APPENDIX
TO: ALL RESPIRATORY THERAPY STAFF MEMBERS,  
FROM: Brenda Randall

Dear staff members,

As many of you are aware, I am working on my Master's Degree in Human Resource Management. Part of the requirement for a Masters Degree is to perform some type of Research that deals with the topic in study.

Since we as a department are about experience a change in the way we work and perform, I thought I might like to study the effects of these changes on our department, and the way we work. To do this Research, I am required to perform a pre and post study on some aspect of Human Resource management or Human Relations. In order to do this, I must collect measurable data, perform some statistical references, and compile and complete my data and put it into a paper reflecting the information from the collected data.

With the permission of our department heads, I would like to ask all of you to take about 30-40 minutes and complete the 50 Question survey I have developed to measure some specific areas of departmental relations, work habits and time use; and how they relate to what we do as Respiratory Therapists here at Clarkson.

In several months, after I have compiled the data and we have had a chance to make some changes, the survey may be repeated to see how the department is doing.

Confidentiality from information gathered on the surveys will be MAINTAINED. I will not expose anyone, or retrieve any names on any of the surveys, unless you would like to give it. The reason I am asking for everyone's SS# is because I simply need some way of tracking the collected data, and since everyone's SS # is different it serves as a good standard.

I have developed this survey as a tool that I think will help our department's management to recognize our needs as staff members, and how the relations of our staff and other staff are effected by their actions, and change. I will make sure that Our managers and physicians see and realize the importance of the data and how it relates to how we perform as a department and as team members.

Please note, that this is NOT a hospital survey! It is one that I created to use to help me measure the changes that may occur within our department. It is for a Master's thesis project, and I did have to get approval to do the survey. It will not effect you or your job in any way; other than the time you spend filling it out. I would be very greatful to have your participation and time! Thank you for supporting my educational efforts.

I would appreciate any comments, concerns and any input you may have, other than what is asked. You may put it on the last page of the survey where it asks for optional information.

PLEASE take the time to do the survey and return it to me so I can finish the data in a timely manner, report it, and finish my thesis.

Thank you very much!! I do appreciate it.
PULMONARY MEDICINE DEPARTMENT SURVEY

For survey tracking only, please list the last 4 digits of your social security number  ____  . Thank You.

Please answer the following questions according to your current work capacity. (per shift)

I. Section A: Questions in this portion of the survey reflect a specific (GENERAL) ON THE JOB criteria to be answered.

1a. Do you currently work in the Intensive Care Units? Yes No
b. How Often? 0, 1, 2, 3, 4, 5 x per week.

2. I feel I have time to check patient charts accurately for any needed information. (i.e. orders, X-rays, ABG's, other reports)
   1. Yes  2. No

3. How much of your time is spent putting equipment together?
   1. 10 min or ≤ 2. 15 min  3. 20 min  4. 25 min  5. 30 min or >

4a. How much time do you spend with each patient at the bedside?
   1. 10 min or ≤ 2. 15 min  3. 20 min  4. 25 min  5. 30 min or >
   b. Would you like to increase this amount of time? Yes No

5. How much time do you spend with patients away from the bedside (i.e. walks, transports)?
   1. 10 min or ≤ 2. 15 min  3. 20 min  4. 25 min  5. 30 min or >

6a. How much time do you spend with physicians?
   1. 10 min or ≤ 2. 15 min  3. 20 min  4. 25 min  5. 30 min or >
   b. Would you like this amount of time to increase? Yes No

7. I currently use all the skills I was taught in school?
   1. Yes  2. No

8. I would be interested in increasing the number of skills I am currently using? 1. Yes  2. No

9. I feel I am an important part of the care-team for patients at my hospital? 1. Yes  2. No

10. I feel like I receive an informative and meaningful report about my patients from the care givers ahead of me?
    1. Yes  2. No

