



2018 NDNQI RN Survey with Practice Environment Scale[©]

The NDNQI[®] *RN Survey with Practice Environment Scale* contains the *Practice Environment Scale* of the *Nursing Work Index (PES-NWI)* (Lake, 2002), in addition to *Nurse-Nurse Interaction* (from NDNQI Job Satisfaction Scales-R survey), *Job Enjoyment* (adapted from Brayfield and Rothe, 1951; Taunton et al., 2004), work context items, and nurse characteristic items.

Lake (2002) defines nursing practice environment as the “organizational characteristics of a work setting that facilitate or constrain professional nursing practice” (p. 178). *PES-NWI* subscales include: *Nurse Participation in Hospital Affairs; Nursing Foundations for Quality of Care; Nurse Manager Ability, Leadership, and Support of Nurses; Staffing and Resource Adequacy; and Collegial Nurse-Physician Relations*. The *PES-NWI*, *Nurse-Nurse Interaction* and *Job Enjoyment* are measured at the work group or unit level, just as all other indicators included in the NDNQI[®].

The *PES-NWI* is endorsed by the National Quality Forum (NQF) (National Quality Forum, 2004). NQF is a private, not-for-profit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting. The mission of the NQF is to improve American healthcare through endorsement of consensus-based national standards for measurement and public reporting of healthcare performance data that provide meaningful information about whether care is safe, timely, beneficial, patient-centered, equitable and efficient.

Work context items relate to RN job plans, quality of care (Aiken, Clarke, & Sloane, 2002), ratings of the last shift worked, breaks (Rogers, Hwang, & Scott, 2004), and overtime. Items regarding breaks were adapted with permission from Dr. Ann Rogers. Items regarding “Missed Care” were adapted with permission from Dr. Aiken (NINR grant R01 NR014855-01 “Panel Study of Effects of Changes in Nursing on Patient Outcomes”). RN characteristic items include gender, race, age, tenure, and education.

Eligibility Criteria

Eligible RNs are full or part-time, regardless of job title, who spend at least 50% of their time in direct patient care, and have been employed a minimum of 3 months on the unit. Unit-based PRN or per-diem RNs employed by the hospital are eligible, agency or contract RNs are not eligible. See RN Survey Coordinator Data Collection Protocol for additional details.

NDNQI Member Reports

All items and item response options are not included in the reports. For details regarding report contents, see the RN Survey Scoring and Glossary Guide document, available on your member website.

PLEASE NOTE – In addition to our Base Job Satisfaction Survey we are offering an optional version of the Job Satisfaction Survey with additional Magnet Modules (for an additional \$1,300 fee) that will meet all seven Magnet Domains. The questions that are added to this Modular Survey version are included in Appendix A, following the Base Survey items.

Practice Environment Scale

For each item, please indicate the extent to which you agree that the item is PRESENT IN YOUR CURRENT JOB.

Response options: strongly agree, agree, disagree, strongly disagree.

Nurse Participation in Hospital Affairs

1. Career development/clinical ladder opportunity.
2. Opportunity for staff nurses to participate in policy decisions.
3. A chief nursing officer which is highly visible and accessible to staff.
4. A chief nursing officer equal in power and authority to other top-level hospital executives.
5. Opportunities for advancement.
6. Administration that listens and responds to employee concerns.
7. Staff nurses are involved in the internal governance of the hospital (e.g., practice and policy committees).
8. Staff nurses have the opportunity to serve on hospital and nursing committees.
9. Nursing administrators consult with staff on daily problems and procedures.

Nursing Foundations for Quality of Care

1. Active staff development or continuing education programs for nurses.
2. High standards of nursing care are expected by the administration.
3. A clear philosophy of nursing that pervades the patient care environment.
4. Working with nurses who are clinically competent.
5. An active quality assurance program.
6. A preceptor program for newly hired RNs.
7. Nursing care is based on a nursing, rather than a medical, model.
8. Written, up-to-date nursing care plans for all patients.
9. Patient care assignments that foster continuity of care, i.e., the same nurse cares for the patient from one day to the next.
10. Use of nursing diagnoses.

