

RELATIONSHIP BETWEEN NURSES' PERCEPTIONS OF EMPOWERMENT
AND PATIENTS' SATISFACTION

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ABSTRACT

RESEARCH SUBJECT: Relationship between Nurses' Perceptions of Empowerment and Patients' Satisfaction

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Both nurses' job satisfaction and patients' satisfaction are increasingly important focuses in the health care environment. Nurses who work in environments that promote nurse empowerment are more likely to use more effective work practices, resulting in positive patient outcomes (Donahue et al., 2008). The purpose of this study is to examine the relationship between nurses' empowerment and patients' satisfaction with care. This is a replication of Donahue et al.'s study. The framework is Kanter's Theory of Structural Power in Organizations (1977). The sample will include 150 nurses working in a non-profit hospital in Bloomington, Indiana. The patient sample will include 200 patients on the same hospital units. Nurses' perceptions of empowerment will be measured by The National Database of

Nursing Quality Indicators (NDNQI) survey. Patients' satisfaction will be measured using the NRC+Picker survey which yields satisfaction data quarterly. The findings will provide information for nurse managers about the level of satisfaction of both nurses and patients in the hospital setting that will provide a base for staff development in regard to patient satisfaction.

Chapter I

Introduction

Health care organizations that provide higher levels of quality care and patient satisfaction have a competitive advantage in the service market (Donahue, Piazza, Quinn Griffin, Dykes & Fitzpatrick, 2008). Patient satisfaction has decreased nationwide by 5% over the past year (Morgan, 2010), leaving substantial room for improvement. Patients who are satisfied may choose to return to a specific hospital. This leads to increased revenue, market share, and profitability for the provider. Patient satisfaction is crucial to ensure intentions to return to a hospital. Each dissatisfied patient shares the negative experience with 10 to 12 other people on average (Levoy, 2003). Research has shown that higher patient satisfaction is associated with improved treatment adherence and improved outcomes (Glickman et al., 2010). For healthcare organizations to survive, patients must be satisfied with care.

The American Hospital Association (AHA) stated that costs for healthcare continues to rise, while reimbursement

to providers continues to decline (2010). The AHA supports delivery system changes for reimbursement that would involve payments based on incentivizing care coordination, quality, and efficiency, as opposed to current payment systems which are based on volumes (2010). Almost two-thirds of hospital reimbursement is tied to The Center for Medicare and Medicaid Services (CMS). Current initiatives promote withholding reimbursement for preventable hospital-acquired conditions, and provide incentives for quality outcomes (Hines & Yu, 2009). The Medicare Payment Advisory commission projects the lowest level of reimbursement in a decade. A negative 6.9% Medicare margin was significantly decreased from a positive 6.2% previously (AHA, 2010). According to the AHA (2010), 58% of hospitals lost money by serving Medicare patients in 2007. Payment for Medicaid patients in 2007 was only 88 cents for every dollar spent by providers (AHA, 2010).

One of the greatest challenges in providing quality, cost-effective care is to retain experienced nurses. The nursing workforce is challenged with shortages and competency issues due to having inexperienced nurses (Wieck, Dols, & Landrum, 2010). The American Association of Colleges of Nursing (2009) cited national turnover rates

between 8% and 14%. The cost to replace one nurse ranges between \$22,000 and \$64,000, with an average cost of \$36,000 for a nurse working on a medical unit (Robert Wood Johnson Foundation, 2009). The estimated nurse turnover cost is 1.3 times the salary of the departing individual (Bland Jones & Gates, 2007). Nurse retention is crucial for maintaining adequate staffing, and for ensuring quality patient outcomes and satisfaction with care. Nurse retention is essential for controlling healthcare costs.

Empowerment of nurses is essential to nurse satisfaction and retention, and for effective functioning of an organization. Kanter's Theory of Structural Empowerment in Organizations (1977, 1993) states that empowerment is promoted in the work environment by giving employees access to information, resources, support, and the opportunity to learn and develop. Empowered nurses are autonomous and competent, and have the ability to impact organizational outcomes. Nurses who are empowered are more committed to the organization, more accountable for work outcomes, and better able to fulfill job requirements effectively (Larkin, Cierpial, Stack, Morrison, & Griffith, 2008). Cultures that support empowerment are more successful in retaining nurses. Experienced nurses are

more likely to promote positive patient outcomes and patient satisfaction with nursing care.

Patient satisfaction is an important indicator of quality of care. Healthcare providers must maintain high levels of satisfaction to remain competitive in a service market. Nursing care has a prominent role in patient satisfaction (Wagner & Bear, 2008). Nursing care is essential to promote operational excellence. Nurses are one of the most influential indicators related to patient safety issues, patient outcomes, and patient satisfaction (Wieck et al., 2010). Donahue et al. (2008) found significant relationships between nurses' perceptions of power and patient satisfaction. Patients who were satisfied with nurses also had high satisfaction for overall care, and were likely to return to, and recommend the organization to family and friends (Donahue et al., 2008).

Background and Significance

The term empowerment originated in the 1920s, but did not become relevant to nursing until the mid-1970s (McCarthy & Holbrook Freeman, 2008). The concept of nurse empowerment has three main contexts including: community empowerment, psychological empowerment, and organizational empowerment (Kuokkanen, 2000).

Spreitzer (1995) identified four dimensions related to empowerment including meaning, competence, self-determination, and impact. Erickson, Hamilton, Jones, and Ditomassi (2003) believed that empowerment occurs when an organization engages employees, and has intentions to promote growth. Organizational empowerment for nurses occurs when employees have opportunities to learn, and have access to information, support, and needed resources (Laschinger, Finegan, Sharmian, & Casier, 2000).

Kanter's theory has been widely applied to the practice of professional nursing. Kanter's Theory of Organizational Empowerment states that an individual's effectiveness within a role is dependent on the structural aspects of the job and not the personal characteristics of the individual (Kanter, 1977, 1993). Power was defined as the ability to get things done, and to achieve organizational goals. Kanter's theory examines the perceptions of empowerment of RNs and commitment to the organization. Access to power comes from the formal position one has within the organization, and the informal relationships and connections an individual has with peers (Kanter, 1977, 1993).

Research has been conducted related to nurse empowerment. McDermott, Spence Laschinger and Shamian (1996) conducted a study that revealed a strong correlation between nurses' perceptions of empowerment and commitment to the organization. Empowerment has been studied in relationship to shared governance effectiveness (Anthony, 2004). Nurse empowerment concepts were studied by Batson (2004) who found that empowerment includes equity, ownership, partnership, collaboration, and accountability. Psychological empowerment for nurses was found to promote quality of care and patient outcomes (Stewart & Quinn Griffin, 2010).

A study by Donahue et al. (2008) found a significant relationship between nurses' perceptions of empowerment and access to information, opportunity, support, and resources. A positive correlation was also found between nurses' perceptions of empowerment and patients' satisfaction with care (Donahue et al., 2008). Much research has been done on the concepts of empowerment, nurse satisfaction, and patient satisfaction. There is limited research on the relationships among the three concepts.

