



U.S. Department of Health and Human Services  
Assistant Secretary for Planning and Evaluation  
Office of Disability, Aging and Long-Term Care Policy



# **FRONTLINE SUPERVISOR SURVEY DATA COLLECTION REPORT**

July 2008

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The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is the principal advisor to the Secretary of the Department of Health and Human Services (HHS) on policy development issues, and is responsible for major activities in the areas of legislative and budget development, strategic planning, policy research and evaluation, and economic analysis.

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This report was prepared under contract #HHSP23320044303EC between HHS's ASPE/DALTCP and Pennsylvania State University. For additional information about this subject, you can visit the DALTCP home page at [http://aspe.hhs.gov/\\_/office\\_specific/daltcp.cfm](http://aspe.hhs.gov/_/office_specific/daltcp.cfm) or contact the ASPE Project Officer, Marie Squillace, at HHS/ASPE/DALTCP, Room 424E, H.H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. Her e-mail address is: [Marie.Squillace@hhs.gov](mailto:Marie.Squillace@hhs.gov).

# FRONTLINE SUPERVISOR SURVEY DATA COLLECTION REPORT

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# INTRODUCTION

In long-term care, frontline supervisors play a central role in direct care workers' (DCWs') job quality and turnover and are critical to the implementation of management changes. To better understand supervisors' perceptions of management practices, the quality of supervision, and the effect on DCW turnover and job quality, the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services contracted with Penn State to conduct a survey of supervisors participating in the Better Jobs Better Care demonstration (BJBC). The BJBC demonstration took place in five states and tested innovative policy and practice models designed to improve the quality of DCW jobs in an effort to improve retention of these workers (Kemper, Brannon, Barry, Stott, and Heier, in press; <http://www.bjbc.org>).

The Frontline Supervisor Survey project was designed to address several questions:

1. What are supervisors' job responsibilities?
2. What are the characteristics of supervisors?
3. How do supervisors assess their jobs?
4. Do supervisors and clinical managers agree about management practices where they work?

The data collected from this project will be made available to other researchers and policy analysts through the University of Michigan's Interuniversity Consortium for Political and Social Research (<http://www.icpsr.umich.edu/>) under restricted use agreements that ensure confidentiality. The survey instrument and data collected laid the foundation for a subsequent report entitled the **Frontline Supervisor Survey Report** (Kemper, Brannon, Heier, Kim, Warner, Vasey, and Stott, <http://aspe.hhs.gov/daltcp/reports/2008/FSSrpt.htm>), which analyzes supervision of DCWs across long-term care settings.

# DEFINITION AND IDENTIFICATION OF THE POPULATION

The population of interest for the survey is all supervisors who provided ongoing supervision through daily contact with DCWs in the skilled nursing facilities, assisted living facilities, home care agencies, and adult day service providers participating in BJBC. Because job titles and roles of frontline supervisors vary across settings, it was important to clearly define the population of interest. To do this we identified responsibilities specific to frontline supervision, developed an instrument to identify the supervisors based on these responsibilities, and asked the clinical manager at each provider to use this instrument to list supervisors who performed these responsibilities.

## Defining the Population

To begin with, we conducted a series of open-ended telephone interviews with either an administrator or director of nursing from four skilled nursing facilities, one assisted living facility, two home care agencies, and one adult day service provider to gain a better understanding of supervisory structures in each type of organization. These organizations represented all five states participating in the BJBC demonstration. We also spoke with home health care trade associations. The phone calls allowed us to explore the concept of “supervisory function” with the respondents.

From the information collected during both the telephone interviews discussed above and subsequent cognitive testing of procedures with clinical managers from local long-term care organizations, we developed a Supervisor Identification Instrument. This identification instrument included nine tasks, or supervisory responsibilities, which were divided into primary and secondary responsibilities. A person qualified as a supervisor if he or she performed one or more of the following primary responsibilities:

- Ensure that DCWs are giving proper care to clients/residents;
- Initiate disciplinary action;
- Document DCW performance problems;
- Provide feedback to DCWs on job performance;
- Directly respond to job concerns raised by DCWs.

or if they performed at least two of the following secondary responsibilities:

- Act as a mentor to DCWs;
- Schedule DCWs;
- Recommend training for DCWs;
- Conduct on-the-job training.

The Supervisor Identification Instrument (task list) is included as Appendix A.

