

RESEARCH STUDY

Promoting Retention of Ontario Home Care Nurses

Introduction

You are invited to participate in this study that is designed to gain a better understanding of how to promote home care nurse retention in Ontario. The enclosed survey is confidential and anonymous, and only grouped data will be used for research purposes. Your name will not appear on the survey or in our survey database. A study number identifies who you are for the purposes of mailing surveys and reminders. A \$10 gift card is enclosed as a token of appreciation for considering participation in this study. This study is funded by the Ontario Ministry of Health & Long-term Care.

Please complete this survey ONLY if you are a nurse (RN / RPN) working for a home care organization / agency in Ontario.

If you do not work for a home care organization / agency in Ontario, or if you do not wish to participate in this study, please place an X in the appropriate box below and return the blank survey in the pre-addressed, postage paid envelope. This will ensure that we remove your contact information from the mailing list and we will **NOT** contact you again about this study.

- I DO NOT WORK FOR A HOME CARE ORGANIZATION / AGENCY IN ONTARIO**
- I DO NOT WISH TO PARTICIPATE IN THIS STUDY**

***When you are completing this survey, think of the one home care organization / agency that you work for MOST frequently.**

SECTION A: YOUR INFORMATION

A1. Which generation do you belong to?

- ₁ Veteran (born 1945 and earlier)
- ₂ Baby Boomer (born 1946 through 1964)
- ₃ Generation X (born 1965 through 1979)
- ₄ Generation Y / Millennial (born 1980 and after)

A2. How many years have you worked:

- a. As a nurse (Enter number of years)
- b. As a nurse in home care (Enter number of years) (Enter number of years)
- c. As a nurse for your **current** home care organization / agency (Enter number of years)

A3. Which of the following best describes your formal role at your home care organization / agency: (**Choose ONLY one**)

- ₁ Visiting nurse
- ₂ Clinic nurse
- ₃ Shift nursing in home
- ₄ Shift nursing in school
- ₅ Specialist / Consultant role (e.g. wound care, enterostomal, palliative care consultant etc.)
- ₆ Clinical resource nurse / nurse educator **WITH** a scheduled client assignment
- ₇ Clinical resource nurse / nurse educator **WITH NO** scheduled client assignment
- ₈ Other; please specify: _____

A4. Please indicate your **CURRENT** employment status with this home care organization / agency?

- ₁ Full-time
- ₂ Part-time
- ₃ Casual
- ₄ Elect-to-work

A5. Please indicate your **PREFERRED** employment status with this home care organization / agency?

- ₁ Full-time
- ₂ Part-time
- ₃ Casual
- ₄ Elect-to-work

A6. Which form of payment best describes how you are paid by your home care employer?

- ₁ Pay-per-client visit
- ₂ Hourly rate of pay
- ₃ Fixed salary
- ₄ Other; please specify: _____

A7. Considering the method of payment you identified above, on average, how many **PAID** hours do you work per week for this home care organization / agency?

_____ (# hours)

A8. On average, how many **UNPAID** hours do you work per week for this home care organization / agency?

_____ (# hours)

A9. On average, how many hours do you work on a normal work day?

a. _____ (# PAID hours)

b. _____ (# UNPAID hours)

A10. On a typical work day, how many clients are assigned to you?

_____ (# of clients)

A11. The following questions relate to your compensation and benefits. Response options are yes, no or unsure.

In this agency...	No	Yes	Unsure
a. I have the opportunity to contribute to a pension plan.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. I have the opportunity to belong to a health benefits plan.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. I have the opportunity to belong to a dental benefits plan.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. I have paid sick leave.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. I receive an amount of money in lieu of sick pay.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. I receive NO sick / illness benefits.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. I have access to counselling and assistance programs if I need them.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. I have access to paid parental leave.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. I have paid vacation time.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. I receive an amount of money in lieu of vacation.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
k. I receive NO vacation benefits.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

A12. In what general area of Ontario do you **NORMALLY** provide home care nursing services?

