

Appendix 9.2. Staff Survey: “Tell Us About Your Nursing Home”

Directions: Please answer each item, as you believe things REALLY ARE, not as you think they should be. Think about people you work with at the nursing home as you answer each question. Your answers are CONFIDENTIAL!

Co-workers: people in your facility with whom you share responsibility for resident care.

Section 1:

For the items in Section 1 below, please circle the number that most accurately describes your feelings about what is going on in this nursing home. For each statement circle only one number on the scale, with 1 meaning Strongly Disagree and 5 meaning Strongly Agree with the statement.

Section 1 Domain Codes:

TC = Team Cohesion; CCOR = Communication & Coordination; TP = Team Performance; n = reverse coded

Section 1:	Strongly Disagree				Strongly Agree
1. I look forward to working with others in this facility each day. (TC)	1	2	3	4	5
2. The goals and values of this nursing home are different from my own. (TC-n)	1	2	3	4	5
3. I take pride in being associated with my co-workers. (TC)	1	2	3	4	5
4. I identify with the goals and objectives of this nursing home. (TC)	1	2	3	4	5
5. If I had a chance to change my unit in this facility, for the same pay and same work, I would not want to. (TC)	1	2	3	4	5
6. My co-workers and I rarely meet with our supervisor/leader to discuss resident care and other issues. (CCOR-n)	1	2	3	4	5
7. When we do meet to discuss resident care and other issues, our meetings are disorganized. (CCOR-n)	1	2	3	4	5
8. I feel I am part of a team. (TC)	1	2	3	4	5
9. Our written care plans and work schedules are very effective. (TC)	1	2	3	4	5
10. It is not easy to talk openly with my co-workers. (CCOR-n)	1	2	3	4	5
11. I never have to double-check information given to me by my co-workers. (CCOR)	1	2	3	4	5
12. There is good communication between workers across shifts. (CCOR)	1	2	3	4	5
13. It is easy to ask for advice from my co-workers. (CCOR)	1	2	3	4	5
14. I have received incorrect information from others in this nursing home more than once. (CCOR-n)	1	2	3	4	5
15. I enjoy talking with my co-workers. (CCOR)	1	2	3	4	5
16. When a resident’s condition changes, I get the right information quickly. (CCOR)	1	2	3	4	5
17. Some of my co-workers do not totally understand the information they receive. (CCOR-n)	1	2	3	4	5
18. Poor cooperation with other departments makes it hard to do our work. (CCOR-n)	1	2	3	4	5

19.	Co-workers are available to assist each other with patient care. (CCOR)	1	2	3	4	5
20.	I feel that I have a good understanding of resident care plans. (CCOR)	1	2	3	4	5
21.	We are not always well informed regarding events that happen on other shifts. (CCOR-n)	1	2	3	4	5
Section 1: Continued...		Strongly Disagree		Strongly Agree		
22.	My co-workers do not always have the same understanding of resident care plans and goals. (CCOR-n)	1	2	3	4	5
23.	We do a good job of meeting the needs of our residents' families. (TP)	1	2	3	4	5
24.	My co-workers contribute their experience and expertise to produce good quality of care for residents. (TP)	1	2	3	4	5
25.	We do a good job of meeting residents' care needs. (TP)	1	2	3	4	5
26.	We respond well to emergencies. (TP)	1	2	3	4	5
27.	We almost always meet our resident treatment goals. (TP)	1	2	3	4	5
28.	Although we care for people with a variety of needs, our residents experience good outcomes. (TP)	1	2	3	4	5
29.	Overall, my co-workers and I function very well together. (TP)	1	2	3	4	5

Section 2:

For each statement in Section 2 below, please circle the number that most accurately describes your view about what is going on in this nursing home. For each statement circle only one number on the scale, with 1 meaning Strongly Disagree and 5 meaning Strongly Agree with the statement.

Section 2 EOL Domain Codes: Assess = Assessment; DEL = Delivery; CCP = Communication & coordination among providers; CRF = Communication with residents and families; n = reverse coded

Section 2:		Strongly Disagree		Strongly Agree		
1.	When residents do not complain of pain nursing staff assess their symptoms on every shift (Assess)	1	2	3	4	5
2.	Nursing staff are often reluctant to administer opioid medications to treat severe pain. (DEL-n)	1	2	3	4	5
3.	When a prescribing clinician is informed about a resident being in pain, a new order is typically written within 2 hours or less. (CCP)	1	2	3	4	5
4.	For residents in pain at the end-of-life, medications are routinely provided around the clock. (DEL)	1	2	3	4	5
5.	Nursing staff have good understanding of physical needs of residents at the end-of-life. (Assess)	1	2	3	4	5
6.	Nursing staff are often not clear about families' treatment priorities and preferences for their loved ones. (CRF-n)	1	2	3	4	5
7.	Medical staff are reluctant to prescribe opioids for residents who are significantly short of breath at the EOL. (DEL-n)	1	2	3	4	5
8.	When residents complain of pain, nursing staff typically respond within 30 minutes with a thorough pain assessment. (Assess)	1	2	3	4	5
9.	There is sufficient pain management expertise in our facility. (DEL)	1	2	3	4	5
10.	Nursing staff regularly discuss issues concerning management of pain and other symptoms of residents during daily reports/meetings. (CCP)	1	2	3	4	5

