

# Burnaby Association for Community Inclusion

## Employee Survey Results January 2010

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Burnaby Association  
for Community Inclusion

# Executive Summary

- The Employee Health Survey was distributed to employees at BACI between mid November 2009 and early December, 2009. A response rate of 34% for all employees and 48% for regular employees (full and part-time) was obtained.
- Respondents had positive to very positive responses about their working environment in terms of: the importance of their own contributions to the workplace, job satisfaction; the values of the organization; trust in their supervisors; fairness and respect; trust in the organization, and job expectations. Self-reported health and mental health ratings were high, indeed higher than in preceding years – 2005, 2007 and 2008. The top three concerns about the work environment were increased salary and benefits, workplace morale and conflict, and opportunities for advancement. The top three concerns about the people BACI serves: friends and family involvement, a good home, and more ability to make decisions affecting their lives.
- Concerns were noted in the following areas:
  - Perceived physical risks: working with individuals who have challenging behaviours, physically aggressive clients, risk of physical strain.
  - Perceived psychosocial risks: workplace morale
  - Job satisfaction is offset by job stress
  - 28% of employees experience chronic stress (lower than the 34% in 2007 and 42% in 2008)
  - With exercise, diet, stress and poor quality sleep there is both a relatively high incidence of self-perceived risk and a willingness to change that risk
  - 8% of respondents had a Major Depression Inventory Score of 20 or higher, meaning it is likely they are currently experiencing depression; this figure is consistent with responses within the general population; however, more than half of those identified by the MDI as depressed do not self-report depression.
  - Health risk factors and chronic diseases are having a negative effect on employee productivity and job performance, with levels of impairment ranging from 20-40%
  - 62% of BACI respondents are affected by at least one chronic health condition

# Workplace Health Initiatives: Historical Background

- In 2006 BACI focused on leadership training, peer support, communication and employee wellness. Some actions undertaken included:
  - Wellness room established and reflexology and massage offered on a weekly basis. Information sessions provided on weight loss, sleeping, stress reduction
  - EFAP utilization rates were low, despite survey results showing relatively high levels of depression. Interlock sessions added to new employee orientations.
  - A “Wellness Wheel” in process of being initiated (November 2007) which allows individuals to earn and redeem points. Assistance for this program from Nursing Students.
  - Recruitment and Retention Committee formed in early 2007 and employee recognition system updated and a range of recognition systems initiated.

# Employee Health Survey: Results 2005 to 2009

The Employee Health Survey has been designed to gather information from employees regarding their perceptions of personal and organizational health risks and their current medical status; it was amended in 2009 to include a new depression inventory, some changes and additions to existing questions, and a survey of the most important issues for employees and for service to clients.

- Topics canvassed include:
  - Perceptions about the physical work environment
  - Perceptions regarding the psychological and social (psychosocial) work environment
  - Personal health status and health risk behavior
  - Relationship between health and ability to contribute to the workplace
  - Basic demographic information regarding age, gender, education, marital status, family commitments and the nature of work engaged in.
- In 2005, a response rate of 33 percent was obtained from regular and casual employees (91 respondents out of a potential 274 regular and casual employees)
- In 2007, a response rate of 29 per cent was obtained from regular and casual employees (118 respondents out of a potential 404 regular and casual employees)
- In 2008, a response rate of 18 per cent was obtained from regular and casual employees (72 employees out of a total of 401 regular and casual employees).
- In 2009, a response rate of 34 per cent of regular and casual employees was obtained (140 employees of a total of 411 regular and casual).

# Table 1: Employee Characteristics

Gender	Respondents (%)			
	2005	2007	2008	2009
Female	61	70	82	70
Male	39	30	18	30
<b>Level of Education</b>				
Elementary School	--	--	--	1
Some High School	1	3	--	2
High School Graduate	14	10	11	14
College Diploma	47	46	49	47
University Degree	33	37	34	32
Graduate Degree	5	5	6	5
<b>Marital Status</b>				
Single	45	33	37	21
Partnered	--	--	--	14
Married	44	48	41	49
Divorced	7	3	4	9
Widowed	1	3	0	2
Separated	3	3	5	6
Common-Law	--	11	13	--

# Table 1: Employee Characteristics

Employment Status	Respondents (%)			
	2005	2007	2008	2009
<b>Full-time</b>	61	73	70	59
<b>Part-time</b>	22	19	26	23
<b>Regular (FT &amp; PT)</b>	83	92	96	82
<b>Casual</b>	17	8	4	17
<b>Age</b>				
<b>Mean</b>	37	--	--	--
<b>Median</b>	36	--	--	--
<b>Range</b>	19-60	--	--	--
<b>&lt;25</b>	--	13	18	11
<b>26-34</b>	--	26	23	16
<b>35-43</b>	--	28	20	26
<b>44-52</b>	--	22	30	33
<b>53-60</b>	--	9	8	11
<b>60+</b>	--	3	1	3

# Table 2: Perceived Physical Risks at BACI

Physical Risk Factor:	Agree or Strongly Agree (%)			
	2005	2007	2008	2009
Excessive heat or cold where I work	21	34	31	28
Poor air quality	18	38	31	24
Too much noise	<25	38	44	38
Inadequate work space	26	41	47	32
Poor lighting	21	33	29	15
Working with individuals who are under the influence of alcohol or other drugs	6	19	11	6
Working with co-workers who are under the influence of alcohol or other drugs	<25	22	17	9
Being asked to perform unsafe work	<25	35	22	24
Not enough safety training	<25	42	31	31
Risk of physical strain (e.g. back, neck, wrist, etc.)	46	64	54	39
Biological agents or infectious diseases	29	52	41	28
Travel hazards	28	41	35	28
Working with verbally abusive individuals	41	48	31	36
Working with physically aggressive individuals	40	52	50	51
Working with difficult family members	--	--	--	31
Working with individuals who display challenging behaviours	--	--	--	64
Working alone	40	41	41	38
Lack of facilities, equipment or access for employees with disabilities	<25	30	26	19
Lack of assistive devices for lifting and transferring individuals	<25	32	27	16

# Perceived Physical Risks at BACI

- As in previous years, respondents were asked to report on a number of safety hazards and unsafe working conditions that they may be exposed to in the workplace and were asked to indicate whether they believed these issues were a concern to them in the course of their work.
- Table 2 summarizes employees' perceptions of various risk factors in the physical environment in their workplace from 2005 to 2009. In general, respondents in 2009 reported a slightly lower perception of all physical hazards than in previous years.
- In 2009, a clear majority of respondents were concerned about only two categories of risk: working with "challenging" clients, and working with "aggressive" clients. A significant minority of BACI employees were also concerned with the risk of physical strain, verbally aggressive clients, working alone and too much noise.

