

Measure # 12a: ICU Nurse-Physician Questionnaire – Long Versions

Contact Information:

- For questions regarding this measure and for permission to use it, contact either:

Stephen M. Shortell
Dean and Professor
School of Public Health
University of California, Berkeley
50 University Hall #7360
Berkeley, CA 94720-7360, USA
shortell@berkeley.edu

or:

Dr. Denise M. Rousseau
University Professor
Carnegie Mellon University
H.J. Heinz II Professor of Organizational Behavior and Public Policy
Heinz College and Tepper School of Business
P: (412) 268-8470
rousseau@andrew.cmu.edu

Copyright Details:

- The copy of the measure instruments that follow are reprinted with permission from: Stephen M. Shortell and Denise M. Rousseau. The ICU Nurse-Physician Questionnaires (Nurse-Long Version and Physician-Long Version) are the intellectual property of Stephen M. Shortell and Denise M. Rousseau. The Agency for Healthcare Research and Quality (AHRQ) has a nonexclusive, royalty-free, worldwide license to print a copy of the work in the *Care Coordination Measures Atlas* Appendix. The copy reprinted here is for viewing purposes only. *Atlas* users who wish to use the ICU Nurse-Physician Questionnaires (Nurse-Long Version and/or Physician-Long Version) must first contact the copyright holder to request permission for their use. The products may not be changed in any way by any user. The products may not be sold for profit or incorporated in any profit-making venture without the expressed written permission of Stephen M. Shortell and Denise M. Rousseau.

THE ORGANIZATION AND MANAGEMENT OF INTENSIVE CARE UNITS

Principal Investigator: Stephen M. Shortell, Ph. D.

Senior Investigators: Denise M. Rousseau, Ph. D.
Edward F. X. Hughes, M.D., M.P.H.

Project Director: Robin R. Gillies, Ph. D.

ICU Physician Questionnaire

Copyright Shortell and Rousseau, 1989

THE ORGANIZATION AND MANAGEMENT OF INTENSIVE CARE UNITS
NATIONAL STUDY BACKGROUND INFORMATION

Overall Purpose

The questionnaire you are being asked to complete is part of a nation-wide study of the organization, management, and performance of intensive care units. The purpose of this study is to examine the organization and management practices of ICUs and their relationship to patient severity adjusted outcomes. A long term goal is to develop managerial and organizational guidelines which you and other hospitals can use to improve the quality of ICU care and reduce mortality. It is estimated that such improvements could save up to 10,000 lives a year.

Questionnaire Content

The questionnaires you have been given have been used successfully in many other organizational studies and have been extensively pre-tested. The questions are concerned with issues related to communication, coordination, conflict management, leadership, perceived unit team effectiveness, organizational culture, and related factors. Please keep in mind that questions pertaining to physicians refer to full and part-time salaried ICU physicians, house staff, and attending physicians who regularly admit to the ICU. We estimate that the questionnaire will take approximately 45 minutes to complete.

How You Benefit

Completion of these questions will be of direct benefit to you in two ways. First, we will provide you with specific feedback (in aggregate) on your unit's score on each of the measures of interest. Second, we will provide you with a comparison of your unit's score with that of the other hospitals in the study. This will enable you to assess your comparative performance. The feedback on your unit's scores and the comparison with other hospitals can be used to assess your performance and serve as a basis for continuous improvement of the quality of care provided in your unit.

Please Keep in Mind

You are asked to respond to each question as you believe the situation really exists, not as you think it should be or wish it to be. Responses are confidential; the numbers on the questionnaires are for tracking returns. Analyses will be based on aggregate responses only.

Please seal the completed questionnaire in the envelope provided and place it in the U.S. Post Office mail. Thank you for your assistance.

Please note: ANY QUESTIONS WHICH YOU HAVE OR ASSISTANCE NEEDED IN COMPLETING THIS QUESTIONNAIRE SHOULD BE DIRECTED TO ANY ONE OF THE FOLLOWING INDIVIDUALS.

Robin Gillies, Ph.D.

Denise Rousseau, Ph.D.

Stephen M. Shortell, Ph.D.

SECTION ONE: RELATIONSHIPS AND COMMUNICATIONS WITHIN THE ICU

I. For each of the following statements, please circle the number under the response that best reflects your judgment.

Statement	Strongly Disagree 1	Disagree 2	Neither Disagree Nor Agree 3	Agree 4	Strongly Agree 5
-----------	------------------------------------	-----------------------	---	--------------------	---------------------------------

Physician-to-Physician Relationships: These statements refer to relationships between physicians.

1. I look forward to working with the physicians of this ICU each day.	1	2	3	4	5
2. It is easy for me to talk openly with the physicians of this ICU.	1	2	3	4	5
3. I can think of a number of times when I received incorrect information from physicians in this unit.	1	2	3	4	5
4. There is effective communication between physicians across shifts.	1	2	3	4	5
5. Communication between physicians in this unit is very open.	1	2	3	4	5
6. It is often necessary for me to go back and check the accuracy of information I have received from physicians in this unit.	1	2	3	4	5
7. I find it enjoyable to talk with other physicians of this unit.	1	2	3	4	5
8. Physicians in the unit are well informed regarding events occurring on other shifts.	1	2	3	4	5
9. When physicians talk with each other in this unit, there is a good deal of understanding.	1	2	3	4	5
10. The accuracy of information passed among physicians of this unit leaves much to be desired.	1	2	3	4	5
11. It is easy to ask advice from physicians in this unit.	1	2	3	4	5
12. I feel that certain ICU physicians don't completely understand the information they receive.	1	2	3	4	5

Statement	Strongly Disagree 1	Disagree 2	Neither Disagree Nor Agree 3	Agree 4	Strongly Agree 5
<u>Nurse-to-Physician Relationships:</u> These statements refer to relationships between nurses and physicians.					
13. I look forward to working with the nurses of this ICU each day.	1	2	3	4	5
14. It is easy for me to talk openly with the nurses of this ICU.	1	2	3	4	5
15. I can think of a number of times when I received incorrect information from nurses in this unit.	1	2	3	4	5
16. There is effective communication between nurses and physicians across shifts.	1	2	3	4	5
17. Communication between nurses and physicians in this unit is very open.	1	2	3	4	5
18. It is often necessary for me to go back and check the accuracy of information I have received from nurses in this unit.	1	2	3	4	5
19. I find it enjoyable to talk with nurses of this unit.	1	2	3	4	5
20. Nurses associated with the unit are well informed regarding events occurring on other shifts.	1	2	3	4	5
21. When nurses talk with physicians in this unit, there is a good deal of understanding.	1	2	3	4	5
22. The accuracy of information passed between nurses and physicians of this unit leaves much to be desired.	1	2	3	4	5
23. It is easy to ask advice from nurses in this unit.	1	2	3	4	5
24. I feel that certain ICU nurses don't completely understand the information they receive.	1	2	3	4	5

