

ABC COMPANY • 2025 EMPLOYEE ENGAGEMENT SURVEY

Open-Ended Comments

Themed Analysis & Insights Report

Questions Analyzed

- Q1:** What is your favorite thing about working here? *(99 responses)*
- Q2:** What could we do to improve your experience as an employee? *(87 responses)*
- Q3:** What would make this organization a better place to work? *(83 responses)*
- Q4:** What additional support would help you grow in your role? *(67 responses)*

Total responses: 336 • Survey year: 2025

Prepared by Best Companies Group

Executive Summary

What employees love about [Client Organization]

The most consistent signal across all 99 responses to Q1 is the people. Coworkers, teammates, direct managers, and the patients they serve dominate the positive picture in language that is specific and warm. Employees describe their teams as their reason for staying. Layered under that is a genuine sense of mission—care for the community, meaningful work, and a smaller-organization culture where people feel visible and valued. Many employees call out specific managers by name with real admiration. This is a workforce that believes in what it is doing. That is a significant organizational asset.

What leadership must act on

The improvement signal is clear and consistent across Q2 and Q3: employees feel disconnected from senior leadership, unheard on operational realities, and frustrated by accountability gaps that favor some roles over others. The word “transparency” appears unprompted in multiple responses across both questions—a reliable cultural signal. Employees are not simply complaining about pay or workload; they are describing a widening divide between those who set direction and those who deliver care. Bullying reports that go unaddressed, a well-known provider situation that the community is already discussing, and survey skepticism so high that employees flagged it in their own survey responses are the specific red flags that require direct leadership attention before the next survey cycle.

What this report gives you

This report covers four open-ended questions and 336 total responses. It identifies five positive themes, six improvement themes, four cultural tensions, and five red flags requiring investigation. Recommendations are organized into quick wins, medium-term actions, and structural investments. Read Q1 and Q2 alongside each other—the same employees who love their teams are the ones most frustrated by what leadership is not doing. The distance between those two experiences is the central challenge for the organization in 2025.

Section 1: What Employees Love

Five themes emerge from Q1. They are ordered by frequency. All five are genuine strengths—not survey courtesy—because the language employees use is specific, spontaneous, and repeated across unrelated respondents.

1. Coworkers and Immediate Teams

No theme comes close in volume. More than half of Q1 responses name coworkers, teammates, or immediate colleagues as the primary reason they stay. The language is notably specific: employees do not write “good coworkers”—they describe “kind, caring employees,” “incredible” teammates, and teams that “have fun despite stressful days.” This is not boilerplate—it reflects a workforce that has built real relational bonds at the peer level.

“It would have to be my coworkers. They are incredible and that is a tip-of-the-hat to our HR department for hiring capable and like-minded people. The people are what make this job so manageable.”

— Employee

2. Mission and Community Impact

Employees across clinical and non-clinical roles describe a shared sense of purpose rooted in serving the local community. They write about “making a difference,” “helping patients in meaningful ways,” and the significance of caring for people from their own community. This mission alignment is a retention anchor that no compensation adjustment alone can replicate.

“I take great pride in caring for patients from my own community. Knowing that I’m making a positive impact on both individuals and the broader community is deeply fulfilling.”

— Employee

3. Direct Managers and Supervisors

Employees with strong direct managers say so in unmistakable terms—and several name their managers explicitly. One respondent describes their manager as “far and beyond one of the best” after 40 years of work experience. Another calls their manager “always available” and “the best for fairness and compassion.” This is a meaningful strength, but it also signals a distribution problem: where manager quality is high, it shows up clearly—which means where it is absent, it shows up just as clearly in the improvement data.

“My manager my manager has been exceptional in both leadership and advocacy for our team. I feel she is often underrated and underappreciated. I have worked 40 years and have had a LOT of supervisors and she is far and beyond one of the best!”

— Employee

4. Benefits and Work-Life Balance

Benefits and scheduling flexibility appear as a positive anchor in Q1, with employees noting health coverage, pay relative to the market, and the ability to balance personal needs as meaningful differentiators. One employee explicitly calls benefits and pay “outstanding.” This strength becomes a source of tension when placed alongside the improvement data, where front-line pay equity and the recognition gap for non-clinical staff create friction.