- ₁ Eastern Ontario (Kingston, Ottawa, Peterborough, Cornwall and surrounding areas)
- ₂ Central Ontario (Barrie, Owen Sound, Orillia and surrounding areas)
- ₃ Golden Horseshoe (Hamilton, Niagara Falls, St. Catharines and surrounding areas)
- ₄ Greater Toronto Area (Toronto, Durham, Halton, Peel, York and surrounding areas)
- ₅ Northern Ontario (North Bay, Sault Ste. Marie, Sudbury, Thunder Bay and surrounding areas)
- ₆ South-Western Ontario (Kitchener-Waterloo, London, Windsor and surrounding areas)

A13. Do you provide care in a city, town / small city or rural area? **(CHECK ALL that apply)**

- _a Urban centre or suburb of urban centre
(Hamilton, Brampton, Mississauga, Ottawa or Toronto) - population greater than 500,000
- _b City not attached to urban centre - population between 100,001 and 500,000
- _c Town / Small city - population between 10,000 and 100,000
- _d Rural – population less than 10,000
- _e Other or uncertain

A14. How often do you provide nursing care in the following settings? Response options range from Never to Always.

	Never	Rarely	Sometimes	Regularly	Always
a. Clients' homes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Agency-supported clinic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Long-term care facility	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Assisted-living facility	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. School	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Rooming house	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Other; please specify: _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

A15. Home care organizations / agencies are classified as for-profit or not-for-profit.

Is the organization / agency you are working for considered:

- ₀ Not-for-profit
- ₁ For-profit

A16. Which of the following home care services does your organization / agency offer?

(CHECK ALL that apply)

- _a Homemaking
- _b Home support
- _c Home nursing care
- _d Nursing care in an outpatient clinic (e.g., wound care clinic)
- _e Case management
- _f Allied Health Therapies (e.g., physiotherapy, occupational therapy, social work, etc.)
- _g Services of a chaplain
- _h Volunteer services
- _i Meal provision
- _j Adult day care
- _k Respite care
- _l Specialized services such as palliative care
- _m Other; please specify: _____

A17. In general, how would you describe the quality of nursing care provided to clients cared for by your organization / agency?

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

A18 a. Do you regularly engage in paid nursing work in any other organizations outside this organization /agency?

- ₀ No
- ₁ Yes

b. **IF YES**, in how many other organizations do you work as a nurse?
 _____ (# of organizations)

c. In your other nursing positions, do you work:

- ₁ Full-time
- ₂ Part-time
- ₃ Casual
- ₄ Elect-to-work
- ₅ Not applicable

d. What other types of nursing organization(s) / agencies do you work for? (**CHECK ALL** that apply)

- _a Acute care hospital
- _b Long-term care facility
- _c Complex continuing care facility
- _d Home care organization / agency
- _e Public health agency
- _f College / University
- _g Nurse staffing agency (other than home care)
- _h Other; please specify: _____
- _i Not applicable

SECTION B: YOUR CAREER PLANS

B1. Please indicate the likelihood that you will continue to work at your **CURRENT home care organization / agency** by choosing one of the following five responses for **EACH** scenario. Response options range from Very Unlikely to Very Likely.

I will continue to work for my current employer...	Very Unlikely	Unlikely	Un-certain	Likely	Very Likely
a. For the next year.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. For the next three years.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. For the next five years.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Until the normal age of retirement of 65-67 years.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

B2. Are you a member of a collective bargaining unit / union through your employment with this home care organization / agency?

- ₀ No
- ₁ Yes
- ₂ Uncertain

B3. Please indicate the likelihood of your continuing to work at **ANY home care organization / agency** by choosing one of the following five responses for **EACH** scenario. Response options range from Very Unlikely to Very Likely.

