

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.

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
<input type="checkbox"/> | Seldom
<input type="checkbox"/> | Sometimes
<input type="checkbox"/> | Often
<input type="checkbox"/> | Always
<input type="checkbox"/> |
| 2. I can decide when to take a break. | Never
<input type="checkbox"/> | Seldom
<input type="checkbox"/> | Sometimes
<input type="checkbox"/> | Often
<input type="checkbox"/> | Always
<input type="checkbox"/> |
| 3. Different groups at work demand things from me that I find hard to combine | Never
<input type="checkbox"/> | Seldom
<input type="checkbox"/> | Sometimes
<input type="checkbox"/> | Often
<input type="checkbox"/> | Always
<input type="checkbox"/> |
| 4. I know how to go about getting my job done | Never
<input type="checkbox"/> | Seldom
<input type="checkbox"/> | Sometimes
<input type="checkbox"/> | Often
<input type="checkbox"/> | Always
<input type="checkbox"/> |
| 5. I am subject to personal harassment in the form of unkind words or behaviour at work | Never
<input type="checkbox"/> | Seldom
<input type="checkbox"/> | Sometimes
<input type="checkbox"/> | Often
<input type="checkbox"/> | Always
<input type="checkbox"/> |
| 6. I have unachievable deadlines | Never
<input type="checkbox"/> | Seldom
<input type="checkbox"/> | Sometimes
<input type="checkbox"/> | Often
<input type="checkbox"/> | Always
<input type="checkbox"/> |
| 7. If work gets difficult, my colleagues will help me if I ask | Never
<input type="checkbox"/> | Seldom
<input type="checkbox"/> | Sometimes
<input type="checkbox"/> | Often
<input type="checkbox"/> | Always
<input type="checkbox"/> |

8. I am given supportive feedback on the work I do by my line manager	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
9. I have to work very intensively	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
10. I have enough control over the pace of my work	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
11. I am clear in what my duties and responsibilities are	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
12. I have to neglect some tasks because I have too much work to do	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
13. I am clear about the goals and objectives for my department/work group	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
14. There is friction or anger between colleagues	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
15. I have a choice in deciding how I do my work	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
16. I feel I cannot take enough break time	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
17. I understand how my work fits into the overall aim of the organisation	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
18. I am pressured to work long hours	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
19. I have a choice in deciding what tasks I do at work	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
20. I have to work too fast	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>

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 be regarded as undermining the individual's right to dignity at work.

21. I am subject to bullying at work	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
22. I have unrealistic time pressures	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
23. I can rely on my line manager to help me out with a work-related problem if I ask	Never <input type="checkbox"/>	Seldom <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
24. I get the help and support I need from my colleagues if I ask	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>
25. I have some say over the way I work	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>
26. I have sufficient opportunities to question management about change at work	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>
27. Colleagues generally treat me respectfully at work	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>
28. Staff are always consulted about change at work	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>
29. I feel I can talk to my line manager about something that has upset or annoyed me about work	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>
30. My working time can be flexible	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>

31. I feel I can talk to my colleagues to solve work-related issues	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>
32. When changes are made at work, it is explained how they will work in practice	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>
33. I feel I would be supported by management if I had emotionally demanding work	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>
34. Relationships at work are strained	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>
35. My line manager encourages me at work	Strongly Disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Agree <input type="checkbox"/>	Strongly Agree <input type="checkbox"/>

Your Wellbeing

36. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt calm and relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt active and vigorous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I woke up feeling fresh and rested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My daily life has been filled with things that interest me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

38. 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).

39. 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 (<i>Physical or verbal assault/attacked while on duty/work</i>)	
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 (<i>patient/client/service user/public/Work Colleague</i>)	
Experience an adverse event	

40. 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.	<input type="checkbox"/>	<input type="checkbox"/>
You had significant “hands on” contact with human remains (<i>e.g. a severely burned or dismembered or a badly decomposed body</i>).	<input type="checkbox"/>	<input type="checkbox"/>
The incident had a profound significance for you due to being able to personally relate to the individual(s) and/or situation.	<input type="checkbox"/>	<input type="checkbox"/>
You spent an unusually long period of time with a patient/client service user.	<input type="checkbox"/>	<input type="checkbox"/>
The incident involved high media coverage.	<input type="checkbox"/>	<input type="checkbox"/>

41. 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