# WORK CONTEXT

# Some Important Questions About The Work Context Of Your Occupation



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Return to: Research Triangle Institute Research Operations Center ATTN: O\*NET Data Receipt 5265 Capital Boulevard Raleigh, NC 27616-2925 TURN THE PAGE TO START THE SURVEY

## **Getting Started**

These questions are about **working conditions**, including the work setting and possible hazards, the pace of work, and interactions with others. Please respond with answers that best describe **your current job**, summarized below.

#### **Registered Nurses**

Assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent, or disabled patients. May advise patients on health maintenance and disease prevention or provide case management. Licensing or registration required.

Mark your response by placing a check mark, an "X," or completely filling in the circle:



How frequently does you	Never	-	Once a month or more but not every week		Every day
a. Face-to-face discussions with individuals and within teams	0	0	0	0	0
b. Public speaking (one speaker with an audience)	$\bigcirc$	0	0	$\bigcirc$	$\bigcirc$
c. Telephone conversation	$\bigcirc$	0	$\bigcirc$	0	$\bigcirc$
d. E-mail	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
e. Written letters and memos	$\bigcirc$	0	0	0	$\bigcirc$

# 2. How much <u>contact with others</u> (by telephone, face-to-face, or otherwise) is required to perform your current job?

- O No contact with others
- Occasional contact with others
- Contact with others about half the time
- Contact with others most of the time
- Constant contact with others

### 3. In your current job, how important are each of the following interactions?

	Not important at all	Fairly important	Important	Very important	Extremely important
a. Work with or contribute to a work group or team	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
<ul> <li>b. Deal with external customers (as in retail sales) or the public in general (as in police work)</li> </ul>	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
<ul> <li>Coordinate or lead others in accomplishing work activities (<u>not</u> as a supervisor or team leader)</li> </ul>	0	$\bigcirc$	0	0	0

	No responsib		nited onsibility		derate nsibility	resp	High oonsibility	Very hi responsit
a. Health and safety of other workers	0		$\bigcirc$	(	$\bigcirc$		$\bigcirc$	$\bigcirc$
b. Work outcomes and results of other workers	$\bigcirc$		$\bigcirc$	(	$\bigcirc$		$\bigcirc$	$\bigcirc$
How frequently do the follo	wing occu	r in your c	urrent jo	b?				
		Never	or mo not e	a year ore but every onth	Once month more b not eve weel	or out ery	Once a week or more but not every day	
a. Conflict situations		$\bigcirc$			$\bigcirc$		$\bigcirc$	0
b. Dealing with unpleasant, discourteous people	angry, or	$\bigcirc$	(	$\supset$	$\bigcirc$		$\bigcirc$	0
<ul> <li>c. Dealing with violent or phaggressive people</li> </ul>	nysically	$\bigcirc$			$\bigcirc$		$\bigcirc$	
aggressive people		ire you to	work in t	he foll	owing ei	nvira	onments?	
_		ire you to Never	Once or mo not e	the foll a year tre but every nth	Once month	a or out ery	onments? Once a week or more but not every day	
aggressive people	nt job requ ntally like a		Once or mo not e	a year re but every	Once month more b not eve	a or out ery	Once a week or more but not every	,
aggressive people How often does your currer a. Indoors in an environmer controlled environment (	nt job requ ntally like a itioning)		Once or mo not e	a year re but every	Once month more b not eve	a or out ery	Once a week or more but not every	,
aggressive people How often does your current a. Indoors in an environment controlled environment ( warehouse with air condi b. In an environment that is environmentally controlled warehouse without air	nt job requintally like a itioning) not ed (like a		Once or mo not e	a year re but every	Once month more b not eve	a or out ery	Once a week or more but not every	,
aggressive people How often does your current a. Indoors in an environment controlled environment ( warehouse with air conditioning) b. In an environment that is environmentally controlled warehouse without air conditioning) c. Outdoors, exposed to all	nt job requ ntally like a itioning) not ed (like a weather		Once or mo not e	a year re but every	Once month more b not eve	a or out ery	Once a week or more but not every	,
aggressive people How often does your current a. Indoors in an environment controlled environment ( warehouse with air condi b. In an environment that is environmentally controlled warehouse without air conditioning) c. Outdoors, exposed to all conditions d. Outdoors, under cover (li	nt job requ ntally like a itioning) not ed (like a weather ke in an erating		Once or mo not e	a year re but every	Once month more b not eve	a or out ery	Once a week or more but not every	,

### 7. How physically close to other people are you when you perform your current job?

- I don't work near other people (beyond 100 ft.)
- I work with others but not closely (e.g., private office)
- Slightly close (e.g., shared office)
- O Moderately close (at arm's length)
- Very close (nearly touching)

### 8. In your current job, how often are you exposed to the following conditions?

	Never	Once a year or more but not every month	Once a month or more but not every week	Once a week or more but not every day	Every day
a. Sounds and noise levels that are distracting and uncomfortable	0	0	0	0	0
b. Very hot (above 90° F) or very cold (under 32° F) temperatures	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
c. Extremely bright or inadequate lighting conditions	0	0	0	0	0
d. Contaminants (such as pollutants, gases, dust, or odors)	0	0	0	$\bigcirc$	$\bigcirc$
e. Cramped work space that requires getting into awkward positions	0	•	•	0	0
<ul> <li>f. Whole body vibration (like operating a jackhammer or earth moving equipment)</li> </ul>	0	0	0	$\bigcirc$	$\bigcirc$

9. How often does your current job require that you be exposed to the following conditions?

	Never	Once a year or more but not every month	Once a month or more but not every week	Once a week or more but not every day	Every day
a. Radiation	$\bigcirc$	0	$\bigcirc$	$\bigcirc$	0
b. Diseases or infection—This can happen with workers in patient care, laboratory work, sanitation control, etc.	$\bigcirc$	0	0	0	0
c. High places—This can happen for workers who work on poles, scaffolding, catwalks, or ladders longer than 8 feet in length	0	0	0	0	0
d. Hazardous conditions—This can happen when working with high-voltage electricity, flammable material, explosives, or chemicals. Do not include working with hazardous equipment	$\bigcirc$	0	0	$\bigcirc$	0
e. Hazardous equipment—This includes working with saws, close to machinery with exposed moving parts, or working near vehicular traffic (but not including driving a vehicle)	•	•	0	•	•
f. Minor burns, cuts, bites, or stings	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$