Table 3: Perceived Positive Psychosocial Risk Factors

Psychosocial Factor:	Agree or Strongly Agree (%)			
	2005	2007	2008	2009
I am satisfied with amount of involvement I have in decisions that affect my work	57	61	68	55
I feel I am well rewarded for the level of effort I put out for my job	40	36	44	54
I feel my skills and knowledge make an important contribution to the organization	--	--	--	86
I am satisfied with the fairness and respect I receive on the job	55	62	58	57
I am clear about what is expected of me to do my job	76	81	79	80
I have the supplies and resources I need to adequately perform my job	66	63	71	64
I feel the amount of work expected of me is fair and reasonable	--	--	--	64
I feel I can trust this organization	53	62	64	59
I feel I can trust my supervisor	64	76	72	72
Staff morale in my workplace is high	--	--	--	46
The level of training and career development is adequate in this job	61	65	72	60
My personal values are similar to the values of this organization	75	78	85	76
This organization cares about my health	77	68	65	61
I am satisfied with the level of communication in this organization	42	43	47	42
Overall, I am satisfied with my job	72	72	73	72
Time/work demands of my job do not interfere with my home life	64	50	54	68
Organization provides adequate benefits to assist me/family with health problems	39	50	60	58

# The Psychological and Social Work Environment: 2009

- Questions in this section have been designed to identify workplace stressors that can be attributed to perceived imbalances between workplace demands and employee control, between the degree of effort and reward or recognition or between work and home life. Questions also focus on the degree of fit between employee knowledge, skills and values, on the one hand, and job demands and workplace culture, on the other.
- Table 3 summarizes employees' perceptions of various risk factors in the psychosocial environment at BACI. Generally favorable responses were obtained again in 2009 on the subject of the psychological and social nature of the work environment at BACI.
- Survey respondents in 2009 reported on two new categories – their contributions to the workplace (a very positive 86 per cent) and workplace morale (below the threshold of 50 per cent). They again expressed strong satisfaction with their jobs, the values of the organization, their supervisors at BACI and, fairness and respect and trust within the organization.
- The results in 2009 do not differ markedly from results in 2005, 2007, and 2008. There is some improvement in perceptions of being rewarded for one's job, as this figure crossed the threshold of 50 per cent for the first time.
- Concerns continue to be expressed with respect to the level of communication, with less than a majority agreeing that communication within the organization is satisfactory.

# Stress Satisfaction Offset Score

- Table 4 shows the percentage of respondents who agreed or strongly agreed with four questions that have historically been used to obtain a measure of the overall psychosocial environment in the workplace.
- The psychosocial environment is known to influence worker health and well-being. The Stress Satisfaction Offset Score (SSOS), an index developed by Dr. Martin Shain\* was used to assess the relationship between job stress (measured by time pressure and mental fatigue) and job satisfaction (measured by reward for effort and involvement decision making at work). Based on the responses to these four questions – two determining job satisfaction and two determining job stress – each employee is awarded a score between -2 and +2.
- A negative score means there is both job stress and lack of job satisfaction
- A positive score means there is job satisfaction with little or manageable job stress
- A zero score means stress and satisfaction cancel each other out: there is either job satisfaction with job stress, or little job satisfaction alongside little job stress
- Results of the SSOS from 2005 to 2009 are shown in Table 4 and Figure 1.

