

Appendices -1

CONSENT FORM

Dear participants,

The purpose of this study is to find out various factors affecting Nurses' Quality of Life who are working in critical and Non-critical units. You are requested to participate in this study by answering questionnaire. Your kind cooperation is highly esteemed and your honest response is valuable. I assure you that the information given by you will be kept strictly confidential and used **ONLY** for the study purpose.

(No administrative value). If you are willing to participate in this study, please sign the consent form given below.

CONSENT FORM

I have been informed of the purpose of the study and I voluntarily give my consent to participate in the study.

Signature of the participant _____

Name Of the participant _____

Date: _____

Place: _____

Appendices -2

FORM NO. A - SOCIO-DEMOGRAPHIC PROFORMA

NOTE: - Please answer a few general questions about yourself:-
 - Tick mark (√) the correct answer or fill in the space provided.

1. **Date of birth**

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

2. **Gender:** a. Male/Female

3. **Marrital status ?**

a. Unmarried	b. Married	c. Widowed	d. Divorced	e. Separated
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If married, then answer the following questions.

3.1. How many **children** you have _____

4. **Type of family you stay in:**

a. Nuclear family	b. Joint family	c. Staying alone
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(NOTE- In question no. 6, 7, & 8 you can select more than one option and tick mark)

5. Dependant on your salary:

- a. Spouse
- b. Children
- c. Parents
- d. Brother (s) /Sister (s)
- e. Other (if Yes, specify _____)

6. Habit of -

- a. Smoking,
 - b. alcohol
 - c. Tobacco
 - d. Other (if Yes, specify _____)
 - e. None of these
7. Are you staying in the campus of your place of the job- a. Yes b. No

If No, then answer the following questions-

7.1. What is the distance of your residence from the place of job?

- a. 1 to 4 km
- b. 5 to 9 km
- c. 10 km and above

8. Highest **education** you received?

- a. Diploma (GNM)
- b. Graduate (B.Sc. Nursing)
- c. Post Certificate B.Sc. Nursing
- d. Any other additional qualification, please specify

9. Month and years of your highest **education**?

M	M	Y	Y	Y	Y
---	---	---	---	---	---

10. Total years of professional experience:

Y	Y
---	---

11. What is your **previous work experience**, mention in below table:

(ONLY LAST 3 POSTINGS BEFORE CURRENT POSTING)

S.N.	Name of the Ward / Unit	Duration	
		Years	Months
1			

12. Presently working in _____ Ward / Unit, since _____ year (s) _____ month(s)

13. How many **patients' assignment** you get in your shift duty?

- 1-2 patients / 3-5 patients / 5-10 patients

14. Are you suffering from any health problem?

- a. Yes
- b. No

If Yes, please mention-

Appendices -3

FORM NO. B : MASLACH BURNOUT INVENTORY-HUMAN SERVICE SURVEY

Instructions: On the following pages are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about *your job*. If you have never had this feeling, write the number “0” (*zero*) in the space before the statement. If you have had this feeling, indicate *how often* you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

How often:

Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Always
0	1	2	3	4	5	6

How Often

0-6 Statements:

1. _____ I feel emotionally drained from my work.
2. _____ I feel used up at the end of the workday.

3. _____
4. _____
5. _____ I feel I treat some recipients as if they were impersonal objects.
6. _____
7. _____ I deal very effectively with the problems of my recipients.
8. _____
9. _____ I feel I'm positively influencing other people's lives through my work.
10. _____
11. _____
12. _____
13. _____
14. _____ I feel I'm working too hard on my job.
15. _____ I don't really care what happens to some recipients.
16. _____
17. _____ I can easily create a relaxed atmosphere with my recipients.
18. _____
19. _____
20. _____
21. _____ In my work, I deal with emotional problems very calmly.
22. _____ I feel recipients blame me for some of their problems.

NOTE: As per mind garden instructions whole questionnaire was not allowed to print. So, in this thesis all the questions are not printed in the annexure.

