



SURVEY OF TEAM ATTITUDES AND RELATIONSHIPS (STAR)

Welcome!

DIRECTIONS: The purpose of this survey is to find out how you feel about your work in hospice. Please read each item carefully, then click on the button next to the response that matches your feelings most closely.

At the end of each page, click on the **'Next'** button to go to the next page of the survey. Clicking the **'Next'** button on the last page of the survey takes you to a review page that displays your submitted responses. If you are unable to complete the survey at one sitting, you may return to complete it at another time but it must be done on the same computer and web browser. Click the **'Save and Complete Later'** button to exit the survey.

A red asterisk indicates a required response. You will get an error message if you do not enter a response to a question with an *.

Privacy Policy

Your privacy is important to us. The identity of all survey participants is kept strictly confidential. All information collected in this survey will be held in strict confidence.

All information you provide by completing this survey will be kept private, including your name and the agency where you work. No information will be given to your supervisor or agency. Your job or employment status will not be affected by your participation in the survey.

No one at your hospice will receive a copy of your survey. Nor will the responses to any of your questions be disclosed to anyone at your hospice. At no time will any of your responses be linked to your name or to any other information that could be used to identify you.

None of your answers will be reported in any way that identifies you personally. The survey results will only be released in summary tables and reports. No information collected in this survey may be used for any other purpose than the purpose for which it was collected.

Your responses will be grouped with others' responses for reporting purposes. Reports will include results for all staff combined. In some cases, reports will also include results for sub-groups of staff (e.g. all clinical staff). In order to ensure confidentiality, no results will be reported for a sub-group that is comprised of less than 5 individuals.

During survey administration, we make information available to your hospice administrator related to the number of surveys completed by staff at your organization. We do not provide the names of individuals who have completed the survey. For example, we may report that X number of individuals completed the survey, but we do not disclose the names of those individuals or any information that could be used to identify them.

How to Contact Us

Should you have questions or concerns regarding this privacy policy, contact NHPCO by email at STAR@nhpco.org.

The first set of items asks about your feelings regarding your work in hospice.

1. My job enhances my personal life.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

2. My tasks are not clearly defined.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

3. My job challenges me to solve problems creatively.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

4. My work gives me as much variety as I want.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

5. I have the right skills to do my work.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

6. I have enough educational opportunities for me to develop professionally.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

7. I believe that health care providers outside of hospice value the work that we do to help patients.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

These next items refer to your "team." In answering these items, please think about the people you work with on a daily basis. These people may be part of a clinical team, administrative team, work group, or office.

8. My team members believe that my contributions are important.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

9. I have a good working relationship with my team members.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

10. I feel that my team members make every effort to work towards the same goals.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

11. My team members show respect for patients and colleagues from different cultural and ethnic backgrounds.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

12. Some of my team members try to do work that is better left to another discipline.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

13. My team members care about my emotional well being.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

14. Other people in the organization willingly help me when I need it.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

15. Overall, people from different disciplines in my hospice work well together.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

The following items refer to the people you report to and the organization you work for.

16. The person(s) who I report to knows what is happening on a day to day basis.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

17. I feel that I am supervised more closely than necessary.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

18. I have a good working relationship with the person(s) who I report to.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

19. My organization's primary focus is attending to patients' and families' needs.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

20. My organization offers enough opportunities for career advancement.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

21. My organization gives me useful feedback about my performance.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

22. My organization is concerned about my safety on the job.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

23. My organization does not appreciate the work that I do.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

24. I feel that our organizational reporting structure is clearly defined.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

25. I feel that I contribute to the organization's success.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

26. I feel that organizational policies are enforced fairly.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

27. I am making a difference through my work for this organization.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

The following items ask about your job and the work you do.

28. I have the autonomy to do my job well.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

29. I have a manageable workload.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

30. I am often overwhelmed by the paperwork I have to do.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

31. I am being paid fairly for the work that I do.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

32. My daily work hours are reasonable.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

33. I have enough flexibility during work hours to attend to my personal needs.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

34. I believe that my vacation time is adequate.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

Does your job involve any contact with patients or family members?

