



**APPENDICES**

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## APPENDIX A

### Number and Percentage of Sample Size in Each Nursing Department of Three Tertiary Care Hospitals

Sample size for this study was calculated by using the Yamane formula (Yamane, 1973).

$$n = N / (1 + N(e)^2)$$

$$n = 805 / (1 + 805 \times (.05)^2)$$

$$n = 267$$

$$= 267 + 53 \text{ (20\% of the possible loss of sample)} = 320$$

(n = sample size, N = total number of population, e = sampling error)



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## APPENDIX B

### Study Participant Information Sheet

**Research Title:** Job Stress and Presenteeism Among Nurses in Tertiary Care Hospitals, the Islamic Republic of Pakistan

**Researcher:** Lachman Das Malhi

**Contact Address:** School of Nursing, Civil Hospital Mirpurkhas, Sindh.

**Telephone:** +92-331-3886148

**Email:** daslachman18@yahoo.com

Dear Participant,

My name is Lachman Das Malhi Student ID 571235804. I am a Master degree student in the Department of Nursing Administration at the Faculty of Nursing, Chiang Mai University, Thailand. I am conducting a study entitled “Job Stress and Presenteeism Among Nurses in Tertiary Care Hospitals, the Islamic Republic of Pakistan.”

This study will fulfill my thesis requirement for my master’s degree. This study has following objectives: (1) to examine job stress among nurses in the tertiary care hospitals, the Islamic Republic of Pakistan; (2) to examine presenteeism among nurses in the tertiary care hospitals, the Islamic Republic of Pakistan; and (3) to explore the relationship between job stress and presenteeism among nurses in tertiary care hospitals, the Islamic Republic of Pakistan. The study is proposed to include 320 nurses.

According to the study inclusion criteria, you are eligible to participate in this study and provide your valuable information based on the study questionnaire. Please read this information sheet carefully to make sure that you understand the study and what will you be asked to do. If you have any questions regarding this study, or if you wish to consult with someone regarding this study, you are most welcome to do so. Once you understand this study, and agree to take part, you will be asked to sign this

form mark in front of an impartial witness. We will offer you a copy of this form to keep.

The purpose of the study is to gather information necessary to identify your perceptions regarding the job stress and presenteeism among nurses. Additionally, the results of the study will raise awareness of the influence that the job stress and presenteeism will have in the three tertiary care hospitals. It will contribute to the body of knowledge; and provide a baseline of data for researchers among nurses. Finally the study result will also provide evidence for nurse administrators to further develop strategies to reduce stress. Overall, it will encourage better performance of the present nurses in the health sector, in the Islamic Republic of Pakistan.

This study will be for both men and women aged 18 or older. There will be a total 320 participants in the study. We plan to enroll 157 participants from the Jinnah Postgraduate and Medical Centre (JPMC) Hospital, Karachi, 118 participants from the Civil Hospital, (CH), Karachi, and 45 participants from the Abbasi Shaheed Hospital, (ASH), Karachi.

#### **Study Procedures:**

If you agree to take part in the study, you will be asked to complete 3 questionnaires comprising three parts. The first part will be the demographic form. Second will be the Extended Nursing Stress Scale (ENSS), consisting of 57 items. The last part will be the Stanford Presenteeism Scale -6 (SPS-6) which has 6 items. These questionnaires will take about 40 minutes to complete. Please sign the form.

Although we hope that you will be comfortable answering the all the questions openly and honestly, please remember that, you may refuse to answer any of these questions, or even stop taking part in the study completely. Additionally, you are fully authorized to withdraw from the study at any stage, if you feel uncomfortable. Please return the questionnaires within the next two weeks and place them in the box kept in your department for collecting nurses' questionnaires.

In this study, no risk will be involved, and there will be no complications incurred on you being a participant, during research process.

**Study Benefits:**

This study is the part of a thesis requirement for my degree. There may be no direct benefit to you from the study. However, the knowledge gained from this study may be helpful in providing basic information regarding the situation of JS and presenteeism among nurses in the country. It will raise awareness of the influence that the job stress and presenteeism will have in the three tertiary care hospitals. It will contribute to the body of knowledge and it will provide baseline of data for researchers among nurses in Pakistan. Finally, it will influence strategic planning for nurse administrators to further develop strategies to reduce stress and encourage better performance of nurses in the public health sector.

