Fall 2005

# A Diagnosis And Intervention Strategy For Improving Morale In A Food Safety Program

Jeffrey J. Zayach
*Regis University*

# Regis University
School for Professional Studies Graduate Programs
**Final Project/Thesis**

## Disclaimer

Running head:  A DIAGNOSIS AND INTERVENTION

A Diagnosis and Intervention Strategy for

Improving Morale in a Food Safety Program

Jeffrey J. Zayach

Regis University

Abstract

Staff in Boulder County Public Health's Environmental Health Division Consumer Protection Program are experiencing low morale. With the collaborative involvement of the Consumer Protection Team, the purpose of this action research project is to determine the causes of low employee morale through the use of several data collection tools, and to develop an intervention plan to improve employee morale. This paper documents the background of the organization, the morale problem, methods used to assess the problem, results of data collection and a discussion of the findings and recommendations to address morale.

A Diagnosis and Intervention Strategy for

Improving Morale in a Food Safety Program

With downsizing and increased workloads there is a greater chance of decreased

morale among remaining staff (Tess, 2005). As morale decreases in an organization, cultural

shifts begin to occur that can lead to decreased productivity, lack of trust, defensiveness, lack of

purpose and *in the box* thinking (Tess). The Consumer Protection Program at Boulder County

Public Health faces some of these same challenges.  People are recognizing that morale is low;

that there is more work and less time, and that there are not enough resources to complete the

work in the Consumer Protection Program. According to Heskett, Sasser and Schlesinger (1997),

employee satisfaction is a key to a productive workplace and a satisfied client; therefore,

addressing low morale in the Consumer Protection Program is critical to assuring the program is

successful at meeting its mission and goals.

Following the detailed work plan and timeline shown in Appendix A, this action research

project was designed to collect data regarding perceptions of the problems contributing to low

morale, develop in depth data collection and survey tools to clearly identify all issues

contributing to low morale, analyze and report on the data collected, and collaboratively develop

a intervention plan to address the issues causing low morale in the Consumer Protection

Program.

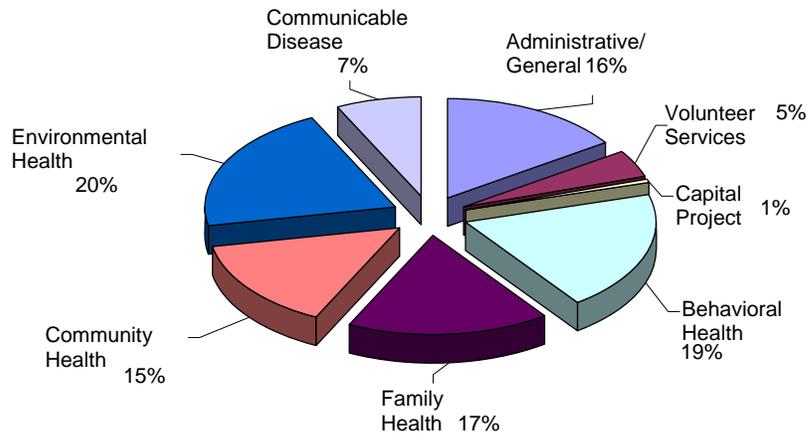*Background of the Organization*

Boulder County Public Health is a local government organization providing a range of

public health services to the community. The organization consists of six Public Health Divisions

and employs 250 people. The organization was established in the early 1950s, is located in the

City of Boulder and provides public health services throughout Boulder County. As shown in the

Boulder County Public Health Organizational Chart (Appendix B), the Public Health Divisions

within the organization are:  Administration, Behavioral Health, Communicable Disease and

Emergency Planning, Community Health, Environmental Health and Family Health.  The

organization's mission is to protect, promote, and enhance the health and well-being of all people

and the environment in Boulder County. This mission is accomplished through identified

strategic goals and essential services.

The strategic goals of the department are: to assure that Boulder County residents are

empowered to make informed decisions and adopt behaviors that protect and enhance the health

of individuals, families, communities, and the environment; to enhance/initiate/promote services

to underserved populations to secure health equity; to initiate/strengthen partnerships and engage

community members in the work of public health; to incorporate evidence-based, state-of-the-art

health practices in policies, programs, and services; and to optimize the use of technology.

The essential services provided by public health are to monitor the health status of the

population and the environment, and identify community health problems; prevent and control

the spread of communicable disease; promote positive health behaviors and environmental

practices; mobilize community partnerships to solve identified health problems; enforce laws and

regulations that protect the health of the public and the environment; counsel and support high-

risk children, youth, and families; assure access and provide linkages to personal health services;

provide alcohol and drug treatment services; and develop policies that support and protect the

health of the community and the environment.

As seen in Figure 1, the Environmental Health Division is the second largest Division in

terms of employees, and has the largest budget of all the Public Health Divisions.

Communicable
Disease
7%

Administrative/
General 16%

Volunteer   5%
Services

Capital
Project   1%

Behavioral
Health
19%

Environmental
Health
20%

Community
Health
15%

Family
Health   17%

*Figure 1*. 2004 Boulder County Public Health operating budget expenditures by Division.

I have managed the Environmental Health Division since the beginning of 2001. I report

to the Director of Health Programs, who in turn reports to the Executive Director (Appendix B).

The Environmental Health Division is responsible for protecting, promoting, and enhancing the

health and well-being of the public and the environment by (a) assessing and mitigating

environmental health risks, (b) providing educational opportunities, (c) creating partnerships

with the community, and (d) collaborating with other agencies. The organizational chart in

Appendix C details the staffing, program and reporting structure of the Division. The Consumer

Protection Program is one of the three main programs areas within the Environmental Health

Division and has a total of eight staff and one support staff which are primarily responsible for

assuring food safety through inspection and education. The Consumer Protection Program

Coordinator, who reports directly to the Environmental Health Division Manager, manages the

Program.

*History of the Competitive Environment*

The external pressures come from: competition for funding sources such as grants that

help supplant other losses of funding to the Division, increased demand from the public to

provide increased services, competition among local health departments within the State of

Colorado to provide unique services and innovative programs, and competition between

departments within Boulder County Government for limited resources.

The Environmental Health Division, Consumer Protection Program is one of the most

heavily subsidized programs in Boulder County Public Health. A Colorado Revised Statute sets

the fees for the cost of retail food licenses across the state. Because we have not been able to

successfully change this statute for many years, this severely restricts Boulder County Public

Health's ability to recover costs from retail food facilities for providing retail food safety

services within Boulder County. As such, there is very little funding to increase program services

to the level necessary to sustain a successful food safety program. As will be demonstrated in the

paper, this lack of adequate resources has a morale impact on the program, which continually

requests additional staff just to keep up with the increasing workload. Ihrke and Johnson (2002)

found that there is a growing body of evidence that suggests that employee burnout is associated

with workload.

Last, the Environmental Health Division moved from a largely hierarchical organization

in the early 1990s to a team and shared leadership-based philosophy over the last 13 years. Based

on staffs perspectives this change in culture has spurred competition among teams to "be the

best," and has caused some teams to feel non-supported by their peers within the organization

who they feel are competing against them.

*History of the Problem*

Low morale in the Consumer Protection Program has been a concern for the entire 14

years I have worked for the organization. This is partially evidenced by turnover and complaints

about various aspects of their work. Some of the symptoms exhibited include: staff working long

hours (although it is noted that this can also be a sign of dedication, the data that follows in this

paper will prove the contrary), complaints stating that they have more inspections than they can handle with the existing staff, concerns regarding having to do inspections on the weekends, concerns regarding burnout associated with inspections of restaurant facilities, concerns regarding not having the same opportunities as other staff in the Environmental Health Division, and a belief that other teams and the agency do not understand and appreciate the work that Consumer Protection staff does.

From 1994 to 1997, some effort was made to address the problem of low morale in the Consumer Protection Program at Boulder County Public Health. During that time, there was limited work done to assess the root causes of the low morale, and instead interventions were developed based on perceptions of the problem rather than factual data. As a result, the two or three interventions that were implemented were not successful.

For example, one of the interventions implemented in 1997 to reduce workload was to focus only on high-risk inspections. Unfortunately, there was not adequate support from the management at the time to support that intervention to the level necessary to make a significant difference in workload. Another intervention implemented to address burnout from weekend inspections was a voluntary program to offer staff in other programs the ability to cross train in Consumer Protection and volunteer to conduct weekend inspections for food events throughout the community. Although there was initial interest in the program, there was no ability to offer a financial incentive, which proved to be the reason for the lack of people volunteering to do inspections on the weekends.

During the summer of 2004, staff requested that I investigate the causes of low morale, and work with them to try to find a way to improve it. Because there was ample support for the project from staff in the Environmental Health Division, in October 2004 I approached the

Directors in the organization to determine their level of support for the project. The Directors

believed the project fit well with the values of the organization and gave strong support to

moving forward with this as my Regis capstone project.

*Problem Statement*

Employees in the Consumer Protection Program at Boulder County Public Health are

experiencing low morale. The purpose of this *action research* project is to uncover all the

reasons for the low morale, to identify a range of alternatives for consideration and to develop an

implementation plan to improve employee morale. Coughlan and Brannick (2001) define action

research as a collaborative problem solving relationship between the researcher and client that

solves a problem and generates new knowledge. The greater source of competition comes from

within the Environmental Health Division as it relates to this action research project.

*Importance of the Problem*

The impact of not resolving these concerns are continued negative attitudes affecting the

overall work environment, reduced productivity, increase in staff turnover leading to increased

costs within the Division and a potential increase in risk to public health in the community. As

stated by Tess (2005), when morale is low you can see the following symptoms "procrastination

on projects, gossiping at the water cooler, excessive absenteeism, refusal to pitch in unless asked,

and low interest in clients" (¶3). Therefore, if morale can be increased it is anticipated that there

will be increased productivity leading to better service to clients, more enthusiasm for

completing work in the Consumer Protection Program, more commitment to solving clients

problems, and more enthusiasm for completing established program objectives. This will result

not only in an improved work environment, but also in a better-served client. Reiterating

Heskett, Sasser and Schlesinger (1997) findings, employee satisfaction is a key to a productive

workplace and a satisfied client. The internal work environment contributes most to employee satisfaction and this is bolstered by internal practices such as helping each other out when needed regardless of job description (Heskett et. al, 1977).

*Ethical Considerations*

There are many ethical considerations to address when completing work of this nature. The types of ethical considerations identified by Fink and Kosecoff (1998) include (a) a need to disclose how the information will be used, (b) the need for a description of the risks and benefits and (c) instruction that the person is free to not participate.

The Consumer Protection Program Coordinator and I disclosed all concerns and expectations we had with this project. In terms of my responsibility, I was clear that as Division Manager that any recommendations could not violate policies of the agency, and regardless of my support that staff were free to make recommendations based on what they felt would best address the issues identified in this process.

Prior to beginning the data collection process with the staff in the Environmental Health Division, I explained "Informed Consent" to all participants. As recommended by Fink & Kosecoff (1998), I included the following components in that: (a) purpose of the survey, (b) procedures to be implemented, (c) any risks and discomforts, (d) benefits of the process (e) that there will be no compensation, (f) that all data collected will be held confidential and all data reported will be anonymous, (g) identified myself as the surveyor, and (h) that anyone was free to decline participation at any time without any consequences.

*Literature Review*

Morale is the issue of concern for the Consumer Protection Program and as such, it is important to define morale. Morale is defined in the Second College Edition of the American

Heritage Dictionary (U.S. Government, 1982) as: "The state of the spirits of an individual or

group as shown by confidence, cheerfulness, discipline and willingness to perform assigned

tasks" (p. 814). The survey, interview and secondary data gathering methods focused on areas

associated with morale as defined above, in association with the key areas identified by Hillgren

and Morse (1998) in their article "Characteristics of High Performing Organizations," and as

identified by the members of the Consumer Protection Program Steering Committee based on

knowledge within the program. The DCOM principles - Characteristics of High Performing

Organizations (Hillgren and Morse), is an acronym that stands for the characteristics present in a

successful organization. The "D" stands for Direction and includes components of vision, values

and value metrics. The "C" stands for Competence and includes technical, interpersonal, work

management, and economic literacy. The "O" stands for Opportunity and includes authority,

boundaries, process and resources. The "M" stands for Motivation.

A study conducted by Daniels, Cora and Fortune (2004) found employee dissatisfaction

with opportunities at their current job and burnout were major contributors (35%) to employees

leaving companies. In another article by Johnson (2004), employee satisfaction in five areas was

noted as important to keeping employees satisfied and committed. These five areas are making

sure employees: (a) know how their jobs contribute to the achievement of the organizations

goals; (b) have opportunities for exciting and challenging work; (c) feel that they are a part of the

organization via good communication, opportunity to share knowledge and a collaborative work

environment; (d) know the organization values a work and life balance; and, (e) receive

competitive benefit and compensation packages as well as recognition for their work.

