



This 5-minute survey assesses your wellness, work-related stress and satisfaction, and empowerment. This survey is anonymous – no one will connect your answers with your name. If there is a question you don't feel like answering, just skip it and move on to the next one.

Thank you for taking part!

Section A: Empowerment

This section asks for your views about various conditions that can influence your ability to be effective at work. Answer the questions by selecting the appropriate number. If you are unsure about how to answer a question, please give the best answer you can.

A1. Please answer questions below

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Overall, my current work environment empowers me to accomplish my work in an effective manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I consider my workplace to be an empowering environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Section B: Stress and Satisfaction

When responding, 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're unsure of an answer, please select the option that you believe is most likely to be true. This survey uses the term 'supervisor', however, your workplace may use a different term to describe this role. Please respond keeping in mind the term appropriate for your workplace

B1. Please answer questions below

	Strongly Agree	Agree	Disagree	Strongly Disagree
I am satisfied with the amount of involvement I have in decisions that affect my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I am well rewarded (in terms of praise and recognition) for the level of effort I put into my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last six months, too much time pressure at work has caused me worry, "nerves" or stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last six months, I have experienced worry, "nerves" or stress from mental fatigue at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the fairness and respect I receive on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My supervisor supports me in getting my work done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C: Wellness

C1. How have you felt over the past two weeks?

Normal mood fluctuations and/or calm and takes things in stride	<input type="checkbox"/>
Irritable/impatient and/or nervous and/or sadness/overwhelmed	<input type="checkbox"/>
Anger and/or anxiety and/or generally sad/hopeless	<input type="checkbox"/>
Angry outbursts/aggression and/or excessive anxiety/panic and/or depressed	<input type="checkbox"/>

C2. How have you performed at work over the past two weeks?

Good sense of humour and/or performing well and/or In control mentally	<input type="checkbox"/>
Displayed sarcasm and/or procrastination and/or forgetfulness	<input type="checkbox"/>
Negative attitude and/or poor performance/Workaholic and/or poor concentration/decisions	<input type="checkbox"/>
Overt insubordination and/or can't perform duties, control behaviour, or concentrate	<input type="checkbox"/>



C3. How have you slept over the past two weeks?

- Normal sleep patterns and/or few sleep difficulties ☐
- Trouble sleeping and/or disruptive thoughts and/or nightmares ☐
- Restless disturbed sleep and/or repeated images/nightmares ☐
- Can't fall asleep or stay asleep and/or sleeping too much or too little ☐

C4. How has your physical well-being been over the past two weeks?

- Physically well and/or good energy level ☐
- Muscle tension/ headaches and/or low energy level ☐
- Increased aches and pains and/or increased fatigue ☐
- Physical illness and/or constant fatigue ☐

C5. How has your social behaviour been over the past two weeks?

- Physically and socially active ☐
- Decreased activity/socializing ☐
- Avoidance and/or withdrawal ☐
- Not going out or answering the phone ☐

C6. Over the past two weeks, I feel my overall health and mental well-being has been:

- Healthy - normal functioning ☐
- Reacting - common and reversible distress ☐
- Injured - persistent functional impairment ☐
- Ill - severe and persistent functional impairment ☐

Section D: Demographics

If there is a question you don't feel like answering, just skip it and move on to the next one.

D1. Which role describes you best?

- Physician ☐
- Nurse ☐
- Other Healthcare Professional ☐
- Other TOH Staff ☐
- Other non-TOH Staff (e.g. Dept of Medicine) ☐



D2. Physicians - What is your primary department?

- | | |
|------------------------------|--------------------------|
| Anesthesiology | <input type="checkbox"/> |
| Critical Care | <input type="checkbox"/> |
| Emergency | <input type="checkbox"/> |
| Family Practice | <input type="checkbox"/> |
| Medical Imaging | <input type="checkbox"/> |
| Medicine | <input type="checkbox"/> |
| Mental Health | <input type="checkbox"/> |
| Ob/Gyn and Newborn Care | <input type="checkbox"/> |
| Ophthalmology | <input type="checkbox"/> |
| Otolaryngology | <input type="checkbox"/> |
| Pathology and Laboratory Med | <input type="checkbox"/> |
| Surgery | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| N/A | <input type="checkbox"/> |

D3. In what program do you primarily work?

- | | |
|--|--------------------------|
| Cancer Care | <input type="checkbox"/> |
| Surgical Care | <input type="checkbox"/> |
| Mental Health Care | <input type="checkbox"/> |
| Maternal and Newborn Care | <input type="checkbox"/> |
| Ambulatory Care | <input type="checkbox"/> |
| Emergency Care | <input type="checkbox"/> |
| Inpatient Medicine | <input type="checkbox"/> |
| Inpatient Critical Care | <input type="checkbox"/> |
| Inpatient Post-Acute Care (Rehab, Geri, ALC) | <input type="checkbox"/> |
| Medical Imaging | <input type="checkbox"/> |
| Pharmacy | <input type="checkbox"/> |
| Other Health Professionals | <input type="checkbox"/> |





Patient Support / Care Environment ☐

Health Records and Admitting ☐

Information Services and Technology ☐

Human Resources ☐

Financial Services ☐

Business Development ☐

Contracting and Procurement ☐

Facilities Management ☐

Materials Management ☐

Medical Affairs / Patient Relations / Ethics ☐

Innovation & Quality / Infection Prevention and Control ☐

Capital Projects & Biomedical Engineering ☐

Other ☐

Unsure ☐

Section E: Feedback

E1. Is there anything you would like to add?



Thank you for taking the time to complete the survey!

Here are some links to resources, supports and contacts.

For help right away:

Mental Health Crisis Line: in Ottawa, call 613-722-6914; outside Ottawa, call 1-866-966-0991. Ontario Mental Health Hotline: 1-866-531-2600. Crisis Services Canada: call 1-833-456-4566; in Quebec, call 1-866-277-3553. Distress Centre of Ottawa and Region: 613-238-3311.

Other resources and supports:

TOH Resiliency Toolkit Your family doctor Occupational Health and Wellness Employee and Family Assistance Program services: 1-844-880-9142 or workhealthlife.com or My EAP app Ottawa Public Health Mental Health and Addictions Resource List Walk-In Counselling Clinics for psychological support listings (Ontario residents) Canadian Mental Health Association, Ottawa Branch: 613-737-7791 Call 211 or visit 211.ca

If you have any questions about this survey, please contact myWellnessSurvey@toh.ca