## **Identifying the Population**

Once finalized, the Penn State Survey Research Center sent a recruitment e-mail (Appendix B) and Supervisor Identification Instrument via e-mail to the clinical manager at each BJBC provider organization. Those without e-mail were contacted by phone and sent the task list by fax. The recruitment letter explained that we were planning to survey staff “who have a role in supervising direct care workers” and were asked to “indicate the staff member(s) responsible for each task listed.” Clinical managers then were asked to return the identification instrument via e-mail or fax to the project manager at the Survey Research Center. The project manager used the screening criteria to determine if individuals listed on the identification instrument met our definition of a supervisor. If an individual did not meet the criteria, the project manager contacted the clinical manager to clarify the role of the individual and to verify the tasks reported to determine whether or not he or she was a supervisor. To obtain identification instruments from as many providers as possible, the project manager made anywhere from three to ten follow-up attempts using a variety of different methods including phone, fax, e-mail, regular mail, and express mail.

The Survey Research Center developed and programmed a secure Web tool to manage the survey process and track responses. Supervisors who met the definition were entered into the database. To ensure confidentiality, only the Survey Research Center staff had access to the names of respondents included on the identification instrument. Supervisors in the database received an internal identification number for tracking non-respondents to the Supervisor Survey so that follow-up procedures could be carried out when the survey was administered.

# **DEVELOPMENT OF THE SURVEY INSTRUMENT AND PROCEDURES**

The Supervisor Survey is an 11-page, paper-and-pencil survey with 132 items related to supervisory responsibilities; provider management practices; and job quality, satisfaction, problems, and rewards. We chose a paper-and-pencil survey over a telephone survey for two reasons: (1) a telephone survey is costlier; and (2) obtaining individual supervisor telephone numbers is difficult. The survey is based on items adapted from the BJBC Clinical Manager Survey and BJBC Direct Care Worker Survey that were administered as part of the broader BJBC evaluation. So that comparisons could be made across surveys, we kept question wording consistent.

Prior to fielding, the Survey Research Center cognitively tested the survey by interviewing five frontline supervisors from local long-term care providers. Three were supervisors in skilled nursing facilities, one was in a home care agency, and another was in an adult day service provider. Respondents were asked to describe their thought processes out loud as they answered the survey questions. The interviewers solicited feedback on wording, placement, and flow of questions within the survey. These interviews identified items that were not clear to respondents or were not interpreted as intended. As a result, we made minor changes in the wording and placement of these items.

We anticipated that in smaller organizations clinical managers also might qualify as supervisors. Because the Clinical Manager and Supervisor Surveys contained many common items, the Survey Research Center prepared a shorter version of the survey instrument that included only the items on the Supervisor Survey that were not in the Clinical Manager Survey.

For the survey and survey procedures, we obtained Institutional Review Board (IRB) approval at the Pennsylvania State University (IRB #16989) and clearance from the Office of Management and Budget (OMB # 0990-0295). In addition, we obtained a National Institutes of Health Certificate on Confidentiality to strengthen respondent privacy.

In addition to testing the survey instrument, the Survey Research Center staff reviewed internal procedures to ensure that all technical aspects of the data collection methodology functioned properly. Procedures for administering the survey were the same as those successfully used in the BJBC evaluation to survey DCWs. Therefore, it was not necessary to field test the administration of the Supervisor Survey.

## SURVEY ADMINISTRATION

Once the survey was developed, the population was taken from the information system database. The Survey Research Center identified clinical managers who also were supervisors by comparing the names of the clinical managers with the names of the supervisors. Each supervisor in the study received a packet that included: (1) a cover letter explaining the survey and providing the information for informed consent (Appendix C); (2) a survey (Appendix D); (3) a \$2 cash incentive; and (4) a postage paid business reply envelope addressed to the Survey Research Center. We considered a higher incentive but decided to offer the same amount as that given for the Direct Care Worker Survey, so as not to adversely affect the DCW response rate. Prior research has shown that incentives given upfront to all potential participants are more effective in increasing response rates than incentives paid later only to respondents (Church, 1993; James and Bolstein, 1992).

The Survey Research Center alerted its contact at each provider before sending survey packets for distribution. The contact chose one of three ways to distribute the surveys -- at staff meetings, with paychecks, or in worker mailboxes at the organization.

