

**APPENDIX E: INDIVIDUAL MEASURES FROM
CHAPTER 3 THAT USE SURVEY INSTRUMENTS
TO COLLECT DATA, BY TOPIC**


Instruments Which Use Data Organizations May Already Collect

Vacancies

Alternatives for Measuring Vacancies

Job Openings and Labor Turnover Survey (JOLT)

Exhibit 1. Sample JOLT form with instructions:



Job Openings and Labor Turnover Report **U.S. Department of Labor**

Bureau of Labor Statistics, JOLTS OCC, 61 Forsyth Street SW, Room 7750, Atlanta, GA 30303 / Phone: (800) 341-4620 / FAX: (800) 876-2812 / www.bls.gov

This report is authorized by 29 U.S.C.2. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate, and timely. The Bureau of Labor Statistics will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law.

BLS Form No. BLS-1411-C1
Form Approved
OMB No. 1220-0170
Approval Expires 3/31/2008

FAIR SIC O A ALPHAB CITY TWP ANYEMP RUN M (800) 341-4620 Ext. 3339 FAX (800) 341-4620

Your reporting number is: **12345678**

Need help with this form?
Call 1-800-341-4620.

LEGAL NAME XXXXXXXXXXXXXXXXXXXXXXXX
TRADE NAME XXXXXXXXXXXXXXXXXXXXXXXX
ATTN CONTACT NAME XXXXXXXXXXXXXXXX
JOLTS ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX
JOLTS ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX
JOLTS CITY XXXXXXXXXXXXXXXXXXXXXXXX ST ZIPXXXX

1 This form requests information about job openings and employee turnover at:
TRADE NAME OR LEGAL NAME XXXXXXXX COUNTY: XXXXXXXXXXXXXXXXXXXX
PHYS LOCATION OR JOLTS ADDRESS XXXXXXXX REP UNIT DESCR XXXXXXXXXXXXXXXXXXXX
PHYS LOCATION 2 OR JOLTS ADDRESS XXXXXXXX Lt: 123456789 in STATE XXXXXXXXXXXXXXXX
PL CITY OR JOLTS CITY XXXXXXX ST 12345-6789

2 Please check all that apply: Employees are paid
 each week every two weeks twice a month once a month other

3 Please provide data for the time period indicated for each item. Enter 0 if none.
See the explanation of these terms on the back of this page.

Report for month of:	EMPLOYMENT	JOB OPENINGS	HIRES	SEPARATIONS		
	A Total Employment for the pay period that includes the 12th of the month	B Number of Job Openings on the last business day of the month	C Hires for the entire month	D Quits	E Layoffs and Discharges	F Other Separations
Jan 2000						
Feb 2000						
Mar 2000						
Apr 2000						
May 2000						
Jun 2000						

Job Vacancy Survey (JVS)

2002 Job Vacancy Survey: Occupations in Demand

DIRECTIONS

- Please direct this survey to the manager or human resources professional responsible for hiring and recruitment at this location of your business.
- Please respond before <months> <days>. Your cooperation will allow us to complete the survey in a timely manner.
- Surveys can be returned by mail, fax, or Internet. Return your survey by fax at (999) 999-9999. Submit it via the Internet at www.<yourorganization>.org/inf/jobvacancy.
- No data identifying individual firms, directly or indirectly, will be published or released.
- Summary results will be available on the Internet in <Month and year> at www.<yourorganization>.
- If you have any questions about the survey, please call: Mary Smith at (999) 999-9999 or John Jones at (999) 999-9999 or visit our website at www.<yourorganization>.org/inf/jobvacancy.
- Callers outside the metro area can phone toll-free, (877) 999-9999.
- Answer Part A below, and then turn the form over to complete Part B.

(pre-printed establishment identification label here)

Part A – About Your Business

This form asks for information about the business, institution or organization listed in the upper right hand corner of this form.

<p>1: Total number of employees: _____</p> <p>If you have multiple locations, please fill out the survey for the entity listed in the upper right hand corner of this form.</p>	<p>2: Who is responding to this survey?</p> <p>Your name _____</p> <p>Title _____</p> <p>Phone Number _____</p>	<p>3: Do you have vacancies at this location?</p> <p><input type="checkbox"/> Yes Turn over survey and complete Part B</p> <p><input type="checkbox"/> No Mail or fax survey back to the contact listed above.</p> <p>It is important for you to return the survey even if you have no vacancies. You may also notify us by phone at (999) 999-9999 if you have no vacancies.</p>
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Comments:

- If you would like a copy of the survey results mailed to you, please check this box.

survey ID number

Leon, et al. Job Vacancies Instrument

Survey Items

2. How many full-time equivalent [WORKER] positions do you currently have at your [PROVIDER]? Please count a full-time [WORKER] as one person and a 20-hour per week [WORKER] as half a person. For example, if you had two people working 20 hours each, that would be one full time equivalent.

_____ # OF POSITIONS

6. How many job openings for [WORKERS] do you currently have?

_____ # OF OPENINGS

**Instruments Which Require New Data
Collection -- Measures of DCW Job
Characteristics**

Empowerment

Alternatives for Measuring Empowerment

Conditions for Work Effectiveness Questionnaire II (CWEQ II) (3 of 6 subscales)

Survey Items

Key to Which Questions Fall into Which Subscales

O = Opportunity subscale (3 items)
 S = Support subscale (3 items)
 FP = Formal Power subscale (4 items)

HOW MUCH OF EACH KIND OF OPPORTUNITY DO YOU HAVE IN YOUR PRESENT JOB?

