

Data collection instruments

created by Escobar and Vargas (2017), initially adapted by Dionisio (2017) and adapted again for this study.

Introduction:

Dear Graduate, the following instruments are intended to obtain information on occupational risk and occupational stress of INEN's Emergency nursing staff. Please answer the following questions:

1. Sociodemographic Data:

1.1. Gender: Male () Female ()

1.2. Age:

a) <31 years old

b) 31-40 years old

c) 41-50 years

d) 51 years old or older

1.3. Work experience:

a) < 6 years

b) 6-10 years

c) 11-15 years

d) 16-20 years

e) 21 to more years

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Questionnaire to measure occupational risk in nurses

The following is a set of questions on occupational risk, please read carefully before answering. Mark with an X the option that you consider appropriate to your reality. If you have any doubts, you can ask the interviewer.

Item	Question	Yes	No
1	In the development of your work activities, do you use personal protective equipment, in view of the probability of risks of punctures, splashes, cuts, and others?		
2	Are you exposed to infection with infectious diseases such as AIDS, hepatitis, tuberculosis, meningitis and or COVID-19?		
3	In your work activities, are you in contact with body fluids such as blood, urine, bronchial secretions, or hazardous waste?		
4	Are you exposed to handling and contact with pathogenic microorganisms, e.g. bacteria, viruses, protozoa, fungi, others?		
5	In your work area, is solid waste stored and deposited in appropriate bags and containers?		
6	In the development of your work activities, have you suffered from the following types of diseases: viral, bacterial, parasitic, fungal?		
7	In the performance of your work activities, are you exposed to detergents, cleaning products, antiseptics, chlorine, medicines, iodine and others?		
8	In your work area, have you received training or information on the risk of chemical contaminants?		
9	In the performance of your activities, are you at risk of being poisoned by toxic gases, vapors, burns from handling chemicals or others?		
10	In the performance of your work activities, have you had any accidents or illnesses caused by handling or exposure to chemical substances?		

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11	In the performance of your activities, are you exposed to high noise levels that cause you discomfort?		
12	Do you consider that the air circulation conditions of the Department or Service where you work are adequate?		
13	In your work area, do you perceive high levels of humidity in walls and high walls?		
14	Is the lighting in the area or service where you work adequate for the activities you perform?		
15	In your work area, are you exposed to sudden changes in temperature?		
16	At the end of your workday, do you feel mental or physical fatigue?		
17	In your work area, are you exposed to high levels of vibration?		
18	In the development of your activities, is there a risk of suffering blows or contact with objects or tools (sharp edges, points, etc.)?		
19	In the performance of your work, are you exposed to situations involving verbal aggression such as insults, threats, intimidation or others?		
20	In your job, are you exposed to physical aggression from the patient such as: kicking, scratching, slapping, punching, hair pulling or others?		
21	In the performance of your duties, have you suffered any physical injury such as cuts, small bruises, eye irritation or others?		
22	In your work area, have you suffered any illness or injury, such as: wounds, burns, dislocations, musculoskeletal disorders involving suspension from work?		
23	In your work area, have you suffered any illness or injury that caused sequelae or disability?		
24	In your job, is there a risk of physical or mental work overload that causes fatigue or other symptoms?		
25	In the development of your work activities, is there a risk of aggression or threats from the boss towards subordinates?		

26	In the development of your activities, is there a risk of verbal aggression by the patient or the person accompanying him/her?		
27	Do you consume more than 3 glasses of alcohol a week or use any type of drug?		
28	Does meeting work demands predispose you to develop work stress?		
29	Have you suffered from anxiety or depression due to work demands?		
30	Does the performance of your work activities involve frequent physical or mental exertion?		
31	Have you received adequate training and information on the correct way to handle loads or patients?		
32	In the development of your activities, do you have to perform movements and adopt forced postures that may cause injuries?		
33	In your work area, is there a possibility of sudden and unexpected movements that may cause back injuries?		
34	In the performance of your activities, are you exposed to standing for long periods of time?		
35	In the performance of your activities, are you exposed to sitting for long periods of time?		
36	In the performance of your work activities, are you exposed to being in front of the computer for long periods of time?		
37	In the performance of your activities, are you exposed to prolonged tasks or postures that generate muscular problems?		

Scale for measuring stress in nurses

Finally, there is a series of questions that you should answer honestly and according to your own experiences, marking with a cross (x) the number that represents the frequency with which you usually have some manifestations that occur in your professional work, according to the following alternatives:

- Hardly ever
- Sometimes
- Often
- Almost always

Items	Question	Hardly ever	Some times	Often	Almost always
1	I feel calm				
2	I feel confident				
3	I am tense				
4	I am upset				
5	I feel comfortable (I am at ease)				
6	I feel upset				
7	I am worried now about possible future misfortunes				
8	I feel rested				
9	I feel anxious				
10	I am confident				
11	I feel nervous				
12	I am unseized				
13	I feel very "tied down" (like I am oppressed)				
14	I am relaxed				
15	I feel satisfied				
16	I am worried				
17	I feel dazed and over excited				
18	I feel joyful				
19	At this moment I feel good				
20	I get tired quickly				

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21	I feel like crying				
22	I would like to be as happy as others				
23	I miss opportunities by not deciding soon				
24	I feel rested				
25	I am a calm, serene and serene person				
26	I see difficulties piling up and I can't cope with them				
27	I worry too much about unimportant things				
28	I am happy				
29	I tend to take things too seriously				
30	I lack self-confidence				
31	I feel secure				
32	I avoid facing crises or difficulties				
33	I feel sad (melancholic)				
34	I am complacent				
35	I am haunted and bothered by unimportant thoughts				
36	I am so affected by disappointments that I cannot forget them.				
37	I am a stable person				