

A Means to an End: Impacting Patient Satisfaction Through Nursing Strategic Initiatives

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Patient satisfaction is a vital metric that is reflective of the quality of care that health care organizations provide. Research studies have demonstrated a strong association between nursing and patient satisfaction scores, leading health care organizations to prioritize initiatives that positively impact nursing satisfaction. Challenges in today's evolving health care—leadership changes, patient–nurse staffing ratios, burnout, and insufficient professional development opportunities—may negatively impact nursing satisfaction. This article calls on health care leaders to identify strategic solutions aimed at enhancing the patient experience through improving nursing satisfaction.

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is the end product of a 2002 Health and Human Services initiative that aimed to improve the transparency of quality measures to allow consumers to make better informed decisions regarding their care and create a blueprint or standard that health care providers could follow to enhance the quality of care provided to the consumer. In a collaborative effort, the Centers for Medicare & Medicaid Services and the Agency for Healthcare Research and Quality planned the development and implementation of the first 27-item HCAHPS survey.¹ Today, the HCAHPS survey has evolved into a 32-item questionnaire that evaluates a hospital's quality of care in 11 measures based on the patient's perspective: overall hospital rating, recommend the hospital, communication with nurses, communication with doctors, responsiveness of hospital staff, pain management, communication about medicines, discharge information, care transition, cleanliness of hospital environment, and quietness of hospital environment.²

In the Department of Defense, the TRICARE Inpatient Satisfaction Survey (TRISS) incorporates the same methodological protocols and validated questions from the HCAHPS survey to evaluate the quality of care of services within the Military Health System (MHS) and through MHS civilian networks. In addition to the fundamental questions found in HCAHPS, TRISS also incorporates 8 additional questions that delve into areas of interest to military health: staff

introduced self, communication with staff, family member stayed, OB repeat care, education on breastfeeding, staff washed hands, staff check ID, and overall nursing care.³

Due to the significant amount of time that nurses spend with their patients at the bedside, it could be inferred that both HCAHPS and TRISS scores are reflective of the quality of care provided by nurses. Evidence-based findings related to improving patient satisfaction are vital to understanding the contributors to positive and negative patient satisfaction scores. Stakeholders who are invested in improving patient satisfaction ratings need to explore the following questions: Is there an association between nursing staff satisfaction and patient satisfaction? If so, what effective methods can an organization implement to better sustain a satisfied nursing workforce?

EVIDENCE-BASED PRACTICES

In a cross-sectional study conducted by Kvist et al.,⁴ both quality of nursing care and nursing job

KEY POINTS

- Improving nursing job satisfaction improves the perceived patient care experience.
- Utilizing professional practice models helps to improve nursing satisfaction.
- Healthcare leaders must advocate for nurses in order to improve patient care.

satisfaction were evaluated to identify any associations between patient and nurse satisfaction scores. During a 6-month window between 2008 and 2009, 4 acute care hospitals in Finland were evaluated, reaching 1909 patients and 929 nurses. The participants were evaluated through specifically designed questionnaires, 1 for the patient and 1 for the nurse. Their statistical analysis demonstrated a positive linear relationship indicating that patients' perception of the quality of care received increased when nursing job satisfaction also increased.

McNicholas et al.⁵ hypothesized that improving nursing satisfaction in the workplace would result in an overall better patient experience. Their methods consisted of implementing process improvement-related changes on a 28-bed trauma, medical-surgical unit. Specifically, these changes included implementing 24-hour coverage by an advanced practitioner, the creation of information packets for trauma patients and their families, and implementing an interdisciplinary patient rounding process that heavily involved nursing staff and that valued their input. Post-implementation survey responses revealed that nurses felt more respected and involved in decision-making when compared with pre-implementation data. The collaboration between nursing staff and physician improved tremendously following the implementation of these changes, which aided in the nursing staff feeling more respected and valued, thus improving overall job satisfaction. As hypothesized, post-implementation feedback from patients suggested that satisfaction with their care improved in tandem with nursing satisfaction.

The impact that nursing satisfaction has on patient outcomes is clearly evident in the work of McHugh et al.⁶ In a cross-sectional study of 564 adult, general acute care hospitals from California, Florida, Pennsylvania, and New Jersey, they concluded that Kaiser Permanente model hospitals—which are comparable to Magnet[®] status hospitals—were more likely to have better patient outcomes due to their emphasis on promoting nursing education and improving work environments. Some of the notable differences between the Kaiser facilities and the non-Kaiser facilities included increased staffing levels and an increased number of bachelor's degree-level nurses, both of which have been shown to improve patient outcomes. Additionally, Kaiser facilities are unique in that investments are made in professional nursing, similar to Magnet-designated facilities, which help to improve morale and illustrate that nurses are both a vital and valued asset to the health care organization.

