

Patient & Family Satisfaction: Simple Keys to Success



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At the completion of the article and the post test, the reader should be able to:

- Identify why patient satisfaction is so important to hospitals, communities, and staff today.
- Discuss three strategies that can help to enhance patient and family satisfaction.
- Recognize the role of the professional nurse as role model and teacher for other care givers.



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For many years, in fact decades, hospitals have been concerned about the satisfaction of their patients and families. They conduct patient satisfaction surveys every month, hold focus groups, and meet individually with select patients. Staff sees reports of what aggregate data shows: what areas of hospital service did patients find most satisfying and what was not as satisfying. The newest approach is the HCAPS survey (Hospital Consumer Assessments of Healthcare Providers and Systems) a 27 question survey implemented on a voluntary basis in 2006, with some of the data now available online for consumers in 2008. The Joint Commission, Centers for Medicare and Medicaid, the American Hospital Association, and many other national, state, and local groups as well as individual consumers are looking at this data and analyzing it. Every hospital Board of Trustees, Chief Executive Officer and all administrators – everyone is focused on patient satisfaction.

The reality is, the nurse, and all of the front-line hospital staff are the experts when it comes to managing great patient satisfaction. With the right supports, the right culture, and easy processes, we as nurses can have a major impact on how our patients and their families perceive their hospital experience. One important part of a professional nurse's role today is helping other front line staff to focus on assuring exceptional patient and family satisfaction. Making the achievement of this goal realistic will be much easier if all staff are involved. Many of these strategies are ones

we have heard or read about; hopefully this will be an opportunity to remember them and other strategies that can be used every day. Employing these and many simple, easy to remember keys to success can help support quality care and enhance patient and family satisfaction

Why is patient satisfaction so important to our health care organizations? The perceptions of our patients are very important. In some cases, their level of satisfaction may decide their next choice of health care provider and health care system. In many situations, their level of satisfaction will cause them to speak favorably to their friends/neighbors/colleagues – or to speak in negative terms. The public nature of the patient satisfaction results can be a boost to an organization, or it can cause some community distress. From the individual clinical service perspective and caregiver perspective, patients and families who are satisfied with care and the concern of their caregivers, are often those who demand less and add less stress to an already busy day or night.

In general patients are actually quite satisfied with their hospital experiences. The recent public reporting sites show reasonable levels of satisfaction with care, although there are certainly areas for continued improvement.

The satisfaction level and perceptions of families and significant others are also critical to the comfort and recovery of our patients. When they feel good about the hospital experience, they can be of great assistance to us and the patient. Becoming a real participant in the care giving is highly desirable since after the patient's discharge the family most often transitions into the care giver role.

We know from our diverse nursing experiences, the satisfaction of the patient and family can impact everyone's work, and our own sense of accomplishment. When patients are highly satisfied with their care, they share information and ask questions more readily. Their increased interaction makes assessment and interventions easier and timelier, and they are generally more amenable to teaching and healthcare guidance.

To better understand satisfaction, we need to recognize that it is related to the needs of the patient. The Picker Institute data, collected in the late 90's still holds true today. The Institute has spent many years collecting data on what is most important to patients. After multiple focus groups and analysis of communications from patients and caregivers, they found that the dimensions of care most important to patients include respect, access, coordination of care, information and education, physical comfort and safety, emotional support, involvement of their family and friends, and a sense of continuity and smooth transitions.

These dimensions are not in any rank order, some being more important than others to certain patients, but across a wide diversity of age groups and health situations, these areas are important to consider. As we think about and talk with our team members about the plan of care for each patient and groups of patients we can consider each of these dimensions of care, and find creative and simple ways to meet the needs.



Recognize common concerns and adult fears – address them openly and sensitively.

Adults often have fears, but do not openly express them. They may be afraid of the outcomes they face with this illness, the unknown of the diagnosis or the treatment, loss of control, potential loss of their job and income, the fear of disability, and many others. As nurses we know that fear can be exhibited in many ways: an adult may become very withdrawn, almost surly in their responses; they may talk more, but not about their fear or the situation at hand; they may make light of the situation and laugh about it; they may even ignore our questions, feigning the “I am fine – just had a little chest pain...”. Recognizing as we do, that the fears of an adult are real, and that being in a hospital setting is foreign for most people, helps us to manage our interactions in a way that will lead to much greater satisfaction for everyone. Addressing the common fears in a direct and sensitive manner can make a real difference; for example, “Many patients with a similar problem, often are concerned about...let me share some information with you...” Assessing reactions with sensitivity to adult concerns and needs, and trying some simple strategies can help us and our patients.

