HRSA Health Center Workforce Survey Draft 9.0

Thank you for accepting the invitation to test the HRSA Health Center Workforce Survey. Remember by taking the survey now, you will not have to fill it out again in the Fall. We will transfer your answers to the national survey responses. Your help now will ensure that the survey is simple for staff to complete and useful for health centers to improve working conditions.

Please note:

* All survey responses will be anonymous.  John Snow Inc. (JSI) is managing the survey testing for HRSA. In order for JSI to remind you to complete the survey, your email address is temporarily tracked in our survey system. Once you submit the survey, JSI will not keep your email address with your answers and therefore your answers will become anonymous.
* The survey is voluntary. However, only a few staff have been invited to help test the survey, so please take time to complete it.
* You received a unique survey link. Please do not share that link with others.
* The survey takes about 20-30 minutes. If you need to take a break in filling out the survey, using your unique survey link will bring you back to where you left off.
* At the end of the survey, there are additional questions where you can provide feedback about the survey overall. Please take a few minutes to let us know your thoughts.
* By moving forward with this survey you are acknowledging that you understand this information and agree to participate.

**Instructions to Fill Out Survey**

1. Give yourself time to complete the survey (about 20-30 mins). However, if you need to interrupt your work on the survey, your progress will be saved and you can use the same link to continue from where you left off.
2. Click the arrows at the bottom of the screen to move between pages.
3. Answer questions as best you can. Remember, your individual answers will never be shown to anyone.
4. Leave questions blank if the question does not make sense or is not relevant to your job in any way or if for some reason you do not want to answer that question.
5. This survey does not include specific questions about COVID-19. However, it does not ignore the impact of COVID-19, which may have affected many of the underlying factors driving staff well-being. Please answer the questions based on your current feelings.

Thank you again for helping test this survey.

Office of Management and Budget (OMB) Public Burden Statement:  An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0379, and is valid until 08/31/2023. Public reporting burden for this collection of information is estimated to average .50 hours per response, consisting of completing the online survey. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.

# A. Information about My Job

**Job Classification**: The following questions help us understand your primary job(s) in the health center. It is important that we classify you with those that have similar job(s) in your and other organizations to the degree possible, while also capturing your unique job(s)/title(s). Please consider the following:

* Your primary job is the one that you spend the most time in, including any leadership role within that job.
* If you have more than one distinct job, you will be given the opportunity to reflect that.
* If you have a director/leadership role as part of your job, you will be able to indicate that, but it should be considered a single job.
* You will also be able to indicate if you are fulfilling an educational/training requirement in your job.

A1. Please select the category that best matches your primary job at this Health Center. You can find how jobs are organized in this section by viewing the Occupation Look-Up resource.

Patient Services, Support, and Quality

 Patient Support (Front Desk Staff, Medical Scribe, Patient Records Clerk, etc.)

 Quality Improvement (Quality Improvement Nurse, Data Analyst, etc.)

Enabling and Program Services

 Enabling (Case Manager, Transportation Staff, Interpreter, etc.)

 Grant Programs and Other Services (WIC Staff, Educational Counselor, Exercise Trainer, etc.)

Administrative and Facilities

 Administration and Support (Site Manager, Human Resources Staff, Communications Staff, etc.)

 Fiscal and Billing (Accounts Payable Clerk, Bookkeeper, etc.)

 Information and Technology (EHR Technician, IT Help Desk Technician, Programmer, etc.)

 Facilities (Janitorial Staff, Security Guard, Equipment Maintenance Staff, etc.)

Management

 Senior Corporate Leadership (Chief Information Officer, Chief Medical Officer, etc.)

Direct Clinical Services

 Medical (General Practitioner, Physician Assistant, Nurse, etc.)

 Behavioral Health / Substance Use (Psychiatrist, Professional Counselor, Recovery Support Specialist, etc.)

 Dental (Dentist, Dental Technician, Dental Aide etc.)

 Vision (Ophthalmologist, Optometric Assistant, etc.)

 Other Professional Providers (Chiropractor, Nutritionist, Podiatrist, etc.)

Ancillary Clinical Services

 Lab (Pathologist, Laboratory Technician, Phlebotomist, etc.)

 X-Ray (Radiologist, Ultrasound Technician, etc.)

 Pharmacy (Pharmacist, Pharmacy Clerk, Pharmacy Assistant, etc.)

A2. Please select which title in \_\_\_\_ best describes your job.

