
170	1	2	2	2	2	2	3	1	2	1	3	1
171	5	2	5	5	3	4	3	4	5	5	5	4
172	1	4	4	4	4	4	4	2	4	3	5	
173	4	1	5	2	1	1	1	1	4	4	4	n/a
174	4	4	5	5	4	n/a	n/a	2	3	5	5	n/a
175	5	4	3	5	1	n/a	1	1	5	3	5	
176	2	1	3	3	2	n/a	n/a	1	5	1	5	1
177	2	2	2	2	2	1	2	2	4	3	5	n/a
178	2	2	3	5	1	4	3	1	5	5	4	
179	4	3	1	5	1	3	1	1	5	1	5	5
180	4	4	4	5	4	4	2	2	4	1	3	3
181	5	3	5	1	4	5	5	3	3	5	3	n/a
182	4					4			1	1	1	
183	5	3	3	5	3	3	1	1	3	3	4	
184	5	5	5	5	5			1	5	5	3	
185	4	2	4	4	4	4	5	3	4	2	3	4
186	3	2	2	2	2	3	3	1	3	3	2	4
187	2	4	4	4	4	n/a	n/a	n/a	3	2	4	n/a
188	4	4	4	2	2	3	2	2	4	1	4	n/a
189	5	5	5	5	1	2	1	1	4	4	3	n/a
190	2	4	5	5	2	1	1	1	4	4	4	n/a
191	4	1	3	4	3	2	2	2	4	n/a	3	n/a
192	5	1	1	5	1	3	1	2	1	1	1	n/a
193	n/a	n/a		4	n/a	3	4	4	2	2	3	5 n/a
194	4	2	3	4	4	n/a	n/a	4	4	4	4	n/a
195	5	5	5	5	5	n/a	n/a	2	4	4	4	n/a
196	5	4	5	4	3	4	4	4	5	4	5	n/a
197	5	3	5	5	1	5	1	1	5	4	5	n/a
198	4	4	3	4	2	4	1	1	4	3	4	n/a
199	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
200	4	4	4	4	2	5	3	3	5	3	3	4
201	5	5	5	5	3	5	2	2	5	3	4	3
202	5	4	4	4	5	5	4	1	5	1	5	5
203	5	5	4	4	2	4	3	1	4	4	2	n/a
204	4	4	5	4	3	n/a	n/a	1	5	3	n/a	n/a
205	5	1	3	5	1	5	5	1	5	4	1	n/a
206	5	5	5	5	3	5	1	1	5	3	4	n/a
207	4	3	3	4	4	n/a	1	1	4	4	4	n/a
208	4	4	4	4	3	n/a	n/a	n/a	4	4	4	n/a

Survey Number	8a	8b	8c	8d	8e	8f	8g	8h	8i	8j	8k	8l
209	5	4	4	4	1	3	1	1	3	3	3	n/a
210	4	4	4	4	4	5	5	3	4	3	4	3
211	2	5	5	2	2	5	1	1	5	5	5	n/a
212	4	n/a	3	3	4	4	3	1	4	4	3	n/a
213	4	2	4	3	3	3	3	3	3	3	4	n/a
214	4	5	5	5	4	5	5	5	5	4	5	n/a
215	5	5	3	5	2	n/a	n/a	1	3	4	3	n/a
216	5	4	3	5	3	5	1	1	4	4	n/a	n/a
217	4	4	4	4	4	4	4	3	4	2	4	n/a
218	3	2	3	n/a	2	3	4	1	4	1	n/a	2
219	3	3	1	3	2	4	4	1	2	2	2	n/a
220	3	3	3	3	3	n/a	n/a	3	3	3	3	n/a
221	4	4	4	4	4	4	3	3	4	3	3	n/a
222	5	5	5	4	5	5	5	5	5	3	3	5
223	5	5	5	5	4	5	4	3	5	5	4	n/a
224	4	2	2	3	2	2	1	1	4	2	2	3
225	5	5	5	5	4	4	4	1	5	2	4	n/a
226	2	3	n/a	4	1	n/a	n/a	3	3	2	1	n/a
227	3	3	3	3	2	2	3	2	3	2	3	n/a
228	1	1	n/a	n/a	1	1	1	1	5	1	5	5
229	5	5	5	5	5	n/a	n/a	3	5	5	5	n/a
230	4	4	4	4	3	5	4	4	5	3	5	1
231	5	5	5	n/a	3	5	5	4	5	4	4	n/a
232	4	4	4	4	4	3	2	2	4	4	4	n/a
233	4	4	4	4	n/a	5	n/a	n/a	5	1	1	n/a
234	1	2	2	3	2	2	3	1	3	1	4	n/a
235	5	5	5	5	5	5	5	1	5	4	4	n/a
236	4	4	3	5	4	2	3	4	2	3	2	3
237	3	n/a	3	4	1	4	2	1	3	2	4	n/a
238	1	1	1	1	1	1	1	1	1	1	1	1
239	5	5	5	5	1	4	1	1	1	2	2	n/a
240	3	3	3	4	3	3	1	1	3	2	2	n/a
241	4	4	5	4	3	5	4	4	5	4	5	5
242	5	5	5	5	2	5	4	1	3	3	3	n/a
243	4	4	3	4	3	3	3	3	4	4	2	n/a
244	4	3	3	3	3	3	3	3	4	2	1	3
245	5	5	4	5	5				5	5		
246	3	3	3	n/a	3	1	1	1	3	2	2	n/a
247	4	4	4	3	3	2	2	2	3	3	4	n/a
248	2	1	2	5	1	2	2	1	3	3	n/a	n/a
249	1	1	3	3	2	5	1	1	1	1	1	n/a
250	4	3	3	3	n/a	n/a	n/a	n/a	3	3	5	n/a
251	4	2	2	4	1	1	1	1	5	1	1	n/a
252	5	4	4	5	5	5	4	3	5	5	4	n/a
253	4	4	4	4	3	4	3	3	4	3	2	n/a
254	4	4	3	3	5	3	3	3	5	3	5	n/a
255	5	2	3	1	1	5	2	2	5	5	5	n/a
256	4	3	4	4	n/a	n/a	n/a	5	4	2	5	
257	5	5	3	3	1	3	3	3	5	5	5	n/a
258	4	2	4	3	4	4	4	4	4	2	4	3
259	1	4	5	5	3	5	5	5	5	4	1	
260	4	4	4	2	2	4	4	2	5	4	3	n/a

Survey Number	8a	8b	8c	8d	8e	8f	8g	8h	8i	8j	8k	8l
261	5	5	5	5	3	5	2	2	5	n/a	4	4
262	5	4	5	5	4	5	1	1	5	4	3	n/a
263	5	n/a	n/a	5	5	n/a	n/a	n/a	5	3	3	n/a
264	4	4	4	4	2	n/a	n/a	4	4	2	4	n/a
265	5	5	4	5	1	2	1	1	1	2	5	n/a
266	4	n/a	n/a	4	n/a	n/a	n/a	n/a	4	4	4	n/a
267	4	4	3	3	3	4	4	4	3	3	5	3
268	n/a	n/a	n/a	n/a	5	5	5	n/a	n/a	n/a	n/a	n/a
269	3	3	3	3	1	4	4	4	4	3	3	4
270	5	5	3	5	1	5	1	1	5	3	4	5
271	4	3	4	4	3	3	2	2	4	3	5	n/a
272	5	2	3	4	n/a	4	n/a	n/a	3	3	3	n/a
273	3	2	2	3	3	n/a	1	1	3	3	3	n/a
274	4	4	3	1	3	n/a	n/a	n/a	4	4	4	n/a
275	4	4	4	5	2	4	2	1	5	1	4	n/a
276	3	3	3	3	3	3	2	1	2	1	1	2
277	5	5	3	3	2	3	4	2	5	3	5	n/a
278	3	3	3	3	3	3	1	1	3	3	3	n/a
279	1	4	3	3	1	5	3	1	3	3	2	n/a
280	1	3	3	1	3	3	1	1	3	3	1	n/a
281	4	3	3	2	3	n/a	1	1	2	1	5	2
282	5	1	3	4	1	1	1	1	5	3	5	3
283	5	1	3	4	3	5	1	1	3	1	3	2
284	4	4	2	3	3	4	3	4	5	4	5	3
285	5	1	3	4	3	5	1	1	3	1	5	5
286	4	5	4	3	2	3	3	2	5	4	2	3
287	5	5	5	5	2	2	2	2	5	1	2	5
288	5	4	3	5	3	5	3	3	5	4	4	3
289	4	4	4	4	4	1	1	2	3	1	3	n/a
290	4	4	4	5	5	4	4	4	5	3	4	n/a
291	4	4	4	4	4	n/a	n/a	4	4	4	4	4
292	4	4	4	4	3	4	1	1	4	1	3	n/a
293	5	5	5	5	2	4	2	1	2	2	3	5
294	5	5	5	5	2	2	1	1	4	4	3	
295	3	3		2	1	3	1	1	1	2	3	
296	5	4	2		1	1	1	1	5	1	3	
297	5	5		5	5	5	3	1	5	5	4	5
298	5	5	5	5	1	5	1	3	5	5	3	3
299	3	5	5	5	3	3	1	1	2	1	5	
300	4	5	3	4	2	4	3	2	3	1	n/a	3
301	1	3	3	2	2	1	1	1	1	1	4	2
302	5	4	5	4	2	3	2	2	4	3	n/a	3
303	5	5	2	3	2	2		4	5	5	3	n/a
304	5	5	5	5	4	5	3	1	4	3	5	5
305	2	3	3	n/a	3	n/a	n/a	n/a	4	4	4	n/a
306	5	1	5	5	5	5	3	4	5	4	3	n/a
307	4	4	4	5	5	4	4	5	5	4	5	n/a
308	3	3	3	3	2	n/a	n/a	n/a	4	2	2	n/a
309	4	4	4	4	3	n/a	n/a	n/a	3	3	3	
310	4	3	2	n/a	2	4	1	1	2	4	4	n/a
311	2	3	3	4	3	3	4	4	3	3	4	3
312	n/a	n/a	n/a	n/a	3	n/a	n/a	n/a	4	4	1	n/a

Section 9 – Overall Satisfaction

    9a. Overall, how satisfied are you with RHNd as an employer?

Survey Number	9a		Survey Number	9a		Survey Number	9a
1	3		53	4		105	5
2	5		54	3		106	4
3	4		55	5		107	4
4	2		56	3		108	2
5	3		57	5		109	3
6	3		58	3		110	2
7	5		59	1		111	4
8	3		60			112	2
9	1		61	4		113	5
10			62	3		114	5
11	2		63	2		115	
12	1		64	4		116	2
13	3		65	4		117	3
14	4		66	4		118	4
15	5		67	3		119	4
16	3		68	3		120	3
17	3		69	4		121	4
18	2		70	3		122	4
19	3		71	3		123	3
20	4		72			124	3
21	4		73	5		125	4
22	3		74	4		126	4
23	4		75	5		127	3
24	5		76	3		128	
25	3		77	1		129	3
26	3		78	4		130	3
27	4		79	3		131	3
28	5		80	4		132	4
29	1		81	3		133	4
30	3		82	4		134	5
31	3		83	3		135	4
32	4		84	3		136	4
33	4		85	4		137	2
34	3		86	3		138	2
35	4		87	3		139	1
36	3		88	3		140	2
37	3		89	2		141	3
38	3		90	3		142	4
39	4		91	5		143	3
40	n/a		92	3		144	4
41	3		93	2		145	3
42	3		94	3		146	5
43	2		95	2		147	3
44	2		96	5		148	4
45	3		97	4		149	3
46	4		98	4		150	4
47	5		99	4		151	3
48	1		100	5		152	4
49	2		101	2		153	3
50	3		102	3		154	4
51	4		103			155	3
52	3		104	3		156	n/a

Survey Number	9a	Survey Number	9a	Survey Number	9a
157	4	209	2	261	5
158	5	210	3	262	5
159	3	211	3	263	5
160	1	212	3	264	4
161	4	213	4	265	2
162	5	214	5	266	5
163	3	215	4	267	3
164	2	216	4	268	3
165	4	217	4	269	4
166	2	218	1	270	3
167	4	219	3	271	4
168	5	220	4	272	3
169	3	221	3	273	2
170	3	222	4	274	3
171	5	223	4	275	4
172	3	224	3	276	3
173	2	225	3	277	3
174	4	226	4	278	3
175	3	227	3	279	4
176	3	228	3	280	2
177	4	229	4	281	4
178	3	230	4	282	4
179	3	231	4	283	3
180	3	232	3	284	4
181	4	233	3	285	3
182	4	234	3	286	5
183	3	235	4	287	3
184	4	236	4	288	4
185	4	237	2	289	3
186	3	238	1	290	3
187	2	239	3	291	4
188	4	240	4	292	3
189	3	241	4	293	4
190	3	242	3	294	5
191	2	243	3	295	2
192	1	244	3	296	3
193	2	245	5	297	
194	3	246	3	298	3
195	5	247	4	299	3
196	4	248	2	300	3
197	1	249	2	301	2
198	4	250	2	302	3
199	3	251	3	303	3
200	4	252	5	304	5
201	5	253	4	305	2
202	3	254	4	306	
203	5	255	3	307	5
204	2	256	3	308	4
205	2	257	4	309	3
206	3	258	3	310	3
207	3	259	5	311	3
208	4	260	4	312	4

10 Appendix D – Survey Data Correlations

This appendix shows the correlations between certain sections of the employee satisfaction survey. The sample size for the correlations is broken down into three categories: all respondents, clinical respondents, and non-clinical respondents. Each one of these categories has three different correlations.

