

2021

Connecticut Valley Hospital and  
Whiting Forensic Hospital  
Workplace Survey Report

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### *Acknowledgements*

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# Connecticut Valley Hospital and Whiting Forensic Hospital Personnel Survey

May 16, 2021

## Introduction

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In 2018, Connecticut’s General Assembly enacted, and the governor signed, PA 18-86, “An Act Concerning Whiting Forensic Hospital and Connecticut Valley Hospital.”<sup>1</sup> Among other things, the Act created a task force, since named the CVH Whiting Forensic Task Force, to investigate conditions at Whiting Forensic Hospital (WFH) and Connecticut Valley Hospital (CVH).<sup>2</sup> The task force is directed to review “operations, conditions, culture and finances” of CVH and WFH and report recommendations to the General Assembly. The statute also directs the task force to “evaluate the need to conduct a confidential survey regarding the employee work environment at Connecticut Valley Hospital and Whiting Forensic Hospital, including, but not limited to, worker morale, management and any incidences of bullying, intimidation or retribution.”<sup>3</sup> (See Appendix A for Section 1, which refers to the survey). Pursuant to the statute, the task force determined that a survey of CVH and WFH personnel would aid their investigation, and contracted for the services of UConn Health’s Center for Population Health to design and administer the survey.

The survey underlying the present report was designed to measure subjective perceptions of CVH and WFH employees on three domains: worker morale, bullying, and management during the reporting period (September 2020 through March 2021). Additionally, the intent of the survey was to provide information for the task force to use when making recommendations to the General Assembly. This report focuses on summarizing the employee responses and makes no attempt to assess the reasonableness of the employee’s perceptions, or determine the existence of the factual basis of any reported experiences or impressions.

The survey was designed to address the following specific aims:

- Aim 1.** Examine the level of worker morale as reported by current employees at CVH and WFH.
- Aim 2.** Examine experiences of bullying, if any, perpetrated by managers, supervisors, co-workers, or supervisees as reported by current employees at CVH and WFH.
- Aim 3.** Examine the perception of bullying risk based on management policies, practices and behaviors as reported by current employees at CVH and WFH.
- Aim 4.** To the extent the data will allow, examine the degree to which sociodemographic and occupational variables such as gender, age, race, ethnicity, job classification, and length of service are associated with worker morale, bullying and management.

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<sup>1</sup> Connecticut General Assembly (2018). *An Act Concerning Whiting Forensic Hospital and Connecticut Valley Hospital, Public Act 18-86*, available at: <https://www.cga.ct.gov/2018/ACT/pa/pdf/2018PA-00086-R00SB-00404-PA.pdf> (accessed May 11, 2021).

<sup>2</sup> Connecticut Office of Legislative Research (2018). *Public Act Summary of PA 18-86, An Act Concerning Whiting Forensic Hospital and Connecticut Valley Hospital*, available at: <https://cga.ct.gov/2018/SUM/pdf/2018SUM00086-R02SB-00404-SUM.pdf> (accessed May 11, 2021).

<sup>3</sup> Connecticut General Assembly (2018). *An Act Concerning Whiting Forensic Hospital and Connecticut Valley Hospital, Public Act 18-86, Section 1 (a)*, available at: <https://cga.ct.gov/2018/ACT/pa/pdf/2018PA-00086-R00SB-00404-PA.pdf> (accessed May 11, 2021).

## **Methods**

### ***Respondents***

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The respondents are individuals who were currently employed at CVH or WFH full-time, part-time or per diem during the data collection period between March 15 to March 31, 2021 when the survey was administered, and 18 years of age or older. The survey was sent to 1,520 employee email addresses at CVH and WFH. Two individuals notified the survey team that they no longer worked at CVH or WFH reducing the total number of potential respondents to 1,518.

### ***Design***

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This project is considered non-experimental. A descriptive design was used, meaning that data were collected and analyzed to describe existing phenomena without an intervention. The project used both quantitative and qualitative methods that will be described in more detail in the analyses section below. A Human Subjects Research Determination Form was submitted to the UConn Health Institutional Review Board. Results from the review deemed the activity to be non-human subject research.

### ***Procedure***

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To address the specific aims, the survey team created the Connecticut Valley Hospital and Whiting Forensic Hospital Workplace Survey (hereafter referred to as the survey) (Appendix B). The survey team formatted the survey for online administration using SurveyMonkey™, an online survey tool. The survey team worked closely with the task force when designing the survey, to ensure the survey yielded the type of information the task force requires for its final report to the General Assembly. Prior to administration, the survey team pilot tested the survey with approximately ten individuals. In addition, they distributed a draft of the survey to the task force after which they attended a task force meeting to obtain feedback on the survey.

The survey team asked the task force to create and distribute an email message to introduce the survey which would encourage participation and inform prospective participants that the survey was requested by the task force (i.e., to ensure they knew that the survey email was not spam). The introductory email was sent by a task force member on March 15, 2021.

DMHAS provided the survey team with an electronic contact list of CVH and WFH current employees' (n=1520) email addresses. The survey team distributed the survey link by sending an email message to CVH and WFH employees. The message to the CVH and WFH employees included an overview that described the survey, its purpose, that participation was voluntary, that the survey could be completed during work time, that respondents needed to be 18 years of age or older and currently employed at CVH or WFH, estimation of time to complete the survey, and a link to the survey. No identifying information from respondents was linked to their responses.

The survey team sent the initial survey distribution on March 15, 2021 following the distribution of the introductory email sent by the task force. Respondents were informed that by clicking on the "Begin Survey" button, they agreed to participate in the survey. Reminders to participate in the survey were sent on March 19, 2021, March 25, 2021, and March 30, 2021. The survey closed on March 31, 2021. At the close of the survey administration, data were retrieved from the SurveyMonkey™ database and stored on a secure local server.

## Analyses

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**Quantitative Analyses.** Quantitative statistical analyses were performed using SAS 9.4 statistical software. All valid data were used for calculations on each response. The total numbers differ by item because not all respondents answered all questions. Numbers and percentages were calculated for categorical variables and chi-square tests were performed to test for response differences between respondents with contrasting demographic and job characteristics. Summary measures were created from the means of related items evaluating a topic of interest. Means and standard deviations were calculated for summary measures, and t-tests were performed to test for measure differences between respondents with contrasting demographic and job characteristics. Summary variables only included data from respondents who had no missing data for the items included in the summary measure.

**Qualitative Analyses.** The last item of the survey was an open-ended text field. It stated, “Please provide any additional information about your experience working at CVH or WFH”. Open-ended comments were imported into NVivo 12Pro,<sup>4</sup> a software package designed to handle unstructured qualitative data to assist in reporting recurrent themes, links among the themes, and supporting quotations. The comments averaged 143 words ranging from 2 to 1,003 words. A member of the survey team used an *a priori* coding scheme meaning that the data were analyzed based on existing knowledge of the three primary constructs identified in the legislation and on which the survey was based: worker morale, bullying, and management. The respondents’ comments were reviewed a number of times to identify themes across individual comments. The central themes (i.e., worker morale, bullying, and management) and sub-themes were identified and coded in an iterative manner. Since the central themes are inter-related, some comments were coded under more than one theme and some respondents raised multiple issues, therefore, a comment from a single individual may have been coded under more than one theme, and some respondents’ comment were counted multiple times. (See Appendix C for a summary of qualitative findings.)

## Instrument

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In the process of developing the survey, the survey team used the following definitions of the key concepts stated in the legislation (i.e., worker morale, bullying and management) to help guide the survey development and analyses.

### *Worker Morale*

McKnight et al. described job morale as “the degree to which an employee feels good about his or her work environment.” Job morale was associated with other factors, such as performance and productivity (Weakliem, & Frenkel, 2006, Motowildo, & Borman, 1978), work effort (Weakliem, & Frenkel, 2006), intention to leave (Johnsrud, Heck, & Rosser, 2000) and customer satisfaction (Abbott, 2003).<sup>5</sup>

### *Bullying*

Bullying is repeated, unwanted harmful actions intended to humiliate, offend, and cause distress in the recipient. Bullying actions include those that harm, undermine, and degrade. Actions may include, but are not limited to, hostile remarks, verbal attacks, threats, taunts, intimidation, and withholding of support (McNamara, 2012). Such actions occur with greater frequency and

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<sup>4</sup> NVivo qualitative data analysis software; QSR International Pty Ltd. Version 12, 2018

<sup>5</sup> Sabitova, A, Hickling, and Priebe, S. (2020). Job morale: a scoping review of how the concept developed and is used in healthcare research. *BM Public Health*, 20 (1166), p.3-4)

intensity than do actions described as uncivil. Bullying actions present serious safety and health concerns, and they can cause lasting physical and psychological difficulties for targets (Washington State Department of Labor and Industries, Safety and Health Assessment and Research for Prevention Program, 2011).

Bullying often involves an abuse or misuse of power, creates feelings of defenselessness and injustice in the target, and undermines an individual's inherent right to dignity. Bullying may be directed from the top down (employers against employees), from the bottom up (employees against employers), or horizontally (employees against employees).<sup>6</sup>

### *Management*

Management has been defined as the process, comprised of social and technical functions and activities, occurring within organizations for the purpose of accomplishing predetermined objectives through humans and other resources (Longest, Rakick, & Darr, 2000). Implicit in the definition is that managers work through and with other people, carrying out technical and interpersonal activities, in order to achieve desired objectives of the organization. Others have stated that a manager is anyone in the organization who supports and is responsible for the work performance of one or more other persons (Lombardi & Schermerhorn, 2007).<sup>7</sup>

The survey consisted of 85 questions beginning with two required screening questions (i.e., an attestation that the respondent currently worked at CVH or WFH, and that the respondent was 18 years of age or older), followed by 12 worker morale questions, 21 bullying questions, 31 management questions, 3 questions related to one's direct supervisor, 3 questions related to the organization's management, 4 demographic questions, 8 background work environment questions and 1 open-ended question.

The majority of the survey questions were multiple-choice. Response options for the worker morale questions (Part 1), the management questions (Part 3), direct supervisor questions (Part 4), and organization's management (Part 5) were Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, and Strongly Disagree. Response options for the bullying questions (Part 2) were Never, Rarely, Monthly, Weekly, Daily, and N/A with one question offering dichotomous (Yes/No) response options. Questions in the Demographic and Background Work Environment sections were multiple-choice with the exception of the questions inquiring about the number of years employed at CVH or WFH and the number of overtime hours worked in a typical pay period which required a whole number. The final survey question was an open-ended text field where respondents were offered the opportunity to "provide any additional information about your experience working at CVH or WFH".

The survey team estimated that the survey would take approximately 20 minutes to complete; however, SurveyMonkey™ analytics reported that the typical time that respondents actually spent to complete the survey was 13 minutes, 13 seconds.

The survey drew from several existing surveys. The questions in Part 1 (worker morale) are based in part on the Federal Employee Viewpoint Survey (2020) (FEVS).<sup>8</sup> The questions in Part 2 (bullying) are based in part on the

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<sup>6</sup> American Nurses Association Position Statement on Incivility, Bullying, And Workplace Violence, July 22,2015, p.3

<sup>7</sup> Goldsmith, S.B. (2014). *Understanding health care management: A case study approach*. Jones and Bartlett Learning. (p. 19).

<sup>8</sup> Government-wide Management Report: Results from the 2020 OPM Federal Employee Viewpoint Survey United States Office of Personnel Management. (2020). Federal Employee Viewpoint survey. Available at:

Workplace Aggression Research Questionnaire (WAR-Q).<sup>9</sup> Questions in Part 3 (management) are based in part on Bullying Risk Assessment Tool (BRAT),<sup>10</sup> the NHS Staff Survey (2019),<sup>11</sup> and the National Institute of Occupational Safety and Health (NIOSH) Quality of Worklife Questionnaire (2010).<sup>12</sup> Part 4 (direct supervisor) and Part 5 (organizational management) are based in part on the FEVS.<sup>13</sup>

## Results

### *Sample Description*

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Participants were employees of CVH or WFH during the period when the survey was administered (March 15 to March 31, 2021), 18 years of age or older, and all attested to that on the screening questions at the beginning of the survey. The link to the survey was emailed to 1,520 employees, two of whom responded that they no longer worked at CVH or WFH. Four hundred sixty-seven individuals accessed the survey; however, 50 completed no items other than the screening questions resulting in 417 respondents for a response rate of 27% (417/1,518).

The demographic profile of participants is presented in Table 1 along with the total workforce gender and race distributions for the 1639 workforce members. DMHAS provided the survey team with two lists of employee email addresses: one of CVH employees and one of WFH employees. The combined number of employees on the two lists exceeds the total number of employees since some employees work at more than one facility. About 30% (n=113) of participants reported being male and 60% (n=228) reported being female, with 10% preferring not to answer; this compares to a workforce distribution of 42% male and 58% female. Most participants (n=242, 64%) reported being 45 or older. About 40% (n=167) were non-Hispanic White, 18% were non-Hispanic Black, and 6% were Hispanic (n=26). The remaining non-Hispanic participants who reported their race were Asian, and Other races. The workforce racial distribution (see Table 1) was similar for all races except non-Hispanic Blacks which comprise 37% of the workforce. All races except Hispanic are non-Hispanic; throughout the text the non-Hispanic prefix will be dropped for simplicity.

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<https://www.opm.gov/fevs/reports/governmentwide-reports/governmentwide-management-report/governmentwide-report/2020/2020-governmentwide-management-report.pdf> (accessed May 10, 2021).

<sup>9</sup> Neuman, J., & Keashly, L. (2004). Workplace aggression research Questionnaire (WAR-Q), cited in Parker-Pope, T. (2008, March 24), Have you been bullied at work? *New York Times* available at:

<https://well.blogs.nytimes.com/2008/03/24/have-you-been-bullied-at-work/> (accessed May 10, 2021.)

<sup>10</sup> Hoel, H., & Giga, S. I. (2006). Destructive interpersonal conflict in the workplace: The effectiveness of management interventions. Manchester: British Occupational Health Research Foundation (BOHRF) and Manchester Business School, The University of Manchester. Available at: [https://www.researchgate.net/profile/Sabir-Giga/publication/38141588\\_Destructive\\_Interpersonal\\_Conflict\\_in\\_the\\_Workplace\\_The\\_Effectiveness\\_of\\_Management\\_Interventions/links/02e7e524d9b65b2ff7000000/Destructive-Interpersonal-Conflict-in-the-Workplace-The-Effectiveness-of-Management-Interventions.pdf?origin=publication\\_detail](https://www.researchgate.net/profile/Sabir-Giga/publication/38141588_Destructive_Interpersonal_Conflict_in_the_Workplace_The_Effectiveness_of_Management_Interventions/links/02e7e524d9b65b2ff7000000/Destructive-Interpersonal-Conflict-in-the-Workplace-The-Effectiveness-of-Management-Interventions.pdf?origin=publication_detail)

<sup>11</sup> [NHS Staff Survey Results – NHS Staff Survey Results](https://www.nhsstaffsurveys.com/Page/1058/Survey-Documents/Survey-Documents/) NHS England. (2020) National NHS Staff Survey 2020. Available at <https://www.nhsstaffsurveys.com/Page/1058/Survey-Documents/Survey-Documents/> (accessed May 10, 2021).

<sup>12</sup> National Institute of Occupational Safety and Health (NIOSH) Quality of Worklife Questionnaire (2010)<sup>12</sup> <https://www.cdc.gov/niosh/topics/stress/pdfs/QWL2010.pdf>

<sup>13</sup> Government-wide Management Report: Results from the 2020 OPM Federal Employee Viewpoint Survey United States Office of Personnel Management. (2020). Federal Employee Viewpoint survey. Available at: <https://www.opm.gov/fevs/reports/governmentwide-reports/governmentwide-management-report/governmentwide-report/2020/2020-governmentwide-management-report.pdf> (accessed May 10, 2021).



