MINUTES OF THE SPECIAL STUDY COMMITTEE ON SOCIAL AND REHABILITATIVE INSTITUTIONS

Held in Room 313-S, at the Statehouse, at 12:30 p.m., on February 21, 1980.

Members present were:

Senator Robert Talkington, Chairman
Representative Joe Hoagland, Vice Chairman
Senator Mike Johnston
Representative David Heinemann
Representative Phil Martin

Staff present were:

Fred Carman, Revisor's Office
Emalene Correll, Legislative Research Department
Marlin Reim, Legislative Research Department
Ray Hauke, Legislative Research Department
Robert A. Coldsnow, Legislative Counsel

Conferees appearing before the committee were:

J. Russell Mills, Superintendent, Osawatomie State Hospital
Jean Brown, R.N., Director of Nursing, Osawatomie State Hospital

The Chairman called the meeting to order.

Mr. Mills gave the committee an outline of the organizational structure, turnover rate, decision-making policies, and problems at Osawatomie State Hospital (Attachment A), a major concern being the 132% annual turnover rate of health service workers at the institution. He felt the major contributing factor to this percentage is the low pay for these workers. A preliminary report on the cause of employee turnover determined from results of a questionnaire distributed to all employees of the nursing service (Attachment B) was also called to the attention of the committee.

In discussion, Mr. Mills stated the 11% raise for state employees as recommended in a suggested revised pay plan was not adequate. A 25% increase was needed, and day shift workers would probably not change to night shift for even a 25% raise. In his opinion, job reclassification as a means to get a shift change would not be advisable at Osawatomie. He felt a shift differential was more effective.

In answer to questions regarding injuries, Mr. Mills stated these were the result of mostly female workers being struck by combative patients. He noted the lack of male employees was a contributing factor. A large number of positions are unfilled; and, a major reason for turnover is employees get tired of working by themselves. Statistics relating to high turnover rates are similar in all state mental hospitals. In his opinion, salary structure was one way of correcting the situation and another was supervisory management training. He noted he could control and furnish training for employees but had no control over salaries. He added there would always be some turnover because of the type of person the institution must hire for lack of better qualified applicants. Mr. Mills said his institution does not hire just anybody that walks in, but standards are lower than he would like. A new requirement of applicants having to have a high school diploma would help, but he pointed out because of Section 504 of the state's rehabilitation act, there is nothing

he can do about persons who have been drug or alcohol users unless this affects their work. Mr. Mills did not think applicants could be questioned with respect to convictions of felonies. Representative Hoagland asked, if an applicant had committed a prior criminal act and his job was related to the prior conviction, is there any control over this. Mr. Mills stated a new policy, ordered by Secretary Harder and Mr. Hamm, will be for SRS to run a NCIC check on applicants. If a record is found, the hiring institution will not be told what the conviction is but will be told there is a record. With respect to expunged records, Mr. Mills said, if necessary, these could be secured by a contract with the KBI who would give appropriate information to the SRS. Osawatomie itself does not fall under the necessary law enforcement agency definition.

Representative Hoagland asked Mr. Mills why the alleged case of patient abuse occurring last August took place. Mr. Mills preferred not to discuss the case. The Chairman stated the reasons that the incident happened were germane to the committee's study, and he questioned why there was a breakdown in communications when the incident occurred. Mr. Mills listed the chain of events by stating the patient reported the incident to the nurse on the ward at 10:15 p.m., on a Friday night, one week after it occurred. The nurse called her superior at home and was told to remove the employee involved from the ward, and he was sent to the senior citizens' ward. On Monday morning, Mr. Mills asked that an investigation be made to confirm what had been related. On Tuesday morning, he called Mr. Hamm for legal advice and was told to notify the district magistrate judge and the district attorney which he did. On Wednesday afternoon, he called these officials and was told they would investigate the incident. Also on Wednesday, Mr. Mills talked with the patient's psychiatrist who preferred to wait until the next day, Thursday, to notify the parents since they were to be at Osawatomie at that time. The parents were told of the incident at 10:00 a.m. on Thursday, and at 11:00 a.m., they removed the patient from the institution. Mr. Mills said, from the time of the incident until the parents were notified, it was one and one-half days short of being two weeks. He stated the administration was unaware of the incident for one week because the patient had not reported it. After it was reported on Friday night, there was no way of contacting local officials over the weekend.

There was discussion between Mr. Mills and Mr. Coldsnow regarding the number of nurses on the staff. Mr. Mills said there were 48 positions with eight vacancies. All but approximately three of these positions required direct contact with patients, one of the three being the director of nurses. The discussion involved the utilization of R.N.'s by placing them in non-clinical work where there is no direct patient contact.

With respect to injuries, Mr. Coldsnow asked if there was a policy at Osawatomie that employees injured on the job who requested, on doctor's orders, a short leave of absence for extra recuperation be required to sign termination papers. Mr. Mills said this was not a policy and noted many factors would be considered such as the nature of the injury, how long the employee had been off, how much vacation had been used, and if the doctor said he had recuperated sufficiently. He did not know of a case where an employee had been forced to sign termination papers without cause, and employees would definitely stay off if the doctor thought they should.

Mr. Coldsnow asked Mr. Mills if it was true that supervisors at Osawatomie had told employees that anyone who came before this committee would be watched and dealt with severely. Mr. Mills said he had not said this and noted the memorandum Mr. Coldsnow sent to Secretary Harder regarding the rights of employees to appear had been sent to all employees.

Mr. Coldsnow asked if there was very much nepotism at Osawatomie. Mr. Mills said there are a number of husbands and wives and various family members employed. If this wasn't done, he felt the institution would have to close down. He pointed out that a close watch was kept to see that relatives do not supervise other relatives.

Mr. Mills was asked if he had any knowledge of supervisors reporting cases of patient abuse or unprofessional conduct and then being disciplined for making the report. He said he had no knowledge of any such reports.

An incident of a request by maintenance workers for a reduction in the noon hour from one hour to one-half hour was mentioned. Mr. Coldsnow asked if SRS had to be consulted for a decision. Mr. Mills said that was correct as he was told several years ago everybody must work the same noon hour. He noted, however, that policy has been changed, and he has the freedom to be flexible with time schedules.

Mr. Carman questioned Mr. Mills concerning his superiors and their manner of supervising his institution and his reporting to the SRS central office. He stated he contacts Ken Keller first who primarily answers any questions he might have. If there are changes to be implemented, Mr. Keller calls him, the relationship being rather informal. Mr. Mills said he calls Mr. Hamm for legal advice. In the child abuse case, Mr. Hamm told him to contact the central office, that Mr. Keller and Jim Trast should be involved. Mr. Carman asked Mr. Mills if he would expect directives concerning his institution to come from Mr. Keller rather than from the Secretary. Mr. Mills said he had not thought about it.

Mrs. Brown stated her reasons for requesting to appear before the committee (Attachment C) were to provide a profile of Osawatomie State Hospital, state her professional problems, and respond to questions. She said she had been employed at the hospital for 18 years, the last ten as Director of Nursing. She had seen progressive changes made to provide high quality patient care and had been instrumental in establishing a liason with the community with a program to help prevent regression of patients. She noted this program has been discontinued. Mrs. Brown pointed out that OSH has been accredited since 1970 and was the only state mental hospital receiving accreditation. Standards set by medicaid and medicare have been maintained. A patients' bill of rights was initiated in 1967, several years before this was a requirement.

Mrs. Brown continued by saying patients at Osawatomie are very sick and have been for some time. Problems relating to their care do arise and are dealt with according to rules and regulations. Employee turnover and absenteeism have created critical problems with low salaries being the primary cause of turnover. Low salaries and rising inflation turn employees' attention away from their jobs when their basic needs are not being met. Additional information and figures on the cause of absenteeism can be found in Attachment D.

In answer to questions concerning foreign doctors and communication, Mrs. Brown said sometimes it is difficult to communicate when the doctor is new. She noted these doctors do receive some orientation. She felt part of the problem is just a matter of employees relating to a new person on the staff. With respect to problems with idioms and slang being a problem in diagnosis or patient treatment, Mrs. Brown said work is done on a team basis, and other team members help the foreign doctor understand if necessary. She was not aware of any problem this had created in diagnosis. Mr. Coldsnow asked if the nurses or social workers on the team tend to run it rather than the doctor. Mrs. Brown replied there might be a ringleader of the team, but the doctor is still recognized by the team as the member who has the ultimate responsibility of the patient.

The meeting adjourned at 1:30 p.m.

Chairman

ATTENDANCE SHEET
FEB. 21, 1980

NAME	REPRESENTING	TOWN
Barton		
Cameron + visitor		
Hamm		
Pulliam		
Sackman		

ATTACHMENT A

STATE OF KANSAS
JOHN CARLIN, GOVERNOR

SOCIAL & REHABILITATION SERVICES
STATE OFFICE BUILDING
TOPEKA, KANSAS 66612
ROBERT C. HARDER, SECRETARY

OSAWATOMIE STATE HOSPITAL
OSAWATOMIE, KANSAS 66064
J. RUSSELL MILLS, SUPERINTENDENT
(913) 755-3151

February 19, 1980

The Honorable Robert V. Talkington, Chairman
Special Study Committee on Social and Rehabilitative
Institutions
Senate Chambers
State House
Topeka, Kansas 66612

Dear Senator Talkington:

I wish to thank you for the opportunity to appear before the Special Study Committee on Social and Rehabilitative Institutions. In accordance with the instructions I received, I will limit my comments to management structure of the hospital and utilization of personnel.

The management structure of the hospital is for the most part the traditional hierarchy with all employees being responsible to the chief executive officer through a varying number of layers of supervisors. This structure operates in the administrative and support services and in the para-professional personnel in Nursing Service.

The direct patient care programs are organized into sections (semi-autonomous sub-hospitals) each of which is served by separate treatment teams. A section administrator is assigned the responsibility for non-clinical matters.

This plan is consistent with the most advanced psychiatric principles, providing patients with individualized attention and intensive treatment on a continuous basis.

An integral relationship exists between the patterns of organization that are maintained in an institution and the treatment provided. The organizational form, with both its formal and informal aspects, molds the social structure of that society. Attention to organization, therefore, is closely related to milieu (environment) therapy.

In the direct patient care services there are two management structures. One is the traditional hierarchy which is used by the different professional specialities. For professional competency and quality of work performance, the employee is responsible to the department head of his/her particular profession. The other management structure establishes the lines of authority of the treatment team/program functioning. Each ward has a treatment team consisting of a psychiatrist, psychologist, social worker, registered nurse, activity therapist, mental health technicians and psychiatric aides or anyone who participates in the treatment program of a patient is a member of the team. Generally the psychiatrist is the team leader but any member of the team may be the leader. As in all organizations, there may be a designated team leader but the "real" team leader may evolve to be a completely different person. The team management structure supervises the day-to-day functionings of the members of the treatment team as opposed to the supervision of the department head relative to professional competency.

Committees function as an integral part of the management structure of the hospital. The highest ranking, decision-making committee of the hospital is the Executive Committee whose members are Superintendent, Clinical Director and Business Manager. The development of goals and objectives, both short-range and long-range, is the primary function of this group. Program planning, drafts of procedures and organizational changes are developed by this committee before they are presented to Joint Conference Committee for imput from the members, recommendations for revisions, additions or deletions and approval of the final document.

The Joint Conference Committee is one of the most important committees for the management of the hospital. It is a large committee composed of 27 members who are department heads, program directors or section chiefs and section administrators. Joint Conference Committee was the major decision making group and participated in the implementation of the decisions when the hospital was making internal changes from a large mental hospital to a unit system hospital to a program organized hospital.

It remains the major decision making group; however, as external forces have progressively increased influencing the changes within our hospital, the committee now functions to integrate and implement the policies for which we are required to respond. Hospital policies and procedures are presented to this committee for recommendations and approval before being implemented throughout the hospital.

Another important function of Joint Conference Committee is to provide a method of communications to all areas of the hospital. Minutes of the meetings are distributed extensively and are reviewed at department and/or section meeting by member who attended the meeting.

It is the philosophy of the administration of this hospital that the decision-making process should take place at the lowest level in the organization when possible, where the person who makes the decision has the facts and knowledge to make a viable decision. The administration prefers to develop policies and procedures that provide guidance to lower level supervisors to assist them in making decisions, rather than controlling decision-making at the top level.

Not all decisions can or should be made within the hospital and these are referred to the central office level of SRS. As Superintendent, I contact one of three persons depending on the nature of the subject matter. I consult with Kenneth Keller, Acting Commissioner, for administrative problems that arise within the hospital; Dr. Robert Harder, Secretary, for decisions which may become sensitive news items; and Charles Hamm,. Chief Legal Counsel, if I need legal advise or assistance in making a decision.

There has been an increase in the centralization of decision-making in SRS on matters concerning administrative or other non-clinical matters. The decisions concerning patient treatment plans or clinical program organization remains within the hospital. The centralization of decision-making and policy formation has resulted in a uniformity among the various institutions.

Although all team members influence some aspect of the total setting, the psychiatric aides have, perhaps, the greatest influence in the milieu program as they spend more continuous hours with patients than do members of any other discipline. Today, one of Osawatomie State Hospital's gravest treatment deficiencies is a lack of qualified and trained psychiatric aides.

The critical shortage of qualified and trained psychiatric aides has created an institutional environment that has sapped an intangible quality from the effort of staff members, resulting in the ability to only meet minimal responsibilities with no time to expend on institutional vivacity.

The utilization of personnel in Nursing Service cannot be done on a logical, planned or scheduled basis as prescribed by good management practices but by necessity follow "crisis management" or "putting out the largest fire" principles due to this excessive number of vacancies in the Nursing Department. As of Monday, February 18, 1980, vacancies in Nursing Service were as follows:

	Budgeted Positions	Vacancies	% Vacant
R.N.	48	8	17.
MHT	127	7	5.
PA	112	40	36.
HSW	20	18	90.
Total	307	73	24.

It is impossible to provide the treatment and care that the patients of this hospital have the right to expect due to the dearth of trained direct care staff and the inability to keep up with training needs.

Turnover in Nursing Service is unrealistic and has reached crisis proportions.

Turnover in Nursing Service

	7-1-78 to 6-30-79 Annual Rate	6-18-79 to 12-17-79 Annual Rate
HSW	129.	132.
PA	51.	51.
MHT	21.	26.
RN	14.	18.

A study of the cost of training psychiatric aides over an 18 month period revealed that 43 PA's satisfactorily completed the training at a cost to the hospital of $3,952 each. Our annual turnover rate reflects that over 50% of the 43 will terminate within one year. It does not appear to follow good management practices and not economically sound to invest nearly $4,000 to train an employee and then not provide a salary which will encourage the trained employee to remain at the hospital.

One of the reasons the turnover rate is so high is because of injuries inflicted upon the staff by combative, disturbed patients. In 1978 there were 107 patient related injuries and that number increased to 137 in 1979. Morale in Nursing Service suffers from fear of being assaulted by patients, lack of personnel due to vacancies, practically no males in nursing (only 51) and an extremely low salary schedule which does not keep pace with cost of living increases.

I believe these problems need to be called to the attention of the Legislature in order that they may take the necessary drastic actions required to remove them.

The nation is undergoing pervasive and mammoth societal and cultural changes. Few, if any, institutions remain untouched. Shifting attitudes regarding freedom and conformity, man's relationship to his fellow human beings, new moralities, reshaped loyalties, revamped ideas regarding social stratification, and an individual's relationship to his nation, all make a forceful impact upon our view of mental illness and the manner in which we relate to persons who exhibit divergent behavioral and emotional patterns. All of these changes significantly influence mental hospitals, and those hospitals attuned to the larger community are most strongly affected.

In the words of Dr. F.A.Carmichael, (Superintendent of the hospital, 1913-1936)

> "In considering the many problems of hospital administration by which we are confronted, it would seem that changing conditions dictate a change in the public attitude toward those. The mentally ill in our state hospitals will not suffer so long as the mentally sound espouse their cause and exert themselves in behalf of those less fortunate."

Sincerely yours,

J. Russell Mills

J. Russell Mills
Superintendent

JRM:gm

PLEASE POST

FROM: 2-18-80

TO: 2-22-80

THE FOLLOWING POSITIONS ARE PRESENTLY VACANT AT OSH:

70-51-066	MHT I	Relief	Young Adult
70-51-359	MHT I	Relief	Adol.
70-01-208	MHT I	P.M.	Adol.
6 -21-370	MHT I	Noc.	Adair
91-51-279	MHT I	Relief	S.C.
91-00-267	MHT I	Noc.	S.C.
76-51-284	MHT I	Relief	Y.R.C.
70-03-072	Psych. Aide	A.M.	Young Adult
70-03-126	"	Noc.	Young Adult
70-51-137	"	Relief	Young Adult
70-01-180	"	A.M.	Young Adult
70-01-439	"	P.M.	Young Adult
70-51-438	"	Relief	Adol.
70-01-196	"	A.M.	Adol.
70-01-226	"	A.M.	Adol.
70-51-393	"	Relief	Adol.
70-51-761	"	Relief	Adol.
91-00-253	"	P.M.	Sen. Cit.
91-51-265	"	Relief	Sen. Cit.
6 -01-099	"	Noc.	Adair
69-51-142	"	Relief	Adair
69-21-173	"	P.M.	Adair
69-51-220	"	Relief	Adair
69-51-248	"	Relief	Adair
69-51-276	"	Relief	Adair
69-51-285	"	Relief	Adair
69-51-286	"	Relief	Adair
69-11-293	"	P.M.	Adair
72-01-306	"	A.M.	Adair
69-11-723	"	A.M.	Adair
69-51-283	"	Relief	Adair
69-31-070	"	P.M.	Adair
69-51-292	"	A.M.	Adair
76-01-212	"	P.M.	Y.R.C.
76-51-818	"	Relief	Y.R.C.
76-51-820	"	P.M.	Y.R.C.
76-51-822	"	Relief	Y.R.C.
76-51-823	"	A.M.	Y.R.C.
6-00-831	"	P.M.	Y.R.C.
76-00-832	"	P.M.	Y.R.C.
76-51-814	"	Relief	Y.R.C.
76-00-833	"	Noc.	Y.R.C.
76-51-834	"	Relief	Y.R.C.
51-835	"	Relief	Y.R.C.
72-01-148	"	Noc.	Med.-Surg.
72-01-333	"	A.M.	Med.-Surg.
75-51-093	"	Relief	Alco.Unit

70-51-109	R.N. III	Relief	Adol.
70-51-202	R.N. III	Relief	Adol.
14-01-165	R.N. III	P.M.	Young Adult
69-21-144	R.N. III	A.M.	Adair
69-41-085	R.N. III	P.M.	Adair
72-01-297	R.N. II	Noc.	Med.-Surg.
72-01-268	R.N. I	Noc.	Med.-Surg.
06-12-35-001	R.N. V	A.M.	Nurs. Educ.