**Protecting Data Confidentiality:**

Any publication about this study will not use your name or identify you personally. However, your records may be reviewed by the Chiang Mai University, Faculty of Nursing Research Ethics Committee, and study staff. Your personal information (for example: age, gender, marital status, job salary) may also be disclosed, if required by law, but it will not be associated with your name.

There is no cost to you for taking part in this study, and you will also not receive payment for taking part in this study. Taking part in this study is completely up to you. You will have right to take part in the study if you choose to, or to refuse to take part at all. If you agree to part in the study, you also have the right to withdraw from the study at any time. If you decide to leave the study, your right to medical or other services will not be affected. You will also have the legal right to access you personal information collected by the study. Should you wish to access this information, please let me know, and you will be provided the information according to the rules and regulations set by the Chiang Mai University. Other rights and privileges will be as mandated by Chiang Mai University rules and regulations.

If you have any questions and problems about this study or would like to get any additional information to help you make a decision to participate in this study, contact Lachman Das Malhi, Principal Investigator on Mobile No: (+92-331-3886148, +66-95-6316894). You may also contact me or by my email: daslachman18@yahoo.com or you can contact my Academic Thesis Advisor, Assist. Prof. Thitinut Akkadechnunt, Faculty of Nursing, Chiang Mai University, Thailand on (+66-081-8846878) 24 hours access. If you would like information related to your rights as study participant, you can contact: Research Ethics Committee, Chiang Mai University, Faculty of Nursing, Tel: (Office hours: 8:00 a.m. to 4:00 p.m.; Thailand Standard Time; Monday to Friday except the National Holidays) 0-5393-6080 and Fax: 0-5389-4170.

Thank you very much for your consideration in becoming a participant in this study. I am looking forward to speaking with you. I thank you in advance for your willingness to participate in this study.

Yours Sincerely

Lachman Das Malhi

Master of Nursing Science Student

Faculty of Nursing, Chiang Mai University, Thailand

Date: - / - / -

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## APPENDIX C

### Study Participant Informed Consent

I, \_\_\_\_\_, voluntarily consent to taking part in the research study entitled “Job Stress and Presenteeism Among Nurses in Tertiary Care Hospitals, the Islamic Republic of Pakistan.” Prior to signing this informed consent, I have read (or had read to me) the information sheet for participants during the study and have received a detailed explanation of the objectives, risks and benefits of the study. I understand the information thoroughly. I was given the chance to ask questions and study staff answered all questions to my satisfaction. I have taken enough time to understand the information on the study participant information sheet and was given enough time to decide whether I want to take part in this study.

I have the right to withdraw from the study at any time and I am taking part voluntarily. If I decide to leave the study, my rights to medical or other services will not be affected.

I sign this Informed Consent voluntarily to show my intent to take part in this study and understand that I will be offered a copy of this consent to keep. By signing this document I am not giving up any of my legal rights.

Participant's Signature \_\_\_\_\_ D/M/Y \_\_\_\_\_

Printed Name ( )

Staff Conducting Consent's Signature \_\_\_\_\_ D/M/Y \_\_\_\_\_

Printed Name ( )

## APPENDIX D

### Research Instruments

#### Part 1: Demographic Data Form

#### Part 1: Demographic/Personal Information Form

*Directions:* Please complete the following sentences putting a mark (√) or fill in the blanks appropriately.

1. Age: .....Years

2. Gender:  (1) Male  (2) Female

3. Marital status:  (1) Single  (2) Married

(3) Divorced  (4) Widow

(5) Separated

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**Part II: Stanford Presenteeism Scale+ (SPS-6)**

**Directions:** Please describe your work experiences **in the past month**. These experiences may be affected by many environmental as well as personal factors, and may change from time to time. For each of the following statements, please check one of the following responses to show your agreement or disagreement with this statement in describing your work experiences **in the past month**.

**Please use the following scale:**

- ... I strongly disagree with the statement
- ... I somewhat disagree with the statement
- ... I am uncertain about my agreement with the statement
- ... I somewhat agree with the statement
- ... I strongly agree with the statement

	Strongly disagree	Some-what disagree	Un-certain	Some-what agree	Strongly agree
1. Because of my (health problem)*, the stresses of my job were much harder to handle.	( )	( )	( )	( )	( )
4. I felt hopeless about finishing certain work tasks, due to my (health problem)*.	( )	( )	( )	( )	( )
6. Despite having my (health problem)*, I felt energetic enough to complete all my work.	( )	( )	( )	( )	( )

\* Note that the words 'back pain,' 'cardiovascular problem,' 'illness,' 'stomach problem,' or other similar descriptors can be substituted for the words 'health problem' in any of these items.

