



International Labour Office **ILO** International Council of Nurses **ICN**
World Health Organisation **WHO** Public Services International **PSI**

Joint Programme on
Workplace Violence in the Health Sector

WORKPLACE VIOLENCE IN THE HEALTH SECTOR COUNTRY CASE STUDIES RESEARCH INSTRUMENTS

SURVEY QUESTIONNAIRE ENGLISH

GENEVA 2003

WORKPLACE VIOLENCE IN THE HEALTH SECTOR

Confidential Survey¹

Context

Workplace violence has become an alarming phenomenon worldwide. Health sector personnel are particularly at risk of violence in their workplace. Violence finds its expression in physical assault, homicide, verbal abuse, bullying/mobbing, sexual and racial harassment and psychological stress. Violence does not only occur as one single incident, but also may be expressed in repeated small incidents which together create severe harm.

The International Labour Office, International Council of Nurses, World Health Organization and Public Services International have launched a joint programme to reduce the incidence of violence in the health sector and to minimize its negative impact on the victims and services. The real size of the problem is largely unknown and recent surveys show that current figures represent only the tip of the iceberg. Collecting data on the magnitude and nature of workplace violence is therefore an important element of the joint initiative.

Purpose

The purpose of the survey is to obtain information on the level of workplace violence in the health sector from several countries within different geographic regions of the world. In particular, the survey is looking into factors that may contribute to violence and the strategies to prevent it. The questionnaire results will be used by an independent research institution in your country to prepare a report on the nature of health sector violence in your country. The country reports will provide the background information for the design of appropriate policies to address violence in the workplace nationally and internationally.

We hope you will support our efforts to improve the safety of health personnel worldwide. Your completed questionnaire is a valued contribution for raising awareness of the issues and implementing effective policies. We hope this will give you an opportunity to express your opinions and direct future actions.

Please read these instructions carefully:

Most of the questions provide multiple choice answers which may be quickly answered by ticking boxes. When answering “no” to certain questions, you will be asked to move on to the next section in order to save time. You may stop at any point. If you do not understand a question, leave it unanswered and go on to the next. We guarantee that your responses will be handled in strict confidence and remain anonymous. The study results will be made available in 2002.

For the purposes of this research workplace violence is defined as:

WORKPLACE VIOLENCE

Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health.²

¹ Many of the questions have been adapted from generously donated work developed by UNISON, the Irish Nurses Organisation and the Royal College of Nursing (UK).

² Adapted from European Commission DG-V

GLOSSARY

Violence appears as physical violence or as psychological violence in different forms, which may often overlap.

Terms related to violence are defined in the following GLOSSARY:

PHYSICAL VIOLENCE The use of physical force against another person or group, that results in physical, sexual or psychological harm. Includes beating, kicking, slapping, stabbing, shooting, pushing, biting, pinching, among others. ³	
Assault/Attack	Intentional behaviour that harms another person physically, including sexual assault (i.e. rape).
PSYCHOLOGICAL VIOLENCE (Emotional abuse) Intentional use of power, including threat of physical force, against another person or group, that can result in harm to physical, mental, spiritual, moral or social development. ⁴ Includes verbal abuse, bullying/mobbing, harassment, and threats.	
Abuse	Behaviour that humiliates, degrades or otherwise indicates a lack of respect for the dignity and worth of an individual. ⁵
Bullying / Mobbing	Repeated and over time offensive behaviour through vindictive, cruel, or malicious attempts to humiliate or undermine an individual or groups of employees. ⁶
Harassment	Any conduct based on age, disability, HIV status, domestic circumstances, sex, sexual orientation, gender reassignment, race, colour, language, religion, political, trade union or other opinion or belief, national or social origin, association with a minority, property, birth or other status that is unreciprocated or unwanted and which affects the dignity of men and women at work. ⁷
Sexual harassment	Any unwanted, unreciprocated and unwelcome behaviour of a sexual nature that is offensive to the person involved, and causes that person to be threatened, humiliated or embarrassed. ⁸
Racial harassment	Any threatening conduct that is based on race, colour, language, national origin, religion, association with a minority, birth or other status that is unreciprocated or unwanted and which affects the dignity of women and men at work. ⁹
Threat	Promised use of physical force or power (i.e. psychological force) resulting in fear of physical, sexual, psychological harm or other negative consequences to the targeted individuals or groups.

