

Evaluation Topic Conference Call Series
RWJ Better Jobs Better Care Grantees
CMS Direct Service Community Workforce Grantees
Institute for the Future of Aging Services and The Lewin Group

4/27/04 Call Summary
Surveying Supervisor/Managers: Administration and Methodology

Facilitated by Lauren Harris-Kojetin of IFAS
Topic introduction by Bob Konrad, Anne Jackman and Cheryl Thompson of UNC - Chapel Hill

Topic Introduction

The UNC team began by sharing their experience administering supervisor/administrator surveys statewide. There is a diverse group of facilities in North Carolina and the team surveyed supervisors and administrators of Nursing Home, Adult Home, Hospice, and Home Health agencies. Their primary instrument was an 8 page mail survey. They waited for a response, followed up with two additional mailings. They then made telephone calls encouraging people to respond to survey, mailing the survey to those who agreed to complete it by mail. For those who would not complete the survey by mail, they conducted shortened interviews by phone ("short survey") as their final effort. Then they conducted a follow up survey of people who completed the survey. These panel data may have a self-selection bias but they are useful to understand how things change.

Their objectives are to obtain an adequate sample, avoid bias in the sample, and maximize the response rate. If you do not get 100% response you should know why people did not respond. There are 2 possibilities:

- The survey did not reach them (your list was bad, survey did not get there)
- The survey reached them but they did not respond (too long, too complex, not enough time)

Sometimes you get incomplete responses (item non-responses), which pose different problems than complete non-responses (unit non-responses).

Nursing Homes - They tried to get an accurate list of every Nursing Home in state using a system of cross-referencing between 3 lists: licensure, trade association and Medicare files. They found that the Medicare and trade association lists were more accurate than the licensure files.

They began with a sampling frame of 505 Nursing Homes in 2000. Cleaning the list eliminated 89 facilities (mainly no aides employed or closures) leaving 416 in final sample. Response rate of 57% from mailed survey, increased to 68% including the "short survey" done by phone.

Adult Homes - Using a stratified sample, they started with 500. Cleaning the list eliminated 107 leaving 393 in final sample. Response rate was 44% from mailed survey, increased to 56% including the "short survey" done by phone.

Home Health - Began with 502 agencies (sample out of approximately 650). They eliminated 179, mainly because they did not employ any direct service workers, only sold durable medical equipment, or had gone out of business. Because they were able to exclude so many up front their response rate was higher - 66% from mailed survey, increased to 75% including the "short survey" done by phone.

Hospice - Used the universe of 80 and eliminated 21 (no aides employed or hospice not in business or going out of business). The response rate was 59% from the mailed survey and 66% including the "short survey" done by phone.

Key Lessons Learned

- Make sure you have an accurate and up-to-date list of agencies with the individual names of the appropriate person to survey.
 - Call ahead to facilities to make sure they still exist, are open for business and that you have the name of the appropriate person to survey.
 - Use internet data bases to verify names and addresses (some are better than others).
 - Use mail return system to update bad addresses.
 - Removing unqualified agencies from the list reduces the denominator, strengthens the design of the survey.
- Address the envelopes and the letters to the supervisor/ administrator individually by name. There is such high turnover in this field you should also say "or current administrator" to avoid having letters forwarded to old employees.
- Following up with mailings.
 - 1st follow up letter basically says, "This is important!"
 - 2nd letter basically says, "Time is running out!"
 - 3rd letter says something like, "Your colleagues have responded, but we haven't heard from you. We know you are incredibly busy but we do not want to leave you out. We want to make sure people like you are included in our survey - to make sure we get the viewpoints of the hardest workers."
- Following up with telephone calls.
 - Get someone they care about to make the calls - maybe someone from the trade group.
 - Do not wait to call. Call after 1st or 2nd mailing at latest. Try phone contact after 1st mailing if response is less than 30%.
 - Give them alternatives on the phone (e.g., would they be willing to respond to the mail survey or would they be willing to take a short survey by phone).

Questions and Answers

Q: Did they use cover letter from government official, someone that would get their attention?

A: Yes, the cover letter had 3 signatures: someone from the state Long Term Care Office, the head of the trade association, and a researcher.

Q: Did they use open-ended questions to develop follow-up questions?

A: Yes, but they got a lot of different and idiosyncratic answers back – which were not useful or meaningful enough to do anything with but list them. Pilot testing is a good way to weed out the bad questions. And they found it better to use focus groups to ask open-ended questions like this. For example, “why did you leave your last job?”

Q: Were there barriers to getting agencies to participate? Administrators were too busy?

A: They made it clear that the administrator was not the only person who could fill out the survey. They gave them the option to have someone in the business office or the director of nursing fill in some answers. They asked on the survey who had helped fill it out. 20% had multiple informants.

