**CSP STRESS SURVEY**

INSTRUCTIONS TO THE CSP REP – GETTING IT FILLED IN

Read the following instructions and if you have any queries on how to undertake this exercise don’t hesitate to contact your Senior Negotiating Officer for advice.

1. **When** **sending the questionnaire out to members**, please explain the purpose of the questionnaire and stress that it is a confidential exercise and that no personal details will be identified or shared with the employer.
2. **Decide whether to survey members in particular service/workplace only, or to have a mandatory question at the beginning of the survey** requiring them to either select or submit the name of their workplace or service. Include your deadline date.

***NOTE:*** *Unless you are using an online survey such a ‘Survey Monkey’ it is important to retain a record of the number of participants receiving your survey as you will need it to compare against the number of responses. This determines what your return rate (RR) is, for example, survey sent to 80 members and 42 responded (over half), the RR result is 52.5%.*

1. **Distribute your survey to CSP members** in whichever part of your workplace you want to review. You can include agency and temporary staff if they are members. If undertaking a paper survey, people will likely want to give their information anonymously so arrange a post box or similar system to facilitate this.
2. **When the results are in**, **check what percentage of the total number of participants responded back to you.** A return rate (RR) of over 50% is good and should give you confidence in the results - the lower the rate of your return, the less you can depend on the findings of the survey. Expect managers and members to ask you for the RR result.
3. **Identify the main stressors** as indicated by the high level of yes votes received. If more than a quarter of the people responding, selected ‘yes’ for a particular stressor then that issue could be considered significant.
4. **Circulate a summary of the survey results.** When you have either received or collated your survey results, do a short summary of your results. It should include the overall RR and how many confirmed they were experiencing stress and the number indicating it as unreasonable. Include the top three causes/stressors. Offer to meet members to discuss the findings and what action they want to take when there is an apparent problem.
5. **Share your findings with your fellow CSP reps and your Senior Negotiating Officer**.
6. **Notify your manager/employer** on the key results of your survey, preferably in writing. You can request a meeting to discuss the findings and/or ask the employer to conduct a stress risk assessment in consultation with yourself and the membership

**CSP Stress Survey**

**YOUR WORKPLACE/SERVICE:**

### Select 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, incivility…*

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

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

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

**E. Working environment?** *e.g. lack of temperature control, lone working, overcrowding/cramped work areas, lack of/substandard eating & rest facilities, badly designed, unsuitable/uncomfortable equipment – e.g. computer workstations you can’t adjust*

|  |  |
| --- | --- |
| 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?

**Q3** Do you feel that the stress you are currently experiencing is unreasonable? YES / NO

Please return this completed survey by: ../…/