Health Resources and Services Administration Bureau of Clinician Recruitment Service

#### National Health Service Corps

#### Participant Satisfaction Survey

Survey to be administered via the Web. Instructions and headings in BOLD and question numbers will not be seen by the respondents.

### Survey Introduction

The National Health Service Corps (NHSC) is committed to continuous performance improvement. As part of this effort, we are requesting feedback on your experiences with the NHSC.

The survey is hosted via a secure server and your responses will remain **strictly confidential and anonymous**. This survey is authorized by Office of Management and Budget Control No. 1090-0007.

The survey will take approximately 15minutes to complete. Thank you in advance for completing the survey.

Please click on the “Next” button below to begin.

### Introduction

INTRO1. Which of the following best describes you? (Select one)

1. NHSC scholar/student
2. NHSC loan repayment clinician
3. None of the above **(TERMINATE)**

INTRO2. Are you a… (Select one)

1. Primary Care - Physician (MD, DO)
2. Primary Care - Physician Assistant
3. Primary Care - Nurse Practitioner
4. Primary Care - Certified Nurse Midwife
5. Primary Care - Psychiatric Nurse Specialist
6. Oral Health - Dentist (DDS, DMD)
7. Oral Health - Dental Hygienist
8. Mental/Behavioral Health - Health Service Clinical Psychologist
9. Mental/Behavioral Health – Licensed Clinical Social Worker
10. Mental/Behavioral Health - Licensed Professional Counselor
11. Mental/Behavioral Health - Marriage and Family Therapist

### Retention

RET1. Did you complete your service obligation prior to October 1, 2011?

1. Yes **(Will be defined as Group 2 –not actively serving) (CONTINUE WITH Retention Qs)**
2. No**(Will be defined as Group 1 – current and actively serving) (SKIP TO RET19)**

RET2 . On what date did you complete your service obligation with the NHSC?

 **[NOTE: Drop down box for month and year selection]**

RET3. Are you still providing direct patient care at the NHSC site where you fulfilled your NHSCservice obligation?

1. Yes
2. No (Skip to RET6)

RET4. How did you become aware of the job your currently hold?

1. NHSC Job Opportunities Web Site
2. Internet Search
3. Outside Recruiter
4. Current employee at the site
5. Friend or family member
6. School or clinical rotation/residency program
7. State recruitment web site
8. NHSC Regional Office
9. State Primary Care Office
10. State Primary Care Association
11. Other, please specify

RET5. How long do you plan to remain at this site?

1. 1-3 months
2. 3-6 months
3. 6 months to 1 year
4. 1 year to 2 years
5. 2-5 years
6. More than 5 years

RET6. How long were you at your site before you applied for NHSC loan repayment?

1. 1-3 months
2. 3-6 months
3. 6 months to 1 year
4. 1 year to 2 years
5. 2-5 years
6. More than 5 years

RET 7. Did the opportunity to apply for NHSC loan repayment influence your decision to choose your site?

1. Yes
2. No

RET8. **[ONLY IF RET3=YES]**What influenced your decision to remain at the site? [Select all that apply.]

1. Salary
2. Opportunities for advancement
3. Distance learning opportunities
4. Resources to help me do my job well
5. Experience at site

Site operation/direction closely aligned with personal goals

1. Tele-medicine
2. Balanced schedule/hours
3. Community support
4. School district
5. Spouse employment opportunities
6. Family wanted to stay in community
7. Close to extended family/parents and siblings
8. Cost of living
9. Other, please specify

RET9. **[ONLY IF RET3=NO]** For what reasons have you decided to leave this site? Rank the following with 1 as being the most important and 11 being least.

1. Financial considerations
2. Lack of opportunity for advancement
3. Lack of distance learning opportunities
4. Lack of resources to do my job well
5. Site operation/direction did not align with personal goals
6. Problems with employer/site
7. Didn’t like the community and/or lifestyle
8. Long hours/no balance of personal and professional life
9. Family considerations
10. Change of career
11. Other, please specify

RET10. **[If RET9=6]** Please describe the problem you were having with your employer or at the site. (Capture open-end response)

RET11. **[ONLY IF RET3=NO]** Have you chosen to provide direct patient care in any NHSC-approved site after fulfilling your service obligation with the NHSC program?