### 10. How much time in your current job do you spend doing each of the following?

	Never	Less than half the time	About half the time	More than half the time	Continually or almost continually
a. Sitting	0	0	$\bigcirc$	0	$\bigcirc$
b. Standing	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
c. Climbing ladders, scaffolds, poles, etc.	$\bigcirc$	0	0	$\bigcirc$	$\bigcirc$
d. Walking or running	$\bigcirc$	$\bigcirc$	0	0	$\bigcirc$
e. Kneeling, crouching, stooping, or crawling	$\bigcirc$	0	0	0	0

### 11. How much time in your current job do you spend doing each of the following?

	Never	Less than half the time	About half the time	More than half the time	Continually or almost continually
a. Keeping or regaining your balance	$\bigcirc$	$\bigcirc$	0	$\bigcirc$	$\bigcirc$
<ul> <li>b. Using your hands to handle, control, or feel objects, tools, or controls</li> </ul>	0	0	0	0	0
c. Bending or twisting your body	$\bigcirc$	$\bigcirc$	0	0	$\bigcirc$
d. Making repetitive motions	$\bigcirc$	0	0	0	0

### 12. In your current job, how often do you wear each of the following?

	Never	Once a year or more but not every month	Once a month or more but not every week	Once a week or more but not every day	Every day
a. Common protective or safety equipment, such as safety shoes, glasses, gloves, hearing protection, hard hats, or life-jackets	0	0	•	0	0
<ul> <li>b. Specialized protective or safety equipment, such as breathing apparatus, safety harness, full protection suits, or radiation protection</li> </ul>	0	0	0	0	0

### 13. How serious a mistake can you make on your current job (one you can't easily correct)?

- Ont serious at all
- Fairly serious
- O Serious
- O Very serious
- O Extremely serious

14. In your current job, <u>what results do your decisions usually have</u> on other people or the image or reputation or financial resources of your employer?

- O No results
- O Minor results
- O Moderate results
- Important results
- O Very important results

15. In your current job, how often do your <u>decisions affect</u> other people or the image or reputation or financial resources of your employer?

- O Never
- Once a year or more but not every month
- Once a month or more but not every week
- Once a week or more but not every day
- Every day

16. In your current job, how much freedom do you have to make decisions without supervision?

- O No freedom
- O Very little freedom
- Limited freedom
- Some freedom
- O A lot of freedom

### 17. How <u>automated</u> is your current job?

- Ont at all automated
- Slightly automated
- O Moderately automated
- Highly automated
- Completely automated

### 18. How important to your current job is being very exact or highly accurate?

- Not important at all
- Fairly important
- Important
- O Very important
- O Extremely important

# 19. How important to your current job are <u>continuous</u>, <u>repetitive physical activities</u> (like key entry) or <u>mental activities</u> (like checking entries in a ledger)?

- Not important at all
- O Fairly important
- Important
- O Very important
- O Extremely important

### 20. How much freedom do you have to determine the tasks, priorities, or goals of your current job?

- 🔘 No freedom
- O Very little freedom
- Limited freedom
- Some freedom
- A lot of freedom

### 21. How competitive is your current job?

- O Not at all competitive
- O Slightly competitive
- O Moderately competitive
- O Highly competitive
- O Extremely competitive

### 22. How often does your current job require you to meet strict deadlines?

- O Never
- Once a year or more but not every month
- Once a month or more but not every week
- Once a week or more but not every day
- Every day

### 23. How important to your current job is keeping a pace set by machinery or equipment?

- Ont important at all
- Fairly important
- Important
- O Very important
- O Extremely important

### 24. How regular is your work schedule at your current job?

- Regular (established routine, set schedule)
- Irregular (changes with weather conditions, production demands, or contract duration)
- Seasonal (only during certain times of the year)

### 25. How many hours do you work in a typical week on your current job?

- Less than 40 hours
- 40 hours
- O More than 40 hours

#### TURN THE PAGE FOR THE NEXT SECTION

### Work Tasks

These questions are about tasks related to your current job. A **task** is an action or set of actions performed together to accomplish an objective. You will be asked about each task's **relevance**, **frequency**, and **importance**. Rate each task as if you were performing work that is typical of your current job.

**Task 1:** Consult and coordinate with health care team members to assess, plan, implement and evaluate patient care plans.

*Task 2:* Maintain accurate, detailed reports and records.

# 1. Is Task 1 relevant at all to performance of your current job?

-○ Yes ○ No **→ Go to 2** 

# → 1b. How often is Task 1 performed in your current job?

- Once per year or less
- O More than once per year
- O More than once per month
- O More than once per week
- O Daily
- Several times per day
- O Hourly or more often
- 1c. How important is Task 1 to performance of your current job?
  - Not important
  - Somewhat important
  - Important
  - Very important
  - Extremely important

