

The Effects of Counterproductive Workplace Behaviors on Academic LIS Professionals' Health and Well-Being

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Résumé de l'article

Objective – This study seeks to investigate the degree of counterproductive workplace behaviors (CWB) experienced by library and information science (LIS) professionals and how these behaviors contribute to physical, mental, and chronic health outcomes. While health outcomes may be present independent of CWB, this study seeks to explore the relationship between the two to provide context to the growing incidence of burnout among academic LIS professionals.

Methods – This quantitative study analyzed 327 responses to a survey about colleague behavior and health sent to LIS professionals through library community electronic mailing lists. The survey contained demographic questions, questions about CWB, questions about health experiences, and questions about the perceived relationship between work and health. Counterproductive workplace behaviors were rated on a seven-point Likert scale. A behavior score was calculated by adding the Likert values of the 12 behavior questions. This score was used when comparisons about CWB were compared by demographics and health responses. Statistical analysis of survey results was performed using RStudio.

Results – The mean total behavior score was 39. 107 respondents' total behavior scores fell in the low range, 202 in the moderate range, and 18 in the high range. There was no significant relationship found between demographic factors and behavior score. A negative relationship was observed between duration of employment in an academic library and presence of mental health issues ($F(5, 310) = 10.114, p = 5.5e-09$). A similar relationship was observed between duration of employment in the respondents' current library and presence of mental health issues ($F(5, 311) = 9.748, p = 1.15e-08$). Level of CWB experienced was found to have a relationship with the perceived ability to maintain good mental ($F(2, 324) = 36.34, p = 5.75e-15$), physical ($F(2, 324) = 23.82, p = 2.24e-10$), and chronic health ($F(2, 323) = 13.04, p = 3.57e-06$). Generally speaking, lower levels of CWB were associated with fewer challenges maintaining health.

Conclusion – Low to moderate levels of CWB are common in academic libraries. These behavior levels are associated with an increase in health challenges. LIS professionals perceive work as being a factor that contributes to having trouble maintaining good mental and physical health and toward successfully managing chronic health conditions. Further study is needed to determine the degree to which experiencing CWB in the workplace affects health. Further study is also needed to determine if certain behaviors impact health outcomes more than others.



Research Article

The Effects of Counterproductive Workplace Behaviors on Academic LIS Professionals' Health and Well-Being

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Abstract

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Conclusion – Low to moderate levels of CWB are common in academic libraries. These behavior levels are associated with an increase in health challenges. LIS professionals perceive work as being a factor that contributes to having trouble maintaining good mental and physical health and toward successfully managing chronic health conditions. Further study is needed to determine the degree to which experiencing CWB in the workplace affects health. Further study is also needed to determine if certain behaviors impact health outcomes more than others.

Introduction

Counterproductive workplace behaviors (CWB) encompass a wide range of detrimental employee actions. CWB are commonly understood to include employee behaviors that “harm their organization or organization members, such as theft, sabotage, interpersonal aggression, work slowdowns, wasting time and/or materials, and spreading rumors” (Penney & Spector, 2002, p. 126). This study explores the degree of counterproductive workplace behaviors experienced by academic librarians and archivists and how these behaviors contribute to physical, mental, and chronic health outcomes. While library and information science (LIS) professionals may have pre-existing health conditions independent of facing counterproductive workplace behaviors, this study seeks to investigate the relationship between the two in order to provide context to the growing incidence of burnout among academic librarians and archivists.

To examine this issue, the researchers disseminated a survey about colleague behavior and health to LIS professionals through library community electronic mailing lists. This study will provide insight into trends that contribute to burnout among academic information professionals. The interprofessional dynamics of librarians and archivists have not been thoroughly studied. Knowledge of the types of counterproductive workplace behaviors coworkers engage in will allow academic libraries to mitigate their occurrence, and this may enhance morale and work satisfaction. Preventing negative behaviors that cause LIS professionals stress may reduce burnout.

Literature Review

Librarians and library leaders have shown great interest in burnout's impact on the LIS profession. Alves et al. (2019) noted that burnout is negatively associated with academics' quality of life, including their physical and mental health. When examining the issues that contribute to librarian burnout, previous studies have focused on external factors including funding streams, salaries, sabbatical leaves, work-life balance, patron interactions, understaffing, heavy workloads, management decisions, and the demands of the tenure clock (Badia, 2018; Flaspohler, 2009; Galbraith et al., 2006; Heady et al., 2020; Howlett, 2019; Johnson, 2018; Kennedy & Garewal, 2020; Nardine, 2019; Petek, 2018; Sheesley, 2001; Shupe et al., 2015; Spires, 2007). An important area that researchers have not explored is the connection between academic librarians' and archivists' interprofessional relationships and their well-being. Several contributing factors related to burnout served as foundational elements of this study: workplace climate and organizational culture, counterproductive workplace behaviors, and the role of library management.

