



Minnesota

STATE PLANNING AGENCY

Room 100 Capitol Square Building
550 Cedar Street St. Paul, MN 55101

STATE PLANNING AGENCY
ECONOMIC IMPACT/EMPLOYEE PREFERENCE SURVEY

TO ALL STATE HOSPITAL EMPLOYEES:

As you know, the 1984 Legislature authorized that a study of state hospitals be made and completed by January 31, 1985 (MINN. Laws 1984 Chpt. 654 § 19).

An independent consultant, Bill Bednarczyk, has been retained by the State Planning Agency to help in this study. Bill and his associates have been hired to administer and to ensure the confidentiality of the survey and to collect and tabulate your responses. The survey will be conducted with all employees at each of the state hospitals. After tabulation, the completed survey instruments will be destroyed.

Let me stress again — WHAT YOU SAY IS COMPLETELY CONFIDENTIAL. Do not sign your name. Your identity will not be known to anyone.

This is not a test. You will not be scored as to right or wrong answers. However, you may find the questions being asked are personal. The purpose for this type of question is to provide the data necessary for the calculation of the economic impact statements and to identify employee preferences. The value of this study will depend solely upon you and your frankness in answering all the questions.

Every effort has been made to make the instructions clear. However, if you have any questions, please feel free to ask.

Thank you for your assistance and cooperation. Your participation is appreciated and essential to the purposes of this study.

Sincerely,

Tom Triplett
Director

TT/amc

CONFIDENTIAL
YOUR ANSWERS TO THESE QUESTIONS AND ALL OTHER INFORMATION
YOU GIVE US WILL BE HELD IN STRICTEST CONFIDENCE.

DIRECTIONS: Your responses will be read by an optical mark reader. Your careful observance of these few simple rules will be most appreciated.

- Use only a black pencil (not ball point or ink pen).
- Make heavy black marks that fill the circle.
- Erase cleanly any answer you wish to change.
- Make no stray markings of any kind.

PROPER MARK: 1 2 3 ● 5

IMPROPER MARKS: ✓ ✗ ⊕ ⊖ ⊙

INTRODUCTION

1. Read each question and response choices carefully before answering the question.
2. Make dark marks **with pencil** that fill in the circle so that the optical mark reader can accurately detect your answers.
3. If you wish to change an answer, erase the first mark completely.
4. Please put write-in information **only** in the designated boxed areas. Please do not write comments anywhere else on this questionnaire.
5. If a question does not apply to you, please leave it blank.

SECTION I

1. Are you . . . ?

1. Male 1
2. Female 2

2. Are you . . . ?

1. Full time 1
2. Part time 2
3. Intermittent 3

3. How old are you?

1. 18-23 1
2. 24-29 2
3. 30-35 3
4. 36-41 4
5. 42-47 5
6. 48-53 6
7. 54-59 7
8. 60-65 8
9. Over 65 9

4. How long have you worked with the state?

1. Less than 1 year 1
2. 1- 5 2
3. 6-10 3
4. 11-15 4
5. 16-20 5
6. 21-25 6
7. 26-30 7
8. 31-35 8
9. Over 35 9

5. How long have you worked at **this** state hospital?

1. Less than 1 year 1
2. 1- 5 2
3. 6-10 3
4. 11-15 4
5. 16-20 5
6. 21-25 6
7. 26-30 7
8. 31-35 8
9. Over 35 9

6. What is your job category/bargaining unit?

1. Confidential 1
2. Manager 2
3. Craft, maintenance, labor, Bargaining Unit #2 3
4. Service, Bargaining Unit #3 4
5. Health care, non-professional, Bargaining Unit #4 5
6. Health care, professional, Bargaining Unit #5 6
7. Clerical, Bargaining Unit #6 7
8. Technical, Bargaining Unit #7 8
9. Health treatment, Bargaining Unit #13 9
10. General professional, Bargaining Unit #14 10
11. Special teacher, Bargaining Unit #15 11
12. Supervisory, Bargaining Unit #16 12
13. Other 13

7. Do you own your home?

1. Yes 1
2. No 2

8. How many years of schooling did you complete?

1. 8 1
2. Over 8, less than 12 2
3. 12 (high school graduate/GED) 3
4. Over 12, less than 16 (A.A./Vo Tech) 4
5. 16 (college graduate) 5
6. M.A./M.S. Degree 6
7. M.D./Ph.D./D.D.S. 7

