



Interpreting and Using Results from the SCOR Survey

OVERVIEW

The integrated SCOR survey is designed to provide insights that are both diagnostic and actionable. Debriefing -- with visible follow through and specific actions being taken -- not only drives improvement, but also enhances trust and supports organizational learning. The results of this survey provide opportunities in both clinical and non-clinical settings to proactively discuss what it feels like to work there and to talk about issues such as teamwork, safety, and learning. This is one of the great values of a culture survey: it provides objective data that can be used to begin important conversations that would otherwise be difficult to engage in.

Remember that all culture is local, and that the survey results are focused on generating understanding about local work settings. This is important because organizational leaders frequently are interested in aggregate scores and benchmarking against others, whether that be against other departments in their organizations or against the world that has taken the SCOR survey in the past. Aggregate data and benchmarks have their place, but the most powerful impact of culture surveys and the actions they generate is at the local level.

The conversations with front line workers about their survey results can generate greater understanding of their perspective, why they answered the way they did, and where they see opportunity. Framing the conversation to the positive is key -- "everyone gets out of bed in the morning to do the right thing for patients. Let's talk about where we have some opportunity." Conversations should include discussion about positive aspects of the culture as well as areas that need improvement. Using "appreciative inquiry" -- asking simple questions and then allowing participants to talk openly with little interruption - is a helpful way of engaging staff in this process. Encourage the participation of the employees around a short list of specific actions that can be taken to improve culture in the work setting. It is far better to be successful at really fixing a few things than trying too many things and not achieving sustainable progress.

Realize that the absolute percentage values in the survey reports are just the beginning. Yes, greater than 60% positive is an important threshold because it indicates that a majority of individuals feel positively about an aspect of the culture, but equally important is to see if the perceptions of different role types are strong and concordant. For example, if the overall work setting score for an item is a healthy looking 75%, you definitely would want to investigate further if the physicians answers were very positive but the nurses answered very negatively.

UNDERSTANDING DOMAINS and ITEMS

In this part of this document, we will review each Domain and the Items comprising it. We offer some overall suggestions about actions to take, as well as questions to ask when debriefing the results.

LEARNING ENVIRONMENT

The **Learning Environment** domain measures the perceptions of staff regarding the ability to identify and fix defects and concerns. Healthy learning systems focus on identified concerns and apply formal and informal means to ameliorate them. In word and deed they are self-reflecting, seeking greater understanding about how they identify issues, and then act with determination to continuously improve. Healthy Learning Environments also successfully import, adopt and apply good learning from other work settings.

If Learning Domain score is <60%, it is essential to identify opportunities to improve how defects are identified and acted upon within the work setting. If Learning Domain by position scores differ by >40% between highest and lowest position scores it is essential to understand the differences in perceptions among role types.

In this work setting, the Learning Environment:

Is observable by the way we treat each other with respect.	Everyone wants to be treated with respect. This is essential for a culture of safety and individuals to feel valued by their colleagues and the organization. When these scores are weak, the debriefing should focus on examples of: <ul style="list-style-type: none">• How people in this work setting are treated with respect and why that's important.• Situations in which individuals were not treated with respect, how that felt, and the impact on the ability of the team to work effectively and collaboratively as a result.• Specific actions that can be taken to improve this. What are the one or two things we can do to
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	improve this? What would it take? Who would have to own it? What are the barriers? How would we know that it is getting better?
utilizes input/suggestions from the people who work here.	Having a voice is fundamental to feel part of the team and feel valued by the organization. People need to feel safe to speak up (psychological safety), to know the organization listens – and quite importantly – know that their suggestions have been acted upon. Visible manifestation of closing the loop and having an intact Learning System is critically important.
integrates lessons learned from other work settings.	<p>The ability to spread best practices is essential for improvement, safe care and organizational learning. Engage employees in dialogue about:</p> <ul style="list-style-type: none"> • Examples of successful integration of learning from other work settings. • Why this is important for safe & reliable care • How does this support the ability of employees to optimally do their jobs? • What are the factors associated with successful adoption? • What are the barriers to do this more effectively? • What are the one or two things we could do here to more successfully integrate lessons learned from other work settings?
effectively fixes defects to improve the quality of what we do.	<p>Employees deal with defects and “pebbles in their shoes” every day. The ability to identify and fix defects not only helps reduce waste, harm and inefficiency, but gives them a sense of control or influence in their work environment. In the absence of this, burnout, detachment and feeling underappreciated by the organization are common.</p> <ul style="list-style-type: none"> • What are the common defects that would your day simpler, safer and easier? • Are there examples of defects that have been successfully identified and fixed? How did you know? • Is the process of identification and fixing of defects visible and measurable? • What are the annoying defects that don’t get fixed? • If you could fix one or two things that get in the way of providing the care/service you want, what would they be?
allows us to gain important	The ability to pause, reflect and share insights is central to the way healthcare givers are trained and