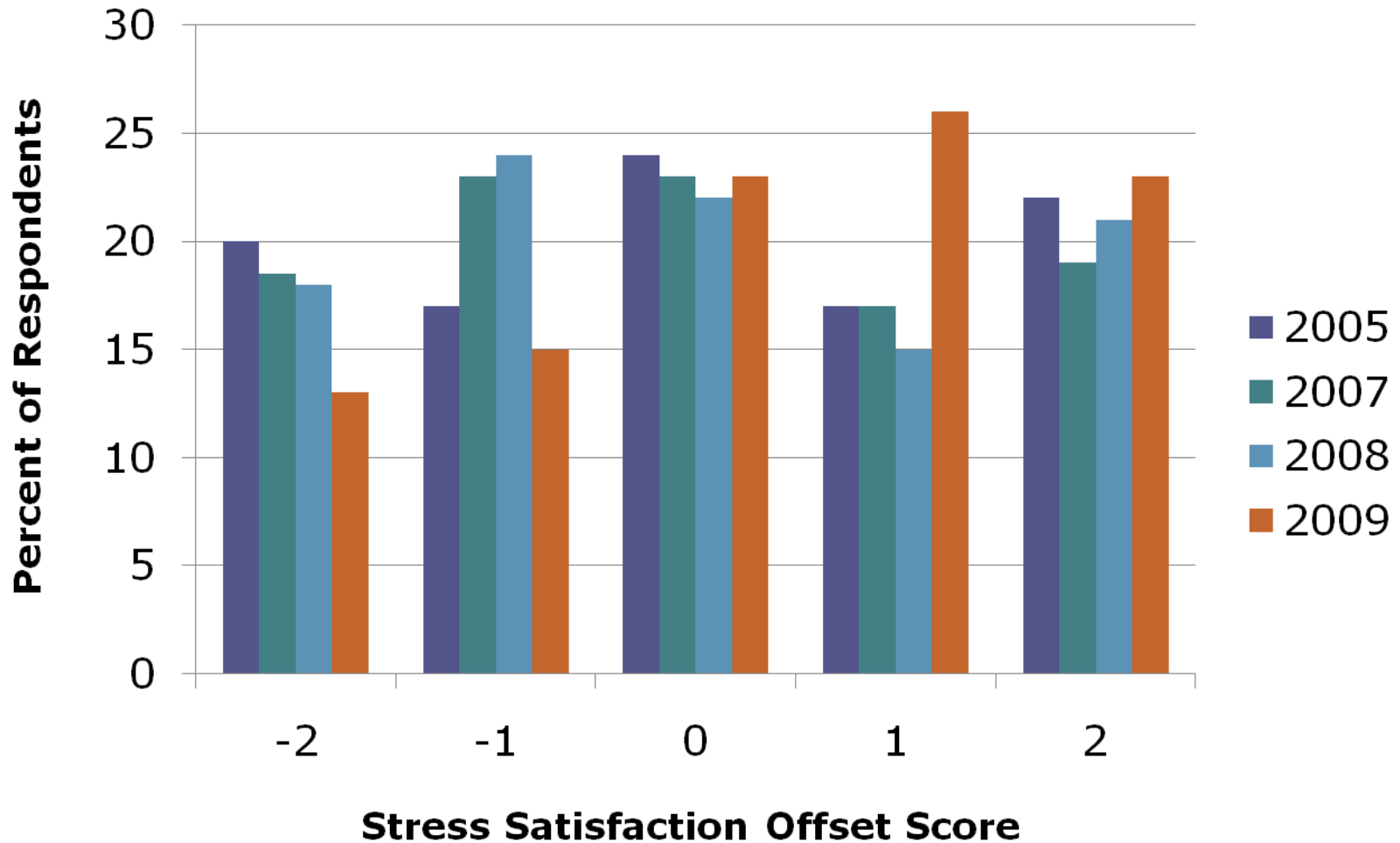
\*Shain, M . Investing in Comprehensive Workplace Health Promotion: Stress Satisfaction and Health, Centre for Addiction and Mental Health, 2001

## Table 4: Stress-Satisfaction Questions

Psychosocial Factor:	Agree or Strongly Agree (%)			
	2005	2007	2008	2009
I am satisfied with amount of involvement I have in decisions that affect my work	57	61	68	55
Too much time pressure at work has caused me worry, “nerves” or stress	45	53	58	39
I have experienced worry, “nerves” or stress from mental fatigue at work	49	51	62	42
I am satisfied with the fairness and respect I receive on the job	55	62	58	57

- A little more than 50 per cent of respondents agreed that they were satisfied with the amount of involvement in decision making and with fairness and respect received on the job. These responses have not varied markedly from 2005 to 2009.
- In 2009 much less than half of respondents agreed with the statements that there is worry, nerves or stress from mental fatigue and that there is too much time pressure at work. These reductions are quite hopeful signs (with the ongoing caveat that we cannot know of the responses of those who did not complete the survey, and how their responses might change our results).

# Figure 1: Stress Satisfaction Offset Score



# Stress Satisfaction Offset Score

- Figure 1 shows the breakdown of SSOS for respondents for BACI from 2005 to 2009.
- Although there are not dramatic differences from 2005 to 2009, there is a slight shift towards a positive SSOS in 2009; these are, in fact, the most positive figures since the inception of the survey.

# Business Health Culture Index

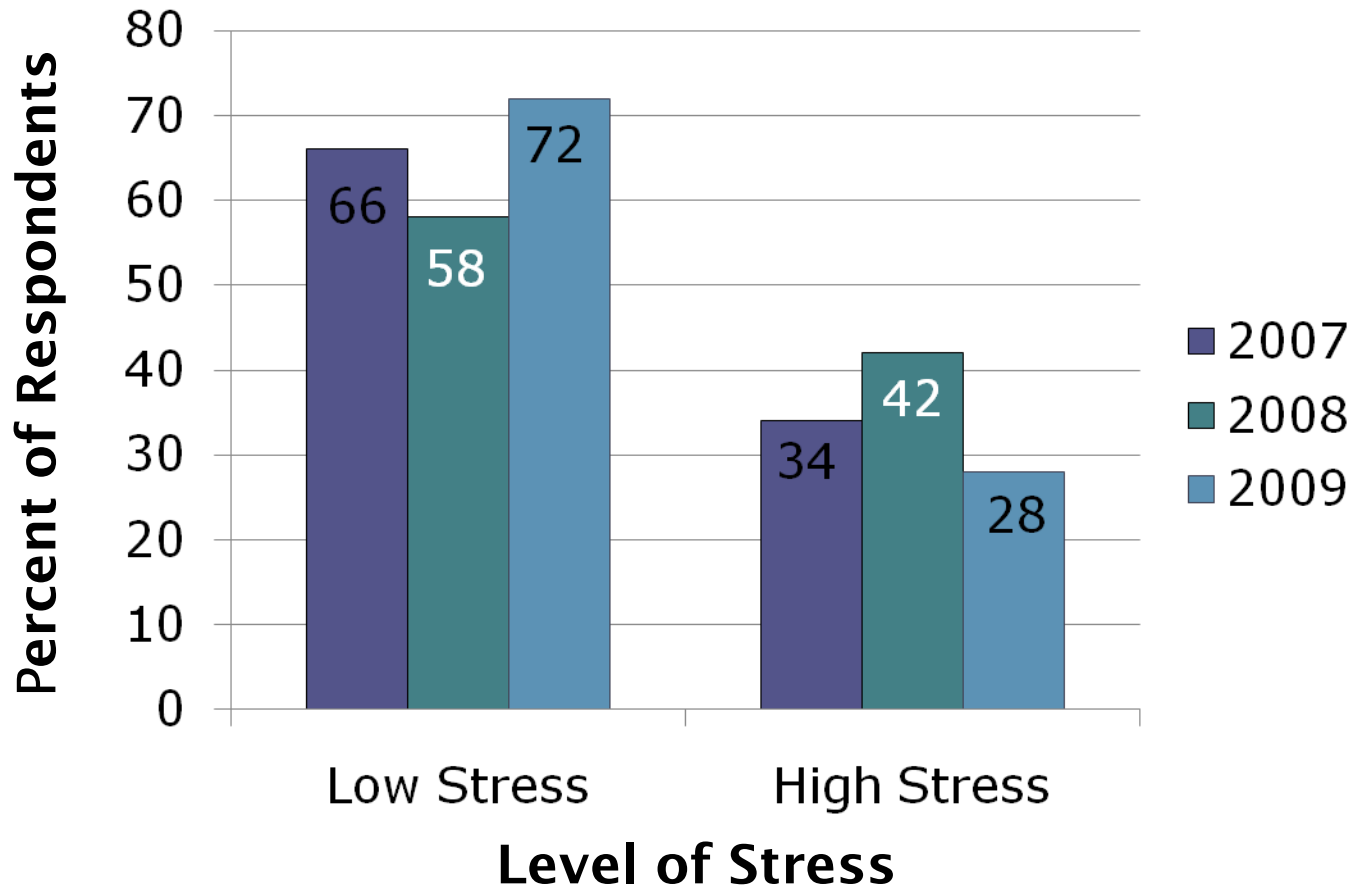
- The Business Health Culture Index (BHCI) is the average SSOS for the entire workforce. It is a measure of the relationship between job satisfaction and job stress for the organization itself.
- A negative score means that the workplace is characterized by more stress than satisfaction and is working against the achievement of the organization's objectives.
- A positive score means the workplace is characterized by more satisfaction than stress and works for the achievement of the organization's objectives.
- A score of zero suggests that the positive attributes that create job satisfaction are offset by job stressors, typically experienced as time pressure and mental fatigue.
- **The BHCI for BACI in 2005, 2007, 2008 and 2009 was 0.**