The trouble with the existing LIS literature on burnout is that it focuses on issues individual librarians and archivists cannot control. Many studies explore the impact of workplace climate and organizational culture (Affleck, 1996; Ajala, 2011; Akakandelwa & Jain, 2013; Albanese, 2008; Bartlett, 2014; Blessinger & Hrycaj, 2013; McCormack & Cotter, 2013; Hall, 2015; Heady et al., 2020; Henry et al., 2018; McHone-Chase, 2020; Nardine, 2019; Oyintola et al., 2014; Spires, 2007; Steiner, 2018). Additionally, while LIS research is deeply concerned with how to improve the experience of library patrons, there is little attention given to making libraries better workplaces for employees (Blessinger & Hrycaj, 2013).

Organizational culture creates the systemic factors that contribute to employee burnout. According to a pivotal study on the topic, Howard Schein (1984) defines organizational culture as "the pattern of basic assumptions that a given group has invented, discovered or developed in learning to cope with its problems of external adaptation and internal integration, and that have . . . to be taught to new members as the correct way to perceive, think and feel in relation to those problems" (p. 3). In academic libraries, many of the "problems" Schein describes are related to the work environment. More recently, Heady et al. (2020) found that academic librarians were most dissatisfied with their work environment followed by other factors including compensation, professional responsibilities, and personal issues. They discovered that unsupportive organizational cultures and poor management contributed to low morale, which caused librarians to leave their current positions.

Library management has the power to shape the work environment in academic libraries. Unfortunately, library managers often fail to address counterproductive workplace behaviors such as incivility and bullying. Freedman and Vreven's 2016 survey of Association of College & Research Libraries (ACRL) members revealed that when library administrators noticed bullying behaviors such as coworkers withholding information or excluding colleagues, they failed to stop it. While 53% of librarians surveyed witnessed bullying in the workplace, only 46% of administrators reported they had witnessed bullying. Freedman and Vreven (2016) noted that "these findings suggest a gap in bullying perception between library administrators and librarians [and] . . . This result is a clear example of how library leadership and, in particular, avoiding confrontation are motivating structures for bullying" (p. 740). A survey of American Library Association (ALA) members, conducted in 2018, found that the vast majority of librarians (91%) have experienced incivility at work (Henry et. al.). ALA's respondents suggested that libraries could create a more civil workplace through stronger leadership and setting clear expectations regarding behavior.

Although LIS scholars have begun to explore counterproductive workplace behaviors in academic libraries (Bartlett, 2016; Freedman & Vreven, 2016) and librarians' mental health (Burns & Green, 2019), additional research needs to be conducted to understand the variety of coworker behaviors that can lead to stress and burnout. While Kendrick (2017) found that low morale can be triggered by abuse from coworkers, the current literature is limited in that it does not explore the less extreme counterproductive workplace behaviors that may lead to stress, burnout, and other health conditions. While these actions may not be as severe as bullying or harassment, they may impact librarians' mental and physical health. Much of the current literature on this subject takes the form of personal essays. In her column about how new librarians can deal with difficult coworkers, Stephanie Walker (2011) acknowledges that colleagues may be rude, insensitive, manipulative, lazy, incompetent, and deceitful. She recommends that librarians "try to see the reason behind the behavior" (p. 182), "talk to the coworker . . . talk to your supervisor . . . [and] talk to a unit designated to help with employee complaints" (p. 183). However, those suggestions place the burden of change on newer, often younger, less experienced librarians with lower organizational status. These types of personal experience think pieces do not address the need for systemic change within academic libraries.

Aims

The purpose of this study was to expand upon the research focused on burnout among academic librarians and archivists. Specifically, this article explores the connection between challenging coworkers and librarian and archivist health. Two research questions guided this study:

1. To what degree are counterproductive workplace behaviors occurring in academic libraries?
2. How does the degree of counterproductive workplace behaviors experienced contribute to physical, mental, and chronic health outcomes among LIS professionals?