+ The Stanford Presenteeism Scale (SPS-6; 2001 version) is jointly owned by Merck & Co., Inc., and Stanford University School of Medicine.

**Part III: Expanded Nurses Stress Scale (ENSS)**

**Directions:** Below is a list of situations that commonly occur in a work setting. For each situation you have encountered in your **PRESENT WORK SETTING**, would you indicate **HOW STRESSFUL** it has been for you:

*(Please enter the number in the right hand column that best applies to you. If you have not encountered the situation, write '0'.)*

Never Stressful 1	Occasionally Stressful 2	Frequently Stressful 3	Always Stressful 4	Does Not Apply 5
-------------------------	--------------------------------	------------------------------	--------------------------	------------------------

- 1. Performing procedures that patients experience as painful..... \_\_\_\_\_
- 4. Lack of opportunity to talk openly with other personnel about problems  
in the work setting..... \_\_\_\_\_
- 5. Conflict with a supervisor..... \_\_\_\_\_
- 9. Feeling helpless in the case of a patient who fails to improve..... \_\_\_\_\_
- 10. Conflict with a physician..... \_\_\_\_\_
- 13. Unpredictable staffing and scheduling..... \_\_\_\_\_
- 17. Listening or talking to a patient about his/her approaching death..... \_\_\_\_\_
- 24. A physician not being present in a medical emergency..... \_\_\_\_\_
- 26. Experiencing discrimination on the basis of sex..... \_\_\_\_\_
- 27. The death of a patient..... \_\_\_\_\_
- 35. Having to deal with violent patients..... \_\_\_\_\_
- 41. Too many non-nursing tasks required, such as clerical work ..... \_\_\_\_\_
- 45. Not enough time to respond to the needs of patients' families..... \_\_\_\_\_
- 57. Having to make decisions under pressure..... \_\_\_\_\_

## APPENDIX E

### Certificate of Ethical Clearance



#### Certificate of Approval

No. 001/2016

<b>Name of Ethics Committee :</b> Ethics Committee, Faculty of Nursing, Chiang Mai University <b>Address of Ethics Committee :</b> 110 Inthawaroros road., SriPhum, Chiang Mai 50200	
<b>Principal Investigator :</b> Mr.Lachman Das Malhi Master of Nursing Science Program (International Program) Faculty of Nursing, Chiang Mai University	
<b>Protocol title :</b> Job Stress and Presenteeism Among Nurses in Tertiary Care Hospitals, the Islamic Republic of Pakistan <b>STUDY CODE :</b> EXP – 003 – 2559 <b>Sponsor :</b> -	
Documents filed	Document reference
Research protocol	- Version date January 26, 2016
Informed consent documents /Patient information sheet	- Version date January 26, 2016
Case Record Form	- Version date January 26, 2016
Principal Investigator Curriculum vitae	- Version date January 26 , 2016

<p>Opinion of the Ethics Committee/Institutional Review Board: Expedited Review</p> <p>The Ethics Committee has reviewed the protocol and documents above and give the favorable opinion</p> <p><b>Date of Approval :</b> January 26, 2016    <b>Expiration Date :</b> January 25, 2017</p>
---

**Progress report is required to be submitted to the Ethics Committee for continuing review**

at 3 month interval

at 6 month interval

annually (in this case please submit at least 60 days prior to expiration date)

This Ethics Committee is organized and operates according to GCPs and relevant international ethical guidelines, the applicable laws and regulations.

Signed : *wichit srisuphan*

(Professor Emerita Dr. Wichit Srisuphan)

Chairperson, Faculty of Nursing, Chiang Mai University

Signed : *Wipada*

(Professor Dr. Wipada Kunaviktikul)

Dean, Faculty of Nursing, Chiang Mai University

**GENERAL CONDITION OF APPROVAL:**

- Prior Research Ethics Committee approval is required before implementing any changes in the consent documents or protocol unless those changes are required urgently for the safety of subjects.
- Any event or new information that may affect the benefit/risk ratio of the study must be reported to the REC promptly.
- Any protocol deviation/violation must be reported to the REC.