The first correlation is that of the section average vs. overall satisfaction. Here, we calculated the average response for each section of questions in the survey for each employee and compared it to that employee's satisfaction. The second correlation is the individual questions vs. their section totals. This correlation shows how an individual question influences the overall response for its section. The third correlation shows how each question compares with an employee's overall satisfaction.

In each of the nine correlations, the r-value shows how correlated the data is for the sample population. When the r-value is close to one, the data is positively correlated, and when it is close to negative one, the data is negatively correlated. Zero means no correlation. CL max and CL min show a range above and below the r-value. There is a 99.7% chance that the r-value for the entire population is within that range.

Non-Clinical Correlations

Section Avg. vs. Overall Satisfaction	r value	CL min	CL max
1. Communication and Planning vs. Overall Satisfaction	0.524652	0.27	0.78
2. Personal Role vs. Overall Satisfaction	0.63361	0.42	0.84
3. Work Environment vs. Overall Satisfaction	0.621016	0.41	0.84
4. Line Manager Relations vs. Overall Satisfaction	0.272617	-0.05	0.60
5. Individual Satisfaction vs. Overall Satisfaction	0.536242	0.29	0.78
6. Work Demands vs. Overall Satisfaction	0.574929	0.34	0.81
7. Employee Development vs. Overall Satisfaction	0.526249	0.27	0.78
8. Specific Policies vs. Overall Satisfaction	0.528455	0.28	0.78

Clinical Correlations

Section Avg. vs. Overall Satisfaction	r value	CL min	CL max
1. Communication and Planning vs. Overall Satisfaction	0.39771	0.21	0.59
2. Personal Role vs. Overall Satisfaction	0.503042	0.33	0.67
3. Work Environment vs. Overall Satisfaction	0.547765	0.39	0.71
4. Line Manager Relations vs. Overall Satisfaction	0.373518	0.18	0.57
5. Individual Satisfaction vs. Overall Satisfaction	0.361	0.16	0.56
6. Work Demands vs. Overall Satisfaction	0.406434	0.22	0.60
7. Employee Development vs. Overall Satisfaction	-0.130179	-0.35	0.09
8. Specific Policies vs. Overall Satisfaction	0.471799	0.30	0.65

Overall Correlations

Section Avg. vs. Overall Satisfaction	r value	CL min	CL max
1. Communication and Planning vs. Overall Satisfaction	0.460875	0.33	0.59
2. Personal Role vs. Overall Satisfaction	0.600355	0.49	0.71
3. Work Environment vs. Overall Satisfaction	0.623137	0.52	0.73
4. Line Manager Relations vs. Overall Satisfaction	0.356698	0.21	0.50
5. Individual Satisfaction vs. Overall Satisfaction	0.351577	0.20	0.50
6. Work Demands vs. Overall Satisfaction	0.7468	0.67	0.82
7. Employee Development vs. Overall Satisfaction	0.357888	0.21	0.51
8. Specific Policies vs. Overall Satisfaction	0.482862	0.35	0.61

Non-Clinical Correlations			
Questions vs. Section Totals	**r value**	**CL min**	**CL max**
Long-term strategy vs. Communication and Planning Total	0.776568	0.64	0.91
Leadership vs. Communication and Planning Total	0.797526	0.67	0.92
Planning/objectives vs. Communication and Planning Total	0.796384	0.67	0.92
Planning process vs. Communication and Planning Total	0.729458	0.57	0.89
I like my work vs. Personal Role Total	0.537043	0.29	0.79
Job security vs. Personal Role Total	0.76749	0.62	0.91
Physical conditions vs. Personal Role Total	0.728686	0.57	0.89
Contribute to mission vs. Personal Role Total	0.724004	0.56	0.89
Teamwork vs. Personal Role Total	0.821987	0.71	0.94
Value vs. Personal Role Total	0.784863	0.65	0.92
Pride vs. Personal Role Total	0.803911	0.68	0.93
Communication vs. Work Environment Total	0.779245	0.64	0.92
Trust vs. Work Environment Total	0.786139	0.65	0.92
Treatment vs. Work Environment Total	0.830354	0.72	0.94
Recognition vs. Work Environment Total	0.871035	0.79	0.96
Quality as a priority vs. Work Environment Total	0.825231	0.71	0.94
Cooperation vs. Work Environment Total	0.82924	0.72	0.94
Employee Relationships vs. Work Environment Total	0.565154	0.33	0.80
Fair treatment vs. Line Manager Relations Total	0.847187	0.75	0.95
Respect vs. Line Manager Relations Total	0.828612	0.72	0.94
Handling issues vs. Line Manager Relations Total	0.8919	0.82	0.96
Personal issues vs. Line Manager Relations Total	0.835534	0.73	0.94
Work advice vs. Line Manager Relations Total	0.678714	0.49	0.87
Commend work vs. Line Manager Relations Total	0.870814	0.79	0.96
Asking for input vs. Line Manager Relations Total	0.762924	0.62	0.91
Daily satisfaction vs. Individual Satisfaction Total	0.587261	0.36	0.82
Helping others vs. Individual Satisfaction Total	0.515695	0.26	0.77
Positive feedback vs. Individual Satisfaction Total	0.485309	0.22	0.75
Patient appreciation vs. Individual Satisfaction Total	0.801719	0.68	0.93
Patient bonding vs. Individual Satisfaction Total	0.828413	0.72	0.94
Patient needs vs. Individual Satisfaction Total	0.642132	0.44	0.85
Physical demands vs. Work Demands Total	0.599587	0.38	0.82
Stress levels vs. Work Demands Total	0.593453	0.37	0.82
Stress concern vs. Work Demands Total	0.70755	0.53	0.88
Coping strategies vs. Work Demands Total	0.627648	0.42	0.84
Initial training vs. Employee Development Total	0.898895	0.83	0.97
Ongoing training vs. Employee Development Total	0.93769	0.90	0.98
Ample information vs. Employee Development Total	0.738071	0.58	0.90
Annual leave vs. Specific Policies Total	0.508959	0.25	0.77
Sick leave vs. Specific Policies Total	0.525111	0.27	0.78
Occupational health vs. Specific Policies Total	0.674826	0.48	0.86
Staff pension vs. Specific Policies Total	0.581282	0.35	0.81
Meal facilities vs. Specific Policies Total	0.46651	0.19	0.74
Uniforms vs. Specific Policies Total	0.452291	0.17	0.73
Changing facilities vs. Specific Policies Total	0.590477	0.36	0.82
Rest facilities vs. Specific Policies Total	0.685106	0.50	0.87
Work hours vs. Specific Policies Total	0.496242	0.23	0.76
Amount of pay vs. Specific Policies Total	0.639228	0.43	0.85
Travel time vs. Specific Policies Total	0.432461	0.15	0.72
Accommodations vs. Specific Policies Total	0.251136	-0.08	0.58

Clinical Correlations

Questions vs. Section Totals	r value	CL min	CL max
Long-term strategy vs. Communication and Planning Total	0.764611	0.67	0.86
Leadership vs. Communication and Planning Total	0.860559	0.80	0.92
Planning/objectives vs. Communication and Planning Total	0.836909	0.77	0.90
Planning process vs. Communication and Planning Total	0.665468	0.54	0.79
I like my work vs. Personal Role Total	0.438137	0.26	0.62
Job security vs. Personal Role Total	0.535284	0.37	0.70
Physical conditions vs. Personal Role Total	0.64574	0.51	0.78
Contribute to mission vs. Personal Role Total	0.758515	0.66	0.85
Teamwork vs. Personal Role Total	0.751509	0.65	0.85
Value vs. Personal Role Total	0.785972	0.70	0.87
Pride vs. Personal Role Total	0.700387	0.59	0.82
Communication vs. Work Environment Total	0.76044	0.67	0.86
Trust vs. Work Environment Total	0.80452	0.72	0.88
Treatment vs. Work Environment Total	0.816934	0.74	0.89
Recognition vs. Work Environment Total	0.800414	0.72	0.88
Quality as a priority vs. Work Environment Total	0.729575	0.62	0.84
Cooperation vs. Work Environment Total	0.819057	0.74	0.89
Employee Relationships vs. Work Environment Total	0.573837	0.42	0.73
Fair treatment vs. Line Manager Relations Total	0.867923	0.81	0.92
Respect vs. Line Manager Relations Total	0.889625	0.84	0.94
Handling issues vs. Line Manager Relations Total	0.91227	0.87	0.95
Personal issues vs. Line Manager Relations Total	0.90247	0.86	0.94
Work advice vs. Line Manager Relations Total	0.719877	0.61	0.83
Commend work vs. Line Manager Relations Total	0.796498	0.71	0.88
Asking for input vs. Line Manager Relations Total	0.83594	0.77	0.90
Daily satisfaction vs. Individual Satisfaction Total	0.585107	0.44	0.73
Helping others vs. Individual Satisfaction Total	0.558293	0.40	0.71
Positive feedback vs. Individual Satisfaction Total	0.535173	0.37	0.70
Patient appreciation vs. Individual Satisfaction Total	0.677701	0.56	0.80
Patient bonding vs. Individual Satisfaction Total	0.707347	0.59	0.82
Patient needs vs. Individual Satisfaction Total	0.543965	0.38	0.70
Physical demands vs. Work Demands Total	0.612262	0.47	0.75
Stress levels vs. Work Demands Total	0.632591	0.50	0.77
Stress concern vs. Work Demands Total	0.523044	0.36	0.69
Coping strategies vs. Work Demands Total	0.679929	0.56	0.80
Initial training vs. Employee Development Total	0.853926	0.79	0.92
Ongoing training vs. Employee Development Total	0.847073	0.78	0.91
Ample information vs. Employee Development Total	0.663291	0.54	0.79
Annual leave vs. Specific Policies Total	0.536248	0.38	0.70
Sick leave vs. Specific Policies Total	0.65975	0.53	0.79
Occupational health vs. Specific Policies Total	0.617302	0.48	0.76
Staff pension vs. Specific Policies Total	0.459189	0.28	0.64
Meal facilities vs. Specific Policies Total	0.408029	0.22	0.60
Uniforms vs. Specific Policies Total	0.509911	0.34	0.68
Changing facilities vs. Specific Policies Total	0.428432	0.24	0.61
Rest facilities vs. Specific Policies Total	0.512247	0.35	0.68
Work hours vs. Specific Policies Total	0.399173	0.21	0.59
Amount of pay vs. Specific Policies Total	0.445014	0.26	0.63
Travel time vs. Specific Policies Total	0.498612	0.33	0.67
Accommodations vs. Specific Policies Total	0.507396	0.34	0.68