Nurse Manager Ability, Leadership, and Support of Nurses

1. A supervisory staff that is supportive of the nurses.
2. Supervisors use mistakes as learning opportunities, not criticism.
3. A nurse manager who is a good manager and leader.
4. Praise and recognition for a job well done.

5. A nurse manager who backs up the nursing staff in decision-making, even if the conflict is with a physician.

Staffing and Resource Adequacy

1. Adequate support services allow me to spend time with my patients.
2. Enough time and opportunity to discuss patient care problems with other nurses.
3. Enough registered nurses to provide quality patient care.
4. Enough staff to get the work done.

Collegial Nurse-Physician Relations

1. Physicians and nurses have good working relationships.
2. A lot of team work between nurses and physicians.
3. Collaboration (joint practice) between nurses and physicians.

Nurse-Nurse Interaction Scale

Stem: Based on your experience, please indicate your agreement or disagreement with the following statements about your unit and the RNs with whom you work.

Response options: strongly agree, agree, tend to agree, tend to disagree, disagree, strongly disagree.

1. RNs I work with count on each other to pitch in and help when things get busy.
2. There is a good deal of teamwork among RNs I work with.
3. RNs I work with support each other.

Job Enjoyment Scale

Stem: Based on your experience, please indicate your agreement or disagreement with the following statements about your unit and the RNs with whom you work.

Response options: strongly agree, agree, tend to agree, tend to disagree, disagree, strongly disagree.

1. As RNs, we are fairly well satisfied with our jobs on our unit.
2. RNs on our unit would not consider taking another job.
3. I have to force myself to come to work much of the time.
4. RNs on our unit are enthusiastic about our work almost every day.
5. RNs on our unit like our jobs better than the average RN does.
6. I feel that each day on my job will never end.
7. We find real enjoyment in our work on our unit.

Infant Acuity Items [*Only asked of nurses in certain Neonatal units*]

1. Please consider each infant you were assigned to care for on your last shift. Assign each infant the acuity level that best describes their care needs, based on the definitions of 5 acuity levels provided in the first box below. Check the appropriate acuity level of each infant in the space provided in the second box below.

Level 1	Continuing care. Infant only requiring PO or NG feedings, occasional enteral medications, basic monitoring, may or may not have a heparin lock for meds.
Level 2	Requiring intermediate care. Stable infant on established management plan, not requiring significant support. Examples include: room air, supplemental oxygen or low flow nasal cannula, several meds.
Level 3	Requiring intensive care. Infant is stabilized, though requires frequent treatment and monitoring to assure maintenance of stability. Examples include: ventilator, CPAP, high flow nasal cannula, multiple IV needs via central or peripheral line.
Level 4	Requiring multi-system support. Infant requires continuous monitoring and interventions. Examples include: conventional ventilation, stable on HFV, continuous drug infusions, several IV fluid changes via central line.
Level 5	Unstable, requiring complex critical care. Infant is medically unstable and vulnerable requiring many simultaneous interventions. Examples include: ECMO, HFV, nitric oxide, frequent administration of fluids, medication.

	Level 1	Level 2	Level 3	Level 4	Level 5
Infant 1					
Infant 2					
Infant 3					
Infant 4					
Infant 5					
Infant 6					

RN Work Context

Contextual items

1. Our unit leadership serves as effective role models of quality improvement skills for all unit RNs.

Response options: strongly agree, agree, tend to agree, tend to disagree, disagree, strongly disagree.

2. Has your unit participated in the NDNQI RN Survey or quarterly clinical indicator data collection (i.e., pressure ulcers, falls) recently (i.e., in the last two years)?

Response options: Yes, No, do not know

If yes – Please indicate your level of agreement with the following statements:

Response options: strongly agree, agree, tend to agree, tend to disagree, disagree, strongly disagree.

