

## BACKGROUND

For each of the following questions, place a check in the appropriate box:

- What is your profession?
- Care assistant       Registered Nurse  
 Care Home Manager  Activity Co-ordinator  
 Other, specify: \_\_\_\_\_
- Do you work as a team leader/  
supervisor?
- Yes       No
- How old are you?
- 39 years  
 40 – 49 years  
 50 years –

## WORKING CONDITIONS

- How many years have you worked in your current profession?
 

0 – 5 years  
 6 – 20 years  
 21 years or longer
- How long have you worked at your current workplace?
 

Less than 1 year       6 – 20 years  
 1 – 5 years       21 years or longer
- How are your working hours generally organized?
 

Scheduled working hours with split shifts  
 Scheduled working hours without split shifts  
 Currently on part-time sick leave  
 Currently on full-time sick leave  
 Currently on leave of absence Other,  
 specify: \_\_\_\_\_
- Are you satisfied with your current working hours?
 

Yes, absolutely       No, not especially  
 Yes, somewhat       No, not at all
- Are you able to personally influence the structure of your schedule?
 

Yes, absolutely       No, not especially  
 Yes, somewhat       No, not at all



6. How are your working hours distributed during an average week? (specify time for *each* activity)

	0%	< 25%	25-50%	51-75%	>75%
a. Working directly with resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Administration (e.g. phoning agents, organizing schedules, ordering goods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cleaning/service (buying goods, car maintenance, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you feel that your workplace is staffed sufficiently to handle the tasks assigned?  
sometimes
- No, never  
 No, rarely  
 Yes,  
usually

## QUALITY OF CARE

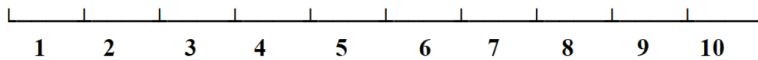
**How do you rate the quality your workplace offers residents concerning...?**

	Very good	Quite good	Quite poor	Very poor	Can not judge
8. Information work routines, medications, nurse in charge (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Staff (staff knowledge and capability, time to spend with the residents).	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Activity (residents get exercise, rehabilitation, are offered social activities/excursions).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Care (staff responsive to residents' needs)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How do you rate the overall quality of care your residents receive from the NHS?

Very negative

Very positive



Do you feel there are aspects of the care which your residents receive from the NHS which need improvement? If so, which?

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