insights into what we do well. AND allows us to pause and reflect on what we do well.	<p>problem solve. The lack of the ability to do this is referred to cognitive scarcity, and precludes organizational learning and contributes to burnout. Effective team behaviors like briefings and debriefings can be implemented here. Planning forward and reflecting back are hallmarks of high performing teams.</p> <ul style="list-style-type: none"> • What mechanisms exist in your work setting to plan forward and reflect back? Debriefings are effective mechanisms for reflecting on recent activities and capturing opportunities for improvement. • Does leadership in your work setting communicate that pausing to reflect is important for enhancing culture and learning? In what ways do they reinforce or detract from the importance of this behavior? • Are there formally set times for this activity to happen, or is it just assumed you will find time? What happens when it gets busy on the unit?
is protected by our local management (or physician leaders).	<ul style="list-style-type: none"> • In what ways does local management demonstrate that the Learning Environment is important? • How are new employees socialized to the importance of the Learning Environment when they come into the work setting? • How is the Learning Environment displayed on the unit? How does that reflect the importance of this process?

LOCAL LEADERSHIP

The **Local Leadership** domain focuses on those activities that local leaders perform that increase psychological safety in the work environment. Local leaders in this domain are those individuals to whom frontline workers report (i.e. Pharmacy Manager, Chief of Anesthesiology, Nurse Director or Manager etc.). Psychological safety is: comfort asking questions, comfort requesting feedback, comfort being respectfully critical or willingness to suggest innovations or stimulate conversation by knowingly suggesting not-fully-developed ideas. Local leaders' actions to achieve the above are predicated on being available to those who report to them, and engaging in feedback conversations with individuals about their activities that the recipient would describe as reflection and learning for improvement, not judgment.

If Local Leadership Domain score is <60%, evaluate which scores are low and whether leadership availability is an issue, versus taking time to pause and reflect versus giving useful and positive coaching and feedback.

If the mean of the 4 questions about feedback is <60%, evaluate ways to generate better feedback between local leaders and staff.

If Local Leadership scores by position type are <50%, highlight each position score that is less than 50%. Evaluate why those leaders score that way and what might be done about it.

In this work setting, Local Leadership:

...is available at predictable times.	<p>High responses to this question may be interpreted as work setting member perceiving that local leaders establish patterns of working so that team members know where they can be found, and have reasonable access to them.</p> <p>ACTION: Low scores warrant exploration about whether leaders are perceived as not physically present, present but not available, or other impediments that keep the local leaders at a distance.</p>
...regularly makes time to provide positive feedback to me about how I am doing.	<p>Feedback in this question refers to regular (weekly or at most monthly) meetings with individuals to discuss aspects of work. In the ideal these are opportunities to reflect, coach and identify issues for improvement. Questions that might be asked include, "Are there topics or issues that have worked impressively well or poorly since we last talked?", "Are there individuals we should highlight because of something good that occurred?", "How have I been doing in managing the issues you're confronting right now?"</p> <p>ACTION: Low scores on this question should lead to discussions about how and if feedback occurs. Note: This question is not directed at bi-annual or annual discussions with employees about their growth and advancement.</p>
...regularly makes time to pause and reflect with me about my work.	<p>The ability to pause and reflect individually and in teams is an important part of how skilled employees think about complex problems. Being able to do this on a regular basis is essential for making good decisions and the resilience of the people providing care. The lack of this is called cognitive scarcity, which has been shown to impair the ability to make good decisions consistently.</p> <p>ACTION: Having structured or protected time for teams to pause and reflect is a valuable strategy.</p>
...provides frequent feedback about my performance.	<p>As referenced above, local leaders should meet with individuals. When doing so a component of the conversation should be focused on whether feedback is given about performance. This presumes local leaders maintain oversight of the activities in their work settings and of their reports.</p>