³ Adapted from WHO definition of violence.

⁴ Adapted from WHO definition of violence.

⁵ Alberta Association of Registered Nurses

⁶ Adapted from ILO – Violence at Work

⁷ Human Rights Act, UK

⁸ Irish Nurses Organisation

⁹ Adapted from Human Rights Act, UK

QUESTIONNAIRE

*Please complete the questionnaire by either ticking boxes ☐ or writing in the spaces provided.
If you don't know how to answer one question, just go on to the next one.*

A. PERSONAL AND WORKPLACE DATA

- PD 1** What is your age:
- | | | | | |
|--------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 19 or under | <input type="checkbox"/> 20-24 | <input type="checkbox"/> 25-29 | <input type="checkbox"/> 30-34 | <input type="checkbox"/> 35-39 |
| <input type="checkbox"/> 40-44 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 60+ |
- PD 2** Are you: ☐ female ☐ male
- PD 3** What is your marital status:
- | | | |
|--|--|--|
| <input type="checkbox"/> single | <input type="checkbox"/> married | <input type="checkbox"/> living with partner |
| <input type="checkbox"/> separated /divorced | <input type="checkbox"/> widow/widower | |
- PD 4** Did you move from another country to the place where you are currently working?
- ☐ yes ☐ no; *If NO, please go to question PD 5*
- 4.1. If YES, when did you move?
- | | | |
|--|--|--|
| <input type="checkbox"/> 11 months ago or less | <input type="checkbox"/> 1-5 years ago | <input type="checkbox"/> 6 years ago or more |
|--|--|--|
- PD 5** Please identify how you see yourself within each of the following settings:
- | | member of the majority
ethnic group | member of a minority
ethnic group |
|-------------------|---|---|
| in the country | <input type="checkbox"/> | <input type="checkbox"/> |
| in your community | <input type="checkbox"/> | <input type="checkbox"/> |
| at your workplace | <input type="checkbox"/> | <input type="checkbox"/> |
- PD 6** Which category best describes your present professional group :
- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> physician | <input type="checkbox"/> nurse | <input type="checkbox"/> midwife | <input type="checkbox"/> pharmacist |
| <input type="checkbox"/> ambulance | <input type="checkbox"/> auxiliary /ancillary | <input type="checkbox"/> administration/clerical | |
| <input type="checkbox"/> professions allied to medicine (therapists/radiographers/assistants) | | | |
| <input type="checkbox"/> technical staff (laboratory/sterilisation) | | | |
| <input type="checkbox"/> support staff (kitchen/maintenance, security) | | | |
| <input type="checkbox"/> other, <i>please specify</i> : _____ | | | |
- PD 7** Which category best describes your present position:
- | | | | |
|---|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> senior manager | <input type="checkbox"/> staff | <input type="checkbox"/> student | <input type="checkbox"/> independent |
| <input type="checkbox"/> line manager | <input type="checkbox"/> other, <i>please specify</i> : _____ | | |
- PD 8** How many years of work experience in the health sector do you presently have:
- | | | | | | |
|---------------------------------------|------------------------------|-------------------------------|--------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> under 1 year | <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 16-20 | <input type="checkbox"/> over 20 |
|---------------------------------------|------------------------------|-------------------------------|--------------------------------|--------------------------------|----------------------------------|
- PD 9** Which category of employment sectors represents best your employment for your main job:
- | | |
|--|--|
| <input type="checkbox"/> private – for profit sector | <input type="checkbox"/> private – non profit sector |
| <input type="checkbox"/> religious (e.g. church) | <input type="checkbox"/> public/ governmental sector |
| <input type="checkbox"/> International agency | |
| <input type="checkbox"/> other: _____ | <input type="checkbox"/> don't know |
- PD 10** In your main job, do you work:
- | | | |
|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> full-time | <input type="checkbox"/> part-time | <input type="checkbox"/> temporary/casual |
|------------------------------------|------------------------------------|---|
- PD 11** Do you work in shifts?
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> yes | <input type="checkbox"/> no |
|------------------------------|-----------------------------|
- PD 12** Do you work anytime between 18h00 (6 PM) and 07h00 (7 AM)?
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> yes | <input type="checkbox"/> no |
|------------------------------|-----------------------------|
- PD 13** Do you interact with patients/clients during your work?
- | |
|--|
| <input type="checkbox"/> Yes, <i>please answer questions 13.1 – 13.3</i> |
| <input type="checkbox"/> No , <i>please go to question PD 14</i> |