Table 1  
*Demographics of Respondents*

Demographic	Total Workforce (n=1518)		Survey Respondents (n=417)		Respondents who wrote comments (n=146)	
	n	Percent	n	Percent	n	Percent
<b>Gender</b>						
Male	692	42	113	30	42	29
Female	947	58	228	60	87	60
Other or Prefer not to answer	0	0	39	11	17	12
<b>Age</b>						
18-34	--	--	24	6	7	5
35-44	--	--	71	19	30	20
45-54	--	--	131	34	51	34
55+	--	--	111	29	40	27
Prefer not to answer			43	11	17	12
<b>Ethnicity-Race</b>						
Hispanic	153	9	26	6	10	7
Non-Hispanic White (White*)	756	46	167	40	82	56
Non-Hispanic Black (Black*)	607	37	73	18	22	15
Non-Hispanic Asian (Asian*)	83	5	13	3	3	2
Non-Hispanic Other (Other*)	40	2	21	5	10	7
Non-Hispanic Prefer not to answer	--	--	79	19	29	20
Non-Hispanic Missing	--	--	38	9	3	2
*Label used in the text						

Table 2 presents the distribution of professions represented in responses and Table 3 presents job characteristics of the participants. Regarding the location of work, participants were able to select more than one location. About 55% of participants (n=203) work in the CVH Addiction Services Division (n=91) or the General Psychiatry Division (n=112). About 44% work in the Whiting Building (n=98) or Dutcher Building (n=68). About 7% (n=25) selected “other” for location, and about 10% of participants reported working in more than one of the listed location options. A few (n=30, 8%) preferred not to report where they worked. Participants reported working at CVH and WFH for an average of 11.45 years (standard deviation of 8.52), with a range of 0 to 36 years. Almost all participants worked full-time (n=338, 90%), with 2% (n=8) working part-time and 29 (n=8%) preferring not to answer. About 60% (n=225) work the day shift, with 54 (15%) and 31 (8%) working the afternoon and night shifts, respectively, and 55 preferring not to answer (15%). The remaining 7 (2%) work split and rotating shifts. About 40% (n=151) of participants reported working overtime hours during a typical pay period. Among those who work overtime hours, the average number of overtime worked in a typical pay period was 27 hours, with a low of 1 hour and a high of 90 hours. Approximately 46 (31%) reported that overtime work was mostly or completely mandatory. Most respondents have some direct patient care responsibilities. About

15% (n=57) have no patient care while over 50% (n=186) reported spending more than 60% of their work time in direct patient care during a typical week. About 11% (n=42) preferred not to answer.

**Table 2**  
*Primary Professional Role at CVH or WFH*

Role	All Respondents (n=417)		Respondents who wrote comments (n=146)	
	n	Percent	n	Percent
Ambulatory Care Services (Physician, Nurse Practitioner, Physician's Assistant, Pharmacist)	11	3	8	6
Behavioral Health Clinician (Counselor, Substance Abuse Counselor, Therapist)	12	3	7	5
Business, Administrative, and Clerical (Accounting, Reception, Human Resources, Billing, Records, Information Technology)	18	5	6	4
DMHAS Police	0	0	0	0
Facility Operations (Dietary, Housekeeping, Maintenance, Transportation)	16	4	1	1
Management (Administrators, Managers, Coordinators)	22	6	9	6
Mental Health Assistant/Forensic Treatment Specialist (MHA/FTS)	98	26	42	29
Nursing (Nurse, Registered Nurse)	51	14	18	12
Other (please specify)	14	4	4	3
Other Therapists, Support and Outreach (Occupational, Physical, Rehabilitation, Educational Therapist; Outreach, Faith, Family Support, Recovery Support Specialist)	25	7	12	8
Psychiatry (Psychiatrist, Psychiatric Nurse Practitioner) /Psychologist	12	3	3	2
Social Worker/Forensic Monitor	19	5	10	7
Prefer not to answer	73	20	25	17

**Table 3**  
*Description of Workforce at CVH and WFH*

	All Respondents (n=417)		Respondents who wrote comments (n=146)	
	<i>n</i>	Percent	<i>n</i>	Percent
Where do you work (select all that apply)?				
Addiction Services Division - Connecticut Valley Hospital	91	24	26	18
General Psychiatry Division - Connecticut Valley Hospital	112	30	34	23
Whiting Building - Whiting Forensic Hospital	98	26	45	31
Dutcher Building - Whiting Forensic Hospital	68	18	25	17
Prefer not to answer	30	8	9	6
Other	25	7	7	5
More than one location	36	10	15	10
Do you currently work part-time or full-time at CVH or WFH?				
Full-time	338	90	136	93
Part-time	8	2	2	1
Prefer not to answer	29	8	8	6
Which of the following best describes your usual schedule?				
Day shift	225	60	88	60
Afternoon shift	54	15	24	16
Night shift	31	8	14	10
Split shift	3	1	3	2
Irregular shift/on-call	0	0	0	0
Rotating shifts	4	1	1	1
Prefer not to answer	55	15	15	10
In a typical pay period, do you work overtime hours beyond your usual schedule?				
Yes	151	40	60	41
No	171	46	70	48
Prefer not to answer	52	14	16	11
When you work extra hours on your job at CVH or WFH, is it voluntary or mandatory?				
Completely voluntary	32	21	13	22
Mostly voluntary	41	28	10	17

Table 3

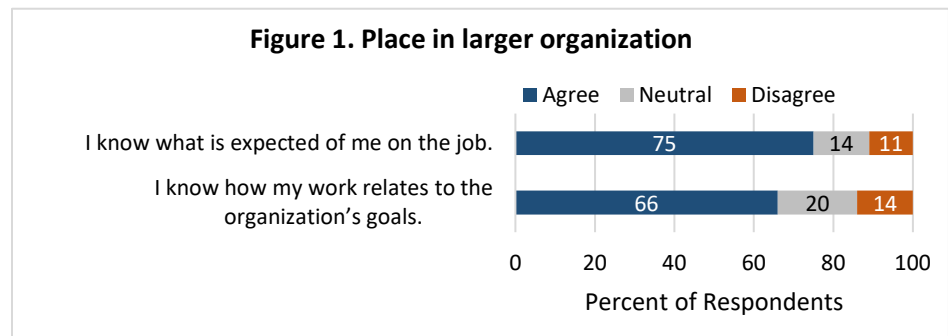
*Description of Workforce at CVH and WFH*

	All Respondents (n=417)		Respondents who wrote comments (n=146)	
	n	Percent	n	Percent
About equally voluntary and mandatory	22	15	11	18
Mostly mandatory	24	16	10	17
Completely mandatory	22	15	14	23
N/A	1	1	1	2
Prefer not to answer	7	5	1	2
On average, what percent of your work time do you spend in direct patient care during a typical week?				
No direct patient care	57	15	15	10
1 - 20%	24	6	7	5
21 - 40%	25	7	6	4
41 - 60%	36	10	22	15
61 - 80%	59	16	23	16
81 - 100%	127	34	57	39
Prefer not to answer	42	11	14	10

**Worker Morale**

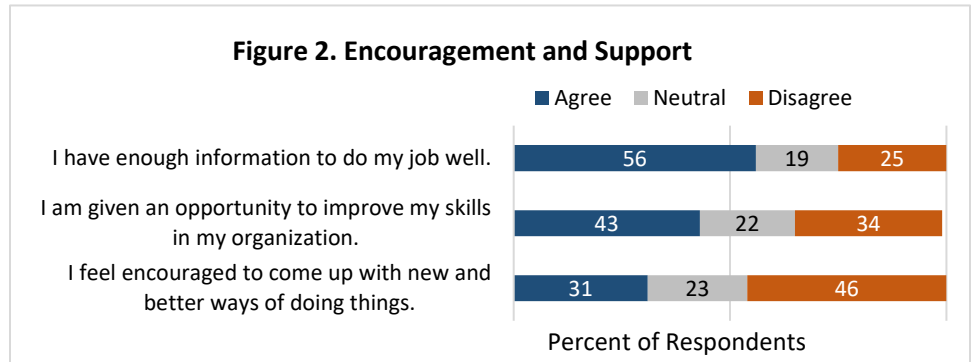
The respondents were invited to respond to twelve statements related to their level of worker morale. The statements touched upon several aspects that may affect the overall level of worker morale, including the employees’ feeling of “place” within the larger organization, encouragement and support received, resources, intrinsic satisfaction, and an item inviting the respondents to indicate whether they would recommend CVH or WHF as a good place to work. Respondents were asked to select from five standard response options ranging from strongly agree to strongly disagree. In the tables that follow, strongly agree and agree responses have been collapsed into “agree” and strongly disagree and disagree responses have been collapsed into “disagree” for clarity. Table D1 of Appendix D displays results with all response options.

Figure 1 shows the results of two items related to the employees’ sense of place within the larger organization. A large majority of respondents



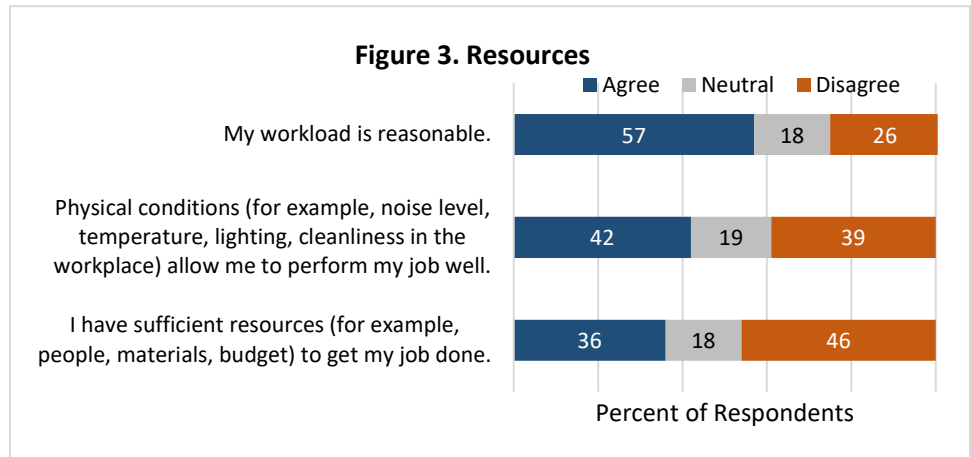
(75%) indicated that they knew what was expected of them in their role at work. A sizable majority (66%) also indicated that they knew how their work related to the organization’s goals. Only a small percentage of respondents disagreed with either of the statements.

Responses to items touching upon encouragement and support in the workplace received more varied reactions, as displayed in Figure 2. A bare majority (56%) of respondents agreed with the statement “I have enough information to do my job well” and a quarter selected that they disagreed.



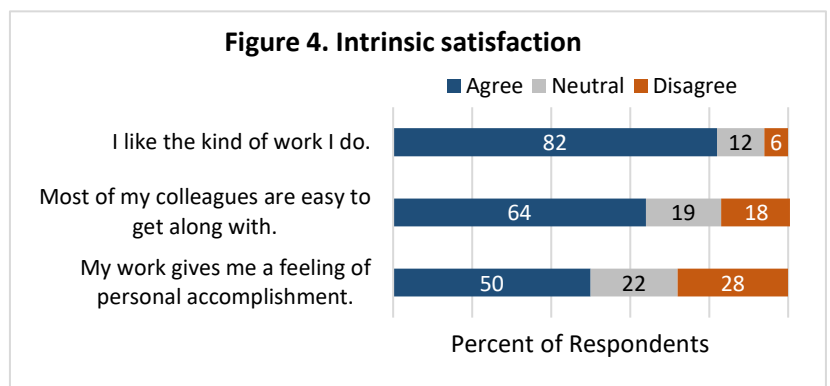
Less than a majority of respondents (43%) agreed that they had opportunities to improve their skills, and less than a third (31%), agreed that they felt as if they were encouraged to suggest better ways of doing things.

Respondents also provided a wide range of responses to the three resource-related items, as shown in Figure 3. A majority (57%) of respondents indicated that their workload was reasonable. More than a quarter, however, disagreed with the statement. Less than half (42%) reported that they agreed that the physical condition of their workplace was conducive to performing their job well.



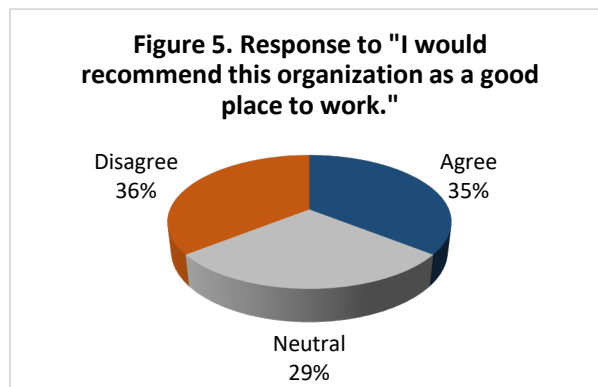
Nearly four out of ten respondents (39%) specifically disagreed that the physical conditions were adequate. Nineteen percent supplied a “neutral” response to this item, suggesting that they thought some aspects of the physical environment were suitable and others were not. Only slightly more than a third (36%) of respondents indicated that, overall, they had sufficient resources (such as people, materials, and budgetary levels) to complete their job.

Respondents were invited to react to statements regarding aspects of their intrinsic satisfaction with their work, apart from considerations of resources, environment or other contextual matters. Results are displayed in Figure 4. Many respondents supplied responses that indicate high levels of satisfaction with the work itself. A very large majority of respondents (82%)



reported that they liked the kind of work that they do. A clear majority (64%) also indicated that they thought that most of their colleagues were easy to get along with. Half of the respondents (50%) agreed that their work gave them a feeling of personal accomplishment. However, more than a quarter of respondents (28%) specifically disagreed with this statement.

Finally, respondents were invited to indicate whether they would recommend CVH or WFH as a good place to work (Figure 5). The varied responses supplied by the respondents to this item aligns with the varied responses to the indicators above. About a third (35%) of respondents agreed that they would recommend CVH or WFH as a good place to work. Another third (36%) of respondents reported that they specifically disagreed with the statement, indicating that they would not recommend others to work at CVH or WFH. Roughly another third of respondents (29%) provided a “neutral” response, neither agreeing nor disagreeing with the statement. This may indicate these respondents have mixed feelings about working at CVH or WFH, thinking highly about some aspects, but with concerns about others.



**Good place to work.** In order to get a sense of whether worker morale differed among different groups at CVH and WFH, responses were compared between employees on 10 characteristics described in the demographics sections. These characteristics included: race; gender; age; place of employment; whether the employee worked overtime at all; among employees who worked overtime, whether the overtime was mandatory or voluntary; work shift; whether the respondent was a front line worker; job classification specified as Mental Health Assistant or Forensic Treatment Specialist; and job classification indicating that respondent was part of management. For full definitions of each characteristic and how it was calculated, see Table D2 in Appendix D.

An average (mean) response for the 12 items in Table D1 in Appendix D was calculated for each respondent as an overall positive representation of worker morale (5=strongly agree to 1=strongly disagree). Across respondents, the average response to the worker morale questions was 3.3, slightly more positive than neutral. Means and standard deviations were calculated for the two levels of employee and job characteristics defined in Table D2 in the Appendix D; statistical differences were evaluated with t-tests. The resulting quantities should not be considered “scores” in the formal sense, but only as an indication of whether employees responded differently to the worker morale-related items as a whole based on demographic and job characteristics.

Comparisons of average responses to overall worker morale suggest that four groups of respondents may have lower worker morale than employees in general. These groups are:

- Respondents who worked overtime during a typical pay period compared to those who do not (3.2 v. 3.4),  $t(320)=2.2$ ,  $p < .03$
- Respondents working overtime who reported working some or more mandatory overtime compared to those working voluntary overtime only (3.0 v. 3.4),  $t(139)=2.9$ ,  $p < .004$
- Respondents who spent more than 60% of a typical week in direct patient care compared to those who worked less (3.2 v. 3.5),  $t(326)=3.2$ ,  $p < .002$
- Respondents who had a job classification of Mental Health Assistant/Forensic Treatment Specialist compared to all other job classifications (3.0 v. 3.4),  $t(296)=4.2$ ,  $p < .0001$ .