Problem

Hospitals are interested in maintaining high levels of both nurse and patient satisfaction in order to stay competitive in the healthcare market (Wagner & Bear, 2008). Nurses' perceptions of empowerment can positively influence patients' satisfaction with care and improve the quality of care provided. Empowered nurses have higher levels of job satisfaction and retention (Donahue et al., 2008).

Purpose

The purpose of this study is to determine the relationship between nurses' perceptions of empowerment and patients' satisfaction with care. This is a replication of Donahue et al.'s (2008) study.

Research Question

1. Is there a relationship between nurses' perceptions of empowerment and patients' satisfaction with care?

Theoretical Framework

The framework for this study is Kanter's Work Empowerment theory (1977, 1993). Kanter stated that work behaviors and attitudes are formed in response to an individual's position within the organization, and not to the person's characteristics and previous experiences.

Particular work factors, such as access to information, support, resources, and the opportunity to learn, contribute to a positive work environment and perceptions of empowerment. Access to power is influenced by the formal position held by an employee within the organization and the informal relationships formed with other employees within the system (McDermott et al., 1996). Kanter stated that individuals who work in settings with these characteristics are more motivated and satisfied (1977, 1993). This framework is appropriate for this study because it examines empowerment and organizational productivity.

Definition of Terms

Conceptual: Empowerment. Empowerment was defined by Kanter (1977, 1993) as having access to resources, information and support necessary to complete tasks, and having the opportunity to learn and grow.

Operational: Nurses' perceptions of empowerment will be measured using the American Nurses Association's (ANA) National Database of Nursing Quality Indicators (NDNQI) survey (ANA, 2010).

Conceptual: Patient Satisfaction. Patient satisfaction involves being provided care in a nurturing environment that consciously adopts the patient perspective. Patient

satisfaction includes 8 dimensions: patients' perceptions, emotional support, physical comfort, information and education, continuity and transition, coordination of care, access to care, and involving, supporting and nurturing family members and friends (NRC+Picker, 2010).

Operational: Patient satisfaction will be measured using the NRC+Picker patient satisfaction survey (NRC+Picker, 2010).

Limitations

The study is limited by using only one geographic area, and by sample size. Generalization is limited, and the results may not be representative of the entire nurse population.

Assumptions

Nurse Empowerment is important to nurses' perceptions of the work environment. Patient satisfaction can be measured. Patient satisfaction with care can be influenced by nurses' attitudes and behaviors. Satisfaction with care will influence individuals' choice of hospital.

Summary

Nurse empowerment is an important indicator of quality and patient satisfaction (Dingman et al., 1999). A culture that supports nurse empowerment may be more successful in

attracting and retaining experienced nurses (Donahue et al., 2008). Nurses who are empowered may be more satisfied and committed to providing quality care and therefore influencing patient satisfaction. This study is being conducted to determine if a relationship exists between nurses' perceptions of empowerment and patients' satisfaction with care. Kanter's Theory of Organizational Empowerment will be the framework for this study.

Chapter II

Literature Review

Introduction

Nurses' job satisfaction and patients' satisfaction are important issues in healthcare. Work cultures that support autonomy and control over practice environments have greater success in attracting and retaining skilled nurses (Donahue et al., 2008). Nurses working in environments that promote empowerment are more likely to use effective work practices, resulting in improved patients' satisfaction with care. The purpose of this study is to examine the relationship between nurse empowerment and patient satisfaction with care.

Organization of the Literature

Four categories will be explored through review of selected research and literature studies: the framework, patient satisfaction related to patients' perceptions of nursing care, patients' satisfaction related to patients'

perceptions of care givers, and nurses' satisfaction as a factor in patient satisfaction.

Theoretical Framework

The framework for this study is Kanter's Theory of Organizational Empowerment (1977, 1993). It was Kanter's belief that an employee's effectiveness on the job is related to the structural aspects of the job itself, and that an individual's behaviors and attitudes are shaped by the work environment. Structural factors include power and opportunity. Kanter defined power as the ability to get things done to achieve organizational goals. Access to power is influenced by the formal position an individual has within the workplace, and the informal relationships and connections the employee has formed within the organization. Informal power is earned through building political alliances and productive networking among team members (Kanter, 1977, 1993).

Kanter believed that empowerment on the job leads to greater work satisfaction, increased levels of commitment, and increased productivity (1977, 1993). According to Kanter, certain structures must exist within the workplace to foster employee empowerment. Structures include:

opportunity for growth and learning, access to information, a supportive environment, and the availability of needed resources. Persons with sufficient power are able to accomplish the tasks required to achieve organizational goals. Individuals with power have the ability to share power with peers, further develop productive units, and meet organizational goals.

Kanter cautions that individuals feeling powerless often lack control and feel dependent on others, leading to a lower level of commitment to the achievement of organizational goals (1977, 1993). Nurses who feel powerless often do not take ownership in work practices. Lack of empowerment can lead to decreased quality outcomes and decreased satisfaction for patients.

Kanter's Theory of Organizational Empowerment provides a framework for understanding relationships between nurses' perceptions of empowerment and improved patient satisfaction. Healthcare administrators recruit and retain competent nurses to provide optimal patient care. Empowering nurses to make important decisions regarding patient care fosters both personal and professional growth, and in turn, strengthens the organization. Providing nurses with opportunities, information, support and resources will

encourage commitment to the organization. This framework is appropriate for this study because it focuses on empowerment and methods of improving productivity and quality outcomes.

Patient Satisfaction

Patients' Perceptions of Nursing Care.

Patients' expectations have increased related to healthcare delivery, and meeting expectations increases patient satisfaction. Dingman, Williams, Fosbinder and Warnick conducted a study to evaluate the effect of nurses' caring behaviors on patients' satisfaction (1999). Watson's Theory of Human Caring and Leininger's Transcultural Care Theory were the frameworks for developing a caring model (Dingman et al., 1999).

The setting was a 48-bed acute care community hospital that is part of a multihospital corporation. The sample included both nurses and patients. The sample of nurses included 45 women and 3 men. Thirty-one were registered nurses, 3 were licensed practical nurses, and 14 were certified nursing assistants or ward clerks. The patients were randomly selected, and included 293 discharged patients surveyed over 4 quarters during 1997. Demographic data were not included (Dingman et al., 1999).

The program to educate staff members on caring behaviors was a 2 hour in-service developed for purposes of this study. The information included an introduction to the nurse theorist Watson, concepts of consumerism and patient expectations, patients' perceptions of care, and the need for caring behaviors. The five nurse caring behaviors were: introducing self and the nurse's role in patient care, calling the patient by name, sitting at the bedside for 5 minutes to review plan of care, using a handshake or touch on the arm, and using the mission or vision statement while planning care. The caring behaviors were included on the staff members' performance appraisals (Dingman et al., 1999).

The patient satisfaction survey had been used by the hospital for several years and had well-established reliability and validity. It was a Likert-type scale with four options measuring patient experiences. The survey responses include very satisfied=4, satisfied=3, somewhat dissatisfied=2 and very dissatisfied=1. The Gallop Organization developed the tool that includes 16 nursing attributes seen as most important to patient satisfaction, and overall nursing care. Attributes were: staff showed concern, nurses anticipated needs, explained procedures,

demonstrated skill in providing care, helped calm concerns, communicated effectively, and responded to requests (Dingman et al., 1999, p.32).

