Release Notes:

Subscales and Component Items – Version 1.00 (NSC)

Appendix E

SUBSCALES AND COMPONENT ITEMS

The Practice Environment Scale of the Nursing Work Index	
Subscale	Component items
Nurse Participation in Hospital Affairs	5, 6, 11, 15, 17, 21, 23, 27, 28
Nursing Foundations for Quality of Care	4, 14, 18, 19, 22, 25, 26, 29, 30, 31
Nurse Manager Ability, Leadership, and Support of Nurses	3, 7, 10, 13, 20
Staffing and Resource Adequacy	1, 8, 9, 12
Collegial Nurse-Physician Relations	2, 16, 24

SCORING DIRECTIONS

For hospital-level scores, calculate the item-level mean first from all responses. Then proceed with the standard computation for subscale scores. This approach permits all nurse responses, including responses of nurses who did not answer all items, to be included in the hospital score.

For nurse-specific subscale scores, calculate the mean of the items in the subscale. The mean permits easy comparison across subscales.

Calculate an overall PES-NWI "composite" score as the mean of the five subscale scores. This approach gives equal weight to the subscales, rather than to the items.

Source: *Used with permission.* Eileen T. Lake. "Development of the Practice Environment Scale of the Nursing Work Index." *Research in Nursing & Health*, May/June 2002; 25(3): 176-188.

The Practice Environment Scale of the Nursing Work Index

For each item, please indicate the extent to which you agree that the item is PRESENT IN YOUR CURRENT JOB. Indicate your degree of agreement by circling the appropriate number.

		Strongly Agree	Agree	Disagree	Strongly Disagree
1	Adequate support services allow me to spend time with my patients.	4	3	2	1
2	Physician and nurses have good working relationships.	4	3	2	1
3	A supervisory staff that is supportive of the nurses.	4	3	2	1
4	Active staff development or continuing education programs for nurses.	4	3	2	1
5	Career development/clinical ladder opportunity.	4	3	2	1
6	Opportunity for staff nurses to participate in policy decisions.	4	3	2	1
7	Supervisors use mistakes as learning opportunities, not criticism.	4	3	2	1
8	Enough time and opportunity to discuss patient care problems with other nurses.	4	3	2	1
9	Enough registered nurses to provide quality patient care.	4	3	2	1
10	A nurse manager who is a good manager and leader.	4	3	2	1
11	A chief nursing office who is highly visible and accessible to staff.	4	3	2	1
12	Enough staff to get the work done.	4	3	2	1
13	High standards of nursing care are expected by the administration.	4	3	2	1
14	High standards of nursing care are expected by the administration.	4	3	2	1
15	A chief nurse officer equal in power and authority to other top-level hospital executives.	4	3	2	1
16	A lot of team work between nurses and physicians.	4	3	2	1
17	Opportunities for advancement.	4	3	2	1

18	A clear philosophy of nursing that pervades the patient care environment.	4	3	2	1
19	Working with nurses who are clinically competent.	4	3	2	1
20	A nurse manager who backs up the nursing staff in decision making, even if the conflict is with a physician.	4	3	2	1
21	Administration that listens and responds to employee concerns.	4	3	2	1
22	An active quality assurance program.	4	3	2	1
23	Staff nurses are involved in the internal governance of the hospital (e.g., practice and policy committees).	4	3	2	1
24	Collaboration (joint practice) between nurses and physicians.	4	3	2	1
25	A preceptor program for newly hired RNs.	4	3	2	1
26	Nursing care is based on a nursing, rather than a medical, model.	4	3	2	1
27	Staff nurses have the opportunity to serve on hospital and nursing committees.	4	3	2	1
28	Nursing administrators consult with staff on daily problems and procedures.	4	3	2	1
29	Written, up-to-date nursing care plans for all patients.	4	3	2	1
30	Patient care assignments that foster continuity of care, i.e., the same nurse cares for the patient from one day to the next.	4	3	2	1
31	Use of nursing diagnoses.	4	3	2	1

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