Statement	Strongly Disagree 1	Disagree 2	Neither Disagree Nor Agree 3	Agree 4	Strongly Agree 5
<u>General Relationships and Communications:</u> These statements refer to general relationships and communications within the ICU.					
25. I get information on the status of patients when I need it.	1	2	3	4	5
26. This ICU has goals and objectives different from my own.	1	2	3	4	5
27. Physicians are readily available for consultation.	1	2	3	4	5
28. When a patient's status changes, I get relevant information quickly.	1	2	3	4	5
29. I take pride in being associated with this ICU.	1	2	3	4	5
30. Nurses have a good understanding of physician goals.	1	2	3	4	5
31. There are needless delays in relaying information regarding patient care.	1	2	3	4	5
32. I identify with the goals and objectives of this ICU.	1	2	3	4	5
33. Physicians have a good understanding of nursing objectives.	1	2	3	4	5
34. I feel I am part of this ICU team.	1	2	3	4	5
35. In matters pertaining to patient care, nurses call physicians in a timely manner.	1	2	3	4	5
36. Nurses have a good understanding of physicians' treatment plans.	1	2	3	4	5
37. If I had a chance to do the same kind of work for the same pay in another unit of this hospital, I wouldn't go.	1	2	3	4	5
38. Nursing care plans are well understood by physicians in this unit.	1	2	3	4	5

39. Overall, how satisfied are you with the communications in this ICU? Circle the appropriate response.

	Very Dissat- isfied 1	Dissat- isfied 2	Neither Dissatisfied Nor Satisfied 3	Satisfied 4	Very Satisfied 5
(a) nurse-to-nurse	1	2	3	4	5
(b) physician-to-physician	1	2	3	4	5
(c) between nurses and physicians	1	2	3	4	5
(d) between patients and ICU nurses	1	2	3	4	5
(e) between patients and ICU physicians	1	2	3	4	5
(f) between patients' families and ICU nurses	1	2	3	4	5
(g) between patients' families and ICU physicians	1	2	3	4	5

40. How much say or influence do each of the following have over what goes on in this ICU?

Circle the appropriate response. Circle "NA" if not applicable.

	No Influence At All	Little Influence	Moderate Influence	Very Great Influence	Great Influence	NA
Hospital Administrators	(1)	(2)	(3)	(4)	(5)	(8)
Staff Nurses	(1)	(2)	(3)	(4)	(5)	(8)
Charge Nurses	(1)	(2)	(3)	(4)	(5)	(8)
Nurse Clinicians	(1)	(2)	(3)	(4)	(5)	(8)
Clinical Coordinators	(1)	(2)	(3)	(4)	(5)	(8)
Assistant Nurse Manager	(1)	(2)	(3)	(4)	(5)	(8)
Nurse Manager/Head Nurse	(1)	(2)	(3)	(4)	(5)	(8)
Medical Director	(1)	(2)	(3)	(4)	(5)	(8)
House Physicians	(1)	(2)	(3)	(4)	(5)	(8)
Residents/Interns	(1)	(2)	(3)	(4)	(5)	(8)
Private Attending Physicians/ Private Admitters	(1)	(2)	(3)	(4)	(5)	(8)

SECTION TWO: THE WORKPLACE AND FACILITIES*

- II. This section focuses on your ICU facility, the equipment and supplies you work with, and the procedures you use on your job.

Listed on the next two pages are sets of words which could be used to describe one's workplace, equipment, supplies, and procedures.

For each set of words, circle the box between them that best describes your situation at work. For example, if you think your workplace is clean some of the time, but not all of the time, you would circle...

Section Two items (34 items) have been deleted. These items are property of Human Synergistics. Please contact Human Synergistics for more information on items and/or their use.

* Excerpted from The Reliability/Safety Survey. Copyright 1987, Human Synergistics/Center for Applied Research. Used with permission.

SECTION THREE: THE ICU CULTURE*

III. Please think about what it takes for you and people like yourself (e.g. your co-workers, people in similar positions) to "fit in" and meet expectations in this ICU. Using the following response options, please indicate the extent to which people are expected to:

Not At All	To A Slight Extent	To A Moderate Extent	To A Great Extent	To A Very Great Extent
1	2	3	4	5

Section Three items (48 items) have been deleted. These items are property of Human Synergistics. Please contact Human Synergistics for more information on items and/or their use.

* Excerpted from Level V: Organizational Culture Inventory. Copyright 1987, Human Synergistics/Center for Applied Research. Used with permission.

SECTION FOUR: TEAMWORK AND LEADERSHIP

IV. For each of the following statements, circle the number under the response that best reflect your judgment.

Statement	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
	1	2	3	4	5

Nursing Leadership: These statements refer to your overall judgment of the characteristics of the ICU nursing leadership (i.e., nurse manager, assistant nurse manager, clinical nurse specialist, charge nurse; this excludes hospital administration). "Unit physicians" refers to all full and part time ICU physicians, house staff, and attending physicians who regularly admit patients to the ICU. The terms "staff" and "unit members" refer to all nurses and physicians associated with the unit.

- | | | | | | |
|---|---|---|---|---|---|
| 1. ICU nursing leadership emphasizes standards of excellence to the staff. | 1 | 2 | 3 | 4 | 5 |
| 2. ICU nursing leadership provides strong technical guidance and advice to unit physicians. | 1 | 2 | 3 | 4 | 5 |
| 3. ICU nursing leadership invites staff participation but usually makes decisions itself. | 1 | 2 | 3 | 4 | 5 |
| 4. ICU nursing leadership is sufficiently sensitive to the different needs of unit members. | 1 | 2 | 3 | 4 | 5 |
| 5. To the extent possible, ICU nursing leadership delegates to unit members the opportunity to solve their own patient care problems. | 1 | 2 | 3 | 4 | 5 |

Statement	Strongly		Neither		Strongly
	Disagree	Disagree	Disagree Nor	Agree	Agree
	1	2	3	4	5
6. The ICU nursing leadership fails to make clear what they expect from unit members.	1	2	3	4	5
7. Unit physicians look to ICU nursing leadership to help solve technical patient care problems.	1	2	3	4	5
8. ICU nursing leadership actively directs group meetings designed to achieve unit objectives.	1	2	3	4	5
9. ICU nursing leadership discourages physicians from taking initiative.	1	2	3	4	5
10. Physicians in the unit are able to influence the thinking and behavior of ICU nursing leadership as much as ICU nursing leadership influences the thinking and behavior of unit physicians.	1	2	3	4	5
11. Unit physicians are uncertain where they stand with the ICU nursing leadership.	1	2	3	4	5
12. ICU nursing leadership is primarily provided through technical skill and knowledge.	1	2	3	4	5
13. ICU nursing leadership shares but does not give up control over the decision-making process.	1	2	3	4	5
14. The ICU nursing leadership is out of touch with physician perceptions and concerns.	1	2	3	4	5
15. ICU nursing leadership is primarily exerted by making sure that the unit arrives at correct decisions.	1	2	3	4	5
16. ICU nursing leadership is primarily characterized by encouraging people to solve their own problems.	1	2	3	4	5
17. ICU nursing leadership often makes decisions without input from unit physicians.	1	2	3	4	5
18. In this ICU, nursing leadership is primarily exerted through preventing and correcting technical mistakes.	1	2	3	4	5
19. In this ICU, nursing leadership is primarily evidenced by giving staff opportunities for self-development.	1	2	3	4	5
20. ICU nursing leadership effectively adapts its problem-solving style to changing circumstances.	1	2	3	4	5