68-03-431	Radiological Tech. I, Diagnostic X-ray	
63-00-448	Act. Therapies Suprv. (Occupational therapist) Available 3-1-80	A.T.
57-00-498	Automotive Mechanic II (Available 3-1-80)	Maint.
57-01-561	Maint. Carpenter	Maint.
53-69-630	F.S.W. I	Dietary
53-69-646	F.S.W. I	Dietary
53-01-588	Cook II	Dietary
53-01-653	F.S.W. I	Dietary
53-51-638	F.S.W. I	Dietary

60-01-040	Switchboard Oper.I	Relief	Registrar
60-02-029	Dupl.Supervisor I		Registrar

18 vacancies for Health Service Worker
all shifts - all areas

INTERESTED PERSONS SHOULD APPLY BY:

5pm Friday, February 22, 1980

PARAPROFESSIONAL NURSING EMPLOYEE INJURIES
(Aggressive Patient Related)

	Medical Services	Y.R.C.	Adult	Adol.	Sen. Cit.	Alcoh.	Young Adult	Total
1978								
January	1	1	8	1	1			12
February	3		6					9
March	3		7	4	1			15
April	1		6	4		1		12
May	1		1	1				3
June			4		2			6
July			5			1		6
August	1		4	1				6
September	3		6	1	2			12
October	2		3	2	1	1		9
November			2	1	1	2		6
December	2	2	7	—	—	—		11
1978 TOTALS	17	3	59	15	8	5		107
1979								
January	2		10	2	1	3	2	20
February	1	1	3	2				7
March			2	3			1	6
April	2	1	2	2				7
May	1		4	2	2		2	11
June			4		2			6
July		2	4	1	1			8
August	2		6	2	5		2	17
September	1		9	2	1		1	14
October			9	1	1			11
November	1		9	1				11
December	2	—	7	1	1	—	2	13
1979 TOTALS	12	4	69	19	14	3	10	131

OSAWATOMIE STATE HOSPITAL
EMPLOYEE TURNOVER
June 18, 1979 - Dec. 17, 1979

	Other Employment	Health	Moving	Abandonment of Position	No Reason/ Personal	School	Family Problems	Retirement	Dismissed	Stay @ Home	Unable to Complete Trng.	Unable to Work Assigned Shift	CETA Terminated	Total No. of Terminations	Total No. of Positions	6-Month Turnover Rate	Annual Turnover Rate
Health Service Wkr.	8	7	5	9	11	3	2			2	5		1	41	62	66.1	132.2
Psych. Aide	6	2	6	2		2			1	1				20) 4)	95	25.3	50.6
L.M.H.T.					1	1	1			1				12	94	12.8	25.6
M.H.T. I	5	2			1	1		1	1	1				5	14	35.7	71.4
Grad. Nurse II	3		1			1											
Psych. Nurse I		1				1				1				3	38	7.9	15.8
Food Serv. Wkr. I	2	1	1	3	4	2								13	17.5	74.3	148.6
Food Serv. Wkr. II					1									1	7	14.3	28.6
Act. Ther. Aide I													1	1	1	100.0	200.0
Act. Ther. Aide II	2													2	11	18.2	36.4
Clerk Typist II	1		1							1				3	16	18.8	37.6
Clerk III	2													2	21	9.5	19.0
Switchboard Oper. I			2				1							3	5	60.0	120.0
Social Worker II		1			1		1							3	12	25.0	50.0
Physician Spec.	2					1								3	18	16.7	33.4
Dc stress I									1					1	1	100.0	200.0
Psychologist I						1								1	3	33.3	66.6
Psychologist II			1					1						2	5.5	36.4	72.8
Patrol Officer	2				1									3	13	23.1	46.2
Laundry Worker	2													2	14	14.3	28.6
Maint. Electrician	1													1	4	25.0	50.0
Hosp. Admit. Clerk			1											1	5	20.0	40.0
Account Clerk III					1									1	1	100.0	200.0
Maint. Carp. Supvr.								1						1	1	100.0	200.0
TOTALS:	36	14	18	10	16	10	5	3	3	7	5	-	2	129	715	18.0	36.0

Total Budgeted Positions:	633
Health Service Workers	62
CETA Positions	12
Training Fund	8
	715

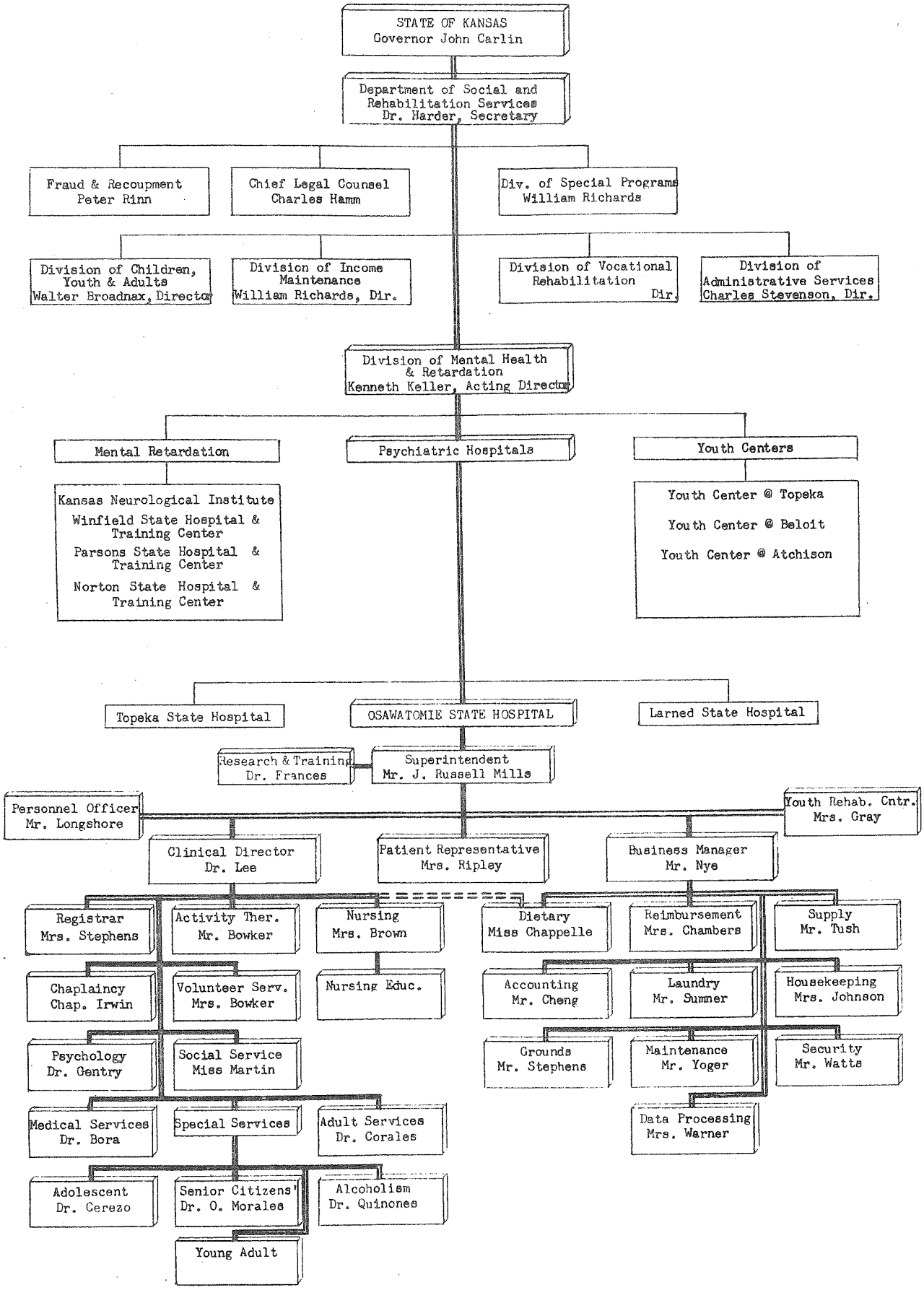
OSAWATOMIE STATE HOSPITAL
EMPLOYEE TURNOVER
July 1, 1978 - June 30, 1979

	Other Employment	Health Reasons	Moving Away	Abandonment of Position	No Reason/ Personal	School	Family Problems	Retirement	Dismissed	Stay at Home	Unable to Complete Training	Unable to Work Assigned Shift	CETA Terminated	Total No. of Terminations	Total No. of Positions	Annual % Turnover
Health Service Wkr.	12	11	4	22	14	5	5				7			80	62	129.0
Psychiatric Aide	8	3	1	10	8	2			1			2		35)	95	50.5
L.M.H.T.	3	2	2	1	2	2		1						13)		
M.H.T. I	3	6	1		1	2	1	1		1				16	94	17.0
M.H.T. II								3						3	11	27.3
Grad. Nurse II	3	1	1							1				6	14	42.9
Psychiatric Nurse I					1					2				3	34	8.8
Food Serv. Wkr. I	8	4		3	11	1	1							28	17.5	160.0
Food Serv. Wkr. II					1									1	7	14.3
Cook I	1	1						1						3	9	33.3
Cook II								1						1	10	10.0
Dietitian II			1											1	1	100.0
Act. Ther. Aide I													1	1	2*	50.0
Act. Ther. Aide II	6	1				1			1	1				10	11	90.9
Activity Therapist I	1													1	5	20.0
Clerk Steno. II	1													1	5	20.0
Clerk Typist II	2													2	16	12.5
Clerk III	1			1	1		1							4	21	19.0
Switchboard Op. I					1									1	5	20.0
Social Worker I	2													2	2*	100.0
Social Worker II	3		1					2						6	12	50.0
Social Worker IV	1													1	2	50.0
Social Worker V								1						1	1	100.0
Physician Specialist	8					4		1						13	18	72.2
Seamstress I										1				1	1	100.0
Radiol. Tech. I, Diag. X-Ray		1												1	1	100.0
Psychologist II							1							1	5.5	18.2
Patrol Officer	3		1										2	6	13	46.2
Patrol Sergeant	1													1	4	25.0
Power Plant Op. II								1						1	5	20.0
Cosmetologist		1												1	2	50.0
Laborer I	2	2												4	** 4	100.0
Laborer II	1							1						2	4	50.0
Laundry Worker	1						1							2	14	14.3
Laundry Manager I								1						1	1	100.0
Custodial Worker						1		1						2	13	15.4
Storekeeper I	2													2	6	33.3
Storekeeper II								1						1	4	25.0
Maintenance Painter													1	1	2*	50.0
Maintenance Welder													1	1	1*	100.0
Maintenance Elect.		1											1	2	5*	40.0
Maintenance Plumber	1				1									2	4	50.0
Gen. Maint. & Rpr.T.					1									1	1	100.0
Psychometric Tech.													1	1	2*	50.0
Secretary I								1						1	7	14.3
Drug Clerk										1				1	3	33.3
Hospital Adm. Clerk					1									1	5	20.0
TOTALS:	74	34	12	37	43	18	10	17	2	7	7	2	7	270	711	38.0

Total Budgeted Positions: 633
Positions Not Counted Against Inventory:
Health Service Workers: 62
CETA Positions: 12
Seasonal Positions: 4
711

* Includes some CETA positions.
** Includes some Seasonal positions.

STATE DEPARTMENT OF
SOCIAL AND REHABILITATION SERVICES
and
Osawatomie State Hospital



OSAWATOMIE STATE HOSPITAL

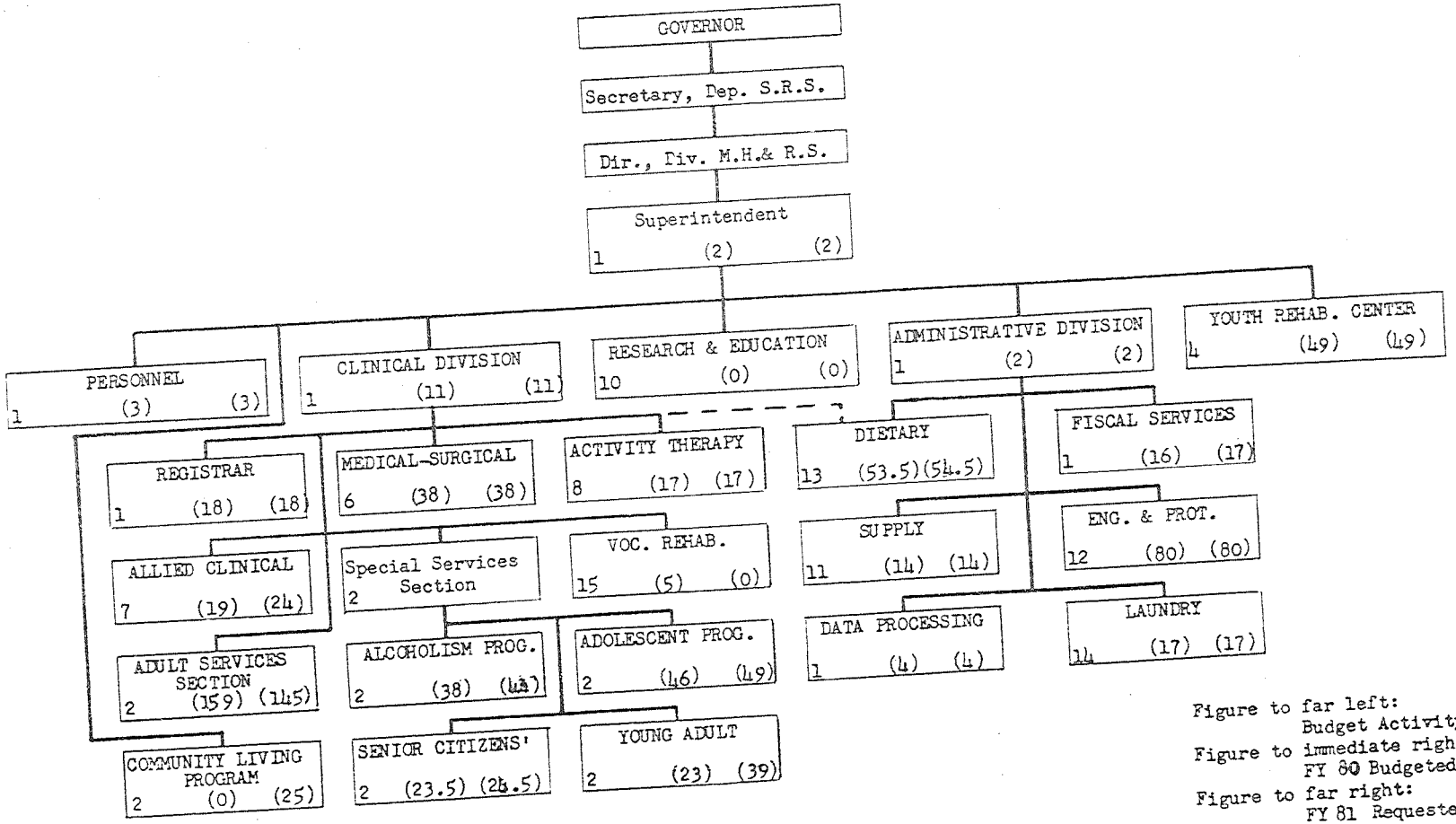
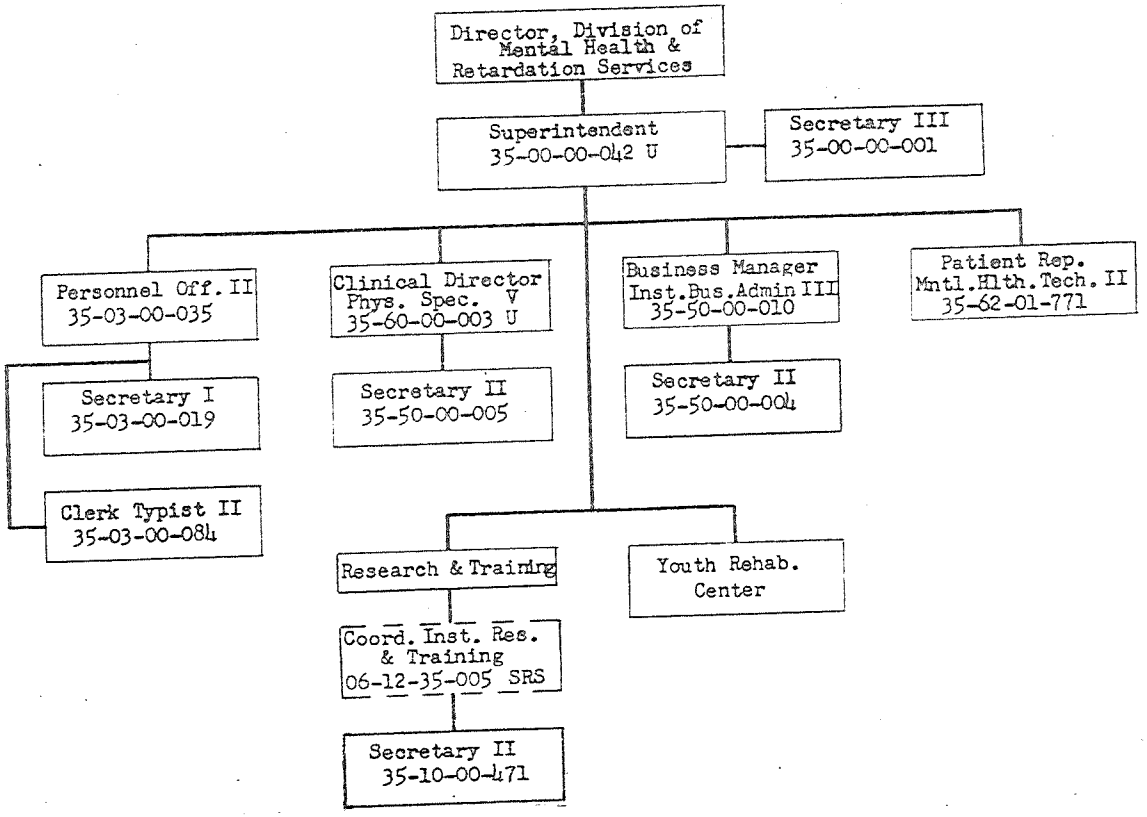


