

Performance Obstacles of ICU Nurses

Questionnaire

(Condensed version)

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Letter to ICU Nurses

Dear ICU Nurse:

Our research team is working on a study of nursing working conditions in ICUs. This survey is part of the effort to evaluate the impact of ICU nurses' working conditions on their workload, quality of working life, and quality and safety of care provided to patients.

Participation in this study is voluntary and there is no requirement for you to be a participant. If you do agree to be in the study, you are asked to fill out the attached questionnaire, which will tell us about the positive and negative aspects of your working environment. The questionnaire will only take about 15 minutes to fill out. When completing the questionnaire, you can leave blank any questions that you do not want to answer. No one at your work place will ever see your answers. Your responses are strictly confidential and will be closely guarded. All reports from this study will use responses from all of the participants so that no one can be identified. No answers of individuals or small groups of individuals will ever be released.

We need your help to make this research study successful. Your participation in this study will enable us to gain a clearer understanding of the working conditions of ICU nurses. We hope you agree to participate. Thank you for your consideration.

Sincerely,

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PLEASE ANSWER THE FOLLOWING QUESTIONS CONSIDERING ONLY YOUR SHIFT TODAY.

| | Yes | No | Not applicable |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|
| 1. I had difficulty finding a place to sit down and do my paperwork in the unit. | O ₁ | O ₂ | |
| 2. My patients' rooms were close to each other. | O ₁ | O ₂ | O ₃ |
| 3. I had to use equipment that was in poor condition. | O ₁ | O ₂ | |
| 4. I spent much time looking for equipment because it was not located where it was supposed to be. | O ₁ | O ₂ | |
| 5. I had to wait to use a piece of equipment because someone else was using it. | O ₁ | O ₂ | |
| 6. I spent much time seeking for supplies in the central stock area. | O ₁ | O ₂ | |
| 7. There was a delay in getting medications for my patient(s) from pharmacy. | O ₁ | O ₂ | |
| 8. The isolation rooms that I worked in were well-stocked. | O ₁ | O ₂ | O ₃ |
| 9. The non-isolation rooms that I worked in were well-stocked. | O ₁ | O ₂ | O ₃ |
| 10. I got adequate information from physicians about my patient(s). | O ₁ | O ₂ | O ₃ |
| 11. The change of shift report(s) took longer than they should. | O ₁ | O ₂ | |
| 12. There was a delay before I saw the new medical orders for my patient(s). | O ₁ | O ₂ | |
| 13. I spent much time searching for my patients' charts. | O ₁ | O ₂ | |
| 14. I was responsible for orienting a nurse. | O ₁ | O ₂ | |
| 15. I accompanied a patient during intra-hospital transport today. | O ₁ | O ₂ | |
| 16. The central stock area was well-stocked. | O ₁ | O ₂ | |
| 17. The patient-related information given to me by the previous shift's nurse(s) during the shift change was sufficient. | O ₁ | O ₂ | |
| 18. The patient-related information given to me by the previous shift's nurse(s) during the shift change was unnecessarily detailed. | O ₁ | O ₂ | |
| 19. I had distractions from family members. | O ₁ | O ₂ | |
| 20. I spent much time dealing with family needs. | O ₁ | O ₂ | |
| 21. I received many phone calls from family members. | O ₁ | O ₂ | |
| 22. I spent a considerable amount of time teaching my patient(s) or family members. | O ₁ | O ₂ | |

IF THERE WERE NO NURSING ASSISTANTS IN THE UNIT DURING YOUR SHIFT TODAY, GO TO QUESTION 26.

The help I received from nursing assistants was...

23. Timely O₁ O₂ O₃ O₄ O₅ Late
24. Adequate O₁ O₂ O₃ O₄ O₅ Inadequate
25. Useful O₁ O₂ O₃ O₄ O₅ Useless

PLEASE ANSWER THE FOLLOWING QUESTIONS CONSIDERING ONLY YOUR SHIFT TODAY.

IF YOU DIDN'T NEED ANY HELP FROM OTHER NURSES DURING YOUR SHIFT TODAY, GO TO QUESTION 29.

The help I received from other nurses in the unit was...

26. Timely o₁ o₂ o₃ o₄ o₅ Late
27. Adequate o₁ o₂ o₃ o₄ o₅ Inadequate
28. Useful o₁ o₂ o₃ o₄ o₅ Useless

IF THERE WERE NO UNIT CLERKS IN THE UNIT DURING YOUR SHIFT TODAY, GO TO QUESTION 32.

The help I received from unit clerks was...

29. Timely o₁ o₂ o₃ o₄ o₅ Late
30. Adequate o₁ o₂ o₃ o₄ o₅ Inadequate
31. Useful o₁ o₂ o₃ o₄ o₅ Useless

During my shift today, my workplace was...

32. Noisy o₁ o₂ o₃ o₄ o₅ Quiet
33. Crowded o₁ o₂ o₃ o₄ o₅ Roomy
34. Hectic o₁ o₂ o₃ o₄ o₅ Calm
35. Organized o₁ o₂ o₃ o₄ o₅ Disorganized

When I came in for my shift today, I found the patient rooms assigned to me

36. Organized o₁ o₂ o₃ o₄ o₅ Disorganized

37. How many nursing assistants were there in the unit that you worked in today's shift? o 0 o 1 o 2
38. How many patients were assigned to you today at the beginning of the shift? o 1 o 2 o 3
39. How many patients did you admit? o 0 o 1 o 2
40. How many of your patients were transferred out of the unit? o 0 o 1 o 2
41. How many of your patients were isolation patients? o 0 o 1 o 2

PLEASE ANSWER THE FOLLOWING QUESTIONS:

42. What is your gender? o₁ Male o₂ Female
43. How old are you? o₁ less than 25 o₂ 25-34 o₃ 35-44 o₄ 45-54 o₅ 55-64 o₆ 65+

44. Are you: o₀ Black, not of Hispanic origin o₃ Native American
 o₁ Hispanic o₄ Caucasian
 o₂ Asian or Pacific Islander o₅ Other _____

45. What is the highest level of education that you have completed?
o₁ A.D.N. o₂ B.S.N. o₃ M.S.N. o₄ Other (please specify): _____

46. Which of the following describes your current job position?
o₁ Staff RN o₂ Float RN o₃ Traveler/ Agency RN o₄ Other (please specify): _____

47. How long have you worked at this hospital? _____ years _____ months

48. How long have you worked in your current job (position)? _____ years _____ months

49. How many hours did you work during the last seven days including today's shift? _____ hours

50. How many hours did you work during the last 24 hours? _____ hours

51. The shift that you worked today was: o₁ 7am-7pm o₂ 7pm-7am o₃ Other (please specify): _____

PLEASE MAKE SURE YOU HAVE ANSWERED EVERY QUESTION YOU INTENDED. THANK YOU FOR YOUR COOPERATION.

When utilizing this document please cite:

1. Gurses, A. P., Carayon, P., & Wall, M. (2009). Impact of performance obstacles on intensive care nurses' workload, perceived quality and safety of care, and quality of working life. *Health Services Research*. 44: 422-443.
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