# NDVS NATIONAL DEMENTIA WORKFORCE STUDY

# Thank you for participating in the National Dementia Workforce Study.

This survey is sponsored by the National Institute on Aging and is being given to nursing home staff who care for people living with dementia. The survey should take about 25 minutes.

Your responses are confidential and will never be shared with your employer.

Dementia is a general term for a condition causing loss of memory, language, problem-solving, and other thinking abilities that are severe enough to interfere with daily life. Alzheimer's disease is the most common cause of dementia.

#### **General Information**

**Topic:** The University of Michigan and the University of California, San Francisco are conducting a study to learn more about healthcare workers who provide care to persons living with dementia. RTI International has partnered with the study team to deliver this survey to nursing home staff such as yourself. To get information, we'd like 4,400 people to answer a survey. We expect it to take about 25 minutes to complete the survey.

**Voluntary:** Answering this survey is voluntary. You don't have to answer it if you'd rather not. You can skip any questions that you don't want to answer, whatever the reason, and you don't have to tell us why.

**<u>Risk</u>**: It's possible that some of the questions may make you feel uncomfortable. If a question makes you uncomfortable, you can just skip it and go to the next question. Although unlikely, there is always a risk of breach of confidentiality.

<u>Confidentiality</u>: To keep your information as confidential as possible, we will label your survey with a code, rather than your name or any other details that researchers could use to identify you. All published data will remain de-identified, which means all information that could be used to identify you will be removed (for example, your name).

**Benefit:** Answering our survey won't benefit you directly. We hope what we learn will help improve the quality of dementia care in the future.

**Data Sharing:** Funding for this study is provided by the National Institute on Aging (NIA) of the National Institutes of Health (NIH). Your de-identified survey data will be combined with data collected from other participants and stored in a NIH data repository. The de-identified survey data will be used for future research studies without additional informed consent.

Your de-identified survey responses may be combined with responses about the organization where you work. All of the data will be de-identified and will not include your name or the name of the organization where you work. You cannot be identified from the survey responses you provided.

NIA has partnered with the University of Michigan to manage and store the de-identified data from your survey responses. In the future, the NIA may transfer the management of the study data to another institution.

<u>Compensation</u>: To thank you for taking part in our study, we'll send you [FILL1] after you take the survey. You will be asked for your name and address in order to receive your incentive. This information will be kept separate from your survey responses.



#### **Contact Information**

To find out more about the study, to ask a question or express a concern about the study, or to talk about any problems you may have as a study subject, you may contact one of the following:

Principal Investigator: Donovan Maust, MD Telephone: 734-998-8826 Email: info@ndws.org

Study Coordinator: Ariana Napier Mailing Address: RTI International 3040 East Cornwallis Road P.O. Box 12194 Research Triangle Park, NC 27709.2194 Telephone: 866-881-2515 Email: anapier@rti.org

You may also express a concern about a study by contacting the Institutional Review Board:

University of Michigan Medical School Institutional Review Board (IRBMED)

2800 Plymouth Road Building 520, Room 3214 Ann Arbor, MI 48109-2800 734-763-4768 Email: irbmed@umich.edu

If you are concerned about a possible violation of your privacy or concerned about a study, you may contact the University of Michigan Health System Compliance Help Line at 1-866-990-0111.

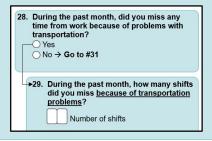
By completing this questionnaire, you confirm that you have read and understand the consent, **are 18 years or older**, and are willing to voluntarily take part in this study.

## INSTRUCTIONS

Answer all of the questions by completely filling in the circle to the left of your answer, like this:



You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you which question to answer next, like this:



In this example, if you answer "Yes" to Question 28, you should continue to Question 29.

If you answer "No" to Question 28, you should skip to Question 31.

### START HERE

This survey asks questions about your job with:

#### [FACILITY NAME] [ADDRESS1] [ADDRESS2] [CITY], [STATE], [ZIP]

1. You have been selected to complete this survey based on your employment at this facility. Do you still work at this facility?

⊖ Yes

 $\bigcirc$  No  $\rightarrow$  Go to #84 on page 15

If this facility is associated with others that have a separate license, <u>answer all questions in relation to</u> <u>only the one licensed nursing home</u> named above.