Our perceptions are our reality. It is not a simple task to change someone's perception. Only with clear communication, a sensitive approach and consistency can we hope to change someone's perception! For example, if a patient says that he has been waiting over thirty minutes for someone to answer his call light, even though there may be a temptation to say “Your light only went on five minutes ago,” we know that will not change his perception. Instead, a simple response of “I'm sorry you had to wait – what can I do for you?” does not challenge his awareness and it does tell the patient that we care. When we are waiting, time seems to move very slowly; for the busy nurse, thirty minutes goes by in a blink – for the patient, it can seem like an eternity. Particularly for patients who have not been in a hospital recently, we need to help them feel safe and secure in the midst of a very busy environment.



Help patients to have more realistic expectations through clear communication.

Helping our patients to have realistic expectations is a challenge. This can be helped by being very careful not to promise what cannot reasonably be delivered. For example, we need to avoid saying “I'll be right back”; that is meant sincerely, but we know what can happen as soon as a nurse steps into the hospital corridor – multiple requests, colleagues with questions, phones ringing – many things that can delay us. Instead, one might say, “I will be back in to check on you; if you need something before I return, please turn your call light on and one of us will stop in.” The message is comforting – I am here for you, I will be back – but it does not suggest a time or immediate response. Using the “we” instead of “I” can also help – it reminds

the patient that there is an entire team of caregivers present to meet their needs and not just the one nurse or care aide. Giving a range of time, such as “the procedure is scheduled to occur this afternoon,” or “the meal tray will be here in the next half hour” – can help the patient and family have more realistic expectations.

Managing expectations is important in every clinical environment, from the ED waiting area to the OR pre-anesthesia area, to every patient unit and clinical testing department. When patients are not given clear information on potential wait times, or reasons for delays, or what to expect, they tend to become more anxious and more dissatisfied. Every hospital staff member can help with this, by sharing information.

Minimize and prevent communication barriers.

Managing communication in a noisy hospital setting takes focus and skill. Many patients have communication barriers to deal with; English may not be their primary language, or they may have a hearing deficit, or they may not understand some of the words we are using, or it may just be a very noisy moment in an already noisy environment. Making definitive efforts to minimize these barriers will go a long way to assuring safe and high quality care, and helping to support high levels of satisfaction. Assessing the environment, accessing a competent interpreter, checking on hearing aides and the batteries that often are low on power, moving closer to the patient – all simple things that we can do that will help minimize these common barriers.

Keep the patient and family informed before they ask questions.

Our role as nurses, since we are the leaders of health care at the bedside, is to assess, monitor, and intervene as needed to assure the highest level of quality and safety, and satisfaction possible. Not always an easy task, in the midst of managing all of the patients’ physical and medical needs. As we interact with patients we are also role modeling for all of the front-line staff, the housekeepers, the dietary staff, patient care assistants, transporters, all caregivers. We know that the satisfaction of the patient and family can impact everyone’s work and our own sense of accomplishment for the day.

For information on patient condition, families often want to speak to the nurse. Some organizations have moved to an electronic message center for families; this is a secure phone line that the family has access to with a unique code, and it holds an update on the patient’s condition recorded by the nurse 2-3 times a day. In other organizations, nurses offer their business card to the family member, and indicate their individual work/cell number that they will answer. When the family is in the room, offer information in advance of their questions – new orders, what procedures are on the plan for the day, what progress is the patient making in Physical Therapy? The message we are giving when we offer information before we

are asked is that we want the patient and family informed and involved in the plan of care, and that we respect them and the importance of their relationship. Most nurses have been the “family member” when a loved one was ill; we only need to remember how important information was to us in those circumstances.

Even information that seems trivial can be helpful to patients and their families and close friends. Printed information on cafeteria hours, gift shop availability, items to bring patients--or not to bring, and safety precautions may seem obvious, but it can help families and patients feel more in control.

Share new information as soon as it is available – fill in the blanks before the patient or family does.


We all want to know what is happening around us and that is especially true when we are ill. In the “patient role,” an individual becomes quite egocentric (it is all about me), and as a result, even more sensitive to what is said or what they may overhear. Many may react without a great deal of information. Picture the patient in an ED overhearing a physician who is standing in the corridor with another staff member, shaking his head and saying “that’s not good.” – the patient may quickly assume it is about his lab or radiology report, or his physical condition, when in fact it may be about another patient or even more innocently about the latest schedule or weather report!

