**Introduction**

The information you provide by answering the following questions will be used to improve the physical, social and mental wellbeing of all employees in your organisation. For each question, please select the option that corresponds to your answer.

**Which department do you work in? (sample filter question)**

|  |  |
| --- | --- |
|  | Department A |
|  | Department B |
|  | Department C |
|  | Department D |
|  | Department E |

**Please indicate your gender**

|  |  |  |  |
| --- | --- | --- | --- |
| Male | Female | Non-binary | Other |
|  |  |  |  |

**Please indicate your age group**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 16-25 | 26-35 | 36-45 | 46-55 | 56-65 | 66 or older |
|  |  |  |  |  |  |

**How long have you been working in your current job?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Under 1 year | 1-2 years | 3-5 years | 6-10 years | More than 10 years |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Does your role involve any remote working?**

*Remote working is a work arrangement in which you do not commute or travel to a central place of work, such as an office building: rather you work from your home or an alternative appropriate location.*

**Yes** ***- please answer questions in box.* No**  ***- please go to question 1.***

**Has remote working had a positive impact on you?**

**Yes** **No**

**If you answered ‘Yes’ to the above question, what impact has this had on you? (select any impacts that apply)**

I have an increased sense of autonomy and flexibility

I enjoy a better work-life balance

I have a healthier lifestyle

I am more productive in my role

I am less stressed and less worried about work issues

There has been greater cooperation, teamwork and peer support from colleagues

I have experienced none of the above impacts

**If you answered ‘No’ to the above question, what impact has this had on you? (select any impacts that apply)**

I feel isolated and disconnected from my work organisation

My work-life balance has been negatively impacted due to time and boundary issues between work and family

I am less productive in my role

There has been less cooperation, teamwork and peer support from colleagues

I am more stressed and worried about work issues

I don’t receive enough feedback and support with work issues from management

I have experienced none of the above impacts

**For each question, please select the box that corresponds to your answer.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. I am clear in what is expected of me at work | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I can decide when to take a break. | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. Different groups at work demand things from me that I find hard to combine | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I know how to go about getting my job done | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I am subject to personal harassment in the form of unkind words or behaviour at work | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I have unachievable deadlines | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. If work gets difficult, my colleagues will help me if I ask | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I am given supportive feedback on the work I do by my line manager | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I have to work very intensively | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I have enough control over the pace of my work | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I am clear in what my duties and responsibilities are | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I have to neglect some tasks because I have too much work to do | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I am clear about the goals and objectives for my department/work group | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. There is friction or anger between colleagues | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I have a choice in deciding how I do my work | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I feel I cannot take enough break time | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I understand how my work fits into the overall aim of the organisation | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I am pressured to work long hours | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I have a choice in deciding what tasks I do at work | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. I have to work too fast | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| For the next question we define workplace bullying as: repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others at the place of work and/or in the course of employment, which could be reasonably regarded as undermining the individual's right to dignity at work. | | | | | |
| 1. I am subject to bullying at work | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I have unrealistic time pressures | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |
| 1. I can rely on my line manager to help me out with a work-related problem if I ask | Never | Seldom | Sometimes | Often | Always |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. I get the help and support I need from my colleagues if I ask | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  |  |  |  |  |
| 1. I have some say over the way I work | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  |  |  |  |  |
| 1. I have sufficient opportunities to question management about change at work | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  |  |  |  |  |
| 1. Colleagues generally treat me respectfully at work | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  |  |  |  |  |
| 1. Staff are always consulted about change at work | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  |  |  |  |  |
| 1. I feel I can talk to my line manager about something that has upset or annoyed me about work | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  |  |  |  |  |
| 1. My working time can be flexible | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. I feel I can talk to my colleagues to solve work-related issues | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  |  |  |  |  |
| 1. When changes are made at work, it is explained how they will work in practice | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  |  |  |  |  |
| 1. I feel I would be supported by management if I had emotionally demanding work | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  |  |  |  |  |
| 1. Relationships at work are strained | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  |  |  |  |  |
| 1. My line manager encourages me at work | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|  |  |  |  |  |