Results showed that patients reported a significantly higher level of satisfaction with nurses who anticipated needs 3 months post-intervention ($p=0.0333$), compared with 6 months pre-intervention. Patient satisfaction was also significantly higher with responds to requests ($p=0.0455$) in the 6 months post-intervention compared to the 6 months pre-intervention. Overall nursing satisfaction scored higher at 3 months post intervention, compared with 6 months after intervention, and returned to a level only slightly above the 6 months before intervention. Overall, the results provided evidence that nurse caring behaviors significantly improved patient satisfaction results (Dingman et al., 1999).

The authors concluded that identifying specific nursing behaviors can improve patient satisfaction. In order for a caring model to be effective in improving patient satisfaction with nursing care, it must become a part of the organizational strategic planning. The authors recommended that in order to sustain positive results,

staff must be reminded and continuously educated on caring behaviors (Dingman et al., 1999).

Schmidt conducted a study to understand patients' perceptions of nursing care in the hospital setting. While patients often rate the overall experience as satisfactory, there is question of whether "satisfaction" is an appropriate term to use regarding experiences with nursing and healthcare (Schmidt, 2003). Because receiving care in a hospital is unlike consumer purchase of services or goods, the researcher measured patients' perceptions and judgments related to nursing care. Schmidt used a grounded theory approach to describe patients' perceptions of satisfaction with care (2003).

The setting for Schmidt's study was an academic medical hospital located in the south-eastern United States. The patients who were chosen by the nurse manager for study had to be 18 years of age, hospitalized for more than 1 day, and English speaking. Study participants included three males and five females, with a mean age of 55-85 years, and a mean length of hospital stay of 4-14 days. Of the eight patients, four were medical and four had surgical procedures during the hospital stay (Schmidt, 2003).

Phone interviews were completed with six patients, and in-person interviews were completed with two patients. To achieve the focus of patients' perceptions of nursing care, patients were not directly asked about "satisfaction" or "dissatisfaction" with care received. Patients described the most recent nursing care experience, and then were questioned about aspects considered good, and care that could be improved (Schmidt, 2003).

Interviews were tape-recorded and then transcribed. Transcriptions were verified for accuracy by re-playing the interviews repeatedly until the transcriptions matched the audio recording exactly. Data were analyzed using a constant comparative method to find phrases, words, sentences and passages as areas of analysis. Specific areas were labeled as categories and eventually concepts regarding patients' perceptions of nursing care received emerged from the data (Schmidt, 2003).

Findings revealed four specific themes mentioned most by patients as indicators of quality of nursing care. The themes were: "seeing the individual patient," "explaining," "responding," and "watching over." "Seeing the individual patient" was a theme that was mentioned multiple times during the interview processes. Patients expected to be

known individually regarding histories and circumstances, and not viewed as a diagnosis or room number.

The theme "explaining" described both formal and informal teaching by the nurse and included sharing information when providing care. "Responding" represented the actions of nursing staff as a result of a patient request or need. "Timeliness and appropriateness of responses" emerged as an important theme during the interviews. "Watching over" was the last theme that emerged from the data. Patients verbalized feeling secure and safe when nurses were in close proximity and offering a high level of surveillance (Schmidt, 2003).

Schmidt described the most important aspects of nursing care to be a positive experience. Conclusions were that nurse considerations can lead to improved patient satisfaction with nursing care, including providing individualized care, patient teaching, responding to patient needs, and watching over patients (Schmidt, 2003).

Understanding patients' opinions of nursing care is necessary to improve patient satisfaction. Little research exists regarding patients' experiences with the individual care received in the hospital. Ahmad and Alasad conducted a study to explore patients' opinions of nursing care and to

identify predictors of patients' experiences of nursing care in medical-surgical wards (2004).

The setting for the study was in a Jordanian teaching hospital. The sample included 225 patients recruited from medical-surgical wards within the hospital. Patients had a mean age of 38, with a range of 18 years to 87 years of age. The average length of stay was 7 days, and ranged between 2 days and 54 days. Patients were 51% male and 49% female. The majority of patients (55%) had not completed high school, 15% had a diploma degree, and 30% had a bachelor degree (Ahmad & Alasad, 2004).

The tool was the Experiences of Nursing Care Scale. The scale has 26 items rating the patients' positive and negative experiences with nursing care. The survey uses a 7-point Likert scale with 1=disagree completely and 7=agree completely. In addition to the 26 items, a one-item scale measuring overall experiences with nursing care was included. The researchers noted that the tool was both valid and reliable (Ahmad & Alasad, 2004).

Results of the study revealed that the predictors of patients' experiences yielded positive responses, excluding information provided by the nursing staff. Time spent with patients was rated positively (63%), speed of response to

needs was positive (61%), helping relatives and friends was rated positively (83%), and awareness of the patient's needs was rated positively (67%). Information provided by nurses to patients scored as adequate (37%), and as not adequate (67%). Patients had a positive experience with nursing care when response to patient's call lights was quick, and when time spent with patients was adequate ($P < 0.001$).

Other findings revealed positive patient experiences: when the amount of information nurses gave patients was adequate, the help to family and friends was present, and when the nurses' awareness of patients' needs was adequate ($p < 0.001$). Younger patients ($p < 0.001$) and males ($p < 0.01$) rated experiences more positively than older patients and females did. Results of the study revealed that patients' experiences of nursing care were positive, with a mean approval rating of 74% (Ahmad & Alasad, 2004).

The researchers concluded that identifying nursing behaviors and actions that promote positive patient experience will aid in providing satisfaction with patient care. Patient experiences can be improved by spending more time with patients, and by respecting the individuality of each person. Nurses also need to be aware of patients'

needs and respond promptly. Ahmad and Alasad also concluded that it is important for nurses to provide respect and support to patients' family and friends (2004).

Satisfaction has become a major focus for providers as it often dictates choice in provider of care. Satisfaction has become a predictor of quality, and has the potential to enhance profitability of healthcare organizations. Al-Mailam conducted a study (2005) focusing on patient satisfaction related to nursing care and the predictive value of patient satisfaction to return to the hospital. The purpose was to examine the relationships among patients' reports of nursing care and satisfaction with overall care, and between satisfaction and intentions to return to the hospital, or willingness to recommend it to others (Al-Mailam, 2005).

The setting for the study was a 110-bed private hospital in Kuwait. The study timeframe was from January 1-March 31 (2005). The author used a random sample of 420 hospitalized patients. The researcher knew the patients, which ensured a 100% return rate (Al-Mailam, 2005).

The instrument was a patient satisfaction survey developed for this specific study. The survey had five questions, using a 5-point Likert-type scale with 1="very

bad," 2="bad," 3="good," 4="very good," and 5="excellent." Patients' perceptions of the quality of care received from multiple providers were addressed in the scale. Providers included doctors, nurses, reception staff, maintenance staff, and overall care. Al-Mailam stated that validity was established by including physicians and administrators in topic choice selection and by conducting a pilot study (2005).