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## APPENDIX F

### Permission Letter to Use the SPS-6 Instrument

Cheryl Koopman <koopman@stanford.edu>

10/21/15

to me

Dear Lachman Das Malhi,

You are welcome and have my permission to use the SPS-6 for your thesis research. Those low, medium and high categories grouped by scores that you outline below are satisfactory if using an a priori logical approach because higher scores indicate greater presenteeism, and your table below divides the scores into three closely equivalent score categories (8 lowest possible scores in the “low presenteeism” category, 9 possible middle scores in the “moderate presenteeism” category, and the 8 highest possible scores in the “high presenteeism” category).

Best wishes,

Cheryl Koopman, Ph.D.

*Professor Emerita*

Department of Psychiatry and Behavioral Sciences

Stanford University

Stanford, CA 94305-5718

Phone: 650-723-9081

email: [koopman@stanford.edu](mailto:koopman@stanford.edu)

CONFIDENTIALITY NOTICE: Information contained in this message and any attachments is intended only for the addressee(s). If you believe that you have received this message in error, please notify the sender immediately by return electronic mail, and please delete it without further review, disclosure, or copying.

## APPENDIX G

### Permission Letter to Use the ENSS Instrument

Susan Elizabeth French, Dr. <susan.french@mcgill.ca>

10/15/15

to me

Good morning Lachman

Congratulations on having your thesis proposal approved. You have permission to use the Expanded Nursing Stress Scale. I am attaching files containing a copy of the scale and scoring instructions as well as a file showing how the items fell within the factors when we tested the ENSS.

In determining what constitutes low, medium or high stress scores you may find the information provided by one of our team of interest.

You are likely interested in trying to assess/measure the level of stress rather than the number of indicators contributing to it. As a consequence, a more accurate outcome would be produced by adding the scores and dividing by the number of indicators contributing to it. By doing this for all respondents, each respondent has a level of stress average based on the specific items contributing to that person's stress.

You would then decide on a range for each group-low, medium and high. It would be valuable to assess whether there are any patterns to the "does not apply"-if a large number

Susan

Susan Elizabeth French

BN (McGill); MS (N)-Bston U. PhD (Edu)-U of Toronto  
McGill University, Montréal; School of Nursing

---Original Message---

From: Susan Elizabeth French, Dr. <susan.french@mcgill.ca>

To: Lachman Das Malhi lachmandasm3@gmail.com

Subject: Lachman Das Malhi sent you a message on ResearchGate

Sent: Thu, Oct 15, 2015 at 8:18PM

## APPENDIX H

### Permission of Data Collection Letter

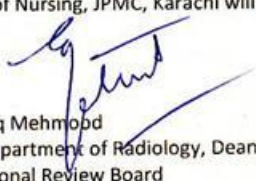
36450  
NO.F.2-81/2016-GENL/ /JPMC  
GOVERNMENT OF SINDH  
JINNAH POSTGRADUATE MEDICAL CENTRE  
KARACHI.75510.

Dated 10/2/16

✓  
Mr. Lachman Das Malhi  
Student of Master of Nursing Science  
Faculty of Nursing  
Chiang Mai University  
Thailand.

**Subject: Job Stress and Presenteeism Among Nurses in Tertiary Care Hospitals, the Islamic Republic of Pakistan.**

With reference to your application / letter dated 10<sup>th</sup> February, 2016 ,on the subject noted above and to inform you that the Institutional Review Board has approved your subject proposal. The Chief Nursing Superintendent, School of Nursing, JPMC, Karachi will be the Institutional supervisor of the project.

  
Dr. Tariq Mehmood  
Prof. Department of Radiology, Dean and Chairman  
Institutional Review Board  
JPMC, Karachi.

Copy forwarded for information and necessary action to:

- The Chief Nursing Superintendent, School of Nursing, JPMC, Karachi.
- The Incharge Accident & Emergency Department, JPMC, Karachi.
- The Incharge FGO Ward, JPMC, Karachi.
- The Incharge Department of General Surgery W-2, JPMC, Karachi.
- The Incharge Department of General Surgery W-3, JPMC, Karachi.
- The Incharge Department of Oncology W-4, JPMC, Karachi.
- The Incharge Department of Medicine W-5, JPMC, Karachi.
- The Incharge Department of Medicine W-6, JPMC, Karachi.
- The Incharge Department of Medicine W-7, JPMC, Karachi.
- The Incharge Department of Gynae & Obstt. W-8, JPMC, Karachi.
- The Incharge Department of Gynae & Obstt. W-9, JPMC, Karachi.
- The Incharge Department of Dermatology W-10, JPMC, Karachi.
- The Incharge Department of Ophthalmology W-11, JPMC, Karachi.
- The Incharge Department of Chest Medicine W-12, JPMC, Karachi.
- The Incharge Department of Orthopaedic Surgery W-14, JPMC, Karachi.
- The Incharge Department of E.N.T W-15, JPMC, Karachi.
- The Incharge Department of Neurosurgery W-16, JPMC, Karachi.
- The Incharge Department of Orthopaedic Surgery W-17, JPMC, Karachi.
- The Incharge Department of Spinal Injury W-18, JPMC, Karachi.