In addition, as cited in Ihrke and Johnson (2002), a study by Christina Maslach in 1982

found that the nature of workload, specifically the intense client contact that field staff

bureaucrats experience make them more susceptible to burnout than bureaucrats who do not

interact with clients. This specific research supports one of the findings from the questionnaire

that Consumer Protection Program staff conflicts with retail food facility operators has a

significant impact on employee morale. Another study by Caldwell and Ihrke (1994), further

affirms that burnout is especially common where there is extensive client contact.

According to Heskett, Sasser and Schlesinger (1997), employee satisfaction is a key to a

productive workplace and a satisfied client. In one 1991 study of casualty insurance companies

(as cited in Heskett, et al., 1997) 30% of all dissatisfied employees intended to leave the

company, that was nearly three times higher than the level of satisfied employees who reported

similar intentions. There are massive costs to companies with high turnover and dissatisfied

employees including: costs of hiring, recruiting, training, customer dissatisfaction and lost

productivity. Employee satisfaction is directly linked to employee quality of work life.

Grandley, Cordeiro and Crouter (2005) found that the work influencing family has a

negative impact on job satisfaction. Grandley et al. (2005) state: "when work is seen as

interfering with the time and energy needed at home, working parents, especially working

mothers, become dissatisfied with their jobs" (p. 319). As we will see in this paper weekend

work interfering with family create a significant impact on morale for employees in the

Consumer Protection Program.

<div align="center">Method</div>

This section describes the action research methodology and the rationale for why it was

being used. A description of Burke's Adaptation of W. L. French's Action Research Model (as

cited in the Regis University, MSM 696 Syllabus) is also included, which was used in this

project.  Following the description of Burke's Model is a short description of how I gained

access to the organization, the collaborative team and contracting. I conclude with an in-depth review of the data gathering methods including; how the data are triangulated, how validity and reliability are addressed, the rationale for the methods chosen, the sample population, and ethical considerations in the data gathering process.

*Action Research Methodology*

Action research is a methodology that incorporates both a research phase and an action phase, as opposed to a traditional research only approach (Coghlan & Brannick, 2001). Action research is intended to solve a problem and generate new knowledge through experiential learning (Figure 2). It is intended to involve the key persons experiencing the problem, and involves a process whereby key persons collect data about themselves and take action to remediate the problem. The other component of the action research project is evaluative inquiry to develop organizational learning (Coghlan & Brannick).
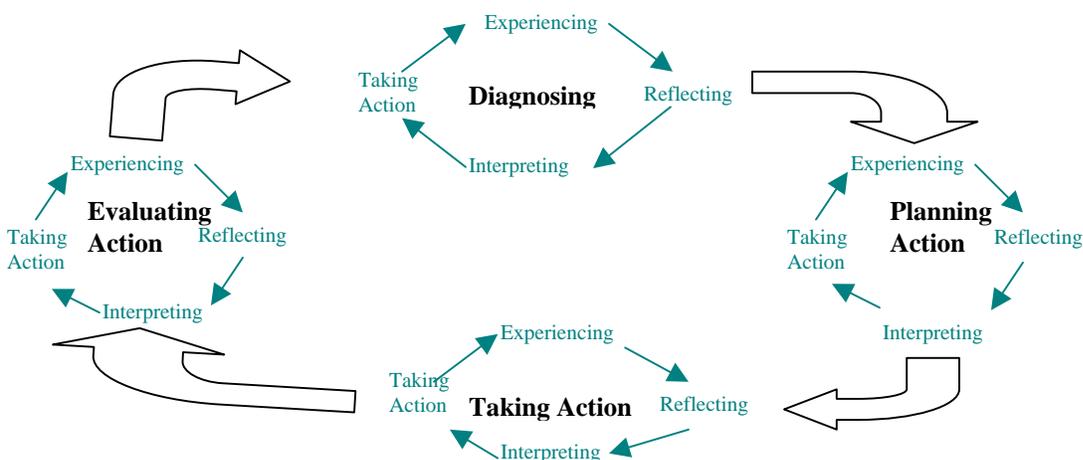


*Figure 2.* The action research and evaluative process (Coughlin & Brannick).

Finally, as stated by Coughlin and Brannick (2001): "Action research is a form of science, which differs from the model of experimental physics, but is genuinely scientific in its

emphasis on careful observation and study of the effects of behavior on human systems as their members manage change" (p. 15). Action research works very well with the Consumer Protection Program and its low morale issues. The program staff is eager to be involved in the process, and action research allows for the involvement of stakeholders, and has been developed to sustain a process of evaluation, continuous quality improvement and experiential learning.

*Action Research Model*

Burke's Adaptation of W. L. French's Action Research Model is the model that has been selected for this action research project. In Burke's Adaptation of French's classic 11-step action research model, the consultant emphasis is on involvement of the client in the development of the planning. In addition the model is intended to be cyclic in nature so that data collection before and after drives the adjustment and continuous quality improvement in the process (MSM 696 Syllabus).

French clarifies key aspects of the model as follows:

1. Diagnosis

2. Data gathering

3. Feedback to the client

4. Action planning and Action

French and Bell (1999) stated that the model is effective at getting groups to learn to work more effectively together, and to take on new and advanced methods of problem solving while building capacity.

I chose this model because of the emphasis on client involvement in the process, emphasis on evaluating outcomes with data collection, and the manageable number of steps in

the action research model. I believe this action research model will help develop the team's

capacity to address this issue in future years. Table 1 illustrates the steps in the model.

*Table 1.  Burke's Adaptation of W.L. French's Action Research Model (Regis University, MSM*

> *696 Syllabus)*

*Step 1.  Perception of the Problem*

*Step 2.  Enter Consultant*

*Step 3.  Collect Data*

*Step 4.  Feedback to Client*

*Step 5.  Joint Action Planning*

*Step 6.  Action*

*Step 7.  Assessment with Data Collection*
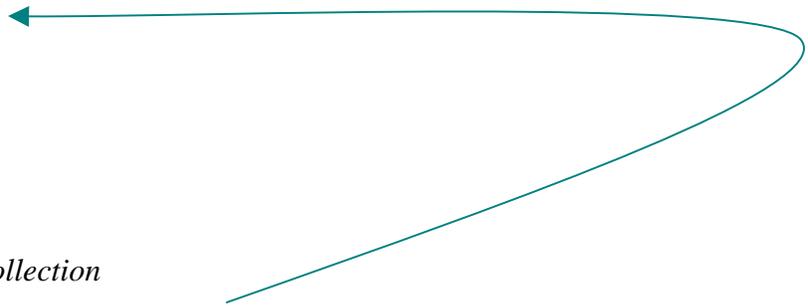
*Entry, Contracting and the Collaborative Team*

As mentioned earlier in the problem statement, low morale in the Consumer Protection

Program at Boulder County Public Health has been a concern for many years. There has been

some limited investigation, but the root causes of the low morale are unknown. I am approaching

this as an internal Organizational Development (OD) practitioner, and the process for contracting

is relatively informal. French and Bell (1999) said about internal practitioners: "Here, entering

and contracting are relatively simple and informal. They involve all relevant members directly in

the process-with a minimum of formal procedures" (p. 74).

*Entry and Contracting*

During the summer of 2004, staff requested that I investigate the causes of low morale,

and to work with them to try to find a way to improve morale. In October 2004 I approached the

Directors in the organization to determine their level of support for the project. The Directors

believed the project fit well with the values of the organization and gave strong support to

moving forward with this as my action research project.  I have since kept them apprised of all

steps in this process.

I have developed a code of ethics governing my participation as an internal consultant in

this process. I presented the Code of Ethics to the Directors and the Steering Committee, and

they both approved. Cummings and Worley (2005) indicate that ethical considerations have

always been a big part of the field of organizational development. Some of the code was taken

from the list developed by the American Society for Training and Development that is used often

as a statement of values and ethics by organizational development practitioners (Cummings &

Worley).

*The Collaborative Team*

"The relevant client includes those organizational members who can directly impact the

change issue, whether it is solving a particular problem or improving an already successful

organization or department" (French & Bell, 1999, p. 73). In this project, the people directly

impacted are the staff in the Consumer Protection Program. The Collaborative Team was the

Consumer Protection Program staff, which, consists of the Program Coordinator, six direct

service staff and one support staff.

Based on feedback I received from the CP staff, I formed a Steering Committee that

consists of three employees: two direct service employees, and the Program Coordinator. The

Steering Committee served the function of initial/draft development of all aspects of the project,

and served as the group that assists me with bringing forward all aspects of the entire project. It

is important to note that the Steering Committee is not intended to reduce the amount of

participation, but instead is an added level of participation, and is involved with all aspects of the development of what the consultant compiles. The Steering Committee also served to break down barriers with peers and within the program. This helped to develop capacity for organizational development in the EH Division.

I developed capacity of the Steering Committee by sharing some of the articles from our readings in class. I met with the Steering Committee and reviewed the scope of work and how developing data gathering tools fit into that process. I copied portions of Fink and Kosecoff (1998) and provided them with copies as well as reviewed key sections, and I shared the literature reviews and categories identified in the DCOM model by Hillgren and Morse (1998). I made copies of several pages from Nadler (1977), and I explained the types of detail we would need in the questionnaire. The Steering Committee was very enthused to identify questions that would get to the root cause of the low morale. They drafted questions based on their own knowledge of the issue, and how it related to the literature review information they were given. In addition, we developed a clear set of roles and responsibilities as well as a strong set of agreed upon ground rules.

The Collaborative Team agreed that the Steering Committee should be the key contact for developing questions and reviewing the data. The team however, was clear that all final drafts for each step in the process would go to the Collaborative Team for final approval.

*Data Gathering Methods and Rationale*

The following sections will introduce the reader to the types of data collection methods used, how we assured validity and reliability through triangulation, the rationale for selecting each method, the sample population, and the ethical considerations associated with the collection methods.

The symptoms identified during the early phases of the project and the areas identified during the literature search were used by the Consumer Protection Program Steering Committee and I to help develop specific questions. According to Nadler (1977), "The best way to compensate for the deficiencies of any one method is not to rely solely on that method for all the data needed" (P. 140). Because of this, we used three main data collection methods: the survey questionnaire, semi-structured interviews and secondary unobtrusive data collection.

*Questionnaire.* The survey questionnaire (Appendix D) is a written series of questions that was self-administered via hard copy to all interviewees. The questionnaire was developed to the greatest extent possible as a single-scale survey and was designed to take no longer than 20 minutes. The single scale survey questionnaire rating was based on numbers rather than words. According to Morrel-Samuels (2002), "Well-designed surveys ask respondents to select a numerical answer on a continuum between two well-understood word choices, preferably a continuum that requires estimating a frequency" (p. 116).  A single scale survey takes less time to complete and provides more reliable data (Morel-Samuels). The questions were developed in collaboration with the Consumer Protection Steering Committee, with feedback and input from the Collaborative Team.

The survey included questions relative to the following areas: clarity of goals of the program; how well actions align with espoused values; clarity of job roles, responsibilities, and expectations (including ground rules); competency of staff and management; resources such as time, staff, technology, appropriate policies and authority to make decisions, work process, and management support; level of motivation; appropriate measures of performance; appropriate feedback mechanisms (timely, effective, rewards, evaluations, representative); teamwork; external pressures (customers, hostility); and challenging and rewarding work.

The questionnaire was administered to a pilot group of four people in the Environmental Health Division who do not work in the Consumer Protection Program. Following the pilot, the questionnaire was then administered to the eight staff (100%) on the Collaborative Team.

The reason the questionnaire was selected is because responses are quantifiable, it was easy to administer and cost effective, and I was able to sample 100% of the population (eight staff) within the Consumer Protection Program quite easily. This is also confirmed by Nadler (1977) who states that a questionnaire is easy to administer and is cost effective. A paper survey was chosen for two main reasons: (a) several staff within the Consumer Protection Program have trouble with computers; and (b) according to Morrel-Samuels (2002), an analysis of a Duke University parallel study of both a written and electronic survey revealed that the written survey responses more closely approximated the bell curve distribution indicating a more reliable and valid survey than the electronic one.