Statement	Strongly		Neither		Strongly
	Disagree	Disagree	Disagree Nor	Agree	Agree
	1	2	3	4	5
Physician Leadership: These statements refer to your overall judgment of the characteristics of the ICU physician leadership (i.e., ICU medical director and designated assistants or whichever physician is in charge of patient care). "Unit physicians" refers to all full and part time ICU physicians, house staff, and attending physicians who regularly admit patients to the ICU. The terms "staff" and "unit members" refer to <u>all</u> nurses and physicians associated with the unit.					
21. ICU physician leadership emphasizes standards of excellence to the staff.	1	2	3	4	5
22. ICU physician leadership provides strong technical guidance and advice to physicians in the unit.	1	2	3	4	5
23. ICU physician leadership invites staff participation but usually makes decisions itself.	1	2	3	4	5
24. ICU physician leadership is sufficiently sensitive to the different needs of unit members.	1	2	3	4	5
25. To the extent possible, ICU physician leadership delegates to individual physicians the opportunity to solve their own patient care problems.	1	2	3	4	5
26. The ICU physician leadership fails to make clear what they expect from unit members.	1	2	3	4	5
27. Unit physicians look to ICU physician leadership to help solve technical patient care problems.	1	2	3	4	5
28. ICU physician leadership actively directs group meetings designed to achieve unit objectives.	1	2	3	4	5
29. ICU physician leadership discourages physicians from taking initiative.	1	2	3	4	5
30. Physicians in the unit are able to influence the thinking and behavior of ICU physician leadership as much as ICU physician leadership influences the thinking and behavior of unit physicians.	1	2	3	4	5
31. Unit physicians are uncertain where they stand with the ICU physician leadership.	1	2	3	4	5
32. ICU physician leadership is primarily provided through technical skill and knowledge.	1	2	3	4	5
33. ICU physician leadership shares but does not give up control over the decision-making process.	1	2	3	4	5

Statement	Strongly		Neither		Strongly
	Disagree	Disagree	Disagree Nor	Agree	Agree
	1	2	3	4	5
34. The ICU physician leadership is out of touch with physician perceptions and concerns.	1	2	3	4	5
35. ICU physician leadership is primarily exerted by making sure that the unit arrives at correct decisions.	1	2	3	4	5
36. ICU physician leadership is primarily characterized by encouraging people to solve their own problems.	1	2	3	4	5
37. ICU physician leadership often makes decisions without input from unit physicians.	1	2	3	4	5
38. In this ICU, physician leadership is primarily exerted through preventing and correcting technical mistakes.	1	2	3	4	5
39. In this ICU, physician leadership is primarily evidenced by giving staff opportunities for self-development.	1	2	3	4	5
40. ICU physician leadership effectively adapts its problem-solving style to changing circumstances.	1	2	3	4	5

General: These statements refer in general to teamwork and leadership in the ICU.

41. We rarely achieve much progress in unit meetings.	1	2	3	4	5
42. Our unit has constructive work relationships with other groups in this hospital.	1	2	3	4	5
43. Unit meetings seem to be disorganized.	1	2	3	4	5
44. Our unit does not receive the cooperation it needs from other hospital units.	1	2	3	4	5
45. Our meetings address and resolve the issues that should be dealt with.	1	2	3	4	5
46. Other hospital subunits seem to have a low opinion of us.	1	2	3	4	5
47. ICU interests are adequately represented at higher levels of the hospital.	1	2	3	4	5
48. Inadequate working relationships with other hospital groups limit our effectiveness.	1	2	3	4	5

SECTION FIVE: PERCEIVED EFFECTIVENESS

V. For each of the following statements, circle the number under the response that best reflects your judgment.

Statement	Strongly		Neither		Strongly
	Disagree	Disagree	Disagree Nor	Agree	Agree
	1	2	3	4	5
1. Our unit almost always meets its patient care treatment goals.	1	2	3	4	5
2. Given the severity of the patients we treat, our unit's patients experience very good outcomes.	1	2	3	4	5
3. Our unit does a good job of meeting family member needs.	1	2	3	4	5
4. Our unit does a good job of applying the most recently available technology to patient care needs.	1	2	3	4	5
5. We are able to recruit the best ICU nurses.	1	2	3	4	5
6. We do a good job of retaining ICU nurses in the unit.	1	2	3	4	5
7. We are able to recruit the best ICU physicians.	1	2	3	4	5
8. We do a good job of retaining ICU physicians in the unit.	1	2	3	4	5
9. Overall, our unit functions very well together as a team.	1	2	3	4	5
10. Our unit is very good at responding to emergency situations.	1	2	3	4	5

11. Relative to other ICUs within your area, how does your unit compare on the following items?

Statement	Much Worse Than 1	Somewhat Worse Than 2	Same As 3	Somewhat Better Than 4	Much Better Than 5
a. Meeting its patient care treatment goals.	1	2	3	4	5
b. Patient care outcomes, taking into account patient severity	1	2	3	4	5
c. Meeting family member needs.	1	2	3	4	5
d. Applying the most recently available technology to patient care needs.	1	2	3	4	5
e. Recruiting ICU nurses.	1	2	3	4	5
f. Retaining ICU nurses.	1	2	3	4	5
g. Recruiting ICU physicians.	1	2	3	4	5
h. Retaining ICU physicians.	1	2	3	4	5

SECTION SIX--PART A: MANAGING DISAGREEMENTS BETWEEN PHYSICIANS

VI--PART A: Consider what happens when there is a disagreement or conflict between ICU physicians. Based on your experience in this unit, how likely is it that:

Statement	Not at all likely 1	Not so likely 2	Somewhat likely 3	Very likely 4	Almost certain 5
1. One physician will force others to yield to his or her position.	1	2	3	4	5
2. Each physician involved will give in a bit and settle on a compromise.	1	2	3	4	5
3. When physicians disagree, they will ignore the issue, pretending it will "go away."	1	2	3	4	5
4. When two physicians disagree, they will involve their superiors in resolving the issue.	1	2	3	4	5
5. Physicians will withdraw from the conflict.	1	2	3	4	5
6. All points of view will be carefully considered in arriving at the best solution of the problem.	1	2	3	4	5
7. A superior will have to resolve the dispute between physicians.	1	2	3	4	5
8. All the physicians will work hard to arrive at the best possible solution.	1	2	3	4	5
9. A physician will try hard to win by pressing his or her position.	1	2	3	4	5
10. The physicians involved will not settle the dispute until all are satisfied with the decision.	1	2	3	4	5
11. A problem between physicians will be referred to someone higher up.	1	2	3	4	5
12. Both parties will bargain away some of their desires in order to satisfy each other.	1	2	3	4	5
13. Physicians on both sides will agree to a less than optimal solution.	1	2	3	4	5
14. The physicians involved will take a firm position.	1	2	3	4	5
15. Everyone contributes from their experience and expertise to produce a high quality solution.	1	2	3	4	5
16. Disagreements between physicians will be ignored or avoided.	1	2	3	4	5

SECTION SIX--PART B: MANAGING DISAGREEMENTS BETWEEN NURSES AND PHYSICIANS

VI--PART B: Consider what happens when there is a disagreement or conflict between ICU nurses and physicians.
Based on your experience in this unit, how likely is it that:

