

# Employee Perception Survey 2014

## INTRODUCTION

The purpose of this survey is to establish your views of the extent to which behaviour in your agency is consistent with good human resource and ethical practice, and equity and diversity principles. It also aims to establish your knowledge about the *Public Interest Disclosure Act 2003*, satisfaction with your work, and views about management and administration systems in your agency.

This survey contributes to the Public Sector Commission's monitoring program and helps us to understand the work environment and workplace culture in your agency. This information is critical in identifying areas of concern and acknowledging good practice.

To ensure that we receive a broad range of views from all parts of your agency, it is important that you respond. Your response is completely confidential. We do not require your name - only group level data will be reported and you will not be identified.

The survey will be of most value if your answers accurately reflect your real views about your agency. We ask that you give your true and honest opinion about the issues covered in the survey.

## COMPLETION GUIDELINES

- Please use a BLACK or DARK BLUE pen.
- Please tick or cross the squares completely.
- Write clearly where indicated.
- If you want to change your ticked or crossed responses, please shade the incorrect response and then tick or cross the correct response.
- For written responses, please cross out your incorrect response and write your new response just above or below the one you have crossed out.
- Once completed, please place your survey into the supplied prepaid self-addressed return envelope and post back to the Public Sector Commission.

## **SECTION A : GENERAL IMPRESSIONS**

This section covers the general impressions that you have of your current workplace.

**A1. In relation to your current job, please indicate your level of satisfaction with the following statements.**

	Very satisfied	Moderately satisfied	Mildly satisfied	Neither satisfied nor dissatisfied	Mildly dissatisfied	Moderately dissatisfied	Very dissatisfied
a. The job overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your agency as an employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A2. In relation to your current job, please indicate your level of agreement with the following statements.**

	Strongly agree	Moderately agree	Mildly agree	Neither agree nor disagree	Mildly disagree	Moderately disagree	Strongly disagree	Don't know or does not apply
a. My job allows me to utilise my skills, knowledge and abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am clear what my duties and responsibilities are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I understand how my work contributes to my agency's objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have the authority (e.g. the necessary delegations, autonomy, level of responsibility) to do my job effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am sufficiently challenged by my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am able to effectively manage my workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am recognised for the contribution I make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am satisfied with the opportunities available to me for career progression in my current agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am proud to work in the Western Australian public sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A3. In relation to your current agency, please indicate your level of agreement with the following statements.**

	Strongly agree	Moderately agree	Mildly agree	Neither agree nor disagree	Mildly disagree	Moderately disagree	Strongly disagree	Don't know or does not apply
a. I feel that my agency on the whole is well managed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Change is managed well in my agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My agency's senior leaders provide effective leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In general, my agency makes sound financial decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My agency encourages creativity and innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My agency encourages the public to participate in the design of services and programs (e.g. consults and engages with communities on issues affecting them)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I feel a strong personal attachment to my agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My agency motivates me to help it achieve its objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My agency inspires me to do the best in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I am proud to tell others I work for my agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I would recommend my agency as a great place to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A4. It is likely that you will resign or retire from your agency within:**

- ☐ The next 12 months
- ☐ More than 1 year to 2 years
- ☐ More than 2 years to 3 years
- ☐ More than 3 years (please go to B1)
- ☐ Not applicable (please go to B1)

**A5. If you intend to leave within the next 3 years, are you planning to:**  
(please choose **all** that apply)

- ☐ Work for another WA public sector agency (not including local government, public universities, Police Force, electorate offices or government trading enterprises such as utilities and port authorities)
- ☐ Work in the Commonwealth government or local government sector
- ☐ Work in the private sector
- ☐ Study full-time
- ☐ Retire
- ☐ Other (Please specify) \_\_\_\_\_

## **SECTION B: HUMAN RESOURCE MANAGEMENT AND AGENCY ADMINISTRATION**

This section covers administrative practices in your current workplace, such as human resource management, workforce development, communication and performance management.

