

Clinician and Staff Experience Survey

For each of the following questions, please indicate your level of agreement or disagreement with each statement as it applies to you and your colleagues in your work in your practice. Your responses are confidential, and the results of the survey will be reported back to the practice only in a summary form that will not identify you or your responses (or not at all if it would be easy to identify you). **For each item below, 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree.**

	Strongly Disagree ▼				Strongly Agree ▼
a. Overall, I am satisfied with my work in our practice	①	②	③	④	⑤
b. My work in our practice is very stressful	①	②	③	④	⑤
c. Work rarely encroaches on my personal life	①	②	③	④	⑤
d. My practice does a great job in dealing with quality and safety issues	①	②	③	④	⑤
e. Our staff and clinicians work together really well as a team	①	②	③	④	⑤
f. Our clinicians have adequate time to spend with our patients during their office visits	①	②	③	④	⑤
g. Our staff members have adequate time to spend with our patients during their office visits	①	②	③	④	⑤
h. In providing care to our patients, our clinicians end up doing many things that the staff could take care of	①	②	③	④	⑤
i. It is possible to provide high quality care to all patients in our practice	①	②	③	④	⑤
j. I am frequently overwhelmed by the needs of our patients	①	②	③	④	⑤
k. I am very satisfied with my career in health care	①	②	③	④	⑤
l. Time pressures keep us from getting to know our patients as well as we need to	①	②	③	④	⑤
m. I find my current work personally rewarding	①	②	③	④	⑤
n. I am able to balance work and personal needs in my practice	①	②	③	④	⑤
o. Our medical record system provides the information we need to provide high quality patient care.	①	②	③	④	⑤

Please provide comments for any of the above items that you think could be improved.

SCORING: Label these items as “Clinician and Staff Experience” and score as follows (to convert to number of points out of 100):

$$((a+(6-b)+c+d+e+f+g+(6-h)+i+(6-j)+k+(6-l)+m+n+o)-15)/15*20$$

Using your own definition of “burnout,” please indicate which statement best describes your situation at work. Check ONLY ONE below:

- I enjoy my work. I have no symptoms of burnout. **SCORE AS 0**
- Occasionally I am under stress, and I don’t always have as much energy as I once did, but I don’t feel burned out. **SCORE AS 1**
- I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion. **SCORE AS 2**
- The symptoms of burnout that I’m experiencing won’t go away. I think about frustrations at work a lot. **SCORE AS 3**
- I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help. **SCORE AS 4**

SCORING: See the assigned scores for each response in bold for each item above. Label this as “Clinician and Staff Burnout” and convert to points out of 100 by taking the score (or the mean across multiple respondents from the practice) and multiplying by 25.

What is one specific suggestion you have for how your practice could increase your overall experience and satisfaction with your job?

Practice name: _____

Date completed: _____

Your role in the practice (*Please check the best response*):

- Clinician
- Nursing staff
- Front office staff
- Other

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