

Physician Satisfaction Survey

Our goal is to understand the variances of each physician member of _____ especially regarding strengths, weaknesses and plans for the future. Group, Organization, MSO

Please take a few minutes to complete this survey form and return by _____. The results will be summarized and presented at a future meeting date.

Long Range Plans

1. Do you understand the long-range plans of _____? Yes No
2. Do you feel your long range plans are being implemented by _____?
 Yes No
3. List the top five major issues facing _____ over the next 5 years:

4. Indicate what major projects you feel the staff of _____ should focus on over the next year:

Growth

1. Do you believe _____ needs to add additional physicians? Yes No
2. How many total physicians do you envision for these subsequent years?

<u>Year</u>	<u># of physicians</u>
2003	_____
2004	_____
2005	_____

PSR

Practice Support Resources, Inc.

2006 _____

2007 _____

3. Should _____ add new specialties in the next five years? Yes No

Decision Making

1. How do you rate the ability of _____ to make decisions?
 Good Fair Poor
2. What is your preferred decision making process?
 Majority rules by vote Decisions of leaders in group
 Other (describe): _____

Facilities

1. Do you consider the current facilities adequate? Yes No
2. Should there be new satellite locations developed over the next several years? Yes No

Communications

1. How do you describe the communication between physicians in _____?
 Good Fair Poor
2. How do you describe communications between physicians and manger/administrator?
 Good Fair Poor

Compensation

1. Do you feel your income is: Reasonable Marginal Poor
2. Are you satisfied with the method of income distribution? Yes No

Personal Satisfaction

Please rank on a scale of 1-10, your degree of satisfaction on the following.
(1=very dissatisfied 10=very satisfied)

Vacation allowance	_____
Time for professional meetings	_____
Health & life insurance coverage	_____
Professional liability coverage	_____
Pension contribution	_____
Profit sharing contribution	_____

- Personal expense account _____
- Administrative expenses _____
- Salary increases _____
- Daily workload _____
- General working conditions _____
- Control over your work environment _____

Source: [Evaluating Medical Office Management](#)

Publications related to this publication on website www.practicesupport.com include:

- [Sailing the Seven "Cs" of Hospital Physician Relationships](#)
- [Engaging Physicians – A Manual to Physician Partnership](#)