Supplementary File 1: Nurses' Demographics Data Collection Form

Date of birth	…./…../……
Gender:	( ) Female ( ) Male ( ) Other / Prefer not to disclose
Education:	( ) Vocational High School ( ) Associate degree ( ) Bachelor's degree ( ) Postgraduate
Professional Title:	( ) Nurse (staff) ( ) Supervisor or charge nurse ( ) Other (please explain:.....)
Ward:	
Working duration (in the current unit)(month):	
Working duration (in profession)(month):	
Employment type:	( ) Full-time ( ) Part-time
Working schedule:	( ) Day shift ( ) Night shift ( ) Both