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Appendices -4

PERMISSION LETTER FOR THE USE OF MASLACH BURNOUT INVENTORY

For use by Rakesh Sharma only. Received from Mind Garden, Inc. on October 8, 2013



www.mindgarden.com

To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material for his/her thesis or dissertation research:

Instrument: **Maslach Burnout Inventory, Forms: General Survey, Human Services Survey & Educators Survey**

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Sincerely,

Robert Most
Mind Garden, Inc.
www.mindgarden.com

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Appendices -5

FORM NO. C : WHOQOL-BREF

Instructions -

1. The following questions ask how you feel about your quality of life, health, or other areas of your life.
2. Please choose the answer that appears most appropriate.
3. **If you are unsure about which response to give to a question, the first response you think of is often the best one.**
4. Please indicate your answer by marking the symbol √ in the box; like this



Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life **in the last four weeks**.

		Very poor	Poor	Neither poor nor good	Good	Very good
1	How would you rate your quality of life?					

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2	How satisfied are you with your health?					

The following questions ask about **how much** you have experienced certain things in the **last four weeks**.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3	To what extent do you feel that physical pain prevents you from doing what you need to do?					
4	How much do you need any medical treatment to function in your daily life?					
5	How much do you enjoy life?					
6	To what extent do you feel your life to be meaningful?					

		Not at all	A little	A moderate amount	Very much	Extremely
7	How well are you able to concentrate?					
8	How safe do you feel in your daily life?					
9	How healthy is your physical environment?					

Conti....

The following questions ask about **how completely** you experience or were able to do certain things in the **last four weeks**.

		Not at all	A little	Moderately	Mostly	Completely
10.	Do you have enough energy for everyday life?					
11.	Are you able to accept your bodily appearance?					
12.	Have you enough money to meet your needs?					
13.	How available to you is the information that you need in your day-to-day life?					
14.	To what extent do you have the opportunity for leisure activities?					

		Very poor	Poor	Neither poor nor good	Good	Very good
15	How well are you able to get around?					

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16	How satisfied are you with your sleep?					
17	How satisfied are you with your ability to perform your daily living activities?					
18	How satisfied are you with your capacity for work?					
19	How satisfied are you with yourself?					
20	How satisfied are you with your personal relationships?					
21	How satisfied are you with your sex life?					
22	How satisfied are you with the support you get from your friends?					
23	How satisfied are you with the conditions of your living place?					
24	How satisfied are you with your access to health services?					
25	How satisfied are you with your transport?					

The following question refers to **how often** you have felt or experienced certain things in the **last four weeks**.

		Never	Seldom	Quite often	Very often	Always
26	How often do you have negative feelings such as blue mood, despair, anxiety, depression?					

Appendices -6

LETTER REQUESTING PERMISSION TO CONDUCT THE STUDY

From:
Rakesh Sharma,
Ph.D (Nursing) student
Reg. No. 2012001
HIHT University

To,
Dr. Renu Dhasmana
Director Nursing,
HIHT, SRN
Dehradun.

Subject: permission to start Research Work.

Respected Madam,

This is to inform you that, as per letter HIHTU/Reg/Int./2013-123 dated 15th March 2013 I got approval to proceed my research work. So, this is to request you to help me in this regard. That will lead to smooth implementation of my research protocol to the Staff Nurses posted at Himalayan Hospital and Rishikesh Centre and will prevent any conflict of interest. This is for your information and needful action.


Thanking you

Yours' sincerely


Rakesh Sharma

Date: 2nd May 2013

Copy to : Hon'ble Vice Chancellor
Dean
Medical Superintendent
Chairman Ph.D. Research Committee.

ForWARDED.
↓

2/5/13
Dr. Dheepak

OK
ended to us
for needful
Jain

Annexure-7

LIST OF EXPERTS VALIDATED THE TOOLS

1. Dr. K. Reddemma,
Director Nursing, Department of Nursing
NIMHANS, Hosur Road,
Bangalore - 560029, India

2. Dr. Ramchandra Hooli
Principal
Nightingale College of Nursing
Noida, UP. India

3. Dr. Pradeep Aggarwal,
Associate Professor, Dept. of Community Medicine,
Himalayan Institute Medical Sciences,
Dehradun, Uttarakhand, India

4. Dr. Ravi Gupta,
Associate Professor, Dept. of Psychiatry,
Himalayan Institute Medical Sciences,
Dehradun, Uttarakhand, India

5. Mr. Hemchand Sati,
Assistant statistician.
AIIMS, New Delhi.