Family Physician

General Practitioner

Internist

Obstetrician / Gynecologist

Pediatrician

Other Specialty Physician: \_\_\_\_\_\_

Nurse Practitioner

Physician Assistant

Midwife
Nurse
Nurse Aide / Assistant (certified and uncertified)

Medical Assistant / Aide (certified and uncertified)
EMS/EMT Staff (not credentialed as a nurse)
Other Clinical Medical Staff: \_\_\_\_\_\_

Dentist
Dental Hygienist
Dental Therapist
Dental Assistant, Advanced Practice Dental Assistant
Dental Technician
Dental Aide
Other Clinical Dental Staff: \_\_\_\_\_\_

Psychiatrist
Psychologist
Clinical Social Worker
Professional Counselor
Marriage and Family Therapist
Psychiatric Nurse Specialist
Mental Health Nurse Practitioner
Mental Health Physician Assistant
Other Licensed Mental Health Provider
Other Mental Health Staff
Alcohol/Substance Use Counselor
Recovery Support Specialist
Other Behavioral Health/Substance Use Disorder Staff: \_\_\_\_\_\_

Chiropractor
Dietician / Nutritionist
Therapist (Occupational, Speech, Physical, etc.)
Podiatrist
Other Professional Providers: \_\_\_\_\_\_

Ophthalmologist
Optometrist
Ophthalmologist / Optometric Assistant
Ophthalmologist / Optometric Aide
Ophthalmologist / Optometric Technician
Other Vision Care Staff: \_\_\_\_\_\_
Pathologist
Medical Technologist
Laboratory Technician
Laboratory Assistant
Phlebotomist
Other Lab Staff: \_\_\_\_\_\_

Radiologist
X-Ray Technician
Radiology Assistant
Ultrasound Technician
Other X-Ray Staff: \_\_\_\_\_\_
Pharmacist
Pharmacy Technician
Pharmacist Assistant
Pharmacy Clerk
Other Pharmacy Staff: \_\_\_\_\_\_

Case Manager
Patient / Community Education Specialist
Outreach Worker
Transportation Staff
Eligibility Assistance Worker
Interpreter
Community Health Worker
Other Enabling Services Staff: \_\_\_\_\_\_

WIC Staff
Head Start Staff
Housing Assistance Staff
Child Care Staff
Food Bank / Meal Delivery Staff
Employment / Educational Counselor
Exercise Trainer/Fitness Center Staff
Adult Day Health Care, Frail Elderly Support Staff
Other Program / Service Specific Staff: \_\_\_\_\_\_

Patient / Medical Records Clerk
Medical Scribe
Patient Records Transcriptionist
Front Desk / Registration / Check-In Staff
Cashier / Check-Out Staff
Appointments Clerk

Other Patient Support Staff: \_\_\_\_\_\_

QI Nurse
QI Technician
QI Data Specialist
Statistician / Data Analyst
Other Quality Improvement Staff: \_\_\_\_\_\_

Chief Executive Officer / Executive Director
Chief Financial Officer / Fiscal Officer / Finance Director
Chief Information Officer
Chief Medical Officer / Medical Director (With No Clinical Practice)
Chief Operating Officer / Director Of Operations
Chief Strategy/Planning Officer
Other Corporate Leadership Staff: \_\_\_\_\_\_

Department Manager
Site Manager
Planning And Evaluation Staff
Personnel / HR Department Staff
Marketing / Communications Staff
Receptionist (not clinical check-in)
Secretaries / Administrative Assistant
Other Administration / Support Staff: \_\_\_\_\_\_

Accountant
Bookkeeper
Billing Clerk
Accounts Payable Clerk
Other Fiscal and Billing Staff: \_\_\_\_\_\_

Data Processing Staff
Programmer
IT Help Desk Technician
EHR Technician
Data Entry Clerk
Other Information and Technology Staff: \_\_\_\_\_\_

Janitor / Custodian
Security Guard
Groundskeeper
Equipment Maintenance Staff
Housekeeping Staff
Other Facilities Staff: \_\_\_\_\_\_

A3. What is your actual title for this job? *Please Read: Your answer will NOT be included with the final data file. We ask this to confirm that your job is classified in the correct occupational group.*  \_\_\_\_\_\_\_\_\_\_\_\_\_

A4. For this job, do you serve as a director of the clinical or functional area in which you work, such as Medical Director, Human Resources Director, or Director of Nursing?

Yes, I am a director

No, I am not a director

A5. For this job, are you working as part of an educational requirement, such as an internship, residency, fellowship, or apprenticeship?