			None		Some		A Lot
O	1.	Challenging work.	1	2	3	4	5
O	2.	The chance to gain new skills and knowledge on the job.	1	2	3	4	5
O	3.	Tasks that use all of your own skills and knowledge.	1	2	3	4	5

HOW MUCH ACCESS TO SUPPORT DO YOU HAVE IN YOUR PRESENT JOB?

			None		Some		A Lot
S	1.	Specific information about things you do well.	1	2	3	4	5
S	2.	Specific comments about things you could improve.	1	2	3	4	5
S	3.	Helpful hints or problem solving advice.	1	2	3	4	5

IN MY WORK SETTING/JOB:

			None		Some		A Lot
FP	1.	the rewards for innovation on the job are	1	2	3	4	5
FP	2.	the amount of flexibility in my job is	1	2	3	4	5
FP	3.	the amount of visibility of my work-related activities within the institution is	1	2	3	4	5

Perception of Empowerment Instrument (PEI)

Survey Items

Key to Which Questions Fall into Which Subscales
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A = Autonomy subscale (5 items)

R = Responsibility subscale (4 items)

P = Participation subscale (6 items)

Provide your reaction to each of the following by putting a number from the scale below in the column to the right of the statement.

5 = Strongly Agree

4 = Agree

3 = Neutral

2 = Disagree

1 = Strongly Disagree

	ITEM #	ITEM	RESPONSE
A	1	I have the freedom to decide how to do my job.	
P	2	I am often involved when changes are planned.	
A	3	I can be creative in finding solutions to problems on the job.	
P	4	I am involved in determining organizational goals.	
R	5	I am responsible for the results of my decisions.	
P	6	My input is solicited in planning changes.	
R	7	I take responsibility for what I do.	
R	8	I am responsible for the outcomes of my actions.	
A	9	I have a lot of autonomy in my job.	
R	10	I am personally responsible for the work I do.	
P	11	I am involved in decisions that affect me on the job.	
A	12	I make my own decisions about how to do my work.	
A	13	I am my own boss most of the time.	
P	14	I am involved in creating our vision of the future.	
P	15	My ideas and inputs are valued at work.	

Psychological Empowerment Instrument

Survey Items

Key to Which Questions Fall into Which Subscales
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M = Meaning subscale (3 items)

C = Competence subscale (3 items)

S = Self-determination subscale (3 items)

I = Impact (3 items)

7-point response scale, ranging from very strongly agree to very strongly disagree

- | | |
|----|---|
| M | 1. The work I do is meaningful. |
| M | 2. The work I do is very important to me. |
| M | 3. My job activities are personally meaningful to me. |
| C. | 1. I am confident about my ability to do my job. |
| C | 2. I am self-assured about my capability to perform my work. |
| C | 3. I have mastered the skills necessary for my job. |
| S | 1. I have significant autonomy in determining how I do my job. |
| S | 2. I can decide on my own how to go about doing my work. |
| S | 3. I have considerable opportunity for independence and freedom in how I do my job. |
| I | 1. My impact on what happens in my department is large. |
| I | 2. I have a great deal of control over what happens in my department. |
| I | 3. I have significant influence over what happens in my department. |

Yeatts and Cready Dimensions of Empowerment Measure

Survey Items

Key to Which Questions Fall into Which Subscales*

WD = Ability to Make Workplace Decisions subscale (7 items)
 WP = Ability to Modify the Work subscale (3 items)
 ML = Management Listens Seriously to CNAs subscale (6 items)
 MC = Management Consults CNAs subscale (3 items)
 GE = Global Empowerment subscale (8 items)

* The total number of items adds up to 27 because one item is asked in two subscales.

Please use the following scale to answer the questions below:

- 1 = Disagree strongly
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Agree strongly

			Disagree Strongly		Neutral		Agree Strongly
WD	1.	The nurse aides decide who will do what each day.	1	2	3	4	5
WD	2.	The nurse aides provide information that is used in a resident's care plan.	1	2	3	4	5
WD	3.	The nurse aides decide the procedures for getting residents to the dining room.	1	2	3	4	5
WD	4.	I am allowed to make my own decisions.	1	2	3	4	5
WD	5.	I make many decisions on my own.	1	2	3	4	5
WD	6.	I work with the management staff in making decisions about my work.	1	2	3	4	5
WD	7.	CNAs work with the management staff in making decisions about CNA work.	1	2	3	4	5

			Disagree Strongly		Neutral		Agree Strongly
WP	1.	I sometimes provide new ideas at work that are used.	1	2	3	4	5
WP	2.	I sometimes provide solutions to problems at work that are used.	1	2	3	4	5
WP	3.	I sometimes suggest new ways for doing the work that are used.	1	2	3	4	5

			Disagree Strongly		Neutral		Agree Strongly
ML	1.	The management staff (such as the DON and administrator) listen to the suggestions of CNAs.	1	2	3	4	5
ML	2.	When CNAs make suggestions on how to do the work, charge nurses seriously consider them.	1	2	3	4	5
ML	3.	When CNAs make suggestions, someone listens to them and gives them feedback.	1	2	3	4	5
ML	4.	When CNAs make suggestions on how to do their work, the management staff (such as the administrator and DON) considers their suggestions seriously.	1	2	3	4	5
ML	5.	When CNAs make suggestions, someone listens to them and gives them feedback.	1	2	3	4	5
ML	6.	CNAs are provided reasons, when their suggestions are not used.	1	2	3	4	5

			Disagree Strongly		Neutral		Agree Strongly
MC	1.	Whenever CNA work must be changed, the CNAs are usually asked how they think the work should be changed.	1	2	3	4	5
MC	2.	The management staff asks the CNAs for their opinion, before making work related decisions.	1	2	3	4	5
MC	3.	CNAs are asked to help make decisions about their work.	1	2	3	4	5