# Chronic Work Stress: 2007 to 2009

- We asked a single question about whether employees found most days over the last 12 months not at all stressful, not very stressful, a bit stressful, quite a bit stressful, or extremely stressful; those who responded “quite a bit stressful” or “extremely stressful” were identified as experiencing chronic work stress.
- Figure 2 shows that in 2009 28% of BACI respondents are experiencing chronic work stress, slightly down from 34% in 2007 and 42% in 2008.
- Data from the 2002 Canadian Community Health Survey 1.2 (Dewa C et al \*) revealed that 30.6% of a sample of more than 22,000 workers experienced chronic work stress. A figure of 30% could, then, be considered as a benchmark for chronic work stress in the Canadian workplace. BACI employees in 2009 have a similar level of work stress to that uncovered in this 2002 study.

\*Dewa, C et al, Association of Chronic Work Stress, Psychiatric Disorders, and Chronic Physical Conditions with Disability Among Workers, Psychiatric Services, May 2007, 58 (5), 652-658)

# Figure 2: Level of Stress on Most Days or Chronic Work Stress



## Table 5: Employee Self-Ratings of Overall Health and Mental Health

How do you rate your Overall Health?	Respondents (%)			
	2005	2007	2008	2009
<b>Excellent</b>	10	7	5	<b>15</b>
<b>Very Good</b>	31	29	30	<b>33</b>
<b>Good</b>	42	44	34	<b>41</b>
<b>Fair</b>	12	18	26	<b>9</b>
<b>Poor</b>	4	2	5	<b>1</b>
How do you rate your Mental Health?				
<b>Excellent</b>	19	15	10	<b>24</b>
<b>Very Good</b>	34	31	30	<b>34</b>
<b>Good</b>	30	31	34	<b>28</b>
<b>Fair</b>	12	20	17	<b>12</b>
<b>Poor</b>	5	3	9	<b>2</b>

## Employee Self-Ratings of Overall Health and Mental Health: 2005 to 2009

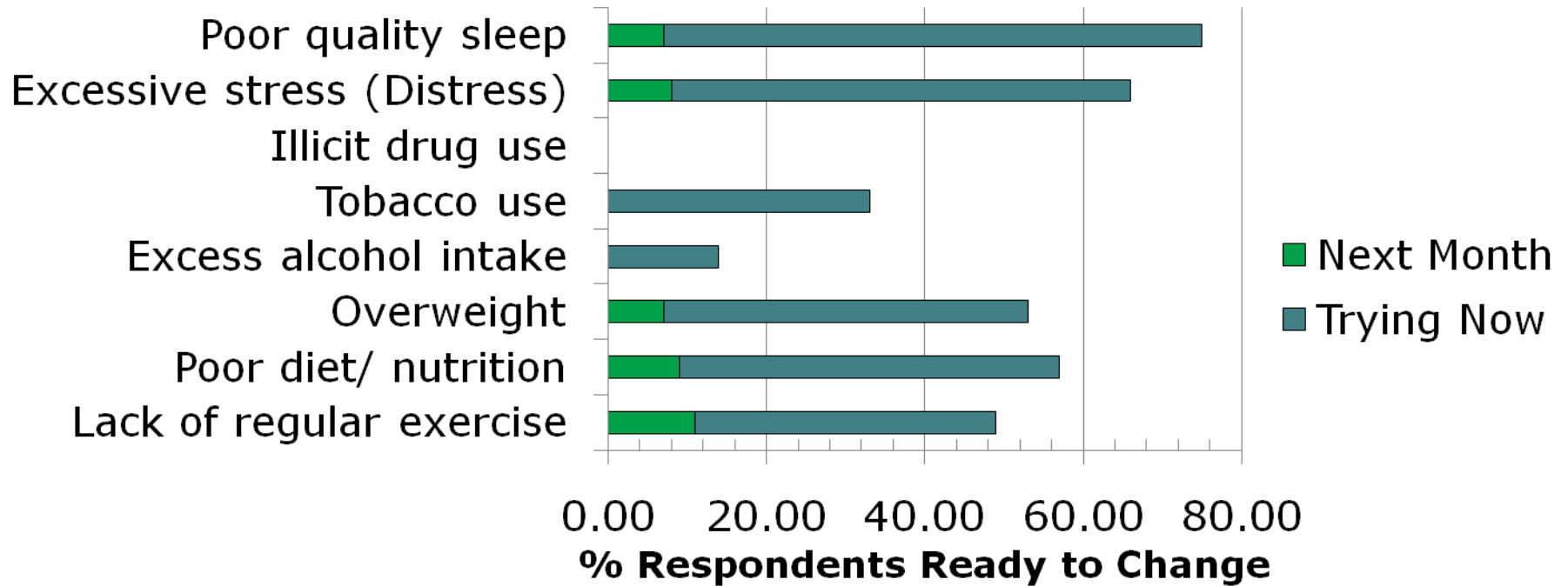
- When asked about their personal health and well-being, employees at BACi have generally indicated that they have a positive outlook (Table 5). Self ratings of health and mental health were particularly positive in 2009.
- After two years of declines in self ratings (in 2007 and 2008), respondents' estimation of excellent or very good health ratings have increased in 2009 in both overall and mental health categories.
  - In 2005, 41% of respondents reported their overall health as either excellent or very good; in 2009 the new benchmark is 48%.
  - In 2005, 53% of respondents reported excellent or very good mental health; in 2009 the new benchmark is 58%.