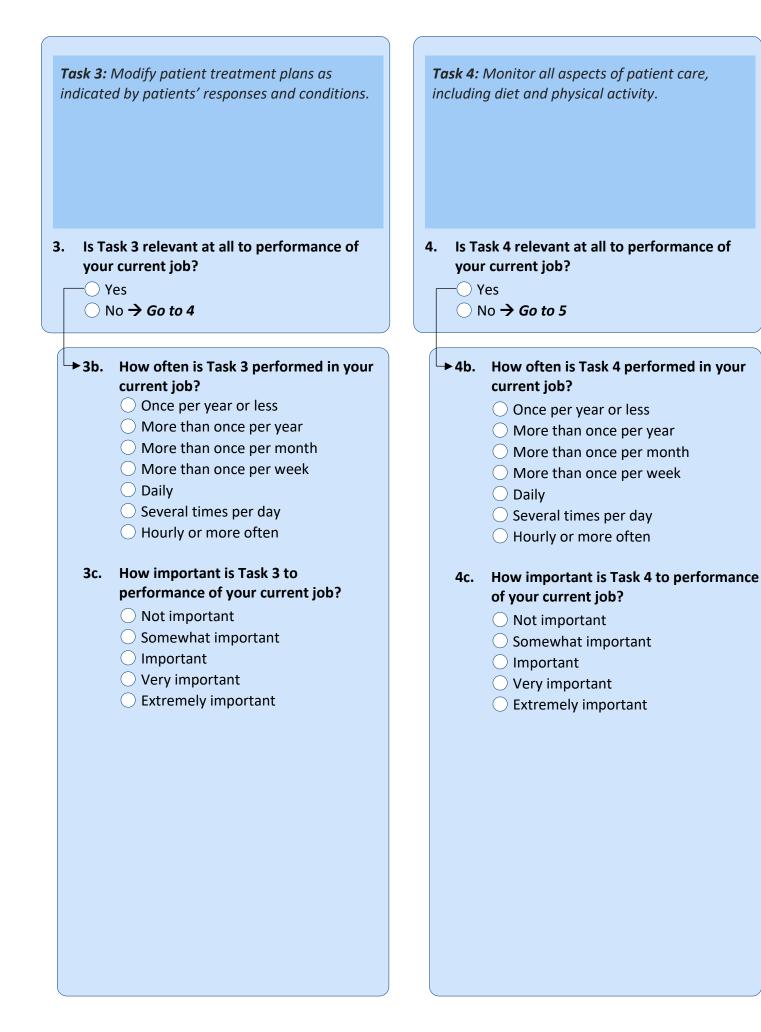
- 2. Is Task 2 relevant at all to performance of your current job?
  - · Yes
  - No → Go to 3

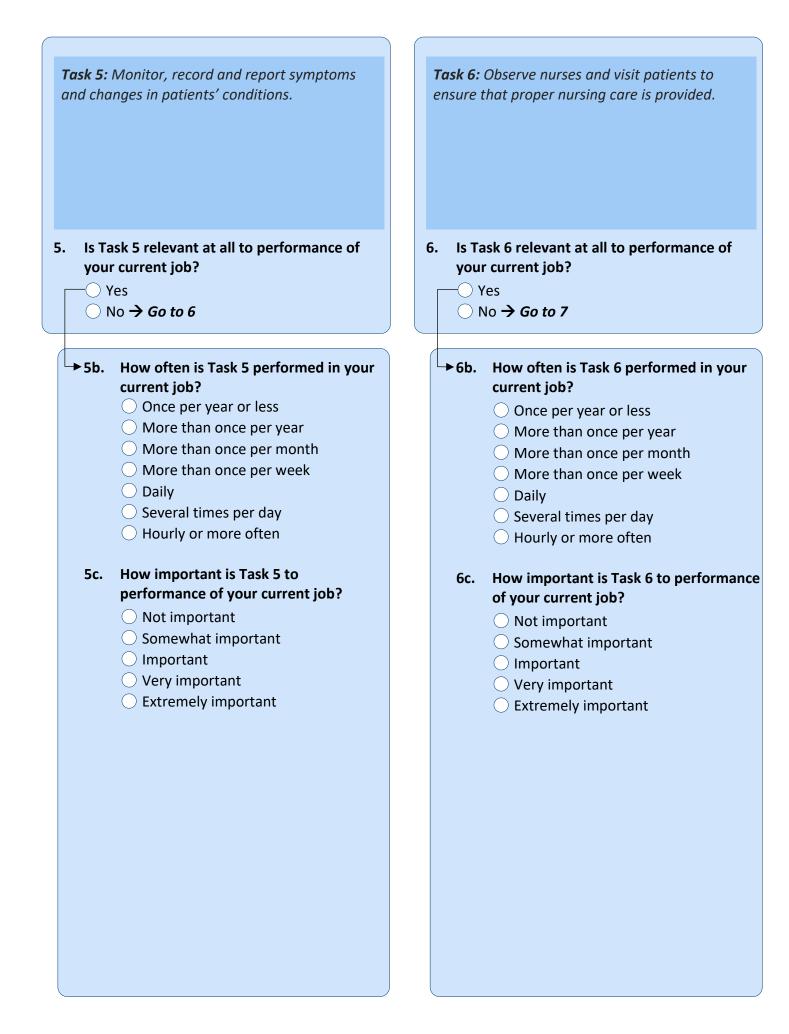
# → 2b. How often is Task 2 performed in your current job?

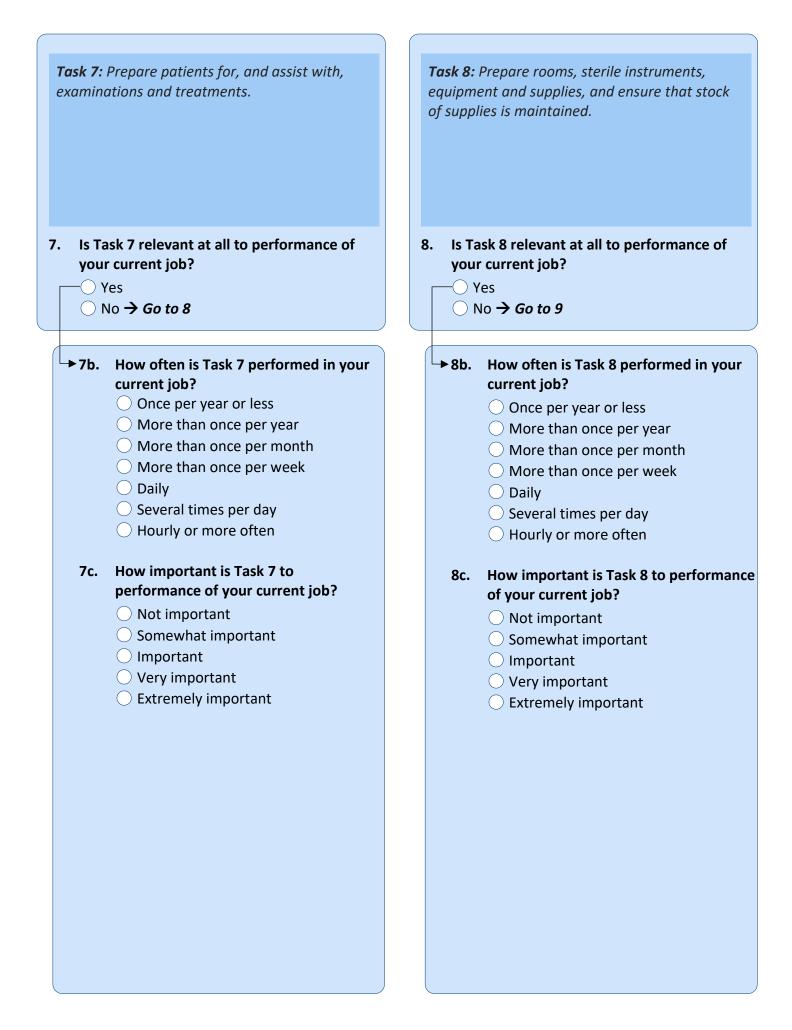
- Once per year or less
- O More than once per year
- O More than once per month
- O More than once per week
- Daily
- Several times per day
- O Hourly or more often

