

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

<u>Topic:</u> 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.

<u>Voluntary</u>: 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.

<u>Data Sharing</u>: 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.



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: Yes \bigcirc No 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: During the past month, did you miss any time from work because of problems with In this example, if you answer "Yes" transportation? to Question 28, you should continue No → Go to #31 to Question 29. ▶29. During the past month, how many shifts did you miss because of transportation If you answer "No" to Question 28, problems? you should skip to Question 31. Number of shifts 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 \cap No \rightarrow Go to #84 on page 15 If this facility is associated with others that have a separate license, answer all questions in relation to only the one licensed nursing home named above. 6249098750 2

Contact Information

EDUCATION, TRAINING, AND EXPERIENCE

2.	Have you ever held a state license, certification, or registration related to your job in a nursing home? — ○ Yes ○ No → Go to #5	5. A	Are you currently working towar certificate, license, or degree rhealthcare? Yes No		to
	➤3. Please select the state licenses,	6. W	Vhich of the following describes level of education? Some high school coursework High school diploma or equivation of the coursework Practical/vocational nursing discertificate Diploma from a hospital-based Associate degree Bachelor's degree Master's degree Doctoral degree Other (please specify):	alent ploma	or
	O None of the above	7. H	lave you ever received formal tr or in-person course) in		
				Yes	No
	4. Please check any state licenses, certifications, or registrations that you		a. Understanding dementia? b. Responding to resident behaviors?	0	0
	have ever held in the past, even if it is not current: Select all that apply. Licenses		c. Communicating with people with dementia?	0	0
	☐ RN ☐ LPN/LVN		d. Working with families of people with dementia?	0	0
	Other (please specify):		e. Identifying changes in residents' condition?	0	0
			f. Providing end-of-life care?	0	0
	Certification or Registration Certified Nursing Assistant		g. Caring for residents of different cultures, values, or beliefs?	0	0
	☐ Home Health Aide☐ Personal Care Aide/Assistant		h. Respecting residents' rights?	0	0
	☐ Medication Aide☐ Other (please specify):		i. Protecting residents against injury?	0	0
			j. Protecting yourself against injury?	0	0

		Yes	No
	a. Understanding dementia?	0	0
	b. Responding to resident behaviors?	0	0
	c. Communicating with people with dementia?	0	0
	d. Working with families of people with dementia?	0	0
	e. Identifying changes in residents' condition?	0	0
	f. Providing end-of-life care?	0	0
	g. Caring for residents of different cultures, values, or beliefs?	. 0	0
	h. Respecting residents' rights?	0	0
	i. Protecting residents against injury?		0
	j. Protecting yourself against injury?	0	0
v j (((() () () () () () () ()	low well did your training pre what it is like to actually work ob? Not at all prepared Somewhat prepared Well prepared low many years have you bee	at your	current
er	mployer? Year(s) → Go to #12		
	mployer?		
	nployer? Year(s) → Go to #12 Less than one year I. How many months have you working for pay in long-term		

The rest of the questions in this survey are related to your job with the facility identified on page 2.

17. How long have you worked with this	23. Do you administer any of the following to
employer?	your residents? Yes No
Years → Go to #19 Less than one year	a. Prescription oral medication
C Less than one year	b. Prescription creams/ointments
▶18. How many months have you worked with this employer?	c. Over-the-counter medications
Months	How much do you agree or disagree with the following statements:
19. How many hours per week do you usually get paid for your work in this job? hours per week	 24. Last minute adjustments are often made to your schedule by your employer. Strongly disagree Disagree
20. How many weeks per year do you usually work in this job?	○ Agree○ Strongly agree
weeks per year	 25. You can easily anticipate what days and times you will be working week-to-week. Strongly disagree Disagree
21. What shifts do you normally work in this job? Select all that apply. Days Evenings	 Agree Strongly agree
☐ Nights☐ Weekends☐ No regular shift schedule	 26. Are you assigned to care for the same 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?YesNo	Residents changeCombination
	 27. During the past month, how did you usually travel from home to your job? Drove yourself Got a ride from others Public transportation Walking or bicycle Taxi, van, or rideshare service Other

