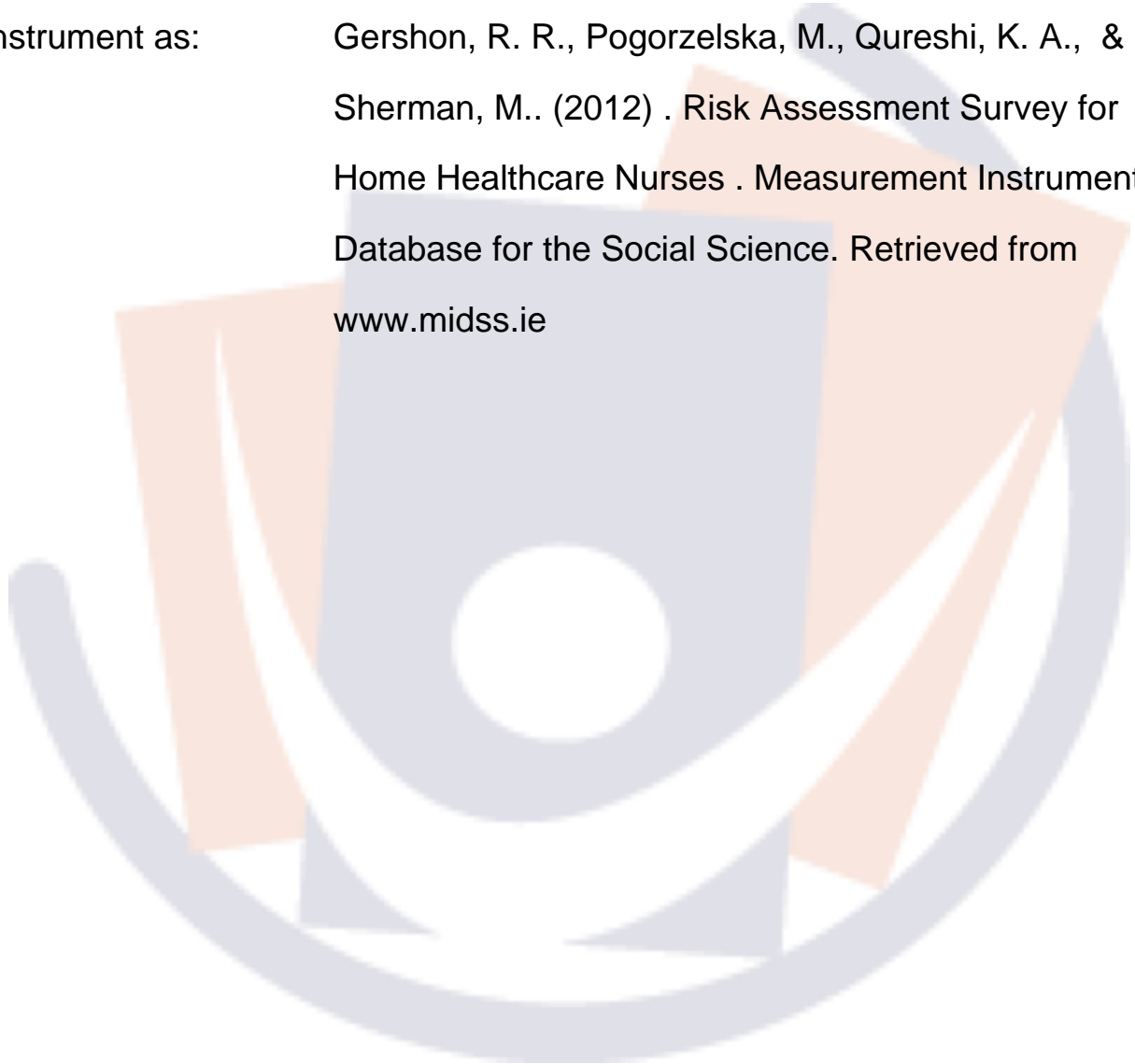


Instrument Title: Risk Assessment Survey for Home Healthcare Nurses

Instrument Author: Gershon, R. R., Pogorzelska, M., Qureshi, K. A., & Sherman, M.

