

**REPORT OF THE  
DEPARTMENT OF MENTAL HEALTH, MENTAL  
RETARDATION AND SUBSTANCE ABUSE  
SERVICES ON**

**THE EFFECTS OF RECENT STATE  
EMPLOYMENT REDUCTION  
PROGRAMS ON THE SERVICES WITHIN  
THE MENTAL HEALTH INSTITUTIONS**

**TO THE GOVERNOR AND  
THE GENERAL ASSEMBLY OF VIRGINIA**



**SENATE DOCUMENT NO. 18**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
1997**



**SENATE JOINT RESOLUTION NO. 97**

*Requesting the Department of Mental Health, Mental Retardation and Substance Abuse Services to study the effects of recent state employment reduction programs on the services within the mental health institutions.*

---

**Prepared By:**

**DMHMRSAS**

**Office of Human Resource Development and Management**

**and**

**Office of Research and Evaluation**





# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF

### *Mental Health, Mental Retardation and Substance Abuse Services*

TIMOTHY A. KELLY, Ph.D.  
COMMISSIONER

P. O. BOX 1797  
RICHMOND, VA 23218-1797  
(804) 786-3921  
(804) 371-8977 VOICE/TDD  
1-800-451-5544

December 18, 1996

TO: The Honorable George Allen

and

The General Assembly of Virginia

I am writing to provide you with a copy of the study of the effects of state employment reduction programs on services within the mental health institutions. This report constitutes the response to Senate Joint Resolution No. 97.

I will be pleased to discuss the results of this study at your convenience.

Respectfully submitted,

A handwritten signature in cursive script that reads "Timothy A. Kelly".

Timothy A. Kelly



**SENATE JOINT RESOLUTION NO. 97**  
**TABLE CONTENTS**

---

Executive Summary . . . . . i

Introduction . . . . . 1

Objectives #1 and #2 . . . . . 4

Objectives #3 and #4 . . . . . 6

Objective #5 . . . . . 7

Responses to Questions . . . . . 10

Appendix





## ***Executive Summary***



# SENATE JOINT RESOLUTION NO. 97

## EXECUTIVE SUMMARY

---

### INTRODUCTION

Senate Joint Resolution No. 97 requests the Department of Mental Health, Mental Retardation and Substance Abuse Services to study the effects of recent state employment reduction programs on the services within the mental health institutions, with particular emphasis on the impact of these efforts on rural mental health hospitals. The Department undertook five major objectives as identified within the resolution:

- (1) evaluate the savings gained by reductions in force in relationship to the need to rehire essential personnel;
- (2) evaluate whether new employees are being hired at the same, lower, or higher salaries than the retired or resigned employees they are replacing;
- (3) examine salary scales to ascertain any need to upgrade the salaries of long-term employees who were hired at much lower salaries than the entry level salaries of today;
- (4) ascertain whether the salaries of these long-term employees are not being overtaken and surpassed by those of new employees with the same or comparable credentials; and
- (5) examine the morale of rural employees to ascertain the need to upgrade and revise its policies in order to improve the quality of the work environment and, thereby, the quality of care.

The term "mental health institutions" was interpreted to mean both mental health and mental retardation facilities. The term "rural" is defined by the DMHMRSAS Community Services Board Classification report as an area with a population density of less than 130 people per square mile. A representative sample of rural facilities was used for this study. They include the following:

- ◇Catawba Hospital
- ◇DeJarnette Center
- ◇Southern Virginia Mental Health Institute
- ◇Southside Virginia Training Center
- ◇Southwestern Virginia Mental Health Institute
- ◇Southwestern Virginia Training Center
- ◇Western State Hospital

This sample includes a geriatric hospital, a children's facility, two small mental health institutes, one large psychiatric hospital, and one large and one small training center for persons with mental retardation.

In the process of downsizing, the Department's priority was quality of care, and efforts were focused on retaining direct care and clinical employees. Employees in direct care and clinical positions were denied voluntary separation under the Workforce Transition Act (WTA) to a much greater extent than employees in support and administrative positions. Of the total employees denied voluntary separation under the WTA, approximately 81% were in direct care or clinical positions as opposed to only 15% in support positions and 4% in administrative positions.

**KEY FINDINGS:**

- ◇ Comparison of salaries (does not include severance payments) of employees who left through the WTA to salaries of replacement employees, continuing vacancies, and privatization costs reveals that, as of June 1, 1996, a reduced cost of more than \$1.3 million has been realized department-wide.
- ◇ As part of the WTA process, facilities identified critical and essential positions to be refilled with emphasis placed on direct care and clinical classifications. Of the positions identified for refill, 47.10% are in direct care and clinical classifications, 29.65% in support classifications, and 23.25% in administrative classifications.
- ◇ Analysis reveals that 67.13% of new employees hired to replace employees who left as part of the WTA were hired at lower salaries than the employees they replaced.
- ◇ Analysis reveals that average salaries of long-term employees (hired before June 1, 1993) generally exceed average salaries of short-term employees (hired after May 31, 1993). The average salary step for short-term employees is 4.71, whereas the average step of long-term employees is 10.85.
- ◇ A survey was developed to examine the morale of employees in the seven rural facilities included in this study. Fifty percent of the surveys were returned. Employee morale was measured using three scales: administration, inter-staff relations, and patient care environment.

**Administration:** A large percentage of employees feel positively that facility policies take personal/family circumstances into account, that facility administration is open to new ideas, listens to their concerns, and communicates information in a timely and understandable manner. A large percentage of employees also feel that the grievance process is fair.

A large percentage of employees are generally concerned about facility policies being applied uniformly to all employees, about facility administration managing privatization opportunities well, and about facility administration effectively addressing employee concerns about privatization. There is also concern regarding personnel policies being fair.

**Inter-staff relations:** Overall, responses on this scale were positive. A large percentage of employees feel positively that they and their co-workers work together as a team, that their patient care opinions are respected by others, and that they perform tasks efficiently and with good results as a team. A large percentage of employees feel positively that they are respected by their supervisors, that they are committed to quality patient care as a team, and that they and their co-workers have the necessary qualifications to perform their duties.

**Patient care environment:** Overall, responses on this scale were positive. A large percentage of employees feel that their facilities put patients/residents first and that their work group provides a healthy and caring environment for patients/residents. They are also generally positive concerning the average daily working conditions at their facilities being good and that their unit has sufficient resources to provide quality patient care.

The Commissioner along with the Office of Human Resource Development and Management will work with facility directors on employee concerns identified in the survey and strategies will be developed to address areas which had less positive responses. The Department will continue to reinforce the areas where positive responses were identified and assess the need to upgrade or revise its policies.

**SENATE JOINT RESOLUTION NO. 97**

***Requesting the Department of Mental Health, Mental Retardation and Substance Abuse Services to study the effects of recent state employment reduction programs on the services within the mental health institutions.***

## SENATE JOINT RESOLUTION NO. 97

***Requesting the Department of Mental Health, Mental Retardation and Substance Abuse Services to study the effects of recent state employment reduction programs on the services within the mental health institutions.***

---

### ***INTRODUCTION***

The General Assembly has requested through Senate Joint Resolution (SJR) No. 97 (see Appendix) that the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) study the effects of recent state employment reduction programs on the services within the mental health institutions. The Department undertook five major objectives as identified within the resolution:

- (1) evaluate the savings gained by reductions in force in relationship to the need to rehire essential personnel;
- (2) evaluate whether new employees are being hired at the same, lower, or higher salaries than the retired or resigned employees they are replacing;
- (3) examine salary scales to ascertain any need to upgrade the salaries of long-term employees who were hired at much lower salaries than the entry level salaries of today;
- (4) ascertain whether the salaries of these long-term employees are not being overtaken and surpassed by those of new employees with the same or comparable credentials; and
- (5) examine the morale of rural employees to ascertain the need to upgrade and revise its policies in order to improve the quality of the work environment and, thereby, the quality of care.

The term "mental health institutions" was interpreted to mean both mental health and mental retardation facilities. Because the language in SJR 97 emphasizes the requirement to assess the impact of employment reduction programs on the services of rural facilities, the definition of "rural" was obtained from the DMHMRSAS Community Services Boards Classification report. This report categorizes rural areas as those with a population density of less than 130 people per square mile. Based on this definition, the rural facilities were identified to be:

- ◇ Catawba Hospital
- ◇ Central State Hospital
- ◇ Central Virginia Training Center
- ◇ DeJarnette Center
- ◇ Hiram W. Davis Medical Center
- ◇ Piedmont Geriatric Hospital
- ◇ Southern Virginia Mental Health Institute
- ◇ Southside Virginia Training Center
- ◇ Southwestern Virginia Mental Health Institute
- ◇ Southwestern Virginia Training Center
- ◇ Western State Hospital

Of the above facilities defined as rural, the following were identified as a representative sample for the purpose of this study.

- ◇ Catawba Hospital
- ◇ DeJarnette Center
- ◇ Southern Virginia Mental Health Institute
- ◇ Southside Virginia Training Center
- ◇ Southwestern Virginia Mental Health Institute
- ◇ Southwestern Virginia Training Center
- ◇ Western State Hospital

This sample includes a geriatric hospital, a children's facility, two small mental health institutes, one large psychiatric hospital, and one large and one small training center for persons with mental retardation. The selection of these facilities provides a representative and diverse population of the Department's employees and patients/residents.