*Structured open ended interviews.* Following the questionnaire, I administered a structured open-ended interview (Appendix E) to all eight staff as a means for clarifying issues identified in the questionnaire. The questions for the interview were developed after the questionnaire was reviewed and the Steering Committee had time to analyze the results.  I then met with the Steering Committee to determine, based on the results of the questionnaire, what questions I should ask in the interview. The purpose of the interview was to gather qualitative data to help inform the reasons behind the quantitative issues identified in the questionnaire, and as such the questions were carefully developed around unclear survey responses. Interviews were conducted with all the Consumer Protection Program staff.

The rationale for selecting the structured open ended interview is that because of the small number (eight) of staff in the Consumer Protection Program, an interview can help assure validity of results as well as add qualitative information to the results of the questionnaire (Nadler, 1977). The interview questions were structured around the greatest needs and greatest variation in the survey results. This form of questioning allowed me to adapt to the person being interviewed based on any need that arose during questioning. Nadler (1977) states: "As the interviewer proceeds with the interview, he or she can modify the questions, choose an area to probe, or make other changes to adapt the interview to the situation" (p. 122).

*Secondary and unobtrusive data collection.* Secondary data is collected from the organization's data banks instead of directly from respondents (Nadler, 1977). Boulder County Public Health has previously collected data relative to the Consumer Protection Program concerns, although not structured, analyzed or reported out; the data exist and can assist with informing the process. The data that were collected by BCPH back in 1994, 1995, 1996 and 1997 relative to these same morale issues and included nature of complaints; supervisor and peer relationship data; and data on teamwork, meetings and work productivity. The secondary data was in the form of numerous memorandums, some subject reports, and hand written notes from 1996 and 1997. I evaluated the secondary data to determine if it could be used either quantitatively or qualitatively in the process.

Although the data were never formally analyzed, it provided information that helped inform the Action Research process. Although these data were mostly qualitative in nature (e.g. it provided additional clarification regarding the findings in the quantitative results from the questionnaire), they have high face validity. Another advantage of this type of data collection,

according to Nadler (1977), is that because it is non-reactive it reduces the chance of response

bias from the consultant's collection.

*Triangulation, Validity and Reliability*

Triangulation is using mixed methods of data collection (e.g. qualitative interview and

quantitative questionnaire) that result in more valid and reliable findings (Jacobsen). As

mentioned above, three data collection methods were used to accomplish triangulation.

According to Nadler (1977), a valid instrument provides accurate results, is reliable and

complete. I assured that my survey was valid by using the concepts already identified in the

DCOM Model by Hillgren and Morse (1998) by involving the collaborative team in the

development of the questions, by pilot testing the surveys with the Steering Committee and the

Environmental Health Leadership Team, and by getting feedback from my mentor on the

surveys.

Reliability is the extent to which the survey tool is considered reliable at measuring the

same outcome over time (Fink & Kosecoff, 1998). To assure reliability I issued a questionnaire

to the Steering Committee members on two separate occasions. The scores were compared to

assure that the survey was reliable at measuring the components associated with morale.

<div align="center">Results</div>

In this section the data analysis methods that were used to summarize the data, findings

from data analysis, and a discussion of observable changes in the Consumer Protection Program

are discussed. A 100% response rate was attained for both the questionnaire and the follow up

interviews. All of the respondents enthusiastically participated in every aspect of both the

questionnaire and interviews. Many respondents came to their interview with prepared thoughts

about some of the questions in the interview.

*Data Analysis*

     *Questionnaire.* Because of the small sample size of eight people and the survey design I

chose to use descriptive statistics to summarize survey results. Fink and Kosecoff (1998) stated:

"Descriptive statistics for surveys include counts (numbers or frequencies); proportions

(percentages); measures of central tendency (the mean, median, and mode); and measures of

variation (range, standard deviation)" (p. 60). A questionnaire was used to identify major areas

of concern. The range of responses was used to narrow down the areas of greatest concern to

staff. Based on the areas with the lowest responses (areas of greatest concern), the Steering

Committee recommended presenting the Collaborative Team with all the data, but

recommending a top 15 for further action and investigation. The data were presented and the

Collaborative Team narrowed it down to 10 areas for further investigation with interview

questions.

     "Adequate resources" and "challenging and rewarding work" were the two lowest rated

DCOM categories on the questionnaire that are impacting morale. In DCOM (Hillgren & Morse,

1998) "resources" relate to time, information, people, place, money, materials, tools, and

technology. As shown in figure three, workload, working weekends, the lack of assistance from

others in the Environmental Health Division, lack of importance of work and confrontation with

restaurant staff were all major factors in low morale within the Consumer Protection Program.

**Factors Contributing to Low Morale**

Weekend inspections

No help from others

Limited staff

Work not valued

Confrontation

Workload
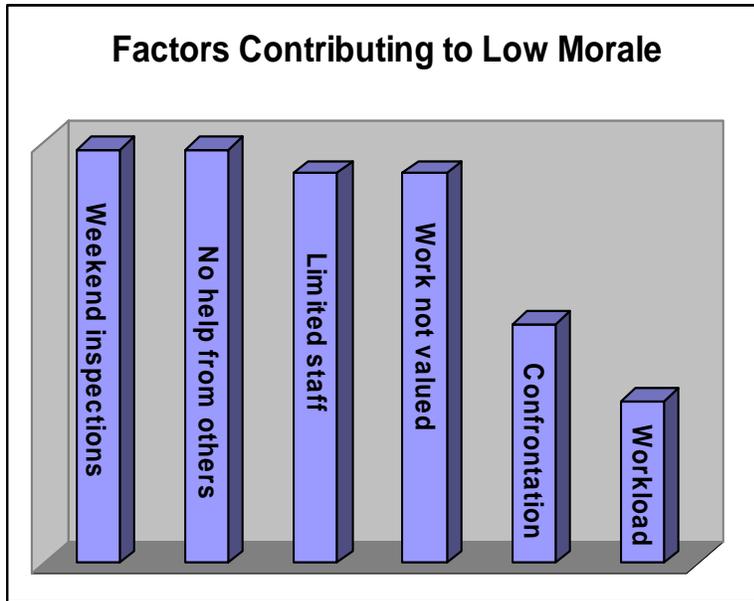
*Figure 3.* Factors contributing to low morale as reported from the questionnaire.

    *Interviews.* The Steering Committee assisted with the development of 10 interview

questions (appendix E), which were administered by me to further clarify the areas of greatest

concern from the questionnaire. The purpose of the interview was to gather enough qualitative

data around these areas to assist the Collaborative Team with making an informed decision about

which areas they will chose to begin addressing. I then summarized the responses in a written

report and distributed it to the Collaborative Team. A meeting with all of the team was scheduled

and a full data report on the questionnaire, the secondary data and the interviews was presented

to the entire team.

    As shown in Figure four, interview questions with the strongest correlations to low

morale were associated with having to conduct inspections on the weekend, confrontation with

retail food facility managers, having to return to the same facilities over-and-over, and a general

feeling that there is a lack of understanding of the importance of the work that is being conducted

by the Consumer Protection staff. According to a statement by Smith (as cited by Liddle, 2005),

"All people are motivated by one or more of the following needs: to live, to love and to be loved, to feel important and have value, and to have variety" (p. 48). Martin (2005) confirms this as well with the following statement: "Folks are far more likely to be engaged in their work when they feel it is important and noble" (¶9). Finally, Folger, Poole, and Stutman (2001) pointed out that the outcomes of conflict are important as the people involved in the conflict have to live with the outcome, and that is especially important when the outcome is not acceptable to the parties involved. As we can see from the questionnaire, there is conflict in many of the interactions that Consumer Protection Program staff have with restaurant facilities. Based on this it is understandable why staff in the Consumer Protection Program, who are often challenged as to the worthiness of their work by peers as well as the facilities they inspect, are exhibiting low morale.
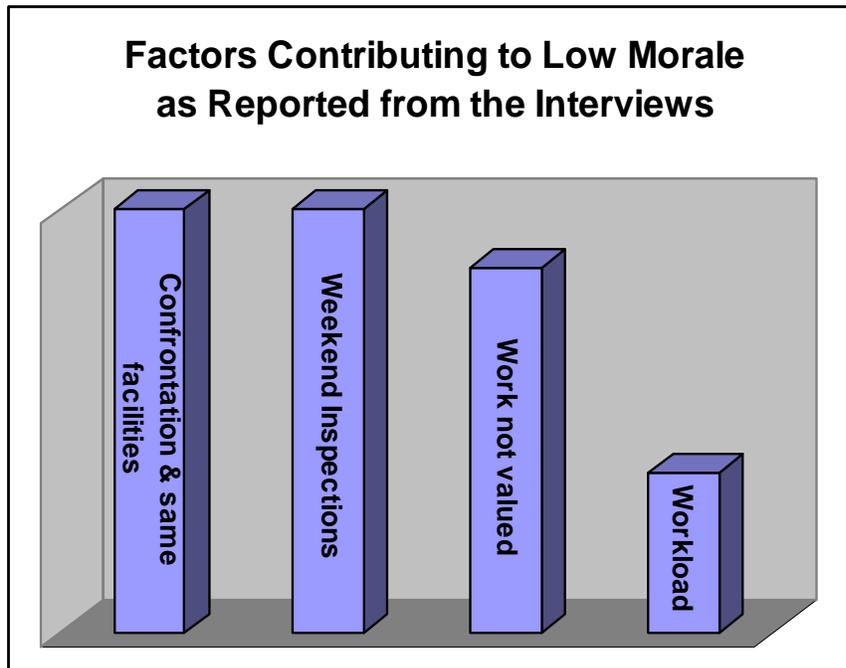


*Figure 4.* Factors contributing to low morale as reported from the interviews.

Although there are slight differences, the results of the interview are very similar to the results from the questionnaire. The interview revealed that confrontation was one of the biggest

and most consistent concerns, whereas that rated slightly lower on the questionnaire. This also

related to the high rating for going to the same facilities over-and-over. Interviewees stated that

going back to the same facilities over-and-over again knowing there would be confrontation and

challenges to their credibility was a strong reason for low morale. The Hawthorne studies (as

cited in Schein, 1992) conclude that employees are motivated by the need to relate well to their

peers and membership groups. This further reinforces the rationale behind the low morale

associated with a feeling of a lack of recognition of worth from peers and facilities they interact

with each day, especially when confrontation exists.

The slight difference in the results between the questionnaire and interview could be

attributed to bias since the interview data was qualitative and not quantitative. Nadler (1977)

stated: "the interviewer can also bias the responses with his or her choice of questions to ask and

pursue and with the nature of his or her interactions with the respondent" (p. 123).

Finally, there was very consistent comments that doing inspections on the weekend had

significant impacts on peoples morale. The qualitative information from the interview helped to

clarify the reasons. For instance, the interviews clarified that the reason for low morale

associated with working on weekends was due primarily to time taken away from family,

hobbies, and relaxation from an already stressful and under-appreciated job. Many of the staff's

families are only off on weekends, so simply shifting work hours was not an option. Grandley,

Cordeiro and Crouter (2005) corroborated this when they found that work influencing family has

a negative impact on job satisfaction.

*Secondary data.* The secondary data reviewed consisted of numerous memorandums,

some subject reports, and hand written notes from 1994 to 1997. Some of the data, especially as

it related to workload in the Consumer Protection Program were similar to the results from both

the Questionnaire and interview. Table two lists all of the data categories that were raised as

issues in 1994.

*Table 2.  Categories of Issues and Comments Identified in the Secondary Data Collection*

| Issue Category | Comments from 1994 |
| --- | --- |
| Workload | Separation between programs, too much competition between programs and a greater need for teamwork.  Consumer Protection is short staffed, restaurant inspection burnout, too many restaurant facilities with the same problems year-to-year. |
| Teamwork | Need more collaboration and less competition |
| Salary | Salaries are lower than other front range partners – needs to be competitive to keep people in the Program. |
| Space | 3 to 4 people to a single office |
| Morale | Hierarchy with little shared decision making, restaurant nspection burnout, conflict with facilities |
| Communication | Fear of retribution, staff are not informed |
| Performance | Evaluations seems inconsistent and unfair |
| Access | Very few people have access to the building outside of normal work hours |
| Interview | The interview process needs to be inclusive of staff that will have to work with the person who is hired |

Although the data in Table 2 from 1994 includes a larger range of issues, the areas

regarding the Consumer Protection Program burnout associated with workload and having to go

back to the same facilities was consistent with the data collected during this project.