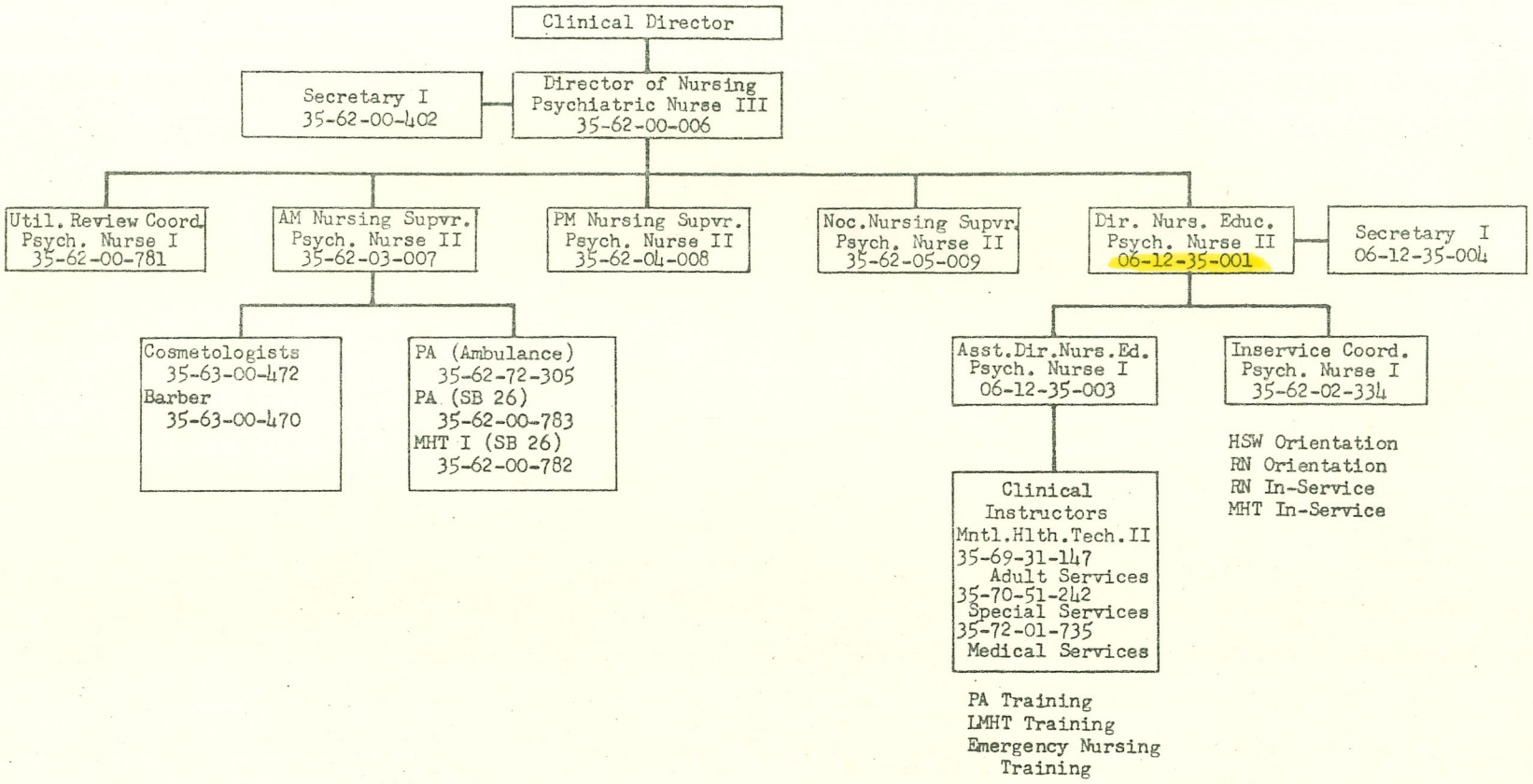
Figure to far left:
Budget Activity
Figure to immediate right:
FY 80 Budgeted Positions
Figure to far right:
FY 81 Requested Personnel

TOTALS: FY 80: 633 FY 81: 678

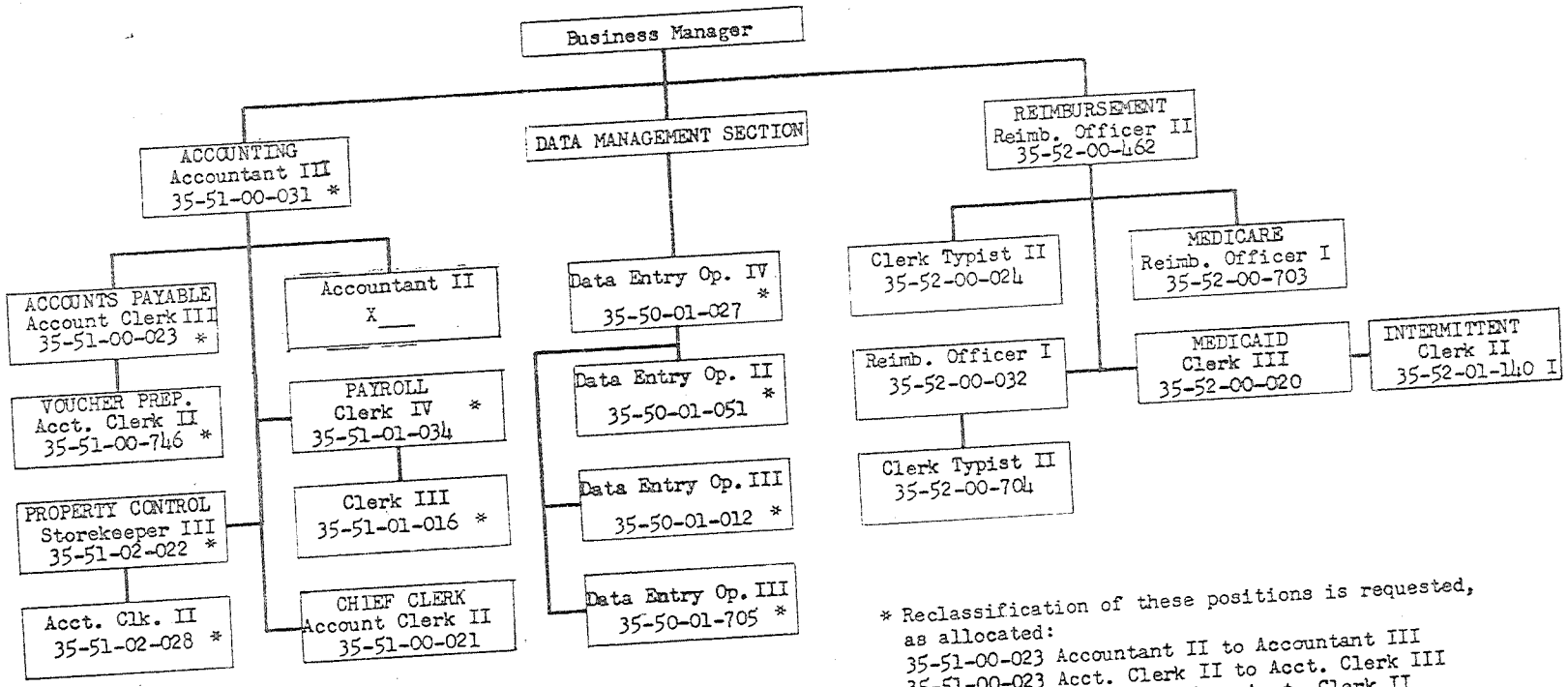
SUPERINTENDENT
Osawatomie State Hospital



CENTRAL NURSING
Osawatomie State Hospital



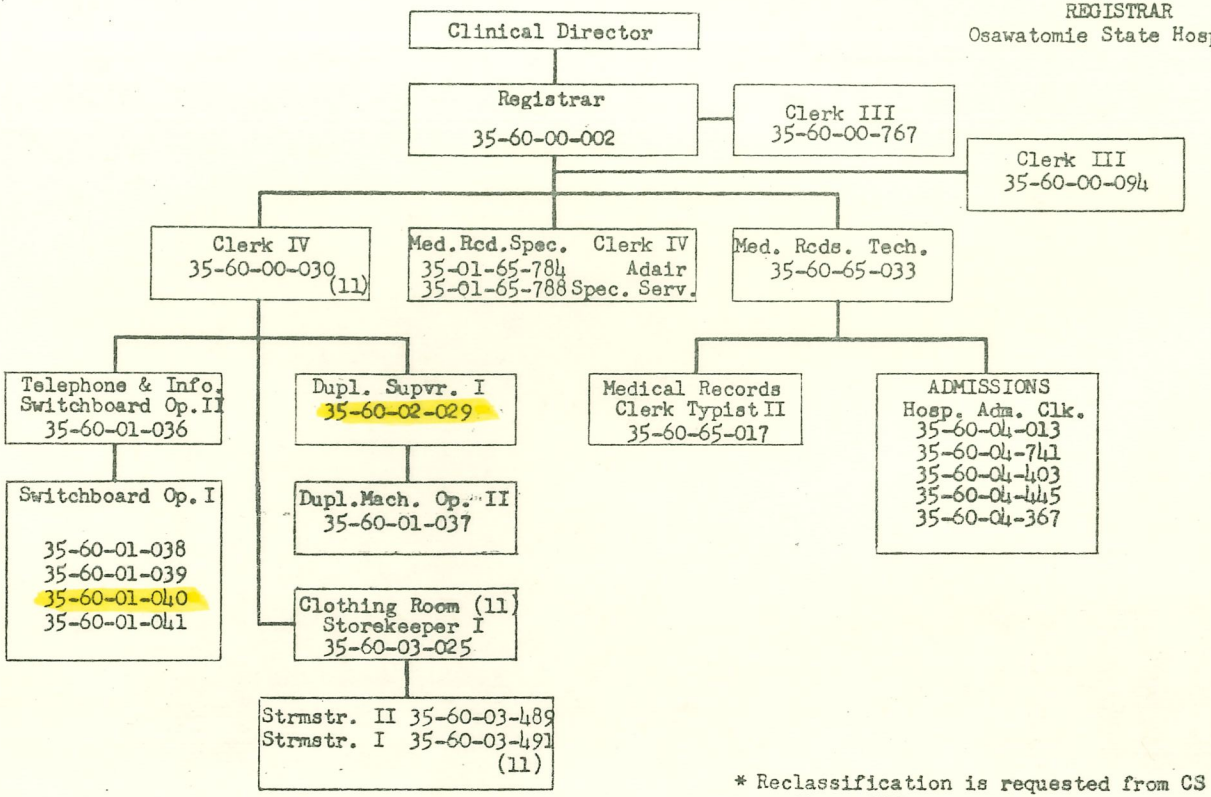
FISCAL SERVICES
Osawatomie State Hospital



* Reclassification of these positions is requested, as allocated:

35-51-00-023 Accountant II to Accountant III
35-51-00-023 Acct. Clerk II to Acct. Clerk III
35-51-00-746 Clk. Typ. II to Acct. Clerk II
35-51-02-022 Clerk III to Storekeeper III
35-51-02-028 Clk. Typ. II to Acct. Clerk II
35-51-01-034 Clerk III to Clerk IV
35-51-01-016 Clk. Typ. II to Clerk III
35-50-01-027 DEEO III to DEO IV
35-50-01-051 DEEO II to DEO II
35-50-01-012 DEEO II to DEO III
35-50-01-705 DEEO II to DEO III

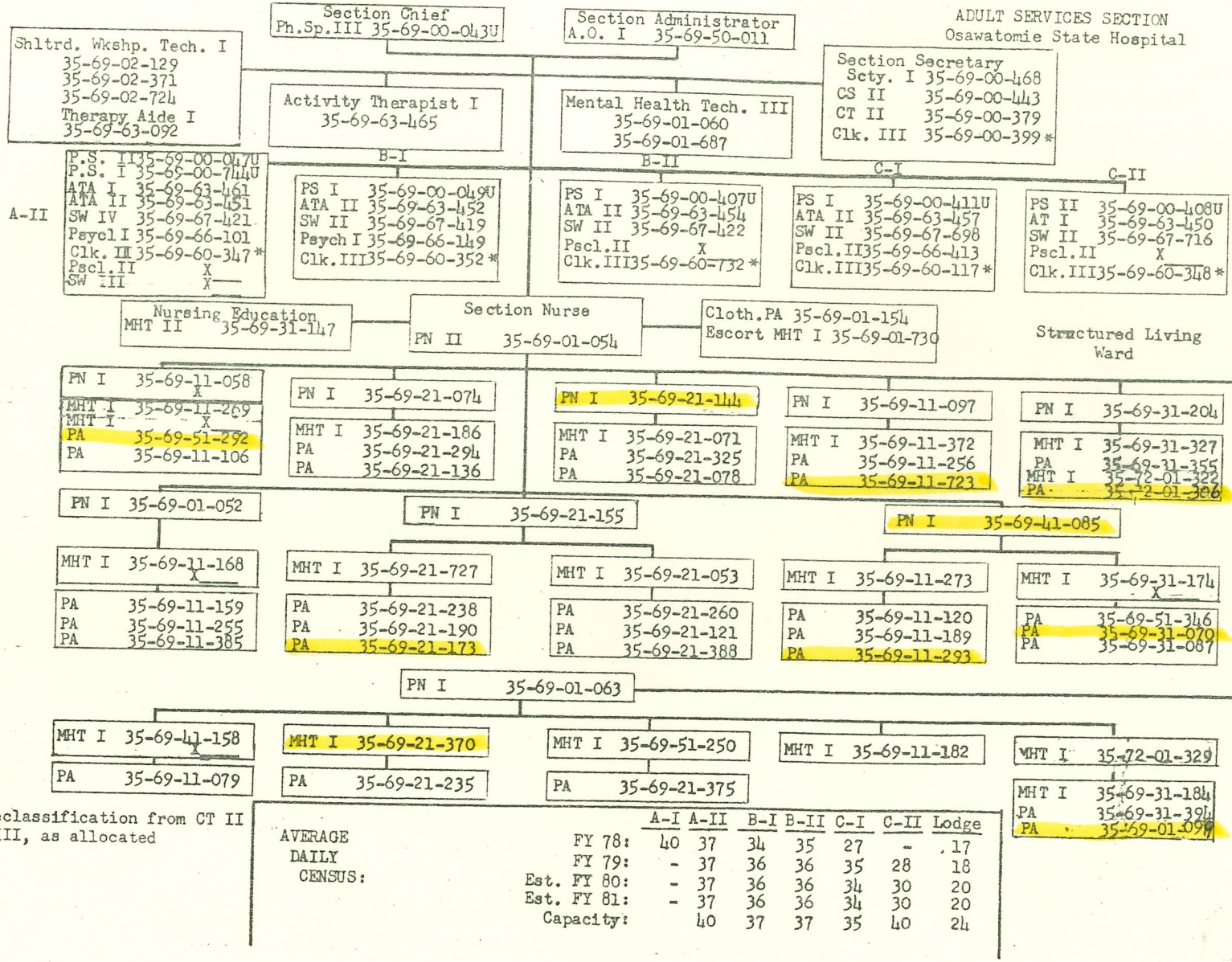
REGISTRAR
Osawatomie State Hospital



* Reclassification is requested from CS II to Clerk III, as allocated.

** Reclassification is requested from Dupl. Machine Operator II to Duplicating Supervisor I, as allocated.

*** Reclassification is requested from Switchboard Operator I to Duplicating Mach. Oper. II, as allocated.



* Request reclassification from CT II to Clerk III, as allocated

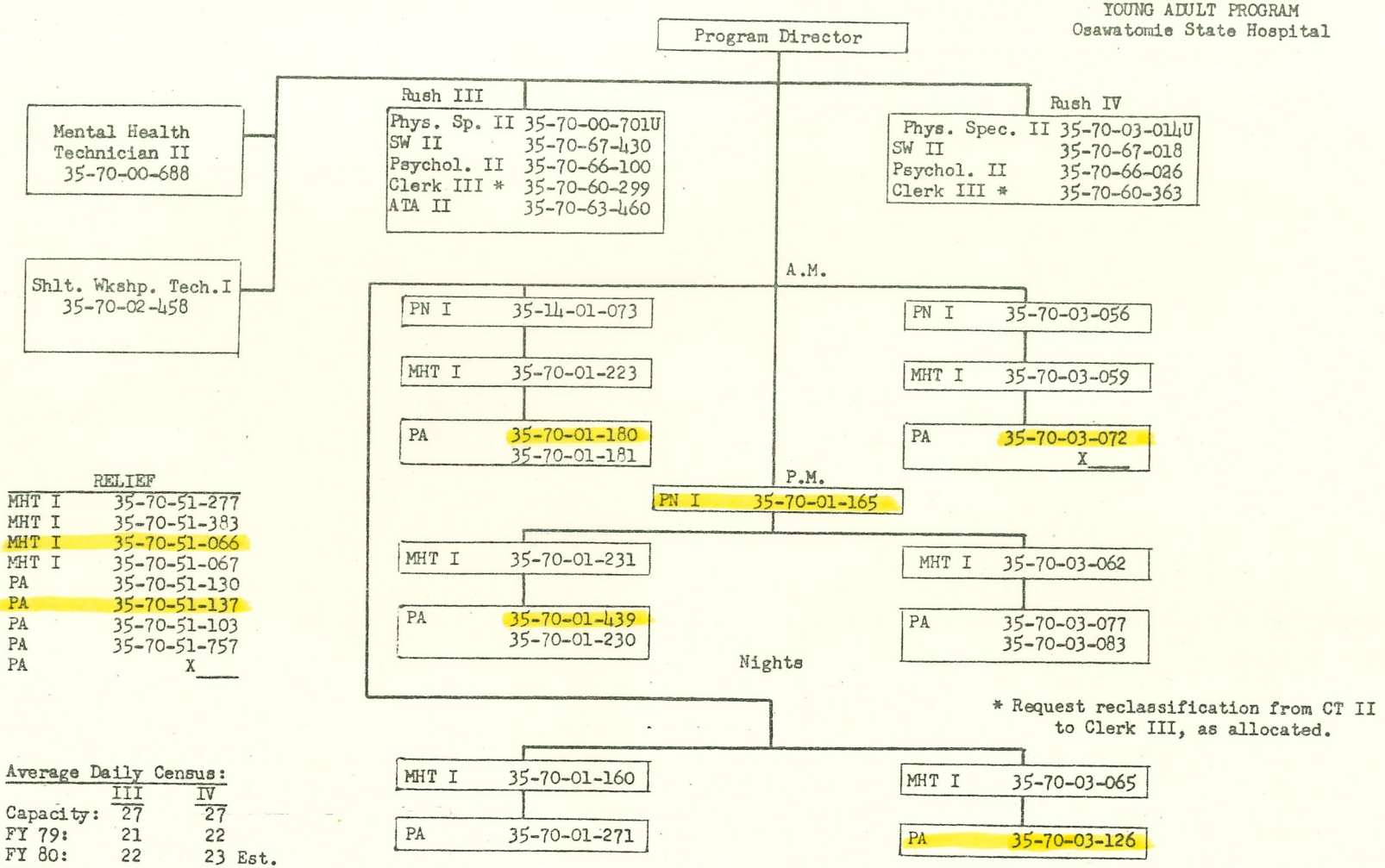
AVERAGE DAILY CENSUS:

	A-I	A-II	B-I	B-II	C-I	C-II	Lodge
FY 78:	40	37	34	35	27	-	17
FY 79:	-	37	36	36	35	28	18
Est. FY 80:	-	37	36	36	34	30	20
Est. FY 81:	-	37	36	36	34	30	20
Capacity:		40	37	37	35	40	24

RELIEF

PN I	35-69-51-089
GN II	35-69-21-167
GN II	35-69-41-193
MHT II	35-69-51-171
MHT II	35-69-51-239
MHT II	35-69-51-366
MHT I	35-69-51-203
MHT I	35-69-51-125
MHT I	35-69-51-205
MHT I	35-69-51-128
MHT I	35-69-51-224
MHT I	35-69-51-134
MHT I	35-69-51-246
MHT I	35-69-51-335
MHT I	35-69-51-138
MHT I	35-69-51-192
MHT I	35-69-51-104
MHT I	35-69-51-124
MHT I	35-72-01-302
PA	35-69-51-141
PA	35-69-51-195
PA	35-69-51-276
PA	35-69-51-145
PA	35-69-51-199
PA	35-69-51-283
PA	35-69-51-152
PA	35-69-51-220
PA	35-69-51-285
PA	35-69-51-135
PA	35-69-51-153
PA	35-69-51-243
PA	35-69-51-286
PA	35-69-51-179
PA	35-69-51-248
PA	35-69-51-289
PA	35-69-51-069
PA	35-69-51-139
PA	35-69-51-142