Survey results revealed overall satisfaction with the quality of care provided at the hospital was high, with 75% of patients rating it "excellent." Doctors received 85% "excellent" ratings, nurses 92%, receptionists 86% and maintenance personnel 82%. Al-Mailam shared that there was a positive and statistically significant correlation between nursing care and overall patient satisfaction ($r=0.31$, $p=.01$). The author also found significant results between the relationship between overall satisfaction and reported intention to return to and recommend the hospital to others ($r=0.36$, $p=.01$). The incidence of negative responses was low overall, with only 3.5% rating maintenance staff "very bad" (Al-Mailam, 2005).

Al-Mailam concluded that for hospitals to survive in uncertain times, it is necessary to use strategies to

increase customer loyalty. Providing quality nursing care can lead to greater patient satisfaction, and ultimately in subsequent return visits to the provider. Al-Mailam suggested improving nursing care through continuous training, and providing supervisors with transformational leadership skills to improve nursing satisfaction (2005).

Call light use by patients can demand much of the nurses' time and interrupt workflow. Patients often use call lights for personal care and comfort problems that can appropriately be handled by non-licensed personnel. Patients judge the quality and compassion of nursing care by the timeliness that call lights are answered, and by staff attitudes. Meade, Bursell and Ketelsen conducted a quasi-experimental study focusing on hourly rounding and call light use (2006). The purpose of the study was to determine the frequency of and reasons for patients use of call lights, and to understand how nurse rounding changes the frequency. The researchers also examined the effects of nurse rounding on patient safety and patient satisfaction by comparing differences between two groups of patients, with 1-hour and 2-hour rounding practices (Meade, Bursell, & Ketelsen, 2006).

The sample included 46 patient units from 22 hospitals nationwide over a 6-week period. The hospitals qualified for participation if less than 5% of employees were agency staff. The hospitals had units dedicated to medical-surgical patients, and included orthopedic, oncology, telemetry and neurology patients in the study. The hospitals were from 14 different states, and represented both urban and rural areas. The participating institutions ranged in size from 25 beds to more than 600. The units selected within the hospitals were under the direction of experienced nurse managers as determined by the chief nursing officer (Meade et al., 2006).

Call light logs were used to collect data on the frequency and reason for patient calls. The researchers created a list of the 26 most common reasons for call light use. The responder to the call light recorded the reason. Logs with greater than 5% of entries missing were excluded to control for unreliable data. Some hospitals had specific internal records for call light use, such as electronic call light recording systems, or 24-hour communication centers with primary job responsibilities of receiving calls and then paging the appropriate person to assist patients as necessary (Meade et al., 2006).

Staff members were responsible for recording rounding times. Staff used a 12-item task list which included various patient care tasks that the health care provider would do when entering the room. Tasks included offering assistance with toileting, positioning and comfort, and placing needed items in reach such as call light, telephone and bedside table. To improve reliability of the rounding logs, nurse managers reviewed logs daily, rounded, and spoke with patients to ensure that rounding was being completed (Meade et al., 2006).

Patient satisfaction scores were obtained through external commercial vendors, including Press-Ganey, NRC+Picker, and Professional Research Consultants. All measures that computed a mean patient "overall nursing care score" were used to determine patient satisfaction related to the nursing staff and rounding. The vendors had valid and reliable scoring and reporting methods (Meade et al., 2006). The authors relied on the institutions' quality departments for patient fall data (2006). Each organization had fall frequency data by quarter. The data were assumed to be valid and reliable when compared with other hospitals.

Findings showed that nurse rounding reduced overall call light frequency, increased patient satisfaction, and decreased the number of patient falls. Binomial tests revealed a significant decrease in call light use for the 1-hour rounding ($p=0.007$), and the 2-hour rounding groups ($p=0.06$) when compared to the control groups. In the 5th and 6th weeks of study, the control group had 13,106 call light occasions compared with the 8,315 for the 1-hour rounding group and 11,507 for the 2-hour rounding group (Meade et al., 2006).

Patient satisfaction scores showed a significant increase for the test groups. The 1-hour rounding group began with a mean satisfaction score of 79.9 on a 100-point scale, and rose to 91.9 at the end of the study ($t=736.58$, $p=0.001$). The 2-hour group started with a satisfaction score of 70.4, and rose to 82.1 after the completion of the study ($t=657.11$, $p=0.001$). Patient falls dropped significantly for the 1-hour rounding group ($P=0.01$), and also dropped for the 2-hour rounding group, although not significantly (Meade et al., 2006).

The data supported the hypothesis that regular nursing rounding can raise patient satisfaction scores while decreasing call light use and patient falls. While patient

falls dropped in both groups, the findings were only significant for the 1-hour rounding group. Meade et al. believed that further research is needed to determine if 2-hour rounding could have a significant impact on decreasing patient falls (2006).

Healthcare organizations continue to search for ways to improve patient satisfaction in order to stay competitive in an uncertain healthcare market. Otani and Kurz (2004) conducted a study to explore the effects of hospital-discharged patients' reactions to healthcare attributes concerning satisfaction with care quality. The researchers also examined factors that increased patients' intentions of returning to the organization, and which attributes prompted the patients to recommend the hospital to others. Otani and Kurz set out to determine which healthcare attributes were significantly related to patient satisfaction and behavioral intentions based on patients' reactions to the attributes (2004).

The cross-sectional study included four metropolitan hospitals in mid-Missouri and southern Illinois. Probability sampling method was used to randomly draw 6,000 discharged patients between 1997 and 1998. Patients were at least 18 years of age. The majority of the sample were

female, white, medical, married, experiencing their second stay or more at the hospital, and had private insurance (Otani & Kurz, 2004).

The instrument was a questionnaire that was mailed to discharged patients within 10 days to 2 weeks after leaving the hospital. All participants had been inpatients within one of four of BJC's 14 hospitals. The survey included 45 satisfaction questions, with 1=poor and 5=excellent. The scale included admission process, nursing care, physician care, compassion to family/friends, pleasantness of surroundings, discharge process, overall satisfaction, and behavioral intentions. Reactions to each attribute and satisfaction levels were measured by including a composite index for each attribute, and one question related to overall satisfaction and behavioral intentions. The survey had been previously tested to ensure high reliability and validity. Demographic patient data were obtained from the patient-level administrative data source from each respective hospital and included ZIP code, length of stay, hospital department, payer information, and the severity measure, APR-DRG (Otani & Kurz, 2004).

Findings from the survey showed that all independent variable attributes were positively statistically

significant at 0.05, except for the discharge process. Attributes were related to overall patient satisfaction. Of the attributes contributing to overall satisfaction, nursing care had the highest parameter, followed by admission process, surroundings, compassion to family/friends, physician care, and discharge process. Behavioral intentions, or the patients' likelihood of returning or recommending the hospital to others, were also statistically significant with all attribute variables (0.05) and positively correlated with satisfaction. Nursing care was the highest parameter, followed by compassion to family/friends, discharge process, surroundings, physician care, and admission process (Otani & Kurz, 2004).