11a. I feel that our department serves an integral and important part in the patient care at our institution? 1. Yes  2. No

b. I feel that our department works well with other departments in the hospital? 1. Yes  2. No
12. I feel that the members in our department work well with each other?  
   1. Yes  2. No

II. Section B: Reflects criteria within the job, that influence your DEPARTMENT/UNIT and staff participation in your work. 
   Please use the following scale to answer this section of questions:
   
   7 = All the time  
   6 = almost always  
   5 = usually  
   4 = about half the time  
   3 = occasionally  
   2 = seldom  
   1 = never

   1. How often do physicians ask your opinion?

   2. How often do the processes (i.e. the steps required to complete tasks) within your unit interfere with efficient work flow?

   3. How often are you kept well informed about work related issues?

   4. How often do you feel that the quality of care that you can provide is compromised by your daily work load?

   5. How often do you feel that problems within your unit are properly investigated and resolved.

   6. How often do you wish you had more authority so that you could do what is expected of you?

   7. How often are you encouraged to resolve problems?

   8. How often does your immediate manager ask for your opinions?

   9. How often are you encouraged to make your own decisions?

   10. How often does the staff in your unit do the best work they can?

   11. How often does the staff in your unit help each other willingly when asked?

   12. How often does the staff in your unit volunteer to help each other?

   13. How often does the staff in your unit share recognition and credit with each other?

   14. How often does the staff in your unit take the initiative rather than waiting to be told what to do?
III. Section C. Please rank your departments MANAGEMENT or department systems for which these items are of value. Please use the following rating scale:

7 = All the time
6 = almost always
5 = usually
4 = about half the time
3 = occasionally
2 = seldom
1 = never

1. How often does your immediate manager (supervisor) ask you how satisfied you are with your job.

2. How often does your immediate manager provide you with the reasons behind decisions?

3. How often do your fellow employees or manager accept your suggestions?

4. How often do your fellow employees or manager accept constructive criticism without arguing or making excuses?

5. How often does your immediate manager talk about the 'mission' of your unit or of Clarkson Hospital?

6. How often does your manager use rules and pressure to gain control?

7. How often does your immediate manager praise you for specific things you've done well?

8. How often does your immediate manager provide clear direction as to what needs to be done?

9. How often is your immediate supervisor able to exercise his/her power to secure the resources needed to help you accomplish your tasks?

10. How often does your immediate manager communicate how satisfied he/she is with your work performance?

11. How often does your immediate manager communicate in private with you what you do well and how you can improve?

12. How often does your manager provide you with information about the departments status at present (i.e. reaching the previous years revenue, or current years status)?

13. How often do the physicians in your department recognize your department members as an important part of the care team for their patients?
IV. Section D: Satisfaction Measures at work. Please answer the following questions with the following scale:

7 = completely satisfied
6 = satisfied
5 = slightly satisfied
4 = neither satisfied or dissatisfied
3 = slightly dissatisfied
2 = dissatisfied
1 = completely dissatisfied

____ 1. How satisfied are you with your immediate supervisor?
____ 2. How satisfied are you with Clarkson Administrators?
____ 3. How satisfied are you with the computer system?
____ 4. How satisfied are you that the training, support, and documentation you receive is adequate to utilize the computer system efficiently?
____ 5. How satisfied are you with your career choice?
____ 6. How satisfied are you as an employee of the Pulmonary Medicine department?

V. Section E. Clarkson/Pulmonary Medicine Department as referral. Please answer the following with this scale:

7 = Certain
6 = Very likely
5 = Likely
4 = Not sure
3 = Unlikely
2 = Very Unlikely
1 = Never

____ 1. How likely would you be to recommend Clarkson as a good place to work to a close friend or relative?
____ 2. How likely would you be to recommend the Clarkson Pulmonary Medicine department as good place to work to a close friend or relative?
____ 3. How likely is it that you will choose to continue to be a member of the Pulmonary Medicine department for at least one year?
____ 4. How likely is it, that you will complete your career in Respiratory Therapy at Clarkson.
____ 5. How likely are you to change careers, but remain at this Hospital?
VI. OPTIONAL INFORMATION (Voluntary Completion)

Length of service at this institution? ____ years ____ months.
Amount of time in Respiratory Therapy? ____ years ____ months.