In the process of downsizing, the Department's priority was quality of care, and efforts were focused on retaining direct care and clinical employees. Employees in direct care and clinical positions were denied voluntary separation under the Workforce Transition Act to a much greater extent than employees in support and administrative positions. Of the total employees denied voluntary separation under the Workforce Transition Act, approximately 81% were in direct care or clinical positions as opposed to only 15% in support positions and 4% in administrative positions.

The Department places primary importance on treating patients/residents and employees with dignity and respect. This conforms with the Department's commitment to ensure the quality of care for patients and residents. Direct care staff, in particular the human service care workers, are a vital link in providing care and treatment to patients and residents in the facilities. To this end, an effort was undertaken to enhance the competencies and skills of direct care staff by providing uniform training standards. These standards are consistent among facilities but can be adapted to meet facility-unique needs for the varied populations of patients and



residents served within the system of care. This training places emphasis on early intervention, treatment, and rehabilitation. As staffing levels change, the Department continues to develop and monitor training methods to improve the quality of care for patients and residents and ensure a safe environment for patients, residents and staff.

## **OBJECTIVES #1 AND #2**

- (1) Evaluate the savings gained by reductions in force in relationship to the need to rehire essential personnel.***
- (2) Evaluate whether new employees are being hired at the same, lower, or higher salaries than the retired or resigned employees they are replacing.***

## **METHODOLOGY - OBJECTIVES #1 AND #2**

Data from the automated Human Resource Information System was used to make salary and cost comparisons. This information was obtained from data that is considered the state's official personnel record. Positions to be refilled after losses from the Workforce Transition Act (WTA) for all fifteen facilities (includes direct care and clinical, administrative, and support positions), and the salaries, grades, and steps of the separated and replacement employees were examined. Salaries for classified employees include fringe benefits (17.92% for VRS, Social Security, and unemployment compensation plus \$2,000 - \$4,600 for health insurance for separated employees and \$3,200 for health insurance for replacement employees). Salaries were averaged by facility. Additional information included whether the position had been refilled by a wage employee, whether the position had been replaced by contract services, and whether the position had not yet been refilled. Comparison was then made of the costs using data as of June 1, 1996.

## **FINDINGS - OBJECTIVE #1**

Comparison of salaries (does not include severance payments) of employees who left through the WTA to salaries of replacement employees, continuing vacancies, and privatization costs reveals that as of June 1, 1996, a reduced cost of more than \$1.3 million has been realized department-wide.

As part of the WTA process, facilities identified critical and essential positions to be refilled with emphasis placed on direct care and clinical classifications. Of the positions identified for refill, 47.10% were in direct care and clinical classifications, 29.65% in support classifications, and 23.25% in administrative classifications. In addition, an ongoing evaluation of all department vacancies is conducted by both facility and central office management. This process includes a review by each facility director of vacancies to ensure that the position to be refilled is essential to facility operations and in line with both facility and department priorities. Another, more global, review is conducted by the central office

**FINDINGS - OBJECTIVE #2**

Analysis reveals that 67.13% of new employees were hired at lower salaries than the employees they replaced, and that 32.87% of new employees were hired at higher salaries than employees they replaced. The state salary structure has twenty-three grades with twenty salary steps within each grade. In some cases, even though the salary step of the new employee was the same or lower than the employee replaced, the actual salary may be higher because of the December 1, 1995, 2.25% salary structure adjustment and the difference in the benefit amounts.

### **OBJECTIVES #3 AND #4**

- (3) Examine salary scales to ascertain any need to upgrade the salaries of long-term employees (hired before June 1, 1993) who were hired at much lower salaries than the entry level salaries of short-term employees (hired after May 31, 1993).***
- (4) Ascertain whether the salaries of these long-term employees are not being overtaken and surpassed by those of new employees with the same or comparable credentials.***

### **METHODOLOGY - OBJECTIVES #3 AND #4**

Data from the automated Human Resource Information System was used to make salary comparisons. This information was taken from data that is considered the state's official personnel record. Salaries and hire dates for employees in clinical and direct care classifications in the seven facilities included in this study were examined. Within each facility and each classification, salaries of long-term and short-term employees were averaged separately and compared. Because the resolution focused on quality of care, the employees selected were in direct care and clinical classifications.

### **FINDINGS - OBJECTIVES #3 AND #4**

Analysis revealed average salaries of long-term employees generally exceed average salaries of short-term employees. The data indicates that the average salary step of short-term employees is 4.71, whereas the average step for long-term employees is 10.85.

The perception of short-term employees' salaries surpassing salaries of long-term employees may have come about, in part, because the Commonwealth's Incentive Pay Plan has been unfunded most years. In addition, some long-term employees began state service in lower level positions and then attained additional education and training. In many cases they then are promoted into higher level positions. In such cases, it is possible for their salaries to be low in the range for their current classes despite their tenure. Upon promotion, however, their salaries have progressed as appropriate and consistent with promotion policy. For example, a long-term employee may have a salary at step 20 of the grade 4, Human Services Care Worker range. Upon completion of nursing school, this employee applies and is selected for a Registered Nurse position, grade 11. With this promotion, the employee's current salary of \$22,426 (grade 4, step 20) increases to \$27,403 (grade 11, step 1).

In contrast, a newly employed nurse with previous nursing experience may receive a starting salary above step 1 based on the previous paid or volunteer experience, education, and salary history and consistent with starting pay policy.

## **OBJECTIVE #5**

*Examine the morale of rural employees to ascertain the need to upgrade and revise its policies in order to improve the quality of the work environment and, thereby, the quality of care.*

## **METHODOLOGY - OBJECTIVE #5**

### **Sample**

The sample was 3,828 employees at seven state facilities in rural areas of the state. The seven facilities returned a total of 1,924 surveys, for a return rate of 50%. Individual facility return rates varied: Southwestern Virginia Training Center (SWVTC) = 75%, Catawba (CAT) = 67%, Southern Virginia Mental Health Institute (SVMHI) = 68%, DeJarnette (DEJ) = 50%, Southside Virginia Training Center (SVTC) = 49%, Western State Hospital (WSH) = 41%, Southwestern Virginia Mental Health Institute (SWVMHI) = 32%.

### **Instrumentation**

The instrument used was a 21-question survey designed to measure employee morale. Each question had a five-point response scale.<sup>1</sup> The instrument was developed by the Office of Human Resource Development and Management and the Office of Research and Evaluation in the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS). Employee morale was measured using three scales: administration, inter-staff relations and patient care environment.

### **Data Collection**

Surveys were distributed to employees at six facilities on the first pay day in June. Surveys at Southwestern VA Mental Health Institute (SWVMHI) were distributed on the July 16 payday<sup>2</sup>. Each individual was requested to complete and return the survey to the office of the hospital director. The surveys were then forwarded to the Central Office.

### **Data Analysis**

Through SJR 97 the state legislature expressed specific concerns regarding the morale of employees of state facilities in rural areas. Two approaches were used in analyzing the data. Descriptive statistics (frequencies and percentages of responses)

---

<sup>1</sup> Agree = 1, disagree = 5. Responses of "not applicable" were excluded from analyses.

<sup>2</sup> SWVMHI had recently completed their own in-house survey and department management thought it inadvisable to conduct another survey before the employees were informed of the results of the previous one.

were calculated for each individual question. Tests of statistical significance, such as analysis of variance (ANOVA) and Spearman correlations, were performed to address the specific concerns regarding employee morale. Data analysis was conducted by the Office of Research and Evaluation.

## **FINDINGS - OBJECTIVE #5**

### **Sample Characteristics**

The figures in Table 1 indicate that the largest category (46%) of employees responding to the survey were direct care staff. Administrative employees were the smallest category of respondents (17%). Direct care includes medical, nursing, human service care worker/aide, social work, psychology and activity therapist. Administrative includes management, fiscal, MIS and clerical. Support includes building & grounds, dietary, laundry and housekeeping.

**Table 1**  
**HR Category/Discipline**

<b>Category/Discipline</b>	<b>Number of Responses</b>	<b>%</b>
Direct Care	888	46%
Administrative	323	17%
Support	443	23%
Missing observations*	270	14%
<b>Total</b>	<b>1924</b>	<b>100%</b>

\*Category was not filled in.

Employees with over 15 years of service made up the largest group of survey respondents (31%). The rest were fairly evenly distributed among the lower years of service categories, as indicated in Table 2.

**Table 2**  
**Years of Service**

<b>Years of Service</b>	<b>Number of Responses</b>	<b>%</b>
1-3	281	15%
4-6	237	12%
7-9	220	11%
10-15	265	14%
15 +	596	31%
Missing observations	325	17%
<b>Total</b>	<b>1924</b>	<b>100%</b>

## Responses to Questions

**Question 1: We put patients/residents first at this facility.**

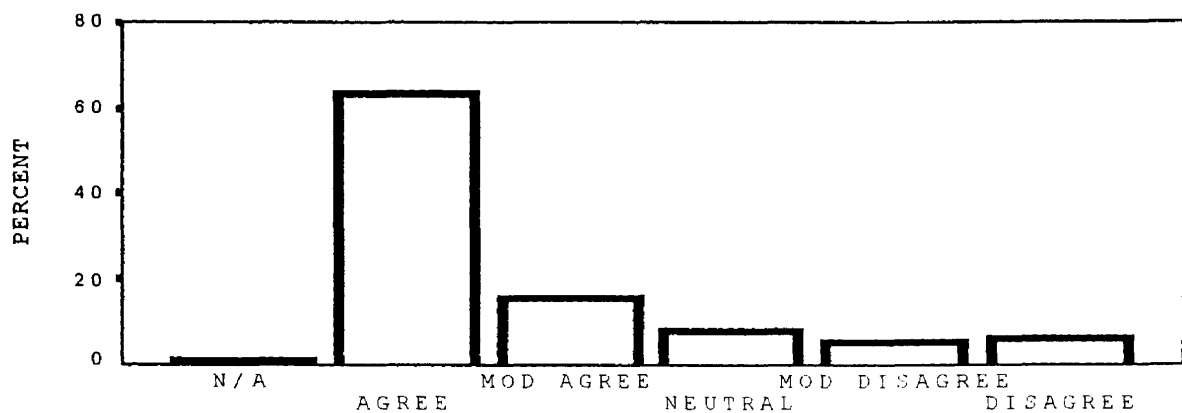
**Table 3**  
**Question 1**

Response	Number of Responses	%
Agree	1185	62%
Moderately Agree	290	15%
Neutral	152	8%
Moderately Disagree	100	5%
Disagree	119	6%
Not Applicable/Missing*	78	4%
<b>Total</b>	<b>1924</b>	<b>100%</b>

\*Category of "Not Applicable" was marked or response was missing.