#### **EDUCATION, TRAINING, AND EXPERIENCE** 2. Have you ever held a state license, 5. Are you currently working towards a certificate, license, or degree related to certification, or registration related to your job in a nursing home? healthcare? • Yes ○ Yes $\bigcirc$ No $\rightarrow$ Go to #5 O No 6. Which of the following describes your highest →3. Please select the state licenses, level of education? certifications, or registrations that you currently hold: Select all that apply. ○ Some high school coursework ○ High school diploma or equivalent Licenses ○ Some college coursework □ RN LPN/LVN O Practical/vocational nursing diploma or certificate Other (please specify): O Diploma from a hospital-based RN program ○ Associate degree O Bachelor's degree Certification or Registration O Master's degree Certified Nursing Assistant Doctoral degree Home Health Aide Other (please specify): -Personal Care Aide/Assistant Medication Aide □ Other (*please specify*):¬ 7. Have you ever received formal training (online or in-person course) in... $\bigcirc$ None of the above Yes No $\bigcirc$ $\bigcirc$ a. Understanding dementia? 4. Please check any state licenses, b. Responding to resident certifications, or registrations that you $\bigcirc$ $\bigcirc$ behaviors? have ever held in the past, even if it is c. Communicating with people not current: Select all that apply. $\bigcirc$ $\bigcirc$ with dementia? Licenses d. Working with families of RN $\bigcirc$ $\bigcirc$ people with dementia? □ LPN/LVN e. Identifying changes in □ Other (*please specify*):¬ $\bigcirc$ $\bigcirc$ residents' condition? f. Providing end-of-life care? $\bigcirc$ $\bigcirc$ g. Caring for residents of Certification or Registration different cultures, values, or $\bigcirc$ $\bigcirc$ Certified Nursing Assistant beliefs? Home Health Aide h. Respecting residents' $\bigcirc$ $\bigcirc$ Personal Care Aide/Assistant rights? Medication Aide i. Protecting residents against $\bigcirc$ $\bigcirc$ Other (please specify): injury? j. Protecting yourself against $\bigcirc$ $\bigcirc$ injury?

# 8. Have you ever received informal on-the-job training or completed self-study in...

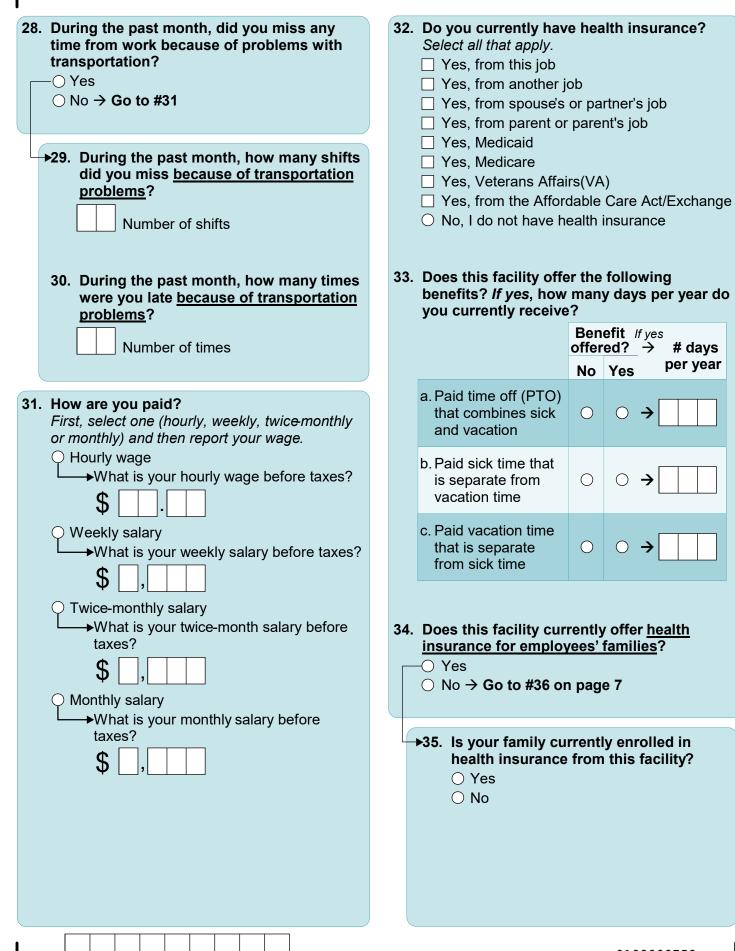
		Yes	No
a.	Understanding dementia?	0	$\bigcirc$
b.	Responding to resident behaviors?	$\bigcirc$	0
C.	Communicating with people with dementia?	0	0
d.	Working with families of people with dementia?	$\bigcirc$	0
e.	Identifying changes in residents' condition?	0	0
f.	Providing end-of-life care?	$\bigcirc$	$\bigcirc$
g.	Caring for residents of different cultures, values, or beliefs?	0	0
h.	Respecting residents' rights?	0	$\bigcirc$
i.	Protecting residents against injury?	$\bigcirc$	0
j.	Protecting yourself against injury?	0	0

