

Quality Project

Bullying, Harassment and Intimidation in the Workplace

Bullying Survey Instrument

NB: THIS IS A DRAFT DOCUMENT ONLY

It is suggested that this survey be passed around amongst staff, inviting them to refine and develop questions to suit local circumstances before implementation.

The following questionnaire will be issued to all staff within The **XYZ** Hospital's **ABC** Department on a 3 monthly basis for a period of one year. Participation is entirely voluntary.

Completed questionnaires will be collated by an independent 3rd party and presented back to the department in a de-identified and generalized manner at the end of the 12 month period.

Please confine all answers to your experiences within The **XYZ Hospital's **ABC** Department during the previous 3 months.**

1. Please enter Today's Date: . . / . . / . .

2. I am a

- Registered Nurse
- Enrolled Nurse
- Student Nurse (RN or EN)
- Dr (Specialist)
- Dr (CMO)
- Dr (Registrar)
- Dr (RMO)
- Administration staff member (eg: Clerical staff)
- Wardsperson
- Cleaner
- Allied Health Worker
- Other

3. I work

- Full-time (Permanent)
- Part-time (Permanent)
- Contract (Full-time)
- Contract (Part-time)
- Casual
- Other

4. Workplace bullying, harassment and/or intimidation has been an important issue for me in the past three months?

Strongly Disagree

Mostly Disagree

Neutral

Mostly Agree

Strongly Agree

5. a) In the past three months have you witnessed, experienced or been involved in incidents involving bullying, harassment or intimidation in your workplace. (ie: as a target, witness or perpetrator)

No Yes

If you have answered 'No' please move to Q 14

- b) with regard to any **single incident that appears most prominent to you** during the last three months, who was **doing** the bullying / harassing / intimidating (ie: **'perpetrator'**)?

- Yourself
- Patient
- Relative
- Visitor
- Doctor
- Registered Nurse
- Enrolled Nurse
- Wards-person
- Cleaner
- Supervisor
- Manager
- Administration staff member (eg: Clerical staff)
- Other

- c) with regard to this incident, who was the **target** of the bullying / harassment / intimidation (ie: **'victim'**) ?

- Yourself
- Patient
- Relative
- Visitor
- Doctor
- Registered Nurse
- Enrolled Nurse
- Wards-person
- Cleaner
- Supervisor
- Manager
- Administration staff member (eg: 'Ward clerk')
- Other

d) with regard to this incident, please indicate the type of bullying / harassment / intimidation that occurred ?

(you may tick more than one box if needed)

- Verbal abuse
- Unwarranted criticism
- Physical (non-sexual)
- Sexual harassment
- Discrimination
- Unfair demands on your time
- Unfair demands on your clinical/professional skills or abilities – or refusal to pay you for the work you have done (including alteration of time sheets or non-payment of overtime)
- Unfair rostering
- Professional belittling, patronising or condescending behaviours
- Negative comments in front of other staff members
- Negative comments in front of patients
- Threats of disciplinary action/dismissal
- Threats of violence
- Overlooking praise whilst at the same time over-emphasising negative criticism
- Other forms of bullying/harassment/intimidation
.....
.....
.....
.....

e) with regard to this incident, do you think the target found this personally distressing.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly Disagree | Mostly Disagree | Neutral | Mostly Agree | Strongly Agree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

f) with regard to this incident, do you think the incident allowed the protagonist some benefits.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly Disagree | Mostly Disagree | Neutral | Mostly Agree | Strongly Agree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

g) with regard to this incident, what did you do about this?

(you may tick more than one box)

- Nothing
- Ignored it
- Felt startled or overwhelmed by it
- Approached the bully
- Approached the target
- Approached bully's supervisor
- Approached senior hospital management
- Approached Area level management
- Approached Department of Health
- Took concerns to Union
- Took concerns to lawyer
- Took concerns to Media
- Left employment or transferred to another area with the same employer
- Sought revenge (eg: behaved in a passive aggressive manner towards the bully[s])
- Other

6. If you did do something about it, was there a favourable outcome?

- No
- Yes (the bullying stopped)
- Partially (please explain)
.....
.....

7. Do you think more should or could have been done?

- No
- Yes If Yes , what should or could have been done
.....
.....
.....