I will continue to work in home care...	Very Unlikely	Unlikely	Un-certain	Likely	Very Likely
a. For the next year.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. For the next three years.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. For the next five years.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Until the normal age of retirement of 65-67 years.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

B4. How much opportunity is there **OUTSIDE** this home care organization / agency for new jobs or career advancement?

None	A Little	Some	A lot
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

B5. How much do you agree with the following statement? I am currently seeking a new position **OUTSIDE** this home care organization / agency.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

B6. At what age are you planning to retire?

(Years of age)

B7. Which of the following factors does or would entice you to remain employed at your current home care organization / agency? (**CHECK ALL** that apply)

- _a Client variety
- _b Relationships with clients / families
- _c Participating in meaningful work
- _d Higher salary
- _e Compensation for work related expenses
- _f Access to adequate benefits
- _g Supportive colleagues
- _h Supportive manager / supervisor
- _i Supportive organization / agency
- _j Participation in agency decision making
- _k Autonomy
- _l Working to full scope of practice
- _m Flexibility in scheduling
- _n Work / life balance
- _o Reasonable workload
- _p Access to education and training
- _q Access to clinical support
- _r Access to adequate resources
- _s Inadequate employment opportunities outside of this agency
- _t Being unionized
- _u Other; please specify: _____

B8. Which of the following factors make or would make you think about leaving employment with your current home care organization / agency? (**CHECK ALL** that apply)

- _a Income instability
- _b Excess out-of-pocket costs
- _c Unpaid work hours
- _d Inadequate pay / salary
- _e Inadequate benefits
- _f Unmanageable workload
- _g Personal safety concerns
- _h Travel demands
- _i Quality of client care
- _j Inadequate resources to do your work
- _k Inadequate continuing education / professional growth opportunities
- _l Lack of clinical support
- _m Lack of respect from case managers
- _n Unsupportive organization / agency
- _o Unsupportive colleagues
- _p Inadequate leadership
- _q Poor work environment
- _r Unsupportive manager / supervisor
- _s Work / life imbalance
- _t Emotional / physical exhaustion
- _u Personal economic status
- _v Other; please specify: _____

SECTION C: YOUR WORK

Below are statements about your work. Please indicate your level of agreement with each statement by selecting the appropriate response. Response options range from Strongly Disagree to Strongly Agree.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
1. Usually I see a variety of different types of clients during my work day.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
2. The work I do is meaningful.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
3. The work I do is very important to me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
4. My work activities are personally meaningful to me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
5. I am confident about my ability to do my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
6. I am assured about my capability to perform my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
7. I have mastered the skills necessary for my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
8. I have significant autonomy in determining how I do my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
9. I can decide on my own how to go about doing my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
10. I have considerable opportunity for independence and freedom in how I do my work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
11. Usually I am required to use a wide variety of knowledge and skills to provide client care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
12. Usually I provide client care to my full scope of practice as a RPN / RN.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
13. On a typical day, I am able to schedule my visits according to my needs and my life demands.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
14. On a typical day, I am able to schedule my visits according to my client's needs and preferences.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
15. In this job, my income is stable and predictable.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
16. My income from this job is necessary to support myself / my family.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
17. My clients would say they have continuity in their nursing care provider.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
18. Client assignments in this agency foster continuity of care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
19. In my organization / agency, decisions about client assignments are made in a fair and unbiased manner.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
20. Other healthcare providers (e.g., referring physicians, hospital staff) contribute to my client's realistic expectations of home care services.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
21. My clients have realistic expectations of the care that will be provided to them.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
22. My clients have a realistic understanding of their role in their self-care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

