

NDNQI RN Satisfaction Survey: An Instrument to Generate Sustainable Empirical Quality Outcomes



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Purpose & Significance

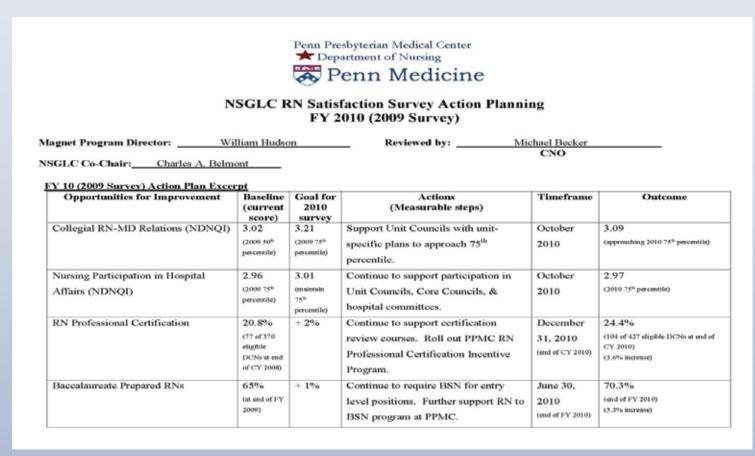
Since 2008, PPMC Nurses have participated in the annual National Database of Nursing Quality Indicators® (NDNQI®) RN Satisfaction Survey with Practice Environment Scale to identify opportunities to facilitate professional nursing practice and to enhance the quality of patient care processes and outcomes. Strong participation of the nurses in the survey is critical for accuracy of results.

Tracking nurse satisfaction data and understanding the Direct Care Nurse (DCN) perspective are integral components of improving health-care delivery. To achieve sustainable results, measurement and analysis of RN satisfaction data must include DCN involvement. Data collected from the survey is then used to create both hospital-wide and unit-specific action plans to address issues identified by the DCNs.



Strategy & Implementation

PPMC's Nursing Shared Governance Leadership Council (NSGLC), then Co-Chaired by DCN Charles A. Belmont, BSN, RN, has taken the lead in conducting the NDNQI® survey since 2009. To encourage a 100% response rate to the survey, PPMC uses strategic incentives and various reminders. Once the survey data is compiled and reviewed, the NSGLC selects at least one hospital-wide opportunity for improvement. Unit Council Chairs present both the hospital-wide and unit-specific data to their respective Unit Councils for review. It is at this crucial step that DCNs compare data from previous surveys and assess the effectiveness of action plans based on the results. The Unit Council and Nurse Manager also select a satisfaction indicator specific to their unit to improve upon. The resulting action plan for each unit includes these opportunities for improvement, actions to be taken, the baseline score, the goal score, the timeframe in which the action will take place, and finally, the outcome.



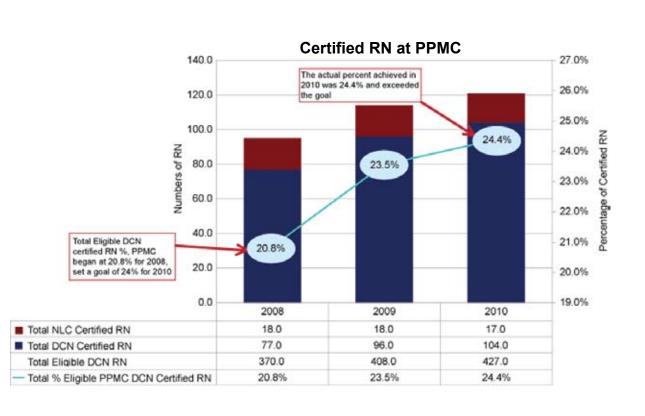
Evaluation & Implications for Practice

Between 2008 and 2009, and continuing in 2010, results show increased hospital-wide and unit-level satisfaction scores, exemplary levels of survey participation, decreased nosocomial infection rates, and an increase in professional certification rate for DCNs through unit-specific action plans. PPMC achieved a 99%-100% survey response rate for eligible nurses for four straight years.

