

## **English Translation of the Study Survey**

### **Assessing Causes and Consequences of Workplace Violence against workers in Palestinian Hospitals Emergency Departments**

*Dear participant, please read these instructions before you answer the survey*

This study is intended to study the prevalence of workplace violence in emergency departments (EDs) of Palestinian hospitals and consequences on workers.

This questionnaire consists of five parts. The first part includes demographic and professional characteristics. The second part deals with workplace physical violence that might have experienced in the emergency department in the past 12 months, while the third part deals with the non-physical violence such as threats, verbal assault, and sexual harassment. Fourth part includes availability of prevention procedures, regulations and policies for violence against workers in the hospital. The last part includes paragraphs on the mental state and the impact of violence on workers in the EDs.

#### **Researchers**

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**Part one: Demographic and professional characteristics of the respondents:**

Please answer the questions by putting (√) in the right place

1.	Hospital name.....					
2.	Sex	<input type="checkbox"/> Male		<input type="checkbox"/> Female		
3.	Age	<input type="checkbox"/> Less than 25 years	<input type="checkbox"/> 25-30 years	<input type="checkbox"/> 31-40 years	<input type="checkbox"/> 41 years or older	
4.	Job	<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse	<input type="checkbox"/> Reception/ registration	<input type="checkbox"/> Administrative	<input type="checkbox"/> Other, Plz. indicate .....
5.	Education level	<input type="checkbox"/> Diploma (2 years) or less		<input type="checkbox"/> Bachelors	<input type="checkbox"/> Graduate studies	
6.	Experience years in profession.....					
7.	Experience years in emergency rooms.....					

**Part two: Physical violence:**

**Physical assault:** Physical assault occurs when a patient, their friend/s, family member/s, other professional/s or work colleague/s is hit, slapped, kicked, pushed, choked, grabbed or otherwise subjected to physical contact intended to injure or harm.

Please answer the following questions by putting (√) for the best answer and only if you had been exposed to physical violence **during the last 12 months.** **If not exposed to physical violence moved to part three.**

8.	<b>In the last 12 months, have you been physically attacked at your workplace?</b>	<input type="checkbox"/> Once	<input type="checkbox"/> 2-3 times	<input type="checkbox"/> 4 times or more		
9.	Types of physical violence you had exposed? <b>(your answer depends on the last incident you had exposed in the last 12 months)</b>	<input type="checkbox"/> Pushing / pulling	<input type="checkbox"/> Kicking/ hitting	<input type="checkbox"/> Throwing furniture/ equipment	<input type="checkbox"/> Weapon	<input type="checkbox"/> other .....

10.	<b>In the last incident, who physically assaulted you?</b>	<input type="checkbox"/> patient	<input type="checkbox"/> relatives of patient/client	<input type="checkbox"/> colleague	<input type="checkbox"/> other, .....
11.	At which time did it happen?	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Night	<input type="checkbox"/> Not sure
12.	Where did the incident take place?	<input type="checkbox"/> Reception/ waiting area	<input type="checkbox"/> Examination/ treatment room	<input type="checkbox"/> Corridor	<input type="checkbox"/> another place
13.	Did you receive treatment after the incident and by whom?	<input type="checkbox"/> No need for treatment	<input type="checkbox"/> Needed but didn't receive		<input type="checkbox"/> Treated myself
		<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Other, .....
14.	In your opinion, what are the reason/ reasons to be physically attacked? <i>(Please tick every relevant box)</i>	<input type="checkbox"/> Waiting time		<input type="checkbox"/> Unmet expectation of patient/ family	
		<input type="checkbox"/> Mental patient		<input type="checkbox"/> Staff attitude with patient	
		<input type="checkbox"/> Anxiety/ fear/ stress		<input type="checkbox"/> Unavailability of needed service/ medicine	
		<input type="checkbox"/> Influence of sickness/ pain		<input type="checkbox"/> Lack of violence prevention methods	
		<input type="checkbox"/> Influence of alcohol/ drugs		<input type="checkbox"/> Don't know	
		<input type="checkbox"/> Other, please specify: _____			

### **Part three: Non-Physical violence**

A **threat** occurs when a patient, their friend/s, family member/s, other professional/s or work colleague/s uses words, gestures or actions with the intent of intimidating, frightening or harming.

**Verbal abuse** occurs when patient/client, their friend/s, family member/s, other professional/s or work colleague/s using offensive language, yelling or screaming with the intent of offending or frightening you.

**Sexual harassment** occurs when unwelcome sexual attention from a patients, their friend/s, family member/s, other professional/s or work colleague/s. It includes behaviors such as humiliating or offensive jokes and remarks with sexual overtones, suggestive looks, inappropriate gifts.