Methods

A survey (see Appendix) was used to collect data about colleague behavior and mental and physical health of academic librarians in the United States. The survey contained demographic information, questions about specific counterproductive workplace behaviors, and questions about health status and maintenance. CWB were selected for inclusion based on anecdotal discussions among the authors, discussion with librarians they spoke to about their study, and other surveys and validated measures that featured negative acts (Freedman & Vreven, 2016; Heady et al., 2020; Henry et al., 2018; Spector & Jex, 1998).

The survey, available through Qualtrics, was distributed widely to the academic library community through professional electronic mailing lists in late October 2020. Librarians over the age of 18 who were employed in an academic library at the time of the survey distribution were eligible to participate, and respondents self-selected for participation. The survey received 356 responses. There were 29 responses discarded due to incompleteness, leaving 327 responses for analysis.

Counterproductive workplace behaviors were rated on a seven-point Likert scale, and the Likert responses were transformed into numerical values with "strongly agree" receiving the value of 1 and "strongly disagree" the value of 7. A behavior score was calculated by adding the Likert values of the 12 colleague behavior questions. This score was used when comparisons about CWB were compared by demographics and health responses. Scores less than 31 were considered low. Scores between 31 and 67 were considered moderate. Scores greater than 67 were considered high. Statistical analyses of survey

results (one-way ANOVA, ANCOVA, and Tukey-HSD, as well as summary statistics) were performed using RStudio (2020).

Results

Demographics

327 survey responses were used for analysis. Respondents worked across several areas of the library, with some respondents working in multiple areas (see Table 1). 64 (19.6%) respondents worked at a college, 39 (11.9%) at a community college, 219 (67.0%) at a university, and 5 (1.5%) at some other type of institution.

Table 1
Areas of the Library in Which Survey Participants Work

Area of the library	Number of participants
Access services	45
Technical services	52
Collection management	74
Reference	169
Instruction	165
Archives and/or Special collections	65
Management	91
Other	38

The duration of time respondents have worked in academic libraries ranged from zero to 31+ years (see Table 2). The same range of time was again seen when participants were asked how long they have worked in their current library (see Table 2).

Table 2

Duration of Time Employed in Academic Libraries and in Current Library

Duration of Time	Employment in Academic Libraries	Employment at Current Library
0-5 years	67	154
6-10 years	90	70
11-15 years	52	37
16-20 years	43	27
21-30 years	50	27
31+ years	25	12

Respondents' ages varied as follows: 31.8% were between 22 and 37 years of age, 42.2% were between 38 and 53 years of age, 25.7% fell between the ages of 54 and 72, and 0.3% were between the ages of 73 and 90.

Counterproductive Workplace Behaviors

Respondents reported varied experiences with counterproductive workplace behaviors. The CWB reported as most common were gossip about colleagues (48.9%), requests for last-minute coverage of duties (43.4%), lack of appropriate record keeping (42.5%), lack of initiative (40.1%), and refusal to take responsibility for one's own actions (36.7%). Behavior scores ranged from 12 to 80 out of a possible total of 84. The mean total behavior score was 39. There were 107 respondents with total behavior scores in the low range, 202 in the moderate range, and 18 in the high range (see Table 3).

Table 3

Behavior Score Outcomes

Score Range	Number of Respondents
Low (<31)	107
Medium (31-67)	202
High (>67)	18

Behavior scores were examined in the context of respondents' demographic factors. One-way ANOVAs found no significant relationship between behavior score and type of institution ($F(3,323) = 2.453$, $p = .0633$), duration of employment in an academic library setting ($F(5,321) = 2.036$, $p = .0732$), duration of employment at current library ($F(5,321) = 0.662$, $p = 0.653$), or age ($F(3,323) = 0.26$, $p = 0.854$).

Health

Respondents were asked if they had any mental, physical, or chronic health issues. The results were varied: 58.72% of respondents agreed in some way to experiencing mental health issues, 40.98% agreed in some way to having issues with physical health, and 39.45% indicated they experience a chronic health condition.

Mental Health

Responses to the presence of mental health issues were examined in the context of respondents' demographic factors. An ANCOVA showed a significant relationship between duration of employment in an academic library and presence of mental health issues ($F(5, 310) = 10.114, p = 5.5e-09$). This relationship was not observed with age ($F(3, 310) = 1.023, p = 0.383$), and there was no combined effect of age and duration of employment ($F(7, 310) = 1.302, p = 0.249$). A post-hoc Tukey-HSD showed different durations of employment saw different overall levels of the presence of mental health issues (see Table 4). Specifically, the longer someone is employed in an academic library setting, the lower the level of mental health issues seen.