- 13.1. Do you have routine direct physical contact (washing, turning, lifting) with patients/clients?
☐ yes ☐ no

- 13.2. The patients/clients you most frequently work with are (*tick all appropriate boxes*):
☐ Newborns ☐ Infants
☐ Children ☐ Adolescents (10-18 years of age)
☐ Adults ☐ Elderly

- 13.3. The sex of the patients you most frequently work with are:
☐ Female ☐ Male ☐ Male and female

PD 14 Please indicate if you spend more than 50% of your time working with any of the following type of specialities:

- ☐ Physically disabled ☐ Mentally disabled ☐ Home care
☐ Terminally ill ☐ HIV/AIDS ☐ Psychiatric
☐ Mother/child care ☐ Geriatric ☐ Occupational health and safety
☐ School health ☐ other, *please specify*: _____

PD 15 Where do you spend **most** of your time (more than 50%) in your main job?
Please choose the work setting that describes it best.

- ☐ Hospital, the main service being:
☐ ambulatory ☐ general medicine ☐ general surgery
☐ psychiatric ☐ emergency ☐ operating room
☐ intensive care ☐ management
☐ specialised unit (e.g. paediatrics, orthopaedics, radiology)
☐ technical services (laboratory, sterilization)
☐ support services (kitchen, maintenance)
☐ other, *please specify*: _____
☐ Ambulance
☐ Health centre
☐ Community / district (e.g. home care, outreach service, health visiting)
☐ Hospice
☐ Home for the elderly/ Nursing home
☐ Rehabilitation centre / convalescent home
☐ other, *please specify*: _____

PD 16 The number of staff present in the same work setting with you during **most** (more than 50%) of your work time is:

- ☐ none ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ over 15

PD 17 How worried are you about violence in your current workplace?
(Please rate: 1 = not worried at all; 5 = very worried)

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PD 18 Are there procedures for the reporting of violence in your workplace?

- ☐ yes ☐ no *If NO, please go to question PD 19*

- 18.1. If YES, do you know how to use them? ☐ yes ☐ no

PD 19 Is there encouragement to report workplace violence?

- ☐ yes ☐ no *If NO, please go to next section*

- 19.1. If YES, by whom :
☐ management / employer ☐ colleagues
☐ union ☐ association
☐ own family / friends
☐ other, *please specify*: _____

B. PHYSICAL WORKPLACE VIOLENCE

PLEASE NOTE: Physical violence refers to the use of physical force against another person or group, that results in physical harm, sexual or psychological harm. It can include beating, kicking, slapping, stabbing, shooting, pushing, biting, and/or pinching, among others.

PV 1 In the last 12 months, have you been physically attacked in your workplace?

- ☐ Yes , *please answer questions 1.1.- 1.15.*
☐ No , *if NO, please go to question PV 2, next page*

1.1. If yes, please think of the last time that you were physically attacked in your place of work.
How would you describe this incident?

