



Central East Specialized Geriatric Services Provider Experience Survey Questionnaire

2024

For more information or to access the report infographic, visit:

[Central East Provider Experience Evaluation](#)

Contact Information:

For more information, please contact: **Seniors Care Network**

Purpose: This survey aims to attain a better understanding of the overall experience of clinicians/providers while providing specialized care to the older adult population.

The survey was developed after the review of seventeen studies and seventeen established survey questionnaires. The survey consists of 10 domains that were deemed relevant to understanding the needs and experiences of the SGS workforce in our Region. The domains include:

- Demographic information
- Job experience
- Perceptions of team collaboration
- Professional development opportunities
- Burnout/stress
- Moral distress
- Care coordination
- Equity Diversity & Inclusion
- Workplace violence
- Overall job satisfaction

Introduction

Thank you for participating in the 2024 Central East SGS Provider Experience Survey. We aim to use the information to:

- **Identify existing strengths and potential areas for improvement**
- **Enhance communication and feedback mechanisms**
- **Identify opportunities for professional development and training, etc.**

The survey has 10 sections and should take 10-15 minutes to complete. Your responses will be kept strictly confidential. All data collected will be anonymized and no individual responses will be shared.

Your participation is entirely voluntary, but your input is incredibly valuable to us. If you do not wish to participate, please exit the survey at this time. Submitting the survey implies your consent to participate in this survey.

Section 1: Demographics

* 1. I work at/for: (please select all that apply).

- ☐ Geriatric Assessment and Intervention Network (GAIN)
- ☐ Geriatric Emergency Management (GEM)
- ☐ MINT Memory Clinics
- ☐ Behavioural Supports Ontario (BSO)
- ☐ Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT)
- ☐ Adult Day Programs
- ☐ Central East Senior Friendly Care Committee

Other (please specify)

* 2. I am a:

- | | |
|---|--|
| <input type="radio"/> Physician | <input type="radio"/> Pharmacist |
| <input type="radio"/> Nurse Practitioner | <input type="radio"/> Personal Support Worker/Community Support Worker |
| <input type="radio"/> Registered Nurse/Registered Practical Nurse | <input type="radio"/> Registered Dietitian |
| <input type="radio"/> Physiotherapist/Occupational Therapist | <input type="radio"/> Clerical/administrative staff |
| <input type="radio"/> Social Worker | |

Other (please specify)

* 3. Years of experience in specialized geriatric/older adult care?

- ☐ < 2 years ☐ 2-5 years ☐ 6-10 years ☐ > 10 years

* 4. Your age:

- ☐ Under 25 ☐ 26-35 ☐ 36-49 ☐ 50-64 ☐ 65 or older ☐ Prefer not answer

* 5. Your gender?

- ☐ Female ☐ Male ☐ Other ☐ Prefer not to answer

* 6. Your race?

- ☐ Black (African, Afro-Caribbean, African-Canadian descent)
- ☐ East Asian (Chinese, Korean, Japanese)
- ☐ Latino (Latin American, Hispanic descent)
- ☐ Middle Eastern (Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, etc.)
- ☐ South Asian (East Indian, Pakistani, Sri Lankan, etc.)
- ☐ Southeast Asian (Filipino, Vietnamese, Cambodian, Thai, etc.)
- ☐ White (European descent)
- ☐ Indigenous (First Nations, Inuk/Inuit, Metis)
- ☐ Prefer not to answer

Section 2: Job Experience

Please answer the following questions based on your work experience as a specialized geriatric care provider in your current and primary organization(s)

* 7. I have a clear understanding of my role.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

* 8. I have a clear understanding of my responsibilities.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

9. My supervisor is equipped with the skill set to effectively manage the team.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree
☐ N/A

Please tell us why if you selected disagree or strongly disagree for this question.

* 10. If I am willing to, I can participate in decision-making regarding my work (flexibility regarding work schedule, hours, assigned activities, etc.).

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

* 11. My work is valued by my colleagues and/or supervisor.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

* 12. I am satisfied with my salary/remuneration level.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

* 13. I have the tools/resources needed to do my job effectively.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

* 14. Please share what additional tools/resources you could help you perform your tasks better.

Section 3: Team Collaboration

Please answer the following question based on your experience working in an interprofessional team.

If you do not work in an interprofessional team, please skip this section by clicking 'Next' at the bottom of the page and move to Section 4.

15. I understand the roles and responsibilities of other team members.

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

16. I feel supported by my team members.

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

17. I feel comfortable asking my team members for help.

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

18. Disagreements are resolved respectfully (i.e., not who is right, but what is best for the patient/client).

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

19. It is easy for my team members in my clinical area to ask questions.

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

20. Team members show trust towards each other.

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

21. I am encouraged by my team members/supervisor to report any patient safety concerns that I may have.

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

22. I am encouraged by my team members/supervisor to report any staff related safety concerns that I may have (e.g, aggressive client, unsafe space, etc.).

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

Section 4: Professional Development

Please answer the following questions based on your experience with the professional development trainings/educations in the organization you work for.

* 23. I am satisfied with the training I received during the on-boarding process.

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree
☐ N/A

* 24. I am satisfied with the ongoing training/education I have received and/or I am receiving.

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree
☐ N/A

* 25. I feel confident in my ability to provide care to my clients/patients

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

* 26. I have the support and resources I need to develop and achieve my career/educational goals.