To promote peer-to-peer accountability, the NSGLC Co-Chair began taking the lead role in the administration of the survey in 2009 with support from the CNO and the Magnet Program Director (MPD), who was also the survey coordinator. PPMC firmly believes that a high level of peer-to-peer accountability among DCNs significantly contributes to the overall concept of owning nursing practice at the bedside.

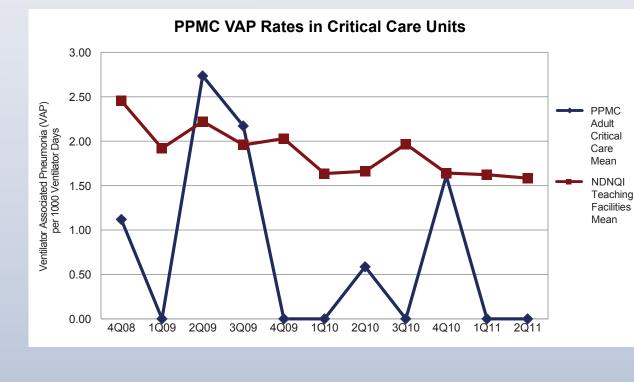
Input from DCNs creates opportunities to strengthen a Culture of Excellence by utilizing the PPMC Professional Practice Model STAR Culture of Excellence (PPPMSCE®). The five foundations of the PPPMSCE® bolster the autonomy and accountability of PPMC's DCNs. PPPMSCE® promotes dialogue between DCNs and Nursing Leadership to bring about positive change, thus creating a work environment in which patients can receive world-class care.

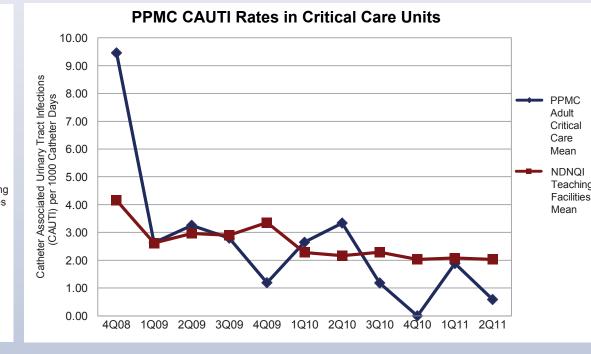




This is clearly illustrated by action plans at a hospital-wide level and unit level. The FY 2010 hospital-wide action plan, developed using FY 2009 NDNQI® RN satisfaction survey results, produced an increase in professional certification rates to 24.4% by the end of CY 2010. This 3.6% improvement over the 2008 rates resulted from the implementation of a professional certification incentive program and an annual celebration of professionally certified nurses that was initiated and carried out by DCNs.

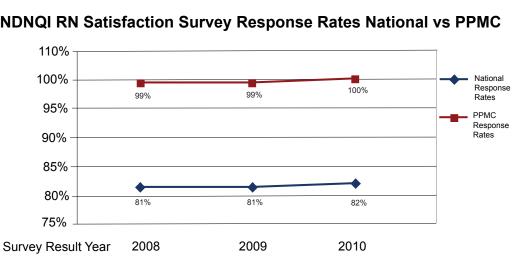
The impact of DCNs sharing greater accountability for bedside practice also is evident in PPMC's nurse-sensitive indicator results. Unit-specific NDNQI® RN Satisfaction Survey action plans during 2008 through 2010 enhanced the ability of PPMC's CCU, SICU and MICU to outperform the mean benchmark statistic in Critical Care Units. PPMC received two American Association of Critical-Care Nurses Beacon Awards in 2010.