8. If experiencing or witnessing bullying, did this have any effects upon your general health, well-being, or ability to do your normal work related duties

- | | |
|--------------------------|--------------------------|
| No | Yes |
| <input type="checkbox"/> | <input type="checkbox"/> |

If Yes , did this adversely affect

(you may tick more than one box)

- your sleep
- your mood
- your concentration
- your interest in your work
- your work performance
- your relationships at work
- your relationships at home
- your level of self confidence
- your confidence in your clinical abilities
- your levels of enjoyment
- your ability to focus on other issues in your life
- other

9. If experiencing or witnessing bullying, did you receive support from your manager or supervisor.

No **Yes**

If Yes , did this involve

- personal support
- education
- advice and encouragement to receive counselling
- information about the employee assistance program
- other

10. If experiencing or witnessing bullying, did you receive any form of professional support.

No **Yes**

If Yes , did this involve the services of a

- counsellor
- psychologist
- general practitioner
- psychiatrist
- employee assistance program
- other

11. If experiencing or witnessing bullying, did you have time off work using sick leave or workers compensation leave.

No **Yes**

If Yes , did the total period extend for

- less than one week
- between one week and one month
- more than one month

12. If experiencing or witnessing bullying, did you gain anything from the experience.

No **Yes**

If Yes , did you

- learn more about the requirements of your position
- learn more about the opinions and attitudes of others
- learn more about what is acceptable and unacceptable behaviour within this department
- other

13. Do you believe that there have been occasions when you have inadvertently or deliberately bullied, harassed or intimidated others within the past three months

No **Yes**

a) If Yes, do you believe this relates to
(you may tick more than one box)

- part of normal working relationships
- expected behaviour for your particular role at the time
- needing to behave in this manner in order to ensure that the job at hand was completed in a time effective manner
- justified behaviour because you were acting in the interest of better patient care
- part of my strong personal style
- to do otherwise would be a sign of weakness
- being inadequately resourced
- being inadequately trained
- frustration with hospital's inability to meet the needs of patients
- frustration with bed block
- frustration due to other issues at work
- frustration due to issues at home
- repeating a learned pattern of behaviour
- expecting others to do more than they feasibly could under the circumstances
- justified behaviour
- protecting yourself from perceived criticism
- enjoying watching other people cringe
- other reasons

b) If Yes, were you subjected to any form of disciplinary action, complaint or investigation

No **Yes**

c) If Yes, did you require time off work

No **Yes**

d) If Yes , did this extend for a period

- less than one week
- between one week and one month
- more than one month

14. Bullying, Harassment and Intimidation is largely within the eye of the beholder.

Strongly Disagree

Mostly Disagree

Neutral

Mostly Agree

Strongly Agree

15. Bullying, harassment and intimidation is the only way to guide and control some people.

Strongly Disagree

Mostly Disagree

Neutral

Mostly Agree

Strongly Agree

16. Bullying, Harassment and Intimidation is stressful.

Strongly Disagree

Mostly Disagree

Neutral

Mostly Agree

Strongly Agree

17. Some stress is good for you.

Strongly Disagree

Mostly Disagree

Neutral

Mostly Agree

Strongly Agree

18. There is a place for some Bullying, Harassment and Intimidation in the workplace.

Strongly Disagree

Mostly Disagree

Neutral

Mostly Agree

Strongly Agree

19. Are you aware of that NSW Health has issued a policy on bullying, harassment and discrimination within the workplace?

No

Yes

20. Are you aware that this policy states that managers are obliged to ensure that all forms of Bullying, Harassment and Discrimination are eliminated from the workplace and must not model this behaviour themselves.

No

Yes

21. Bullying, harassment and discrimination is tolerated within my workplace?

Strongly Disagree

Mostly Disagree

Neutral

Mostly Agree

Strongly Agree

22. I currently possess the skills to confidently deal with any Bullying, Harassment and Intimidation that may arise within my workplace.

Strongly Disagree

Mostly Disagree

Neutral

Mostly Agree

Strongly Agree

23. Are you aware that NSW Health provides the Employee Assistance Program offering free counselling to employees and their families for personal and/or work related issues ?

No **Yes**

24. Please provide any additional comments and / or suggestions below:

.....
.....
.....
.....
.....

25. Completing this survey has been useful.

**Strongly
Disagree**

**Mostly
Disagree**

Neutral

**Mostly
Agree**

**Strongly
Agree**

Thank you for your time.