Overall Correlations			
Questions vs. Section Totals	**r value**	**CL min**	**CL max**
Long-term strategy vs. Communication and Planning Total	0.751196	0.68	0.83
Leadership vs. Communication and Planning Total	0.821018	0.77	0.88
Planning/objectives vs. Communication and Planning Total	0.784412	0.72	0.85
Planning process vs. Communication and Planning Total	0.658511	0.56	0.75
I like my work vs. Personal Role Total	0.605336	0.50	0.71
Job security vs. Personal Role Total	0.599648	0.49	0.71
Physical conditions vs. Personal Role Total	0.681621	0.59	0.77
Contribute to rnission vs. Personal Role Total	0.736225	0.66	0.81
Teamwork vs. Personal Role Total	0.781954	0.72	0.85
Value vs. Personal Role Total	0.760587	0.69	0.83
Pride vs. Personal Role Total	0.756392	0.68	0.83
Communication vs. Work Environment Total	0.782621	0.72	0.85
Trust vs. Work Environment Total	0.80305	0.74	0.86
Treatment vs. Work Environment Total	0.826301	0.77	0.88
Recognition vs. Work Environment Total	0.796113	0.73	0.86
Quality as a priority vs. Work Environment Total	0.739058	0.66	0.82
Cooperation vs. Work Environment Total	0.795387	0.73	0.86
Employee Relationships vs. Work Environment Total	0.574547	0.46	0.69
Fair treatment vs. Line Manager Relations Total	0.848644	0.80	0.90
Respect vs. Line Manager Relations Total	0.863573	0.82	0.91
Handling issues vs. Line Manager Relations Total	0.882303	0.84	0.92
Personal issues vs. Line Manager Relations Total	0.859502	0.82	0.90
Work advice vs. Line Manager Relations Total	0.732914	0.65	0.81
Commend work vs. Line Manager Relations Total	0.809986	0.75	0.87
Asking for input vs. Line Manager Relations Total	0.791638	0.73	0.86
Daily satisfaction vs. Individual Satisfaction Total	0.478247	0.35	0.61
Helping others vs. Individual Satisfaction Total	0.51923	0.40	0.64
Positive feedback vs. Individual Satisfaction Total	0.451168	0.32	0.59
Patient appreciation vs. Individual Satisfaction Total	0.686516	0.60	0.78
Patient bonding vs. Individual Satisfaction Total	0.69897	0.61	0.79
Patient needs vs. Individual Satisfaction Total	0.62056	0.52	0.72
Physical demands vs. Work Demands Total	0.624512	0.52	0.73
Stress levels vs. Work Demands Total	0.598727	0.49	0.71
Stress concern vs. Work Demands Total	0.533261	0.41	0.65
Coping strategies vs. Work Demands Total	0.677107	0.59	0.77
Initial training vs. Employee Development Total	0.869458	0.83	0.91
Ongoing training vs. Employee Development Total	0.880803	0.84	0.92
Ample information vs. Employee Development Total	0.706133	0.62	0.79
Annual leave vs. Specific Policies Total	0.53903	0.42	0.66
Sick leave vs. Specific Policies Total	0.617203	0.51	0.72
Occupational health vs. Specific Policies Total	0.649351	0.55	0.75
Staff pension vs. Specific Policies Total	0.503859	0.38	0.63
Meal facilities vs. Specific Policies Total	0.452859	0.32	0.59
Uniforms vs. Specific Policies Total	0.526118	0.40	0.65
Changing facilities vs. Specific Policies Total	0.504414	0.38	0.63
Rest facilities vs. Specific Policies Total	0.578171	0.47	0.69
Work hours vs. Specific Policies Total	0.433209	0.30	0.57
Amount of pay vs. Specific Policies Total	0.463893	0.33	0.60
Travel time vs. Specific Policies Total	0.469674	0.34	0.60
Accommodations vs. Specific Policies Total	0.513929	0.39	0.64

Non-Clinical Correlations			
Questions vs. Overall Satisfation	**r value**	**CL min**	**CL max**
Long-term strategy vs. Overall Satisfaction	0.455945	0.18	0.73
Leadership vs. Overall Satisfaction	0.468126	0.20	0.74
Planning/objectives vs. Overall Satisfaction	0.318579	0.01	0.63
Planning process vs. Overall Satisfaction	0.320974	0.01	0.63
I like my work vs. Overall Satisfaction	0.429427	0.14	0.71
Job security vs. Overall Satisfaction	0.413163	0.12	0.70
Physical conditions vs. Overall Satisfaction	0.440059	0.16	0.72
Contribute to mission vs. Overall Satisfaction	0.46881	0.20	0.74
Teamwork vs. Overall Satisfaction	0.520811	0.27	0.77
Value vs. Overall Satisfaction	0.441749	0.16	0.72
Pride vs. Overall Satisfaction	0.581827	0.35	0.81
Communication vs. Overall Satisfaction	0.436473	0.15	0.72
Trust vs. Overall Satisfaction	0.476736	0.21	0.75
Treatment vs. Overall Satisfaction	0.475053	0.21	0.75
Recognition vs. Overall Satisfaction	0.553338	0.31	0.80
Quality as a priority vs. Overall Satisfaction	0.523403	0.27	0.78
Cooperation vs. Overall Satisfaction	0.605443	0.38	0.83
Employee Relationships vs. Overall Satisfaction	0.415159	0.13	0.70
Fair treatment vs. Overall Satisfaction	0.225151	-0.11	0.56
Respect vs. Overall Satisfaction	0.287879	-0.03	0.61
Handling issues vs. Overall Satisfaction	0.124623	-0.22	0.47
Personal issues vs. Overall Satisfaction	0.344711	0.04	0.65
Work advice vs. Overall Satisfaction	0.08736	-0.26	0.43
Commend work vs. Overall Satisfaction	0.239207	-0.09	0.57
Asking for input vs. Overall Satisfaction	0.25064	-0.08	0.58
Daily satisfaction vs. Overall Satisfaction	0.649015	0.45	0.85
Helping others vs. Overall Satisfaction	0.257734	-0.07	0.58
Positive feedback vs. Overall Satisfaction	0.471783	0.20	0.74
Patient appreciation vs. Overall Satisfaction	0.317647	0.00	0.63
Patient bonding vs. Overall Satisfaction	0.372577	0.07	0.67
Patient needs vs. Overall Satisfaction	0.256096	-0.07	0.58
Physical demands vs. Overall Satisfaction	0.044446	-0.30	0.39
Stress levels vs. Overall Satisfaction	0.056418	-0.29	0.40
Stress concern vs. Overall Satisfaction	0.660563	0.46	0.86
Coping strategies vs. Overall Satisfaction	0.64888	0.45	0.85
Initial training vs. Overall Satisfaction	0.502037	0.24	0.76
Ongoing training vs. Overall Satisfaction	0.528051	0.28	0.78
Ample information vs. Overall Satisfaction	0.413276	0.12	0.70
Annual leave vs. Overall Satisfaction	0.301946	-0.02	0.62
Sick leave vs. Overall Satisfaction	0.318538	0.01	0.63
Occupational health vs. Overall Satisfaction	0.435416	0.15	0.72
Staff pension vs. Overall Satisfaction	0.361615	0.06	0.66
Meal facilities vs. Overall Satisfaction	0.357291	0.05	0.66
Uniforms vs. Overall Satisfaction	0.306539	-0.01	0.62
Changing facilities vs. Overall Satisfaction	0.25817	-0.07	0.58
Rest facilities vs. Overall Satisfaction	0.291245	-0.03	0.61
Work hours vs. Overall Satisfaction	0.289816	-0.03	0.61
Amount of pay vs. Overall Satisfaction	0.440753	0.16	0.72
Travel time vs. Overall Satisfaction	0.183683	-0.15	0.52
Accommodations vs. Overall Satisfaction	0.292509	-0.03	0.61

Clinical Correlations			
Questions vs. Overall Satisfation	**r value**	**CL min**	**CL max**
Long-term strategy vs. Overall Satisfaction	0.206846	-0.01	0.42
Leadership vs. Overall Satisfaction	0.426878	0.24	0.61
Planning/objectives vs. Overall Satisfaction	0.353606	0.16	0.55
Planning process vs. Overall Satisfaction	0.275872	0.07	0.48
I like my work vs. Overall Satisfaction	0.217256	0.00	0.43
Job security vs. Overall Satisfaction	0.233794	0.02	0.45
Physical conditions vs. Overall Satisfaction	0.324201	0.12	0.53
Contribute to mission vs. Overall Satisfaction	0.374886	0.18	0.57
Teamwork vs. Overall Satisfaction	0.480958	0.31	0.65
Value vs. Overall Satisfaction	0.438562	0.26	0.62
Pride vs. Overall Satisfaction	0.491857	0.32	0.66
Communication vs. Overall Satisfaction	0.464815	0.29	0.64
Trust vs. Overall Satisfaction	0.46354	0.29	0.64
Treatment vs. Overall Satisfaction	0.533525	0.37	0.70
Recognition vs. Overall Satisfaction	0.4788	0.30	0.65
Quality as a priority vs. Overall Satisfaction	0.309429	0.10	0.51
Cooperation vs. Overall Satisfaction	0.456961	0.28	0.64
Employee Relationships vs. Overall Satisfaction	0.348473	0.15	0.55
Fair treatment vs. Overall Satisfaction	0.216139	0.00	0.43
Respect vs. Overall Satisfaction	0.259536	0.05	0.47
Handling issues vs. Overall Satisfaction	0.283346	0.08	0.49
Personal issues vs. Overall Satisfaction	0.271938	0.06	0.48
Work advice vs. Overall Satisfaction	0.143289	-0.08	0.36
Commend work vs. Overall Satisfaction	0.242685	0.03	0.46
Asking for input vs. Overall Satisfaction	0.244067	0.03	0.46
Daily satisfaction vs. Overall Satisfaction	0.525596	0.36	0.69
Helping others vs. Overall Satisfaction	0.049662	-0.18	0.28
Positive feedback vs. Overall Satisfaction	0.473119	0.30	0.65
Patient appreciation vs. Overall Satisfaction	0.03153	-0.19	0.26
Patient bonding vs. Overall Satisfaction	-0.02901	-0.25	0.20
Patient needs vs. Overall Satisfaction	0.016689	-0.21	0.24
Physical demands vs. Overall Satisfaction	0.098157	-0.13	0.32
Stress levels vs. Overall Satisfaction	0.184814	-0.03	0.40
Stress concern vs. Overall Satisfaction	0.355937	0.16	0.55
Coping strategies vs. Overall Satisfaction	0.43876	0.26	0.62
Initial training vs. Overall Satisfaction	0.130443	-0.09	0.35
Ongoing training vs. Overall Satisfaction	0.33318	0.13	0.53
Ample information vs. Overall Satisfaction	0.335112	0.13	0.54
Annual leave vs. Overall Satisfaction	0.276842	0.07	0.49
Sick leave vs. Overall Satisfaction	0.320252	0.12	0.52
Occupational health vs. Overall Satisfaction	0.206158	-0.01	0.42
Staff pension vs. Overall Satisfaction	0.097416	-0.13	0.32
Meal facilities vs. Overall Satisfaction	0.231632	0.02	0.45
Uniforms vs. Overall Satisfaction	0.186698	-0.03	0.40
Changing facilities vs. Overall Satisfaction	0.251146	0.04	0.46
Rest facilities vs. Overall Satisfaction	0.177214	-0.04	0.40
Work hours vs. Overall Satisfaction	0.31032	0.11	0.51
Amount of pay vs. Overall Satisfaction	0.308627	0.10	0.51
Travel time vs. Overall Satisfaction	0.37006	0.17	0.57
Accommodations vs. Overall Satisfaction	0.200667	-0.02	0.42