Cite instrument as: Gershon, R. R., Pogorzelska, M., Qureshi, K. A., & Sherman, M.. (2012) . Risk Assessment Survey for Home Healthcare Nurses . Measurement Instrument Database for the Social Science. Retrieved from www.midss.ie



RISK ASSESSMENT SURVEY FOR REGISTERED NURSES, 2002

Thank you for completing this confidential questionnaire.

SECTION 1: DEMOGRAPHICS & WORK INFORMATION

- (1) What is your gender? 1 Male 2 Female
- (2) How old are you? (# years) _____
- (3) What is your highest educational degree? 1 Diploma 2 AS 3 BS 4 Masters or higher
- (4) What is your professional license (check all that apply)? 1 RN 2 NP 3 Other _____
- (5) How many years have you worked as an RN? (# years) _____
- (6) How many years have you worked in healthcare? (# years) _____
- (7) Do you currently have "hands-on" patient contact? 1 Yes 2 No
- (8) How many years have you had "hands-on" patient contact? (# years) _____
- (9) Regarding your primary job responsibility, fill in about how many hours a week you do the following:
 - 1 Administration _____
 - 2 Education and training _____
 - 3 Hands-on patient care _____
 - 4 Other (please specify) _____
- (10) What is your current work setting?
 - 1 Doctors office
 - 2 Group home
 - 3 HMO
 - 4 Home health care
 - 5 Hospital (Dept. _____)
 - 6 Employee health
 - 7 Infection control
 - 8 Long term care facility
 - 9 Out-patient clinic
 - 10 Public health department
 - 11 Private practice
 - 12 State institution (i.e. Greene Correctional Facility)
 - 13 Surgical center
 - 14 Other _____
- (11) How long have you worked in your present facility? (# years) _____
- (12) Approximately how many people work at your facility?
 - 1 less than 10
 - 2 11-20
 - 3 21-30
 - 4 31-40
 - 5 41-50
 - 6 51-100
 - 7 101-1000
 - 8 More than 1,000
- (13) Is your facility part of a hospital system? 1 Yes 2 No 3 N/A
- (14) Is your facility affiliated with a medical center? 1 Yes 2 No 3 N/A
- (15) In general, how many patients are you personally responsible for (i.e., provide care to) in a typical work day? (fill in N/A if not applicable)
- (16) How many hours do you typically work each day?
- (17) How many hours do you typically work each week?
- (18) How many over-time hours do you typically work each week?
- (19) Is over-time mandatory for you? 1 Yes 2 No

(20) In your daily activities, do you: (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 1 Assist with daily living activities (i.e., feeding, bathing, grooming) | <input type="checkbox"/> 6 Manipulate and manage drainage tubes |
| <input type="checkbox"/> 2 Change or dispose of sharps containers | <input type="checkbox"/> 7 Provide dressing changes, wound care |
| <input type="checkbox"/> 3 Clean-up contaminated spills | <input type="checkbox"/> 8 Use needles or other sharps |
| <input type="checkbox"/> 4 Dispose of contaminated waste | <input type="checkbox"/> 9 Perform administrative work in an office |
| <input type="checkbox"/> 5 Management of bodily fluids | <input type="checkbox"/> 10 None of the above |

(21) If you use needles in your daily work activities, for what purpose do you use needles (please check all that apply)?

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 Aspirate fluids | <input type="checkbox"/> 3 Injection | <input type="checkbox"/> 5 Suturing |
| <input type="checkbox"/> 2 Draw blood | <input type="checkbox"/> 4 IV insertion | <input type="checkbox"/> 6 Other _____ |

(22) On a average day, please fill in how many of the following procedures you perform?

