

# **Indonesian First-Line Nurse Manager's Managerial Competence Scale (I-FLNMMCS)**

## **English version**

### **Indonesian First-Line Nurse Manager's Managerial Competence Scale (43 items- English version)**

For the purpose of this study, first line nurse managers (FLNMs) are nurses who are working as head nurses in a ward of hospitals, ward head nurses, and nursing unit managers in public hospitals whether in inpatient ward, outpatient ward, ICU, and IGD.

#### **Demographic Information**

Instruction: please read and fill each statement and check the column with “✓” that best represents your demographic information

Age: .....years old

Gender: ( ) Male ( ) Female

Educational Level:

( ) Diploma III in Nursing

( ) Diploma IV in Nursing

( ) Bachelor of Nursing

( ) Master of Nursing

( ) PhD in Nursing

( ) Others. Explain: .....

Total experience of working as a nurse before becoming a FLNM (year): .....

Length of work in current workplace as a FLNM (year):.....

Type of hospital: .....

Current working unit: .....

Experience in managerial training: ( ) Yes ( ) No

Kind of managerial training:

( ) Ward management

( ) Profesional Nurse Practice Model

( ) Others. Explain: .....

#### **Managerial Competence of First-Line Nurse Managers**

##### **Instruction**

please read each statement and check the column that best represents how often you have performed each activity in your management practice on five-point Likert scale.

1 None of the time

2 Once in a while

3 Sometimes

4 Quite often

5 Always

Leadership	1 None of the time	2 Once in a while	3 Sometimes	4 Quite often	5 Always
1. Facilitating nursing staff in collaboration with other health professions in practice, especially with medical doctors in providing patient-centered care					
2. Shared decision-making by involving staff in the process of change					
3. Effectively assigning task responsibility and authority to subordinates					
4. Establishing mutual trust and respect by dealing with others in a fair manner					
5. Arranging schedules and supporting flexible self scheduling for staff					
6. Advocating for staff in assertive and confident manner					
7. Giving safe and proper legal and ethical care					
8. Becoming role model of professional and visioning behavior					

9. Leading and inviting staff to pray before working in the unit					
10. Collaborating and communicating with other health professions in inter-disciplinary team					
11. Providing positive feedback and reinforcement for improvement of staff performance					
12. Identifying strengths of staff and capitalize on those strengths					
13. Dealing with anger, criticism, and frustration in a constructive manner					
14. Evaluating nurses staff performance based on standard and key performance indicators					
<b>Facilitating Spiritual Nursing Care</b>	1 None of the time	2 Once in a while	3 Sometimes	4 Quite often	5 Always
15. Relieving staff spiritual distress					
16. Reviewing and identifying the influence of cultural beliefs, values, and spiritual on nursing care					
17. Explaining and demonstrating spiritual care practice to staff and patients					
18. Referring effectively and articulately to other spiritual nursing care based on the situation and preference of staff and patient					
19. Paying attention to the spiritual needs of staff					
20. Facilitating staff to provide spiritual nursing care to patient and families and respect their diversities and differences					
21. Coaching or mentoring staff in developing problem solving skills					
<b>Self Management</b>	1 None of the time	2 Once in a while	3 Sometimes	4 Quite often	5 Always
22. Getting involved in professional associations and professional development programs					
23. Engaging in self-evaluation program in the hospital					
24. Getting involved in developing a policy brief and advocacy to policy makers					
25. Achieving certification in an appropriate field/specialty					
26. Managing self through continuing education and participating in nursing management research/training/course					
27. Engaging in regular supervision or consulting with super ordinates					
<b>Staffing and professional development</b>	1 None of the time	2 Once in a while	3 Sometimes	4 Quite often	5 Always
28. Managing the number and qualification of nurse staff based on the standard of hospital					
29. Determining and evaluating staffing needs					
30. Setting up learning opportunities, trainings, continuing education and others related to nurse staff development					
31. Identifying and matching nurse staff competence with patient acuity					
<b>Utilizing informatics</b>	1 None of the time	2 Once in a while	3 Sometimes	4 Quite often	5 Always
32. Utilizing technology to manage patients					
33. Integrating technology into nursing documentation					
34. Evaluating the effect of Information Technology (IT) on patient care and delivery system					
35. Using information system to support nursing practice					