Overall Correlations			
Questions vs. Overall Satisfation	**r value**	**CL min**	**CL max**
Long-term strategy vs. Overall Satisfaction	0.297319	0.14	0.45
Leadership vs. Overall Satisfaction	0.48052	0.35	0.61
Planning/objectives vs. Overall Satisfaction	0.358523	0.21	0.51
Planning process vs. Overall Satisfaction	0.327853	0.18	0.48
I like my work vs. Overall Satisfaction	0.320864	0.17	0.47
Job security vs. Overall Satisfaction	0.310047	0.16	0.46
Physical conditions vs. Overall Satisfaction	0.383781	0.24	0.53
Contribute to mission vs. Overall Satisfaction	0.440448	0.30	0.58
Teamwork vs. Overall Satisfaction	0.521489	0.40	0.65
Value vs. Overall Satisfaction	0.489861	0.36	0.62
Pride vs. Overall Satisfaction	0.554963	0.44	0.67
Communication vs. Overall Satisfaction	0.489761	0.36	0.62
Trust vs. Overall Satisfaction	0.502475	0.38	0.63
Treatment vs. Overall Satisfaction	0.576682	0.46	0.69
Recognition vs. Overall Satisfaction	0.53766	0.42	0.66
Quality as a priority vs. Overall Satisfaction	0.401508	0.26	0.54
Cooperation vs. Overall Satisfaction	0.504568	0.38	0.63
Employee Relationships vs. Overall Satisfaction	0.399974	0.26	0.54
Fair treatment vs. Overall Satisfaction	0.29248	0.14	0.45
Respect vs. Overall Satisfaction	0.33889	0.19	0.49
Handling issues vs. Overall Satisfaction	0.325591	0.17	0.48
Personal issues vs. Overall Satisfaction	0.353717	0.21	0.50
Work advice vs. Overall Satisfaction	0.235396	0.07	0.40
Commend work vs. Overall Satisfaction	0.337252	0.19	0.49
Asking for input vs. Overall Satisfaction	0.305476	0.15	0.46
Daily satisfaction vs. Overall Satisfaction	0.582906	0.47	0.70
Helping others vs. Overall Satisfaction	0.130829	-0.04	0.30
Positive feedback vs. Overall Satisfaction	0.451809	0.32	0.59
Patient appreciation vs. Overall Satisfaction	0.044523	-0.12	0.21
Patient bonding vs. Overall Satisfaction	-0.012789	-0.18	0.16
Patient needs vs. Overall Satisfaction	0.022941	-0.15	0.19
Physical demands vs. Overall Satisfaction	0.181832	0.02	0.35
Stress levels vs. Overall Satisfaction	0.154547	-0.01	0.32
Stress concern vs. Overall Satisfaction	0.462331	0.33	0.60
Coping strategies vs. Overall Satisfaction	0.532184	0.41	0.65
Initial training vs. Overall Satisfaction	0.253359	0.09	0.41
Ongoing training vs. Overall Satisfaction	0.356648	0.21	0.50
Ample information vs. Overall Satisfaction	0.35952	0.21	0.51
Annual leave vs. Overall Satisfaction	0.26823	0.11	0.43
Sick leave vs. Overall Satisfaction	0.35584	0.21	0.50
Occupational health vs. Overall Satisfaction	0.265793	0.11	0.42
Staff pension vs. Overall Satisfaction	0.20051	0.04	0.36
Meal facilities vs. Overall Satisfaction	0.320411	0.17	0.47
Uniforms vs. Overall Satisfaction	0.233796	0.07	0.39
Changing facilities vs. Overall Satisfaction	0.288167	0.13	0.44
Rest facilities vs. Overall Satisfaction	0.261564	0.10	0.42
Work hours vs. Overall Satisfaction	0.310403	0.16	0.46
Amount of pay vs. Overall Satisfaction	0.352682	0.20	0.50
Travel time vs. Overall Satisfaction	0.257485	0.10	0.42
Accommodations vs. Overall Satisfaction	0.219754	0.06	0.38

11 Appendix E - Correlation of Hypotheses

Hypotheses

We tested the following hypotheses to determine if there were correlations in specific areas based on similar hypotheses found in the IIP report.

1. Employees who believe that they can trust what the RHNd tells them feel valued at the RHNd.

2. Employees who believe that there is cooperation at the RHNd do not experience high levels of stress at work.

3. Employees who feel that their line manager treats them fairly have confidence in the leadership of the RHNd.

4. Employees who feel that the RHNd communicates to them effectively are proud to work for the RHNd.

5. Employees who are satisfied after a day of work.

6. Employees who feel that the RHNd provides them with as much ongoing training as they need believe that quality is a top priority at the RHNd.

7. Employees who feel that their work is recognized by the RHNd also feel that they are contributing to the RHNd mission statement

Correlations

Correlations			
Comparison from Hypothesis	r value	CL min	CL max
1. Trust vs. Value	0.54	0.42	0.66
2. Cooperation vs. Stress	0.11	-0.06	0.28
3. LM Treatment vs. Confidence	0.30	0.15	0.46
4. Effective Communication vs. Pride	0.53	0.41	0.65
5. Positive Feedback vs. Daily Satisfaction	0.54	0.42	0.66
6. Training vs. Quality	0.45	0.32	0.59
7. Recognition vs. Contribution	0.48	0.35	0.61

12 Appendix F – Response Breakdowns

This appendix focuses on response breakdowns. The following charts show the percentages of people who gave a particular answer (1 – 5) for each question. The "Other" category describes those questions that were either left blank or marked not applicable. Lastly, the average answer to each question is given. Appendix C shows the actual questions from the survey.

Overall Response Breakdown

Question	1	2	3	4	5	Other	Average
1a	12.09%	19.61%	28.10%	23.53%	14.05%	2.61%	3.08
1b	13.07%	19.61%	35.62%	19.93%	9.80%	1.96%	2.94
1c	9.48%	24.84%	34.97%	17.32%	9.15%	4.25%	2.91
1d	33.01%	24.18%	18.63%	12.42%	7.19%	4.58%	2.34
2a	2.61%	2.29%	14.71%	28.76%	50.65%	0.98%	4.24
2b	7.19%	12.09%	26.14%	26.47%	25.82%	2.29%	3.53
2c	8.82%	9.48%	24.18%	32.03%	24.18%	1.31%	3.54
2d	5.88%	9.48%	19.28%	33.01%	29.74%	2.61%	3.73
2e	9.48%	9.15%	23.53%	27.12%	29.09%	1.63%	3.58
2f	15.69%	15.69%	25.82%	21.24%	20.26%	1.31%	3.15
2g	5.56%	6.54%	26.14%	30.07%	30.39%	1.31%	3.74
3a	14.71%	19.93%	31.70%	22.88%	8.17%	2.61%	2.90
3b	12.75%	21.57%	34.31%	21.57%	7.19%	2.61%	2.89
3c	16.67%	14.38%	27.78%	25.16%	13.40%	2.61%	3.04
3d	15.03%	17.32%	31.37%	19.61%	13.40%	3.27%	2.99
3e	6.86%	20.26%	30.39%	24.51%	15.36%	2.61%	3.22
3f	13.07%	21.57%	34.31%	19.93%	8.17%	2.94%	2.88
3g	3.27%	4.90%	21.90%	33.99%	34.31%	1.63%	3.93
4a	6.54%	6.86%	14.71%	24.84%	45.43%	1.63%	3.97
4b	5.88%	9.15%	11.76%	26.47%	44.77%	1.96%	3.97
4c	6.86%	8.82%	16.67%	26.14%	38.56%	2.94%	3.83
4d	7.52%	9.48%	16.99%	21.57%	38.89%	5.56%	3.79
4e	4.90%	8.50%	23.86%	27.12%	31.70%	3.92%	3.75
4f	6.21%	10.46%	16.99%	28.43%	35.62%	2.29%	3.79
4g	13.73%	12.09%	15.36%	23.86%	32.35%	2.61%	3.50
5a	6.21%	10.13%	24.51%	38.24%	17.65%	3.27%	3.53
5b	0.00%	0.98%	7.19%	29.09%	61.11%	1.63%	4.53
5c	7.19%	17.65%	30.07%	28.10%	14.71%	2.29%	3.26
5d	2.29%	6.54%	16.01%	31.05%	37.26%	6.86%	4.01
5e	2.61%	6.54%	17.65%	30.07%	37.26%	5.88%	3.99
5f	1.31%	0.65%	7.19%	24.84%	61.11%	4.90%	4.51
6a	14.05%	15.69%	18.63%	13.40%	19.93%	18.30%	3.12
6b	8.17%	15.69%	21.57%	23.20%	29.09%	2.29%	3.51
6c	23.20%	23.53%	23.20%	15.69%	12.09%	2.29%	2.69
6d	31.37%	28.10%	20.59%	10.13%	6.54%	3.27%	2.30
7a	9.80%	12.75%	20.26%	29.41%	23.86%	3.92%	3.47
7b	4.58%	9.48%	18.30%	25.49%	23.20%	18.95%	3.66
7c	5.23%	11.11%	23.20%	33.01%	24.18%	3.27%	3.62
8a	7.19%	6.86%	14.38%	33.99%	35.29%	2.29%	3.85
8b	8.17%	10.78%	21.57%	29.74%	24.84%	4.90%	3.55
8c	4.90%	7.84%	27.12%	26.80%	28.43%	4.90%	3.69
8d	2.94%	6.54%	21.90%	29.74%	30.39%	8.50%	3.85
8e	19.93%	19.28%	27.78%	16.99%	11.11%	4.90%	2.79
8f	6.54%	9.15%	21.57%	23.20%	23.86%	15.69%	3.58
8g	31.05%	14.38%	20.92%	11.76%	6.54%	15.36%	2.39
8h	40.20%	16.67%	15.69%	9.48%	6.86%	11.11%	2.17
8i	9.80%	7.84%	16.67%	30.72%	29.41%	5.56%	3.66
8j	24.18%	16.01%	28.76%	17.32%	9.80%	3.92%	2.71
8k	10.78%	8.50%	25.16%	25.82%	23.53%	6.21%	3.46
8l	7.52%	6.21%	11.76%	7.84%	8.17%	58.50%	3.07
9a	4.58%	11.76%	36.60%	29.09%	14.05%	3.92%	3.38
10a	10.78%	14.05%	13.40%	16.99%	42.16%	2.61%	3.67
11a	6.86%	10.13%	18.63%	27.12%	18.95%	18.30%	3.50
13a	12.42%	8.82%	18.63%	17.97%	24.51%	17.65%	3.40
14a	0.00%	27.12%	18.63%	29.74%	5.88%	18.63%	3.18
15a	22.55%	61.11%				16.34%	
16a	39.87%	38.89%				21.24%	

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Non-clinical Response Breakdown