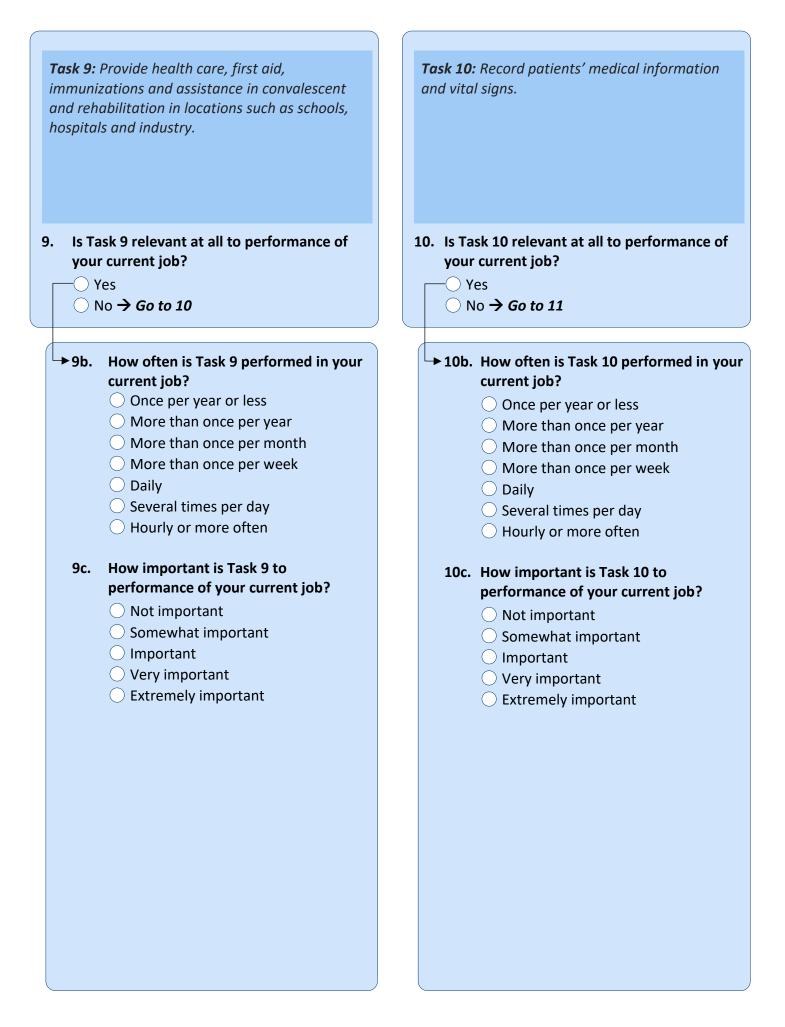
# 2c. How important is Task 2 to performance of your current job?

- Ont important
- Somewhat important
- Important
- O Very important
- Extremely important









**Task 11:** Assess the needs of individuals, families, and/or communities, including assessment of individuals' home and/or work environments to identify potential health or safety problems.

- 11. Is Task 11 relevant at all to performance of your current job?
  - Yes

○ No → Go to 12

# → 11b. How often is Task 11 performed in your current job?

- Once per year or less
- O More than once per year
- O More than once per month
- O More than once per week
- Daily
- Several times per day
- O Hourly or more often

### 11c. How important is Task 11 to performance of your current job?

- Not important
- Somewhat important
- Important
- Very important
- Extremely important

Task 12: Conduct specified laboratory tests.