CHALLENGES IN TODAY'S EVOLVING HEALTH CARE

The constant flux that characterizes health care today and the demands to do more with less may be a significant contributor to nursing dissatisfaction. Perry et al.⁷ attribute nurse satisfaction to supportive leadership, adequate

staffing levels, good nurse-physician teamwork, adoption of a nursing practice model, and promotion opportunities. These predictors of patient satisfaction, however, may be difficult to attain in a fast-paced professional setting. Facilities are often impacted by changes in leadership, suboptimal patient-nurse staffing ratios, nursing burnout, and insufficient professional development opportunities. In the military, for example, nursing satisfaction may be impacted by staff and leadership turnover associated with transfers and deployments, and the need to maintain critical wartime nursing skills.

Both civilian and military hospital organizations alike are in need of enhancing nursing professional development opportunities to further maximize the positive patient experience. McHugh et al.⁶ stress the importance of supporting efforts that contribute to good patient outcomes: nursing autonomy, an active voice in practice and resource allocation, adequate patient-nurse ratios, educational opportunities, leadership support, and interdisciplinary communication. Nursing is more than simply a workforce that is hired to provide bedside care; nursing is an investment.

NURSING STRATEGIC INITIATIVES

Nursing professional practice models have demonstrated their effectiveness in health care, as they align the values of the nursing profession with that of an organization so that nurses have clarity of what is expected of them. Professional practice models are used to provide high-quality, patient-centered care to the patient and are helpful in improving staff engagement, job satisfaction, and patient care.⁸

MAGNET STATUS

Magnet status is an organizational achievement that aims to improve patient outcomes through four nursing strategic goals: transformational leadership, structural empowerment, exemplary professional practice, and new knowledge, innovations, and improvements. In 1983, the American Academy of Nursing Task Force on Nursing Practice in Hospitals conducted a study to determine the qualities of hospitals that attract and retain nurses who provide exceptional nursing care. Seven years later, the American Nurses Association created the Magnet Recognition[®] program, which was based upon the study completed in 1983. In 1994, the University of Washington Medical Center in Seattle was designated as the first Magnet-designated organization. As of 2011, only 6.61% of hospitals have been able to achieve Magnet designation.⁹

Smith¹⁰ completed a study by using a secondary analysis from 3 different secondary sources to determine whether Magnet designation had any effect on HCAHPS scores. It was found that health care facilities that were designated as Magnet and hospitals that were in the process of obtaining Magnet designation scored significantly higher on 6 of the 7 HCAHPS survey

questions pertaining to patient satisfaction with nursing care. The findings in McHugh et al.⁶ support the coexisting relationship between nursing satisfaction and positive patient outcomes. If optimal patient outcomes result from Magnet status–like initiatives, then the core of Magnet status should be the standard throughout the health care industry.

NAVY PROFESSIONAL PRACTICE MODEL

The Navy Nurse Corps (NC) comprises approximately 4168 active duty and reserve NC officers representing a variety of nursing specialties. In 2016, the United States Navy Nurse Corps implemented the Navy Professional Practice Model (NPPM) to provide a functional framework for implementing 3 main tenets of nursing practice: operational readiness, professional development, and transformational leadership.¹¹

Operational Readiness

Operational readiness is unique to the NPPM when compared with the professional practice models of other organizations. At any given moment, a NC officer can be called upon to support the warfighter in the combat zone. The Defense Health Agency has prioritized the establishment of civilian–military partnerships to strengthen critical wartime nursing skills.¹² In these partnerships, military personnel work regular shifts alongside their civilian counterparts in operational-like settings at private-sector hospitals, such as the emergency room and intensive care unit for enhanced experience with trauma and high acuity patients. It is anticipated that NC officers will be better equipped to take on the challenges associated with combat casualty care through partnership efforts.

