

Community Diagnostic Centres: Staff Wellbeing Survey 2024

The following survey has been developed to better understand staff wellbeing in Community Diagnostic Centres (CDCs). The survey will identify areas during a typical working day where staff overall experience more positive or negative emotions. From the results, we hope to harvest ideas which could improve staff wellbeing in the workplace. The results from this survey will be analysed at a national and CDC level. Individual CDCs will be able to apply for funding to address issues identified locally.

Guidelines for completion:

- This questionnaire can be completed by staff employed in the CDC, in any role or at any grade.
- The topics or "touchpoints" in the survey have been selected following previous consultation with staff on 'what matters to them' during their working day.
- To complete this form:
 1. First select an emoji to indicate how you felt regarding the relevant touchpoint.
 2. Select an emotion to explain how you felt.
 3. Use the comments box to provide a comment explaining what made you feel that way, and how your experience could be improved.

Please read the following statement before responding to the questionnaire:

*"Responses to this questionnaire are completely confidential. You do not need to enter your name or any identifying information. Demographic information is collected to ensure a representative sample of staff, and will be not be analysed in a way that could identify individual responders. To safeguard the quality of the data gathered, please answer all of the questions honestly. **There are no right or wrong answers.**"*

The survey should take **10-15 minutes** to complete.

The deadline for responses is **Friday 20th September**.

Your role at the Community Diagnostic Centre

Responses to this survey should relate to a single CDC. If you work for multiple CDC's, please complete this survey only with respect to the CDC that asked you to complete it.

1. Please select the Community Diagnostic Centre you work for: *

Select your answer



2. In which diagnostic specialty do you work?

Select all that apply. *

☐ Administrative/Managerial Staff

☐ Cardiology

☐ Endoscopy

☐ Neurophysiology

☐ Pathology

☐ Phlebotomy

☐ Physiological Sciences

☐ Radiology

☐ Teledermatology

☐ Other

3. Please select the option that describes your role at the CDC: *

☐ Substantive CDC staff member (employed only in a CDC)

☐ Rotational CDC staff member (employed in both a CDC and an acute trust)

Part 1 - Touchpoints

Working with staff and patients, we have identified key moments (known as touchpoints) throughout the day that can trigger an emotional response.

Reflecting on your working day, what feelings, thoughts or emotions are provoked or triggered at each of the following touchpoints. Your answers should be specific to a particular working day.

At each touchpoint, you will be asked to select an emoji to represent how you were feeling. These emojis represent a happy, neutral, or sad face.

4. **Getting ready for work**

Please select the emoji that best describes your typical feeling about the working day ahead *



☐ Happy



☐ Neutral



☐ Sad

5. What could we do to improve your experience at this touchpoint?

Enter your answer

6. Using the list of emotions (or any others of your choosing), what best describes your experience at this touchpoint? *

Select your answer



7. Please provide any other thoughts or feedback on your experience at this touchpoint:

Enter your answer

8. Admin tasks e.g. emails, paperwork

Please select the emoji that best describes your experience at this touchpoint *



☐ Happy



☐ Neutral



☐ Sad

5. What could we do to improve your experience at this touchpoint?

Enter your answer

6. Using the list of emotions (or any others of your choosing), what best describes your experience at this touchpoint? *

Select your answer



7. Please provide any other thoughts or feedback on your experience at this touchpoint:

Enter your answer

12. Meal breaks

Please select the emoji that best describes your experience at this touchpoint *



☐ Happy



☐ Neutral



☐ Sad

5. What could we do to improve your experience at this touchpoint?

Enter your answer

6. Using the list of emotions (or any others of your choosing), what best describes your experience at this touchpoint? *

Select your answer



7. Please provide any other thoughts or feedback on your experience at this touchpoint:

Enter your answer

16. **Workload**

Please select the emoji that best describes your experience at this touchpoint *



☐ Happy



☐ Neutral



☐ Sad

5. What could we do to improve your experience at this touchpoint?

Enter your answer

6. Using the list of emotions (or any others of your choosing), what best describes your experience at this touchpoint? *

Select your answer



7. Please provide any other thoughts or feedback on your experience at this touchpoint:

Enter your answer

20. **Support e.g. do you know who to go to for support?**

Please select the emoji that best describes your experience at this touchpoint *



☐ Happy



☐ Neutral



☐ Sad

5. What could we do to improve your experience at this touchpoint?

Enter your answer

6. Using the list of emotions (or any others of your choosing), what best describes your experience at this touchpoint? *