**Your Wellbeing**

1. **The following statements have been designed by the World Health Organisation (WHO) to find out your current state of wellbeing. Please indicate for each of the five statements which response is closest to how you have been feeling over the last two weeks.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | All of the time | | Most of the time | More than half of the time | Less than half of the time | Some of the time | At no time |
| I have felt cheerful and in good spirits | |  |  |  |  |  |  |
| I have felt calm and relaxed | |  |  |  |  |  |  |
| I have felt active and vigorous | |  |  |  |  |  |  |
| I woke up feeling fresh and rested | |  |  |  |  |  |  |
| My daily life has been filled with things that interest me | |  |  |  |  |  |  |

1. **Over the last 2 weeks, how often have you been bothered by the following problems?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | Several days | More than half the days | Nearly every day |
| Feeling nervous, anxious or on edge |  |  |  |  |
| Not being able to stop or control worrying |  |  |  |  |
| Little interest or pleasure in doing things |  |  |  |  |
| Feeling down, depressed, or hopeless |  |  |  |  |

**Exposure to Critical Incidents**

A Critical Incident has been defined by the World Health Organisation (WHO) as an event out of the range of normal experience, one that is sudden and unexpected, makes you lose control, involves the perception of a threat to life and can include elements of physical or emotional loss’.

**Reflecting back over the last twelve months:**

1. **Have you been involved in an incident(s) which you found to be particularly distressing or hard to cope with?**

|  |  |  |
| --- | --- | --- |
| **Yes** – Continue survey | **No** – Go to page 8, you have completed this survey. | |
|  |  |

**Definitions**

* ***Witnessed*** *– to see, hear (an event/critical incident), or know by personal presence and perception*
* ***Injury*** *– includes any disease and any impairment of a person’s physical or mental condition, including minor injuries. Bodily injury includes accidental bodily injury, death, disease, illness, mental injury, mental anguish or shock.*
* *An* ***adverse event*** *is an incident where a patient/ client/ service user had an unexpected outcome due to unforeseen circumstances or due to an error in the delivery of their care.*
* *An* ***unusually long period of time*** *– spent longer than normal or necessary at scene with a patient/service use due to circumstances out of your control*
* *A* ***peer*** *is someone from the same profession, who shares a similar background as the group members and who is trained to provide an empathic listening ear; low level psychological support to their colleagues and facilitate pathways to professional help (i.e. EAP, Occupational health).*

1. **Please indicate the number of incidents, over the past twelve months, that involved the following:**

|  |  |
| --- | --- |
| Witnessed suffering and injury to an Adult patients/client/service user/member of the public |  |
| Witnessed death to an Adult patients/client/service user/member of the public |  |
| Witnessed suffering or serious injuries to Child patients/clients/service user/member of the public |  |
| Witnessed death to Child patients/clients/service user/member of the public (including Sudden infant death syndrome - SIDS) |  |
| Witnessing serious injury to a work colleague |  |
| Witnessing line of work/duty death |  |
| Events with extreme threat to personal safety *(Physical or verbal assault/attacked while on duty/work)* |  |
| Witnessing events with extreme threat to the safety of others in the line of one’s work/duty |  |
| Attended a particularly disturbing suicide or a number of suicides *(patient/client/service user/public/Work Colleague)* |  |
| Experience an adverse event |  |

1. **Based on the incident that was most stressful for you within the last twelve months - did any of the following apply:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| You personally knew the patient/client/service user personally. |  |  |
| You had significant “hands on” contact with human remains *(e.g. a severely burned or dismembered or a badly decomposed body).* |  |  |
| The incident had a profound significance for you due to being able to personally relate to the individual(s) and/or situation. |  |  |
| You spent an unusually long period of time with a patient/client service user. |  |  |
| The incident involved high media coverage. |  |  |

1. **What sort of ‘work-related’ support would be helpful in this situation*? (you may select more than one option)*:**

|  |  |
| --- | --- |
|  | Peer Support Worker |
|  | Occupational Health Worker, (i.e. Counsellor/Psychologist/ EAP) |
|  | Talking to a work colleague not trained in peer support |
|  | Talking to your manager |
|  | Your GP |
|  | Chatting to a family member |
|  | Chatting to a Friend outside work |

### Thank you for completing this survey.

This is a confidential survey. Your individual responses are completely anonymous and cannot be accessed by anyone within your organisation. The survey responses will be collated and presented to your employer.

For more information on this tool please go to [www.workpositive.ie](http://www.workpositive.ie)