3. All unit RNs have access to recent NDNQI comparative data reports and are able to review them on their own.
4. Leadership thoroughly reviewed recent NDNQI comparative data reports with unit RNs.
5. RNs on my unit understand how our unit’s work environment and patient outcomes compare to similar units across the country, based on comparative data reports.
6. Our unit developed improvement projects based on our unit’s NDNQI reports or other data sources. (*Response options: Agree, Disagree, do not know.*)
7. Quality improvement efforts have led to improvements in our unit’s nursing work environment and/or patient care outcomes.

Unit RN Job Plans for Next Year/next 3 years

1. What are your job plans for the next year? Next 3 years?

Response options: Stay in my current position, stay in direct patient care but in another unit in this hospital, stay in direct patient care but outside this hospital, leave direct patient care but stay in the nursing profession, leave the nursing profession for another career, retire.

If the response to the preceding item is “stay in direct patient care but in another unit in this hospital,” “stay in direct patient care but outside this hospital,” or “leave direct patient care but stay in the nursing profession,” the following item become available.

2. Please select the main reason you plan to leave your current position:

*Response options: **Dissatisfaction with:** Work schedule, Staffing or workload, Advancement opportunities, RN Safety, Patient Safety, Ability to provide safe, high quality care, Work environment, Lack of respect, Hospital or unit reorganization, Compensation/Pay, Dissatisfaction or conflict with team members, Dissatisfaction or conflict with management, Dissatisfaction with other aspects of the job*

***Change in nursing career:** Pursue education, Advance in my nursing specialty, Pursue different nursing specialty, Pursue leadership position, Join staffing or travel agency, Pursue other nursing career change*

***Home/Personal life:** More desirable commute, Family obligations, Move from area, Job related injury/disability/illness, Non-job related injury/disability/illness, Other reasons involving home or personal life*

(certain of these options are unavailable depending on the response to the previous question)

Unit Perceived Quality of Care

1. In general, how would you describe the quality of nursing care delivered to patients on your unit?

Response options: excellent, good, fair, poor

Description of Unit Last Shift

Stem: Think about the last shift that you worked. Please indicate the degree to which you agree or disagree that the following situation occurred.

1. My patient care assignment was appropriate, considering both the number of patients and the care they required.

Response options: strongly agree, agree, tend to agree, tend to disagree, disagree, strongly Disagree

Stem: Think about the last shift you worked.

2. At any one time what was the maximum number of patients assigned to you?
3. Over your entire shift what was the total number of patients assigned to you?

Response options: shared one patient with another nurse, 1 patient....24 patients, > 24 patients

Meal Breaks on Unit Last Shift

Stem: Think about the last shift that you worked.

1. What was the total duration of your meal break(s)?

Response options: Did not have a break, <=5 minutes, 6 minutes,75 minutes, >75 minutes.

2. Select the most appropriate description of your meal break(s).

Response options: I was not able to sit down for a break during my shift, I was able to sit down for a break during the shift but was not free of patient responsibilities, I was able to sit down for a break and was completely free of patient responsibilities.

Hours Worked by Unit RNs Last Shift

Stem: Think about the last shift you worked.

1. How many hours did you work?

Response options: 1 hour.....24 hours

Hours Scheduled for Unit RNs Last Shift

Stem: Think about the last shift you worked.

1. How many hours were you scheduled to work?

Response option: 1 hour..... 24 hours

Hours Worked by Unit RNs Last 7 Days

Stem: Think about the last seven days.

1. How many hours have you worked over the last 7 days as an RN on this unit or anywhere else?

Response options: 1 hour.....79 hours, >=80 hours

Influence over Schedule of Unit RNs

1. How much influence do you have over the hours or schedule that you work?

Response options: Very little, little, moderate, much, very much

Unit RNs Working Extra Hours

1. Think about the last time you worked extra hours or overtime. Why did you work the extra time? Choose one response.

Response options: I have not worked extra recently, I wanted the extra money, the unit was busy and I wanted to help, the unit was short-staffed and I wanted to help, I felt pressured by other staff, I was required to work by my manager or a supervisor, other.