Part of dealing with this communication need, is recognizing how much information we have about patients and how well and how quickly it is shared with them. We can help patients to think through the questions they may want to ask their physician and we can provide them the latest and critical information on the “plan for the day” – what they can expect, what will happen first and then second, who will be with them, where they will be. Feeling in control is often driven by how much information we have about the situation we are in at the time. Adults rarely feel that they are in control when they are hospitalized.



Keeping patients and their families informed is a key success factor in assuring satisfaction. Simple strategies to consider using in our everyday practice include reports at the bedside, including the patient and family in the update we give our colleagues, and asking and/or sharing what is most important to the patient for the next few hours.

Another strategy is sharing information with patients and families as soon as we have it, i.e., the reason for delay in the OR, the anticipated timing of their radiology exam, the order that the doctor has written for their pain relief. It is easier for patients to feel they are part of the care giving system, when they have the information that is about them and their treatment. It is well known that as adults, when we do not have all of the information, we will assume the worst and fill in the “blanks” with whatever we feel, often based on prior bad experiences. To avoid the anxiety and added stress this causes, we need to share information as quickly as possible.



Use positive non-verbal messages to convey the respect and concern we have for patients.

Managing communications also involves using our non-verbal skills carefully. One very powerful strategy is to sit not stand, whenever possible. This may seem difficult to do, and yet, if only for 60 seconds, it can have a major impact. It is amazing what the patient’s perception is when a caregiver sits down near them to talk so that they are at “eye level”; they perceive that it was for a much longer period of time and feel that they were the sole focus of the caregiver. Pull the stool close to the stretcher or wheelchair, or sit in the chair near the patient’s bed; sitting down for that one minute or two can help communication and the trusting relationship that is so crucial to the healing process.

Another non-verbal strategy to employ is to look directly at the patient or family member and not get distracted with technology, lists, etc. This is an occurrence that we all have experienced – someone is talking with us, but not looking at us. The impression is, “I am not that important; he has more important places to be; the IV is why she came in here, so I should not interrupt.” None of these messages are ever intentional, but our non-verbal signals can send a different message than we intend. While it is important to check the technology being used for the patient, or the dressing, it is very important to take those few first seconds to look directly at the patient. Nursing assessment of both physical and psychological status is happening as we make this direct connection to the patient.


The sensitive and well-timed use of touch is another non-verbal strategy that nurses are very good at; we sometimes do not realize the positive power of that light touch on a patient’s hand or forearm and the message of support and concern that it conveys. A few seconds of our time is all that is required.



Listen more than talk.

A critical part of our communication tool kit as professionals is our ability to listen critically to what our patients and their families are telling us. We recognize that patients are with us a very short time – a brief chapter in their life story. Listening to them as they share their stories, their concerns, the other aspects of their lives, can only make our work easier and help us to customize our care to meet their unique needs. While this can sound like it will take a lot of our precious time, it will actually save time, as our information will be more complete and the trust relationship we are building with the patient and family is more secure.

A key strategy to use is to remember to listen more than we talk. Not always easy for some of us, but it is a real “satisfier” for anyone in the consumer role. Nurses are experts at attending skills – responding while listening carefully, but in a way that encourages the other person to keep telling their story. This is often seen when a nurse says to the patient or family member: “Tell me more about that,” or just nods their head accepting what the patient said and giving the message of “I heard you – I care.” Being listened to makes a person feel valued and respected, and in a health care setting, it adds to a feeling of safety and security.



Enhance a secure feeling for patients whenever they are transferred.

Oftentimes we need to transfer patients to other departments for procedures or tests, or to other clinical units, or to another facility altogether. How we manage these “transition communications” can really make a difference in the satisfaction level of the patient and family. New care givers, new environments and unknowns all around can be unsettling and anxiety-producing for patients who move from their inpatient room to the OR for a procedure. A strategy to make this easier is to communicate what we know about this transition – in a sense, building a safe, comfortable bridge for the patient to the new care giver relationships and the new environment. For example, as we get the patient ready for the OR or radiology, we might comment, “I know the staff who work there and they are so expert at what they do – you will be in great hands!” Or if we know exactly who will be involved in the procedure, we can add “I know Tom, he is part of the great Cath lab team, and you will be well cared for.” This is particularly important when we transfer a patient from a critical area to a step-down or medical/surgical area; patients and families often fear that they will not be monitored as closely or that they are not really ready for this. We can ease those fears, and increase their satisfaction by simply offering our professional assurances: “You have made great progress, and now you are ready to move to the Medical unit. My colleague Joan is the nurse I just spoke with, and she is looking forward to caring for you. You will be in great hands.” We are sharing our sense of trust and professional respect for our colleagues and helping patients and families to feel confident in all of their caregivers.