The cover letter informed respondents that their participation was voluntary and that their responses would be kept confidential. Respondents provided passive consent by completing and returning the survey. Respondents returned completed surveys directly to the Survey Research Center to ensure that respondents' employers would not see their responses. The Survey Research Center tracked survey responses using identification numbers on each survey.

Prior research has shown that multiple mailings increase response rates (Dillman, 2000). Therefore, approximately a month after the first survey administration, follow-up packets were sent to each organization. Supervisors who had not completed a survey received a packet containing a follow-up cover letter (Appendix E), another copy of the survey, and another business reply envelope. To ensure that employers could not distinguish non-respondents from previous respondents, packets also were sent to supervisors who had completed the survey. These packets contained a cover letter expressing our thanks for completing the survey, along with a copy of the BJBC newsletter.

As the surveys were returned, they were logged and scanned into the system using the identification number printed on the surveys. At the end of the fielding period, the Survey Research Center verified and cleaned the data and removed all identifying information before providing the data files to the research team.

The original Supervisor Survey project was designed to be cross-sectional, with a one-time administration scheduled toward the end of the BJBC demonstration. After approval of this project, the Robert Wood Johnson Foundation and the Atlantic Philanthropies, the funding agencies for the evaluation of the BJBC demonstration,

authorized the Penn State Survey Research Center to use funding from the evaluation for a baseline (Time 1) administration of the survey. However, at this point in the project it was too late for four of the states to receive a baseline survey. Therefore, the Time 1 administration was conducted only in North Carolina, which had experienced delays in starting the demonstration.

The Time 1 administration in North Carolina occurred from November 2005 through March 2006. The second administration in North Carolina and the originally-planned administration in the other four BJBC states (Time 2) took place from July 2006 through June 2007. Because of the larger sample size, most analyses were conducted using the cross-sectional data from the Time 2 administration. However, when appropriate, analyses employed the baseline data from North Carolina, including a small panel of supervisors who responded to the survey in both time periods.

# SAMPLE SIZE AND RESPONSE RATES

## Providers

The Survey Research Center was able to identify the population of supervisors at almost all providers. Provider response rates to the Supervisor Identification Instrument that identified the population were high. Sixty-two out of 65 providers returned the identification instrument at Time 1, and 120 out of 124 providers returned the identification instrument at Time 2 (Table 1). Thus, the Supervisor Survey sample is nested in 62 providers in Time 1 and 120 providers in Time 2. The overall response rates were 95 percent and 97 percent in Time 1 and Time 2, respectively. The vast majority of identified supervisors performed either primary supervisory responsibilities or a combination of primary and secondary responsibilities; only about 3 percent qualified solely on the performance of secondary responsibilities.

At Time 2 there was some variation by state with Iowa, North Carolina, and Oregon having provider response rates of 100 percent, followed by Pennsylvania at 94 percent, and Vermont at 86 percent.

<b>TABLE 1. Provider Sample Size and Response Rates by State</b>			
<b>State</b>	<b>Number of Identification Instruments</b>		<b>Response Rates (percent)</b>
	<b>Administered</b>	<b>Returned</b>	
Time 1			
North Carolina	65	62	95
Time 2			
Iowa	12	12	100
North Carolina	55	55	100
Oregon	10	10	100
Pennsylvania	33	31	94
Vermont	14	12	86
Total	124	120	97

Provider response rates differed little by provider type at Time 1, with all provider types having a 95 percent or 96 percent response rate (Table 2). Response rates differed more at Time 2, with skilled nursing facilities having the highest response rate (100 percent) followed by assisted living facilities (97 percent), home care agencies (94 percent), and adult day service providers (88 percent).



State	Number of Identification Instruments		Response Rates (percent)
	Administered	Returned	
Time 1			
Skilled Nursing Facilities	21	20	95
Assisted Living Facilities	23	22	96
Home Care Agencies	21	20	95
Total	65	62	95
Time 2			
Skilled Nursing Facilities	46	46	100
Assisted Living Facilities	36	35	97
Home Care Agencies	34	32	94
Adult Day Service Providers	8	7	88
Total	124	120	97

## Supervisors

A total of 1,126 supervisors were identified using the identification instrument: 421 at Time 1 and 705 at Time 2. From this population, 257 supervisors responded to the survey at Time 1, and 424 responded at Time 2 (Table 3).

The survey response rates were relatively high for a paper-and-pencil survey, especially since the Survey Research Center was unable to follow up directly with specific, individual supervisors. The overall response rate for Time 1 was 61 percent and for Time 2 it was 60 percent. At Time 2, Vermont had the highest response rate at 75 percent, while Oregon had the lowest at 52 percent.

State	Number of Surveys		Response Rates (percent)
	Administered	Returned	
Time 1			
North Carolina	421	257	61
Time 2			
Iowa	82	52	63
North Carolina	344	206	60
Oregon	104	54	52
Pennsylvania	132	79	60
Vermont	44	33	75
Total	705	424	60
<b>NOTE:</b> The Supervisor Survey data file contains 7 more observations than the Supervisor Identification Instrument data file (6 more at Time 1 and 1 more at Time 2); therefore, the detail of the number of surveys administered does not sum to the total, and the response rates by state at Time 2 may be slightly understated. The reason for this discrepancy was respondents removed identification numbers from their survey, which required the assignment of a new identification number when the survey was received and made it impossible to link that Supervisor Survey with the corresponding record in the Supervisor Identification file.			

Table 4 shows response rates by provider type. At Time 1, home care agencies had the highest response rate (71 percent), while skilled nursing facilities had the lowest (53 percent), with assisted living facilities falling in between.

<b>TABLE 4. Supervisor Survey Sample Size and Response Rates by Provider Type</b>			
<b>State</b>	<b>Number of Surveys</b>		<b>Response Rates (percent)</b>
	<b>Administered</b>	<b>Returned</b>	
<b>Time 1</b>			
Skilled Nursing Facilities	189	101	53
Assisted Living Facilities	148	92	62
Home Care Agencies	90	64	71
Total	421	257	61
<b>Time 2</b>			
Skilled Nursing Facilities	359	204	57
Assisted Living Facilities	178	93	52
Home Care Agencies	149	114	77
Adult Day Service Providers	20	13	65
Total	705	424	60
<b>NOTE:</b> The detail of the number of surveys administered does not sum to the total and the response rates by provider type may be slightly understated. See note to Table 3 for further detail.			

A slightly different pattern was observed at Time 2: home care agencies still had the highest response rate (77 percent), but assisted living facilities had a slightly lower response rate (52 percent) than skilled nursing facilities (57 percent).

Response rates at individual providers ranged from 0 percent to 100 percent at both time periods, with a median response rate across providers of 67 percent at Time 1 and 75 percent at Time 2 (data not shown). Response rates varied within provider type at both time periods. At Time 1, the greatest variation occurred within skilled nursing facilities, with an interquartile range of 22-100 followed by home care agencies (53-100), and assisted living facilities (44-85). This pattern changed at Time 2, with the greatest variation in response rates occurring in assisted living facilities (40-100), followed by adult day service providers (50-100), skilled nursing facilities (46-84), and home care agencies (75-100).

Item non-response in the Supervisor Survey was generally low, with most items having missing values in less than 5 percent of the cases. The total number of missing items in each survey also was low. Only 21 supervisors were missing 30 percent or more of their items.

## REFERENCES

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# APPENDIX A: SUPERVISOR TASK LIST

## Supervisory Tasks List

Provider Organization Name: \_\_\_\_\_

**Under the name of each staff member listed, please put an X next to the tasks they perform. If you need more space to write in the staff members who are responsible for these tasks, you can copy this form.**

<b>Tasks</b>	Staff Member Responsible for Tasks	Staff Member Responsible for Tasks	Staff Member Responsible for Tasks	Staff Member Responsible for Tasks
	Name: _____ Title: _____	Name: _____ Title: _____	Name: _____ Title: _____	Name: _____ Title: _____
Act as a mentor to DCWs				
Ensure that DCWs are giving proper care to clients/residents				
Schedule DCWs				
Initiate disciplinary action				
Document DCW performance problems				
Provide feedback (positive or negative) to DCWs on job performance				
Recommend training for DCWs				
Conduct on-the-job clinical training activities				
Directly respond to job concerns raised to DCWs				

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# APPENDIX B: SURVEY RESEARCH CENTER E-MAIL TO CLINICAL MANAGER CONTACT

## Email Contact Provider Organization for Supervisor Information

Dear [clinical manager],

As part of the data collection for the Better Jobs, Better Care Demonstration evaluation, we are preparing to survey staff members who have a role in supervising direct care workers at participating provider organizations. I would like to ask for your help in identifying staff at [name of provider organization] who are responsible for carrying out specific tasks. Attached is a form that will take about 5 minutes to complete. On this form, please indicate the staff member(s) responsible for each task listed.