Table 4

Differences in the Level of Mental Health Issues Present Based on Duration of Employment in an Academic Library Setting

Duration of employment	Mean level of mental health issues present	Standard deviation	Group
0-5 years	4.85	1.59	a
6-10 years	4.74	1.76	a
11-15 years	4.18	1.66	ab
16-20 years	4.12	1.58	ab
21-30 years	3.66	1.97	b
31+ years	2.44	1.56	c

Note. Group a is significantly different from groups b and c. Group b is significantly different from groups a and c. Group c is significantly different from groups a, ab, and b.

A similar relationship was observed by ANCOVA between duration of employment in the current library and presence of mental health issues ($F(5, 311) = 9.748, p = 1.15e-08$). Again, the relationship was not observed with age ($F(3, 311) = 2.051, p = 0.107$) or as a combined effect of age and duration of employment in the current library ($F(6, 311) = 0.947, p = 0.462$). Post-hoc Tukey-HSD showed different durations of employment at the current library had different overall levels of the presence of mental health issues (see Table 5). Similar to overall duration of employment, the longer someone is employed in their current library, the lower the level of mental health issues seen.

Table 5

Differences in the Level of Mental Health Issues Present Based on Duration of Employment in Current Library

Duration of employment	Mean level of mental health issues present	Standard deviation	Group
0-5 years	4.75	1.63	a
6-10 years	4.35	1.79	ab
11-15 years	3.62	1.91	bc
16-20 years	4.56	1.65	ab
21-30 years	3.07	1.84	c
31+ years	2.25	1.54	c

Note. Group a is significantly different from groups bc and c. Group c is significantly different from groups a and ab.

Physical Health

Responses to the presence of physical health issues were examined in the context of respondents' demographic factors. An ANCOVA showed no significant relationship between duration of employment in an academic library and presence of mental health issues ($F(5, 310) = 0.810, p = 0.543$). This relationship was not observed with age ($F(3, 310) = 0.337, p = 0.798$), and there was no combined effect of age and duration of employment ($F(7, 310) = 1.031, p = 0.409$).

Similarly, no significant relationship was observed by ANCOVA between duration of employment in the current library and presence of physical health issues ($F(5, 311) = 0.388, p = 0.857$). Again, the relationship was not observed with age ($F(3, 311) = 0.287, p = 0.834$) or as a combined effect of age and duration of employment in the current library ($F(6, 311) = 0.801, p = 0.570$).

Chronic Health

Responses to the presence of a chronic health condition were examined in the context of respondents' demographic factors. An ANCOVA showed no significant relationship between duration of employment in an academic library and presence of a chronic health condition ($F(5, 310) = 0.923, p = 0.466$). This relationship was not observed with age ($F(2, 310) = 0.324, p = 0.723$), and there was no combined effect of age and duration of employment ($F(7, 310) = 0.631, p = 0.730$).

Similarly, no significant relationship was observed by ANCOVA between duration of employment in the current library and presence of a chronic health condition ($F(5, 311) = 0.417, p = 0.837$). Again, the relationship was not observed with age ($F(2, 311) = 0.471, p = 0.625$) or as a combined effect of age and duration of employment in the current library ($F(6, 311) = 0.880, p = 0.510$).

Health and Work

Respondents were asked if work made it difficult to maintain mental or physical health or manage chronic health conditions. The results were varied: 54.43% of respondents indicated that work makes it difficult to maintain good mental health, 44.34% indicated work makes it difficult to maintain good physical health, and 21.71% indicated work makes it difficult to manage a chronic health condition.

Mental Health

Level of CWB experienced was found to have an effect on whether or not it was difficult to maintain good mental health due to work by one-way ANOVA ($F(2, 324) = 36.34, p = 5.75e-15$). A post-hoc Tukey-HSD test found that those who experienced low levels of CWB ($M = 3.07, SD = 1.68$) experienced a statistically significant difference in their perception of work's effect on maintaining good mental health as compared to those who experienced moderate ($M = 4.57, SD = 1.60$) and high ($M = 5.50, SD = 1.62$) levels of CWB. This implies that once a threshold of CWB is reached, there is a greater toll on mental health.