Question	1	2	3	4	5	Other	Average
1a	9.46%	21.62%	27.03%	32.43%	9.46%	0.00%	3.11
1b	2.70%	21.62%	36.49%	31.08%	8.11%	0.00%	3.20
1c	4.05%	25.68%	37.84%	17.57%	13.51%	1.35%	3.07
1d	32.43%	18.92%	22.97%	18.92%	6.76%	0.00%	2.49
2a	1.35%	1.35%	21.62%	22.97%	52.70%	0.00%	4.24
2b	8.11%	9.46%	27.03%	35.14%	20.27%	0.00%	3.50
2c	1.35%	8.11%	24.32%	41.89%	24.32%	0.00%	3.80
2d	5.41%	4.05%	22.97%	37.84%	29.73%	0.00%	3.82
2e	6.76%	8.11%	25.68%	35.14%	24.32%	0.00%	3.62
2f	4.05%	13.51%	33.78%	28.38%	20.27%	0.00%	3.47
2g	4.05%	4.05%	29.73%	24.32%	37.84%	0.00%	3.88
3a	6.76%	16.22%	36.49%	32.43%	8.11%	0.00%	3.19
3b	8.11%	17.57%	35.14%	31.08%	8.11%	0.00%	3.14
3c	8.11%	12.16%	28.38%	32.43%	18.92%	0.00%	3.42
3d	8.11%	16.22%	29.73%	29.73%	14.86%	1.35%	3.23
3e	5.41%	18.92%	33.78%	31.08%	10.81%	0.00%	3.23
3f	9.46%	24.32%	28.38%	27.03%	8.11%	2.70%	2.92
3g	1.35%	4.05%	14.86%	41.89%	37.84%	0.00%	4.11
4a	1.35%	9.46%	12.16%	35.14%	41.89%	0.00%	4.07
4b	2.70%	9.46%	16.22%	29.73%	41.89%	0.00%	3.99
4c	1.35%	14.86%	18.92%	25.68%	39.19%	0.00%	3.86
4d	4.05%	14.86%	13.51%	21.62%	44.59%	1.35%	3.84
4e	0.00%	9.46%	25.68%	33.78%	31.08%	0.00%	3.86
4f	2.70%	10.81%	17.57%	31.08%	37.84%	0.00%	3.91
4g	12.16%	13.51%	21.62%	22.97%	29.73%	0.00%	3.45
5a	2.70%	4.05%	32.43%	39.19%	21.62%	0.00%	3.73
5b	0.00%	1.35%	13.51%	28.38%	56.76%	0.00%	4.41
5c	6.76%	20.27%	31.08%	22.97%	18.92%	0.00%	3.27
5d	5.41%	6.76%	14.86%	32.43%	33.78%	6.76%	3.62
5e	8.11%	13.51%	18.92%	28.38%	25.68%	5.41%	3.34
5f	2.70%	1.35%	14.86%	31.08%	44.59%	5.41%	3.97
6a	27.03%	35.14%	21.62%	10.81%	5.41%	0.00%	2.32
6b	6.76%	25.68%	22.97%	29.73%	14.86%	0.00%	3.20
6c	20.27%	18.92%	31.08%	22.97%	6.76%	0.00%	2.77
6d	27.03%	21.62%	27.03%	14.86%	6.76%	2.70%	2.45
7a	4.05%	10.81%	25.68%	37.84%	21.62%	0.00%	3.62
7b	6.76%	14.86%	20.27%	39.19%	18.92%	0.00%	3.49
7c	4.05%	8.11%	29.73%	43.24%	14.86%	0.00%	3.57
8a	5.41%	4.05%	14.86%	44.59%	31.08%	0.00%	3.92
8b	5.41%	5.41%	22.97%	43.24%	18.92%	4.05%	3.53
8c	1.35%	6.76%	39.19%	33.78%	18.92%	0.00%	3.62
8d	1.35%	5.41%	27.03%	24.32%	31.08%	10.81%	3.46
8e	17.57%	22.97%	29.73%	20.27%	8.11%	1.35%	2.74
8f	8.11%	2.70%	22.97%	20.27%	20.27%	25.68%	2.65
8g	14.86%	16.22%	22.97%	16.22%	8.11%	21.62%	2.22
8h	31.08%	20.27%	17.57%	12.16%	8.11%	10.81%	2.14
8i	4.05%	5.41%	22.97%	45.95%	21.62%	0.00%	3.76
8j	13.51%	8.11%	39.19%	28.38%	9.46%	1.35%	3.08
8k	5.41%	10.81%	16.22%	33.78%	28.38%	5.41%	3.53
8l	1.35%	2.70%	8.11%	6.76%	2.70%	78.38%	0.72
9a	0.00%	9.46%	32.43%	40.54%	17.57%	0.00%	3.66
10a	6.76%	13.51%	13.51%	18.92%	47.30%	0.00%	3.86
11a	1.35%	10.81%	33.78%	32.43%	21.62%	0.00%	3.62
13a	9.46%	12.16%	24.32%	21.62%	22.97%	9.46%	3.08
14a	0.00%	22.97%	25.68%	21.62%	18.92%	10.81%	3.04
15a	33.78%	56.76%				9.46%	
16a	43.24%	43.24%				13.51%	

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Clinical Response Breakdown

Question	1	2	3	4	5	Other	Average
1a	12.50%	16.48%	29.55%	25.00%	14.20%	2.27%	3.05
1b	15.34%	18.75%	35.23%	18.18%	10.80%	1.70%	2.85
1c	10.23%	23.86%	34.09%	21.02%	7.95%	2.84%	2.84
1d	32.95%	27.27%	17.05%	11.36%	6.82%	4.55%	2.18
2a	1.70%	2.27%	12.50%	30.68%	52.27%	0.57%	4.28
2b	6.82%	11.36%	26.70%	22.73%	30.68%	1.70%	3.54
2c	8.52%	10.23%	25.00%	30.11%	25.57%	0.57%	3.52
2d	5.68%	10.80%	18.75%	34.09%	28.98%	1.70%	3.65
2e	7.95%	9.09%	23.86%	25.00%	33.52%	0.57%	3.65
2f	19.32%	15.34%	23.86%	20.45%	21.02%	0.00%	3.09
2g	3.98%	7.95%	26.14%	32.95%	28.98%	0.00%	3.75
3a	16.48%	23.86%	29.55%	21.59%	6.82%	1.70%	2.73
3b	13.07%	11.36%	35.80%	21.59%	4.55%	13.64%	2.52
3c	19.32%	13.64%	30.11%	23.86%	10.23%	2.84%	2.84
3d	17.05%	18.75%	32.95%	15.91%	13.07%	2.27%	2.82
3e	6.25%	19.89%	27.84%	25.57%	18.75%	1.70%	3.26
3f	13.64%	19.32%	36.36%	20.45%	8.52%	1.70%	2.86
3g	3.98%	3.98%	23.30%	31.82%	35.23%	1.70%	3.85
4a	6.82%	5.11%	15.34%	19.89%	51.14%	1.70%	3.98
4b	5.11%	9.09%	10.23%	22.16%	51.14%	2.27%	3.98
4c	6.82%	5.68%	16.48%	25.00%	43.18%	2.84%	3.84
4d	6.25%	7.95%	16.48%	22.16%	41.48%	5.68%	3.68
4e	4.55%	7.39%	22.73%	25.00%	36.36%	3.98%	3.69
4f	4.55%	10.80%	15.91%	27.27%	39.20%	2.27%	3.79
4g	11.93%	11.93%	13.07%	22.16%	38.07%	2.84%	3.54
5a	6.82%	11.93%	22.16%	40.34%	15.34%	3.41%	3.35
5b	0.00%	0.57%	5.68%	28.98%	63.07%	1.70%	4.49
5c	5.68%	18.18%	30.68%	30.68%	13.07%	1.70%	3.22
5d	1.70%	7.95%	15.91%	31.82%	40.34%	2.27%	3.94
5e	1.14%	4.55%	15.91%	35.23%	40.91%	2.27%	4.03
5f	1.14%	0.00%	4.55%	21.59%	71.59%	1.14%	4.59
6a	25.57%	17.05%	17.05%	11.36%	10.80%	18.18%	2.10
6b	35.23%	22.73%	21.02%	13.07%	7.39%	0.57%	2.33
6c	23.30%	24.43%	21.59%	14.20%	15.91%	0.57%	2.73
6d	33.52%	27.84%	20.45%	11.36%	6.25%	0.57%	2.27
7a	10.23%	13.64%	17.05%	29.55%	26.14%	3.41%	3.38
7b	3.41%	7.39%	19.32%	25.00%	25.00%	19.89%	3.01
7c	5.11%	10.23%	20.45%	32.95%	28.98%	2.27%	3.64
8a	7.39%	6.25%	11.93%	32.39%	40.34%	1.70%	3.87
8b	7.39%	13.64%	17.61%	28.98%	29.55%	2.84%	3.51
8c	5.68%	9.09%	23.86%	23.30%	34.09%	3.98%	3.59
8d	3.41%	6.82%	21.02%	31.82%	30.68%	6.25%	3.61
8e	19.32%	21.02%	27.27%	15.34%	13.07%	3.98%	2.70
8f	6.82%	11.36%	21.59%	26.14%	25.57%	8.52%	3.27
8g	36.93%	14.20%	20.45%	13.64%	5.11%	9.66%	2.07
8h	43.75%	17.05%	14.20%	10.80%	6.82%	7.39%	1.98
8i	11.93%	7.95%	16.48%	23.86%	35.23%	4.55%	3.49
8j	31.82%	17.05%	24.43%	14.20%	9.66%	2.84%	2.44
8k	11.36%	9.09%	27.27%	23.30%	25.00%	3.98%	3.30
8l	7.95%	6.82%	13.07%	7.95%	9.66%	54.55%	1.41
9a	4.55%	11.36%	39.77%	26.70%	13.07%	4.55%	3.19
10a	15.34%	13.64%	14.20%	15.34%	39.77%	1.70%	3.45
11a	9.66%	10.23%	31.82%	27.27%	18.75%	2.27%	3.28
13a	14.77%	7.95%	17.05%	16.48%	23.30%	20.45%	2.64
14a	0.00%	31.25%	17.61%	23.30%	7.39%	20.45%	2.45
15a	18.18%	60.80%				21.02%	
16a	35.23%	38.64%				26.14%	

13 Appendix G – Free Response Breakdown

This appendix contains a list of comments that were written in the free response area of the survey (question 12). The responses were broken down appropriately into the four major categories for recommendations: stress, communication, manager relations, and respect. Since it was a free response area, some employees chose to state more opinions than others, so the number of answers does not correspond with the sample size.

Summary of Free Response Answers	
Communication	**Stress**
Better communication	Train staff
Clearer objectives	Better changing rooms
Involve all levels in decisions	Redesign wards
Improve teamwork	Nurse status increase
Improve communications	More trainnig opportunities
Management should listen	Get adequate equipment
Improve knowledge of objectives	Improve computer system
Consult staff about decisions	Change sick policy
More direct communication	Improve staffing levels
Improve communications	Better facilities
Listen more	Larger budget for patients
Gather opinions	More staff
More listening	Add stress Management
Better relationship	More recreation
More communication	Improve working conditions
define priorities	Increase staff level
Better communication	Improve sick leave policy
More annual leave	Acknowledge stress levels
Places to relax	Improve staffing levels
More communication	More recruiting efforts
Improve interaction	Decrease workloads
Discuss issues	Encourage stress management
Be honest	Provid better equipment
Address weaknesses	Better facilities
Plan long term strategy	Lower stress levels
Listen to staff	Make more fun
Encourage decisions a lower levels	Employ qualified staff
More support	Improve staff confidence
Provide info on staff issues	Better transport
Work as a team	Improve canteen
Better communication	Add a gym
Work towards common goal	Provide break facilities
Superiors listen to staff problems	Reduce turnover
Explain patients conditions better to staff	More job security
More listening	Increase staff level
Listen to nurses	Reduce hours
Work as a team	Better training follow-up
Address staff serioulsy	More rest rooms
Use HCAs in planning	more family hours
Clarify goals	Improve facilities
Listen to staff	More staff
Improve communications	Provide rest facilities
	Common rooms
	Meals after 3pm
	More holiday
	Offer NVQ courses
	Better food
	More annual leave
	More staff
	Provide more staff
	More training
	Be flexible on breaks
	Flexible hours
	More lockable facilities
	More changing rooms
	More training
	Better Equipment
	More people friendly

Summary of Free Response Answers	
Manager Relations	**Respect**
Consistancy in approach	Add money to HCAs
Management should be seen	Encourage people
Provide professional development	Treat staff with respect
Reduce beurocracy	Improve trust
Outdated with NHS	Increase Pay
Reduce heirarchy	Lack of trust
More approachable top line staff	Improve salaries
Lack of representation	Lack of respect
More professionalism	Increase salary
Simpler management structure	Show respect
Get a new management	More advancement
Show RHNd is special	Treat HCA as humans
Improve management	Be honest
Value experience more	Trust staff
Utilize workers more efficiently	Longer term contracts
Better understanding	Increase salary
Less politics	Pay increases
Make patient care a goal	More understanding
Happier director	Care about staff not IIP
Better leadership	Treat staff with respect
	Treat staff with respect
	Increase pay
Check up work better	More respect
More proactive	Increase salary
Accommodate staff wishes	More Pay
Ask employees for suggestions	Increase pay
Change line managers	Value the work force
Reduce imbalance of power	Recognize emloyee dedication
Allow more contributions form staff	More pay
Improve line manager relations	Teat us like people
Better management	Better pension
More pro-active approach	Be accepting of difficult jobs
Back up talk with actions	Increase salary
Improve relations with line manager	Recognize and support staff
	Create a friendly atmosphere
	Be understanding
	Respect staff
	Acknowledge staff
	Be more supportive
	Increase pay

14 Appendix H- Interview Templates

Personal Interviews Template:

Introduction-

The purpose of these personal interviews is to supplement the survey data that we have obtained as well as to validate the survey results. During these personal interviews, we hope that you will express your honest opinions about the main issues of employee satisfaction at the RHNd.