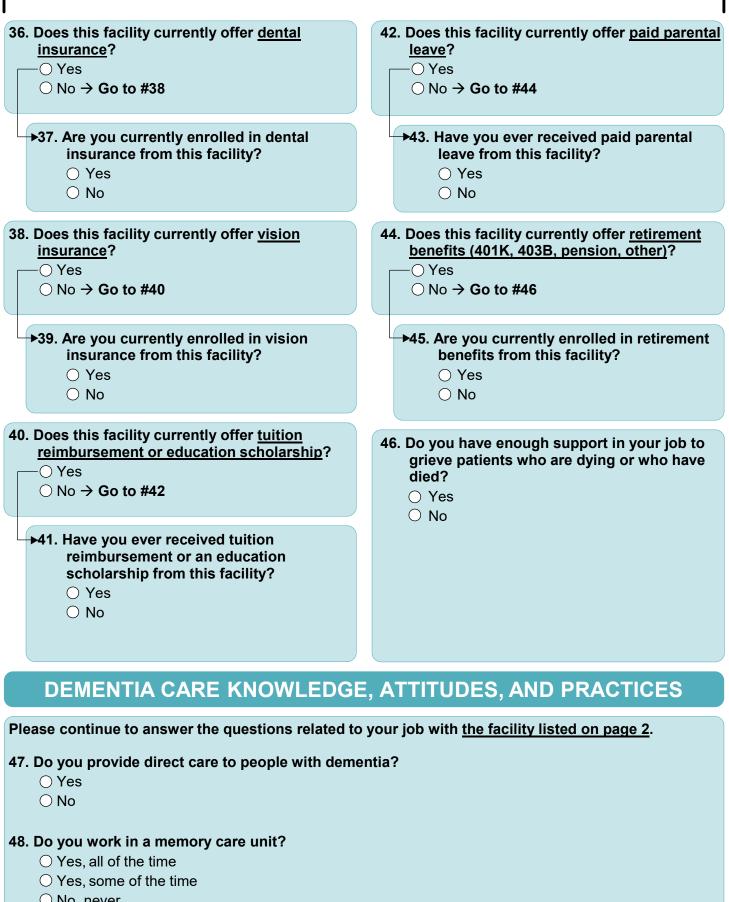
## **EMPLOYMENT STATUS**

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9.	<ul> <li>How well did your training prepare you for what it is like to actually work at your current job?</li> <li>Not at all prepared</li> <li>Somewhat prepared</li> <li>Well prepared</li> </ul>
10.	How many years have you been working for pay in long-term care, with any type of employer?
	Year(s) → <b>Go to #12</b>
	$-\bigcirc$ Less than one year
	11. How many months have you been working for pay in long-term care, with any type of employer?
	Months

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The rest of the questions in this survey are relate	d to your job with <u>the facility identified on page 2</u> .
17. How long have you worked with this employer?	23. Do you administer any of the following to your residents?
	Yes No
$\Box \qquad \text{Years} \rightarrow \textbf{Go to #19}$	a. Prescription oral medication O
C Less than one year	b. Prescription creams/ointments
▶18. How many months have you worked with this employer?	c. Over-the-counter O
Months	
	How much do you agree or disagree with the following statements:
19. How many hours per week do you usually	24. Last minute adjustments are often made
get paid for your work in this job?	to your schedule by your employer. <ul> <li>Strongly disagree</li> </ul>
hours per week	<ul> <li>O Disagree</li> </ul>
	⊖ Agree
20 How many weaks par year do you usually	<ul> <li>Strongly agree</li> </ul>
20. How many weeks per year do you usually work in this job?	
	25. You can easily anticipate what days and
weeks per year	times you will be working week-to-week.
	<ul> <li>Strongly disagree</li> </ul>
21. What shifts do you normally work in this	
job? Select all that apply.	<ul> <li>Agree</li> <li>Strongly agree</li> </ul>
□ Days	
Nights Weekends	26. Are you assigned to care for the same
<ul> <li>No regular shift schedule</li> </ul>	residents on most weeks you work, or do the residents you are assigned to change
	each week?
	○ Same residents
22. Do you supervise other staff in your job?	O Residents change
	○ Combination
⊖ No	
	27. During the past month, how did you usually
	travel from home to your job?
	<ul> <li>Got a ride from others</li> </ul>
	O Public transportation
	O Walking or bicycle
	O Taxi, van, or rideshare service
	○ Other
	4177098758





