

Tasmanian Safety in Mining Review

Information for Employees

Some questions you might like answered about this survey

1. Why is this survey being undertaken?

This survey is being undertaken as part of the Tasmanian Government's Inquiry into work schedules and extended shifts in the Tasmanian mining industry. It forms Part (1) of a two-part Inquiry into safety in the mining industry that will be conducted after Part (1) is completed. Workplace Standards Tasmania is the coordinating Government body for the Inquiry.

This survey is one of the methods being used to collect information about the impact of the roster and asks you questions related to the OHS impact of the rosters and the effects on family life. There will also be a survey sent directly to your spouses/partners asking for their opinion about the roster. This survey will be distributed at a later date by direct mail.

2. What are the terms of reference for the Inquiry?

The government, the unions and the employers agreed on the following terms of reference:

- Implications for occupational health and safety (for example: exposure, fatigue, manual handling, environmental factors)
- Effectiveness of current fatigue assessment and control measures and practices utilised by management
- The impact on the family of the worker working a modern shift roster
- Other factors that may impact on the safe operation of working time schedules (for example: performance targets, other incentives, industrial relations arrangements, other management practices)
- Efficacy of current regulatory options for the management of working time schedules and extended hours regimes
- Options and recommendations for improving/addressing the identified issues.

3. Who is conducting the Inquiry?

Part (1) of the Inquiry is being conducted by **Kathryn Heiler**, who is from ACIRRT at the University of Sydney. Kathryn has worked extensively in the mining industry, mainly examining and evaluating the impact of shift systems on OHS, family and community life. **She has been authorised by Workplace Standards Tasmania as an Inspector for the duration of the Inquiry.**

4. Who will have access to the information in this survey?

The survey will be personally administered by Kathryn or researchers assisting her, and will be collected personally. Each person will have a code that has been prepared by Kathryn, and that only she knows. This has been done so that she can link surveys distributed to your spouse/partner.

Your Company will receive the results of the survey after they have been analysed by ACIRRT at the University of Sydney, but they will be reported in aggregate, so that no individuals can be identified. No one else will have access to the information in your survey. **Complete confidentiality is absolutely guaranteed by ACIRRT.**

5. How will the information be used?

The information will be used in two main ways:

- a) to help inform the terms of reference about how your work schedules impact on OHS and family
- b) to help your management develop strategies to address any issues that are highlighted by the survey results.

6. Do I have to be involved?

This is an official Government Inquiry aimed at getting the best understanding of the impact of work schedules on people working in the mining industry and their families, so it will be critical for those most affected by the rosters – that is, the people who work them, to provide input. Your involvement is extremely important and your input and involvement will be greatly valued.

Under Section 36 (e) of the Workplace Health and Safety Act 1995, a person is required to answer questions asked by an Inspector or a person authorised under the Act relating to the health and safety of persons at the workplace.

7. Making contact

If you or any other person has any other information you would like to provide to the Inquiry, or any other information relating to the Inquiry you can contact Kathryn Heiler directly either by phone or in writing.

By phone: 0418 144 781

Or by mail:

**Workplace Standards Tasmania
PO Box 287 Burnie 7320**

Or by email

Emails: k.heiler@econ.usyd.edu.au or Kathryn.Heiler@dier.tas.gov.au

**Kathryn Heiler
ACIRRT
University of Sydney**

CODE: _____

Quality of Working Life Survey

Tracking the effects of shift work and fatigue at

X Mine

2001

This survey is being carried out as part of the

Tasmanian Government Mining Review

We guarantee complete confidentiality

acirrt

university of sydney

research, training & information services on the world of work

PART ONE - GENERAL

1.1 What age bracket do you belong to?

- 1 18-24
- 2 25-34
- 3 35-44
- 4 45-54
- 5 55-64
- 6 65+

1.2 Gender

- 1 Male
- 2 Female

1.3 What is your current marital status?

- 1 Married
- 2 Widowed
- 3 Separated
- 4 Divorced
- 5 Single
- 6 Partner/de facto

