



## The In-Depth Workload Survey

### A: Work Breaks

1. Do you ever work through breaks?  Y  N

If yes:

a. How many times per week do you work through your breaks? # \_\_\_\_\_

b. Is this ever without pay?  Y  N

c. Do you claim overtime for working through your breaks?  Y  N

d. Does your supervisor require you to work through breaks or is this a personal choice?  REQUIRED  CHOICE

e. Describe the typical reasons for working through your breaks?

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2. Are you able to leave the workplace for your breaks?  Y  N

3. Are your break times often very delayed?  Y  N

### B: Overtime (Not including call-backs)

4. Do you ever work more than your regularly scheduled hours in a day?  Y  N

**If No, Skip to Section C**

5. About how many hours of overtime do you work each week? # \_\_\_\_\_

6. What are the typical reasons why you work overtime?

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7. Do you claim for all of the overtime you work?  Y  N

a. If no, why not?

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b. Does your employer have a policy or written guidelines that prohibit claiming for overtime pay?  Y  N

\* If yes, please attached to your completed questionnaire, and please include your comments about current worksite or work unit overtime practices:

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c. Do you ever believe you would be criticized for under-performing if you were to claim for overtime pay?  Y  N

## C: On-call and Call-backs

8. Do you do on-call work?  Y  N

**If No, Skip to Section D**

9. How many days per week are you on-call? #\_\_\_ / WEEK

10. How many times per week do you receive call-backs? #\_\_\_ / WEEK

11. Do you consider the number of call-backs you receive to be excessive?  Y  N

12. Are there enough staff sharing on-call duties?  Y  N

Please describe the call back schedule (eg. is being on call voluntary?)

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13. Do you ever consider call-backs to be inappropriate?  
(e.g. non urgent work; stacking of patients)

Y  N

a. If yes, what are the typical reasons why you feel call-backs are inappropriate?

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## D: Vacation and Unpaid Leaves of Absence

14. Do you regularly take all of your vacation days each year?

Y  N

If not:

a. Is this due to workload?

Y  N

b. What are the typical reasons why you haven't taken all of your vacation days each year?

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c. How has this been dealt with?

PAID OUT  RESCHEDULED  CARRIED OVER  OTHER  DON'T KNOW

15. Are you hesitant to take vacation because it will put additional pressure  
on your colleagues?

Y  N

16. Is your vacation fully relieved (i.e. backfilled)?

Y  N

If not:

a. Describe the extent to which your vacation leave is relieved.

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**b.** Describe the impact on your patients/clients:

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**17.** Are your requests for unpaid leaves of absence generally granted?  Y  N

## **E: Additional Shifts**

**18.** Are you routinely scheduled to work additional hours due to excessive workload?  Y  N

**19.** Are there enough casual and part-time staff available to work in your area/department?  Y  N

**a.** Has the relief budget for the department/area been reduced?  Y  N  DON'T KNOW

**20.** Are unfilled vacancies being staffed by casuals or part-time employees?  Y  N

**a.** If yes, how long have these vacancies been filled by casuals or part-time employees?

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## **F: Changes to Services and Staffing Levels**

**21.** Has your department/area taken on extra work or services?  Y  N

If yes:

**a.** What has contributed to the additional work or services?

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**b.** Have staffing levels been increased adequately to cover this additional work?  Y  N

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22. Does your department/area currently have any unfilled vacancies?

Y  N

If yes:

23. How many?

# OF POSITIONS \_\_\_\_\_ # FTES \_\_\_\_\_

a. How long have these positions been vacant for?

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b. What has the employer done to attempt to fill the vacancies?

Please describe (eg. postings, newspaper ads, etc)

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24. Has your area/department experienced layoffs or cuts to staff hours in the past two years?

Y  N

a. If yes, about how many staff were laid off or what was the extent of the cuts?

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25. Has your area/department experienced changes to the service delivery model in the past two years?

Y  N

If yes:

a. Has this increased the workload in your department?

