

## Survey

### What is Guarding Minds at Work?

Guarding Minds at Work is a resource designed to help assess, protect and promote psychological health and safety in the workplace. You are being invited to complete this survey because employee input is a critical part of the assessment.

**Survey Instructions:** This survey contains statements about common work experiences. Please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement.

#### When responding to these statements, please keep the following in mind:

- Answer based on your own personal experiences in your current job.
- Choose the answer that is true most of the time.
- This survey is concerned with your thoughts, opinions and feelings. If you are unsure of an answer, please select the option that you believe is most likely to be true.
- These statements use the terms 'employee', 'staff', 'supervisor', 'management' and 'employer', however your workplace may use different language to describe these roles. Please respond keeping in mind the terms appropriate for your workplace.
- The survey takes about 20 minutes to complete. You cannot save your progress, so make sure you have enough time to complete the survey in one session.

The survey takes about 20 minutes to complete. Your answers are anonymous and individual responses will be kept confidential.

|  | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree |
|--|----------------|----------------|-------------------|-------------------|
| My employer encourages me to take my entitled breaks (e.g., lunchtime, sick time, vacation time, earned days off, parental leave). |                |                |                   |                   |
| I am able to reasonably balance the demands of work and personal life.   |                |                |                   |                   |
| My employer promotes work-life balance.  |                |                |                   |                   |
| I can talk to my supervisor when I am having trouble maintaining work-life balance.  |                |                |                   |                   |
| I feel supported in my workplace when I am dealing with personal or family issues.   |                |                |                   |                   |
| My employer has programs or policies to prevent worker burnout.  |                |                |                   |                   |
| People treat each other with respect and consideration in our workplace.   |                |                |                   |                   |
| Our workplace effectively handles conflict among employees.  |                |                |                   |                   |
| People from all backgrounds are treated fairly in our workplace.   |                |                |                   |                   |
| Unnecessary conflict is kept to a minimum in our workplace.  |                |                |                   |                   |
| My workplace has effective ways of addressing inappropriate behaviour by customers or clients.                                     |                |                |                   |                   |
| People at work show sincere respect for others' ideas, values and beliefs.   |                |                |                   |                   |
| In my job, I know what I am expected to do.  |                |                |                   |                   |
| I am informed about important changes at work in a timely manner.  |                |                |                   |                   |
| Difficult situations at work are addressed effectively.  |                |                |                   |                   |
| My organization provides clear, effective communication.   |                |                |                   |                   |
| My supervisor supports me to do my job successfully.   |                |                |                   |                   |

Continued

|   | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree |
|---|----------------|----------------|-------------------|-------------------|
| I enjoy my work.  |                |                |                   |                   |
| I am willing to give extra effort at work if needed.                                |                |                |                   |                   |
| My work is an important part of who I am.   |                |                |                   |                   |
| I am committed to the success of my organization.                                   |                |                |                   |                   |
| I am proud of the work I do.  |                |                |                   |                   |
| I am committed to the success of my team.   |                |                |                   |                   |
| I receive feedback at work that helps me grow and develop.                          |                |                |                   |                   |
| My supervisor provides helpful feedback on my performance.                          |                |                |                   |                   |
| My supervisor is open to my ideas for taking on new opportunities in the workplace. |                |                |                   |                   |
| I have the opportunity to take on new challenges.                                   |                |                |                   |                   |
| My employer values employees' ongoing growth and development.                       |                |                |                   |                   |
| I am given adequate time at work to participate in training.                        |                |                |                   |                   |
| I am provided with the necessary training to perform well in my job.                |                |                |                   |                   |
| I am able to talk to my immediate supervisor about how I do my work.                |                |                |                   |                   |
| I have some control over how I organize my work.                                    |                |                |                   |                   |
| My opinions and suggestions are considered at work.                                 |                |                |                   |                   |
| I am informed of important changes that may impact how my work is done.             |                |                |                   |                   |