The figures in Table 3 indicate that a large majority of the respondents (77%) agreed or moderately agreed that patients/residents came first at their facilities. Eleven percent (11%) moderately disagreed or disagreed.

**Figure 1**  
**Question 1**





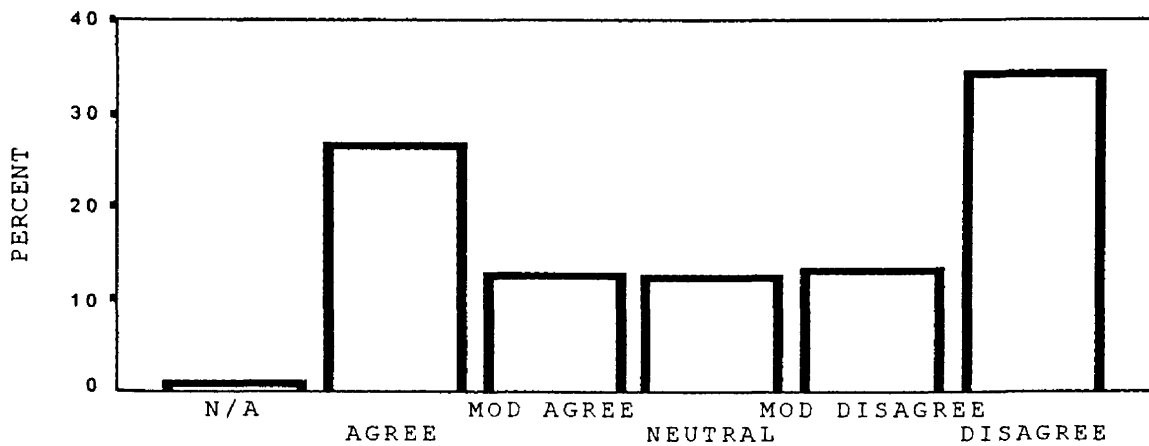
**Question 2: Facility policies and rules are applied uniformly to all employees.**

**Table 4**  
**Question 2**

Response	Number of Responses	%
Agree	499	26%
Moderately Agree	236	12%
Neutral	232	12%
Moderately Disagree	248	13%
Disagree	646	34%
Not Applicable/Missing	63	3%
<b>Total</b>	<b>1924</b>	<b>100%</b>

Table 4 indicates that 38% of respondents agreed or moderately agreed that policies were uniformly applied. Forty-seven percent (47%) disagreed or moderately disagreed that policies and rules were applied uniformly.

**Figure 2**  
**Question 2**



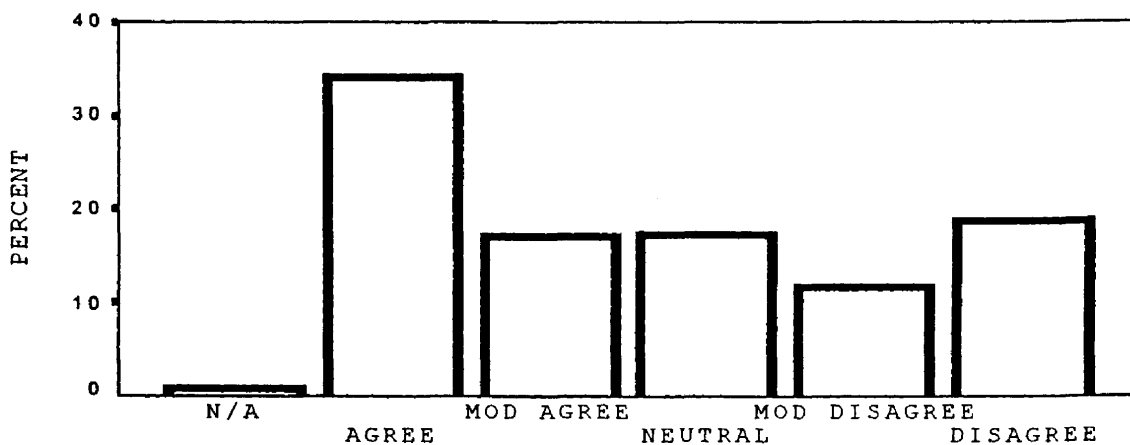
**Question 3: Facility policies take personal/family circumstances into account.**

**Table 5**  
**Question 3**

Response	Number of Responses	%
Agree	636	33%
Moderately Agree	320	17%
Neutral	323	17%
Moderately Disagree	217	11%
Disagree	351	18%
Not Applicable/Missing	77	4%
<b>Total</b>	<b>1924</b>	<b>100%</b>

A majority (50%) of respondents indicated that they agreed or moderately agreed that facility policies take personal and family circumstances into account. Twenty-nine percent (29%) disagreed or moderately disagreed.

**Figure 3**  
**Question 3**



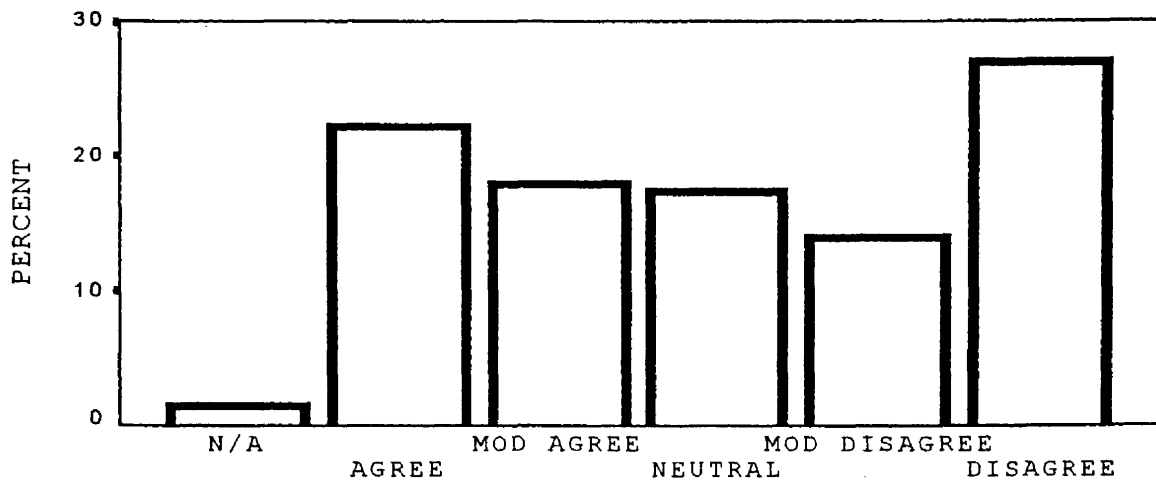
**Question 4: Personnel decisions made by facility administration are fair.**

**Table 6**  
**Question 4**

Response	Number of Responses	%
Agree	414	22%
Moderately Agree	334	17%
Neutral	326	17%
Moderately Disagree	262	14%
Disagree	504	26%
Not Applicable/Missing	84	4%
<b>Total</b>	<b>1924</b>	<b>100%</b>

The percentages of positive responses (agree/moderately agree) and negative responses (disagree/moderately disagree) are fairly even (39% and 40% respectively) with regards to the fairness of personnel decisions made by facility administration.

**Figure 4**  
**Question 4**



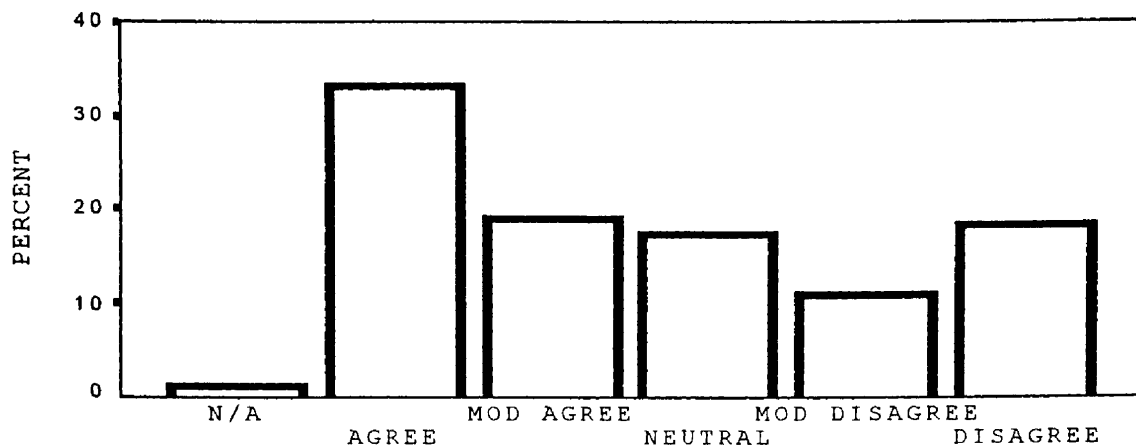
**Question 5: Facility administration is open to new ideas and methods.**

**Table 7**  
**Question 5**

Response	Number of Responses	%
Agree	618	32%
Moderately Agree	352	18%
Neutral	324	16%
Moderately Disagree	203	11%
Disagree	339	18%
Not Applicable/Missing	88	5%
<b>Total</b>	<b>1924</b>	<b>100%</b>

The figures in Table 7 indicate that a majority (50%) of respondents agreed or moderately agreed that facility administration was open to new ideas and methods. Twenty-nine percent (29%) disagreed or moderately disagreed.