1. Yes (Continue to RET12)
2. No (Skip to RET13)

RET12. **[ONLY IF RET11=YES]** How long have you been practicing at your current NHSC-approved site?

1. 1-3 months
2. 3-6 months
3. 6 months to 1 year
4. 1 year to 2 years
5. 2-5 years
6. More than 5 years

RET13. **[ONLY IF RET11=NO]** Have you chosen to provide direct patient care in any health professional shortage designation area after fulfilling your NHSC service obligation?

1. Yes (Continue to RET14)
2. No (Skip to RET15)

RET14. **[ONLY IF RET13=YES]** How long have you been practicing at your current health professional shortage designation area site?

1. 1-3 months
2. 3-6 months
3. 6 months to 1 year
4. 1 year to 2 years
5. 2-5 years
6. More than 5 years

RET15. **[ONLY IF RET13=NO]** For what reasons did you not remain practicing in a health professional shortage area? (Select all that apply)

1. Financial considerations
2. Lack of opportunity for advancement
3. Lack of distance learning opportunities
4. Lack of resources to do my job well
5. Site operation/direction did not align with personal goals
6. Problems with employer/site
7. Didn’t like the community and/or lifestyle
8. Long hours/no balance of personal and professional life
9. Family considerations
10. Change of career
11. Other, please specify

RET16. **[If RET15=6]** Please describe the problem you were having with your employer or at the site. (Capture open-end response)

RET17. **[ONLY IF RET13=NO]** What would have increased your likelihood of providing direct patient care in a health professional shortage area? (Select all that apply)

1. Better salary
2. Better opportunities for advancement
3. Better distance learning opportunities
4. Greater resources to help me do my job well
5. Better experience at site

Site operation/direction more closely aligned with personal goals

1. Tele-medicine
2. More balanced schedule/hours
3. Better community support
4. School district
5. Spouse employment opportunities
6. If family wanted to stay in community
7. Closer to extended family/parents and siblings
8. Cost of living
9. Other, please specify

RET18. **[ASK ONLY OF GROUP 1 RESPONDENTS]** Do you plan to remain at your current site *after* you have fulfilled your NHSC service obligation?

1. Yes
2. No

RET19. **[ONLY IF RET18=YES][ASK ONLY OF GROUP 1 RESPONDENTS]** How long do you plan to remain at this site *after* you have fulfilled your NHSC service obligation?

1. 1-6 months
2. 6 months to 1 year
3. 1 year to 2 years
4. 2-5 years
5. More than 5 years

RET20. **[ASK ONLY OF GROUP 1 RESPONDENTS]** How long were you at your site before you applied to the NHSCLoan Repayment Program?

1. 1-3 months
2. 3-6 months
3. 6 months to 1 year
4. 1 year to 2 years
5. 2-5 years
6. More than 5 years

RET21. **[ASK ONLY OF GROUP 1 RESPONDENTS]** Did the opportunity to apply to the NHSC Loan Repayment Program influence your decision to choose your site?

1. Yes
2. No

RET22. (If RET18=YES) **[ASK ONLY OF GROUP 1 RESPONDENTS]**What most influenced your decision to remain at the site? [Select all that apply.]

1. Salary
2. Opportunities for advancement
3. Distance learning opportunities
4. Resources to help me do my job well
5. Experience at site

Site operation/direction closely aligned with personal goals

1. Tele-medicine
2. Balanced schedule/hours
3. Community support
4. School district
5. Spouse employment opportunities
6. Family wanted to stay in community
7. Close to extended family/parents and siblings
8. Cost of living
9. Availability of loan repayment financial support
10. Other, please specify

RET23. **[ASK ONLY OF GROUP 1 RESPONDENTS]** How did you become aware of the job you currently hold?