	ACTION: Low scores should explore what happens when conversations occur.
...provides useful feedback about my performance.	Following on from the above two questions, feedback should be perceived as actionable. ACTION: Low scores should lead to a conversation about how the feedback is lacking and whether advice is actionable.
...provides meaningful feedback to people about their performance.	Ideally, conversations between local leaders and the staff who report to them should be perceived as improving the relationship between the two participants, and lead to easier and fluid conversations and generally, to increase levels of psychological safety and good perceptions of teaming. ACTION: Low scores should lead to a conversation about psychological safety and how it is produced, or not, in the department.
...communicates their expectations to me about my performance.	Local leaders should be able to create an environment where team members feel that their voices count and that they are prized as members of the team. At the same time local leaders should be able to set clear expectations of performance and have the comfort to state those clearly to team members. Low scores on this question should be explored to understand how local leaders set expectations of performance and team behaviors. ACTION: Low scores should lead to conversations that explore whether expectations are explicit, whether they are discussed, and the comfort level of both local leaders and team members to have these conversations.

RESILIENCE / BURNOUT DOMAIN

Burnout is a very important issue in healthcare. Recent studies have indicated that over 50% of American physicians are “burned out.” (Shanafelt, et al. *Mayo Clin Proc*, Dec 2015;90(12):1600-1613). High levels of burnout are not healthy for patients or employees. When they become burned out, they tend to depersonalize, so patients become little more than “cases” or “the heart failure in Room 502.” High levels of burnout impair the ability of units to engage in improvement and continuous learning. Fortunately, there are very specific techniques and interventions that can reduce burnout and promote resilience. The items in the **Burnout** and **Work-Life Balance** (see below)

domains provide important feedback about the readiness and ability for a work setting or the people in a certain role type to engage in improvement work. Low scores suggest that personnel are likely to be more interested in focusing on their own personal issues and to have some level of burnout, from emotional exhaustion or frank cynicism and disengagement, that will make them less inclined to engage in improvement efforts. Poor scores in these domains should ALWAYS be acknowledged. Specific actions that give people voice and lead to visible action and improvement are vital. The best countermeasures for Burnout relate to having a voice, feeling valued and having the tools and resources necessary to do the work. .Additionally:

- Poor scores should be addressed by instituting positive psychology interventions (learning how to reframe to the positive).
- Poor scores can ALSO be addressed through debriefing and identifying the major causes for burnout and making those the focus of improvement efforts. The ability to identify, track and fix issues is important in having a sense of influence and control over the work environment.

Events in this work setting:

...affect the lives of people here in an emotionally unhealthy way.	<p>It is important to differentiate between difficult clinical situations – patients who are suffering and doing poorly – as opposed to social interactions in the work setting that are unhealthy for the staff members involved. These can include feeling that they are not valued by the team or the organization, being treated disrespectfully, or not having the ability to appropriately care for patients.</p> <ul style="list-style-type: none"> • Understanding and exploring the issues that staff see as being emotionally unhealthy is an important process that gives them a voice and lets them feel valued. • Acting on the issues that are raised is essential. Issues that can be resolved should be addressed in ways where there is visible feedback to the employees that raised them. Even when problems and defects cannot be fixed, acknowledging what was learned and validating the concerns through feedback is quite valuable.
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People in this work setting are:

...burned out from their work.	<ul style="list-style-type: none"> • What aspects of work are leading to burnout? • How much of this results from not feeling valued?
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	<ul style="list-style-type: none"> • Are there persistent process problems or defects that do not get addressed? • What are the simple things that can be fixed or addressed that will give staff a sense of influence or control where they work? • What is the one thing that would reduce burnout in their work setting?
...exhausted from their work.	<ul style="list-style-type: none"> • Does this stem from physical exhaustion and/or being mentally tired? Understanding the sources is important to help remedy this. • Are they short-handed and having to work extra shifts? Are they consistently getting out late? Are there simple things that can be done to improve this? • What is the one thing that could be done in this work setting to help with this?
...frustrated by their jobs.	<ul style="list-style-type: none"> • What are the sources of frustration? • How much of this stems from the sense that employees do not have a voice? • Do they have to commonly work around defects and processes that are not reliable? • What are the aspects of their work they see as not adding value for themselves or patients?
...working too hard on their jobs.	<ul style="list-style-type: none"> • Is the perception that there is too much to do or it is hard to get done what they need for good patient care? • What are the things that take up time and energy that are annoying and do contribute to high quality patient care? • What is the short list of simple things that would help with this perception? • Do the employees feel like leadership knows and acknowledges they are working too hard?