			Disagree Strongly		Neutral		Agree Strongly
GE	1.	I do NOT have all the skills and knowledge I need to do a good job.	1	2	3	4	5
GE	2.	I have all the skills and knowledge I need to do a good job, and I use them.	1	2	3	4	5
GE	3.	I feel I am positively influencing other people's lives through my work.	1	2	3	4	5
GE	4.	I have accomplished many worthwhile (good) things in this job.	1	2	3	4	5
GE	5.	I deal very effectively with the problems of my residents.	1	2	3	4	5
GE	6.	I can easily create a relaxed atmosphere with my residents.	1	2	3	4	5
GE	7.	I am allowed to make my own decisions about how I do my work.	1	2	3	4	5
GE	8.	While at work, I make many decisions on my own or with other nurse aides.	1	2	3	4	5

Job Design

Alternatives for Measuring Job Design

Job Characteristics Scales (JCS) of the Job Diagnostic Survey (JDS) Revised (4 of 5 subscales)

Survey Items

Key to Which Questions Fall into Which Subscales

SV = Skill Variety subscale (3 items)
TS = Task Significance subscale (3 items)
A = Autonomy subscale (3 items)
F = Feedback from the Job Itself subscale (3 items)

On the following pages, you will find several different kinds of questions about your job. Specific instructions are given at the start of each section. Please read them carefully. It should take no more than 10 minutes to complete the entire questionnaire. Please move through it quickly.

The questions are designed to obtain your perceptions of your job. There are no trick questions. Your individual answers will be kept completely confidential. Please answer each item as honestly and frankly as possible. Thank you for your cooperation.

Section One

This part of the questionnaire asks you to describe your job listed above as objectively as you can. Try to make your description as accurate and as objective as you possibly can. Please do not use this part of the questionnaire to show us how much you like or dislike your job.

A sample question is given below.

A. To what extent does your job require you to work overtime?

1---	---2---	---3---	---4---	---5---	---6---	---7
Very little; the job requires almost no overtime hours.		Moderately; the job requires overtime at least a week.			Very much; the job requires overtime more than once a week.	

You are to circle the number which is the most accurate description of your job.

If, for example, your job requires you to work overtime two times a month -- you might circle the number six, as was done in the example above.

Survey Items

(A) 1. How much autonomy is there in the job? That is, to what extent does the job permit a person to decide on his or her own how to go about doing the work?

1---	---2---	---3---	---4---	---5---	---6---	---7
Very little; the job gives me almost no personal "say" about deciding how and when the work is done.		Moderate autonomy; many things are standardized and not under my control but I can make some decisions about the work.			Very much; the job gives a person almost complete responsibility for deciding how and when the work is done.	

(SV) 2. How much variety is there in your job? That is, to what extent does the job require you to do many different things at work, using a variety of his or her skills and talents?

1---	---2---	---3---	---4---	---5---	---6---	---7
Very little; the job requires the person to do the same routine things over and over again.		Moderate variety			Very much; the job requires the person to do many different things, using a number of different skills and talents.	

(TS) 3. In general, how significant or important is your job? That is, are the results of your work likely to significantly affect the lives or well-being of other people?

1---	---2---	---3---	---4---	---5---	---6---	---7
Not at all significant: the outcomes of the work are not likely to affect anyone in any important way.		Moderately significant			Highly significant; the outcomes of the work can affect other people in very important ways.	

(F) 4. To what extent does doing the job itself provide you with information about your work performance? That is, does the actual work itself provide clues about how well you are doing -- aside from any "feedback" co-workers or supervisors may provide?

1---	---2---	---3---	---4---	---5---	---6---	---7
Very little; the job itself is set up so a person could work forever without finding out how well he or she is doing.		Moderately; sometimes doing the job provides "feedback" to the person; sometimes it does not.			. Very much; the job is set up so that a person gets almost constant "feedback" as he or she works about how well he or she is doing.	

Section Two

Listed below are a number of statements which could be used to describe a job.

You are to indicate whether each statement is an accurate or an inaccurate description of your job.

Once again, please try to be as objective as you can in deciding how accurately each statement describes your job -- regardless of you like or dislike your job.

Write a number in the blank beside each statement, based on the following scale:

How accurate is the statement in describing your job?

1	2	3	4	5	6	7
Very Inaccurate (SV)	Mostly Inaccurate	Slightly Inaccurate	Uncertain	Slightly Accurate	Mostly Accurate	Very Accurate
(F)	___ 1.	The job requires me to use a number of complex or sophisticated skills.				
(SV)	___ 2.	Just doing the work required by the job provides many chances for me to figure out how well I am doing.				
(TS)	___ 3.	The job requires me to use a number of complex or high-level skills.				
(A)	___ 4.	This job is one where a lot of other people can be affected by how well the work gets done.				
(F)	___ 5.	The job gives me a chance to use my personal initiative and judgment in carrying out the work.				
(A)	___ 6.	After I finish a job, I know whether I performed well.				
(TS)	___ 7.	The job gives me considerable opportunity for independence and freedom in how I do the work.				
(TS)	___ 8.	The job itself is very significant and important in the broader scheme of things.				

Job Role Quality Questionnaire (JRQ)

Survey Items

Key to Which Questions Fall into Which Subscales

The 36 items are organized below into their respective 11 subscales (5 job concern subscales and 6 job reward subscales).

Job Concern Factors

Instructions. Think about your job right now and indicate on a scale of 1 (not at all) to 4 (extremely), to what extent, if at all, each of the following is of concern.