<b>Financial Management</b>	1	2	3	4	5
	None of the time	Once in a while	Sometimes	Quite often	Always
36. Actively participating in arranging a practical annual budget for the unit that includes volume, revenue, personnel, supplies, and capital equipment					
37. Communicating fiscal management expectations and outcomes to staff and other stakeholders					
38. Implementing cost benefit analysis approach in financial plan in the unit					
39. Coordinating with supervisor among departments	1 None of the time	2 Once in a while	3 Sometimes	4 Quite often	5 Always
<b>Applying Quality Care Improvement</b>	1	2	3	4	5
	None of the time	Once in a while	Sometimes	Quite often	Always
40. Continually understanding and measuring quality of care in terms of structure, process, and outcome					
41. Using evidence-based practice in nursing care					
42. Analyzing the workflow of unit and identifying errors, causes and its effects in nursing service					
43. Actively participating in setting nursing practice standards or guidelines for nursing care in unit					

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### Indonesian Version

#### **Indonesian First-Line Nurse Manager's Managerial Competence Scale** (Instrumen Pengukuran Kompetensi Manajerial Perawat Manajer Lini Pertama di Indonesia)

Dalam penelitian ini, perawat manajer lini pertama adalah perawat yang menjabat sebagai kepala ruangan di bangsal keperawatan baik di ruang rawat inap, ruang rawat jalan, ICU, IGD, dan kepala ruangan di unit keperawatan lainnya.

#### **Informasi Demografi**

Instruksi: Silahkan baca dan isi setiap pernyataan dan berikan tanda centang “✓” yang paling baik menggambarkan informasi demografi saudara/i.

Umur: .....tahun

Jenis kelamin: () Laki-laki      () Perempuan

Level pendidikan:

- () D3 Keperawatan
- () D4 Keperawatan
- () S1 Keperawatan
- () S2 Keperawatan
- () S3 Keperawatan
- () Lainnya. Sebutkan:.....

Total pengalaman kerja menjadi perawat sebelum menjadi perawat manajer lini pertama (tahun): .....

Lama pengalaman kerja menjadi perawat manajer lini pertama di tempat kerja saat ini (tahun): .....

Tipe rumah sakit: .....

Unit/Bangsal tempat kerja saat ini: .....

Pernah mengikuti pelatihan manajerial: () Ya () Tidak

Pelatihan manajerial yang pernah diikuti:

- () Manajemen Bangsal Keperawatan
- () Model Praktik Keperawatan Profesional (MPKP/SP2KP)
- () Lain-lain. Sebutkan: .....

#### Instruksi:

Instrumen ini digunakan untuk mengukur kompetensi manajerial dari perawat manajer lini pertama. Silahkan baca setiap pernyataan berikan tanda centang “✓” yang paling baik mewakili seberapa sering anda melakukan setiap aktifitas dalam praktik manajemen saudara/i pada skala penilaian sebagai berikut:

- 1 = tidak satu kali pun,**  
**2 = sesekali,**  
**3 = kadang-kadang,**  
**4 = cukup sering,**  
**5 = selalu**

Leadership (Kepemimpinan)	1 Tidak satu kali pun	2 Sesekali	3 Kadang-kadang	4 Cukup sering	5 Selalu
1. Memfasilitasi staf perawat untuk berkolaborasi dengan profesi kesehatan lainnya, terutama dengan dokter yang berfokus pada pasien					
2. Bermusyawarah dalam pengambilan keputusan yang melibatkan staf dalam proses perubahan					
3. Memberikan tanggungjawab tugas dan wewenang kepada subordinates atau bawahan secara efektif					
4. Membangun rasa saling percaya dan saling menghargai dengan cara memperlakukan sesama secara adil					
5. Mengatur dan mendukung penjadwalan kerja yang fleksibel untuk staf					
6. Mengadvokasi staf dengan cara yang asertif dan percaya diri					
7. Memberikan layanan yang aman dan sesuai dengan hukum dan etik					
8. Menjadi seorang visioner dan panutan pelaku profesional					
9. Memimpin dan mengajak staf untuk berdoa sebelum bekerja di tempat kerja					
10. Berkolaborasi dan berkomunikasi dengan profesi kesehatan lainnya dalam tim interdisiplin					
11. Memberikan umpan balik dan penguatan positif untuk perbaikan kinerja staf					
12. Mengidentifikasi kelebihan yang dimiliki oleh staf dan memanfaatkan kelebihan tersebut					
13. Mengatasi kemarahan, kritik, dan frustasi dengan cara yang konstruktif/membangun					
14. Mengevaluasi kinerja perawat berdasarkan standar dan indikator kinerja utama					
Facilitating Spiritual Nursing Care (Memfasilitasi pelayanan keperawatan spiritual)	1 Tidak satu kali pun	2 Sesekali	3 Kadang-kadang	4 Cukup sering	5 Selalu
15. Mengurangi tekanan stress spiritual para staf					
16. Mengkaji dan mengidentifikasi pengaruh dari kepercayaan, nilai, dan spiritual terhadap pelayanan keperawatan					
17. Menjelaskan dan mendemonstrasikan praktik pelayanan keperawatan spiritual kepada staf dan pasien					
18. Merujuk secara efektif dan artikulatif ke layanan keperawatan spiritual lainnya sesuai dengan keadaan dan latar belakang staff dan pasien					
19. Memperhatikan kebutuhan spiritual para staf					