TEAMWORK DOMAIN

A low teamwork climate stems from persistent interpersonal problems among the members of a given work setting. When teamwork climate is low, employees feel that their coworkers are not cooperative, that their voices are not heard by management, and that their efforts are not supported. These feelings can deeply affect employee performance and patient outcomes.

If fewer than 60% report good teamwork climate, look at the teamwork items to see which aspect of teamwork pulled down the overall score: was it speaking up, conflict resolution (conflict may be between staff, between staff and physicians or related to process consistency conflicts), asking questions to clarify ambiguities, physician-nurse (or other inter-professional) dynamics, etc.? Rather than focus on teamwork in general, it is better to focus on the particular aspect of teamwork that is the biggest struggle for frontline workers, e.g., speaking up with concerns.

<p>Disagreements in this work setting are appropriately resolved (i.e., not who is right but what is best for the patient).</p>	<p><i>Scores below 65% warrant discussion. These scores should be in the 90% because conversations should always be focused on what's best for patients. Find out why respondents answered this question differently. The goal of optimal, safe care of the patient is one that everyone should be able to agree with.</i></p> <ul style="list-style-type: none"> • Are team members skilled in depersonalizing disagreement and having "3rd person" conversations to focus on what is best for the patient, not who's right and who is wrong • What structures and team behaviors currently exist to support collaborative dialogue to do what is best for the patient? • Is there a formal structure for the team to discuss the care plan for the patient on a regular basis? Is this multidisciplinary? Does everyone participate and have a voice? Are people treated with respect? • Does everyone know the plan of care? <p>ACTION: Identify common sources of disagreements that lead to poor conflict resolution. Discuss the factors that improve and enhance acting in the best interest of the patient, and think of ways the mechanisms that enhance doing what is best for the patient can be commonly used on the unit. What mechanism will you use to track the changes and improvement that results?</p>
<p>In this work setting, it is difficult to speak up if I perceive a problem with patient care.</p>	<ul style="list-style-type: none"> • Is there effective leadership that sets a positive, active tone for the team to interact? • Are there mechanisms like briefings or huddles so everyone knows the plan? • Is every member of the team treated with respect? What happens if people are not treated with respect? • -What is the one thing that makes it easy to speak up with concerns? What is the one thing that makes it hard? • What does psychological safety feel like?

	<ul style="list-style-type: none"> Does everyone know the plan? Predictability as to what is supposed to happen greatly enhances the chance of an employee raising a concern if something else is happening. <p>ACTION: Psychological safety is essential for organizational excellence and safe care. Discuss as a group the factors that enhance psychological safety and detract from it. Identify one – three things that make it better, and a few things make it hard to speak up. How will you effectively implement the positive factors and decrease or eliminate the negative ones? How will you measure this change? How will you sustain the improvement and make it visible to people working on the unit?</p>
It is easy for personnel here to ask questions when there is something that they do not understand.	<ul style="list-style-type: none"> Effective teams always plan forward. Are there routine huddles or briefings on the unit? Good teams think out loud and <i>invite</i> all team members into the conversation for their ideas, questions and concerns. When this is standard practice it is much easier for people to ask questions. Are team members encouraged or invited to ask questions when there is something they do not understand? Is this explicitly stated? There is a profound difference between assuming team members will speak up and explicitly inviting them to do so. Are team members always treated with respect when they ask questions? Are questions seen as an opportunity to learn and teach?
The people here from different disciplines/backgrounds work together as a well-coordinated team.	<p><i>Scores below 60% should be evaluated. This question is one of the most direct about team function and team norms. Low scores should be evaluated about the underlying reasons.</i></p> <ul style="list-style-type: none"> How is teamwork organized? Are there huddles and multidisciplinary rounds on a regular basis? Does everyone speak? Does every member of the team feel valued? Do leaders set a positive tone, think out loud to share the plan, and invite every member of the team into the conversation? Does every member of the team feel valued? What practices are used to insure that? How is that measured? <p>ACTION: Are effective leadership behaviors present? If so, how will you enhance and reinforce them? If not, how will you teach them and make them the way “we do things around here?” Realistically examine the teamwork structures on the unit, go observe them and plan for the effective implementation of briefings / huddles, debriefs and critical language. Make them practical, time efficient and highlight the benefits to all members of the team. Linking the debriefs to visible learning and improvement is an important way to create sustainable change.</p>
Dealing with difficult colleagues	<p><i>Scores below 50% should be evaluated. (NOTE: this is a negatively worded question that is reverse</i></p>