SECTION D: YOUR WORKLOAD

The following questions are about your workload. When responding please consider the number of hours you are paid to work. Please indicate your level of agreement with each statement by selecting the appropriate response. Response options range from Strongly Disagree to Strongly Agree.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
1. The number of clients I am expected to see in a day is reasonable.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
2. Clients are routinely added to my work assignment during a shift.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
3. When clients are added to my work assignment, my workload is manageable.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
4. The amount of time allotted to spend with each client to provide care is reasonable.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
5. I am able to complete required documentation during paid work hours.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
6. The use of technology (e.g., cell phones, computers, laptops, etc.) helps me to complete my documentation more efficiently .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
7. The use of technology (e.g., cell phones, computers, laptops, etc.) helps me to complete my documentation more effectively .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
8. The use of technology (e.g., cell phones, computers, laptops, etc.) helps me to communicate with the health care team more efficiently .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
9. The use of technology (e.g., cell phones, computers, laptops, etc.) helps me to communicate with the health care team more effectively .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
10. There is enough time in my day to complete all reporting required (e.g., to home care organization / agency, CCAC, etc.).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
11. I have enough time to effectively communicate with other health care providers about my clients.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
12. Ordering supplies and equipment necessary to complete client care fits into my allotted work hours.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
13. The amount of time I spend tracking and managing resources is reasonable.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
14. I am able to provide effective nursing care to meet organization / agency / CCAC identified client needs .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
15. I am able to provide effective nursing care to meet client identified needs .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
16. Client care needs identified by CCAC case managers are usually in line with my assessment.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
17. Overall, I feel I have enough time to complete all required work during paid work hours.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

SECTION E: RELATIONSHIPS / COMMUNICATION

Please think about the people you work with in your home care agency / organization and indicate your level of agreement with each statement. Response options range from Strongly Disagree to Strongly Agree.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
1. We have a lot of team spirit.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
2. We know we can depend on each other.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
3. We stand up for each other.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
4. We 'pitch in' to help one another.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
5. We take interest in one another.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
6. We regard each other as friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
7. We are very cooperative with one another.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
8. Our team is a consistent group of people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
9. We work as an effective team.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
10. We feel free to offer an opinion regarding work-related issues.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
11. We frequently discuss client care issues with each other.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
12. We share ideas and information.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
13. We take the time to listen to each other's problems and worries.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Please think about the people you encounter on a regular work day (e.g., clients, case managers, physicians, etc.) and indicate your level of agreement with each statement. Response options range from Strongly Disagree to Strongly Agree.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
14. Developing therapeutic relationships over time is important to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
15. Working at this home care organization / agency allows me to develop long-standing therapeutic relationships with clients.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
16. Being able to focus on one client / family is important to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
17. Physicians value my input on the status of home care clients.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
18. I am treated as a valued colleague by physicians.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
19. I regularly contact physicians to discuss client progress / care when needed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
20. CCAC case managers value my input on the status of home care clients.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
21. I am treated as a valued colleague by CCAC case managers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
22. I regularly contact CCAC case managers to discuss client progress / care.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Please think about your direct supervisor / manager and indicate your level of agreement with each statement. Response options range from Strongly Disagree to Strongly Agree.

My supervisor in my organization / agency...	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
23. Is available to discuss issues and concerns with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
24. Looks for feedback even when it is difficult to hear.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
25. Focuses on successes rather than failures.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
26. Supports teamwork to achieve goals / outcomes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
27. Calmly handles stressful situations.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
28. Actively listens, acknowledges, and then acts on requests and concerns.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
29. Actively mentors or coaches the performance of others.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
30. Effectively resolves conflicts that arise.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
31. Allows me freedom to make important decisions at work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

SECTION F: YOUR HOME CARE ORGANIZATION / AGENCY

Please think about the home care agency / organization you work for and indicate your level of agreement with each statement. Response options range from Strongly Disagree to Strongly Agree.