 $\bigcirc$  No, never

49. Please indicate your level of agreement or disagreement with the following statements:					ts:		
	Strongly disagree	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Strongly agree
a. It is rewarding to work with people who have dementia.	0	0	0	0	0	0	0
b. I am comfortable touching people with dementia.	0	0	0	0	0	0	0
c. I feel relaxed around people with dementia.	0	0	0	0	0	0	0
d. People with dementia can be creative.	0	0	0	0	0	0	0
e. It is possible to enjoy interacting with people with dementia.	0	0	0	0	0	0	0
f. People with dementia can enjoy life.	0	0	0	0	0	0	0

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## 50. For each item below, how confident are you in your ability to do these things with residents who have dementia?

	Not at all confident	A little confident	Somewhat confident	Very confident
a. I can use information about their past (such as what they used to do and their interests) when talking to a resident with dementia.	0	0	0	0
<ul> <li>b. I can change my work to match the changing needs of a resident with dementia.</li> </ul>	$\bigcirc$	0	0	0
c. I can keep up a positive attitude towards residents with dementia.	0	0	0	0
d. I can keep up a positive attitude towards the relatives of residents with dementia.	0	0	0	0
e. I can keep myself motivated during a working day.	0	0	0	0
f. I can play an active role in my team.	0	0	0	0
g. I can protect the dignity of a resident with dementia.	0	0	0	0
h. I can deal with personal care, such as incontinence, in a resident with dementia.	0	0	0	0
<ul> <li>I can offer choice to a resident with dementia (such as what to wear, or what to do).</li> </ul>	0	0	0	0

#### 51. Please indicate how much you agree or disagree with the following statements:

	•			
	Strongly disagree	Disagree	Agree	Strongly agree
a. I have appropriate personal protective equipment (PPE).	0	0	0	0
b. Equipment or assistive devices are available when needed to help move, transfer, or lift residents.	0	0	0	0
c. Other staff are available when needed to help move, transfer, or lift residents.	0	0	0	0
d. The health and safety of workers is a high priority with management where I work.	0	0	$\bigcirc$	0
e. The demands of my job interfere with my personal or family life.	0	0	0	0

# 52. Thinking about your job at this facility, please indicate your level of satisfaction or dissatisfaction with each of the following:

	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
a. Overall job	0	0	0	0
b. Schedule of hours	0	0	0	0
c. Salary or wages	0	0	0	0
d. Benefits	0	0	$\bigcirc$	0
e. Type of work that you do	0	0	$\bigcirc$	0
f. Opportunities to learn new skills	0	0	$\bigcirc$	0
g. Independence at work	0	0	0	0
h. Working with your supervisor	0	0	$\bigcirc$	0
i. Working with your coworkers	0	0	0	0
j. Opportunities for career advancement	0	0	$\bigcirc$	0
k. Relationship with residents	0	0	0	0
I. Relationship with family members of residents	0	0	0	0
m. Your workload	0	0	$\bigcirc$	0
n. Respect for your role	0	0	$\bigcirc$	0
o. Work schedule flexibility	0	0	0	0
p. Work environment	0	0	$\bigcirc$	0
q. Ability to take enough sick time	0	0	0	0

