

CÓDIGO: \_\_\_\_\_

**PART 1: Questionnaire for sociodemographic and professional characterization of  
the participant**

Nurse:

I hereby request your kind and valuable collaboration, contributing to my research work integrated into the doctoral program in Nursing Sciences at ICBAS - Abel Salazar Institute of Biomedical Sciences (University of Porto/Porto School of Nursing).

To carry this out, it is important to briefly understand the work environment and some personal characteristics of the nursing team, using the questionnaire presented below.

Responses are anonymous.

You can leave your response in a sealed envelope or deliver it to me personally.

I subscribe with high esteem and consideration.

Ivo Cristiano Soares Paiva

**Sociodemographic and professional characterization of the participant**1. **Age:** \_\_\_\_\_ years.2. **Sex:**  Male  Female3. **Marital Status:**  Single  Married  Union  Divorced  Widowed4. **Academic Qualifications:**  Bacharelato's Degree  Bachelor's Degree  Master's Degree  Doctorate**5. Professional Qualifications:**

Postgraduate degree or equivalent: Which one? \_\_\_\_\_

Postgraduate: Which one? \_\_\_\_\_

None \_\_\_\_\_

6. **Years of professional experience :** \_\_\_\_\_ years**7. Service:** Medicine/Medical Specialties  Surgery/Surgical Specialties8. **Years of service (do not consider restructuring) :** \_\_\_\_\_ years9. **Professional Category:**  Nurse  Specialist Nurse  Other: \_\_\_\_\_**10. Professional Relationship :** Public service contract for an indefinite period Fixed-term public service contract Individual employment contract for an indefinite period Individual employment contract for a fixed period Individual employment contract for an indefinite period11. **Shift you work most often:**  Morning Shift  Afternoon Shift  Night Shift Rotating shifts**12. Average working hours per week in the service:** 35h/week  40h/week  Other: Which: \_\_\_\_\_ hours/week.13. **Overtime worked in the last 3 months:**  None  1 to 20 hours 20 to 50 hours  More than 50 hours14. On your **last morning shift**, how many patients did you care for ? \_\_\_\_\_15. During your **last work shift**, how many patient admissions did you have ? \_\_\_\_\_16. During your **last work shift**, how many patient discharges/transfers did you have ? \_\_\_\_\_

**PART 2:****MISSCARE Scale** , by Beatrice Kalisch and Reg Williams (2009)

Portuguese version by: Ana Rita Loureiro, Luís Loureiro and Isabel Fernandes (2020)

Please select one answer for each question.

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
How satisfied are you with your current professional situation?					
Regardless of your current job, how satisfied are you with being a nurse?					
How satisfied are you with the level of teamwork in the unit?					

**CEO | PART A**

Nurses often encounter multiple demands during their work shifts that require them to redefine priorities and not provide all necessary care to their patients. Missed nursing care is necessary nursing care for the patient that is omitted (in part or in whole) or significantly delayed. Partial or total omission and postponement of care correspond to errors of omission (Kalisch, 2015).

To the best of your knowledge, how often are the following elements of nursing care MISSED by the nursing staff (including you) on your unit? Select only one option for each item.

	Always absent	Often omitted	Occasionally omitted	Rarely omitted	Never omitted
Ambulate three times a day or as planned.					
Position the patient every 2 hours.					
Feed the patient when the food is still warm.					
Prepare meals for patients who feed themselves.					
Administration of medications within 30 minutes before or after the scheduled time.					
Vital signs assessed as prescribed.					
Input/output monitoring.					
Complete documentation of all necessary data.					
Teach the patient about the disease, exams and diagnostic studies.					
Emotional support for the patient and/or family.					
Bathing the patient/skin care.					
Mouth care.					
Wash your hands.					
Patient discharge planning and teaching.					

	Always absent	Often omitted	Occasionally omitted	Rarely omitted	Never omitted
Blood glucose monitoring as planned.					
Patient assessments performed on each shift.					
Focused reassessments according to the patient's condition.					
Care and evaluation of vascular accesses (peripheral and central) in accordance with hospital policy.					
Response to call signal/ring within the first 5 minutes.					
SOS medication requests responded to within 15 minutes.					
Evaluate the effectiveness of medications.					
Attend interdisciplinary meetings whenever they are held.					
Assist in the need to use the toilet within 5 minutes of the request.					
Skin/wound care.					

**CEO | PART B**

Considering the lack of nursing care provided by the team in your unit (as indicated in Part A of this questionnaire), indicate the REASONS why nursing care is being failed in your unit. Select only one option for each item.

	SIGNIFICANT Reason	MODERATE reason	MINOR reason	IT IS NOT A REASON FOR OMISSION OF CARE
Inadequate number of team members.				
Urgent patient situations (e.g. worsening of the patient's clinical condition).				
Unexpected increase in the number and/or severity of patients in the unit.				
Inadequate number of support and/or administrative staff (e.g. operational assistants, technicians, unit secretaries, etc.).				
Unbalanced distribution of patients.				
Medications not available when needed.				
Inadequate transfer of information from the previous shift or the unit of origin.				
Other departments did not provide the necessary care (e.g., there was no ambulation in physical therapy).				
Materials/equipment not available when needed.				