11.	When residents are depressed at the end-of-life, counseling and/or medications are promptly initiated. (DEL)	1	2	3	4	5
12.	When PRN (as needed) pain medication is administered residents are typically reassessed within 1 hour or less. (Assess)	1	2	3	4	5
13.	When a resident approaches death, family members often disagree with staff about treatments. (CRF-n)	1	2	3	4	5
14.	Nursing assistants often inaccurately report residents' symptoms such as pain, anxiety or shortness of breath to their supervisors. (CCP-n)	1	2	3	4	5
15.	Nursing staff have good understanding of the needs of family members of residents who are at the end-of-life. (Assess)	1	2	3	4	5
Section 2: Continued...		Strongly Disagree		Strongly Agree		
16.	Our physicians are reluctant to discuss end-of-life issues with residents/families. (CRF-n)	1	2	3	4	5
17.	There are often delays in relaying information about residents' care needs between providers in this facility. (CCP-n)	1	2	3	4	5
18.	Nursing staff do a good job assessing residents' pain. (Assess)	1	2	3	4	5
19.	Our physicians, nurses, and nursing assistants share similar goals in caring for EOL residents. (CCP)	1	2	3	4	5
20.	Families are usually reluctant to discuss end-of-life issues with our staff physicians. (CRF-n)	1	2	3	4	5
21.	Nursing staff need to do a better job assessing pain in patients who are non-verbal. (Assess-n)	1	2	3	4	5
22.	Our staff routinely use non-pharmacological therapies to provide relief from distressing symptoms. (DEL)	1	2	3	4	5
23.	When problems with resident care arise, nursing staff generally work well together to problem solve. (CCP)	1	2	3	4	5
24.	Nursing staff are good at recognizing when a resident is actively dying. (Assess)	1	2	3	4	5
25.	Nursing staff lack confidence to discuss issues of death and dying with the residents and their family members (CRF-n)	1	2	3	4	5
26.	Nursing staff are not fully comfortable with their ability to assess symptoms of residents at the end of life. (Assess-n)	1	2	3	4	5
27.	Residents/families do not have a good understanding of the risks of CPR. (CRF-n)	1	2	3	4	5
28.	When a resident's condition worsens, the head nurse/supervisor gets information quickly. (CCP)	1	2	3	4	5
29.	Residents/families understand the risk/benefits of feeding tubes. (CRF)	1	2	3	4	5
30.	Nursing staff always assess for the emotional needs of residents at the end-of-life. (Assess)	1	2	3	4	5
31.	Our residents/families understand what hospice is. (CRF)	1	2	3	4	5
32.	Nursing assistants consistently report pain and other distressing symptoms of residents to the appropriate clinician. (CCP)	1	2	3	4	5

Section 3:

Please rate your work environment as described by each statement below. For each statement on the left, circle only one number that most accurately describes your nursing home environment.

Section 3 Domain Codes: All are work environment, none are reverse coded.

1.	We are usually	Under Staffed	1	2	3	4	5	Well Staffed
2.	My usual work schedule is	Inflexible	1	2	3	4	5	Flexible
3.	Compared to other facilities, my pay is	Worse	1	2	3	4	5	Better
4.	Compared to other facilities, my benefits are	Worse	1	2	3	4	5	Better
5.	Workers in this facility	Don't get along	1	2	3	4	5	Get along well
6.	Workers and management	Don't get along	1	2	3	4	5	Get along well
7.	With regard to palliative and end-of-life care, the on the job training I receive in this facility is	Insufficient	1	2	3	4	5	Sufficient
8.	Opportunities for promotion here are	Insufficient	1	2	3	4	5	Sufficient
9.	Overall, my work environment is	Unsatisfactory	1	2	3	4	5	Satisfactory
10.	Most days I find my job here very	Unsatisfactory	1	2	3	4	5	Satisfactory

Section 4:

In this section, we ask about the on-going in-service education on palliative and end-of-life care that you may have received in this facility. For each statement on the left, circle the one number (from 1 to 5) that most accurately describes the extent of education you have received on each topic (where 1=none and 5= a lot).

Section 4 Domain Codes: All are about education in EOL care, none are reverse coded.

With regard to:

The extent of education I have received is:

Section 4:		None				A lot
1.	Basic knowledge of ethics pertaining to palliative and end-of-life decision-making	1		2	3	4 5
2.	Basic knowledge of law/regulation pertaining to palliative and end-of-life decision making	1		2	3	4 5
3.	The symptoms and stages of dying	1		2	3	4 5
4.	Communication skills for understanding and supporting dying residents and their families	1		2	3	4 5
5.	Pain assessment and management	1		2	3	4 5
6.	Assessment of non-pain symptoms and complications, eg, fatigue, anxiety, constipation	1		2	3	4 5
7.	Benefits and risks of feeding tubes	1		2	3	4 5
8.	Promoting dignity, relationships, and sense of control at the end-of-life	1		2	3	4 5
9.	Religious and spiritual aspects of palliative and end-of-life care	1		2	3	4 5
10.	Cultural preferences regarding end-of-life	1		2	3	4 5
11.	Role of hospice in nursing facilities	1		2	3	4 5
12.	Bereavement care for staff	1		2	3	4 5

Section 5:

Your nursing home leaders expressed interest in implementing a palliative care team in this facility. By rating each statement below you will help us to assess your facility's current readiness to undertake such change. On a scale from Strongly Disagree (1) to Strongly Agree (5), please circle the one number that best expresses your feelings about each statement.