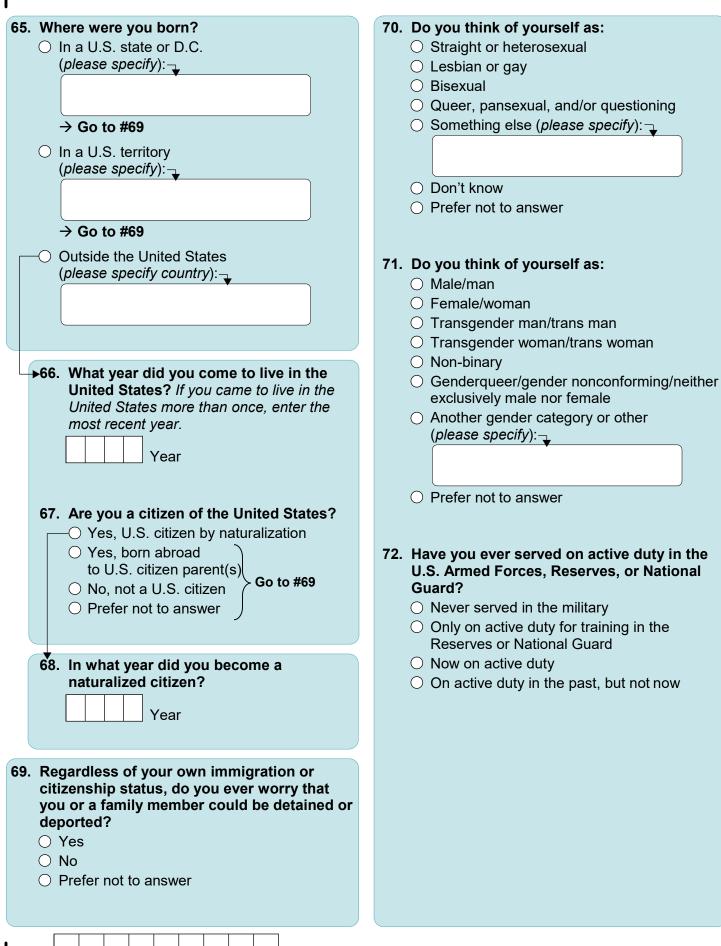
# 53. Thinking about your job at this facility, how much do you agree or disagree with each of the following?

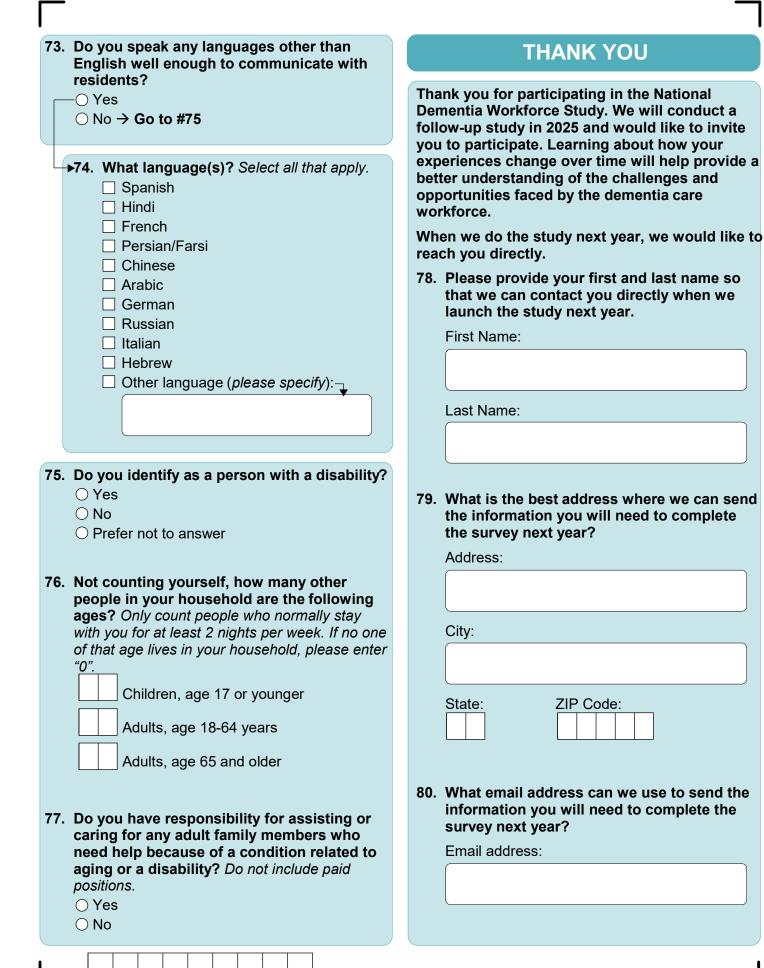
	Strongly disagree	Disagree	Agree	Strongly agree
a. I have enough time to give individual attention to residents who need assistance with dressing, bathing, transferring, or using the toilet.	0	0	0	0
b. I have enough time to complete other duties that don't directly involve the residents.	0	0	0	0
<ul> <li>c. Residents and/or families let me know when I am doing a good job.</li> </ul>	0	0	0	0
d. My supervisor(s) lets me know when I am doing a good job.	0	0	0	0
e. I am encouraged to discuss the care and well- being of residents with their families.	0	0	0	0
f. I participate as a member of a care team.	0	0	0	0