Please answer the following questions only if you had been exposed to threat or verbal abuse or sexual harassment during the past 12 months. But if you did not expose to any of these types of violence, please go to part four:

15.	In the last 12 months, have you been threaten at your workplace?	<input type="checkbox"/> Not exposed	<input type="checkbox"/> One time	<input type="checkbox"/> 2-3 times	<input type="checkbox"/> 4-5 times	<input type="checkbox"/> 6 and more
16.	In the last 12 months, have you been verbally abused in your workplace?	<input type="checkbox"/> Not exposed	<input type="checkbox"/> One time	<input type="checkbox"/> 2-3 times	<input type="checkbox"/> 4-5 times	<input type="checkbox"/> 6 and more
17.	In the last 12 months, have you been sexually harassed in your workplace?	<input type="checkbox"/> Not exposed	<input type="checkbox"/> One time	<input type="checkbox"/> 2-3 times	<input type="checkbox"/> 4-5 times	<input type="checkbox"/> 6 and more
18.	Please think of the last time you were sexually harassed in your place of work. Who sexually harassed you?	<input type="checkbox"/> Patient	<input type="checkbox"/> Patient relative/ accompany/ visitor	<input type="checkbox"/> Colleague		<input type="checkbox"/> Other .....
19.	Did you receive treatment after the incident and by whom?	<input type="checkbox"/> No need for treatment	<input type="checkbox"/> Needed but didn't receive		<input type="checkbox"/> Treated myself	
		<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> physician	<input type="checkbox"/> nurse	<input type="checkbox"/> Other .....	

**Part four: Available prevention measures and reporting systems for workplace violence:**

Please answer the following questions which about the systems, means available and procedures for preventing and reporting violence against workers in the hospital:

1	Are there violence deterrents available in the emergency department (security, camera, alarm, communication system)?	<input type="checkbox"/> _ Yes	<input type="checkbox"/> No
2	Is there a workplace violence policy and program for your hospital to prevent violence against the employees?	<input type="checkbox"/> _ Yes	<input type="checkbox"/> No
3	Have you received training or education program in preventing and dealing with workplace violence?	<input type="checkbox"/> _ Yes	<input type="checkbox"/> No
4	Is there a system for reporting violence at your hospital?	<input type="checkbox"/> _ Yes	<input type="checkbox"/> No

5	Have you reported an incident of workplace violence to management or to your supervisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (move to NO. 7)	<input type="checkbox"/> Not applicable (move to NO. 9)
6	Had an action been taken against the assaulter?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
7	If you did <b>not</b> report about the incident to others, why not? (Please tick every relevant box)	<input type="checkbox"/> it was not important	<input type="checkbox"/> afraid of negative consequences	
		<input type="checkbox"/> Felt ashamed	<input type="checkbox"/> did not know who to report to	
		<input type="checkbox"/> Useless (no action would be taken against the assaulter)	<input type="checkbox"/> Other, please specify: _____	
8	What are the impact or negative consequences of exposure to violence on you?	<input type="checkbox"/> Minimize time of patient care	<input type="checkbox"/> Avoid taking decision that might involve medical risks	
		<input type="checkbox"/> Minimize communication/contact with patients/ families/ accompanies	<input type="checkbox"/> Fear and anxiety	
		<input type="checkbox"/> Feel of guilt	<input type="checkbox"/> Feel to revenge	
		<input type="checkbox"/> Hopelessness/disappointment	<input type="checkbox"/> No impact on me	
9	Do you think to quit work in emergency department during the next 1-3 years?	<input type="checkbox"/> Very likely	<input type="checkbox"/> likely	<input type="checkbox"/> Very likely
		<input type="checkbox"/> Less likely	<input type="checkbox"/> Not at all	

**Part five: Mental state and the impact of work on emergency departments workers:**

Please answer the following questions by putting (√) on the best answer that expresses how you feel about working in the emergency department:

Items	Daily	Weekly		Monthly		Sometimes yearly	Never
		Several times	Once	Several times	Once		
1. I feel emotionally drained from my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel used up at the end of the work day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.	I feel fatigued when I get up in the morning and have to face another day on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Working with people all day is really a strain for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I feel burned out from my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I feel frustrated by my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I feel I'm working too hard on my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Working directly with people puts too much stress on me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I feel like I'm at the end of my rope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I feel I treat some recipients as if they were impersonal objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I've become more callous toward people since I took this job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	I worry that this job is hardening me emotionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I don't really care what happens to some recipients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I feel recipients blame me for some of their problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I can easily understand how my recipients feel about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I feel I'm positively influencing other people's lives through my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17.	I feel very energetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	I can easily create a relaxed atmosphere with my recipients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	I feel exhilarated after working closely with my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	In my work, I deal with emotional problems very calmly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	I have accomplished many worthwhile things in this job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	I deal very effectively with the problems of my recipients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Finished  
Thank you**