*Observable Changes in the Consumer Protection Program*

Some of the observable changes I noticed during this project include a more positive

attitude among Consumer Protection Program staff, comments that staff appreciate me placing

significant emphasis on this project, supportive comments associated with the level of inclusion

of staff in the process, and some concerns as to whether this long-term problem could really be

addressed. My belief is that the reason this project has been so successful up to this point is

because the Consumer Protection Program staff have taken the lead on this. I have had full

involvement from the start of this project, and staff have kept the momentum going by keeping

high spirits and positive attitudes. Senior management in the agency have provided full support

and encouragement throughout. There have been no major roadblocks anywhere along the way. I

attribute part of this to ample communication both up and down within the organization

throughout all major steps in the process.

<div align="center">Discussion</div>

This section of the paper includes a discussion of the process used to arrive at a

recommendation, a discussion of the specific recommendation selected, the implementation plan,

barriers to implementation, measuring the impact of the intervention, a discussion of

organizational learning and a summary of the key findings.

*Process Used to Arrive at a Recommendation*

In May 2005 the results of the questionnaire, the interviews and the secondary data were

distributed electronically and hard copy to the entire Collaborative Team. A subsequent meeting

was held with the Collaborative Team to present and summarize the data. The specific purpose

of the meeting was to inform the team of the interview results, provide clarification of findings,

and determine in which areas the team wanted to begin developing interventions.

The team used the following criteria to select the top areas to begin addressing: (a) there

are no other ongoing or existing efforts that will address the problem, (b) it does not require the

agency to authorize new resources which could be hard to secure, (c) it will likely be supported

(at Political, Agency, Division and Program level) and (d) it is realistically doable (time, procedural, etc).

Based on the above criteria, the following three areas were selected by the Collaborative Team to be highest priority: (a) temporary events/weekend inspections, (b) going to the same facilities over and over and (c) addressing confrontation with difficult facilities.

The Collaborative Team recognized that it would not be possible to address all three areas at once, so a follow up retreat was held June 16, 2005 with the Collaborative Team to identify the most important of the three areas listed above to begin addressing. In addition, a main objective for that retreat was to begin developing interventions to address the top priority area.

At the retreat a brainstorming session was held. Each member was asked to describe what the desired future would be like if each of these three main issues were resolved. The list generated from the brainstorming discussion was then discussed for clarification and agreement on the outcomes most desired by all team members. The future agreed upon to be the most desirable by all Collaborative Team members was to spend less time doing inspections on weekends. It was important to the team that this be accomplished without creating a greater risk of food-borne illness in the community (e.g. because of less presence). In the teams mind this directly related back to a low morale issue because of the amount of time that was spent doing inspections on weekends each year. Staff felt that if this issue could be addressed it would go farther too improving morale than tackling any of the other main issues. Once the outcome was agreed upon, the team focused on identifying interventions to attain that outcome.

Criteria for screening interventions were identified and placed in a ranking table. The interventions were ranked based on the following criteria: (a) we could do it with existing people

and money, (b) there would be agency support, (c) it would prevent food-borne illness, (d) food

vendors will support it, (e) our peers will support it, (f) the public will support it, (g) the event

coordinators will support it, (h) the Colorado Department of Public Health and Environment will

support it, (i) we can make time to do it, (j) it will provide consistency, (k) its sustainable, (l) we

can implement it quickly, and (m) it is not experimental. The team then brainstormed a list of

interventions that could potentially address the desired outcome. Each of these interventions was

then discussed and were narrowed down to a list of eight primary interventions to further run

through the criteria. The list of interventions was then prioritized based on how well each

intervention ranked against the overall criteria.

*Recommendations*

One of the areas of greatest concerns identified in the questionnaire and subsequently in

the interviews as outlined in the results section is adequate resource related to weekend

inspections. As such, the main recommendation from the Collaborative Team was to begin

developing strategies for reducing the amount of time Consumer Protection Program staff have

to spend doing "temporary events/weekend inspections." As reported in question number two in

Appendix E, this issue has been clearly identified as a major contributor to burnout in the

program and directly affects the morale and motivation of staff in the program. Following

application of the screening criteria to all brainstormed interventions, the Collaborative Team

recommended four main interventions to address "temporary events/weekend inspections".

Those interventions were:

1.  Create a list of foods that cannot be served at temporary events (this eliminates high-risk

    foods and the need to conduct inspections)

2.  Educate and involve temporary event coordinators in all events (event coordinator
    becomes the inspector of the vendors at their events and reduces staff time)

3.  Risk rank temporary events and only focus on high-risk events with high-risk foods
    (limits the number of inspections to only high-risk events, thereby cutting down on
    weekend inspections)

4.  Solicit and train additional Boulder County Public Health staff to conduct temporary
    event inspections (spreads the workload out)

In addition, the team agreed to pursue an interim intervention for the remainder of 2005

while money was available to hire someone hourly to do weekend inspections. Money was

available for 2005 and this interim intervention would help to address the concern during 2005

while the team worked to implement the long-term interventions. There was 100% consensus

among team members that these interventions will allow staff to meet the objective of not having

to do as many inspections on the weekend while maintaining safe food at weekend events. With

the identification of interventions, an action plan was then developed.

*Implementation Plan (Action Plan and Rationale)*

A meeting was held with the Collaborative Team on August 4, 2005 to develop an action

plan, target dates and assign responsibility for each of the four interventions that would meet

their outcome of reducing the number of weekend inspections while maintaining safe food.

During that meeting the team decided to pursue only two of the four listed interventions during

2005 as well as trying to hire an hourly staff person for the remainder of the year. This decision

was made because of the obvious time commitments that became apparent after the work plan

was developed for the objective to "Educate and involve temporary event coordinators in all

events." The team then agreed that work plans would be developed this year for the following

interventions: "Educate and involve temporary event coordinators in all events," "Temporary staff for 2005" and "Risk rank temporary events and only focus on high-risk events with high-risk foods." The team agreed that these three would be most realistic to complete this year, and be ready to implement prior to the start of temporary food events which begins next year in April of 2006.

*Barriers to Implementation*

The Collaborative Team identified the following barriers to implementation of the interventions addressing temporary events and weekend inspections.

*Educate and involve temporary event coordinators in all events.* Event coordinators may resist due to the increased amount of time it requires them to go to training and evaluate vendors for each event. They may feel like this is Public Health's responsibility and not theirs. It will take time to develop this intervention and likely will not be able to be implemented until 2006.

To address this barrier the team agreed to involve event coordinators from the start. This will assure that they are part of the solution and offer a greater chance at getting their full support. An implementation plan has been developed and is now being implemented to accomplish that objective. The deadline for implementing this intervention is scheduled for early 2006, before the temporary event season goes into full swing.

*Risk rank temporary events and only focus on high-risk events with high-risk foods.* The public may become concerned that we are not inspecting low risk events as well as high-risk. To address this barrier the team will develop messaging for the public that reinforces that the main source of food-borne illness outbreaks in the United States is from high-risk foods associated with poor handling practices. By focusing on high-risk events, we will be able to more effectively target and lower increased risk of food-borne illness. An implementation plan has

been developed and is now being implemented to accomplish that objective. The deadline for

implementing this intervention is scheduled for early 2006 again, before the temporary event

season goes into full swing.

*Solicit and train additional Boulder County Public Health staff to conduct temporary*

*event inspections.* Staff in other programs may not want to spend their weekend doing

inspections anymore than existing Consumer Protection staff does. There is not support from the

Environmental Health Division Manager to mandate other program staff to do these inspections.

It will take some time to train staff in other programs to understand how to properly conduct

these inspections and comprehend a new set of regulations.

To address this barrier, the team agreed to approach this on a voluntary basis and

emphasize the benefits of learning skills from another program and working in a cooperative

team environment. In addition, the team agreed to develop a critical item inspection checklist for

temporary events that could be used to simplify and focus in on the highest risks associated with

food-borne illness. This will significantly reduce the amount of time it will take to train staff to

conduct these inspections, and target inspections more toward high-risk food handling practices.

Finally, the team asked the coordinator to move operating line item expenditure in our 2006

budget to a temporary salary expenditure line item so that staff from other Environmental Health

Programs could be paid to do weekend inspections, thereby reducing Consumer Protection

Program staff workload. Heskett, Sasser and Schlesinger (1997), state that employee satisfaction

is a key to a productive workplace and a satisfied client. The internal work environment

contributes most to employee satisfaction and this is bolstered by internal practices such as

helping each other out when needed regardless of job description (Heskett et. al, 1977). By

paying staff to assist when needed, it can help to bolster the perception that others do not help

out, and will also address the known compensation barrier to the previous success of the

interventions implemented in 1997.

*Temporary staff for 2005.* The interim intervention of hiring a temporary staff person will

require the use of 2005 resources and a process to hire someone that will take staff time. This is

only an interim solution and may not be available for 2006. To address this barrier the team

agreed to pursue hiring someone on an hourly basis. This allows the county to by-pass a long

advertisement and selection process and allows for someone to start immediately.

Unfortunately as of yet, the CP Program has not been able to identify someone to step in

and this intervention has since been abandoned. Instead the CP Program has allocated

operational resources for 2006 to a temporary staff line item so they can pay staff in other

programs to conduct weekend inspections.

*Create a list of foods that cannot be served at temporary events.* Boulder County Public

Health will likely encounter resistance from the vendors that are prohibited to sell certain high-

risk foods at events. This will require approval from the Executive Director of Boulder County

Public Health. It will take time to develop this intervention and likely will not be able to be

implemented until 2006.

Although the team agreed to not pursue this intervention until the middle of 2006, to

address this barrier the team has sought and received approval from the Executive Director.

Other barriers will be identified; as they get closer to 2006 when the Team will begin developing

and implementing a work plan for this intervention.

*Communication with management.* A member of the Steering Committee and I presented

the four main interventions, the temporary intervention listed above, barriers, and our thoughts

on addressing those barriers to the Directors Team for feedback and to assure support. The

Directors Team unanimously supported the recommendations.

*Measuring the Impact of the Intervention*

There are two main types of evaluation that need to be conducted: an outcome evaluation

and a process evaluation.

*Outcome evaluation.* The main component of the stated outcome that the interventions

hope to achieve is improved morale in the Consumer Protection Program. The questionnaire

(Appendix D) will be administered following the implementation of interventions to address

desired outcomes as a way to evaluate overall changes in morale.

*Process evaluation.* The process evaluation will focus on achieving each of the

interventions by the identified target dates in the work plan. The work plan will list activities and

target dates for achieving each intervention. Achieving those activities by the target dates will be

evaluated and reported to the team monthly by the Consumer Protection Team Leader.

The process evaluation will focus on two main objectives over the next 6 months: (a) to

reduce the number of weekend inspections that Consumer Protection Program staff have to do,

and (b) maintain or reduce the risk of food served on the weekend. The first stated outcome can

be easily measured as we can compare the direct number of weekend inspections pre and post

intervention. The second part of the outcome is more difficult. Because part of the four

interventions includes offsetting Consumer Protection staff inspections by bringing other staff in

to do some of the inspections, they will compare food safety inspection reports from those people

to those of earlier inspections under similar circumstances.

Strategy number one "Create a list for foods that cannot be served at temporary events

(only prepackaged foods at temp events)" directly reduces risk by removing the ability to cook

high-risk foods at the event, thereby reducing risk of the type of food served. In addition, the

Consumer Protection Team will do periodic assessments of temporary events that are being

evaluated by the temporary event coordinators to assess if they are properly evaluating instances

of increased risk.

*Organizational Learning*

One of the reasons that this action research model was chosen was because there was a

high level of involvement of staff in the action research. One of the reasons that I designed this

project this way was so that there was organizational capacity development for continuous

quality improvement. By involving staff in each step of the process, it helps develop their

capacity for continuous assessment and feedback that results in continuous quality improvement.

*Areas for further study.* Job design is another area that could use further research to

determine what level of impact it could be having on low morale. Cummings and Worley (2005)

say that group/job design components must fit integrally together in order for groups to be

effective and have a good quality of work life. They further go on to say that organizational

design and the personal characteristics of each job have a significant impact on work life and

effectiveness. Heskett, Sasser, and Schlesinger (1997) affirmed this by demonstrating that

customer loyalty is linked to customer satisfaction, customer satisfaction is linked to service

value, service value is linked to employee productivity, employee productivity is linked to

loyalty, employee loyalty is linked to employee satisfaction and employee satisfaction is linked

to quality of work life. This level of research was not within the scope of this project, but could

be having an impact on low morale.

*Summary*

The staff at Boulder County Public Health, Environmental Health Division's Consumer Protection Program was experiencing low morale. It was noted by many staff that there is more work and less time, and that there are not enough resources to complete the work in the Consumer Protection Program. As Heskett, Sasser and Schlesinger (1997) note; employee satisfaction is a key to a productive workplace and a satisfied client therefore, addressing low moral in the Consumer Protection Program was critical to assuring the program meets its mission and goals.