YOUNG ADULT PROGRAM
Osawatomie State Hospital



RELIEF

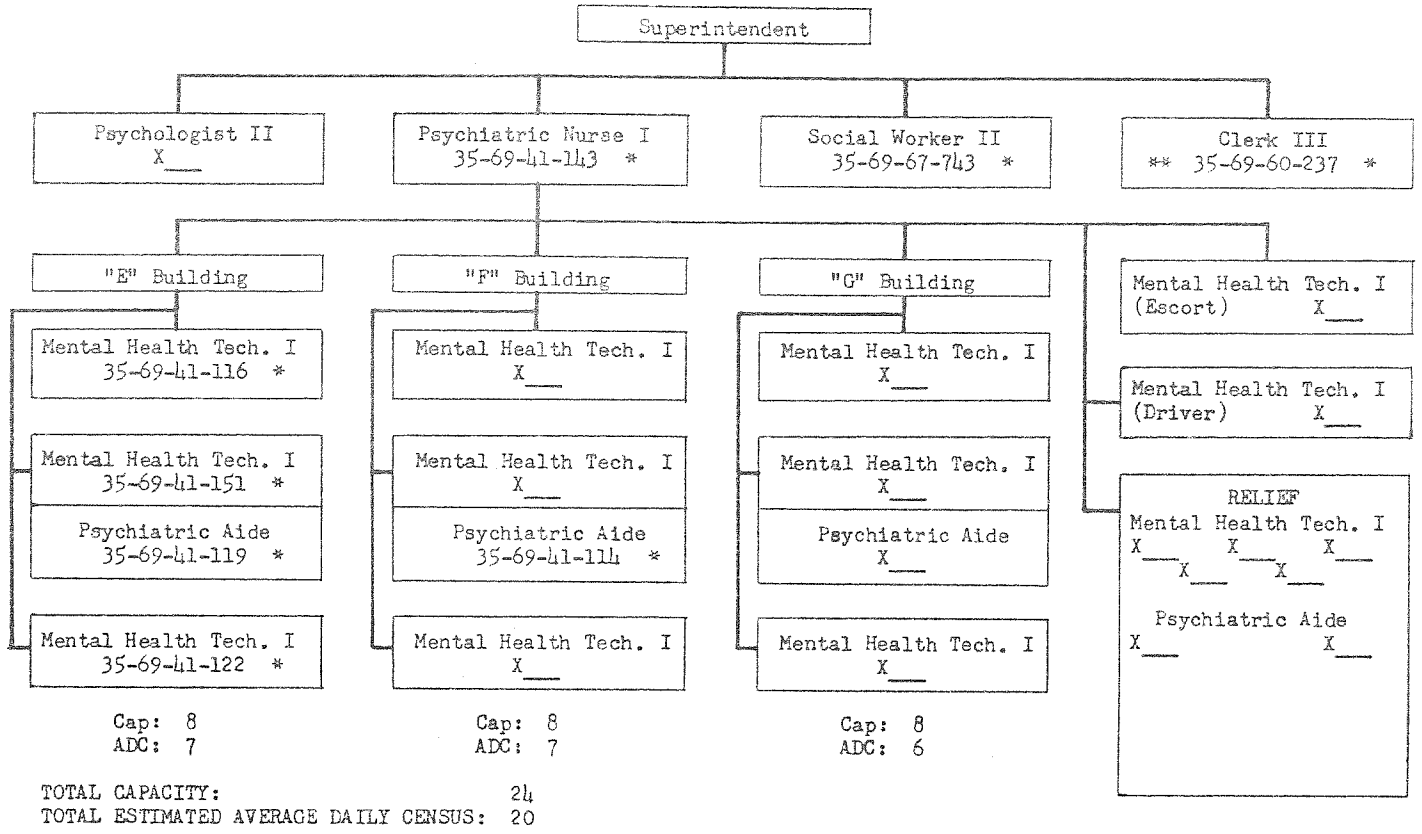
MHT I	35-70-51-277
MHT I	35-70-51-383
MHT I	35-70-51-066
MHT I	35-70-51-067
PA	35-70-51-130
PA	35-70-51-137
PA	35-70-51-103
PA	35-70-51-757
PA	X

Average Daily Census:

	III	IV	
Capacity:	27	27	
FY 79:	21	22	
FY 80:	22	23	Est.
FY 81:	22	23	Est.

* Request reclassification from CT II to Clerk III, as allocated.

COMMUNITY LIVING PROGRAM
Osawatomie State Hospital



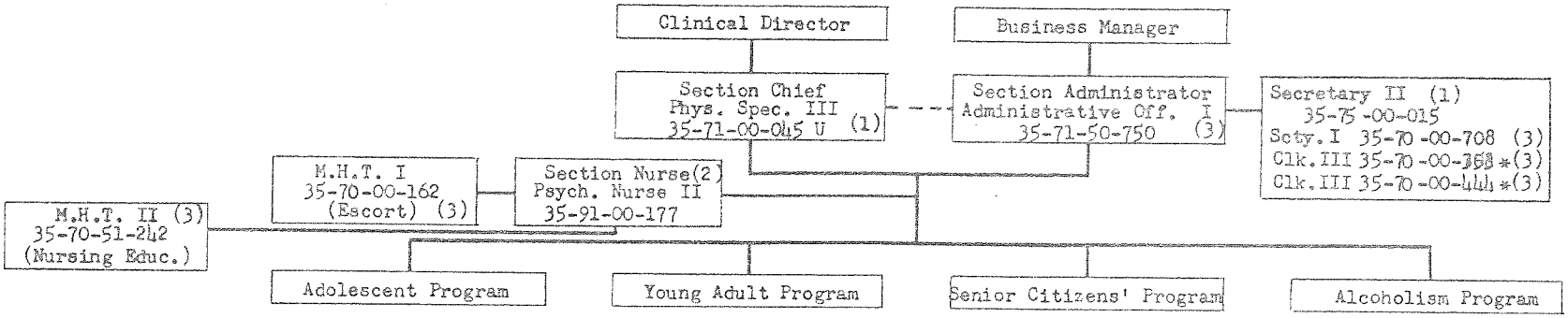
Cap: 8
ADC: 7

Cap: 8
ADC: 7

Cap: 8
ADC: 6

TOTAL CAPACITY: 24
TOTAL ESTIMATED AVERAGE DAILY CENSUS: 20

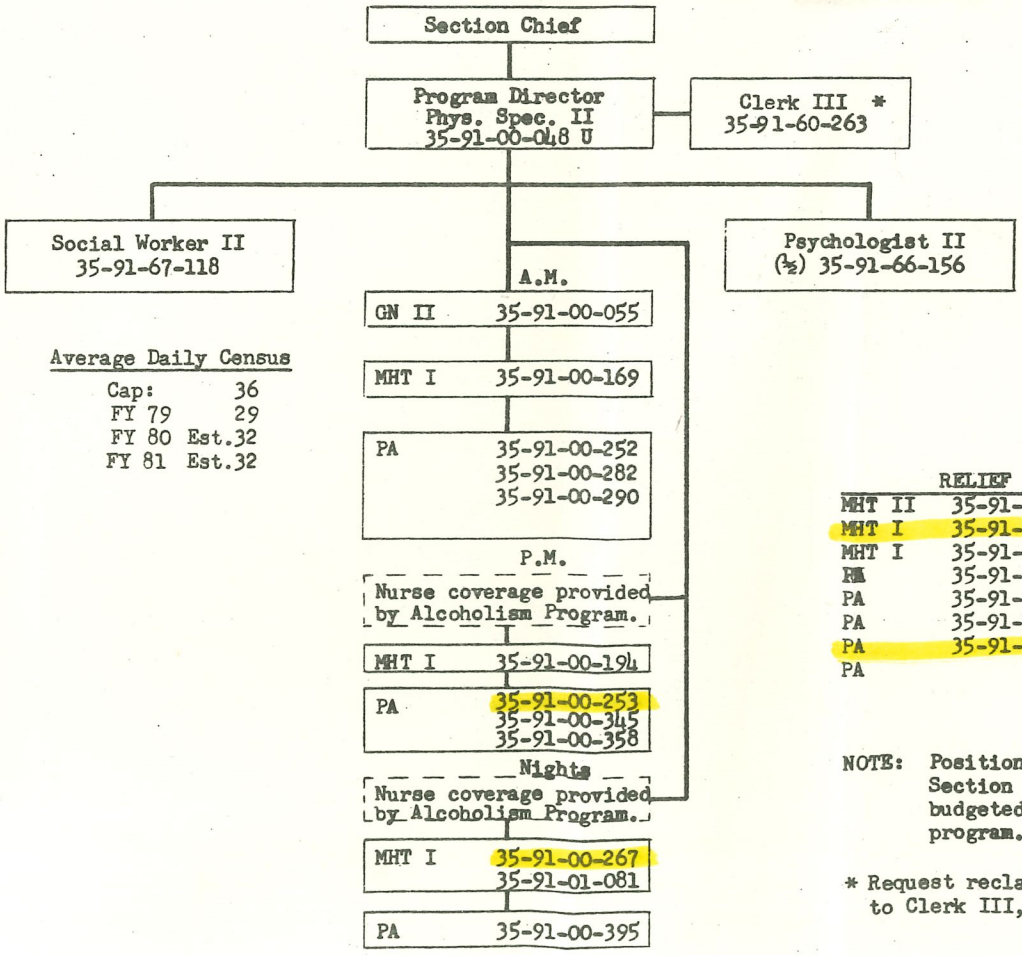
SPECIAL SERVICES SECTION
Osawatomie State Hospital



* Request reclassification from CT II to Clerk III, as allocated.

(1) Budgeted in Alcoholism Program.
(2) Budgeted in Senior Citizens' Program.
(3) Budgeted in Adolescent Program.

SENIOR CITIZENS' PROGRAM
Osawatomie State Hospital



Average Daily Census

Cap:	36
FY 79	29
FY 80 Est.	32
FY 81 Est.	32

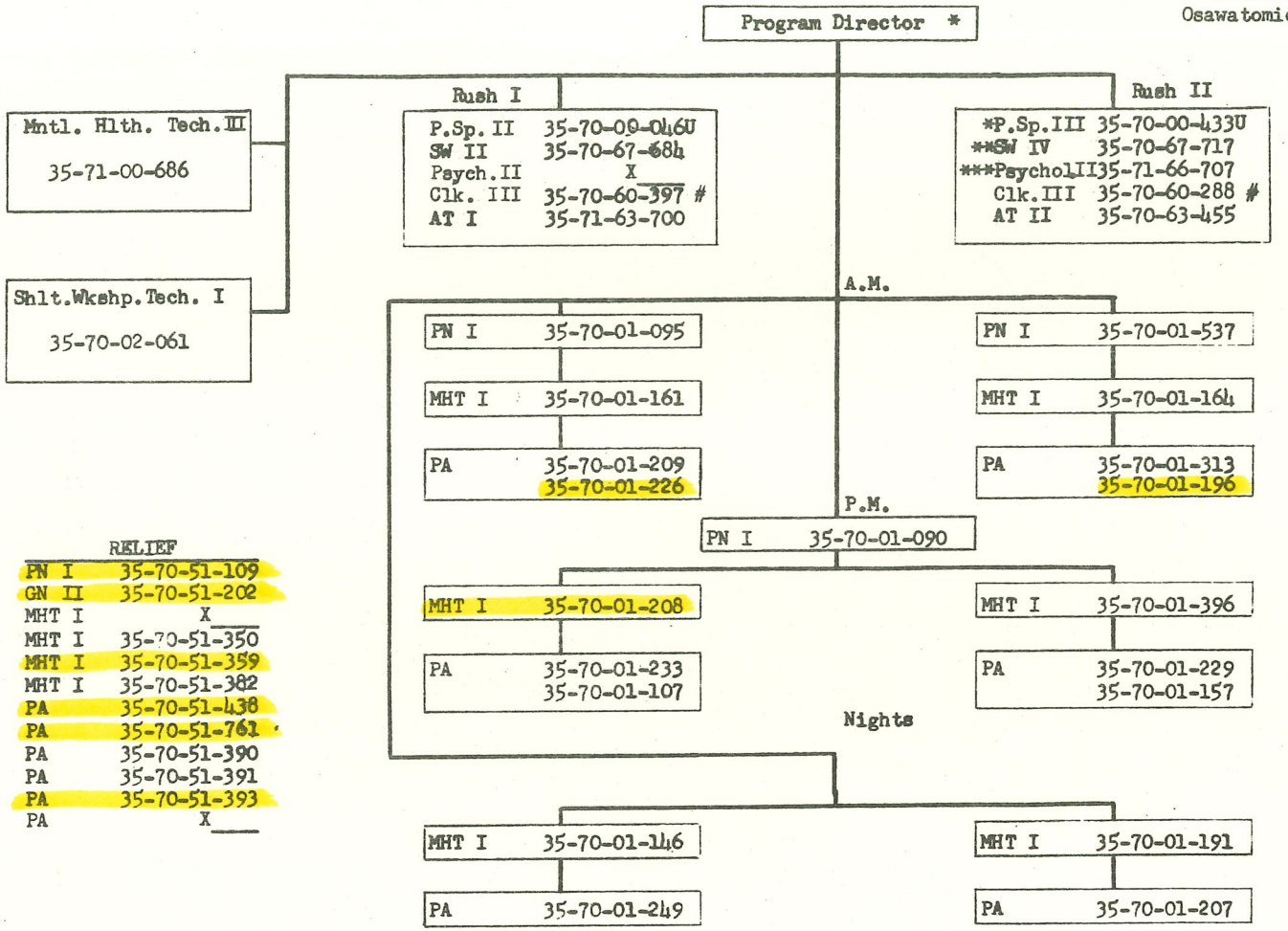
RELIEF

MHT II	35-91-51-274
MHT I	35-91-51-279
MHT I	35-91-51-280
RN	35-91-51-254
PA	35-91-51-259
PA	35-91-51-264
PA	35-91-51-265
PA	X____

NOTE: Position 35-91-00-177, Section Nurse, is also budgeted to this program.

* Request reclassification from CT II to Clerk III, as allocated.

ADOLESCENT PROGRAM
Osawatomie State Hospital



RELIEF

PN I	35-70-51-109
GN II	35-70-51-202
MHT I	X
MHT I	35-70-51-350
MHT I	35-70-51-359
MHT I	35-70-51-382
PA	35-70-51-438
PA	35-70-51-761
PA	35-70-51-390
PA	35-70-51-391
PA	35-70-51-393
PA	X

* Also serves as Program Director

** Also serves as Social Work Supervisor for the program.

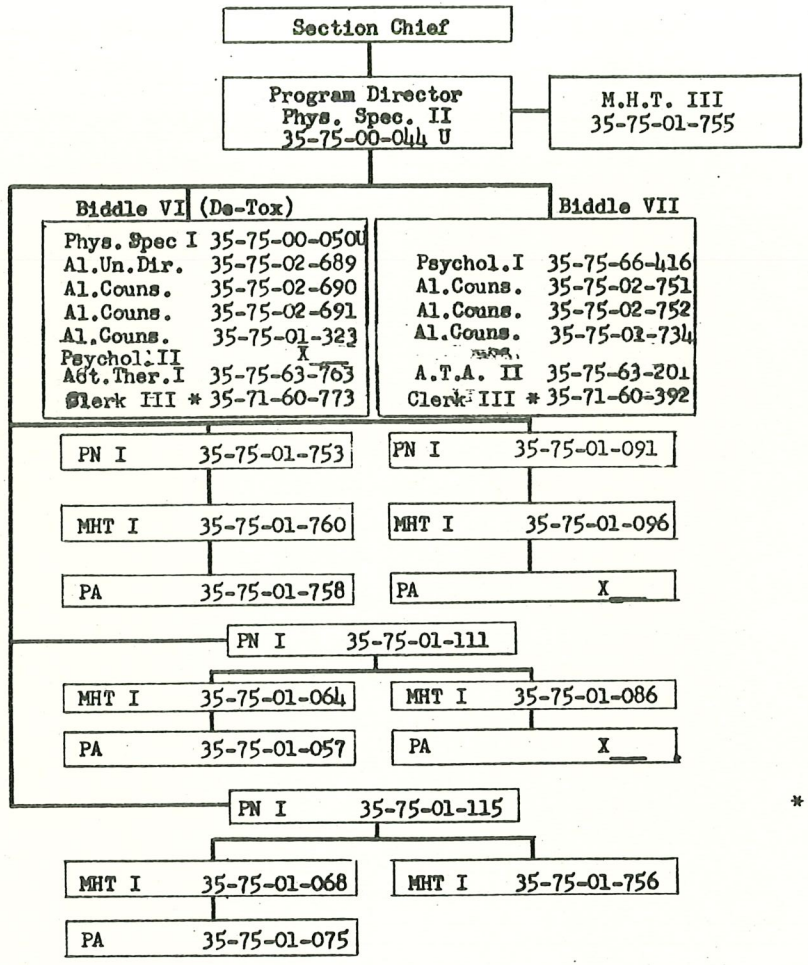
*** Also serves as Psychology Supervisor for the program.

\# Reclassification is requested from CT II to Clerk III, as allocated.

Average Daily Census:

	I	II
Capacity:	21	25
FY 79:	14	20
Est.FY 80:	15	20
Est.FY 81:	15	20

ALCOHOLISM PROGRAM
Osawatomie State Hospital



RELIEF	
PN I	X
PN I	X
GN II	35-75-51-754
MHT II	35-75-51-127
MHT I	35-75-51-076
MHT I	35-75-51-080
MHT I	35-75-51-082
PA	35-75-51-093
PA	35-75-51-108
PA	35-75-51-110
MHT I	X

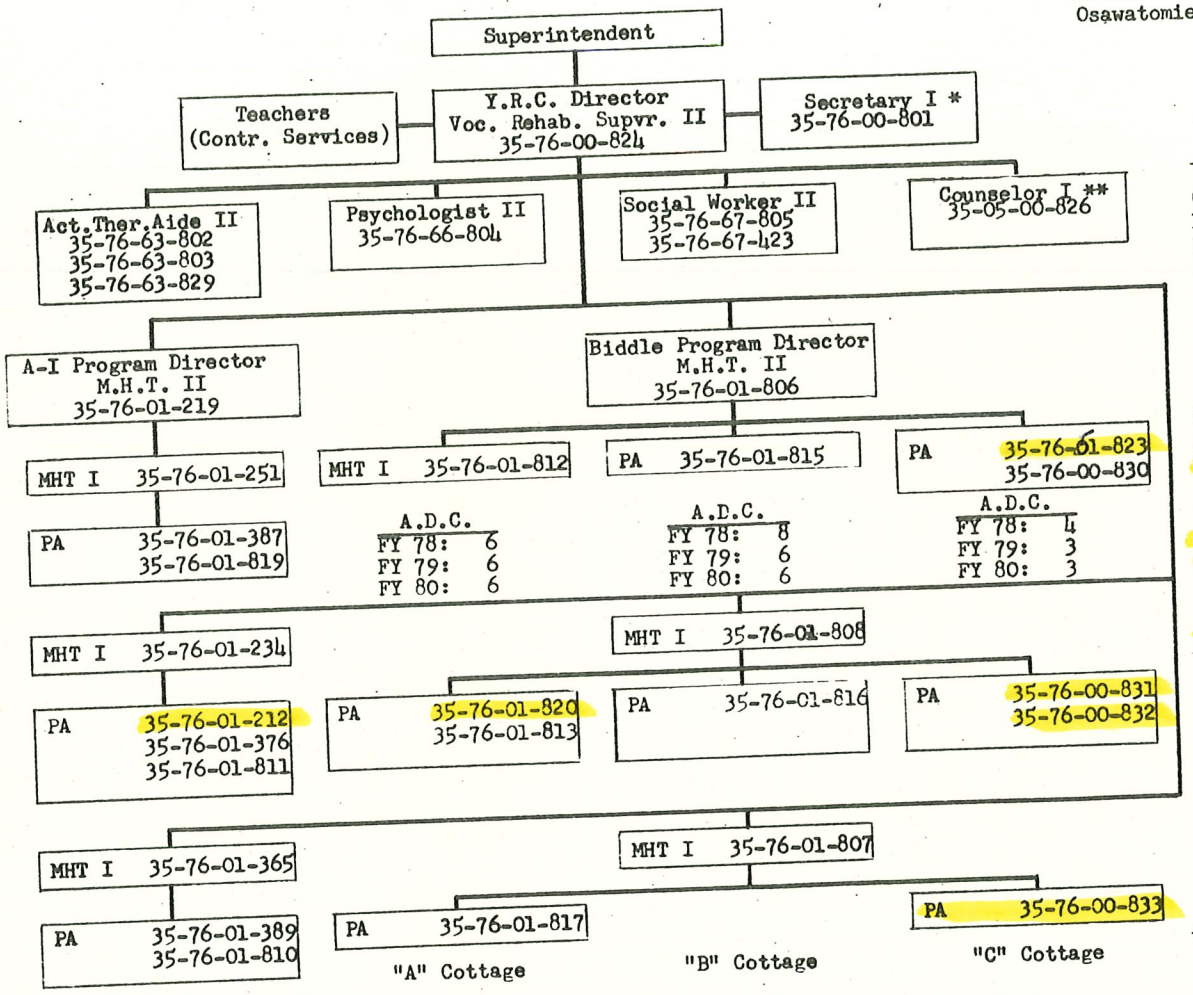
Average Daily Census:

	VI	VII
Capacity:	29	31
FY 79:	22	21
Est. FY 80:	25	25
Est. FY 81:	25	25

NOTE: Position 35-75-00-045, Section Chief, is also budgeted to this program. Also, Position 35-75-00-015, Secretary II (Section Secretary) is budgeted here.

