

PreSurvey

Check1.

This questionnaire is intended to be filled out by the administrator of record for the following Assisted Living, Residential Care, and/or Memory Care community/communities:

#{e://Field/fac1}

#{e://Field/fac2}

#{e://Field/fac3}

Our records show that the administrator of this community is #{e://Field/firstname} #{e://Field/lastname}. Are you the administrator of this community?

- ☐ Yes, I am #{e://Field/firstname} #{e://Field/lastname}.
- ☐ Yes, but I am the new administrator. My name is:
- ☐ No, I am now the administrator at:
- ☐ No, I no longer work as an administrator at an assisted living, residential care, or memory care community in OR. (Skip to end of survey)

Consent.

Consent to Participate in Research Administrator Turnover in Assisted Living, Residential Care, and Memory Care Communities in Oregon

Purpose

You are invited to participate in a research study aimed at learning characteristics of administrators of assisted living, residential care, and memory care communities licensed by the Oregon Department of Human Services. Please read this form before agreeing to participate in this study. The main objectives of the study are to learn more about demographic characteristics, education and training background, work experience, job satisfaction, and well-being among administrators. You were selected as a possible participant because you are listed as an administrator of record at an Assisted Living, Residential Care, and/or Memory Care facility in Oregon.

Voluntary Nature of the Study

Participation in this study is voluntary. You can choose whether to participate in this study. Your decision will not affect your current or future relationship with the Oregon Department of Human Services, Institute on Aging,

Portland State University, or the researchers. If you decide to participate, you are free to not answer any question or stop the interview at any time without affecting those relationships.

Procedures and Duration

If you agree to be in this study, you will be asked questions about your personal information (such as age, gender, race/ethnicity), educational background, work history, current job, and personal well-being. This online questionnaire is estimated to take about 10-15 minutes. You can decide to stop participating in this study at any time by exiting the online questionnaire.

This is a research study that involves questions that ask about your mental state. As researchers, we do not provide mental health services. It is possible that we will not view your responses for several days or weeks after you complete the surveys. If after taking this survey, you are having distressing thoughts or feelings that make you feel that you may benefit from some support, please reach out to family or friends or some of the mental health support resources provided at the end of this survey.

Confidentiality

Protecting the confidentiality of people's answers is very important to us. No one except our research team will ever see your answers and the records of this study will be kept private. In any published work, no identifying information such as names will be included about you or the name of the place where you work. All records, including this interview, will be stored in a secure online depository at PSU. Results will be reported without personal details, and we always make sure that your responses to questions cannot be linked to you.

Payment/Incentive for Participation

As an incentive for participating in this study, there is an optional drawing for a \$50 gift card. To be considered in the drawing, follow the directions at the end of the questions.

Alternatives

Participation is voluntary and the only alternative is to not participate.

Contacts and Questions

If you have concerns or problems about your participation in this study or your rights as a research participant, please contact the Office for Research Integrity at 503 725-2227. This office supports the PSU Institutional Review Board (IRB). The IRB is a group of people from PSU and the community who provide independent oversight of safety and ethical issues related to research involving human participants. If you have questions about the study itself, please contact the study's project manager, Serena Hasworth (wserena@pdx.edu) or investigators, Drs. Paula Carder (carderp@pdx.edu) or Ozcan Tunalilar (tozcan@pdx.edu).

If you are ready to take the survey, click the NEXT button below to begin.

SectionA_Demo

Info1. This section asks demographic information about you.

Q1. What is your gender?

- ☐ Man
- ☐ Woman
- ☐ Prefer to self-describe:
- ☐ Prefer not to answer

Q2. What is your age? Please enter in years.

Q3. What is your race/ethnicity? Please select all that apply.

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

SectionB_Education

Info2. This section asks about your educational background and work experience.

Q4. What is the highest degree or level of school you have COMPLETED? *If you are currently enrolled at an educational program, please select the highest degree you have already received.*

- ☐ High school diploma or equivalent (such as GED)
- ☐ Some college credit, but not degree
- ☐ Associate's degree (for example: AA, AS)
- ☐ Bachelor's degree (for example: BA, BS)
- ☐ Master's degree (for example: MA, MS, MEng, MSW, MBA)
- ☐ Professional degree beyond a Bachelor's Degree (for example: MD, JD)
- ☐ Doctorate degree (for example: PhD, EdD)

Q4a. Please list the degree and focus of each degree program(s) you have completed if applicable (e.g., BA in social work, AA in nursing, graduate certificate in gerontology).

1st degree

2nd degree

3rd degree

Q5. Did any of your degrees include curriculum or course content related to the following subject areas?

	Yes	No
Aging or older adults	<input type="radio"/>	<input type="radio"/>
Disabilities	<input type="radio"/>	<input type="radio"/>
Behavioral or mental health	<input type="radio"/>	<input type="radio"/>
Long-term services and supports	<input type="radio"/>	<input type="radio"/>
Healthcare administration	<input type="radio"/>	<input type="radio"/>

Q6. Do you currently have or have you ever had any of the following certifications or licenses?