	During the past month, did you miss any time from work because of problems with transportation? -○ Yes ○ No → Go to #31	32	32. Do you currently have health insurance? Select all that apply. Yes, from this job Yes, from another job Yes, from spouse's or partner's job Yes, from parent or parent's job Yes, Medicaid Yes, Medicare Yes, Veterans Affairs(VA) Yes, from the Affordable Care Act/Exchange No, I do not have health insurance				
	29. During the past month, how many shifts did you miss because of transportation problems? Number of shifts						
	30. During the past month, how many times were you late because of transportation problems?	33	 Does this facility offer benefits? If yes, how you currently received 	man ? Ben	y days per year do efit If yes		
	Number of times				red? → # days Yes per year		
31.	How are you paid? First, select one (hourly, weekly, twice-monthly or monthly) and then report your wage.		a. Paid time off (PTO) that combines sick and vacation	0	○ → □ □		
	Hourly wage What is your hourly wage before taxes? \$		b. Paid sick time that is separate from vacation time	0	○ →		
	Weekly salary What is your weekly salary before taxes?		c. Paid vacation time that is separate from sick time	0	○ → □ □		
	Twice-monthly salary What is your twice-month salary before taxes? \$,	34	 Does this facility cur insurance for employ Yes No → Go to #36 or 	<u>/ees'</u>	families?		
	→What is your monthly salary before taxes? \$, , , , , , , , , , , , , , , , , , ,		→35. Is your family cu health insurance ○ Yes ○ No				
		6			0102098752		

36. Does this facility currently offer dental insurance? ○ Yes ○ No → Go to #38	42. Does this facility currently offer <u>paid parental</u> <u>leave</u> ? ○ Yes ○ No → Go to #44
▶37. Are you currently enrolled in dental insurance from this facility? ○ Yes ○ No	▶43. Have you ever received paid parental leave from this facility? ○ Yes ○ No
38. Does this facility currently offer vision insurance? ○ Yes ○ No → Go to #40	44. Does this facility currently offer retirement benefits (401K, 403B, pension, other)? ○ Yes ○ No → Go to #46
▶39. Are you currently enrolled in vision insurance from this facility? ○ Yes ○ No	▶45. Are you currently enrolled in retirement benefits from this facility? ○ Yes ○ No
40. Does this facility currently offer <u>tuition</u> <u>reimbursement or education scholarship?</u> O Yes O No → Go to #42	46. Do you have enough support in your job to grieve patients who are dying or who have died?YesNo
▶41. Have you ever received tuition reimbursement or an education scholarship from this facility? ○ Yes ○ No	
DEMENTIA CARE KNOWLEDGE	E, ATTITUDES, AND PRACTICES
Please continue to answer the questions related to 47. Do you provide direct care to people with deme	· · · · · · · · · · · · · · · · · · ·
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49.	9. Please indicate your level of agreement or disagreement with the following statements:							
		Strongly disagree	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Strongly agree
\ 	It is rewarding to work with people who have dementia.	0	0	0	0	0	0	0
1 1	l am comfortable touching people with dementia.	0	0	0	0	0	0	0
i (l feel relaxed around people with dementia.	0	0	0	0	0	0	0
(People with dementia can be creative.	0	0	0	0	0	0	0
t i	It is possible to enjoy interacting with people with dementia.	0	0	0	0	0	0	0
(People with dementia can enjoy life.	0	0	0	0	0	0	0

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
b. I can change my work to match the changing needs of a resident with dementia.	0	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
 I can offer choice to a resident with dementia (such as what to wear, or what to do). 	0	0	0	0

		Stroi disag		Disagr	ee	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 h move, transfer, or lift residents.	elp	0	1	0		0	0
d. The health and safety of workers is a high priority with management where I work.		0	l	0		\circ	0
e. The demands of my job interfere with my personal or family life.		0	1	0		0	0
Thinking about your job at this facility, pleas with each of the following:	Ve	_		el of sat		ction or d atisfied	ssatisfaction Very satisfied
a. Overall job				0		0	0
b. Schedule of hours				0		0	0
c. Salary or wages				0		0	O
d. Benefits				0		0	0
e. Type of work that you do				0		0	0
f. Opportunities to learn new skills				0		0	0
g. Independence at work				0		0	0
h. Working with your supervisor				0		0	0
i. Working with your coworkers				0		0	0
j. Opportunities for career advancement				0		0	0
k. Relationship with residents				0		0	0
I. Relationship with family members of residents				0		0	0
m. Your workload				0		0	0
n. Respect for your role				0		0	0
o. Work schedule flexibility				0		0	0
p. Work environment				0		\circ	\circ

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

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q. Ability to take enough sick time

