

Measure # 12b: ICU Nurse-Physician Questionnaire – Short Versions

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THE ORGANIZATION AND MANAGEMENT OF INTENSIVE CARE UNITS

**School of Public Health
University of California, Berkeley**

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
(Short Version)**

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INFORMATION FOR USERS OF THE ICU NURSE-PHYSICIAN QUESTIONNAIRE

This instrument was developed for use in intensive care units. Information regarding the psychometric characteristics of the instrument in the National Study of Intensive Care Units is available in S. Shortell *et al*, "Organizational Assessment in Intensive Care Units (ICUs): Construct Development, Reliability, and Validity of the ICU Nurse-Physician Questionnaire," Medical Care, Volume 29, August 1991, pp 709-727. The scales developed from the items in this questionnaire are also detailed in the Medical Care article.

Although originally designed for ICUs, we believe the questionnaire can be used in other hospital settings (units). However, use in other settings will require that the specified unit of interest be changed throughout the questionnaire. For example, "It is easy for me to talk openly with the physicians of this ICU" can be changed to "It is easy for me to talk openly with the physicians of this ER" for evaluating an emergency room or "It is easy for me to talk openly with the physicians who work with coronary artery bypass graft patients" for evaluating a coronary bypass patient critical pathway. We believe this can be done without jeopardizing the reliability and validity of the questionnaire, and subsequent use by other researchers seems to support this belief.

On the next page is the background information discussion from the questionnaire that may serve as a guide for your own set of instructions to potential respondents. Indicating how the respondent will benefit from the completion of the questionnaire is important for promoting response. We also found it useful to include a paragraph such as "Please Keep in Mind" to alleviate any concerns about the consequences of providing the information requested.

Overall, the questionnaire should take approximately 20 minutes to complete. You may want to add on a section requesting relevant background information (education, position, experience, full-time/part-time, shift, certification/specialties, sex, age, citizenship, etc.) on the respondent. You may also want to include a section for open-ended questions or comments.

If you wish to use the ICU Nurse-Physician Questionnaire, please send/fax a written request to Stephen M. Shortell, Ph.D., c/o Robin Gillies, Health Policy and Management, School of Public Health, 140 Warren Hall, University of California, Berkeley, CA 94720-7360 (Tel: 510/643-8063; FAX: 510/643-8613). Formal permission will be quickly granted. There is no cost for use of the instrument for research purposes. In exchange for permission to use the questionnaire for research purposes, we request that it be cited in any publications and research materials that result from your research. The proper citation for use is: "Excerpted from The Organization and Management of Intensive Care Units. Copyright 1989, Shortell and Rousseau." Again, it is permissible to adapt the instruments to suit your specific situation. We do request, however, that you share your findings from the use of the instrument with us.

If you have any questions regarding the instruments, please contact Robin Gillies, Ph.D., at Health Policy and Management, School of Public Health, 140 Warren Hall, University of California, Berkeley, CA 94720-7360 (Tel: 510/643-8063; FAX: 510/643-8613).

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 20 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
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Physician-to-Physician Relationships: These statements refer to relationships between physicians.

1.	It is easy for me to talk openly with the physicians of this ICU.	1	2	3	4	5
2.	I can think of a number of times when I received incorrect information from physicians in this unit.	1	2	3	4	5
3.	Communication between physicians in this unit is very open.	1	2	3	4	5
4.	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
5.	I find it enjoyable to talk with other physicians of this unit.	1	2	3	4	5
6.	When physicians talk with each other in this unit, there is a good deal of understanding.	1	2	3	4	5
7.	The accuracy of information passed among physicians of this unit leaves much to be desired.	1	2	3	4	5
8.	It is easy to ask advice from physicians in this unit.	1	2	3	4	5
9.	I feel that certain ICU physicians don't completely understand the information they receive.	1	2	3	4	5

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

10.	It is easy for me to talk openly with the nurses of this ICU.	1	2	3	4	5
11.	I can think of a number of times when I received incorrect information from nurses in this unit.	1	2	3	4	5