### **B1. Please indicate your level of agreement with the following statements.**

<b>WORKPLACE COMMUNICATION</b>	Strongly agree	Moderately agree	Mildly agree	Neither agree nor disagree	Mildly disagree	Moderately disagree	Strongly disagree	Don't know or does not apply
a. In your work area, communication between senior managers and other employees is effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your input is adequately sought and considered about decisions that directly affect you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Good information management practices are promoted and supported in your work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **B2. Please indicate your level of agreement with the following statements.**

<b>YOUR IMMEDIATE SUPERVISOR</b>	Strongly agree	Moderately agree	Mildly agree	Neither agree nor disagree	Mildly disagree	Moderately disagree	Strongly disagree	Don't know or does not apply
a. Your immediate supervisor makes use of appropriate communication and interpersonal skills when dealing with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your immediate supervisor is effective in managing people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your immediate supervisor appropriately deals with employees that perform poorly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your immediate supervisor appropriately assesses risks relevant to your work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **B3. Please indicate your level of agreement with the following statements.**

<b>YOUR IMMEDIATE WORK GROUP</b>	Strongly agree	Moderately agree	Mildly agree	Neither agree nor disagree	Mildly disagree	Moderately disagree	Strongly disagree	Don't know or does not apply
a. The people in your work group cooperate to get the job done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The people in your work group use their time and resources efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your workgroup achieves a high level of productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B4. Please indicate your level of agreement with the following statements.**

<b>RECRUITMENT AND SELECTION</b>	Strongly agree	Moderately agree	Mildly agree	Neither agree nor disagree	Mildly disagree	Moderately disagree	Strongly disagree	Don't know or does not apply
a. Recruitment and promotion decisions in this agency are fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Positions are generally advertised within a reasonable time of becoming vacant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Decisions to second or transfer employees to equivalent or higher levels are made fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Candidates for relieving or acting opportunities are selected on the basis of merit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B5. Please indicate your level of agreement with the following statements.**

<b>TRAINING AND PERFORMANCE MANAGEMENT</b>	Strongly agree	Moderately agree	Mildly agree	Neither agree nor disagree	Mildly disagree	Moderately disagree	Strongly disagree	Don't know or does not apply
a. Training and development opportunities in your work area are available to all employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You receive appropriate training or have access to information that enables you to meet your record keeping responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The feedback you receive helps you to improve your performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In your agency, there is adequate opportunity to develop the required skills for being a leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B6. Are you aware that Public Sector Standards in Human Resource Management exist for:**

<b>YOUR AWARENESS OF STANDARDS</b>	Yes	No
a. Employment (incorporates recruitment, secondment, transfer and acting)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Grievance resolution?	<input type="checkbox"/>	<input type="checkbox"/>
c. Performance management?	<input type="checkbox"/>	<input type="checkbox"/>
d. Redeployment, termination, and discipline?	<input type="checkbox"/>	<input type="checkbox"/>

**B7. Do you understand what courses of action are available to you if you believe your agency has breached a Public Sector Standard in Human Resource Management?**

- ☐ Yes  
☐ No  
☐ No, but know where to find out

**B8. Do you believe any decision made in your agency in the past 12 months did not comply with a Public Sector Standard in Human Resource Management?**

(Please choose **all** that apply)

- ☐ Yes, and I raised it with my agency  
☐ Yes, and I lodged a breach of standard claim  
☐ Yes, and I took no action (please specify) \_\_\_\_\_  
☐ Don't know  
☐ No

**B9. Please indicate if your agency has clearly documented policies and procedures for the following and if you have confidence in these policies and procedures:**

	CLEARLY DOCUMENTED				CONFIDENCE		
	Yes	No	Don't know but know where to find out	Don't know	Yes	No	Don't know
a. Employment (includes recruitment, secondment, transfer and acting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Induction, training and professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supervision and performance management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Occupational health and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Conduct and discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Classification and classification review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Grievance resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Redeployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Managing conflicts of interest (e.g. conflict between public role and personal interest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Offer and acceptance of gifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Reporting unethical behaviour and misconduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Reporting workplace bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B10. If you commenced employment within your agency in the past 12 months, did you participate in an induction program?**