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
c. Residents and/or families let me know when I am doing a good job.	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	0	0	0	0
b. Communication problems with supervisor(s)	0	0	0	0
c. Communication problems with residents	0	0	0	0
d. Communication problems with residents' family members	0	0	0	0
e. Disrespectful behavior from residents	0	0	0	0
f. Disrespectful behavior from residents' family members	0	0	0	0
g. Racial, ethnic, religious, or other personal insults from residents	0	0	0	0
h. Inappropriate sexual behavior from residents	0	0	0	0
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 family and friends needing care?	DEMOGRAPHICS
	Definitely noMaybe noMaybe yesDefinitely yes	Finally, we have a few short questions that will help us ensure we receive feedback from a diverse group of people. 62. What is your birth year?
56.	In your current job have you ever been discriminated against by your employer because of your race or ethnic origin? Yes	Year of birth
	○ No	63. Are you of Latino or Hispanic ethnicity? Select all that apply.
57.	I feel burned out from my work Never A few times a year or less Once a month or less A few times a month Once a week A few times a week	 ○ No, not Hispanic/Latino ☐ Yes, Central American ☐ Yes, South American ☐ Yes, Caribbean ☐ Yes, Mexican ☐ Yes, Other Hispanic
	○ Every day	64. What is your racial background? Select all that apply.
58.	During the past 12 months, did you experience any work-related injuries? O Yes O No → Go to #61	 □ African-American, Black, African □ American Indian, Native American, Alaskan 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? ○ Yes ○ No 	 ☐ Filipino ☐ Chinese ☐ South Asian (e.g., Indian, Pakistani) ☐ Southeast Asian (e.g., Vietnamese, Malaysian) ☐ Other Asian
	60. Was any injury with your job at this facility? ○ Yes ○ No	 □ Native Hawaiian or Pacific Islander □ Middle Eastern or North African □ White/European □ Other (please specify): □
61.	How long do you think you will continue to work at this facility? Please remember this survey is confidential. Less than 6 months 6 months - 1 year More than 1 year Don't know/unsure	
		2 8974098757

65. Where were you born?	70. Do you think of yourself as:
○ In a U.S. state or D.C.	Straight or heterosexual
(please specify):¬_	○ Lesbian or gay
(produce epochy):	· · · · · · · · · · · · · · · · · · ·
	○ Bisexual
	 Queer, pansexual, and/or questioning
→ Go to #69	○ Something else (please specify): ¬
○ In a U.S. territory	
(please specify):-	
	O Don't know
	Prefer not to answer
)	
→ Go to #69	
Outside the United States	74 B (11.1. f 16
(please specify country):	71. Do you think of yourself as:
(pisass spesify seamery):	○ Male/man
	○ Female/woman
	Transgender man/trans man
	_
	Transgender woman/trans woman
SEE What year did you some to live in the	○ Non-binary
→66. What year did you come to live in the	 Genderqueer/gender nonconforming/neither
United States? If you came to live in the	exclusively male nor female
United States more than once, enter the	Another gender category or other
most recent year.	(please specify):
N/	(picase specify).
Year	
	O Prefer not to answer
67. Are you a citizen of the United States?	
Yes, U.S. citizen by naturalization	
○ Yes, born abroad	72. Have you ever served on active duty in the
to U.S. citizen parent(s) Go to #69	U.S. Armed Forces, Reserves, or National
O No, not a U.S. citizen	Guard?
○ Prefer not to answer	 Never served in the military
	Only on active duty for training in the
	Reserves or National Guard
68. In what year did you become a	Now on active duty
naturalized citizen?	· ·
naturanzeu citizen ?	On active duty in the past, but not now
Voor	
Year	
69. Regardless of your own immigration or	
citizenship status, do you ever worry that	
you or a family member could be detained or	
deported?	
○ Yes	
O No	
Prefer not to answer	

73.	Do you speak any languages other than English well enough to communicate with residents?	THANK YOU	
	- ○ Yes ○ No → Go to #75	Thank you for participating in the National Dementia Workforce Study. We will conduct a follow-up study in 2025 and would like to invite you to participate. Learning about how your	
	▶74. What language(s)? Select all that apply. ☐ Spanish ☐ Hindi ☐ French	experiences change over time will help provide a better understanding of the challenges and opportunities faced by the dementia care workforce.	
	☐ Persian/Farsi ☐ Chinese	When we do the study next year, we would like t reach you directly.	
	☐ Chinese ☐ Arabic ☐ German ☐ Russian	78. Please provide your first and last name so that we can contact you directly when we launch the study next year.	
	☐ Russian ☐ Italian	First Name:	
	☐ Hebrew ☐ Other language (<i>please specify</i>):		
		Last Name:	
75 .	Do you identify as a person with a disability?		
	○ Yes	79. What is the best address where we can send	
	○ No ○ Prefer not to answer	the information you will need to complete the survey next year?	
		Address:	
76.	Not counting yourself, how many other		
	people in your household are the following ages? Only count people who normally stay		
	with you for at least 2 nights per week. If no one of that age lives in your household, please enter		
	"O".		
	Children, age 17 or younger	State: ZIP Code:	
	Adults, age 18-64 years		
	Adults, age 65 and older		
		80. What email address can we use to send the	
77.	Do you have responsibility for assisting or caring for any adult family members who	information you will need to complete the survey next year?	
	need help because of a condition related to	Email address:	
	aging or a disability? Do not include paid positions.		
	○ Yes		
	○ No		
		14 0990098757	

81.	May we send text messages to your cell phone to contact you about the upcoming study? ─○ Yes ○ No	
	▶82. What phone number can we use to send the information you will need to complete the survey next year?	
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: 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.		