**Figure 5**  
**Question 5**



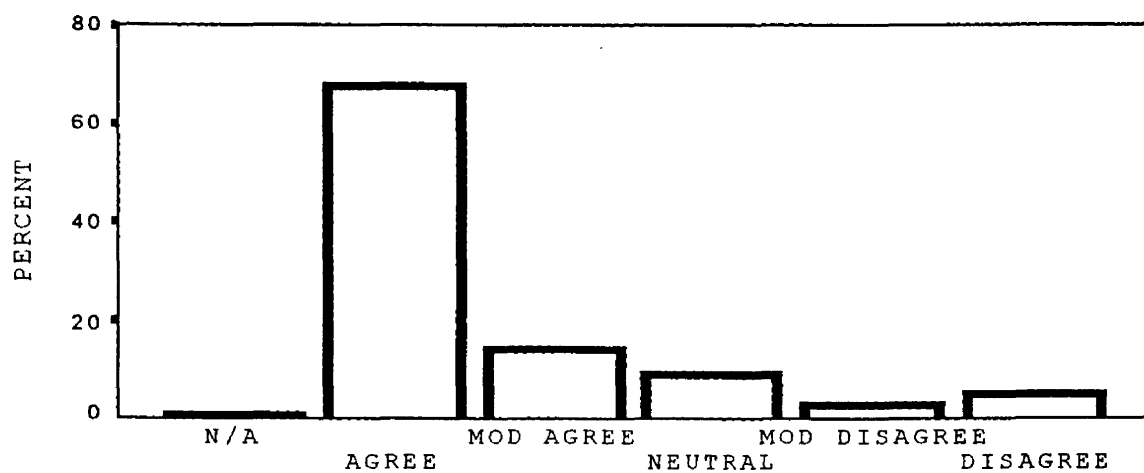
**Question 5: My co-workers and I work as a team to get things done.**

**Table 8**  
**Question 5**

Response	Number of Responses	%
Agree	1269	66%
Moderately Agree	269	14%
Neutral	171	9%
Moderately Disagree	56	3%
Disagree	98	5%
Not Applicable/Missing	61	3%
<b>Total</b>	<b>1924</b>	<b>100%</b>

A large majority of respondents (80%) agreed/moderately agreed that they and their co-workers worked together as a team. Eight percent (8%) disagreed or moderately disagreed.

**Figure 6**  
**Question 6**



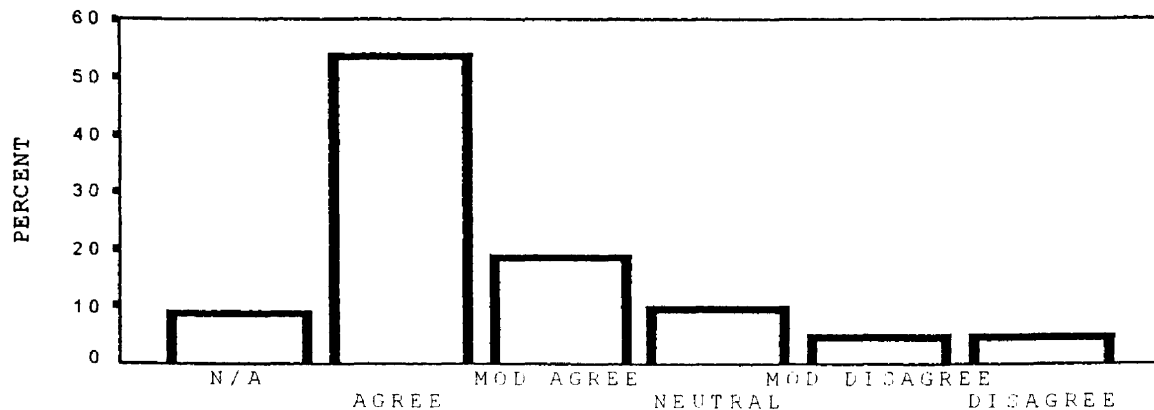
**Question 7: My observations about patients/residents are respected by other staff members.**

**Table 9**  
**Question 7**

Response	Number of Responses	%
Agree	1009	52%
Moderately Agree	348	18%
Neutral	181	9%
Moderately Disagree	88	5%
Disagree	87	5%
Not Applicable/Missing	211	11%
<b>Total</b>	<b>1924</b>	<b>100%</b>

Table 9 illustrates that a large majority (70%) of respondents agreed or moderately agreed that their observations about patients/residents were respected by other staff. Ten percent (10%) indicated that their observations were not respected.

**Figure 7**  
**Question 7**



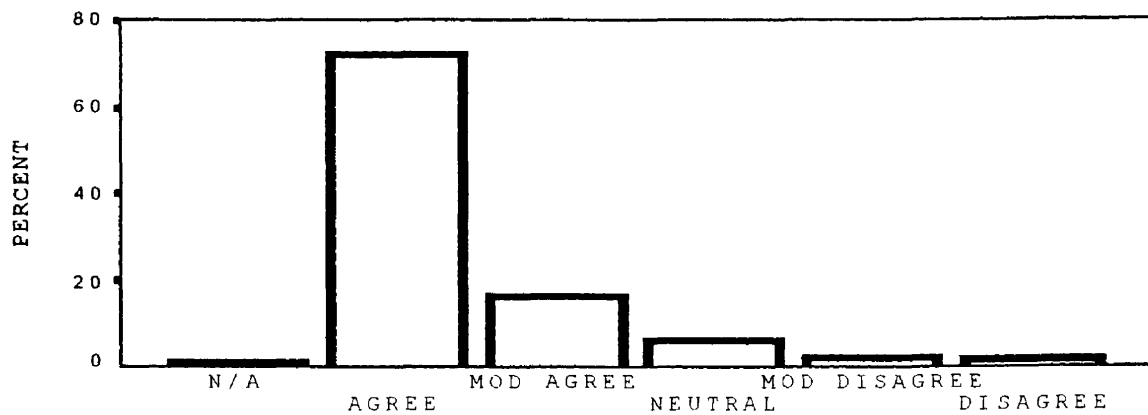
**Question 8: My co-workers and I perform the tasks assigned efficiently and with good results.**

**Table 10**  
**Question 8**

Response	Number of Responses	%
Agree	1351	70%
Moderately Agree	309	16%
Neutral	119	6%
Moderately Disagree	39	2%
Disagree	35	2%
Not Applicable/Missing	71	4%
<b>Total</b>	<b>1924</b>	<b>100%</b>

A large majority (86%) of respondents agreed or moderately agreed that tasks were performed efficiently and with good results. Four percent (4%) disagreed or moderately disagreed.

**Figure 8**  
**Question 8**



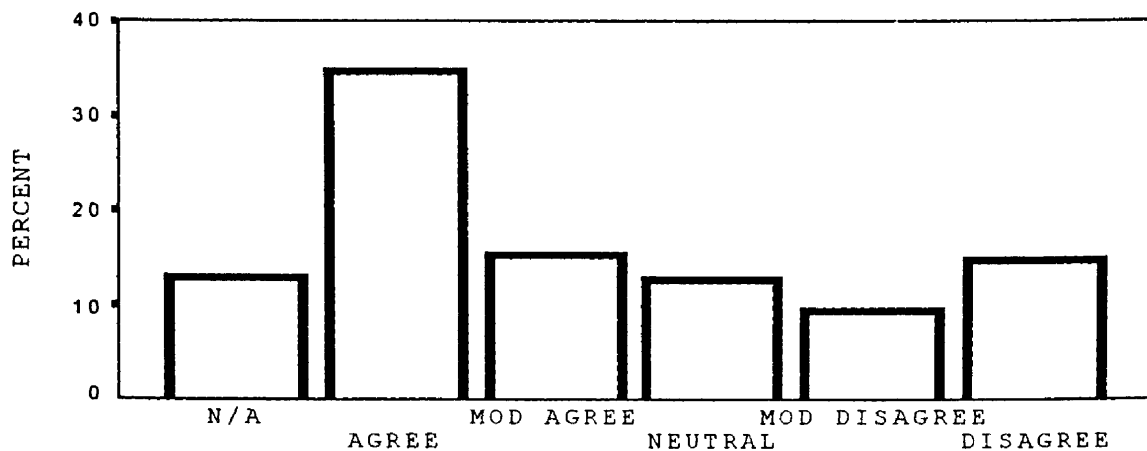
**Question 9: My unit has sufficient resources to provide quality patient/resident care.**

**Table 11**  
**Question 9**

Response	Number of Responses	%
Agree	649	34%
Moderately Agree	287	15%
Neutral	238	12%
Moderately Disagree	177	9%
Disagree	277	14%
Not Applicable/Missing	296	16%
<b>Total</b>	<b>1924</b>	<b>100%</b>

Forty nine percent (49%) of respondents agreed or moderately agreed that their units had sufficient resources to provide quality patient/resident care. Twenty three percent (23%) indicated that they disagreed or moderately disagreed that they had sufficient resources.