1.4 How many children do you have? _____

1.5 What are their ages?

- _____ Youngest
- _____ 2nd
- _____ 3rd
- _____ 4th
- _____ 5th

1.6 Does your wife/partner work?

- 1 Yes - Part-time or Full-Time
- 2 No

1.7 Do you have children who are in childcare while you or your wife/partner works?

- 1 Yes
- 2 No

1.8 How many years have you been working shiftwork? (by shiftwork we mean any work schedule that involves fixed or rotating night or afternoon work, or early starting times on day work prior to 6am).

- 1 0-5 year
- 2 6-10 years
- 3 11-15 years
- 4 More than 15 years

1.9 What area do you work in?

- 1
- 2
- 3
- 4 Other, please specify _____

1.10 What jobs/tasks do you spend most of your time doing? (circle)

a) Underground	b) Mill	c) Maintenance	d) Office

1.11 Do you ever work overtime (by overtime we mean any hours in addition to your normal, agreed hours either worked by extending the shift or by working additional shifts)?

- 1 Yes
- 2 No **Go to Question 2.1.**

1.12 How do you usually work this overtime?

- By extending the shift

- By working additional shifts.

1.13 How many hours overtime on average, per month would you work?

- Less than 12 hours per month
- Between 12 and 18 hours
- Between 19 and 36 hours
- More than 36 hours - please specify _____

PART TWO - FOOD AND DRINK

2.1 How often do you eat the following foods?

PLEASE USE THE RATING SCALE BELOW AND CIRCLE A NUMBER FOR EACH STATEMENT.

Rating Scale

- Never 1
- Once/Twice per week 2
- Everyday 3

		Never	Once/Twice per week	Everyday
A	Lollies and / or chocolate	1	2	3
B	Cake and / or biscuits	1	2	3
C	Ice-cream	1	2	3
D	Wholegrain breakfast cereals eg: Vita Brits, Porridge, All-Bran etc	1	2	3
E	Wholemeal bread or rolls	1	2	3
F	More than 2 serves of vegetables	1	2	3
G	More than one piece of fresh fruit	1	2	3
H	Sweet or savoury pastries and pies	1	2	3
I	Crispy snacks eg packet chips, corn chips etc	1	2	3
J	Processed meats such as sausages, devon, salami	1	2	3
K	Non-fried fish or meat	1	2	3
L	Deep fried foods eg chips, fish	1	2	3
M	Margarines containing monounsaturated, canola or olive oils as ingredients	1	2	3

2.2 Do you have breakfast every morning?

- 1 Yes
- 2 No

2.3 How many glasses of water do you drink per day (do not count water in caffeinated tea or coffee)

- 1 None
- 2 1-3 glasses
- 3 4-6 glasses
- 4 7 or more glasses

2.4 Do you drink alcohol?

- 1 Yes
- 2 No **Go to Question 3.1**

NB: One standard drink = 10g alcohol which is equivalent to

1 middy (285mls)
1 small glass of wine (100ml)
1 nip spirits (30ml)
1 can mid strength alcohol beer (375ml)
1 glass of port (60ml), 1 glass of champagne (100ml)

2.5 How many days per weekly period do you usually have a drink containing alcohol?

- Less than 1 day per week
- 1
- 2
- 3
- 4
- 5
- 6
- 7 days per week
- Not weekly but occasionally.

2.6 How many standard drinks per day do you usually have when working on DAY SHIFT?

CIRCLE ONE NUMBER ONLY

0 1 2 3 4 5 6 7 8 9 10+/day.

2.7 How many standard drinks per day do you usually have when working NIGHT SHIFT?

CIRCLE ONE NUMBER ONLY

0 1 2 3 4 5 6 7 8 9 10+/day.

2.8 How many standard drinks per day do you usually have when on DAYS OFF?

CIRCLE ONE NUMBER ONLY

0 1 2 3 4 5 6 7 8 9 10+/day.