My supervisor in my organization / agency...	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
1. Strongly considers my goals and values.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
2. Provides help when I have a problem.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
3. Really cares about my well-being.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
4. Is willing to extend itself in order to help me perform my work to the best of my ability.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
5. Would fail to notice, even if I did the best job possible.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
6. Cares about my general satisfaction at work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
7. Shows very little concern for me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
8. Cares about my opinions.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
9. Takes pride in my accomplishments at work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
10. Provides adequate access to clinical support during business hours (08-17hrs Monday to Friday).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
11. Provides adequate access to clinical support after business hours and on weekends.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
12. Provides a clinical nurse specialist (e.g., Wound Care, Palliative Care, Enterostomal Therapist) for consultation / clinical support when needed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
13. Supports me in learning new knowledge and skills necessary for client care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

My supervisor in my organization / agency...	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
14. Offers educational sessions / in-services to support me in learning new knowledge and skills necessary for client care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
15. Provides a clinical resource nurse / senior nurse to support me in the client's home when learning new skills.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
16. Empowers me to accomplish my work in an effective manner.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
17. Overall is an empowering work environment.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

The following questions are about access to human resources to do your job. Please indicate your level of agreement with each item. Response options range from Strongly Disagree to Strongly Agree.

In my work, I normally have:	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
18. Adequate support services that allow me to spend time with my clients.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
19. Enough time and opportunity to discuss client care problems with other nurses.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
20. Enough nurses (RNs and / or RPNs) to provide quality client care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
21. Enough staff to get work done.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

SECTION G: ACCESS TO PHYSICAL RESOURCES

The following questions relate to access to physical resources you need to do your job. Please indicate if you have access to / are provided with the following items. Response options are yes, no or not needed.

I have access to / am provided with...	No	Yes	Not Needed
1. A stethoscope.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2. A blood pressure cuff.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3. A pulse oximeter.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4. Disposable gloves.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5. Personal protective equipment (e.g., surgical masks, gowns, goggles).	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
6. Paper.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
7. A computer.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
8. A printer / printer ink.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
9. A fax machine.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
10. A cellular phone.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
11. A GPS.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
12. A map book.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
13. Access to appropriate technology (e.g., cell phones, computers, laptops, etc.) that helps me complete my work.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

G14. To do my home care job, I have **PURCHASED** (with my own money that has not been reimbursed) the following equipment / supplies: (**CHECK ALL** that apply)

- _a Stethoscope
- _b Blood pressure cuff
- _c Pulse oximeter
- _d Disposable gloves
- _e Personal protective equipment (e.g., surgical masks, gowns, goggles)
- _f Paper
- _g Computer
- _h Printer / Printer ink
- _i Fax machine
- _j Cellular phone
- _k GPS
- _l Map book
- _m Other; please specify: _____

SECTION H: YOUR PRACTICE ENVIRONMENT

Below are statements about your practice environment. Please indicate your level of agreement with each statement by selecting the appropriate response. Response options range from Strongly Disagree to Strongly Agree.

Please identify the extent to which you agree that the following are present in your practice environment:	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
1. Active staff development or continuing education programs for nurses.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
2. Opportunities for nurses to participate in organization / agency decision-making.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
3. Support for new and innovative ideas about client care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
4. The opportunity for nurses to consult with clinical nurse specialists or expert nurse clinicians / nurse educators.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
5. Opportunities for career development.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
6. Support for nursing staff to pursue further education.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
7. An active quality improvement program.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
8. Opportunities for nurses to serve on organization / agency working groups or committees.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
9. An orientation program for new nursing staff.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
10. Structures and processes to improve quality of care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
11. Support to access and use evidence to guide my practice (e.g., research findings, best practice guidelines, etc.).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
12. Organizational policies and procedures that I can access to guide client care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
13. Processes to assess and efficiently address client safety issues.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
14. Processes to assess and efficiently address nurse safety issues.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

SECTION I: YOUR WORK ENVIRONMENT

The following questions are about safety risks / issues that may occur in your work environment. Please indicate your level of agreement with each statement by selecting the appropriate response. Response options range from Never to Always.