**Figure 9**  
**Question 9**





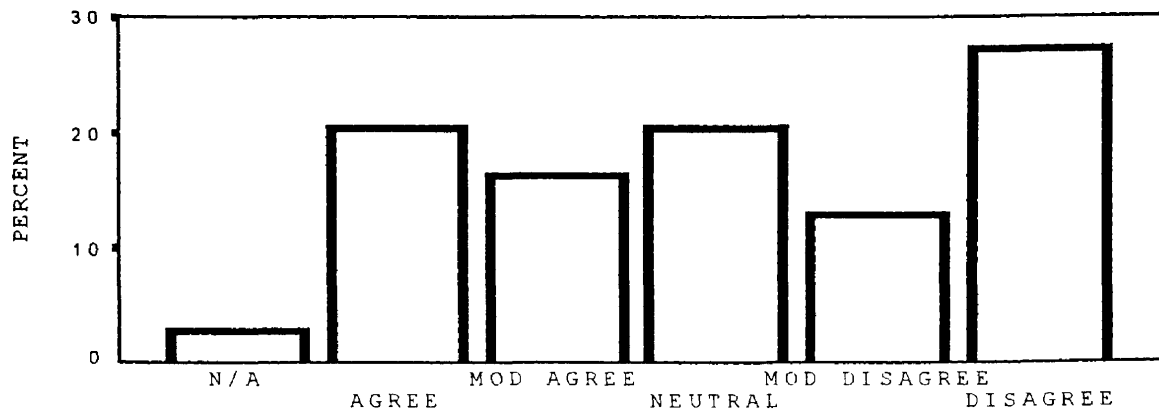
**Question 10: Most changes that have taken place in this facility over the last 18 months have been beneficial.**

**Table 12**  
**Question 10**

Response	Number of Responses	%
Agree	381	20%
Moderately Agree	304	16%
Neutral	380	20%
Moderately Disagree	239	12%
Disagree	507	26%
Not Applicable/Missing	113	6%
<b>Total</b>	<b>1924</b>	<b>100%</b>

The figures in table 12 indicate that 36% of respondents agreed or moderately agreed that these changes were beneficial. Thirty-eight percent (38%) disagreed or moderately disagreed that recent changes at the facility were beneficial.

**Figure 10**  
**Question 10**



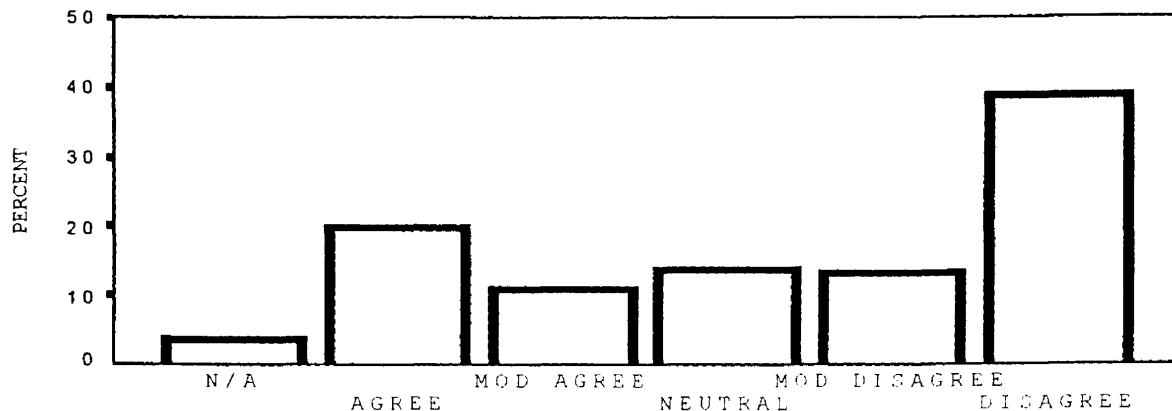
**Question 11: I believe that privatization opportunities will be well managed at this facility.**

**Table 13**  
**Question 11**

Response	Number of Responses	%
Agree	368	19%
Moderately Agree	203	11%
Neutral	252	13%
Moderately Disagree	245	13%
Disagree	719	37%
Not Applicable/Missing	137	7%
<b>Total</b>	<b>1924</b>	<b>100%</b>

The figures indicate that 30% of respondents agreed or moderately agreed that privatization opportunities will be managed well at their facilities. Fifty percent (50%) disagreed or moderately disagreed that they will be managed well.

**Table 11**  
**Question 11**



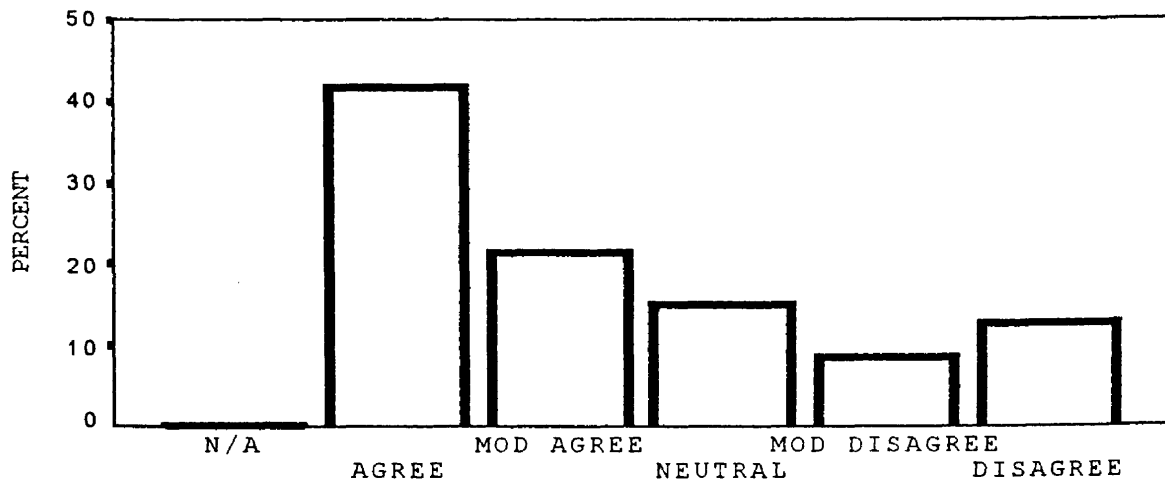
Question 12: The average daily working conditions in this facility are good.

Table 14  
Question 12

Response	Number of Responses	%
Agree	782	41%
Moderately Agree	402	21%
Neutral	280	15%
Moderately Disagree	161	8%
Disagree	240	12%
Not Applicable/Missing	59	3%
Total	1924	100%

A majority of respondents (62%) agreed or moderately agreed that average daily working conditions at their facilities were good. Twenty percent (20%) disagreed or moderately disagreed.

Table 12  
Question 12



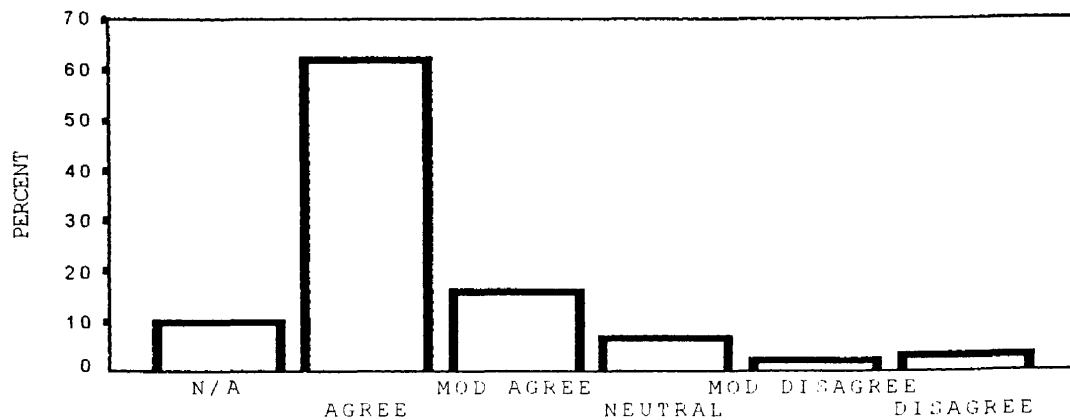
**Question 13: My work group provides a healthy and caring environment for patients/residents.**

**Table 15**  
**Question 13**

Response	Number of Responses	%
Agree	1157	60%
Moderately Agree	297	15%
Neutral	127	7%
Moderately Disagree	42	2%
Disagree	57	3%
Not Applicable/Missing	244	13%
<b>Total</b>	<b>1924</b>	<b>100%</b>

The figures in Table 15 indicate that a large majority (75%) of respondents agreed or moderately agreed that their work groups provided healthy and caring environments for patients/residents. Five percent (5%) disagreed or moderately disagreed.