Following the detailed work plan and timeline (Appendix A) that was outlined for this project, the project was successful at: (a) collecting additional data regarding perceptions of the problems contributing to low morale, (b) developing in-depth data collection and survey tools that clearly identified all issues contributing to low morale, (c) analyzing and reporting on the data collected, and (d) collaboratively developing an intervention plan that addresses the issues causing low morale in the Consumer Protection Program. Comparing the interventions to the questionnaire assessing low morale further evidences this.

The interventions chosen to address low morale associated with weekend inspections include: educate and involve temporary event coordinators in all events; risk rank temporary events, focusing only focus on high-risk events; and solicit and train additional Boulder County Public Health staff. These interventions were developed primarily for reducing the number of weekend inspections, but they also provide a benefit of reducing workload in the program by offsetting work by involving others in completing Consumer Protection Program work.  Finally, by paying other staff to work weekends it reduces the number of times Consumer Protection

Program staff have to do inspections on the weekend, and thereby addresses the concern

identified in the questionnaire (Figure 3) that relates to no help from others.

In relation to further study, the remaining areas related to confrontation, going to the

same facilities over-and-over and work is not valued will all be addressed beginning in the first

quarter of 2006 after the above listed interventions are underway.

The questionnaire will be administered again in July of 2006 to determine if there has

been a shift in morale associated with weekend inspections and other areas identified on the

questionnaire. In addition, the questionnaire will be re-administered in the years 2007, 2008 and

thereafter until all main areas causing low morale has been addressed.

References

Caldwell, D. S., Ihrke, D. M. (1994, Spring).  Differentiating between burnout and copout in

organizations. *Public Personnel Management*, *23*, 8.  Retrieved November 19, 2005,

from Business Source Premier Database.

Cora, D. (2004, December 27).  By the numbers. *Fortune*, *150*, 32.  Retrieved January 25, 2005,

from Business Source Premier Database.

Coughlan, D., Brannick, T. (2001).  *Doing action research in your own organization*.  Thousand

Oaks, CA:  Sage Publications.

Cummings, T. G., Worley, C. G. (2005).  *Organizational development and change.*  Mason, OH:

Thomson South-Western.

French, W. L., and Bell, C. H. (1999).  *Organizational development:  Behavioral science

interventions for organizational improvement.*  Saddle River, NJ: Prentice-Hall Inc.

Fink, A., & Kosecoff, J. (1998).  *How to conduct surveys: A step-by-step guide.*  Thousand

Oaks, CA:  Sage Publications.

Folger, J. P., Poole, M. S., Stutman, R. K. (2001).  *Working through conflict.* U.S.: Addison

Wesley Longman, Inc.

Grandey, A. A., Cordeiro, B. L., Crouter, A. C. (2005, September).  A longitudinal and multi-

source test of the work–family conflict and job satisfaction relationship. *Journal of

Occupational and Organizational Psychology, 78,* 305–32. Retrieved November 4, 2005,

from Business Source Premier Database.

Heskett, J. L., Sasser, W. E., Schlesinger, L. A. (1997). *The service profit chain.*  New York:

Simon and Schuster Inc.

Hillgren, J., Morse, E. (1998, October).  High-performing organizations. *Executive*

    *Excellence,15,* 9.

Ihrke, D. M., Johnson, T. L. (2002, Summer/Fall). Regional variations in burnout rates in a

    natural resources agency. *Journal of Health & Human Services Administration,25,* 48-74.

    Retrieved November 19, 2005, from Business Source Premier Database.

Jacobsen, M. (unknown). *Complementary research methods.*  Retrieved November 2, 2005, from

    http://www.acs.ucalgary.ca/~dmjacobs/phd/methods/sld012.htm.

Johnson, G. (2004, September).  Retention reality check.. *Training, 41,*17.  Retrieved  January

    25, 2005, from General Business File Database.

Liddle, A. J. (2005, October 10). Smith: 'Belief windows' help companies identify, achieve

    goals. *Nation's Restaurant News*, *39,* 48.

Martin, D. (2005, October).  Memo to staff: Be proud of what you do. *American Banker,170*, 11.

    Retrieved November 4, 2005, from Business Source Premier Database.

Morrel-Samuels, P. (2002, February). Getting the truth into workplace surveys. *Harvard*

    *Business Review, 80*, 111-118. Retrieved January 21, 2005, from Business Source

    Premier Database.

Nadler, D. A. (1977).  *Feedback and organization development:Using data-based methods.*

    Reading, MA:  Addison-Wesley Publishing Company.

Schein, E. H. (1992).  *Organizational culture and leadership.* San Francisco, CA: Jossey-Bass

    Inc.

Tess, M. (2005, February).  Morale maker. *Incentive, 179*, 48-49.  Retrieved February 23, 2005,
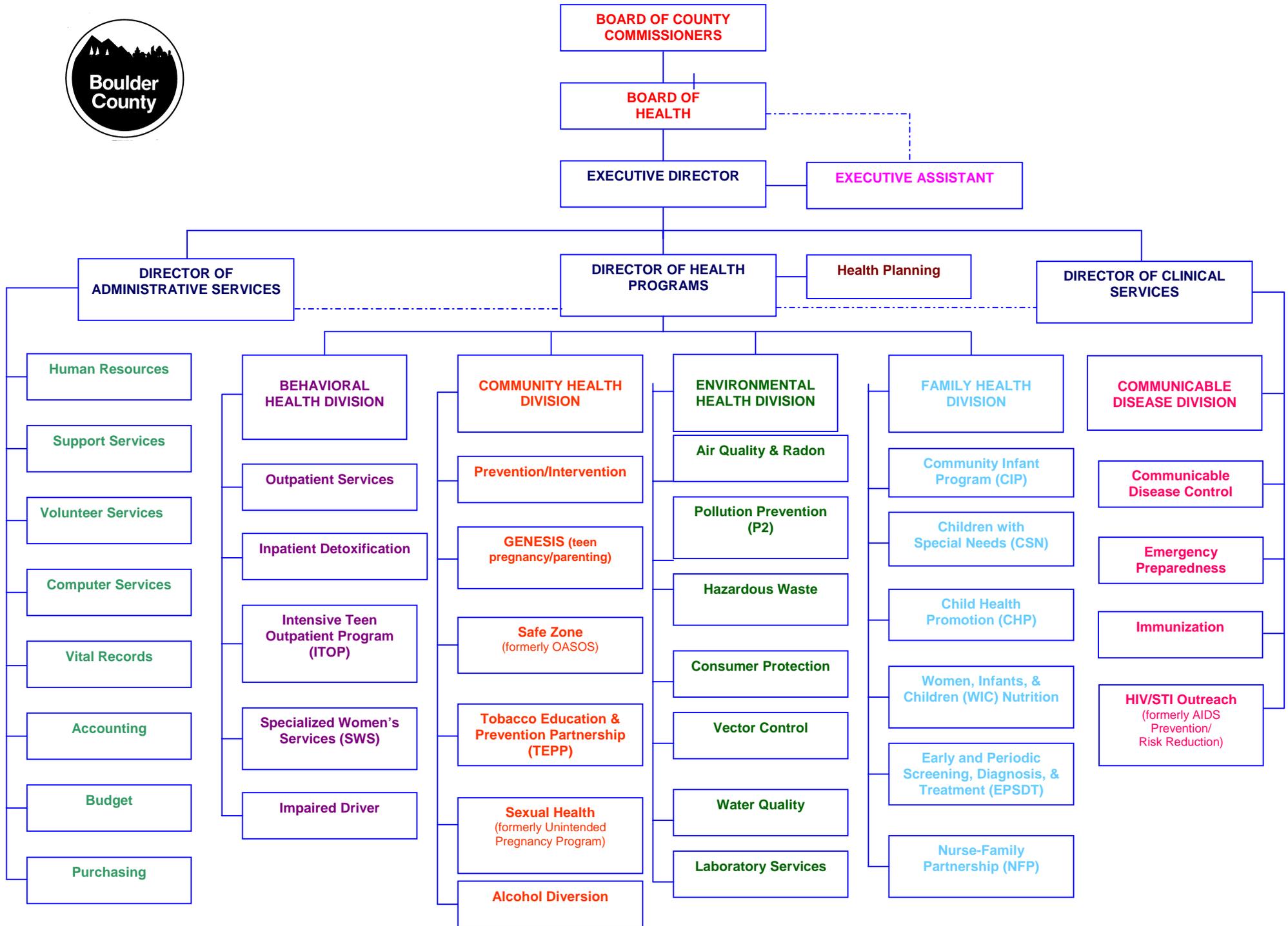
    from Business Source Premier Database.

U.S. Government. (1982).  *The American heritage dictionary*.  Boston: Houghton Miffin

Company.

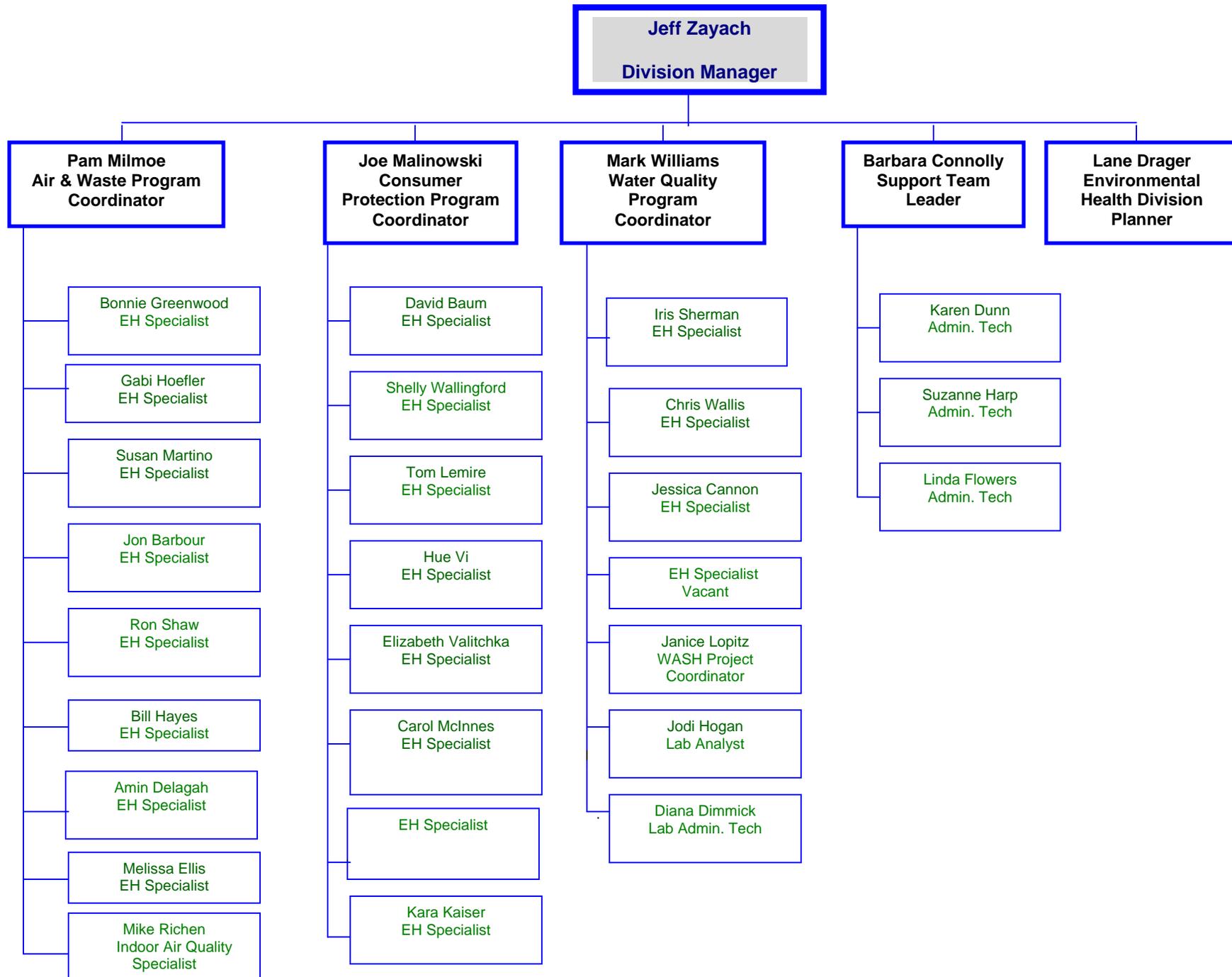Appendix A  Consumer Protection Program Diagnosis and Intervention Work Plan