This interview will focus on different aspects of employee satisfaction that were conveyed as either a strength or weakness from the survey and we are asking you to describe how this issue affects your employee satisfaction and how you would suggest alleviating these problems. Since this is a personal interview, we will also be addressing specific aspects of your own completed questionnaire that we wanted to expand further upon.

Lastly, we want to assure you that anything said in this room will remain confidential. In our report and presentation there will be no record of who participated in personal interviews and there will be no way of linking a response to a participant.

Questions:

Stress

One main concern many respondents mentioned was the overwhelming amount of stress that they experienced during a typical workday. We would like to further expand on this issue, as it is important to recognize signs of stress and prevent them before serious problems result.

Do you feel that your job here at the RHNd is overly stressful?
What can the RHNd do to help alleviate this stress?

Communication

A popular answer on the questionnaire was that the lack of communication both between departments and from "the bottom up" was a main problem at the RHNd concerning employee satisfaction. Many staff members felt that they would be more satisfied if there were better modes of communication developed at the hospital.

Have you experienced any problems communicating effectively?
What would you recommend to help the RHNd attempt to rectify this problem?

Manager Relations

Many respondents conveyed different attitudes towards their line manager and the management of the hospital as a whole. In general responses about line manager relations were positive while responses concerning overall management effectiveness was quite low.

Do you have any specific concerns with manger relations?
What do you feel management could do to improve their relationships with employees?

Respect

Another common response from the survey was that staff members often felt that they were neither valued nor respected as much as they deserve. There was also an overall feeling that staff members were not receiving as much support as they merit.

Do you feel that your position at the hospital is one that lacks respect and support from other staff members?
What do you feel the hospital can do to better convey their appreciation?

Positives

We do not want to completely focus on the negative aspects of the hospital during this interview. We are going to focus on what you particularly like about working here. This is so the hospital can make sure to continue to work on these areas to increase employee satisfaction.

What do you particularly like about working at the hospital?

Specific Issues

Examples:
In the open response section of your survey you highly stressed the issue of _____ could you elaborate on this issue?
In the section of the survey entitled 'RHNd's Employee Development' you stressed a highly dissatisfied/satisfied opinion, could you please expand on these feelings?
Finally, we would like to ask if you have any recommendations for the hospital about your own personal concerns relating employee satisfaction.

Focus Group Template:

Introduction:

This focus group is an informal discussion that will be focusing on the main concerns of people as mentioned in the questionnaire.

We will bring up a concern and we will be asking for you to describe how this issue affects your employee satisfaction and how you would suggest alleviating these problems.

Also, we ask that what is said in this room stays in this room. In our report and presentation there will be no record of who participated in this group and their will be no way of linking a response to a participant, in other words, their will be no direct quotes.

Issue One: Stress

One concern many respondents mentioned was stress.

We are concerned with how stress affects your employee satisfaction?
What can the RHNd do to help alleviate this stress?
If you don't experience stress, what do you do to cope that may benefit others?

Issue Two: Communication

A popular answer to the questionnaire was the lack of communication both between departments and from "the bottom up".

Have you experienced any of these communication problems?
How have they affected you?
What would you recommend to rectify this problem?

Issue Three: Manager Relations

Many respondents showed totally different attitudes towards their line manager and the management as a whole, but in both cases their were both positive and negative examples.

Do you have any concerns with manger relations?
What are the causes of these concerns?
What could the management do to improve this relationship?

Positives

We don't want to focus totally on the negative here though, now we are going to focus on what you particularly like about working here. This is so the hospital can make sure not to abandon these areas.

What do you particularly like about working here?
Could the hospital still improve these areas? If so, how?
What would you like to see the hospital not change?

Other Issues

At this time we would like listen to any concerns or suggestions that you may have that we didn't touch upon?

15 Appendix I - Clinical Personal Interview Responses

	Stress	Communication	Manager Relations
Employee 1	Any workplace is stressful Depends on how efficiently spend allotted time If you allow your life outside to be affected by work Stress based on relationships formed w/ patients/families Specifically, stress because always dealing w/ people	Organization hierarchical structure w/ many personalities Difficult to communicate internally w/in organization Communication levels vary from departments Communication has definitely improved	Some managers need more experience working w/ people Managers often feel they have all skills required for job Many could benefit from further training
	Recommendations Look more into occupational health resources available Ensure that employees always have someone to talk with Ensure that employees have time use resources Give more praise for a job well done	Recommendations Create internal communication strategies to pursue	Recommendations When management structure is altered ensure that the alterations are evaluated Ensure management allows employees to seek help and time can be given away from the job for this
Employee 2	Duty site managers have too many responsibilities Employees do not get enough support that they need Nurses are understaffed which may cause stress	Lines of communication need to be more open Chief Executive/Upper management close minded Hospital is trying to improve to meet IIP standard	Far too many managers w/out qualifications Managers not on the floor of hospital enough Haphazard approach of introducing employees to people at senior levels Management structure altered too much
	Recommendations Increase staffing level of nurses Decrease the responsibilities of duty sit managers on the night and weekend shifts	Recommendations Chief Executive/Senior management need to make rounds and get to know/communicate with employees	Recommendations Reduce the gap between Senior management and other workers/employees feel they do not care about wards Quote "On a good ship the captain is known to everyone"
Employee 3	Not personally, but other jobs at hospital have high levels Many employees not aware of workshops offered dealing with stress management Staffing levels are low which often causes stress	Hard to communicate through hierarchy of management Communication through different departments is difficult Takes a long time to receive response/message/memo Need to improve lines of communication in general	Fine w/in own department Managers in general need to be more open Managers adopt a defensive mode when they are confronted Management too hierarchical
	Recommendations Employees attend stress management workshops Make time for employees to get counseling if needed Look at staffing levels and recruitment Make sure workers are qualified for job being done	Recommendations Organization needs to promote communication work- shops Ensure that employees are able to leave job for training	Recommendations Managers should walk the floor and become involved Management should be reviewed/updated Management should show more support

Respect	Positives	Personal/Other
Lack of both respect and support Always getting dumped upon No one says anything positive about work well done The negativity is frustrating	Extremely talented staff members from all departments Loves working w/ patients and their relatives Amount of personal satisfaction from working w/ patient	Staff often bullied by individuals above them Difficult to speak out and trust who you talk to
Recommendations More positive feedback in departments and from manag. Increase benefits/facilities/food/pay policies Grant more leeway for staff to expand upon their own ideas/less direct monitoring		Recommendations Reduce the amount of politics in organization Tackle issues that are addressed instead of sweeping them under the carpet
Employees in department have been refereed to as 'a bunch of five year olds' Does not get any respect for the work that is done	Opportunity to do further research Working w/ patients and relatives Non-routine work days Enjoy working w/ individual from department	Facilities for staff could be improved-Gym, canteen
Recommendations Listen to staff about what they feel they can achieve Let the staffs opinions be voiced so that they feel they are important to the organization Less pressure		
Lack of respect for all lower staff members Not respected because not as qualified as some other positions at the hospital Get treated as bad as they get paid	Working w/ the patients Given opportunity for social activities- theater- that would not be able to attend otherwise	Employees all need to consider the feelings of one another more Organization needs to do more for the staff Need place to relax on break and meals
Recommendations Respect individuals regardless of job title Take all employees opinions into account Does not feel like the hospital will change w/ respect to this issue		Recommendations Build rest facilities/showers/meal facilities

	Stress	Communication	Manager Relations
Employee 4	Job stressful as a whole Shortage of staff contributes to this stress Lots of pressure placed upon individuals No counseling available for employees/patients	Position at hospital seen as bottom level even though work directly w/ patients Many other individuals feel that they do not need to communicate w/ lower staff because opinions are not important	Good relation w/ line manager Senior management does not seem concerned w/ welfare Hierarchy of management is not seen around hospital Senior management needs to learn names or employees and seem less concerned about $ and more w/ patients
	Recommendations Employee more staff where stress levels are high Develop counseling or stress management seminars for employees Use the method of teamwork to share work equally	Recommendations Ward meetings to discuss current hospital issues Learn to communicate to all levels of workers	Recommendations Become familiar w/ wards and employees
Employee 5	Different levels of stress at the hospital Indecision leads to high stress levels Job responsibilities changing too often leads to stress	Hospital wants to work as team but lacks communication Don't do as I do, do as I tell you' In order to communicate effectively all levels of staff need to be seen on the floor of the hospital	Senior management needs to be seen more on the floor Management needs to get to know all employees Stop the referring to as 'them' and 'us'
	Recommendations Recruit more qualified nurses to decrease work load Do not place as much emphasis on trivial happenings Do not let minor problems get blown out of proportion	Recommendations Include all staff opinions in major decisions Create more discussions among staff rather than formal meetings More up-front and open talking	Recommendations More qualified staff and managers Line managers should not be nursing oriented Management needs to look after staff as the staff look the patients
Employee 6	Job quite stressful Lack of support/training leads to high stress levels Individual department understaffed	Communication is good w/in ward Difficult to communicate to different departments and levels of management in the organization Easier to communicate on a one-on-one level	Managers need to be more aware and perceptive Managers do not consider their employees opinions and feelings Senior management seems to have conflict in beliefs
	Recommendations Teach staff how to work together as teams Hospital needs to be aware of types of stress and techniques to help manage them	Recommendations All departments need to work at opening their lines of communication Continue w/ neurons	Recommendations Reduce hierarchy of management Management should frequent the wards

Respect	Positives	Personal/ Others
No support outside of line manager Senior management does not show respect/appreciation Hospital always takes the side of other party (staff vs. relatives, patient, etc)	Helping and motivating patient improvements Teamwork and staff in individual ward	
Recommendations Start off by appreciating even the small aspect of work that employees accomplish by praise Listen to employees point of view more		
Position is respected but support and respect is decreasing Other jobs at the hospital deserve more support than they receive	Excellent patient care organization Enjoys how the hospital is specialized unlike others Gives tremendous insight to brain injury and makes people aware of it	Amount of pay average for nurses nationwide hospital is fair in this respect Receive good benefits and pension plans
Recommendations Management needs to come down off high horse Changes in respect can only start at the top All employees need to make an effort to support one another		
Position is respected among members of ward New ideas are not respected and appreciated Complaints about negative aspects of work and never any praise	Working directly w/ patients Seeing improvements in patients' abilities Working w/ motivated people	RHNd should try to get more up to date with guidelines of the NHS
Recommendations Increase benefits for employees- break rooms Create leeway for part time work if trying to balance work and a family		

	Stress	Communication	Manager Relations
Employee 7	Job not stressful if you know how to balance your time and resources Some clinical positions are stressful Low levels of staff contribute to stress	Good communication on individual ward Difficult to communicate w/ management and other departments in hospital Often not asked for suggestions or opinions regarding issues	Strong relationship w/ line manager No specific problems w/ senior management Does not know senior management because they never visit individual wards
	Recommendations Develop stress management seminars for staff Extra staff in wards were work loads are demanding	Recommendations Listen more to clinical staff suggestions because work directly w/ patients Learn to communicate to lower levels of staff	Recommendations Management should be seen on the floors more Get to know employees and the job positions that they hold
Employee 8	All clinical positions are stressful at hospital Stressful dealing w/ families of the patients Ward working together reduces level of stress	Never learn about decisions until they are already decided Never have a chance to voice concerns Difficult to communicate upward to higher levels of staff	Too many different levels of management Management does not seem concerned w/ staff Senior management does not make employees feel valued
	Recommendations Develop counseling sessions for relatives Recognize the high level of stress w/in clinical field Share work equally w/in departments	Recommendations Improve methods of communication so employees are not afraid to voice their opinions Make clinical staff feel that their ideas are important	Recommendations Reduce the levels of management Management needs to make an effort to convey their appreciation to staff working w/ patients