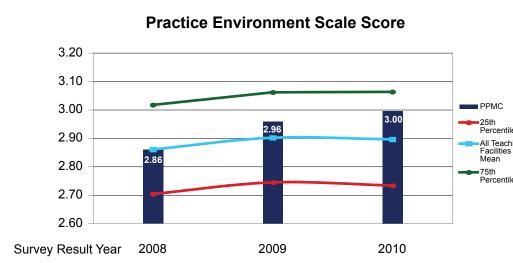


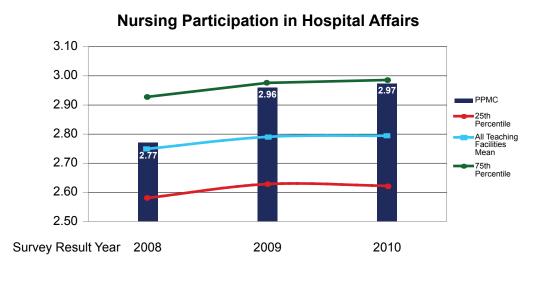


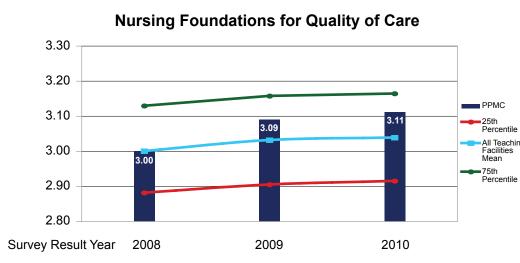
Outcomes on NDNQI RN Satisfaction Survey

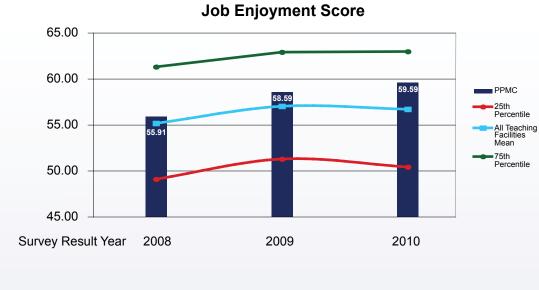
When DCNs are engaged in action planning and the decision-making process, the result is a higher level of accountability and, thus, a higher quality of care. Moving from a model in which decisions are made at a leadership level and rolled out to DCNs, to a model where executives, directors, managers and direct care nurses work in partnership, has proven to be an effective strategy in achieving a culture of excellence.

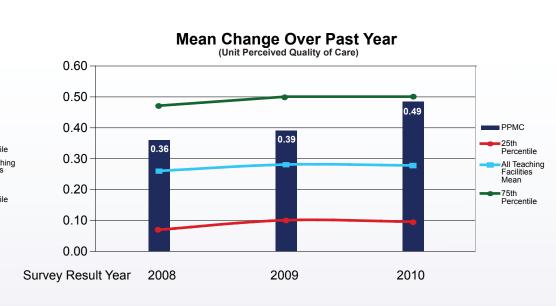












References

Aiken, L.H., Clarke, S.P., & Sloane, D.M. (2002). Hospital staffing, organization, and quality of care: cross-national findings. *International Journal for Quality In Health Care*, 14, 5-13.

Brayfield, A., & Rothe, H. (1951). An index of job satisfaction. *Journal of Applied Psychology*, 35, 307-311.

Kendall-Gallagher, D., Aiken, L. H., Sloane, D. M. and Cimiotti, J. P. (2011), Nurse Specialty Certification, Inpatient Mortality, and Failure to Rescue. *Journal of Nursing Scholarship*, 43, 188–194.

Kim H; Capezuti E; Boltz M; Fairchild S. (2009). The nursing practice environment and nurse-perceived quality of geriatric care in hospitals. *Western Journal of Nursing Research*, 31(4), 480.

Lake, ET. (2002). Development of the Practice Environment Scale of the Nursing Work Index. *Research in Nursing & Health*, 25, 176-188.

Manojlovich M; DeCicco B. (2007). Healthy work environments, nurse-physician communication, and patients.

American Journal of Critical Care, 16(6), 536.

National Quality Forum (2004). *National Voluntary Consensus Standards for Nursing-Sensitive Care: An Initial performance Measure Set—A Consensus Report.* Washington, DC: National Quality Forum.

Rogers, A. E., Hwang, W., & Scott, L.D. (2004). The effects of work breaks on staff nurse performance. *Journal of Nursing Administration*, 11, 512-519.

Taunton, R.L., Bott, M.J., Koehn, M.L., Miller, P.A., Rindner, E., Pace, K., Elliott, C., Bradley, K.J., Boyle, D., & Dunton, N. (2004). The NDNQI-Adapted Index of work satisfaction. *Journal of Nursing Measurement*, 12, 101-122.

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