Otani and Kurz (2004) concluded that nursing care ranked highest in importance in overall patient satisfaction and for intent to return to, or recommend the organization to others. To increase patients' overall satisfaction and behavioral intentions, administrators should focus on elevating nursing care rather than any other service attribute.

Patient satisfaction is now considered a key aspect of quality in healthcare outcomes, improving financial reimbursement to providers who achieve high patient

satisfaction scores (Otani, 2009). The study conducted by Otani built upon a previous patient satisfaction study was completed between January 2005 and November 2007. The purpose of this study was to determine what factors influence patients to rate overall experience as "excellent" as opposed to "very good." Customers who rate care as "very good" may be satisfied with the overall care experience, but are likely not loyal, and may not return to the organization. Only patients who mark "excellent" are considered loyal and will support the long-term survival of a hospital. Other benefits of patients rating the overall experience as excellent are improved medication compliance and increased likelihood of keeping the same medical provider (Otani, 2009).

The setting for Otani's second study was BJC HealthCare, a 13 hospital system serving mid-Missouri and southern Illinois. Five hospitals within the system were used for the study. A total of 14,432 participants were chosen through stratified random sampling of patients from all candidate units. Patients were over 20 years old, discharged from one of the five study hospitals, and contacted within 7-14 days after discharge. There were no significant differences between genders among responders,

while responders were 4.07 years older than non-responders. The average participant was 58 years old, white (74%), and female (Otani, 2009).

A telephone-based survey was used to collect data about the patients' ratings of care. The tool was a 20-question survey using a 5-point Likert-type scale with "excellent"=5, "very good"=4, "good"=3, "fair"=2, and "poor"=1. Admission process, nursing care, physician care, staff care, food, and room were rated. Additionally, three dependent variables were included that rated overall quality of care and services, willingness to recommend hospital to family and friends, and willingness to return to the hospital. The reliability and validity of the instrument were evaluated, and found to be strong in multiple studies using principal component analysis, confirmatory factor and analysis and structural equation analysis (Otani, 2009).

The authors used multiple regression to analyze data. Results showed that of the items rated as an "excellent" overall experience, the most influential was staff care, followed by nursing care, physician care, admission process, room, and then food quality. The only demographic indicator of "excellent" ratings was age, showing that

older patients rated overall satisfaction as less than "excellent" in the overall satisfaction category. Of the 14,432 patients, 1,077 marked "excellent" on each attribute, but only 998 of the patients marked "excellent" on the overall satisfaction question. When patients marked "excellent" on staff care, 81% indicated the overall experience was "excellent." When the nursing care attribute was marked "excellent," 78% rated the overall experience as "excellent" (Otani, 2009).

The findings revealed that staff care is the strongest indicator to rating overall hospital experience as "excellent," with nursing care being second as most influential. Otani concluded that the two attributes have much stronger influence on overall satisfaction than other attributes, and should be the focus of healthcare managers (2009). Improving overall satisfaction can increase the number of loyal customers, and therefore aide in the financial survival of healthcare organizations.

Patients' Perceptions of Care Givers.

Patient satisfaction is a primary concern for healthcare providers and for patients. Limited research exists regarding the role of APNs specific to patient satisfaction. Bryant and Clark Graham conducted a pilot

project (2002) to describe the satisfaction of clients with care provided by APNs. This descriptive study was conducted to support APNs prescriptive authority, title protection, and recognition leading to reimbursement. The framework was based on Cox's International Model of Client Health Behavior (IMCHB) which includes the concepts of client singularity, client-professional relationship, and health care outcomes (Bryant & Clark Graham, 2002).

The study took place at Wright State University (WSU), and included 26 different sites across Ohio. The sample included 36 APNs with various areas of practice specialty, including 24 family nurse practitioners (NP), 4 adult NPs, 2 pediatric NPs, 2 certified midwives, 1 women's health NP and 3 APNs certified in other areas. Of the 36 APNs, 18 practiced in a private or group practice setting, and the remainder practiced in community health or public health clinics (Bryant & Clark Graham, 2002).

The patient sample included 506 individuals. Data were collected for 2 patient care days between July 26 and August 14 of 1999. A total of 49 care days were included in the sample (Bryant & Clark Graham, 2002).

The instrument was the Client Satisfaction Tool (CST) which measures client satisfaction with nurse-managed

clinic services. The tool was adapted by the researchers by adding the words "nurse practitioner," and removing questions about clinic accessibility. The 12-item CST was narrowed to a 10-item survey to measure overall satisfaction. The possible score range was from 10 to 50, with higher scores indicating higher levels of patient satisfaction. The questionnaire also included two open-ended questions to describe the practitioner and the health care received at the site. The CST was rated as both valid and reliable by experts (Bryant & Clark Graham, 2002).

The findings revealed scores ranged from 28-50. The participants rated overall satisfaction high. Of the 506 respondents, 270 (53%) scored satisfaction at 50, or 100% satisfied. The open-ended questions included words and phrases such as "nice" (n=45), "caring" (n=41), "understanding" (n=34), "makes me feel comfortable" (n=25), "friendly" (n=20), "listens" (n=15), and "takes time" (n=12). Bryant and Clark Graham noted that only four respondents gave negative comments about staff, waiting time, and phone service (2002).

Bryant and Clark Graham concluded that APNs can positively influence clients' satisfaction with care by offering support, information, decisional control, and

technical competence on an individual level while providing care (2002). By noting the client comments related to concepts of caring, understanding, taking time and listening, the healthcare professional can further understand what attributes are most important in providing satisfaction. Bryant and Clark Graham suggested conducting studies to compare CST scores between APNs and physicians (2002).

A study investigating advanced practice nurses (APN) roles related to patient satisfaction was conducted in 2007. Lack of healthcare coverage, or not having a primary care physician, often forces patients to use emergency departments for minor injuries and illnesses. Corbett and McGuigan (2008) conducted a study to investigate patients' satisfaction within emergency service units related to wait times, quality of care, involvement in care and information received, and overall satisfaction. The authors also compared patients' satisfaction with treatment by physicians or APNs.

The sample frame included 77,557 patients treated in one of three emergency departments in Hairmyres Hospital, Monklands Hospital, and Wishaw General Hospital, all in the United Kingdom. Questionnaires were handed to every patient

who presented for treatment during the study timeframe. Patients were asked to complete the survey while progressing through the emergency department, and to put completed forms in boxes clearly marked for the study. A total of 1,368 patients accepted the questionnaire, and 1,000 surveys were completed. The sample included 440 females, 490 males, and 70 patients who did not state gender and who were mostly white (90%). Ages ranged from less than 5 years old to more than 60 years old, with the majority of patients being 31 and 45 years old. The study took place over 8 months in 2007 (Corbett & McGuigan, 2008).

The tool was a four-item multiple choice questionnaire that measured patients' satisfaction with multiple care components including: overall satisfaction, waiting times, patients' perceptions of quality of care and patient information. Validity was tested by the divisional nurse director and the patient affairs manager (Corbett & McGuigan, 2008).