As you complete the form, keep in mind that the definition of a direct care worker for the Better Jobs, Better Care Demonstration is an individual who provides hands-on personal care as a significant part of their job. Although activities may sometimes overlap, we do not include LPNs or RNs in this definition. Also excluded are workers who help with cleaning, meal preparation and chores, but do not provide personal care.

Once you've identified the staff member(s) who performs these tasks for your organization, please send a reply email and include the completed form as an attachment or fax the completed form to my attention at (814) 865-3098. If necessary, you may make copies of the form in order to include all relevant staff. Space is also provided for comments if you would like to further clarify how the tasks on the list are carried out at your organization.

If you have any questions or would like additional information regarding this request, do not hesitate to contact me at (800) 648-3617. Thank you again for your time and assistance.

Jennifer Sheaffer  
BJBC MIS and Survey Coordinator  
SSRI, Survey Research Center  
The Pennsylvania State University  
327 Pond Lab  
University Park, PA 16802-6201  
Tel: 1(800) 648-3617  
Fax: 1(814) 865-3098

# APPENDIX C: SUPERVISOR SURVEY COVER LETTER



(814) 863-0170  
FAX (814) 865-3098  
<http://www.ssri.psu.edu/survey/>

Social Science Research Institute  
Survey Research Center

The Pennsylvania State University  
327 Pond Laboratory  
University Park PA 16802-7000

Date

Greetings!

As you may be aware, your employer is participating in the Better Jobs, Better Care Demonstration Project (IRB# 16989). In order to evaluate the effects of the resulting changes in your workplace on direct care worker job quality and retention, our team of researchers here at Penn State is conducting a survey and would very much appreciate your participation.

In the enclosed survey, you will be asked to answer several questions about your job, which will take approximately 15-20 minutes. Your answers to the survey questions will be kept confidential by the Survey Research Center. If this research is published, no information that would identify you will be written. You do not have to answer any questions you feel uncomfortable answering. There are no risks in participating in this research beyond those experienced in everyday life. Some of the benefits from participating in this survey are that you may gain a better understanding of how you view your current job and how changes in your workplace affect how you feel about your job. Overall, this information may help to improve the quality of your job, which will ultimately affect the quality of care your patients/residents/clients receive.

You may ask questions about this research by contacting David Johnson at (814) 863-0170. If you have questions about your rights as a research participant, contact Penn State's Office for Research Protections at (814) 865-1775. Your participation in this research is completely voluntary and you may end your participation at any time by not completing the survey. The Office for Research Protections and the Social Science Institutional Review Board (IRB) may review records related to this project.

By completing and returning the survey, you are acknowledging that you are at least 18 years of age and consent to participate in this study. Please keep this form for your records or future reference.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The

researchers will use the Certificate to resist any demands for information that would identify you. The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of Federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA). You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

After completing the survey, please return it in the postage paid envelope provided. *Please accept the enclosed two-dollars as a token of appreciation for your help with this important study. We greatly appreciate your input.*

Sincerely,

The Penn State Research Team

# APPENDIX D: BJBC SUPERVISOR SURVEY



OMB Control No: 0990-0295  
Expiration Date:

## Tell Us About Your Job

Your employer is one of over 130 that are part of the Better Jobs, Better Care Demonstration - People like you in the state of Iowa, North Carolina, Oregon, Pennsylvania, and Vermont are being asked to complete this important survey.

Your answers to these questions are very important to the success of this project. Please answer them as honestly as you can. Remember that your answers will be kept completely confidential. Your employer will not see any of your responses. Your answers will go directly to the Penn State Survey Research Center and you will not be identified.

**A Confidential Survey**  
Conducted by the Survey Research Center at Penn State



### Paperwork Reduction Act Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to be 30 minutes per response.



**INSTRUCTIONS:** If circles are provided, please completely fill in the circle next to your answer (example: ● Yes ○ No ). If boxes are provided, write your numeric answer in the boxes (example: 

2	9
---	---

 ). If you are asked to specify an answer, please clearly print your response in the space provided.

