

First Line Nurse Manager (FLNM) Workload Tool

Consent

Title: First Line Nurse Manager (FLNM) Work: Pilot Project

You are invited to participate in a pilot research study that is being conducted by Edna Cadmus PhD, RN, NEA-BC who is a Clinical Professor, Specialty Director Leadership Track at Rutgers University. The aim of this study is to 1) test a survey tool that categorizes the FLNMs work; 2) quantifies the frequency of performing various components of FLNM work. FLNMs from acute care hospitals will be asked to volunteer to take this survey. The survey will be administered on-line using SurveyMonkey. It will take approximately 15 minutes to complete the survey. Your name will not be attached to the results of this survey. Responses will be aggregated by region of the state only. You may be asked as a part of the testing of the reliability of the survey tool to repeat the survey in 7-10 days after the initial survey is taken. If you are selected to participate for the second time you will receive a small monetary gift card. Participation in this study is voluntary. You may choose not to participate, and you may withdraw at any time during the survey procedure without any penalty to you. There are no foreseeable risks to participate in this study. While you may not directly benefit from participating in this survey, the data may produce valuable information to help re-design the FLNMS role for acute care hospitals. This research study is confidential. There exists a documented linkage between a subject's identity and his/her response in the research, and the investigators provides assurance in the protocol and in the informed consent form that the identity of any individual subject will not be revealed in any report of the study. The research records will include some information about you such as age, ethnicity, an educational information. This information will remain confidential by limiting access to the research data and keeping it secure. The Institutional Review Board at Rutgers University and those engaged in analysis will be the only parties allowed to see the data, except as required by law. If a report of this study is published, or the result are presented at a professional conference only the group results will be published. All study data will be kept for up to 3 years.

After reading the above consent please check YES if you agree to participate in this survey; or NO if you do not wish to complete this survey. You will automatically exit the survey if you check NO. If you choose to participate remember that you may withdraw at any time by exiting out of the survey.

If you have any questions about the study, procedures you may contact: Dr. Edna Cadmus; Rutgers University College of Nursing, 180 University Avenue, Newark, NJ 07102. Tel: 973-353-1428 E-mail: ednacadm@rutgers.edu

If you have any questions about your rights as a research subject, you may contact the sponsored Program Administrator at Rutgers University at: Rutgers University Institutional Review Board for the Protection of Human Subjects; 3 Rutgers Plaza, New Brunswick, NJ 98901-8559, Tel: 848 932 0150; Email: humansubject @orsp.rutgers.edu

*1. Do you agree to the consent information listed on this form?

- ☐ Yes, I agree to the above consent form
- ☐ No, I do not agree to the above consent form

Demographics

*2. Are you a First Line Nurse Manager? Definition: First Line Nurse Manager has 24 hour 7 day a week responsibility for a unit or units.

- ☐ Yes
- ☐ No

*3. Age

- ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70-79 ☐ 80-89

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*4. Sex

- ☐ Female ☐ Male

*5. Highest level of education that is completed

- ☐ Diploma ☐ Associate Degree ☐ Bachelors Degree in Nursing ☐ Bachelors in Another Field ☐ Masters in Nursing (MSN) ☐ Masters in Another Field ☐ Doctorate in Nursing Practice (DNP) ☐ Doctor of Philosophy (PhD)

*6. Are you currently enrolled in school?

- ☐ Yes ☐ No

7. Ethnicity

- ☐ Hispanic or Latino ☐ Not Hispanic or Latino

8. Race

- ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian ☐ Other Pacific Islander ☐ White

Other (please specify)

*9. Number of years as a First Line Nurse Manager

- ☐ 0-2 ☐ 3-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 21-25 ☐ 26-30 ☐ Greater than 31 years

Other (please specify)

*10. Number of years as an RN

- ☐ 0-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ 21-25 ☐ 26-30 ☐ Greater than 31 years

*11. Type of facility you are currently working in

- ☐ Community Hospital ☐ Community Teaching Hospital ☐ Academic Health Center/University Hospital ☐ Government Agency ☐ Other

Other (please specify)

*12. What part of the state is your hospital located in?

- ☐ North ☐ Central ☐ South ☐ West

Other (please specify)

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*13. Employer Type

- ☐ For Profit ☐ Not for Profit ☐ Government Agency

*14. Magnet Status

- ☐ Designated ☐ Not Designated ☐ On the journey

*15. Is the nursing staff represented by a collective bargaining agent/union?

- ☐ Yes
☐ No

*16. What are the number of hours you work in a typical week?

*17. Of the hours identified in question 16, how many of them are done on-site at the hospital in a typical week?

*18. Of the hours identified in question 16, how many of them are at home in a typical week?

*19. How many hours do you spend in a typical month on the following shifts?

	0	1-5 hours	6-10 hours	11-20 hours	Greater than 21 hours per month
Evenings 3-11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nights-11-7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>				

*20. Number of people you directly supervise (NOT FTEs)

21. What type of assistants do you have to support your role? (Check all that apply)

	Days	Evenings	Nights
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedicated Charge Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistant Nurse Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit Based Educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staffing Office Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>		

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*22. If you have a secretary is she/he:

- ☐ Dedicated to you only
- ☐ Shared with others

Other (please specify)

*23. How many unit(s) do you manage?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

*24. What is the total count of beds you are responsible for if you are an inpatient unit?

*25. What are the total number of procedures/visits done in the areas you are responsible for?

26. Comments

Survey Questions

There are 9 categories of work identified. They include: 1) financial management, 2) human resource management, 3) performance improvement, 4) technology, 5) strategic management, 6) clinical practice, 7) personal and professional accountability, 8) relationship activities, 9) other. Please review each of the items under each category and quantify how frequently on average do you perform that activity.

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*27. Financial Management

	Never	Daily	Weekly	Monthly	Quarterly	Annually
Making Staff Assignments	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work schedule development for a block of time for staff	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staffing activities(for example, changes in schedule, entering in computer systems)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitor and adjust Nursing Hours Per Patient Day (NHPPD) or Unit of Services (UOS)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determine the Full Time Equivalent (FTE) needs for the unit either by self or with other departments	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determine the operating expenses for the unit either by self or with other departments	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitor an operating budget	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analyze an operating budget	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reporting on the budget variances for the unit(s)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Itepreting financial information for self or others	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ordering equipment for the unit	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing a capital budget	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing the payroll	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost-benefit analysis (products, programs, etc)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Producing reports on financial matters	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negotiate prices with vendors	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allocate merit increases for employees	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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*29. Performance Improvement (PI)

[illegible]

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*30. Technology

[illegible]

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*31. Strategic/Tactical Management

[illegible]

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36. Comments

Is there any work that we have not identified that you would like me to know about?

Any other thoughts?

Thank you for your participation in this survey. Your input is invaluable. The results of this survey will be presented back in aggregate form through presentations and/or publication once the results are analyzed. If you would like a copy of the aggregate results please e-mail me at ednacadm@rutgers.edu

Edna Cadmus PhD, RN, NEA-BC