- | | |
|--|---|
| <input type="checkbox"/> 1 Aspirate fluids _____ | <input type="checkbox"/> 5 Start IVs _____ |
| <input type="checkbox"/> 2 Draw blood _____ | <input type="checkbox"/> 6 Wound/Decubitus care _____ |
| <input type="checkbox"/> 3 Give injections _____ | <input type="checkbox"/> 7 Other procedures with potential for exposure _____ |
| <input type="checkbox"/> 4 Management of bodily fluids _____ | |

SECTION 2: BLOODBORNE PATHOGENS-RISK FACTORS

Please check the appropriate box or fill in the blank

(23) Did you receive the hepatitis B vaccine?

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 Yes, I received at least three doses, or am in the process of completing the series | <input type="checkbox"/> 2 Yes, but I only received one or two doses | <input type="checkbox"/> 4 No, other reason (please specify _____) |
| <input type="checkbox"/> 3 No, because I am hepatitis B antibody positive | <input type="checkbox"/> 5 Don't know | |

(24) Have you ever had an injury or cut with a sharp at any time during your career as an RN? 1 Yes 2 No

(25) If yes, how many sharps injuries have you had altogether? (#) _____

(26) Have you ever had a needlestick injury or a cut with a blood-contaminated sharp instrument in your present job? 1 Yes 2 No

(27) If yes, how many needlesticks and contaminated cuts altogether have you had in your present job?

(28) In the past **12 months**, how many times have you *EXPERIENCED* at any level of severity and/or *ACTUALLY REPORTED* to your employer the following types of exposures:

| | EXPERIENCED | ACTUALLY REPORTED |
|--|--------------------|--------------------------|
| Needlestick injuries | _____ | _____ |
| Splashes to eyes or mouth | _____ | _____ |
| Contacts with open wounds on your skin | _____ | _____ |
| Cuts with sharp objects | _____ | _____ |
| Blood or body fluids on intact skin | _____ | _____ |

(39) Were you feeling any of the following at the time of your most recent exposure (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 Anxiety due to September 11th | <input type="checkbox"/> 5 Emotional exhaustion | <input type="checkbox"/> 11 Stressed about personal matters |
| <input type="checkbox"/> 2 Anxiety due to anthrax attacks | <input type="checkbox"/> 6 Inexperienced | <input type="checkbox"/> 12 Tired |
| <input type="checkbox"/> 3 Calm | <input type="checkbox"/> 7 Overworked | <input type="checkbox"/> 13 Confident/Comfortable |
| <input type="checkbox"/> 4 Distracted | <input type="checkbox"/> 8 Physical exhaustion | <input type="checkbox"/> 14 Other _____ |
| | <input type="checkbox"/> 9 Rushed | |
| | <input type="checkbox"/> 10 Stressed about work | |

(40) In your own words, please briefly describe how your most recent exposure happened.

(41) What do you think could have prevented your exposure?

(42) How many hours of training would you say you received in the past 12 months on infection control?

- 1 None 2 15 minutes 3 30 minutes 4 1 hour 5 2 or more hours

| |
|--|
| SECTION 4: STANDARD PRECAUTIONS |
|--|

If any of these practices do not apply to you, please check "not applicable."

| | Never | Rarely | Sometimes | Often | Always | Not applicable |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (43) Dispose of sharp objects into a sharps container | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (44) Follow Standard Precautions with all patients regardless of their diagnosis | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (45) Wash your hands after removing disposable gloves | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (46) Wear disposable outer garment that is resistant to blood and body fluids whenever there is a chance of soiling your clothes at work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (47) Wear disposable gloves whenever there is a possible exposure to blood or other body fluids | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (48) Wear eye protection whenever there is a possibility of splashes or splatters to your eyes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

| | Never | Rarely | Sometimes | Often | Always | Not applicable |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (49) Promptly dispose of contaminated spills | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (50) Refrain from eating or drinking while working in areas where possible contamination exists | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (51) Take special caution when using scalpels or other sharp objects | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (52) <u>Do not recap</u> contaminated needles | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (53) Wear when exposed to blood products | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| (54) Treat all materials that have been in contact with patients' body fluids as if they were infectious | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

