

Staff Satisfaction Survey Structure

Administration and Leadership

Goals, mission, Confidence in leadership, Management values contributions, Receive active encouragement

Patient Care

Medical decision making, Opportunities to discuss patient care, Quality outcomes

Medication Errors

Perception of problems, Safe reporting environment, Reporting compliance

Summary

Pride in facility, Quality of care improved, Recommend for care, Recommend for employment

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Sample Hospital Staff Survey – 1st Quarter 2003

We are committed to providing quality patient care and continuous improvements throughout this facility. Your participation in this survey provides important insight into the on-going operation and management of this facility. Please take a few moments and respond to the following questions and deposit this survey in the box provided by the administration office.

Definitions of Terms:
“Senior Management Team” includes the hospital administrator, the medical director, the director of nursing, the financial manager and any other member of the senior staff
 “Clinical Staff” includes physicians, nursing staff and medical technologists

Mark circles like this Mark only one

General Information

1. I provide direct patient care (nursing services or therapy) at this facility Yes No Not Sure

2. I receive access to adequate training for my job responsibilities Strongly Disagree Disagree Neutral Agree Strongly Agree

Administration and Leadership

3. I am aware of the goals and mission of the senior management team Strongly Disagree Disagree Neutral Agree Strongly Agree

4. I support the goals and mission of the senior management team Strongly Disagree Disagree Neutral Agree Strongly Agree

5. I have confidence in this facility’s senior management team to implement its mission & goals Strongly Disagree Disagree Neutral Agree Strongly Agree

6. The senior management team values my contribution to this facility’s success Strongly Disagree Disagree Neutral Agree Strongly Agree

7. I feel part of facility-wide team working towards shared goals Strongly Disagree Disagree Neutral Agree Strongly Agree

8. I receive active encouragement to be creative and innovative in my work Strongly Disagree Disagree Neutral Agree Strongly Agree

Patient Care Please respond to questions 9 through 14 ONLY if you responded YES to question 1 above, otherwise please skip to question 15

9. I feel appropriately involved in decisions that are made regarding patient care Strongly Disagree Disagree Neutral Agree Strongly Agree

10. I have enough time and opportunity to discuss patient care issues with colleagues and patients Strongly Disagree Disagree Neutral Agree Strongly Agree

11. The clinical staff perform their jobs in a way that results in the highest quality outcomes Strongly Disagree Disagree Neutral Agree Strongly Agree

Medication Errors

12. Medication errors are not a significant problem at this facility Strongly Disagree Disagree Neutral Agree Strongly Agree

13. This facility supports a non-punitive medication error reporting program Strongly Disagree Disagree Neutral Agree Strongly Agree

14. During the last three months, all medication errors that I was personally aware of have been reported Yes No Not Aware of Any Medication Errors

Summary

15. I am proud of the care and services delivered at this facility Strongly Disagree Disagree Neutral Agree Strongly Agree

16. The quality of care and service provided at this facility has improved over the last 6 months Strongly Disagree Disagree No Change Agree Strongly Agree

17. I would recommend this facility to family and friends for their healthcare needs Strongly Disagree Disagree Neutral Agree Strongly Agree

18. I would recommend this facility to family and friends for employment Strongly Disagree Disagree Neutral Agree Strongly Agree