Overload

1. Having too much to do
2. The job's taking too much out of you
3. Having to deal with emotionally difficult situations

Dead-End Job

1. Having little chance for the advancement you want or deserve
2. The job's not using your skills
3. The job's dullness, monotony, lack of variety
4. Limited opportunity for professional or career development

Hazard Exposure

1. Being exposed to illness or injury
2. The physical conditions on your job (noise, crowding, temperature, etc.)
3. The job's being physically strenuous

Poor Supervision

1. Lack of support from your supervisor for what you need to do your job
2. Your supervisor's lack of competence
3. Your supervisor's lack of appreciation for your work
4. Your supervisor's having unrealistic expectations for your work

Discrimination

1. Facing discrimination or harassment because of your race/ethnic background
2. Facing discrimination or harassment because you're a woman

Job Satisfaction

Alternatives for Measuring Job Satisfaction

Benjamin Rose Nurse Assistant Job Satisfaction Scale

Survey Items

Key to Which Questions Fall into Which Subscales

CR = Communication and recognition subscale (5 items)

TO = Amount of time/organization subscale (2 items)

R = Resources subscale (2 items)

T = Teamwork subscale (2 items)

MP = Management practice and policy subscale (7 items)

THE NEXT STATEMENTS ARE ABOUT DIFFERENT ASPECTS OF YOUR JOB. AFTER I READ EACH STATEMENT, PLEASE TELL ME HOW SATISFIED ARE YOU WITH:

			Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
MP	1.	the working conditions here?	3	2	1	0
T	2.	the way nurse assistants here pitch in and help one another?	3	2	1	0
CR	3.	the recognition you get for your work?	3	2	1	0
MP	4.	the amount of responsibility you have?	3	2	1	0
MP	5.	your rate of pay?	3	2	1	0
MP	6.	the way this nursing home is managed?	3	2	1	0
CR	7.	the attention paid to suggestions you make?	3	2	1	0
MP	8.	the amount of variety in your job?	3	2	1	0
MP	9.	your job security?	3	2	1	0
MP	10.	your fringe benefits?	3	2	1	0
TO	11.	the amount of time you have to get your job done?	3	2	1	0
T	12.	the teamwork between nurse assistants and other staff?	3	2	1	0
CR	13.	the attention paid to your observations or opinions?	3	2	1	0
R	14.	the information you get to do your job?	3	2	1	0
R	15.	the supplies you use on the job?	3	2	1	0
TO	16.	the pace or speed at which you have to work?	3	2	1	0
CR	17.	the way employee complaints are handled?	3	2	1	0
CR	18.	the feedback you get about how well you do your job?	3	2	1	0

General Job Satisfaction Scale (GJS, from Job Diagnostic Survey or JDS)

Survey Items

Key to Which Questions Fall into Which Subscales

All 5 items go into the General Job Satisfaction scale.

Note that two items, marked ®, are reverse worded. Their responses must be recoded prior to scoring.

1. Generally speaking, I am very satisfied with this job.
2. I frequently think of quitting this job ®
3. I am generally satisfied with the kind of work I do in this job.
4. Most people on this job are very satisfied with the job
5. People on this job often think of quitting ®

Each item is to be answered using the following 7-point response scale:

1. Disagree strongly
2. Disagree
3. Disagree slightly
4. Neutral
5. Agree slightly
6. Agree
7. Agree strongly

Grau Job Satisfaction Scale

Survey Items (Exact wording below)

Key to Which Questions Fall into Which Subscales
--

The survey items are grouped as shown below into the two respective subscales (13 items in Intrinsic Job Satisfaction subscale and 4 items in Job Benefits subscale).

The 4-point response scale is: 1. very true; 2. somewhat true; 3. not too true; 4. not true at all

Intrinsic Job Satisfaction

1. See the result of my work
2. Chances to make friends
3. Sense of accomplishment
4. My job prepares me for better jobs in health care.
5. Get to do a variety of things on the job.
6. Responsibilities are clearly defined.
7. Have enough authority to do my job.
8. I am given a chance to do the things I do best.
9. I get a chance to be helpful to others.
10. I am given a chance to be helpful to others.
11. I am given freedom to decide how I do my work.
12. The work is interesting.
13. The people I work with are friendly.

Job Benefits

1. The fringe benefits are good.
2. The security is good.
3. The pay is good.
4. The chances for promotion are good.

Job Satisfaction Survey (JSS)[®]

Survey Items (Exact wording below)

Key to Which Questions Fall into Which Subscales	
P	= Pay subscale (4 items)
PR	= Promotion subscale (4 items)
S	= Supervision subscale (4 items)
F	= Fringe benefits subscale (4 items)
C	= Contingent rewards subscale (4 items)
O	= Operating procedures subscale (4 items)
CO	= Coworkers subscale (4 items)
N	= Nature of work subscale (4 items)
CM	= Communication subscale (4 items)

Note that 19 items, marked ®, are reverse worded. Their responses must be recoded prior to scoring.

7-point response scale, ranging from very strongly agree to very strongly disagree

PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION.

