**INFORMED AND FREE CONSENT TO PARTICIPATE IN RESEARCH in accordance with the Declaration of Helsinki and the Oviedo Convention**

*Please read the following information carefully. If you feel something is incorrect or unclear, please don't hesitate to ask for more information. If you agree with the proposal made to you, please sign this document.*

**Title of studies: 1- “Impact of spirituality and emotional intelligence on the perception of preparation and ability to provide end-of-life care by health professionals”**

**This questionnaire is an assessment instrument and aims to collect data. Before starting to fill out the questionnaire, keep the following aspects in mind:**

**•** This data collection instrument was developed within the scope of an academic project integrated into the Master's Degree in Health Services Management at the University of Trás-os-Montes and Alto Douro.

• A study will also be carried out, which aims to infer the impact of spirituality and emotional intelligence on the perception of preparation and ability to provide end-of-life care by health professionals.

• The guidance of these investigations is the responsibility of Professor Ana Paula Rodrigues, professor of the Department of Economics, Sociology and Management of the University of Trás-os-Montes and Alto Douro.

• Your participation in the study is voluntary, free and informed. The absence of losses and expenses, whether assistance or otherwise, is guaranteed if you do not wish to participate in carrying out the investigation.

• All charges/expenses resulting from the investigation are the responsibility of the investigator.

• The data collected is anonymous and confidential, intended for statistical processing with the objective restricted to research and will never be revealed individually, ensuring their protection and confidentiality.

Thank you in advance for taking the time to complete the questionnaire. Your collaboration is precious and without it the investigation cannot be carried out.

**Researches:** Maria de Lurdes Martins, Ana Paula Rodrigues, Carlos Marques and Rui Carvalho

**email:** mlmartins@chtmad.min-saude.pt.

**INFORMED CONSENT**

**I declare to have read and understood this document.**

**I participate in the study voluntarily, freely and in an informed manner. In this way, I allow the use of the data I provide, trusting that it will only be used for this investigation and in the guarantees of confidentiality and anonymity given to me by the researcher.**

*□* ***I agree to participate in the investigation Date*** *\_\_\_/\_\_\_/2022*

***□ I do not agree to participate in the investigation******Date*** *\_\_\_/\_\_\_/2022*

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| --- |
| **Before starting to fill out the questionnaire, we would like you to keep the following aspects in mind:**   * The data collected is anonymous and confidential, intended for statistical processing with the objective restricted to research and, under no circumstances, will it be revealed individually. * Answer all questions by placing a cross (X) in the respective square () or filling in the spaces. |

**Questionnaire**

**PART I**

1. For each of the following statements, indicate your degree of disagreement/agreement:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Caption: 1-Totally disagree; 2-I partially disagree; 3- I neither agree nor disagree; 4-I partially agree; 5-I completely agree** | | **1**  **☹** | **2** | **3** | **4** | **5**  **☺** |
| 1 | I have a good sense of why I have certain feelings most of the time. |  |  |  |  |  |
| 2 | I have good understanding of my own emotions. |  |  |  |  |  |
| 3 | I really understand what I feel. |  |  |  |  |  |
| 4 | I always know whether or not I am happy. |  |  |  |  |  |
| 5 | I always know my friends’ emotions from their behavior. |  |  |  |  |  |
| 6 | I am a good observer of others’ emotions. |  |  |  |  |  |
| 7 | I am sensitive to the feelings and emotions of others. |  |  |  |  |  |
| 8 | I have good understanding of the emotions of people around me. |  |  |  |  |  |
| 9 | I always set goals for myself and then try my best to achieve them. |  |  |  |  |  |
| 10 | I always tell myself I am a competent person. |  |  |  |  |  |
| 11 | I am a self-motivated person. |  |  |  |  |  |
| 12 | I would always encourage myself to try my best. |  |  |  |  |  |
| 13 | I am able to control my temper and handle difficulties rationally. |  |  |  |  |  |
| 14 | I am quite capable of controlling my own emotions. |  |  |  |  |  |
| 15 | I can always calm down quickly when I am very angry. |  |  |  |  |  |
| 16 | I have good control of my own emotions. |  |  |  |  |  |

