

Worker Survey

Draft

June 24, 2004

Note: Many items adopted or adapted from Peter Kemper, Diane Brannon, Kathryn Dansky, Teta Barry clinical manager survey (March 2004) constructed for Better Jobs Better Care Study (in which they relied heavily on upcoming national survey of nursing home aides developed by Mathematica under ASPE's National Initiative.)

Dear Worker,

You are one of over 600 direct care providers participating in a study to improve the jobs of direct care workers here in Maine working in home care agencies. Your answers to these questions are very important to the success of this project. Please answer them as honestly as you can and remember that your answers will be kept confidential.

To protect your privacy all information you provide to us will be stored under a randomly assigned number rather than your name or any other identifying information. In addition, all records will be kept in password protected files in a locked office and will be destroyed at the end of the project. Any reports generated from this study will not include any information that will make it possible to identify you or your place of work. Your participation in this study is voluntary and you are free to withdraw at any time. You can decline to answer any of the questions.

If you would like to first verify the validity of this call and the survey, please call Ellen Schneider, Deputy Director of the Governor's Office of Health Policy at [phone number]. If you have any questions about this research project itself, for example regarding what kinds of analysis are being done and why, you may contact Lisa Morris at 780-5876. And if you have any questions or concerns regarding the protection of your privacy, please contact Christina Booth, Coordinator, Office of Research Compliance, USM at 207-780-4517.

The following questions relate to your previous work experience, before you came to work for [agency name].

1. How long have you worked as a direct care worker (not just at your current job but overall)?
_____ years _____ months
2. Before the job you currently hold, did you work outside the home?
YES
NO
3. If yes, what kind of job was the one you held prior to your current job (occupation, work title, description)?
4. How long did you work at this job? Years _____ months _____

19. Do you have paid time off (vacation, sick or personal days)?

- Yes
- No
- Not yet, but will after I've been at job longer (ask how long)
- Not sure/don't know
- Other (describe)

20. If yes to question #19, how many paid days off do you get per year? _____

21. If no to question #19, does your employer provide you with unpaid time off?

- Yes
- No
- Not yet, but will after I've been at job longer (ask how long)
- Not sure/don't know
- Other (describe)

22. If yes to #21, how many unpaid days off per year (month?) are you permitted to take without getting into trouble? _____ (number, not sure, etc.)

23. Say there was an unplanned for but short-term emergency or difficulty in your life (for example, your child gets sick and day care will not keep him/her, other family member gets ill and needs assistance, unscheduled doctors appointment, your car breaks down, etc.) would you say that your employer would be:

- Very accommodating (easy going and helpful) _____
- Somewhat accommodating _____
- Sometimes accommodating _____
- Not very accommodating _____
- Never accommodating _____
- Not sure/don't know _____
- Other (describe) _____

24. What if you wanted to schedule one day of time off at least one week in advance, how likely is it that you would be able to get your shift/clients covered?

- Easy, my employer and/or coworkers are helpful in this way _____
- Relatively easy, as long as I asked far enough ahead of time _____
- Not very easy, its difficult to get coverage _____
- Almost impossible _____
- Not sure/don't know _____
- Other (describe) _____

25. What if you wanted to schedule one week of time off at least one month in advance, how likely is it that you would be able to get your shift/clients covered?

- Easy, my employer and/or coworkers are helpful in this way _____
- Relatively easy, as long as I asked far enough ahead of time _____
- Not very easy, its difficult to get coverage _____
- Almost impossible _____
- Not sure/don't know _____
- Other (describe) _____

26. If you have an unexpected family emergency and need time off from work, how comfortable do you feel calling in sick or asking for time off?

- very comfortable _____
- moderately comfortable _____
- not at all comfortable _____
- I'm afraid I would lose my job _____
- don't know/not sure _____
- other (describe) _____

27. If you could choose the ideal number of hours to work per week, how many hours per week would you work? _____

28. If you could choose the ideal weekly schedule, would your work (check all that reflect your schedule preference):

- Mornings _____
- Afternoons _____
- Days _____
- Nights/evenings _____
- Overnights _____
- Saturdays _____
- Sundays _____
- Don't know/not sure _____
- Doesn't matter _____
- Other (please describe) _____

We are now going to ask you questions about your job at [agency name] and your work role, satisfaction, and concerns.

29. If a friend or family member needed care and asked your advice about getting care from your [agency name], would you:

- Definitely recommend it
- Probably recommend it
- Probably not recommend it
- Definitely not recommend it
- Don't know

30. If a friend or family member asked your advice about taking a direct care worker job at your workplace, would you:

- Definitely recommend it
- Probably recommend it
- Probably not recommend it
- Definitely not recommend it
- Don't know

For the following questions, think about your job right now. Indicate to what extent, if at all, each of the following is of concern.