1. NHSC Job Opportunities Web Site
2. Internet Search
3. Outside Recruiter
4. Employee at the site
5. Friend of family member
6. School or clinical rotation/residency program
7. State recruitment web site
8. NHSC Regional Office
9. State Primary Care Office
10. State Primary Care Association
11. Other, please specify

RET24. **[ASK ONLY OF GROUP 1 RESPONDENTS]** Which of the following have the strongest influence on your decision whether to continue to provide health services in health professional shortage areas after your service obligation is complete? (Select all that apply)

1. Relationship with current employer
2. Commitment to underserved communities
3. Current site experience
4. Becoming part of the community; able to put down “roots”
5. Corps membership benefits
6. Sense of community within NHSC
7. Experience with NHSC
8. Salary
9. Other (please specify)

RET25. **[ASK ONLY OF GROUP 1 RESPONDENTS]** Please rank the following factors in order of their likelihood to influence you to continue providing health services in health professional shortage areas after your service obligation is complete. (Rank in order: 1=Most influence, 10=Least influence)

1. Training and continuing education credits
2. Corps membership benefits
3. Sense of community within NHSC
4. Proactive and regular contact from the Corps
5. Current site experience
6. Relationship with current employer
7. Mentoring
8. Commitment to underserved communities
9. Becoming part of the community; able to put down “roots”
10. Other (please specify)

### Recruitment [ASK OF ALL REPSONDENTS]

1. How did you first hear about the NHSC program? (Select one)
2. Site Administrator or Site Staff
3. Faculty of your training programs
4. Colleague
5. Current employer
6. Family member or friend
7. Outside Recruiter
8. Current NHSC Member
9. NHSC alumnus
10. Internet search
11. NHSC Website
12. NHSC Literature
13. Professional Association
14. Primary Care Office (PCO)
15. Primary Care Association (PCA)
16. NHSC Regional Office
17. Social Media (e.g., Facebook, etc.)
18. Exhibit at a professional meeting
19. Other (please specify)

### Customer Service Portal[ASK OF ALL REPSONDENTS]

1. Have you used the Customer Service Portal?
2. Yes
3. No (Skip to Q3­­\_1)
4. What additional feature, if any, would you like to see added to the Customer Service Portal? (Capture open-ended response)

Please think about your experiences using the Customer Service Portal. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate.

1. The ease of navigation
2. Ability to find the information needed
3. Your ease of understanding the information communicated
4. The organization of the information provided
5. The usefulness of conducting business through the NHSC Portal

### Information/Communication[ASK OF ALL REPSONDENTS]

1. Which of the following types of NHSC communications were most beneficial in keeping you up to date in the last 12 months? Select all that apply.
2. Electronic Newsletters
3. Email
4. Customer Service Portal
5. Website
6. Group Conference Calls
7. Webinars
8. Facebook/Twitter
9. Text messaging
10. Other, please specify

Please think about these communications you received from the NHSC in the last 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate…

1. The timeliness of the communications
2. The relevance of the information provided to your inquiry
3. Received enough detail to meet your needs
4. Your ease of understanding the information communicated
5. The organization of the information provided
6. The helpfulness of information in guiding your decision-making
7. The frequency of receiving information
8. Ideally, how would you like to receive future communications from the NHSC? (Select all that apply)
9. Electronic Newsletters
10. Email
11. Customer Service Portal
12. Website
13. Group Conference Calls
14. Webinars
15. Facebook/Twitter
16. Text Messaging
17. Other, please specify
18. How often would you like to receive communications from the NHSC?
	* 1. More often than once per month
		2. Monthly
		3. Quarterly
		4. Twice per year
		5. Yearly or less often

### NHSC Website[ASK OF ALL REPSONDENTS]

1. Have you visited the NHSC website within the last six months?
2. Yes
3. No **(skip to Q5\_1)**

Please think about your experiences while visiting the NHSC website. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate…

1. The ease of navigation
2. The usefulness of the information provided
3. The relevance of search results
4. Ability to find the information needed