(Please choose **all** that apply)

- ☐ Yes, participated in one with my agency  
☐ Yes, participated in the Public Sector Induction Program  
☐ No  
☐ Does not apply

**B11. If you have been employed in your agency for more than 12 months, have you participated in one or more formal, documented performance management meetings with your supervisor in the past 12 months?**

(CEOs do not need to respond to this question)

- ☐ Yes
- ☐ No
- ☐ Does not apply

**B12. How often do you meet with your immediate supervisor informally in a setting that allows for discussion about performance and development matters?**

(CEOs do not need to respond to this question)

- ☐ Fortnightly or more frequently
- ☐ Monthly
- ☐ Six Monthly
- ☐ Annually
- ☐ Never
- ☐ Unsure

## **SECTION C: ETHICS**

Ethical practices seek to define the rules of what is regarded as right or wrong. This section covers ethical behaviour at your workplace during the past twelve months.

**C1. Please indicate your level of agreement with the following statements.**

ETHICS	Strongly agree	Moderately agree	Mildly agree	Neither agree nor disagree	Mildly disagree	Moderately disagree	Strongly disagree	Don't know or does not apply
a. Management practices in your agency create and sustain a culture of integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your agency actively encourages ethical behaviour by all of its employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Senior managers in your agency lead by example in ethical behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Conflicts of interest are identified and managed effectively in your workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your immediate supervisor demonstrates honesty and integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. You are treated with respect by your immediate supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. You are treated with respect by other employees in your agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your co-workers demonstrate honesty and integrity in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Confidential information in your workplace is only disclosed to appropriate people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Purchasing decisions in your workplace are not influenced by gifts or incentives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Employees in your workplace behave ethically, professionally and fairly when making decisions that affect your agency's clients and customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Employees in your workplace are committed to providing excellent customer service and making a positive difference to the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**C2. Are you familiar with the Public Sector Code of Ethics?**

- ☐ Yes  
☐ No

**C3. Are you familiar with your agency's code of conduct?**

- ☐ Yes  
☐ No

**C4. Have you observed or witnessed unethical behaviour in your workplace in the past 12 months?**

- ☐ Yes (please go to C4a)  
☐ No (please go to C5)

**C4a. If you have observed or witnessed unethical behaviour in your workplace, which broad categories of conduct did it relate to and how often did it occur? (Please choose all that apply)**

	Rarely (1 to 3 occasions)	Sometimes (4 to 6 occasions)	Frequently (7 to 10 occasions)	Very Frequently (More than 10 occasions)	Unsure / NA
i. Unauthorised disclosure of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Failure to manage conflicts of interest (e.g. conflict between public role and personal interests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Inappropriate acceptance of gifts or benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Fraudulent or corrupt behaviour (e.g. employees using their position to obtain an inappropriate benefit for themselves or others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Improper use of internet or email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Discrimination or harassment (e.g. racial discrimination, sexual harassment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. Inappropriate personal behaviour other than discrimination or harassment (e.g. inappropriate language, misuse of drugs or alcohol, disrespectful treatment of co-workers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. Inappropriate access of confidential information (e.g. agency's database)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix. Workplace theft (e.g. stationery, computers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Misuse of public resources (e.g. improper use of vehicles, computers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xi. Falsification of information or records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C4b. If you have observed or witnessed an occurrence of unethical behaviour in your workplace, did you report it?**

- ☐ In all instances (please go to C5)  
☐ For some, but not all instances (please go to C4c)  
☐ Never (please go to C4c)  
☐ Don't know how to report it (please go to C5)

**C4c. If not, why did you not report it? (Please choose **all** that apply)**

- ☐ I did not want to upset relationships in the workplace
- ☐ I did not have enough evidence
- ☐ It could affect my career
- ☐ I did not think any action would be taken
- ☐ The matter was resolved informally
- ☐ I did not think the issue was serious enough
- ☐ Other (please specify) \_\_\_\_\_

The following questions relate to workplace bullying.