* Request reclassification from CT II to Clerk III, as allocated.

YOUTH REHABILITATION CENTER
Osawatomie State Hospital



Average Daily Census

	A-I	B-A	B-B	B-C
Capacity:	25	8	12	(6)
FY 79	19	4	7	4
Est. FY 80	19	4	8	4
Est. FY 81	19	4	8	4

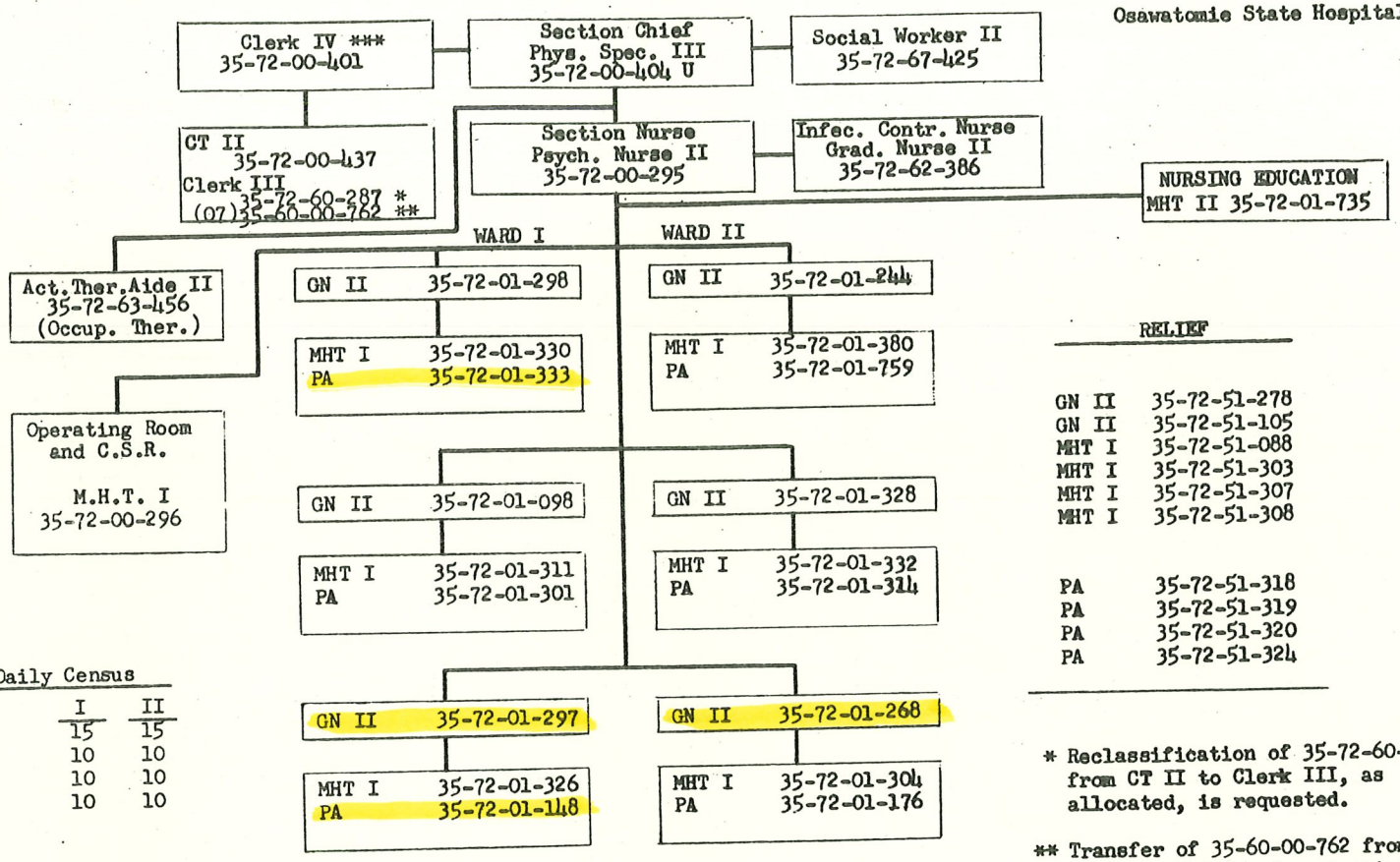
RELIEF

MHT I	35-76-51-828
MHT I	35-76-51-827
MHT I	35-76-51-284
MHT I	35-76-51-356
MHT I	35-76-51-361
PA	35-76-51-818
PA	35-76-51-822
PA	35-76-51-821
PA	35-76-51-809
PA	35-76-51-814
PA	35-76-51-362
PA	35-76-51-197
PA	35-76-51-261
PA	35-76-51-834
PA	35-76-51-835

* Request reclassification from CS II to Secretary I, as allocated.

** Request reclassification from V.R.Counselor to Counselor I, as allocated.

MEDICAL-SURGICAL SECTION
Osawatomie State Hospital



RELIEF

GN II	35-72-51-278
GN II	35-72-51-105
MHT I	35-72-51-088
MHT I	35-72-51-303
MHT I	35-72-51-307
MHT I	35-72-51-308
PA	35-72-51-318
PA	35-72-51-319
PA	35-72-51-320
PA	35-72-51-324

Average Daily Census

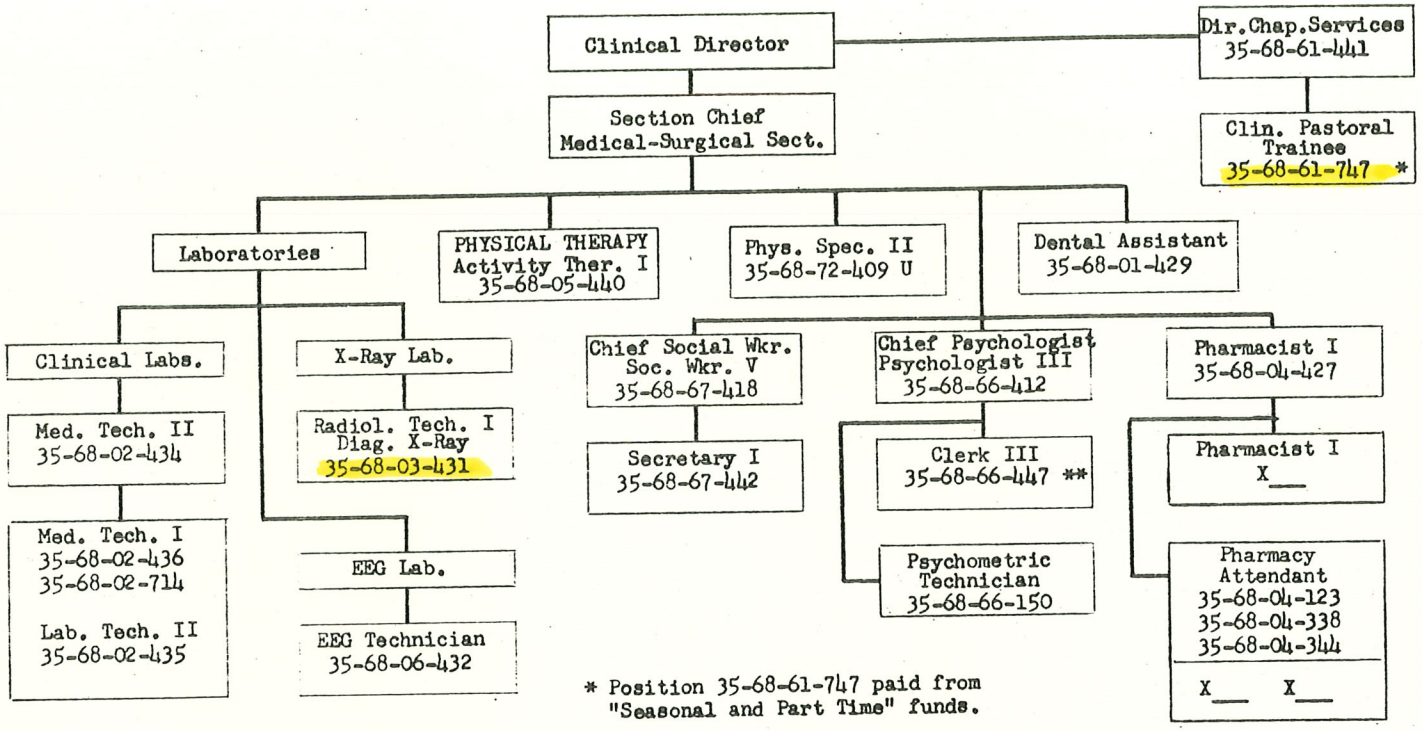
	I	II
Capacity	15	15
FY 79:	10	10
Est. FY 80:	10	10
Est. FY 81:	10	10

* Reclassification of 35-72-60-287 from CT II to Clerk III, as allocated, is requested.

** Transfer of 35-60-00-762 from Act. 02, Y.A.P., is requested, and reclassification from PA to Clerk III, as allocated. (Act. 07)

*** Reclassification is requested from Secretary I to Clerk IV, as allocated.

ALLIED CLINICAL SERVICES
Osawatomie State Hospital

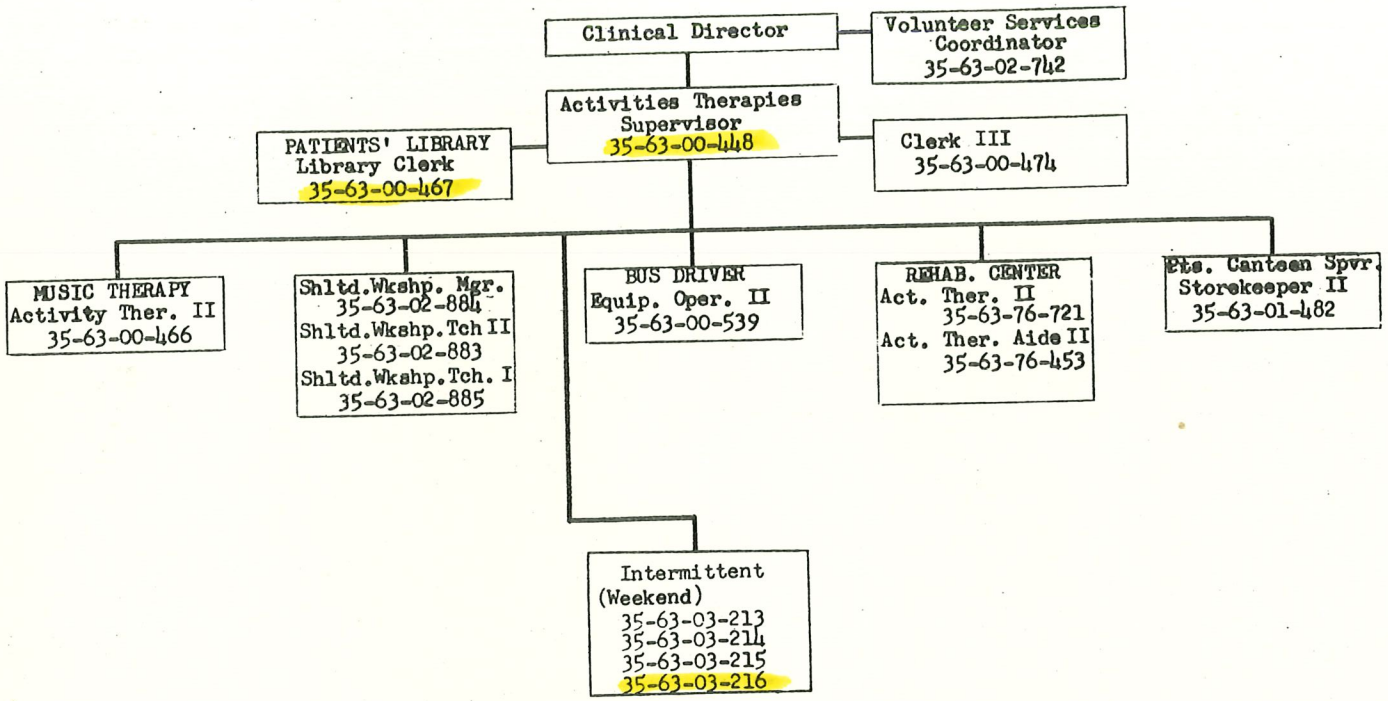


NOTE: Positions 35-60-00-762 and New Clerk III are budgeted in this activity, but are shown on Organizational Charts of "Superintendent", Act. 01, and "Medical-Surgical", Act. 06, respectively.

* Position 35-68-61-747 paid from "Seasonal and Part Time" funds.

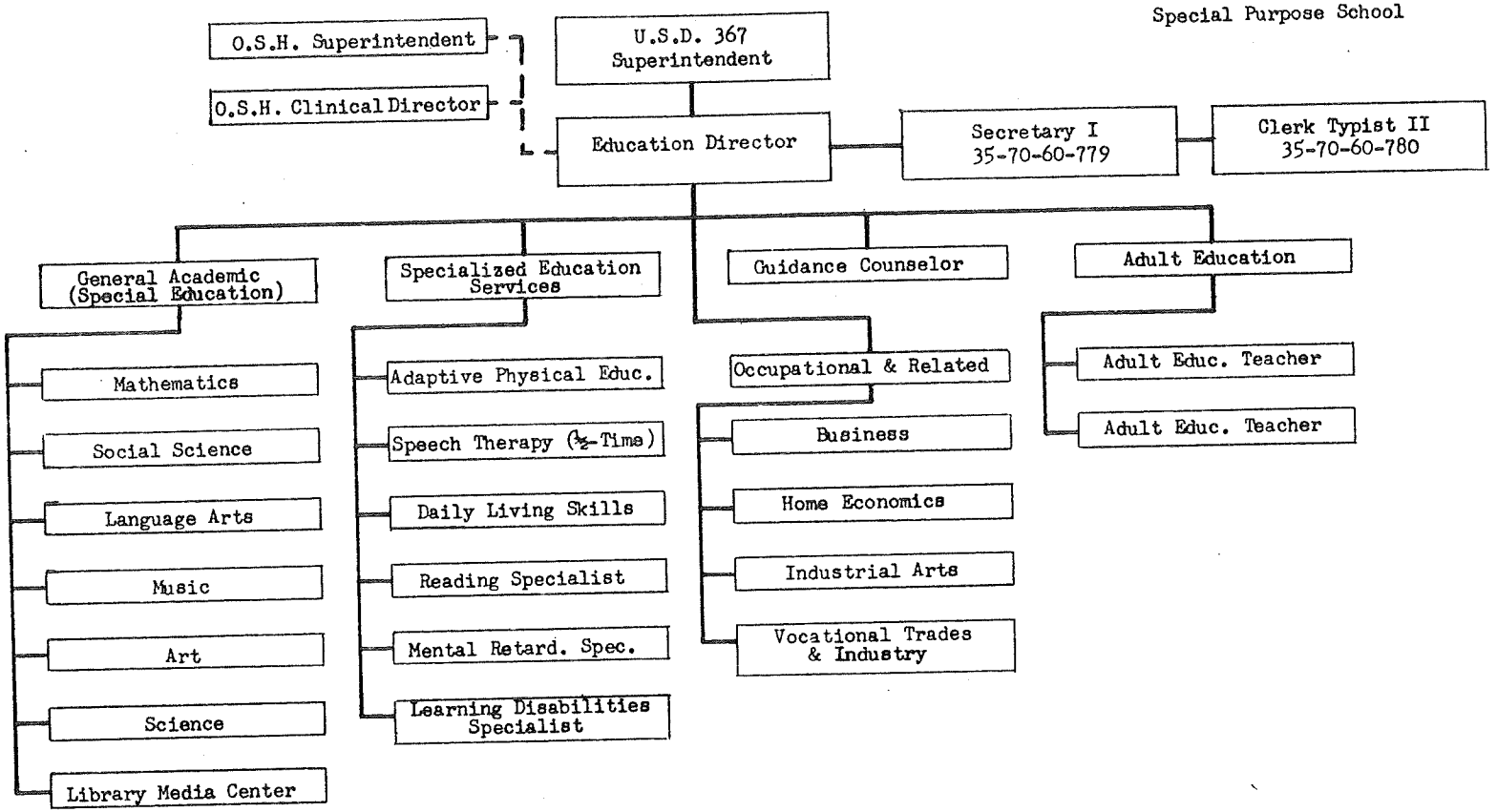
** Position 35-68-66-447 is utilized by both the Psychology and Chaplain's Departments. Reclassification is requested from CT II to Clerk III, as allocated.

ADJUNCTIVE THERAPIES
Osawatomie State Hospital

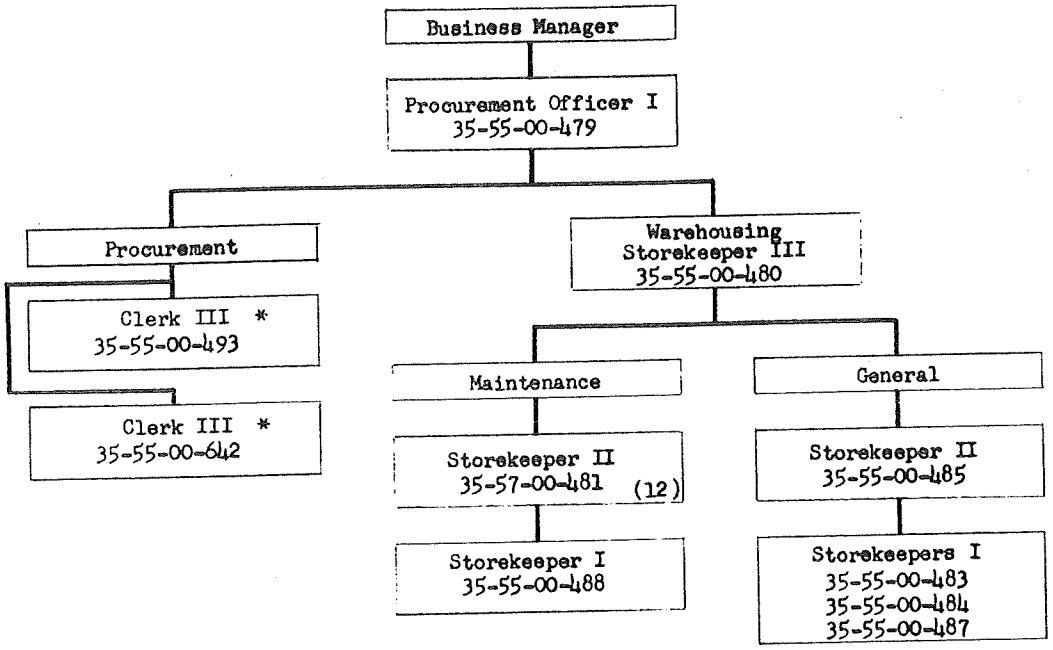


NOTE: Positions 35-63-00-471 & 35-63-00-472, Cosmetologists, and 35-63-00-470, Barber, are also budgeted in this activity, but are shown on Central Nursing organizational chart, in Activity 01, General Administration.