Statement	Strongly Disagree 1	Disagree 2	Neither Disagree Nor Agree 3	Agree 4	Strongly Agree 5
12. Communication between nurses and physicians in this unit is very open.	1	2	3	4	5
13. 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
14. I find it enjoyable to talk with nurses of this unit.	1	2	3	4	5
15. When nurses talk with physicians in this unit, there is a good deal of understanding.	1	2	3	4	5
16. The accuracy of information passed between nurses and physicians of this unit leaves much to be desired.	1	2	3	4	5
17. It is easy to ask advice from nurses in this unit.	1	2	3	4	5
18. I feel that certain ICU nurses don't completely understand the information they receive.	1	2	3	4	5

General Relationships and Communications: These statements refer to general relationships and Fommunications within the ICU.

19. I get information on the status of patients when I need it.	1	2	3	4	5
20. When a patient's status changes, I get relevant information quickly.	1	2	3	4	5
21. There are needless delays in relaying information regarding patient care.	1	2	3	4	5
22. In matters pertaining to patient care, nurses call physicians in a timely manner.	1	2	3	4	5

SECTION TWO: TEAMWORK AND LEADERSHIP

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

Statement	Strongly Disagree 1	Disagree 2	Neither Disagree Nor Agree 3	Agree 4	Strongly Agree 5
<hr/>					
<p><u>Nursing Leadership</u>: 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 <u>excludes</u> 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 <u>all</u> nurses and physicians associated with the unit.</p>					
1. ICU nursing leadership emphasizes standards of excellence to the staff.	1	2	3	4	5
2. ICU nursing leadership is sufficiently sensitive to the different needs of unit members.	1	2	3	4	5
3. The ICU nursing leadership fails to make clear what they expect from unit members.	1	2	3	4	5
4. ICU nursing leadership discourages physicians from taking initiative.	1	2	3	4	5
5. Unit physicians are uncertain where they stand with the ICU nursing leadership.	1	2	3	4	5
6. The ICU nursing leadership is out of touch with physician perceptions and concerns.	1	2	3	4	5
7. ICU nursing leadership often makes decisions without input from unit physicians.	1	2	3	4	5
8. ICU nursing leadership effectively adapts its problem-solving style to changing circumstances.	1		3		

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 all nurses and physicians associated with the unit.

9.	ICU physician leadership emphasizes standards of excellence to the staff.	1	2	3	4	5
10.	ICU physician leadership is sufficiently sensitive to the different needs of unit members.	1	2	3	4	5
11.	The ICU physician leadership fails to make clear what they expect from unit members.	1	2	3	4	5
12.	ICU physician leadership discourages physicians from taking initiative.	1	2	3	4	5
13.	Unit physicians are uncertain where they stand with the ICU physician leadership.	1	2	3	4	5
14.	The ICU physician leadership is out of touch with physician perceptions and concerns.	1	2	3	4	5
15.	ICU physician leadership often makes decisions without input from unit physicians.	1	2	3	4	5
16.	ICU physician leadership effectively adapts its problem-solving style to changing circumstances	1	2		4	

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

17.	Our unit has constructive work relationships with other groups in this hospital.	1	2	3	4	5
18.	Our unit does not receive the cooperation it needs from other hospital units.	1	2	3	4	5
19.	Other hospital subunits seem to have a low opinion of us.	1	2	3	4	5
20.	Inadequate working relationships with other hospital groups limit our effectiveness.	1	2	3	4	5

SECTION THREE: PERCEIVED EFFECTIVENESS

III. 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?

	Much Worse Than	Somewhat Worse Than	Same As	Somewhat Better Than	Much Better Than
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

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SECTION FOUR--PART A: MANAGING DISAGREEMENTS BETWEEN PHYSICIANS

IV--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. When physicians disagree, they will ignore the issue, pretending it will "go away."	1	2	3	4	5
2. Physicians will withdraw from the conflict.	1	2	3	4	5
3. All points of view will be carefully considered in arriving at the best solution of the problem.	1	2	3	4	5
4. All the physicians will work hard to arrive at the best possible solution.	1	2	3	4	5
5. The physicians involved will not settle the dispute until all are satisfied with the decision.	1	2	3	4	5
6. Everyone contributes from their experience and expertise to produce a high quality solution.	1	2	3	4	5
7. Disagreements between physicians will be ignored or avoided.	1	2	3	4	5