Y  N

b. Please describe the changes:

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**26.** Does your professional association or licensing body have workload guidelines or standards?  Y  N

**a.** If yes, would you say your area/department generally meets these guidelines or standards?  Y  N

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**27.** Have you ever been asked not to comply with your College or Certifying Body code of conduct, code of ethics or practise regulations?  Y  N

**a.** If yes, please describe.

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**b.** Please attach a copy of the guidelines, standards, and/or regulations if available.

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**28.** Have you ever been asked not to complete accreditation required procedures such as cleaning or maintenance of equipment as a result of excessive workload?  Y  N

## G: Impact on the Public

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**29.** Does your department/area have a waitlist?  Y  N

If yes:

**a.** Has the waitlist increased over the past two years?  Y  N

**b.** Is there pressure from your employer to reduce waitlists?  Y  N

**c.** If yes please describe:

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**30.** Has the error rate or number of incident reports increased in your department or area?  Y  N

**a.** If yes: what sorts of errors or incidents are occurring?

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31. Do you feel pressure not to report incidents?  Y  N

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32. Has your department/area received negative feedback? (e.g. complaints from patients/clients or other healthcare professionals)  Y  N

a. If yes, what sort of negative feedback has your department received?

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## H: Impact on Workers

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33. Has there been an increase in leaves due to illness? (e.g. WCB, sick leave or LTD)  Y  N

a. If yes, please describe.

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34. Has excessive workload impacted your mental health?  Y  N

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35. Has there been an increase in accidents, injuries or illness at your worksite?  Y  N

a. If yes, what sorts of accidents, injuries, or illness have occurred?

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## I: Supervisor Involvement

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36. Have you discussed workload issues with your supervisor?  Y  N

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37. Does your supervisor work full-time at your worksite?  Y  N

a. If no, at what other worksite(s) does your supervisor work?

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38. What was your supervisor's response when you discussed this workload issue?

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39. Do you have regular contact with your supervisor?  Y  N

40. Please include any additional information you wish to provide

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FULL NAME (Please print clearly)

CELL

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PROFESSION

PERSONAL EMAIL\*

\*HSA DOES NOT EMAIL MEMBERS AT WORK TO PROTECT YOUR PRIVACY.

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WORKSITE

- I CONSENT TO ALLOW HSA TO CONTACT ME BY EMAIL ABOUT UPDATES ON CONTRACTS, EVENTS, WORKPLACE SAFETY, UNION ELECTIONS, NEWS AND OTHER ACTIVITIES OF HSA. I UNDERSTAND HSA WILL NOT SELL OR TRADE MY EMAIL ADDRESS AND IF I WOULD LIKE TO BE REMOVED FROM HSA EMAIL CONTACT LISTS, I CAN UNSUBSCRIBE AT ANY TIME.

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SIGNATURE

DATE

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ATTENTION TO

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**Done?** Scan or snap a picture with your phone. Email to [workload@hsabc.org](mailto:workload@hsabc.org) or fax to HSA at **604-515-8889 / 800-663-6119**

If you haven't yet, complete the workload tracking card. You can find it at [workload.hsabc.org](http://workload.hsabc.org)

**THANK YOU FOR TAKING THE TIME TO SHARE THESE DETAILS.** HSA will follow up with you to keep you up-to-date on how the union is working to address your workload concerns.

**CONFIDENTIALITY:** THE INFORMATION YOU PROVIDE WILL NOT BE SHARED WITH YOUR EMPLOYER WITHOUT YOUR EXPRESS CONSENT. IT WILL ONLY BE USED BY HSA'S ORGANIZING AND SERVICING TEAMS TO FOLLOW UP WITH YOU TO EXPLORE THE OPTIONS YOU HAVE FOR ADDRESSING ISSUES YOU MAY BE FACING.

Have questions or want to get involved? Visit [workload.hsabc.org](http://workload.hsabc.org)

Or you can always contact us at: [workload@hsabc.org](mailto:workload@hsabc.org) or **604-517-0994 | 800-663-2017**

