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| **WORKPLACE WELLBEING SELF-ASSESSMENT** |
|  | **PERCENT** | **CONTRIBUTING FACTORS** |
| **MEANING IN WORK** |  |  |
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| **LIKELIHOOD OF BURNOUT** |  |  |
|  |
| **LIKELIHOOD OF SEVERE FATIGUE** |  |  |
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| **OVERALL QUALITY OF LIFE** |  |  |
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| **SATISFACTION WITH WORK-LIFE BALANCE** |  |  |
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| **LIKELIHOOD OF MEDICATION ERROR** |  |  |
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| **WORKPLACE WELLBEING PLAN** |
| ***From your self-assessment, select one wellness domain on which you would like to focus*** |
| **DOMAIN**: |
| **NEGATIVE CONTRIBUTING FACTORS** |
| * Which can be addressed by you alone?
* Which can be addressed by your supervisor?
* Which can be addressed by your institution/system?
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| **POSITIVE CONTRIBUTING FACTORS** |
| * What is the current support?
* What can you amplify?
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| **IDENTIFY SPECIFIC NEEDS** |
| What are 1-3 specific action items that could help improve the current state? |  |
| **HELP NARRATIVE** |
| * What specific barriers are you facing?
* How can support be offered (institutional, supervisor, individual)?
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| **PLAN** |
|  |
| **REEVALUATION** |
| When would you like to reevaluate? |  |