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

IV--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:

1. When nurses and physicians disagree, they will ignore the issue, pretending it will "go away."	1	2	3	4	5
2. Both parties will withdraw from the conflict.	1	2	3	4	5
3. All points of view will be carefully considered in arriving at the best solution of the problem.	1	2	3	4	5
4. The nurses and physicians will work hard to arrive at the best possible solution.	1	2	3	4	5
5. Both parties involved will not settle the dispute until all are satisfied with the decision.	1	2	3	4	5
6. Everyone contributes from their experience and expertise to produce a high quality solution.	1	2	3	4	5
7. Disagreements between nurses and physicians					

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SECTION FIVE: AUTHORITY

V. 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
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		3	4	5
(5) Equipment purchases	1	2	3	4	5
B. 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		5

SECTION SIX: SATISFACTION

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

Very Dissat- isfied 1	Dissat- isfied 2	Neither Dissatisfied Nor Satisfied 3	Satisfied 4	Very Satisfied 5
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7 KDN \ RX YHJ P XFKIRU \ RXUKHS DQGFRRSHDNRQIQDQZ HIQJ WLVYTXHWRQQDIH
30 DMUHMUQIQVHIDGGUHMFGSRVW HSDIGHQYHRSHSURYMGH

THE ORGANIZATION AND MANAGEMENT OF INTENSIVE CARE UNITS

**School of Public Health
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Principal Investigator: Stephen M. Shortell, Ph. D.

**Senior Investigators: Denise M. Rousseau, Ph. D.
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**ICU Nurse Questionnaire
(Short Version)**

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INFORMATION FOR USERS OF THE ICU NURSE-PHYSICIAN QUESTIONNAIRE

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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
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Nurse-to-Nurse Relationships: These statements refer to relationships between nurses.

1.	It is easy for me to talk openly with the nurses of this ICU.	1	2	3	4	5
2.	I can think of a number of times when I received incorrect information from nurses in this unit.	1	2	3	4	5
3.	Communication between nurses in this unit is very open.	1	2	3	4	5
4.	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
5.	I find it enjoyable to talk with other nurses of this unit.	1	2	3	4	5
6.	When nurses talk with each other in this unit, there is a good deal of understanding.	1	2	3	4	5
7.	The accuracy of information passed among nurses of this unit leaves much to be desired.	1	2	3	4	5
8.	It is easy to ask advice from nurses in this unit.	1	2	3	4	5
9.	I feel that certain ICU nurses don't completely understand the information they receive.	1	2	3	4	5

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

10.	It is easy for me to talk openly with the physicians of this ICU.	1	2	3	4	5
11.	I can think of a number of times when I received incorrect information from physicians in this unit.	1	2	3	4	5

Statement	Strongly Disagree 1	Disagree 2	Neither Disagree Nor Agree 3	Agree 4	Strongly Agree 5
12. Communication between nurses and physicians in this unit is very open.	1	2	3	4	5
13. 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
14. I find it enjoyable to talk with physicians of this unit.	1	2	3	4	5
15. When nurses talk with physicians in this unit, there is a good deal of understanding.	1	2	3	4	5
16. The accuracy of information passed between nurses and physicians of this unit leaves much to be desired.	1	2	3	4	5
17. It is easy to ask advice from physicians in this unit.	1	2	3	4	5
18. I feel that certain ICU physicians don't completely understand the information they receive.	1	2	3	4	5

General Relationships and Communications: These statements refer to general relationships and communications within the ICU.

