Appendix 1: Anonymous Questionnaire: Burnout Among Oncology Nurses

Record Number:

1) Personal Data

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

Age:

Marital Status: 1- Single ( ) 2- In a relationship ( ) 3- Married ( ) 4- Divorced/Separated/Widowed ( )

Number of children: .....

Living situation: 1- Family home ( ) 2- With partner ( ) 3- With a family member ( ) 4- With roommates ( ) 5- Alone ( )

Socio-economic level: 1- Poor ( ) 2- Average ( ) 3- Good ( )

Medical and surgical history: 1- No ( ) 2- Yes ( ) If yes, which one(s): .....

Psychiatric history: 1- No ( ) 2- Yes ( ) If yes, which one(s):.....

History of suicide attempts: 1- No ( ) 2- Yes ( )

Use of psychotropic drugs in the past year: 1- No ( ) 2- Yes ( ); If yes:

Type: 1- Antidepressant ( ) 2- Anxiolytic ( ) 3- Hypnotic ( ) Others: .....

Frequency: 1- Less than once a month ( ) 2- Once a week ( ) 3- Several times a week ( ) 4- Daily ( )

Smoking: 1- No ( ) 2- Yes ( )

Alcohol consumption: 1- Never ( ) 2- Occasionally ( ) 3- Daily ( ) 4- Multiple times a day ( )

Do you engage in leisure activities (sports, music, etc.)? 1- No ( ) 2- Yes ( ). If yes, how many hours per week do you dedicate to them? ….

2) Professional Data

Number of years working in Oncology: ...

Number of working hours per day: .....

Number of shifts per month: .....

Number of patients cared for per day:

Hospitalized patients: ....

New outpatients: .....

Follow-up outpatients: .....

Specialty: 1- Medical Oncology ( ) 2- Surgical Oncology ( ) 3- Radiotherapy Oncology ( )

Types of cancers managed: 1- Breast ( ) 2- Lung ( ) 3- Gastrointestinal ( ) 4- Gynecological ( ) 5- Urological ( ) 6- Hematological ( ) 7- Skin ( ) 8- Others: .....

Are you satisfied with your work (e.g., time constraints, physical demands such as noise, temperature, toxins, radiation, psychological demands, relationships with the team, relationships with the public, etc.)?

1- Very satisfied ( ) 2- Somewhat satisfied ( ) 3- Somewhat dissatisfied ( ) 4- Dissatisfied ( )

Is there a psychological support service for paramedical staff at your workplace? 1- No ( ) 2- Yes ( ) 3- I don't know ( )

Have you previously sought psychological help for stress/exhaustion at work? 1- No ( ) 2- Yes ( ); If yes, how many times: .....