- ☐ Physical violence without a weapon ☐ Physical violence with a weapon

1.2. Do you consider this to be a typical incident of violence in your workplace?

- ☐ Yes ☐ No

1.3. Who attacked you?

- ☐ patient/client ☐ relatives of patient/client
☐ staff member ☐ management / supervisor
☐ external colleague/worker ☐ general public
☐ other, *please specify:* _____

1.4. Where did the incident take place?

- ☐ inside health institution or facility ☐ at patient's/client's home
☐ outside (on way to work / health visit / home)

1.5. At which time did it happen?

- ☐ 07.00h.- before 13.00 h. ☐ 13.00 h.– before 18.00 h.
☐ 18.00h. – before 24.00 ☐ 24.00h-before 07.00h ☐ don't remember

1.6. Which day of the week did it happen?

- ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday
☐ Friday ☐ Saturday ☐ Sunday ☐ don't remember

1.7. How did you respond to the incident?

Please tick all relevant boxes

- ☐ took no action ☐ tried to pretend it never happened
☐ told the person to stop ☐ tried to defend myself physically
☐ told friends/family ☐ sought counselling
☐ told a colleague ☐ reported it to a senior staff member
☐ transferred to another position
☐ sought help from association ☐ sought help from the union
☐ completed incident/accident form ☐ pursued prosecution
☐ completed a compensation claim ☐ other: _____

1.8. Do you think the incident could have been prevented?

- ☐ yes ☐ no

1.9. Were you injured as a result of the violent incident?

- ☐ Yes ☐ No; *if NO, please go to question 1.10.*

1.9.1. IF YES, did you require formal treatment for the injuries?

- ☐ Yes ☐ No

1.10. Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered. *For each item, please indicate how bothered you have been by these experiences since you were attacked. Please tick one option per question.*

Since you were attacked, how BOTHERED have you been by:	Not at All	A Little Bit	Moderately	Quite a Bit	Extremely
(a) Repeated, disturbing memories, thoughts, or images of the attack?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Avoiding thinking about or talking about the attack or avoiding having feelings related to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Being "super-alert" or watchful and on guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Feeling like everything you did was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.11. Did you have to take time off from work after being attacked?

☐ Yes ☐ No; if NO, please go to question 1.12.

1.11.1. If YES, for how long?

☐ One day ☐ 2-3 days ☐ One week
☐ 2-3 weeks ☐ 1 month ☐ 2-6 months ☐ 7-12 months

1.12. Was any action taken to investigate the causes of the incident?

☐ yes ☐ no ☐ don't know

IF NO or DON'T KNOW please go to question 1.13

1.12.1. IF YES, by whom:

☐ management / employer ☐ union ☐ association
☐ community group ☐ police
☐ other, please specify: _____

1.12.2. What were the consequences for the attacker?

☐ none ☐ verbal warning issued ☐ care discontinued
☐ reported to police ☐ aggressor prosecuted ☐ other: _____
☐ don't know

1.13. Did your employer or supervisor offer to provide you with:

Counselling ☐ yes ☐ no
Opportunity to speak about/report it ☐ yes ☐ no
Other support? ☐ yes ☐ no

1.14. How satisfied are you with the manner in which the incident was handled?

(Please rate: 1 = very dissatisfied, 5 = very satisfied)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

1.15. If you did **not** report or tell about the incident to others, why not?

Please tick every relevant box

☐ it was not important ☐ Felt ashamed ☐ felt guilty
☐ afraid of negative consequences ☐ useless ☐ did not know who to report to
☐ Other, please specify: _____

PV 2 In the last 12 months, have you witnessed incidents of physical violence in your workplace?

