

# OCCUPATIONAL STRESS AND WORKPLACE BULLYING

## VIEU MEMBER SURVEY

In order to identify hazards contributing to occupational stress and workplace bullying, we are conducting a survey of VIEU members. You are invited to complete the following survey and return it to .....or .....by.....

1. Are you? Male   
Female

2. What age are you?

- 16 - 25  36 - 45   
26 - 35  46 - 60   
Over 60

3. Are you a school officer?   
Are you a school services officer?   
Are you a classroom teacher?   
Are you a Principal / Deputy Principal?

4. Do any of these things happen in your workplace?

- Intimidating behaviour - shouting, ordering, belittling   
Abusive language   
Nasty or hurtful teasing and jokes   
Interference with personal belongings or people's work equipment   
Threats of the sack   
Oppressive / unhappy workplace   
Fear of speaking up about conditions, behaviours, safety and so on   
Pressure of impossible targets   
Being forced to accept or sign individual contracts   
Demands to perform extra tasks without adequate training   
Being forced to stay back to finish work or additional tasks   
Compulsory overtime   
Physically threatening behaviour   
Assault   
Subtle manipulation   
Unreal expectations   
Other (please specify below)

**5. Who mainly carries out this behaviour?**

- |                         |                          |                        |                          |
|-------------------------|--------------------------|------------------------|--------------------------|
| Principal               | <input type="checkbox"/> | Head of Campus         | <input type="checkbox"/> |
| Business Manager        | <input type="checkbox"/> | Curriculum Head        | <input type="checkbox"/> |
| Subject Coordinator     | <input type="checkbox"/> | Year Level Coordinator | <input type="checkbox"/> |
| Direct Supervisor       | <input type="checkbox"/> | Students               | <input type="checkbox"/> |
| Teachers                | <input type="checkbox"/> | Parents                | <input type="checkbox"/> |
| Other ( Please Specify) | <input type="checkbox"/> |                        |                          |

**6. Have you experienced any of the following as a result of this behaviour?**

- |                    |                          |                               |                          |
|--------------------|--------------------------|-------------------------------|--------------------------|
| Headaches          | <input type="checkbox"/> | Indigestion                   | <input type="checkbox"/> |
| Sleep difficulties | <input type="checkbox"/> | Loss of concentration         | <input type="checkbox"/> |
| Memory loss        | <input type="checkbox"/> | Feeling distrustful           | <input type="checkbox"/> |
| Feeling depressed  | <input type="checkbox"/> | Feeling helpless              | <input type="checkbox"/> |
| Anxiety attacks    | <input type="checkbox"/> | Feeling fearful               | <input type="checkbox"/> |
| Substance abuse    | <input type="checkbox"/> | Increased smoking/alcohol use | <input type="checkbox"/> |
| Stomach problems   | <input type="checkbox"/> | Feeling nauseated             | <input type="checkbox"/> |
| Muscular cramps    | <input type="checkbox"/> | High blood pressure           | <input type="checkbox"/> |
| Ulcers             | <input type="checkbox"/> | other (please specify)        | <input type="checkbox"/> |

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**7. Has this behaviour affected your home and/or social life?**

- Yes  No

**8. If yes, provide details below,**

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

**9a. Have you taken time off work because of this behaviour?**

- Yes  No

**9b. Have any of your colleagues taken time off work because of this behaviour?**

- Yes  No  Don't Know

**10. If yes, what sort of leave was taken?**

- |                        |                          |                    |                          |
|------------------------|--------------------------|--------------------|--------------------------|
| Sick leave             | <input type="checkbox"/> | Leave without pay  | <input type="checkbox"/> |
| Workers Compensation   | <input type="checkbox"/> | Long Service Leave | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> |                    |                          |

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11. **Is anything being done to stop this behaviour?**  
Yes  No  Don't Know

12. **If yes, what is being done about it?**  
.....  
.....  
.....

13. **If no, what do you think should be done about it?**  
.....  
.....  
.....

14. **Are there policies and procedures in place to address stress at your workplace? Are they being implemented?**  
.....  
.....

15. **Do any of the following conditions affect your workplace?**

organisational change or restructuring	<input type="checkbox"/>	long hours	<input type="checkbox"/>
increased or intensified workload	<input type="checkbox"/>	insufficient p/d	<input type="checkbox"/>
uncomfortable temperatures	<input type="checkbox"/>	inadequate communication	<input type="checkbox"/>
difficult or aggressive parents	<input type="checkbox"/>	large classes	<input type="checkbox"/>
crowded classrooms	<input type="checkbox"/>	harassment or bullying	<input type="checkbox"/>
unresolved OHS issues	<input type="checkbox"/>	inadequate consultation	<input type="checkbox"/>
conflict with management	<input type="checkbox"/>	job insecurity	<input type="checkbox"/>
little involvement in decision making	<input type="checkbox"/>	other (please specify)	<input type="checkbox"/>

.....  
.....

16. **Please list in order of priority, the FIVE most stressful conditions in your workplace (from the above list, or any others you experience)**

1. ....  
2. ....  
3. ....  
4. ....  
5. ....

17. **What do you feel would be the solutions to stress in your workplace?**  
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.....  
.....

**18** Are there any Health and Safety issues not addressed in the survey which you would like to comment upon?

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**Thank you for your participation.**