is consistently a challenging part of my job.	<p>scored). <i>If half of respondents answer that they <u>do</u> deal with difficult colleagues, further examination of the issues is warranted.</i></p> <ul style="list-style-type: none"> • What efforts have been made on the unit to work as collaborative teams and build relationships? • Is the unit an environment of respect? This is a fundamental responsibility of leaders. • What are the consequences if team members treat each other disrespectfully? • Is there a clear, overarching goal that the needs of the patient come first? • What mechanisms exist to promote professionalism? <p>ACTION: Discuss the sources of difficult behavior. Is it pervasive or limited to a few individuals? If a few individuals are the source, then leadership clarifying the “rules” of the culture, what is expected and acceptable, and what is not acceptable is the first step. Clarity around expectations, consequences and the process of ongoing monitoring are essential. If the culture has allowed lots of people to behave in unpleasant ways, the recalibration will need to be highly visible, and require very clear expectations with accountability. High performance cultures are very clear about defining the desired behaviors, and they don’t tolerate disrespect.</p>
Communication breakdowns are common in this work setting.	<p><i>This question and the one below (communication breakdowns with other work settings) are amongst the lowest scoring questions in the survey and probably link to some of the greatest overall risks to patients. Scores below 50% require investigation.</i></p> <ul style="list-style-type: none"> • Are there standardized processes for communication in the work setting – briefings, debriefings, structured language like SBAR, so everyone knows the plan? • Are they consistently used? • What are the common situations where information gets lost and communication breaks down? • What one process could we focus on to improve communication? What is the one thing we can do consistently in this work setting to improve communication? How will we know this an improvement?
Communication breakdowns are common when this work setting interacts with other work settings.	<ul style="list-style-type: none"> • What are the common patterns of communication failure across units? • How do these failures impact the ability to deliver safe & reliable care? • What are the mechanisms for building relationships with the units where communication breakdowns occur? • What is the one process we should work on to improve communication and preclude failures? • Who needs to own the work?

	<ul style="list-style-type: none"> • What does success look like and how will you measure?
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SAFETY CLIMATE DOMAIN

Safety Climate scores predict clinical outcomes. When respondents report a low safety climate, they don't perceive a real dedication to safety in their work setting. Safety climate is significantly related to both employee safety (e.g., needlesticks, back injuries) and patient safety (e.g., bloodstream infections, decubitus ulcers), so low safety climate is critical to address.

My suggestions about quality would be acted upon if I expressed them to management.	<p>Scores below 60% warrant further discussion. <i>This question links to the local leadership domain. Exploration of low scores should seek to understand why respondents perceive that their suggestions would not be acted on.</i></p> <ul style="list-style-type: none"> • What has been the past experience on the unit when ideas and suggestions related to quality have been raised? Is there follow through and feedback on consistent basis? • What are the current levels of organizational trust? • How often are leaders present on the unit engaging front line staff about their concerns and ideas for improvement? • What examples exist that show prior suggestions have been acted on and resolved in a visible manner?
Errors are handled appropriately in this work setting.	<p><i>This question speaks to the degree that management has created the appropriate structures to manage important information, and whether there exists a just culture in the organization where individuals are appropriately and reasonably held to account when things go wrong.</i></p> <ul style="list-style-type: none"> • Is there a well-understood just culture / accountability model that employees understand? • Does it live and breathe on the unit, so that people use it and trust that they will be safe to discuss and learn from error? • Are visible actions taken to fix defects that led to errors reported on the unit? • Have leaders build trust among front line staff through discussions about errors and near misses? • Has there been education about system errors and the limits of human performance?
The culture in this work setting	<p><i>Low scores should be examined for why learning from errors doesn't occur. Underlying issues can we</i></p>