5. Small-Organization Culture and Visibility

Employees value being known, being seen, and being part of something small enough to matter. “I feel like I am making a difference and am truly seen, not just a number” is representative of multiple responses. The family-feel and the ability to know most people by name are named as genuine advantages. These same qualities create tension with accountability concerns, explored in Section 3.

SAMPLE

Section 2: Opportunities for Improvement

Six themes dominate Q2 and Q3. Leadership disconnect is treated first because it is the most strategically significant theme—not because it is the most frequent. Where frequency and severity diverge, severity leads.

1. Senior Leadership Is Perceived as Disconnected and Non-Transparent

This is the most important finding in the dataset. The word “transparency” appears unprompted across multiple responses; “top-down” decisions without frontline input appear in several more. Employees describe a leadership team that “pretends to listen,” implements changes without asking the people most affected, and communicates in ways that feel performative rather than genuine. One employee writes that recent organizational changes have left long-tenured staff feeling like “nobody is talking about it.” Another compares the atmosphere to broader authoritarian trends. These are not isolated complaints—they represent a pattern of eroding trust that, if unaddressed, will accelerate turnover among the employees most committed to the mission.

“Build trust with HONESTY, provide job security with ACTIONS (not empty words), be transparent and COMMUNICATE properly, show REAL appreciation, 'practice what you preach' and stop punishing the workers that go above and beyond.”

— Employee

“It often feels like changes are implemented from the top down, without input from those most affected—those of us on the front lines. When staff propose changes, it's usually in response to real needs. Unfortunately, these suggestions are too often met with 'That's the way we've always done it.'”

— Employee

2. Accountability Gaps: Bullying, Standards, and Role-Based Double Standards

Multiple employees across Q2 and Q3 report that bullying is documented, reported, and ignored. The pattern they describe is consistent: an incident is reported, “nothing gets done,” the behavior continues, and the reporter feels exposed. Separate from bullying, employees describe unequal application of standards by role—providers held to different expectations than support staff on everything from dress codes to performance accountability. Both patterns erode trust in the same way: they signal that leadership’s stated values do not govern actual decisions.

“Enforcing policies, such as the bullying policy. I see so much that goes on and it gets reported and it seems like nothing gets done about it. Those that do the bullying are getting away with it, so they continue to bully someone else. It is a continuous vicious cycle.”

— Employee

3. Communication Failures Across Departments and Levels

Communication gaps appear in three distinct patterns: between departments (clinic-to-hospital divide, interdepartmental silos), from senior leadership to staff (decisions announced without context), and between managers and their teams. Employees request not just more communication but better communication—context, rationale, and honest acknowledgment when something goes wrong. Night shift workers specifically call out being excluded from recognition events and general organizational communications.

4. Front-Line Compensation and Recognition Inequity

Multiple employees—specifically naming medical receptionists, MAs, and CNAs—call for better pay relative to providers and administrative staff. This is not a general pay complaint; it is a targeted observation about role-based inequity. Recognition concerns follow the same pattern: employees describe department celebrations that are inconsistent, recognition events that feel hollow, and a gap between what their role deserves and what it receives. One employee proposes eliminating swag-and-cookie events entirely in favor of meaningful financial recognition.

5. Technology and Equipment Deficiencies

Slow, unreliable computers and inadequate IT systems appear repeatedly across Q2, Q3, and even Q4. This is a functional frustration that affects patient care directly and signals to employees that their working conditions are not a leadership priority. The frequency and consistency of this theme across roles and departments suggests it is not a localized issue.

6. Limited Growth and Career Development Pathways

Q4 reveals a concerning gap: many employees either cannot identify growth opportunities, have encountered barriers when trying to access continuing education benefits, or describe annual reviews that feel like a formality with no actionable feedback. Responses range from “I am not really sure what is available to me” to “There is no growing in my role” to detailed accounts of manager resistance to accessing stated CE benefits. For an organization competing for clinical and non-clinical talent, this is a retention risk.

“My annual reviews feel more like a formality than a meaningful evaluation. They rarely reflect a true understanding of the work I do, and I’m seldom given constructive feedback or a clear path for improvement. It’s difficult to grow without a plan, support, or even a basic understanding from leadership of what our roles entail.”

— Employee

Section 3: Cross-Cutting Cultural Tensions

These tensions emerge when Q1 and Q2 are read together. They are not contradictions—they are fault lines. Each one represents a place where a genuine strength is at risk of being undermined.