	No, never	Yes, previously	Yes, currently
Nursing home administrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registered nurse (RN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Licensed practical/vocational nurse (LPN/LVN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certified nursing assistant (CNA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certified medication aide (CMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other certification <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SectionC_Training

Q7. In what year did you **last attend** the state-approved 40-hour training offered by Leading Age Oregon or Oregon Health Care Association (OHCA)?

- ☐ 2020
- ☐ 2019
- ☐ 2018
- ☐ 2017 or before

Q8. How satisfied were you about the different subjects covered in the training program that you attended?

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Rules and regulations (e.g., health, fire)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finance, accounting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human resources and staffing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical environment (e.g., building/plant management)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9. Do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My training sufficiently prepared me for this position.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received sufficient onboarding support (e.g., mentorship) when I started this position.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are sufficient ongoing training opportunities for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The existing opportunities for continuing education are relevant to my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My employer makes it possible for me to attend training (e.g., paid time for training).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SectionD_CurrentJob

Q10. What is your current job title at this organization (e.g., administrator, CEO, executive director)?

Q10a. Do you or a member of your immediate family have partial or full ownership of this community?

- ☐ Yes
- ☐ No

Q11. How long have you been an administrator at this community? Please enter in years.

Q12. Have you worked in any other position at this community prior to becoming an administrator?

- ☐ Yes, I worked at this community as
- ☐ No, I worked at this community as an administrator only

Q13. Have you ever been an administrator at another assisted living, residential care, or memory care community? Please select all that apply.

- ☐ Assisted living/residential care (not endorsed for memory care)
- ☐ Memory care community
- ☐ No, this is the first community of which I am the administrator.

Q14. What was the reason for leaving your administrator position at that last community?

- ☐ I transferred to this community in the same organization
- ☐ I quit
- ☐ I was laid off
- ☐ It closed
- ☐ Other reason

Q15. Have you ever worked in any of the following settings prior to your current job?

	Yes	No
Adult foster/care home	<input type="radio"/>	<input type="radio"/>
Nursing home	<input type="radio"/>	<input type="radio"/>
Home health agency (including hospice agency)	<input type="radio"/>	<input type="radio"/>
Home care	<input type="radio"/>	<input type="radio"/>
Hospital	<input type="radio"/>	<input type="radio"/>
Adult day care	<input type="radio"/>	<input type="radio"/>
Other health-related setting: <input type="text"/>	<input type="radio"/>	<input type="radio"/>

Q16. Considering your past work experience, how long have you worked in the long-term care or health settings listed above in total? Please include all prior jobs, even if you left and then came back. Please enter in years.

Text1. The next two questions ask about your compensation and fringe benefits at your current position as the administrator.

Q17. What is your current annual salary in your position as an administrator?

☐ Less than or equal to \$24,999

☐ \$25,000 to \$49,999

☐ \$50,000 to \$74,999

☐ \$75,000 to \$99,999

☐ \$100,000 or greater

☐ Prefer not to answer

☐ Other

Q18. Which of the following fringe benefits does your current employer offer to you? For each benefit, please indicate whether you are offered the benefit even if you choose not to receive or use it.

	Yes	No	Don't Know
Health insurance for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health insurance that includes family coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid personal time off or vacation time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid holidays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A 401(k) or 403(b) account	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bonus or incentive pay for (e.g., census/occupancy, incident reports). Please describe:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>			

SectionE_JobSat

Q19.

This next question asks about how satisfied you are with each aspect of your current job listed below. To what extent are you satisfied or dissatisfied with each aspect of your job? Please select Not Applicable if a particular statement is not applicable to you or your position.

	Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very Satisfied	Not Applicable
a. The amount of job security I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The amount of pay and fringe benefits I receive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The amount of personal growth and development I get in doing my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The people I talk to and work with on my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The degree of respect and fair treatment I receive from my boss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very Satisfied	Not Applicable
f. The feeling of worthwhile accomplishment I get from doing my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The chance to get to know other people while on the job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The amount of support and guidance I receive from my supervisor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The degree to which I am fairly paid for what I contribute to this organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. The amount of independent thought and action I can exercise in my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very Dissatisfied	Dissatisfied	Neither Satisfied Nor Dissatisfied	Satisfied	Very Satisfied	Not Applicable
k. How secure things look for me in the future in this organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. The chance to help other people while at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. The amount of challenges in my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. The overall quality of the supervision I receive in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SectionF_Career

Q20. Thinking about the community, management, and ownership where you work, to what extent do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
a. I feel a strong sense of "belonging" to my organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My organization really cares about my well-being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
c. I feel like "part of the family" at this organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Help is available from my organization when I have a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My job at this organization is secure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
f. I feel "emotionally attached" to this organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I would feel guilty if I left this organization right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. My organization strongly considers my goals and values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I owe a great deal to this organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I am confident that I will be able to work for this organization as long as I wish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
k. I frequently think of quitting my current job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. It would be very hard for me to leave my job right now even if I wanted to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Right now, staying with my job at this organization is a matter of necessity as much as desire.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. I will probably look for another job in the next year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. There is a good chance that I will leave this job in the next year or so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SectionG_Topics

Q21. Are there any job skills you would like to get training for?