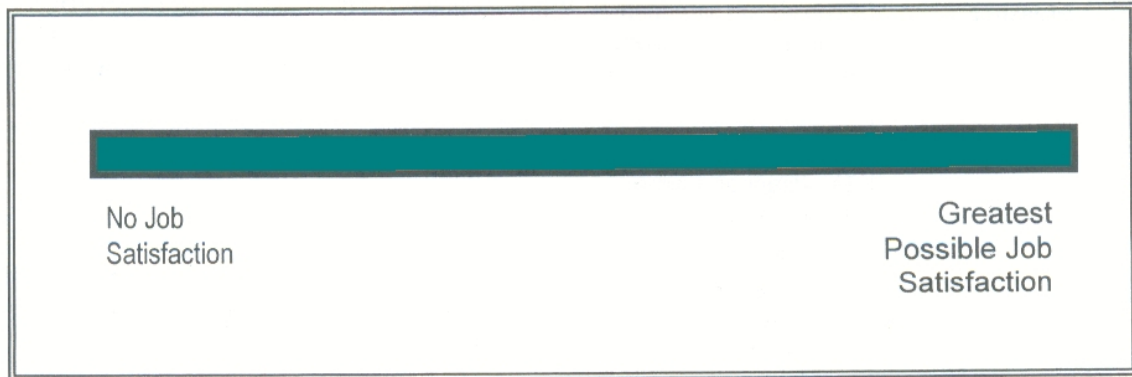
P	1.	I feel I am being paid a fair amount for the work I do.
PR	2.	There is really too little chance for promotion on my job. ®
S	3.	My supervisor is quite competent in doing his/her job.
F	4.	I am not satisfied with the benefits I receive. ®
C	5.	When I do a good job, I receive the recognition for it that I should receive.
O	6.	Many of our rules and procedures make doing a good job difficult. ®
CO	7.	I like the people I work with.
N	8.	I sometimes feel my job is meaningless. ®
CM	9.	Communications seem good within this organization.
P	10.	Raises are too few and far between. ®
PR	11.	Those who do well on the job stand a fair chance of being promoted.
S	12.	My supervisor is unfair to me. ®
F	13.	The benefits we receive are as good as most other organizations offer.
C	14.	I do not feel that the work I do is appreciated. ®
O	15.	My efforts to do a good job are seldom blocked by red tape.
CO	16.	I find I have to work harder at my job because of the incompetence of people I work with. ®
N	17.	I like doing the things I do at work.
CM	18.	The goals of this organization are not clear to me. ®

P	19.	I feel unappreciated by the organization when I think about what they pay me. ®
PR	20.	People get ahead as fast here as they do in other places.
S	21.	My supervisor shows too little interest in the feelings of subordinates. ®
F	22.	The benefit package we have is equitable.
C	23.	There are few rewards for those who work here. ®
O	24.	I have too much to do at work. ®
CO	25.	I enjoy my coworkers.
CM	26.	I often feel that I do not know what is going on with the organization. ®
N	27.	I feel a sense of pride in doing my job.
P	28.	I feel satisfied with my chances for salary increases.
F	29.	There are benefits we do not have which we should have. ®
S	30.	I like my supervisor.
O	31.	I have too much paperwork. ®
C	32.	I don't feel my efforts are rewarded the way they should be. ®
PR	33.	I am satisfied with my chances for promotion.
CO	34.	There is too much bickering and fighting at work. ®
N	35.	My job is enjoyable.
CM	36.	Work assignments are not fully explained. ®

Visual Analog Satisfaction Scale (VAS)

Survey Item

I would like you to think about how satisfied you are with your job. Think about all the different parts of your work life. This could include things like hospital management, unit organization, and relationships with co-workers and supervisors. How satisfied are you?



The diagram shows a horizontal teal bar representing a scale. Below the bar, the text "No Job Satisfaction" is positioned on the left side, and "Greatest Possible Job Satisfaction" is positioned on the right side. The entire diagram is enclosed in a double-line rectangular border.

Organizational Commitment

Alternatives for Measuring Organizational Commitment

Intent to Turnover Measure (from the Michigan Organizational Assessment Questionnaire or MOAQ)

Survey Items

Here are some statements about you and your job. How much do you agree or disagree with each?

1. I will probably look for a new job in the next year.

1-strongly disagree
2-disagree
3-slightly disagree
4-neither agree nor disagree
5-slightly agree
6-agree
7-strongly agree

2. I often think about quitting.

1-strongly disagree
2-disagree
3-slightly disagree
4-neither agree nor disagree
5-slightly agree
6-agree
7-strongly agree

Please answer the following question.

3. How likely is it that you could find a job with another employer with about the same pay and benefits you now have?

1-not at all likely
2-
3-somewhat likely
4-
5-quite likely
6-
7-extremely likely

Organizational Commitment Questionnaire (OCQ) -- Mowday and Steers (1979)

Survey Items

Listed below are a series of statements that represent possible feelings that individuals might have about the company or organization for which they work. With respect to your own feelings about the particular organization for which you are now working (company/agency name) please indicate the degree of your agreement or disagreement with each statement by checking one of the seven alternatives for each statement.

- 1-strongly disagree
- 2-moderately disagree
- 3-slightly disagree
- 4-neither disagree nor agree
- 5-slightly agree
- 6-moderately agree
- 7-strongly agree

1. I am willing to put in a great deal of effort beyond that normally expected in order to help this organization be successful.
2. I talk up this organization to my friends as a great organization to work for.
3. I feel very little loyalty to this organization (reverse scored).
4. I would accept almost any type of job assignment in order to keep working for this organization.
5. I find that my values and the organization's values are very similar.
6. I am proud to tell others that I am part of this organization.
7. I could just as well be working for a different organization as long as the type of work was similar. (reverse scored)
8. This organization really inspires the very best in me in the way of job performance.
9. It would take very little change in my present circumstances to cause me to leave this organization. (reverse scored)
10. I am extremely glad that I chose this organization to work for over others I was considering at the time I joined.
11. There's not too much to be gained by sticking with this organization indefinitely. (reverse scored)
12. Often, I find it difficult to agree with this organization's policies on important matters relating to its employees. (reverse scored)
13. I really care about the fate of this organization.
14. For me this is the best of all possible organizations for which to work.
15. Deciding to work for this organization was a definite mistake on my part. (reverse scored)

Worker-Client/Resident Relationships

Alternatives for Measuring Worker-Client/Resident Relationships

Stress/Burden Scale from the California Homecare Workers Outcomes Survey (2 of 6 subscales)

Survey Items (exact wording below)

Key to Which Questions Fall into Which Subscales

R = Relationship with Client subscale (3 items)

CR = Client Role in Provider's Work subscale (3 items)

THESE NEXT FEW QUESTIONS DEAL WITH THE RELATIONSHIP YOU HAVE WITH YOUR CLIENT(S).