# Table 6: Personal Health Risk Factors and Readiness to Change Risks

Health Risk Factor:	2005		2007		2008		2009	
	Incidence (%)	RC Score	Incidence (%)	RC Score	Incidence (%)	RC Score	Incidence (%)	RC Score
<b>Lack of regular exercise</b>	69	3.63	69	3.53	75	3.67	<b>69</b>	<b>3.56</b>
<b>Poor diet/ nutrition</b>	56	3.82	55	3.83	64	3.96	<b>55</b>	<b>3.88</b>
<b>Overweight</b>	48	3.59	38	3.58	54	3.90	<b>44</b>	<b>3.59</b>
<b>Excess alcohol intake</b>	10	2.33	9	3.30	4	3.00	<b>10</b>	<b>3.07</b>
<b>Tobacco use</b>	13	3.08	16	2.53	13	3.67	<b>14</b>	<b>3.50</b>
<b>Illicit drug use (Street Drugs)</b>	6	1.80	3	1.67	1	5.00	<b>2</b>	<b>3.00</b>
<b>Excessive stress (Distress)</b>	51	3.57	47	3.56	47	3.18	<b>48</b>	<b>3.67</b>
<b>Poor quality sleep</b>	57	3.40	54	3.45	54	3.33	<b>44</b>	<b>3.85</b>

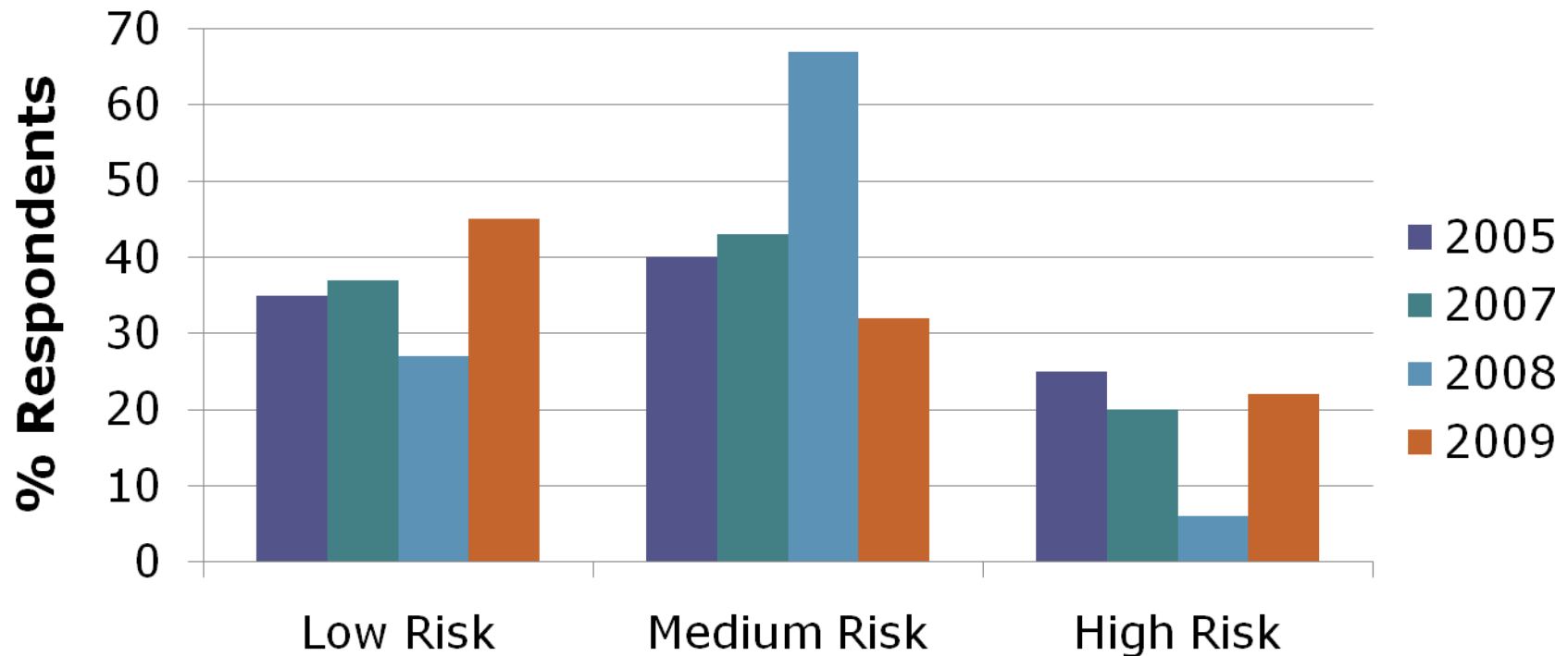
- Table 6 indicates lack of regular exercise, poor diet, poor quality sleep and stress continue to be the most common risk factors in the BACI workforce. Generally speaking, these health risks have appeared at relatively consistent levels within the employee population from 2005 to 2009.
- “Readiness to change” scores were assessed, making the point that both the identification of a risk and a willingness to change that risk are crucial for the success of any program or initiative. Scores greater than 3, indicate respondents are trying to change in the next month, trying to change now or have changed and want to stay that way.
- With exercise, weight management, diet, stress, and poor quality sleep we see both a relatively high incidence of self-perceived risk, and an interest in reducing that risk.