		Not at all a concern	Somewhat a concern	Of great concern	A major concern	Not applicable
16.	Having too much to do	1	2	3	4	N/A
17.	The jobs' taking too much out of you	1	2	3	4	N/A
18.	Having to deal with emotionally difficult or stressful situations with clients	1	2	3	4	N/A
19.	Having little chance for the advancement you want or deserve	1	2	3	4	N/A
20.	The job's not using your skills	1	2	3	4	N/A
21.	The job's dullness, monotony, lack of variety	1	2	3	4	N/A
22.	Limited opportunity for professional or career development	1	2	3	4	N/A
23.	Being exposed to illness or injury	1	2	3	4	N/A
24.	The job's being too physically demanding	1	2	3	4	N/A
25.	Lack of work-related support from your supervisor	1	2	3	4	N/A
26.	Your supervisor's lack of competence (or knowledge/skill?)	1	2	3	4	N/A
27.	Your supervisor's lack of appreciation for your work	1	2	3	4	N/A
28.	Your supervisor's having unrealistic expectations for your work	1	2	3	4	N/A
29.	Your schedule makes it hard for you to meet your and your family's needs	1	2	3	4	N/A
30.	the income/wage rate	1	2	3	4	N/A

For the following questions, think about your job right now at [agency name]. Indicate to what extent, if at all, each of the following is a rewarding part of your job.

		Not at all rewarding	Somewhat rewarding	Very rewarding	Extremely rewarding	Not applicable
31.	Helping and being needed by your clients	1	2	3	4	N/A
32.	Having an impact on other people's lives	1	2	3	4	N/A
33.	Being able to make decisions on your own	1	2	3	4	N/A
34.	Being able to work on your own	1	2	3	4	N/A
35.	Challenging or interesting work	1	2	3	4	N/A
36.	The sense of accomplishment you get from doing your job	1	2	3	4	N/A
37.	The job's fitting your interests and skills	1	2	3	4	N/A
38.	The opportunity for learning new things	1	2	3	4	N/A
39.	The recognition and appreciation you get	1	2	3	4	N/A
40.	The income/wage rate	1	2	3	4	N/A

For the following statements, think about your job right at [agency name] now and indicate to what extent, if at all, you agree or disagree.

41.	I am respected by my agency/employer for my work	Strongly agree	Somewhat agree	No Opinion either way	Somewhat disagree	Strongly disagree	Not applicable
	I am respected by my supervisor for my work	Strongly agree	Somewhat agree	No Opinion either way	Somewhat disagree	Strongly disagree	Not applicable
	I am respected by my co-workers for my work	Strongly agree	Somewhat agree	No Opinion either way	Somewhat disagree	Strongly disagree	Not applicable
42.	I can decide on my own how to go about doing my work	Strongly agree	Somewhat agree	No Opinion either way	Somewhat disagree	Strongly disagree	Not applicable
43.	I am involved in challenging work	Strongly agree	Somewhat agree		Somewhat disagree	Strongly disagree	Not applicable
44.	I have a chance to gain new skills and knowledge on the job	Strongly agree	Somewhat agree	No Opinion either way	Somewhat disagree	Strongly disagree	Not applicable
45.	I am trusted to make resident care decisions	Strongly agree	Somewhat agree	No Opinion either way	Somewhat disagree	Strongly disagree	Not applicable
46.	I am confident in my ability to do my job/I have the necessary training to do my job well	Strongly agree	Somewhat agree	No Opinion either way	Somewhat disagree	Strongly disagree	Not applicable

For the following statements, think about your job right now and indicate to what extent, if at all, you agree or disagree.

47.	my supervisor provides clear instructions when assigning work	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A
48.	my supervisor treats all direct care workers equally	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A
49.	my supervisor deals with the complaints and concerns of direct care workers	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A
50.	my supervisor is open to new and different ideas, such as a new or better way of dealing with resident care.	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A
51.	my supervisor is supportive of progress in my career, such as further training	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A
52.	my supervisor helps me with my job tasks when help is needed	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A
53.	my supervisor listens to me when I am worried about a resident's care	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A
54.	my supervisor disciplines or removes other direct care workers who do not do their jobs well or their share of the work.	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A
55.	my supervisor tells me when I am doing a good job.	Strongly Agree	Somewhat Agree	No Opinion either way	Somewhat Disagree	Strongly Disagree	N/A

56. In my organization, direct care workers help each other out when necessary.

- 1-Strongly agree
- 2-Somewhat agree
- 3-Neither agree nor disagree
- 4-Somewhat disagree
- 5-Strongly disagree

57. Overall, how satisfied are you with your job?

- 1-Extremely satisfied
- 2-Somewhat satisfied
- 3-Somewhat dissatisfied
- 4-Extremely dissatisfied
- 5-Don't know

58. I really care about the future of this agency/organization.

- 1. Strongly Agree
- 2. Somewhat Agree
- 3. Neither agree nor disagree
- 4. Somewhat Disagree
- 5. Strongly Disagree

59. How likely is it that you will leave this job:

in the next 6 months	very likely	Somewhat likely	Not at all likely	I don't know
in the next 12 months/1 year	very likely	Somewhat likely	Not at all likely	I don't know
in the next 2 years	very likely	Somewhat likely	Not at all likely	I don't know

60. I often think about quitting.

- 1. Strongly Agree
- 2. Somewhat Agree
- 3. Neither agree nor disagree
- 4. Somewhat Disagree
- 5. Strongly Disagree

61. Please list, in order of importance, two things your organization could do to improve your job as a direct care worker.

