

Assessment of human resources for health

SAMPLE QUESTIONNAIRE FOR HEALTH CARE PROVIDERS

IDENTIFICATION	
Name of the health facility: _____	Facility code: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
Type of facility: Hospital 1 Health centre 2 Health clinic 3 Office 4 Mobile clinic 5 Pharmacy 6 Other (specify): _____ 8	Facility operated by: Government 1 Private, for-profit entity 2 Nongovernment organization (NGO) 3 Charitable organization 4 Religious organization 5
Name of district/town: _____	District/town code: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
Name of province/state: _____	Province/state code: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
Name and code of field investigator: _____ <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	Urban/rural: Capital city 1 Other urban 2 Rural 3
Result of final interview: Completed 1 Partially completed 2 Refused 3 Respondent not found 4	Date of interview: Day Month Year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> 2002
Name and code of respondent: _____ <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	Occupation of respondent: Doctor 1 Nurse 2 Midwife 3 Auxiliary nurse 4 Auxiliary midwife 5 Pharmacist 6 Physiotherapist 7 Other health professional 8

READ TO RESPONDENT:

You have been randomly selected to be part of a survey on health and human resources, and this is why we would like to interview you. This survey is conducted by the World Health Organization and is being carried out by professional interviewers from (*name of institution*). The survey is currently taking place in several countries around the world.

The interview will take approximately 15 minutes. I will ask you some questions about your work as a health care provider, including the practices and experiences at this and other facilities where you work. The information you provide will be used only to understand about the types of activities, payments and general working conditions of health workers in different countries.

The information you provide is totally confidential and will not be disclosed to anyone. It will be used only for research purposes. Your name, and the name and location of this facility, will be removed from the questionnaire, and only a code will be used to connect your answers with the facility without identifying you.

Your participation is voluntary and you are free to refuse to answer any question in the questionnaire. If you have any questions about this survey you may ask me or contact (*name of institution and contact details*).

Are you willing to participate in this survey?

Agreed [] Refused []

Section 1. Work status, conditions and qualifications

N°	Question	Response code	Skip to
101	I would like to ask you some questions about your work as a health care provider and practices at this facility. How would you best describe your <u>occupation</u> at this facility?	Medical doctor 1 Dentist 2 Pharmacist 3 Nurse 4 Midwife 5 Optometrist or optician 6 Physiotherapist 7 Medical assistant 8 Dental assistant 9 Pharmaceutical assistant 10 Nursing associate or auxiliary 11 Midwife associate or auxiliary 12 Traditional/faith healer 13 Other (specify) 14	
102	What was the <u>highest level of schooling</u> you reached to become a practising health care provider?	Diploma 1 Associate degree 2 Baccalaureate degree 3 Master's degree 4 Doctorate 5 Other health degree (specify) 6 Other non-health (specify) 8 No formal degree 9	→106 →106
103	In what <u>year</u> did you reach this level?	Year <input type="text"/>	
104	In what <u>country</u> did you reach this level?	Country of work location 1 Other country (specify) 2	→106
105	In which <u>school</u> did you reach this level?	Name of school:	
106	a) How many <u>hours a week</u> do you usually work at this facility, excluding unpaid mealtimes and on-call hours? (On-call hours are those, such as during nights and weekends, when you must be available for duty but do not have to be physically present on the hospital ward or in a clinic or laboratory except when patient needs require it.) b) Did you work <u>on-call hours</u> at this facility in the last 30 days? <i>IF YES: How many on-call hours did you work here in the last 30 days?</i>	Hours. . . . <input type="text"/> Hours. . . . <input type="text"/> None 0	
107	What <u>type of work</u> do you usually do at this facility for pay? (CIRCLE ALL THAT APPLY)	Direct patient care 1 Consultation with agencies/professionals 2 Administration/supervision 3 Teaching 4 Research 5 Laboratory/diagnostic procedures 6 Dispensing 7 Other (specify) 8 Other (specify) 9 Not worked for pay 10	→109 →109 →109 →109 →109 →109 →109 →109 →114
108	How many <u>patients</u> have you personally seen here in the last 30 days?	Number. . . . <input type="text"/> Do not know 9998	
109	How would you describe the method by which you are usually <u>paid</u> at this facility?	Salary 1 Fee-for-service only 2 Capitation (fixed per patient) 3 Capitation plus fees for extra services 4 Other (specify) 8	→111 →111 →111 →111
110	For which types of services do you usually receive <u>extra fees</u> ? (CIRCLE ALL THAT APPLY)	Dispensed medicines 1 Other medical supplies/consumables 2 Immunizations 3 Laboratory/diagnostic procedures 4 Other (specify) 8 Other (specify) 9	

111	We are interested in knowing the average income of health workers and people trained in the health field. Such information is of value when discussing health care financing options for your country. Remember that whatever you say is confidential and will be used only for research purposes. Thinking over the past year, can you tell me what your average <u>earnings</u> from working at this facility have been? Please tell me the amount per week or per month or per year, whichever is easiest for you.	Per week _____ Per month _____ Per year _____ Refuse 9998 Don't know 9999																			
112	In the past 12 months, have you experienced a <u>delay</u> in receiving your pay as scheduled from your employer?	Yes 1 No..... 2 Not applicable..... 3	→114 →114																		
113	How long would you say the delays have lasted, on average? <i>(RECORD IN DAYS, WEEKS OR MONTHS AS ANSWERED)</i>	Number of days _____ Number of weeks _____ Number of months _____																			
114	Do you receive any of the following additional <u>benefits</u> from working here: <i>(READ EACH TYPE OF BENEFIT AND RECORD ALL ANSWERS)</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>Allowance for meals.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Allowance for housing.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Allowance for transportation.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Paid vacations.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Health care insurance/medical expenses.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	Allowance for meals.....	1	2	Allowance for housing.....	1	2	Allowance for transportation.....	1	2	Paid vacations.....	1	2	Health care insurance/medical expenses.....	1	2	
	YES	NO																			
Allowance for meals.....	1	2																			
Allowance for housing.....	1	2																			
Allowance for transportation.....	1	2																			
Paid vacations.....	1	2																			
Health care insurance/medical expenses.....	1	2																			
115	Do you regularly receive any <u>in-kind payments</u> from patients, or <u>extra payments</u> for making referrals or from other sources?	Yes 1 No..... 2																			
116	Are you currently <u>certified</u> to practise as a health care provider by any National Certifying Body?	Yes 1 No..... 2	→118																		
117	Which certifying body?	Name of body:																			
118	Are you currently a member of any <u>professional association(s)</u> ?	Yes 1 No..... 2	→120																		
119	Which association(s)?	Name of association(s):																			
120	In the past 12 months, have you been in any <u>health/medical professional training</u> or <u>continuing education programmes</u> ?	Yes 1 No..... 2	→201																		
121	For how many days (in the last 12 months) have you been on such programmes?	Number of days . . . <input style="width: 150px; height: 20px;" type="text"/>																			
122	Do you have the <u>right to strike</u> ?	Yes 1 No..... 2 Don't know 3	→201 →201																		
123	Have you gone on a labour strike at any time in the last 12 months, even for a short period? <i>IF YES: For <u>how many days</u> (in the last 12 months) did you go on strike?</i>	Days. . . . <input style="width: 150px; height: 20px;" type="text"/> None 0																			