### *Comments related to Worker Morale*

Nearly half (49%) of the 146 respondents who provided written responses to the open-ended question at the end of the survey mentioned aspects related to worker morale. As with the closed-ended responses, the open-ended responses reflect a range of worker morale levels among the respondents. The respondents who indicated concern with aspects of their employment that touches upon worker morale offered more details than the respondents who indicated general satisfaction with their employment.

### *Indications of high worker morale*

Seven (5%) of the 146 respondents who responded to the open-ended question provided a response that contained only positive remarks. The positive comments tended to be only a few sentences long and general in nature. One comment specifically mentioned having good relationships with co-workers. This respondent stated that the, "staff likes to offer help and work hard to help the people we serve. Most of the employees get along well, we work, laugh, often and support each other when dealing with hard cases."

### *Indications of high worker morale, with qualifications*

An additional 45 (31%) of respondents who provided a written response offered a positive comment within a longer response that included a qualifier. For example, one respondent wrote that CVH/WFH was a "great place to work, just lacking leadership, communication, and training."

### *Concerns related to worker morale*

Multiple respondents characterized the work environment as "toxic." One respondent stated that "Everyone is miserable from the top down. Morale does not exist." Another offered that the "morale in this building is at an all-time low. People show up because they have to, and it shows." Another respondent stated that they "would never recommend anyone to come work here." This respondent further stated that many "new staff have left our division because of the many issues that they too have witnessed. It's a very tough place to work, dealing with hostility, disrespect, discrimination, [and] constant degrading and bullying, sometimes on a daily basis."

## **Bullying**

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### *Bullying behaviors (incivility and non-violent)*

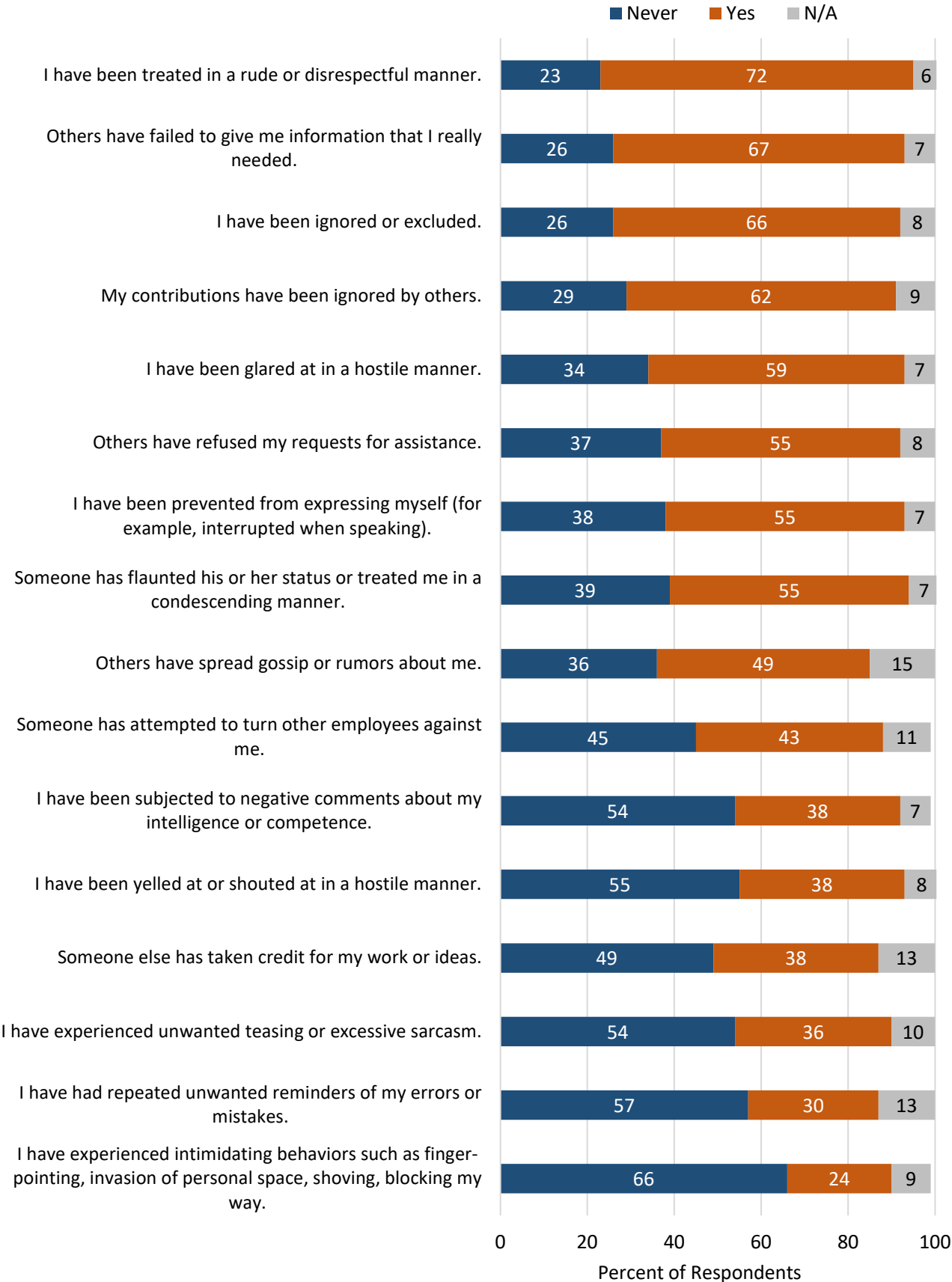
The respondents were invited to respond to several questions regarding whether they had been subject to, or witnessed others being subject to, workplace bullying behaviors while at work in the six months prior to the survey. The listed bullying behaviors included non-violent (i.e., no use of physical force) and violent (i.e., use of physical force or related threats) behaviors. For each type of bullying behavior, they were further invited to indicate whether this bullying happened only occasionally, monthly, weekly, daily, or never. Respondents were also invited to select “N/A” for any of the bullying questions. It is unclear whether respondents selecting this option intended to indicate that the bullying behavior did not apply to them (N/A = “not applicable”) or whether this selection indicates simply that they did not wish to provide a response (N/A = “No Response”). Therefore, while the results to this response are displayed for completeness, no attempt is made to analyze them. The respondents were also invited to respond to a comprehensive question as to whether they experienced any negative actions at work in the prior six months, and, if so, whether the behaviors were from managers, supervisors, co-workers, or supervisees. Full results to these items are available in Tables D3 and D4 of Appendix D.

The respondents were provided with a list of 16 non-violent uncivil or bullying behaviors and asked whether they had experienced any of them in the prior six months. The results are displayed in Figure 6. The majority of respondents answered that they had experienced each of nine of the listed bullying behaviors at least once in the prior six months. In addition, six of the behaviors were reported by one third to a little less than one half of the sample. Overall, the bullying behaviors that occurred at least occasionally that were reported by the highest percentage of respondents were “I have been treated in a rude or disrespectful manner” (72 %), “Others have failed to give me information that I really needed” (67%) and “I have been ignored or excluded” (66 %). Taken as a whole, almost 90% of respondents reported experiencing at least one of the listed bullying behaviors in the past six months (not displayed).

Respondents were also invited to state how frequently they experienced such behaviors. The top three most frequently cited bullying activities that happened occasionally, but not frequently (i.e., less than monthly), included “Others have failed to give me information that I really needed” (47%), “I have been treated in a rude or disrespectful manner” (42%), and “My contributions have been ignored by others” (40%). Behaviors most frequently selected as occurring monthly, weekly or daily included “I have been ignored or excluded” (30%), “I have been treated in a rude or disrespectful manner” (29%) and “I have been glared at in a hostile manner” (23%). Results for monthly, weekly, and daily are included in Appendix D3.



**Figure 6. Non-violent uncivil or bullying behaviors**

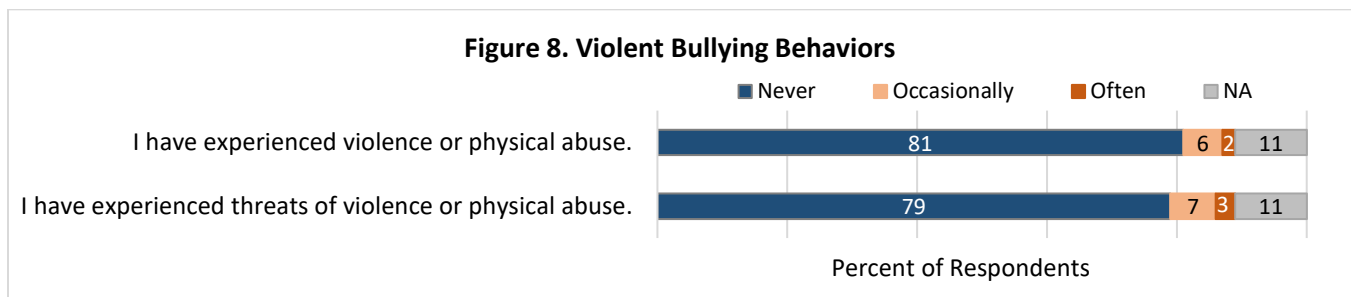
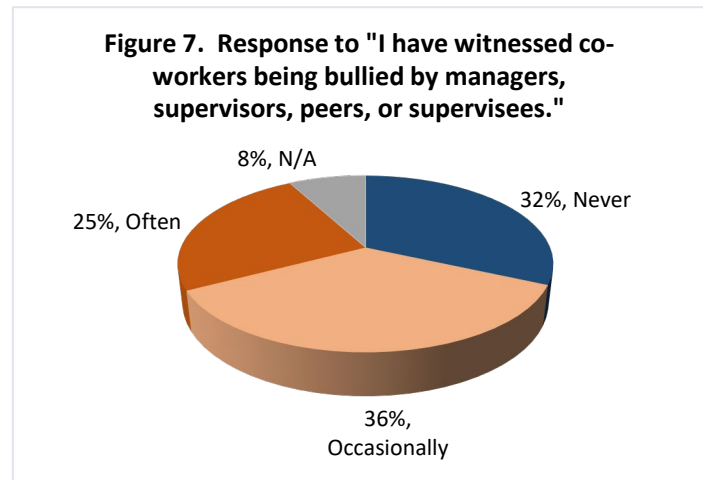


To get a general sense of the pervasiveness of these behaviors, the number of uncivil or bullying behaviors which respondents reported experiencing at least occasionally, was calculated. The median was 9; half of the respondents experienced nine or fewer of these behaviors at least occasionally and half experienced 10 or more. Respondents were significantly ( $p < .05$ ) more likely to experience more than nine behaviors if their jobs involved more than 60% direct patient care (56% v. 41%) or overtime work (58% v. 42%).

The respondents also reported witnessing bullying behaviors directed against their co-workers. As shown in Figure 7, more than a third (36%) reported seeing such behaviors occasionally and nearly a quarter (25%) reported witnessing these behaviors often (monthly, weekly, or daily).

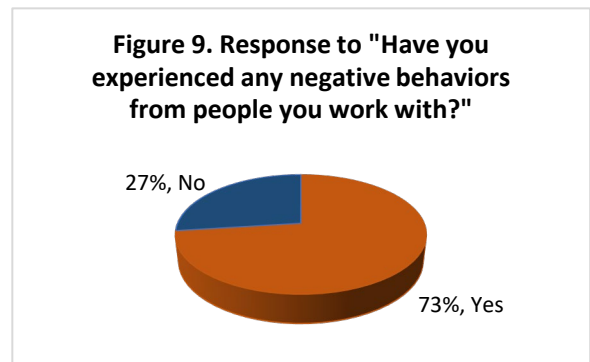
***Bullying behaviors (violent)***

Respondents were also invited to state whether they experienced violent bullying behaviors (i.e., behaviors involving the use of force, or related threats); results are presented in Figure 8. Few indicated that this was the case, but still one out of ten respondents indicate that they experienced “threats of violence or physical abuse” (10%) at least occasionally during the prior six months, and 8% of respondents reported that they had experienced violence or physical abuse in the prior six months.

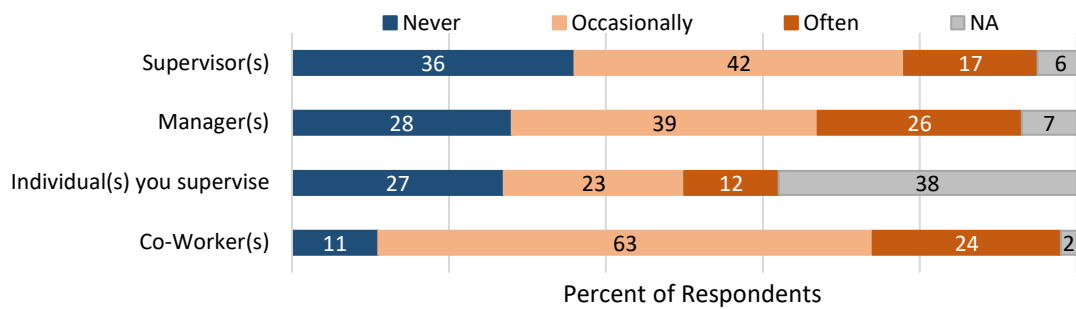


The respondents were also asked a broad question about whether they had experienced any negative behaviors from people with whom they worked. Seventy-three percent of respondents reported that they had experienced such behavior(s) during the preceding six months, as displayed in Figure 9.

Respondents were asked to identify, generally speaking, the source of the negative behaviors that they had experienced in the prior six months, and how often they were experienced. Respondents could select more than one type of employee. More than a quarter of the respondents (26%) indicated that they had experienced negative behaviors frequently from managers, and almost a quarter (24%) indicated experiencing negative behaviors from co-workers (Figure 10).



**Figure 10. Frequency of Negative Behaviors from Managers, Supervisors, Co-Workers, and Supervisees**



*Differences in likelihood of experiencing violence-related behaviors by job and employee characteristics*

Respondents were more likely to experience violence or physical abuse at least occasionally if their jobs involved more than 60% patient care compared to respondents with less direct patient care (11% v. 4%). A higher proportion of CVH employees compared to WFH employees experienced threats of violence or physical abuse at least occasionally (15% v. 7%). Witnessing any frequency of bullying of co-workers by other staff was experienced more often by respondents with more than 60% direct patient care compared to those with less direct patient care (70% v. 59%). In addition, bullying of co-workers by other staff was witnessed at least monthly more often:

- At WFH compared to CVH (36% v. 21%)
- By younger, compared to older, employees (34% v. 22%)
- By White employees (30% v. 19%).

*Comments related to Bullying*

Twenty-seven percent of respondents who wrote comments mentioned bullying as a concern in the workplace. The open-ended respondents stated that bullying activities occurred and provided further comment on the source of the bullying. One respondent asserted that “my experience has been tainted by bullying and abuse of power.” Other respondents indicated that bullying was perpetrated by management, “Management continues to bully staff, maintain a hostile work environment, retaliate against staff for voicing concerns, and generally does not respect staff or the work we do” and other staff, “I have witnessed on many, many occasions of bullying, discrimination and many other inappropriate behaviors by staff.” One respondent asserted that supervisors and management appear to be afraid to address staff bullying, “The staff who are aggressive and yell at other staff are the staff the managers will ultimately side with, because management is afraid of these staff. Supervisors, Head nurses and staff nurses are afraid to write up the aggressive workers fearing retaliation from these aggressive staff.”

