

EMPLOYEE SURVEY

This survey asks for feedback from all employees regarding your work experience at _____ . It should take about 10 minutes to complete. The survey results will enable our Ambulatory Surgery Center (ASC) to identify what we do well, and areas that may need improvement.

Your responses will be completely anonymous. Survey results will be reported in general terms with all employees.

Which Department do you work in?

Business Office
 Medical Records
 Nursing
 PACU
 Triage
 Patient Care Coordinator
 Administration
 Other (specify):

Your feedback is very important and greatly appreciated!!

Statement	Very Satisfied	Satisfied	Neutral	Somewhat dissatisfied	Very dissatisfied
Overall Job					
Overall how satisfied are you with your job?					
Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
ASC Leadership					
How do you feel about the following statements about the organization?					
The ASC's leadership has made changes which are positive for me.					
The ASC's leadership is responding to the important internal issues.					
I am enthusiastic about the changes in the organization.					
I am personally committed to the success of this ASC.					
The physicians that work at this ASC are positive role models.					
The Executive Director is a positive role model.					
My Supervisor is a positive role model.					
I feel the administration cares about and is responding to the issues that are important to me.					
I feel the physicians care about and respond to the issues that are important to me.					
Statement	Very Satisfied	Satisfied	Neutral	Somewhat dissatisfied	Very dissatisfied
Work Environment					
How satisfied are you...?					
With your own morale?					
With your co-workers morale?					
With the team spirit in your work environment?					
With the professionalism of your co-workers?					

Statement	Very Satisfied	Satisfied	Neutral	Somewhat dissatisfied	Very dissatisfied
Work Environment (cont.)					
How satisfied are you...?					
That your work gives you a feeling of personal accomplishment?					
That you receive appropriate recognition for your contributions?					
With the empowerment you have to influence the quality of your work?					
With your ability to maintain a reasonable balance between your family life and your work life?					
That your compensation matches your responsibilities?					
With your overall job security?					
With the amount and frequency of informal praise and appreciation you receive from your Supervisor ?					
With the amount and frequency of informal praise and appreciation you receive from the physicians you work with?					
The variety of tasks your position requires?					
The amount of work you are expected to do?					
With this ASC as a place to work?					
Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know / Not applicable
Patient Safety: _____ is a participant of the Oregon Patient Safety Commission. We want to know how well we do in regards to providing a safe environment for staff & patients.					
How do you feel about the following statements?					
This ASC has enough staff to handle the workload.					
The physicians support patient safety in their words and actions.					
My Supervisor supports patient safety in his/her words and action.					
I feel comfortable asking for and completing an incident report.					
Staff mistakes are not held against them.					
We don't have patient safety problems here.					
Mistakes have led to positive changes here.					
Staff will freely speak up if they see something that may negatively affect patient care.					
We are informed about errors that happen in our department.					
We are informed about errors that happen in the ASC.					
We are actively doing things to improve patient safety.					
After we make changes to improve patient safety, we evaluate their effectiveness.					
Patient safety is never sacrificed to get more work done.					
Our procedures and systems are good at preventing errors from happening.					
Statement	Excellent	Very Good	Acceptable	Poor	Failing
Please give your work area/unit in this ASC an overall grade on patient safety. Please mark ONE.					

Statement	Yes	No	
I would recommend this ASC as a good place to work			
What is the best thing about working for this ASC?			
What bothers you the most about working for this ASC?			
What could the ASC do to enhance your satisfaction as an employee?			

OPTIONAL:

Employee Name (print): _____

Date: _____