# Figure 3: Extent of Readiness to Change Health Risks, 2009



- Percentage of respondents who indicated they were either trying to change their health risk factor now or would like to change in the next month are shown in Figure 3.
- It can be seen that more than half of respondents are trying to control their weight, diet, sleep and excessive stress. These responses suggest that the programs that BACi has been supporting to target these issues are likely to benefit from continued support.
- These numbers are in alignment with the results obtained from the SSOS and the chronic work stress reported by about 30% of respondents.

## Figure 4: Frequency of Health Risk Factors



- Figure 4 reveals that in 2009, 46% of respondents are at low risk (0-2 risk factors), 32% at medium risk (3-4 risk factors) and 22 % at high risk ( $\geq 5$  risk factors).
- There are slightly positive changes in the risk profile since 2005, when 35% of respondents reported low risk, 39% medium risk and 24% high risk. Maintaining people at low risk and moving people from higher risk to medium risk is a useful barometer of success for workplace health initiatives.
- The average number of health risk factors (shown in Table 6) reported by respondents in all years of the survey has remained at **three, or medium risk.**

## PHQ 9: Estimates of Depression, 2005-2008/Major Depression Inventory, 2009

- The PHQ-9 is a screening tool for the presence and severity of depressive symptoms. Respondents are asked questions regarding nine symptoms of depression, ranging from interest and pleasure in doing things, feeling down, depressed or hopeless, to thoughts they would be better off dead. As the number and severity of symptoms increase, the PHQ-9 score and likelihood of a diagnosis of major depression also increase.
- Individuals with a PHQ-9 score of 5 or greater are considered to have screened positive for depression. A positive screening test for depression does not mean that the employee has depression- the diagnosis can only be confirmed following an assessment by a medical or mental health professional. Those with a PHQ-9 score of 10 or higher are said to be very likely to be experiencing a major depressive episode.
- In 2009 we decided to change our inventory -- to use a 10 item screen for depression (the Major Depression Inventory 10) that is within the public domain and more easily allows us to compare our results to results from the general population. As Table 8 indicates, the level of depression within the respondent population at BACI is 8.6 per cent, a figure that is virtually identical to findings within the general population (approximately 8.8 per cent for women and 7.1 per cent for men). Similarly the category of major depression is also consistent – about 3 per cent of the BACI respondents, and about 3 per cent of the general population.

## Table 7: PHQ-9 Scores - Severity of Depression (2005-2008)

PHQ- 9 Total Score ::		Respondents (%)		
		2005	2007	2008
0- 4:	Suggests the patient may not need depression treatment	58	58	50
5- 9:	Mild major depressive disorder	27	28	29
10- 14:	Moderate major depressive disorder	4.5	5	10
15- 19:	Moderately severe major depressive disorder	4.5	6	7
20 or higher:	Severe major depressive disorder	6	3	4

- In each of these three years, more than 40 per cent of the BACI population tested positive in this screen for depression. This result suggests that there are likely many false positives – individuals who screened as positive, but are not actually depressed. Our results with the MDI 10 suggest that the real prevalence of depression is closer to the realm of 10 per cent.
- Alternatively, one might conclude that the combination of moderate to severe responses (between 14 and 21 per cent of the population) has more clinical and practical relevance – and that the MDI estimate of 8 to 9 per cent may be a little low. Tables 9 indicates that a slight majority of those screening positive for depression on the MDI did not report that they were depressed, though the MDI scores for those who self-reported depression were twice as high as for those who did not report depression. Table 10 reveals, perhaps surprisingly, that those with more family responsibilities – children, parents, and other dependents – were less likely to be depressed.

Table 8: Major Depression Inventory -  
Severity of Depression (2009)

<b>Survey as Diagnostic Instrument</b>	<b>Count</b>	<b>Percent</b>
DSM-IV Major Depression	4	2.9
<b>Depression Rating Scale</b>	<b>Count</b>	<b>Percent</b>
Score of Less than 20	128	91.4
Mild Depression (Score of 20-24)	3	2.1
Moderate Depression (Score of 25-29)	5	3.6
Severe Depression (Score of 30 or greater)	4	2.9

# Table 9: Self-Identified Depression vs. Major Depressive Inventory

	Major Depressive Inventory Scores						DSM-IV
	Average Score	Count of Respondents by Category					
		< 10	10-19	20-24	25-29	30+	
Self-Identified as Depressed (Total = 18)	16.5	5	8	1	1	3	2
Did Not Identify as Depressed (Total = 122)	8.1	85	30	2	4	1	2
All Responses (Total = 140)	9.2	90	38	3	5	4	4

# Table 10: Self Identified Depression Comparisons

	Average Number of Dependent Children	Presence of Dependent Parents (%)	Presence of Other Dependents (%)	Average Hours working at BACi
Self-Identified as Depressed (Total = 18)	0.65	22	17	32.3
Did Not Identify as Depressed (Total = 122)	0.99	34	37	31.9
All Responses (Total = 140)	0.95	33	34	31.9

# The Stanford Presenteeism Scale

- The Stanford Presenteeism Scale (SPS) gathers information on the impact of chronic health conditions on employee productivity at BACI.
- Presenteeism is defined as the decrease in job performance that is associated with remaining at work while impaired by health problems – the person is present in form, but suffering from absenteeism of a kind.
- Table 11 shows the relationship between the most common chronic conditions and employee perceptions of productivity losses from their disability, based on their responses.
- Presenteeism is shown as work impairment: the extent to which a health condition reduces a person's ability to do their work (reduced energy, ability to focus, ability to work with colleagues). Employees' estimates of reduced productivity typically increase as the number of chronic conditions increase.