**Management**

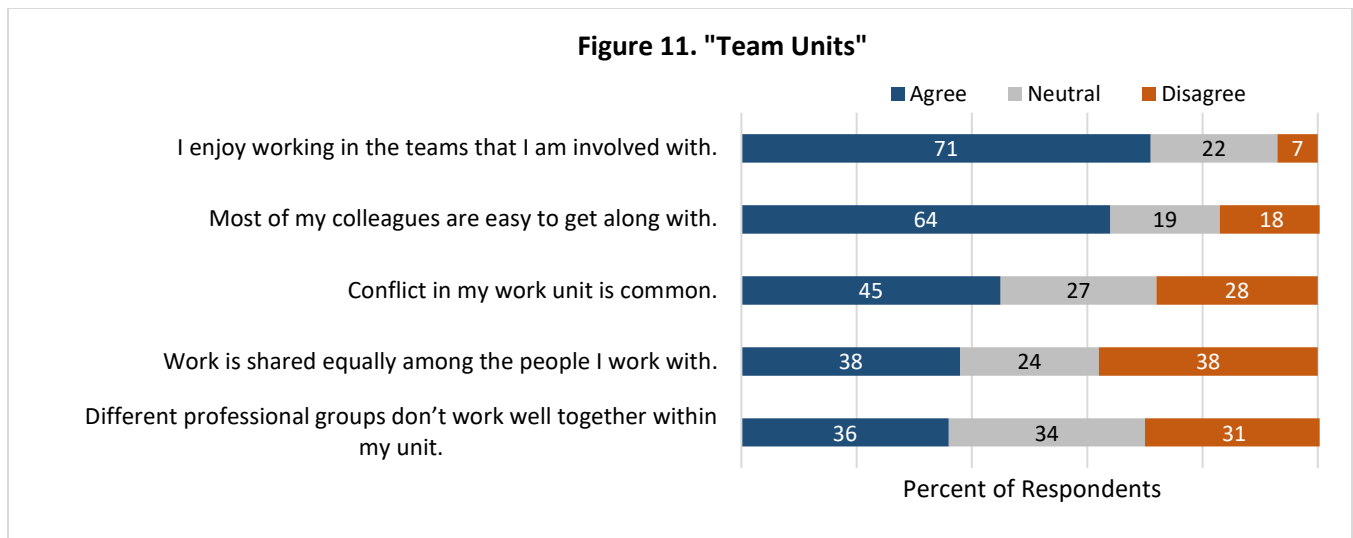
Respondents were provided an opportunity to respond to several items related to the climate at their place of employment, with emphasis on impressions of the effectiveness of management. Respondents were invited to react to statements related to their impression of their work team, staff shortages, reactions to mistakes that they either cause or witness, and six questions inviting respondents to provide their impressions of management

directly. Survey items assessing attitudes and experiences related to the organizational climate at CVH and WFH are presented in Table D5 of Appendix D.

*Unit/team cohesion*

Figure 11 displays respondents’ reports on working with their team. A great majority of respondents (71%) indicated that they enjoyed working on their work team; a majority of respondents (64%) also responded that most of their colleagues are easy to get along with.

A large minority of respondents (45%), however, indicated that conflict in their work unit was common, and more than a third (36%) thought that different professional groups do not work well together.

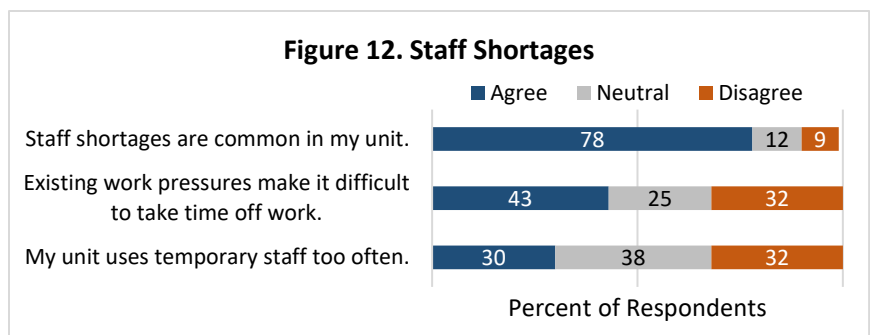


To assess attitudes toward team and unit worker morale and cohesion, the mean of the five items in Table 6 was calculated for each respondent as an overall positive representation of unit/team morale and cohesion (5=strongly positive to 1=strongly negative). Across respondents, the average of this measure was 3.23, slightly more positive than neutral. Means and standard deviations were calculated for the two levels of employee and job characteristics defined in Table D2 in Appendix D; statistical differences were evaluated with t-tests. Gender was the only characteristic for which team morale differed significantly: Females compared to males had lower team morale (3.15 v. 3.39),  $t(339)=2.7, p < .01$ .

*Staff Shortages*

A very large majority of respondents (78%) reported that staff shortages were common in their unit (Figure 12). However, fewer than half (43%) thought that it was difficult to get time off or that their unit used temporary staffing too often (30%).

To assess general attitudes toward the adequacy of staffing, the mean of the three items in Figure 12 was calculated for each respondent as an overall positive representation toward adequacy of staffing (5=strongly positive to 1=strongly negative). Across respondents, the average team morale was 2.5,

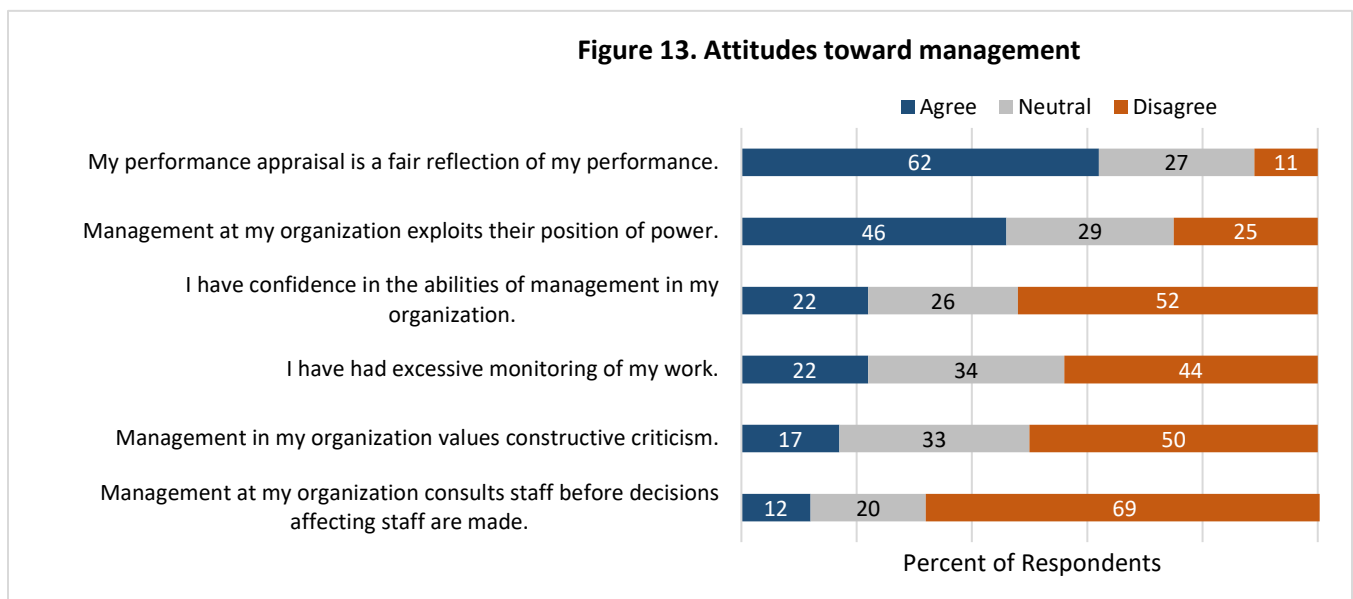


halfway between negative and neutral. Means and standard deviations were calculated for the two levels of employee and job characteristics defined in Table D2 in Appendix D; statistical differences were evaluated with t-tests. Positive assessments of the adequacy of staffing were lower for the following respondents who:

- Work overtime compared to those who do not (2.4 v.2.7),  $t(319)=3.3$ ,  $p < .002$
- Work mandatory overtime compared to those who work voluntary overtime only (2.1 v. 2.6),  $t(139)=3.8$ ,  $p < .0002$
- Work directly with patients more than 60% of time compared to less (2.4 v. 2.6),  $t(325)=2.1$ ,  $p < .04$
- Work at WFH compared to CVH (2.3 v.2.7),  $t(312)=4.1$ ,  $p < .0001$ .

*Attitudes towards, and experiences of, management*

Respondents were also asked to provide their impressions of management (Figure 13). A majority of respondents (62%) reported that their performance appraisal was a fair reflection of their work and only 22% thought that there was excessive monitoring at their place of work. Only 22% of respondents agreed that they had confidence in management, however. Nearly half (46%) thought that management exploits their position of



power, and only 17% reported that management values constructive criticism.

To assess attitudes toward aspects of the organizational climate at CVH and WFH, the mean of the six items in Table 7 was calculated for each respondent as an overall positive representation toward aspects of the organizational climate at CVH and WFH (5=strongly positive to 1=strongly negative). Across respondents, the average attitude toward management was 2.8, slightly less positive than neutral. Means and standard deviations were calculated for the two levels of employee and job characteristics defined in Table D2 in Appendix D; statistical differences were evaluated with t-tests. These tests indicated that positive assessment of management was lower for the following respondents who:

- Work overtime compared to those who do not (2.7 v.2.9),  $t(320)=2.5$ ,  $p < .02$
- Work mandatory overtime compared to those who work voluntary overtime only (2.4 v. 2.9),  $t(139)=3.7$ ,  $p < .0003$
- Work directly with patients more than 60% of time compared to less (2.6 v. 3.0),  $t(326)=3.8$ ,  $p < .0002$

- Work as Mental Health Assistant/Forensic Treatment Specialist compared to other jobs (2.5 v.2.9),  $t(296)=4.5$ ,  $p < .0001$ .

However, overall positive assessment of management was higher for respondents who work as a manager compared to other jobs (3.3 v.2.7),  $t(296)=3.2$ ,  $p < .0014$ . To investigate this difference further, responses to individual items specifically referencing “Management” were compared for respondents with Management as their job classification (Table 2) and respondents with all other job classifications. Results are presented in Figure 14. Most items in Figure 14 were endorsed more positively by managers compared to other types of employees, indicating that managers have a rosier view of their performance than non-managers. Exceptions to this trend involved the following items, which managers and non-managers rated more similarly:

- Management in my organization exploits their position of power
- Management in my organization encourages staff to report errors or mistakes
- I respect the management in my organization.

**Figure 14. Attitudes toward management: Management versus Non-Management**



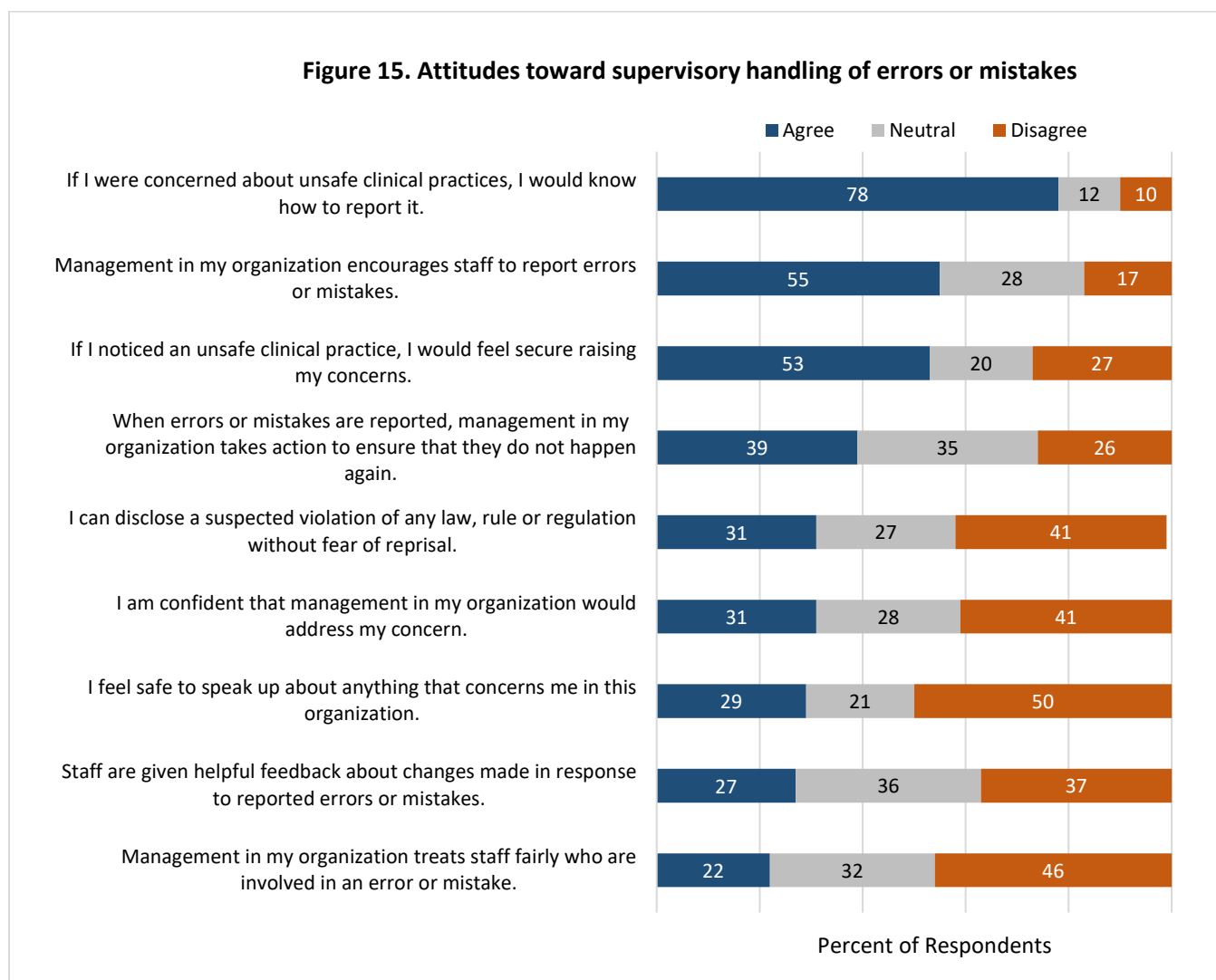
n.s. = not significant; \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$ ; \*\*\*\*  $p < .0001$

### Workplace Errors or Mistakes

Respondents were invited to react to nine statements regarding mistakes at work, either mistakes that they themselves made or mistakes that they witnessed (Figure 15).

A majority of respondents indicated that they knew how to report a mistake of clinical concern (78%), that they would feel secure raising such concerns (53%), and that management encourages the reporting of errors or mistakes (55%).

Very few staff (22%), however, thought that management treats staff who are involved in an error or mistake fairly. Less than a third (31%) indicated that they can disclose violations without fear of reprisal and less than a third (29%) also reported feeling safe to speak up about concerns in their organization.