☐ Yes ☐ No; if NO, please go to question **PV 3**

2.1. If YES, how often has this occurred in the last 12 months?

☐ Once ☐ 2-4 times ☐ 5-10 times
☐ Several times a month ☐ About once a week ☐ Daily

PV 3 Have you reported an incident of workplace violence in the last 12 months? (witnessed or experienced)

☐ yes ☐ no

If NO, please go to section: PSYCHOLOGICAL VIOLENCE, next page

3.1. IF YES, have you been disciplined for reporting an incident of workplace violence?

☐ yes ☐ no

C. PSYCHOLOGICAL WORKPLACE VIOLENCE (Emotional Abuse)

Please note: Psychological violence is defined as: Intentional use of power, including threat of physical force, against another person or group, that can result in harm to physical, mental, spiritual, moral or social development.

Psychological violence includes verbal abuse, bullying/mobbing, harassment, and threats. These terms are explained in the glossary on page 2.

Each form of psychological violence will be addressed separately with the same questions. This is important for getting a detailed understanding of the workplace violence you experienced. Please answer at least the first question of each section. In case of "NO", you are directed to the next section.

C. I. VERBAL ABUSE

VA 1 In the last 12 months, have you been verbally abused in your workplace?

- ☐ Yes, please answer the following questions
☐ No, please go to section C II. BULLYING / MOBBING, page 8

VA 2 How often have you been verbally abused in the last 12 months?

- ☐ all the time ☐ sometimes ☐ once

VA 3 Please think of the last time you were verbally abused in your place of work.

Who verbally abused you?

- ☐ patient/client ☐ relatives of patient/client
☐ staff member ☐ management / supervisor
☐ external colleague/worker ☐ general public
☐ other: _____

VA 4 Do you consider this to be a typical incident of verbal abuse in your workplace?

- ☐ Yes ☐ No

VA 5 Where did the verbal abuse take place?

- ☐ inside health institution or facility ☐ at patient's/client's home
☐ outside (on way to work/health visit/home) ☐ other: _____

VA 6 How did you respond to the verbal abuse? Please tick all relevant boxes

- ☐ took no action ☐ tried to pretend it never happened
☐ told the person to stop ☐ told friends/family
☐ told a colleague ☐ reported it to a senior staff member
☐ sought counselling
☐ sought help from the union ☐ sought help from the association
☐ transferred to another position ☐ completed incident/accident form
☐ pursued prosecution ☐ completed a compensation claim
☐ other: _____

VA 7 Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered. For each item, please indicate how bothered you have been by these experiences since you were abused. Please tick one option per question.

Since you were abused, how BOTHERED have you been by:	Not at All	A Little Bit	Moderately	Quite a Bit	Extremely
(a) Repeated, disturbing memories, thoughts, or images of the abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Avoiding thinking about or talking about the abuse or avoiding having feelings related to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Being "super-alert" or watchful and on guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Feeling like everything you did was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VA 8 Do you think the incident could have been prevented? ☐ yes ☐ no

VA 9 Was any action taken to investigate the causes of the verbal abuse ?

☐ yes ☐ no ☐ don't know

If NO or DON'T KNOW, please go to question VA 10

9.1. If YES, by whom: *(please tick every relevant box)*

☐ management / employer ☐ union ☐ association
☐ community group ☐ police
☐ other: _____

9.2. If YES, what were the consequences for the abuser?

☐ none ☐ verbal warning issued ☐ care discontinued
☐ reported to police ☐ aggressor prosecuted
☐ other: _____ ☐ don't know

VA 10 Did your employer or supervisor offer to provide you with:

Counselling ☐ yes ☐ no
 Opportunity to speak about/report it ☐ yes ☐ no
 Other support? ☐ yes ☐ no

VA 11 How satisfied are you with the manner in which the incident was handled?

(Please rate: 1 = very dissatisfied, 5=very satisfied)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

VA 12 If you did **not** report or tell about the incident to others, why not?

Please tick every relevant box

☐ it was not important ☐ Felt ashamed ☐ felt guilty
☐ afraid of negative consequences ☐ did not know who to report to
☐ useless ☐ other: _____

C. II. BULLYING / MOBBING

BM 1 In the last 12 months, have you been bullied / mobbed in your workplace?