Workplace bullying can be defined as repeated (i.e. on more than one occasion) unreasonable or inappropriate behaviour directed towards a worker, or a group of workers, that creates a risk to health and safety.

‘Repeated behaviour’ refers to the persistent nature of the behaviour and can refer to a range of various behaviours over time. Bullying should not be confused with legitimate feedback given to staff (including constructive criticism) on work performance or work-related behaviour; or other legitimate management decisions and actions undertaken in a reasonable and respectful way.

**C5. During the past 12 months, have you been subjected to repeated bullying in your workplace?**

- ☐ Yes (please go to C6)
- ☐ No (please go to Section D)
- ☐ Not sure (please go to Section D)

**C6. If you have been subjected to bullying in the past 12 months, which of the following describes the nature of the bullying you have experienced?**

(Please choose **all** that apply)

- ☐ Verbally abusing, insulting or offending you, including criticising you in the form of yelling or screaming
- ☐ Spreading misinformation or malicious rumours
- ☐ Teasing or regularly making you the brunt of practical jokes or pranks
- ☐ Frightening, humiliating, belittling or degrading you through physical behaviour  
(e.g. assault, aggressive body language)
- ☐ Excluding or isolating you from others
- ☐ Assigning you tasks unrelated to your job or that are unreasonably below or beyond your skills level
- ☐ Setting timelines that are difficult to achieve or constantly changing deadlines
- ☐ Deliberately changing work rosters or leave arrangements to inconvenience you
- ☐ Deliberately withholding information, resources or consultation which is vital to your effective work performance
- ☐ Inappropriately or unfairly managing your performance
- ☐ Other (please specify) \_\_\_\_\_

## **SECTION D: PUBLIC INTEREST DISCLOSURE ACT 2003**

This section asks about your knowledge of and confidence in the Public Interest Disclosure Act 2003 (the PID Act). This legislation is also referred to as whistleblowing legislation.

The PID Act provides protection for people who wish to make disclosures of public interest information to a proper authority (e.g. a Public Interest Disclosure officer in your agency, Ombudsman, Corruption and Crime Commission, Auditor General or the Public Sector Commission).

**D1. Are you aware of the *Public Interest Disclosure Act 2003* (the PID Act) and how to make a disclosure?**

- ☐ Yes (please go to D2)
- ☐ No (please go to Section E)
- ☐ No, but know where to find out (please go to Section E)

**D2. Would you use the PID Act to make a disclosure of public interest information to a proper authority if you were aware of improper conduct in your workplace?**

- ☐ Always
- ☐ Sometimes
- ☐ Never
- ☐ Don't know

**D3. If you were to make a public interest disclosure under the PID Act, how confident are you that:**

	Completely confident	Somewhat confident	Not at all confident	Don't know
a. Your rights would be protected, in accordance with the PID Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your agency's Public Interest Disclosure Officer would ensure information is adequately investigated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A proper authority outside your agency (e.g. Ombudsman, Corruption and Crime Commission, Auditor General, or the Public Sector Commission) would ensure information is adequately investigated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **SECTION E: DIVERSITY AND WELLBEING**

This section asks a number of questions in relation to your agency's implementation of equal employment opportunity and wellbeing practices, including management of diversity and work-life balance.

**E1. Please indicate your level of agreement with the following in relation to your own experience in your agency.**

(Flexible work options and leave arrangements includes flexible start and finish times, part-time work, purchased leave arrangements)

<b>HEALTH AND WELLBEING</b>	<b>Strongly agree</b>	<b>Moderately agree</b>	<b>Mildly agree</b>	<b>Neither agree nor disagree</b>	<b>Mildly disagree</b>	<b>Moderately disagree</b>	<b>Strongly disagree</b>	<b>Don't know or does not apply</b>
a. Your workplace culture supports people to achieve a suitable work/life balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You are able to access and use flexible work arrangements to assist in your work/life balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your agency is committed to health and wellbeing within the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diversity groups include people from culturally and linguistically diverse backgrounds, people with disability, Indigenous Australians, young people and women.