Staffing Levels Adjusted Shift to Shift

Stem: Please indicate the degree to which you agree or disagree with the following statement:

1. Nurse staffing levels on [unit name] are adjusted from shift to shift when the nursing care needs of patients change.

Response options: strongly agree, agree, tend to agree, tend to disagree, disagree, strongly disagree, do not know

Through the Eyes of the Workforce

(Items adapted with permission of the National Patient Safety Foundation)

1. In my job, I am treated with dignity and respect by everyone.
2. I have what I need in my job, so I can make a contribution that gives meaning to my life.
3. I am recognized and thanked for what I do in my job.

Response options: every day, most days, some days, rarely, never

Safe Patient Handling and Mobility Program

Stem: The following items represent statements about the safe patient handling and Mobility (SPHM) program. Please indicate the degree to which you agree or disagree with the following statement with respect to your current job.

Response options: strongly agree, agree, tend to agree, tend to disagree, disagree, strongly disagree, do not know, not applicable.

1. On our unit, there exists a formalized, written safe patient handling and mobility program with goals, objectives, and a plan for ongoing evaluation, compliance, and quality improvement.
2. Safe patient handling and mobility technology (including patient lifts and transfer devices) is readily available for staff nurses to use on our unit.
3. After receiving safe patient handling and mobility (SPHM) training and/or education, staff nurses are competent in the knowledge and use of SPHM technology (including patient lifts and transfer devices).
4. All patients on our unit are assessed to develop individual care plans for safely handling, moving, and mobilizing each patient.
5. Our nurse manager wants to see that staff nurses always use available patient lifting and transfer devices, even if it means taking more time.
6. On our unit, staff nurses freely refuse the unsafe patient assignment prior to assuming responsibility.

Missed Care

Stem: Think about the last shift that you worked.

1. Which of the following activities were necessary but left undone because of time constraints? (Check all that apply)

Response options: Adequate patient surveillance, oral hygiene/mouth care, comfort/talk with patients, adequately document nursing care, administer medications on time, treatments and procedures, prepare patients and families for discharge, develop or update patient plan of care, skin care, pain management, teach/counsel patients and family, coordinate patient care, ambulation or range of motion, administer oral feedings on time, help or counsel breastfeeding mothers / support or promote breastfeeding, central line assessment/care/maintenance.

RN Characteristics

Average Unit RN Gender, Race, Age, Role, and Job Situation

1. What is your gender?
Response options: Male, Female
2. To which racial/ethnic category do you belong (Select the one best answer)?
Response options: Asian/Pacific Island, Black or African American, Hispanic/Latina(o), White/Non-Hispanic, American Indian, Other/Mixed
3. What is your age?
Response options: 20 years, 21 years.....74 years, >=75 years
4. What is your primary role, or which option best describes at least 50% of your job?
*Response options: **STAFF NURSE** (including inpatient RNs, clinic/office, procedure/testing, OR, ER, flight nurse, IV nurse, transport, per diem, float); **CHARGE NURSE**, including combined charge/staff nurse, team leader, care coordinator, clinical coordinator, triage nurse; **ADVANCED PRACTICE NURSE** (limited to Nurse Practitioner, Clinical Nurse Specialist, Nurse Anesthetist, Nurse Midwife); **COORDINATOR OF CLINICAL PROGRAM** (such as coordinator for cardiac rehab, diabetic care, OR, ED, oncology services, transplant or trauma program); **NURSE MANAGER** (including Assistant Nurse Manager, Supervisor, Administrator); **CASE MANAGER**; **NURSING STAFF EDUCATION/DEVELOPMENT**; **RESEARCH ROLE** (such as clinical trial coordinator, data analyst); **OTHER CLINICAL ROLE** (with at least 50% direct care responsibilities, such as admit/discharge, patient educator, pre-op/post-op teaching, nurse clinician, clinical consultant, lactation consultant); **OTHER NON-CLINICAL ROLE** (with <50% direct care responsibilities, such as quality/performance improvement, outcomes management Joint Commission Coordinator, utilization review, informatics); **OTHER ROLE**.*
5. Select the most appropriate description of your job situation:
Response options: regular, permanent full-time employee of hospital (>=36 hours per week); regular, permanent part-time employee of hospital (<36 hours per week); PRN or Per-Diem employee of hospital; contract, traveler, or agency employee. (Note: This item includes response options identifying respondents who are not eligible to participate in the NDNQI RN Survey)
6. What is the highest nursing license you currently hold?
Response options: Not licensed (for example Graduate Nurse (GN), nursing assistant, CNA, paramedic, patient care technician); LPN/LVN license; RN license; Advanced Practice license (Clinical Nurse Specialist, Nurse Anesthetist, Nurse Midwife, or Nurse Practitioner). (Note: This item includes response options identifying respondents who are not eligible to participate in the NDNQI RN Survey)