20. Memfasilitasi staf dalam memberikan pelayanan keperawatan spiritual kepada pasien dan keluarga serta menghormati segala perbedaan

21. Melatih atau mentoring staf dalam pengembangan keterampilan pemecahan masalah

<b>Self Management (Manajemen diri)</b>	1 Tidak satu kali pun	2 Sesekali	3 Kadang-kadang	4 Cukup sering	5 Selalu
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22. Terlibat dalam asosiasi professional dan program pengembangan professional

23. Terlibat dalam program evaluasi diri di rumah sakit

24. Terlibat dalam penyusunan dokumen kebijakan (Policy Brief) dan advokasi kepada pembuat kebijakan

25. Mendapatkan sertifikasi di bidang/keahlian masing-masing

26. Mengembangkan diri melalui pendidikan berkelanjutan dan berpartisipasi dalam penelitian/pelatihan manajemen keperawatan

27. Melibatkan diri dalam pengawasan rutin atau berkonsultasi dengan atasan

<b>Staffing and Professional Development (Penyusunan personalia dan pengembangan profesional)</b>	1 Tidak satu kali pun	2 Sesekali	3 Kadang-kadang	4 Cukup sering	5 Selalu
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28. Mengelola jumlah dan kualifikasi staf perawat berdasarkan standar rumah sakit

29. Menentukan dan mengevaluasi kebutuhan kepegawaian

30. Mengatur kesempatan belajar, pelatihan, pendidikan lanjutan, dan lain-lain yang terkait dengan pengembangan staf perawat

31. Mengidentifikasi dan menyesuaikan kompetensi staf perawat berdasarkan kebutuhan pasien

<b>Utilizing Informatics (Menggunakan sistem informasi)</b>	1 Tidak satu kali pun	2 Sesekali	3 Kadang-kadang	4 Cukup sering	5 Selalu
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32. Memanfaatkan teknologi untuk membantu pengelolaan pasien

33. Mengintegrasikan teknologi ke dalam dokumentasi keperawatan

34. Mengevaluasi efek teknologi informasi terhadap sistem pelayanan keperawatan kepada pasien

35. Menggunakan sistem informasi untuk mendukung praktik keperawatan

<b>Financial Management (Manajemen keuangan)</b>	1 Tidak satu kali pun	2 Sesekali	3 Kadang-kadang	4 Cukup sering	5 Selalu
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36. Berpartisipasi aktif dalam menyusun anggaran tahunan praktis untuk unit yang mencakup volume, pendapatan, personel, persediaan dan peralatan modal

37. Mengkomunikasikan harapan dan hasil pengelolaan manajemen fiskal kepada para staf dan pemangku kepentingan lainnya

38. Melaksanakan pendekatan analisis biaya manfaat (cost benefit analysis) dalam perencanaan keuangan di unit

39.	Berkoordinasi dengan supervisor antar departemen		1 Tidak satu kali pun	2 Sesekali	3 Kadang-kadang	4 Cukup sering	5 Selalu
	<b>Applying Quality Care Improvement (Menerapkan peningkatan kualitas perawatan)</b>						
40.	Memahami dan mengukur kualitas asuhan keperawatan secara berkesinambungan baik dari kualitas struktur, proses, dan hasil						
41.	Melakukan praktik berbasis bukti (evidence-based practice) di pelayanan keperawatan						
42.	Menganalisis alur kerja unit dan mengidentifikasi kesalahan (error), penyebab dan dampaknya di pelayanan keperawatan						
43.	Berpartisipasi aktif dalam menetapkan standar praktik keperawatan/standar operasional prosedur atau pedoman asuhan keperawatan di unit						

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