To assess attitudes toward the supervisory handling of employee errors and mistakes, the mean of the nine items in Figure 15 was calculated for each respondent as an overall positive representation of the perception of supervisory handling of errors and mistakes by employees (5=strongly positive to 1=strongly negative). Across respondents, the average attitude toward supervisory handling of errors was 3.0, neutral. Means and standard deviations were calculated for the two levels of employee and job characteristics defined in Table D2 of

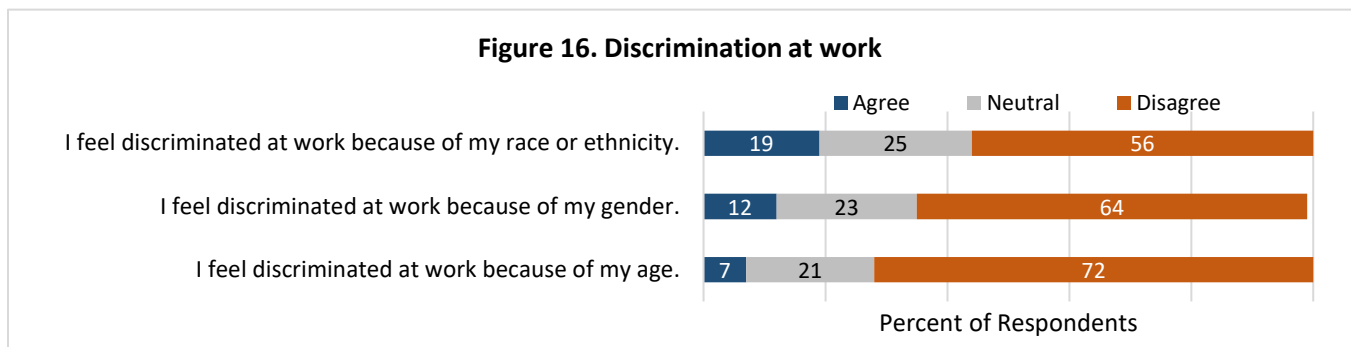


Appendix D; statistical differences were evaluated with t-tests. These tests indicated that positive assessment of supervisory handling of errors or mistakes was lower for the following respondents who:

- Work at WFH compared to CVH (2.9 v. 3.1),  $t(312)=2.2$ ,  $p < .04$
- Work mandatory overtime compared to those who work voluntary overtime only (2.8 v. 3.2),  $t(139)=2.8$ ,  $p < .006$
- Work directly with patients more than 60% of the time compared to less (2.9 v. 3.2),  $t(325)=3.2$ ,  $p < .002$
- Work as a Mental Health Assistant/Forensic Treatment Specialist compared to other jobs (2.7 v. 3.2),  $t(296)=4.5$ ,  $p < .0001$
- Work non-management positions compared to management (3.0 v. 3.5),  $t(296)=2.4$ ,  $p < .05$ .

### Discrimination

Figure 16 reports the results of three items related to the employees’ feelings that they are being discriminated against at work. Almost one-fifth (19%) of respondents reported feeling discrimination because of race. Twelve percent of respondents reported feeling discrimination because of gender. Seven percent of respondents reported feeling discrimination because of age.

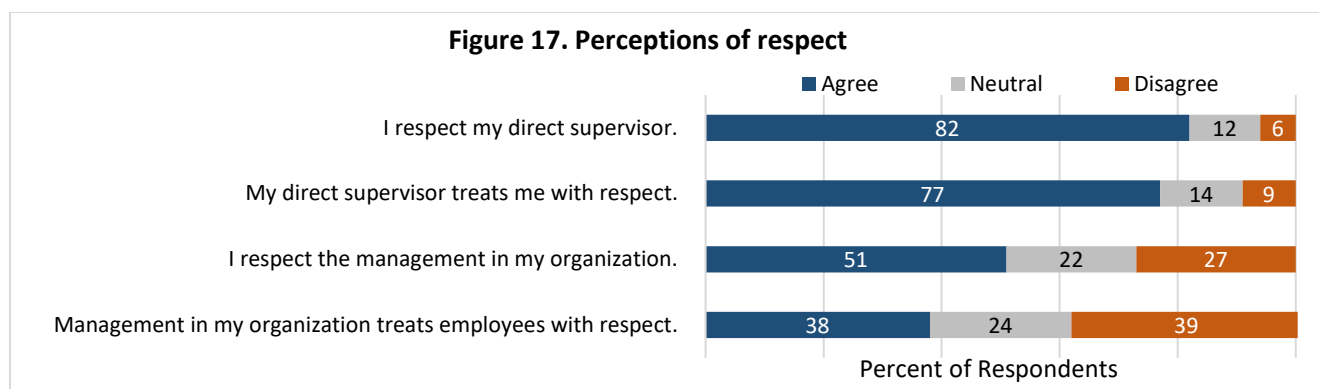


The proportions of respondents reporting feelings of discrimination were calculated for the two levels of employee and job characteristics defined in Table D2 of Appendix D; statistical differences were evaluated with chi-square tests. Only two chi-square tests were significant, indicating that feelings of discrimination did not differ significantly by most job and employee characteristics. The exceptions were: non-Whites reported feeling more discrimination because of their race than Whites (29% v. 7%,  $p < .001$ ), and a higher proportion of respondents working at WFH reported feeling discrimination because of their gender than those working at CVH (18% v. 9%,  $p < .05$ ).

### Respect

Figure 17 presents the results of five items related to the employees’ feelings of respect for, and from, direct supervisors and management. Respondents reported feeling considerable respect for direct supervisors (82%) and a large majority indicated being treated with respect by their direct supervisor (77%). Only a small proportion actively disagreed that they were treated with respect by their direct supervisor (9%) or that they respected their direct supervisor (6%). Respondents were less positive in their assessment of management in general, however. Only 38% agreed that management treats employees with respect, and 39% actively disagreed. Half (51%) reported that they respect management, with 27% actively disagreeing.

**Figure 17. Perceptions of respect**



The proportions of respondents feeling respected, and having respect for their supervisor and/or management, were calculated for the two levels of employee and job characteristics defined in Table D2 of Appendix D; statistical differences were evaluated with chi-square tests. Feelings regarding direct supervisors were consistent across employee and job characteristics. Only one difference was significant: a smaller proportion of Mental Health Assistants/Forensic Treatment Specialists reported being treated with respect by their direct supervisor (71% v. 81%,  $p < .05$ ). However, feelings regarding management varied by many job and employee characteristics. Significantly lower proportions of the following types of employees reported that Management treats employees with respect:

- Mental Health Assistants/Forensic Treatment Specialists compared to other jobs (23% v. 49%,  $p < .0001$ )
- Employees with more than 60% direct patient care compared to those with less (32% v 48%,  $p < .004$ )
- Employees who did not work the day shift compared to those who did (31% v. 45%,  $p < .03$ )
- Non-managers compared to managers (38% v. 71%,  $p < .003$ ).

In addition, significantly lower proportions of the following types of employees reported that they respect management:

- Mental Health Assistants/Forensic Treatment Specialists compared to other jobs (43% v. 58%,  $p < .02$ )
- Employees working mandatory overtime compared to those working voluntary overtime (44% v. 61%,  $p < .05$ )
- Whites compared to Non-Whites (47% v. 61%,  $p < .02$ ).

### *Comments related to Managerial Practices*

Seventy-one percent of respondents mentioned managerial practices in the open-ended comment. Since management is the broadest topic of the three constructs under review, the comments have been further categorized into subthemes. Based on the comments, there is evidence to suggest that respondents perceive there are some areas of managerial practices that are in need of improvement. Concerns related to managerial practices include:

- Not being consulted during decision-making processes (e.g., “The biggest problem with \*\*\* administration is that you have people who have never worked on the floor creating policies for us front line workers to follow.”, “There is very little input from front line staff in decision making for the agency.”)
- Communication (e.g., Overall, \*\*\* is a good workplace but can benefit from improved communication between staff and administration to improve the quality of care delivery for our clients whom we work for.”, “Communication also appears to be an issue, with information getting communicated between certain people within the hospital but not always to everyone who needs to know, leading sometimes to duplication of efforts or additional confusion.”)

- Working in fear of being punished or fired (e.g., “The only coherence among the management that I see, is the implementation of severe punishment and intimidation tactics . . .”, “we are in constant fear of losing our jobs.”)
- Safety concerns that go unaddressed (e.g., “It is unsafe to work at \*\*\*. Administration does not protect staff.”, “I have been assaulted by a co-worker and severely injured by a patient.”)
- Overtime/Staff shortage issues (e.g., “Since this pandemic every day I work is sixteen hours. Either I volunteer for overtime or I will be mandated either way I am still working sixteen hours.”, “They do not care if we are working short staff or if we have to be mandated every day, they are doing nothing to take care of the staffing shortages. . .”)
- Patient care (e.g., “Now, due to horrible management, the job we are supposed to be doing, making sure patients are safely receiving treatment, is a far cry from what we do. Now we just house patients and try to avoid run ins with management.”, “In general if management spent half as much time on patient care as they do on monitoring and disciplining staff, our patients would have much better outcomes.”)
- Lack of opportunity for professional advancement and professional development (e.g., “. . . inability to achieve career mobility when clearly more qualified than some candidates . . .”).
- Discrimination (e.g., . . . I have been subjected to discrimination and humiliation in front of coworkers of all titles by several members of management . . .)

## Limitations

It is worth noting that the survey provides a snap shot of specific constructs during a limited period of time, and some of these unique current events may have influenced some of the results. For example, the CVH/WFH Workforce survey was conducted during the period of Covid-19 restrictions, so it is unclear whether, and how, these unusual circumstances may have uniquely affected employees' experiences and attitudes and/or their general response orientation toward the survey. In addition, the new CEO stepped down just before the administration of the survey which may also have impacted the results.

Only 27% of the contacted workforce completed the survey. Although this is fairly low, it is in the range of surveys of similar samples.<sup>14,15,16,17</sup> Response rates are relevant to results because generalizability of survey results to the full workforce depends on the representativeness of the employees who completed the survey, on whose responses the results are based. Although it is beyond the ability of statistical methods to determine whether survey responders have had a systematically different workplace experience than non-responders, it was possible to compare gender and race distributions between survey respondents and the CVH/WFH workforce as a whole. These were the only demographic characteristics for which DMHAS provided workforce data. The comparison revealed that no demographic groups were unrepresented in the survey results, although there is some concern with under-representation of males and Blacks. The comparison was complicated by the fairly large number of respondents who answered "Prefer not to answer" on the gender (10%) and race (19%) items, or did not select any response to the gender (9%) and/or race items (9%). The survey and workforce gender distributions would closely correspond if most respondents who did not report their gender were male. The racial comparison was even more difficult, with 28% of respondents not reporting their race. If most of the respondents who did not report their race are Black, the survey and workforce distributions would be quite similar. If those without identified race are not Black, the survey results would under-represent Black workforce members.

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<sup>14</sup> Cho, Y.I., Johnson, T.P., and VanGeest, J.B. (2013). Enhancing surveys of health care professionals: A meta-analysis of techniques to improve response. *Evaluation and the Health Professions*, 36(3). 382-407.

<sup>15</sup> Tai, X., Smith, A.M., McGeer, A.J., Dube, E., Holness, D.L., Katz, K., et al. (2018). Comparison of response rates on invitation mode of a web-based survey on influenza vaccine adverse events among healthcare workers: a pilot study. *BMC Medical Research Methodology*, 18(50), 1-10.

<sup>16</sup> Van Laar, D., Edwards, J.A., & Easton, S. (2007). The work-related Quality of Life scale for healthcare workers. *Journal of Advanced Nursing* 60(3), 325-33.

<sup>17</sup> Weaver, L, Beebe, T.J., and Rockwood, T. (2019). The impact of survey mode on the response rate in a survey of the factors influence Minnesota physicians' disclosure practices. *BMC Medical Research Methodology*, 19 (73). 1-7.

## Summary of Findings

The task force, pursuant to PA 18-86, “An Act Concerning Whiting Forensic Hospital and Connecticut Valley Hospital,” commissioned a survey of CVH and WFH employees to investigate the work environment. Particular topics of interest to the task force were worker morale, bullying, and management. The Connecticut Valley Hospital and Whiting Forensic Hospital Workplace Survey was designed by UConn Health’s Center for Population Health and administered to current CVH and WFH employees in March 2021. The survey responses reflect a wide range of feelings and attitudes toward work, and experiences at work, among CVH and WFH employees.

Four hundred and seventeen CVH and WFH current employees participated in the survey for a response rate of 27%. Of the 417 survey respondents, 146 (35%) provided a comment to the open-ended question. The comments averaged 142 words ranging from 1 to 1003 words. The overall response rate of the survey is not dissimilar to response rates of other studies<sup>18,19,20,21</sup> of which we are aware using online methods to survey healthcare professionals--ranging from 20% to 38%--although some of these studies offered incentives to the respondents (which have been shown to increase response rates).

### **Worker Morale**

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An important and clear message is that CVH and WFH employees like the work that they do. Further, they get intrinsic satisfaction from their work, understand the nature of what is expected of them, how they fit into the organization, and get along with most of their colleagues. One respondent provided a comment that illustrates positive working relationships: “The staff likes to offer help and work hard to help the people we serve. Most of the employees get along well, we work, laugh, often and support each other when dealing with hard cases.”

Regarding the work environment, only a third of respondents agreed that CVH/WFH was a good place to work, and only a minority of employees reported that they had the resources they needed to perform their job well in terms of the physical conditions of the workplace and material support. In general, overall worker morale was lower for employees who typically worked overtime, especially if mandatory; for employees who do most of their work in direct patient care; and for Mental Health Assistants/Forensic Treatment Specialists. Forty-nine percent of the respondents who wrote an open-ended comment mentioned worker morale with the vast majority of comments being unfavorable including phrases such as “the organizational culture is toxic”, and “Everyone is miserable from the top down. Morale does not exist.”

### **Bullying**

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Survey responses of CVH and WFH employees regarding the social workplace climate reflect a wide range of experiences with uncivil interactions and bullying, from no experience of any uncivil behaviors to a very small number who reported daily threats of violence and actual violence. Survey responses revealed a substantial

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<sup>18</sup> Cho, Y.I., Johnson, T.P., and VanGeest, J.B. (2013). Enhancing surveys of health care professionals: A meta-analysis of techniques to improve response. *Evaluation and the Health Professions*, 36(3). 382-407.

<sup>19</sup> Tai, X., Smith, A.M., McGeer, A.J., Dube, E., Holness, D.L., Katz, K., et al. (2018). Comparison of response rates on invitation mode of a web-based survey on influenza vaccine adverse events among healthcare workers: a pilot study. *BMC Medical Research Methodology*, 18(50), 1-10.

<sup>20</sup> Van Laar, D., Edwards, J.A., & Easton, S. (2007). The work-related Quality of Life scale for healthcare workers. *Journal of Advanced Nursing* 60(3), 325-33.

<sup>21</sup> Weaver, L, Beebe, T.J., and Rockwood, T. (2019). The impact of survey mode on the response rate in a survey of the factors influence Minnesota physicians’ disclosure practices. *BMC Medical Research Methodology*, 19 (73). 1-7.

amount of incivility and/or bullying at CVH and WFH. Almost 90% reported experiencing at least one non-violent uncivil behavior in the past 6 months, and a clear majority of respondents reported witnessing bullying of co-workers by managers, supervisors, peers, or supervisees. Approximately a quarter of respondents reported experiencing negative behaviors from managers or co-workers. Violent interactions were reported, but were rare. Threats of violence were more commonplace, with one in ten experiencing them at least occasionally in the past six months. A higher proportion of CVH employees compared to WFH employees experienced threats of violence or physical abuse at least occasionally. Employees were more likely to report experiencing violence or physical abuse in the past six months if they spent a majority of their time in direct patient care. Witnessing any bullying of co-workers was experienced more often by employees who spent a majority of their time in direct patient care, and was witnessed, at least monthly, more often by WFH employees, younger employees, and White employees.

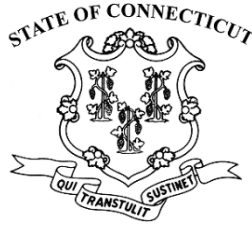
Twenty-seven percent of the respondents who provided a comment raised a concern about bullying, incivility, intimidation, retaliation and other negative behaviors such as “Management continues to bully staff, maintain a hostile work environment, retaliate against staff for voicing concerns, and generally does not respect staff or the work we do.” Several commenters mentioned the sources of bullying to be managers, supervisors, staff and patients.

