

# Nursing and Nursing in the Service of the Patient and their Importance

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## ABSTRACT

The title of this article might at first seem like a bit of an exaggeration, and indeed it is, but no more so than the time-honored real estate mantra: location, location, location. Those in the real estate business have learned firsthand that although other factors have some influence on consumer preference, in the end, they pale in comparison with the impact of one factor in particular—property location. Similarly, those with first-hand experience in the field of healthcare realize that there are a host of factors that play a role in determining patient satisfaction; however, when all is said and done, it is the influence of nursing services that has by far the most significant impact. Most staff nurses have a general understanding of this importance, but many have a less than full appreciation of just how strong it is. Even more importantly, hospital boards, medical staffs, senior management, and nursing leadership need to have a clear understanding of this relationship since there is now ample evidence that as staff nurse job satisfaction goes, so goes patient satisfaction. This important association has proven to be direct, pervasive, and consistent over time. <sup>1 2</sup>n response to increasing pressures to contain healthcare costs, hospital restructuring initiatives have become relatively commonplace, as have associated efforts to reduce nurse staffing levels.<sup>3 4</sup> At the same time, there has been a growing emphasis on improving patient satisfaction, particularly now that it has become a factor in determining levels Of Medicare reimburse— ment. In the absence Of a thorough appreciation Of the extent Of the role staff nurses play in determlning patient satisfaction, premature and/or excessive reductions in nurse staffing levels will result in unintended, penny—wise—pound-foolish outcomes.

## HONESTY AND ETHICS

In the most recent annual Gallup poll, nurses once again outranked other professions in terms Of honesty and ethical standards by an impressive margin, making this the I

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It time in the past 12 years that they have done so (ranking second only to firefighters in 2001—the year Of the 9/11 World Trade Center tragedy).<sup>5</sup> This is no small achievement, considering Other well-respected professions that were also in the running: doctors, judges, grade school teachers, clergy, police officers, military officers, etc. Similarly, in another Gallup survey where respondents were asked to rate the medical services provided by various segments Of the healthcare sys— tem, nurses once agaln came out on top, besting physicians, hospitals, emergency rooms, walk— in clinics and the like.<sup>6</sup> One survey after another has pointed to the same general conclusion: "In the healthcare industry, Gallup surveys indi— cate that the more direct patient contact a specific job role entails, the greater the role's impact on patient satisfaction. For this reason, nursing roles dramatically affect levels of patient satisfaction."<sup>7</sup>

### **PREDICTORS OF PATIENT SATISFACTION:**

The extent of nursing influence on patient satisfaction levels becomes further evident when considering those major factors identified as being the key predictors of overall satisfacton8:

- Concern shown by staff
- Staff treated you as a person, not as a condition
- Staff made you feel safe and secure

Nurses anticipated your needs

- Staff communicated effectively
- Nurses helped calm fears

Nurses responded to requests

Here again, it can be seen that nurses are the implicit major determinants in four of the seven predictors and the explicit major determinants in the remaining three. Although the term "staff" includes any number Of Other hospital pro— fessionals, nurses are clearly the primary point of interperson— al contact and the sole "24—7" resource for immediate patient care and assistance.<sup>9</sup>

### **HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS**

In 2002, the Centers for Medicare and Medicaid Services

(CMS), along with the Agency for Healthcare Research and Quality (AHRQ), began the development and testing Of a nation—wide survey instrument and data collection method— Ology aimed at measuring patients' perceptions Of their hospital experience. Its purpose was to allow consumers to make reliable comparisons Of hospitals within their region and to compare them with State and national averages. AHRQ con— ducted a rigorous validating process including literature review, consumer focus groups, cognitive interviews, pilot testing, and extensive

psychometric analyses. In 2005, the survey was endorsed by the widely recognized National Quality Forum, and the first public reporting Of hospital-specific scores appeared in 2008 as one Of the featured sections on the U.S. Department Of Health & Human Services' Web site, Hospital Compare.