Respect	Positives	Personal/Other
Highly respected on ward Opinions and ideas respected and used on ward Clinical staff not always supported by other job positions at the hospital	High levels of patient care Enjoys working daily w/ patients and being able to help in new ways each day Enjoys working w/ individuals w/in ward	Make sure all staff are informed of major changes/ decisions made by or w/in the organization
Recommendations Understand the needs/situations of employees Treat all individuals w/ respect the way you would want to be treated		
Clinical staff lacks support at the hospital Never acknowledged for doing a good job Higher levels of staff often side w/ patients and family	Working in an environment where one can continuously help individuals Working w/ staff who genuinely care for patients	
Recommendations More positive recognition for job well done Consider the feelings of staff and respect their opinions Recognize the amount of work getting done		

16 Appendix J – Non-Clinical Personal Interview Responses

	Stress	Communication	Manager Relations
Employee 1	Any workplace is stressful Depends on how efficiently spend allotted time If you allow your life outside to be affected by work Stress based on relationships formed w/ patients/families Specifically, stress because always dealing w/ people	Organization hierarchical structure w/ many personalities Difficult to communicate internally w/in organization Communication levels vary from departments Communication has definitely improved	Some managers need more experience working w/ people Managers often feel they have all skills required for job Many could benefit from further training
	Recommendations Look more into occupational health resources available Ensure that employees always have someone to talk with Ensure that employees have time use resources Give more praise for a job well done	Recommendations Create internal communication strategies to pursue	Recommendations When management structure is altered ensure that the alterations are evaluated Ensure management allows employees to seek help and time can be given away from the job for this
Employee 2	Duty site managers have too many responsibilities Employees do not get enough support that they need Nurses are understaffed which may cause stress	Lines of communication need to be more open Chief Executive/Upper management close minded Hospital is trying to improve to meet IIP standard	Far too many managers w/out qualifications Managers not on the floor of hospital enough Haphazard approach of introducing employees to people at senior levels Management structure altered too much
	Recommendations Increase staffing level of nurses Decrease the responsibilities of duty sit managers on the night and weekend shifts	Recommendations Chief Executive/Senior management need to make rounds and get to know/communicate with employees	Recommendations Reduce the gap between Senior management and other workers/employees feel they do not care about wards Quote "On a good ship the captain is known to everyone"
Employee 3	Not personally, but other jobs at hospital have high levels Many employees not aware of workshops offered dealing with stress management Staffing levels are low which often causes stress	Hard to communicate through hierarchy of management Communication through different departments is difficult Takes a long time to receive response/message/memo Need to improve lines of communication in general	Fine w/in own department Managers in general need to be more open Managers adopt a defensive mode when they are confronted Management too hierarchical
	Recommendations Employees attend stress management workshops Make time for employees to get counseling if needed Look at staffing levels and recruitment Make sure workers are qualified for job being done	Recommendations Organization needs to promote communication work- shops Ensure that employees are able to leave job for training	Recommendations Managers should walk the floor and become involved Management should be reviewed/updated Management should show more support

Respect	Positives	Personal/Other
Staff may feel that they only get negative recognition when things go wrong Lack of positive praise	People genuinely care about the patients and their job Employees are extremely dedicated Organization continually is changing	Employees/management need to be willing to share their experiences w/ the incoming staff
Recommendations Managers should treat employees how they would like to be treated Positive feedback		
Problem for nurses and duty site managers Porters/Housekeeping never recognized	Strong spirit of staff in spite of tough working environ. Close knit wards/Support groups/Family support Enthusiasm among workers and wards Ward celebrations and social gatherings	
Recommendations Positive feedback/Slap on back for job well done "Going beyond the call of duty" Award		
All positions at the hospital lack respect Specific problems w/ nurse staff being unappreciated	Nursing has moved into higher education Diversity of job setting and those who are helped each day Able to keep a clinical link through staff relations and training	
Recommendations Communicate positive feedback and praise Organization needs to look at high quality of workers		

	Stress	Communication	Manager Relations
Employee 4	Job sometimes stressful, under staffed in department Hard to continuously train temps and have own work Stressful having extra work to complete	Communication has definitely improved Problems when trying to restructure communication Staff unaware of the process and how it is happening Too much announcements and not enough explanations	Managers need more specialized training Need to develop skills to manage employees effectively
	Recommendations Re-evaluate staffing levels in departments Appreciate the need for additional staffing	Recommendations Need to tell staff about important decisions Work at communication from junior levels upward More feedback from line managers to directors Staff briefings conducted less like lecture notes	Recommendations Need to provide a motivational drive for employees Encouragement is needed in departments/wards
Employee 5	Not as stressful as the clinical positions Sometimes overworked Nursing staff understaffed which causes stress and expected to take on too many responsibilities	Communication integral part of everyone's job Structure focused too much on top management Need channels of communication upwards and across Baseline staff needs to feed opinions/ideas upwards	None in particular pertaining to her experience Too many levels of management Directors need to have a better understand of the happenings below them
	Recommendations First step would be to recognize stress as a problem Notice employees working overtime to finish tasks Rotate bank staff to help staff/wards understaffed	Recommendations Team briefings to help communication upwards Continue distributing newsletter Establish management executives across departments	Recommendations Learn better modes of communication w/ employees
Employee 6	Job is quite stressful because constantly working to meet deadlines Stressful when have to pick up the work of others which causes work load to be problematic	Communication not a problem in department But have heard that it is an issue elsewhere in hospital Employees need to be told about situations before they are dealt w/ not just after the fact	Good relations w/ line manager Feel senior management is both effective and approachable
	Recommendations Identify the stresses of each individual job at the hospital and then expand upon these issues from there	Recommendations Continue w/ team briefings and minutes from meetings Review these w/ staff and target areas of the hospital where English is not the main language	Recommendations Management needs to let all hospital employees feel that they are concerned about individuals roles

Respect	Positives	Personal/Other
Lack of support not respect Feel work is appreciated but at the same time it is expected Other workers definitely do not receive as much respect/ support as they deserve	Everyday confronted w/ different issues Patient and relative interaction Knowledge gained over the years Talk to people on the same level as desired Excellent director	Much effort to improve communication over 4 years
Recommendations Create better lines of communication to convey appreciation Speak of praise not negative aspects of jobs		Recommendations Identify employees roles and competencies Encourage further training in the workplace
Very well respected by directors/managers But respect not given from other staff Individuals not aware of the work that gets done	Unique organization and patients Talented staff and quality research for advancements High level of care given by all Accommodate patients who cannot receive care elsewhere Working for a charity organization	Sometimes employees forget to focus on the patients Senior management is hard to get in touch with Management is not seen on the floor enough
Recommendations Recognize the level/amount of work done by nurses Learn more about all levels/jobs at hospital so that all forms of work will be appreciated		Recommendations Create open door policies so that employees feel that they can voice their concerns/opinions Role Swap' Day- Management and nurses to get a better understanding of the work that gets done
Feel valued by both colleges/managers/hospital Shortage of nurses/duty site managers HCA do not feel valued because no extra pay for further education	Working w/ individuals who want to promote disability Hospital has tremendous potential Small organization so easy to get to know one another Close knit core of employees	Believes in the organization'
Recommendations Continue w/ Founders Day, staff barbecues		Recommendations Rewards for further education classes completed Courses for HCA, housekeeping

	Stress	Communication	Manager Relations
Employee 7	Job is sometimes stressful but nothing that cannot be handled Stress sometimes provoked from individuals not realizing the amount of work that gets done in department Other jobs at hospital have higher levels of stress	Communication internally to different departments is difficult Good modes of communication w/in own department Some lines of communication need to be more open	Managers of all levels at the hospital Organization needs to make sure all managers have high levels of qualification for position they hold Senior management needs to be more open and involved
	Recommendations Become aware of the issues causing the stress Have employees attend stress management classes Look at staffing levels w/in some departments	Recommendations Have employees attend communication workshops Create better lines of communication across departments	Recommendations Promote further training at managerial levels Management needs to become more involved in the work that gets done on ground level at the hospital
Employee 8	Job is not overly stressful Witness other jobs that are quite stressful Nurse population at hospital is understaffed which leads to a stressful environment	Communication has improved w/ the NeuroNews and staff briefings Not enough input and communication from junior levels of staff in the hospital	Management is too hierarchical Large separation between management and lower levels of staff Overall senior management is highly effective
	Recommendations Increase staffing levels and methods of recruiting new staff Encourage staff to attend and utilize stress management seminars	Recommendations Encourage communication upwards in organization Continue distributing newsletter and holding staff briefings	Recommendations Management should come down to the level of other employees Reduce the levels of management and simplify the overall structure

Respect	Positives	Personal/Other
Individual position gets respect/support Other positions at hospital deserve more recognition Too much negative feedback which makes employees frustrated	Working w/ individuals who are passionate about jobs Organization that continuously grows stronger Promoting awareness of disabilities	
Recommendations More positive feedback Staff needs to become aware of the different levels of work that are evident at the hospital		
Non-clinical positions receive more respect than clinical positions Supported w/in individual departments Sometimes would like work to be more appreciated	High level of care and employees of the hospital Working in a specialized hospital Opportunities for advancement in field	Stress the importance of increasing communication from junior levels of staff
Recommendations Show more appreciation to the amount of work clinical employees complete at the hospital Positive reinforcement and praise		Recommendations Ensure junior levels of staff have someone to go to to voice opinions

17 Appendix K – Personal Interview Common Responses

	Stress	Communication	Manager Relations
Clinical	Very demanding and stressful profession Lots of pressure placed on individuals in clinical field Shortage of clinical staff contributes to stress levels Stressful dealing w/ families of patients Emotional attachment to patients contributes to stress Teamwork reduces overall stress from job environment	Difficult to communicate between departments/upwards Lack of communication from management levels Difficult to learn about current happenings in hospital To communicate effectively all levels of staff need to be able to contribute to hospital decisions Clinical level jobs are not always informed about as much as they should be dealing w/ hospital issues	Senior Management is not accessible Senior Management is not seen on the hospital floors Management does not consider points of view from staff who work directly w/ patients and relatives Management does not know any employees who work under them Too many levels of management at the hospital
	Recommendations Develop stress management programs for staff/patients Hold counseling sessions for relatives of patients Utilize the method of teamwork to share work equally Recruit and employ more staff where stress levels are high	Recommendations Learn better modes of communication to all staff levels Include all staff opinions/ideas in final decisions More up-front and open lines of communication Continue distributing the NeuroNews and conducting staff briefings	Recommendations Create a less hierarchical setting at the hospital Management should visit wards and learn about the work done at different levels in the hospital Management should get to know more employees on a personal level
Non-Clinical	Understaffing of employees mainly contribution to stress Difficult to have to take others work loads Feel jobs are not as stressful as clinical positions where patient relations do not often contribute to stress Stressful not being recognized for working overtime	Difficult to communicate internally w/in organization Lines of communication need to be more open Focus needs to be place on communication across and upwards in the organization Communication has definitely improved over past years	Management is too hierarchical Far too many managers w/out the necessary qualifications Management in general needs to be more approachable Managers are not seen on the floors enough Senior Management is overall effective
	Recommendations Look more into occupational health resources available Re-evaluate staffing levels in departments Increase staffing level of nurses to decrease work load Identify specific areas of stress related to each job Give more positive praise to decrease stress levels Have employees attend stress management workshops	Recommendations Create internal communication strategies Organization needs to promote communication workshops for staff members Work at methods of communication from junior levels upward Continue w/ NeuroNews and staff briefings	Recommendations Work on reducing the gap between Senior Management and other staff members Management needs to become more involved in wards Managers should be reviewed/updated continuously Many levels of management should be reduced