			Very Close		Not Very Close		Hostile
R	1.	How would you describe your relationship to your client?	1	2	3	4	5

			Strongly Agree		Uncertain		Strongly Disagree
R	2.	My client is someone I can tell my troubles to and share my feelings with.	1	2	3	4	5

			Extremely Well		Somewhat Well		Not At All Well
R	3.	My client is someone I can tell my troubles to and share my feelings with.	1	2	3	4	5

HOW MUCH DO YOU AGREE WITH THE FOLLOWING STATEMENTS?

			Strongly Agree		Uncertain		Strongly Disagree
CR	1.	My client is comfortable telling me what he/she wants done.	1	2	3	4	5
CR	2.	I appreciate my client telling me how he/she wants things done.	1	2	3	4	5
CR	3.	My client wants to have a say in what I do for him/her.	1	2	3	4	5

Worker-Supervisor Relationships

Alternatives for Measuring Worker-Supervisor Relationships

Benjamin Rose Relationship with Supervisor Scale

Survey Items

THE FOLLOWING STATEMENTS ARE ABOUT YOUR RELATIONSHIP WITH YOUR SUPERVISOR. IF YOU HAVE MORE THAN ONE, THINK ABOUT THE ONE WITH WHOM YOU HAVE THE MOST CONTACT. AFTER I READ EACH STATEMENT, PLEASE TELL ME WHETHER YOU FEEL THIS WAY MOST OF THE TIME, SOME OF THE TIME, HARDLY EVER OR NEVER.

MY SUPERVISOR...

	Most of the Time	Some of the Time	Hardly Ever/Never
listens carefully to my observations and opinions.	2	1	0
gives me credit for my contributions to resident care.	2	1	0
respects my ability to observe and report clinical symptoms.	2	1	0
lets me know how helpful my observations are for resident care.	2	1	0
talks down to me.	0	1	2
shows me recognition when I do good work.	2	1	0
encourages me to use my nursing skills to the fullest.	2	1	0
treats me as an equal member of the health care team.	2	1	0
ignores my input when developing care plans.	0	1	2
acts like they are better than I am.	0	1	2
understands my loss when a resident dies.	2	1	0

Charge Nurse Support Scale

Survey Items

Below are 15 statements that relate to how you feel about your charge nurse. Please circle the number that reflects your relationship with your charge nurse. Please be as honest as your can. Your answers are confidential and will not be shared with others you work with. If you work with more than one charge nurse, please answer these questions in relation to the charge nurse that you work with most often.

		Never	Seldom	Occasionally	Often	Always
1.	My charge nurse recognizes my ability to deliver quality care.	1	2	3	4	5
2.	My charge nurse tries to meet my needs.	1	2	3	4	5
3.	My charge nurse knows me well enough to know when I have concerns about resident care.	1	2	3	4	5
4.	My charge nurse tries to understand my point of view when I speak to them.	1	2	3	4	5
5.	My charge nurse tries to meet my needs in such ways as informing me of what is expected of me when working with my residents.	1	2	3	4	5
6.	I can rely on my charge nurse when I ask for help, for example, if things are not going well between myself and my co-workers or between myself and residents and/or their families.	1	2	3	4	5
7.	My charge nurse keeps me informed of any major changes in the work environment or organization.	1	2	3	4	5
8.	I can rely on my charge nurse to be open to any remarks I may make to him/her.	1	2	3	4	5
9.	My charge nurse keeps me informed of any decisions that were made in regards to my residents.	1	2	3	4	5
10.	My charge nurse strikes a balance between clients/families' concerns and mine.	1	2	3	4	5
11.	My charge nurse encourages me even in difficult situations.	1	2	3	4	5
12.	My charge nurse makes a point of expressing appreciation when I do a good job.	1	2	3	4	5
13.	My charge nurse respects me as a person.	1	2	3	4	5
14.	My charge nurse makes times to listen to me.	1	2	3	4	5
15.	My charge nurse recognizes my strengths and areas for development.	1	2	3	4	5

LEAP Leadership Behaviors and Organizational Climate Survey (1 of 2 subscales)

Survey Items

		Very Little		Some		Always
1.	How often does your supervisor keep the people who work for him/her informed of changes or activities in the organization?	1	2	3	4	5
2.	How often does your supervisor encourage people who work for him/her to exchange opinions and ideas?	1	2	3	4	5
3.	How often is your supervisor receptive to the ideas and suggestions of others?	1	2	3	4	5
4.	How often does your supervisor offer new ideas for solving job-related problems?	1	2	3	4	5
5.	How often does your supervisor show people who work for him/her how to improve their performance?	1	2	3	4	5
6.	How much does your supervisor pay attention to what people who work for him/her say?	1	2	3	4	5
7.	How much does your supervisor encourage people who work for him/her to give their best effort?	1	2	3	4	5
8.	How much does your supervisor praise the job performed by the people who work for him/her?	1	2	3	4	5
9.	How much is your supervisor willing to listen to your problems?	1	2	3	4	5
10.	How often does your supervisor encourage persons who work for him/her to work as a team?	1	2	3	4	5

Supervision Subscales of the Job Role Quality Questionnaire (JRQ)

Survey Items

Key to Which Questions Fall into Which Subscales
--

The 8 items are organized below into their respective 2 subscales (job concern and job reward).

Job Concern Factors

Instructions. Think about your job right now and indicate on a scale of 1 (not at all) to 4 (extremely), to what extent, if at all, each of the following is of concern.