**Figure 13**  
**Question 13**



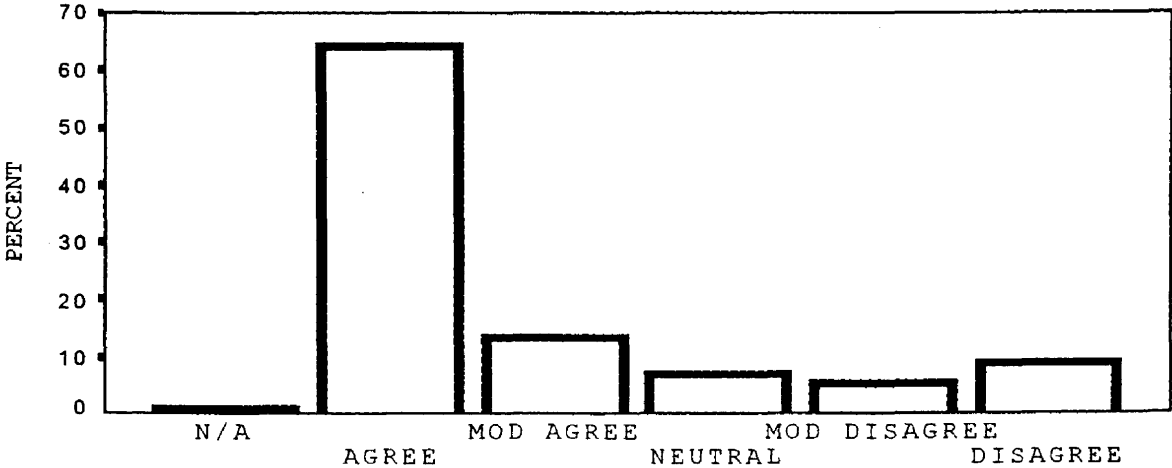
Question 14: My immediate supervisor respects me and my work.

Table 16  
Question 14

Response	Number of Responses	%
Agree	1204	63%
Moderately Agree	251	13%
Neutral	133	7%
Moderately Disagree	102	5%
Disagree	168	9%
Not Applicable/Missing	66	3%
<b>Total</b>	<b>1924</b>	<b>100%</b>

Seventy-six percent (76%) of respondents indicated that they agreed or moderately agreed that their supervisor respected them and their work. Fourteen percent (14%) disagreed or moderately disagreed.

Figure 14  
Question 14



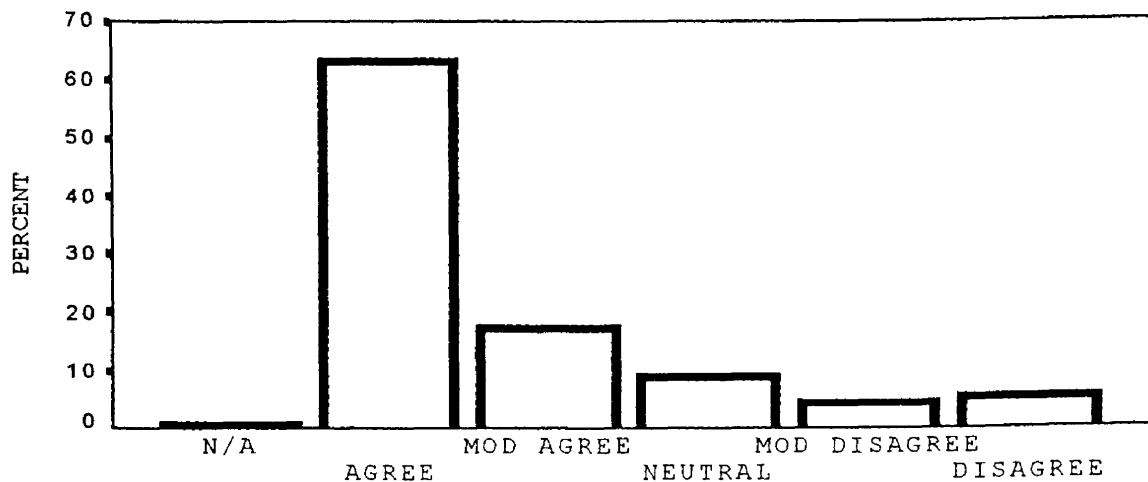
Question 15: I receive the necessary training to perform my duties.

Table 17  
Question 15

Response	Number of Responses	%
Agree	1184	62%
Moderately Agree	322	17%
Neutral	169	9%
Moderately Disagree	81	4%
Disagree	99	5%
Not Applicable/Missing	69	3%
Total	1924	100%

The figures in Table 17 indicate that a large majority of respondents (79%) agreed or moderately agreed that they receive the necessary training to perform their duties. Nine percent (9%) disagreed or moderately disagreed.

Figure 15  
Question 15



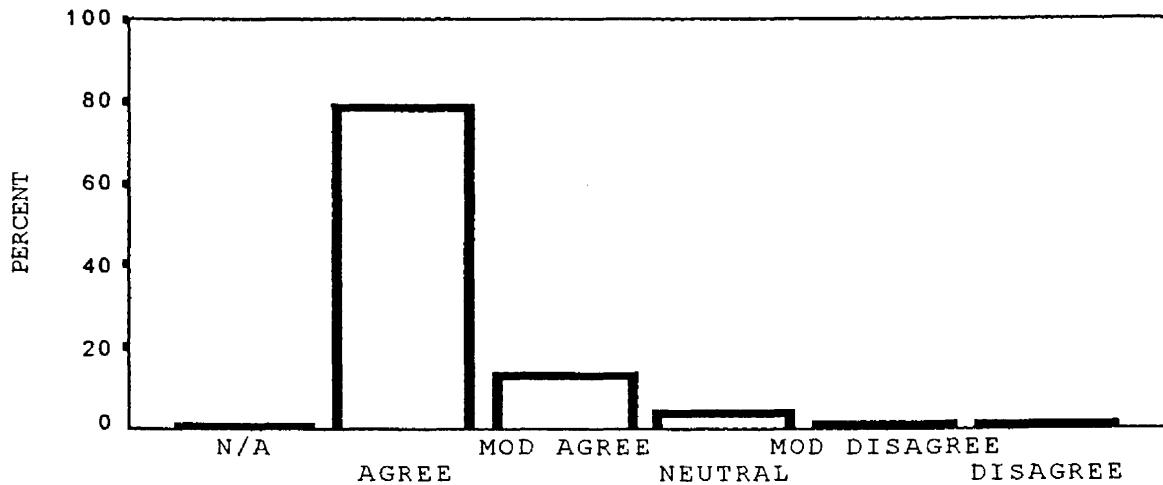
Question 16: My co-workers and I are committed to providing quality services.

Table 18  
Question 16

Response	Number of Responses	%
Agree	1472	77%
Moderately Agree	248	13%
Neutral	81	4%
Moderately Disagree	28	2%
Disagree	26	1%
Not Applicable/Missing	69	3%
<b>Total</b>	<b>1924</b>	<b>100%</b>

Ninety percent (90%) of respondents agreed or moderately agreed that they and their co-workers were committed to providing quality services. Three percent (3%) disagreed or moderately disagreed.

Figure 16  
Question 16



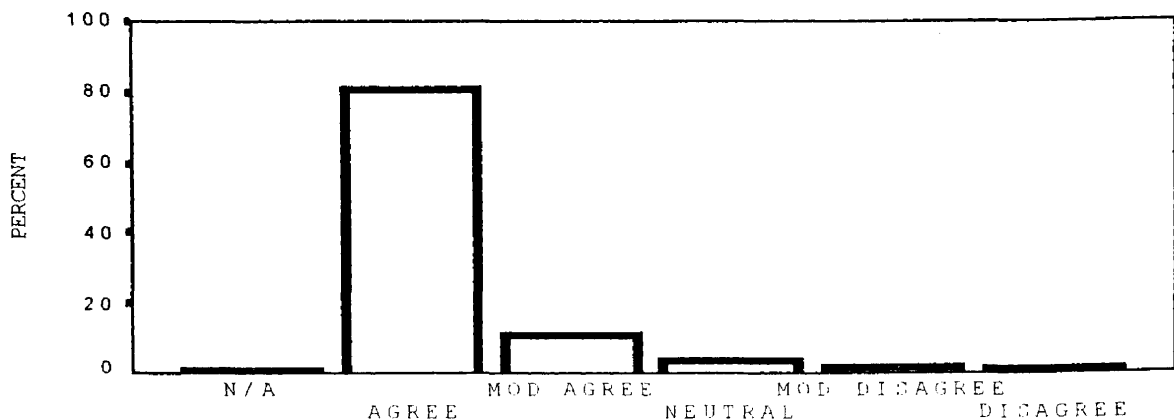
**Question 17: My co-workers and I are qualified to perform the duties we are assigned.**

**Table 19**  
**Question 17**

Response	Number of Responses	%
Agree	1509	78%
Moderately Agree	208	11%
Neutral	68	4%
Moderately Disagree	35	2%
Disagree	29	2%
Not Applicable/Missing	75	3%
<b>Total</b>	<b>1924</b>	<b>100%</b>

The figures in Table 19 indicated that a large majority of respondents (89%) agreed or moderately agreed that they were qualified to perform their assigned duties. Four percent (4%) indicated that they disagreed or moderately disagreed that they were qualified.

