

Nurse Satisfaction Survey

Organization: _____ Nurse ID: _____

Name: _____ Department: _____

Date: _____ dd / mm / yyyy Work email address: _____

Please rate your satisfaction with each of the following items within your workplace, in the last few months. Providing further comments is optional.

1. Overall, how satisfied are you with your role as a nurse here?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

2. How satisfied are you with your junior co-workers?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

3. How satisfied are you with co-workers at the same level as you?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

4. How satisfied are you with your senior co-workers?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

Do you have any further comments about your satisfaction with your co workers?

5. How satisfied are you with the facilities provided for staff (e.g. staffroom, bathrooms)?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

6. How satisfied are you with the facilities provided for you to do your job?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

7. How satisfied are you with the equipment provided for you to do your job?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

Do you have any further comments about the facilities and/or equipment provided to you by your employer?

8. How satisfied are you with your immediate manager or supervisor(s)?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

9. How satisfied are you with the senior management staff at your institution?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

10. How satisfied are you with the support you receive from management staff?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

11. How satisfied are you with how your management staff respond to feedback or concerns?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

Do you have any further comments about management staff and/or your satisfaction with their performance?

12. How satisfied are you with your salary?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

13. How satisfied are you with your work-life balance?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

14. How satisfied are you with the number of hours you work?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

15. How satisfied are you with the number of nurses employed at your organization?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

16. How satisfied are you with your leave entitlements (and your ability to take them)?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

17. How satisfied are you with your sense of job security?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

Do you have any further comments regarding your salary and/or your shifts?

18. How satisfied are you with your sense of pride or achievement in working for your organization?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

19. How satisfied are you with your workplace's mission and vision?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

20. How satisfied are you with the opportunities for growth, promotion, and professional development in your workplace?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

21. How satisfied are you with the training opportunities provided to you by your workplace?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

22. How satisfied are you with the rules and regulations as well as the chain of command at your workplace?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

23. How satisfied are you with the culture at your workplace?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

24. How satisfied are you with the healthy and safety procedures and regulations at your workplace?

☐ ☐ ☐ ☐ ☐

1 2 3 4 5

Do you have any other comments regarding your satisfaction with your organization?

Are there any additional challenges or issues you would like to report?