Poor Supervision

1. Lack of support from your supervisor for what you need to do your job
2. Your supervisor's lack of competence
3. Your supervisor's lack of appreciation for your work
4. Your supervisor's having unrealistic expectations for your work

Job Reward Factors

Instructions: Think about your job right now and indicate on a scale of 1 (not at all) to 4 (extremely) to what extent, if at all, each of the following is a rewarding part of your job.

Supervisor Support

1. Your immediate supervisor's respect for your abilities
2. Your supervisors concern about the welfare of those under him/her
3. Your supervisor's encouragement of your professional development
4. Liking your immediate supervisor

Workload

Alternatives for Measuring Workload

Quantitative Workload Scale from the Quality of Employment Survey

Survey Items

These questions deal with different aspects of work. Please indicate how often these aspects appear in your job. The following response scale is used:

- 5-very often
- 4-fairly often
- 3-sometimes
- 2-occasionally
- 1-rarely

1. How often does your job require you to work very fast?
2. How often does your job require you to work very hard?
3. How often does your job leave you with little time to get things done?
4. How often is there a great deal to be done?

Role Overload Scale (from the Michigan Organizational Assessment Questionnaire or MOAQ)

Survey Items

A seven-point Likert scale is used as follows:

- 1--strongly disagree
- 2--disagree
- 3--slightly disagree
- 4--neither agree nor disagree
- 5--slightly agree
- 6—agree
- 7--strongly agree

1. I have too much work to do to do everything well.
2. The amount of work I am asked to do is fair. (reverse-scored)
3. I never seem to have enough time to get everything done.

**Stress/Burden Scale from the California Homecare Workers Outcomes Survey
(4 of 6 subscales)**

Survey Items (exact wording below)

Key to Which Questions Fall into Which Subscales

CS = Client Safety Concerns for the Provider subscale (4 items)

FI = Family Issues subscale (4 items)

CB = Client Behavioral Problems subscale (4 items)

E = Emotional State of Provider subscale (3 items)

HOW OFTEN DO YOU HAVE THE FOLLOWING CONCERNS ABOUT YOUR CLIENT(S)?

			Never		Sometimes		Very Often
CS	1.	I worry that my client might do something dangerous when I am not there, like not turning off the stove.	1	2	3	4	5
CS	2.	I worry about my client's safety when I am not there.	1	2	3	4	5
CS	3.	I worry that someone could easily take money or other things from my client when I am not there to protect him/her.	1	2	3	4	5
CS	4.	I worry about how family members or others treat my client when I am not there.	1	2	3	4	5

THE NEXT FOUR STATEMENTS DEAL WITH BEHAVIORS THE CLIENT'S FAMILY MEMBERS MAY EXHIBIT. HOW STRONGLY DO YOU AGREE WITH THESE STATEMENTS?

			Strongly Agree		Uncertain		Strongly Disagree
FI	1.	Some family members do not trust me.	1	2	3	4	5
FI	2.	Some family members of the client criticize the work that I do.	1	2	3	4	5
FI	3.	The family expects me to do things that are not part of my job.	1	2	3	4	5
FI	4.	The family appreciates what I do for the client.	1	2	3	4	5

HOW OFTEN HAS YOUR CLIENT(S) DONE THE FOLLOWING?

			Never		Sometimes		Very Often
CB	1.	How often has a client yelled at you in the past 6 months?	1	2	3	4	5
CB	2.	How often has a client threatened you in the past 6 months?	1	2	3	4	5
CB	3.	How often do you experience conflict between what client wants you to do and what you want to do?	1	2	3	4	5
CB	4.	(Sum of "yes" responses for the following 5 items: <ul style="list-style-type: none"> • Did your client have behavior problems? • During the past six months, did your client become upset and yell at you? • Did your client make unreasonable demands like wanting you to do tasks you shouldn't do? • Have you injured yourself while working as a home care provider? • Has your client ever made unwanted sexual advances? 	1	2	3	4	5

THE NEXT THREE QUESTIONS ARE ABOUT HOW YOU FEEL AND HOW THINGS HAVE BEEN WITH YOU DURING THE PAST MONTH.

			All		Some		None of the Time
E	1.	How much of the time during the past month did you have a lot of energy?	1	2	3	4	5
E	2.	How much of the time during the past month have you felt calm and peaceful?	1	2	3	4	5
E	3.	How much of the time during the past month have you felt downhearted and blue?	1	2	3	4	5

Instruments Which Require New Data Collection -- Measures of the Organization

Organizational Culture

Alternatives for Measuring Organizational Culture

LEAP Leadership Behaviors and Organizational Climate Survey (Organizational Climate subscale)

Survey Items

		Very Little		Some		Always
1.	How often do you get information about what is going on in other parts of your facility?	1	2	3	4	5
2.	How much do you enjoy doing your daily work activities?	1	2	3	4	5
3.	How much does other staff you work with give their best effort?	1	2	3	4	5
4.	How much does administration ask for your ideas when decisions are being made?	1	2	3	4	5

LEAP Organizational Learning Readiness Survey

Survey Items

Evaluation of the long-term care facility's learning readiness focuses on assessment of three key areas. These are: management style, readiness for learning, and capacity to implement and sustain LEAP.

We ask that the facility's administrator and director of nursing each complete a survey. Additionally, you may want others in the organization to complete a survey. We can supply you with additional surveys. Please respond to each item in the survey. We will compile the results and provide your facility with a summary of our assessment.

