

(Organization Name)

Employee Satisfaction Survey

WHAT DO YOU THINK?

(Organization Name) is interested in your opinions regarding your satisfaction with the (Organization Name) system. We are interested in your opinions in the areas of job satisfaction, employee benefits, work environment, quality of care/customer service, supervision, teamwork, and administration. Since the last employee satisfaction survey was conducted, several changes have occurred here at (Organization Name) and we are interested in knowing if these were changes for the better. Your valuable input by completing this survey will ultimately help to improve employee relations. So, we are asking for your honest opinions. The information provided by this survey will be compiled and the results will be reported to the (Organization Name) employees in a timely manner.

Please take a few moments to complete this survey. Please **DO NOT** sign your name. **THIS INFORMATION IS STRICTLY CONFIDENTIAL.**

If you have any questions please contact Human Resources. Thank you.

SURVEYS MUST BE SEALED IN THE PROVIDED ENVELOPE AND RETURNED TO HUMAN RESOURCES DURING SITE VISIT.

Instructions – Respond by circling the word that reflects your opinion unless otherwise indicated.

STRONGLY AGREE

AGREE

DISAGREE

STRONGLY DISAGREE

NO OPINION

Part I – Demographic Information Having the following information makes the survey more valuable and helps to determine what areas may need changes. Again, this information is strictly confidential and every effort will be made to ensure that all replies remain anonymous. Circle the answer which best describes you.

1. **What is your primary worksite?**
 - A. Work Site Address
 - B. Work Site Address
 - C. Work Site Address
 - D. Work Site Address
 - E. Work Site Address

2. **How long have you worked at (organization Name)?**
 - A. Less than 2 years
 - B. 2 through 5 years
 - C. 6 through 9 years
 - D. 10 + years

3. **On what time basis are you classified?**
 - A. Full time (40 hours a week)
 - B. Part time (less than 40 hours a week)

4. **In what department is your job classified? (Circle all that apply)**
 - A. Administration/Billing
 - B. Dental
 - C. Medical
 - D. Client Services
 - E. Other: _____

Part II – Job Satisfaction The following questions will aid us in understanding how satisfied you are with the position in which you are in currently. Please use the key above by circling your opinion unless otherwise indicated.

5. **I have a clear idea of what is expected of me in my job.**

Strongly Agree Agree Disagree Strongly Disagree No Opinion

6. **I understand and agree with (Organization Name) mission.**

Strongly Agree Agree Disagree Strongly Disagree No Opinion

Part II – Job Satisfaction continued

7. I feel part of a larger, cohesive system when working at my primary site.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

8. Staff morale at my site is high.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

9. My work is satisfying.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

Part III – Benefits The following question will help us in learning how you feel about the current employee benefits package. The current benefits package include medical/dental/life insurance plan, long term disability, vacation, retirement, tax deferred annuity, federal/state dues, liability insurance, credit union, direct deposit, paid holidays, floating holidays, flex plan and other items specific to physicians.

10. Overall, I am satisfied with the current employee benefits package offered by (Organization Name).

Strongly Agree Agree Disagree Strongly Disagree No Opinion

10a. What would you like to see added to current benefit package?

Please specify _____

11. I understand the employee benefits package and I receive sufficient information from human resources regarding the benefit package.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

Part IV – Work Environment The following questions will assist us in understanding how you perceive the current environment in which you work. Please use the key above by circling your opinion unless otherwise indicated.

12. The level of work that is expected of employees at (Organization Name) is sufficient to the time allotted and resources provided to do our jobs.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

13 I have enough information to do my job well.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

14. Having more information about the goals and purpose of (Organization Name) would improve my performance.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

15. (Organization Name) departments cooperate with each other.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

16. (Organization Name) has a process for resolving employee conflicts.

- A. Yes
- B. No

16a. If so, is it fair?

- A. Yes
- B. No

Part V – Quality of Care/Customer Service The following questions will aid us in determining your view of the quality of care and customer service that is provided by (Organization name). Please use the key above by circling your opinion unless otherwise indicated.

17. Patients receive quality care at (Organization Name).

Strongly Agree Agree Disagree Strongly Disagree No Opinion

18. My supervisor insists on quality.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

Part V – Quality of Care/Customer Service continued

19. Administration feels quality is one of our top priorities.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

20. The patients and other customers are satisfied with the level of service provided by (Organization Name).

Strongly Agree Agree Disagree Strongly Disagree No Opinion

21. I give the level of customer service that I expect as a customer in any other business or service.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

22. Most of the (Organization Name) staff is cooperative and professional when interacting with the patients.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

23. Most of the (Organization Name) staff gives the level of service that I expect as a customer in any other business or service.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

24. I value my co-workers as qualified professionals, regardless of personalities.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

25. Regarding quality of care I am proud to be a part of the (Organization Name) system.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

26. Regarding customer service, I am proud to be a part of the (Organization Name) system.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

Part VI – Supervision The following questions will assist us in understanding your perception of your immediate supervisor. If you primarily work independently please consider your supervisor the person that you directly report to or the person who completes your performance review. Please use the key above by circling your opinion unless otherwise indicated.

27. My supervisor treats me fairly.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

28. My performance review is a worthwhile experience.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

29. My supervisor makes good decisions.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

30. My supervisor readily asks for feedback from employees.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

31. I feel comfortable addressing my supervisor directly with major concerns.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

32. My supervisor generally follows up with me on major concerns in which I have addressed directly.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

33. My supervisor gives me credit for a job well done.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

34. I am satisfied with my working relationship with my supervisor.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

Part VII – Teamwork The following questions will assist us in learning how well the (Organization Name) staff works as a team. “Team” refers to the group of people you work with on a regular basis. Please use the key above by circling your option unless otherwise indicated.

35. My team produces high quality work.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

36. People on my team listen to each other’s ideas.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

37. My team operates efficiently.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

38. Team members normally take the initiative for unassigned tasks.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

Part VIII – Administration The final set of questions helps us in assessing your feeling Administration here at (Organization Name). Please use the key above by circling your opinion unless otherwise indicated.

39. Administration is visible and supports us at our primary work sites well.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

40. (Organization Name) is interested in the welfare of its employees.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

41. This organization is well managed.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

42. (Organization Name) generally understands the problems we face in our jobs and tries to solve them.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

Part VIII – Administration continued

43. I am adequately informed about the organizational decisions affecting my job.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

44. The company-sponsored training that I have received is adequate for the work that I do.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

45. (Organization Name) has a good image in the communities that we serve.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

46. I feel my job directly contributes to how (Organization Name) is viewed by the community.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

47. I would recommend employment at (Organization Name) to my friends.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

48. Overall, I am proud to work at (Organization Name) and satisfied with all aspects of the work environment.

Strongly Agree Agree Disagree Strongly Disagree No Opinion

Write-In Comments Please identify the question that you would like to expand your answer.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY. IF YOU HAVE ANY OTHER COMMENTS, SUGGESTIONS, TOPICS IN WHICH YOU FEEL SHOULD HAVE BEEN ADDRESSED, REACTIONS TO THIS SURVEY, ETC. PLEASE FEEL FREE TO CONTACT HUMAN RESOURCES.

PLEASE SEAL THIS SURVEY IN THE ATTACHED ENVELOPE AND RETURN TO HUMAN RESOURCES DURING THE SITE VISIT.