If the response option Advanced Practice license is checked, the following item become available.
7. Please check the category of advanced practice in which you are currently authorized to practice: *Response options: Nurse Practitioner, Clinical Nurse Specialist, Nurse Midwife, Nurse Anesthetist*

8. Which license is a required credential for your current primary position?

- APRN
- APRN or PA (Physician Assistant)
- RN
- Other
- Do Not Know

9. What is your level of agreement with the following statement?

In my current primary position, I practice to the full extent of my license.

Response options: strongly agree, agree, tend to agree, tend to disagree, disagree, strongly disagree

Average Unit RN Tenure

1. How many years have you been employed as an RN on your current unit?

Response options: <3 months, 3-6 months, 7-11 months, 1 year, 2 years.....54 years, =>55 years. (Note: This item includes response options identifying respondents who are not eligible to participate in the NDNQI RN Survey)

If responding RN works in the United States, the following item becomes available:

2. How many years have you worked as an RN in the United States?

Response options: <3 months, 3-6 months, 7-11 months, 1 year, 2 years.....54 years, =>55 years.

If responding RN works in the United States and received basic RN education outside the United States, the following item becomes available:

3. For RNs who work in a hospital located in the United States and did not receive their basic RN education in the United States: How many years did you practice in an RN-equivalent position before coming to the United States?

Response options: <3 months, 3-6 months, 7-11 months, 1 year, 2 years.....54 years, =>55 years.

If responding RN works outside the United States, the following item becomes available:

4. How many years have you worked in an RN-equivalent position?

Response options: <3 months, 3-6 months, 7-11 months, 1 year, 2 years.....54 years, =>55 years.

Average Unit RN Education

1. Where did you receive your basic RN education?

Response options: In the United States, Outside the United States

If responding RN received basic RN education outside the United States, the following item becomes available:

2. Please select the country in which you received your basic RN education:

Response options: drop-down list of all countries except the United States.

3. Is English your first language?

Response options: Yes, No

4. What is your highest level of nursing education?

Response options: diploma, associate degree, baccalaureate degree, masters degree, doctorate degree.

Average Unit RN Certification

Stem: Do you currently hold any of the following active credentials?

1. Competence or certification awarded by your hospital (e.g., IV, balloon pump, or chemotherapy)
2. Basic life support provider (e.g., BLS or CPR)
3. Advanced credential or competency (e.g., ACLS, NRP, PALS, or TNCC)
4. Specialty nursing certification awarded by a national nursing association (e.g., CCRN, CEN, CNOR, CRNA)

Response options: Yes, No

If “yes” is selected for “Specialty nursing certification awarded by a national nursing association,” the following items become available:

5. For each specialty nursing certification you currently hold, check the certifying organization from the list below, and then check your active certification(s) from the list that will appear:

[Response options are listed in Appendix B]

Appendix A

RN SURVEY MODULAR QUESTIONS

The following items will only appear on the survey if your hospital elects to take the optional Modular version of the Practice Environment Scale survey.