Cont.....P/2

(02)

- The Incharge Department of Urology W-19, JPMC, Karachi.
- The Incharge Department of Psychiatry W-20, JPMC, Karachi.
- The Incharge Department of General Surgery W-21, JPMC, Karachi.
- The Incharge Department of Nephrology W-22, JPMC, Karachi.
- The Incharge Department of MICU W-23, JPMC, Karachi.
- The Incharge Department of Plastic Surgery W-24, JPMC, Karachi.
- The Incharge Department of General Surgery W-26, JPMC, Karachi.
- The Incharge Department of Neuro Medicine W-28, JPMC, Karachi.



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No: MS/CHK/AO/ 2288.  
CIVIL HOSPITAL,  
Baba-e-Urdu Road Karachi

Dated: 19<sup>th</sup> Feb., 2016

Assistant Prof. Dr. Achara Sukonthasam  
Associate Dean for Academic Affairs  
Deputy Dean,  
Faculty of Nursing, Chiang University  
110 Inthavaroros Road Sripnum District  
Chiang Mai Thailand

**SUBJECT: COLLECT THE DATA FOR NURSING**

Reference your letter No. 6393 (7)412 dated 26/01/2016. I have no objection if Mr. Lachman Das Malhi student of Master Program of Nursing Administration at the Faculty of Nursing Chiang Mai University of Thailand is hereby allowed to collect the data on "Job stress and presenteeism among nurses in tertiary care hospital the Islamic Republic of Pakistan" from Nursing department at Civil Hospital, Karachi.

**DR. JAMIL AHMED SIDDIQUI  
MEDICAL SUPERINTENDENT**

Copy to the:

1. Nursing Superintendent, Civil Hospital, Karachi
2. Mr. Lachman Das Malhi

**DR. JAMIL AHMED SIDDIQUI  
MEDICAL SUPERINTENDENT**

Ref.No.6393 (7) 413

Medical Superintendent,  
Abbasi Shaheed Hospital (ASH), Karachi, Sindh,  
The Islamic Republic of Pakistan.

January 26, 2016

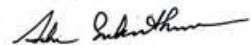
Dear Medical Superintendent,

Regarding Mr. Lachman Das Malhi, Code 571235804, a student in the Master program in Nursing Administration at the Faculty of Nursing, Chiang Mai University, Thailand his thesis on "Job Stress and Presenteeism Among Nurses in Tertiary Care Hospitals, the Islamic Republic of Pakistan." has been approved. Assistant Professor Dr. Thitinut Akkadechnunt and Assistant Professor Dr. Somjai Sirakamon are his thesis advisors. He would like to collect data from nurses in the Abbasi Shaheed Hospital (ASH), Karachi of Sindh Province for 45 cases during February to March, 2016 by using Demographic Data Form, Extended Nursing Stress Scale, and Stanford Presenteeism Scale (SPS-6) as his structural questionnaires. The data will be used for the thesis as aforementioned.

The Faculty of Nursing, Chiang Mai University would like to request the permission for student to inform you regarding the data collection from this place for this thesis and it will be beneficial for the student's research. All data will be collected by student.

Please be so kind as to consider this request.

Yours sincerely,



Assistant Professor Dr. Achara Sukonthasarn, Ph.D., R.N.  
Associate Dean for Academic Affairs  
Deputy Dean,  
Faculty of Nursing, Chiang Mai University,  
Thailand

## APPENDIX I

### Mean, Standard Deviation, Frequency and Percentage of Each Items of Work Load Scale; Uncertainty Concerning Treatment Scale; Patients and Their Families Scale; Death and Dying Scale; Problems Relating to Supervisors Scale; Problems Relating to Peers Scale; Conflict with Physicians Scale; Inadequate Emotional Preparation Scale; and Discrimination Scale

Table II

*Mean, Standard Deviation, Frequency and Percentage of Each Items of Work Load Scale (n = 282)*