### Customer Service**[This section asked only of Group 1 respondents]**

1. Have you contacted NHSC during the past 12 months?
2. Yes
3. No **(skip to Q6\_1)**
4. In the past 12 months, how have you contacted the NHSC? (Select all that apply)
5. Telephone
6. E-mail
7. E-fax
8. Customer Service Portal
9. In person at a conference
10. Facebook
11. Other, please specify
12. **(Ask if Q5.2 = 1)** Who did you contact by telephone? (Select all that apply)
	* + 1. Regional Office
			2. Call Center
			3. Representative at headquarters
13. What was your reason for your most recent contact with the NHSC?
14. Information request
15. Application question
16. Question about placement
17. Request for site change
18. Request for technical assistance
19. Other (please specify)
20. Approximately how long did it take for the NHSC to first respond to,or acknowledge, your initial contact?
21. Within 24 hours
22. Within 48 hours
23. Within 3-4 days
24. Within 1 week
25. Within 1 month
26. Within a few months
27. They have never responded to my initial contact
28. Ideally, how long should the NHSC have taken to first respond to, or acknowledge, your initial contact?
29. No more than 24 hours
30. No more than 48 hours
31. No more than 3-4 days
32. No more than 1 week
33. No more than1 month
34. Was the NHSC representative able to resolve your issue?
	* 1. Yes
		2. No **(skip to Q5\_8)**
35. What was the issue you had called about? (Capture Open Ended Response)
36. How long did it take for the NHSC to resolve your issue/situation (Ask only if Q5\_7=1)?
	* 1. Within 24 hours
		2. Within 48 hours
		3. Within 3-4 days
		4. Within 1 week
		5. Within 1 month
		6. Within a few months
37. Ideally, what is your expectation for how long it should have taken the NHSC to resolve your issue/situation?
38. No more than 24 hours
39. No more than 48 hours
40. No more than 3-4 days
41. No more than 1 week
42. No more than1 month

Please think about your experiences with NHSC customer service during the past year. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate…

1. Ease of reaching a NHSC representative
2. Courteousness of the NHSC representative
3. Knowledge of the NHSC representative
4. Timeliness of the representative’s response to your inquiry or concern
5. Relevance of the information provided by the NHSC representative
6. Level of service provided by the NHSC representative
7. (If Q5\_7=No) If the NHSC representative was not able to resolve your issue, did they refer you elsewhere for further assistance?
	* 1. Yes
		2. No
8. (If Q5\_17=Yes) Where did the NHSC representative refer you to? (Capture open-ended response)

### Site Experience [ASK OF ALL REPSONDENTS]

1. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate your overall experience at the site where you have fulfilled/are fulfilling your service obligation with the NHSC.
2. Please explain the reason for the rating you provided of your overall experience at the site where you have fulfilled/are fulfilling your service obligation with the NHSC. (Capture open-ended response)

### Regional Offices

1. Have you interacted with the NHSC Regional Offices in the past 12 months?
2. Yes
3. No (Skip to Q7.3)
4. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate the level of support provided by the NHSC Regional Offices.
5. Are you aware the NHSC conducts site visits to NHSC-approved sites?
6. Yes
7. No
8. Has your site received a site visit?
9. Yes
10. No
11. Don’t know

### ACSI Benchmark Questions [ASK OF ALL REPSONDENTS]

1. Please consider all of the experiences you have had with the NHSC program. Using a 10-point scale on which 1 means *Very Dissatisfied* and 10 means *Very Satisfied*, how satisfied are you with the NHSC program?
2. Using a 10-point scale on which 1 means *Falls Short of Your Expectations* and 10 means *Exceeds Your Expectations*, to what extent has the NHSC programfallen short of or exceeded your expectations?
3. Imagine an ideal scholarship and loan repayment program. How well do you think the NHSC compares with that ideal program? Please use a 10-point scale on which 1 means *Not Very Close to Ideal*, and 10 means *Very Close to Ideal*.