## ***Management***

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Respondents’ feelings about the workplace climate, including reactions to management, varied widely. Employees were generally positive toward their teams, with clear majorities indicating that they enjoyed working on their team and found their colleagues easy to get along with. The general view of team cohesion and support did not differ by employee demographics or job characteristics except for gender: females reported lower team cohesion and support, in general, compared to males. Few employees reported feeling discriminated at work because of age, gender, or race. However, almost 30% of non-White employees reported feeling discriminated because of race, which was four times the proportion of Whites. In addition, 18% of employees who work at WFH, compared to 9% of those who work at CVH, were more likely to feel discriminated because of gender. Almost 80% of respondents indicated that staff shortages were common on their unit. Employees who worked at WFH; those who spent a majority of their time working directly with patients; and those who worked overtime, especially if it was mandatory, rated the adequacy of staffing more negatively. Impressions of management were generally negative. Regarding the perception of supervisory and managerial handling of errors or mistakes, a slight majority reported that they are encouraged to report them, but only a fifth believed that they would be treated fairly if they were involved in an error or mistake. Less than a third felt safe about speaking up about concerns or that management would address their concerns. Types of employees who rated the supervisory handling of errors or mistakes more negatively were those who work at WFH; those working mandatory overtime; those who work directly with patients a majority of the time; Mental Health Assistants/Forensic Treatment Specialists; and non-managers. Finally, less than a quarter of respondents indicated that they had confidence in management, and less than a fifth believed that management valued constructive criticism. Overall, management was assessed more negatively by employees who work overtime, especially if it was mandatory; by those who work directly with patients for a majority of their time; and by Mental Health Assistants/Forensic Treatment Specialists. Managers assessed management much more positively than non-managers, in general, and on specific aspects of management. Employees rated supervisors much more positively than management in general, however, with over four in five reporting that they respect their direct supervisor but only half saying the same about management. Similarly, about four in five reported that they feel that their direct supervisor treats them with respect, whereas about two in five said the same about management.

The most frequently provided comments were related to management with 68% of the commenters mentioning this topic. One respondent commented: "Management does not support us in any way. Especially, upper management. We are in constant fear of losing our jobs." Additional topics related to management include: not being consulted prior to making decisions, poor communication, fear of being punished or fired for workplace errors or mistakes, safety concerns that go unaddressed, working overtime (often mandated) or understaffed, lack of opportunity for professional advancement or professional development, discrimination and others.



**Substitute Senate Bill No. 404**

**Public Act No. 18-86**

***AN ACT CONCERNING WHITING FORENSIC HOSPITAL AND CONNECTICUT VALLEY HOSPITAL.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (*Effective from passage*) (a) There is established a task force to (1) review and evaluate the operations, conditions, culture and finances of Connecticut Valley Hospital and Whiting Forensic Hospital, (2) evaluate the feasibility of creating an independent, stand-alone office of inspector general that shall be responsible for providing ongoing, independent oversight of Connecticut Valley Hospital and Whiting Forensic Hospital, including, but not limited to, receiving and investigating complaints concerning employees of Connecticut Valley Hospital and Whiting Forensic Hospital, (3) examine complaints and any other reports of discriminatory employment practices at said hospitals, except any information or documentation not subject to disclosure under the Freedom of Information Act, as defined in section 1-200 of the general statutes or any other federal or state confidentiality law, (4) assess the implications of a patient of Whiting Forensic Hospital being permitted to be present during a search of his or her possessions, (5) evaluate the membership of the advisory board for Whiting Forensic Hospital established pursuant to section 17a-565 of the general statutes, as amended by this act, (6) examine the role of the Psychiatric Security Review Board established pursuant to section 17a-581 of the general statutes, (7) evaluate the need to conduct a confidential survey regarding the employee work environment at Connecticut Valley Hospital and Whiting Forensic Hospital, including, but not limited to, worker morale, management and any incidences of bullying, intimidation or retribution, and (8) review the statutory definitions of abuse and neglect in the behavioral health context.



**Screening**

\* 1. Do you currently work at Connecticut Valley Hospital (CVH) or Whiting Forensic Hospital (WFH)?

Yes

No

\* 2. Are you 18 years old or older?

Yes

No

## Appendix B. Copy of Survey

### Survey Questions - Part 1

For each statement below, please select the option that most closely represents your response. Please consider those activities or experiences that have occurred **in the past six months while working at CVH or WFH.**

3. I am given an opportunity to improve my skills in my organization.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. I have enough information to do my job well.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. I feel encouraged to come up with new and better ways of doing things.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. My work gives me a feeling of personal accomplishment.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. I like the kind of work I do.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. I know what is expected of me on the job.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. I have sufficient resources (for example, people, materials, budget) to get my job done.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Appendix B. Copy of Survey

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10. My workload is reasonable.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. I know how my work relates to the organization's goals.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Physical conditions (for example, noise level, temperature, lighting, cleanliness in the workplace) allow me to perform my job well.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Most of my colleagues are easy to get along with.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. I would recommend this organization as a good place to work.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Appendix B. Copy of Survey

### Survey Questions - Part 2

For each statement below, please select the option that most closely represents your response. Please consider behaviors or experiences that have occurred **in the past six months while working at CVH or WFH and that involve managers, supervisors, co-workers, or supervisees**. Please DO NOT include behaviors or experiences that involve patients or patients' family members.

15. I have been glared at in a hostile manner.

Never	Occasionally	Monthly	Weekly	Daily	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. I have been ignored or excluded.

Never	Occasionally	Monthly	Weekly	Daily	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. I have been treated in a rude or disrespectful manner.

Never	Occasionally	Monthly	Weekly	Daily	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Others have refused my requests for assistance.

Never	Occasionally	Monthly	Weekly	Daily	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. I have been yelled at or shouted at in a hostile manner.

Never	Occasionally	Monthly	Weekly	Daily	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. I have been subjected to negative comments about my intelligence or competence.

Never	Occasionally	Monthly	Weekly	Daily	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. My contributions have been ignored by others.

Never	Occasionally	Monthly	Weekly	Daily	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Others have spread gossip or rumors about me.

Never	Occasionally	Monthly	Weekly	Daily	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Appendix B. Copy of Survey

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23. Others have failed to give me information that I really needed.						
Never	Occasionally	Monthly	Weekly	Daily	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24. I have had repeated unwanted reminders of my errors or mistakes.						
Never	Occasionally	Monthly	Weekly	Daily	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25. I have been prevented from expressing myself (for example, interrupted when speaking).						
Never	Occasionally	Monthly	Weekly	Daily	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26. Someone has attempted to turn other employees against me.						
Never	Occasionally	Monthly	Weekly	Daily	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
27. Someone else has taken credit for my work or ideas.						
Never	Occasionally	Monthly	Weekly	Daily	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28. I have experienced intimidating behaviors such as finger-pointing, invasion of personal space, shoving, blocking my way.						
Never	Occasionally	Monthly	Weekly	Daily	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
29. Someone has flaunted his or her status or treated me in a condescending manner.						
Never	Occasionally	Monthly	Weekly	Daily	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30. I have experienced unwanted teasing or excessive sarcasm.						
Never	Occasionally	Monthly	Weekly	Daily	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
31. I have witnessed co-workers being bullied by managers, supervisors, peers, or supervisees.						
Never	Occasionally	Monthly	Weekly	Daily	N/A	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

## Appendix B. Copy of Survey

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32. I have experienced threats of violence or physical abuse.

Never	Occasionally	Monthly	Weekly	Daily	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. I have experienced violence or physical abuse.

Never	Occasionally	Monthly	Weekly	Daily	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Have you experienced any negative behaviors from people you work with?

- Yes
- No

## Appendix B. Copy of Survey

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35. Please select the source and frequency of the negative behaviors. (Please select all that apply.)

	Never	Occasionally	Monthly	Weekly	Daily	N/A
Manager(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervisor(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-Worker(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual(s) you supervise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Appendix B. Copy of Survey

### Survey Questions - Part 3

For each statement below, please select the option that most closely represents your response. Please consider behaviors or experiences that have occurred **in the past six months while working at CVH or WFH.**

36. New staff are made to feel welcome when starting employment in the organization.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Conflict in my work unit is common.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. This organization does not value equal opportunity for everyone.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. I have confidence in the abilities of management in my organization.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. Staff shortages are common in my unit.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. I enjoy working in the teams that I am involved with.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. I have had excessive monitoring of my work.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Appendix B. Copy of Survey

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43. My performance appraisal is a fair reflection of my performance.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. I have received sufficient training to carry out my job.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. My unit uses temporary staff too often.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Management in my organization values constructive criticism.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. I face conflicting demands in my job.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Management at my organization exploits their position of power.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. I feel my contribution to the organization is recognized.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Different professional groups don't work well together within my unit.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Appendix B. Copy of Survey

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51. I feel that there isn't enough time in the day to complete my work.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Management at my organization consults staff before decisions affecting staff are made.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Existing work pressures make it difficult to take time off work.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Management in my organization treats staff fairly who are involved in an error or mistake.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Work is shared equally among the people I work with.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Management in my organization encourages staff to report errors or mistakes.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. I can disclose a suspected violation of any law, rule or regulation without fear of reprisal.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. When errors or mistakes are reported, management in my organization takes action to ensure that they do not happen again.				
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Appendix B. Copy of Survey

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59. Staff are given helpful feedback about changes made in response to reported errors or mistakes.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

60. I feel safe to speak up about anything that concerns me in this organization.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. If I were concerned about unsafe clinical practices, I would know how to report it.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. If I noticed an unsafe clinical practice, I would feel secure raising my concerns.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. I am confident that management in my organization would address my concern.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

64. I feel discriminated at work because of my age.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. I feel discriminated at work because of my race or ethnicity.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. I feel discriminated at work because of my gender.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Survey Questions - Part 4: My Direct Supervisor**

67. My direct supervisor treats me with respect.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. I respect my direct supervisor.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. Overall, I feel my direct supervisor is doing a good job.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Appendix B. Copy of Survey**

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**Survey Question - Part 5: My organization's management**

70. Management in my organization treats employees with respect.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71. I respect the management in my organization.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

72. Overall, I feel management in my organization is doing a good job.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Demographics**

73. What is your gender?

- Female
- Male
- Other
- Prefer not to answer

74. What is your age?

- |                                       |  |
|---------------------------------------|--|
| <input type="radio"/> 18-24 years old | <input type="radio"/> 55-64 years old      |
| <input type="radio"/> 25-34 years old | <input type="radio"/> 65 years and older   |
| <input type="radio"/> 35-44 years old | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> 45-54 years old |  |

75. Are you Hispanic or Latino/a?

- Yes
- No
- Prefer not to answer

76. What is your race? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> White or Caucasian               | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Prefer not to answer                |
| <input type="checkbox"/> Asian or Asian American          | <input type="checkbox"/> Other                               |
| <input type="checkbox"/> Native American or Alaska Native |  |

**Background Work Environment**

77. Where do you work? (Select all that apply.)

- Addiction Services Division - Connecticut Valley Hospital
- General Psychiatry Division - Connecticut Valley Hospital
- Whiting Building - Whiting Forensic Hospital
- Dutcher Building - Whiting Forensic Hospital
- Prefer not to answer
- Other

78. Please select the one category that best describes your primary professional role at CVH or WFH.

- Management (Administrators, Managers, Coordinators)
- Business, Administrative, and Clerical (Accounting, Reception, Human Resources, Billing, Records, Information Technology)
- Facility Operations (Dietary, Housekeeping, Maintenance, Transportation)
- Behavioral Health Clinician (Counselor, Substance Abuse Counselor, Therapist)
- Social Worker/Forensic Monitor
- Psychologist
- Ambulatory Care Services (Physician, Nurse Practitioner, Physician's Assistant, Pharmacist)
- Nursing (Nurse, Registered Nurse)
- Psychiatry (Psychiatrist, Psychiatric Nurse Practitioner)
- Mental Health Assistant/Forensic Treatment Specialist
- Other Therapists, Support and Outreach (Occupational, Physical, Rehabilitation, Educational Therapist; Outreach, Faith, Family Support, Recovery Support Specialist)
- DMHAS Police
- Prefer not to answer
- Other (please specify)

79. Do you currently work part-time or full-time at CVH or WFH?

- Part-time
- Full-time
- Prefer not to answer

## Appendix B. Copy of Survey

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80. How many years have you been employed at CVH or WFH either part-time and/or full-time? (Please enter a whole number.)

81. Which of the following best describes your usual schedule?

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Day shift       | <input type="radio"/> Irregular shift/on-call |
| <input type="radio"/> Afternoon shift | <input type="radio"/> Rotating shifts         |
| <input type="radio"/> Night shift     | <input type="radio"/> Prefer not to answer    |
| <input type="radio"/> Split shift     |   |

82. In a typical pay period, do you work overtime hours beyond your usual schedule?

- Yes
- No
- Prefer not to answer



**Background Work Environment (continued)**

83. How many overtime hours do you work beyond your usual schedule in a typical pay period? (Please enter a whole number)

84. When you work extra hours on your job at CVH or WFH, is it voluntary or mandatory?

- |   |  |
|---|--|
| <input type="radio"/> Completely voluntary                  | <input type="radio"/> Completely mandatory |
| <input type="radio"/> Mostly voluntary                      | <input type="radio"/> N/A                  |
| <input type="radio"/> About equally voluntary and mandatory | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Mostly mandatory                      |  |

**Background Work Environment (continued)**

85. On average, what percent of your work time do you spend in direct patient care during a typical week?

- No direct patient care
- 1 - 20%
- 21 - 40%
- 41 - 60%
- 61 - 80%
- 81 -100%
- Prefer not to answer

86. Please provide any additional information about your experience working at CVH or WFH.

### Connecticut Valley Hospital and Whiting Forensic Hospital Personnel Survey Brief Summary of Qualitative Results

The last item of the survey was an open-ended text field. It stated, "Please provide any additional information about your experience working at CVH or WFH". Open-ended comments were imported into NVivo 12Pro,<sup>22</sup> a software package designed to handle unstructured qualitative data to assist in reporting recurrent themes, links among the themes, and supporting quotations. One hundred and forty-six respondents provided a comment to the open-ended question which is a response rate of 10 percent of the overall population and 35 percent of the survey respondents. The comments averaged 143 words ranging from 2 to 1,003 words. A member of the survey team used an *a priori* coding scheme meaning that the data were analyzed based on existing knowledge of the three primary constructs identified in the legislation and on which the survey was based: worker morale, bullying, and management. The respondents' comments were reviewed a number of times to identify themes across individual comments. The central themes (i.e., worker morale, bullying, and management) and sub-themes were identified and coded in an iterative manner. Since the central themes are inter-related, some comments were coded under more than one theme and some respondents raised multiple issues, therefore, a comment from a single individual may have been coded under more than one theme, and some respondents' comment were counted multiple times.

The following provides representative comments of the primary constructs and additional sub-themes that emerged during analysis. Some of the comments have been edited to address minor typographical errors. A series of three asterisks (i.e., \* \* \*) is used to replace potentially identifiable information such as work site location or years of employment.

### Themes

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#### *Worker Morale*

*Positive Comments.* Seven (4.8%) of the 146 respondents who responded to the open-ended question provided a response that contained only positive remarks.

I'm thankful to have a job. I have no complaints about working in \*\*\*. I love my job. You will never hear me say bad things about my place of employment.

I find working at \*\*\* to be friendly and supportive. The staff likes to offer help and work hard to help the people we serve. Most of the employees get along well, we work, laugh, often and support each other when dealing with hard cases.

I love it. It is a wonderful privilege to be working at \*\*\*.

*Positive Comments with a Qualifier.* An additional 45 (30.8%) respondents offered a positive comment within a longer response that included a qualifier such as:

When adequately staffed, adequately managed, and adequately trained, and adequately resourced, \*\*\* and its employees are the best!

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<sup>22</sup> NVivo qualitative data analysis software; QSR International Pty Ltd. Version 12, 2018

## Appendix C. Brief Summary of Qualitative Results

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Administration's patient focused approach is admirable; however, they fail to ask what the people on the front line need in order to do their jobs successfully.

Love my job and my patients. It's the staff that needs help.

Every job has its issues and not everything is perfect all the time, but overall this job is good, staff is great, management could change some stuff around but I don't know if they are being told how to handle this and it might be out of their hands, not sure. I would like to think that they are not malicious on purpose, they seem like good people, but I don't know if they are pressured from above to discipline us so harshly.

I love my job but this place is toxic. I love coming in to where I am placed right now because of the comradery here but this is the ONLY unit that runs like this one.

