

Project
Extended coordinated medical care in nursing homes
(CoCare)

Questionnaire for nursing staff
1st survey (baseline)

Intervention group



Section of Health Care Research and Rehabilitation
Research

Instructions for completing the questionnaire

With the following questions, we'd like to know more about your work in the enrolled nursing home and how you experience the cooperation with nursing staff.

Please answer these questions one after another in the sequence they appear on the questionnaire. **Please don't skip any questions.**

- ✓ You will answer most of the questions by checking a box. Please **check only one box per question.**
- ✓ **Please choose one of the options provided!** For some questions, you may need to fill in dates, numbers or text.
- ✓ If you feel like a question doesn't apply to you, **please check a box regardless.** Most of the time, one of the options provided will be an appropriate answer, e.g. "don't know" or "doesn't apply".
- ✓ A few questions will be very similar to one another, since this questionnaire consists of several shorter questionnaires. **Please answer all the questions regardless of repetition.**
- ✓ In case you need to correct an answer (i.e. you accidentally checked the wrong box), please do so by filling in the falsely checked box completely. You may now check the correct box:

Example question:	strongly agree	agree	agree some- what	disagree some- what	dis- agree	strongly dis- agree
<i>I actively participated in the discussion.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for taking the time
to participate in this survey!**

Assessment of cooperation

The following questions concern the collaboration of all enrolled nursing staff and general practitioners/specialists involved in caring for nursing home residents. Please indicate to which extent the following statements apply to you.

Please refer your answers to the time **before CoCare was implemented** at your facility.

Please choose only <i>one</i> option per item.						
	strongly disagree	disagree	agree	strongly agree	don't know	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
	Questions 1 through 7 are adapted from the Internal Participation Scale (IPS): <small>Körner, M., & Wirtz, M. A. (2013). Development and psychometric properties of a scale for measuring internal participation from a patient and health care professional perspective. <i>BMC health services research</i>, 13(1), 374.</small>					3
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7
	1	2	3	4	5	

The following questions concern the collaboration with nursing staff at the facility you provide medical care for. Please choose one of the response options and indicate to which extent the chosen option applies to you.

Please refer your answers to the time **before CoCare was implemented** at your facility.

very good						very poor 8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	
1	2	3	4	5	6	

very good					very poor	don't know 9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7
1						7

Questions 8 through 14 are adapted from a questionnaire assessing work satisfaction for nursing staff (Fragebogen zur Arbeitssituation von Pflegekräften; FAP):
 Fischbeck, S., & Laubach, W. (2005). Arbeitssituation und Mitarbeiterzufriedenheit in einem Universitätsklinikum: Entwicklung von Messinstrumenten für ärztliches und pflegerisches Personal. *PPmP-Psychotherapie · Psychosomatik · Medizinische Psychologie*, 55(06), 305-314.

very m						very little 10
<input type="checkbox"/>						<input type="checkbox"/>
1						6
1	2	3	4	5		6

very much						very little 11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	
1	2	3	4	5	6	

very much **very little** 12

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	
1	2	3	4	5	6	

absolutely sufficient **absolutely insufficient** 13

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	
1	2	3	4	5	6	

always available **never available** 14

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	
1	2	3	4	5	6	

Evaluation of Care

The following statements concern the medical care of nursing home residents. Please indicate to which extent the statements apply to the facility you provide medical care for.

Please refer your answers to the time **before CoCare was implemented** at your facility.

Please choose only <i>one</i> option per item.						
	excellent	very good	good	satis- factory	poor	very poor
Primary medical care at our facility is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15						
Cooperation between doctors and nursing staff concerning patient care is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16						
Specialized medical care at our facility is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17						
Rounds at this facility are ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18						
Documentation of rounds is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19						
The implementation of doctor's orders is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20						
Preparation of rounds is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21						
	1	2	3	4	5	6

Personal information

When did you complete this questionnaire?

Date

22

Your age

years

23

Your gender

Male

1

Female

2

24

Which formal training or degree have you completed? (Check all that apply)

₁ Elderly care nurse

25

₂ Nurse

₃ Children's nurse

₄ Occupational therapist

₅ Other, please specify: _____ ₆

How many years have you worked at your facility?

₁ less than 2 years

26

₁ 2 to 5 years

₂ 6 to 10 years

₃ 11 to 15 years

₄ more than 15 years

Do you hold an executive or supervisory position at your facility?

₁ no

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₂ yes, middle management

₃ yes, upper management

What shifts do you usually work? „Day shift” may include early morning or late shifts.

1

day shifts mostly or exclusively

28

2

overnight shifts mostly or exclusively

3

both day and overnight shifts

If you have any comments, questions or concerns, please provide them here:

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Thank you for your support!