



WORKER SATISFACTION SURVEY

Please note that this survey is for **quality improvement purposes** and is not in any way affiliated with your work performance. Your answers will contribute to research being conducted on Nurse/Worker satisfaction and will assist the Agency in providing better resources and services to its Clinical Staff.

COMPLETE, SUBMIT and RETURN in 30 DAYS - by fax, email, mail, or by hand-delivery

NAME
HOW LONG HAVE YOU BEEN WITH CHESAPEAKE HOME HEALTH CARE? <ul style="list-style-type: none"><input type="radio"/> Less than a year<input type="radio"/> 1 – 3 years<input type="radio"/> 4 – 6 years
PLEASE INDICATE HOW MUCH YOU LIKE YOUR WORKING WITH CHESAPEAKE HOME HEALTH CARE. <p style="text-align: center;">I dislike it very much I enjoy it very much</p> <p style="text-align: center;">1 2 3 4 5 6 7 8 9 10</p>
TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENT: I WOULD RECOMMEND THIS COMPANY (CHESAPEAKE HOME HEALTH CARE) AS A GOOD PLACE TO WORK. <ul style="list-style-type: none"><input type="radio"/> Strongly Agree<input type="radio"/> Somewhat Agree<input type="radio"/> Somewhat Disagree<input type="radio"/> Strongly Disagree
DO YOU BELIEVE THAT THE COMPANY (CHESAPEAKE HOME HEALTH CARE) CARES ABOUT ITS NURSES? <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No<input type="radio"/> If No, Please Explain:
I RECEIVE THE NECESSARY TRAINING THAT I NEED TO EFFECTIVELY CARRY OUT MY ASSIGNMENT? TYPES OF TRAINING OFFERED: IN-SERVICE EDUCATION, HOME ORIENTATION, ANNUAL RE-CERTIFICATION, ONE-ON-ONE TRAINING WITH THE RN SUPERVISOR <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> If yes, which training (mentioned above) benefits you most?<input type="radio"/> No<input type="radio"/> If No, Please explain why the training has not help?<input type="radio"/> Please state below any training topics that you would like Chesapeake to offer.<input type="radio"/> Which training method works best for you: (circle one) In-Service Classes or In-Service Hand-Outs

Your response and time are greatly appreciated!



WHEN PICKING UP A NEW/EXISTING CASE ASSIGNMENT DOES CHESAPEAKE'S SCHEDULING STAFF PROVIDES A LOT OF INFORMATION TO THE NURSES ABOUT THE CASE AND THE CONDITION OF THE CLIENT.

- Strongly Agree
- Somewhat Agree
- Somewhat Disagree
- Strongly Disagree

IS THERE ANYTHING WE CAN DO BETTER IN THIS AREA? PLEASE LIST YOUR SUGGESTIONS:

- 1.
- 2.
- 3.

HOW WELL DO YOU COMMUNICATE WITH THE OFFICE

CHESAPEAKE HOME HEALTH CARE'S CLINICAL DEPARTMENT STAFF ARE COURTEOUS AND HELPFUL:

- Strongly Agree
- Somewhat Agree
- Somewhat Disagree
- Strongly Disagree

CHESAPEAKE HOME HEALTH CARE'S SCHEDULING DEPARTMENT STAFF ARE COURTEOUS AND HELPFUL:

- Strongly Agree
- Somewhat Agree
- Somewhat Disagree
- Strongly Disagree

CHESAPEAKE HOME HEALTH CARE'S FINANCE DEPARTMENT STAFF ARE COURTEOUS AND HELPFUL:

- Strongly Agree
- Somewhat Agree
- Somewhat Disagree
- Strongly Disagree

CHESAPEAKE HOME HEALTH CARE'S HUMAN RESOURCES DEPARTMENT STAFF ARE COURTEOUS AND HELPFUL:

- Strongly Agree
- Somewhat Agree
- Somewhat Disagree
- Strongly Disagree

HOW WELL DO YOU COMMUNICATE WITH YOUR QA NURSE/RN SUPERVISOR, DIRECTOR OF NURSING OR ADMINISTRATOR?

Very poorly

Very well

1 2 3 4 5 6 7 8 9 10

Your response and time are greatly appreciated!



DO YOU FEEL THAT YOU ARE WELL RECOGNIZED OR REWARDED BY YOUR SUPERVISOR OR THE AGENCY WHEN YOU DO A GOOD JOB?

- Yes
- No
- If No, Please explain how you would like to be recognized or rewarded:

HOW WOULD YOU LIKE TO BE HONORED/ACKNOWLEDGED DURING NATIONAL NURSE WEEK? (PLEASE LIST YOUR IDEAS)

- 1
- 2.
- 3.
- 4.

WOULD YOU BE INTERESTED IN HELPING CHESAPEAKE HOME HEALTH CARE RECRUIT QUALITY HOMECARE NURSES (LPNS AND RNS ONLY) THROUGH A REFERRAL PROGRAM?

- Yes
- No
- If Yes, Please explain how you would like to help?

Thank you for participating in **Chesapeake Home Health Care's** worker satisfaction survey! It is our goal to be kind of agency that nurses enjoy working for, by offering professional development opportunities, competitive compensation and safe work environments. Please feel free to list any additional comments not addressed in the question to include questions, concerns or suggestions, **in the space below**. We will take each survey into consideration in the improvement of our company and services. Thanks again!

COMMENTS HERE:

PLEASE RESPOND IN 30-DAYS

Date Received: _____

Reviewed by: _____

Your response and time are greatly appreciated!