12. Is Task 12 relevant at all to performance of your current job?

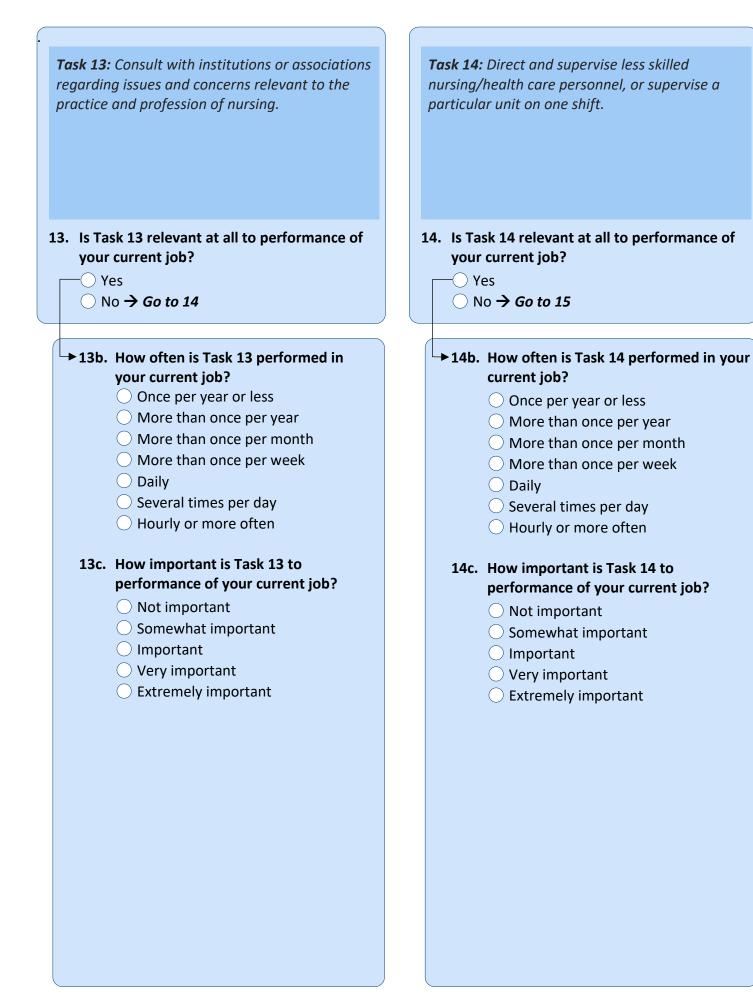
-○ Yes ○ No **→ Go to 13** 

# → 12b. How often is Task 12 performed in your current job?

- Once per year or less
- O More than once per year
- O More than once per month
- O More than once per week
- Daily
- Several times per day
- O Hourly or more often

#### 12c. How important is Task 12 to performance of your current job?

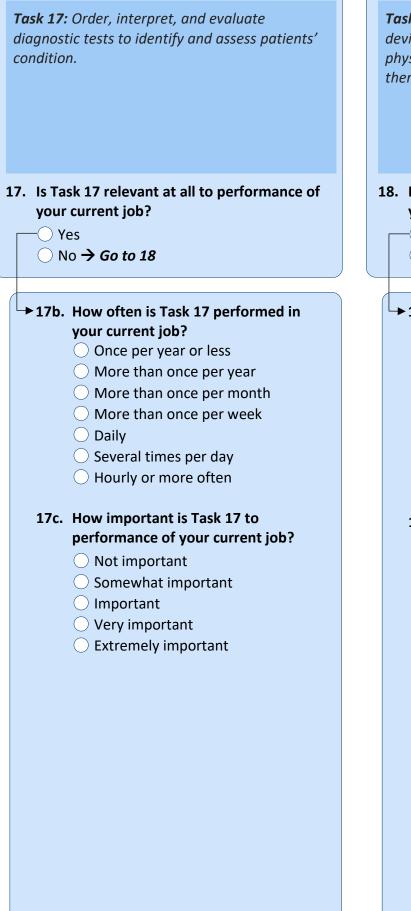
- Not important
- Somewhat important
- Important
- Very important
- Extremely important



<b>Task 15:</b> Hand items to surgeons during operations.	<b>Task 16:</b> Instruct individuals, families and other groups on topics such as health education, disease prevention and childbirth, and develop health improvement programs.
15. Is Task 15 relevant at all to performance of your current job?	16. Is Task 16 relevant at all to performance of your current job?
r → Yes	→ Yes
$\bigcirc \text{No} \rightarrow \text{Go to 16}$	$\bigcirc \text{No} \rightarrow \text{Go to } 17$
15b. How often is Task 15 performed in your current job?	→ 16b. How often is Task 16 performed in your
Once per year or less	current job?
<ul> <li>Once per year of less</li> <li>More than once per year</li> </ul>	Once per year or less
<ul> <li>More than once per year</li> <li>More than once per month</li> </ul>	O More than once per year
<ul> <li>More than once per week</li> </ul>	O More than once per month
<ul> <li>Daily</li> </ul>	O More than once per week
<ul> <li>Several times per day</li> </ul>	
<ul> <li>Hourly or more often</li> </ul>	O Several times per day
	O Hourly or more often
15c. How important is Task 15 to	16c. How important is Task 16 to
performance of your current job?	performance of your current job?
<ul> <li>Not important</li> </ul>	
<ul> <li>Somewhat important</li> </ul>	<ul> <li>Not important</li> <li>Somewhat important</li> </ul>
<ul> <li>Important</li> </ul>	
<ul> <li>Very important</li> </ul>	
<ul> <li>Extremely important</li> </ul>	Very important
	<ul> <li>Extremely important</li> </ul>

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**Task 18:** Prescribe or recommend drugs, medical devices or other forms of treatment, such as physical therapy, inhalation therapy, or related therapeutic procedures.

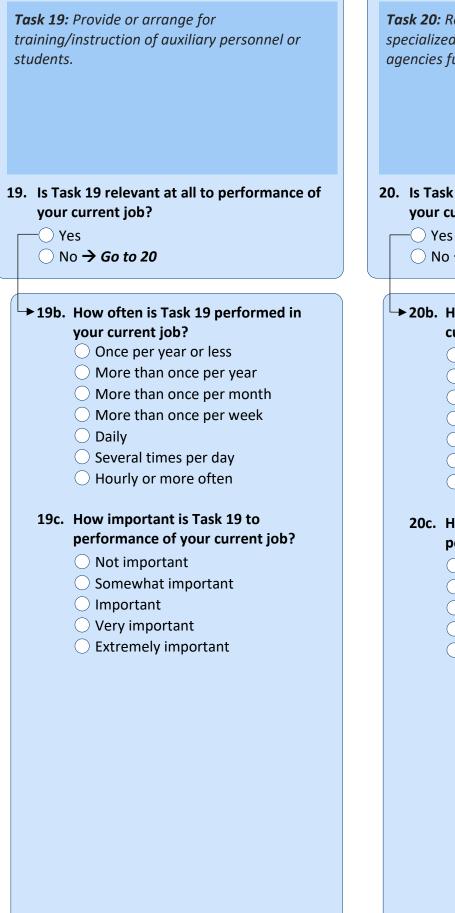
- 18. Is Task 18 relevant at all to performance of your current job?
  - -○ Yes ○ No **→ Go to 19**

# → 18b. How often is Task 18 performed in your current job?

- Once per year or less
- O More than once per year
- O More than once per month
- O More than once per week
- Daily
- Several times per day
- Hourly or more often