Statement	Not at all likely 1	Not so likely 2	Somewhat likely 3	Very likely 4	Almost Certain 5
1. One will force others to yield to his or her position.	1	2	3	4	5
2. Nurses and physicians involved will give in a bit and settle on a compromise.	1	2	3	4	5
3. When nurses and physicians disagree, they will ignore the issue, pretending it will "go away."	1	2	3	4	5
4. When nurses and physicians disagree, they will involve their superiors in resolving the issue.	1	2	3	4	5
5. Both parties will withdraw from the conflict.	1	2	3	4	5
6. All points of view will be carefully considered in arriving at the best solution of the problem.	1	2	3	4	5
7. A superior will have to resolve the dispute between nurses and physicians.	1	2	3	4	5
8. The nurses and physicians will work hard to arrive at the best possible solution.	1	2	3	4	5
9. Each will try hard to win by pressing his or her position.	1	2	3	4	5
10. Both parties involved will not settle the dispute until all are satisfied with the decision.	1	2	3	4	5
11. A problem between nurses and physicians will be referred to someone higher up.	1	2	3	4	5
12. Both parties will bargain away some of their desires in order to satisfy each other.	1	2	3	4	5
13. Nurses and physicians will agree to a less than optimal solution.	1	2	3	4	5
14. Both parties involved will take a firm position.	1	2	3	4	5
15. Everyone contributes from their experience and expertise to produce a high quality solution.	1	2	3	4	5
16. Disagreements between nurses and physicians will be ignored or avoided.	1	2	3	4	5

SECTION SEVEN: COORDINATION MECHANISMS

WITHIN THE ICU

VII--PART A: Various strategies and procedures can be used to coordinate patient care activities within an ICU. In your ICU, to what extent do each of the mechanisms listed below effectively contribute to the coordination of staff activities and the quality of patient care? Circle the appropriate response below. Please circle "8" if your ICU does not use the mechanism.

Statement	Not at all	Slightly	Moderately		Very	Not
	Effective	Effective	Effective	Effective	Effective	Applicable
	1	2	3	4	5	(Not Used Here)
	1	2	3	4	5	8
a. Written rules, policies, and procedures?	1	2	3	4	5	8
b. Written plans and schedules?	1	2	3	4	5	8
c. Computerized information systems?	1	2	3	4	5	8
d. Unit directors' efforts to coordinate member activities?	1	2	3	4	5	8
e. One-to-one communication between staff?	1	2	3	4	5	8
f. Ad hoc group meetings?	1	2	3	4	5	8
g. Task forces and standing committees?	1	2	3	4	5	8
h. Written treatment protocols?	1	2	3	4	5	8
i. Daily staff rounds?	1	2	3	4	5	8

BETWEEN THE ICU AND OTHER HOSPITAL UNITS

VII--PART B: Various strategies and procedures can also be used to coordinate patient care activities between your ICU and other hospital units(e.g., operating room, emergency room, general medical/surgical floors, lab, respiratory therapy, etc.). In your ICU, to what extent do each of the mechanisms listed below effectively contribute to the coordination of your unit's activities with other hospital units? Circle the appropriate response below. Please circle "8" if your ICU does not use the mechanism.

Statement	Not at all	Slightly	Moderately		Very	Not
	Effective	Effective	Effective	Effective	Effective	Applicable
	1	2	3	4	5	(Not Used Here)
	1	2	3	4	5	8
a. Written treatment protocols?	1	2	3	4	5	8
b. Ad hoc group meetings between ICU members and members of other units?	1	2	3	4	5	8

Statement	Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Effective 4	Very Effective 5	Not Applicable (Not Used Here) 8
c. Unit directors' personal efforts to coordinate activities between ICU staff and members of other units?	1	2	3	4	5	8
d. Written rules, policies, and procedures?	1	2	3	4	5	8
e. Written plans and schedules?	1	2	3	4	5	8
f. One-to-one communication between ICU staff and members of other units?	1	2	3	4	5	8
g. Task forces and standing committees involving members of the ICU and other units?	1	2	3	4	5	8
h. Daily staff rounds in which information is shared which helps assure coordination between other units and the ICU?	1	2	3	4	5	8
i. Computerized information systems?	1	2	3	4	5	8

SECTION EIGHT: AUTHORITY

VIII. For each of the following statements, circle the number on the scale which best reflects your judgment.

Statement	Strongly Disagree 1	Disagree 2	Neither Disagree Nor Agree 3	Agree 4	Strongly Agree 5
A. Our ICU <u>Medical Director</u> has sufficient authority regarding:					
(1) Admitting and discharging patients		1	2	3	4
(2) Treatment protocols		1	2	3	4
(3) Budgeting	1	2	3	4	5
(4) Hiring and firing physician staff	1	2	3	4	5
(5) Equipment purchases		1	2	3	4

Statement	Strongly		Neither		Strongly
	Disagree	Disagree	Disagree Nor	Agree	Agree
	1	2	3	4	5
B. The ICU <u>Medical Director</u> does a good job of involving members in:					
(1) Determining standards for patient care	1	2	3	4	5
(2) Determining staffing requirements	1	2	3	4	5
(3) Developing quality assurance programs	1	2	3	4	5
(4) Assuring that standards are met and corrective actions taken	1	2	3	4	5
(5) Researching, testing, and implementing changes	1	2	3	4	5
(6) Determining nursing staff patterns (e.g. primary/team/functional)	1	2	3	4	5
(7) Developing budgets based on staff objectives	1	2	3	4	5
C. Our ICU <u>Nurse Manager/Head Nurse</u> has sufficient authority regarding:					
(1) Admitting and discharging patients	1	2	3	4	5
(2) Treatment protocols	1	2	3	4	5
(3) Budgeting	1	2	3	4	5
(4) Hiring and firing staff	1	2	3	4	5
(5) Equipment purchases	1	2	3	4	5
D. Our ICU <u>Nurse Manager/Head Nurse</u> does a good job of involving members in:					
(1) Determining standards for patient care	1	2	3	4	5
(2) Determining staffing requirements	1	2	3	4	5
(3) Developing quality assurance programs	1	2	3	4	5
(4) Assuring that standards are met and corrective actions taken	1	2	3	4	5
(5) Researching, testing, and implementing changes	1	2	3	4	5
(6) Determining nursing staff patterns (e.g. primary/team/functional)	1	2	3	4	5
(7) Developing budgets based on staff objectives	1	2	3	4	5

SECTION NINE: SATISFACTION

IX. Overall, how satisfied are you in your job? Circle the appropriate response.

Very Dissatisfied	Dissatisfied	Neither Dissatisfied Nor Satisfied	Satisfied	Very Satisfied
1	2	3	4	5

SECTION TEN: BACKGROUND INFORMATION

1. What is your position in the ICU? (Check one only)
 1. ___ Resident/Intern
 2. ___ Full-time salaried in unit (not a resident)
 3. ___ Part-time salaried in unit (not a resident)
 4. ___ Per Diem Physician
 5. ___ Attending physician/private admitter
- 2a. On average, approximately how many patients a year do you admit to this ICU? _____
- 2b. Do you have admitting privileges at any other hospitals in the area?
 1. ___ yes
 2. ___ no
- 2c. Do you admit any of your patients to the ICUs at other hospitals?
 1. ___ yes
 2. ___ no
- 3a. What is your specialty? _____
- 3b. Are you board certified in this specialty?
 1. ___ yes
 2. ___ no
- 4a. What is your subspecialty? _____
- 4b. Are you board certified in this subspecialty?
 1. ___ yes
 2. ___ no

5. List other specialties relevant to ICU care.
 - 1.
 - 2.
 - 3.
 - 4.
6. Before working in this unit, how many years of experience did you have in other ICUs?
_____ years
7. How many years have you worked in or admitted patients to this ICU?
_____ years
- 8a. When did you last participate in any continuing education related to ICU care?
 1. ___ in the last 7-12 months
 2. ___ in the last 4-6 months
 3. ___ in the last 3 months
 4. ___ None of the above
- 8b. If within the last 12 months, briefly list your continuing education.
 - 1.
 - 2.
 - 3.
 - 4.
9. Do you have a daily routine visiting time for the ICU?
 1. ___ yes
 2. ___ no
10. Did you participate in an orientation program to this unit when you began to work in or admit patients to the ICU?
 1. ___ yes
 2. ___ no
11. Sex
 1. ___ Female
 2. ___ Male
12. Marital status
 1. ___ Single
 2. ___ Married
 3. ___ Divorced
 4. ___ Widowed
13. Number of children: _____
14. In what year were you born? 19_____

15. Which of the following applies? (Check one only)

1. ___ US native
2. ___ US naturalized
3. ___ Foreign national
4. ___ Other

SECTION ELEVEN: IN CONCLUSION

1. In your judgment, what factors contribute to the effectiveness of this ICU? In other words, what are this ICU's particular strengths?

