A survey of healthcare workers’ experiences during a pandemic

Consent

* 1. This survey is designed to learn about your experiences as a healthcare worker during a pandemic. It is based on a number of scientifically-recognized questions that measure different aspects of job-related psychosocial conditions, along with symptoms related to intense stressful conditions and mood disorders.

The survey was put together by the Occupational Health Clinics for Ontario Workers (OHCOW), with help from researchers at the Institute of Work & Health and Duke University in North Carolina. We also had input from a number of health and safety union staff representatives, who told us about the concerns and questions raised by their members.

OHCOW is a non-government, not-for-profit organization with seven clinics across Ontario. Our goal is to protect and improve the health of working people by providing clinical and prevention services, including research.

We take part in, and share, research with policy-makers, workers and workplaces, clinicians, health and safety professionals, and the general public. OHCOW operates with support from the Ontario Ministry of Labour, Training and Skills Development (MOL). Our separate Board of Directors is accountable to the MOL for funding. For more information about OHCOW, our website (www.ohcow.on.ca).

Voluntary Participation

You do not have to participate in the survey. Any information you give today will be kept strictly confidential. It will not be given to others, including the MOL, the Workplace Safety & Insurance Board of Ontario or anyone in your workplace. We will never identify you in any way in any presentations or publications that result from this project.

What are the risks?

There are no known significant risks if you participate in this survey. If you feel uncomfortable answering a question, skip it. We will keep everyone’s information strictly confidential.

What are the benefits?
You may not receive any direct benefit from participating. However, information gathered from this survey will help us to better understand and address issues facing healthcare workers in a pandemic. We will share our findings publicly.

What about confidentiality and privacy?

All the information collected in this survey is confidential. Only the researchers directly involved in this project will see all the answers. The team will not keep any information that could identify you or others. All the data we collect will be stored on a secure server.

Your participation in this survey implies that you have consented to the use of your answers -- grouped with those from other people -- in reports or publications. We will present all reports or publications using the responses in a way that ensures no-one’s identity is revealed.

We intend to use the data collected for research and to share with research organizations. The data, analysis and related information may be used in presentations, websites, and union, trade, and academic publications.

Questions?

If you have questions, please contact John Oudyk at joudyk@ohcow.on.ca

I accept these conditions and consent to continue this survey:

- [ ] Yes
- [ ] No
2. Filling out this survey more than once (things change!)

Needless to say, things are changing rapidly. We recognize that this survey is only designed to capture your current situation today, and that it might change drastically tomorrow. For this reason, we will keep the survey open in case you want to tell us about your experiences again at a later date.

For our analysis to make sense of multiple responses from one person, it would be very helpful to link your answers today with future responses. To maintain confidentiality, we need an identifier that you can easily remember and is meaningless to anyone else.

We are not tracking the computer, phone, or tablet you use for the survey. The only way we can link your responses is if you come up with a unique way to identify yourself.

We suggest using your house number (not the street name; and without the apartment number, if you have one) and the last two digits of your phone number. For example, if I live at 848 Main St. and my phone number is 905-549-2552, my ID code would be 848-52.

This will be an identifier that only you know (and can easily remember). It will also allow us to link your previous answers with those from a repeat survey you might do later on.

If you think you might want to complete the survey again sometime, or if you have already done so - please put your ID code here:
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Questions about how you are feeling
The following questions are about your own health and well-being. Please do not try to distinguish between symptoms that are caused by work and symptoms that are due to other causes. The task is to describe how you feel in general.

These questions are about your health and well-being during the past 7 days:

3. How often have you felt worn out?
   - all the time
   - a large part of the time
   - part of the time
   - a small part of the time
   - not at all

4. How often have you been emotionally exhausted?
   - all the time
   - a large part of the time
   - part of the time
   - a small part of the time
   - not at all
5. How often have you been stressed?

- all the time
- a large part of the time
- part of the time
- a small part of the time
- not at all

6. How often have you been irritable?

- all the time
- a large part of the time
- part of the time
- a small part of the time
- not at all

7. How often have you slept badly and restlessly?

- all the time
- a large part of the time
- part of the time
- a small part of the time
- not at all
8. How often have you woken up several times and found it difficult to get back to sleep?

- all the time
- a large part of the time
- part of the time
- a small part of the time
- not at all
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Questions about responses to stressful experiences

How much have you been bothered during the **PAST SEVEN (7) DAYS** by each of the following problems that occurred or became worse after extremely stressful events/experiences?

9. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?
   - [ ] not at all
   - [ ] a little bit
   - [ ] moderately
   - [ ] quite a bit
   - [ ] extremely

10. Being "super alert," on guard, or constantly on the lookout for danger?
   - [ ] not at all
   - [ ] a little bit
   - [ ] moderately
   - [ ] quite a bit
   - [ ] extremely
11. Being extremely irritable or angry to the point where you yelled at other people, got into fights, or destroyed things?