#### 18c. How important is Task 18 to performance of your current job?

- Not important
- Somewhat important
- Important
- Very important
- Extremely important



**Task 20:** Refer students or patients to specialized health resources or community agencies furnishing assistance.

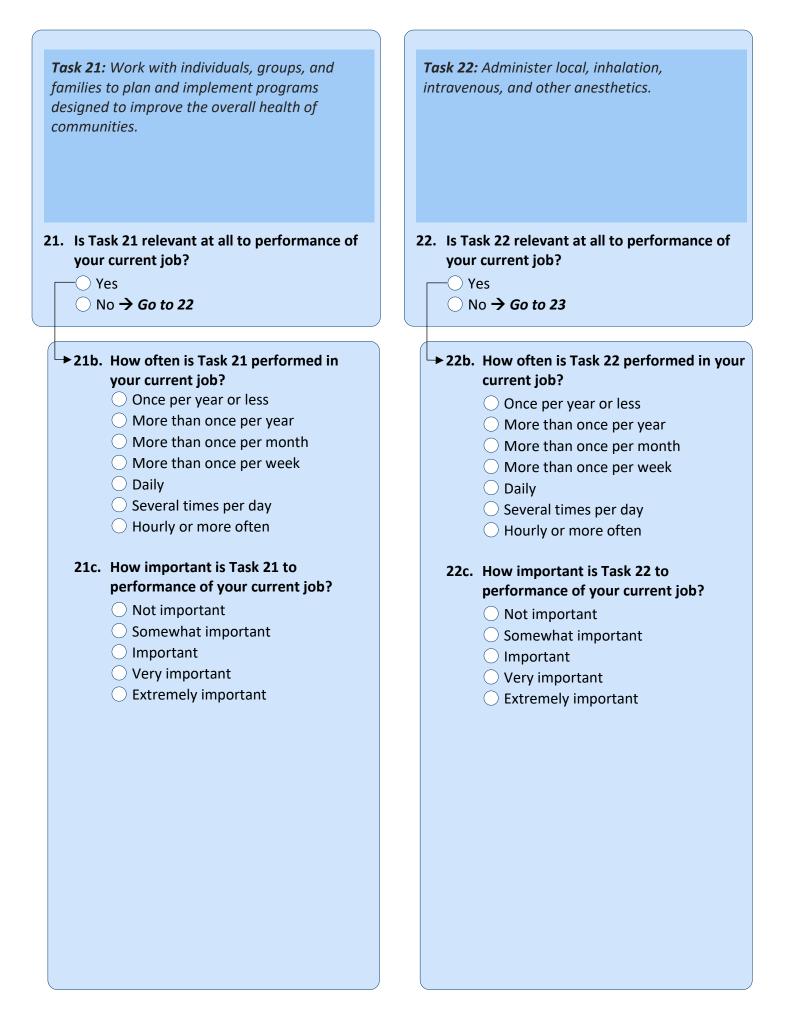
- 20. Is Task 20 relevant at all to performance of your current job?
  - -○ Yes ○ No **→ Go to 21**

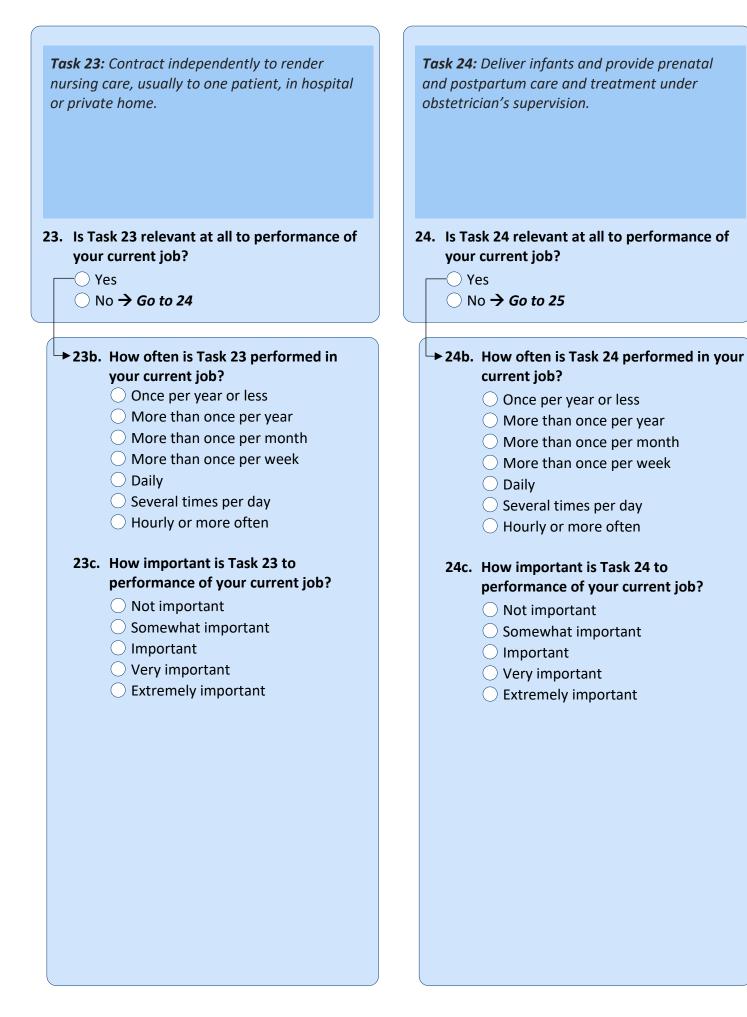
# → 20b. How often is Task 20 performed in your current job?