WL Items	Mean	SD	0 n(%)	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)
<b>Work Load</b>								
41. Too many non-nursing tasks required such as clerical work	3.18	1.50	11(3.9)	36(12.8)	55(19.5)	40(14.2)	70(24.8)	70(24.8)
57. Having to make decisions under pressure	2.79	1.38	1(0.4)	71(25.2)	59(20.9)	34(12.1)	90(31.9)	27(9.6)
13. Unpredictable staffing and scheduling	2.78	1.21	1(0.4)	46(16.3)	84(29.8)	50(17.7)	84(29.8)	17(6.0)
32. Not enough time to complete all of my nursing tasks	2.72	1.37	1(0.4)	68(24.1)	71(25.2)	47(16.7)	59(20.9)	36(12.8)
23. Not enough time to provide emotional support to a patient	2.71	1.31	1(0.4)	55(19.5)	94(33.3)	36(12.8)	66(23.4)	30(10.6)

Table I1 (continued)

WL Items	Mean	SD	0 n(%)	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)
55. Having to work through breaks	2.71	1.26		61(21.6)	75(26.6)	49(17.4)	78(27.7)	19(6.7)
51. Demands of patient classification system	2.62	1.27	1(0.4)	66(23.4)	76(27.0)	59(20.9)	57(20.2)	23(8.2)
45. Not having enough time to respond to the needs of the patients' families	2.61	1.42	2(0.7)	86(30.5)	60(21.3)	41(14.5)	59(20.9)	34(12.1)
42. Not enough staff to adequately cover the unit	2.55	1.32	1(0.4)	78(27.7)	78(27.7)	37(13.1)	67(23.8)	21(7.4)

Table I2

*Mean, Standard Deviation, Frequency and Percentage of Each Items of Uncertainty Concerning Treatment Scale (n = 282)*

UCT Items	Mean	SD	0 n(%)	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)
<b>Uncertainty Concerning Treatment</b>								
24. A physician not being present in a medical emergency	2.83	1.26	2(0.7)	43(15.2)	84(29.8)	51(18.1)	75(26.6)	27(9.6)
43. Uncertainty regarding the operation and functioning of specialized equipment	2.69	1.24	1(0.4)	61(21.6)	67(28.3)	67(28.3)	67(28.3)	19(6.7)
36. Being exposed to health and safety hazards	2.67	1.30	2(0.7)	63(22.3)	82(29.1)	35(12.4)	80(28.4)	20(7.1)
29. Feeling in adequately trained for what I have to do	2.65	1.37	1(0.4)	75(26.6)	67(23.8)	52(18.4)	52(18.4)	35(12.4)
18. Fear of making a mistake in treating a patient	2.61	1.45	1(0.4)	93(33.0)	58(26.6)	26(9.2)	72(25.5)	32(11.3)
14. A physician ordering what appears to be inappropriate treatment for a patient	2.61	1.19		53(18.8)	101(35.8)	45(16.0)	68(24.1)	15(5.3)
6. Inadequate information from a physician regarding the medical condition of a patient	2.60	1.29	1(0.4)	70(24.8)	74(26.2)	56(19.9)	57(20.2)	24(8.5)
39. Being in charge with inadequate experience	2.60	1.28	2(0.7)	63(22.3)	85(30.1)	50(17.7)	59(20.9)	23(8.2)
33. Not knowing what a patient or a patient's family ought to be told about the patient's condition and its treatment	2.53	1.32	2(0.7)	81(28.7)	68(24.1)	48(17.0)	63(22.3)	20(7.1)

Table I3

*Mean, Standard Deviation, Frequency and Percentage of Each Items of Patients and Their Families Scale (n =282)*

PTF Items	Mean	SD	0 n(%)	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5n(%)
<b>Patients and Their Families</b>								
7. Patients making unreasonable demands	2.83	1.22	1(0.4)	47(16.7)	75(26.6)	53(18.8)	88(81.2)	18(6.4)
52. Having to deal with abuse from patients' families	2.77	1.24	1(0.4)	50(17.7)	86(30.5)	37(13.1)	92(32.6)	16(5.6)
44. Having to deal with abusive patients	2.67	1.26	1(0.4)	59(20.9)	89(31.6)	30(10.6)	88(31.2)	15(5.3)
25. Being blamed for anything that goes wrong	2.61	1.28	9(3.2)	45(16.0)	97(34.4)	47(16.7)	63(22.3)	21(7.4)
35. Having to deal with violent patients	2.61	1.26	2(0.7)	64(22.7)	80(28.4)	48(17.0)	72(25.5)	16(5.7)
15. Patients' families making unreasonable demands	2.60	1.32	1(0.4)	77(27.3)	70(24.8)	37(13.1)	79(28.0)	18(6.4)
56. Not knowing whether patients' families will report you for inadequate care	2.60	1.24		69(24.5)	75(26.6)	56(19.9)	65(23.9)	17(6.0)
34. Being the one who has to deal with patients' families	2.53	1.20		59(20.9)	104(36.9)	50(17.7)	49(17.4)	20(7.1)

