



SISTERS OF PROVIDENCE
HEALTH SYSTEM

Mercy Medical Center Campus
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Dear Colleague:

The Sisters of Providence Health System is always looking for opportunities to improve the employee work environment. Sharing your work experience with us will allow us to examine how policies and procedures are interpreted and administered. You can help us identify opportunities for education and training; feedback is helpful in evaluating the effectiveness of systems and specific operations.

It is important we maintain a work environment that is supportive. Employees need a clear understanding of their work requirements, the tools required to complete their tasks and support when there are questions and training is indicated. When considering wages and benefits SPHS welcomes suggestions on how we can better meet the demands of the local job market.

It is important we know the things we do well as well as the opportunities where we can improve. Please share with us what brought you to SPHS and kept you with us as well as the reasons why you choose to leave. Did something change that caused you to consider leaving SPHS?

We hope working within SPHS has been rewarding and you found benefit from your time spent with us. The information you share with us will be kept confidential and used constructively to improve the work environment within the system.

Sincerely,

John W. McGlew
Director of Employment and Employee Relations
Sisters of Providence Health system

Sisters of Providence Health System Exit Questionnaire for Terminating Employees

Instructions: Complete this form and forward it to your Human Resources Generalist in person or by mail in the self-addressed stamped envelope provided to you.

Name: (optional)	Date:
Job Title(optional):	Department Name:
Manager's Name:	

Please check the box which best expresses your satisfaction with the following:

1=Very Satisfied
2=Satisfied
3=Neutral
4=Dissatisfied
5=Very Dissatisfied

	1	2	3	4	5
Communication					
I knew how to access or who to go to regarding policies & procedures.					
Communication between team members and co-workers was effective, sufficient, and open.					
Your Management Team					
My manager was sensitive to my needs and concerns.					
My manager took interest in my career development.					
I understood the department's policies and procedures.					
I had the opportunity to do interesting & challenging work.					
I was provided with sufficient training to do my job.					
There were opportunities for advancement within my department.					
There were opportunities to participate in decision-making.					
My manager gave me recognition of for my work.					
There was on-going training within my department.					
My workload was reasonable and manageable.					
I was given a reasonable amount of responsibility.					
My skills & abilities were utilized.					
I feel that my manager/supervisor was approachable.					
My concerns were heard and addressed.					
Human Resources					
I understood the performance review and salary increase process.					
I understood the Combined Time Off (CTO) policy.					
I understood the benefits programs.					
I feel that there were sufficient career development opportunities available to me.					
I feel that the Human Resources staff was accessible.					
I feel that my salary based on my role was fair.					
Facility					
I was given the necessary tools & equipment to do my job.					
The physical working conditions that I worked under were safe and clean.					
Services (Cafeteria, Employee Parking, other SPHS Amenities) were sufficient.					

General

How would you describe your overall employment experience?

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

Comments on what you liked best/least:

Please check all applicable reasons why you are leaving the organization.

- | | | |
|--|---|---|
| <input type="checkbox"/> Accepted position with another health care facility | <input type="checkbox"/> Discharged for cause | <input type="checkbox"/> Moving or relocation |
| <input type="checkbox"/> Accepted position elsewhere | <input type="checkbox"/> Death | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Dissatisfaction – Fellow employee(s) | <input type="checkbox"/> Health – Family | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Dissatisfaction – Hours/shift | <input type="checkbox"/> Health - Personal | <input type="checkbox"/> RIF |
| <input type="checkbox"/> Dissatisfaction – Job | <input type="checkbox"/> Leave of absence | <input type="checkbox"/> School |
| <input type="checkbox"/> Dissatisfaction – Salary | <input type="checkbox"/> Marriage | <input type="checkbox"/> Temporary employment |
| <input type="checkbox"/> Dissatisfaction – Supervisor/Manager | <input type="checkbox"/> Maternity/Paternity | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Dissatisfaction – Working conditions | <input type="checkbox"/> Military | <input type="checkbox"/> Other |
| <input type="checkbox"/> Discharged – Work performance | | |

Comments:

If you have a new job, who/where is your new employer?

Name and address of new employer:

Comments:

Could anything have prevented you from leaving?

Yes Maybe No N/A

Comments:

Would you recommend us to a friend/family member as a good place to work?

Yes Maybe No N/A

Comments:

Additional comments you would like to make that may not have been addressed: