

2020 City of Tempe Employee Survey



Please take a few minutes to complete this important Survey. Your input will be used to help identify ways to improve the City's work environment for City employees.

Your responses will remain completely confidential. No personal identifying information will be shared with any City staff. The raw survey database will not be available to the City of Tempe or anyone other than the project management team from ETC Institute. ETC Institute will not release any data tabulations or databases in any format which could reveal the identity of individual respondents.

The City reserves the right, in its sole discretion, to redact and/or withhold from publication any defamatory, slanderous, or indecorous remarks against an individual, and any comments that may constitute a personal attack on a City employee, officer, agent, contractor, resident, or member of the public. This section is reserved for comments concerning City of Tempe policies, procedures, operations, facilities, and to provide opportunities for expansion on questions included in this Survey.

Para solicitar esta encuesta en español, llame al 1-844-811-0411.

1. Using a scale of 5 to 1, where 5 means "Strongly Agree" and 1 means "Strongly Disagree", please rate your level of agreement with each of the following statements.

Professional Development/Career Mobility		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
1.	I receive training to do my job effectively	5	4	3	2	1	9
2.	There is someone at work who encourages my career development	5	4	3	2	1	9
3.	I have been mentored at work	5	4	3	2	1	9
4.	I have received fair consideration for advancement and promotion, when available, within the City of Tempe	5	4	3	2	1	9
5.	I am aware of the City's educational partnerships, Tempe Professional Development Network, The Mentoring Program, and other programs related to professional development and career mobility	5	4	3	2	1	9
6.	The City's programs related to professional development and career mobility, such as educational partnerships, Tempe Professional Development Network, etc., are useful to me	5	4	3	2	1	9
7.	Overall, I am satisfied with the professional development opportunities that are available to me at the City	5	4	3	2	1	9

1a. [Optional] How could the City improve professional development/career mobility for employees?

2. The following adequately support my work-related needs:

Organizational Support		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
1.	City Manager's Office	5	4	3	2	1	9
2.	Strategic Management and Diversity	5	4	3	2	1	9
3.	Human Resources	5	4	3	2	1	9
4.	Information Technology	5	4	3	2	1	9
5.	Risk Management/Worker's Compensation	5	4	3	2	1	9

3. The following programs/services adequately support my needs:

1.	The wellness program	5	4	3	2	1	9
2.	City mediation services	5	4	3	2	1	9
3.	The Safe Haven process	5	4	3	2	1	9
4.	Tempe Employee View/Internal Audit reporting program	5	4	3	2	1	9
5.	The Director/Chief and Deputy Directors/Assistant Chiefs in my department are demonstrating and communicating the same values that are expected of me	5	4	3	2	1	9
6.	My physical work environment (building) is safe, clean, and maintained in good operating order	5	4	3	2	1	9
7.	The City supports employees with a disability	5	4	3	2	1	9
8.	Overall, I am satisfied with the support that is provided to employees by the City of Tempe	5	4	3	2	1	9

3a. [Optional] How could the City improve organizational support for employees?

4. Using a scale of 5 to 1, where 5 means "Strongly Agree" and 1 means "Strongly Disagree", please rate your level of agreement with each of the following statements.

Supervision/Working Environment		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
1.	My immediate supervisor treats me with respect	5	4	3	2	1	9
2.	I know what is expected of me at work	5	4	3	2	1	9
3.	I have the materials and equipment I need to do my job effectively	5	4	3	2	1	9
4.	I am comfortable expressing my opinions about work related issues to my immediate supervisor	5	4	3	2	1	9
5.	I believe my opinions matter at work	5	4	3	2	1	9
6.	My work is appreciated by my immediate supervisor	5	4	3	2	1	9
7.	My immediate supervisor gives me clear expectations for work assignments	5	4	3	2	1	9
8.	My immediate supervisor makes good use of my time	5	4	3	2	1	9
9.	I receive constructive feedback on my job performance from my immediate supervisor	5	4	3	2	1	9
10.	The work I perform is evaluated fairly	5	4	3	2	1	9
11.	My immediate supervisor knows my career/job goals	5	4	3	2	1	9
12.	My immediate supervisor supports me in achieving my career/job goals	5	4	3	2	1	9
13.	Within the last 30 days, I have received feedback on my job performance from my supervisor	5	4	3	2	1	9
14.	When I request training, my supervisor is open to working with me to ensure I can attend	5	4	3	2	1	9
15.	The Director/Chief and Deputy Directors/Assistant Chiefs in my department listen to me	5	4	3	2	1	9
16.	I believe the Director/Chief and Deputy Directors/Assistant Chiefs in my department support decisions made by my supervisor	5	4	3	2	1	9
17.	As a supervisor, I am supported when addressing staff issues (If applicable)	5	4	3	2	1	9
18.	As a supervisor, my direct reports treat me with respect	5	4	3	2	1	9
19.	Conflict in my work area is resolved effectively	5	4	3	2	1	9
20.	I believe assignments in my department are distributed fairly	5	4	3	2	1	9
21.	I believe exceptional job performance is recognized appropriately by managers/supervisors in my work unit	5	4	3	2	1	9
22.	I believe poor job performance is dealt with effectively by managers/supervisors in my work unit	5	4	3	2	1	9
23.	As a supervisor, I have been given the training, tools, and resources to lead my work unit	5	4	3	2	1	9
24.	I feel physically safe in my work unit	5	4	3	2	1	9
25.	I am able to discuss physical and emotional safety with my supervisor	5	4	3	2	1	9
26.	My immediate supervisor has the skills to deal with conflict	5	4	3	2	1	9
27.	Overall, I am satisfied with the working environment in my department	5	4	3	2	1	9

4a. [Optional] How could the City improve supervision and/or the work environment for employees?

5. Please rate your level of agreement with each of the following statements concerning compensation and benefits.

1.	The City's health care plan meets my needs	5	4	3	2	1	9
2.	The amount that I pay for health care benefits is reasonable	5	4	3	2	1	9
3.	The City does a good job of informing me about my benefits	5	4	3	2	1	9
4.	The amount of leave that I receive each year meets my needs	5	4	3	2	1	9
5.	The amount I am paid is fair for the work I do	5	4	3	2	1	9
6.	I am satisfied with the City's deferred compensation benefits	5	4	3	2	1	9
7.	Overall, I am reasonably compensated in pay and benefits for the work I do	5	4	3	2	1	9

5a. [Optional] How could the City improve compensation and benefits for employees?

6. Using a scale of 5 to 1, where 5 means "Strongly Agree" and 1 means "Strongly Disagree", please rate your level of agreement with each of the following statements.

Employee Engagement		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
1.	I receive information that affects my work in a timely manner from my immediate supervisor	5	4	3	2	1	9
2.	I am comfortable expressing my opinions about work related issues to my department Director/Chief and Deputy Directors/Assistant Chiefs	5	4	3	2	1	9
3.	Generally, communication between work units/divisions INSIDE my department is good	5	4	3	2	1	9
4.	Generally, communication between my work unit/division and work units/divisions OUTSIDE my department is good	5	4	3	2	1	9
5.	With respect to my job, communication between departments is good	5	4	3	2	1	9
6.	I have adequate input on decisions affecting my work	5	4	3	2	1	9
7.	The Director/Chief and Deputy Directors/Assistant Chiefs in my department use input from employees to make decisions	5	4	3	2	1	9
8.	I am encouraged to be innovative and come up with better ways to do things at work	5	4	3	2	1	9
9.	Employees in my department are highly motivated about accomplishing our goals	5	4	3	2	1	9
10.	Employees in my department take personal accountability for their actions and work performance	5	4	3	2	1	9
11.	Overall, I am satisfied with the level of employee engagement in my department	5	4	3	2	1	9
12.	I am aware of the City values (People, Integrity, Respect, Openness, Creativity, Quality, Diversity)	5	4	3	2	1	9
13.	I feel the City practices these values	5	4	3	2	1	9

6a. [Optional] How could the City improve employee engagement for employees?

7. Please rate your level of agreement with each of the following statements concerning peer relationships.

1.	My co-workers treat me with respect	5	4	3	2	1	9
2.	Conflict between co-workers is resolved effectively	5	4	3	2	1	9
3.	Overall, I am very satisfied with the quality of peer relationships among City employees	5	4	3	2	1	9

7a. [Optional] How could the City improve peer relationships among employees?

8. Are you aware of the Council priorities and the City's Strategic Plan (Planning Process)?

___(1) Yes ___(2) No

9. Are you proud to work for the City of Tempe? ___(1) Yes ___(2) No ___(9) Don't know

10. Overall, how satisfied are you with your current job?

___(1) Very satisfied ___(2) Satisfied ___(3) Dissatisfied ___(4) Very dissatisfied ___(9) Don't know

11. How has the quality of the environment in your work area changed since you started working for the City of Tempe?

___(1) Much better ___(3) Stayed the same ___(5) Much worse
 ___(2) Somewhat better ___(4) Somewhat worse ___(9) Don't know

12. Would you recommend the City of Tempe as a place to work, to a friend or relative?

___(1) Yes ___(2) No ___(9) Don't know

13. Does the City's working environment and leadership encourage you to go above and beyond the minimum effort that is required for your job?

___(1) Yes ___(2) No ___(9) Don't know

14. I would like to finish my public service career with the City of Tempe.

___(1) Yes ___(2) No ___(9) Don't know

15. I have applied for a new position within the City of Tempe in the past two years.

___(1) Yes ___(2) No

16. Overall, do you think the City has done a good job taking care of its employees during the COVID-19 Pandemic?

___(1) Yes ___(2) No [Answer 16a.] ___(9) Don't know

16a. If "NO", please provide suggestions: _____

17. Do you have any unmet basic needs at this time? Our CARE7 team is available for confidential assistance. [Check all that apply.]

___(1) PPE resources
___(2) Food
___(3) Cleaning supplies
___(4) Medical support
___(5) Counseling/behavioral health support
___(6) Disability accommodations
___(7) Other: _____

18. Do you feel the City is currently providing you with the adequate personal protective equipment to ensure your safety during the COVID-19 Pandemic?

___(1) Yes ___(2) No ___(3) Don't know/NA

19. Do you feel the City values your work during the COVID-19 Pandemic?

___(1) Yes ___(2) No ___(9) Don't know

20. Did your household suffer any of the following setbacks during the COVID-19 Pandemic? [Check all that apply.]

___(1) Death of a household member
___(2) Hospitalization of a household member
___(3) Household member infected and quarantined
___(4) Forced isolation from household due to job
___(5) Loss of childcare/dependent care
___(6) Homeschooling difficulties
___(7) Household change (family/friends moving in/out)
___(8) Dwindling food, supplies, and resources
___(9) Other: _____

21. Has your financial situation gotten worse as a result of the COVID-19 Pandemic?

___(1) Yes [Answer 21a.] ___(2) No ___(9) Don't know

21a. Please indicate how your financial situation has gotten worse as a result of the COVID-19 Pandemic. [Check all that apply.]

___(1) Job loss in household
___(2) Projects/contracts postponed
___(3) Unable to work due to sickness of myself or other(s) in my household
___(4) Value of stocks/investments down
___(5) Work hours reduced
___(9) None of these

22. Have you or someone in your household filed for unemployment during the COVID-19 Pandemic?

___(1) Yes ___(2) No ___(3) Would like to but cannot access

23. Please rate your level of agreement with the following statement: My level of stress, anxiety, and/or depression is high during this time.

___(1) Strongly agree
___(2) Agree
___(3) Neutral
___(4) Disagree
___(5) Strongly Disagree
___(9) Don't know

24. What are your primary sources of City-specific information about COVID-19? [Check all that apply.]

- (1) Tempe 11 (Cable TV)
- (2) City Websites
- (3) Water bill newsletter (Tempe Today)
- (4) City Social Media (Twitter, Facebook, Instagram, Nextdoor)
- (5) City videos (on YouTube, City Website, social media)
- (6) TV news
- (7) E-mail subscriptions
- (8) Tempe 311 (by Phone, Website, Mobile App)
- (9) Radio news
- (10) Newspapers
- (11) County, State, and/or Federal agencies

Demographics

The following information will help the City better understand the results for different employee groups within the City. ETC Institute will not report results at a level at which individuals can be identified.

25. What gender do you identify with?

- (1) Male
- (2) Female
- (3) Non-Conforming
- (4) Prefer not to answer

26. What do you feel best describes your race? [Check all that apply.]

- (1) White/Anglo
- (2) Black/African American
- (3) Asian/Pacific Islander
- (4) Native American/Alaskan Native
- (5) Hispanic/Latino
- (6) Other: _____
- (7) Prefer not to answer

27. In which department do you work?

- (1) City Attorney's Office
- (2) City Court
- (3) City Manager's Office
- (4) Community Development
- (5) Community Services
- (6) Engineering & Transportation Department
- (7) Fire Medical Rescue Department
- (8) Human Services
- (9) Internal Services
- (10) Municipal Utilities
- (11) Police
- (12) Municipal Budget Office, City Clerk's Office, Strategic Management and Diversity Office, Sustainability Office, Economic Development, or Internal Audit

28. Which job title BEST describes your position?

- (1) Director/Chief or Deputy Director/Assistant Chief
- (2) Manager
- (3) Supervisor
- (4) Non-Supervisor

29. How many years have you worked with the City?

- (1) 1-10 years
- (2) 11-20 years
- (3) 21-30 years
- (4) 31+ years

30. What is your employment status?

- (1) Full-time permanent
- (2) Part-time permanent
- (3) Full-time temporary
- (4) Part-time temporary
- (5) Contract employee
- (6) Volunteer

31. Are you currently a resident of Tempe? (1) Yes (2) No

32. Do you, or a member of your household, have a disability? (1) Yes (2) No

33. If you have any other comments/recommendations that would improve City operations, please write them in the space below.

If you would like a response to your specific concerns, please contact:

Tempe Employee View/Internal Audit Reporting: <http://team.tempe.gov/teams/ev/SitePages/Home.aspx>

Safe Haven: jonae_harrison@tempe.gov or (480) 350-8979

Human Resources: rebecca_strisko@tempe.gov or (480) 350-8423

This concludes the survey – Thank you for your time!