<p>makes it easy to learn from the errors of others.</p>	<p><i>wide ranging from fear about reporting to operational limitations to inadequate team behaviors to collect information.</i></p> <ul style="list-style-type: none"> • Do colleagues feel safe to discuss errors, knowing that the goal is to learn and provide safer care for everyone? • Do leaders model the values of being able to admit mistakes and errors of their own? • Is there awareness that skilled people, working hard to do the right thing, working in complex environments will make mistakes? • Is there a well-understood, clear accountability model for Just Culture / Organizational Fairness that exists and is used on the unit?
<p>I would feel safe being treated here as a patient.</p>	<p><i>This is the bellwether question regarding safety, with one caveat. In some cases respondents will report that they would be comfortable being treated because they know and control their "system", i.e. who takes care of them and where the care occurs. The real question becomes whether the same level of safety accrues to a patient.</i></p> <ul style="list-style-type: none"> • What do you see that would make you feel unsafe if you or a family member was a patient here? • Have mentioned this before? What actions were taken? Did anything change for the better? • What is the one thing we can do on this unit to provide better care within the constraints of the resources we have?
<p>In this work setting, it is difficult to discuss errors.</p>	<p><i>This is an exceptionally important question and organizations should want this score to be in the ninety percentiles. Low scores should be thoroughly vetted for underlying reasons.</i></p> <ul style="list-style-type: none"> • Does it feel psychologically safe for individuals to talk about mistakes, or do they risk getting in trouble or appearing incompetent? • Is there trust that the errors that are discussed will lead to improvement and greater safety for all? • Do discussions about error begin by applying the Just Culture / Organizational Fairness algorithm so people feel safe?
<p>The values of facility leadership are the same values that people in this work setting think are important.</p>	<p><i>This is the only question that focuses exclusively on senior leadership, and speaks to a factor in organizations that is fundamental to achieving safe and reliable operational excellence. Scores below 60% should be thoroughly vetted for underlying reasons, and specific actions identified for senior leaders to perform.</i></p> <p>Low scores indicate an important disconnect that affects the willingness of workers to volunteer effort</p>

	and engage with the organization.
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WORK-LIFE BALANCE

Work-life balance reflects the balance between professional, job related demands and maintaining a healthy personal lifestyle. A good work-life balance is important both for the health of employees and as a leading indicator for burnout. Working through the day without breaks, arriving home late from work and changing personal plans because of work are all dissatisfiers. Leaders who engage their staff in dialogue around work-life balance and burnout are effectively showing their concern for their workers. Leaders who do not have this dialogue run the serious risk of having disenchanted and disconnected employees setting the tone in work settings. ("During the past work week" means the event in question occurred one or more times in the last 5 days)

During the past work week, how often did this occur?

Skipped a meal	<ul style="list-style-type: none"> • Did employees skip a meal because they had not time to do so? If so, is this common or it was an anomaly? • If this is common, why does it happen? • Is the manager aware and what have they done to try and improve this? • Is there a possible solution in having food brought to the unit on particularly busy and difficult days?
Ate a poorly balanced meal	<ul style="list-style-type: none"> • Was this by choice or because there was not time to eat properly? • How often does this happen? • What are possible solutions to minimize this? How can we have healthy patients without healthy staff?
Worked through a day/shift without any breaks	<ul style="list-style-type: none"> • Why does this happen? • Is it a frequent occurrence? • Has the issue been addressed with leadership? What was the result? • What are the actions that can be taken to avoid this? How will you know they have been successful?

Arrived home late from work	<ul style="list-style-type: none"> • How often does this happen? • What is the short list of frequent causes? Are they avoidable? • Do you feel like you are being taken advantage of when this happens? • What is the one thing we could do in our work setting to improve this?
Had difficulty sleeping	<ul style="list-style-type: none"> • Is this a chronic problem? • Did it relate to events and social dynamics at work? If so, what were they? • What are you doing to address this and be able to sleep well? • Are there resources within the organization to address employee well being that can be brought to bear?
Slept less than 5 hours in a night	<ul style="list-style-type: none"> • How often does this happen? • What are the implications of chronic sleep loss? How much awareness is there about the detrimental health effects from chronic sleep loss? • What can we do to make this better? • What other things are you doing to stay healthy?
Changed personal/family plans because of work	<p><i>Missing / canceling family or personal events is a major dissatisfier for employees, and can very quickly lead them to the conclusion that they are not valued by the organization.</i></p> <ul style="list-style-type: none"> • Why did this happen? • How often does it happen? How do you feel when this happens? • When did you know that you would be forced to work late? • What are the possible solutions and how would they be implemented and measured?
Felt frustrated by technology	<p>It is important to differentiate frustration related to large technology installations, like EHRs, which are slow and hard to change versus more fixable barriers like slow computers on wheels, scanners that don't work or run their batteries down too quickly. Focus on the tools employees use routinely to help ensure they can do their work.</p>