

TAB Facility Assessment

Notes for the Respondent:

- This anonymous assessment is meant to capture aspects of your experience working at this healthcare facility.
- Please respond based on your own feelings and perceptions. There are no right or wrong answers.
- No names or personal identifiers will be associated with responses or comments provided.
- Completion of this assessment is voluntary; all questions are optional.

Facility Name or ID: _____

Title or role of person completing tool:

- | | | |
|---|--|---|
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Nurse Practitioner/Physician Assistant | <input type="checkbox"/> Certified Nurse Assistant/Patient Care Assistant |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Support Service Staff (e.g., radiology tech, PT/OT) | <input type="checkbox"/> Infection Prevention/Quality |
| <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Administrative Leadership, Please Specify (optional): _____ | <input type="checkbox"/> Other, Please Specify (optional): _____ |

Years of experience in role (optional): <1 year 1-5 years 5-10 years >10 years

Domain 1. *Please respond based on your own experiences and perceptions working at this healthcare facility.*

<u>At this facility:</u>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I am comfortable speaking with my supervisor about problems or concerns related to my work.					
2. I can count on my supervisor for support when I need it.					
3. My opinions are valued.					
4. I am encouraged to participate in decisions that affect how work is completed.					
5. I receive appropriate recognition for the work that I do.					
6. I am respected and treated fairly.					
7. My well-being is valued.					
8. I am provided information in a timely manner so I can perform my work well.					
9. We have enough staff to handle our workload.					
10. I have enough time to get my work done.					
11. I feel that my pay is fair.					
12. I have the resources necessary to perform my work well.					
Comments. <i>(Please specify question number, as applicable)</i>					

<u>At this facility:</u>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
13. I have input into the development of my work schedule.					
14. I am allowed to adjust my work schedule when needed.					
15. I am able to take time off (vacation or sick leave) when needed.					
16. I am able to take breaks during my shifts when needed.					
17. I receive the training necessary to perform my work well.					
18. I work with a team I can count on.					
19. There is a champion (e.g., chief wellness officer) focused on staff wellbeing					
20. Mental health support is available through my work (e.g., counseling, debriefing after traumatic situations).					
Comments. (Please specify question number, as applicable)					

Domain 2. Please respond based on your own feelings and experiences over the past two weeks.

<u>Over the past two weeks:</u>	Never	Rarely	Sometimes	Often	Always
1. I was <i>physically</i> exhausted due to my work at the facility.					
2. I was <i>emotionally</i> exhausted due to my work at the facility.					
3. I struggled to find meaning in my work.					
4. I was unable to perform my work to the best of my ability.					
5. I dreaded going to work.					
6. I struggled to find satisfaction in my work.					
7. I wondered how much longer I will be able to continue working with patients/residents. <input type="checkbox"/> <i>I do not work directly with patients/residents.</i>					
8. I felt drained working with patients/residents. <input type="checkbox"/> <i>I do not work directly with patients/residents.</i>					
9. I considered leaving my position at this facility.					
Comments. (Please specify question number, as applicable)					