		Almost Never	Seldom	Occasionally	Frequently	Almost Always
1.	Some employees fear for their jobs.					
2.	Management includes employees in organizational decisions.					
3.	Management encourages employees to give their best effort.					
4.	Most employees feel secure working here and therefore do not leave.					
5.	Even though employees have good benefits, they tend to give minimal job performance.					
6.	Most employees seem content in their positions and are not interested in job promotion.					
7.	Management is respected by employees.					
8.	Employees feel a part of the organization.					
9.	Managers regularly recognize employees for their job performance.					
10.	There is a feeling of teamwork in this organization among managers and employees.					
11.	Employees are enthusiastic about improving job performance.					
12.	Employees are valued by this organization.					
13.	This organization encourages employees to learn and develop new skills.					
14.	Employees and managers in this organization have the capacity to apply new knowledge to future clinical situations.					
15.	The climate of our organization recognizes the importance of learning.					
16.	Upper management supports the vision of a "learning environment" that supports learning and development across all levels of staff and managers.					
17.	Our managers have the capacity to be mentors and coaches to facilitate learning among staff.					
18.	Our organization believes staff should feel empowered and participate in learning and development experiences.					
19.	Following trends in our organization's practice, management, and staff through benchmarking would be valuable and utilized for evaluation purposes.					
20.	Our organization supports creativity to improve care practices for our residents.					

Nursing Home Adaptation of the Competing Values Framework (CVF) Organizational Culture Assessment

Survey Items

<p>Key to Which Questions Fall into Which Subscales</p> <p>All "A" statements fall into the "Group" subscale (6 items)</p> <p>All "B" statements fall into the "Developmental" subscale (6 items)</p> <p>All "C" statements fall into the "Hierarchy" subscale (6 items)</p> <p>All "D" statements fall into the "Market" subscale (6 items)</p>
--

All "A" statements fall into the "Group" subscale (6 items)
 All "B" statements fall into the "Developmental" subscale (6 items)
 All "C" statements fall into the "Hierarchy" subscale (6 items)
 All "D" statements fall into the "Market" subscale (6 items)

Six sets of statements about your nursing home are listed below. Each set has 4 statements that may describe where you work. Rate each set of statements separately. For each set, first read all 4 statements. Then decide how to split up 10 points across the 4 to show how much each of these, compared with the other 3 statements, describes your nursing home.

The following examples show how you might do this:

Example #1	Example #2	Example #3
A. 10	A. 2	A. 4
B. 0	B. 3	B. 2
C. 0	C. 2	C. 4
D. 0	D. 3	D. 0
Total = 10	Total = 10	Total = 10

Set 1: My nursing home is:

- A. A very personal place like belonging to a family. _____
- B. A very business-like place with lots of risk-taking. _____
- C. A very formal and structured place with lots of rules and policies. _____
- D. A very competitive place with high productivity. _____

Add together A+B+C+D to make sure they equal 10: ___+___+___+___ = 10

Set 2: The nursing home administrator is:

- A. Like a coach, a mentor, or a parent figure. _____
- B. A risk-taker, always trying new ways of doing things. _____
- C. A good organizer; an efficiency expert. _____
- D. A hard-driver; very competitive and productive. _____

Add together A+B+C+D to make sure they equal 10: ___+___+___+___ = 10

Set 3: The management style at my nursing home is:

- A. Team work and group decision making. _____
- B. Individual freedom to do work in new ways. _____
- C. Job security, seniority system, predictability. _____
- D. Intense competition and getting the job done. _____

Add together A+B+C+D to make sure they equal 10: ___+___+___+___ = 10

Set 4: My nursing home is held together by:

- A. Loyalty, trust and commitment _____
- B. A focus on customer service _____
- C. Formal procedures, rules and policies _____
- D. Emphasizing productivity, achieving goals, getting the job done _____

Add together A+B+C+D to make sure they equal 10: ___+___+___+___ = 10

Set 5: The work climate in my nursing home:

- A. Promotes trust, openness, and people development _____
- B. Emphasizes trying new things and meeting new challenges _____
- C. Emphasizes tradition, stability, and efficiency _____
- D. Promotes competition, achievement of targets and objectives _____

Add together A+B+C+D to make sure they equal 10: ___+___+___+___ = 10

Set 6: My nursing home defines success as:

- A. Team work and concern for people _____
- B. Being a leader in providing the best care _____
- C. Being efficient and dependable in providing services _____
- D. Being number one when compared to other nursing homes _____

Add together A+B+C+D to make sure they equal 10: ___+___+___+___ = 10

MEASURING LONG-TERM CARE WORK: A Guide to Selected Instruments to Examine Direct Care Worker Experiences and Outcome

PDF Files Available for This Report

Cover, Table of Contents, Acknowledgments and Executive Summary

<http://aspe.hhs.gov/daltcp/reports/dcwguide.pdf>

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<http://aspe.hhs.gov/daltcp/reports/dcwguide1.pdf>

CHAPTER 2: How This Guide Can Help Organizations Use Information to Address the Challenges of Job Retention and Performance Among DCWs

<http://aspe.hhs.gov/daltcp/reports/dcwguide2.pdf>

CHAPTER 3: Ready to Use Instruments <http://aspe.hhs.gov/daltcp/reports/dcwguide3.pdf>

References <http://aspe.hhs.gov/daltcp/reports/dcwguide4.pdf>

APPENDIX A: From Start to Finish -- Sample Scenarios of Using and/or Constructing Survey Instruments <http://aspe.hhs.gov/daltcp/reports/dcwguideA.pdf>

APPENDIX B: Overview Charts of Chapter 3 Measures, By Topic

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APPENDIX C: Data Collection Planning and Implementation Issues

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APPENDIX D: Resources for Providers Considering Use of Employee Surveys

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APPENDIX E: Individual Measures from Chapter 3 that Use Survey Instruments to Collect Data, By Topic <http://aspe.hhs.gov/daltcp/reports/dcwguideE.pdf>

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