ADJUNCTIVE THERAPIES
Osawatomie State Hospital
Special Purpose School



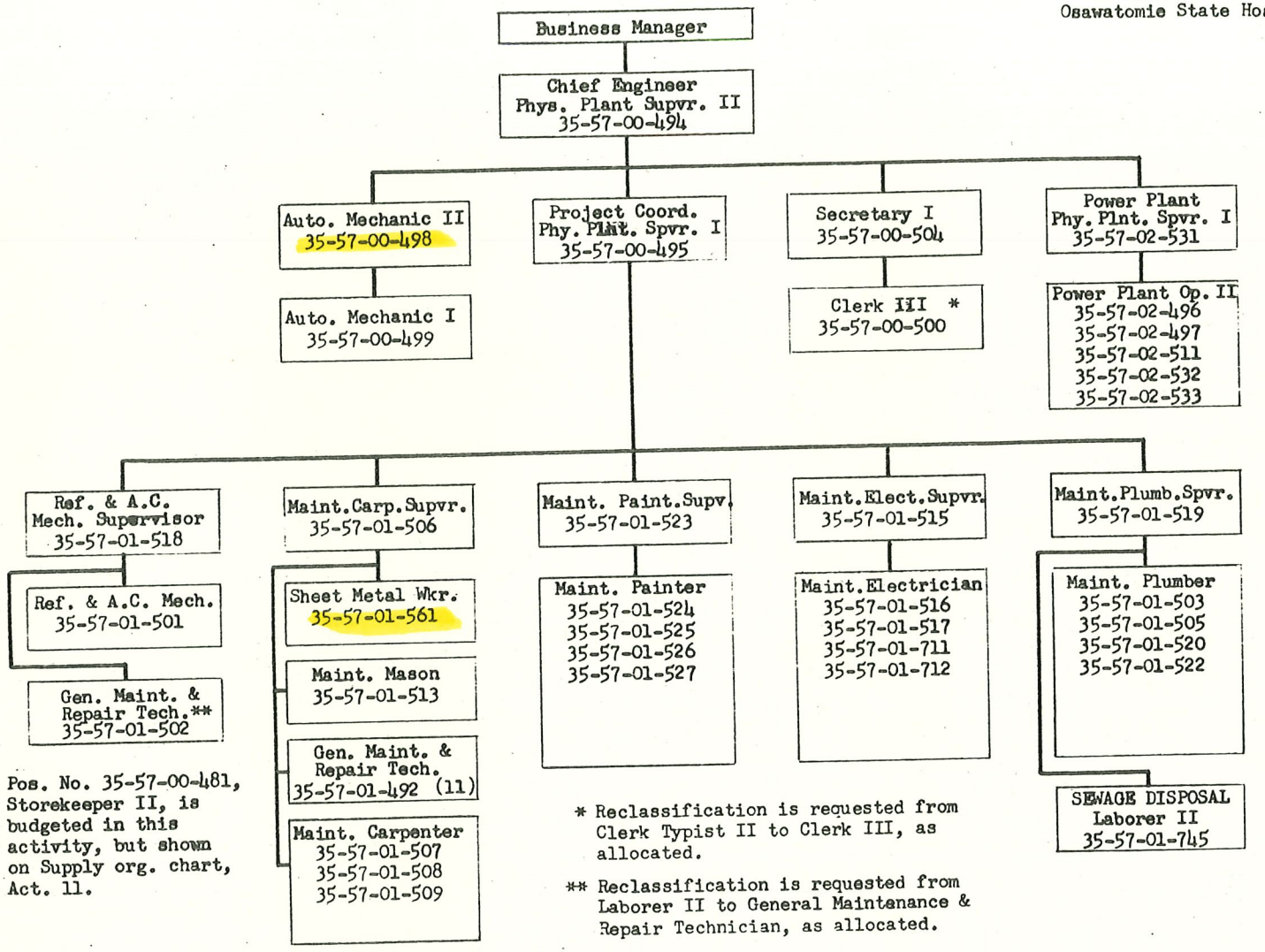
SUPPLY SERVICES
Osawatomie State Hospital



* Reclassification is requested of these positions from Clerk Typist II to Clerk III, as allocated.

NOTE: The following positions are also budgeted in this activity:
35-57-01-492 (Gen. Maint. & Rpr. Tech.) shown on Engineering & Prot. organizational chart, Act. 12
35-60-00-030 (Clerk IV) **
35-60-03-491 (Seamstress I) **
35-60-03-489 (Seamstress II)**
35-60-03-025 (Storekeeper I)**
** Shown on "Registrar's" organizational chart, in Act. 01.

ENGINEERING
Osawatomie State Hospital

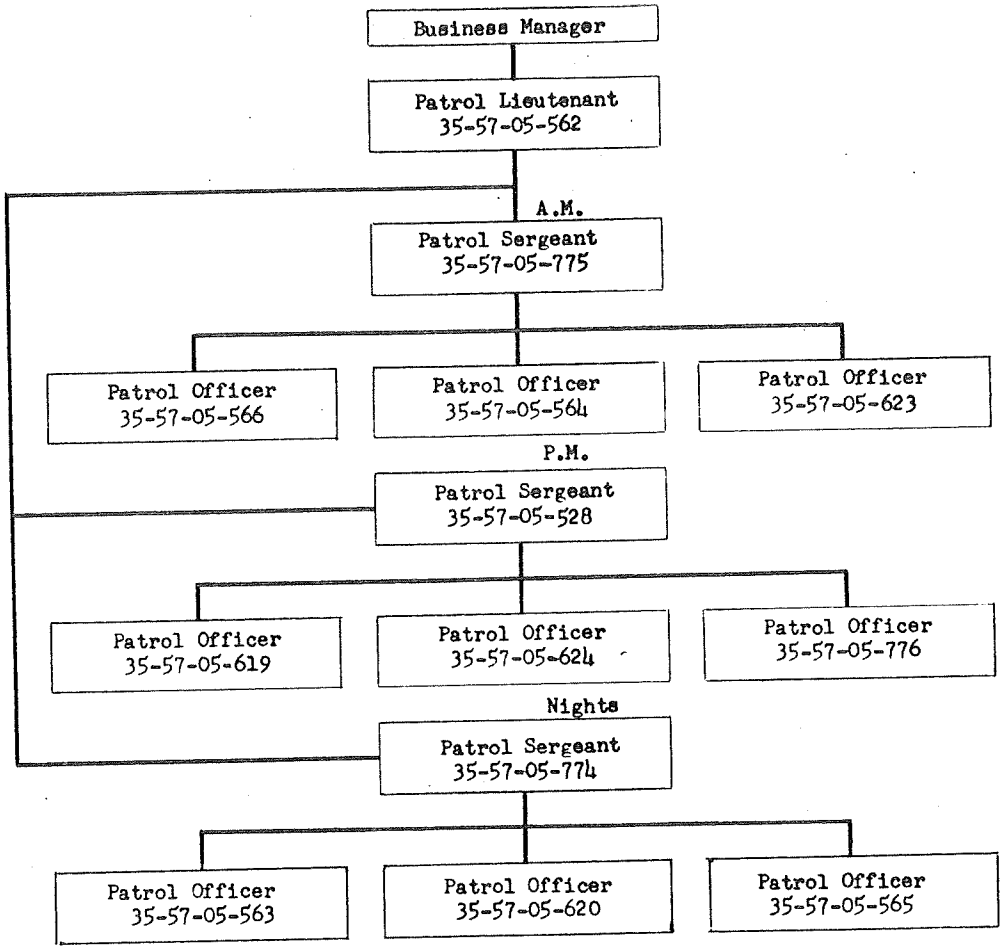


NOTE: Pos. No. 35-57-00-481, Storekeeper II, is budgeted in this activity, but shown on Supply org. chart, Act. 11.

* Reclassification is requested from Clerk Typist II to Clerk III, as allocated.

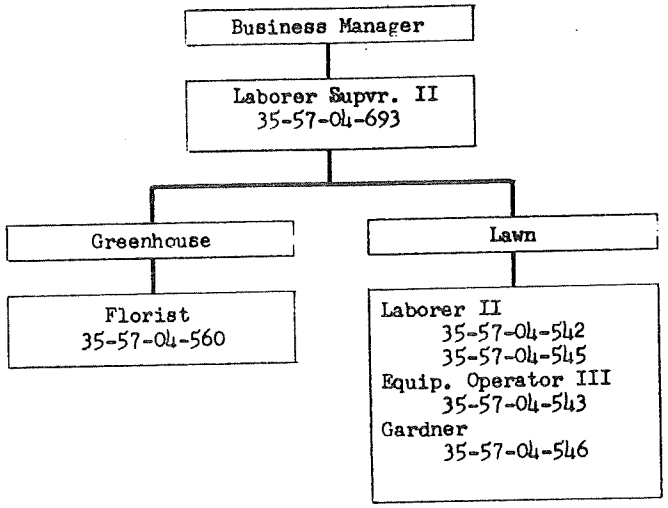
** Reclassification is requested from Laborer II to General Maintenance & Repair Technician, as allocated.

SECURITY
Osawatomie State Hospital

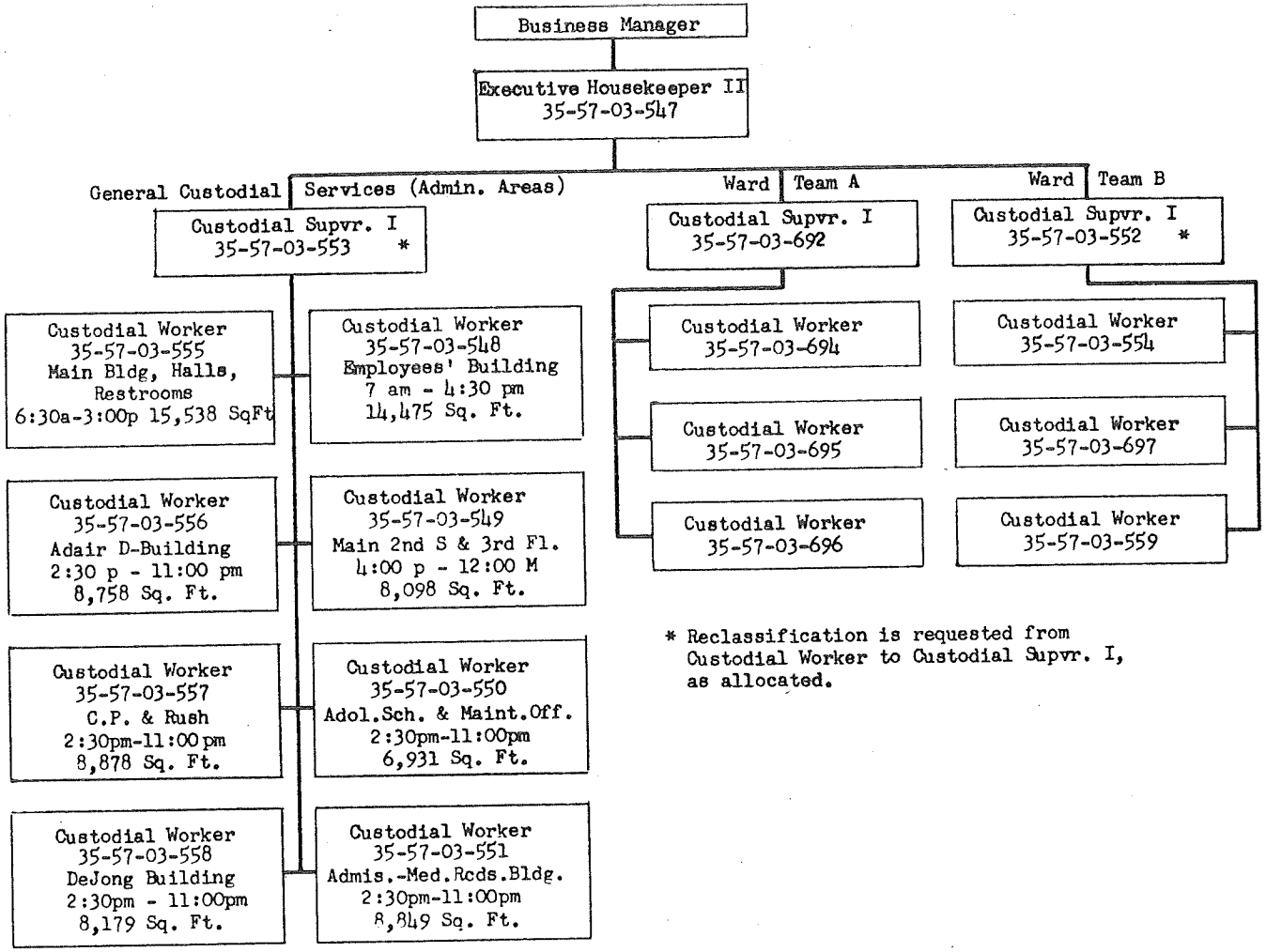


RELIEF	
Patrol Sergeant	35-57-05-777
Patrol Officer	35-57-05-778
Patrol Officer	35-57-05-621
Patrol Officer	35-57-05-622
Patrol Officer	35-57-05-567

GROUNDS DEPARTMENT
Osawatomie State Hospital

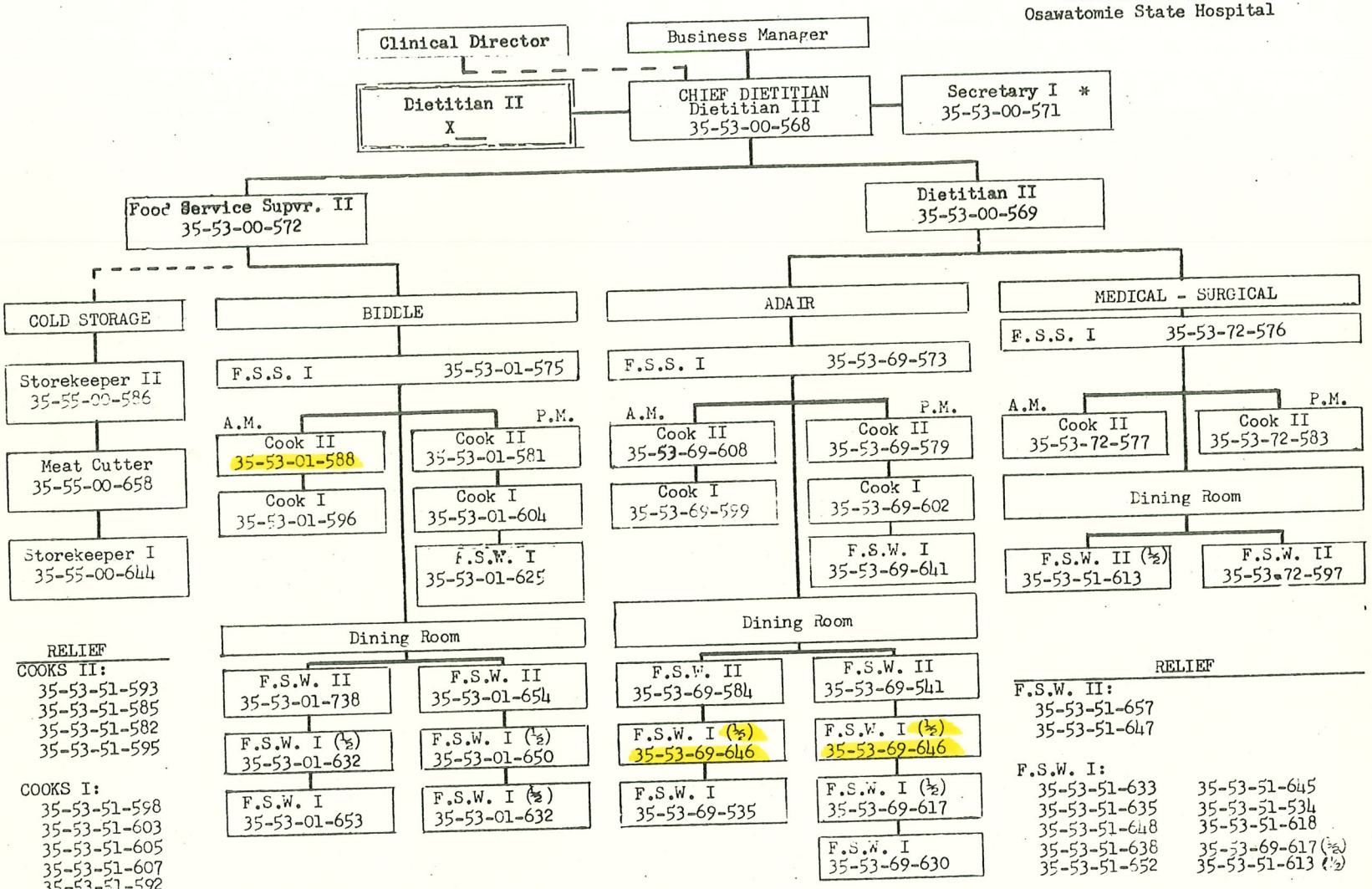


HOUSEKEEPING DEPARTMENT
Osawatomie State Hospital



* Reclassification is requested from Custodial Worker to Custodial Supvr. I, as allocated.