How often do you encounter the following situations in your home care job?	Never	Rarely	Sometimes	Regularly	Always
1. Potential for violence from clients or families	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2. Exposure to communicable diseases	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
3. Ergonomic issues (e.g., lifting clients, bending over beds, desks, chairs, etc.)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
4. Unsafe work conditions (e.g., poor lighting, broken stairs, snow / ice etc.)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5. Hazardous chemicals	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
6. Environmental tobacco smoke	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
7. Pets	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
8. Oxygen equipment / tanks	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
9. Pests (e.g., bed bugs, fleas, rodents etc.)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
10. Winter or night driving conditions	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
11. Unsafe neighborhoods	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
12. Sexual harassment / abuse from clients and / or families	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
13. Bullying / belittling / incivility by clients	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
14. Bullying / belittling / incivility by other team members	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
15. Other; please specify: _____	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

The following questions are about travel during your work day.

116. How do you usually travel to client visits? (**CHECK ALL** that apply)

- _a No travel required
- _b Personal car
- _c Agency owned car
- _d Public transit
- _e Taxi
- _f Other; please specify: _____

117. In an average work day, how many kilometers do you normally travel when visiting clients?

(km)

- Not applicable (do not travel for client interactions)

The following questions are about work related travel expenses during your work day.

I18. Are you reimbursed for the following travel expenses?

	No	Yes	Not Needed
a. Kilometers in my personal car	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Gas in my agency owned car	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Additional insurance required for my personal car	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Public transit costs	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Taxi fares	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Parking	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Other; please specify: _____			

SECTION J: WORK RELATED FEELINGS

Below are statements about your work-related feelings. Please answer items by identifying the response that best describes how frequently you feel that way Response options range from Never to Everyday.

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Everyday
1. I feel emotionally drained from my work.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
2. I feel used up at the end of the workday.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
3. I feel fatigued when I get up in the morning and have to face another day at work.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
4. I can easily understand how my clients feel about things.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
5. I feel I treat some clients as if they were impersonal objects.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
6. Working with people all day is really a strain for me.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
7. I deal effectively with my clients' problems.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
8. I feel burned out from my work.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
9. I feel I am positively influencing other people's lives.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
10. I have become more callous toward people since I took this position.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
11. I worry that this work is hardening me emotionally.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
12. I feel very energetic.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
13. I feel frustrated by my work.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
14. I feel I am working too hard at work.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

SECTION J: WORK RELATED FEELINGS CONT'D

Below are statements about your work-related feelings. Please answer items by identifying the response that best describes how frequently you feel that way. Response options range from Never to Everyday.

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Everyday
15. I do not really care what happens to some clients or co-workers.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
16. Working directly with people puts too much stress on me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
17. I can easily create a relaxed atmosphere with my clients.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
18. I feel exhilarated after working closely with my clients.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
19. I have accomplished many worthwhile things at work.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
20. I feel like I am at the end of my rope.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
21. In my work, I deal with emotional problems very calmly.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
22. I feel clients blame me for some of their problems.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

SECTION K: WORK LIFE BALANCE

Below are items describing work-related characteristics. Please indicate your level of satisfaction with each of the following aspects of your work. Response options range from Very Dissatisfied to Very Satisfied.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
1. My work schedule often conflicts with my family life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
2. After work I come home too tired to do some of the things I would like to do.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
3. On the job I have so much work that it takes away from other interests.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
4. My family dislikes how often I am preoccupied with my work while I am at home.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
5. Because my work is demanding, at times I am irritable at home.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
6. The demands of my job make it difficult to be relaxed all the time at home.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
7. My work takes up time that I would like to spend with my family.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 6
8. My job makes it difficult to be the type of partner, parent or friend I'd like to be.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

