



English



Personal Details

. დიდი მადლობა გამოკითხვაში მონაწილეობისთვის. კითხვარის შევსება შეგიძლიათ ინგლისურად ან ქართულად. გთხოვთ, აირჩიოთ თქვენთვის სასურველი ენა ზედა ვეღიდან (შეცვალეთ "English" "ქართულით").

Thank you for taking out the time to take this survey. The survey is available in English and Georgian. Please select your preferred language from the box on top.

. NCDC in collaboration with Johns Hopkins Bloomberg School of Public Health and the US CDC is conducting a survey of all public health workers including (i) technical staff employed by the National Center of Disease Control (NCDC), and (ii) public health staff employed by autonomous republic and municipal units.

The first part of this survey will collect personal details such as name, age, position within organization, educational qualifications, participation in continued professional development, your job responsibilities and career progression.

The next two sections of the survey collect information about

workplace engagement including job satisfaction, and motivation, as well as about performance review mechanisms. The information you provide will be kept in the records and will be used by the Human Resources Department and the Department of State Public Health Programs of NCDC. The last two sections will be analyzed by John Hopkins University experts and deleted after completion of the survey. Only aggregate level analysis will be shared to NCDC. This survey should not take you more than 30 minutes to complete.

The first section of this survey will collect data on your personal details such as name and position. Please click on the forward arrow to proceed.

1.1. Name

1.2 . Date of Birth

Month

Day

Year

1.3. Gender

- Male
- Female
- Prefer not to say

1.4. Current Position

1.5. Current Division (Please write N/A if this question does not apply to you)

1.6. Current Department (Please write N/A if this question does not apply to you)

1.7. Where are you currently employed at?

- NCDC
- Municipal or Autonomous Republic Public Health Center

1.8. What is your work location?

- NCDC Tbilisi
- Adjara Division
- Imereti Division
- Guria unit
- Kakheti unit
- Racha-Lechkhumi Kvemo Svaneti unit
- Samegrelo-Zemo Svaneti unit
- Samtskhe-Javakheti unit
- Shida Kartli unit
- Poti unit

1.8. Which region do you work for?

- Kvemo Kartli
- Mtskheta-tianeti
- Racha/kvemo Svaneti
- Samegrelo/Zemo Svaneti
- Adjara
- Imereti
- Guria
- Kakheti
- Samtskhe-Javakheti
- Shida Kartli
- Tbilisi

1.9. Which municipality do you work for?

- LEPL Public Health Center of the Autonomous Republic of Adjara
- Batumi
- Kobuleti
- Khelvachauri
- Khulo
- Shuakhevi
- Keda

1.9. Which municipality do you work for?

- Ozurgeti
- Chokhatauri
- Lanchkhuti

1.9. Which municipality do you work for?

- Kharagauli
- Sachkhere
- Kutaisi
- Chiatura
- Samtredia
- Khoni
- Bagdati
- Terjola
- Tskaltubo

- Vani
- Zestaphoni
- Tkibuli

1.9. Which municipality do you work for?

- Gurjaani
- Dedoplistskaro
- Lagodekhi
- Telavi
- Signagi
- Akhmeta
- Kvareli
- Sagarejo

1.9. Which municipality do you work for?

- Rustavi
- Gardabani
- Bolnisi
- Marneuli
- Tetritskaro
- Tsalka
- Dmanisi

1.9. Which municipality do you work for?

- Mtskheta
- Dusheti
- Akhalgori
- Kazbegi
- Tianeti

1.9. Which municipality do you work for?

- Lentekhi
- Tsageri
- Amrolauri
- Oni

1.9. Which municipality do you work for?

- Zugdidi
- Senaki
- Abasha
- Chkhorotsku
- Martvili
- Poti
- Khobi
- Tsalenjikha
- Mestia

1.9. Which municipality do you work for?

- Akhalkalaki
- Ninotsminda
- Adigeni
- Akhaltsikhe
- Borjomi
- Aspindza

1.9. Which municipality do you work for?

- Kaspi
- Gori
- Karelis
- Khashuri

1.9. Which municipality do you work for?

- Administration
- Isani-Samgori District Department
- Vake-Saburtalo District Department
- Didube-Chugureti District Department
- Gldani-Nadzaladevi District Department
- Mtatsminda-Chugureti District Department
- Didgori District Department

1.10. Please select your type of employment

- Permanent
- Contract

1.11. Are you employed full-time or part-time?

- Full-time
- Part-time

1.12. How many hours do you currently work?

0

100

Number of Hours

1.13. What is your current net monthly salary? Please enter only numbers, don't add currency sign or text.

Education

. The next section of this survey will collect data on your education. Please click on the forward arrow to proceed.

2.1. What is your current level of education?

- High School or Professional (vocational) school
- Specialized Secondary (“Technicum”)/college (5th level certificate for recent graduates, e.g., Nursing Training)
- Bachelor’s Degree
- Master’s Degree
- One (single)-cycle program (Medical Doctors, Dentists) or any other not specified University degree (e.g., graduates before 1994)
- Doctoral Degree

2.2 . What was the main subject you studied during your Doctoral degree?