Results were significant for the relationship between total time in the emergency department and patient satisfaction ($p < 0.01$) and between feelings of involvement and patient satisfaction ($p < 0.01$). On average, patients

were seen within 30 minutes of arrival to the emergency room, and were discharged within 2 hours of arrival. Of the sample, 85% of patients were given enough information about the condition and treatment. Patient satisfaction was slightly higher among patients seen by physicians when compared with patients seen by APNs. It is important to note that APNs scored high on quality of care, but had room for improvement in the professional confidence category (Corbett & McGuigan, 2008).

The authors concluded that patient satisfaction with see-and-treat services was high, for both the physicians and APNs regardless of waiting times. This finding shows that wait times do not necessarily negatively impact patient satisfaction (Corbett & McGuigan, 2008).

Nurse Satisfaction as a Factor in Patient Satisfaction

Nurse dissatisfaction and turnover can result in a lower quality of care for patients, and ultimately a decrease in patient satisfaction. Mrayyan conducted a study using a cross-sectional comparative design to describe what influences nurses' job satisfaction, patients' satisfaction and the quality of nursing care (2006). The author also studied the differences between critical care units and wards with respect to nursing satisfaction, and quality as

well as relationships among nurses' job satisfaction, patients' satisfaction, and quality of care (Mrayyan, 2006).

The setting was a 304 bed educational hospital within the developing country of Jordan. The study population included 200 nurses, 510 patients, and 26 head nurses from 11 critical care units and 4 wards. The convenience sample included 120 nurses, with 41 being from critical care units, and 79 being from medical wards. The head nurse sample was comprised of 24 nurses, with 19 being from critical care units, and 5 from medical wards. Of the 120 nurses in the study sample, 42% had less than a diploma level of education (Mrayyan, 2006).

The patient sample included 250 total discharged patients, including 73 from critical care units and 177 from medical wards. The average patient was 40 years old, was hospitalized for a surgical condition (59%), was female (60%), married (55%), and had an average length of stay of 3 days (54%). The study was conducted over a 2 week time period in April of 2003 (Mrayyan, 2006).

The tool used to study nurses' job satisfaction was the Mueller/McCloskey Satisfaction Scale (MMSS). This 31 item tool has a 5-point Likert scale with 1=very

dissatisfied, 2=moderately dissatisfied, 3=neither satisfied nor dissatisfied, 4=moderately satisfied, and 5=very satisfied. The questions address nurse satisfaction with extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities, praise/recognition, and control/responsibility (Mrayyan, 2006).

The tool used to study patients' satisfaction was the Eriksen Satisfaction with Nursing Care Questionnaire. This tool is a 35 item survey with a 5-point Likert scale, and measures patients' satisfaction with nurses' availability, technical quality of nurses, physical environment, art of care, efficiency/outcome of care, and continuity of care (Mrayyan, 2006).

Quality of nursing care was measured using the Safford and Schlotfeldt Quality of Nursing Care Questionnaire-Head Nurse. This tool is a 41 item survey using a 5-point Likert scale with 1=never, 2=seldom, 3=sometimes, 4=usually, and 5=always. The tool measured head nurses' perceptions of quality of nursing care provided according to standards and job requirements in both critical care units and medical wards. All three instruments have well established reliability and validity (Mrayyan, 2006).

Results from the MMSS revealed that nurses were neither satisfied nor dissatisfied with external rewards, scheduling and work opportunities, family/work balance, interaction at work, and praise/recognition. Nurses were moderately satisfied with co-workers, control and responsibility. Patients reported a level of moderate satisfaction with nurses in both critical care units and medical wards based on the Ericksen Satisfaction NCQ. Head nurses rated the quality of nursing care as high in both the critical care units and the medical wards (Mrayyan, 2006).

Findings showed a significant difference in nurses' job satisfaction ($p < 0.002$) between nurses working in critical care units and medical wards, with nurses in medical wards reporting higher job satisfaction. There were no significant differences in patient satisfaction or quality of care between the two care areas. There was a significant correlation between nurses' job satisfaction and patient satisfaction at 0.01, with patient satisfaction scoring 3.71 for entire sample, and nurse satisfaction scoring 2.75. There was no significant correlation between nurses' job satisfaction and total score of quality of nursing care. Results did show a significant correlation

between patient satisfaction and the total quality of nursing score at 0.01 (Mrayyan, 2006).

Conclusions were that nurses' job satisfaction positively impacts patients' satisfaction. The researcher addressed the need to initiate patient-based improvement goals to enhance both satisfaction and quality of nursing care. Another suggestion is to include employee-performance expectations in nursing job descriptions. The author recommended providing education for nurse managers to teach methods of positively influencing nurses' job satisfaction.

It is necessary for healthcare organizations to both recruit and retain nurses during times of nursing personnel shortages. Some facilities have found success in creating work cultures that provide greater employee empowerment, leading to improved patient and staff satisfaction. The authors examined the relationship among high-involvement work practices and employee-of-choice characteristics with levels of nurse and patient satisfaction (Rondeau & Wagar, 2006).

The population included all extended care facilities with more than 35 beds located in western Canada. In the spring of 2003, 300 questionnaires were sent to site administrators at the facilities with directions to forward

to individuals responsible for nursing management. An overall response rate of 43.3% was obtained, and 125 usable questionnaires were returned. Nursing home characteristics had an average of 122 beds, most organizations were located in small cities with a population between 10,000 and 100,000 people, most were private (for-profit), and the majority were part of the regional health system and had a unionized nursing labor force (Rondeau & Wagar, 2006).

A seven-item measure was constructed to measure employer-of-choice strength and also focused on the way the organization viewed nursing staff. The questionnaire used a 6-point rating, with 1=highly disagree to 6=highly agree to answer questions related to how nursing personnel are treated. High involvement work practices for nursing staff were measured using a 10-item scale that included shared governance, flexible scheduling, quality improvement teams, employee recognition system and merit pay systems.

High decision-making culture for nurses was examined by nurse participation and commitment, and was measured using a 3-item scale. Nurse education and training was evaluated with a 10-item scale focusing on areas such as quality-improvement training, team-effectiveness training, cross-training, and customer service training. Nurse

satisfaction and patient satisfaction were both evaluated using three-item measures utilizing a 6-point response set, with 1=very low, and 6=very high (Rondeau & Wagar, 2006). It was noted that each scale was tested for reliability and validity using Cronbach coefficients with results ranging from 0.68 to 0.87.

Rondeau and Wagar's (2006) results showed facilities with higher employer-of-choice scores also had higher staff and patient satisfaction scores ($P < 0.01$). The facilities had higher work involvement practices, stronger decision-making cultures, and provided more staff training overall to nursing personnel ($P < 0.01$). Additionally, the organizations had lower nursing turnover and lower job vacancies ($P < 0.05$). While facilities with employer-of-choice qualities have higher staff and patient satisfaction, a weaker and non-significant relationship was found between high involvement work areas and both staff and patient satisfaction.

The authors concluded that organizations wishing to improve both nurse and patient satisfaction should adopt some practices exhibited by employer-of-choice facilities. While high involvement work practices alone do not provide a significant improvement in patient and nurse

satisfaction, establishing a greater decision-making culture and investing in nurse training has shown significant improvement in satisfaction scores (Rondeau & Wagar, 2006).