Definition: Palliative care (PC) provides for the assessment and treatment of pain and other symptoms, helps with patient-centered

communication and decision-making, and coordinates care across the continuum of settings.

Section 5 Domain Codes: All measure facility Readiness for PC Teams.

Section 5:		Strongly Disagree		Strongly Agree		
	Most staff in this facility think better palliative care is needed here.	1	2	3	4	5
	Most staff agree that palliative care improves residents' care.	1	2	3	4	5
	I believe the facility's leaders are committed to improving palliative care.	1	2	3	4	5
	I think the supervisors or first-line managers would be supportive of palliative care teams in this nursing home.	1	2	3	4	5
	In this facility, the details of major changes are not typically communicated to staff before changes occur. -n	1	2	3	4	5
	There are effective ways for employees to give feedback about any change that takes place in this facility.	1	2	3	4	5
Section 5: Continued...		Strongly Disagree		Strongly Agree		
7.	There are a lot of unresolved issues around here. -n	1	2	3	4	5
8.	This facility has a history of handling change pretty well.	1	2	3	4	5
9.	The facility's leadership has a history of doing what it says it will do.	1	2	3	4	5
10.	If the leadership wants to implement PC teams they can pull it off successfully.	1	2	3	4	5
11.	Decisions are not generally made in a timely fashion around here. -n	1	2	3	4	5
12.	When people get new roles or tasks, they can usually count on getting the training and coaching that they need to do the job.	1	2	3	4	5
13.	When faced with new and challenging situations, this organization forgets turf-issues and gets problems solved.	1	2	3	4	5
14.	It is safe to take risks in this facility; failure for a good reason isn't punished.	1	2	3	4	5
15.	People's commitment to their work here is not as high as it was a year ago. -n	1	2	3	4	5
16.	The facility's leadership has a history of making changes first and only then informing the staff. -n	1	2	3	4	5
17.	Management generally practices what it preaches.	1	2	3	4	5
18.	The facility's leadership generally cares how change will affect the rest of us.	1	2	3	4	5

Section 6:

BACKGROUND INFORMATION. To mark your answer, please check the correct box or PRINT your answer in the space provided

1. Experience:

a. Your current occupation or profession:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> 1 CNA | <input type="checkbox"/> 5 Physician |
| <input type="checkbox"/> 2 Nurse, LPN | <input type="checkbox"/> 6 Other |
| <input type="checkbox"/> 3 Nurse, RN | (specify) _____ |
| <input type="checkbox"/> 4 Social Worker | |

b. Years employed in your current occupation or profession: _____ years

c. Full-time or Part-time employee:

- | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1 Full-time | <input type="checkbox"/> 2 Part-time | <input type="checkbox"/> 3 Per Diem |
|--------------------------------------|--------------------------------------|-------------------------------------|

d. Years at this facility: _____ years

e. Current job title: _____

f. Years in current position in this facility: _____ years

2. Education:

a. Highest Education Level:

- | | |
|--|--|
| <input type="checkbox"/> 1 Less than High School | <input type="checkbox"/> 5 Post-Graduate |
| <input type="checkbox"/> 2 High School | <input type="checkbox"/> 6 Other |
| <input type="checkbox"/> 3 More than High School | (specify) _____ |
| <input type="checkbox"/> 4 College Graduate | |

1. Demographics:

a. Age: _____

b. Gender:

- | |
|-----------------------------------|
| <input type="checkbox"/> 1 Male |
| <input type="checkbox"/> 2 Female |

c. How would you describe your race and ethnicity? *Please check only one box in each group:*

i. Race:

- | | |
|---|----------------------------------|
| <input type="checkbox"/> 1 African-American/Black | <input type="checkbox"/> 4 Other |
| <input type="checkbox"/> 2 White | (specify) _____ |
| <input type="checkbox"/> 3 Asian other Pacific Islander | |

ii. Ethnicity:

- | |
|---|
| <input type="checkbox"/> 1 Hispanic or Latino |
| <input type="checkbox"/> 2 Not Hispanic or Latino |

If there is anything else about your work environment that you believe directly affects palliative and end-of-life care in this facility, and that was not captured in this questionnaire, please feel free to let us know by enclosing another page.

Please put completed survey into return envelope provided and mail it back through US Post Office mail.

Remember to include your raffle ticket if you wish to participate in the drawing.

THANK YOU VERY MUCH!

IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE IN COMPLETING THIS QUESTIONNAIRE PLEASE CALL TOLL-FREE:

1-888-334-7788

Monday through Friday 9am – 5pm