1. How long have you worked as a supervisor of direct care workers? 

--	--

 years 

--	--

 months
2. Have you ever worked as a direct care worker? ○ Yes ○ No
3. How long have you worked for this employer? 

--	--

 years 

--	--

 months
4. How long have you worked as a supervisor for this employer? 

--	--

 years 

--	--

 months
5. How many direct care workers do you typically supervise? 

--	--	--
6. Do any direct care worker supervisors report to you? ○ Yes ○ No

7. Please indicate the extent of your responsibility as a direct care worker supervisor to perform the following tasks.

	My responsibility alone	My responsibility but others do this too	Not my responsibility but I sometimes do this	I never do this
a. Act as a mentor to direct care workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Ensure that direct care workers are giving proper care to clients/residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Interview direct care worker applicants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Schedule direct care workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Provide feedback to direct care workers on job performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Document direct care worker performance problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Initiate disciplinary action.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Recommend training for direct care workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Conduct on-the-job clinical training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Directly respond to job concerns raised by direct care workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. For each statement below, please indicate if you strongly disagree, somewhat disagree, somewhat agree, or strongly agree.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
a. I have learned the skills necessary to do my job well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have the opportunity to work in teams.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am confident in my ability to do my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I could get a job that paid more than this job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Extremely satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Extremely dissatisfied
- Don't know

10. During the past year, did **you** receive any formal training (inservice, workshop, etc.) on . . .

Training		If yes, how useful was it?			
		Not At All Useful	Somewhat Useful	Very Useful	Extremely Useful
a. Communicating effectively with other employees	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Communicating effectively with patients/residents/clients	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diversity or cultural issues	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Effective disciplinary procedures	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Skills for managing people	<input type="radio"/> Yes → <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. How often are the following management practices used for the direct care workers you supervise?

	Never	Seldom	Occasionally	Frequently	Always
a. Permanent assignment to patients/residents/clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Rotation of assignments to different services or units.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cross-training (learning new skills not traditionally used by direct care workers, such as medication administration or assisting with physical therapy).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Self-managed work groups that include direct care workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Flex time for direct care workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. What mechanisms are used in your organization to handle employee concerns? *(Mark all that apply)*

- Talk with supervisor
- Toll-free "hotline"
- Organizational ombudsman
- Mediation
- Arbitration
- Other: \_\_\_\_\_
- Don't use any specific method

13. What approaches are used to handle poor performance or negative behaviors at your organization? *(Mark all that apply)*

- Counseling by supervisor in the work unit
- Counseling by senior manager
- Written documentation
- Final warning conference
- Probation
- Suspension
- Termination
- Other: \_\_\_\_\_
- Don't use any specific method

14. How often do direct care workers in your organization . . .

	Never	Seldom	Occasionally	Frequently	Always
a. Have input into changes in patient/resident/client care plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Actively participate in developing patient/resident/client care plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Write in patient/resident/client care charts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. <b>Communicate in writing</b> with other <b>direct care workers</b> to relay information about residents/patients/clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. <b>Communicate verbally</b> with other <b>direct care workers</b> to relay information about residents/patients/clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Communicate information <b>either in writing or verbally</b> about residents/patients/clients by reporting to their <b>supervisors</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Meet formally or informally with a supervisor to discuss patient/resident/client care issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Receive <b>verbal</b> feedback about their everyday job performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Receive <b>written</b> feedback about their everyday job performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Please estimate the overall competency level of direct care workers you supervise using the following benchmark:

- 0 = All require constant supervision and guidance**
- 1**
- 2**
- 3**
- 4**
- 5 = All have an average level of competency for the position**
- 6**
- 7**
- 8**
- 9**
- 10 = All perform their jobs well with minimal guidance**



16. Approximately what percentage of the direct care workers you supervise . . .

	None	1-25%	26-50%	51-75%	76-100%
a. Currently participate in a career ladder program for the direct care worker to advance to a higher level of direct care worker (for example, team leader or dementia care specialist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Currently participate in a career ladder program for the direct care worker to become a Licensed Practical Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Currently have a designated peer mentor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Participate in formal inservice programs beyond those required for certification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. During the past year, approximately what percentage of the direct care workers you supervise . . .

