Employee exit survey

Thank you for taking a moment to provide us with feedback about your experience at our hospital. This information will help us better understand employees' needs and expectations. Using the following key, circle the answer that best represents your experience. Please be candid; we value your opinion.

A: I absolutely agree; this is a strength of the practice.
B: I agree for the most part.
C: I'm neutral; this was not good all the time and not bad all the time.
D: I disagree for the most part; this was below expectation.
F: I absolutely disagree; this was a serious problem.

1. Overall, I would rate this practice as a great place to work.
   A B C D F
2. The policies and procedures of the practice were clear and helpful in my work.
   A B C D F
3. The facility, the work areas, and the practice building are well-kept and pleasant.
   A B C D F
4. I received the benefits I needed from the practice.
   A B C D F
5. The employees are treated with respect and fairness.
   A B C D F
6. The practice manager or owner is interested in hearing ideas and comments from employees.
   A B C D F
7. I was paid fairly for the work I did.
   A B C D F
8. I understood what I needed to do to increase my wage.
   A B C D F
9. The amount of training I received to do my job was adequate.
   A B C D F
10. The amount of continuing education provided for me was adequate.
    A B C D F
11. I understood the responsibilities of my position.
    A B C D F
12. I understood the performance standards I was expected to meet.
    A B C D F
13. I was told what was going on in the practice and other information that influenced my job.
    A B C D F
14. The practice manager or owner was willing to listen to my problems and answer questions.
    A B C D F
15. I was recognized for my contribution to the practice.
    A B C D F
16. The level of teamwork and cooperation among employees was consistently good.
    A B C D F
17. What additional training would you have wanted?
    _____
    _____
    _____
    _____
    _____
    _____
18. What was the best part of working at the practice?
    _____
    _____
    _____
    _____
    _____
    _____
19. What would you change about working here to make it easier or more employee-friendly?
    _____
    _____
    _____
    _____
    _____
    _____

Thank you for your feedback. Please place this completed form in the envelope provided.