- 1. _____
- 2. _____

The following questions refer to other employment (besides your primary job at [agency name]).

63. Do you work anywhere else (do you have a second job)?

YES

NO (skip to question # 69)

64. If yes, what kind of job was it? (“job title” and/or “job description”)? _____

65. How long have you been working in this **second** job?

___ so many years

___ so many months

66. In a typical week, how many hours do you work at this second job? _____

67. In a typical month, how often do you work nights (outside 6am to 6pm shift)? _____

68. In a typical month, how often do you work on the weekends (Saturday and/or Sunday)? _____

Now we have some questions about your family.

69. How many children do you have living with you? _____

70. How old is the youngest (or only) child? _____

71. If you have more than one child, how old is the oldest child? _____

72. Do you use child care (care provided by anyone besides you, your spouse, or the child’s other parent)?

YES

NO

73. What type of child care provider or school arrangements do you use **most often**?

1 FAMILY MEMBER, NEIGHBOR OR FRIEND IN THEIR HOME

2 FAMILY MEMBER, NEIGHBOR OR FRIEND IN YOUR HOME

3 FAMILY DAY CARE HOME

4 DAY CARE CENTER

5 HEAD START

7 NURSERY SCHOOL/PRESCHOOL

8 ELEMENTARY SCHOOL

9 AFTER SCHOOL PROGRAM

10 OTHER

74. Do you regularly, at least weekly, use more than one child care provider?

1 YES

2 NO

75. What type of child care provider or school arrangements do you use **second most often**?

1 FAMILY MEMBER, NEIGHBOR OR FRIEND IN THEIR HOME

2 FAMILY MEMBER, NEIGHBOR OR FRIEND IN YOUR HOME

3 FAMILY DAY CARE HOME

4 DAY CARE CENTER

- 5 HEAD START
- 7 NURSERY SCHOOL/PRESCHOOL
- 8 ELEMENTARY SCHOOL
- 9 AFTER SCHOOL PROGRAM
- 10 OTHER

76. Please rate how well your current **primary** child care arrangement is meeting **your** needs (hours, cost, location, etc.). Would you say the arrangement is . . .

- 1 Excellent
- 2 Good
- 3 Fair, or
- 4 Poor

77. Do you provide care or assistance for a disabled or chronically ill or elderly family member (child, parent, relative, spouse/partner, other)?

YES
NO

78. Are you currently married or living with a partner?

- 1 YES
- 2 NO

79. How long have you been [above marital/relationship status]? ____years ____months

80. (If YES to partner/spouse question) Typically, does your partner/spouse work outside of the home?

YES
NO

81. If yes, how many hours per week does she/he typically work? _____

82. Does your spouse/partner's **entire** workday or shift usually fall between 6am and 6pm?

YES
NO

We now have some questions about your family's income. The reason we ask these questions is to better understand how families of different income levels adjust their work and family schedules to accommodate the special needs of their children. Remember, all of your answers will be kept strictly confidential. We appreciate your sharing this information that is critical to our study.

83. During the previous year, **2003**, what is your best estimate of **your family's total annual income**, including income from work, the work of your partner, spouse or other household members, SSI, TANF, public assistance, etc. We don't need exact figures, just tell us which category your family's income was in. Was it . . .

- 1 less than 20,000
- 2 \$20,001- 30,000,
- 3 \$30,001- 40,000,
- 5 \$40,001- 50,000,
- 6 \$50,001- 60,000,
- 7 more than \$60,000,
- 8 don't know
- 9 refused to answer

84. What was your household's **total income last month from all sources?**

85. Do you own a car?

YES

NO

86. If no to question #85, how do you typically get to work?

- motorcycle
- share a vehicle with a family/household member
- public transportation
- ride from family/friends/neighbors/co-workers
- walk or bike
- other _____

87. What age did you turn on your last birthday?

— —

88. (If interviewer cannot be sure by name and voice) Are you female or male?

Female

Male

89. Did you get your high school diploma or did you receive your GED? (ASPE)

High school diploma

GED

Neither

Don't know

90. What is the highest grade or year of school that you have completed? If you completed your GED, what was the highest grade you completed before the GED? (Circle only one) (ASPE)

None	0
Elementary, Middle or Junior High School	1 2 3 4 5 6 7 8
High School	9 10 11 12
Some college/trade school	13 14 15
College graduate	16
Post-college	17
Don't know	

91. How you received any specialized training (certificate program, adult education, continuing education course, vocational training, computer course, etc.). If yes, please list and describe _____