Overall, \*\*\* is a good workplace but can benefit from improved communication between staff and administration to improve the quality of care delivery for our clients whom we work for.

*Comments Related to Worker Morale.* Nearly a third (31.5%) of the respondents commented on concerns related to worker morale in general. Based on these comments there is some evidence to suggest there is low levels of worker morale at CHV and WFH among the respondents who answered the open-ended question.

The organizational culture is toxic. Mistrust between labor and management makes solving simple problems harder than it should be, and continues to allow unacceptable behavior to go unchecked. Staff turnover is high because new staff leave after seeing what it's like here. People are trying to do the best they can, but scarce resources and stress creates a survival mentality which focusses on getting through the day rather than building for tomorrow. It makes people tired, angry and hopeless. It can bring out the worst in you if you're not careful. I came to \*\*\* after the abuse scandal broke because I wanted to be part of making things better. I fear this is impossible in the direction we are going, and feel foolish for thinking it would change. Please put some oversight over these institutions that will bring their practice into closer alignment with those of community hospitals. They are proving incapable of doing so for themselves.

Everyone is miserable from the top down. Morale does not exist. You aren't allowed to respectfully challenge anyone because \*\*\* management is driven entirely by ego. Maybe someone should check out why everyone is posting out and leaving in droves.

This place cares nothing about staff morale or well-being, but instead fires on the spot or put staff through stress to maintain employment by staff walking on eggshells.

The morale in this building is at an all-time low. People show up because they have to, and it shows. There are negative patient outcomes associated with the morale of the building. Staff who are overworked, burnt-out can no longer function at their full potential and that shows as well. It is a sad turn of events to continue to watch this organization function at the bare minimum (overworked staff, critical staffing shortages, compassion fatigue, lack of concern by management, and scrutiny for mistakes/errors).

### *Bullying*

Over a quarter (28.8%) of the respondents mentioned bullying in their open-ended comment. Based on the comments of the respondents who answered the open-ended question, there is evidence to suggest that there are incidences of bullying at CVH and WFH.

## **Appendix C. Brief Summary of Qualitative Results**

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It is impossible to report bullying, discrimination etc. People do retaliate; they are just very careful about how they do it, but does happen. They often have the help of others and wait for an extended amount of time before doing it. You can't anonymously report things either to protect yourself from retribution. Many people may not be okay with what is happening, but when asked to make a statement they blatantly lie and deny having witnessed anything because their statement is not kept confidential as the process continues. Without supporting evidence from others about a complaint it quickly becomes a, "he said/she said," scenario. The union is great in many ways, but there should be some zero tolerance policies on substantiated claims for sexual harassment, racism, or slander against LGBTQ communities. In any other workplace these types of behaviors would result in termination.

I have witnessed on many, many occasions of bullying, discrimination and many other inappropriate behaviors by staff. If you are not in the click, it falls on deaf ears. If management doesn't like you but your work is excellent, they form opinions from other people's opinions and then they begin to harass you in subtle ways. . . I would never recommend anyone to come work here. Many new staff have left our division because of the many issues that they too have witnessed. It's a very tough place to work, dealing with hostility, disrespect, discrimination, constant degrading and bullying, sometimes on a daily basis. I have seen many union delegates act like bullies and have seen them retaliate. Especially from people that have jumped to the top and make you aware of their titles. . . . Management, supervisors, head nurses and many upper titled individuals do most of the bullying and they get away with it. Many staff don't feel comfortable expressing their concerns due to the retaliation thereafter.

The staff who are aggressive and yell at other staff are the staff the managers will ultimately side with, because management is afraid of these staff. Supervisors, Head nurses and staff nurses are afraid to write up the aggressive workers fearing retaliation from these aggressive staff. Also, the entire chain of command will put pressure on the staff who will be least resistive to cover the work these aggressive staff refuse to do. This is why bullying still takes place and patients do not get the best care possible.

Management continues to bully staff, maintain a hostile work environment, retaliate against staff for voicing concerns, and generally does not respect staff or the work we do.

### ***Managerial Practices***

70.5% of respondents mentioned some aspect of managerial practices in the open-ended comment. Since management is a broad topic, the comments have been further categorized into the following sub-themes.

#### ***Decision making***

The biggest problem with \*\*\* administration is that you have people who have never worked on the floor creating policies for us front line workers to follow. There is a huge disconnect! Some things that are asked of us are not practical and at times do not make sense . . . Administration's patient focused approach is admirable; however, they fail to ask what the people on the front line need in order to do their jobs successfully. If they talk to us more and listened to what is actually going on we can improve this building overnight-

Decisions are made by what sounds good on paper, or what is required to satisfy compliance with regulatory bodies, but there is little understanding of what is actually occurring on the units

## **Appendix C. Brief Summary of Qualitative Results**

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and is the plan actually feasible? Also, it seems like the same problems come up over and over again. There does not appear to be effort to make decisions and changes for lasting improvements.

There are inconsistencies in how things get managed and most of the time it appears that decisions are made based on convenience, politics, etc., and not always clinical judgement. It's a hugely rewarding job and there are many great staff working here. However, the toxic relationship between staff and management is a problem.

My opinion is that there is very little care or consideration put into administrative decisions. Policies and procedures are always reactionary, never proactive to improve life for patients or staff, and almost always seem overcomplicated and a major process for the sake of being a process. The RN supervisors are almost always helpful and willing to go to great lengths to assist me during a crisis. The administration is adversarial and does not appear to consider input from RN Supervisors, Nurses, Clinical Managers or Unit Directors, or really any other staff at all. Violence towards staff or peers has been perfectly acceptable by administration for the entire time I've been employed here \* \* \*. Very few transfers or changes are made to protect us or the patients from violent individuals within any reasonable amount of time. It is terrifying working here.

Management doesn't listen to staff and the needs of each unit. Supervisors can't do their Job properly because they are caught in the middle and forced to follow management's rules and this makes it difficult for them to support staff appropriately. It's the wants of management that come first not the care for the patients. We spend too many hours typing redundant notes versus giving the patients the hours they need. This job has become about paperwork and not patients' needs. Management doesn't even understand the role or what certain disciplines go through each day but make decisions that are not even rational to help support the patients.

### ***Communication***

Currently I am working on a unit that I enjoy and that I believe has a fantastic open communication and we are all about the us and the we's instead of the me vs you.

Overall, \*\*\* is a good workplace but can benefit from improved communication between staff and administration to improve the quality of care delivery for our clients whom we work for.

Communication also appears to be an issue, with information getting communicated between certain people within the hospital but not always to everyone who needs to know, leading sometimes to duplication of efforts or additional confusion.

All too often management, leadership and departments are not on the same page. Attempts are made to communicate information to staff (i.e., Town hall meetings) but that information is not consistent. One manager tells you something, then your discipline manager tells you something different.

Communication is poor between managers and direct care staff. There is a disconnect. Meetings are held among managers, decisions are made, and staff is never consulted or informed. Yet if something happens, it immediately becomes punitive.

## **Appendix C. Brief Summary of Qualitative Results**

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### *Fear of Being Fired or Punished*

Management attacks the staff with extreme punishments for minor offences of work rules. Our union contract goes completely ignored by management.

I am now working in a non-direct care position and am happy in my role, but direct care positions are very difficult in these organizations and management does not always support the direct care staff in these difficult roles, but rather create a very punitive environment where staff do not feel safe or secure. Management does not always follow the rules, laws or union agreements, and do not involve staff in the decision making processes that may often lead to more negative working environments.

Management continues to bully staff, maintain a hostile work environment, retaliate against staff for voicing concerns, and generally does not respect staff or the work we do. They punish us if we come in late for a voluntary overtime shift. They have thrown "Progressive Discipline" out of the window in favor of 3-5-10 suspensions for first time violations despite what our Union Contract states.

We are under tremendous scrutiny by our administration and they are more apt to want to discipline versus providing feedback and having a conversation about any given issue. Administration manages by inciting fear among the ranks... fear of being disciplined punitively.

There also appears to be signs of institutional trauma - many people seem hyper reactive, anxious, defensive and seem pre-occupied with "getting in trouble".

Management does not support us in any way. Especially, upper management. We are in constant fear of losing our jobs. When an "all available" is called, Doctors and Supervisors stand there and do not help or get involved. Then, they go and review the security footage and point fingers at direct care staff for not doing the intervention properly. These staff are then taken out of patient care, suspended or fired.

### *Safety Concerns*

Patient and staff injuries and hands on interventions are significantly improved. Hands on interventions and restraints are dramatically down: a very positive effect. Staff are extremely overworked and so overtired that patient safety is at risk.

Since the current CEO took over, we have had an increase in staff victimization and an excessive number of staff remain out of work due to avoidable injuries by patients. We have had 5 psychiatrists receive head injuries during that time.

Since I came to work here, I have been assaulted by a co-worker and severely injured by a patient. A patient that they knew was extremely violent, that I had asked for help with, and a manager ran away when the patient escalated and attacked me. I am not the only one, and now that we are under camera, anything we do when defending ourselves from being assaulted can get us fired. If you put your arm up to block your face while a patient is punching you, but in your adrenaline rush to protect yourself you forget to open your hand, you are fired. If I don't micromanage every bit of my staff, while doing all the handwritten paperwork daily, and looking for mistakes all the time, I get written up. This environment is unsafe and it is no wonder that there is a ton of staff turnover due to injuries and burnouts from the constant mandates or working short staffed.

## **Appendix C. Brief Summary of Qualitative Results**

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Safety is my main concern. The \*\*\* units are not staffed properly for the acuity. Violence, aggression and threats from patients to staff are common, every day occurrences on \*\*\* units and I don't feel safe working. I pray every day that I (and my co-workers) won't get hurt. - Management is very disconnected from life on the units. They need to see first-hand how the demands of the job, acuity and violence impact the work of the staff on the units. Management comes up with ideas for active treatment that are unrealistic to carry out due to lack of resources (staff, space, etc.). Clinical and nursing staff are just doing their best to balance treatment, engagement and safety on the units.

Conditions have become more dangerous on the units for both staff and patients. Staff feels as though their hands are tied and are reluctant to respond. We allow difficult patients to make others feel unsafe because of the hesitance to handle situations because it will be viewed as abuse. We punish staff for responding to staff being assaulted if there is not "enough staff to respond" and are expected to watch our co-workers be assaulted rather than run to save them because we are not only being taken out of patient care but being terminated. Staff are constantly under scrutiny while being over worked and under staffed. Employees are out for extended periods of time while awaiting for their cases to be reviewed. The focus is often not on the care we provide and the good that we do but on what we do not do or the mistakes that we have made even when it is very small and no harm to any patients or their safety came of it.

### ***Overtime/Staffing Shortage: Mandated***

Since this pandemic every day I work is sixteen hours. Either I volunteer for overtime or I will be mandated either way I am still working sixteen hours.

Hospital has been understaffed for years and not adequately addressed. Mandates are so frequent that most staff now have FMLA and the burden upon those that don't is oppressive. Many staff have chosen to work excessive voluntary OT in order to avoid being mandated into undesirable shifts.

They do not care if we are working short staff or if we have to be mandated every day, they are doing nothing to take care of the staffing shortages and it keeps getting worse with no end in sight. Employees are totally burned out and no one cares, not management, not the Commissioner, not the Union.

Mandate time is double pay. Connecticut cannot afford to pay state employees double time. \*\*\* needs more part time and or full time mental health assistants and nurses hired for long term sustainability and quality patient care.

At this time \*\*\* is very understaffed, especially 3<sup>rd</sup> shift. Most nights we run short staffed and almost half the staff are there on a mandation. The only reason I do any overtime is so that I cannot be mandated into first shift since I have obligations at home. The administration refuses to hire additional staff, this has been going on for several years now and there is no end in sight. The administration also refuses to grant earned time off. People are exhausted but unable to take anytime to recharge. These and many other concerns have been brought to the administrations attention but it falls on deaf ears. AT this time I would not encourage anyone to come to work at \*\*\*.



## **Appendix C. Brief Summary of Qualitative Results**

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### *Overtime/Staff Shortage: Refusal of Overtime as Punishment*

This supervisor would call fellow employees into his office and try to bait them to say things about me, has turned red and screamed at me, lied to fellow coworkers about me "filing grievances" against them and encouraging them to approach and bully me about said "grievances", and specifically skewed the schedule so I myself would not be able to participate in overtime opportunities (a union contract violation.)

I work in a small space with other employees and when we tried to adjust our schedules during COVID we were shut down without an explanation. We requested a management meeting and no one responded. My work schedule was adjusted to include rotating weekends because management said we could not have OT, yet I see many other departments pulling tons of OT

OT is not safe here, because you can be stepping on someone's toes. If you call out these bullies here, you're deemed the problem. The mandates that go on here are a load of crap and need to stop, but the problem is not the mandates, it's the fact that new staff will not stay here because of the behaviors of staff already on the units. Let me remind you, it's not the patients.

### *Overtime/Staffing Shortage: Lack of Time Off*

I have over 400 hours of vacation time and I am denied when requesting time off - due to the needs of the building. There is a staffing shortage where we are being mandated almost every day that we work, which has been going on since September. Management has not done anything to alleviate some of these burdens that we as staff have to endure daily. Staff are mandated to work 16hr shifts, and we will get IN trouble if you do leave or ask to leave 1/2 hr. early - management goes home after their 8 hr. shift.

Staff are consistently denied time off going on 2 years. How can an agency over work their employees and then deny them a day off of their EARNED time? This is the most dysfunctional place I have ever worked and the problem is not with the line staff. The problem is the administration. Too much favoritism.

Time off requests is being denied due to facility needs when 6-months - 1-year advanced notice has been given. We have been getting forced mandated practically every night. There is not enough night shift staff to staff the facility. We run short-staffed often. Upper management retaliates against frontline employees. Punitive punishment, examples: make staff sit in a room "no patient contact" on a unit for 8 hours for several months during an active investigation. This organization has violated every aspect of FMLA laws and employee's rights.

### *Overtime/Staffing Shortage: Staff Safety Concerns*

\*\*\* has become a very unsafe place to work for staff and patients. The units are staffed with exhausted workers. The units are regularly worked short staffed. No one has been hired in years. Management attacks the staff with extreme punishments for minor offences of work rules. Our union contract goes completely ignored by management. Time off requests have been denied for over a year now.

I am concerned about the people I work with. They work so many mandates as we are so short staffed that I feel t they cannot always do their jobs with a clear head. I sometimes fear for the safety of my unit.

## **Appendix C. Brief Summary of Qualitative Results**

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Administration has failed to ensure staff and patient safety. Well before the current pandemic the facility was in critical staff shortage yet did nothing to ensure unit needs were met. The Administration requires information in advance about retiring employees yet made zero attempt at replacing those scheduled to retire.

This environment is unsafe and it is no wonder that there is a ton of staff turnover due to injuries and burnouts from the constant mandates or working short staffed.

Staffing numbers are poor. This is a problem that creates other problems (high acuity patients require more staff for hands on care, leading to less staff availability to do other work related duties; high staff burnout; more call-outs->less staff->more mandates->more fatigue->safety issues). There is also a problem with retention, especially of new employees and with the anticipated retirements coming in the next year, staffing levels really need to be considered now.

### ***Overtime/Staffing Shortage: Patient Safety***

While I am happy to be here, I am disgusted by the gross negligence of management. My unit is consistently short staffed. This is not only risky for patients, but staff. The issue is brought up on a daily basis, but nothing seems to change. Our doctors are pressured by upper management to take some of the most risky patients off of CO [constant observation] status. This again causes risk to the patients. I have heard that capacity on the units is going to be increased, but this seems like a foolish move if there is already a shortage in staff to manage the patients that we have now. Patient care at this hospital is unbelievably poor. Staff safety is not a topic that matters to upper management. They turn a blind eye to everything. Our safety will not be taken seriously until one of us is dead.

Excellent patient care cannot be provided with short staffing, poor morale, and a work force that is exhausted from being mandated.