- not at all
- a little bit
- moderately
- quite a bit
- extremely
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Questions about your moods
The following questions ask about thoughts, feelings, and behaviours, often tied to concerns about family, health, finances, school, and work over the last 7 days.

12. Feeling nervous, anxious, or on edge
   - not at all
   - several days
   - more than half the days
   - nearly every day

13. Not being able to stop or control worrying
   - not at all
   - several days
   - more than half the days
   - nearly every day

14. Little interest or pleasure in doing things
   - not at all
   - several days
   - more than half the days
   - nearly every day
15. Feeling down, depressed, or hopeless

- not at all
- several days
- more than half the days
- nearly every day
16. **How many patients** infected with COVID-19 (suspected/presumed and/or confirmed) in your organization?

- [ ] none
- [ ] only one
- [ ] 2-5
- [ ] 6-10
- [ ] 11-20
- [ ] 20-50
- [ ] more than 50
- [ ] don't know

17. How much **contact** do you have **with COVID-19 patients**?

- [ ] direct contact with patient(s)
- [ ] within 6 feet of a patient
- [ ] in the patients' rooms (more than 6 feet away)
- [ ] work on the same floor/ward/dept.
- [ ] visit such a floor/ward/dept as part of my work
- [ ] share work spaces (entrances, cafeteria, washrooms, locker-rooms, etc.) with other workers who work with/near COVID-19 patients
- [ ] none that I am aware of
18. **How many workers** have been infected with COVID-19 (suspected/presumed and/or confirmed) in your workplace?

- none
- only one
- 2-5
- 6-10
- 11-20
- 20-50
- more than 50
- don't know

Other (please specify)

---

19. Have you experienced any of the following (check all that apply):

- [ ] told you had contact with a COVID-19 patient at work
- [ ] told you had contact with a COVID-19 patient outside of work
- [ ] told to work despite exposure
- [ ] experienced symptoms similar to COVID-19
- [ ] told to work despite symptoms
- [ ] told to self-isolate
- [ ] tested for COVID-19
- [ ] tested positive for COVID-19
- [ ] submitted forms for workers' compensation for contracting COVID-19 at work

Other (please specify)
20. **How concerned** are you about **bringing the virus home** to those with whom you live and/or friends?

- extremely concerned
- very concerned
- concerned
- some concern
- little concern
- no concern

21. On a scale from 1 to 10 how would you rate your **current level of fear** about this whole pandemic situation:

- 1 little to no fear at all
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 as much fear as I have ever felt!
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Questions about the availability and adequacy of infection control measures in your workplace

The following questions look at what preventative measures, procedures, or supports are currently available to you, and how effective they are:

22. **Personal protective equipment (PPE)**

<table>
<thead>
<tr>
<th></th>
<th>appropriate type AND adequate supply</th>
<th>appropriate type AND inadequate supply</th>
<th>inappropriate type AND adequate supply</th>
<th>inappropriate type AND inadequate supply</th>
<th>needed but not available at all</th>
<th>not sure/don’t know what is appropriate</th>
<th>not applicable</th>
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<tbody>
<tr>
<td>gloves</td>
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<td>eye protection/goggles</td>
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<td>N95 masks</td>
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<td>PAPR’s (powered air particulate respirators)</td>
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<tr>
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</tbody>
</table>
23. Do you feel sufficiently trained to don and doff your PPE without contaminating yourself?

- I have not received such training
- I have been trained but do not feel confident
- I have been trained and feel somewhat confident
- I have been trained and feel confident
- I have been trained and feel very confident

24. How long has it been since you were fit-tested for an N95 respirator?

- within the last month
- within the last 6 months
- within the last year
- 1-2 years ago
- 2-5 years ago
- 5+ years ago
- never been fit-tested
25. Has your employer imposed any of the following restrictions on the supply of PPE (check all that apply)?

☐ prohibition - refused to supply a certain type of PPE

☐ restricted access - needing permission to use specified PPE

☐ extended use of PPE - beyond the normal use

☐ re-use your own PPE

☐ re-use PPE previously worn by others

Please specify the type of PPE that your answers apply to:


26. How confident are you in your ability to adequately assess your own personal risk, and assess your personal protective equipment requirements?

☐ very confident

☐ confident

☐ somewhat confident

☐ little confidence

☐ no confidence at all
27. If denied appropriate PPE which statement best characterize how you feel about exercising your right to refuse unsafe work?