	None	1-25%	26-50%	51-75%	76-100%
a. Have completed a self-directed educational video or computer-based training program while at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have attended a conference or workshop away from work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Received formal training (inservice, workshop, etc.) on communicating effectively with other employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Received formal training (inservice, workshop, etc.) on communicating effectively with patients/residents/clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Received formal training (inservice, workshop, etc.) on diversity or cultural issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. If a friend or family member asked your advice about **taking a job as a direct care worker** at the place where you work, would you . . .

- Definitely recommend it
- Probably recommend it
- Probably not recommend it
- Definitely not recommend it

19. If a friend or family member needs care and asked your advice about **getting care** from the place where you work, would you . . .

- Definitely recommend it
- Probably recommend it
- Probably not recommend it
- Definitely not recommend it

20. Now, we'd like to ask if you agree or disagree with the following statements about your organization. It is important that your confidential responses to these questions be honest and accurate.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Employees take personal responsibility for their behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The organizational culture encourages risk-taking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The organizational culture encourages continuous improvement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Senior management has presented a clear vision of the future of the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The organization rewards staff for being innovative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Management communicates effectively with staff in all levels of the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Management solicits input from all levels of staff when deciding on purchases related to care delivery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Management solicits input from all levels of the organization when deciding on policies and protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Think about your job right now. Fill in the circle that best indicates how much, if at all, each of the following is a rewarding part of your job. Is it not at all rewarding, somewhat rewarding, very rewarding, or extremely rewarding?

	Does not apply to my job	Not at all rewarding	Somewhat rewarding	Very rewarding	Extremely rewarding
a. Helping others is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Being able to work on your own is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Getting credit for your work is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Finding your work interesting is . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Liking your coworkers is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Making a difference in other people's lives is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Feeling a sense of accomplishment and competence from doing your job is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Having your job fit your skills is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Having the chance to learn new things is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Being valued by supervisors and management is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Being needed by others is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Having the power you need to get your job done without getting permission from someone else is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Having a lot of different things to do is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Getting support from coworkers is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Having your job fit your interests is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. The income you earn is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Being valued by residents or clients and their families is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Having the freedom to decide how to do your work is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. The team spirit in your work group is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



22. Continue thinking about your job right now. Indicate how much, if at all, each of the following is a problem or concern in your job. Is it not at all a problem, somewhat a problem, a big problem, or an extremely big problem?

	Not at all a problem	Somewhat a problem	A big problem	An extremely big problem
a. Having too much work to do is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Having to deal with emotionally hard situations is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Not having support from your supervisor in your job is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Finding your job boring or doing too much of the same thing is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Having your job take too much out of you is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Having little chance to get promoted is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Dealing with unrealistic expectations from your supervisor for your work is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Not having the job use your skills is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Catching an illness is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Not having the chance to develop job skills is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Not being valued by your supervisor for your work is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Being on your own too much is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Getting hurt is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. The physical conditions (equipment, temperature, smell, etc.) at your job is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Not having enough help when you need it is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. That your supervisor is not good at her/his job is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. That the job is physically hard is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. The time it takes to get to work is . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



23. Please indicate the degree to which you agree with the following statements about how you are respected as a part of your organization's health care team (those who provide clinical services) by filling in the appropriate circle.

	Not at all agree	Agree somewhat	Agree a great deal
a. Residents' or clients' families respect me as part of the health care team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Residents or clients respect me as part of the health care team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Direct care workers respect me as part of the health care team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My supervisor respects me as part of the health care team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Please indicate the degree to which you agree with the following statements about how you are respected as a part of your organization's management team (those who establish and maintain work-related policies) by filling in the appropriate circle.

	Not at all agree	Agree somewhat	Agree a great deal
a. Residents' or clients' families respect me as part of the management team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Residents or clients respect me as part of the management team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Direct care workers respect me as part of the management team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My supervisor respects me as part of the management team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. How likely is it that you will leave this job in the next year?

- Very likely
- Somewhat likely
- Not at all likely

26. How often do you think about quitting?

- All of the time
- Some of the time
- Rarely
- Never

27. Now, we'd like to ask if you agree or disagree with the following statements about your organization in the context of the Better Jobs, Better Care project.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
a. The Better Jobs, Better Care project is being supported by a senior level executive in your organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. All levels of management are committed to the Better Jobs, Better Care project.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Senior management has clearly articulated the need for the Better Jobs, Better Care project.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The Better Jobs, Better Care project conflicts with other major activities going on in the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The programs that are part of the Better Jobs, Better Care project have been well executed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The Better Jobs, Better Care project's overall impact on this organization will be positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. What is the single most important thing your employer could do to **improve the job of direct care workers**?