Interprofessional Scale Questions

The following questions focus on working relationships of RNs and other healthcare professionals on your unit.

Physicians

Include attending physicians, fellows, residents, interns, and physician assistants.

On your unit, how often do RNs interact with physicians?

Rarely, i.e., less than once most months

Routinely, i.e., more than once most months

(Only asked if Routinely is selected above) **Based on your experience on your unit, how many physicians would you say:**

If RNs on your unit routinely interact with only one physician, select either “No Physicians” or “All Physicians”

1. Consistently use effective conflict management skills to prevent and/or resolve disagreements.
2. Demonstrate respect for the contributions to patient care of RNs on my unit.
3. Consider root causes of adverse events or errors rather than placing blame.
4. Share accountability for the quality of patient care with RNs on my unit.
5. Understand the roles, knowledge, and skills of RNs on my unit.

Response Options: No Physicians, A few Physicians, Some Physicians, Most Physicians, All Physicians.

APRNs

Include NPs, NMs, CRNAs, and CNSs.

On your unit, how often do RNs interact with APRNs?

Rarely, i.e., less than once most months

Routinely, i.e., more than once most months

(Only asked if Routinely is selected above) **Based on your experience, how many APRNs would you say:**

If RNs on your unit routinely interact with only one APRN, select either “No APRNs” or “All APRNs”

6. Consistently use effective conflict management skills to prevent and/or resolve disagreements.
7. Demonstrate respect for the contributions to patient care of RNs on my unit.
8. Consider root causes of adverse events or errors rather than placing blame.
9. Share accountability for the quality of patient care with RNs on my unit.

10. Understand the roles, knowledge, and skills of RNs on my unit.

Response Options: No APRNs, A few APRNs, Some APRNs, Most APRNs, All APRNs.

RNs

On your unit, how often do RNs interact with RNs?

Rarely, i.e., less than once most months

Routinely, i.e., more than once most months

(Only asked if Routinely is selected above) **Based on your experience, how many RNs who provide direct patient care on your unit would you say:**

If RNs on your unit routinely interact with only one RN, select either “No RNs” or “All RNs”

11. Consistently use effective conflict management skills to prevent and/or resolve disagreements.

12. Demonstrate respect for the contributions to patient care of RNs on my unit.

13. Consider root causes of adverse events or errors rather than placing blame.

14. Share accountability for the quality of patient care with RNs on my unit.

15. Understand the roles, knowledge, and skills of RNs on my unit.

Response Options: No RNs, A few RNs, Some RNs, Most RNs, All RNs.

Pharmacists

Include both pharmacists and pharm technicians.

On your unit, how often do RNs interact with pharmacists?

Rarely, i.e., less than once most months

Routinely, i.e., more than once most months

(Only asked if Routinely is selected above) **Based on your experience on your unit, how many pharmacists would you say:**

If RNs on your unit routinely interact with only one pharmacist, select either “No pharmacists” or “All pharmacists”

16. Consistently use effective conflict management skills to prevent and/or resolve disagreements.

17. Demonstrate respect for the contributions to patient care of RNs on my unit.

18. Consider root causes of adverse events or errors rather than placing blame.

19. Share accountability for the quality of patient care with RNs on my unit.

20. Understand the roles, knowledge, and skills of RNs on my unit.

Response Options: No pharmacists, A few pharmacists, Some pharmacists, Most pharmacists, All pharmacists.

Therapists

Include occupational, physical, respiratory, speech therapists, and dieticians or nutritionists.

On your unit, how often do RNs interact with therapists?