We don't need to know everyone, but we do trust them as colleagues, and sharing that sense of trust and respect with our patients can be important.

Summary & The Challenge

Reminding ourselves and our team members of simple keys to successfully enhance patient, family and significant other satisfaction can make our days as caring, competent, but very busy professionals, easier and more fulfilling. Reality does tell us that these strategies will not work in every situation and that some patients and some family members will challenge all of our skills. There will still be those difficult-to-manage patient reactions and tense family situations. But in most situations, employing simple and effective communication and relationship-building approaches will make a difference. There is no question that to impact patient satisfaction all caregivers need excellent communication skills. That is also why it is so imperative that as professional nurses we take the time to teach and guide other members of our healthcare teams.

Every nurse wants patients to receive high-quality, safe care and feel good about the care and attention they received. Patient and family satisfaction is a challenge. Let's employ these keys and others that you know as often as we can, and help our teams to secure a positive experience for every patient. Take the challenge: try a simple strategy, talk with your colleagues, engage them in this, create your own simple keys, and build toward great success in patient and family satisfaction!

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Program Evaluation

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Objectives

At the completion of the article and the posttest, the reader should be able to:

1. Identify why patient satisfaction is so important to hospitals, communities, and staff today.
2. Discuss three strategies that can help to enhance patient and family satisfaction.
3. Recognize the role of the professional nurse as role model and teacher for other care givers.
- 4.

Please rate how well the above objectives were met by circling the appropriate number:

1 = Strongly Disagree **5 = Strongly Agree**

Objective 1 from above was met.

1 2 3 4 5

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1 2 3 4 5

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The application to and usefulness of the content in your nursing practice.

1 2 3 4 5

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The objectives were relevant to the overall purpose.

1 2 3 4 5

The activity met your expectations.

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This activity was free of commercial bias due to conflict of interest, commercial support, product endorsement or unannounced off-label use.

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Article: Patient & Family Satisfaction: Simple Keys to Success

1. The satisfaction of patients and families with their health care experiences can have an impact on:

- A. Selection of their next health care organization and provider
- B. Community perception of the hospital
- C. Openness of the patient to teaching and guidance about their illness/health care
- D. all of the above

2. In the 1990's the Picker Institute conducted research on patient satisfaction and identified some of the following dimensions:

- A. Respect, access, coordination of care, and physical comfort.
- B. Food, emotional support, access, and education.
- C. Respect, price of care, physical comfort, and sense of continuity.
- D. Respect, access, quiet, and simple paperwork.

3. One of the approaches to enhancing patient satisfaction is to:

- A. Help patients to have realistic expectations
- B. Place difficult patients in rooms with highly satisfied patients
- C. Tell the patient when their perceptions are wrong.
- D. Tell patients that everyone is busy with other patients.

4. As a patient, an adult may experience:

- A. stress headaches
- B. fear of the outcome of this illness experience
- C. extreme apprehension
- D. an easy time expressing their concerns

CE Questions: Please circle your response on the answer sheet.

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5. To enhance patient and family satisfaction, the following nursing skill set is most important:

- A. IV insertion
- B. Assessing need for pain medication.
- C. Verbal and non-verbal communication skills
- D. Outcome of the surgical procedure.

6. When patients and families have a good experience and are satisfied with care, they are more likely to:

- A. Demand more of the nursing staff.
- B. Be discharged sooner.
- C. Have less pain.
- D. Be more willing to accept teaching and health guidance.

7. Minimizing and preventing communication barriers may involve:

- A. Assisting the patient with their hearing aides.
- B. Writing down what you need to communicate to the patient.
- C. Repeating words in a higher volume more than once
- D. Taking the patient to another room where you will not be interrupted.

8. Positive non-verbal messages may be conveyed by:

- A. Simple light touch of the hand to the patient's hand or forearm
- B. Looking directly at the patient at the start of the interaction
- C. Sitting near the patient rather than standing whenever possible.
- D. All of the above.

9. A key part of the professional nurse's role in patient satisfaction is:

- A. Reading the results of the latest patient satisfaction survey
- B. Spending more time on documenting patient and family interactions
- C. Role modeling and teaching other care givers key strategies to enhance patient satisfaction
- D. Sharing their personal illness experiences with others.

10. When transferring a patient to another care environment, it is helpful to:

- A. Dismiss the patients unrealistic concerns about the transfer.
- B. Support their comfort by sharing our knowledge and trust of the caregivers they are about to meet.
- C. Share the trust and respect we have for our colleagues in the other department/unit
- D. Mention to the patient that they will do just fine in the new environment and not to worry.