Table I4

*Mean, Standard Deviation, Frequency and Percentage of Each Items of Death and Dying Scale (n =282)*

DDS Items	Mean	SD	0 n(%)	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)
<b>Death and Dying</b>								
17. Listening or talking to a patient about his/her approaching death	3.08	1.37	3(1.1)	54(19.1)	44(15.6)	29(10.3)	120(42.6)	32(11.3)
47. Physician not being present when a patient dies	2.82	1.27		55(19.5)	70(24.8)	51(18.1)	82(19.1)	24(8.5)
27. The death of a patient	2.82	1.25		52(18.4)	78(27.7)	38(13.5)	96(34.0)	18(6.4)
37. The death of a patient with whom you have developed a close relationship	2.77	1.42	3(1.1)	77(27.3)	47(16.7)	41(14.5)	83(29.4)	31(11.0)
9. Feeling helpless in the case of a patient who fails to improve	2.76	1.28	3(1.1)	61(21.6)	60(21.3)	48(17.0)	96(34.0)	14(5.0)
53. Watching a patient suffer	2.73	1.25	1(0.4)	59(20.9)	71(25.2)	49(17.4)	88(31.2)	14(5.0)
1. Performing procedures that patients experience as painful	2.16	1.29		129(35.7)	58(20.6)	24(8.5)	63(22.3)	8(2.8)

Table I5

*Mean, Standard Deviation, Frequency and Percentage of Each Items of Problems Relating to Supervisors Scale (n =282)*

PRSS Items	Mean	SD	0 n(%)	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)
<b>Problems Relating to Supervisors</b>								
40. Lack of support by nursing administrators	2.73	1.32	2(0.7)	62(22.4)	70(24.8)	52(18.4)	69(24.5)	27(9.6)
49. Lack of support by other health care administrators	2.72	1.26	1(0.4)	59(20.9)	75(26.6)	45(16.0)	86(30.5)	16(5.7)
31. Criticism by a supervisor	2.64	1.29	1(0.4)	62(22.0)	90(31.9)	36(12.8)	71(25.2)	22(7.8)
54. Criticism from nursing administration	2.64	1.29		65(23.0)	86(30.5)	39(13.8)	69(24.5)	23(8.2)
5. Conflict with a supervisor	2.62	1.41		86(30.5)	62(22.0)	41(14.5)	58(20.6)	35(12.4)
46. Being held accountable for things over which I have no control	2.61	1.18	1(0.4)	53(18.8)	95(33.7)	51(18.1)	70(24.8)	12(4.8)
30. Lack of support from my immediate supervisor	2.58	1.24	1(0.4)	67(23.8)	75(26.6)	64(22.7)	56(19.9)	19(6.7)



Table I6

Mean, Standard Deviation, Frequency and Percentage of Each Items of Problems Relating to Peers Scale (n =282)

PRPS Items	Mean	SD	0 n(%)	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)
<b>Problems Relating to Peers</b>								
4. Lack of an opportunity to talk openly with other unit personnel about problems in the work setting	2.71	1.21		51(18.1)	87(30.9)	56(19.9)	69(24.5)	19(6.7)
12. Lack of an opportunity to share experiences and feelings with other personnel in the work setting	2.60	1.29	1(0.4)	70(24.8)	75(26.6)	55(19.5)	58(20.6)	23(8.2)
22. Difficulty in working with a particular nurse (or nurses) <u>outside</u> my immediate work setting	2.53	1.29	4(1.4)	66(23.4)	87(30.9)	51(18.1)	50(17.7)	24(8.5)
21. Difficulty in working with a particular nurse (or nurses) in my <u>immediate</u> work setting	2.46	1.29	1(0.4)	85(30.1)	73(25.9)	54(19.1)	48(17.0)	22(7.8)
20. Lack of an opportunity to express to other personnel on the unit my negative feelings toward patients	2.46	1.27	3(1.1)	80(28.4)	73(25.9)	48(17.0)	65(23.0)	13(4.6)
50. Difficulty in working with nurses of the opposite sex	2.34	1.32		99(35.1)	78(27.7)	40(14.2)	39(13.8)	26(9.2)

