

## Appendix 2 Allied Health Job Satisfaction Survey

### Managing Demand on Allied Health Services – Job Satisfaction Survey

Please complete the questionnaire with respect to your current position with Queensland Health only. If you are / were employed by another Government Department such as Education Queensland please do not include that information. Responses to these questions will remain confidential and respondees will not be identified in any way. This data will be used to assess the job satisfaction of allied health professionals before introduction of the Model for Demand Management, and after a period of implementation.

Please return your questionnaire to \_\_\_\_\_ by \_\_\_\_\_ .

### Section A: Demographics

1. Profession: \_\_\_\_\_

2. District: \_\_\_\_\_

3. Experience in your current Allied Health profession (years):

New Graduate    <5    6-10    11-20    >20

4. Length of Service in Queensland Health (years): (Please tick your cumulative length of service ie. add all service for QH)

New Graduate    <5    6-10    11-20    >20

5. Queensland Health Employment Status:  Permanent    Temporary    Casual

6. Employment Hours:

a.  Full-time (please specify why e.g. personal preference or part-time unavailability)

\_\_\_\_\_

\_\_\_\_\_

Part-time (please specify why e.g. personal preference, part-time unavailability or family responsibilities)

\_\_\_\_\_

\_\_\_\_\_

b. Hours employed to work per fortnight: \_\_\_\_\_

c. Total number of actual hours worked per fortnight (average): \_\_\_\_\_

(Please include hours worked above your allocated hours, if applicable, eg. 80 hours including 4 hours of overtime)



## Section B: Work Environment

Please indicate the context in which you normally work: (please tick all relevant)

- Department. Number of staff: \_\_\_\_\_
- Multidisciplinary Service Team: Number of staff \_\_\_\_\_
- Sole Practitioner
- Other. Please specify \_\_\_\_\_

### Workload

Please indicate how you feel about the following aspects of your current clinical work.  
 (Please place a mark on the line or tick the box if not applicable, leave blank if you do not carry a clinical load)

		Not Applicable
<b>1 Level of preparation to undertake current duties</b> (eg workplace orientation, equipment familiarisation, Undergraduate / Post graduate education)	Unprepared <span style="float: right;">Well prepared</span> 0 <span style="margin-left: 100px;"> </span> 5 <span style="margin-left: 100px;"> </span> 10	<input type="checkbox"/>
<b>2 Clinical confidence to manage across the scope of your workload</b> (eg client age groups, range and types of presentations, cultural factors)	Not able to manage <span style="float: right;">Manage without difficulty</span> 0 <span style="margin-left: 100px;"> </span> 5 <span style="margin-left: 100px;"> </span> 10	<input type="checkbox"/>
<b>3 Level of confidence to prioritise access to services</b> (eg limiting scope of service due to resource constraints according to district priorities and community needs)	Not confident <span style="float: right;">Very confident</span> 0 <span style="margin-left: 100px;"> </span> 5 <span style="margin-left: 100px;"> </span> 10	<input type="checkbox"/>
<b>4 Confidence to manage factors related to the delivery of services</b> (eg travel, caseload organisation, home visiting, conducting groups, health promotion)	Not able to manage <span style="float: right;">Manage without difficulty</span> 0 <span style="margin-left: 100px;"> </span> 5 <span style="margin-left: 100px;"> </span> 10	<input type="checkbox"/>
<b>5 Confidence to perform duties across streams of care or service areas</b> (eg acute, rehabilitation, community)	Unable to work across streams <span style="float: right;">Can easily work across streams</span> 0 <span style="margin-left: 100px;"> </span> 5 <span style="margin-left: 100px;"> </span> 10	<input type="checkbox"/>
<b>6 Level of confidence in prioritising clients presenting to your service</b> (eg categorising patients by urgency or need)	Not confident <span style="float: right;">Very confident</span> 0 <span style="margin-left: 100px;"> </span> 5 <span style="margin-left: 100px;"> </span> 10	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Current Employment

Please indicate how you feel about the following factors in your current employment.  
Please provide comments (if any) at the end of this question.

	Very Satisfied	Satisfied	Neutral or No Opinion	Unsatisfied	Very Unsatisfied	Not Applicable
1 Access to professional peers	1	2	3	4	5	6
2 Personal safety while at work	1	2	3	4	5	6
3 Balancing caseload and quality of care	1	2	3	4	5	6
4 Relationship with colleagues in the health facility	1	2	3	4	5	6
5 Expectations compared to the reality of work	1	2	3	4	5	6
6 Workload	1	2	3	4	5	6
7 Emotional demands of work	1	2	3	4	5	6
8 Being part of a team	1	2	3	4	5	6
9 Job satisfaction	1	2	3	4	5	6
10 Recognition for my work	1	2	3	4	5	6
11 Communication in the workplace	1	2	3	4	5	6
12 Physical demands of work	1	2	3	4	5	6
13 Availability of a structured program of professional support	1	2	3	4	5	6
14 Level of responsibility at work	1	2	3	4	5	6
15 Managing demands on service	1	2	3	4	5	6
16 Managing my caseload	1	2	3	4	5	6
17 Availability of opportunities for education and training	1	2	3	4	5	6
18 Duties in addition to professional role	1	2	3	4	5	6
19 Job security	1	2	3	4	5	6

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for completing this survey**