2. In your judgment, what factors reduce this ICU's effectiveness? In other words, what factors need improvement?

3. Consider the actual time you spent on this questionnaire. How long did it take you to complete this survey?

_____ (1) 30 minutes or less

_____ (2) 30-40 minutes

_____ (3) 40-50 minutes

_____ (4) 50-60 minutes

_____ (5) 60 minutes or more

4. The space below is provided for any additional comments you wish to make regarding your ICU in general or your personal experience with working in the unit.

Thank you very much for your help and cooperation in answering this questionnaire! Please return in the addressed postage paid envelope provided.

THE ORGANIZATION AND MANAGEMENT OF INTENSIVE CARE UNITS

Principal Investigator: Stephen M. Shortell, Ph. D.

Senior Investigators: Denise M. Rousseau, Ph. D.
Edward F. X. Hughes, M.D., M.P.H.

Project Director: Robin R. Gillies, Ph. D.

ICU Nurse Questionnaire
&RS\ UI KW6 KRUWODQG5 RXWHX

THE ORGANIZATION AND MANAGEMENT OF INTENSIVE CARE UNITS
NATIONAL STUDY BACKGROUND INFORMATION

Overall Purpose

The questionnaire you are being asked to complete is part of a nation-wide study of the organization, management, and performance of intensive care units. The purpose of this study is to examine the organization and management practices of ICUs and their relationship to patient severity adjusted outcomes. A long term goal is to develop managerial and organizational guidelines which you and other hospitals can use to improve the quality of ICU care and reduce mortality. It is estimated that such improvements could save up to 10,000 lives a year.

Questionnaire Content

The questionnaires you have been given have been used successfully in many other organizational studies and have been extensively pre-tested. The questions are concerned with issues related to communication, coordination, conflict management, leadership, perceived unit team effectiveness, organizational culture, and related factors. Please keep in mind that questions pertaining to physicians refer to full and part-time salaried ICU physicians, house staff, and attending physicians who regularly admit to the ICU. We estimate that the questionnaire will take approximately 45 minutes to complete.

How You Benefit

Completion of these questions will be of direct benefit to you in two ways. First, we will provide you with specific feedback (in aggregate) on your unit's score on each of the measures of interest. Second, we will provide you with a comparison of your unit's score with that of the other hospitals in the study. This will enable you to assess your comparative performance. The feedback on your unit's scores and the comparison with other hospitals can be used to assess your performance and serve as a basis for continuous improvement of the quality of care provided in your unit.

Please Keep in Mind

You are asked to respond to each question as you believe the situation really exists, not as you think it should be or wish it to be. Responses are confidential; the numbers on the questionnaires are for tracking returns. Analyses will be based on aggregate responses only.

Please seal the completed questionnaire in the envelope provided and place it in the U.S. Post Office mail. Thank you for your assistance.

Please note: ANY QUESTIONS WHICH YOU HAVE OR ASSISTANCE NEEDED IN COMPLETING THIS QUESTIONNAIRE SHOULD BE DIRECTED TO ANY ONE OF THE FOLLOWING INDIVIDUALS.

Robin Gillies, Ph.D.

Denise Rousseau, Ph.D.

6 Wphen M. Shortell, Ph.D.

SECTION ONE: RELATIONSHIPS AND COMMUNICATIONS WITHIN THE ICU

I. For each of the following statements, please circle the number under the response that best reflects your judgment.

Statement	Strongly Disagree 1	Disagree 2	Neither Disagree Nor Agree 3	Agree 4	Strongly Agree 5
<u>Nurse-to-Nurse Relationships:</u> These statements refer to relationships between nurses.					
1. I look forward to working with the nurses of this ICU each day.	1	2	3	4	5
2. It is easy for me to talk openly with the nurses of this ICU.	1	2	3	4	5
3. I can think of a number of times when I received incorrect information from nurses in this unit.	1	2	3	4	5
4. There is effective communication between nurses across shifts.	1	2	3	4	5
5. Communication between nurses in this unit is very open.	1	2	3	4	5
6. It is often necessary for me to go back and check the accuracy of information I have received from nurses in this unit.	1	2	3	4	5
7. I find it enjoyable to talk with other nurses of this unit.	1	2	3	4	5
8. Nurses in the unit are well informed regarding events occurring on other shifts.	1	2	3	4	5
9. When nurses talk with each other in this unit, there is a good deal of understanding.	1	2	3	4	5
10. The accuracy of information passed among nurses of this unit leaves much to be desired.	1	2	3	4	5
11. It is easy to ask advice from nurses in this unit.	1	2	3	4	5
12. I feel that certain ICU nurses don't completely understand the information they receive.	1	2	3	4	5

Statement	Strongly Disagree 1	Disagree 2	Neither Disagree Nor Agree 3	Agree 4	Strongly Agree 5
(1:19)					
<u>Nurse-to-Physician Relationships:</u> These statements refer to relationships between nurses and physicians.					
13. I look forward to working with the physicians of this ICU each day.	1	2	3	4	5
14. It is easy for me to talk openly with the physicians of this ICU.	1	2	3	4	5
15. I can think of a number of times when I received incorrect information from physicians in this unit.	1	2	3	4	5
16. There is effective communication between nurses and physicians across shifts.	1	2	3	4	5
17. Communication between nurses and physicians in this unit is very open.	1	2	3	4	5
18. It is often necessary for me to go back and check the accuracy of information I have received from physicians in this unit.	1	2	3	4	5
19. I find it enjoyable to talk with physicians of this unit.	1	2	3	4	5
20. Physicians associated with the unit are well informed regarding events occurring on other shifts.	1	2	3	4	5
21. When nurses talk with physicians in this unit, there is a good deal of understanding.	1	2	3	4	5
22. The accuracy of information passed between nurses and physicians of this unit leaves much to be desired.	1	2	3	4	5
23. It is easy to ask advice from physicians in this unit.	1	2	3	4	5
24. I feel that certain ICU physicians don't completely understand the information they receive.	1	2	3	4	5