DIETARY SERVICES
Osawatomie State Hospital



RELIEF

COOKS II:
35-53-51-593
35-53-51-585
35-53-51-582
35-53-51-595

COOKS I:
35-53-51-598
35-53-51-603
35-53-51-605
35-53-51-607
35-53-51-592

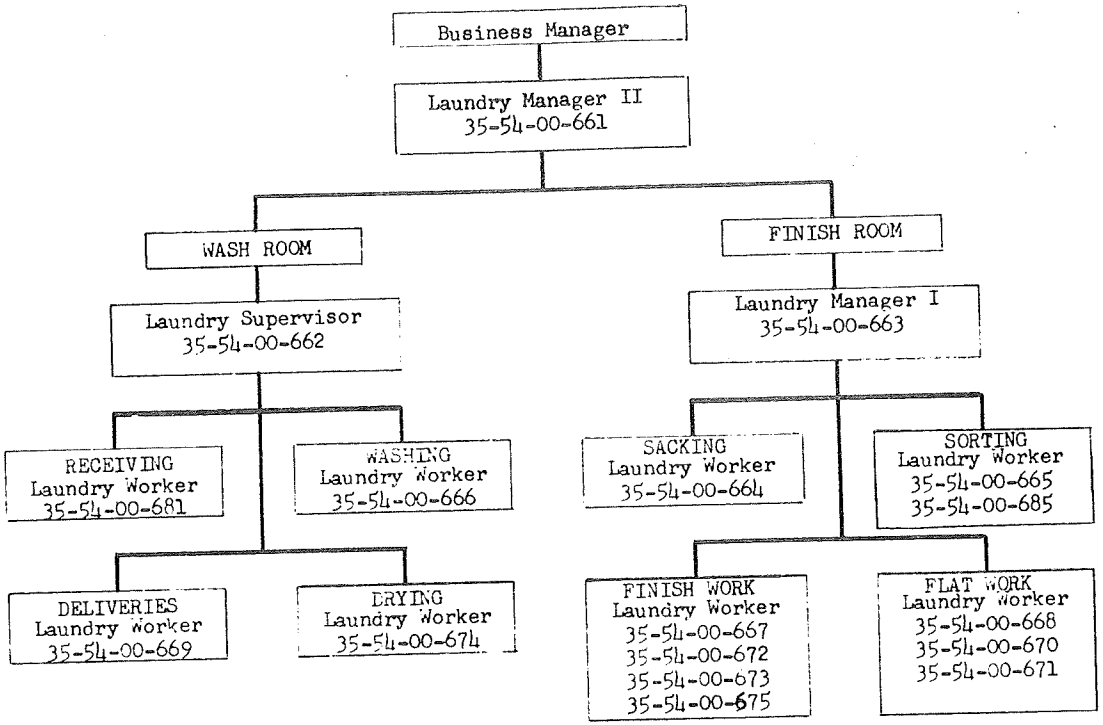
RELIEF

F.S.W. II:
35-53-51-657
35-53-51-647

F.S.W. I:
35-53-51-633
35-53-51-635
35-53-51-648
35-53-51-638
35-53-51-652
35-53-51-645
35-53-51-534
35-53-51-618
35-53-69-617 (½)
35-53-51-613 (½)

* Reclassification is requested from CS II to Secretary I, as allocated.

LAUNDRY SERVICES
Osawatomie State Hospital



ATTACHMENT B
2-21-80

MEMO TO: Members of Joint Conference Committee

FROM: J. Russell Mills, Superintendent

DATE: February 20, 1980

RE: Survey of Nursing Service

As you are aware, the Research and Training Department recently submitted a questionnaire to all members of Nursing Service. Attached is a Rought Draft of a preliminary report of Employee Turnover Among Nursing Staff Personnel at Osawatomie State Hospital. After the report is finalized, copies will be made available to all employees. Tomorrow I am presenting copies of the report to the Special Study Committee on Social and Rehabilitative Institutions.

To: J. Russell Mills, Superintendent

From: Paul S. Francis, Ph.D., Research & Training

Date: February 20, 1980

MEMO

This is just a "first shot" draft. The rationale for doing the study (on the first page) is not accurate but will be rewritten. This information is just to give you some ideas.

ROUGH DRAFT

ROUGH DRAFT

EMPLOYEE TURNOVER AMONG NURSING STAFF PERSONNEL AT OSAWATOMIE STATE HOSPITAL

PART II

Prepared by: Research & Training
February 20, 1980

The present study was conducted in order to characterize the employment situation at Osawatomie State Hospital, to identify problem areas and to suggest solutions to these problems. Since the primary mission of the hospital is treatment of psychiatric patients, a survey questionnaire was constructed and given to the personnel of the Nursing Service at Osawatomie State Hospital. These are the primary care personnel and comprise half of all hospital employees. They consist of Health Service Workers (HSWs), Psychiatric Aides (PAs), Mental Health Technicians (MHTs) and Registered Nurses (RNs). Table I shows staffing pictures for the three major state mental hospitals in Kansas. Osawatomie ranks second in daily census, first in admissions and discharges, and last in the number of allocated staff positions. Table II shows the number of staff positions allocated to each job position within the hospital and the percentage of these positions which were unfilled as of February 11, 1980. As may be seen, severe understaffing was (and continues to be) present among HSW and PA personnel. A similar but somewhat less severe shortage was (and continues to be) present among MHT and RN staff.

To determine the causes of this understaffing problem, a questionaire was circulated to Nursing Service personnel asking them if they had ever seriously considered quitting and, if so, to state what stopped them from quitting. All personnel were asked to state what they liked and disliked about their jobs and to offer their suggestions for reducing personnel turnover.

Results

Table III presents the percent of all Nursing Service employees in each job category and the percent of all questionaires returned from each job category. To get a true picture of staff opinion, the percentage of questionnaires examined from a job category should match its proportion of staff in the Nursing Service. As may be seen from Table III, PA and RN personnel were adequately represented. MHT personnel were over represented and HSW personnel were under represented.

The questionnaires reflected the attitudes of long-term employees as over half had been in hospital employ for six years or more. When asked if they had ever seriously considered quitting, 60% answered yes. The five most cited reasons why are presented in Table IV-A. The major complaints were understaffing and low salary. When asked why they didn't actually quit their jobs, these staff said they couldn't find another job locally or they simply couldn't afford to quit (Table IV-B). When asked what to do to reduce employee turnover (Table IV-C), the majority suggested raising salaries. They also suggested that a more careful screening of job applicants and filling vacant positions would also alleviate turnover.

Staff was also provided with a check list of job related factors and asked to rate each factor (positive, neutral, negative) as it related to their immediate job conditions and to indicate which three factors they considered to be most important in maintaining staff morale. As may be seen from Table V, salary was by far the most important factor (73% considered it important) and its negative rating reflected employee opinion that salaries were too low.

Second most important was administration support of staff in trouble. While there was general agreement on the importance of this factor, ratings

were about equally split between positive and negative. This indicated that while some employees perceived themselves as being supported by the administration when in difficulty, other employees perceived a definite lack of support. This split occurred across all job categories. Also important to employees were general working conditions (perceived as being negative), a personal sense of achievement (perceived as positive) and receiving recognition for a job well done. The neutral rating of this latter factor argues that while employees considered it important, it was not something that related to their immediate job conditions in either a good or bad manner. That is, it was simply not present at all.

Conclusions

The Nursing Service has an increasingly severe employee turnover problem which appears to have economics as a major causal factor. Employees consistently cited low salary as a problem area. Moreover, when looking at salary across the job categories, 30% of RNs rated salary as negative while 60% of MHTs and 75% of PAs rated salary as negative. Not enough HSWs responded to the survey to determine what their opinions were. This change in opinion of salary as a function of job position is directly paralleled by increases in vacant positions (see Table II). Relatedly PAs and MHTs voiced understaffing as a reason for quitting (40% and 43% respectively) more so than did RNs (20%). It should be noted again that the under-staffing problem relates not to how many positions the hospital has but rather the hospital's inability to fill these positions.

It thus appears that low salaries are increasingly contributing to turnover as one looks from RNs to HSWs. This salary problem results in unfilled positions which in turn make the the jobs of the remaining personnel more

difficult. This increased difficulty contributes to dissatisfaction among remaining employees and so increases the likelihood that these staff members will also quit. One counter pressure to this trend is a lack of alternative jobs to hospital employment which tends to force staff to remain in hospital employ. A second counter pressure is the intrinsic rewards staff derive from effectively treating patients and the "family" type feeling that can be generated among the staff with whom they work. Nonetheless, according to this explanation, unless some salary remedy is obtained - particularly for HSWs and PAs - the personnel problem will continue. Since the problem tends to perpetuate itself by creating open positions, this situation will probably get worse. A partial solution would be to initiate a recruitment program to fill existing vacant positions.

Other problems related to relationships between administration and the Nursing Service employees. Specifically, a strong administration-initiated policy relative to supporting employees during times of crisis would be appreciated by the employees. Additionally, the initiation of a recognition system which would give employees a pat on the back when they perform well would greatly improve employee morale.

Finally, a system for more carefully screening job applicants would not only improve the overall quality of employees, but reduce underemployment by taking in a more qualified group of employees.

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EMPLOYEE TURNOVER AMONG NURSING STAFF
PERSONNEL AT OSAWATOMIE STATE HOSPITAL

Table I Daily census, admissions, discharges and staff positions during Fiscal Year 1979 for Larned, Osawatomie and Topeka State Hospitals.

Hospital	Daily Census	Admissions/Discharges	Staff Positions
Larned	443	962	835
Osawatomie	393	1,742	633
Topeka	328	972	717

Table II Vacant Nursing Service positions at Osawatomie State Hospital as a function of job category (2-11-80).

Job Category	Allocated Positions	Percent Vacant
H.S.W.	62	31%
P.A.	102	38%
M.H.T.	138	15%
R.N.	47	13%

Table III Percent of total Nursing Service staff and percent of total questionnaires returned as a function of job category.

	Job Category				
	HSW	PA	MHT	RN	Total
Percentage of Nursing Service Staff	18%	29%	40%	13%	100%
Percentage of Returned Questionnaires	5%	22%	58%	15%	100%
Number of Questionnaires Returned	7	30	69	20	126

EMPLOYEE TURNOVER AMONG NURSING STAFF
PERSONNEL AT OSAWATOMIE STATE HOSPITAL

Table IV The five most cited reasons for:

A. Considering quitting (percent citing)

1. 38% Lack of staff
2. 32% Low salary
3. 12% No job satisfaction
4. 12% Inadequate patient treatment
5. 11% Having to work relief shifts

B. Not quitting (percent citing)

1. 43% Lack of other jobs locally
2. 25% Couldn't afford to quit
3. 15% Consideration for co-workers
4. 13% Like the work
5. 13% No reason - still considering quitting

C. Reducing turnover (percent suggesting)

1. 55% Raise salaries
2. 28% Screen job applicants more carefully
3. 19% More staff
4. 15% Better recognition for good work
5. 12% Get staff input when making policy

NOTE: The percentages will not total to 100, since many staff members gave more than one reason for each item.

EMPLOYEE TURNOVER AMONG NURSING STAFF
PERSONNEL AT OSAWATOMIE STATE HOSPITAL

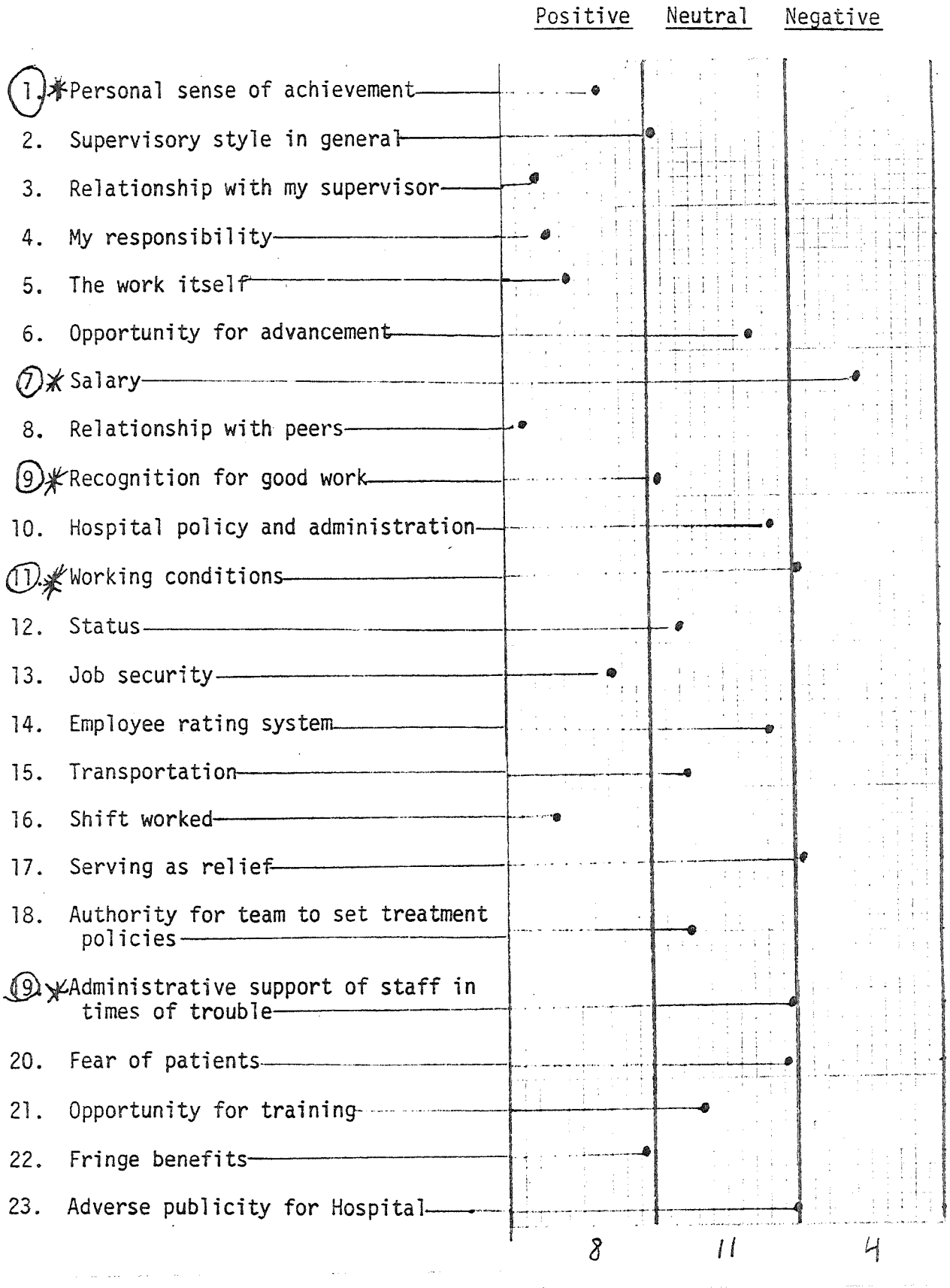
Table V Percent of staff who felt a factor was important to maintain morale and their rating of the factor as it related to their immediate job conditions.

Factor	% Who Felt It To Be Important	Rating
Salary	73%	Negative
Administration Support of Staff in Trouble	33%	Split
Working Conditions	32%	Mildly Negative
Personal Sense of Achievement	32%	Positive
Recognition for Good Work	20%	Neutral

* Most frequently circled by staff.

Rate each of the factors listed below as positive, neutral, or negative as it relates to conditions in your job right now.

After you have completed the task above, please circle the three factors you believe to be most crucial to maintaining staff morale, (either positive or negative).



OTHER (Please specify)

ADDITIONAL COMMENTS

PLEASE RETURN THIS QUESTIONNAIRE TO PAUL S. FRANCIS, COORDINATOR OF RESEARCH AND TRAINING BY JANUARY 4, 1980.

ATTACHMENT C
2-21-80

STATE OF KANSAS
JOHN CARLIN, GOVERNOR

SOCIAL & REHABILITATION SERVICES
STATE OFFICE BUILDING
TOPEKA, KANSAS 66612
ROBERT C. HARDER, SECRETARY

OSAWATOMIE STATE HOSPITAL
OSAWATOMIE, KANSAS 66064
J. RUSSELL MILLS, SUPERINTENDENT
(913) 755-3151

February 4, 1980

The Honorable Robert A. Coldsnow
Legal Counsel to the Legislature
Room 449-N
State House
Topeka, Kansas 66612

Dear Mr. Coldsnow:

I wish to request the opportunity to testify before the Special Study Committee on Social and Rehabilitative Institutions.

As Director of Nursing at Osawatomie State Hospital, responsible for the administration of nursing services, I would greatly appreciate the committee's consideration of accepting information directly from me concerning the allegations of misconduct of my staff.

I will be available at any time convenient to the committee.

Sincerely yours,

J. Russell Mills
Superintendent

Jean Brown, R.N.

By: (Mrs.) Jean Brown, R.N.,B.A.
Director of Nursing

JB:pm

2/21/80

ATTACHMENT D

STATE OF KANSAS
JOHN CARLIN, GOVERNOR

SOCIAL & REHABILITATION SERVICES
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TOPEKA, KANSAS 66612
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OSAWATOMIE STATE HOSPITAL
OSAWATOMIE, KANSAS 66064
J. RUSSELL MILLS, SUPERINTENDENT
(913) 755-3151

February 18, 1980

The Honorable Robert V. Talkington
Chairman
Special Study Committee on Social
and Rehabilitative Institutions
Senate Chambers
State House
Topeka, Kansas 66612

Dear Senator Talkington:

I sincerely appreciate the opportunity you have granted me to appear before the Special Study Committee on Social and Rehabilitative Institutions.

I have been a Registered Nurse for nearly 32 years. Eighteen years ago I began my employment at Osawatomie State Hospital, having held positions as Staff Nurse, Section Nurse, Clinical Instructor for student nurses, Assistant Director of Nursing and, for the past ten years, Director of Nursing.

I began my employment at Osawatomie State Hospital with some reluctance, due to my own perceptions regarding the stigma of state hospitals and misconceptions regarding treatment of the mentally ill. I found there, instead, a warm, pleasant and friendly atmosphere among the staff; staff pride and committment toward competency in providing active, effective treatment for patients; and, an opportunity for continual learning and improvement of knowledge and skills provided for all the staff. There was a generalized and well understood emphasis placed on providing treatment for all patients, caring and compassion for the welfare of patients and maintenance of a safe environment. These attitudes were expressed and demonstrated throughout, from top administration to all levels and disciplines of the hospital. Those attitudes have consistently and continuously been maintained and reinforced during my tenure of employment at Osawatomie State Hospital including the present.

The staff at Osawatomie State Hospital are extremely proud of our full accreditation by the Joint Commission on Accreditation of hospitals. The standards established and required by J.C.A.H. address themselves to competency in providing high quality patient care. There is a consistent and willing effort to maintain these standards.

Osawatomie State Hospital was instrumental in establishing a Bill of Rights for patients long before such issues were addressed through legal statutes. Compliance with our present statutes, therefore, did not create a major change within our institution as to acceptance of them. They were welcomed by our staff as providing the authority to treat patients with as minimal restriction as possible and with the dignity which is the inherent right of all individuals.

These characteristics describe the milieu that is prevalent at Osawatomie State Hospital which I have experienced with great personal satisfaction in each position I have held. In addition, I have found that employees entering our system who do not ascribe to these norms of the staff are rejected by their co-workers and do not retain employment for very long. I believe this to be a key issue in the allegations against our hospital.

The description of our milieu is in no way meant to imply that we do not have problems; in fact, the scope of our responsibilities is related to problem-solving on a daily basis. The individuals whom we treat are fraught with problems significantly severe as to require hospitalization to assist with their resolution. Our staff, also, are human beings who carry with them the weaknesses and frustrations of life to which we are all subject.

Collectively, then, we experience problems common to any community. There is no intent to minimize these problems but neither should they be magnified beyond truth and reality. We have always dealt with our problems in an open and appropriate manner. The implications that we have not are confusing and distressful to us. On the contrary, the fact that we have taken action against inappropriate behavior of particular staff members, I believe, has resulted in criticism of our institution. We shall, undoubtedly, continue to experience problems of isolated incidents, and we shall also continue to take appropriate action in each situation despite the trauma we are now experiencing from the backlash of previous action.

It must be considered and remembered that Osawatomie State Hospital, as other Social and Rehabilitation Services institutions, is a public institution - subject to public scrutiny, public opinions and expectations which are consistently conflicting; dependent upon legislative action and budgetary constraints, responsive to judicial procedures and interpretations; responsive to continual modifications of federal and state regulations; and vulnerable to the news media.

