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**This survey is strictly confidential.  
Your individual responses will not be released to ANYONE.**

## Section I: Your Present Tasks and Responsibilities

### In performing my daily tasks and responsibilities...

1. Increasing my unit's financial performance is important to me .....
2. My activities and efforts toward increasing unit productivity are meaningful to me.....
3. It is important for me to control my unit's costs .....
4. I can execute my work-related tasks without unnecessary costs to the unit
5. I can accomplish my work responsibilities in an efficient manner
6. I have mastered the skills needed to complete my tasks with  
the resources provide
7. I can handle job demands in a way that enhances my unit's financial performance..
8. I can determine how I do my job so that it reduces my unit's operating costs .....
9. I can decide on my own how to complete work tasks for enhancing my  
unit's financial performance .....
10. I can be flexible in handling my work tasks to improve my unit's overall efficiency .....
11. I am able to save substantial costs for my unit by the way I perform my tasks.....
12. I make a difference to my unit's efficiency by the way I accomplish my tasks.
13. I make a significant impact on my unit's financial performance
14. It is important for me to spend quality time with my patients and their families
15. Solving patients' problems is personally important for me.
16. I find meaning in my interaction with patients and their families.
17. Taking care of sick people is personally meaningful to me
18. I am confident about my ability to provide the best quality of care to my patients .....
19. I have mastered the skills needed to solve patients' problems on our unit .....
20. I have the ability to deliver a high level of patient satisfaction .....
21. I can determine how I do my job to provide the best possible quality of care .....
22. I can pretty much decide on my own how I interact with patients and their  
families in order to satisfy their needs .....
23. I enjoy considerable independence in how I deal with patient complaints and  
problems .....
24. I can be flexible in handling my tasks so that they enhance the  
unit's overall patient satisfaction ratings .....
25. I significantly influence the quality of care provided to patients on our unit .....
26. I make a difference in our unit's efforts to enhance patient satisfaction. ....
27. I significantly impact the experience of the patients during their stay in our unit .....

### Section III: Your Evaluation of Your Own Performance

Finally, relative to your co-workers, rate your efforts in terms of....

21. Providing new ideas to generate revenue for the unit .....
22. Using innovative methods to enhance unit productivity. ....
23. Using new methods to lower unit costs through your work activities.....
24. Using new methods to do your job with fewer resources .....
25. Using new ways to be able to complete work tasks more efficiently .....
26. Using new methods to resolve patient complaints.....
27. Suggesting new methods to solve patient care problems .....
28. Implementing new ideas to make a patient's stay comfortable.....
29. Providing new ways to satisfy the needs of each individual patient. ....
30. Implementing new ideas to increase interaction with patients or their families .....

## Section VII: Background Information

Please take a few minutes to give us some background information.

1. **Your gender:** ☐ Male ☐ Female
2. **Your age:**  
☐ Less than 25 yrs. ☐ 25-35 yrs. ☐ 36-45 yrs.  
☐ 46-55 yrs. ☐ 56-65 yrs. ☐ More than 65 yrs.
3. **Your highest level of education:**  
☐ High school/GED ☐ Technical certification ☐ Associate's degree  
☐ Some college ☐ College degree ☐ Graduate school
4. **Years employed in this nursing home:**  
☐ Less than 2 yrs. ☐ 2-5 yrs. ☐ 6-10 yrs.  
☐ 11-15 yrs. ☐ 16-20 yrs. ☐ More than 20 yrs.  
How many of these years are in your present unit/department? \_\_\_\_\_ years.
5. **Total years of experience in any nursing home**  
☐ Less than 2 yrs. ☐ 2-5 yrs. ☐ 6-10 yrs.  
☐ 11-15 yrs. ☐ 16-20 yrs. ☐ More than 20 yrs.
6. **How many more years do you expect to work in this nursing home?** \_\_\_\_\_ years.
7. **Your present job title:** ☐ Licensed Practical Nurse ☐ Nursing Assistant  
☐ Registered Nurse ☐ Social Worker ☐ Technologist  
☐ Therapist ☐ Supervisor/Manager ☐ Middle/Upper Management  
☐ Clerk/Secretary Other: \_\_\_\_\_
8. **The name of the unit presently you work on:** \_\_\_\_\_
9. **Are you:**  
☐ A full-time employee ☐ A part-time employee ☐ A casual employee
10. **Do you usually work:**  
☐ Day shift ☐ Evening shift ☐ Night shift
11. **Total compensation from your employer last year:**  
☐ Less than \$10,000 ☐ \$10,000-\$29,999 ☐ \$30,000-\$49,999  
☐ \$50,000-\$69,999 ☐ \$70,000-\$89,999 ☐ \$90,000 or more

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