Select your answer



7. Please provide any other thoughts or feedback on your experience at this touchpoint:

Enter your answer

24. **Teamwork**

Please select the emoji that best describes your experience at this touchpoint

*



☐ Happy



☐ Neutral



☐ Sad

5. What could we do to improve your experience at this touchpoint?

Enter your answer

6. Using the list of emotions (or any others of your choosing), what best describes your experience at this touchpoint? *

Select your answer



7. Please provide any other thoughts or feedback on your experience at this touchpoint:

Enter your answer

28. Patient interaction

Please select the emoji that best describes your experience at this touchpoint *



☐ Happy



☐ Neutral



☐ Sad

5. What could we do to improve your experience at this touchpoint?

Enter your answer

6. Using the list of emotions (or any others of your choosing), what best describes your experience at this touchpoint? *

Select your answer



7. Please provide any other thoughts or feedback on your experience at this touchpoint:

Enter your answer

32. **End of the day**

Please select the emoji that best describes your experience at this touchpoint *



☐ Happy



☐ Neutral



☐ Sad

5. What could we do to improve your experience at this touchpoint?

Enter your answer

6. Using the list of emotions (or any others of your choosing), what best describes your experience at this touchpoint? *

Select your answer



7. Please provide any other thoughts or feedback on your experience at this touchpoint:

Enter your answer

Supplementary Questions

36. Do you believe that patient safety is better or worse in a Community Diagnostic Centre when compared to in the acute setting? *

- ☐ Patient safety is significantly better in a CDC
- ☐ Patient safety is somewhat better in a CDC
- ☐ Patient safety is neither better or worse in a CDC
- ☐ Patient safety is somewhat worse in a CDC
- ☐ Patient safety is significantly worse in a CDC

37. Are the training and development opportunities available to you sufficient to retain you as a CDC employee? *

- ☐ Definitely sufficient
- ☐ Somewhat sufficient
- ☐ Neither sufficient or insufficient
- ☐ Somewhat insufficient
- ☐ Definitely insufficient

38. Is the Community Diagnostic Centre a good place to work? *

- ☐ Definitely good
- ☐ Somewhat good
- ☐ Neither good or bad
- ☐ Somewhat bad
- ☐ Definitely bad

39. Would you recommend working at a CDC to others? *

- ☐ Yes, definitely
- ☐ Yes, somewhat
- ☐ Neither recommend or not recommend
- ☐ Somewhat no
- ☐ Definitely not

40. Please include any comments relating to the supplementary questions here:

Enter your answer

Background Information

We would like to know a bit more about you so that we can ensure we are hearing from a representative group of staff.

41. Which of the following best describes you? *

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to say
- ☐ Other

42. Is your gender identity the same as the sex you were registered at birth? *

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

43. Which age bracket do you fall into: *

- ☐ <25
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+

44. What is your ethnic group? (Chose one option that best describes your ethnic background) *

- ☐ White - English/Welsh/Scottish/Northern Irish/British
- ☐ White - Irish
- ☐ White - Gypsy or Irish Traveller
- ☐ White - Any other White background
- ☐ Asian/Asian British - Indian
- ☐ Asian/Asian British - Pakistani
- ☐ Asian/Asian British - Bangladeshi
- ☐ Asian/Asian British - Chinese
- ☐ Asian/Asian British - Any other Asian background
- ☐ Black/African/Caribbean/Black British - African

- ☐ Black/African/Caribbean/Black British - Caribbean
- ☐ Black/African/Caribbean/Black British - Any other Black/African/Caribbean/Black British backgrounds
- ☐ Mixed/Multiple ethnic background - White and Black Caribbean
- ☐ Mixed/Multiple ethnic background - White and Black African
- ☐ Mixed/Multiple ethnic background - White and Asian
- ☐ Mixed/Multiple ethnic background - Any other Mixed/Multiple ethnic background
- ☐ Other ethnic group - Arab
- ☐ Prefer not to say
- ☐ Other

45. Which of the following best describes how you think of yourself? *

- ☐ Heterosexual or Straight
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Prefer not to say
- ☐ Other

46. What is your religion? Are you... *

- ☐ No religion
- ☐ Christian
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Prefer not to say
- ☐ Other

47. Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more? *

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

48. If you answered yes to the question above, has your employer made adequate adjustment(s) to enable you to carry out your work?

- ☐ Yes
- ☐ No
- ☐ No adjustment required

49. Do you have any children aged from 0 to 17 living at home with you, or who you have regular caring responsibility for? *

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

50. Do you look after, or give help or support to family members, neighbours, or others because of either: long term physical or mental ill health/disability, or problems relating to old age? *

- ☐ Yes
- ☐ No
- ☐ Prefer not to say