29. What is the single most important thing your employer could do to **improve your ability to do your job as a supervisor** of direct care workers?

30. In your current job with this employer, what is your hourly wage?

\$ \_\_\_\_\_ per hour

31. Do you receive health insurance through this employer?

- Yes, I receive health insurance through my employer.
- My employer offers health insurance to me, but I am not enrolled.
- My employer does not offer health insurance to me.

32. What is your gender?

- Male
- Female

33. What is your age?

- Less than 25 years old
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or older

34. Did you earn a high school diploma or GED?

- No
- Yes →

34a. If yes, what is your highest level of education?

- High School or GED
- Some college/trade school
- College graduate or post-college

35. Are you a nurse?

- No
- Yes →

35a. If yes, are you a . . .

- LPN
- RN
- Diploma RN
- BSN
- MSN
- Advanced Practice Nurse

36. Are you of Hispanic or Latino origin?  No  Yes

37. Please indicate your race. *(Please select one or more)*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

## APPENDIX E: FOLLOW-UP COVER LETTER

PENNSSTATE



Social Science Research Institute  
Survey Research Center

(814) 863-0170  
FAX (814) 865-3098  
<http://www.ssri.psu.edu/survey/>

The Pennsylvania State University  
327 Pond Laboratory  
University Park PA 16802-7000

Date

Greetings!

A few weeks ago, you should have received a survey regarding the Better Jobs, Better Care project. To the best of our knowledge, it's not yet been returned. **If you have already completed and returned the survey to us, thank you. We appreciate your willingness to be a part of this important project.**

We are writing again because of the importance your survey has for helping us to get accurate results. We're enclosing another copy of the survey in case you misplaced the copy we sent you before. There is no need to respond at this time if you have already returned the survey you received a few weeks ago.

To remind you, the purpose of this study is to evaluate the effects of changes in your workplace on direct care worker job quality and retention. We have received responses from a number of staff, but need to hear from everyone to ensure that the results are representative of all long-term care provider organizations. Information that you provide in this survey will help us to better understand issues concerning the direct care workforce in long-term care. Overall, this information may help to improve the quality of the direct care workforce, which can ultimately affect the quality of care received by long term care consumers.

The survey should take approximately 15-20 minutes to complete, and your answers to the survey questions will be kept confidential by the Survey Research Center. If this research is published, no information that would identify you will be written. You do not have to answer any questions you feel uncomfortable answering. There are no risks in participating in this research beyond those experienced in everyday life. Some of the benefits from participating in this survey are that you may gain a better understanding of how you view your current job and how changes in your workplace affect how you feel about your job. Overall, this information may help to improve the quality of your job, which will ultimately affect the quality of care your patients/residents/clients receive.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal,

state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you. The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of Federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA). You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

You may ask questions about this research by contacting David Johnson at (814) 863-0170. If you have questions about your rights as a research participant, contact Penn State's Office for Research Protections at (814) 865-1775. Your participation in this research is completely voluntary and you may end your participation at any time by not completing the survey. The Office for Research Protections and the Social Science Institutional Review Board may review records related to this project. By completing and returning the survey, you are acknowledging that you are at least 18 years of age and consent to participate in this study. Please keep this form for your records or future reference.

After completing the survey, please return it in the postage paid envelope provided. We greatly appreciate your input.

Sincerely,

The Penn State Research Team

To obtain a printed copy of this report, send the full report title and your mailing information to:

U.S. Department of Health and Human Services  
Office of Disability, Aging and Long-Term Care Policy  
Room 424E, H.H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
FAX: 202-401-7733  
Email: [webmaster.DALTCP@hhs.gov](mailto:webmaster.DALTCP@hhs.gov)

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**RETURN TO:**

Office of Disability, Aging and Long-Term Care Policy (DALTCP) Home  
[\[http://aspe.hhs.gov/office\\_specific/daltcp.cfm\]](http://aspe.hhs.gov/office_specific/daltcp.cfm)

Assistant Secretary for Planning and Evaluation (ASPE) Home  
[\[http://aspe.hhs.gov\]](http://aspe.hhs.gov)

U.S. Department of Health and Human Services Home  
[\[http://www.hhs.gov\]](http://www.hhs.gov)