- that option is legally not available to me
- definitely not
- not likely
- perhaps, in an extreme situation
- probably, if I considered the risk significant
- definitely, I would not hesitate

28. **Preventive measures/procedures**

<table>
<thead>
<tr>
<th>Preventive Measure</th>
<th>appropriate and adequately implemented</th>
<th>appropriate but inadequately implemented</th>
<th>inappropriate</th>
<th>lacking</th>
<th>not sure/don't know what is appropriate</th>
<th>not applicable</th>
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<tbody>
<tr>
<td>screening incoming patients</td>
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<td>symptomatic patients wearing masks</td>
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<td>cohorting patients (keeping patients with respiratory symptoms isolated from other patients/staff)</td>
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<td>restrict access and control flow of COVID patients through the facility</td>
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<td>ventilation system</td>
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<tr>
<td>Airborne Infection Isolation Rooms (AIIR)</td>
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<td></td>
<td>appropriate and adequately implemented</td>
<td>appropriate but inadequately implemented</td>
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<td>not sure/don’t know what is appropriate</td>
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<tr>
<td>personal hygiene facilities/locker room</td>
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<tr>
<td>house cleaning/disinfection practices</td>
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<tr>
<td>laundry cleaning practices</td>
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<td>waste disposal practices</td>
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<tr>
<td>Other (please specify)</td>
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</tbody>
</table>

29. How would you rate the **adequacy of your training** in regards to working safely with COVID-19?

- [ ] excellent
- [ ] very good
- [ ] good
- [ ] neutral
- [ ] not so good
- [ ] poor
- [ ] none at all
- [ ] not applicable
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Questions about your workplace or job and working conditions

30. How many **hours** did you work **last week**?

31. How many **hours** do you anticipate working **this week**?

32. Which **union** are you a member of?

33. Do you hold **any position(s)** with this union? If so, please specify:

34. To what extent would you agree that **the union** is doing its best to protect its members?

- strongly agree
- agree
- neutral
- disagree
- strongly disagree
35. To what extent would you agree that **the employer** is doing its best to protect you and others on the job?

- [ ] strongly agree
- [ ] agree
- [ ] neutral
- [ ] disagree
- [ ] strongly disagree

36. To what extent would you agree that **the government authorities** are doing their best to support workers?

- [ ] strongly agree
- [ ] agree
- [ ] neutral
- [ ] disagree
- [ ] strongly disagree

37. To what extent would you agree your **health & safety committee** or **representatives** are doing their best to ensure workers are protected?

- [ ] strongly agree
- [ ] agree
- [ ] neutral
- [ ] disagree
- [ ] strongly disagree
- [ ] not sure/ don't know
- [ ] there is no health & safety committee or representative
38. Are you a supervisor/manager?

- Yes
- No

39. What type of healthcare facility do you work in?

- hospital
- out patient clinic
- long-term care facility
- clinical labs
- hospice

Other (please specify)

40. Which department(s) are you currently working in:

41. What is your current job?

42. How long have you worked for your current employer?

- months:
- years:

43. Briefly describe the type of tasks involved in doing your current job:
44. Are you currently working at your **usual job** or have you been **redeployed**?

- [ ] working at usual job
- [ ] same job but in a different area/dept
- [ ] same job but for a different workplace
- [ ] different job but some area/dept
- [ ] different job in a different area/dept
- [ ] different job in a different workplace

Other (please describe):

45. **How many employees** work in the organization you work for?

- [ ] less than 20
- [ ] 20-49
- [ ] 50-99
- [ ] 100-250
- [ ] 250-1000
- [ ] 1000-5000
- [ ] more than 5000
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Resilience
How well do these descriptions fit you as a person?

46. I can rely on my own abilities in difficult situations.
   - fits perfectly
   - fits well
   - fits somewhat
   - fits only slightly
   - does not fit at all

47. I am able to solve most problems on my own.
   - fits perfectly
   - fits well
   - fits somewhat
   - fits only slightly
   - does not fit at all

48. I can usually solve even challenging and complex tasks well.
   - fits perfectly
   - fits well
   - fits somewhat
   - fits only slightly
   - does not fit at all
49. To what extent would you agree with this statement: "Under these current circumstances I feel like my contribution at work is more important than ever."

- [ ] strongly agree
- [ ] agree
- [ ] neutral
- [ ] disagree
- [ ] strongly disagree
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Questions about your current psychosocial work environment
The following questions are about your psychosocial work environment. Please choose the answer that fits best to each of the questions.

50. How would you rate the psychological health & safety climate in your workplace?

- healthy/supportive
- good
- fair
- neutral
- not so good
- poor
- toxic

51. To what extent would you agree that the culture of this organization tolerates behavior that harms the mental health of those who work here?

- strongly agree (this organization tolerates such behaviours)
- agree
- neutral
- disagree
- strongly disagree (this organization does not tolerate such behaviours)
52. Do you have to work very fast?

- always
- often
- sometimes
- seldom
- never/hardly ever

53. Do you work at a high pace throughout the day?

- to a very large extent
- to a large extent
- somewhat
- to a small extent
- to a very small extent

54. At your place of work, are you informed well in advance concerning, for example, important decisions, changes, or plans for the future?