| Activity | Target Date | Completion Date | Comments |
|---|---|---|---|
| Present concept to Executive Director & Director of Health Programs. | September 2004 | September 2004 | *Main concern was scope of what could be completed based on what issues may arise during assessment.  Will narrow to one main focus after assessment is completed.* |
| Meet & discuss project idea with Consumer Protection (CP) Program Coordinator. | Early October, 2004 | October | *Wants to assure that interim items the team has been considering can be implemented.* |
| Develop PowerPoint Presentation on project idea. | October 18, 2004 | October 18, 2004 | |
| Present project idea to CP Program staff | October 26, 2004 | October 26, 2004 | *Staff was very supportive of the project and is looking forward to moving this forward as soon as possible.* |
| Research data collection methods | November 1 – February 1, 2005 | February 2005 | *Research & review data collection tools, proper survey procedures.* |
| Begin drafting Professional Project Contract (PPC) including; description of project site and the problem, scope of agreement, resources required and a work plan & timeline | November 2004 – first wk of February 2005 | February 2005 | |
| Meet with Executive Director, Director of Health Programs, Director of Clinical Services and Administrative Services Director to present the project idea | December 21, 2004 | December 28, 2004 | *Revisions requested & incorporated – VERY Supportive* |
| Form a Steering Committee | January 2005 | January 2005 | *Shelly Wallingford, Joe Malinowski, Carol McCinnis* |
| Develop survey to identify/clarify any concerns staff has with the *process*, confidentiality, informed consent, roles & responsibilities, etc. via survey | February 2005 | February 2005 | *Steering Committee and collaborative team involvement*<br><br>*Authorized already by agency – awaiting feedback from facilitator* |
| Sign PPC | End of February 2005 | February 2005 | *Steering Committee and collaborative team involvement* |
| Collect survey data relative to process, confidentiality, etc. and summarize *process* concerns | February 2005 | February 2005 | |

| Activity | Target Date | Completion Date | Comments |
|---|---|---|---|
| Meet with CP Team to report out on *process* survey data | February 2005 | February 2005 | *Steering Committee involvement* |
| **Phase #1 Perception of the Problem** | | | |
| Meet with CP Team and complete an Affinity Diagram prioritizing and clarifying perceptions | March 2005 | February 2005 | *Clarify "perception of problem"* |
| Based on earlier research, the methods section and collection plan identified in PPC, draft data collection tools and obtain approval from mentor | February 2005 – March 2005 | March 2005 | *Identify survey methods, collection and reporting methods*<br><br>*Steering Committee and collaborative team involvement* |
| Gather feedback from Admin Services Director & Director of Health Programs on data collection tools | March 2005 | February 2005 | *Steering Committee involvement* |
| Gather feedback from other stakeholders on data collection tools | March 2005 | February 2005 | *Steering Committee involvement* |
| Review final questions and plan with Steering Committee and Collaborative Team | March 2005 | February 2005 | *Will develop interview questions based on results of questionnaire* |
| **Phase #2 Collect Data** | | | |
| Collect data | March 2005 | March 2005 | *"Data collection" phase in the action research model* |
| Compile data and submit raw data and analysis plan to mentor | April 2005 | April 2005 | |
| Analyze data and submit analysis to mentor | April - May 2005 | May 2005 | *Steering Committee involvement* |
| **Phase #3 Feedback to Client** | | | |
| Write DRAFT Results Section | May 2005 | May 2005 | *Steering Committee involvement* |
| Report Draft results to the Collaborative Team, Directors & stakeholders | May 2005 | May 2005 | *Steering Committee Involvement* |
| Finalize Results Section | May 2005 | May 2005 | *Steering Committee and collaborative team involvement* |
| **Phase #4 Joint Action Planning** | | | |
| Gather feedback on intervention sessions from Collaborative Team, Director of Health Programs, Exec Director and Admin Services Director | May 2005 | May 2005 | *Steering Committee involvement* |
| Hold meetings with stakeholders to strategize addressing highest priority issue (s) | May – June 2005 | July 2005 | *Steering Committee and collaborative team involvement* |

| Activity | Target Date | Completion Date | Comments |
|---|---|---|---|
| Meet with CP Program & other stakeholders to refine brainstorm list into strategic interventions with target dates | June 2005 | July 2005 | *Steering Committee involvement* |
| Develop Draft "Action/Intervention Plan" and complete writing the remainder of the *discussion* section of the paper | June 2005 | August 2005 | *Steering Committee and collaborative team involvement* |
| Meet with Directors Team to gather feedback and refine "Action/Intervention Plan" | June 2005 | August 2005 | *Additional feedback* |
| Revise "Action/Intervention Plan" as necessary and distribute final to all stakeholders for final feedback | July 2005 | August 2005 | |
| Submit completed paper to Mentor, revise as necessary | July 2005 | End of August, September 2005 | |
| Submit to MSM Degree Chair | July 2005 | | |
| **Phase #5 Action** | | | |
| As identified in the intervention plan, implement main strategies | August – December 2005 | September 2005 | *This represents the "action" phase of the model* |
| **Phase #6 Assessment with Data Collection** | | | |
| Collect process evaluation data and follow up with individuals as necessary | Throughout process February – December 2005 | | |
| Adjust interventions as necessary and implement changes | January – May 2006 | | |
| Document final outcomes in report and present out to agency and Colorado Directors of Environmental Health | Summer 2006 | | |

**Boulder County**

```
                              BOARD OF COUNTY
                              COMMISSIONERS

                                BOARD OF
                                 HEALTH

        EXECUTIVE DIRECTOR              EXECUTIVE ASSISTANT

  DIRECTOR OF              DIRECTOR OF HEALTH    Health Planning    DIRECTOR OF CLINICAL
  ADMINISTRATIVE SERVICES     PROGRAMS                                  SERVICES
```

| DIRECTOR OF ADMINISTRATIVE SERVICES | BEHAVIORAL HEALTH DIVISION | COMMUNITY HEALTH DIVISION | ENVIRONMENTAL HEALTH DIVISION | FAMILY HEALTH DIVISION | COMMUNICABLE DISEASE DIVISION |
|---|---|---|---|---|---|
| Human Resources | Outpatient Services | Prevention/Intervention | Air Quality & Radon | Community Infant Program (CIP) | Communicable Disease Control |
| Support Services | Inpatient Detoxification | GENESIS (teen pregnancy/parenting) | Pollution Prevention (P2) | Children with Special Needs (CSN) | Emergency Preparedness |
| Volunteer Services | Intensive Teen Outpatient Program (ITOP) | Safe Zone (formerly OASOS) | Hazardous Waste | Child Health Promotion (CHP) | Immunization |
| Computer Services | Specialized Women's Services (SWS) | Tobacco Education & Prevention Partnership (TEPP) | Consumer Protection | Women, Infants, & Children (WIC) Nutrition | HIV/STI Outreach (formerly AIDS Prevention/ Risk Reduction) |
| Vital Records | Impaired Driver | Sexual Health (formerly Unintended Pregnancy Program) | Vector Control | Early and Periodic Screening, Diagnosis, & Treatment (EPSDT) | |
| Accounting | | Alcohol Diversion | Water Quality | Nurse-Family Partnership (NFP) | |
| Budget | | | Laboratory Services | | |
| Purchasing | | | | | |

Appendix C  Environmental Health Division Organizational Chart

**Jeff Zayach**

**Division Manager**

| Pam Milmoe<br>Air & Waste Program<br>Coordinator | Joe Malinowski<br>Consumer<br>Protection Program<br>Coordinator | Mark Williams<br>Water Quality<br>Program<br>Coordinator | Barbara Connolly<br>Support Team<br>Leader | Lane Drager<br>Environmental<br>Health Division<br>Planner |
|---|---|---|---|---|

**Pam Milmoe — Air & Waste Program Coordinator**
- Bonnie Greenwood — EH Specialist
- Gabi Hoefler — EH Specialist
- Susan Martino — EH Specialist
- Jon Barbour — EH Specialist
- Ron Shaw — EH Specialist
- Bill Hayes — EH Specialist
- Amin Delagah — EH Specialist
- Melissa Ellis — EH Specialist
- Mike Richen — Indoor Air Quality Specialist

**Joe Malinowski — Consumer Protection Program Coordinator**
- David Baum — EH Specialist
- Shelly Wallingford — EH Specialist
- Tom Lemire — EH Specialist
- Hue Vi — EH Specialist
- Elizabeth Valitchka — EH Specialist
- Carol McInnes — EH Specialist
- EH Specialist
- Kara Kaiser — EH Specialist

**Mark Williams — Water Quality Program Coordinator**
- Iris Sherman — EH Specialist
- Chris Wallis — EH Specialist
- Jessica Cannon — EH Specialist
- EH Specialist — Vacant
- Janice Lopitz — WASH Project Coordinator
- Jodi Hogan — Lab Analyst
- Diana Dimmick — Lab Admin. Tech

**Barbara Connolly — Support Team Leader**
- Karen Dunn — Admin. Tech
- Suzanne Harp — Admin. Tech
- Linda Flowers — Admin. Tech

**Appendix D  Consumer Protection Program Questionnaire**

## Public Health

To:      Consumer Protection Program Staff, Chris Wallis, Jessica Cannon, Iris Sherman, Kara Kaiser

From:    Jeff Zayach, Environmental Health Division Manager

Date:    February 25, 2005

Re:      Questionnaire for the Consumer Protection Program Project

---

As you are all aware, my Masters Degree project is focused on identifying the causes of low morale/workload in the Consumer Protection Program, and working with the team to develop interventions to improve morale.   The attached questionnaire is the first major step in the process of clearly identifying the causes of low morale.  As a refresher, the major phases of the project are as follows:

1. *Identifying the perception of the problem (completed)*
2. *Developing an agreement between the organization and myself as consultant (done, although project contract will not be signed until the end of February)*
3. *Data collection (the phase we are in now)*
4. *Feedback to client (after we collect all data)*
5. *Joint action planning with all of you*
6. *Taking action (implementation of interventions identified in step 5)*
7. *Assessment/evaluation to determine if we are meeting desired outcomes*

We are now on step three above.  The attached questionnaire is intended to help clarify perceptions of the problem.  The questions were developed based on peer reviewed research associated with low morale, with Steering Committee involvement, and with review from my professor.  Questions will be asked in general areas first and become more specific toward the end.  Some questions will be asking for similar information in different ways (e.g. worded slightly different).  As such, this questionnaire is considered both reliable and valid for collecting information on this issue.  In addition, the survey was pilot tested with the Environmental Health Leadership Team to assist with developing clarity around questions and ease of use.  The Steering Committee worked with me to incorporate questions they felt is critical to identifying issues within the program, and this has been a truly collaborative effort.

This data will be analyzed and reported back to the team.  In addition, as I mentioned before the Steering Committee and I will be evaluating this data to formulate specific follow up interview questions to get more specifics on areas of concern.

As you are all very aware, this data is what will help us clearly understand the root causes of low morale, and will form the basis of our collaborative effort to identify interventions.  As decided by all of you, this data will be reported out in an anonymous format.  Recognizing this and that your feedback is the critical piece to making this effective, it is still fully your *option* to choose whether you wish to participate in this questionnaire or not.   The survey should take no more than 20 minutes of your time.  If you chose to participate, please fill out the attached survey and return it to me in the enclosed envelope by March 25, 2005.

On behalf of the Steering Committee and me we greatly appreciate your time and effort in helping improve our work environment.