Statement	Strongly Disagree 1	Disagree 2	Neither Disagree Nor Agree 3	Agree 4	Strongly Agree 5
(1:31)					
<u>General Relationships and Communications:</u> These statements refer to general relationships and communications within the ICU.					
25. I get information on the status of patients when I need it.	1	2	3	4	5
26. This ICU has goals and objectives different from my own.	1	2	3	4	5
27. Physicians are readily available for consultation.	1	2	3	4	5
28. When a patient's status changes, I get relevant information quickly.	1	2	3	4	5
29. I take pride in being associated with this ICU.	1	2	3	4	5
30. Nurses have a good understanding of physician goals.	1	2	3	4	5
31. There are needless delays in relaying information regarding patient care.	1	2	3	4	5
32. I identify with the goals and objectives of this ICU.	1	2	3	4	5
33. Physicians have a good understanding of nursing objectives.	1	2	3	4	5
34. I feel I am part of this ICU team.	1	2	3	4	5
35. In matters pertaining to patient care, nurses call physicians in a timely manner.	1	2	3	4	5
36. Nurses have a good understanding of physicians' treatment plans.	1	2	3	4	5
37. If I had a chance to do the same kind of work for the same pay in another unit of this hospital, I wouldn't go.	1	2	3	4	5
38. Nursing care plans are well understood by physicians in this unit.	1	2	3	4	5

39. Overall, how satisfied are you with the communications in this ICU? Circle the appropriate response.

	Very Dissatisfied 1	Dissatisfied 2	Neither Dissatisfied Nor Satisfied 3	Satisfied 4	Very Satisfied 5
(a) nurse-to-nurse	1	2	3	4	5
b) physician-to-physician	1	2	3	4	5
(c) between nurses and physicians	1	2	3	4	5
(d) between patients and ICU nurses	1	2	3	4	5
(e) between patients and ICU physicians	1	2	3	4	5
(f) between patients' families and ICU nurses	1	2	3	4	5
(g) between patients' families and ICU physicians	1	2	3	4	5

(1:45)

40. How much say or influence do each of the following have over what goes on in this ICU? Circle the appropriate response. Circle "NA" if not applicable.

	No Influence At All (1)	Little Influence (2)	Moderate Influence (3)	Great Influence (4)	Very Great Influence (5)	NA (8)
Hospital Administrators	(1)	(2)	(3)	(4)	(5)	(8)
Staff Nurses	(1)	(2)	(3)	(4)	(5)	(8)
Charge Nurses	(1)	(2)	(3)	(4)	(5)	(8)
Nurse Clinicians	(1)	(2)	(3)	(4)	(5)	(8)
Clinical Coordinators	(1)	(2)	(3)	(4)	(5)	(8)
Assistant Nurse Manager	(1)	(2)	(3)	(4)	(5)	(8)
Nurse Manager/Head Nurse	(1)	(2)	(3)	(4)	(5)	(8)
Medical Director	(1)	(2)	(3)	(4)	(5)	(8)
House Physicians	(1)	(2)	(3)	(4)	(5)	(8)
Residents/Interns	(1)	(2)	(3)	(4)	(5)	(8)
Private Attending Physicians Private Admitters	(1)	(2)	(3)	(4)	(5)	(8)

(1:52)

SECTION TWO: THE WORKPLACE AND FACILITIES*

II. This section focuses on your ICU facility, the equipment and supplies you work with, and the procedures you use on your job.

Listed on the next two pages are sets of words which could be used to describe one's workplace, equipment, supplies, and procedures.

For each set of words, circle the box between them that best describes your situation at work. For example, if you think your workplace is clean some of the time, but not all of the time, you would circle...

Section Two items (34 items) have been deleted. These items are property of Human Synergistics. Please contact Human Synergistics for more information on items and/or their use.

* Excerpted from The Reliability/Safety Survey. Copyright 1987, Human Synergistics/Center for Applied Research. Used with permission.

SECTION THREE: THE ICU CULTURE*

III. Please think about what it takes for you and people like yourself (e.g. your co-workers, people in similar positions) to "fit in" and meet expectations in this ICU. Using the following response options, please indicate the extent to which people are expected to:

	To A	To A	To A	To A
	Slight	Moderate	Great	Very Great
	Extent	Extent	Extent	Extent
Not				
At All				
1	2	3	4	5

(1:97)

Section Three items (48 items) have been deleted. These items are property of Human Synergistics. Please contact Human Synergistics for more information on items and/or their use.

* Excerpted from Level V: Organizational Culture Inventory. Copyright 1987, Human Synergistics/Center for Applied Research. Used with permission.

SECTION FOUR: TEAMWORK AND LEADERSHIP

IV. For each of the following statements, circle the number under the response that best reflects your judgment.

		Neither			
	Strongly	Disagree Nor			
	Disagree	Agree	Agree	Agree	Strongly
	1	2	3	4	5
Statement					

(2:25)

Nursing Leadership: These statements refer to your overall judgment of the characteristics of the ICU nursing leadership (i.e., nurse manager, assistant nurse manager, clinical nurse specialist, charge nurse; this excludes hospital administration). "Unit physicians" refers to all full and part time ICU physicians, house staff, and attending physicians who regularly admit patients to the ICU. The terms "staff" and "unit members" refer to all nurses and physicians associated with the unit.

1. ICU nursing leadership emphasizes standards of excellence to the staff.	1	2	3	4	5
2. ICU nursing leadership provides strong technical guidance and advice to nurses in the unit.	1	2	3	4	5
3. ICU nursing leadership invites staff participation but usually makes decisions itself.	1	2	3	4	5
4. ICU nursing leadership is sufficiently sensitive to the different needs of unit members.	1	2	3	4	5
5. To the extent possible, ICU nursing leadership delegates to individual nurses the opportunity to solve their own patient care problems.	1	2	3	4	5
6. The ICU nursing leadership fails to make clear what they expect from members.	1	2	3	4	5

Statement	Strongly		Neither		Strongly
	Disagree	Disagree	Disagree Nor	Agree	Agree
	1	2	3	4	5
7. Unit nurses look to ICU nursing leadership to help solve technical patient care problems.	1	2	3	4	5
8. ICU nursing leadership actively directs group meetings designed to achieve unit objectives.	1	2	3	4	5
9. ICU nursing leadership discourages nurses from taking initiative.	1	2	3	4	5
10. Nurses in the unit are able to influence the thinking and behavior of ICU nursing leadership as much as ICU nursing leadership influences the thinking and behavior of unit nurses.	1	2	3	4	5
11. Unit nurses are uncertain where they stand with the ICU nursing leadership.	1	2	3	4	5
12. ICU nursing leadership is primarily provided through technical skill and knowledge.	1	2	3	4	5
13. ICU nursing leadership shares but does not give up control over the decision-making process.	1	2	3	4	5
14. The ICU nursing leadership is out of touch with nurse perceptions and concerns.	1	2	3	4	5
15. ICU nursing leadership is primarily exerted by making sure that the unit arrives at correct decisions.	1	2	3	4	5
16. ICU nursing leadership is primarily characterized by encouraging people to solve their own problems.	1	2	3	4	5
17. ICU nursing leadership often makes decisions without input from unit nurses.	1	2	3	4	5
18. In this ICU, nursing leadership is primarily exerted through preventing and correcting technical mistakes.	1	2	3	4	5
19. In this ICU, nursing leadership is primarily evidenced by giving staff opportunities for self-development.	1	2	3	4	5
20. ICU nursing leadership effectively adapts its problem-solving style to changing circumstances.	1	2	3	4	5

(2:31)

