

To all employees:

You deserve the best possible work environment! To hear what is important to you and identify opportunities for improvement, %Facility_Full% has commissioned My InnerView as an outside independent resource to conduct an employee satisfaction survey.

At the end of the survey, you are asked for information about your job, age, gender, etc. This information is important to the analysis of the surveys, but is never released in any way that can be linked to individual responses. Your name will not be disclosed unless you choose to include it on the survey.

You may use the enclosed comment form to submit comments or suggestions. Your handwritten comments will be transcribed into an electronic format so that your handwriting is not seen by %Facility_Full%. Your name will not be included with the transcribed comment unless you write it on the comment form. My InnerView will also provide your employer with a summary report highlighting the results from the survey.

Please return the completed survey in the envelope provided (addressed to My InnerView) to ensure your responses remain completely confidential.

Thank you for your time!

INSTRUCTIONS FOR COMPLETING THE SURVEY

1. Use blue or black pen **only**.
2. To the right of each statement, blacken one circle only.
3. If you feel a statement is not applicable, leave circles blank.
4. Be sure to complete all pages of the survey.
5. Write your comments in the boxes on the form.
6. Return the survey (and the comment form, if completed) in the pre-addressed, postage-paid envelope.
7. Surveys must be received by My InnerView no later than the date on the front of the survey.





Due Date:

Instructions: Please blacken the circle that best corresponds to how you would rate this facility in the following areas. Blacken only one circle for each statement. If a statement does not apply, leave the circles blank. INCORRECT: (circles with X or slash) CORRECT: (solid black circle)

Employee Satisfaction Survey

Table with 5 columns: RATE THIS FACILITY ON..., EXCELLENT, GOOD, FAIR, POOR. Rows 1-23 list various survey questions such as 'The quality of new staff orientation', 'The pay as compared to other facilities', and 'How well co-workers work together as a team'.

PLEASE ANSWER QUESTIONS ON THE REVERSE SIDE

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Instructions: Please blacken the circle that best indicates your agreement with the following statements.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
E1. I am encouraged to understand and accommodate residents' personal preferences, routines, likes and dislikes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2. I am given the opportunity to support and promote resident choice and involvement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E3. I am encouraged to build close relationships with residents and their family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E4. I have a clear understanding of the facility's mission, vision and goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E5. The facility's mission, vision and goals make me feel my job is important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E6. I feel a sense of belonging in the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E7. I have the opportunity to use my skills to help others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E8. The facility encourages my personal and professional development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E9. I feel that my opinions are important to the facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E10. I have a clear understanding of my job expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E11. My job expectations are realistic and attainable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E12. My co-workers are committed to doing quality work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E13. I have opportunities at work to learn and grow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E14. My employer acts in my best interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E15. How likely is it that you will be working at this facility one year from now?

- very likely
 likely
 unlikely
 very unlikely

E16. What factor would MOST impact your decision to continue working at this facility?

- the work that I do
 facility management
 my direct supervisor
 my co-workers
 the facility
 the distance I commute to the facility

E17. Choose the item that would MOST improve your job satisfaction.

- more input about how my work gets done
 better relationship with my direct supervisor
 improved cooperation among my co-workers
 more challenging work
 greater clarity about what I need to do and why
 better professional development opportunities
 more opportunities to do what I do best



Background Information

24. What is your age?

- 19 and under 20 to 29 30 to 39
 40 to 49 50 to 59 60 or older

25. What is your gender?

- female male

26. What is your job category?

- CNA/NA Nurse Nursing Administration
 Food Service Social Services Housekeeping/Laundry/Maintenance
 Activities Therapy/Rehabilitation Business Office
 Administration Other position

27. Which shift do you normally work?

- days evenings nights rotating

28. How long have you worked at this facility? (*Blacken the circle of the highest category*)

- less than 1 month 1 to 3 months 3 months to 1 year 1 to 2 years
 2 to 5 years 5 to 10 years more than 10 years

29. How many nursing homes have you worked at during the last three years?

- just this one facility 2 to 3 facilities 4 or more facilities

30. Do you speak English as your first language?

- yes no

31. How many hours during a typical week do you normally work at this facility?
(*Blacken the circle of the highest category*)

- less than 10 hours 10 to 20 hours 20 to 30 hours
 30 to 40 hours more than 40 hours

Please mail the survey using the pre-addressed, postage-paid envelope enclosed.

THANK YOU!

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Form A %Facility_ID% %Survey_Run_ID% %Surveyee_ID%

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COMMENT FORM

%Facility_Full%

Tell us what we do best:

Tell us what we can do to improve:

Any other comments or suggestions:

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Form A %Facility_ID% %Survey_Run_ID% %Surveyee_ID%



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