Section 2. Secondary employment			
N°	Question	Response code	Skip to
201	Now I would like to ask you some questions about your work activities at other locations. In addition to your work at this facility, have you <u>worked at another location</u> in the <u>last 30 days</u> ?	Yes 1 No..... 2	→301
202	How would you best describe this <u>other place</u> where you worked?	Government hospital 1 Government health centre.....2 Government health post3 Government mobile clinic4 Other public health facility (specify) 5 Private/NGO hospital.....6 Private/NGO health clinic7 Private/NGO mobile clinic.....8 Private office9 Other private health facility (specify)10 Pharmacy11 Other non-health (specify) 12	
203	a) How many <u>hours a week</u> do you usually work at this other location, excluding unpaid mealtimes and on-call hours? b) Did you work <u>on-call hours</u> at this other location in the last 30 days? <i>IF YES: How many on-call hours did you work there in the last 30 days?</i>	Hours. . . <input type="text"/> Hours. . . <input type="text"/> None 0	
204	What <u>type of work</u> do you usually do at this other location for pay? <i>(CIRCLE ALL THAT APPLY)</i>	Direct patient care..... 1 Consultation with agencies/professionals.....2 Administration/supervision 3 Teaching4 Research.....5 Laboratory/Diagnostic procedures 6 Dispensing 7 Other (specify)..... 8 Other (specify)..... 9 Not worked for pay 10	→208
205	How would you describe the method by which you are usually <u>paid</u> at this other location?	Salary 1 Fee-for-service only2 Capitation (fixed per patient)3 Capitation plus fees for extra services4 Other (specify) 8	→207 →207 →207 →207
206	For which <u>types of services</u> do you usually receive <u>extra fees</u> there? <i>(CIRCLE ALL THAT APPLY)</i>	Dispensed medicines 1 Other medical supplies/consumables2 Immunisations.....3 Laboratory/Diagnostic procedures4 Other (specify) 8 Other (specify) 9	
207	What are your average <u>earnings</u> from working at this second location? Please tell me the amount per week or per month or per year, whichever is easiest for you. (Remember that whatever you say is confidential and will be used only for research purposes.)	Per week _____ Per month _____ Per year _____ Refuse9998 Don't know 9999	
208	Do you receive any of the following additional <u>benefits</u> from working there? <i>(READ EACH TYPE OF BENEFIT AND RECORD ALL ANSWERS)</i>	YES NO Allowance for meals.....1 2 Allowance for housing..... 1 2 Allowance for transportation.....1 2 Paid vacations.....1 2 Health care insurance/medical expenses.1 2	

Section 3. Occupational mobility			
N°	Question	Response code	Skip to
301	I would like to ask a few questions about your work experience. How many years of <u>experience</u> do you have in practice as a health care provider?	Years. . . . <input type="text"/>	
302	For <u>how long</u> have you been working at this facility here? (RECORD IN WEEKS, MONTHS OR YEARS AS ANSWERED)	Number of weeks _____ Number of months _____ Number of years _____	If less than one month, or same as total years experience →401
303	How would you describe the <u>last place</u> where you worked before coming to this facility?	Government hospital 1 Government health centre 2 Government health post 3 Government mobile clinic 4 Other public health (specify) 5 Private/NGO hospital 6 Private/NGO health clinic 7 Private/NGO mobile clinic 8 Private office 9 Other private health (specify) 10 Pharmacy 11 Other non-health (specify) 12 Same as current secondary place 13	→401
304	What <u>type of work</u> did you usually do at that last location for pay? (CIRCLE ALL THAT APPLY)	Direct patient care 1 Consultation with agencies/professionals 2 Administration/supervision 3 Teaching 4 Research 5 Laboratory/diagnostic procedures 6 Dispensing 7 Other (specify) 8 Other (specify) 9 Not applicable/Was not paid 10	
305	Where was your former work <u>located</u> ?	In the same city/rural district 1 In a different city 2 In a different rural district 3 In another country (specify) 4	

Section 4. Sociodemographic characteristics									
N°	Question	Response code	Skip to						
401	Lastly, some additional information for use in the statistical interpretation of your responses: RECORD SEX AS OBSERVED	Male 1 Female 2							
402	What is your <u>date of birth</u> ?	Month <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Year <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							

Contacts at World Health Organization Headquarters, Geneva, Switzerland
Dr Alexandre Goubarev: Fax: +41 22 791 4747; Email: goubareva@who.int
Dr Mario Dal Poz: Fax: +41 22 791 4747; Email: dalpoz@who.int