2.9 Do you ever use alcohol to help you to sleep?

*Sometimes = at least one standard drink or more every week
Frequently = at least one standard drink or more every 2 days
Always = at least one standard drink or more every day*

	Never	Rarely	Sometimes	Frequently	Always
Between day shifts	1	2	3	4	5
Between night shifts	1	2	3	4	5
Days off	1	2	3	4	5

2.1.1 Do you believe that your current health level, as it is now, can be maintained until retirement age of 65 years?

- 1 Yes, I don't think I need to change anything I am doing
- 2 No, not without changing the following factors:
- 3 Diet
- 4 Regular exercise
- 5 Gym and weight lifting
- 6 Smoking reduction/abstinence
- 7 Alcohol reduction/abstinence.

2.1.2 What health information courses would you like more information on? (please tick)

- Fat and cholesterol
- Diabetes
- Healthy diet
- Shiftwork and work
- Smoking ñ quit program
- Exercise and gym
- Other _____

PART THREE - QUANTITY AND QUALITY OF SLEEP

3.1 How many hours of sleep in a 24 hour period, in total, do you usually get when you are on:

	a) Day shift (circle one)	b) Night shift (circle one)	c) Days off (circle one)
1	0-3 hours	0-3 hours	0-3 hours
2	4	4	4
3	5	5	5
4	6	6	6
5	7	7	7
6	8	8	8
7	9 or more hours	9 or more hours	9 or more hours

3.2 What is your usual pattern of sleep when you are on day shift?

- 1 Good quality sleep, long stretches, feel refreshed
- 2 Broken, short sleep but do feel refreshed
- 3 Normal sleep, feel refreshed
- 4 Broken, short sleep and do not feel refreshed
- 5 Broken, short sleep but do feel refreshed
- 6 Have trouble getting enough sleep, restless when sleeping and always tired.

3.3 What is your usual pattern of sleep when you are on night shift?

- 1 Good quality sleep, long stretches, feel refreshed
- 2 Broken, short sleep but do feel refreshed
- 3 Normal sleep, feel refreshed
- 4 Broken, short sleep and do not feel refreshed
- 5 Broken, short sleep but do feel refreshed
- 6 Have trouble getting enough sleep, restless when sleeping and always tired.

3.4 What is your usual pattern of sleep when you are not on roster? (ie: days off).

- 1 Good quality sleep, long stretches, feel refreshed
- 2 Broken, short sleep but do feel refreshed
- 3 Normal sleep, feel refreshed
- 4 Broken, short sleep and do not feel refreshed
- 5 Broken, short sleep but do feel refreshed
- 6 Have trouble getting enough sleep, restless when sleeping and always tired.

3.5 If you do believe you have a sleep problem, what do you identify as the main cause?

- 1 I have a diagnosed sleep disorder
- 2 I think I may have a sleep disorder but it is not diagnosed
- 3 I find it hard to sleep when I am on night shift

- 4 Work related stress
- 5 Personal stress
- 6 Other, please specify _____

3.6 If offered, would you be prepared to attend a training course on managing shiftwork, which would include understanding sleep patterns and problems, diet, exercise and other lifestyle factors?

- 1 Yes 2 No

3.7 Would you be prepared to change some of these lifestyle factors to improve your health if these were identified in such a course?

- 1 Yes 2 No

PART FOUR - PHYSICAL ACTIVITY AND EXERCISE

Exercise is defined as any continuous activity involving physical exertion not including work duties.

4.1 What activities are you involved in? (TICK AS MANY BOXES AS APPLY).

- 1 Running/Jogging
- 2 Cycling
- 3 Weight Training
- 4 Walking
- 5 Aerobics
- 6 Swimming
- 7 Other, please specify _____

4.2 How often do you usually exercise?

TICK ONE BOX ONLY

- 1 Never, Go to Question 5.1
- 2 Once per week
- 3 Twice per week
- 4 Three or more times per week

4.3 When you exercise, how long is each session on average?

TICK ONE BOX ONLY

- 1 0-20 minutes per session
- 2 21-40 minutes per session

- 3 41-60 minutes per session
- 4 61+ minutes per session.