#### 54. In your job at this facility over the past year, how often have you experienced the following:

	Never	Rarely	Sometimes	Often
a. Communication problems with co-workers	$\bigcirc$	$\bigcirc$	$\bigcirc$	0
<ul> <li>b. Communication problems with supervisor(s)</li> </ul>	0	0	0	0
c. Communication problems with residents	$\bigcirc$	$\bigcirc$	$\bigcirc$	0
d. Communication problems with residents' family members	0	0	0	0
e. Disrespectful behavior from residents	$\bigcirc$	$\bigcirc$	$\bigcirc$	0
<ul> <li>f. Disrespectful behavior from residents' family members</li> </ul>	0	$\bigcirc$	0	0
g. Racial, ethnic, religious, or other personal insults from residents	0	0	$\bigcirc$	0
h. Inappropriate sexual behavior from residents	$\bigcirc$	0	0	0
i. Hitting or other physical aggression from residents	0	0	0	0
j. Yelling or other verbal aggression from residents	0	0	0	0

55.	Would you recommend this facility to your	DEMOGRAPHICS
	family and friends needing care?	
	<ul> <li>Definitely no</li> </ul>	Finally, we have a few short questions that will
	○ Maybe no	help us ensure we receive feedback from a
	○ Maybe yes	diverse group of people.
	○ Definitely yes	
		62. What is your birth year?
56.	In your current job have you ever been	
	discriminated against by your employer	Year of birth
	because of your race or ethnic origin?	
	⊖ Yes	
	○ No	63. Are you of Latino or Hispanic ethnicity?
		Select all that apply.
57.	I feel burned out from my work…	○ No, not Hispanic/Latino
•	○ Never	Yes, Central American
	○ A few times a year or less	Yes, South American
	<ul> <li>Once a month or less</li> </ul>	🗌 Yes, Caribbean
	$\bigcirc$ A few times a month	🗌 Yes, Mexican
		Yes, Other Hispanic
	Once a week	
	○ A few times a week	
	○ Every day	64. What is your racial background? Select all
58	During the past 12 months, did you	that apply.
50.	experience any work-related injuries?	African-American, Black, African
		American Indian, Native American, Alaskan
	○ No → Go to #61	Native
		Asian
		► Please specify (select all that apply):
	►59. Did any of these injuries require any first	
	aid or medical treatment, change in job	
	activities, or lost time from work?	South Asian (e.g., Indian, Pakistani)
	○ Yes	Southeast Asian (e.g., Vietnamese,
	○ No	Malaysian)
		Other Asian
	60. Was any injury with your job at this	Native Hawaiian or Pacific Islander
	facility?	☐ Middle Eastern or North African
	⊖ Yes	White/European
	○ No	Other ( <i>please specify</i> ):
61	How long do you think you will continue to	
01.	work at this facility? Please remember this	
	survey is confidential.	
	$\bigcirc$ Less than 6 months	
	$\bigcirc$ 6 months - 1 year	
	<ul> <li>More than 1 year</li> </ul>	
	<ul> <li>Don't know/unsure</li> </ul>	
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81.	May we send text messages to your cell phone to contact you about the upcoming study? — Yes O No
	<ul> <li>▶82. What phone number can we use to send the information you will need to complete the survey next year?</li> <li>Area Code Number</li> </ul>
83.	Thank you for completing the survey. You will receive[FILL2] as a token of appreciation for participating in this study. What address should we send your physical prepaid Visa gift card to?
	Address:
	City:
	State:     ZIP Code:       Image: Imag
	We will send your incentive gift card to your address within the next4 weeks.
84.	Please return your questionnaire in the enclosed return envelope or mail it to:
	RTI International Cox Building – FDC
	NDWS (0219560.002.001.004)
	PO Box 12194, 3040 E Cornwallis Rd
	Research Triangle Park, NC 27709

Thank you for participating in the 2024 National Dementia Workforce Study.