**E2. Please indicate your level of agreement with the following in relation to your own experience in your agency.**

<b>EQUITY AND DIVERSITY</b>	<b>Strongly agree</b>	<b>Moderately agree</b>	<b>Mildly agree</b>	<b>Neither agree nor disagree</b>	<b>Mildly disagree</b>	<b>Moderately disagree</b>	<b>Strongly disagree</b>	<b>Don't know or does not apply</b>
a. Your workplace culture is equally welcoming of people from all diversity groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your agency is committed to creating a diverse workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your agency has supported you in feeling confident in working with people from different diversity groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your immediate supervisor treats employees from all diversity groups in the workplace with equal respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your co-workers treat employees from all diversity groups in the workplace with equal respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **SECTION F: CLASSIFICATION INFORMATION**

The following information is being collected not to identify you, but to establish broad categories for analysis purposes.

### **PERSONAL**

**F1. What gender are you?**

- ☐ Male
- ☐ Female

**F2. What age are you?**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 15 to 19 years | <input type="checkbox"/> 20 to 24 years | <input type="checkbox"/> 25 to 29 years | <input type="checkbox"/> 30 to 34 years |
| <input type="checkbox"/> 35 to 39 years | <input type="checkbox"/> 40 to 44 years | <input type="checkbox"/> 45 to 49 years | <input type="checkbox"/> 50 to 54 years |
| <input type="checkbox"/> 55 to 59 years | <input type="checkbox"/> 60 to 64 years | <input type="checkbox"/> 65 years plus  |   |

**F3. What is the highest level of formal education you have completed?**

- ☐ Primary school or equivalent
- ☐ Secondary school or equivalent without TEE
- ☐ Secondary school or equivalent with TEE
- ☐ Technical/trade certificate or diploma course or equivalent
- ☐ Tertiary degree or equivalent
- ☐ Graduate diploma (includes Graduate certificate)
- ☐ Master degree
- ☐ Doctorate degree

**F4. Are you of Australian Aboriginal and/or Torres Strait Islander origin?**

(Persons of Aboriginal and/or Torres Strait Islander descent are those who identify as such and are accepted as such by the community in which they live)

- ☐ Yes, Aboriginal and/or Torres Strait Islander
- ☐ No

**F5. In which country were you born?**

- ☐ Australia
- ☐ Other than Australia (please specify) \_\_\_\_\_

**F6. What is the primary language spoken at home?**

(If more than one language is spoken indicate the one spoken most often)

- ☐ English
- ☐ Other (please specify) \_\_\_\_\_

**F7. Do you consider yourself to be from an ethnic minority group?**

- ☐ No
- ☐ Yes (please specify) \_\_\_\_\_

**F8. Do you have an impairment that results in a permanent disability?**

(For disability definitions, please go to the last page of this questionnaire)

- ☐ Yes
- ☐ No

## **WORKPLACE RELATED**

**F9. What is your current total annual gross salary (before tax)?**

(If you work part-time, select the full-time salary equivalent to your current level. If you are paid an hourly rate, select the salary range that is closest to your annual gross earnings. Salary will be used to group survey information by equivalent classification level)

- ☐ Less than \$40,000
- ☐ \$40,000 to 49,999
- ☐ \$50,000 to 59,999
- ☐ \$60,000 to 69,999
- ☐ \$70,000 to 79,999
- ☐ \$80,000 to 89,999
- ☐ \$90,000 to 99,999
- ☐ \$100,000 to 109,999
- ☐ \$110,000 to 119,999
- ☐ \$120,000 to 129,999
- ☐ \$130,000 to 139,999
- ☐ \$140,000 to 149,999
- ☐ \$150,000 and over

**F10. What is your work classification?**

- ☐ Permanent full-time
- ☐ Permanent part-time
- ☐ Fixed term full-time
- ☐ Fixed term part-time
- ☐ Casual
- ☐ Sessional
- ☐ Other