9. At which facility do you work?

1. Brainerd 1
2. Fergus Falls 2
3. Willmar 3
4. Faribault 4
5. Anoka 5
6. Cambridge 6
7. St. Peter 7
8. Moose Lake 8

10. Which groups of patients/residents do you **primarily** work with? (Mark only one)

1. Chemically dependent 1
2. Mentally ill 2
3. Mentally retarded 3
4. Elderly 4
5. Work directly with all groups 5
6. Don't work directly with patients/residents 6

11. How many miles do you commute daily **each way** to work?

1. Under 5 1
2. 5-10 2
3. 11-15 3
4. 16-20 4
5. 21-25 5
6. 26-30 6
7. 31-35 7
8. Over 35 8

12. What county do you live in?

Write
answer
here. →

13. How many **other** wage earners in your household?

1. None 1
2. 1 2
3. 2 3
4. 3 4
5. 4 5
6. Over 4 6

14. How many of the **other** wage earners work at the same state hospital?

1. None 1
2. 1 2
3. 2 3
4. 3 4
5. 4 5
6. Over 4 6
7. Not applicable 7

15. For those **other** wage earners **not** employed at the same state hospital, in what county do they work?

Write
answer
here. →

SECTION II

Record your answers in the boxes to the right of each question.

16. What is your current **annual** gross salary from the state hospital? (Round to whole dollars).

\$					
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

17. Approximately, what are your **annual household** earnings from **all** sources? (Round to whole dollars.)

\$					
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

18. Approximately, what is your biweekly **take-home** pay from the state hospital? (Round to whole dollars.)

\$					
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

19. On the average, what percentage of your **family** take-home pay are you able to save or invest? (Include savings accounts, credit unions, purchases of stocks, bonds, mutual funds, IRAs, etc.; cash value life insurance premiums not deducted from your pay check; and private nonstate retirement or pension fund payments.)

%		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

20. On the average, what percentage of your biweekly **spending** occurs within the **county** where the state hospital is located?

			%
0	0	0	
1	1	1	
2	2	2	
3	3	3	
4	4	4	
5	5	5	
6	6	6	
7	7	7	
8	8	8	
9	9	9	

21. On the average, what percentage of your biweekly **spending** occurs within the **region** where the state hospital is located?

			%
0	0	0	
1	1	1	
2	2	2	
3	3	3	
4	4	4	
5	5	5	
6	6	6	
7	7	7	
8	8	8	
9	9	9	

SECTION III—HYPOTHETICAL QUESTION

In this section, we are looking for your preferences. For questions 22 and 23, answer in relation to the following assumptions:

If this state hospital were to close within the next five (5) years, or if patient/resident reductions were to result in staff reductions, and if I . . .

22. . . . Was offered a transfer to another state hospital for a similar position, I would most likely . . . (Mark only one)

Maintain my current residence, refuse the transfer, and seek other employment in the area ①

Refuse the transfer, seek other employment outside the area, and change my residence accordingly ②

Accept the transfer and move to the area of the transfer offered ③

Accept the transfer but would attempt to maintain my current residence and commute if at all possible ④

(Read the assumptions again before answering Question 23.)

23. . . . Choose not to accept a transfer to another state hospital, my next career preference would be . . . (Mark only one)

Work for a state agency in the field of human services ①

Work for a state agency outside the field of human services ②

Work in another public sector (city, county, federal) in the field of human services ③

Work in another public sector (city, county, federal) **outside** the field of human services . . . ④

Work in private industry in the field of human services ⑤

Work in private industry **outside** the field of human services ⑥

Retire, if possible ⑦

Self-employment ⑧

Return to school ⑨

24. Where would you **most likely** have to move your residence in order to work in your preferred field?

1. Within the county ①
2. Within another part of Minnesota ②
3. Within upper midwest ③
4. Other parts of the United States ④
5. Would not have to move ⑤

25. What type of additional training would you need to perform in your preferred field?

1. Develop new skills, same functional area ①
2. Refresh current skills, same area ②
3. Develop new skills, different area ③
4. No additional training required ④

26. Should you wish to continue in the human services field, what would be your **most preferred** work setting? (Mark only one)

1. State hospital ①
2. Privately operated community program (day or residential) ②
3. State operated community program (day or residential) ③
4. County operated community program (day or residential) ④

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	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9