**STRESS SURVEY *for CSP Members***

**YOUR WORKPLACE/SERVICE:**

|  |
| --- |
|  |

### Mark ‘x’ in the box next to either yes or no for your answer to the following questions

**Q1.** Do you feel you are stressed by your work?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

(If you select ‘No’ do not complete the rest of this questionnaire but please do return it as instructed at the end of this form)

**Q2.** Which of the following causes do you feel contribute to your stress?

1. **Learning opportunities?** *e.g. insufficient time or resources for CPD and courses*

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**B. Lack of control?**  *e.g. unrealistic deadlines, limited or denial of choice to determine the extent of your clinical function/scope, too much/little supervision*

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**C. Relationships at work?** *e.g. bullying, harassment, lack of communication*

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**D. Change?** *e.g. uncertainty about your future, lack of consultation over changes*

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**E. Working environment?** *e.g. temperature in the work place, lone working, overcrowding or cramped work areas, poor eating and rest facilities, badly designed, unsuitable or uncomfortable equipment – such as computer workstations*

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**F. Demands of your job?** *e.g. too much work, insufficient time, long working hours, not enough rest breaks*

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**G**. Is there other significant causes of stress?

|  |
| --- |
|  |

**.**

## OVERWORK QUESTIONS

Definition of overwork is too many duties and responsibilities for one person, with too few hours in the day to complete all that is required. It also can mean fewer staff doing the same amount of work previously done by more staff.

**Q1** What is causing you to overwork?

**Please mark ‘x’ in the column to any of the statements that you think applies to you**

|  |  |  |
| --- | --- | --- |
| **a)** |  | Faster rate of work, for e.g. expected to treat more patients during a shift than previously required |
| **b)** |  | Insufficient or no administrative time provided in work time to complete your patient notes |
| **c)** |  | You regularly work beyond your contracted hours to complete required clinical tasks |
| **d)** |  | You regularly work beyond your contracted hours to complete required non-clinical related tasks |
| **e)** |  | Not enough therapy staff to cover the clinical work-load of the service |
| **f)** |  | Not enough specialised or senior (i.e. band 6 and above) physiotherapists available |
| **g)** |  | Higher demands/expectation from employer/public/colleagues/other services etc. |
| **h)** |  | Inadequate training provided for new duties/new technology (software and hardware) |
| **i)** |  | Are there any other issues that causes you to overwork (please specify) |

# For the rest of the questions below please mark ‘x’ in one box only

**Q2** When staff are away from work because of long term leave such as for maternity, unfilled vacancies, sickness are replacement staff provided?

|  |  |
| --- | --- |
| Yes always |  |
| Sometimes |  |
| Rarely |  |
| No, never |  |
| Don’t know |  |

**Q3** Are you able to take time off for your rest break and lunch/dinner breaks?

|  |  |
| --- | --- |
| Yes always |  |
| Sometimes |  |
| Rarely |  |
| No, never |  |

**Q4** Do you ever stay late or come in early to complete work (i.e. work unpaid outside your regular hours of work)?

|  |  |
| --- | --- |
| Yes |  |
| No skip Q5, next Q6 |  |
| Sometimes |  |

**Q5** On average, approximately how long each day do you spend doing unpaid work to keep up with your workload?

|  |  |
| --- | --- |
| Less than 10 minutes |  |
| 10-20 minutes |  |
| 20-30 minutes |  |
| 30-45minutes |  |
| 45-60 minutes |  |
| More than 60 minutes |  |

**Q6** Are you provided with sufficient equipment/resources/supplies to do your job?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Sometimes |  |

**Q7** Do you feel that the stress you are currently experiencing is unreasonable? YES / NO

|  |  |
| --- | --- |
| Yes |  |
| No |  |

PLEASE RETURN THIS COMPLETED SURVEY

BY: ../……/

|  |  |
| --- | --- |
| TO: | *Insert contact details here* |
|  |  |