Yes, my job is part of an educational requirement
No, my job is not part of an educational requirement

A6. Do you have a second distinct job at this Health Center? *Indicate a second job if you have separate time set aside for this additional job or an agreed expectation that you will serve in a clear second capacity for a portion of your time. Do not consider a director role as a second job.*

Yes, I have more than one distinct job [*skip logic to A7*]

No, I only have one job *[skip logic to A13]*

***Secondary Job Question Series (same response categories):***Please select the job that best matches your Secondary job at this Health Center. You can find how jobs are organized in this section by viewing the Occupation Look-Up resource.
A7. Please select the category that your Secondary job falls in.

A8. Please select which title in \_\_\_\_ best describes your job.

A9. What is your actual title for this job?
Please Read: Your answer will NOT be included with the final data file. We ask this to confirm that your job is classified in the correct occupational group.
A10. For this job, do you serve as a director of the clinical or functional area in which you work, such as Medical Director, Human Resources Director, or Director of Nursing?

A11. For this job, are you working as part of an educational requirement, such as an internship, residency, fellowship, or apprenticeship?

A12. If you have additional distinct jobs at this health center, please list others or clarify here:

For the remainder of the survey, please answer questions from the perspective of your Primary job to the degree possible, even if your answers might be different for your Secondary job.

A13. How many years have you been doing this type of job at this Health Center? *Please round to the nearest year.*

Less than 1 year
More than 1 year: \_\_\_\_\_ years

A14. How many years, in total, have you been doing this type of job at this Health Center and anywhere else? *Please round to the nearest year.*

Less than 1 year
More than 1 year: \_\_\_\_\_ years

A15. For your current job, are you paid on a salary or hourly basis?

Salary
Hourly

A16. In the past month, on average how many hours a week did you work at your current job? *Include any paid time off as time worked. Do not include on-call time. \_\_* ***(2 digit text-field)***

A17. How many hours a week would be considered full-time for your current job? *\_\_* ***(2 digit text-field)***

A18. As part of your current job, for how many people are you their direct supervisor?

None (I don’t supervise anyone)
 1-4 people
 5-9 people
 10 or more people

A19. As part of your current job, how often do you interact with patients?

Routinely
Occasionally
Never

A20. As part of your current job, how often do you use the Health Center’s electronic medical record (EMR) / electronic health record (EHR) system? ***(skips EHR questions E23-E25)***

Routinely
Occasionally
Never

# B. My Work Team

*Please Read: These next questions are about your work team. We want you to think about those people who you work with almost every day who are in the same unit as you even though you may do different tasks.*

## My Work Team

1. My team members value, seek and give each other constructive feedback.

2. My team members readily share ideas and information with each other. 
3. My team members work effectively together.

4. My team members support me in the work that I do.

5. Team members understand the role and responsibilities of each other.

6. Members of my team are able to bring up problems and tough issues.

7. If you make a mistake on my team, it is held against you.

8. I feel that I am ignored or not taken seriously by others on my team.


## Supervision and Leadership

1. Communication between my direct supervisor and me is good.
2. I am encouraged by my direct supervisor to voice my opinion on issues relating to our work.
3. My direct supervisor is a good manager and leader.



1. My direct supervisor supports my need to balance work and other life issues. 
2. My direct supervisor encourages staff to contribute to decisions about work-related issues.

3. Communication between senior leaders and employees is good in this Health Center.

4. My Health Center’s senior leaders are skilled and effective.

5. In this Health Center, senior leaders generate high levels of motivation and commitment among staff.


# C. My Health Center

*Please remember that all your answers are confidential and no one’s individual answers will ever be seen by anyone.*

## Culture

1. This Health Center promotes the well-being of staff.



1. Policies and programs at this Health Center promote diversity in the workplace such as recruiting from minority groups, training in awareness of diversity issues, and mentoring.

2. Staff members are respectful to all coworkers regardless of their different backgrounds or identities.
3. Staff members are respectful of the diverse patient populations whom they serve.
4. Staff members provide the same high quality care to all patients regardless of their different backgrounds or identities.
5. Staff members have the resources needed to provide care that is appropriate for patients of different cultures, backgrounds, or identities.
6. Opportunities for staff at this Health Center are decided primarily on quality of work and abilities.
7. Senior leaders treat all employees fairly regardless of their different backgrounds or identities.
8. Favoritism determines one's opportunities at this Health Center.
9. I feel comfortable communicating with staff at all levels of this Health Center.
10. Teamwork is valued in this Health Center.
11. If I were to experience mistreatment within my workplace, such as bullying, discrimination, abuse, harassment, I would feel comfortable reporting it to someone at this Health Center.


