

GUIDELINES FOR ADMINISTERING THE WORKFORCE SURVEY

Setting Expectations

How should we introduce the Zero Suicide Workforce Survey to staff?

The announcement about the upcoming release of the Work Force Survey is an opportunity for the CEO or clinical director to convey enthusiasm for the adoption of a new systemwide suicide approach that emphasizes quality improvement and patient safety. In order to obtain 65%–70% of staff input, multiple reminders may need to be sent out by leadership and other supervisors. Additionally, in order to receive a high response rate, both the survey itself and its importance may need to be discussed in staff meetings and communicated by several different leaders and other communication channels. The survey announcement should communicate timelines (including when staff will receive the survey link), the survey duration (i.e., how long it will be open), and information about how results will be shared with staff. A sample letter can be found [here](#).

Can individual staff be identified in the survey results?

No, the survey is completely anonymous and responses cannot be tied to any individual staff members.

How can we encourage participation?

Select a date to administer the survey that does not conflict with other organizational initiatives or surveys. Remind staff (via e-mail and in-person communications) to complete the survey and that it is anonymous and results will be analyzed in the aggregate. Some organizations use incentives or friendly competition to generate higher response rates. For example, the department with the highest response rate could receive a catered lunch.

How often should we send reminders?

We recommended that you send out reminders on a biweekly basis throughout the survey period. Your organization's Workforce Survey administrator will be provided a live hyperlink they can use to monitor the survey response rate so that reminders can be sent to staff accordingly.

Survey Logistics

How long should we make the survey period?

We recommend the survey be open six to eight weeks to generate the desired staff response rate.

What is an ideal response rate?

Aim for a response rate of 65%–70% for the most reliable assessment of staff attitudes and preparedness.

Learning from Workforce Survey Results

In what format will we receive the survey results?

Once the survey is closed, your Workforce Survey administrator will receive an e-mail with a link to access your organization's results in approximately 7–10 days. The format of these results will be a downloadable .pdf file with aggregate data based on staff responses to the survey. A sample survey results report can be found [here](#).

What should we consider when analyzing our results?

The results should inform leadership about how prepared staff feel to provide suicide care, assist in the development of training plans in your organization, and help establish a baseline for your implementation approach. Look for topics (e.g., risk assessment, safety planning) where staff knowledge and skills are low to identify priority areas for training. Identify topics where staff knowledge and skills are high and celebrate these areas of high performance with staff. Keep in mind that it is not unusual to find that 40%–50% of your staff do not feel confident or comfortable working with patients at risk of suicide. The purpose of this survey is to inform next steps.

How should we report these results back to our staff?

Thank staff for their participation and acknowledge its importance in the organization's adoption of the Zero Suicide model. Share the results and provide assurance that it is not uncommon to see deficits in training. Staff may not have acquired the skills needed to work with patients at risk for suicide in their past education or training, and therefore it is not expected that they will feel confident with this skill set. Be supportive of your staff in a manner consistent with a just, no-blame culture. Communicate how you

will support staff and address training needs or next steps. Share that the Workforce Survey will be administered again in the future, and staff will be notified once that process begins.

Which questions should be used to inform the training needs of the organization's staff?

The data that your staff provide by completing the Zero Suicide Workforce Survey are essential to your organization's implementation of Zero Suicide. Remember that the survey contains branching logic to match certain categories of survey questions with relevant staff based on their role in the organization. The results that are of particular importance and that you choose to highlight with your staff will be unique to your organization. Following are examples of how to interpret data from three different sections of the survey.

Section 6 – Providing Care to Patients at Risk includes a block of survey questions designed for respondents involved in direct patient care. Responses from this section will provide the following information about working with patients with elevated suicide risk: knowledge of the skills and procedures, confidence in their ability to follow procedures, and level of comfort.

Section 8 – Care Transitions includes a block of survey questions designed to show the level of knowledge, confidence, and comfort that patient care staff have in safely discharging or transitioning patients following acute care admissions or changes in care. This information can highlight the degree to which staff understand and use your organization's care transition protocols or if new protocols should be developed.

Section 9 – Training and Resource Needs results show areas where staff feel most comfortable as well as areas where additional training is desired. Address these training needs and opportunities when communicating the results and sharing next steps with your staff.