Statement	Strongly Disagree 1	Disagree 2	Neither Disagree Nor Agree 3	Agree 4	Strongly Agree 5
(2:45)					
<u>Physician Leadership:</u> These statements refer to your overall judgment of the characteristics of the ICU physician leadership (i.e., ICU medical director and designated assistants or whichever physician is in charge of patient care). "Unit physicians" refers to all full and part time ICU physicians, house staff, and attending physicians who regularly admit patients to the ICU. The terms "staff" and "unit members" refer to <u>all</u> nurses and physicians associated with the unit.					
21. ICU physician leadership emphasizes standards of excellence to the staff.	1	2	3	4	5
22. ICU physician leadership provides strong technical guidance and advice to nurses in the unit.	1	2	3	4	5
23. ICU physician leadership invites staff participation but usually makes decisions itself.	1	2	3	4	5
24. ICU physician leadership is sufficiently sensitive to the different needs of unit members.	1	2	3	4	5
25. To the extent possible, ICU physician leadership delegates to individual unit members the opportunity to solve their own patient care problems.	1	2	3	4	5
26. The ICU physician leadership fails to make clear what they expect from members.	1	2	3	4	5
27. Unit nurses look to ICU physician leadership to help solve technical patient care problems.	1	2	3	4	5
28. ICU physician leadership actively directs group meetings designed to achieve unit objectives.	1	2	3	4	5
29. ICU physician leadership discourages nurses from taking initiative.	1	2	3	4	5
30. Nurses in the unit are able to influence the thinking and behavior of ICU physician leadership as much as ICU physician leadership influences the thinking and behavior of unit nurses.	1	2	3	4	5
31. Unit nurses are uncertain where they stand with the ICU physician leadership.	1	2	3	4	5
32. ICU physician leadership is primarily provided through technical skill and knowledge.	1	2	3	4	5
33. ICU physician leadership shares but does not give up control over the decision-making process.	1	2	3	4	5

Statement	Strongly		Neither		Strongly
	Disagree	Disagree	Disagree Nor	Agree	Agree
	1	2	3	4	5
34. The ICU physician leadership is out of touch with nurse perceptions and concerns.	1	2	3	4	5
35. ICU physician leadership is primarily exerted by making sure that the unit arrives at correct decisions.	1	2	3	4	5
36. ICU physician leadership is primarily characterized by encouraging people to solve their own problems.	1	2	3	4	5
37. ICU physician leadership often makes decisions without input from unit nurses.	1	2	3	4	5
38. In this ICU, physician leadership is primarily exerted through preventing and correcting technical mistakes.	1	2	3	4	5
39. In this ICU, physician leadership is primarily evidenced by giving staff opportunities for self-development.	1	2	3	4	5
40. ICU physician leadership effectively adapts its problem-solving style to changing circumstances.	1	2	3	4	5
<u>General:</u> These statements refer in general to teamwork and leadership in the ICU.					
41. We rarely achieve much progress in unit meetings.	1	2	3	4	5
42. Our unit has constructive work relationships with other groups in this hospital.	1	2	3	4	5
43. Unit meetings seem to be disorganized.	1	2	3	4	5
44. Our unit does not receive the cooperation it needs from other hospital units.	1	2	3	4	5
45. Our meetings address and resolve the issues that should be dealt with.	1	2	3	4	5
46. Other hospital subunits seem to have a low opinion of us.	1	2	3	4	5
47. ICU interests are adequately represented at higher levels of the hospital.	1	2	3	4	5
48. Inadequate working relationships with other hospital groups limit our effectiveness.	1	2	3	4	5

(2:58)

SECTION SIX--PART A: MANAGING DISAGREEMENTS BETWEEN NURSES

VI--PART A: Consider what happens when there is a disagreement or conflict between ICU nurses.
Based on your experience in this unit, how likely is it that:

Statement	Not at all likely 1	Not so likely 2	Somewhat likely 3	Very likely 4	Almost Certain 5
	(2.91)				
1. One nurse will force others to yield to his or her position.	1	2	3	4	5
2. Each nurse involved will give in a bit and settle on a compromise.	1	2	3	4	5
3. When nurses disagree, they will ignore the issue, pretending it will "go away."	1	2	3	4	5
4. When two nurses disagree, they will involve their superiors in resolving the issue.	1	2	3	4	5
5. Nurses will withdraw from the conflict.	1	2	3	4	5
6. All points of view will be carefully considered in arriving at the best solution of the problem.	1	2	3	4	5
7. A superior will have to resolve the dispute between nurses.	1	2	3	4	5
8. All the nurses will work hard to arrive at the best possible solution.	1	2	3	4	5
9. A nurse will try hard to win by pressing his or her position.	1	2	3	4	5
10. The nurses involved will not settle the dispute until all are satisfied with the decision.	1	2	3	4	5
11. A problem between nurses will be referred to someone higher up.	1	2	3	4	5
12. Both parties will bargain away some of their desires in order to satisfy each other.	1	2	3	4	5
13. Nurses on both sides will agree to a less than optimal solution.	1	2	3	4	5
14. The nurses involved will take a firm position.	1	2	3	4	5
15. Everyone contributes from their experience and expertise to produce a high quality solution.	1	2	3	4	5
16. Disagreements between nurses will be ignored.	1	2	3	4	5

SECTION SIX--PART B: MANAGING DISAGREEMENTS BETWEEN NURSES AND PHYSICIANS

VI--PART B: Consider what happens when there is a disagreement or conflict between ICU nurses and physicians. Based on your experience in this unit, how likely is it that:

Statement	Not at all likely 1	Not so likely 2	Somewhat likely 3	Very likely 4	Almost Certain 5
	(2:107)				
1. One will force others to yield to his or her position.	1	2	3	4	5
2. Nurses and physicians involved will give in a bit and settle on a compromise.	1	2	3	4	5
3. When nurses and physicians disagree, they will ignore the issue, pretending it will "go away."	1	2	3	4	5
4. When nurses and physicians disagree, they will involve their superiors in resolving the issue.	1	2	3	4	5
5. Both parties will withdraw from the conflict.	1	2	3	4	5
6. All points of view will be carefully considered in arriving at the best solution of the problem.	1	2	3	4	5
7. A superior will have to resolve the dispute between nurses and physicians.	1	2	3	4	5
8. The nurses and physicians will work hard to arrive at the best possible solution.	1	2	3	4	5
9. Each will try hard to win by pressing his or her position.	1	2	3	4	5
10. Both parties involved will not settle the dispute until all are satisfied with the decision.	1	2	3	4	5
11. A problem between nurses and physicians will be referred to someone higher up.	1	2	3	4	5
12. Both parties will bargain away some of their desires in order to satisfy each other.	1	2	3	4	5
13. Nurses and physicians will agree to a less than optimal solution.	1	2	3	4	5
14. Both parties involved will take a firm position.	1	2	3	4	5
15. Everyone contributes from their experience and expertise to produce a high quality solution.	1	2	3	4	5
16. Disagreements between nurses and physicians will be ignored.	1	2	3	4	5

SECTION SEVEN: COORDINATION MECHANISMS

WITHIN THE ICU

VII--PART A: Various strategies and procedures can be used to coordinate patient care activities within an ICU. In your ICU, to what extent do each of the mechanisms listed below effectively contribute to the coordination of staff activities and the quality of patient care? Circle the appropriate response below. Please circle "8" if your ICU does not use the mechanism.