## Social Support and Recognition

1. I get help and support from my coworkers.

2. I get help and support from my direct supervisor.



1. My coworkers are willing to listen to my problems.

2. My direct supervisor is willing to listen to my problems.

3. My coworkers show recognition and appreciation for my work.

4. My direct supervisor shows recognition and appreciation for my work.
5. Senior leaders show recognition and appreciation for our work.

6. The Health Center's patients show recognition and appreciation for our work.

7. The community shows recognition and appreciation for our work.


## Health Center Processes

1. Administrative tasks that I have to do get in the way of my primary duties.
2. The electronic medical record (EMR) / electronic health record (EHR) system used at this Health Center gets in the way of supporting high quality patient care. ***\*skipped if never uses EHR***
3. The electronic medical record (EMR) / electronic health record (EHR) system used at this Health Center adds burden to my work. ***\*skipped if never uses EHR*** 
4. I am satisfied with the electronic medical record (EMR) / electronic health record (EHR) system used at this Health Center. ***\*skipped if never uses EHR***

5. In this Health Center, getting more work done is more important than quality of care. 
6. This Health Center has systems in place to prevent, catch, and correct problems that have the potential to affect patient care.



## Training

1. This Health Center makes sure staff get the job training they need.
2. This Health Center makes sure staff get the continuing education they need.
3. This Health Center trains staff when new processes are put into place.

## Resources

1. This Health Center is able to hire people with the right skills.
2. I have the resources I need to do my job well.
3. This Health Center has adequate resources and procedures to protect the health and safety of staff.
4. This Health Center is keeping up with the latest changes in the delivery of healthcare.
5. This Health Center has appropriate physical space and conditions to deliver our services, such as adequate noise levels, temperature control, and privacy. 
6. This Health Center has resources, systems, and processes to respond effectively to public health emergencies. 
7. I am confident about this Health Center's financial stability over the next few years. 

# D. My Work Experience

## Mission Orientation

1. I work in an organization that provides essential care to people who otherwise wouldn't have it.

2. I am aware of the direction and mission of this Health Center.
3. This Health Center is successful at accomplishing its mission.

4. My work contributes to carrying out the mission of this Health Center.


## Meaningfulness

1. I feel I'm positively influencing other people's lives through my work.
2. I believe that working in a Community Health Center gives me a greater sense of fulfillment than I would feel working in other health care settings.
3. Working with under-resourced populations makes my job feel valuable.



1. I have a meaningful job at this Health Center.

2. The work I do serves a greater purpose.


## Compensation and Benefits

1. I am well paid given my training and experience.
2. My benefit package is adequate for my needs.

3. This Health Center rewards performance with bonuses or other monetary types of recognition.
4. I am well compensated compared to people with similar jobs in this region.


## Professional Growth

1. I am satisfied with my opportunities for professional growth at this Health Center.

2. There are a lot of opportunities for challenging work in my job.

3. There are a lot of opportunities for gaining new skills and knowledge in my job.

4. My skills and knowledge are used well in my job.



## Work Load

1. I don’t have enough time to do the work that must be done.
2. We have enough staff to handle our patient load.
3. I know what is expected of me at work.



1. I sometimes have to do things at work which seem to be unnecessary.



1. I have control over how I do my work.

2. I have influence in the decisions affecting my work.


## Work-Life Balance

1. My work takes so much of my time that it has a negative effect on my personal life.

2. I leave my work behind at the end of the workday.

3. I am able to take the time off from work that I need.


## D26. My friends or family tell me that I work too much.



D27. This Health Center supports a balance between my work and personal life.

## 6-item scale from strongly agree to strongly disagree.

## Moral Distress

D28. I often find it difficult to do my job because of organizational rules or procedures.


D29. I am often bothered that this Health Center cannot fully address patients’ needs because they go beyond what this Health Center can offer.


D30. I am often bothered that I’m not able to do my job in the way I think is best.



D31. This Health Center has resources, such as dedicated staff, community programs, resources or tools, to address patients’ social needs.