- Yes
 No

35. I am able to work with patients as much as I would like.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

36. I am able to voice my ethical concerns about a patient's plan of care.

- Strongly Disagree
- Disagree
- Neither Agree Nor Disagree
- Agree
- Strongly Agree

37. Administrative decisions interfere too much with patient care.

- Strongly Disagree
- Disagree
- Neither Agree Nor Disagree
- Agree
- Strongly Agree

38. I am given enough opportunities to process difficult patient deaths.

- Strongly Disagree
- Disagree
- Neither Agree Nor Disagree
- Agree
- Strongly Agree

39. My job requires me to do too much driving.

- Strongly Disagree
- Disagree
- Neither Agree Nor Disagree
- Agree
- Strongly Agree

Next, please think about your job overall.

40. I like my job better than the average health care worker.

- Strongly Disagree
- Disagree
- Neither Agree Nor Disagree
- Agree
- Strongly Agree

41. I would not consider taking another job in health care.

- Strongly Disagree
- Disagree
- Neither Agree Nor Disagree
- Agree
- Strongly Agree

42. I feel quite satisfied with my job.

- Strongly Disagree
- Disagree
- Neither Agree Nor Disagree
- Agree
- Strongly Agree

43. I am seldom bored with my job.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

44. Most days I am passionate about my job.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

45. I find real pleasure in my job.

- Strongly Disagree Disagree Neither Agree Nor Disagree Agree Strongly Agree

Part 2. Biographical Information

Last, please tell us about yourself.

46. Gender:

- Male
 Female

47. How old were you on your last birthday?

___ Years

48. Are you of Hispanic or Latino family background?

- Yes
 No

49. Which of the following best describes your race? (select all that apply)

- White or Caucasian
- Black or African American
- Asian
- Pacific Islander or Native Hawaiian
- American Indian or Alaska Native
- Other

50. What is the highest level of education that you have completed?

- Less than High School
- High School or GED
- Some college
- 2 year college degree (Associate)
- 4 -year college degree (BA/BS)
- Masters Degree
- Professional Degree (MD/JD)
- Doctoral Degree
- Other (Please List)

*51. What is your primary occupation in the organization? (required question)

Select the response that best represents your role or function in the organization, NOT your training or background. If you have more than one occupation, select the one that demands the most of your time.

NOTE: You may not find your exact position or title on the following list. If so, please select the response that most closely fits your role or function.

- CEO/Executive Director/President

* *Administrator*

- Director of Clinical Services (or similar position)
- Director of Education/Staff Development
- Chief Operating Officer
- Director of Quality Improvement
- Director of Social Services
- Director of Nursing
- Compliance Officer (or similar position)
- Director of Human Resources
- Chief Financial Officer (or similar position)

- Chief of Information Systems (or similar position)
- Bereavement Services Director/Coordinator
- Director of Development (or similar position)
- Director of PR/Marketing
- Volunteer Coordinator
- Supervisor/manager/coordinator of a clinical area or team
- (nursing, social work, etc.)

** Administrative Support*

- Medical Records Staff
- Clerical Staff
- Administrative Assistant (in any department/division)
- Information Systems Staff
- Billing/Accounting Staff
- Other Support Staff
- Development/PR/Marketing (other than director)

** Licensed Nurses*

- RN
- LVN/LPN
- Advanced Practice

** Physician*

- Medical Director
- Assistant Medical Director
- Other Physician
- Physician Assistant

** Other*

- Nursing Assistant
- Pharmacist
- Social Worker
- Chaplain/Pastoral Counselor/Spiritual Caregiver
- Bereavement Counselor
- Allied Therapist (Examples: Physical Therapist, Occupational Therapist, Massage Therapist, Music Therapist, Art Therapist, etc.)
- Staff Development/Education Staff
- Quality Improvement Staff

52. On average, how many hours *per week* do you usually work for this organization?

- Less than 20
- 20 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- Over 60

53. What is your employment status? (*as defined by the organization you work for*)

- Full Time
- Part Time (includes PRN)
- Other (Please List)

54. What is your mode of compensation?

- Salaried
- Hourly

54a. What is your current annual salary? (*Please round to the nearest dollar. Please do not use commas.*)

54b. What is your hourly rate?

55. How long have you worked for this organization?

- Less than 1 Year
- 1 to 2 Years
- 3 to 5 Years
- 6 to 10 Years
- 11 to 20 Years
- Over 20 Years