1. Mission Love vs. Operational Frustration

The employees most articulate about their passion for patient care and community are often the same ones describing staffing inadequacies, equipment failures, and frontline voices going unheard. People who believe in the work are the most frustrated when execution gets in the way. This tension is a warning: mission-driven employees have a higher tolerance for difficulty, but a lower tolerance for being ignored.

2. Strong Local Teams vs. Weak Executive Connection

Employees love their immediate peers and direct managers with real specificity and warmth. Their relationship with senior leadership is described in nearly the opposite terms: distant, top-down, and unresponsive. The organization has built strong relational capital at the peer and supervisory level. It has not translated that capital upward.

3. Family Culture vs. Accountability Gaps

The “family feel” is a genuine source of pride—and a source of dysfunction. When a family culture is invoked to protect underperformers, shield certain roles from accountability, or discourage formal complaints, it stops being a cultural asset and starts being a liability. Multiple employees describe exactly this pattern.

4. Survey Participation vs. Survey Skepticism

Employees completed this survey while simultaneously expressing, in this same survey, that they do not believe it is anonymous and do not expect anything to change. One respondent reports that virtually all their coworkers share this skepticism. This is a structural trust problem. If the organization responds to this data with visible, specific action, it can begin to rebuild that trust. If the data is processed and filed, the next survey will have a lower response rate and sharper cynicism.

Section 4: Red Flags Requiring Investigation

The following items cannot be addressed through broad communication. Each requires direct, private investigation or response. They are surfaced here so leadership can act on them before they become external issues.

RED FLAG 1 — Survey Anonymity Doubt Is Pervasive

One employee reports that "virtually ALL" their coworkers believe the survey is not anonymous, citing an identifiable link in the email used to access it. This is reported not as personal concern but as a shared conclusion across a team. If employees believe responses are traceable, the data collected—including this report—is compromised by self-censorship.

Recommended action: Audit the survey distribution method immediately. If any individual identifier was embedded in survey links, disclose this proactively to employees and confirm what data was and was not connected to individuals. Commission a third-party review of anonymity protocols before the next survey.

RED FLAG 2 — Alleged FMLA Misuse as Retaliation by a Leader

A respondent describes a team member who openly stated they were taking FMLA leave as an act of retaliation, and that this decision was encouraged by someone in a leadership role. If accurate, this represents a serious misuse of protected leave policy and potential legal exposure for the organization.

Recommended action: Refer to HR legal counsel immediately. Conduct a confidential review of recent FMLA usage in the relevant department. If a leadership role is implicated, that investigation must be conducted by someone outside the direct reporting chain.

RED FLAG 3 — a named provider Situation Is Actively Affecting Employee Trust

Two separate respondents reference the departure of a named provider by name—one calling it "extremely concerning" and describing negative community impact, another stating directly that "the community is talking about this." This is not a rumor contained internally. It is a named, externally-visible event that is being interpreted by employees as an example of targeting rather than legitimate process.

Recommended action: Leadership should provide a clear, consistent internal narrative about this situation—not a defense, but an honest acknowledgment of the process followed. Employees and community members are filling the information vacuum with their own interpretations. Silence compounds the damage.

RED FLAG 4 — HR Investigation Process Perceived as One-Sided

A respondent describes being nearly terminated following an HR investigation in which, they state, HR took action before gathering information from all parties. The union and what the respondent describes as circumstance prevented termination. Whether or not the respondent's account is fully accurate, the perception that HR acts before fully investigating—and that union membership was the protection rather than process fairness—is a serious due-process concern.

Recommended action: Conduct an internal audit of HR investigation protocols, specifically examining whether standard procedure requires all parties to be interviewed before any action is taken. Share findings with the leadership team and update the protocol with documented steps that protect both employees and the organization.

RED FLAG 5 — Physical Safety Gaps: No Daytime Security, Active Shooter Concern

One respondent explicitly raises the absence of daytime security. A second references inadequate protection in their workspace from hostile individuals or an active shooter, noting that their partitions "would NOT stop a bullet" and that they have poor-quality communication equipment. These are not general complaints—they are specific, named safety deficiencies.

Recommended action: Conduct a physical security assessment of the facilities referenced. Evaluate daytime security staffing and communication equipment quality in the departments where concerns were raised. Document the assessment and share findings with the teams that raised the concerns.