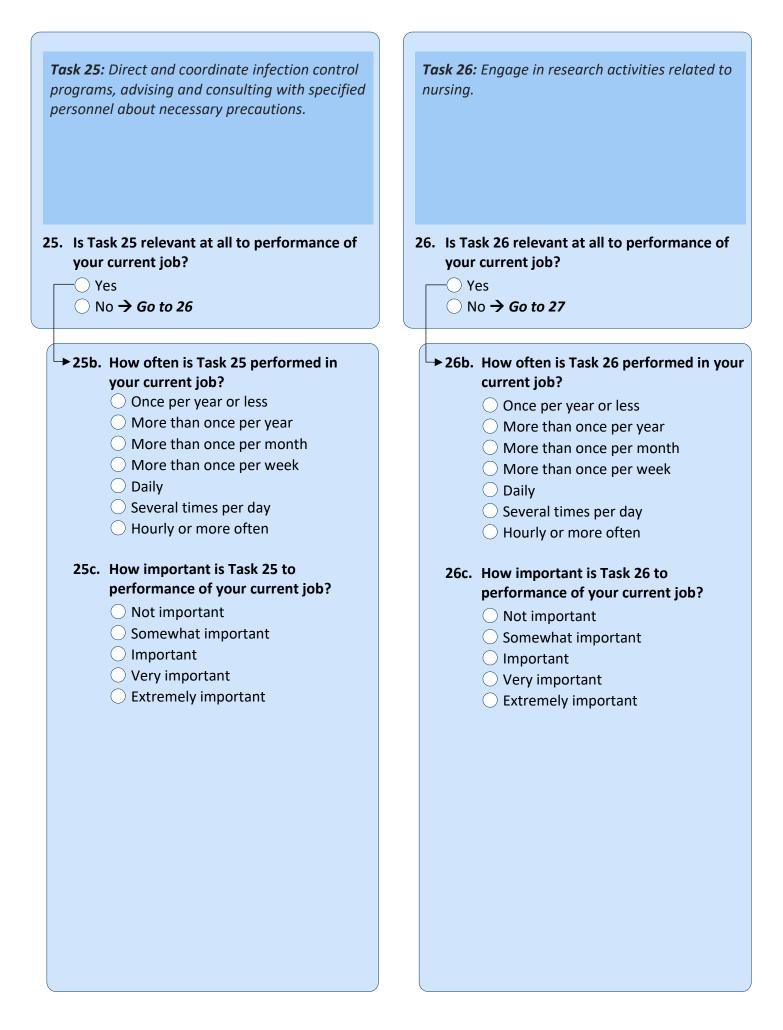
- Once per year or less
- O More than once per year
- O More than once per month
- O More than once per week
- Daily
- Several times per day
- O Hourly or more often

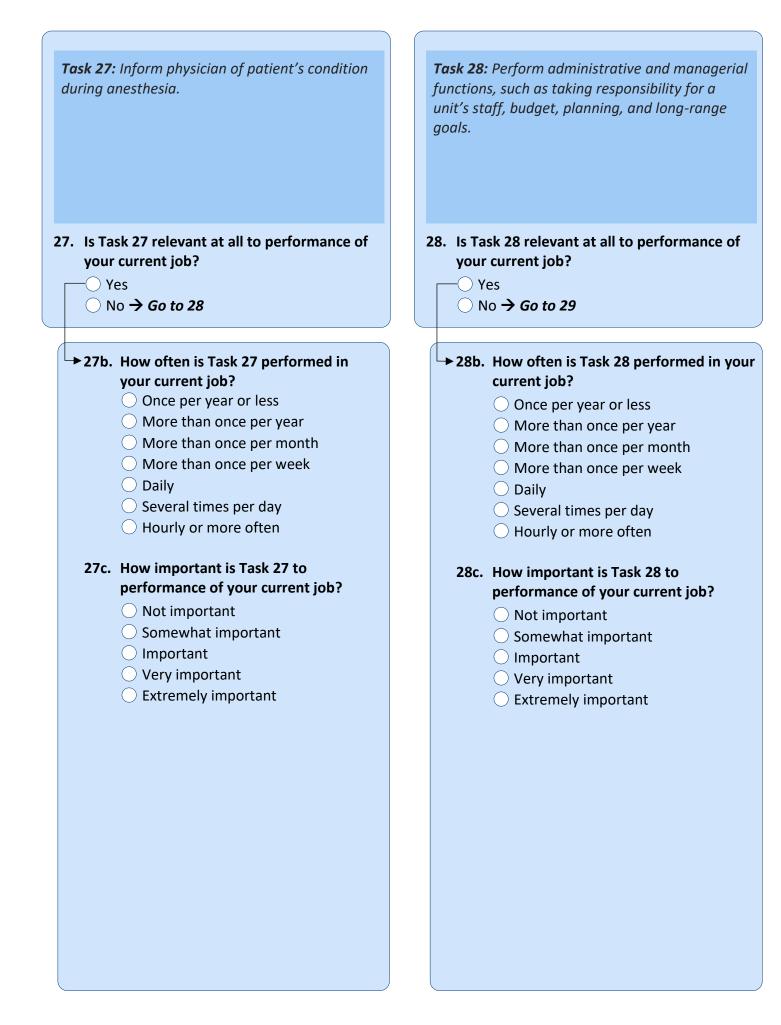
#### 20c. How important is Task 20 to performance of your current job?

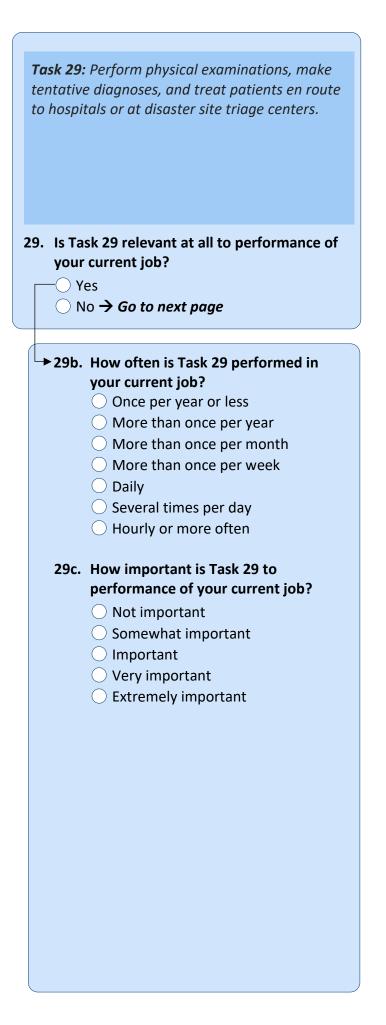
- O Not important
- Somewhat important
- Important
- Very important
- Extremely important