☐ Yes , please answer the following questions

☐ No , please go to section C III. SEXUAL HARASSMENT, page 9

BM 2 How often have you been bullied / mobbed in the last 12 months?

☐ all the time ☐ sometimes ☐ once

BM 3 Please think of the last time you were bullied / mobbed in your place of work.

Who bullied / mobbed you?

☐ patient/client ☐ relatives of patient/client
☐ staff member ☐ management / supervisor
☐ external colleague/worker ☐ general public
☐ other: _____

BM 4 Do you consider this to be a typical incident of bullying / mobbing in your workplace?

☐ Yes ☐ No

BM 5 Where did the bullying / mobbing take place?

☐ inside health institution or facility ☐ at patient's/client's home
☐ outside (on way to work/health visit/home) ☐ other: _____

BM 6 How did you respond to the bullying / mobbing? *Please tick all relevant boxes*

☐ took no action ☐ tried to pretend it never happened
☐ told the person to stop ☐ told friends/family
☐ told a colleague ☐ reported it to a senior staff member
☐ sought counselling
☐ sought help from the union ☐ sought help from the association
☐ transferred to another position ☐ completed incident/accident form
☐ pursued prosecution ☐ completed a compensation claim
☐ other: _____

BM 7 Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered. *For each item, please indicate how bothered you have been by these experiences since you were bullied / mobbed. Please tick one option per question.*

Since you were bullied /mobbed, how BOTHERED have you been by:	Not at All	A Little Bit	Moderately	Quite a Bit	Extremely
(a) Repeated, disturbing memories, thoughts, or images of the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Avoiding thinking about or talking about the event or avoiding having feelings related to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Being "super-alert" or watchful and on guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Feeling like everything you did was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BM 8 Do you think the incident could have been prevented? ☐ yes ☐ no

BM 9 Was any action taken to investigate the causes of the bullying/mobbing ?

☐ yes ☐ no ☐ don't know

*If NO or DON'T KNOW, please go to question **BM 10***

9.1. If YES, by whom: ☐ management / employer ☐ union ☐ association
☐ community group ☐ police
☐ other: _____

9.2. If YES, what were the consequences for the person who bullied / mobbed you?
☐ none ☐ verbal warning issued ☐ care discontinued
☐ reported to police ☐ aggressor prosecuted
☐ other: _____ ☐ don't know

BM 10 Did your employer or supervisor offer to provide you with:

Counselling ☐ yes ☐ no
 Opportunity to speak about/report it ☐ yes ☐ no
 Other support? ☐ yes ☐ no

BM 11 How satisfied are you with the manner in which the incident was handled?

(Please rate: 1 = very dissatisfied, 5=very satisfied)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

BM 12 If you did **not** report or tell about the incident to others, why not?

Please tick every relevant box

☐ it was not important ☐ Felt ashamed ☐ felt guilty
☐ afraid of negative consequences ☐ did not know who to report to
☐ useless ☐ other: _____

C. III. SEXUAL HARASSMENT

SH 1 In the last 12 months, have you been sexually harassed in your workplace?

☐ Yes , please answer the following questions
☐ No , please go to section IV.RACIAL HARASSMENT, next page

SH 2 How often have you been sexually harassed in the last 12 months?

☐ all the time ☐ sometimes ☐ once

SH 3 Please think of the last time you were sexually harassed in your place of work. Who sexually harassed you?

