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Walden University

College of Health Sciences

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Patricia McAfee

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Walden University
2016

Abstract

Analysis of How Newly-Hired Nurses are Educated to Provide Customer Service

by

Patricia McAfee

MSN, Walden University, 2011

BSN, Clayton State University, 1996

Project Submitted in Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

March 2016

Abstract

As part of healthcare reform through the Affordable Care Act of 2010, hospitals across the United States are being held accountable for providing a positive patient experience and will lose up to 2% of their reimbursement by 2017 if they fail to reach targeted scores. The purpose of this quality improvement project was to review the process used by a Georgia hospital to educate newly-hired nurses about customer service expectations and to provide recommendations for process improvement. Theoretical foundations supporting customer service included the caring philosophy of Mayeroff; the caring theories of Watson, Leininger, Boykin, and Nyberg; and Roy's adaptation theory. Using the plan-do-study-act model, the project began with a literature review to discover evidence-based customer service strategies. A qualitative evaluation was then conducted of the organizational documents (job description, annual review form, orientation checklists, clinical orientation record, the Standards of Behavior Form) and the educational slide presentations to determine how customer service was presented to new employees. The customer service strategies introduced during orientation and reinforced by the organization in employee evaluations were compared with evidence-based strategies. Improvement recommendations were developed and presented to the 13 nursing leaders of the organization. Materials developed to improve customer service included a poster for display, a tool for examining customer service strategies in hourly rounding, and a performance competency tool to assess nurses' customer service delivery. The project promotes social change by enhancing nurse-patient interactions, improving patients' perceptions of care, and increasing trust between the patients and the healthcare team to improve patient outcomes.

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Table of Contents

Section 1: Nature of the Project 1

Introduction 1

Section 2: Review of Literature and Theoretical and Conceptual Framework 9

What is Patient Satisfaction 10

Theories Supporting Customer Service 11

Organizational Support 19

Human Resources 19

Nurse Managers 20

Evidence-based Strategies 21

Fiscal Impact 26

Summary 28

Section 3: Methodology/Approach 29

Population, Data Collection, Project Approval 30

Data Analysis 31

Project Evaluation Plan 31

Summary 32

Section 4: Findings, Discussion, and Implications 33

Findings 34

Discussion/Recommendations 41

Implications 46

Section 5: Scholarly Product 53

References 54

Appendix A: Standards of Behavior 66

Appendix B: I REACH Slide 67

Appendix C: Clinical Orientation Record...68

Appendix D: HCAHPS and Rounding Slide 69

Appendix E: Communication Slides..70

Appendix F: New Partner Orientation Form 71

Appendix G: General Orientation Evaluation Form..72

Appendix H: Annual Review Form 73

Appendix I: Job Description 74

Appendix J: Questionnaire for Newly-Hired Nurses...75

Appendix K: Questionnaire for Nurse Managers 76

Appendix L: Questionnaire Results for Nurse Managers 77

Appendix M: Patient Satisfaction Board 78

Appendix N: S.M.I.L.E. Posterboard..79

Appendix O: S.M.I.L.E. Audit Tool for Interviewing Patients 80

Appendix P: Audit Tool for Behavioral Compliance 81

Appendix Q: Evaluation Tool for Project Presentation 82

Appendix R: PowerPoint Slides for Project Presentation..................................83

Section 1: Nature of the Project

Introduction

Nursing practice has been viewed as a caring and compassionate profession since Florence Nightingale and, since the introduction of the Affordable Care Act, excelling at customer service has become a top priority for hospitals. Patient satisfaction is generally accepted as an indicator of quality and effectiveness of care (Ervin, 2006) and patient satisfaction scores account for 30% of the weighted calculation formula used for determining reimbursement for the costs health care services (Press & Fullam, 2011). If hospitals fail to reach targeted satisfaction scores, they will experience up to a 2% reduction in their reimbursement (Press & Fullam, 2011). The Healthcare Consumer Assessment of Healthcare Providers and Service (HCAHPS) survey was developed and implemented to provide standardization of questions asked of hospitalized patients when they score the patient experience. Low patient satisfaction scores may be an indication of needed improvement within the patient care unit and the organization. There is a correlation between low patient satisfaction scores and health care outcomes and employee satisfaction (Duffy, 1992, Issel, 1998, Larson & Ferketich, 1999). According to 70% of participants in PricewaterhouseCoopers Health Research Institute, attitude of staff members plays a large role in the patient experience (Sofranec, 2012). It is essential for nurses to understand the relationship between nurse behavior and patient satisfaction and the impact a negative patient experience can have for the organization.

Using a realigned Plan-Do-Study-Act (PDSA) model (U.S. Department of Health & Human Services, nd), this quality improvement project was developed to explore, evaluate and analyze how a hospital in the U.S. state of Georgia educates newly hired nurses about the

organizational expectations for providing customer service. In the conduct of this project, I reviewed processes, tools, and strategies that were in place at the project site, at the time of the study, to explain patient satisfaction and customer service expectations. The methodology selected for the project was a realigned version of the plan-do-study-act quality improvement model. The model was changed to a study-act-plan-do model. Due to time limitations for completion of the project and no organizational mandate for nursing leadership to implement the project recommendations, the realignment of the model thoroughly supported the project. The first step of the project began with the study of the literature review to identify evidenced-based results for customer service and comparing the information with the current organizational process. The second step was the development of recommendations and quality improvement tools that resulted in an action plan for the organization. The plan and do portions of the quality improvement model were left to the discretion of the nurse leaders for implementation. At the conclusion of the project, a quality improvement report was created and presented to the nursing leadership team. The report details the findings and includes recommendations for evidenced-based strategies. I also developed tools to assist in improving the hospital's process for educating newly-hired nurses. The tools include two audit forms and a poster to introduce a new customer service strategy. One audit form is meant for scoring observed performance of the nurse during interaction with the patient and family during patient rounding. The second audit tool is for nurse managers to use for leadership rounding when they make a personal visit to the patient, and the poster reminds nurses to smile. I developed a power point presentation about customer service for the nurse leaders and for human resources. The tools were presented to the nursing leadership team at a nursing leadership meeting.