# E. Overall Feelings About My Job

## Job Satisfaction

1. If I had to decide again, I would definitely take this job.

2. I would recommend this Health Center as a good place to work.

3. I feel that this is my ideal job.

4. My job matches the expectations I had when I took it.

5. All things considered, I am very satisfied with my current job.


## Burnout

1. There are days when I feel tired before I arrive at work.
2. After work, I tend to need more time than in the past in order to relax and feel better.
3. I can tolerate the pressure of my work very well.
4. During my work, I often feel emotionally drained.
5. After working, I have enough energy for my leisure activities.
6. After my work, I usually feel worn out and weary.
7. Usually, I can manage the amount of my work well.
8. When I work, I usually feel energized.
9. I often find new and interesting aspects in my work.
10. It happens more and more often that I talk about my work in a negative way.
11. Lately, I tend to think less at work and do my job almost mechanically.
12. I find my work to be a positive challenge.
13. Over time, one can become disconnected from this type of work.
14. Sometimes I feel sickened by my work tasks.
15. This is the only type of work that I can imagine myself doing.

## Engagement

1. I feel more and more engaged in my work.
2. The longer I work in this job, the less empathetic I feel toward the Health Center's patients.

3. The longer I work in this job, the less empathetic I feel toward my colleagues.

4. The longer I work in this job, the less sensitive I feel toward others’ feelings/emotions.

5. The longer I work in this job, the less interested I feel in talking with the Health Center's patients.

6. The longer I work in this job, the less connected I feel with the Health Center's patients.



1. The longer I work in this job, the less connected I feel with my colleagues.


## Intention to Leave

1. A year from now, it is likely that I will still be working at this Health Center.

2. If you were to leave, which would be the main reason(s)? *Select all that apply.*

Moving

Retiring

Advancing career

Joining another health care organization

Joining a different field
Better pay

Better benefits

Better working environment

Other: \_\_\_\_\_\_\_\_\_\_\_

1. Staff turnover is a problem at this Health Center.


# F. My Demographics

***Please Read: Your confidentiality and responses will be protected.*** *Demographic information is important in order to compare different groups' responses at broad geographic levels. Your responses will not be disclosed in any way that could identify you.*

1. What is your age?

\_\_\_\_\_ years old

1. What is your gender Identity?

Male

Female

Transgender

Something else

Don't know/not sure

1. What is your sexual orientation?

Lesbian or Gay

Heterosexual or Straight

Bisexual

Something else

Don't know/not sure

1. Are you Hispanic or Latino/a?

Yes No

1. What is your race? *Select all that apply.*

American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is English the primary language that you speak at home?

Yes ***(skip to F8)*** No ***(skip to F7)***

1. How well do you speak English?

Very well

Well
Not well

Not at all

1. Are you an individual with a disability?

Yes No

1. What is the highest education level you have completed?

Less than High School

High School Diploma/GED or Equivalent

Technical or Professional Certificate

Some College (no degree)

Associate’s Degree (e.g., AA, AS)

Bachelor’s Degree (e.g., BA, BS)

Master’s Degree (e.g., MA, MS, MBA)

Doctoral/Professional Degree (e.g., MD/DO, DMD/DDS, PhD)

1. What is your current marital status?

Married / Domestic Partnership

Widowed

Separated

Divorced

Never Married

1. Do you have children under 18 living at home?
Yes No
2. Do you have significant caregiver responsibilities for any relatives who have disabilities or who are elderly?

Yes No

1. Are you working at this Health Center because of a scholarship or loan repayment agreement or as part of a visa requirement?

Yes No

# G. Survey Feedback

1. How did you feel about the length of the survey?

            Very long

            A little long

            Just about right

            A little short

            Very short

1. Do you feel this information gathered from all employees at Health Centers across the country would provide useful data to help to improve working conditions for staff?

            Absolutely yes

            Probably yes

            Not sure

            Probably not

            Absolutely not

1. If the survey were rolled out at Health Centers with solid protections of confidentiality, do you think most employees would fill out the survey?

            Yes, most would fill it out
            Yes, many would fill it out
            Not sure

            No, many would not fill it out

            No, most would not fill it out

1. How worried are you that someone at your Health Center would find out how you answered these questions?

Very worried

Worried

Somewhat worried

A little worried

Not at all worried

1. Were there any questions that were confusing or that made you feel uncomfortable? If so, which questions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there anything else you would like to share that was not included in this survey?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is the end of the survey. If you would like to review any of your answers please do so now. Once you click the submit button the survey will close and you will not be able to return to it.

Thank you again for taking the time to answer these questions, we really appreciate your participation!