---

## Survey Questionnaire for the Consumer Protection Project

*Please indicate your selection by checking the circle above the number*

1. I clearly understand how my work contributes to meeting the goals in the Food Safety Program

   O       O       O       O       O       ☐
   1       2       3       4       5
   Almost Never                    Almost Always      Not applicable

2. I know which work is most important for me to do in the Food Safety Program

   O       O       O       O       O       ☐
   1       2       3       4       5
   Almost Never                    Almost Always      Not applicable

3. I have the opportunity to participate in deciding which work is most important in the Consumer Protection Division

   O       O       O       O       O       ☐
   1       2       3       4       5
   Almost Never                    Almost Always      Not applicable

4. I am treated fairly by my supervisor

   O       O       O       O       O       ☐
   1       2       3       4       5
   Almost Never                    Almost Always      Not applicable

5. I am treated with respect by my supervisor

   O       O       O       O       O       ☐
   1       2       3       4       5
   Almost Never                    Almost Always      Not applicable

6. The work conducted in the Food Safety Program is highly respected

   O       O       O       O       O       ☐
   1       2       3       4       5
   Almost Never                    Almost Always      Not applicable

7.  Being an Environmental Health Specialist in the Food Safety Program is a highly respected position

    O        O        O        O        O        ☐

    1        2        3        4        5

Almost Never                Almost Always      Not applicable

8.  I am treated with respect by the Environmental Health Division Manager

    O        O        O        O        O        ☐

    1        2        3        4        5

Almost Never                Almost Always      Not applicable

9.  The public understands the importance of the work we do in the Food Safety Program

    O        O        O        O        O        ☐

    1        2        3        4        5

Almost Never                Almost Always      Not applicable

10. The Food Service Industry understands the importance of the work we do in the Food Safety Program

    O        O        O        O        O        ☐

    1        2        3        4        5

Almost Never                Almost Always      Not applicable

11. My team members in the Consumer Protection Program follow through on what they say they will do

    O        O        O        O        O        ☐

    1        2        3        4        5

Almost Never                Almost Always      Not applicable

12. I am given opportunities to develop my professional growth each year

    O        O        O        O        O        ☐

    1        2        3        4        5

Almost Never                Almost Always      Not applicable

13. In my program I receive all the information I need in order to get my job done

    O        O        O        O        O        ☐

    1        2        3        4        5

Almost Never                Almost Always      Not applicable

14. In my program, I am asked for my opinion when decisions are made

    O        O        O        O        O        ☐

    1        2        3        4        5

Almost Never                Almost Always      Not applicable

15. I clearly understand what is expected of me in my job

    O        O        O        O        O        ☐

    1        2        3        4        5

Almost Never                Almost Always      Not applicable

16. I clearly understand the role of my supervisor

    O        O        O        O        O        ☐

    1        2        3        4        5

Almost Never                Almost Always      Not applicable

17. My supervisor supports me

    O        O        O        O        O        ☐

    1        2        3        4        5

Almost Never                Almost Always      Not applicable

18. I have the skills necessary to communicate effectively

| ○ | ○ | ○ | ○ | ○ | ☐ |
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

19. I feel confident in myself when performing my work

| ○ | ○ | ○ | ○ | ○ | ☐ |
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

20. I am worried about my decisions in the field being judged

| ○ | ○ | ○ | ○ | ○ | ☐ |
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

21. At BCPH I have been provided the proper training I need to do my job effectively

| ○ | ○ | ○ | ○ | ○ | ☐ |
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

22. I am empowered to make necessary decisions when completing my job

| ○ | ○ | ○ | ○ | ○ | ☐ |
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

23. An electronic field inspection system would be beneficial

| ○ | ○ | ○ | ○ | ○ | ☐ |
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

24. My program has enough people to complete the work expected of us by BCPH

| ○ | ○ | ○ | ○ | ○ | ☐ |
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

25. I have issues with the Envision Database

| ○ | ○ | ○ | ○ | ○ | ☐ |
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

26. I enjoy working temp events on the weekend

| ○ | ○ | ○ | ○ | ○ | ☐ |
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

27. I would prefer to work evenings rather than weekends

| ○ | ○ | ○ | ○ | ○ | ☐ |
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

28. I have enough time during my normal work schedule to participate in quality of work life things such as spending time reading journals, reviewing notes from trainings or meetings, looking up new resources, thinking about program improvements, participating in developing new and innovative ideas, etc.

| ○ | ○ | ○ | ○ | ○ | ☐ |
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

29. Please check the number that best describes your workload in the Consumer Protection Program

| O | O | O | O | O | □ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Overwhelming | very busy | just right | some free time | A lot of free time | Don't know |

30. I work more than my expected work schedule

| O | O | O | O | O | □ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

31. I believe distribution of phone calls is equitable

| O | O | O | O | O | □ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

32. I am passionate about the work I do

| O | O | O | O | O | □ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

33. I want my team members to be successful

| O | O | O | O | O | □ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

---

*The next questions will ask you whether you agree or disagree with the statement*

---

34. I do not know what is expected of me by my supervisor

| O | O | O | O | O | □ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

35. There is adequate support staff for the Consumer Protection Program

| O | O | O | O | O | □ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

36. Workload in the Food Safety Program is impossible to plan for

| O | O | O | O | O | □ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

37. My supervisor treats me fairly when it comes to my performance

| O | O | O | O | O | □ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

38. My reward for performance is consistent with the level of work I complete

O      O      O      O      O      ▫
1      2      3      4      5
Strongly                           Strongly      Not applicable
Disagree                           Agree

39. We communicate well in Consumer Protection Team meetings

O      O      O      O      O      ▫
1      2      3      4      5
Strongly                           Strongly      Not applicable
Disagree                           Agree

40. The Food Safety Program collaborates well with other programs within Boulder County Public Health

O      O      O      O      O      ▫
1      2      3      4      5
Strongly                           Strongly      Not applicable
Disagree                           Agree

41. Information on daily decision being made is being distributed to all team members

O      O      O      O      O      ▫
1      2      3      4      5
Almost Never                     Almost Always      Not applicable

42. My team members often provide me with timely feedback on my performance

O      O      O      O      O      ▫
1      2      3      4      5
Strongly                           Strongly      Not applicable
Disagree                           Agree

43. I often provide team members with honest feedback on their performance

O      O      O      O      O      ▫
1      2      3      4      5
Strongly                           Strongly      Not applicable
Disagree                           Agree

44. The feedback I provide is accepted well by my team members

O      O      O      O      O      ▫
1      2      3      4      5
Strongly                           Strongly      Not applicable
Disagree                           Agree

45. I feel comfortable with feedback about myself from my team members

O      O      O      O      O      ▫
1      2      3      4      5
Strongly                           Strongly      Not applicable
Disagree                           Agree

46. I understand teamwork concepts

O      O      O      O      O      ▫
1      2      3      4      5
Strongly                           Strongly      Not applicable
Disagree                           Agree

47. I believe teamwork will benefit the Food Safety Program

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

48. I believe that teamwork will benefit me personally

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

49. Opportunities for teamwork within the Food Safety Program should be expanded

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

---

*The next questions will ask you the frequency with which you can relate to the statement*

---

50. Staff in other programs is willing to help the Food Safety Program

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

51. Restaurant facility operators are hostile towards me

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

52. I experience anxiety before conducting inspections

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

53. I cannot finish all of my assigned inspections within a year

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

---

*The next questions will ask you whether you agree or disagree with the statement*

---

54. I personally believe the number of inspections performed is more important than the outcome of the inspections

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

55. I feel the number of inspections performed is more important than the outcome of the inspections to my supervisor

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

56. I feel the number of inspections performed is more important than the outcome of the inspections to the EH Division Manager

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

57. I have more job satisfaction when I concentrate on outcomes verses inspection numbers.

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

58. I feel that industry believes the number of inspections performed is more important than the outcome of the inspections

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

59. I feel that the public believes the number of inspections performed is more important than the outcome of the inspections

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

60. I feel that CDPHE believes the number of inspections performed is more important than the outcome of the inspections

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

61. I have less stress when I concentrate on the number of inspections instead of the outcomes of the inspection.

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

62. The number of inspections is more important than the outcomes to my peers.

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

*The next questions will ask you the frequency with which you can relate to the statement*

63. I am provided with a variety of opportunities to do challenging work at BCPH

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

64. I feel a sense of accomplishment from my work in the Food Safety Program

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

65. I enjoy inspecting retail food facilities

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

66. I am rewarded by my supervisor for my work

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

67. My work is recognized by my peers in the Food Safety Program

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

68. I feel my peers in the Water Quality Program do not want to inspect retail food facilities

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

69. I feel my peers in the Air & Waste Program do not want to inspect retail food facilities

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

70. My work is recognized by the Environmental Health Division Manager

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Almost Never | | | | Almost Always | Not applicable |

---

*The next questions will ask you whether you agree or disagree with the statement*

---

71. It is important to me that I am recognized by my supervisor for doing good work

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

72. It is important to me that I am recognized by my peers for doing good work

| ○ | ○ | ○ | ○ | ○ | ☐ |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |
| Strongly Disagree | | | | Strongly Agree | Not applicable |

73. It is important to me that I am recognized by the Division Manager for doing good work

    O         O         O         O         O         ☐

    1         2         3         4         5

Strongly                                    Strongly        Not applicable

Disagree                                    Agree

74. It is important to me that restaurant owners see my work as a value to them

    O         O         O         O         O         ☐

    1         2         3         4         5

Strongly                                      Strongly        Not applicable

Disagree                                      Agree

75. Workload is fairly distributed within the Food Safety Program

    O         O         O         O         O         ☐

    1         2         3         4         5

Strongly                                      Strongly        Not applicable

Disagree                                      Agree

76. Workload is equitable between the Food Safety and Air & Waste Programs

    O         O         O         O         O         ☐

    1         2         3         4         5

Strongly                                      Strongly        Not applicable

Disagree                                      Agree

77. Workload is equitable between the Food Safety and Water Quality Programs

    O         O         O         O         O         ☐

    1         2         3         4         5

Strongly                                      Strongly        Not applicable

Disagree                                      Agree

78. List three most important ways you like to be rewarded for your work in order of most preferred first

    1. _____

    2. _____

    3. _____

79. Please indicate the *top five* reasons that you would chose to leave the Consumer Protection Program, with one (1) being the reason you would most leave.

Dislike working weekends_____

Too much enforcement_____

Confrontation w/facilities_____

Dislike working in the CP Program_____

No set schedule_____

Having to work outside my normal schedule if there is a problem at a facility_____

Difficulty educating food facility Managers_____

Going to the same facilities over an over_____

Not seeing improvement in facilities_____

I feel like not many people see value in CP work_____

The work is never done_____

Too much paper work_____

Civil penalties process takes too long_____

Driving your own car_____

Workload is overwhelming_____
Consumer Protection is viewed as entry level_____
Broadening Environmental Health_____

80.	Please indicate the *top five* reasons that prevent you from conducting inspections? Indicate one being the greatest reason and five being the least reason.

Inspections are not scheduled_____
Too many phone calls_____
Paper work takes too long and keeps me out of the field_____
You have someplace you have to be after work and can't stay if there is a problem with the facility_____
Previous inspection that day took too long and cannot conduct any more in the time left_____
Star classes are interfering_____
FBI interviews take too much time_____
Too many meetings_____
Trainings interfere_____
I don't like the work_____
Have never been there before and I am apprehensive_____
Have been there before and the operator was hostile_____

81.	Please indicate the *top five* reasons that you feel causes inspection fatigue/burnout.  Indicate one being the greatest reason and five being the least reason

Confrontation with facility representative_____
Weather_____
The detail of the inspection work_____
Trying to make tough decisions in the field_____
People/operator following you and questioning your judgment_____
Too much travel_____
Inspection write-up_____
Repeating the same information over and over_____
Language barriers_____
Difficult facilities_____
The amount of inspections that need to be done_____
Enforcement_____
Facility operator is not providing information readily causing the inspector to ask a lot of questions_____
Concern for personal safety_____
Lack of understanding of food safety principles by operator_____

82. Would you prefer inspecting restaurants for a private company instead of BCPH?  Yes ☐   No ☐

If yes, list the three main reasons why

1. _____

2. _____

3. _____

83. List the five improvements that you would most like to see in the Consumer Protection Program.

1.	_____

2.	_____

3. _____

4. _____

5. _____

Appendix E  Summary of Interview Data

## Follow Up Interviews for the Consumer Protection Project
## Data Report

*May 20, 2005*

*Below are the results of the Consumer Protection Project interviews that were conducted during May of 2005. These interviews were conducted as a follow up to the questionnaire that was distributed to the CP Team in April. The purpose of the interviews was to gather qualitative data around the top selected areas (see "Combined Ranking for Follow Up Interview Questions") of most importance to the CP Team. I have summarized the key themes from each of these interviews below.  I surveyed 100% of the people that completed the questionnaire.*

**Next steps:**
- Distribute this data report to the Steering Committee and Director's Team for Review
- Gather feedback on this report from the Steering Committee
- Distribute the report to the CP Team
- Set a meeting by the end of May to discuss this report and select one or two key areas that the CP Team wants to begin working on (developing strategies to address)
- Set a follow up ½ day meeting (early June) to begin developing strategies
- Begin implementation (July)

**Summary of Key Themes**

1.	**Do you believe that workload is inequitable between CP and other EH Programs?**
	In general, there is a feeling that the workload in the CP Program is more demanding than in other programs.  There were a few people that indicated that they were not sure because they really did not know what the other programs work entailed.  For the people that believed there was a greater workload in CP, the following were some of the reasons that led them to believe this:
	- CP staff are not usually spending much time chatting in the halls about non work related things, yet they see people in other programs doing that
	- Some people worked in other programs and were aware of the workload in those programs and clearly felt there was a difference even with existing levels of work
	- People in the other programs openly saying that workload in their program was less than that of CP
	- People in other programs are more relaxed about the amount of work they have and they have more opportunity to work on program related work outside of their required inspections – these opportunities are very hard to take advantage of in CP because of the number of inspections
	- The fact that the workload (even just considering inspections and not the other work) continues to increase and has been unattainable (can't complete all required inspections and have not been able to for some time)

	There were two comments that reflected that the workload could be doable and there could be more time for special projects if people would be required to be out of the office

during prime inspection hours (9:45-11:30, and 2-4:30).  The suggestion was made that this would allow for three quality inspections per day, eliminate the ability to procrastinate, and would accomplish both quality inspections and get to facilities more often; thereby reducing risk even more.