A study focusing on nurse autonomy and empowerment related to patient satisfaction was conducted by Donahue et al. (2008). Lack of empowerment in the clinical setting can lead to dissatisfied nurses, negatively impacting patient satisfaction. The purpose of this study was to examine the relationship between nurse empowerment and patient satisfaction. Kanter's Structural Theory of Organizational Empowerment was the framework (Donahue et al., 2008).

The study took place in Greenwich Hospital located in an affluent community in the Northeastern United States. The participants included both nurses and patients. A convenience sample of 259 nurses was recruited to study nurses' perceptions of power. All registered nurses who were employed full-time had equal opportunity to participate. The nurses had been employed at least 6 months before the patient satisfaction scores were collected. Most participating nurses were working in staff positions, held a bachelor's degree or higher, were female, white, and between the ages of 41-50. The nurse sample had worked in

the profession for less than 10 years and had been employed by the hospital for less than 5 years (Donahue et al., 2008).

The sample included 1,606 patients from inpatient, ambulatory surgery, and emergency departments. The patient sample was mostly female, were younger than 49 years old, and rated overall health as good or very good (Donahue et al., 2008).

One instrument that was used for data collection was the Conditions of Work Effectiveness Questionnaire II (CWEQ-II), which is a shortened version of the CWEQ. This tool was adapted for nurses. It has 19 items that measure the six components of empowerment as defined by Kanter. The components include: opportunity, information, support, resources, formal power, and informal power. This instrument was adapted in 1986 for use in nursing populations, lending it reliable. Construct validity of the CWEQ-II was substantiated by confirmatory factor analysis (Donahue et al., 2006).

Quarterly data from Press Ganey patient satisfaction surveys were used for patient satisfaction scores. The Press Ganey Associates Company is a respected organization

lending the tool both reliable and valid for patient satisfaction scores (Donahue et al., 2008).

Findings revealed significant relationships between nurses' perceptions of empowerment and patients' satisfaction with care ($r=.052$, $p<.05$). Further, nurses' perceptions of empowerment were strongly linked to access to information, opportunity, support and resources. Results showed that among factors believed to influence nurses' perceptions of power, such as age, degree held, years in nursing, years at the study hospital, specialty area, position within the organization, and certification status, only position within the organization was a significant predictor of empowerment ($p=.023$). Managers scored the highest on empowerment scores, but the difference remained significant even after the management scores were removed from the sample (Donahue et al., 2008).

The authors concluded that promoting nursing empowerment by improving communications throughout the facility is beneficial. Providing information from top executives to new nurses during orientation improves productivity and job effectiveness. Creating opportunities and providing support to nursing staff increases

empowerment and improves patient satisfaction (Donahue et al., 2008).

Summary

Patient Satisfaction

Patients' Perceptions of Nursing Care.

Dingman et al. concluded that identifying specific nursing caring behaviors can improve patient satisfaction (1999). In order for a caring model to be effective at improving patient satisfaction with nursing care, the model must become an integral part of the organizational planning. Staff must be educated initially and subsequently reminded about caring behaviors.

Schmidt's findings supported nursing actions that promote positive patient perception of care (2003). Themes that emerged included providing individualized care, patient teaching, responding to patient needs, and watching over patients. Nurse consideration of the themes can improve patient satisfaction. The themes should be incorporated into nursing education and training and included in yearly competencies to improve patient satisfaction with nursing care. Ahmad and Alasad (2004) concluded that identifying nursing behaviors and actions that promote positive patient experiences will improve

satisfaction with patient care. Spending more time with patients, and respecting the individuality of each person can improve the patient experience. Nurses need to be aware of patients' needs and respond promptly. It is important for nurses to provide respect and support to patients' family and friends (2004).

Strategies to increase customer loyalty are necessary for hospitals to survive in uncertain times. Al-Mailam concluded that providing quality nursing care can lead to greater patient satisfaction, and result in return visits to the provider (2005). Improving nursing care through continuous training for nurses can lead to increased customer loyalty. Providing supervisors with transformational leadership skills can improve the quality of nursing care and promote greater patient satisfaction (Al-Mailam, 2005).

Patient satisfaction is a crucial measurement of quality healthcare. Meade et al. concluded that regular nursing rounds can raise patient satisfaction. Findings also revealed decreased number of call light use occasions in both 1-hour and 2-hour rounding groups. Patient falls rates decreased in both 1-hour and 2-hour rounding groups, although only significantly in the 1-hour rounding groups.

Meade et al. suggested operational changes in hospitals to include rounding to achieve more effective care management and increased patient satisfaction (2006).

Otani and Kurz (2004) concluded that nursing care ranked highest in importance in patient satisfaction and for intent to return to or recommend the organization to others. Findings suggested that to increase patients' overall satisfaction and behavioral intentions, administrators should focus on improving nursing care. Nursing care had more effect on patient satisfaction than any other discipline or service attribute (Otani & Kurz, 2004).

Satisfaction has become a strong predictor in healthcare quality and often dictates choice in provider of care. Otani (2009) concluded that staff care is the strongest predictor of the patient hospital experience. Findings revealed that staff care and nursing care are two attributes that are most influential in patient satisfaction. Improving overall satisfaction can increase return visits and aide in the financial survival of healthcare organizations. Findings suggested educating staff about customer service could lead to improved patient

satisfaction and increase overall ratings of "excellent" care (Otani, 2009).

Patients' Perceptions of Care Givers.

Many patients are treated primarily by APNs. Bryant and Clark Graham concluded that APNs can positively influence patients' satisfaction with care by offering support, information, decisional control, and exhibiting technical competence while providing care (2002). Findings revealed that nursing attributes that are most influential in raising patient satisfaction are caring, understanding, taking time, and listening.

Corbett and McGuigan concluded that patients were highly satisfied with care received by APNs in emergency and in "see and release" clinics (2008). The authors concluded that patients treated by APNs had high satisfaction with quality of care. Results showed that patients rated APNs lower than physicians regarding professional confidence. Corbett and McGuigan concluded that wait times may not be a cause of patient dissatisfaction (2008). Findings suggested that patients who are empowered have higher satisfaction. Nurses can increase healthier patient behaviors and better adaptation

to illness by involving the patient in care planning and increasing locus of control (Corbett & McGuigan, 2008).

Nurse Satisfaction as a Factor in Patient Satisfaction.

Mrayyan (2006) revealed that nurses are neither satisfied nor dissatisfied with external rewards such as scheduling opportunities, family/work balance, interaction at work, and praise/recognition. The author concluded that nurses working in medical wards had higher job satisfaction than nurses working in critical care units. Patient satisfaction improved as did nurse job satisfaction.

Mrayyan concluded that improvement goals that are patient-based enhanced both patient and nursing job satisfaction (2006).

As nursing shortages are predicted, organizations need to focus on successful methods of recruiting and retaining qualified nurses. Rondeau and Wagar (2006) concluded that facilities with high employer-of-choice attributes had lower nurse turnover and fewer job vacancies. Organizations that offered higher involvement work practices, stronger decision-making cultures, and provided more staff training for nurses had higher nurse and patient satisfaction scores. The authors concluded that organizations wishing to improve both nurse and patient satisfaction should adopt

practices exhibited by employer-of-choice providers (Rondeau & Wagar, 2006).