As, first of all, a nurse and secondly a nurse administrator, I am very cognizant of the difficulty in implementing policies which, hopefully, coordinate these various demands and still assume my primary responsibility to assure quality patient care. I have no affordable suggestions to resolve these complexities and neither am I complaining about them. I only point them out as relevant to the issues involved in this investigation.

As Director of Nursing, I evaluate the major problem we face, to be insufficient staffing on a daily and shift basis. This situation is related to two factors that, in spite of all our internal efforts to improve, have been unsuccessful. First, our turnover rate, especially of Health Service Workers and Psychiatric Aides, which created a consistently large amount of vacancies. Secondly, our high absenteeism rate.

In response to our turnover, we have carefully and frequently initiated studies to determine causes. We implemented an orientation program to provide Health Service Workers a more comfortable and knowledgeable entry into our institution. This process appeared to be initially beneficial, but was not lasting. We have carefully studied other factors related to job satisfaction that may have relevance to why employees choose to stay or leave. It is my personal opinion that the salary level of Health Service Workers and Psychiatric Aides is the most pertinent factor. In past management studies, salary has been about fourth or fifth on the list of factors influencing job satisfaction. With the rising rate of inflation, I would submit that salary has, today, become the primary factor as inflation affects the individual's basic needs - food, shelter, clothing and fuel. When these needs are prevalent, and unmet, one cannot turn attention to other factors such as gratification within the job role. This seems to be substantiated by our turnover statistics (which are submitted) that indicate that the positions on higher salary ranges maintain greater stability.

In respect to absenteeism, I personally did a study this past summer to determine causative factors. (This study is attached.) In addition to the findings of this study, I feel that our absenteeism rate is related to our vacancies, i.e. employees are working understaffed and become tired and frustrated, choosing to use their accumulated sick leave frequently.

I am aware that this is a very long letter and appreciate your consideration of its content. It has not been my intent to defend Osawatomie State Hospital, but to provide information I feel to be important for consideration by the committee. The allegations against the hospital have affected and demoralized a conscientious, caring, compassionate, qualified and competent staff. We welcome the investigation in anticipation that the negative public image which has been presented regarding our institution and the reputation of every staff member, shall be substantially cleared.

Respectfully,

J. Russell Mills
Superintendent

Jean Brown, R.N.

By: (Mrs.) Jean Brown, B.A., R.N.
Director of Nursing

JB:pm
Enclosure
cc: Dr. Robert C. Harder
Ken Keller
Charles Hamm

THE UNIVERSITY OF KANSAS

ABSENTEEISM IN A STATE PSYCHIATRIC HOSPITAL

A RESEARCH STUDY

POLITICAL SCIENCE 894

AUGUST, 1979

By

Doris Jean Brown

THE PROBLEM:

Absenteeism in hospitals involves costs associated with sick pay, overtime pay, decreased employee productivity and less effective patient care. Absenteeism is costly because it involves excessive payment of overtime rates, decline in employee morale and decreased productivity. Morale suffers and accuracy declines when employees have to double their workloads, the quality of patient care may decline and the hospital may have to pay two and one-half salaries when it schedules an employee for overtime to cover the paid absence of another employee.

Although there have been numerous studies on absenteeism in hospitals as well as industry related to many factors and suggested methods to curb it, this research design focuses on four independent variables of supposition on possible causes of absenteeism in a specific state psychiatric hospital. The design studies the variables based on substantiated statistical data and a related attitude survey measurable by a Likert Scale.

The problem stems from a practical one of providing adequate staffing to meet patient treatment needs on a daily basis. Budget allocations requested and granted

in annual reviews have indicated that positions allocated have been adequate and additional position requests are difficult to justify; however, practical staffing needs do not appear sufficient on a day-to-day, shift-to-shift basis. A major cause appears to be absenteeism of staff which has been statistically figured at a five percent rate. According to various sources, including the Bureau of National Affairs, the median absenteeism rate for American industry was 3.0 percent for both 1976 and 1977.[1] (These were the latest figures available to me.)

Statistics revealing the rate of absenteeism among Mental Health Technicians and Psychiatric Aides in this hospital were gathered from records over a twelve month period from June, 1978 through May, 1979 and calculated by the following formula:

$$\frac{\text{(Average days lost) } 2271}{\text{(Average number people) } 182 \times \text{(Average number days for people to work) } 236} \times 100 = 5\%$$

These figures substantiate a real, existing problem, that

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[1]Bureau of National Affairs, Bulletin To Management, Washington, D.C.: BNA, March 11, 1976 and February 24, 1977

with causes elicited may hopefully lead to effective measures for improvement.

HYPOTHESIS:

It is assumed that absenteeism is related to four independent variables: 1) "Restriction output syndrome"; 2) The perception of how one views their importance to the job; 3) Reinforcement by the state civil service system; and 4) The nature of the patient's illness and subsequent behavior patterns.

It is agreed that other factors such as job satisfaction, motivation and maintenance factors influence a worker's decision to be "on the job" regularly and faithfully. These types of psychological factors are not overlooked or discredited by this study. However, it seems of equal importance to explore, also, some practical aspects of the problem at least to determine if they are indeed relevant.

THE INDEPENDENT VARIABLES:

1. Absenteeism is related to the "restriction output syndrome."

Born out of studies by Elton Mayo, the "restriction output syndrome" disclosed that workers produce far less than they are capable of due to a social norm established

by co-workers which defines the "proper" amount of production. The assumption in this study was supposed as Health Service Worker positions were filled and retention improved, absenteeism increased. To explain, in January, 1979 a study by the Personnel Officer revealed a turnover rate for Health Service Workers (entry-level paraprofessional nursing staff) to be 109%. In an attempt to improve this problem, a formalized orientation program was implemented the first of April, 1979. It was believed that providing a more comfortable and informed entry into the system would encourage retention of these employees. A study of the first three months has shown a reduction in turnover of 21%. However, staffing problems have not been improved, as absenteeism has increased. There appears to be an established norm of staffing and subsequent "level of care" established for patients.

2. Absenteeism is related to how one perceives the importance of their job and their importance in their job role.

The Human Relations approach to management, initially introduced through Elton Mayo's studies, indicated that attention paid to employees and their participation in decision making were strong motivating forces toward high

productivity. In a landmark study of participation in job design, Coch and French[2] found highly significant results in group productivity which was related to the degree of participation. As the approach to patient treatment in this hospital is implemented through a multidisciplinary group, it is assumed that the way in which nursing staff perceives their involvement (or non-involvement) in treatment planning affects their attendance and dependability to be on the job.

3. The civil service system reinforces absenteeism by employees.

A paid sick leave program sometimes offers employees to take extra days off with pay. Although the system establishes policies to provide time-off for employees' illness as a benefit to the employee, it is often perceived by the employee as his "right" to take days off as they are accumulated and for whatever purposes they desire. Actually, this concept was reinforced in the study, as a few employees made statements on their questionnaire in re-

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2L. Coch and J.R.P. French, Jr., "Overcoming Resistance To Change", Human Relations, 1, (1948), pp. 512-532.

sponse to question #3 stating that the word "given" was incorrect but rather that they had earned the time off.

4. The nature of the patient's illness and subsequent behavior affects absenteeism.

In the treatment process, the Mental Health Technicians and Psychiatric Aides provide the continuum of care for severely ill psychiatric patients. Through direct care services, they are expected to provide role-model behavior and therapeutic approaches toward bizarre and oftentimes abusive behavior exhibited by patients. Numerous articles and papers from psychiatric journals are now eliciting a condition described as "Staff-burnout" in relation to the frustrations of staff working with difficult psychiatric patients. It was assumed in this study that those employees working most closely with patients may experience this condition and tend to alleviate their frustrations through absenteeism.

The sampling population for the study is Mental Health Technicians and Psychiatric Aides, so chosen, for their relationship to the problem and relevancy to the questions. These employees, by the nature of their training and experience must have been functioning in their roles for at least a year and have a good general knowledge of and

experience with the civil service system and understand the expectations of their job.

The sampling unit is composed of one hundred and eighty-two Mental Health Technicians and Psychiatric Aides in a particular state hospital, although the returns of the questionnaire was 46% or eighty-three total respondents. The aspect of time allotted for the study, coupled with its complexity, probably only elicited surface results. Validity would have been determined more effectively if the study could have involved populations of other state hospitals.

OPERATIONAL DEFINITION:

Absenteeism in this study is defined to be any time away from scheduled work time, but not including scheduled vacation time, holiday time, funeral leave, jury time, etc. Also excluded are long periods of illness in which leave of absence had been granted. An employee who has ten one-day absences presents a different problem than does an employee who has one absence of ten days.

The procedure to be followed in case of illness or other unscheduled leave in this department, is for the employee to notify the Central Nursing Office at least one hour before their tour of duty begins. This call-in

is recorded on a "call-in" form stating the name of the employee, the time he/she called, the area and shift worked and the nature of the illness or reason stated for not coming in to work.

It is not always possible to determine, however, whether the reason given is actually a legitimate illness. In acquiring the data from these records what appeared as a one or two day absence occasionally developed into a longer period, for instance, an employee may have originally called in with "flu" and the condition worsened into pneumonia which became a long-term illness. This data was included and would off-set the intended definition.

METHOD OF STUDY:

A Likert Scale of statements was created, composed of twelve statements, three of which related to each of the independent variables. The statements were randomly listed with statements 2, 5 and 10 related to "restriction output"; statements 1, 7 and 11 related to "perceived importance to the job"; statements 3, 6 and 8 related to the civil service system; and statements 4, 9 and 12 related to "illness with behavior."

Respondents were requested to state their opinions of each statement as to whether they strongly agreed,

agreed, were unsure, disagreed or strongly disagreed.

The questionnaires were delivered to the wards by an assistant and requested to be returned in one week. Some of them were returned by interdepartmental mail but the majority of completed questionnaires were collected again by an assistant. The questionnaire was pre-tested by a Mental Health Technician to determine clarity of the statements and for timing of the completion - which was three minutes.

The questionnaires were then indexed and scaled (see figures 1 and 2). Scales were totalled according to the independent variables to determine if trends were identifiable (see figure 3).

Check the response you prefer:

1. When I am on duty, the job seems to get done better.
2. Patients' problems are the major concern of the nursing staff.
3. My time off is given to me as I believe I should have it.
4. Patients sometime wear me out.
5. A Health Service Worker assigned to my ward lightens my task.
6. My time off is scheduled to safeguard coverage on the ward.
7. Patients who show improvement give me a sense of reward.
8. The allottment of time off (O.T., vacation, holidays, sick leave) is sufficient in my work year.
9. Patients should be structured more.
10. When there is sufficient coverage on the ward, more time can be spent interacting with patients.
11. An (M.H.T.) (L.M.H.T.) (P.A.) provides input into patient treatment and planning.
12. Patient behavior can sometimes frustrate me until I can hardly stand it.

STRONGLY AGREE	AGREE	UNSURE	DISAGREE	STRONGLY DISAGREE
14	53	14	2	0
27	52	26	1	1
20	41	8	13	1
14	50	5	12	2
20	34	17	10	2
20	50	11	2	0
51	32	0	0	0
7	42	14	14	6
29	36	15	1	2
57	26	0	0	0
23	45	9	5	1
15	34	7	22	4

Figure 1

Range: 83 - 415

heck the response you prefer:

	5 STRONGLY AGREE	4 AGREE	3 UNSURE	2 DISAGREE	1 STRONGLY DISAGREE	TOTAL
When I am on duty, the job seems to get done better.	70	220	42	4	0	332
Patients' problems are the major concern of the nursing staff.	135	208	6	2	1	352
My time off is given to me as I believe I should have it.	100	164	24	26	1	315
Patients sometime wear me out.	70	200	15	24	2	311
A Health Service Worker assigned to my ward lightens my task.	100	136	51	20	2	309
My time off is scheduled to safeguard coverage on the ward.	100	200	33	4	0	337
Patients who show improvement give me a sense of reward.	255	128	0	0	0	383
The allotment of time off (O.T., vacation, holidays, sick leave) is sufficient in my work year.	35	168	42	28	6	279
Patients should be structured more.	145	144	45	2	2	338
When there is sufficient coverage on the ward, more time can be spent interacting with patients.	285	104	0	0	0	389
An (M.H.T.) (L.M.H.T.) (P.A.) provides input into patient treatment and planning.	115	180	27	10	1	333
Patient behavior can sometimes frustrate me until I can hardly stand it.	75	136	21	44	4	280

Figure 2

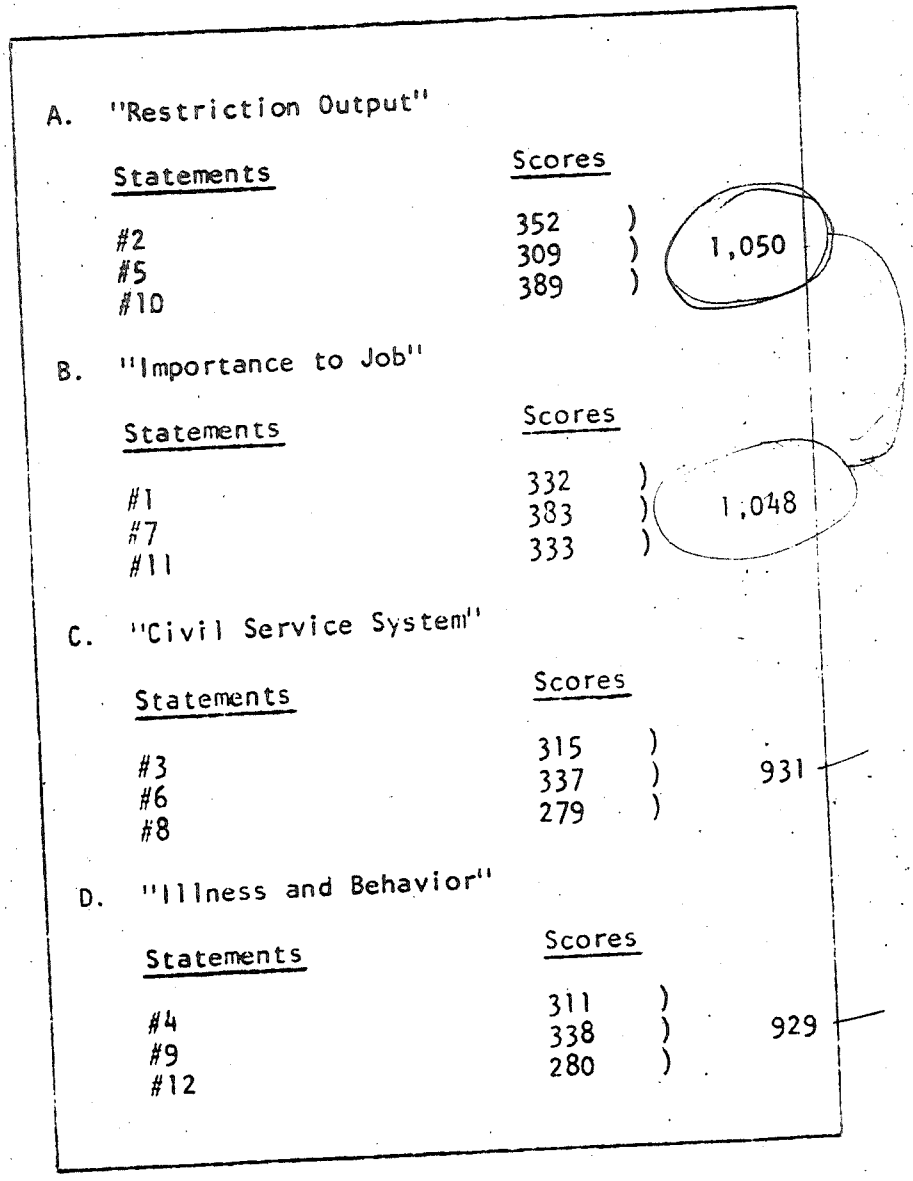
A. "Restriction Output"
Statements
Scores
#2
#5
#10
352
309
389
1,050
B. "Importance to Job"
Statements
Scores
#1
#7
#11
332
383
333
1,048
C. "Civil Service System"
Statements
Scores
#3
#6
#8
315
337
279
931
D. "Illness and Behavior"
Statements
Scores
#4
#9
#12
311
338
280
929

Figure 3

Other variables considered in the study (and require further exploration for more in-depth determination) were: Classification, program assignment, shift, sex and age group. Although each of these variables might well constitute independent studies, the returns were fairly representative of each category. (See Figure 4.)

RESEARCH PROJECT

The following questionnaire is designed for a work research study for my graduate school requirements and has implications that may be helpful for planning and functioning of our department. I would greatly appreciate your response and opinion relevant to the statements and returning the completed form by July 23rd to Central Nursing Office.

Do not sign your name as identification of respondents is anonymous and has no influence on the study.

The information gathered will be shared at completion with Nursing Department personnel in our meetings or individually if requested.

Thank you,

Jean Brown, R.N.

Please check appropriate box:

CLASSIFICATION			PROGRAM			SHIFT		
M.H.T.	42	50%	Medical Unit	10	12%	A.M.	37	45%
L.M.H.T.	14	17%	Adolescent/Young Adult	21	25%	P.M.	32	38%
P.A.	27	33%	Alcoholic Unit	12	14%	N.O.C.	14	17%
			Senior Citizens	7	8%			
AGE GROUP						SEX		
18 - 25	21	25%	Adults	33	40%	Male	18	22%
25 - 35	23	27%				Female	65	78%
35 - 45	18	22%						
45 - 55	12	14%						
Over 55	9	11%						

(Over)

Figure 4

EVALUATION OF ERRORS:

A. The Sampling Frame:

Stratified sampling was chosen for homogenity although a sampling of staff determined to use time unjudiciously in contrast with staff whose time has been accumulative would have provided more validity to the study. The time element to complete the study influenced my decision to attempt to reveal a general pattern.

The sampling frame also reveals a bias in the selection of only Mental Health Technicians and Psychiatric Aides. A more complete picture would have been obtained if Health Service Workers and Registered Nurses had been included.

B. The Questionnaire:

The introduction statement was not totally complete. I did not state that the study dealt with absenteeism primarily because I felt that the respondents may have felt threatened and would have influenced objectivity in responding to the statements.

Although I stated that respondents would be anonymous, it can be readily assumed that the staff assigned to the smaller units may have felt they could have been identified by the information variables requested. This was somewhat verified in that two respondents completed the

questionnaire but did not complete the information on the front of the form.

Some of the statements are ambiguous and could be interpreted as value judgments of respondents. Also, the philosophy of patients' rights and the emphasis on the primary concern of nursing being treatment of patients is well-known among the staff. It can be strongly assumed that some responses to the questions related to patient care were stated in relation to that philosophy and perhaps not as the staff member actually felt.

The introduction of the questionnaire by the department head must have been interpreted by some of the staff to have covert meaning, and thus influence their responses and probably the lack of returns of some of the questionnaires at all.

Although content analysis will not be made here, a general review of the data collected seems to have implication for a close look at the results. There were no actual low scores, indicating, at least, that the independent variables do have a relationship to the dependent variables.

It also appears that attention must be paid to the

"restriction output syndrome" and the perception of staff as to their importance to their job. Indeed, the two variables may have an interrelatedness.

The study does provide a basis for some exploration of solutions to the problem.

Teacher reinforce [illegible]

[illegible]

[illegible]

[illegible]

Policy c̄ Consistency —

Evaluate use of time at time of evaluations.