SECTION 5: EMPLOYEE HEALTH

If any of these practices do not apply to you, please check "not applicable."

| | Yes | No | Don't know | N/A |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| (55) Do you have an employee health nurse or infection control practitioner <u>on-site</u> ? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (56) Do you have an employee health nurse or infection control practitioner at <u>headquarters</u> ? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (57) If not, do you have <u>access</u> to an employee health nurse or practitioner? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (58) Does your employer conduct <u>annual</u> medical screenings for employees? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (59) Do you have a clearly written bloodborne pathogens exposure control plan readily available at work? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (60) Do you receive annual training on blood/body fluid exposure prevention? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (61) Has HBV vaccine been discussed with you? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (62) Did your employer check your vaccine titer? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (63) Were you offered HBV vaccine at no cost? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (64) Does your employer have a system for providing emergency care following a bloodborne pathogen exposure? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

- (65) Does your employer have a written agreement with a regional healthcare provider for emergency care for bloodborne pathogen exposures? Yes No Don't know N/A
1 2 3 4

Please check yes or no to the following items:

- (66) Regarding bloodborne exposures, where you work, are you encouraged to report all exposures? Yes No
1 2
- (67) Regarding bloodborne exposures, where you work, are you encouraged to report only significant exposures? 1 2
- (68) Are you reluctant in any way to report exposures? 1 2
- (69) If yes, why are you reluctant (check all that apply)?
1 Don't know where to report 5 Too busy
2 Don't know what form to use 6 Reporting is too time consuming
3 Don't know the official protocol to follow 7 Wanted to keep it confidential
4 Fearful of getting in trouble 8 Other _____
- (70) Does your employer maintain a sharps injury log? 1 Yes 2 No 3 Don't know 4 N/A
- (71) Does your employer have a safety product selection committee? 1 Yes 2 No 3 Don't know 4 N/A
- (72) If yes, are you a member? 1 Yes 2 No

SECTION 6: SAFETY EQUIPMENT

Please check the availability and your personal use of the following safety devices at your place of work:

| Safety Devices | Personally available to me | Not Available to me | I personally use | Not Applicable to my job |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| (73) Safety butterfly needles | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (74) Safety syringes and needles | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (75) Safety IV needles | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (76) Safety IV therapy systems | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (77) Safety lancets | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (78) Safety scalpels | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (79) Safety tuberculin needles | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (80) Safety vacutainers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (81) Safety catheter securements | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (82) Safety dialysis equipment | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (83) Sharps containers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (84) Medical waste containers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (85) Medical waste red bags | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

- | | Personally available to me | Not Available to me | I personally use | Not Applicable to my job |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| (86) Latex-free disposable gloves | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (87) Powder-free disposable gloves | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (88) Both powder & latex-free disposable gloves | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (89) Face shields | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (90) Eye goggles | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (91) Face masks | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (92) Barrier gowns | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (93) If any of the above are available, yet you <u>do not use them</u> , why not? _____ | | | | |

SECTION 7: POST-EXPOSURE MANAGEMENT

If you experienced a blood/body fluid exposure within the past 12 months, please complete this section regarding your most recent exposure.