Rarely, i.e., less than once most months

Routinely, i.e., more than once most months

(Only asked if Routinely is selected above) **Based on your experience on your unit, how many therapists would you say:**

If RNs on your unit routinely interact with only one therapist, select either “No therapists” or “All therapists”

21. Consistently use effective conflict management skills to prevent and/or resolve disagreements.
22. Demonstrate respect for the contributions to patient care of RNs on my unit.
23. Consider root causes of adverse events or errors rather than placing blame.
24. Share accountability for the quality of patient care with RNs on my unit.
25. Understand the roles, knowledge, and skills of RNs on my unit.

Response Options: No therapists, A few therapists, Some therapists, Most therapists, All therapists.

Social Workers

On your unit, how often do RNs interact with social workers?

Rarely, i.e., less than once most months

Routinely, i.e., more than once most months

(Only asked if Routinely is selected above) **Based on your experience on your unit, how many social workers would you say:**

If RNs on your unit routinely interact with only one social worker, select either “No social workers” or “All social workers”

26. Consistently use effective conflict management skills to prevent and/or resolve disagreements.
27. Demonstrate respect for the contributions to patient care of RNs on my unit.
28. Consider root causes of adverse events or errors rather than placing blame.
29. Share accountability for the quality of patient care with RNs on my unit.
30. Understand the roles, knowledge, and skills of RNs on my unit

Response Options: No social workers, A few social workers, Some social workers, Most social workers, All social workers.

Autonomy

1. As RNs, we have sufficient input into the program of care for each of our patients.
2. RNs on our unit have a good deal of control over our own work.
3. As RNs, we are free to adjust our daily practice to fit patient needs.

Professional Development Opportunity

1. RNs have career development opportunities on our unit.
2. RNs on our unit have support for pursuing nursing degrees.
3. RNs on our unit have opportunities for career advancement.

Professional Development Access

1. RNs on our unit have access to regional and national conferences.
2. On our unit, RNs have access to regular in-service programs.
3. RNs on our unit have access to continuing education.

Appendix B

American Academy of Nurse Practitioners Certification Program

Adult NP (NP-C)

Family NP (NP-C)

Adult-Gero Primary NP (NP-C)

American Association of Critical Care Nurses Certification Corporation

Certified Critical Care RN-Adult (CCRN-Adult)

Certified Critical Care RN-Pediatric (CCRN-Pediatric)

Certified Critical Care RN-Neonate (CCRN-Neonate)

Progressive Care Certified Nurse (PCCN)

Adult Acute Care Nurse Practitioners Certification (ACNPC)

Clinical Care Nurse Specialist (CCNS)

Cardiac Medicine Subspecialty Certification (CMC)

Cardiac Surgery Subspecialty Certification (CSC)

American Board of Certification for Gastroenterology Nurses

Certified Gastroenterology RN (CGRN)

American Board of Neuroscience Nursing

Certified Neuroscience RN (CNRN)

Stroke Certified RN (SCRN)

American Board of Perianesthesia Nursing Certification

Certified Ambulatory Perianesthesia Nurse (CAPA)

Certified Post Anesthesia Nurse (CPAN)

American Midwifery Certification Board

Nurse Midwifery and Midwifery (CNM)

Commission on Nurse Certification (American Association of Colleges of Nursing)

Clinical Nurse Leader (CNL)

American Board for Transplant Certification

Certified Clinical Transplant Nurse (CCTN)

American Nurses Credentialing Center

RN-BC (and RN-C)

Ambulatory Care Nursing (RN-BC)

Cardiac Vascular Nursing (RN-BC)

Gerontological Nursing (RN-BC)

Medical-Surgical Nursing (RN-BC)

Nursing Case Management (RN-BC)

Pain Management (RN-BC)

Pediatric Nursing (RN-BC)

Psychiatric and Mental Health Nursing (RN-BC)

Nurse Practitioner (formerly APRN-BC)

Acute Care NP (ACNP-BC)

Adult NP (ANP-BC)

Adult Psychiatric & Mental Health NP (PMHNP-BC)

Family NP (FNP-BC)