**Figure 17**  
**Question 17**





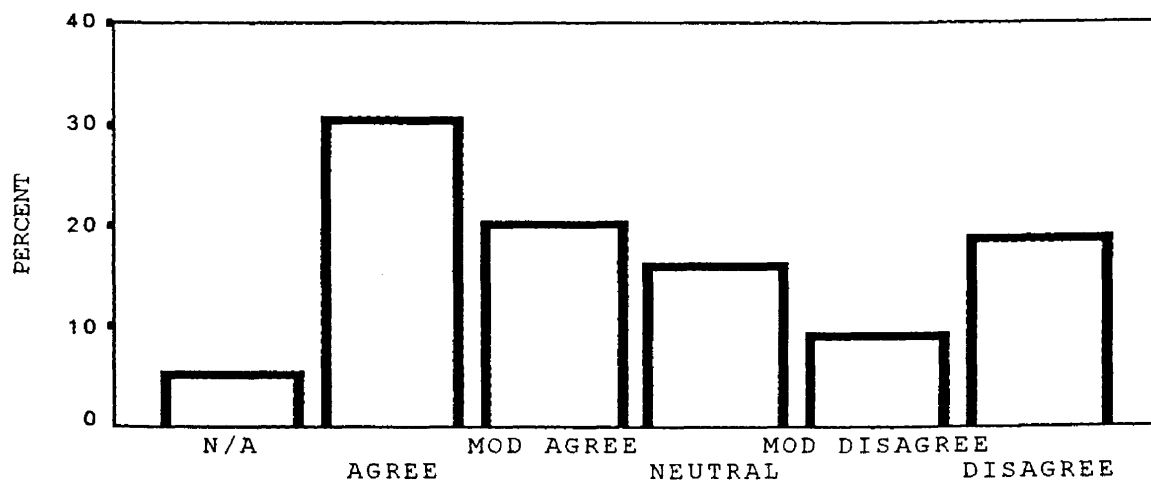
Question 18: The grievance process for resolving employee complaints is fair.

Table 20  
Question 18

Response	Number of Responses	%
Agree	567	29%
Moderately Agree	377	20%
Neutral	297	15%
Moderately Disagree	168	9%
Disagree	349	18%
Not Applicable/Missing	166	9%
<b>Total</b>	<b>1924</b>	<b>100%</b>

Forty-nine percent (49%) of respondents indicated that they agreed or moderately agreed that the grievance process is fair. Twenty-seven percent (27%) indicated that they disagreed or moderately disagreed.

Figure 18  
Question 18



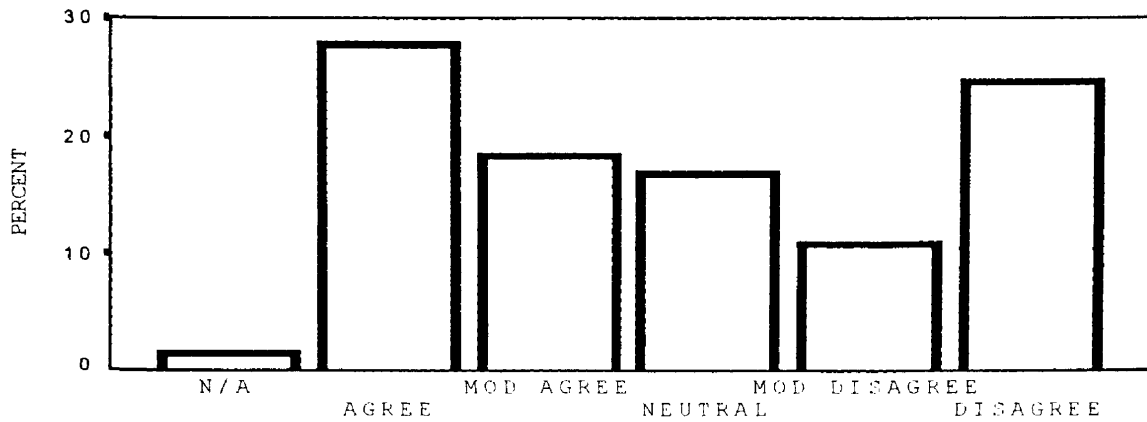
**Question 19: Facility administration communicates information in a timely and understandable manner.**

**Table 21**  
**Question 19**

Response	Number of Responses	%
Agree	519	27%
Moderately Agree	342	18%
Neutral	316	16%
Moderately Disagree	203	11%
Disagree	461	24%
Not Applicable/Missing	83	4%
<b>Total</b>	<b>1924</b>	<b>100%</b>

Forty-five percent (45%) of respondents indicated that they agreed or moderately agreed that facility administration communicates information in a timely and understandable manner. Thirty-five percent (35%) indicated that they disagreed or moderately disagreed.

**Figure 19**  
**Question 19**



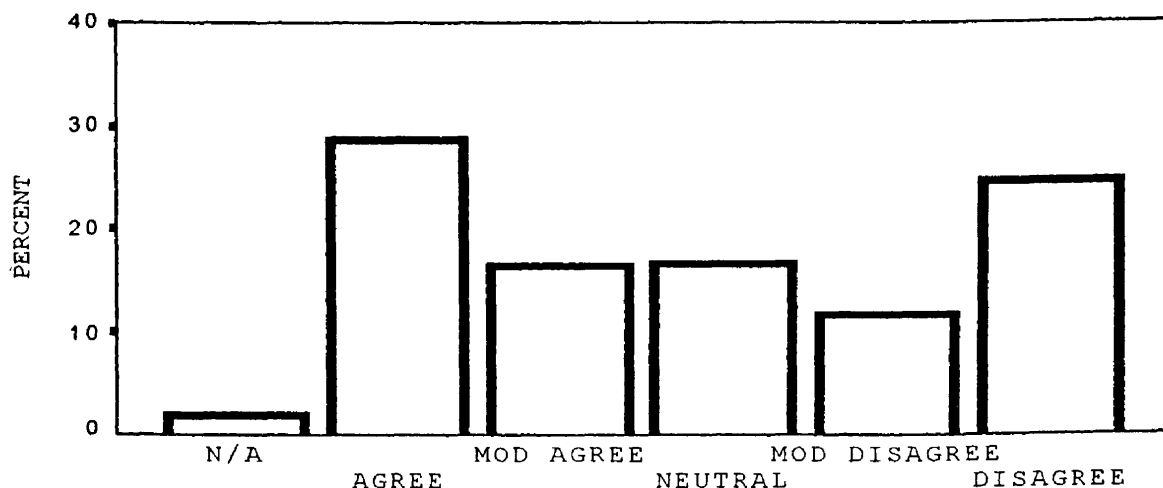
**Question 20: Facility administration listens to the concerns of the staff.**

**Table 22**  
**Question 20**

Response	Number of Responses	%
Agree	536	28%
Moderately Agree	306	16%
Neutral	310	16%
Moderately Disagree	220	11%
Disagree	462	24%
Not Applicable/Missing	90	5%
<b>Total</b>	<b>1924</b>	<b>100%</b>

The figures in Table 22 indicate that 44% of respondents agreed or moderately agreed that facility administration listens to their concerns. Thirty-five percent (35%) disagreed or moderately disagreed.

**Figure 20**  
**Question 20**



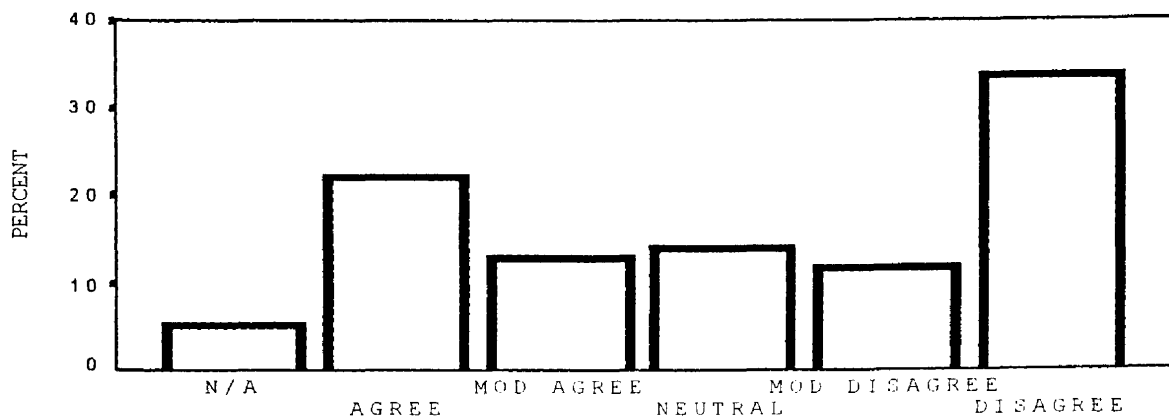
**Question 21: Employee concerns about privatization are being effectively addressed by facility administration.**

**Table 23**  
**Question 21**

Response	Number of Responses	%
Agree	410	21%
Moderately Agree	242	13%
Neutral	261	14%
Moderately Disagree	222	12%
Disagree	626	32%
Not Applicable/Missing	163	8%
<b>Total</b>	<b>1924</b>	<b>100%</b>

Thirty-four percent (34%) of respondents indicated they agreed or moderately agreed that employee concerns about privatization were being effectively addressed by facility administration. Forty-four percent (44%) indicated that they disagreed or moderately disagreed that concerns were being effectively addressed.

**Figure 21**  
**Question 21**



## Factor Analysis

The 21 questions were submitted to a factor analysis which resulted in the questions being grouped into three scales; administration, inter-staff relations, and patient care environment. Question 10 (Most changes that have taken place in this facility over the last 18 months have been beneficial) and Question 15 (I receive the necessary training to perform my duties) were removed from the scales altogether due to their lack of conceptual "fit" in any of the scales. However, the responses to these questions will be addressed separately.