- | | Yes | No | N/A |
|---|---|---|---|
| (94) Did you fill out an incident/accident report? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (95) Were you seen by a health care professional within... .. | <input type="checkbox"/> 1 2 hours or less | <input type="checkbox"/> 2 More than 2 hours | <input type="checkbox"/> 3 Not at all |
| (96) If not within 2 hours, why not? | <input type="checkbox"/> 1 No healthcare professional available | <input type="checkbox"/> 4 I did not know I should go | |
| | <input type="checkbox"/> 2 I did not think it was medically necessary | <input type="checkbox"/> 5 Other (please specify) _____ | |
| | <input type="checkbox"/> 3 I could not get a replacement | | |
| (97) If you received post-exposure care, did it include counseling regarding your exposure? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (98) Were you offered post-exposure prophylaxis (PEP) for HIV? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (99) If offered, did you accept/receive post-exposure prophylaxis (PEP) for HIV? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| (100) If not, why not? _____ | | | |
| (101) If you received post-exposure prophylaxis for HIV, did you have side effects? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 3 Not Applicable |
| (102) If you received post-exposure prophylaxis (PEP) did you complete your treatment? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 3 Not Applicable |
| (103) Were you referred to an HIV specialist to manage your post-exposure care? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 3 Not Applicable |
| (104) At the time of your exposure, did you receive any written information explaining post-exposure treatment? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 3 Not Applicable |

- (105) Did you lose time from work because of the exposure? 1 Yes 2 No 3 Not Applicable
- (106) If yes, how many days?
- (107) Did workers' compensation pay for your medical expenses related to your exposure
1 Yes 2 No
- (108) If you received any post-exposure care, how would you rate the overall experience? 1 Excellent 2 Good 3 Fair 4 Poor
- (109) Did you receive training on how to report an exposure when you first started your job 1 Yes 2 No 3 N/A
- (110) Have you ever left a job because of a needlestick injury 1 Yes 2 No 3 N/A

| |
|----------------------------------|
| SECTION 8: SAFETY CLIMATE |
|----------------------------------|

- | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (111) The protection of workers from occupational exposures to HIV/HBV/HCV is a high priority with management where I work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (112) On my unit, all reasonable steps are taken to minimize hazardous job tasks and procedures | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (113) Employees are encouraged to become involved in safety and health matters .. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (114) My job duties often interfere with my being able to follow standard precautions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (115) I have enough time in my work to always follow Standard Precautions .. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (116) I usually follow Standard Precautions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (117) On my unit, unsafe work practices are corrected by supervisors | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (118) My nurse manager often discusses safe work practices | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (119) I have had the opportunity to be properly trained to use safe needles devices so that I can protect myself from exposures | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (120) Employees are taught to recognize potential health hazards at work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (121) At my worksite, a copy of the hospital safety manual is available | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (122) My work area is kept clean | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (123) My work area is adequately staffed .. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (124) I am provided with all necessary equipment | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (125) My work area is not crowded | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (126) There is minimal conflict within my department | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (127) The members of my unit support one another | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (128) On my unit, there is open communication between nurse management and staff | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (129) A product review board monitors new safety products as they become available | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (130) Nurses who provide patient care are involved in safety product selection .. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (131) Overall, I am satisfied with the working conditions of my job | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

SECTION 8: JOB SATISFACTION

Please indicate how much you agree or disagree with the following statements

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| (132) My body is here but my mind is elsewhere | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (133) I am often distracted at work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (134) I sometimes "cut corners" at work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (135) I often find myself doing one thing but thinking about another | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (136) I have more than one task to do at a time | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

To what extent are you negatively affected by the following at work:

| | Very much | Moderately | Very little | Not at all |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| (137) Noise | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (138) Temperature | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (139) Unpleasant working conditions | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (140) Overcrowding | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (141) Personal security fears | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (142) Worry about infections | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (143) Overworked/exhausted | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

| | | Very much | Moderately | Very little | Not at all |
|-------|-------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (144) | Under-staffing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (145) | Unappreciated | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (146) | Work scheduling | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (147) | Salary | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (148) | Interpersonal problem at work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (149) | Mandatory overtime | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (150) | Personal problems | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (151) | Threat of terrorism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| (152) | General job dissatisfaction | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**CONGRATULATIONS ON COMPLETING THIS
QUESTIONNAIRE!**