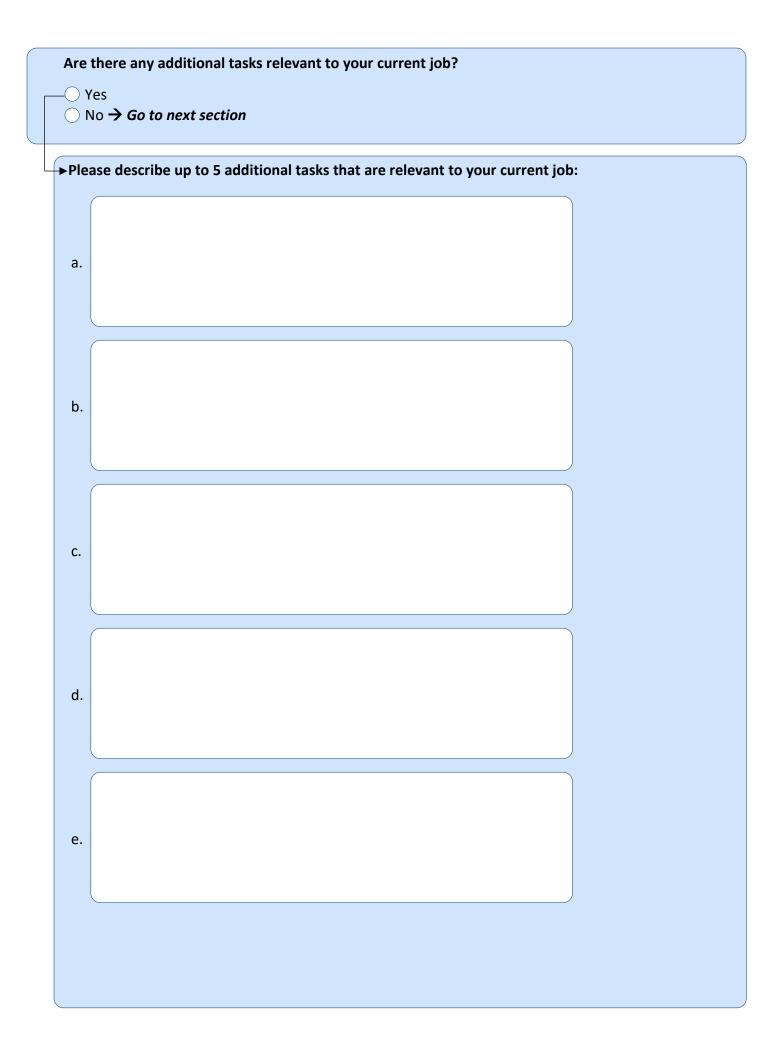












Which of the following best describes how closely this description matches the duties and responsibilities of your current job summarized below?

#### **Registered Nurses**

Assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent, or disabled patients. May advise patients on health maintenance and disease prevention or provide case management. Licensing or registration required.

- It describes almost exactly what I do.
- O Most of it matches, but there are a few things that don't match what I do.
- O Some things match, but most of it does not match what I do.
- It does not at all describe what I do.

### Background

The goal of this project is to get accurate, up-to-date information on your occupation from a representative set of workers in the field. Please answer the following questions about your current job to help us achieve this goal.

#### 1. What is the title of your current job?

#### 2. How long have you worked at this job?

- Less than 1 month
- At least 1 month, but less than 3 months
- At least 3 months, but less than 12 months
- At least 1 year, but less than 3 years
- O At least 3 years, but less than 6 years
- O At least 6 years, but less than 10 years
- Ten years or more

#### 3. Which of the following best describes your employer in your most recent job in this occupation?

- Family business
- Self-employed
- Government
- Private for-profit company
- O Non-profit organization, including tax-exempt and charitable organizations
- Academic institution
- Other (Specify)

#### 4. What sex were you assigned at birth, on your original birth certificate?

- Female
- O Male

#### 5. What is your age?

- Less than 21 years old
- 21-40 years old
- 41-60 years old
- 61 years old or older

6.	What is your race and/or ethnicity? Select all that apply.
	American Indian or Alaska Native
	For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo
	Community, Aztec, Maya, etc.
	Asian
	For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.
	Black or African American
	For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
	Hispanic or Latino
	For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.
	Middle Eastern or North African
	For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.
	Native Hawaiian or Other Pacific Islander
	For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.
	White
	For example, English, German, Irish, Italian, Polish, Scottish, etc.
7.	What is the highest level of education that you have completed?
	🔘 Less than a High School Diploma
	$\bigcirc$ High School Diploma or the equivalent (such as a GED)
	O Post-Secondary Certificate
	Some College Courses
	Associate's Degree or other 2-year degree
	O Bachelor's Degree
	O Post-Baccalaureate Certificate
	O Master's Degree
	<ul> <li>Post-Master's Certificate</li> </ul>
	<ul> <li>Doctor's Degree – Professional Practice (such as a J.D. for Law or an M.D. for Medicine)</li> </ul>
	<ul> <li>Doctor's Degree – Professional Practice (such as a 5.5. for Law of all M.D. for Medicine)</li> <li>Doctor's Degree – Research/Scholarship (such as a Ph.D.)</li> </ul>
	<ul> <li>Post-Doctoral Training</li> </ul>
8.	Are you deaf or do you have serious difficulty hearing?
	○ Yes
9.	Are you blind or do you have serious difficulty seeing even when wearing glasses?
	○ Yes
	○ No

# Thank you for your participation in the O\*NET Data Collection Program. We appreciate the time and effort you have taken to answer these questions.

If you have any additional comments, please include them in the space below.

O=00000 C=00000 B=00000 Occupation Title Form X, Line 1 Web site username: 00000000000X Web site password: survey000



Please return your completed questionnaire in the enclosed envelope to:

RTI Research Operations Center 5265 Capital Br Raleigh, NC 27616-2925 Prefer to complete this questionnaire online? LOG INTO:

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