Donahue et al. concluded that nurses' perceptions of empowerment and patient satisfaction are positively related (2008). Nurse empowerment was linked to access to information, opportunity, support and resources. Creating opportunities and providing support to nursing staff increases empowerment and improves patient satisfaction. The authors concluded that promoting nursing empowerment by improving communication is beneficial (Donahue et al., 2008).

Chapter III

Methodology and Procedures

Introduction

Nurse job satisfaction and patient satisfaction are priority issues in all health care settings (Donahue et al., 2008). Organizational cultures that support nurse empowerment have been shown to increase nurse job satisfaction. Nurses who work in environments that promote nurse empowerment are more likely to use work practices that result in positive patient outcomes, and increased patient satisfaction. The purpose of this replication study (Donahue et al, 2008) is to examine the relationship between nurse empowerment and patient satisfaction with care.

Research Question

Is there a relationship between nurses' perceptions of empowerment and patients' satisfaction with care?

Population, Sample, and Setting

The population for this study will include both patients and nurses working in a not-for-profit acute care

hospital in south-central Indiana. Bloomington Hospital has 300 beds and is part of the Clarian Health Network. The patient sample will be drawn over a 3 month period from inpatients, on general medical and surgical units. A sample of approximately 200 patients is anticipated. Patients will be included who were hospitalized at least 24 hours, and were officially admitted. All patients who are discharged from the designated hospital will receive satisfaction surveys.

The nursing population includes approximately 400 nurses, including professional RNs and LPNs, working as direct care givers on designated units. The anticipated return rate of questionnaires is 35%, resulting in a sample of approximately 150 nurses. Nurses will be included who are part-time or full-time working at least two shifts weekly. Agency nurses and new employees who are still within the 6 month probationary period will not be included. Nurse managers will not be included in the study.

Protection of Subjects

Study documents will be submitted to the Ball State University Institutional Review Board and to Bloomington Hospital Healthcare System for approval prior to initiation of the study. Permission will be obtained from the

hospital's Chief Nursing Officer (CNO) for nurse and patient participation. Clinical Directors will be informed of the purpose and procedures. Nurses will be informed of the research study by a one-page letter. Patients will be informed of the study by a written cover letter and abstract of the study procedures. No names or identifying marks will be used. All patients' and nurses' surveys will be confidential and results available by specific unit from external vendors. Participation by patients and nurses is voluntary and no negative consequences will occur related to survey responses. There are no foreseen risks to participants. Consent for all participants will be indicated by completion of surveys. Staff nurses, administrators, and patients can benefit from the opportunity to learn about the relationship between nurses' perceptions of empowerment related to patients' satisfaction.

Procedures

After institutional Review Board approval is obtained, a letter will be sent to the hospital's CNO explaining the purpose of the study, inclusion and exclusion criteria for nurses and patients, and a request for nurse participation. A meeting will be arranged with the CNO to discuss study

details and to answer any questions. After permission is obtained from the CNO, meetings will be conducted with the Clinical Directors of the designated units to explain the purpose of the study. One-page letters will be left in the work mailboxes of the nurses explaining the purpose of the study and detailing a time commitment estimate for completion of the survey. The survey will be completed electronically using a password set up by the vendor. Because nursing satisfaction surveys are electronic, results go directly to the vendor to be processed.

Patient satisfaction surveys will be mailed within 2 weeks of discharge. Surveys will be mailed back by the patient in addressed envelopes to the vendor. After processed by the vendors, patient satisfaction data and nursing empowerment data will be sent to the research team at the designated hospital. The researcher will prepare reports for the organizational effectiveness team to distribute.

Description of Instruments

Nurses' perceptions of empowerment will be measured by the American Nurses Association's (ANA) National Database of Nursing Quality Indicators (NDNQI) survey. The survey has been used since 2001 to study various components of job

satisfaction among nurses (ANA, 2010). Specific to perceptions of empowerment, survey questions include sections addressing nurses' decision-making opportunities and nurses' autonomy in the workplace. The survey has 71 questions including five satisfaction categories, including work satisfaction, job enjoyment, work context, nurse characteristics, and individual-level job satisfaction. Most questions have response options of "strongly agree," "agree," "tend to agree," "tend to disagree," "disagree," and "strongly disagree." The remainder of questions have "yes" and "no" and multiple choice options. The survey is electronic and takes approximately 20 minutes to complete.

Scores of the survey will be reported as an adapted t-score. Scores <40=low satisfaction, scores ranging 40-60=moderate satisfaction, and scores >60 indicate high satisfaction with the opportunity to make decisions in practice, and the feeling of autonomy within the unit (ANA, 2010). The ANA has reported validity and reliability for the NDNQI survey. The processes include review of peer-reviewed literature, topic experts input, and soliciting comments from facilities on the feasibility of data collection and the usefulness of the indicators. The ANA also conducts pilot studies with volunteer hospitals to

test the data, frequently revises data collection and reporting methods, and conducts data analysis on quarterly reports (ANA, 2010).

Patients' satisfaction with nursing care will be measured by NRC+Picker, an external vendor specializing in inpatient healthcare. Surveys will be mailed to patients within 2 weeks of being discharged from the hospital. A self-addressed envelope to the vendor will be included. NRC+Picker has 65 questions with 4 questions specific to nursing care, 8 questions related to hospital experiences with a nursing focus, and 14 questions about all hospital staff. Questions are answered using multiple choice options including, "never," "sometimes," "usually," and "always" (NRC+Picker, 2010). Surveys take approximately 30 minutes to complete. The vendor is reputable and is used nationwide by many healthcare providers. Patients are mailed addressed, stamped envelopes to return responses to the vendor.

Research Design

This study will use a descriptive, correlational study with a cross-sectional design. Descriptive designs examine characteristics in a sample to explore the variables. Correlational studies examine relationships between

variables. A descriptive correlational design describes the relationship between variables within a sample (Burns & Grove, 2009). In this study, the variables are nurse empowerment and patient satisfaction. The independent variable is nurse empowerment and the dependent variable is patient satisfaction.

Data Analysis

Pearson's product-moment correlation will be used to examine the strength of the relationship between nurses' perception of empowerment and patients' satisfaction. This data analysis technique allows measurement of relationships between two variables with the purpose of indicating a linear relationship (Burns & Grove, 2009). The strength and the direction of the relationship between nurses' perceptions of empowerment and patients' satisfaction will be measured.

Summary

The purpose of this study is to determine if a relationship exists between nurses' perceptions of empowerment and patients' satisfaction. The framework is Kanter's (1977, 1993) Theory of Organizational Empowerment. The design for the study is a descriptive, correlational with a cross-sectional approach. The survey will be

conducted with staff nurses and patients on designated units from Bloomington Hospital. The instruments to be used will be the NDNQI nursing satisfaction survey and the NRC+Picker patient satisfaction survey. The findings from this study will be shared with hospital administrators in order to improve nurses' empowerment and patient satisfaction.

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