Physical Health

Level of CWB experienced was found to have an effect on whether or not it was difficult to maintain good physical health due to work by one-way ANOVA ($F(2, 324) = 23.82, p = 2.24e-10$). A post-hoc Turkey-HSD test found that those who experienced low levels of CWB ($M = 2.82, SD = 1.62$) experienced a statistically significant difference in their perception of work's effect on maintaining good physical health as compared to those who experienced moderate ($M = 4.04, SD = 1.62$) and high ($M = 4.78, SD = 1.90$) levels of CWB. This implies that once a threshold of CWB is reached, there is a greater toll on physical health.

Chronic Health

Level of CWB experienced was found to have an effect on whether or not it was difficult to manage a chronic health condition due to work by one-way ANOVA ($F(2, 323) = 13.04, p = 3.57e-06$). A post-hoc Tukey-HSD test found that there were differences in perception of work's effect on the ability to manage a chronic health condition between all three levels of CWB experienced (see Table 6). This implies that as more CWB is experienced, it becomes a greater challenge to manage chronic health conditions.

Table 6

Differences in Perception of Work's Effect on Ability to Manage Chronic Health Condition(s) Based on Level of Counterproductive Workplace Behavior Experienced

Behavior score level	Mean perception of effect on chronic health management	Standard deviation	Group
Low	2.49	1.60	c
Moderate	3.23	1.71	b
High	4.39	1.75	a

Discussion

Counterproductive workplace behaviors appear to be pervasive in academic libraries at a low to moderate level. Exposure to, and experience with, these behaviors is not dependent upon demographic factors such as type of institution, duration of employment, or age. This suggests a level of consistency to these behaviors that is not necessarily a product of place or experience. Since participants across the board reported experiencing CWB, the organizational culture and expectations within academic libraries must permit these behaviors to proliferate. This is a systemic issue in academic libraries that may impact the well-being and effectiveness of LIS professionals more broadly than this survey was able to capture.

Health issues were present at a moderate level among survey respondents. When these health issues were examined in the context of demographic factors, connections were only observed in the area of mental health. A significant relationship was observed between duration of employment in an academic library and presence of mental health issues. Librarians who had shorter durations of employment either in an academic library setting, or in their current library, experienced a higher level of mental health issues. These findings may be related to the uncertainty many librarians experience early in their careers, especially if they are in term or contract positions and their future employment is unknown. Additionally, newer hires must adjust to their job, which is typical of any workplace. LIS professionals who have worked in academic librarianship, or at their current library, for a shorter duration are also most likely to be facing the demands of tenure and promotion processes, while those who have been with the institution longer may have already achieved tenure and promotion. These factors could all contribute to higher stress levels and pronounced mental health conditions in librarians and archivists who are either new to the profession or to their current library.

The percentage of respondents who indicated work made it difficult to manage health conditions was similar to the percentage of respondents who experienced health conditions in the first place, suggesting the work experience may differ depending on pre-existing conditions. This corresponds to Burns & Green's (2019) finding that many academic librarians with invisible disabilities, including mental illness, believe their disorder negatively impacted their work, and that stress at work exacerbated their health condition. Further research is needed to verify the connection between pre-existing conditions and library workplace stressors.

Level of CWB experienced was found to have a relationship with the perceived ability to maintain good mental, physical, and chronic health. Generally speaking, as the level of CWB increased, a greater level of

mental, physical, and chronic health difficulties was experienced. Previous research indicates that librarians will leave, or consider leaving, workplaces that permit CWB. Heady et al. (2020) found that although librarians' reasons for leaving an institution vary, librarians "are not fleeing their positions, they are fleeing work environments they feel are toxic" (p. 591). Low morale and burnout, which can be caused by toxic work environments, leads to higher turnover (Kennedy & Garewal, 2020). Other studies (McHone-Chase, 2020) have found that individuals coped with toxic work environments by practicing self-care. This method puts the burden of mitigating systemic problems on individual librarians and archivists. Library leaders need to ensure safe and healthy working environments so that their employees can focus on providing the services and resources patrons expect.

Limitations

This study faced several key limitations. The sampling method used for survey distribution did not provide for a comprehensive sampling of all academic librarians and archivists. Recruitment was conducted via email notification to nine local and national electronic mailing lists the authors had access to, as well as through posts on two national Facebook groups for librarians and archivists. Those who participated in the survey self-selected to be included in the sample, meaning their experiences may not be representative of the entire population of academic LIS professionals.

The survey itself was delivered without definitions. This allowed for participants to interpret the questions, which may have led to some inconsistencies in responses. Additionally, the survey did not account for demographic factors, such as race or gender, that could have an impact on the amount of conflict experienced. Future studies are needed to explore the intersections of demographic factors on experience with CWB, health consequences, and burnout.