1. I think I am capable of…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Caption: 1-Totally disagree; 2-I partially disagree; 3- I neither agree nor disagree; 4-I partially agree; 5-I completely agree** | | **1**  **☹** | **2** | **3** | **4** | **5**  **☺** |
| 1 | Obtain objective data that describes the intensity of the person’s pain. |  |  |  |  |  |
| 2 | Advise people on how to relieve nausea. |  |  |  |  |  |
| 3 | Inform the person and their family members about the care provided by the health service. |  |  |  |  |  |
| 4 | Identify and discuss real problems in the person's social environment. |  |  |  |  |  |
| 5 | Organize contact with a palliative care service. |  |  |  |  |  |
| 6 | Communicate with the anxious person and their family members in a way that makes them feel safe. |  |  |  |  |  |
| 7 | Identify the complex needs of the person at the end of life and intervene appropriately. |  |  |  |  |  |
| 8 | Teach relaxation strategies to a person in pain. |  |  |  |  |  |
| 9 | Communicate with the person who expresses the desire to hasten death. |  |  |  |  |  |
| 10 | Provide adequate oral care to people at the end of life. |  |  |  |  |  |
| 11 | Inform the person about possible side effects of prescribed medications. |  |  |  |  |  |
| 12 | Identify the person’s psychological problems. |  |  |  |  |  |
| 13 | Integrate the cultural aspects of death and dying in the care of people at the end of life. |  |  |  |  |  |
| 14 | Create empathy with the person in different life situations, family relationships and needs, and intervene. |  |  |  |  |  |

1. Indicate the degree of disagreement/agreement with each of the following statements:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Caption: 1-Totally disagree; 2-I partially disagree; 3- I neither agree nor disagree; 4-I partially agree; 5-I completely agree** | | **1**  **☹** | **2** | **3** | **4** | **5**  **☺** |
| 1 | Most of my fellow nurses or doctors feel that when patients receive palliative care, it reflects their own failure. R |  |  |  |  |  |
| 2 | Many of my fellow nurses or doctors do not feel comfortable discussing the option of palliative care with patients and their families. R |  |  |  |  |  |
| 3 | Nurses or doctors do not play a role in palliative care. R |  |  |  |  |  |
| 4 | Most elderly people who are dying want their doctors to determine what treatment is best for them. R |  |  |  |  |  |
| 5 | Hospice care often meets the family's needs better than conventional care. |  |  |  |  |  |
| 6 | A team with an interdisciplinary approach influences patient care. |  |  |  |  |  |
| 7 | I feel that I have enough knowledge to discuss palliative care with patients and families. |  |  |  |  |  |
| 8 | The majority of patients' symptoms (such as pain, dyspnea and nausea) are no better controlled with palliative care than with conventional care. R |  |  |  |  |  |
| 9 | I usually prescribe/administer as many painkillers as necessary to keep pain controlled in terminally ill patients. |  |  |  |  |  |
| 10 | I usually tell patients that curative treatment is not effective at this stage of the disease. |  |  |  |  |  |
| 11 | Most elderly patients do not want to know if they are dying. R |  |  |  |  |  |

1. For each of the following statements, mark on the scale (**from zero to ten**) the number that seems most appropriate to you:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | In terms of the questions I have about life, my spirituality answers: | no questions  0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | absolutely all my questions  10 |
| 2 | Growing spiritually is: | more important than  anything else  in my life  10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | of no  importance  to me  0 |
| 3 | When I am faced with an important decision, my spirituality: | plays  absolutely  no role  0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | is always  the overriding  consideration  10 |
| 4 | Spirituality is: | the master motive of my  life, directing every other  aspect of my life  10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | not part  of my life  0 |
| 5 | When I think of the things that help me to grow and mature as a person, my spirituality: | has no effect  on my personal  growth  0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | is absolutely the most  important factor in  my personal growth  10 |
| 6 | My spiritual beliefs affect: | absolutely every  aspect of my life  10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | no aspect  of my life  0 |

