

Petersen Health Care Employee Satisfaction Survey

Facility: _____

How much do you agree or disagree with each of these statements?	NEITHER AGREE				
	STRONGLY AGREE	AGREE	NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
1. Overall, I am satisfied with my job	0	0	0	0	0
2. Our leaders demonstrate the behaviors and values that they expect of us.	0	0	0	0	0
3. I would recommend this organization to others who are looking for work.	0	0	0	0	0

How much do you agree or disagree with each of these statements?	NEITHER AGREE				
	STRONGLY AGREE	AGREE	NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
4. I feel valued by my employer.	0	0	0	0	0
5. I have benefited from in-services and pm the job training or education provided	0	0	0	0	0
6. I have the opportunities to use all of my own skills and knowledge.	0	0	0	0	0
7. I receive specific information about things I do well at work.	0	0	0	0	0
8. I receive specific information about things I could improve at work.	0	0	0	0	0
9. I have equipment and supplies to do my work well.	0	0	0	0	0

How much do you agree or disagree with each of these statements?	NEITHER AGREE				
	STRONGLY AGREE	AGREE	NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
10. Staff in my department communicates well with the residents.	0	0	0	0	0
11. My supervisor communicates clear, consistent expectations.	0	0	0	0	0
12. I am treated with respect and dignity.	0	0	0	0	0
13. I feel free to give my supervisor feedback about the direction of the department and the organization.	0	0	0	0	0
14. My supervisor shares important information with me that I need to do my job.	0	0	0	0	0
15. The staff in my department works well together.	0	0	0	0	0
16. Staff takes pride in his or her work.	0	0	0	0	0
17. Different departments communicate well with each other.	0	0	0	0	0
18. Staff in my department communicates well with each other.	0	0	0	0	0

How much do you agree or disagree with each of these statements?	NEITHER AGREE				
	STRONGLY AGREE	AGREE	NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
19. My employer provides regular training to reduce health and safety hazards in the workplace.	0	0	0	0	0
20. My employer provides necessary equipment and resources to reduce health and safety hazards in the workplace.	0	0	0	0	0
21. I feel that my employer makes workplace safety a high priority.	0	0	0	0	0

22. Please indicate which department you work in:	
<input type="radio"/> Activities	<input type="radio"/> Business Office
<input type="radio"/> Administration	<input type="radio"/> Nursing (Licensed)
<input type="radio"/> Dining Services	<input type="radio"/> Nursing Assistant
<input type="radio"/> Environmental Se	<input type="radio"/> Therapy Services
<input type="radio"/> Social Services	<input type="radio"/> Other
23. How long have you worked here?	24. I work:
<input type="radio"/> Less than 6 months	<input type="radio"/> Full Time
<input type="radio"/> 6 months up to 1 year	<input type="radio"/> Part Time
<input type="radio"/> 1 - 2 years	
<input type="radio"/> 3 - 4 years	
<input type="radio"/> Over 4 years	

25. What do we do best at this facility?

26. What can we do to improve this facility?