2.3. Please indicate the Masters degree you have attained

- MA/MS
- MBA
- MPA/MPP
- MPH
- MSN
- MSW

Other master's degree, please specify

2.4. What was the main subject you studied during your master's degree?

2.5. Please indicate your first University (bachelor's, One-cycle or other) degree you have attained

- BS/BA
- BSN
- BSPH/BAPH
- Bachelor of Engineering
- Bachelor of Law
- Bachelor of Nursing
- BA in Management
- Bachelor of Pharmacy
- Doctor of Dental Medicine
- Prevention Doctor
- MD
- Sanitary Doctor
- Another baccalaureate degree (please specify)

2.6. What was the main subject you studied during your first university degree?

2.7. Have you also done specialization in your profession e.g., Residency.

Yes

No

2.8 . If yes, please specify.

Continuous Professional Development

. The next section of this survey will collect data on your on the job training. Please click on the forward arrow to proceed.

3.1. Since joining this organization have you participated in any training relevant to your work?

Yes

No

3.2. In the past 2 years or since joining this organization (whichever is shorter), which of the following types of training relevant to your job have you received (multiple responses permitted)?

- Technical training related to my job functions, provided by NCDC
- Administrative/compliance training provided by NCDC
- Other training provided by NCDC
- Other training outside of my employment
- I have not received any training in the past 2 years

3.3. Please add the details of training attended

» Technical training
related to my job functions,
provided by NCDC

»
Administrative/compliance
training provided by
NCDC

» Other training provided
by NCDC

» Other training outside of
my employment

» I have not received any training in the past 2 years

3.4. Did you receive any recognition such as a certificate or degree at the end of the trainings?

Yes, please specify:

No

3.5. Has this on-the-job education/certification/training helped your career development?

Yes

Maybe

No

3.6. Please specify how has this on-the-job education/certification/training helped your career development

Received a promotion

Moved to another job function

Able to take on new job functions

Able to perform my role better

Other, please specify

3.7. Have you completed any of the following training programs (select all that apply)?

- FETP (Field Epidemiology Training Program) Frontline
- FETP Frontline One Health
- FETP Intermediate
- FETP Advanced
- Other FETP training, please specify:
- No

3.8. Please enter the graduation year for FETP programs attended

» FETP (Field Epidemiology Training Program) Frontline

» FETP Frontline One Health

» FETP Intermediate

» FETP Advanced

» Other FETP training,
please specify:

» No

Understanding Job functions

. The next section of this survey will collect data on the job functions you perform. Please click on the forward arrow to proceed.

4.1. On average each week, what percentage of time do you spend on the following program areas?

Administration/Administrative Support

0

Animal Control

0

Bacteriology

0

Biosafety and Biosecurity

0

Children and Youth with Special Health Care Needs

0

Cold Chain

0

Communicable Disease - alimentary and parasitic diseases

0

Communicable Disease - HIV/AIDS and STD

0

Communicable diseases: Hepatitis

0

Communicable diseases: influenza and other respiratory infections	0
Communicable diseases: nosocomial	0
Communicable diseases: Tuberculosis	0
Communicable diseases: other not stated above	0
Communications	0
Community Health Assessment/Planning	0
COVID-19 Response Workforce	0
Disability services, including disability determinations	0
Emergency Preparedness	0
Emergency Medical Services Enforcement/inspection/Licensing/Certification of Facilities	0
Environmental Health	0
Epidemiology	0
Genomic sequencing	0
Global Health Other Program Area (specify)	0
Health Education	0
Health Promotion/Wellness	0
Informatics	0
Information Technology (IT) Services	0
Immunizations – clinical	0
Immunizations – non-clinical	0

Injury/Violence Prevention	0
Maternal and Child Health	0
Maternal and Child Health - Family Planning	0
Maternal and Child Health - Nutrition	0
Medical Examiner	0
Mental Health	0
Microbiology	0
Minority Health/Health Disparities	0
Non-Communicable Disease/Chronic Disease	0
One Health	0
Other Health Care Clinical Services (excluding TB, STD, family planning)	0
Oral Health/Clinical Dental Services	0
Policy and Legislation	0
Program Evaluation	0
School Health Substance Abuse, including tobacco control programs	0
Serology	0
Surveillance	0
Training/Workforce Development	0
Vaccine-preventable diseases	0
Vital Records	0
Virology	0

Zooentomoly	<input type="text" value="0"/>
Other- specify	<input type="text"/>
Total	<input type="text" value="0"/>

4.2. On average each week, what percentage of time do you spend on each of the following types of job function?

Only add values in the job function you perform

Administrative support	<input type="text" value="0"/>
Clinical services	<input type="text" value="0"/>
Management of people	<input type="text" value="0"/>
Management of services	<input type="text" value="0"/>
Policy and legislation development	<input type="text" value="0"/>
Program implementation (non-clinical services)	<input type="text" value="0"/>
Research	<input type="text" value="0"/>
Technical advice	<input type="text" value="0"/>
Other (please specify)	<input type="text"/>
#Conjoint, Total#	<input type="text" value="0"/>