PART FIVE - CIGARETTE SMOKING & OTHER DRUG USE

5.1 What is your current smoking status?

TICK ONE BOX ONLY

- 1 I regularly smoke (every day or nearly every day)
- 2 I occasionally smoke (2-3 times per week)
- 3 I used to smoke but do not now, **please go to Question 5.5**
- 4 I have never smoked. **Please go to Question 5.5**

The following questions are for current smokers only

NON SMOKERS SHOULD SKIP TO QUESTION 5.5

5.2 About how many cigarettes do you currently smoke on each workday?

Ö Ö Ö Ö Ö Ö Ö cigarettes per day

5.3 About how many cigarettes do you currently smoke on a non-working day?

Ö Ö Ö Ö Ö Ö Ö cigarettes per day

5.4 Have you seriously tried to quit smoking in the past year?

TICK ONE BOX ONLY

1 Yes 2 No

5.5 Have you taken any of the following medications during the last 12 months?

PLEASE TICK ONE BOX FOR EACH MEDICATION.

		Never take them	Sometimes take them	Always take them
A	Tranquilizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Anti-depressants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Drugs to control high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Heart medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Pain killers (such as Panadol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Anti-inflammatory medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Antacids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Other, specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.6 Do you take sleeping pills?

PLEASE CIRCLE ONE RESPONSE EACH

		Never	Rarely	Sometimes	Frequently	Always
A	Between day shifts	1	2	3	4	5
B	Between night shifts	1	2	3	4	5
C	Days Off	1	2	3	4	5

5.7 Do you drink coffee, tea, or drinks that contain caffeine such as Coke or Red Bull?

- 1 Yes
- 2 No **Go to Question 6.1.**

5.8 On average how many standard cups of tea, coffee, cola or other caffeinated drinks would you drink IN TOTAL per 24 hour period when on:

	a) Day shift (circle one)	b) Night shift (circle one)	c) Days off (circle one)
1	1-3 cups	1-3 cups	1-3 cups
2	4-6 cups	4-6 cups	4-6 cups
3	7-9 cups	7-9 cups	7-9 cups
4	10 or more cups	10 or more cups	10 or more cups

PART SIX - YOUR WORK ENVIRONMENT

6.1 Which shift do you usually work?

- Other ñ please specify:

6.2 What is the main advantage of the shift system you currently work?

6.3 What is the main disadvantage of the shift system you currently work?

6.4 Do you feel that overall the advantages of your current shift system outweigh the disadvantages? (TICK ONE BOX ONLY).

- 1 Definitely not
- 2 Probably not
- 3 Maybe
- 4 Probably yes
- 5 Definitely yes.

6.5 If you could change three things about your current roster, what would they be?

1. _____
2. _____
3. _____

6.6 Please respond to the following statements:

a) I am satisfied with both the hours I work and the money I earn:

Strongly disagree	Disagree	No sure	Agree	Strongly agree
1	2	3	4	5

b) I would accept less money for fewer hours:

Strongly disagree	Disagree	No sure	Agree	Strongly agree
1	2	3	4	5

c) I would like to work fewer hours, but I would not accept less money:

Strongly disagree	Disagree	No sure	Agree	Strongly agree
1	2	3	4	5

PART SEVEN - IMPACT OF THE ROSTER SYSTEM

7.1 To what extent does working day shift cause you problems with:

CIRCLE ONE RESPONSE TO EACH

		Never	Rarely	Sometimes	Frequently	Always
1	Sleep	1	2	3	4	5
2	Family life	1	2	3	4	5
3	Social life	1	2	3	4	5
4	Work performance	1	2	3	4	5
5	Fatigue	1	2	3	4	5
6	Alertness while working	1	2	3	4	5
7	Ability to maintain	1	2	3	4	5