1. Administration. Questions in this scale reflect opinions regarding decision making and communication by facility administration (questions 2, 3, 4, 5, 11, 18, 19, 20, 21). These include such questions as "Personnel decisions made by facility administration are fair" and "Employee concerns about privatization are being effectively addressed by facility administration."
2. Inter-staff relations. This scale reflects how employees work as a team (questions 6, 7, 8, 14, 16, 17). Questions in this scale include: "My co-workers and I work as a team to get things done" and "My immediate supervisor respects me and my work."
3. Patient care environment. Questions in this scale reflect opinions on working conditions and commitment to patient care (questions 1, 9, 12, 13). Questions include: "The average working conditions at this facility are good" and "We put patients/residents first at this facility."

These three scales were used as components in examining employee morale.

## **DISCUSSION - OBJECTIVE #5**

The fact that the overall response rate for this survey was 50% and that the individual facilities had response rates ranging from 32% to 75%, needs to be considered when interpreting the results. Nothing is known about the 50% of employees who did not respond. They may be totally positive, totally negative, or neutral in their opinions. All these factors could have affected the results of the analyses.

Overall, the respondents to this survey expressed many positive feelings as well as concerns regarding their jobs, as evidenced by responses to individual questions and by responses when employee morale is broken into its component scales: administration, inter-staff relations, and patient care environment.

Responses on the administration scale reveal that a large percentage of employees feel positively (agree/moderately agree) that facility policies take personal/family circumstances into account (50%), that facility administration is open to new ideas (50%) and that the grievance process is fair (49%). A large percentage also feel positively that facility administration listens to their concerns (44%) and that facility administration communicates information in a timely and understandable manner (45%).

However, a large percentage of employees are generally concerned (disagree/moderately disagree) about facility policies being applied uniformly to all employees (47%) and personnel decisions being fair (40%). There is substantial concern regarding facility administration managing privatization opportunities well (50%) and about facility administration effectively addressing employee concerns about privatization (44%). Responses by job category (direct care, administrative, and support) indicate that support employees are more likely to feel negatively about the management of privatization opportunities and how facility administration was addressing their concerns about privatization than those in the administrative or direct care category.

Overall, responses on the inter-staff relations scale were positive (agree/moderately agree). The majority of employees are positive that they and their co-workers work together as a team (80%), that their patient care opinions are respected by others (70%), and that they perform tasks efficiently and with good results as a team (86%). A majority also feel positively that they are respected by their supervisors (76%), that they are committed to quality patient care as a team (90%) and that they and their co-workers have the necessary qualifications to perform their duties (89%).

Responses on the patient care environment scale are also generally positive (agree/moderately agree). A majority of employees feel that their facilities put patients/residents first (77%) and that their work group provides a healthy and

caring environment for patients/residents (75%). They are also generally positive regarding the average daily working conditions at the facilities being good (62%) and a large percentage feel that their unit has sufficient resources to provide quality patient care (49%).

The two questions not included in the three scales relate to training and changes that have occurred at facilities over the last 18 months. A large majority of employees (79%) feel positively that they receive the training needed to perform their duties. Thirty-eight percent (38%) of employees feel negatively (disagree/moderately disagree) that changes at their facilities in the last 18 months have been beneficial, however, 36% of employees do feel positive that changes were beneficial.

#### **CONCLUSION - OBJECTIVE #5**

The data appear to indicate that there are positive feelings regarding the everyday job performance of the respondents, their teamwork with other staff members, and the quality of patient/resident care; however, there is concern with fairness in decision making, with issues about whether privatization is being effectively addressed and whether it will be well managed, and with changes at facilities in the last 18 months.

The Department will work with facility directors on employee concerns identified in the survey. Survey responses will be shared with each of the fifteen facility directors and meetings will be held to develop strategies to address the areas which had less positive responses. In addition, the Department will continue to reinforce the areas where positive feelings are identified and assess the need to upgrade or revise its policies.

## *Appendix*



1   SENATE JOINT RESOLUTION NO. 97

2     *Requesting the Department of Mental Health, Mental Retardation and Substance Abuse Services to*  
3         *study the effects of recent state employment reduction programs on the services within the mental*  
4         *health institutions.*

5   Agreed to by the Senate, February 13, 1996  
6   Agreed to by the House of Delegates, February 23, 1996

7     WHEREAS, in Virginia, the Department of Mental Health, Mental Retardation and Substance  
8     Abuse Services operates many institutions for the inpatient treatment of mentally ill patients and the  
9     inpatient care of other patients; and

10    WHEREAS, these institutions are scattered across the state, some in municipalities and others in  
11    sparsely populated rural areas; and

12    WHEREAS, these institutions not only provide the much-needed care for seriously ill patients,  
13    they are also, in some communities, a major source of revenue and income for the citizens of the  
14    area; and

15    WHEREAS, the Commonwealth has a responsibility to ensure that the quality of the care provided  
16    to the patients is good and, because providing care to the mentally ill requires patient and committed  
17    professionals and other staff, the quality of the care could be directly related to the quality of the  
18    work environment; and

19    WHEREAS, in the last several years, Virginia has implemented several programs designed to  
20    reduce the number of state employees; and

21    WHEREAS, although downsizing is surely a worthwhile goal, the toll in human disruption and  
22    displacement can be great; and

23    WHEREAS, when the anxieties experienced by state personnel are added to the stress of a taxing  
24    job, the result could very well be a reduced quality of care that is directly proportional to the reduced  
25    morale of the employees; now, therefore be it

26    RESOLVED by the Senate, the House of Delegates concurring, That the Department of Mental  
27    Health, Mental Retardation and Substances Abuse Services be requested to study the effects of recent  
28    state employment reduction programs on the services within the mental health institutions, with  
29    particular emphasis on the impact of these efforts on rural mental health hospitals such as  
30    Southwestern Virginia Mental Health Institute. In its study, the department shall evaluate the savings  
31    gained by reductions in force in relationship to the need to rehire essential personnel and whether the  
32    new employees are being hired at the same, lower, or higher salaries than the retired or resigned  
33    employees that they are replacing. The department shall also examine the morale of its rural  
34    employees to ascertain the need to upgrade and revise its policies in order to improve the quality of  
35    the work environment and, thereby, the quality of the care. Finally, the department shall examine its  
36    salary scales to ascertain any need to upgrade the salaries of long-term employees who were hired at  
37    much lower salaries than the entry level salaries of today and whether the salaries of these long-term  
38    employees are not being overtaken and surpassed by those of new employees with the same or  
39    comparable credentials.

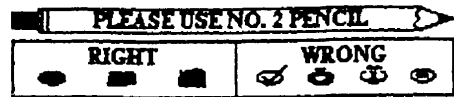
40    The department shall provide staff support for the study. All agencies of the Commonwealth shall  
41    provide assistance to the department, upon request.

42    The department shall complete its work in time to submit its findings and recommendations to the  
43    Governor and the 1997 Session of the General Assembly as provided in the procedures of the  
44    Division of Legislative Automated Systems for the processing of legislative documents.

## DMHMRSAS Employee Survey

**Purpose:**

The Virginia Legislature has requested that our agency study the effects of recent state employment reduction programs on the services within our facilities. Part of that study is to assess the morale of our employees, the quality of the work environment and the quality of client care. This survey is designed to give you an opportunity to respond to questions in these areas. Please be advised that all responses are strictly confidential.



Please fill in the appropriate circle below for your category/discipline/facility/length of service:

- |  |   |  |  |  |
|--|---|--|--|--|
| <b>1. Direct Care</b><br><input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> HSCW/Aide<br><input type="checkbox"/> Social Work<br><input type="checkbox"/> Psychology<br><input type="checkbox"/> ActivityTherapist | <b>2. Administrative</b><br><input type="checkbox"/> Management<br><input type="checkbox"/> Fiscal<br><input type="checkbox"/> MIS<br><input type="checkbox"/> Clerical | <b>3. Support</b><br><input type="checkbox"/> B&G<br><input type="checkbox"/> Dietary<br><input type="checkbox"/> Laundry<br><input type="checkbox"/> Housekeeping | <b>4. Facility</b><br><input type="checkbox"/> DEJ<br><input type="checkbox"/> SVMHI<br><input type="checkbox"/> SWVMHI<br><input type="checkbox"/> SWVTC<br><input type="checkbox"/> SVTC<br><input type="checkbox"/> WSH<br><input type="checkbox"/> Catawba | <b>5. Length of service(years) at this facility:</b><br><input type="checkbox"/> 1-3<br><input type="checkbox"/> 4-6<br><input type="checkbox"/> 7-9<br><input type="checkbox"/> 10-15<br><input type="checkbox"/> 15+ |
|--|---|--|--|--|

**Questions:**

		Not Applicable	Agree		Disagree
1. We put patients/residents first at this facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Facility policies and rules are applied uniformly to all employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Facility policies take personal/family circumstances into account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Personnel decisions made by facility administration are fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Facility administration is open to new ideas and methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My co-workers and I work as a team to get things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My observations about patients/residents are respected by other staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My co-workers and I perform the tasks assigned efficiently and with good results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My unit has sufficient resources to provide quality patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Most changes that have taken place in this facility over the last 18 months have been beneficial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I believe that privatization opportunities will be well managed at this facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The average daily working conditions in this facility are good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My work group provides a healthy and caring environment for patients/residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My immediate supervisor respects me and my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I receive the necessary training to perform my duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My co-workers and I are committed to providing quality services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My co-workers and I are qualified to perform the duties we are assigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The grievance process for resolving employee complaints is fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Facility administration communicates information in a timely and understandable manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Facility administration listens to the concerns of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Employee concerns about privatization are being effectively addressed by facility administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