4.3. Does your role include supervising other employees?

Yes

No

4.4. What is your supervisory status?

- Supervisor – Oversee one or more employee
- Manager – Supervise other supervisors
- Director – In an executive position

4.5. How many people do you supervise?

- <5
- 5-10
- >10

4.6. Do you lead a program/initiative or a unit?

- Yes
- No

4.7. Do you hold any other functional roles (e.g – grant positions) besides your primary role?

- Yes, within NCDC
- Yes, outside NCDC
- No

4.8. What other functional role do you hold within NCDC?

4.9. What other position do you hold outside NCDC?

- Faculty in a Georgian University
- Consultant in public health organizations
- Other, please specify:

Career Progression

. The next section of this survey will collect data on your career progression within this organization. Please click on the forward arrow to proceed.

5.1 . When were you first hired by this organization?

Month

Year

5.2. Have you ever changed positions within this organization?

- Yes
- No

5.3. What was your first position within this organization?

5.4 . When did you move to your current position?

Month

Year

5.5. What was your previous position (i.e., directly prior to your current position) within this organization?

5.6. What was the reason behind this latest change in position?

- Promotion
- Moved to a new job function due to new organizational needs
- Current position was eliminated

Interested in another role

Other (explain):

5.7. Have you ever been promoted within this organization?

Yes

No

5.8. When you were last promoted, what was the reason behind your promotion (multiple responses permitted)?

Good performance at work

Years of experience

Opening/need within the organization

Don't know

Other

5.9. When you were last promoted did your job responsibility increase?

Yes

No

Not sure

5.10. When you were last promoted within this organization, did your salary increase?

- Yes
- No

5.11. If yes, what was your last net salary, prior to promotion?

5.12. How many times in total have you been promoted since joining this organization?

5.13. How many years have you been in public health practice in total (in any organization, in any position)?

Workplace Engagement, Satisfaction, Motivation

. The next section of this survey will collect data on your engagement in

workplace, motivation, and, satisfaction. Please click on the forward arrow to proceed.

6.1. Why did you choose to join this organization?

- Interested in job function
- Reputation of organization
- Compensation
- Job security
- No other job opportunities available in the country

 Other, specify:

6.2 . Considering everything, how satisfied are you currently with:

	Extremely dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Extremely satisfied
Career progression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay and benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work culture (working hours, supervisory support, acknowledgement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6.3. Please select the three most important reason(s) why you are staying at your organization.

- Benefits (e.g., retirement contributions/pensions, health insurance)
- Exciting and challenging work
- Flexibility (e.g., flex hours/telework)
- Job satisfaction
- Lack of stress
- Opportunities for advancement
- Pay
- Pride in the organization and its mission
- Recognition for your work
- Satisfaction with your supervisor
- Satisfaction with your agency's leadership (e.g., Director General, Minister of Health, Deputy Directors General, etc.)
- Training opportunities
- Unsatisfactory opportunities outside of the agency
- Other (please specify)

6.4. If you are planning to retire before 2029 then when will you retire?

- 2023
- 2024
- 2025
- 2026
- 2027
- 2028

NA

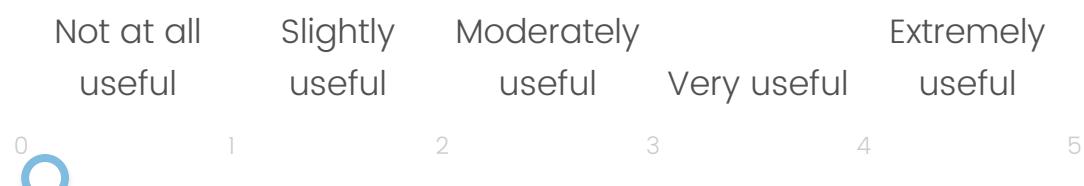
Performance Review

. The last section will ask some question on performance reviews. Please click on the forward arrow to proceed.

7.1. Do you receive regular reviews of your performance?

- Yes
- No

7.2. If yes, on a scale of 1-5, how helpful was this feedback in helping you to improve your performance?



Move the slider to
answer

7.3 . Please explain

7.4. Have performance reviews impacted your role within the organization?

- Yes
- No
- Maybe

7.5. How have performance reviews impacted your role within the organization? Please explain.

7.6. On a scale of 1-5 how much do you agree with the following statements:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
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My organization provides learning/training opportunities to meet the need of a changing workplace

Overall, the training I received on-the-job meets my needs

I feel appreciated and supported by the organization that I work for

I feel appreciated and supported by my supervisor

My job is meaningful, and I feel a sense of pride in doing my job

7.7. Would you like to add anything we didn't ask?

საზოგადოებრივი ჯანდაცვის ადამიანური რესურსების გამოკითხვა – დკეცვას საქართველო

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