Tool 14: Self-Assessment Tool for Health Workers

1. **Questionnaire identifiers: to be filled in by CRT**

|  |  |
| --- | --- |
| ID nr. Questionnaire |  |
| 0.1 Facility |  |
| 0.2 Province /Region |  |
| 0.3 District |  |
| 0.4 Date (DD/MM/YY) |  |
| 0.5 Informed consent | Yes/No |

1. **Socio-demographic characteristics: to be filled in by respondent**

In this section, please fill in the socio-demographic background information by ticking ☑ the appropriate box or inserting the years (e.g. 2018). Thank you very much!

|  |  |  |
| --- | --- | --- |
| 1. Sex | ☐ | Female (1) |
| ☐ | Male (0) |
| 1. Year of birth | \_\_\_\_\_\_\_\_ (YYYY) | |
| 1. What is your professional title? *(The categories of professional title should be adapted for each country before testing and use)* | ☐ | Physician (General Practitioner) (1) |
| ☐ | Specialized doctor (2) |
| ☐ | Assistant Medical Officer (3) |
| ☐ | Nurse (4) |
| ☐ | Nursing Assistant (5) |
| ☐ | Community Health Nurse (6) |
| ☐ | Psychiatry Nurse (7) |
| ☐ | Midwife (8) |
| ☐ | Other (9) |
| 1. Are you the in-charge/manager or acting in-charge/manager of this facility? | ☐ | Yes (1) |
| ☐ | No (0) |

|  |  |  |
| --- | --- | --- |
| 1. When did you complete your latest qualification/degree? | \_\_\_\_\_\_\_(YYYY) | |
| 1. Are you posted with your family (spouse and children)? | ☐ | Yes |
| ☐ | No |
| 1. When did you start working in this health facility? | \_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/YY) | |
| 1. Do you have a signed contract of employment/official letter of appointment? | ☐ | Yes |
| ☐ | No |
| 1. Do you have a written job description? | ☐ | Yes |
| ☐ | No |
| 1. Do you have a clearly assigned supervisor at the facility level? | ☐ | Yes |
| ☐ | No |
| 1. Did you receive any training /coaching related to your work in the last 12 months? | ☐ | Yes |
| ☐ | No |
| 1. Did your supervisor give you feedback on your performance in a talk/appraisal in the last 12 months? | ☐ | Yes |
| ☐ | No |
| 1. Do you have a clearly assigned supervisor at the district level (e.g. from the district health management team)? | ☐ | Yes |
| ☐ | No |

*Please continue to Part III on next page…*

1. **Organizational commitment**

Please indicate the extent to which you agree or disagree with the following statements Please answer every question by ticking ☑ the appropriate box, not leaving any blank.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
|  | **1** | **2** | **3** | **4** | **5** | **6** |
| 1. I would be very happy to spend the rest of my career at this health care facility | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. I really feel as if this health care facility’s problems are my own | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. I do not feel a strong sense of ‘belonging’ to this health care facility | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. I do not feel emotionally attached to this health care facility | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. I do not feel like “part of the family” at my health care facility | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. This health care facility has a great deal of personal meaning to me | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

1. **Teamwork climate**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
|  | **1** | **2** | **3** | **4** | **5** | **6** |
| 1. Staff suggestions on how to improve this health care facility are well received | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. In this health care facility, it is difficult to speak up if I perceive a problem with patient care | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Disagreements in this health care facility are resolved appropriately (i.e. not who is right, but what is best for the patient) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. I have the support I need from other personnel to care for patients | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. It is easy for personnel here to ask questions when there is something that they do not understand | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. The staff at this health care facility work together as a well-coordinated team | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

1. **Supportive supervision**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
|  | **1** | **2** | **3** | **4** | **5** | **6** |
| 1. My supervisor meets with me regularly | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. My supervisor appreciates me | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. My supervisor takes into consideration my views and ideas | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. My supervisor is a good communicator | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. My supervisor helps me to update my knowledge | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

1. **Safety climate**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
|  | **1** | **2** | **3** | **4** | **5** | **6** |
| 1. I would feel safe being treated as a patient in this health care facility | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Medical errors are handled constructively in this health care facility | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. There are established channels to direct questions regarding patient safety in this health care facility | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. I receive appropriate feedback about my performance | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. In this health care facility, it is difficult to discuss errors | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. I am encouraged by my colleagues to report any patient safety concerns I may have | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

1. **Management at facility level *(if you have ticked that you are the manager/in-charge or acting manager/in-charge of this facility please skip this section)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | | **Strongly Agree** | **Not Applicable** |
|  | **1** | **2** | **3** | **4** | | **5** | **6** |
| 1. Management supports my daily work efforts | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| 1. Problematic personnel are dealt with constructively | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| 1. Management makes guidelines available at the health care facility | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| 1. Management supports health workers to understand and use clinical guidelines | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| 1. Management treats staff in a fair and open manner | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| 1. Management effectively resolves conflict between staff | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| 1. Management considers gender issues when addressing staffing at the facility | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| 1. Management provides adequate in service training to staff at this facility | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| 1. There is a good system for managing shifts so that all staff get a break during working hours | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| 1. There is a good system for managing how often staff are on-call at night | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| 1. I have regular leave from work | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| 1. My job description corresponds to the reality of my work | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| 1. Management supports this facility to maintain equipment and to repair or replace it if is broken | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| 1. Management tries hard to avoid/respond to lack of supplies | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ |
| 1. Management tries hard to avoid/respond to drug stock-outs | ☐ | ☐ | ☐ | | ☐ | ☐ | ☐ |
| 1. Management actively seeks feedback from the community about the quality of care | ☐ | ☐ | ☐ | | ☐ | ☐ | ☐ |
| 1. Management encourages us to pay attention to differences between women, men, boys and girls when providing health services | ☐ | ☐ | ☐ | | ☐ | ☐ | ☐ |
| 1. Management assures that we are committed to do quality work | ☐ | ☐ | ☐ | | ☐ | ☐ | ☐ |
| 1. Management pays attention that we treat patients with respect and dignity irrespective of their financial status | ☐ | ☐ | ☐ | | ☐ | ☐ | ☐ |

1. **Management at District level** (DHMT=district health management team)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neither Agree nor Disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
|  | **1** | **2** | **3** | **4** | **5** | **6** |
| 1. The DHMT does all it can to support the staff at this facility | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. At least one member of the DHMT is visiting this facility at least quarterly | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. The DHMT keeps us well informed about health sector developments that may affect the work of this facility | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. The DHMT actively supports this facility to address stock outs of essential supplies | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. The DHMT actively supports this facility to address stock-outs of drugs | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. The DHMT supports this facility to maintain equipment and to repair or replace it if is broken | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. The DHMT ensures that opportunities for further training are fairly distributed across staff at this facility | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. There are fair policies to rotate staff posted to hardship areas | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

1. **Job satisfaction**

How satisfied or dissatisfied are you with the following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Very Dissatisfied** | **Dissatisfied** | **Neither Satisfied nor Dissatisfied** | **Satisfied** | **Very Satisfied** | **Not Applicable** |
|  | **1** | **2** | **3** | **4** | **5** | **6** |
| 1. Freedom to choose your own method of working | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Amount of variety in your work | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Physical working conditions | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Opportunities to use your abilities | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Your colleagues and fellow workers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Recognition you get for good work | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Your hours of work | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Your remuneration (your pay) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Amount of responsibility you are given | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Taking everything into consideration, how do you feel about your work? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |