



Employee Satisfaction Survey

The information in this survey will be used to better understand your needs.
All responses are strictly confidential.

Please read the following questions carefully and **CIRCLE** the response which most closely reflects your thoughts.

Environment/Technology

- 1. My workplace is safe and adequate to accomplish my job tasks.
Strongly agree Agree Disagree Strongly disagree
- 2. Cleanliness of the facility is maintained and satisfactory.
Strongly agree Agree Disagree Strongly disagree
- 3. I have proper tools, equipment and resources to do my job.
Strongly agree Agree Disagree Strongly disagree

Morale/Teamwork

- 4. My interactions with coworkers, supervisors and providers are fair and respectful.
Strongly agree Agree Disagree Strongly disagree
- 5. I can count on others for help and assistance.
Strongly agree Agree Disagree Strongly disagree
- 6. I feel a sense of camaraderie and teamwork with my coworkers.
Strongly agree Agree Disagree Strongly disagree
- 7. The physicians/providers treat the staff with respect and courtesy.
Strongly agree Agree Disagree Strongly disagree
- 8. I feel a level of pride in the organization/practice.
Strongly agree Agree Disagree Strongly disagree
- 9. I understand what is expected of me.
Strongly agree Agree Disagree Strongly disagree
- 10. I am meeting/performing to these expectations.
Strongly agree Agree Disagree Strongly disagree

Leadership/Supervision

- 11. My work is delegated appropriately.
Strongly agree Agree Disagree Strongly disagree
- 12. I am told in a constructive manner when my work needs improvement.
Strongly agree Agree Disagree Strongly disagree
- 13. Communication/feedback is open and honest.
Strongly agree Agree Disagree Strongly disagree
- 14. I am informed ahead of time about changes in the organization/workplace.
Strongly agree Agree Disagree Strongly disagree

Quality Delivery of Care

- 15. Patients are treated with respect and dignity.
Strongly agree Agree Disagree Strongly disagree
- 16. Patients understand their rights and responsibilities.
Strongly agree Agree Disagree Strongly disagree
- 17. Staff understands patients' rights and responsibilities.
Strongly agree Agree Disagree Strongly disagree
- 18. All staff are educated in responsible, ethical care delivered in a timely and sensitive fashion.
Strongly agree Agree Disagree Strongly disagree
- 19. I have been adequately trained for my job.
Strongly agree Agree Disagree Strongly disagree
- 20. Ongoing in-service education is provided.
Strongly agree Agree Disagree Strongly disagree

My Job

- 21. I have adequate time and support to complete my job tasks.
Strongly agree Agree Disagree Strongly disagree
- 22. I am comfortable asking coworkers for assistance when needed.
Strongly agree Agree Disagree Strongly disagree
- 23. My periodic performance evaluation is valuable.
Strongly agree Agree Disagree Strongly disagree

24. I am encouraged to learn and grow.

Strongly agree Agree Disagree Strongly disagree

25. I have adequate opportunity for professional growth.

Strongly agree Agree Disagree Strongly disagree

26. I receive adequate feedback about my job performance.

Strongly agree Agree Disagree Strongly disagree

27. I am given the opportunity to provide input regarding my performance.

Strongly agree Agree Disagree Strongly disagree

28. I am free to offer suggestions to management.

Strongly agree Agree Disagree Strongly disagree

Salary/Benefits

29. My salary is commensurate with my job descriptions and market index.

Strongly agree Agree Disagree Strongly disagree

30. The benefits offered are comparable to those of other medical practices of the same size.

Strongly agree Agree Disagree Strongly disagree

Benefits Inquiry

Please read the list of benefits below and check boxes accordingly:

| | Check all benefits offered to you | Check if you use these benefits | How important is or would this benefit be to you? | | | |
|-----------------------------------|-----------------------------------|---------------------------------|---|--------------------------|--------------------------|--------------------------|
| | | | Very Important | Important | Not Important | Don't Know |
| Dependent care account | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Assistance Program (EAP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Recognition Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexible Spending Acct. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Check all benefits offered to you | Check if you use these benefits | How important is or would this benefit be to you? | | | |
|------------------------------|-----------------------------------|---------------------------------|---|--------------------------|--------------------------|--------------------------|
| | | | Very important | Important | Not important | Don't know |
| Flex time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexible Work Location | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health Ins. Premium Employee | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Health Ins. Premium Family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Life Insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Long Term Disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pension and/or Profit Sharing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Retirement (401(k), Simple IRA etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuition Assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uniform Allowance/ Laundry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other Benefits:

How long have you worked here?

less than 6 mos.
 between 6 mos. and 1 yr.
 1-2 yrs.
 2-5 yrs.
 more than 5 yrs.

Is your position

clinical coordinator or manager
 clinical support
 office support coordinator or manager
 non-clinical/clerical office support

What is your age?

under 21
 35-44
 55-64
 21-34
 45-54
 65 or older

Comments: _____

(Optional) Name: _____

*Developed by the Office Manager's Committee of the Monroe County Medical Society
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