Family Psychiatric and Mental Health NP (PMHNP-BC)

Gerontological NP (GNP-BC)

- Pediatric NP (PNP-BC)*
- Adult-Gerontological Primary Care NP*
- Adult-Gerontological Acute Care NP*
- Clinical Nurse Specialist (formerly APRN-BC)*
- Adult Health CNS (formerly Medical-Surgical) (ACNS-BC)*
- Adult Psychiatric and Mental Health CNS (PMHCNS-BC)*
- Child/Adolescent Psychiatric and Mental Health CNS (PMHCNS-BC)*
- Pediatric CNS (PCNS-BC)*
- Board of Certification for Emergency Nursing**
 - Certified Emergency Nurse (CEN)*
 - Certified Flight RN (CFRN)*
- Competency & Credentialing Institute (Certification Board of Perioperative Nursing)**
 - CNOR (CNOR)*
 - Certified RN First Assistant (CRNFA)*
- National Board of Certification and Recertification of Nurse Anesthetists**
 - Certified Registered Nurse Anesthetist (CRNA)*
- Infusion Nurses Certification Corporation**
 - Certified RN Infusion (CRNI)*
- International Board of Lactation Consultant Examiners**
 - International Board Certified Lactation Consultant (IBCLC)*
- Medical-Surgical Nursing Certification Board**
 - Certified Medical-Surgical RN (CMSRN)*
- National Board for Certification of Hospice and Palliative Nurses**
 - Certified Hospice & Palliative Nurse (CHPN)*
 - Advanced Certified Hospice & Palliative Nurse (ACHPN)*
- The National Certification Corporation for the Obstetric, Gynecology & Neonatal Nursing Special**
 - Inpatient Obstetric Nursing (RNC-OB)*
 - Low Risk Neonatal Nursing (RNC-LRN)*
 - Maternal Newborn Nursing (RNC-MNN)*
 - Neonatal Intensive Care Nursing (RNC-NIC)*
 - Neonatal Nurse Practitioner (NNP-BC)*
 - Women's Health Care Nurse Practitioner (WHNP-BC)*
- Nephrology Nursing Certification Commission**
 - Certified Dialysis Nurse (CDN)*
 - Certified Nephrology Nurse (CNN)*
- Oncology Nursing Certification Corporation**
 - Certified Pediatric Oncology Nurse (CPON)*
 - Oncology Certified Nurse (OCN)*
 - Certified Breast Care Nurse (CBCN)*
 - Advanced Oncology Certified Nurse (AOCN)*
 - Advanced Oncology Certified NP (AOCNP)*
 - Advanced Oncology CNS (AOCNS)*
 - Certified Pediatric Hematology Oncology Nurse (CPHON)*
- Orthopaedic Nurses Certification Board**
 - Orthopaedic Nurse Certification (ONC)*
 - Orthopaedic Nurse Practitioner Certification (ONP-C)*

- Orthopaedic Clinical Nurse Specialist Certification (OCNS-C)*
- Pediatric Nursing Certification Board, Inc.***
 - Certified Pediatric Nurse (CPN)*
 - Certified Pediatric NP-Primary Care (CPNP-PC)*
 - Certified Pediatric NP-Acute Care (CPNP-AC)*
- Radiologic Nursing Certification Board***
 - Certified Radiology Nurse (CRN)*
- Rehabilitation Nursing Certification Board***
 - Certified Rehabilitation RN (CRRN)*
- Wound, Ostomy, Continence Nursing Certification Board***
 - Certified Continence Care Nurse (CCCN)*
 - Certified Ostomy Care Nurse (COCN)*
 - Certified Wound Care Nurse (CWCN)*
 - Certified Wound Ostomy Continence Nurse (CWOCN)*
 - Certified Wound Ostomy Nurse (CWON)*
- Other specialty nursing certification not listed above:***
 - Enter up to three other certifying organizations and certifications below.*

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1/3/2017