Conclusion

Based on the findings of this study, library managers and LIS professionals considering moving into leadership positions should seek additional education and training on change management to learn how to reduce counterproductive workplace behaviors. Colleen Harris-Keith's (2015) doctoral dissertation on academic library work experience and leadership development showed that academic librarians lacked opportunities to develop measurable leadership skills. They only had the chance to grow as leaders once they were promoted to a top position such as library director. Jennifer Bartlett (2014) argues that for librarians "leadership does not come naturally . . . we enter leadership roles from other specialties with no formal management training" (p. 5). Library deans and directors are often librarians who get promoted with limited management experience, which explains why they may struggle to be effective and supportive managers. In their study of the relationships between leadership, interpersonal conflict, and counterproductive workplace behavior, Kessler et al. (2013) found that transformational leadership was associated with a decrease in conflict, while passive or avoidant leadership correlated with negative emotions and counterproductive workplace behavior. It is management's responsibility to enforce consequences for counterproductive workplace behavior, take reports of these behaviors seriously, and resolve reported issues.

Managers operating in a unionized environment should consult relevant collective bargaining agreements and determine what methods they can use to minimize employees' counterproductive workplace behaviors. These managers may be able to develop a performance improvement plan for an

employee with a history of engaging in such behaviors. Alternatively, managers may need to be more involved in training employees on appropriate workplace conduct and make themselves more visible.

Additionally, academic library leaders should build a workplace culture that reduces mental and physical challenges on librarians and archivists' health:

- Establish a community of practice centered on emotional intelligence (Gola & Martin, 2020) or other issues personnel face.
- Conduct regular stress assessments of employees to spot negative trends and react in a timely manner to mitigate stressors.
- Determine strategies for clear and effective communication between management and personnel, and between coworkers.
- Review job descriptions and assess library needs to align individual duties with what needs to be done, resulting in reasonably dispersed workloads.
- Establish behavioral expectations for all employees, focusing on healthy workplace culture.

By making changes that prioritize the mental and physical well-being of employees, academic libraries can reduce the occurrence of burnout among librarians and archivists, ultimately creating a stronger, more empowered workforce. When employees do not have to worry about support structures for facing challenging coworkers, dealing with burnout, or coping with mental and physical health challenges, they are able to perform to the best of their potential. Supporting initiatives that reduce these stressors on employees can go a long way toward transforming the library workforce.

Notes

The methodology for this study was approved by the Institutional Review Board at both Shippensburg University of Pennsylvania and Clemson University.

Author Contributions

Christy Fic: Conceptualization, Investigation, Methodology, Project administration, Writing – original draft, Writing – review & editing **Maggie Albro:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Writing – original draft

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Appendix

Librarian Professional Relationships and Well-Being Survey

Demographics

In which area of the library do you work? (Select all that apply.)

Access services

Technical services

Collection management

Reference

Instruction

Archives and/or Special collections

Management

Other: _____

At what type of institution do you work?

Community college

College

University

Other: _____

How long have you worked in an academic library setting?

0-5 years

6-10 years

11-15 years

16-20 years

21-30 years

31+ years

How long have you worked at your current library?

0-5 years

6-10 years

11-15 years

16-20 years

21-30 years

31+ years

What is your age?

21 or younger

22-37

38-53

54-72

73-90

91+

Coworker Behaviors

Rate each of the following items from strongly disagree to strongly agree.

Coworkers ask you to cover their responsibilities, or fill in, at the last minute.

Coworkers show lack of initiative.

Coworkers do not contribute to group projects or discussions

Coworkers do not respect your time.

Coworkers do not record data that is necessary to assess unit goals (example: reference transitions, instruction statistics, etc.)

Coworkers treat you like a child.
Coworkers tell you how (or how not) to do your job.
Coworkers talk down to you.
Coworkers stifle your creativity by saying things like “that’s not how we do things here.”
Coworkers limit your ability to pursue new initiatives.
Coworkers do not take responsibility for their actions.
Coworkers gossip about you or other colleagues.

Health and Work

Please rate each of the following items from strongly disagree to strongly agree.

I experience mental health issues.
Work makes it difficult to maintain good mental health.
I have issues with my physical health.
Work makes it difficult to maintain good physical health.
I experience a chronic health condition.
Work makes it difficult to manage my chronic health condition(s).