☐ patient/client ☐ relatives of patient/client
☐ staff member ☐ management / supervisor
☐ external colleague/worker ☐ general public
☐ other: _____

SH 4 Do you consider this to be a typical incident of sexual harassment in your workplace?
☐ Yes ☐ No

SH 5 Where did the sexual harassment take place?
☐ inside health institution or facility ☐ at patient's/client's home
☐ outside (on way to work/health visit/home) ☐ other: _____

SH 6 How did you respond to the sexual harassment? *Please tick all relevant boxes*
☐ took no action ☐ tried to pretend it never happened
☐ told the person to stop ☐ told friends/family
☐ told a colleague ☐ reported it to a senior staff member
☐ sought counselling ☐ sought help from the association
☐ sought help from the union ☐ completed incident/accident form
☐ transferred to another position ☐ completed a compensation claim
☐ pursued prosecution ☐ other: _____

SH 7 Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered. *For each item, please indicate how bothered you have been by these experiences since you were sexually harassed. Please tick one option per question.*

Since you were harassed, how BOTHERED have you been by:	Not at All	A Little Bit	Moderately	Quite a Bit	Extremely
(a) Repeated, disturbing memories, thoughts, or images of the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Avoiding thinking about or talking about the event or avoiding having feelings related to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Being "super-alert" or watchful and on guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Feeling like everything you did was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SH 8 Do you think the incident could have been prevented? ☐ yes ☐ no

SH 9 Was any action taken to investigate the causes of the sexual harassment?
☐ yes ☐ no ☐ don't know

If NO or DON'T KNOW, please go to question SH 10

9.1. If YES, by whom: ☐ management / employer ☐ union ☐ association
☐ community group ☐ police
☐ other: _____

9.2. If YES, what were the consequences for the person who harassed you?
☐ none ☐ verbal warning issued ☐ care discontinued
☐ reported to police ☐ aggressor prosecuted
☐ other: _____ ☐ don't know

SH 10 Did your employer or supervisor offer to provide you with:
 Counselling ☐ yes ☐ no
 Opportunity to speak about/report it ☐ yes ☐ no
 Other support? ☐ yes ☐ no

SH 11 How satisfied are you with the manner in which the incident was handled?
(Please rate: 1 = very dissatisfied, 5=very satisfied)
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

SH 12 If you did **not** report or tell about the incident to others, why not?
Please tick every relevant box
☐ it was not important ☐ Felt ashamed ☐ felt guilty
☐ afraid of negative consequences ☐ did not know who to report to
☐ useless ☐ other: _____

C. IV. RACIAL HARASSMENT**RH 1** In the last 12 months, have you been racially harassed in your workplace?☐ Yes , please answer the following questions☐ No , please go to section D, **page 12****RH 2** How often have you been racially harassed in the last 12 months?☐ all the time☐ sometimes☐ once**RH 3** Please think of **the last time** you were racially harassed in your place of work.

Who racially harassed you?

☐ patient/client☐ relatives of patient/client☐ staff member☐ management / supervisor☐ external colleague/worker☐ general public☐ other: _____**RH 4** Do you consider this to be a typical incident of racial harassment in your workplace?☐ Yes☐ No**RH 5** Where did the racial harassment take place?☐ inside health institution or facility☐ at patient's/client's home☐ outside (on way to work/health visit/home)☐ other: _____**RH 6** How did you respond to the racial harassment? *Please tick all relevant boxes*☐ took no action☐ tried to pretend it never happened☐ told the person to stop☐ told friends/family☐ told a colleague☐ reported it to a senior staff member☐ sought counselling☐ sought help from the union☐ sought help from the association☐ transferred to another position☐ completed incident/accident form☐ pursued prosecution☐ completed a compensation claim☐ other: _____**RH 7** Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered. *For each item, please indicate how bothered you have been by these experiences since you were racially harassed. Please tick one option per question.*

Since you were harassed, how BOTHERED have you been by:	Not at All	A Little Bit	Moderately	Quite a Bit	Extremely
(a) Repeated, disturbing memories, thoughts, or images of the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Avoiding thinking about or talking about the event or avoiding having feelings related to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Being "super-alert" or watchful and on guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Feeling like everything you did was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RH 8 Do you think the incident could have been prevented? ☐ yes ☐ no**RH 9** Was any action taken to investigate the causes of the racial harassment ?☐ yes☐ no☐ don't know*If NO or DON'T KNOW, please go to question **RH 10***

9.1. If YES, by whom:

☐ management / employer☐ union☐ association☐ community group☐ police☐ other: _____

9.2. If YES, what were the consequences for the person who harassed you?

- ☐ none ☐ verbal warning issued ☐ care discontinued
☐ reported to police ☐ aggressor prosecuted
☐ other: _____ ☐ don't know

RH 10 Did your employer or supervisor offer to provide you with:

- Counselling ☐ yes ☐ no
 Opportunity to speak about/report it ☐ yes ☐ no
 Other support? ☐ yes ☐ no

RH 11 How satisfied are you with the manner in which the incident was handled?

