



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:
 19 or under 20-24 25-29 30-34 35-39
 40-44 45-49 50-54 55-59 60+
- PD 2** Are you: female male
- PD 3** What is your marital status: single married living with partner
 separated /divorced 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?
 11 months ago or less 1-5 years ago 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 :
 physician nurse midwife pharmacist
 ambulance auxiliary /ancillary administration/clerical
 professions allied to medicine (therapists/radiographers/assistants)
 technical staff (laboratory/sterilisation)
 support staff (kitchen/maintenance, security)
 other, *please specify*: _____
- PD 7** Which category best describes your present position:
 senior manager staff student independent
 line manager other, *please specify*: _____
- PD 8** How many years of work experience in the health sector do you presently have:
 under 1 year 1-5 6-10 11-15 16-20 over 20
- PD 9** Which category of employment sectors represents best your employment for your main job:
 private – for profit sector private – non profit sector
 religious (e.g. church) public/ governmental sector
 International agency
 other: _____ don't know
- PD 10** In your main job, do you work: full-time part-time temporary/casual
- PD 11** Do you work in shifts? yes no
- PD 12** Do you work anytime between 18h00 (6 PM) and 07h00 (7 AM)? yes no
- PD 13** Do you interact with patients/clients during your work?
 Yes, *please answer questions 13.1 – 13.3*
 No , *please go to question PD 14*

- 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"/>				
(b) Avoiding thinking about or talking about the attack or avoiding having feelings related to it?	<input type="checkbox"/>				
(c) Being "super-alert" or watchful and on guard?	<input type="checkbox"/>				
(d) Feeling like everything you did was an effort?	<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"/>				
(b) Avoiding thinking about or talking about the abuse or avoiding having feelings related to it?	<input type="checkbox"/>				
(c) Being "super-alert" or watchful and on guard?	<input type="checkbox"/>				
(d) Feeling like everything you did was an effort?	<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"/>				
(b) Avoiding thinking about or talking about the event or avoiding having feelings related to it?	<input type="checkbox"/>				
(c) Being "super-alert" or watchful and on guard?	<input type="checkbox"/>				
(d) Feeling like everything you did was an effort?	<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*

<input type="checkbox"/> took no action	<input type="checkbox"/> tried to pretend it never happened
<input type="checkbox"/> told the person to stop	<input type="checkbox"/> told friends/family
<input type="checkbox"/> told a colleague	<input type="checkbox"/> reported it to a senior staff member
<input type="checkbox"/> sought counselling	
<input type="checkbox"/> sought help from the union	<input type="checkbox"/> sought help from the association
<input type="checkbox"/> transferred to another position	<input type="checkbox"/> completed incident/accident form
<input type="checkbox"/> pursued prosecution	<input type="checkbox"/> completed a compensation claim
<input type="checkbox"/> 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"/>				
(b) Avoiding thinking about or talking about the event or avoiding having feelings related to it?	<input type="checkbox"/>				
(c) Being "super-alert" or watchful and on guard?	<input type="checkbox"/>				
(d) Feeling like everything you did was an effort?	<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

<input type="checkbox"/> it was not important	<input type="checkbox"/> Felt ashamed	<input type="checkbox"/> felt guilty
<input type="checkbox"/> afraid of negative consequences	<input type="checkbox"/> did not know who to report to	
<input type="checkbox"/> useless	<input type="checkbox"/> 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"/>				
(b) Avoiding thinking about or talking about the event or avoiding having feelings related to it?	<input type="checkbox"/>				
(c) Being "super-alert" or watchful and on guard?	<input type="checkbox"/>				
(d) Feeling like everything you did was an effort?	<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.