Continued

|   | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree |
|---|----------------|----------------|-------------------|-------------------|
| I am encouraged to participate in decisions that impact my work.  |                |                |                   |                   |
| People in our workplace are held accountable for their actions.   |                |                |                   |                   |
| I feel that I am part of a community at work.   |                |                |                   |                   |
| Employees and management trust one another.   |                |                |                   |                   |
| My workplace is inclusive of persons with diverse backgrounds and points of view.   |                |                |                   |                   |
| Organizational values are demonstrated at all levels.   |                |                |                   |                   |
| My employer takes appropriate action to protect my physical safety at work.   |                |                |                   |                   |
| My employer offers sufficient training to help protect my physical safety at work (e.g., emergency preparedness, safe lifting, violence |                |                |                   |                   |
| When physical accidents occur or physical risks are identified, my employer responds effectively.                                       |                |                |                   |                   |
| I have the equipment and tools I need to do my job in a physically safe way (e.g., protective clothing, adequate lighting, ergonomic    |                |                |                   |                   |
| My employer responds appropriately when workers raise concerns about physical safety.   |                |                |                   |                   |
| Hiring/promotion decisions consider the "people skills" necessary for specific positions.   |                |                |                   |                   |
| My company hires people who fit well within the organization.   |                |                |                   |                   |
| I have the social and emotional skills needed to do my job well.  |                |                |                   |                   |
| My organization has prepared me to deal with the psychological demands of my job.   |                |                |                   |                   |
| I am able to do my job in a way that meets my personal and professional values.   |                |                |                   |                   |
| My employer is committed to minimizing unnecessary stress at work.  |                |                |                   |                   |
| My employer makes efforts to prevent harm to employees from discrimination.   |                |                |                   |                   |

Continued

|   | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree |
|---|----------------|----------------|-------------------|-------------------|
| My employer makes efforts to prevent harm to employees from unsafe behaviours by clients, customers or patients.                |                |                |                   |                   |
| I would describe my workplace as being psychologically safe.  |                |                |                   |                   |
| My employer deals effectively with situations that may threaten or harm employees (e.g., harassment, discrimination, violence). |                |                |                   |                   |
| My employer makes efforts to prevent harm to employees from bullying and harassment.  |                |                |                   |                   |
| I am able to raise concerns about psychological safety in my workplace.   |                |                |                   |                   |
| My employer offers services or benefits that support employees.   |                |                |                   |                   |
| My employer would support me if I were psychologically distressed.  |                |                |                   |                   |
| People in my workplace understand the importance of protecting psychological health and safety.                                 |                |                |                   |                   |
| People with disabilities are supported to do their jobs effectively.  |                |                |                   |                   |
| My employer helps employees to cope with workplace stress.  |                |                |                   |                   |
| My immediate supervisor appreciates my work.  |                |                |                   |                   |
| I am paid fairly for the work I do.   |                |                |                   |                   |
| My employer shows appreciation for extra effort made by employees.  |                |                |                   |                   |
| Our organization celebrates our shared accomplishments.   |                |                |                   |                   |
| My employer values my commitment and passion for my work.   |                |                |                   |                   |
| I am recognized for good performance.   |                |                |                   |                   |
| The amount of work I am expected to do is reasonable for my position.   |                |                |                   |                   |

Continued

|   | Strongly Agree | Somewhat Agree | Somewhat Disagree | Strongly Disagree |
|---|----------------|----------------|-------------------|-------------------|
| I can talk to my supervisor about the amount of work I have to do.                |                |                |                   |                   |
| I have the equipment, resources and time needed to do my job well.                |                |                |                   |                   |
| My work is free from unnecessary interruptions and disruptions.                   |                |                |                   |                   |
| I have control over how my tasks and responsibilities are prioritized.            |                |                |                   |                   |
| <b>Specific Areas of Concern</b>  |                |                | <b>Yes</b>        | <b>No</b>         |
| In my workplace, I am experiencing discrimination.                                |                |                |                   |                   |
| In my workplace, I am being bullied or harassed verbally, physically or sexually. |                |                |                   |                   |
| In my workplace, I am being treated unfairly because I have a mental illness.     |                |                |                   |                   |
| In my workplace, I have been exposed to events that I found traumatic.            |                |                |                   |                   |
| Work is having a significant impact on my psychological health.                   |                |                |                   |                   |