- ☐ Yes (you will be able to select specific job skills for which you would like to get training)
- ☐ No (you will skip to the next section)

Q22. Which of the following job skills would you say you would like to get training for? Please select all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Work-life balance | <input type="checkbox"/> Delegating tasks to others | <input type="checkbox"/> Person-centered care / culture change |
| <input type="checkbox"/> Conducting effective meetings | <input type="checkbox"/> Inspiring and motivating staff | <input type="checkbox"/> Team building |
| <input type="checkbox"/> Being an effective leader | <input type="checkbox"/> Prioritizing | <input type="checkbox"/> Managing teams |

- | | | |
|---|--|--|
| <input type="checkbox"/> Leading the change process | <input type="checkbox"/> Problem solving | <input type="checkbox"/> Consensus building |
| <input type="checkbox"/> Analyzing and interpreting data | <input type="checkbox"/> Time management | <input type="checkbox"/> Active listening |
| <input type="checkbox"/> Informed decision making | <input type="checkbox"/> Conflict resolution and mediation | <input type="checkbox"/> Coaching, teaching, and mentoring |
| <input type="checkbox"/> Creating and communicating a vision | <input type="checkbox"/> Oral and written communications | <input type="checkbox"/> Other |
| | | <input type="text"/> |
| <input type="checkbox"/> Developing and implementing a strategic plan | <input type="checkbox"/> Cultivating effective relationships | |

SectionH_Wellbeing

Info5. This section includes questions about your personal well-being.

Q23. Would you say your health in general is excellent, very good, good, fair, or poor?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Q24. How often do you feel worried, nervous, or anxious? Would you say daily, weekly, monthly, a few times a year, or never?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ A few times a year
- ☐ Never

Q25. How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ A few times a year
- ☐ Never

Q26. Following are some statements related to your work. Do you agree or disagree with each statement?

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
a. Working here makes it hard to spend enough time with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Working here leaves little time for other activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I have too much work and too little time to do it in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I sometimes dread the telephone ringing at home because the call might be job-related.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel like I never had a day off.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. There are lots of times when my job drives me right up the wall.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Sometimes when I think about my job I get a tight feeling in my chest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I feel guilty when I take time off from my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. My job gets to me more than it should.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I have felt fidgety or nervous as a result of my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section_Final

Q27.

Is there anything else about your job, facility, or organization that you would like us and/or Oregon Department of Human Services to know? Remember, your comments are confidential and will not be connected to you or your community.

Drawing. Would you like to enter the drawing for the chance to win a \$50 gift card?

- ☐ Yes
- ☐ No

Draw_Info. Please enter the contact information (email address or phone number) we can reach you if you win a \$50 gift card. Please note that we will not contact you using this information for any other purpose.

Email address

Phone number

Block 10

Q42.

In this study, we asked you a few questions about your mental state. Questions like these can bring up distressing feelings or thoughts in normal times, which may be intensified during periods of [increased stress](#) such as the current pandemic. As researchers, we do not provide mental health services. It is possible that we will not view your responses for several days or weeks after you complete the surveys. If after taking this survey, you are having distressing thoughts or feelings that make you feel that you may benefit from some support, please reach out to family or friends or some of the following mental health support resources:

General Mental Health and Safety Resources:

If you need to find treatment or mental health providers in your area:

- [Substance Abuse and Mental Health Services Administration \(SAMHSA\) Find Treatment](#)
- [Find a Therapist on Psychology Today](#)
- [211.org Crisis and Emergency Resources](#)

If you're concerned that you or someone in your household may harm themselves or someone else:

- [National Suicide Prevention Lifeline](#)
 - Toll-free number 1-800-273-TALK (1-800-273-8255)
 - The [online Lifeline Crisis Chat](#) is free and confidential. You'll be connected to a skilled, trained counselor in your area.
- [National Domestic Violence Hotline](#)
 - Call 1-800-799-7233 and TTY 1-800-787-3224

COVID and Disaster Specific Resources:

The CDC has resources for [Mental Health and Coping with Stress During COVID-19](#).

If you feel overwhelmed with emotions like sadness, depression, or anxiety due the the pandemic or other disasters (e.g., fires, hurricanes, blizzards):

- [Disaster Distress Helpline](#)
 - Call or text 1-800-985-5990

If you want more information on coping with stress and building resilience:

- [CDC Coronavirus \(COVID-19\) Stress and Coping](#)
- [NIOSH Safety and Health Information for Healthcare Workers](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\) Disaster Preparedness](#)
- [The Joint Commission Quick Safety: Developing resilience to combat nurse burnout](#)

COVID-19 Resources

- [NIOSH Workplace Safety and Health Topic](#)
- [CDC COVID-19](#)
- CDC INFO: 1-800-CDC-INFO (1-800-232-4636) | TTY: 1-888-232-6348 | Website: [cdc.gov/info](https://www.cdc.gov/info)

To download this information in pdf form, please click here: [Mental health support resources](#)

Q43. Thank you for your time completing this questionnaire. Please click below to submit your responses.

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