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	SIGNIFICANT Reason	MODERATE reason	MINOR reason	IT IS NOT A REASON FOR OMISSION OF CARE
Materials/equipment do not function properly when needed.				
Lack of support from team members.				
Tension or communication failures with other AUXILIARY/SUPPORT DEPARTMENTS.				
Tension or communication failures within the NURSING TEAM.				
Tension or communication failures with the MEDICAL TEAM.				
Operational assistant did not communicate that care was not provided.				
Healthcare professional absent or unavailable.				
High admission and discharge activity.				

**NDMI – PT: NURSING DECISION MAKING INSTRUMENT**

(Lauri &amp; Salanterä, 2002)

(Portuguese version by Paiva, Ventura, Vilela &amp; Moreira, 2022)

Below are some statements that describe how nurses make decisions in different health care situations.

Please read each statement carefully and mark with an (X) the one that best describes your action.

	Never or very rarely (1)	Rarely (2)	Occasionally (3)	Often (4)	Very often or always (5)
1. I collect as much information as possible from the person's records in advance.					
2. I trust my interpretations when it comes to defining a person's health status.					
3. Based on the information I have, I specify all the parameters I want to monitor and validate them with the person.					
4. I anticipate future nursing problems during the first contact with the person.					
5. I confirm my first impressions by looking for symptoms that support my point of view.					
6. It is easy for me to distinguish relevant and irrelevant information in defining a person's clinical status.					
7. I compare the information I have received about the person with my prior knowledge of other similar clinical cases.					
8. I compare the information I have received about the person with my experience gained in providing nursing care.					
9. I compare the information I have received about the person with the knowledge of scientific evidence about nursing care and its impact.					
10. It is easy for me to understand, even without a detailed analysis, which information is relevant to defining the person's nursing problems.					
11. I objectively define the person's nursing problems based on the symptoms and complaints observed.					
12. It is easy for me to understand the general clinical picture of the person and their main nursing problems.					

	Never or very rarely (1)	Rarely (2)	Occasionally (3)	Often (4)	Very often or always (5)
13. I prepare the person's nursing care plan according to the stages of the nursing decision-making process.					
14. I base the person's nursing care plan on my views and/or their views of their care.					
15. I base the nursing care plan on existing protocols for the person's illness.					
16. Document without difficulty the entirety of nursing care, in the process of caring for the person.					
17. I set goals for the person's care that are easy to assess.					
18. I anticipate the impact of nursing interventions on the person.					
19. I closely monitor the existing nursing care plan relating to the person's illness and clinical situation.					
20. I anticipate changes in a person's clinical condition, based on individual suspicions, even before there are any objective symptoms.					
21. I use specific information about the treatment of the person's illness when making decisions about nursing care.					
22. I adapt my way of acting based on the person's response to the illness situation.					
23. I try to find justifications for my observations in changes in the person's clinical condition.					
24. It is easy for me to assess the impact of my actions on someone's health.					

**TIPI-P - 10-Item Personality Inventory – Portuguese Version**

## Ten-Item Personality Inventory

Samuel D. Gosling, Peter J. Rentfrow, and William B. Swann Jr., 2003<sup>1</sup>Portuguese version by Andreia Nunes, Teresa Limpo, Cesar F. Lima and São Luís Castro,  
2018<sup>2</sup>

Below you will find a **set of personality traits** that may or may not apply to you. Please write a number after each statement indicating the extent to which you agree or disagree with it. You should evaluate the extent to which each pair of traits applies to you, even if one of the traits applies better than the other. Please indicate your answer according to the following scale:

I totally disagree	I moderately disagree	I disagree a little	I neither agree nor disagree	I agree a little	I moderately agree	I totally agree
1	2	3	4	5	6	7

*I see myself as a person*

1. Extroverted, enthusiastic. \_\_\_\_\_
2. Conflictual, critical of others. \_\_\_\_\_
3. Reliable, self-disciplined. \_\_\_\_\_
4. Anxious, easily worried. \_\_\_\_\_
5. With many interests, open to new experiences. \_\_\_\_\_
6. Reserved, quiet. \_\_\_\_\_
7. Understanding, affectionate. \_\_\_\_\_
8. Disorganized, careless. \_\_\_\_\_
9. Calm, emotionally stable. \_\_\_\_\_
10. Conventional, not very creative. \_\_\_\_\_

Muito obrigado pela sua participação! 😊

<sup>1</sup> Gosling, S. D., Rentfrow, P. J., & Swann Jr., W. B. (2003). A very brief measure of the Big-Five personality domains. *Journal of Research in Personality*, 37, 504-528.

<sup>2</sup> Nunes, A., Limpo, T., Lima, C. F., & Castro, S. L. (2018). Short scales for the assessment of personality traits: Development and validation of the Portuguese Ten-Item Personality Inventory (TIPI). *Frontiers in Psychology*, 9(461). doi:10.3389/fpsyg.2018.00461