Statement	Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Effective 4	Very Effective 5	Not Applicable (Not Used Here) 8
						(3:7)
a. Written rules, policies, and procedures?	1	2	3	4	5	8
b. Written plans and schedules?	1	2	3	4	5	8
c. Computerized information systems?	1	2	3	4	5	8
d. Unit directors' efforts to coordinate member activities?	1	2	3	4	5	8
e. One-to-one communication between staff?	1	2	3	4	5	8
f. Ad hoc group meetings?	1	2	3	4	5	8
g. Task forces and standing committees?	1	2	3	4	5	8
h. Written treatment protocols?	1	2	3	4	5	8
i. Daily staff rounds?	1	2	3	4	5	8

BETWEEN THE ICU AND OTHER HOSPITAL UNITS

VII--PART B: Various strategies and procedures can also be used to coordinate patient care activities between your ICU and other hospital units(e.g., operating room, emergency room, general medical/surgical floors, lab, respiratory therapy, etc.). In your ICU, to what extent do each of the mechanisms listed below effectively contribute to the coordination of your unit's activities with other hospital units? Circle the appropriate response below. Please circle "8" if your ICU does not use the mechanism.

Statement	Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Effective 4	Very Effective 5	Not Applicable (Not Used Here) 8
						(3:16)
a. Written treatment protocols?	1	2	3	4	5	8
b. Ad hoc group meetings between ICU members and members of other units?	1	2	3	4	5	8

Statement	Not at all Effective 1	Slightly Effective 2	Moderately Effective 3	Effective 4	Very Effective 5	Not Applicable (Not Used Here) 8
(3:18)						
c. Unit directors' personal efforts to coordinate activities between ICU staff and members of other units?	1	2	3	4	5	8
d. Written rules, policies, and procedures?	1	2	3	4	5	8
e. Written plans and schedules?	1	2	3	4	5	8
f. One-to-one communication between ICU staff and members of other units?	1	2	3	4	5	8
g. Task forces and standing committees involving members of the ICU and other units?	1	2	3	4	5	8
h. Daily staff rounds in which information is shared which helps assure coordination between other units and the ICU?	1	2	3	4	5	8
i. Computerized information systems?	1	2	3	4	5	8

SECTION EIGHT: AUTHORITY

VIII. For each of the following statements, circle the number on the scale which best reflects your judgment.

Statement	Strongly Disagree 1	Disagree 2	Neither Agree Nor Disagree 3	Agree 4	Strongly Agree 5
(3:25)					
A. Our ICU <u>Medical Director</u> has sufficient authority regarding:					
(1) Admitting and discharging patients	1	2	3	4	5
(2) Treatment protocols	1	2	3	4	5
(3) Budgeting	1	2	3	4	5
(4) Hiring and firing physician staff	1	2	3	4	5
(5) Equipment purchases	1	2	3	4	5

Statement	Strongly Disagree 1	Disagree 2	Neither Agree Nor Disagree 3	Agree 4	Strongly Agree 5
(3:30)					
B. The ICU <u>Medical Director</u> does a good job of involving members in:					
(1) Determining standards for patient care	1	2	3	4	5
(2) Determining staffing requirements	1	2	3	4	5
(3) Developing quality assurance programs	1	2	3	4	5
(4) Assuring that standards are met and corrective actions taken	1	2	3	4	5
(5) Researching, testing, and implementing changes	1	2	3	4	5
(6) Determining nursing staff patterns (e.g. primary/team/functional)	1	2	3	4	5
(7) Developing budgets based on staff objectives	1	2	3	4	5
C. Our ICU <u>Nurse Manager/Head Nurse</u> has sufficient authority regarding:					
(1) Admitting and discharging patients	1	2	3	4	5
(2) Treatment protocols	1	2	3	4	5
(3) Budgeting	1	2	3	4	5
(4) Hiring and firing staff	1	2	3	4	5
(5) Equipment purchases	1	2	3	4	5
D. Our ICU <u>Nurse Manager/Head Nurse</u> does a good job of involving members in:					
(1) Determining standards for patient care	1	2	3	4	5
(2) Determining staffing requirements	1	2	3	4	5
(3) Developing quality assurance programs	1	2	3	4	5
(4) Assuring that standards are met and corrective actions taken	1	2	3	4	5
(5) Researching, testing, and implementing changes	1	2	3	4	5
(6) Determining nursing staff patterns (e.g. primary/team/functional)	1	2	3	4	5
(7) Developing budgets based on staff objectives	1	2	3	4	5

SECTION NINE: SATISFACTION

IX. Overall, how satisfied are you in your job? Check the appropriate face.



(3:49)

SECTION TEN: BACKGROUND INFORMATION

1a. Is your assignment in the ICU? (Circle one only)

1. ___ permanent (hospital-employed)

(3:50)

2. ___ temporary (hospital-employed)

3. ___ floating (hospital-employed)

4. ___ per diem (hospital-employed)

5. ___ contract (pre-specified duration)

If contract, length of contract _____ months _____ weeks _____ days

(3:51-6)

6. ___ agency (day-by-day)

If agency, how many days have you worked in this unit during the past year? _____

(3:57-9)

1b. Is your assignment in the ICU?

1. ___ full time 2. ___ part time

(3:60)

2. Before working in this unit, how many years of experience did you have in other ICUs?

_____ years _____ months

(3:61-4)

3. How many years have you worked in this ICU?

_____ years _____ months

(3:65-8)

4a. On which shift do you work the majority of your hours? (Please circle one only)

1. ___ day

(3:69)

2. ___ night

3. ___ evening

4. ___ PM

5. ___ weekend day

6. ___ weekend night

7. ___ rotating

8. ___ flex

4b. How many hours (per day) is your normal shift?

_____ hours

(3:70-1)

- 4c. How long have you worked on this shift?
 _____ years _____ months (3:72-5)
5. Which nursing degrees do you hold? (Circle all that apply) (3:76-81)
1. ___LPN
 2. ___diploma school
 3. ___A.D. in nursing
 4. ___B.S. in nursing
 5. ___Masters in Nursing
 6. ___Ph.D. in Nursing
6. Which of the following certifications do you have?
- CCRN:
1. ___yes 2. ___no (3:82)
- Hospital certification--critical care nursing
1. ___yes 2. ___no (3:83)
- ACLS:
1. ___yes 2. ___no (3:84)
- 7a. When did you last participate in any continuing education related to ICU care? (3:85)
1. ___in the last 7-12 months
 2. ___in the last 4-6 months
 3. ___in the last 3 months
 4. ___None of the above
- 7b. If within the last 12 months, briefly list and describe your continuing education. (3:86-91)
- 1.
 - 2.
 - 3.
 - 4.
8. Did you participate in an orientation program specific to this intensive care unit when you began to work in the ICU? (3:92)
1. ___yes 2. ___no
9. Sex (3:93)
1. ___Female 2. ___Male
10. Marital status (3:94)
1. ___Single
 2. ___Married
 3. ___Divorced
 4. ___Widowed
11. Number of children:_____ (3:95-6)
12. In what year were you born? 19_____ (3:97-8)

13. Which of the following applies?

1. ___US native
2. ___US naturalized
3. ___Foreign national
4. ___Other

(3:99)

SECTION ELEVEN: IN CONCLUSION

1. In your judgment, what factors contribute to the effectiveness of this ICU? In other words, what are this ICU's particular strengths?

(3:100-07)

2. In your judgment, what factors reduce this ICU's effectiveness? In other words, what factors need improvement?

(3:108-15)

3. Consider the actual time you spent on this questionnaire; how long did it take you to complete this survey?

___ (1) 30 minutes or less

(3:116)

___ (2) 30-40 minutes

___ (3) 40-50 minutes

___ (4) 50-60 minutes

___ (5) 60 minutes or more

4. The space below is provided for any additional comments you wish to make regarding your ICU in general or your personal experience with working in the unit.

(3:117-24)

Thank you very much for your help and cooperation in answering this questionnaire! Please return in the addressed postage paid envelope provided.