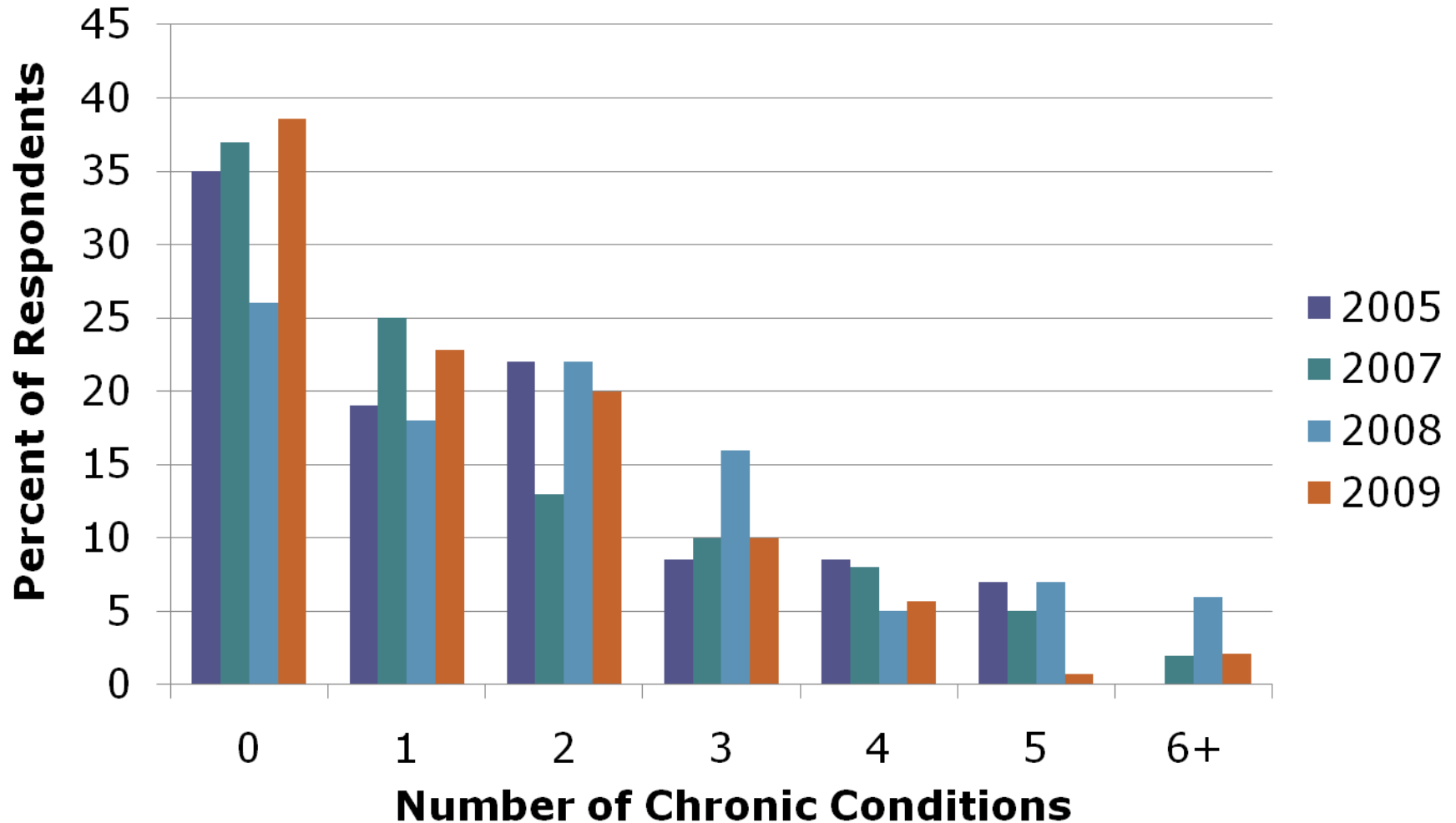
Table 11: Chronic Health Conditions & Perceived Productivity Loss

Health Condition:	2005		2007		2008		2009	
	Percent with Condition	Work Impaired from Condition (%)	Percent with Condition	Work Impaired from Condition (%)	Percent with Condition	Work Impaired from Condition (%)	Percent with Condition	Work Impaired from Condition (%)
Allergies	64	19	30	23	32	31	<b>26</b>	<b>8</b>
Depression	--	--	11	36	15	42	<b>13</b>	<b>21</b>
Asthma	29	22	9	20	14	36	<b>10</b>	<b>40</b>
Back or neck disorder	36	19	24	27	28	35	<b>16</b>	<b>6</b>
Breathing disorder	--	--	4	12	3	23	<b>3</b>	<b>10</b>
Heart or Circulatory disorder	11	23	5	25	10	26	<b>8</b>	<b>13</b>
Anxiety Disorder	--	--	10	37	13	28	<b>5</b>	<b>20</b>
Diabetes	9	16	3	20	8	25	<b>5</b>	<b>18</b>
Migraines/ chronic headaches	22	20	18	26	21	35	<b>11</b>	<b>13</b>
Stomach or bowel disorder	29	21	11	25	21	26	<b>10</b>	<b>11</b>
Arthritis or joint pain/stiffness	24	17	22	26	24	32	<b>16</b>	<b>9</b>
Depression /Anxiety	24	21	--	--	--	--	--	--

# Chronic Health Conditions

- For the majority of conditions, respondents in 2009 reported levels of impairment varying between 10% and 40%. The areas where perceived impairment ratings were highest were asthma, depression and anxiety.
- There was a relatively sharp reduction in the percentage of employees reporting chronic conditions between 2005 and 2007 and this was likely due to the fact that the question was changed from "Do you have the following health condition?" to "Have you been diagnosed by a Health Care Professional with any of the following health conditions?" In 2009 there appears to have been another marked drop in the percentage of individuals reporting the presence of chronic conditions, for reasons that may be related to improved perceptions of physical and mental health across respondents to the survey.