The staff here at \*\*\* worked through the entire Pandemic and continue to do so and can't get any time off. The staff are being mandated day in and day out and the only time they get time off is when they call out sick, which perpetuates the pattern of mandating and calling out, calling out and mandating. With no end in sight. The morale in this building is at an all time low. People show up because they have too, and it shows. There are negative patient outcomes associated with the morale of the building. Staff who are overworked, burnt-out can no longer function at their full potential and that shows as well. It is a sad turn of events to continue to watch this organization function at the bare minimum (overworked staff, critical staffing shortages, compassion fatigue, lack of concern by management, and scrutiny for mistakes/errors).

### ***Patient Care***

This shift allows staff members to engage in therapeutic activities and engage the clients in more treatment plan related activities. Clients that build the tools to ready themselves to be integrated into the community is enhanced and length of stay is shortened. The ability to reestablish therapy and the client's ability to attain their highest level of functioning should be our highest priority.

I used to think \*\*\* was the greatest job. Now, due to horrible management, the job we are supposed to be doing, making sure patients are safely receiving treatment, is a far cry from what we do. Now we just house patients and try to avoid run ins with management.

## **Appendix C. Brief Summary of Qualitative Results**

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In general if management spent half as much time on patient care as they do on monitoring and disciplining staff, our patients would have much better outcomes.

If management knew what they were doing and truly cared about the patients, the care for the patients would be improved, however management is more concerned about suspending staff and firing.

Too often people are afraid to respond because they don't want to get in trouble. Patient's needs are more than staffing can provide at the moment and there is no consideration by admin to reduce census to better care for patients, nor does there appear to be any consideration for more effective restraint strategies (i.e., one person techniques to utilize if someone is headbanging for example). In general staff and patients feel unsafe and covid has only highlighted this. Each individual person is doing the best they can under difficult circumstances but tend to feel as though upper management/admin do not care for them or else are out of touch with the realities faced working on an inpatient unit.

### *Professional Advancement and Professional Development*

I have worked for \*\*\* for the last 20 years in several roles--most unfortunate/demoralizing experience of state career has been inability to achieve career mobility when clearly more qualified than some candidates that have posted into positions.

Employees that work hard do not get promoted or recognized, why? \*\*\* practices nepotism. If I don't have a certain look or I am not friends with higher ups/administration then it doesn't matter my credentials, masters, bachelors, your constructed system tells me \*\*\* cannot and won't get promoted.

Upward mobility seem to be nonexistent. I believe returning to school in order to obtain more knowledge doesn't help either.

### *Discrimination*

My experience \*\*\* has been decent thus far. Unfortunately, watching what has been happening to some of my fellow co-workers has been very upsetting and stressful. The blatant racism and unfair treatment of people of color is disgusting to say the least. Certain people in supervisory positions use their power to do whatever they want and continue to play with workers' livelihoods as if it's a game. Nothing is being done about it after years of complaining. The NAACP got involved a few years ago because things had gotten so bad. A lot of promises and talking was done at that time but, nothing has been done to make any changes. Something needs to be done!

I have been subjected to harassment in \*\*\* I have been subjected to discrimination and humiliation in front of coworkers of all titles by several members of management in the past \*\*\*.

I feel that the use of "the race card" is so prevalent that management is afraid to discipline those that disrupt the work environment.

## Appendix D. Survey Data

**Table D1**

***Attitudes and feelings toward work activities and experiences at CVH or WFH in the past 6 months.***

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree	
	n	%	n	%	n	%	n	%	n	%
	I am given an opportunity to improve my skills in my organization.	35	8	146	35	91	22	97	23	47
I have enough information to do my job well.	55	13	179	43	80	19	82	20	20	5
I feel encouraged to come up with new and better ways of doing things.	30	7	99	24	95	23	105	25	87	21
My work gives me a feeling of personal accomplishment.	50	12	156	38	91	22	62	15	56	13
I like the kind of work I do.	142	34	199	48	48	12	16	4	10	2
I know what is expected of me on the job.	88	21	224	54	57	14	33	8	13	3
I have sufficient resources (for example, people, materials, budget) to get my job done.	27	6	125	30	73	18	103	25	88	21
My workload is reasonable.	27	7	205	50	75	18	67	16	40	10
I know how my work relates to the organization's goals.	58	14	216	52	81	20	36	9	22	5
Physical conditions (for example, noise level, temperature, lighting, cleanliness in the workplace) allow me to perform my job well.	25	6	148	36	78	19	101	24	64	15
Most of my colleagues are easy to get along with.	47	11	218	53	78	19	52	13	20	5
I would recommend this organization as a good place to work.	33	8	115	28	121	29	70	17	77	19

## Appendix D. Survey Data

Table D2

*Definitions of dichotomous contrasts of employee and job characteristics*

Contrast variable			
<b>Non-Hispanic White</b>	<b>Frequency</b>	<b>Percent</b>	<b>Combined answers to : Are you Hispanic or Latino/a? What is your race?</b>
No	133	44	Hispanic , Non-Hispanic (Black, Asian, Native American, Native Hawaiian, Other)
Yes	167	56	Not Hispanic or Latino/a; White
<b>Female</b>	<b>Frequency</b>	<b>Percent</b>	<b>What is your gender?</b>
No	113	33	Male
Yes	228	67	Female
<b>Age 45 and up</b>	<b>Frequency</b>	<b>Percent</b>	<b>What is your age?</b>
No	95	28	Age 18 to 44
Yes	242	72	Age 45+
<b>Work location</b>	<b>Frequency</b>	<b>Percent</b>	
CVH	176	56	Works only at CVH
WFH	138	44	Works only at WFH
<b>Work overtime?</b>	<b>Frequency</b>	<b>Percent</b>	<b>In a typical pay period, do you work overtime hours beyond your usual schedule?</b>
No	171	53	No
Yes	151	47	Yes
<b>Mandatory overtime?</b>	<b>Frequency</b>	<b>Percent</b>	<b>When you work extra hours on your job at CVH or WFH, is it voluntary or mandatory?</b>
No	73	51.77	Completely voluntary Mostly voluntary
Yes	68	48.23	About equally voluntary and mandatory Mostly mandatory Completely mandatory
<b>Day Shift</b>	<b>Frequency</b>	<b>Percent</b>	<b>Which of the following best describes your usual schedule?</b>
No	92	29	Afternoon shift Night shift Split shift Rotating shifts
Yes	225	71	Day shift
<b>Patient Care &gt; 60% time</b>	<b>Frequency</b>	<b>Percent</b>	<b>On average, what percent of your work time do you spend in direct patient care during a typical week?</b>
No	142	43	No direct patient care 1-20% 21-40% 41-60%
Yes	186	57	61-80% 81-100%
<b>MHA/FTS</b>	<b>Frequency</b>	<b>Percent</b>	<b>Primary Professional Role at CVH or WFH</b>
No	200	67	Management (Administrators, Managers, Coordinators) Business, Administrative, and Clerical (Accounting, Reception, Human Resources, Billing, Records, Information Technology) Facility Operations (Dietary, Housekeeping, Maintenance, Transportation)

**Appendix D. Survey Data**

			Behavioral Health Clinician (Counselor, Substance Abuse Counselor, Therapist)
			Social Worker/Forensic Monitor
			Psychologist
			Ambulatory Care Services (Physician, Nurse Practitioner, Physician's Assistant, Pharmacist)
			Nursing (Nurse, Registered Nurse)
			Psychiatry (Psychiatrist, Psychiatric Nurse Practitioner)
			Other Therapists, Support and Outreach (Occupational, Physical, Rehabilitation, Educational Therapist; Outreach, Faith, Family Support, Recovery Support Specialist)
			Other (please specify)
Yes	98	33	Mental Health Assistant/Forensic Treatment Specialist
<b>Manager</b>	<b>Frequency</b>	<b>Percent</b>	<b>Primary Professional Role at CVH or WFH</b>
<b>No</b>	276	93	Management (Administrators, Managers, Coordinators)
			Business, Administrative, and Clerical (Accounting, Reception, Human Resources, Billing, Records, Information Technology)
			Facility Operations (Dietary, Housekeeping, Maintenance, Transportation)
			Behavioral Health Clinician (Counselor, Substance Abuse Counselor, Therapist)
			Social Worker/Forensic Monitor
			Psychologist
			Ambulatory Care Services (Physician, Nurse Practitioner, Physician's Assistant, Pharmacist)
			Nursing (Nurse, Registered Nurse)
			Psychiatry (Psychiatrist, Psychiatric Nurse Practitioner)
			Other Therapists, Support and Outreach (Occupational, Physical, Rehabilitation, Educational Therapist; Outreach, Faith, Family Support, Recovery Support Specialist)
			Other (please specify)
<b>Yes</b>	22	7	Management (Administrators, Managers, Coordinators)

## Appendix D. Survey Data

**Table D3**

***Unpleasant experiences with managers, supervisors, co-workers, or supervisees in the past 6 months.***

	Never		Occasionally		Monthly		Weekly		Daily		N/A	
	N	%	N	%	N	%	N	%	n	%	n	%
I have been glared at in a hostile manner.	135	34	144	36	29	7	34	8	31	8	30	7
I have been ignored or excluded.	105	26	143	36	33	8	48	12	41	10	32	8
I have been treated in a rude or disrespectful manner.	90	23	169	42	32	8	44	11	41	10	23	6
Others have refused my requests for assistance.	147	37	134	34	26	7	39	10	22	6	32	8
I have been yelled at or shouted at in a hostile manner.	219	55	107	27	17	4	19	5	8	2	31	8
I have been subjected to negative comments about my intelligence or competence.	218	54	106	26	16	4	21	5	11	3	30	7
My contributions have been ignored by others.	116	29	158	40	21	5	36	9	32	8	37	9
Others have spread gossip or rumors about me.	143	36	146	37	15	4	11	3	23	6	60	15
Others have failed to give me information that I really needed.	105	26	186	47	28	7	32	8	23	6	26	7
I have had repeated unwanted reminders of my errors or mistakes.	228	57	90	22	13	3	12	3	6	2	52	13
I have been prevented from expressing myself (for example, interrupted when speaking).	154	38	157	39	17	4	28	7	18	4	29	7
Someone has attempted to turn other employees against me.	179	45	122	31	17	4	10	3	23	6	45	11
Someone else has taken credit for my work or ideas.	197	49	109	27	14	3	16	4	12	3	53	13
I have experienced intimidating behaviors such as finger-pointing, invasion of personal space, shoving, blocking my way.	265	66	73	18	4	1	11	3	10	2	38	9
Someone has flaunted his or her status or treated me in a condescending manner.	155	39	150	38	17	4	27	7	24	6	27	7
I have experienced unwanted teasing or excessive sarcasm.	219	54	105	26	13	3	12	3	14	3	39	10
I have witnessed co-workers being bullied by managers, supervisors, peers, or supervisees.	126	32	143	36	27	7	34	9	37	9	33	8
I have experienced threats of violence or physical abuse.	318	79	29	7	7	2	1	0	5	1	43	11

## Appendix D. Survey Data

I have experienced violence or physical abuse.	327	81	24	6	5	1	1	0	2	1	44	11
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**Table D4**

**Frequency of negative behaviors from managers, supervisors, co-workers, and supervisees**

Have you experienced any negative behaviors from people you work with?	Yes: n=292, 72.82%											
	No: n=109, 27.18%											
Responses from those who answered "yes":												
Source and frequency of these negative behaviors.	n	%	n	%	n	%	N	%	n	%	n	%
--Manager(s)	75	28%	105	39%	27	10%	28	10%	16	6%	19	7%
--Supervisor(s)	96	36%	112	42%	18	7%	14	5%	14	5%	15	6%
--Coworker(s)	31	11%	176	63%	20	7%	24	9%	24	9%	6	2%
--Individual(s) you supervise	72	27%	61	23%	10	4%	7	3%	14	5%	102	38%

**Table D5**

**Attitudes toward the organizational climate at CVH and WHF considering behaviors and experiences in the past 6 months.**

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree	
	n	%	N	%	N	%	N	%	N	%
New staff are made to feel welcome when starting employment in the organization.	46	12	140	37	95	25	73	19	27	7
Conflict in my work unit is common.	32	8	140	37	102	27	80	21	28	7
This organization does not value equal opportunity for everyone.	69	18	95	25	115	30	66	17	37	10
I have confidence in the abilities of management in my organization	24	6	59	15	99	26	92	24	107	28
Staff shortages are common in my unit.	196	51	103	27	47	12	19	5	17	4
I enjoy working in the teams that I am involved with.	75	20	195	51	84	22	18	5	8	2
I have had excessive monitoring of my work.	36	9	49	13	129	34	132	35	35	9
My performance appraisal is a fair reflection of my performance.	80	21	158	41	101	27	24	6	18	5
I have received sufficient training to carry out my job.	48	13	193	51	77	20	47	12	17	4
My unit uses temporary staff too often.	54	14	60	16	143	38	78	21	42	11
Management in my organization values constructive criticism.	12	3	52	14	126	33	95	25	97	25
I face conflicting demands in my job.	54	14	127	33	110	29	70	18	20	5



## Appendix D. Survey Data

**Table D5**

**Attitudes toward the organizational climate at CVH and WHF considering behaviors and experiences in the past 6 months.**

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree	
	n	%	N	%	N	%	N	%	N	%
Management at my organization exploits their position of power.	85	22	90	24	110	29	58	15	37	10
I feel my contribution to the organization is recognized.	25	7	103	27	108	28	85	22	62	16
Different professional groups don't work well together within my unit.	45	12	91	24	128	34	84	22	34	9
I feel that there isn't enough time in the day to complete my work.	22	6	70	18	112	29	148	39	31	8
Management at my organization consults staff before decisions affecting staff are made.	11	3	33	9	76	20	107	28	154	40
Existing work pressures make it difficult to take time off work.	83	22	80	21	97	25	92	24	29	8
Management in my organization treats staff fairly who are involved in an error or mistake.	16	4	66	17	121	32	82	22	94	25
Work is shared equally among the people I work with.	23	6	123	32	90	24	104	27	42	11
Management in my organization encourages staff to report errors or mistakes.	38	10	172	45	108	28	33	9	30	8
I can disclose a suspected violation of any law, rule or regulation without fear of reprisal.	34	9	86	23	104	27	77	20	80	21
When errors or mistakes are reported, management in my organization takes action to ensure that they do not happen again.	27	7	123	32	133	35	55	14	42	11
Staff are given helpful feedback about changes made in response to reported errors or mistakes.	16	4	85	22	137	36	77	20	65	17
I feel safe to speak up about anything that concerns me in this organization.	29	8	81	21	80	21	93	24	98	26
If I were concerned about unsafe clinical practices, I would know how to report it.	79	21	217	57	45	12	21	6	18	5
If I noticed an unsafe clinical practice, I would feel secure raising my concerns.	55	14	147	39	75	20	55	14	49	13
I am confident that management in my organization would address my concern.	32	8	86	23	106	28	88	23	70	18

## Appendix D. Survey Data

**Table D5**

**Attitudes toward the organizational climate at CVH and WHF considering behaviors and experiences in the past 6 months.**

	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree	
	n	%	N	%	N	%	N	%	N	%
I feel discriminated at work because of my age.	9	2	17	4	80	21	176	46	101	26
I feel discriminated at work because of my race or ethnicity.	27	7	46	12	97	25	135	35	78	20
I feel discriminated at work because of my gender.	18	5	29	8	89	23	163	43	84	22
My direct supervisor treats me with respect.	154	41	137	36	53	14	19	5	13	3
I respect my direct supervisor.	156	41	155	41	47	12	14	4	7	2
Overall, I feel my direct supervisor is doing a good job.	128	34	126	33	77	20	32	8	16	4
Management in my organization treats employees with respect.	28	7	113	30	88	24	77	21	68	18
I respect the management in my organization.	49	13	141	38	83	22	55	15	47	13
Overall, I feel <u>management</u> in my organization is doing a good job.	31	8	85	23	92	25	76	20	90	24