**5.** Indicate the degree of disagreement/agreement with each of the following statements:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Caption: 1-Totally disagree; 2-I partially disagree; 3- I neither agree nor disagree; 4-I partially agree; 5-I completely agree** | | **1**  **☹** | **2** | **3** | **4** | **5**  **☺** |
| 1 | Palliative care should never be combined with curative treatments. R |  |  |  |  |  |
| 2 | Non-steroidal anti-inflammatory drugs should not be used in case of regular opioid administration. R |  |  |  |  |  |
| 3 | The administration of fluids subcutaneously is necessary to relieve xerostomia (dry mouth) in people at the end of life. R |  |  |  |  |  |
| 4 | Pain management with transdermal opioids is appropriate for the person at the end of life. R |  |  |  |  |  |
| 5 | Non-pharmacological therapies (e.g. physiotherapy) are important in pain management. |  |  |  |  |  |
| 6 | For family members, it is always important to remain with the person in the last hours of life until death occurs. R |  |  |  |  |  |
| 7 | Constipation should be accepted as a side effect because pain management is more important. R |  |  |  |  |  |
| 8 | Palliative care requires constant emotional closeness. R |  |  |  |  |  |
| 9 | As people age, they learn to deal with pain independently as a result of various experiences. R |  |  |  |  |  |
| 10 | The philosophy of palliative care recommends that no interventions be carried out to prolong life. R |  |  |  |  |  |
| 11 | The pain threshold is lowered by anxiety or fatigue. |  |  |  |  |  |
| 12 | People with life-threatening illnesses must always be informed of the truth, so that they can prepare for their dying process. R |  |  |  |  |  |
| 13 | Team members do not have to be believers to provide spiritual care to a person at the end of life. |  |  |  |  |  |
| 14 | The person receiving palliative care must accept death. R |  |  |  |  |  |
| 15 | Communication skills can be learned. |  |  |  |  |  |
| 16 | Other patients should not be informed about the person's death to avoid unrest. R |  |  |  |  |  |
| 17 | Medical treatment always takes priority over palliative care. R |  |  |  |  |  |
| 18 | When a person dies, visible rituals and farewell ceremonies should be avoided so as not to cause unrest. R |  |  |  |  |  |
| 19 | The use of antidepressants in pain management is not appropriate. R |  |  |  |  |  |
| 20 | Adjuvant analgesics are not necessary during opioid treatment. R |  |  |  |  |  |
| 21 | The final phase refers to the last 3 days of life. R |  |  |  |  |  |
| 22 | The caregiver's feelings (e.g., disgust) may emerge during the care of the person. |  |  |  |  |  |
| 23 | Physiological needs (for example, sexuality) are important even in the dying process. |  |  |  |  |  |

1. Indicate your degree of disagreement/agreement with the following statements:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Caption: 1-Totally disagree; 2-I partially disagree; 3- I neither agree nor disagree; 4-I partially agree; 5-I completely agree** | | **1**  **☹** | **2** | **3** | **4** | **5**  **☺** |
| 1 | I consider myself highly competent in my ability to talk and listen to patients and families about death, dying and grief. |  |  |  |  |  |
| 2 | I feel very comfortable listening and talking to patients and their loved ones about death, dying and grief. |  |  |  |  |  |
| 3 | Compared to my colleagues, I have greater competence in terms of speaking and listening to patients and their loved ones about death, dying and grief. |  |  |  |  |  |
| 4 | I rate myself as highly competent in my ability to provide pain and symptom control at the end of life. |  |  |  |  |  |
| 5 | Compared to my colleagues I have greater competence in relation to the ability to control pain and symptoms at the end of life. |  |  |  |  |  |
| 6 | Generally speaking, I feel capable of providing quality care to terminally ill patients and their families. |  |  |  |  |  |

**Part II**

In this last part, we request some characterization data. Please answer by filling in the blanks or mark a cross (X) in the most appropriate answer. Please note that the information collected is confidential/anonymous and will never be made available individually.

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| **A - General data about the respondent**  **Sex:** Female Male  **Age:** \_\_\_\_\_\_\_\_\_\_(years)  **Educational Qualifications:**  Bachelor's or Degree ;  Postgraduate or Master's degree ;  Doctorate *.*  **Marital status**:  Single ; Married/partnered ; Divorced ; Widowed    **Experience in palliative care?**  Yes  No  **Training in palliative care?**  Yes  No  **Professional:** Nurse ; Doctor  **Years of practice**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (years) |

**THIS QUESTIONNAIRE ENDS HERE. ☺ THANK YOU FOR YOUR COLLABORATION!**