19. I get information on the status of patients when I need it.	1	2	3	4	5
20. When a patient's status changes, I get relevant information quickly.	1	2	3	4	5
21. There are needless delays in relaying information regarding patient care.	1	2	3	4	5
22. In matters pertaining to patient care, nurses call physicians in a timely manner.	1	2	3	4	5

SECTION TWO: TEAMWORK AND LEADERSHIP

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

Statement	Strongly Disagree 1	Disagree 2	Neither Disagree Nor Agree 3	Agree 4	Strongly Agree 5
1. ICU nursing leadership emphasizes standards of excellence to the staff.	1	2	3	4	5
2. ICU nursing leadership is sufficiently sensitive to the different needs of unit members.	1	2	3	4	5
3. The ICU nursing leadership fails to make clear what they expect from members.	1	2	3	4	5
4. ICU nursing leadership discourages nurses from taking initiative.	1	2	3	4	5
5. Unit nurses are uncertain where they stand with the ICU nursing leadership.	1	2	3	4	5
6. The ICU nursing leadership is out of touch with nurse perceptions and concerns.	1	2	3	4	5
7. ICU nursing leadership often makes decisions without input from unit nurses.	1	2	3	4	5
8. ICU nursing leadership effectively adapts its problem-solving style to changing circumstances.	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.

Statement	Strongly Disagree 1	Disagree 2	Neither Disagree Nor Agree 3	Agree 4	Strongly Agree 5
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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 all nurses and physicians associated with the unit.

9.	ICU physician leadership emphasizes standards of excellence to the staff.	1	2	3	4	5
10.	ICU physician leadership is sufficiently sensitive to the different needs of unit members.	1	2	3	4	5
11.	The ICU physician leadership fails to make clear what they expect from members.	1	2	3	4	5
12.	ICU physician leadership discourages nurses from taking initiative.	1	2	3	4	5
13.	Unit nurses are uncertain where they stand with the ICU physician leadership.	1	2	3	4	5
14.	The ICU physician leadership is out of touch with nurse perceptions and concerns.	1	2	3	4	5
15.	ICU physician leadership often makes decisions without input from unit nurses.	1	2	3	4	5
16.	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.

17.	Our unit has constructive work relationships with other groups in this hospital.	1	2	3	4	5
18.	Our unit does not receive the cooperation it needs from other hospital units.	1	2	3	4	5
19.	Other hospital subunits seem to have a low opinion of us.	1	2	3	4	5
20.	Inadequate working relationships with other hospital groups limit our effectiveness.	1	2	3	4	5

SECTION THREE: PERCEIVED EFFECTIVENESS

III. 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?

	Much Worse Than	Somewhat Worse Than	Same As	Somewhat Better Than	Much Better Than
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 FOUR--PART A: MANAGING DISAGREEMENTS BETWEEN NURSES

IV--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
1. When nurses disagree, they will ignore the issue, pretending it will "go away."	1	2	3	4	5
2. Nurses will withdraw from the conflict.	1	2	3	4	5
3. All points of view will be carefully considered in arriving at the best solution of the problem.	1	2	3	4	5
4. All the nurses will work hard to arrive at the best possible solution.	1	2	3	4	5
5. The nurses involved will not settle the dispute until all are satisfied with the decision.	1	2	3	4	5
6. Everyone contributes from their experience and expertise to produce a high quality solution.	1	2	3	4	5
7. Disagreements between nurses will be ignored.	1	2	3	4	5

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

IV--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:

1. When nurses and physicians disagree, they will ignore the issue, pretending it will "go away."	1	2	3	4	5
2. Both parties will withdraw from the conflict.	1	2	3	4	5
3. All points of view will be carefully considered in arriving at the best solution of the problem.	1	2	3	4	5
4. The nurses and physicians will work hard to arrive at the best possible solution.	1	2	3	4	5
5. Both parties involved will not settle the dispute until all are satisfied with the decision.	1	2	3	4	5
6. Everyone contributes from their experience and expertise to produce a high quality solution.	1	2	3	4	5
7. Disagreements between nurses and physicians will be ignored.	1	2	3	4	5

SECTION FIVE: AUTHORITY

V. 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
—					
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
B. 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

SECTION SIX: SATISFACTION

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

Very Dissat- isfied 1	Dissat- isfied 2	Neither Dissatisfied Nor Satisfied 3	Satisfied 4	Very Satisfied 5
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Thank you very much for your help and cooperation in answering this questionnaire! Please return in the addressed postage paid envelope provided.