Table I7

*Mean, Standard Deviation, Frequency and Percentage of Each Items of Conflict with Physician Scale (n =282)*

CPS Items	Mean	SD	0 n(%)	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)
<b>Conflict with Physician</b>								
2. Criticism by a physician	2.72	1.27	2(0.7)	52(18.4)	90(31.9)	40(14.2)	76(27.0)	22(7.8)
38. Making a decision concerning a patient when the physician is unavailable	2.61	1.38	3(1.1)	59(20.9)	77(27.3)	53(18.8)	66(23.4)	24(8.5)
10. Conflict with a physician	2.61	1.31	2(0.7)	65(23.0)	87(30.9)	42(14.9)	60(21.3)	26(9.2)
28. Disagreement concerning the treatment of a patient	2.58	1.18	2(0.7)	56(19.9)	83(29.4)	77(27.3)	46(16.3)	18(6.4)
48. Having to organize physicians' work	2.44	1.28		84(29.8)	82(29.1)	44(15.6)	52(18.4)	20(7.1)

Table I8

*Mean, Standard Deviation, Frequency and Percentage of Each Items of Discrimination Scale (n =282)*

DS Items	Mean	SD	0 n(%)	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)
<b>Discrimination</b>								
8. Being sexually harassed	2.95	1.63	4(1.4)	66(23.4)	53(18.8)	37(13.1)	60(21.3)	62(22.0)
16. Experiencing discrimination because of race or ethnicity	2.84	1.44	1(0.4)	67(23.8)	61(21.6)	48(17.0)	56(19.9)	49(17.4)
26. Experiencing discrimination on the basis of sex	2.83	1.47	1(0.4)	72(25.5)	64(22.7)	26(9.2)	74(26.2)	45(16.0)

Table 19

*Mean, Standard Deviation, Frequency and Percentage of Each Items of Inadequate Emotional Preparation Scale (n =282)*

IEPS Items	Mean	SD	0 n(%)	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)
<b>Inadequate Emotional Preparation</b>								
19. Feeling inadequately prepared to help with the emotional needs of a patient	2.65	1.29	1(0.4)	58(20.6)	92(32.6)	50(17.7)	51(18.1)	30(10.6)
11. Being asked a question by a patient for which I do not have a satisfactory answer	2.52	1.34	4(1.4)	72(25.5)	86(30.5)	39(13.8)	54(19.1)	27(9.6)
3. Being asked a question by a patient for which I do not have a satisfactory answer	2.52	1.18	1(0.4)	63(22.3)	87(30.9)	65(23.0)	51(18.1)	15(5.3)

## APPENDIX J

### Mean, Standard Deviation, Frequency and Percentage of Presenteeism

Table J1

*Mean, Standard Deviation, Frequency and Percentage of Each Items of Completing Work Scale (n =282)*

CWS Items	Mean	SD	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)
<b>Competing Work</b>							
2. Despite having my (health problem)*, I was able finish hard tasks in my work	3.56	1.45	40(14.2)	37(13.1)	37(13.1)	61(21.6)	107(37.9)
5. At work, I was able to focus on achieving my goals despite my (health problem)*	3.14	1.61	68(24.1)	52(18.4)	29(10.3)	38(13.5)	95(33.7)
6. Despite having my (health problem)*, I feel energetic enough to complete all my work	3.01	1.62	85(30.1)	37(13.1)	28(9.9)	55(19.5)	77(27.3)

Table J2

*Mean, Standard Deviation, Frequency and Percentage of Each Items of Avoiding Distraction Scale (n =282)*

CWS Items	Mean	SD	1 n(%)	2 n(%)	3 n(%)	4 n(%)	5 n(%)
<b>Avoiding Distraction</b>							
4. I felt hopeless about finishing certain tasks, due to my (health problem)*	3.49	1.40	30(10.6)	53(18.8)	46(16.3)	55(19.5)	98(34.8)
3. My (health problem)*, distracted me from taking pleasure in my work	3.01	1.38	49(17.4)	64(22.7)	58(20.6)	56(19.1)	55(19.5)
1. Because of my (health problem)*, the stresses of my job were much harder to handle	2.94	1.72	99(35.1)	37(13.1)	19(6.7)	36(12.8)	91(32.3)

## CURRICULUM VITAE

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