Professional Development

There are numerous professional development opportunities available in the Navy NC that align well with efforts aiming to promote nursing satisfaction: career development boards, duty-under-instruction (DUINS), and education and training activities.¹¹ Career development boards afford NC officers the opportunity to discuss short- and long-term goals, review performance, and to address questions or concerns regarding their careers. Nursing satisfaction initiatives in the Navy NC parallel those of their civilian counterparts, which suggest that nursing retention could best be impacted by having professional development practitioners meet with employees on a regular basis to learn more about their goals and to ensure that they are on track with achieving them.¹³

According to Bindon,¹⁴ ensuring that clinical competencies, continuing education, and advanced education are completed is not solely the responsibility of the nurse, but also of the organization and profession as a whole. Funding advanced education can be expensive and unaffordable to many highly qualified nurses; therefore, it is important that

employers and leaders support programs that support professional development. In the Navy NC, DUINS offers the opportunity to attend graduate school on a full-time basis at no cost while receiving full pay and benefits. Under this program, students are allowed 24 months to complete a master's degree, 36 months for a doctor of nursing practice, and 48 months to obtain a doctor of philosophy degree.¹⁵

Mtega et al.¹⁶ stress providing educational opportunities that promote knowledge and facilitate completion of continuing education to improve retention rates and job satisfaction. Activities such as nursing grand rounds and journal clubs have recently reclaimed their popularity at several military treatment facilities and have served as platforms for generating continuing education credits.¹⁷

Transformational Leadership

Transformational leadership is a tenet that is vital to any organization, whether it is health care–related or not. According to Fischer,¹⁸ transformational leaders are characterized as charismatic, loyal, and visionary. This leadership style empowers staff members by providing a sense of autonomy and increasing job satisfaction; but most importantly, it promotes the development of trust through the establishment of individualized relationships with staff members.

Achieved through various leadership tactics, transformational leadership is one of the main tenets of the NPPM and is the core of division officer and department head courses in the Navy NC.¹¹ Mobile leadership—walking, that is—rather than behind closed doors, is the hallmark of NC leadership and is best exemplified by the daily rounds initiated by NC executives. In doing so, NC executive leadership is able to connect with staff members at a personal level and address any issues or concerns.

To promote nursing autonomy, interdisciplinary teamwork, and shared governance, NC leadership has endorsed activities that support communication and process improvement, such as TeamSTEPPS® and The 4 Disciplines of Execution® (4DX). TeamSTEPPS has enhanced communication at the patient's bedside and given all health care team members an equal voice in patient safety. Nurses, physicians, social workers, physical therapists, pharmacists, dietitians, and hospital corpsmen all collaborate to optimize the individualization of patient care plans.¹⁹

Shared governance is a concept that has recently become embedded into the culture of Navy leadership. Rather than leadership solely deciding which projects to initiate or how to complete them, a quality improvement tool known as the 4DX has recently been introduced at various military treatment facilities to further enable all stakeholders to participate in the decision-making process. 4DX methodology improves the transparency of what the goals are and how to meet them, while

engaging all staff members and holding them accountable.²⁰

IMPLICATIONS FOR PRACTICE

The association that exists between nursing satisfaction and positive patient outcomes calls on health care leaders to consider which nursing strategic initiatives are applicable within their organizations. It is evident in the literature that professional practice models that incorporate elements such as transformational leadership, professional development, interdisciplinary teamwork, and education and training will generate superior patient satisfaction scores when compared with organizations that do not. For civilian health care organizations, adopting Magnet-status fundamentals may serve as a means to achieving better patient outcomes through improved nursing satisfaction; for the Navy NC, developing a tangible product that exemplifies the meaning of the NPPM may be the conduit to impacting patient–nurse satisfaction. Navy NC priorities should focus on: sustaining civilian–military partnerships to meet operational readiness; supporting professional development through career development boards, DUINS, and education and training; and influencing transformational leadership by introducing shared governance (4DX) and interdisciplinary teamwork (TeamSTEPPS) initiatives.

CONCLUSION

Current research on the patient–nurse relationship suggests that patient satisfaction is strongly associated with how satisfied nurses are in their own work environment. Due to these findings, professional practice models have been refined to optimize the patient care experience. The Navy NC has taken great strides to implement the elements of the NPPM—operational readiness, professional development, and transformational leadership—to increase nursing satisfaction and, in turn, enhance the patient care experience. Similarly, civilian health care organizations can incorporate Magnet status principles to improve nursing retention, job satisfaction, and most importantly, patient satisfaction. Improving patient satisfaction is more than just a quality metric; it is a health care leadership investment that begins with the professionals who battle in the frontlines of medicine.

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