Please circle one:
Work shift: 8 hr, 12 hr, 36/40 week ends only
           Days       Eves       Nights

Would you be willing to be interviewed? Yes No

Name: ________________________________

THANK YOU for your participation and honesty in performing this survey. Your answers ARE IMPORTANT to this department, and will be compiled and reported to our department manager and back to the staff as well.

Any additional comments you may have are welcome! PLEASE write them below!

Thank you for helping me with my Master's thesis project. I appreciate all the time, effort and responses that you have given. I only ask that you PLEASE return the survey and comments, whether completed or not to the Pulmonary Medicine Department on Ground Floor. There is a box, on the printer table, next to Marilyn's desk to put them in. Thank you !!! Brenda.
TO: ALL Respiratory Therapy Personnel,
RE: SURVEY TIME – Again!

The time has come for me to ask for your help with my Master's degree. It has been 3 months since the PFC areas have had active RT personnel involved, and it is also nearing the close to my deadline for getting my Thesis finished.

To do this, I must ask for your participation, I would like to encourage all personnel in the Pulm. Med. department who participated in the SURVEY last Nov. to reparticipate in the current survey, being given this September. * If you did not reply in the first survey, you should not reply in this one, return unused surveys to designated areas.

It is the SAME survey that I used for the first part of my research. Although I received many valuable comments regarding some of the questions phrasing and structure, I am not allowed to make any changes in the survey itself for reliability reasons. Please do the best you can in interpreting what the survey is really asking you, and make any needed comments in the additional areas provided at the end of the survey.

The survey can be completed at your convenience, but please have them returned to me by October 9, 1992. I will leave two envelopes (completed or uncompleted) in the equipment areas for you to put them in. I will collect them on a weekly basis until the 9th of October.

I would like to say THANK YOU to those who participated in the first survey!!! and I would especially like to encourage those of you who did participate in the first half of this survey to complete it again. This will make my research data more reliable and concrete.

You are not asked to put your name on the survey unless you wish to do so. The last 4 SS# digits are for tracking ONLY. I have no way to track the numbers down and the survey is strictly CONFIDENTIAL. Please help me by participating, completing, and returning the survey by Oct. 9th. 1992.

I appreciate all of your comments, time, and help, toward my Master's degree. If you have any questions please page me. 977-1427 (digital).

Thank You!!
Sincerely,

Brenda

P.S. I hope to be completed with my research by Jan. 1993.
## Patient-Focused Care Training

The goal of training is to prepare you to function in a demanding environment by augmenting your current knowledge with these additional classes. You will achieve introductory level of performance at the end of training. It is your responsibility to practice the skill to achieve the level of mastery expected of you. Please contact your manager, or the training coordinator (Ext. 3038) for any question.

### WHO ATTENDS WHAT CLASSES *

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*? your manager determines your role function and therefore has the final decision on what classes you should attend.

Juliet B. Balsbaugh  
Training Coordinator  
HCPCT-WHO-PM4 (4/29/99)
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Footnote:
1. Scores ending in a decimal of .5 or > were rounded to the next whole number.
FIGURES
Figure 1

Section A
Job Criteria

Score in points

1150
1050
950
850
750
650
550
450
350
250
150
50

Pre Mean Post

Section A
Figure 2

Section B

Department/Unit

Score in points

Pre  Mean  Post

Section B
Figure 4

Section D
Satisfaction

Score in points

Pre  Mean  Post

Section D
Figure 5

Section E

Referral

Score in points

1150
1100
1050
1000
950
900
850
800
750
700
650
600
550
500
450
400
350
300
250
200
150
100
50

Pre Mean Post

Section E