In general most people felt that the overall workload inequity, where perceived, was a problem because it leads to burnout and a feeling of not having the same opportunities as those people in other programs. *This is a compounding effect on wanting to leave the CP Program when all other issues (highlighted below) become additive and are taken all together.*

2.   **Do you enjoy working temp events on the weekend?  Why or why not?**
Although one person indicated yes, and another was neither a strong no, nor a strong yes, there was a strong consensus that working weekends to do temp events (and in one case working temp events at all) was definitely not desirable.  The most cited reason for this was that it took people away from their family, that it seemed like there was no time off when temp events had to be conducted, that it cut into the only time they had set aside for hobbies or projects, and that it added to further burnout because they are usually high stress situations (no back up food if food has to be tossed, already paid for event if they are shut down, inspector on own without back up on weekend), and that there was no additional compensation or recognition for doing this "tiring" work on a weekend.  There was also mention that many of these fell on long holiday weekends, and even though you may get a day off later, spouse or kids either had to work or were in school and you were left "home alone".

3.   **How important is it to you that you have time at work to read journals or work on special projects that interest you?**
Strong consensus that there needs to be time set aside for this, and support for this from all levels including peers.  Numerous benefits were cited in common by many of the people interviewed.  Some of the most common cited include: professional growth and challenge, program improvements often come from this time, allows people to further educate themselves and become more effective at their job, allows people to stay current with new and emerging information, without this time (however small in some cases) there would be increased burnout.

Some of the challenges here:  several people cited that they felt guilty if they used time to do some of these things instead of inspections (even if what they did benefited the overall program), and that they felt pressure to get some of the backlogged inspections instead of reading a journal for instance (this was admittedly self-imposed by most all).  Many people said that the ability to focus on something besides inspections all of the time leads to a better quality of work life but is often the "first to get dropped" when pressed by workload – again leading to increased burnout.

Ideally people said that they needed anywhere from 1hr/wk up to 8 hrs/wk to do this, with the average being 3 hrs/wk.  This was very individualistic based on the person's own desired needs for this quality time.

**4.** **The average response for the description of the overall workload in CP was between very busy and just right, and much closer to very busy.  How would you classify your workload in relation to this?**
There was less of a strong theme here with some people saying their work was overall just right to others stating their work was overwhelming.  Several people did indicate that they would classify themselves as very busy.  There was however a general consensus that the program could increase efficiency by moving to a field inspection system, refining processes that require multiple steps, and that that would help to eliminate some data entry time which is quite time consuming.  There was less consensus on whether hiring another staff person would solve the problem, although two people stated strongly that they thought it would because it would allow people to focus some more on the "quality of work life" items listed above, get in restaurants more often and with higher quality inspections.  As mentioned above there was comments here that if people forced themselves out of the office more, more could be accomplished.

In general, people felt that they could ask Karen for support without feeling to guilty about it – indicating that she is meeting their needs, and overall people don't feel like Karen is totally overwhelmed.  There was strong consensus that Karen was highly respected, was doing an excellent job, and no one wanted to lose her expertise and ability in supporting CP, and did not want her to become overwhelmed.  There were comments relative to recognizing that Karen has highly detailed work with Envision and that they recognized that when she was doing certain tasks they did not want to interrupt her.  There was also a general concern for the work that Karen was doing as it related to people in administration and not wanting Karen to be distracted which could cause errors.  There was one comment that Envision alone could be one full time FTE, and that 1.25 FTE in CP would be ideal for appropriately balancing workload.

**5.** **Do you believe being an EH Specialist in the CP Program is a highly respected position?**
There was general agreement that it is not seen as a highly respected position.  Although there were some comments about CP needing highly technical skills, especially in relation to communication associated with behavior change and with needing to clearly understand food and disease science, that people did not see this as a highly respected position.  The following were some of the most common cited reasons for this belief:

- Comments from peers about not wanting to "go back" to food inspections
- Comments from industry saying that "they have been doing this for 20 years and don't need us there"
- Comments from friends and peers from around the state about "oh you're still in food"
- Comments from peers and external people stating "anyone can do a food inspection"  - "it's not rocket science" and the like
- People referencing you as "oh you're a health inspector" – in a negative connotation
- The public telling inspectors "they ought to just leave restaurants alone and stop trying to put them out of business"

- Many comments and beliefs about FS as an entry level position or a stepping stone to move to other programs

This is especially impacting because people whose heart is in their work begin to judge themselves and question their own beliefs because everyone in the culture around them is judging them negatively. This creates a significant psychological impact on people's ability to feel good about themselves and results in people wanting to abandon their own beliefs. Several people mentioned being embarrassed to admit that they did food inspections and were embarrassed even with their own friends and family. Culture is currently driving this from every level from peers to industry, and the behaviors reinforcing this (as mentioned above) are widespread.

6.    **Do you believe:**
      **a. The food service industry, and**
      **b. The public understands the importance of the work you do in the FS Program?**
      Pretty strong consensus here. Most people believe that neither the public nor the food service industry understand the true importance of the work we do. There was a general feeling that the industry either perceived us as an obstacle (e.g., we have been doing this forever and no one here has ever gotten sick attitude, making comments about how they should not have to endure our inspections, that they don't have time for us), or the perception was that the only benefit that was perceived from industry was that Public Health leveled the playing field for all facilities. There was full agreement that this was definitely a problem and that there was a definite lack of understanding about what creates the greatest risk in facilities.

      There was also agreement that the public was lacking awareness of what creates the greatest risk in food facilities. People are more focused on the floors, walls and ceilings then they are on the items that cause food borne illness. There was even a comment of someone complaining that they were closing down the establishment as they stood in sewage at the salad bar. This lack of recognition of risk on the public's part really frustrates staff. There was a general feeling – based on conversations with the public – citizens believe that we are always out in restaurants doing inspections.

7.    **From the results of the questionnaire, overall staff in the Food Safety Program feels that others (industry, public, CDPHE, and their peers) perceive the number of inspections to be more important than the outcome of the inspections. Do you agree with this general finding?**
      There was less agreement here in some categories. In general, the public believes and puts value on the frequency that we are in restaurants. This is based on comments that people hear when speaking with the public (like "I saw on the website they have not had an inspection since…." Or "how come you are not inspecting restaurants more often…").

      In relation to industry there was a general agreement that industry really does not care for the most part. Overall they don't like to see us interrupting their day, and that is manifested with the attitude that inspectors receive when they show up at the facility.

Excuses and lies persist in most cases to differing degrees.  In most cases there is minimal cooperation, and in a few there is outright deceit and lies.

In relation to CDPHE, the most common belief is that they would like to see the numbers of inspections completed more than the quality.  This was reported based on the fact that there is still a focus on reporting of the numbers of inspections completed statewide and by jurisdiction.  In addition, there is more focus in discussions, especially with contract counties, on getting the 2 per year/per facility completed.  Some people's contracts have even been threatened if two per year per facility were not completed.

In relation to peers (this was generally defined by other members within CP Team) there was less consensus.  There was however consensus that Joe was not focusing on the numbers and was stressing quality and outcomes.  Some of the comments that I heard were:

- "Even though we discuss outcomes of inspections I feel guilty because my peer has conducted more than I have"
- "We talk about numbers, but then I hear comments from my peers like: Joe did 25 this month"
- Several people said that they were applying the pressure to themselves and that some of that came from historical experiences with old supervisors.
- There was also mention that when they met with their peers from around the state – the numbers of inspections that they had assigned to them was often the measure of success.

This is an important distinction, because many people said they need to believe that their work is accomplishing a public health improvement, and many people feel focusing on two inspections a year for every facility won't accomplish the needed outcome.

8.    **According to the questionnaire, the two main reasons that people were likely to leave the CP Program were: 1) going to the same facilities over and over and 2) workload is overwhelming.  Can you please explain your perspective on each of these and illustrate why each are a problem?**
There was a lot of agreement on #1.  There were a lot of comments relative to having to go to the same facility year in and year out, and repeating the same information over and over to the same managers.  There was a feeling of "no way to close the file out" as you can with an OWS, because you have to go back.  Seeing the same issues over and over, re-educating facility managers and staff (even in a few months time), and seeing the same violations over and over.  This was especially hard for people where the facility was difficult (people wise – overlaps with #10), because it's hard enough even for a good facility, but very hard for a difficult one.  There is a compounding effect here with not seeing an outcome, not being able to move on, not being able to hold people accountable, and a lack of respect.  Changing districts helped some people break the perceived monotony, but it does not help everyone.

In relation to #2, there was less agreement.  Some people felt that workload was less of an issue than others, and the real problem was reflected in #1 (above) and in the difficult

facilities - #10 below.  This comment was mentioned several times.  The agreement I did hear relative to this and workload was that as workload increases, there is a tendency to become overwhelmed, less efficient, and gives more reason to procrastinate getting out of the office to do inspections.

9.    **According to the questionnaire, what prevents most people from conducting inspections is: 1) the previous inspection that day took too long and cannot conduct any more in the time left, and 2) there are too many meetings.  Can you please explain your perspective on each of these (how many meetings is too many – why do people believe there are too many – not effective use of meeting time, purpose, etc.)?**
There was very little agreement on the statement that there was too many meetings – I still am not sure why this came up so hi even after these interviews.  The people that did mark it were not even completely sure in every instance why it was an issue at the time. A couple people mentioned that it was an issue before but is not now.  There were several comments that the meetings that were scheduled were necessary and useful.

In relation to #1, there was general agreement that this was true.  The most common comments were that it was very difficult to know what to expect when you entered that facility and that often it ended up taking a lot longer than expected.  Some of the common reasons cited were – the walk in refrigerator was down, out of temp foods, had to spend a lot longer than anticipated explaining issues to the owner/manager, sewer backed up.  It was also noted that people did not want to start another inspection later in the day because they often did not want to cut into their family time or they had something planned for the evening that they wanted to be at.  When I asked people how often that would happen – it was usually not much.  It was still an issue because it impacted people's own mindsets and they did not want it to interfere with their family time (e.g. dinner, function, recreation, etc.).  One statement may have categorized this well:  "I was afraid of what might happen" – even though it had not happened all that often with everyone I talked with.

10.    **Difficult facilities were noted as the main reason for inspection fatigue and burnout. Is this true for you and if so, can you please explain the reasons why this causes you burnout (specific examples)?**
This question had the strongest and most consistent agreement on responses of any question.  Some of the statements associated with this question were nearly identical for several respondents.  There was nearly 100% consensus that difficult facilities caused not only fatigue and burnout, but could be related back to one of the main reasons that people would leave the CP Program.  In fact several respondents stated that – going to the same facilities over and over (as mentioned in question #9) relates back to having to go to those same facilities that were difficult over and over again and that was a huge disincentive. There is a consistent list of what was defined as a difficult facility – it included:
- Being talked to disrespectfully by the public that was trying to eat in some instances when we had to close facilities and by the owners and workers in many instances making comments about government harassing small business
- Being yelled at by facility operators (there is corroboration on having to call the office several times over the year to get help with these instances)

- Uncooperative facility operators – purposely withholding information, changing their stories, outright lying and then being caught in the lie
- Trying to hide violations, denying issues, challenging the inspectors intelligence, education and experience
- Poking fun at their profession
- Challenging the science behind food safety
- Age and gender discrimination (e.g. yelling at a woman, changing tune completely with a man – are you old enough to be doing this, etc.)

On top of all of this, there was a feeling that as professionals representing Boulder County Public Health – our integrity is seriously challenged and there was a feeling that because we have to represent ourselves professionally we have to just "take" a lot of it.

There was a huge variation about frequency of these kind of encounters that ranged from: "I can count the number of difficult facilities I have on one hand" to an estimated "50% of all inspections" (note this should be investigated further to better understand the reasons behind this – geographical district may be influencing this).  The most common response was 10% of all my facilities.  This however should not be downplayed as even at 10% of all inspections, this clearly has a significant impact on burnout in the CP Program.