

## Appendix A: Scales used in the questionnaire

*NOTE: All questions for all scales were rated using a 5-point likert scale.*

### THE MODIFIED HAMILTON ANXIETY RATING SCALE

1. I feel worried, irritable or anticipate the worst
2. I experience feelings of tension such as an inability to relax, started responses or being moved to tears easily
3. I experience fears of the dark, strangers, crowds or being left alone
4. I experience difficulty in falling asleep, unsatisfying sleep or nightmares
5. I experience difficulty in concentrating or experience poor memory
6. I experience low mood or a decreased interest and pleasure in hobbies
7. I experience aches and pains, teeth grinding or twitching and stiffness
8. I experience blurring of vision, hot and cold flushes or feelings of weakness
9. I experience tachycardia, palpitations, chest pain or fainting
10. I experience a sensation of a tight chest, dyspnoea or sighing
11. I experience difficulty swallowing, wind, abdominal pain, weight loss, nausea, vomiting or a change in bowel habit
12. I experience urgency of micturition, loss of libido (or a change in my monthly cycle if I am a woman).
13. I experience a dry mouth, flushing, tendency to sweat or a headache
14. I experience fidgeting, tremor of hands, restlessness, sighing or rapid respiration in stressful moments

### PROFESSIONAL IDENTITY SCALE

1. I feel like I am a member of this profession
2. I feel like I have strong ties with members of this profession
3. I am often ashamed to admit I am studying for this profession (R)
4. I find myself making excuses for belonging to this profession (R)
5. I try to hide that I am studying to be part of this profession (R)
6. I am pleased to belong to this profession
7. I can identify positively with members of this profession
8. Being a member of this profession is important to me
9. I feel like I share characteristics with members of the profession

(R) = items that are reversed scored.

### THE MODIFIED COPENHAGEN BURNOUT INVENTORY

**Personal Burnout:** *“The degree of physical and psychological fatigue and exhaustion experienced by the person”*

1. I feel tired
2. I am physically exhausted
3. I am emotionally exhausted
4. I think “I can’t take it anymore”
5. I feel worn out
6. I feel weak and susceptible to illness\*

\*Omitted from questionnaire due to transcription error

**Work-Related Burnout:** *“The degree of physical and psychological fatigue and exhaustion that is perceived by the person as related to his/her work”*

1. I feel worn out at the end of the working day
2. I am exhausted in the morning at the thought of another day of work
3. I feel that every working hour is tiring for me
4. I have enough energy for family and friends during leisure time\*
5. My work is emotionally exhausting
6. My work frustrates me
7. I feel burnout because of my work

**Patient-Related Burnout:** *“The degree of physical and psychological fatigue and exhaustion that is perceived by the person as related to his/her work with patients*

1. I find it hard to work with patients
2. It drains my energy to work with patients
3. I find it frustrating to work with patients
4. I feel that I give more than I get back when I work with patients
5. I am tired of working with patients
6. I sometimes wonder how long I will be able to continue working with patients

#### TEAM UNDERSTANDING SCALE

1. I am/have been an active member of some form of team
2. I enjoy working in a team
3. I observed many teams of which I am not a member
4. My participation in a team has facilitated how members of the team work together
5. I know how to make teams more effective
6. I frequently interact with (i.e. work with, train) teams of which I am not a member
7. I understand how people should work together as a team
8. I contribute to teams of which I am a member
9. I understand why some teams are ineffective
10. I contribute more than my fare share to the teams I am a member