- to a very large extent
- to a large extent
- somewhat
- to a small extent
- to a very small extent
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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<tbody>
<tr>
<td>55. Do you receive all the information you need in order to do your work well?</td>
<td>- to a very large extent</td>
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<td>- to a large extent</td>
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<td>- somewhat</td>
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<td>- to a small extent</td>
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<td>- to a very small extent</td>
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<tr>
<td>56. Are contradictory demands placed on you at work?</td>
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<td>- to a large extent</td>
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<td>- somewhat</td>
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<td>- to a small extent</td>
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<td>- to a very small extent</td>
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<tr>
<td>57. Do you sometimes have to do things which ought to have been done in a different way?</td>
<td>- to a very large extent</td>
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<td>- to a large extent</td>
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<td>- somewhat</td>
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<td>- to a small extent</td>
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<td>- to a very small extent</td>
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</tbody>
</table>
58. How often would your immediate superior be willing to listen to your problems at work, if needed?

- always
- often
- sometimes
- seldom
- never/hardly ever

59. How often would you get help and support from your immediate superior, if needed?

- always
- often
- sometimes
- seldom
- never/hardly ever

60. How often could you get help and support from your colleagues, if needed?

- always
- often
- sometimes
- seldom
- never/hardly ever
61. Is there a good atmosphere between you and your colleagues?

- always
- often
- sometimes
- seldom
- never/hardly ever

62. How often do you get help and support from your family/friends outside of the workplace, when you need it?

- always
- often
- sometimes
- seldom
- never/hardly ever
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A few demographic questions

63. How old are you?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
64. Which of the following reflect your **personal identity**? (check all that apply):

- [ ] Female
- [ ] Male
- [ ] Transgender
- [ ] Non-binary
- [ ] Lesbian
- [ ] Gay
- [ ] Queer
- [ ] 2 Spirit
- [ ] Aboriginal
- [ ] Visible minority/racialized
- [ ] Disabled
- [ ] Other (please specify)

65. This week, how long was your typical commute to or from work (single journey)?

- [ ] less than 20 minutes
- [ ] 20 to 39 minutes
- [ ] 40 minutes to 1 hour
- [ ] 1 to 1.5 hours
- [ ] 1.5 to 2 hours
- [ ] more than 2 hours
66. How did you get to work this week (check all that apply)?

☐ my own vehicle
☐ car pool with others
☐ bus/street car
☐ subway
☐ walk (more than a couple of blocks)
☐ bicycle

Other (please specify)

67. Is your workplace located in an area best described as:

☐ urban
☐ suburban
☐ rural

68. Which province do you work in?
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Final comments:

69. Any further comments and/or suggestions/ideas that might help you do your job more effectively:

[Blank space for comments]
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Resources
Answering questions about conditions in your workplace may stir up uncomfortable thoughts and feelings. If you would like to talk to someone about them, these phone numbers are for services that can direct you to appropriate help:

**Crisis Services Canada**, enables callers anywhere in Canada to access crisis support by phone, in French or English: toll-free **1-833-456-4566** (available 24/7)

**Ontario COVID-19 Mental Health Network**  [https://covid19therapists.com](https://covid19therapists.com)

Ontario Crisis Line – All Ages 1-866-531-2600
Ontario College and University Students 1-866-925-5454
Ontario York and Simcoe Support Services Network 1-855-310-COPE (2673)
Ontario – Kenora, Dryden, Fort Frances, Rainy River and everywhere in between 1-866-888-8988
Alberta Crisis Line – All Ages 403-266-4357
British Columbia Crisis Line – All Ages 1-800-SUICIDE
British Columbia Mental Health Support 310-6789
BC211 – Referral Hotline 24/7  Dial 211
Manitoba Crisis Line – All Ages 1-877-435-7170
New Brunswick Crisis Line – All Ages 1-800-667-5005
Newfoundland and Labrador Line All Ages 1-888-737-4668
NWT All Ages 24/7  1-800-661-0844
Nova Scotia Crisis Line – All Ages 1-888-429-8167
Nunavut Line – All Ages 7 pm-11 pm (EST) 1-800-265-3333
Prince Edward Island Crisis Line – All Ages 1-800-218-2885
Quebec National Crisis Line – All Ages 1-866-277-3553
Saskatchewan Crisis Line – All Ages 1-306-525-5333
Yukon Crisis Line – All Ages 7 pm-12 am (PST) 1-844-533-3030
KidsHelpPhone Ages 20 Years and Under in Canada 1-800-668-6868
First Nations and Inuit Hope for Wellness 24/7 Help Line 1-855-242-3310
Canadian Indian Residential Schools Crisis Line 1-866-925-4419
Trans LifeLine – All Ages 1-877-330-6366