ALL ANSWERS ARE STRICTLY CONFIDENTIAL

	concentration across the shift					
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7.2 To what extent does working night shift cause you problems with:

CIRCLE ONE RESPONSE TO EACH

		Never	Rarely	Sometimes	Frequently	Always
1	Sleep	1	2	3	4	5
2	Family life	1	2	3	4	5
3	Social life	1	2	3	4	5
4	Work performance	1	2	3	4	5
5	Fatigue	1	2	3	4	5
6	Alertness while working	1	2	3	4	5
7	Ability to maintain concentration across the shift	1	2	3	4	5

7.3 Do you ever feel tired to the extent that your work performance is impaired?

CIRCLE ONE RESPONSE TO EACH

		Never	Rarely	Sometimes	Frequently	Always
A	Day shifts	1	2	3	4	5
B	Night shift	1	2	3	4	5
C	Days off	1	2	3	4	5

7.4 If so, what jobs or tasks are you typically doing when you feel tired to the extent that you think your performance is impaired?

		What are you most likely to be doing when your performance is impaired?
A	Day shifts	
B	Night shift	
C	Days off	

7.5 What part of the shift do you feel the most tired to the extent that your performance is impaired?

Day Shift

- 1 Beginning of the shift
- 2 Middle of the shift
- 3 End of the shift

Night Shift

- 1 Beginning of the shift
- 2 Middle of the shift
- 3 End of the shift.

7.6 Do you ever take short naps during work time? (Naps from 5 mins to 30 minutes).

- 1 No, I do not need to nap. **Go to Question 7.11**
- 2 No, I would like to but do not have the opportunity to nap. **Go to Question 7.11**
- 3 Yes \Rightarrow
 - On day shift only
 - On night shift only
 - On both shifts.

7.7 How often do you think you take a short nap? (tick one box only)

- 1 Every shift
- 2 Once every block of two or three shifts
- 3 Once every couple of roster cycles
- 4 Only rarely.

7.8 What shift does it occur on, and what part of the shift? (circle your answers).

- 1 Day Shift

a) Start	b) Middle	c) End shift
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- 2 Night Shift

a) Start	b) Middle	c) End shift
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7.9 What are you most likely to be doing when you have a nap?

a) Underground	b) Mill	c) Maintenance	d) Office

7.10 What reason best describes why you nap?

- 1 I don't plan to nap, I can't seem to stay awake for the whole shift.
- 2 I plan to nap because it helps me get through the shift, but I could cope without it.
- 3 I need to nap otherwise I could not get through the shift without falling asleep.

ALL ANSWERS ARE STRICTLY CONFIDENTIAL

- 4 I nap because it breaks the boredom and makes the shift seem to go faster.
- 5 I would like to nap but I do not get an opportunity to.

7.11 Do you ever struggle to keep your eyes open or nod off without meaning to?

- 1 No **Go to Question 8.1**
- 2 Yes \Rightarrow
 - On day shift only
 - On night shift only
 - On both shifts.

7.12 How often do you think this occurs? (tick one box only).

- 1 Every shift
- 2 Once every block of two or three shifts
- 3 Once every couple of roster cycles
- 4 Only rarely.

7.13 What are you most likely to be doing when this occurs?

a) Underground	b) Mill	c) Maintenance	d) Office

PART EIGHT - TRAVELLING TO AND FROM WORK

8.1 What best describes your situation?

- 1 I live permanently within daily travelling distance of the mine and I travel to and from home to work every day. **Go to Question 8.2**
- 2 I do not live permanently within daily travelling distance of the mine and I live near the mine site only when I am on roster. **Go to Question 8.4.**

8.2 How long does it take you to travel to work *one way*?

- 1 Less than 30 minutes
- 2 Between 30 minutes and 60 minutes
- 3 More than 60 minutes.