# Figure 5: Number of Chronic Conditions in BACI Employees



# Number of Chronic Conditions in BACI Employees

- Figure 5 details the number of chronic health conditions among respondents from 2005 to 2009.
- In 2009, 62% of respondents from BACI indicated that they are affected by at least one chronic condition, while 38% of employees have two or more chronic conditions. The distribution of chronic health conditions has not changed markedly from 2005.
- Literature in this area is showing that people are frequently under diagnosed with a chronic medical condition, and even when they are diagnosed they may not be receiving adequate treatment. Some studies show that as few as 15-30% of people with chronic illnesses are correctly diagnosed and treated.

# The Top Five Concerns of BACI Employees: The Working Environment

- In the 2009 survey we set out two questions regarding the major concerns that BACI employees have regarding their workplace. We asked for a list of three, from the most important to the least, and made a number of specific suggestions, as follows:
- A more flexible schedule • A Need for more collegial relationships • A better relationship with my supervisor • Decreased workload at this job • Decreased workload at another job • Opportunities for advancement • Increased Salary/Benefits • Opportunities for professional development • More opportunities to socialize with my colleagues • More input into the day to day operation of my department/program • More opportunities to have discussions about my work • Better access to technology • Being better informed • Having a better understanding of what is expected of me in my job. (We also indicated that employees could choose their own concerns).
- We found that the most important issues were increased salary/benefits, (selected from the list), followed by a mix of other issues, (not listed), and, then three more issues selected from the list -- opportunities for professional development, opportunities for advancement, and being better informed.

## Table 12: Top 5 Concerns Regarding Work Environment in 2009 (Weighted by Priority)

<b>Response</b>	<b>% of Respondents who identified concern as Priority 1</b>	<b>% of Respondents who identified concern as Priority 2</b>	<b>% of Respondents who identified concern as Priority 3</b>	<b>Weighted Score</b>
Increased Salary/Benefits	31	16	12	282
Other Issues Not Listed	17	14	11	182
Opportunities for Professional Development	8	14	13	128
Opportunities for Advancement	10	9	11	111
Being Better Informed	5	9	14	83

# Other Issues Not Listed: The Most Common Responses

- Bad Supervisors
- No recognition
- Not Enough Shifts
- Respect
- Subsidized health & fitness
- Unqualified Staff
- Work/Life Balance
- Being Well Rewarded For Work
- Deal with excessive stress
- Employer w/ Hidden Agenda
- Integrity
- Lack of access to overtime
- Left Alone, Aggression
- Low Morale
- More Accountability From Coworkers
- More team work
- No Hostility from coworkers
- Opportunity for discussion with supervisor
- Poor air quality in office
- Distrust of staff by mgmt
- Lack of Knowledge on disabilities
- Health & Safety
- Confidentiality/Gossiping
- Lack of Motivated Staff
- Left Alone w/ Aggressive Individuals
- Conflict Resolution
- Better training for new staff
- Poor Inter-supervisor communication
- Important to communicate with staff or client

These were the most commonly cited issues, when employees did not select from the list provided. This list suggests a focus on the need for more communication, issues of integrity and conduct, training, and, more generally, perhaps, workplace morale.

# The Top Five Concerns of BACI Employees: The People BACI Serves

- In 2009 we also asked those responding to the survey to indicate the top three factors that lead to a good life for the people that BACI serves. We provided the following list, and all of the top responses were selected from this list:
- Friends/family involvement • Knowing their neighbours • Being well-connected to, and an active participant in, community (member of recreation centre, clubs etc) • Having a paid job • Having a good home • Having opportunities to make decisions affecting their own life • Being served by an Association that has been Accredited /BACI's Quality Assurance Initiative • Having well-trained, qualified staff • Having good, person-centred services

Table 13: Top 5 Factors that Lead to a Good Life for the People BACI Serves (Weighted by Priority)

<b>Response</b>	<b>% of Respondents who identified factor as Priority 1</b>	<b>% of Respondents who identified factor as Priority 2</b>	<b>% of Respondents who identified factor as Priority 3</b>	<b>Weighted Score</b>
Friends/Family Involvement	31	13	14	274
Having a Good Home	21	14	7	206
Having Opportunities to Make Decisions Affecting their Own Life	11	20	13	170
Having Good, Person-Centred Services	9	16	25	154
Having Well-Trained, Qualified Staff	11	11	20	145

## Some Concluding Thoughts and Observations

- Although the return rate for the survey was a marked improvement over 2008, we still did not receive responses from slightly more than 50 per cent (52 per cent) of those employed either full-time or part-time by BACI. In this circumstance we have to be somewhat cautious in interpretation of the results; those responding to the survey may be disproportionately pleased – or displeased – with their working environment. We simply cannot be sure.
- The use of a paper questionnaire and tangible guarantees of anonymity do appear to have significantly increased the response rate from 2009. BACI may want to consider what other steps might be taken in order to achieve further increases on the response rate.
- The portrait that emerges in 2009 is a generally positive portrait of the working environment at BACI: those responding to the survey report that they are, collectively, in better health. In contrast to findings from previous surveys, they appear to be no more or less depressed than a sample of the general population. Finally, they express very positive sentiments about the contributions that they make to the organization, and about their job satisfaction and their working environment more generally. There are issues to be worked on, of course: improvements in salaries and benefits, morale and communication, and the disabilities produced by chronic health problems. Addressing those issues will be the challenge of the years ahead.