SECTION L: YOUR WORK SATISFACTION

Below are items describing work-related characteristics. Please indicate your level of satisfaction with each of the following aspects of your work. Response options range from Very Dissatisfied to Very Satisfied.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1. Salary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. Vacation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3. Benefits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. Hours that you work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. Flexibility in your hours	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. Opportunity to work straight days	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7. Opportunity for part-time work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8. Weekends off per month	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
9. Flexibility in scheduling your time off	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
10. Compensation for working weekends and nights	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
11. Parental leave time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
12. Childcare facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
13. Your immediate supervisor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
14. Your nursing peers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15. The physicians you work with	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
16. The CCAC case managers you work with	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
17. The delivery of care method used at your agency (e.g. primary, team etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
18. Opportunities for social contact at work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
19. Opportunities for social contact with your colleagues after work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
20. Opportunities to interact professionally with other disciplines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
21. Opportunities to belong to organizational / agency committees	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
22. Control over what goes on in your work setting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
23. Opportunities for career advancement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
24. Recognition for your work from superiors	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
25. Recognition for your work from peers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
26. Amount of encouragement and positive feedback you receive	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
27. Opportunities to participate in nursing research	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
28. Opportunities to write and publish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION L: YOUR WORK SATISFACTION CONT'D

Below are items describing work-related characteristics. Please indicate your level of satisfaction with each of the following aspects of your work. Response options range from Very Dissatisfied to Very Satisfied.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
29. Amount of responsibility	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
30. Control over your work conditions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
31. Participation in organizational decision making	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
32. Your overall work satisfaction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION M: YOUR DEMOGRAPHICS

M1. What is your sex?

- ₀ Male
- ₁ Female

M2. In what year were you born? (**This is an important question for you to answer because it will help us look at generational differences among home care nurses.)

19____ (Enter Year)

M3. What is your current marital status?

- ₁ Single, never married
- ₂ Married / common-law
- ₃ Separated / divorced / widowed

M4. Do you have any dependent children living with you or who you financially support?

- ₀ No
- ₁ Yes

M5. Do you have any dependent adults or seniors living with you, who you are involved with on a daily basis or who you financially support?

- ₀ No
- ₁ Yes

M6. In general, how would you rate your overall health compared to other people your age?

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

M7. Over the past year, have you experienced any of the following **work-related** health conditions? (**CHECK ALL** that apply)

- _a Back pain
- _b Back injury
- _c Other muscle strain / sprain
- _d Depression
- _e Exhaustion
- _f Anxiety / panic
- _g Infectious disease
- _h Contaminated sharp injury
- _i Physical abuse
- _j Emotional abuse
- _k Work-related car / travel accident
- _l Work-related fall with injury
- _m Work-related fall without injury
- _n Other, Please Specify: _____
- _o None of the above

M8. Please check off **ALL** formal education credentials you have completed both in nursing and outside of nursing. (**CHECK ALL** that apply)

Within Nursing

- _a Registered Practical Nurse Diploma or equivalent
- _b Registered Nurse Diploma
- _c Bridging for Internationally Educated Nursing (BIEN) /Orientation to Nursing in Ontario (ONO) Certificate
- _d Baccalaureate Degree in Nursing
- _e Specialty Certificate / Diploma
- _f Nurse Practitioner (EC)
- _g Masters Degree in Nursing
- _h Doctorate Degree in Nursing
- _i Post-Doctoral Training in Nursing

Outside Nursing

- _a Diploma / Certificate
- _b Baccalaureate Degree
- _c Masters Degree
- _d Doctorate Degree
- _e Post- Doctoral Training

M9. Do you hold the Community Health Nursing Certification (CHNC) from the Canadian Nurses Association (CNA)?

- ₀ No
- ₁ Yes

M10. Are you actively working on preparations to achieve the CHNC?

- ₀ No
- ₁ Yes

M11. Do you hold any other CNA certifications? Please specify.

- ₀ No
- ₁ Yes. Please specify: _____

Thank you for your participation – Your input is valued!

**Please return this survey in the pre-addressed, post-paid envelope to
The Lawrence S. Bloomberg Faculty of Nursing
University of Toronto**