8.3 Do you ever struggle to stay awake while you are driving to or from work?

- Yes, on the way home from work 1
- Yes, on the way to work 2
- Yes, both going to work and from work 3
- No 4
- Don't drive. **Go to Question 9.1** 5

8.4 How long does it take you to travel from your permanent home to where you live when you are on roster?

- 1 Less than one hour
- 2 Between one hour and two hours
- 3 Between two hours and three hours
- 4 More than 3 hours - **please specify** _____

8.5 Do you ever struggle to stay awake while you are driving from your permanent home to where you live when you are on roster?

- Yes, on the way home from work 1
- Yes, on the way to work 2
- Yes, both going to work and from work 3
- No 4
- Don't drive. 5

PART NINE - EQUIPMENT AND JOB ROTATION

9.1 What job/task do you spend most of the time doing across the shift?

9.2 How many hours do you usually spend continuously doing the same job or operating the same piece of equipment across ONE full shift (eg one day shift or one night shift)?

- 1 Less than 2 hours
- 2 More than 2 and less than 4 hours
- 3 More than 4 and less than 6 hours
- 4 More than 6 hours and less than 10 hours
- 5 More than 10 hours.

9.8 Do you take risks or behave unsafely to achieve other objectives?

1 Yes 2 No 3 Sometimes

9.9 Is your employer serious about health and safety?

1 Yes 2 No 3 Sometimes

PART TEN - FAMILY AND SOCIAL IMPACT

Please think about the following aspects of your family life. How would you describe the following?

PLEASE MARK WHERE YOU FIT ON THE SCALE

10.1 My family understands the need for me to work the roster that I do.

Strongly disagree	Disagree	Agree	Strongly agree
1	2	3	4

10.2 My family is not supportive of the roster that I currently work.

Strongly disagree	Disagree	Agree	Strongly agree
1	2	3	4

10.3 I like the roster I work and it fits in with my family life.

Strongly disagree	Disagree	Agree	Strongly agree
1	2	3	4

10.4 The roster has a detrimental impact on my family life.

Strongly disagree	Disagree	Agree	Strongly agree
1	2	4	5

10.5 The overall quality of your relationship with your wife/partner.

	Poor	Adequate	Good	Excellent
ON ROSTER	1	2	3	4
DAYS OFF	1	2	3	4

10.6 The overall quality of your relationship with your children.

	Poor	Adequate	Good	Excellent
ON ROSTER	1	2	3	4
DAYS OFF	1	2	3	4

10.7 Your ability to spend as much time as you would like together with your wife/partner.

	Poor	Adequate	Good	Excellent
ON ROSTER	1	2	3	4
DAYS OFF	1	2	3	4

10.8 Your ability to spend as much time as you would like together as a family.

	Poor	Adequate	Good	Excellent
ON ROSTER	1	2	3	4
DAYS OFF	1	2	3	4

10.9 The quality of communication with your partner.

	Poor	Adequate	Good	Excellent
ON ROSTER	1	2	3	4
DAYS OFF	1	2	3	4

10.10 The quality of communication with your children.

	Poor	Adequate	Good	Excellent
ON ROSTER	1	2	3	4
DAYS OFF	1	2	3	4

10.11 Your ability to be fully involved in your children's activities (eg: sporting and education).

	Poor	Adequate	Good	Excellent
ON ROSTER	1	2	3	4
DAYS OFF	1	2	3	4

10.12 Your ability to be fully involved in other social and leisure activities.

	Poor	Adequate	Good	Excellent
ON ROSTER	1	2	3	4
DAYS OFF	1	2	3	4

10.13 Are the above aspects of your family life affected by whether you are on day shift or night shift?

- Yes, things are better when I am on day shift.
- No, it does not make any difference.
- Yes, things are better when I am on night shift.

11 Please feel free to add any further comments or suggestions regarding either your health, lifestyle, shift work and stress management issues.

AT HOME
AT WORK

THANK YOU VERY MUCH FOR COMPLETING THIS SURVEY!