### **Each participating hospital reports 10 Hospital Consumer**

Assessment Of Healthcare Providers and Systems (HCAHPS) (pronounced H-caps) measures. There are six summary measures, two individual items, and two global items. Each Of the six summary measures is constructed from two to three individual survey questions. The "nursing" measure is derived from the following four questions:

During this hospital Stay, how Often did nurses treat you with courtesy and respect?

During this hospital Stay, how Often did nurses listen carefully to you?

During this hospital Stay, how Often did nurses explain things in a way you could understand?

During this hospital Stay, after you pressed the call button, how often did you get help as soon as you wanted it?

#### **Nurse Leader**

The remaining five summary measures include questions about doctor communications, staff responsiveness, pain control, communication about medicines, and discharge information. In addition to hospital-specific patient satisfaction scores, CMS also makes available a correlation matrix of the HCAHP measures that lists related bivariate correlations. The listed measures are based on some 2.7 million surveys and included:

- Patients who reported that their nurses "always" communicated well. • Patients who reported that their doctors "always" communicated well.
- Patients who reported that they "always" received help as soon as they wanted
- Patients who reported that their pain was "always" well controlled.
- Patients who reported that staff "always" explained about medicines before giving it to them.
- Patients who reported that their room and bathroom were "always" clean.
- Patients who reported that the area around their room was "always" quiet at night.
- Patients at each hospital who reported that, yes, they were given information about what to do during their recovery at home.
- Patients who gave their hospital a rating Of 9 or 10 on a scale from 0 (lowest) to 10 (highest).
- Patients who reported that, yes, they would definitely recommend the hospital.

The "nurse communication" measure has consistently been the variable most highly correlated with both the "overall hospital rating" and the all-important "would you

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recommend" questions, with recent r values Of 0.65 and 0.58, respectively. This was higher than even pain manage— ment ( $r = 0.55$  and  $r = 0.48$ ), communication about medicines ( $r = 0.49$  and  $r = 0.43$ ), and communication with doctors ( $r = 0.43$  and  $r = 0.48$ ) All correlations were signif— icant at  $p < 0.001$ .

## **PAY FOR PERFORMANCE AND VALUE-BASED PURCHASING**

A number Of important purchasing initiatives are presently underway that together will very likely transform the in which healthcare services are paid for in the future.

**Consumer-directed health plans:** On the public side, more and more employers are now offering what has come to be known as consumer-directed health plans. While many feel that this is somewhat Of a euphemism for larger co—pays and deductibles, others claim that it is a long—overdue way of putting consumers back into the market-based driver's seat. If a healthcare service has perceived value, then market share will increase; if not, consumers will vote with their feet.

**Value—based purchasing (VBP):** On the government side, the U.S. Department Of Health and Human Services (HHS) is already publishing hospital—specific chnical core measures and patient satisfaction survey results (the HCAHPS) on its publically accessible Hospital Compare Web site. Interested

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consumers can view and compare a hospital's quality and patient satisfaction data with other area facilities with the simple click of a mouse. State and national comparisons are also listed alongside of each hospital's reported scores. Beginning in 2012, hospitals providing services to Medicare beneficiaries will receive increased or reduced payments based on the quality and satisfaction measures. Current data August indicate that about one in three patients would not rate their hospital stays high enough to qualify for the satisfaction-based Incentive payments.<sup>11</sup>

**Tiered-network products:** On the commercial side, insurers are actively experimenting with tiered network products that will place healthcare providers into one of several purchasing tiers based on various cost and quality metrics. Consumers will continue to have freedom of choice in terms of choosing their specific providers, but will have to pay more out-of-pocket if they opt for providers who fall into lower cost and/or quality tiers as determined by their insurers.

In addition to the growing number of financial incentives, improved patient satisfaction has been reliably linked to such things as fewer malpractice claims,<sup>12</sup> enhanced patient loyalty,<sup>13</sup> better hospital morale,<sup>14</sup> lower nursing turnover,<sup>15</sup> and improved overall hospital finances.<sup>16</sup> As one might expect, each Of these in turn is related to other oper— ational factors, all Of which can either help or hurt overall hospital performance.