SAMPLE

Section 5: Recommendations

How to Read This Data

- **Do not over-index on a single comment.** One sharp voice in a small group is meaningful but not a pattern. Patterns require volume and repetition across unrelated respondents.
- **Read Q1 and Q2 together.** The employees who love their teams are often the same ones describing leadership failures. Their passion for the mission is what makes the frustration worth hearing.
- **Watch the unprompted language.** "Transparency," "top-down," and "targeting" appear repeatedly without prompting. These are the words employees reach for on their own—that is cultural diagnostic data.
- **Do not confuse survey volume with survey validity.** Given the anonymity concerns raised, assume some employees self-censored. The problems documented here are likely a floor, not a ceiling.

Quick Wins (0–90 Days)

- Address the survey anonymity question directly and publicly. Explain how access links worked. Commit to third-party anonymization for the next cycle.
- Launch a brief, visible town hall or department-level listening session specifically framed as response to this survey—not a presentation, a conversation.
- Initiate a written acknowledgment of the a named provider situation with a process-focused (not defensive) statement for employees.
- Review and repair IT equipment in the departments with the highest volume of technology complaints. Make the fix visible.
- Ensure night shift employees receive equal access to recognition events and communications. A specific protocol is needed, not a good-faith effort.

Medium-Term (3–12 Months)

- Audit HR investigation protocols for procedural fairness. Publish a clear process that employees can reference. Ensure union and non-union staff are protected by the same procedures.
- Conduct a compensation equity review specifically for medical receptionists, MAs, and CNAs relative to comparable roles internally and in the regional market.
- Implement a structured manager quality review. Given the distribution of manager quality visible in this data, not all managers should be evaluated the same way. Identify and invest in the strongest ones. Address the gaps in the others.
- Create a visible career development framework—even a simple one—that all employees can access. The absence of a stated path is itself a retention risk.
- Conduct a physical security assessment in response to the named concerns in this report.

Structural (12–24 Months)

- Redesign the annual review process so it functions as a genuine development conversation, not a compliance exercise. Train managers on how to conduct them.
- Build a formal frontline-to-leadership feedback channel with a documented response obligation. The "top-down only" perception will not change through communication campaigns—it changes through changed process.
- Address the clinic-hospital divide through cross-functional team initiatives and structured interdepartmental contact. The silo pattern is named too often to be addressable through attitude alone.

How Not to Use This Report

- **Don't filter it before sharing it.** If leadership sees only the positive themes, it will respond to an incomplete picture. The difficult sections need to reach the people with authority to act.
- **Don't broadcast-respond to red flags.** A company-wide email addressing the a named provider situation or the FMLA allegation will create more harm than good. These require private, direct investigation.
- **Don't treat action-planning as response.** Employees have already stated they expect nothing to change. A plan that stays in a PowerPoint deck confirms that expectation. Visible, specific, timed action is the only credible response.

SAMPLE

Appendix: Method and Notes

Method

All 336 responses across four questions were read in full. Comments were grouped and coded for recurring themes. Verbatims were selected for representativeness—preference given to comments with specific, memorable language over generic affirmations. No statistical sampling was used; the full corpus was analyzed. Cross-question patterns were identified by reading Q1 through Q4 together, not in isolation.

Transcription Notes

Verbatim comments are reproduced as written, including original capitalization, punctuation, and minor grammatical variation. Light spacing cleanup was applied for readability. Names of specific individuals that appeared in comments are handled as follows: manager names cited positively are retained in verbatims; provider names cited in context of a known departure or conduct concern are retained and flagged as red flags rather than omitted. Personally identifying details were not added to any comment by the analyst.

What Is Not in This Report

This report analyzes open-ended responses only. Quantitative favorability scores, demographic breakdowns, and benchmark comparisons are not included and should be read alongside this document—not instead of it. Because the source data did not include a department column, department-level breakdowns were not possible for this analysis. A future survey design that includes a department field will enable deeper segmentation.

A Closing Note on Tone

The majority of the 336 responses to this survey are positive. Employees at [Client Organization] describe meaningful work, strong peer relationships, caring managers, and genuine commitment to the community they serve. The criticisms in this report exist inside that context. They are not evidence that the organization is a broken organization—they are evidence that employees care enough to say what is wrong. The red flags require investigation, not defense. The improvement themes require action, not explanation. The positive themes require protection. That is how this report should be used.