(Please rate: 1 = very dissatisfied, 5=very satisfied)

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

RH 12 If you did **not** report or tell about the incident to others, why not?

Please tick every relevant box

- ☐ it was not important ☐ Felt ashamed ☐ felt guilty
☐ afraid of negative consequences ☐ did not know who to report to
☐ useless ☐ other: _____

D. HEALTH SECTOR EMPLOYER

HE 1 Has your employer developed specific policies on:

- | | | | |
|-----------------------------|------------------------------|-----------------------------|-------------------------------------|
| Health and safety | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| Physical workplace violence | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| Verbal abuse | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| Sexual harassment | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| Racial harassment | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| Bullying/Mobbing | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| Threat | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |

HE 2 What measures to deal with workplace violence exist in your workplace?

Please tick every relevant box

- ☐ Security measures (e.g. guards, alarms, portable telephones)
☐ Improve surroundings (e.g. lighting, noise, heat, access to food, cleanliness, privacy)
☐ Restrict public access
☐ Patient screening (to record and be aware of previous aggressive behaviour)
☐ Patient protocols (e.g. control and restraint procedures, transport, medication, activities programming, access to information)
☐ Restrict exchange of money at the workplace (e.g. patient fees)
☐ Increased staff numbers
☐ Check-in procedures for staff (especially for home care)
☐ Special equipment or clothing (e.g. uniform or absence of uniform)
☐ Changed shifts or rotas (i.e. working times)
☐ Reduced periods of working alone
☐ Training
 (e.g. workplace violence, coping strategies, communication skills, conflict resolution, self-defence)
☐ Investment in human resource development (training for career advancement, retreats, rewards for achievement, promotion of healthy environment)
☐ None of these
☐ Other: _____

HE 3 To what extent do you think these measures would be helpful in your work setting?

- | | very | moderate | little | not at all |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Security measures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Improve surroundings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Restrict public access | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient protocols | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Restrict exchange of money at the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased staff numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check-in procedures for staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special equipment or clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changed shifts or rotas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced periods of working alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human resource development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HE 4 Which of the following changes, if any, have occurred in the workplace/health care setting in the last 2 years?

- | | |
|---|---|
| <input type="checkbox"/> none | <input type="checkbox"/> restructuring / reorganization |
| <input type="checkbox"/> staff cuts | <input type="checkbox"/> increased staff numbers |
| <input type="checkbox"/> restriction of resources | <input type="checkbox"/> additional resources |
| <input type="checkbox"/> other _____ | |
| <input type="checkbox"/> don't know | |

HE 5 In your opinion, what impact have the above changes had on your daily work?

Please tick any relevant box

- | | |
|--|--|
| <input type="checkbox"/> none | <input type="checkbox"/> work situation for staff improved |
| <input type="checkbox"/> work situation for staff worsened | <input type="checkbox"/> situation for patients/clients improved |
| <input type="checkbox"/> situation for patients/clients worsened | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> don't know | |

E. OPINIONS ON WORKPLACE VIOLENCE

O 1 In your opinion, what are the three most important **contributing factors to physical violence** in your work setting?

O 2 In your opinion, what are the three most important **contributing factors to psychological (non-physical) violence** in your work setting?

O 3 In your opinion, what are the **three most important measures** that would reduce violence in your work setting?

ILO, ICN, WHO and PSI would like to thank you for your contribution to our survey and campaign.