## **ADEQUATE STAFFING**

Since staff nurses are so closely associated with overall patient satisfaction,<sup>17</sup> factors that affect their working environment such as intraprofessional relations, support

services, staffing adequacy, and alike, warrant careful review and consideration. There is ample evidence that patient satisfaction decreases when the number Of nursing hours per patient decreases. Likewise, when nurse-to—patient ratios improve, so do such satisfaction measures as communication with patients, timely responses to pages and telephone calls, discharge planning, and the length of time patients have to vwait for tests and procedures." In addition, there are lower levels Of nurse burnout and job dissatisfaction.<sup>18</sup> Overtime is reduced along with staff turnover, both Of which have a positive influence on patient satisfaction levels. However, once nursing shortages are allowed to persist, morale then devolves into a slippery slope: thin staffing leading to greater burnout, which leads to additional turnover, which impacts adversely on multiple aspects Of patient satisfaction, all Of which results in lower reimbursement and thus affordability for adequate staffing levels. The negative spiral is much more difficult to get out Of than it would have been to prevent in the first place.

### **IT TAKES A VILLAGE**

Few things are more frustrating for nurse leaders than to have a passion for improvement, the knowledge to make things happen, and the wherewithal to see them through, only to have their plans dashed by one or more key stakeholders. Patient satisfaction cannot be mandated by senior manage— ment, nor is it solely a nursing responsibility. Unless a hospital—wide commitment is made to a comprehensive program, results will be decidedly disappointing. There are multiple links in the patient satisfaction chain,<sup>19</sup> and as the saymg goes, the chain will only be as strong as its weakest link. Great nursing care along with an indifferent admitting clerk, cold food, or an indecipherable hospital bill simply won't get the job done. The commitment must be substantive at all organizational levels and will be of little value if it's merely cosmetic or initiated piecemeal. In order to be effective, a hospitalwide, system-integrated program should include at least the following considerations.

#### **At the governance level:**

- A policy commitment to a patient-centered culture of caring
- Nurse leadership on the hospital board
- Patient satisfaction as elements in strategic plans and scorecards
- Patient satisfaction as elements in board's quality committee responsibilities
- Promotion Of public aw%ireness programs for satisfaction measures
- Satisfaction measures as a standing, actionable board agen— da item • Regularly reviewed trend and comparative satisfaction data reports
- Satisfaction metrics included in chief executive officer performance evaluations

#### **At the senior management level:**

- A comprehensive quality, risk, compliance, and satisfaction program
- Hospital—wide commitment to continuous improvement
- Adequate nurse staffing as an organizational priority

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- Satisfaction scores and associated Web links on the hospital  
Web site
- Cultivation of positive nurse—physician relationships • Communication Of financial implications for high and low scores
- Sufficient resources and support services in patient care areas
- Effective complaint management and service recovery programs

**At the nurse leadership level:**

- Transformational patient satisfaction leadership
  - High expectations levels clearly communicated
  - Regular nurse leader rounds
  - Targeted programs Of education and training
  - Minimized administrative burdens in patient care areas
  - Ongoing team and individual coaching
  - Staff nurse empowerment
  - A system of rewards and celebrations for success
- At the staff nurse level:
- Full appreciation Of staff nurse importance in determining patient satisfaction
  - Active participation in the design and "ownership" Of patient satisfaction initiatives
  - Thorough understanding Of expectations, accountability, and underlying rationale
  - A commitment to making every patient interaction count
- Adoption of active listening and inquiry skills
- Realization that "better" time is more important than more time
- Focusing as much on the person as on the personal condition
- Post-discharge courtesy calls

**BOTTOM LINE**

When all is said and done, the staff nurse who is looked upon, either implicitly or explicitly, as being the primary determinant of patient satisfaction.. .or the lack thereof. Yet at the same time, too many hospital boardrooms are absent nurse many staff nurses experience burnout and/or from physician colleagues,<sup>21</sup> too many senior underestimate the patient-perceived value of and too many nurse managers back away from the resources needed for staff nurses to meet patient expectations. If improved satisfaction levels embedded as an integral part of healthcare services, there needs to be broadly-based recogninurses are, de facto, the central elements in this endeavor and that all major organizational levels proactive roles in creating the kind Of supportive environment which can make it po+;ible. NL

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