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

* 27. What professional development opportunities would you want to be offered in the future? (please select all that apply)

- ☐ Workshops and seminars
☐ Online courses
☐ Mentorship program
☐ Leadership development programs

Other (please specify)

Section 5: Burnout/Stress

Please answer the following question based on the following definition of burnout.

Burnout: the state of mental, physical, and emotional exhaustion caused by sustained work-related stressors such as long hours, the pressure of quick decision-making, and the strain of caring for patients who may have poor outcomes, etc.

(Source: University of St. Augustine for Health Sciences, 2020)

* 28. Which of the following statements best describes your situation?

- ☐ I am not experiencing burnout
- ☐ I am not likely to experience burn out
- ☐ I have a high chance of getting burnt out
- ☐ I am experiencing burnout

* 29. Are you aware of any supports from the organization that can help you prevent or manage burnout/stress?

- ☐ Yes ☐ No

If yes, please elaborate (i.e., the name or the type of support being offered or availed).

* 30. Please share with us any (additional) supports you think would help you manage burnout/stress, if you are currently experiencing it (e.g., role change, revised hours, counselling, etc.)

Section 6: Moral Distress

Please answer the following questions based on the following definition of moral distress.

Moral Distress: distress arises in situations where nurses know or believe they know the right thing to do, but for various reasons (including fear or circumstances beyond their control) do not or cannot take the right action or prevent a particular harm. (Source: Morley et al., 2017)

* 31. Which of the following statements best describes your situation?

- ☐ I am not experiencing moral distress
- ☐ I am not likely to experience moral distress
- ☐ I have a fair chance of getting moral distress
- ☐ I am experiencing moral distress

* 32. Have you experienced any of the following? (please select all that apply)

- ☐ Unable to provide optimal care due to client's/patient's inability to afford certain services like (transportation, adult day program, private care)
- ☐ Reluctance to discharge patients
- ☐ Concerns/stress due to long wait-times/wait-lists
- ☐ Witnessed a violation of a standard of practice/code of ethics that you did not feel sufficiently supported to report
- ☐ Worked with team member(s) who do not treat vulnerable or stigmatized patients with dignity and respect

Other (please specify)

Section 7: Care Coordination

Please answer the following questions based on your experience with the coordination of care among multiple providers/services

* 33. I receive all the information I need when patients/clients are **referred to me** by other provider(s).

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

* 34. I receive timely and accurate information from other providers (circle-of-care) about the **ongoing care needs** of my existing clients/patients.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

* 35. I have a good understanding of the available community resource and services for older adults and/or their care partners

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

Section 8: Equity, Diversity, Inclusion

Please answer the following questions based on your overall experience related to equity, diversity, and inclusion at your current organization.

* 36. Have you ever experienced discrimination by your colleagues due to any of the following? (please select all that apply)

- ☐ Age
- ☐ Gender
- ☐ Disability
- ☐ Race or ethnicity
- ☐ Religion
- ☐ Socioeconomic status
- ☐ Pregnancy, childcare responsibilities, or other caretaking responsibilities
- ☐ No, I have not experienced discrimination by my colleagues due to any of the above

* 37. Have you ever experienced discrimination by **your patients/clients/care partners** due to any of the following? (please select all that apply)

- ☐ Age
- ☐ Gender
- ☐ Race or ethnicity
- ☐ Sexual orientation
- ☐ Disability
- ☐ Religion
- ☐ Socioeconomic status
- ☐ Professional designation
- ☐ No, I have not experienced discrimination by my patients/clients/care partners due to any of the above

* 38. I received or I am receiving equity, diversity, and inclusion training at my organization.

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

* 39. I am aware of the process of reporting complaints related to equity, diversity and inclusion at my organization.

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

* 40. My organization would support me if I refuse to provide service to client due to discriminatory behavior

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

* 41. I feel confident providing services to patients/clients who come from diverse backgrounds (cultures, religions, ethnicities, etc.).

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

* 42. What actions do you want Seniors Care Network to take to support EDI within SGS?

Section 9: Workplace Violence

Please answer the following questions based on your experience or perception of workplace violence at your organization.

* 43. Have you witnessed any of the following at your work environment (clinic, during home visits, etc.)? (please select all that apply)

- ☐ Verbal abuse
- ☐ Physical attack
- ☐ Threats
- ☐ Intimidation
- ☐ I have not witnessed the above

* 44. I received or I am receiving training on how to properly handle and report unsafe/violent situations.

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

* 45. I feel prepared to handle/de-escalate situations due to responsive behaviors/challenging expressions exhibited by patients/clients (such as those living with dementia)

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree
- ☐ N/A

* 46. My organization would support me if I refuse to provide service to client due to aggressive/intimidating behavior.

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree

* 47. In the event that I reported workplace violence, my organization took immediate action without delay.

- ☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree
- ☐ N/A

Job Satisfaction

Please answer the following questions based on your satisfaction with working in specialized geriatric services.

* 48. How would you rate your overall experience working in specialized geriatric services/older adult care: (0 = poor experience, 10 = excellent experience).

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

* 49. Would you recommend others to work in specialized geriatric services/older adult care?

☐ Yes

☐ No

Please comment on the positive aspects and/or challenges.

50. Is there anything else that you would like to share?

Thank you for participating in the survey. To submit, click DONE.