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Exp. Date XX/XX/20XX

**Draft Workforce Safety Supplemental Item Set**

**1/27/22**

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| **Workplace** **Safety** |

**The following questions ask about workplace safety for staff in your nursing home.**

**If a question does not apply to you or you don’t know the answer, please select “Does Not Apply or Don’t Know.”**

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| **Section A: Protection From Workplace Hazards** |

**How much do you agree or disagree with the following statements about your nursing home?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** ⯆ | **Disagree** ⯆ | **Neither**  **Agree nor Disagree ⯆** | **Agree** ⯆ | | **Strongly Agree** ⯆ | | **Does Not Apply or Don’t Know**  ⯆ |
| 1. There are good processes to protect staff from infectious diseases, body fluids, or other workplace hazards. | 1 | 2 | 3 | 4 | | 5 | | 9 |
| 1. Staff are provided with the appropriate personal protective equipment (PPE) | 1 | 2 | 3 | 4 | | 5 | | 9 |
| 1. Staff are trained to put on, use, and remove PPE | 1 | 2 | 3 | | 4 | | 5 | 9 | |
| 1. Staff use the appropriate PPE when needed | 1 | 2 | 3 | | 4 | | 5 | 9 | |
| 1. Staff clean their hands before and after helping residents with personal care | 1 | 2 | 3 | | 4 | | 5 | 9 | |

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| **Section B: Moving, Transferring, or Lifting Residents** |

**How often do the following things happen in your nursing home?**

|  | **Never** ⯆ | **Rarely** ⯆ | **Sometimes ⯆** | **Most of the time** ⯆ | **Always** ⯆ | **Does Not Apply or Don’t Know**  ⯆ |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Equipment or assistive devices are available when needed to help move, transfer, or lift residents | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. Equipment and assistive devices are in good working condition | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. Staff are trained on how to use equipment and assistive devices | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. Staff use equipment or assistive devices when needed to help move, transfer, or lift residents | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. Enough staff are available when needed to help move, transfer, or lift residents | 1 | 2 | 3 | 4 | 5 | 9 |

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| **Section C: Addressing Inappropriate Resident Behavior Toward Staff** |

**Inappropriate resident behavior toward staff includes:**

* **Inappropriate physical contact toward staff, such as residents biting, scratching, hitting, or kicking staff.**
* **Inappropriate verbal communication toward staff, such as residents yelling, using offensive language, bullying, harassing, or threatening staff.**

**How much do you agree or disagree with the following statements about your nursing home?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** ⯆ | **Disagree** ⯆ | **Neither**  **Agree nor Disagree ⯆** | **Agree** ⯆ | **Strongly Agree** ⯆ | **Does Not Apply or Don’t Know**  ⯆ |
| 1. Staff are trained on how to identify triggers or situations that lead to inappropriate resident behavior toward staff | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. Staff are trained on how to respond or calm down residents who are agitated or upset | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. Staff work as a team to address inappropriate resident behavior toward staff | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. There are effective policies and procedures to keep staff safe from inappropriate resident behavior | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. There is a problem with the way this nursing home deals with inappropriate resident behavior toward staff. | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. Inappropriate resident behavior toward staff happens so often or is so severe that it makes staff feel unsafe | 1 | 2 | 3 | 4 | 5 | 9 |

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| **Section D: Interactions Among Staff** |

**How much do you agree or disagree with the following statements about your nursing home?**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Strongly Disagree** ⯆ | | **Disagree** ⯆ | | **Neither**  **Agree nor Disagree**  **⯆** | | **Agree** ⯆ | | **Strongly Agree** ⯆ | | **Does Not Apply or Don’t Know**  ⯆ | |
| 1. Staff interact with each other in a professional manner. | 1 | | 2 | | 3 | | 4 | | 5 | | 9 | |
| 1. There is a problem with staff being rude or disrespectful to one another | 1 | | 2 | | 3 | | 4 | | 5 | | 9 | |

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| **Section E: Supervisor Support for Workplace Safety** |

**How much do you agree or disagree with the following statements about your supervisor?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** ⯆ | **Disagree** ⯆ | **Neither**  **Agree nor Disagree ⯆** | **Agree** ⯆ | **Strongly Agree** ⯆ | **Does Not Apply or Don’t Know**  ⯆ |
| 1. My supervisor regularly monitors the workplace to identify unsafe working conditions for staff | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. My supervisor encourages staff to report their concerns about workplace safety | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. My supervisor asks staff for their ideas and suggestions to improve workplace safety | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. My supervisor listens to staff ideas and suggestions about workplace safety | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. My supervisor can be trusted to do the right thing to keep staff safe | 1 | 2 | 3 | 4 | 5 | 9 |

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| **Section F: Management Support for Workplace Safety** |

**How much do you agree or disagree with the following statements about management in your nursing home?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** ⯆ | **Disagree** ⯆ | **Neither**  **Agree nor Disagree ⯆** | **Agree** ⯆ | **Strongly Agree** ⯆ | **Does Not Apply or Don’t Know**  ⯆ |
| 1. The actions of management show that the safety of staff is a top priority | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. Management provides adequate resources to ensure the safety of staff | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. Management takes action to address staff concerns about workplace safety | 1 | 2 | 3 | 4 | 5 | 9 |

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| **Section G: Workplace Safety Reporting** |

**How much do you agree or disagree with the following statement about your nursing home?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** ⯆ | **Disagree** ⯆ | **Neither**  **Agree nor Disagree ⯆** | **Agree** ⯆ | **Strongly Agree** ⯆ | **Does Not Apply or Don’t Know**  ⯆ |
| 1. Staff are afraid to report their concerns about workplace safety. | 1 | 2 | 3 | 4 | 5 | 9 |
| 1. Staff can report their concerns about workplace safety without fear of negative consequences | 1 | 2 | 3 | 4 | 5 | 9 |

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| **Section H: Work Stress/Burnout** |

1. **Using your own definition of “burnout,” please select one of the answers below:**

1 I have no symptoms of burnout.

2 I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.

3 I am beginning to burn out and have one or more symptoms of burnout, e.g., emotional exhaustion.

4 The symptoms of burnout that I am experiencing won’t go away. I think about work frustrations a lot.\*

5 I feel completely burned out. I am at the point where I may need to seek help.\*

\* If you indicated you have symptoms of burnout or feel completely burned out, please consider seeking assistance [e.g., from your insurance provider or employee assistance plan (EAP)].

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| **Section I: Overall Rating on Workplace Safety for Staff** |

1. **How would you rate your nursing home on workplace safety for staff?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Poor  ▼ | Fair  ▼ | Good  ▼ | Very Good  ▼ | Excellent  ▼ |
|  | 1 | 2 | 3 | 4 | 5 |

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| **Background Questions** |

1. **Overall, how satisfied are you with your job?**

a Very Dissatisfied

b Dissatisfied

c Neither Satisfied or Dissatisfied

d Satisfied

e Very Satisfied

1. **Are you considering leaving your nursing home within the next 12 months, and if so why?**

a No

b Yes, to retire

c Yes, to take another job in another nursing home

d Yes, to take another job within healthcare

e Yes, to take another job outside of healthcare

f Yes, other