

**Bullying/ mobbing questionnaire**

Below are some questions about bullying/mobbing in the workplace. Bullying/mobbing in the workplace is about recurring and over time malicious and offensive physical, verbal or interpersonal behaviours aiming to humiliate and undermine an employee or a group of employees by a person or group of persons. Workplace bullying/mobbing takes place through threatening, offensive, derogatory, dismissive behaviours, as well as acts that cause terror and intense mental pressure on the receivers. Please read these questions carefully and note ✓ on the box with the answer that represents you. It is quite important to answer all questions honestly.

1.	In the last 12 months, have you been bullied / mobbed in your workplace?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.	In the last 12 months, have you witnessed bullying/ mobbing towards other people in your workplace?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
3.	How often have you been bullied / mobbed or witnessed bullying/mobbing towards others in your workplace during the last 12 months,?	Almost every day <input type="checkbox"/>	4-5 times/year <input type="checkbox"/>	4-5 times/month <input type="checkbox"/>	1-2 times in total <input type="checkbox"/>	
4.	Please think of the last time you were bullied mobbed (or witnessed bullying/mobbing towards others) in your workplace. Who bullied/ mobbed you/ was the bully?	Administrative personnel <input type="checkbox"/>	Staff nurse <input type="checkbox"/>	External colleague/w orker <input type="checkbox"/>	Patient/ Client <input type="checkbox"/>	Relatives of patient/ client <input type="checkbox"/>
5.	The last time you were bullied/mobbed, the person who intimidated you was of:	Equal ranking with you <input type="checkbox"/>	Superior ranking with you <input type="checkbox"/>	Inferior ranking with you <input type="checkbox"/>	Had no ranking relation with you <input type="checkbox"/>	
6.	Where did the bullying / mobbing incident take place?	Inside ICU/ED/CCCU <input type="checkbox"/>	Outside IC/ED/CCCU <input type="checkbox"/>	Other (please, clarify)..... ..... .....		
7.	How was the bullying/ mobbing expressed?	Verbally <input type="checkbox"/>	Physical violence/ gestures <input type="checkbox"/>	Gossip/ rumours <input type="checkbox"/>	Isolation/ Information hiding <input type="checkbox"/>	Irrelevant duties assignments/ unrealistic deadlines assignment <input type="checkbox"/>
8.	Do you think the bullying/ mobbing incident could have been prevented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please, please describe in short the way..... ..... .....		
9.	Was any action taken to investigate the causes of the bullying/mobbing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>	If yes, by whom? ..... ..... .....	
10.	Please think of the last time you were bullied/ mobbed in your workplace. How satisfied are you with the manner in which the incident was handled?	Very dissatisfied <input type="checkbox"/>	Dissatisfied <input type="checkbox"/>	Neither satisfied nor dissatisfied <input type="checkbox"/>	Satisfied <input type="checkbox"/>	Very satisfied <input type="checkbox"/>
11.	Please think of the last time you were bullied/ mobbed in your workplace. What were the consequences for the person who bullied/ mobbed you?	None <input type="checkbox"/>	Reported to police <input type="checkbox"/>	Verbal warning issued <input type="checkbox"/>	Aggressor prosecuted <input type="checkbox"/>	Job discontinued <input type="checkbox"/>

12.	Please think of the last time you were bullied/ mobbed in your workplace. What kind of support did your employer or supervisor offer to provide you with?	No support at all <input type="checkbox"/>	Counselling <input type="checkbox"/>	Opportunity to speak about/report it <input type="checkbox"/>	Other support. (please, clarify)..... ..... .....	
13.	How often, to your opinion, bullying/ mobbing happens in your workplace?	Rarely/never <input type="checkbox"/>	Not very frequently <input type="checkbox"/>	Moderately frequently <input type="checkbox"/>	Very frequently <input type="checkbox"/>	Highly frequently <input type="checkbox"/>
14.	Have you ever been punished because you reported a workplace bullying/ mobbing incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

<b>15. How did you respond to the most recent incident bullying / mobbing in your workplace? Please tick all relevant boxes</b>			
Took no action	<input type="checkbox"/>	Told the bully to stop	<input type="checkbox"/>
Told a colleague	<input type="checkbox"/>	Sought counselling	<input type="checkbox"/>
Sought help from the Union/ Association	<input type="checkbox"/>	Tried to defend myself physically	<input type="checkbox"/>
Transferred to another position	<input type="checkbox"/>	Pursued prosecution	<input type="checkbox"/>
Tried to pretend it never happened	<input type="checkbox"/>	Told friends/family	<input type="checkbox"/>
Reported the incident to a senior staff member	<input type="checkbox"/>	Asked support from the anti-bullying committee of the hospital	<input type="checkbox"/>
Filled-in the incident/ complaint form	<input type="checkbox"/>	Filled-in a compensation claim	<input type="checkbox"/>

16. How satisfied are you with the way you handled the most recent bullying/ mobbing behavior you have experienced in your workplace?



<b>17. If you did not report or tell about the incident of workplace bullying to others, why not? Please tick all relevant boxes</b>			
I thought that the incident was not important	<input type="checkbox"/>	Felt ashamed	<input type="checkbox"/>
Felt guilty	<input type="checkbox"/>	Afraid of negative consequences	<input type="checkbox"/>
Did not know who to report it to	<input type="checkbox"/>	Thought that there was nothing to be done to eliminate this behavior (useless)	<input type="checkbox"/>
Anti-bullying policy is not provided by the institution	<input type="checkbox"/>	Colleagues and peers asked/advised me not to report/ take actions against	<input type="checkbox"/>
Other:	<input type="checkbox"/>		

<b>18. How did you respond to the most recent incident of workplace bullying / mobbing that you witnessed? Please tick all relevant boxes</b>			
I advised the bullying victim to kindly ask the bully to stop this behavior	<input type="checkbox"/>	I advised the bullying victim not to take action until the incidence was repeated	<input type="checkbox"/>
I myself reported the workplace incident to the manager	<input type="checkbox"/>	I took no action	<input type="checkbox"/>
I myself asked the bully to stop	<input type="checkbox"/>		<input type="checkbox"/>
Other (please explain)	<input type="checkbox"/>		

19. Have you ever resigned or considered resigning because of bullying/mobbing experiences in your workplace?

<b>Yes, I did.</b>	
<b>I thought of but did not.</b>	
<b>No, I did not.</b>	