Q: In doing DSW surveys, did they have problems getting agencies to distribute the surveys?

A: You have to get permission of the agency to distribute it, but then it is good to send someone in person to stay all day and administer it. Or you can identify a DSW who will work with you and encourage their colleagues to participate.

Q: Is it scientifically valid for the agency to distribute the survey themselves?

A: Many employers refuse to disclose worker lists because of privacy and/or legal concerns, so this may be your only option. Ideally they would distribute it perfectly themselves, but you should go out in person, meet people, explain what you’re doing, and try to get people from different shifts. Bring gifts and food!

Q: How do you gain the trust and interest of the employers in order for them to want to participate?

A: Having an advisory committee that includes trade associations is helpful to building trust among employers. The association can include information about the survey in their newsletter, identify and introduce researchers, and explain the program. There are several Assisted Living associations in North Carolina, but they are unaffiliated with the main trade associations and they haven’t done as well working with them.

The NC team also went to conferences, set up booths, handed out fliers and in-kind gifts (tote bags, mugs, “nursing care survival guides,” Walmart and gas gift certificates). Another participant noted that in trying to survey child care administrators, they held a random drawing for 5 \$100 gift certificates, which worked well.

Q: What is a reasonable time frame to expect in conducting a survey like this?

A: It always takes longer than you ever expect. It depends on the population, the high turnover of the employees, and the difficulty of the questionnaire. Estimate what you

think it should take and then double it. Triple the estimate if you know you have a difficult population to reach.

Q: What have been NC's experiences asking questions about management style, opinion-based questions. Have they compared answers across job titles?

A: You should expect some variation in answers across job titles, but they haven't analyzed it at that level yet. The way people identify and explain problems vary. When asked to explain high turnover, supervisors tend to attribute it to poor DSW performance, while DSWs attribute it to managerial problems. It would be a very interesting data point to see what level of agreement exists within an agency about organizational practices. Perhaps they might use a scale of relational coordination, which captures communication across groups.

They have also used focus groups, which may be a better way to get this kind of information - particularly from DSWs. It is hard to build trust in this population. In smaller groups the workers tend to open up, bounce ideas off one another.

NC expressed concern about getting similar items from supervisors as from DSWs, how to compare their responses. In the past they ignored people in between top administrators and DSWs. Now they are trying to get more information from those in the middle.

NC has found that often the Staff Development Coordinator is an advocate for the DSWs - can often see both the worker and supervisor points of view. Assistant Directors of Nursing and Quality Coordinators can be advocates as well. But sometimes the administrator is the advocate and the Nursing Director is the one in the hot seat. Some administrators are very hands on, some are not. Their management style, in how they relate to staff, is important. Do they actually provide care when needed? Some may have a "philosophy" of management or care that does not match their actions, but their actions set the tone for the facility. The typical scenario that is often mentioned as a way to define a good manager - If a resident rings the bell for immediate assistance right as the manager walks by, would the manager go in and help or would they go get a nurse aid to do it.

Q: When one company owned multiple facilities, who did they survey?

A: They tried to get it to the on-site administrator of each individual facility. These on-site administrators are the ones that are legally responsible (at least in NC).

Q: Did they ask about attendance, as well as turnover?

A: Yes - the reasons for low attendance seem to be the same as for turnover.

Q: How did they develop the questions?

A: Drew on the literature and used focus groups with DSWs, which was the strategy they prefer. By using focus groups you can pick up on the language the DSWs use to describe issues, use that to revise survey.

Measuring Long-Term Care Work: A Guide to Selected Instruments to Examine Direct Care Workers' Experiences and Outcomes contains 25 reviewed questionnaires and instruments for 10 topics, including empowerment, job design, worker-supervisor relationships, and workload. The Guide was developed by IFAS and funded by the US Department of Health and Human Services and the Department of Labor. Grantees were given a hardcopy of the Guide. Additional copies can be downloaded at <http://www.aahsa.org/FutureOfAging/LTCGuide.pdf> or call Rachel Bealle (202-508-1211) to ask for a hard copy to be mailed.

Q: Did they coordinate with the direct service worker (care worker) association?

A: There was not a direct service worker association when they began – still developing and evolving. They have had a DSW on their advisory committee – on the BJBC Policy Group. They have also talked about adding a DSW to the survey teams at the licensure level, so there is a worker involved in the Medicare qualification system.

Additional materials:

(The Lewin Group will make these available on the listserv as they are provided.)

- NC's focus group guides and interview protocols
- NC's latest version of the supervisor survey

Please contact Carrie Blakeway (Carrie.Blakeway@Lewin.com) for more information about this call or upcoming calls.