Respect	Positives	Personal/Other
Clinical positions at hospital lack both respect/support Clinical employees to not get recognition for work done Opinions are often not sought regarding important issue Receive only negative feedback from other staff Clinical positions often not respected because some staff is not as qualified as higher levels	Enjoy working hands on w/ the patients Amount of personal satisfaction from working w/ patient Each day of work brings about new experiences	Ensure that clinical staff have somewhere or someone to turn to voice concerns/opinions
Recommendations Let clinical staff opinions be voiced so they will feel that they are important to the organization Acknowledge the difficulty of the work that clinical employees take on Use more positive praise Respect individual regardless of job title		Recommendations Improve staff facilities- Canteen/rest rooms Construct shower room/gym
Overall non-clinical employees feel that they are both respected and valued Clinical jobs at the hospital lack recognition and only receive negative feedback Sometimes feel that work is supported but at the same time too often expected	Unique organization gives high level of care Chance to promote disability Extremely dedicated and spirited employees Diversity of job setting and the opportunity to help different individuals each day	Employees need to remember that the hospitals focus is on its patients
Recommendations Recognize the level/amount of work done by the clinical employees Learn more about different jobs at hospital so all levels of work are respected More positive feedback and praise		Recommendations Encourage further training in the workplace Create open door policies for employees to voice opinions Role Swap Day' - Management and nurses to get a better understanding of work that gets done

18 Appendix L – Personal Interview Trends

Clinical/ Non-Clinical	Stress	Communication	Manager Relations
Similarities	Shortage of staff contributes to stress levels Stress contributed by other staff not recognizing work well done	Difficult to communicate between departments/upward Lines of communication need to be more open and include all levels of staff	Too many levels of management - heirachy Senior management is never seen on the hospital floors Senior management is not approachable or accessible
Differences	The effect that emotional attachment to patients contribute to stress levels Very demanding and stressful profession (C) Lots of pressure placed on individuals in clinical field	Communication has definitely improved over past few years (NC) Lack of communication from management levels (C) Clinical jobs are not always informed about current hospital issues	Senior management does not consider opinions from staff who work directly w/ patients and relatives (C) Far too many managers w/out the necessary qualifications (NC) Senior management is overall effective (NC)
Similarities	Recommendations Recruit and employ more staff where stress levels are high Develop/utilize stress management programs for staff	Recommendations Create up-front and open lines of communication Create internal communication strategies Continue w/ NeuroNews and Staff Briefings	Recommendations Create a less hierarchical setting at the hospital Management should visit wards/employees and learn more about the work done at different levels in the hospital Work on reducing gap between Senior Management and other staff
Differences	Recommendations Utilize methods of team work to share work equally (C) Identify specific areas of stress related to each job (NC) Hold counseling sessions for relatives of patients (C)	Recommendations Include all staff members opinions in any major hospital decisions (C)	Recommendations Managers should be reviewed/updated continuously (NC)

Respect	Positives	Personal/Other
Clinical jobs at the hospital lack recognition Clinical employees receive too much negative feedback	Diversity of job setting and the opportunity to help different individuals each day	
Clinical employees do not get recognized for work done Non-clinical employees overall feel both respected and supported Sometimes feel that work is supported but at the same time too often expected (NC)	Enjoy working hands on w/ patients (C) High amount of personal satisfaction from working w/ patients (C) Chance to promote disability and raise public awareness (NC)	Ensure that clinical staff have somewhere or someone to go to voice concerns/opinions (C)
Recommendations Recognize the level and amount of work that the clinical employees take on More positive feedback and praise		
Recommendations Respect individuals regardless of job title (C) All employees should learn more about different jobs at the hospital so all levels of work are respected (NC) Let clinical staff voice opinions so will see how much they contribute to the hospital (C)		Recommendations Improve staff facilities and construct shower room and gym (C) Encourage further training in the workplace (NC)

19 Appendix M – Clinical and Non-Clinical Focus Group Responses

	Stress	Communication	Manager Relations
Focus 1	Staff being forced to attend unwanted or unnecessary classes Working conditions have changed Structure in constant change Forced education and standards	No genuine communication from management Only Top-Down communication RHNd needs to improve communication Need more interdisciplinary communication Negative motivation to communicate	Show results of different ideas that have been implemented Impersonal, to militaristic Clearer lines of management, Poor staff Relations, Create hierarchy of management
	Give employees appropriate training Keep one form of management Clarify procedures mandated by gov. from the ones for hospital	Appropriate managers should attend RHNd meetings More interpersonal management Improve relationship between clinical and non-clinical	Accept input and ideas from all facets of the staff Managers should allow people to speak their mind Manager should respect workers Managers need to care about staff
Focus 2	Demanding relatives Dealing with the death of patients	Upper management needs to be friendly	There are too many managers
	Providing counseling for difficult times Provide courses dealing with hospital related stress	Improve goal setting Should have informal meeting with relatives Hire skilled staff Meetings should keep patients in mind Meetings should be run correctly	Provide stress management courses for managers
Focus 3	Workers are given an unexpected amount of work Lack of clarity of roles	Improve communications with directorates	Managers need to create implementable systems Managers need to recognize other good ideas Managers need to praise staff when a job is well done. Management misuses communication lines Managers need to listen and communicate
	Define structure to deal with people working multiple roles	Should have monthly meetings	

Respect	Positives	Personal/Other
Handle meetings with other staff respectfully RHNd needs to respect its workers Management is too threatening		
Managers need to respect other suggestions		
Recognize hard workers		
RHNd needs to respect clinical and non-clinical workers		

	Stress	Communication	Manager Relations
Focus 4	Not getting equipment on time Understaffing affects other departments	The communication in one department affects other depts Improve annual leave Departments to communicate with the rest of the staff Not enough positive feedback. Need two way communication	Managers need to get to know workers Higher management should involve the junior management Managers need interpersonal skills
Focus 5	Staff Shortage Some procedures are unnecessary multiple responsibilities that are unexpected and undefined Stress from patients	Improve horizontal communication Need more feedback of ideas Improve bottom-up communication It's difficult to communicate to higher management	Higher levels of management should get training Managers should be given more responsibility
	Have internal email to reduce paperwork (memos) Budgets and responsibilities need to be less centralized. Provide stress management for the nursing level Rely on colleagues to cope with stress	Need to have two-way communication	Higher management makes some workers feel inadequate
Focus 6	There is difficulty supplying the demand No peer support	Need a clarification of roles Improve Communication	Need to delegate responsibilities Train junior management to make decisions Change structure with patients in mind Refine structure to know where the authority lies Higher management needs to be less militaristic

Respect	Positives	Personal/Other
RHNd shouldn't take advantage of people		

	Stress	Communication	Manager Relations
Focus 7 **Clinical** **Non-Random**	The work load causes stress Having to travel great distances causes stress	Line manager mishandles problems and suggestions	Manager and training staff should help more
	RHNd shouldn't put excessive pressure on workers	Need to listen to workers	
Focus 8 **Non-Clinical** **Random**	Management causes some stress Insufficient staff		Some workers don't know any management Management should keep productive employees Manager doesn't listen to suggestions
			Better communication and better attitude from management

Respect	Positives	Personal/Other
Respect employees		
Deal with workers as human beings		

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20 Appendix N – Focus Group Common Responses

Clinical	Stress	Communication	Manager Relations
Problems	The work load causes stress Having to travel great distances causes stress Staff Shortage Some procedures are unnecessary Managers should be given more responsibility	Line manager mishandles problems and suggestions Improve horizontal communication Need more feedback of ideas Improve bottom-up communication It's difficult to communicate to higher management	Manager and training staff should help more Managers should be given more responsibility Higher management makes some workers feel inadequate Upper management needs to be friendly There are too many managers
Solutions	RHNd shouldn't put excessive pressure on workers Have internal email to reduce paperwork (memos) Budgets and responsibilities need to be less centralized. Provide stress management for the nursing level Rely on colleagues to cope with stress	Need to listen to workers Need to have two-way communication Hire skilled staff Meetings should keep patients in mind Meetings should be run correctly	Higher levels of management should get training Provide stress management courses for managers Hire skilled staff Improve goal setting
Problems	Stress from patients Demanding relatives Dealing with the death of patients Workers are given an unexpected amount of work Lack of clarity of roles	Improve communications with directorates	Managers need to create implementable systems Managers need to praise staff when a job is well done. Management misuses communication lines Managers need to listen and communicate
Solutions	Providing counseling for difficult times Provide courses dealing with hospital related stress Define structure to deal with people working multiple roles		

Respect	Positives	Personal/Other
RHNd needs to respect clinical and non-clinical workers RHNd shouldn't take advantage of people Respect employees	Some line management feel very supported The work done at RHNd is excellent Communication is good within teams Higher management seems to have good ideas and systems	Staff need encouragement from higher management Need a clarification of roles A philosophy of negativity RHNd has an unreasonable environment for training
		Improve working conditions Improve staff room Improve lockers Increase lunch times Clinical workers feel powerless
		There is no preparation for the death of patients There are too many workers There is a lack of co-ordination within RHNd
		Should have informal meeting with relatives Meetings should keep patients in mind Meetings should be run correctly Increase pay
		Should have monthly meetings RHNd should provide more support for workers going for a degree Need to create implementable procedures Policies should be created to be practiced

Non-Clinical	Stress	Communication	Manager Relations
Problems	Staff being forced to attend unwanted or unnecessary classes Working conditions have changed Structure in constant change Forced education and standards Understaffing affects other departments	No genuine communication from management Only Top-Down communication RHNd needs to improve communication Need more interdisciplinary communication Negative motivation to communicate	Management is impersonal Improve lines of management More interpersonal management Not enough positive feedback. Need two way communication
Solutions	Give employees appropriate training Clarify procedures mandated by gov. from the ones for hospital	Improve relationship between clinical and non-clinical Appropriate managers should attend RHNd meetings	Show results of different ideas that have been implemented Create hierarchy of management Management should keep productive employees Better communication and better attitude from management
Problems	Not getting equipment on time No peer support There is difficulty supplying the demand Management causes some stress Insufficient staff	The communication in one department affects other depts Departments to communicate with the rest of the staff Need a clarification of roles Improve Communication	Higher management needs to be less militaristic Train junior management to make decisions Change structure with patients in mind Refine structure to know where the authority lies Some workers don't know any management
Solutions			

Respect	Positives	Personal/Other
Handle meetings with other staff respectfully RHNd needs to respect its workers Deal with workers as human beings	Neuro-News Some line managers are good with management	Need more interdisciplinary meetings Decrease the paperwork Improve annual leave Need more computers and other resources Need to improve team briefings
		Should have a committee to test patient food Should improve historical board Communication needs to communicate with the rest of the hospital
		Clarification of roles

21 Appendix O – Focus Group Trends

Clinical/ Non-Clinical	Stress	Communications	Manager Relations
Similarities	Staff Shortage	Improve horizontal communication Need more feedback of ideas Improve bottom-up communication It's difficult to communicate to higher management Improve communications between directorates Managers need to listen and communicate	Upper management needs to be friendly Managers need to praise staff when praise is due Need a clarification of roles Improve the quality of meetings There should be monthly meetings Define a structure to deal with the people working roles Higher management needs to be less militaristic
Differences	Stress from patients Demanding relatives No training to go through the death of patients	Need to listen to workers Need to have two-way communication	Junior managers should be given more responsibility Provide stress management courses for managers Managers need to create implementable systems Meetings should keep the patients in mind
Similarities			Need more inter-disciplinary meetings Need to improve team briefings
Differences			

Respect	Positives	Personal/Other
Higher Management makes some workers feel inadequate All staff need to respect clinical and non-clinical workers No one should take advantage of anyone else Deal with workers as human beings		