###  Outcome Measures/Retention

1. **[ASK ONLY OF GROUP 1]** On a scale from 1 to 10 where 1 means *Not at All Likely* and 10 means *Very Likely*, how likely are you to remain at your National Health Service Corps site after your service obligation is complete?
2. **[ASK ONLY OF GROUP 1]** On a scale from 1 to 10 where 1 means *Not at All Likely* and 10 means *Very Likely*, how likely are you to continue to provide health services in health professional shortage areas after your service obligation is completed
3. **(If Q10>=7)** What has contributed to the likelihood that you will continue to serve in a health professional shortage area after your service obligation is complete? (Select all that apply)
4. Salary
5. Opportunities for advancement
6. Distance learning opportunities
7. Resources to help me do my job well
8. Experience at site

Site operation/direction closely aligned with personal goals

1. Tele-medicine
2. Balanced schedule/hours
3. Community support
4. School district
5. Spouse employment opportunities
6. Family wanted to stay in community
7. Close to extended family/parents and siblings
8. Cost of living
9. Other, please specify
10. **(If Q10<7)** What would increase your likelihood to continue to serve in a health professional shortage area after your service obligation is complete?
11. Salary
12. Opportunities for advancement
13. Distance learning opportunities
14. Resources to help me do my job well
15. Experience at site

Site operation/direction closely aligned with personal goals

1. Tele-medicine
2. Balanced schedule/hours
3. Community support
4. School district
5. Spouse employment opportunities
6. Family wanted to stay in community
7. Close to extended family/parents and siblings
8. Cost of living
9. Other, please specify
10. On a scale from 1 to 10 where 1 means *Completely Disagree* and 10 means *Completely Agree*, to what extent do you agree that the National Health Service Corps is delivering a meaningful experience to its members?
11. On a scale from 1 to 10 where 1 means *Not at AllLikely* and 10 means *Very Likely*, how likely are you to recommend the National Health Service Corps to someone else?

### Demographics [ASK OF ALL REPSONDENTS]

DEM1. What is your gender? (Select one)

1. Male
2. Female

DEM2. What is your age? (Select one)

1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65 and over

DEM3. What is your race/ethnicity? (Select one)

1. White
2. Non-White Hispanic
3. Black or African American
4. American Indian or Alaskan native
5. Asian Indian
6. Chinese
7. Filipino
8. Japanese
9. Korean
10. Vietnamese
11. Native Hawaiian
12. Guamanian or Chamorro
13. Samoan
14. Other
15. Prefer not to say

DEM4. Do you fluently speak a language other than English?

1. Yes
2. No

DEM5. (If DEM4=1) Please specify the language(s), other than English that you speak fluently

DEM6. Are you currently practicing or have you practiced in an underserved area that is within 200 miles of where you grew up? (Select one)

1. Yes
2. No

DEM7. Are you currently practicing or have you practiced in an underserved area that is within 200 miles of where you completed your clinical training? (Select one)

1. Yes
2. No

DEM8. From the list below, please select the option that best describes the type of NHSC site you are located at:

1. Federally Qualified Health Centers (FQHC)
2. FQHC Look-Alike
3. Rural Health Clinic
4. Hospital Affiliated Primary Care Out-Patient Clinic
5. Indian Health Service, Tribal Clinic, or Urban Indian Health Clinic
6. Correctional Facility
7. Private Practice (Solo/Group)
8. Community Mental Health Facility
9. Community Outpatient Facility
10. Critical Access Hospital
11. Free Clinic
12. Immigration and Customs Enforcement (ICE) Health Service Corps
13. Mobile Unit
14. School-based Health Program
15. State and County Department of Health Clinic

DEM 9. How large is your organization (patients seen per year)?

* + - 1. 1-2,500 patients
			2. 2,501-5,000 patients
			3. 5,001-7,5000 patients
			4. 7,501-10,000 patients
			5. Over 10,000 patients

DEM10. Which of the following best describes where you are currently practicing? (Select one)

1. Urban
2. Rural
3. Frontier

DEM11. From the drop-down box below, please select the state where you are currently practicing?

*Thank you for your time. The Health Resources and Services Administration’s National Health Service Corpsappreciates your input!*