**F11. How long have you worked in the WA public sector in total?**

- ☐ Up to 1 year
- ☐ More than 1 year and up to 5 years
- ☐ More than 5 years and up to 10 years
- ☐ More than 10 years and up to 15 years
- ☐ More than 15 years and up to 20 years
- ☐ More than 20 years

**F12. In total, how many agencies have you worked in during your time in the WA public sector?**

- ☐ 1 agency
- ☐ 2 to 3 agencies
- ☐ 4 to 5 agencies
- ☐ 6 to 8 agencies
- ☐ 9 to 10 agencies
- ☐ More than 10 agencies

**F13. Where is your primary work location?**

- ☐ Metropolitan
- ☐ Regional/Rural

**F14. Which one of the following best describes your current occupation, taking into account your type of work and your agency's role?**

- ☐ Manager (e.g. chief executive, general manager, legislator, farmer, specialist manager, service manager)
- ☐ Professional (e.g. arts, media, business, human resource, marketing, engineering, science, education, health, information technology, legal, welfare professional)
- ☐ Technician or trades worker (e.g. automotive, construction, engineering, telecommunications, information technology, science, food, animals, horticultural, other technicians and trades workers)
- ☐ Community or personal service worker (e.g. health and welfare support, carer, aide, hospitality, protective services, sports)
- ☐ Clerical and administrative worker (e.g. personal assistant, secretary, general clerical, receptionist, office support)
- ☐ Sales worker (e.g. sales representative, salesperson, sales assistant, sales support)
- ☐ Machinery operator or driver (e.g. machine operator, stationery plant operator, mobile plant operator, road driver, rail driver, storeperson)
- ☐ Labourer (e.g. cleaner, laundry worker, construction labourer, mining labourer, factory worker, farm worker, forestry worker, garden worker, food preparation assistant, other labourer)
- ☐ Others (please specify) \_\_\_\_\_

**F15. Do you have senior managerial responsibility?**

(Employees with senior managerial responsibility are responsible for managing their area of control, for example managing a budget and/or staffing resources.)

- ☐ Yes
- ☐ No

**F16. How often do you interact with members of the public in your current job?**

- ☐ Daily
- ☐ Less than daily but at least once a week
- ☐ Less than once a week but at least once fortnightly
- ☐ Less than once a fortnight but at least once a month
- ☐ Less than once a month
- ☐ Not at all

## **SECTION G: EXPLANATION AND INFORMATION**

### **People with Disability**

People with an ongoing disability who have an employment restriction due to their disability that requires any of the following:

- Restriction in the type of work they can do;
- Modified hours of work or time schedules;
- Adaptations to the workplace or work area;
- Specialised equipment;
- Extra time for mobility or tasks;
- Ongoing assistance or supervision to carry out duties.

### **Types of Impairments**

#### **Sight**

Use Braille, low vision aids or other special technology such as appropriate computers or screens (Note: Does not include use of glasses or contact lenses).

#### **Speech**

Use aids such as word processors or communication boards in order to be understood or need extra time to be understood.

#### **Hearing**

Uses aids such as a hearing help card or volume control telephone in order to hear, or TTY (telephone typewriter), Auslan interpreter, or note taker, in order to communicate.

#### **Learning**

Uses specific support and training to perform the job or needs more than average time to learn some parts of a job (e.g. has an intellectual disability). Has difficulty with reading or writing, e.g. dyslexia.

#### **Use of arms and hands**

Uses specific equipment (e.g. modified keyboard, hands-free telephone) or needs extra time for handling objects.

#### **Use of Legs**

Use aids or need extra time for mobility (e.g. wheelchairs, crutches).

#### **Long term medical, physical or psychiatric condition**

Any long term health or medical condition that regularly restricts or limits activities (e.g. requires regular medication or absences due to illness or cannot perform some functions due to health and safety considerations).

#### **Other**

Any other ongoing disability with an employment restriction.

**Thank you for your time and cooperation**