According to Walden University (2012), positive social change is a process of creating and applying ideas and strategies to improve conditions and promote worth, dignity and development of individuals, communities, organizations, institutions, cultures and societies. Improving customer service skills for nurses may directly impact health outcomes for patients related to the improvement in communication skills and development of trust through relationship building of the nurse and patient.

Problem Statement

The Institute of Medicine (IOM; 2004) described the critical role of nurses in the U.S. health care system and reported that nurses are the health care provider with whom a patient spends the greatest amount of time. Effective communication between nurses and patients can improve patient care outcomes by increasing patients' understanding of what is needed to improve health status and prevent illness. Nurses who contribute to a positive customer service experience can increase the likelihood that patients will pay attention to healthcare teachings and be engaged in learning about what can be done to be self-sufficient in addressing their health care issues (Otani, Herrmann & Kurz, 2011). According to Press (2006, p. 11), "satisfied patients have better healthcare outcomes."

The problem motivating this project study was that the local hospital's new employee orientation process may not be adequately preparing newly-hired nurses to provide customer service to patients in a manner so as to attain maximum reimbursement under the Affordable Care Act (ACA; 2010). I believe that the orientation process would be more effective if it introduced newly-hired nurses to the concept of patient satisfaction in a more structured and targeted manner and explained what is needed to achieve and sustain targeted patient satisfaction

scores.

My study population is newly-hired nurses, including Licensed Practical Nurses (LPNs) and Registered Nurses (RNs). I sought to identify opportunities for improvement in the process used by the study site to educate newly hired nurses regarding customer service skills and expectations. An effective process to educate nurses about customer service is of benefit to all health care organizations.

Purpose

The purpose of this quality improvement project was to explore and analyze the current strategies used at the project site to educate newly hired nurses about customer service and the need to achieve top patient satisfaction scores on the Healthcare Consumer Assessment of Healthcare Providers and Service (HCAHPS) survey. I wanted to provide the organization with evidenced-based recommendations for improvement in the process they use to educate their newly-hired nurses about customer service.

Nature of the Project

I began the project by conducting a literature review to learn which strategies have been used by health care organizations to achieve top patient satisfaction scores. I also reviewed the project site's operational process, at the time of the study, for educating newly-hired nurses about customer service. I reviewed documents used for selecting candidates for hire and documents used for orienting new employees after being hired, and job descriptions and unit-specific competency lists, and responses from a questionnaire for nurse managers.

Using these data sources, I developed a report and performance improvement tools for the organization. The design of the project was based on the quality improvement methodology

of Plan-Do-Study-Act (U.S. Department of Health & Human Services, nd). According to the Institute of Healthcare Improvement (IHI), the change to be implemented is the *plan*, carrying out the plan is the *do*-phase, observing and learning from the observations is the *study*-phase, and determining what modification should be made is the *act*-phase. For this DNP project, the format for PDSA was realigned as *Study-Act-Plan-Do* (S-A-P-D). Using this methodology, I explored (*study)* the current process used to educate and train nurses for delivering customer service and developed (*act)* recommendations for an improvement plan for the nursing leadership. The *plan* and *do* phases were not implemented due to the time limitation of the project.

Significance

Failure to achieve top patient satisfaction scores impact financial reimbursements for hospitals. Lagging scores are correlated with low staff satisfaction, low staff engagement, higher turnover rates, increased difficulty in recruiting quality employees, and quality of care (Studer 2003, Lee, 2004; Studer 2008, Wagner & Bear, 2008, Press Ganey, 2013). As early as the 1950s, healthcare executives recognized that hospitals were similar to hotels. Hospital executives were encouraged to learn about the management approaches used in the hospitality industry (Wu, Robson, & Hollis, 2013).

Until recently, it was difficult for those interested in patient satisfaction to make comparisons of patient experiences in a standardized, methodical manner. In 1997, President Clinton formed a 32-member President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry that created the Patient's Bill of Rights to ensure that patients had adequate appeals and grievance processes. The Commission stressed the relationship between patients and health care providers and the need for patients to be treated with respect

(Malin & Sorian, 1997, Hanna, 2012, U.S. Department of Health & Human Services, 2013).

In 2010, the Affordable Care Act was signed into law to increase the quality and affordability of health care and to further support and expand the control of the consumer. As part of health care reform, the Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ) developed the HCAHPS survey to provide a standardized way to measure patient perspectives on hospital care and service.

The scores for the quality domain of patient satisfaction impact 30% of the Total Performance Score (TPS) for hospital reimbursement (Hwang, 2012). The payment system for incentive payments, as established by CMS, resulted in a 1% reduction in Medicare payments in 2013. This figure will increase to a 2% reduction by fiscal year 2017 (Hwang, 2012). All hospitals will face the possibility of reductions in reimbursements.

Healthcare consumers have easy access to information through web-based programs that allow consumers to compare healthcare organizations. Patient satisfaction is a moving target and sustainability of top scores is critical for success; therefore, it is important for nurses to understand the importance of getting customer service right. Hiring the right individual for the job and providing adequately planned orientation programs can help nurses meet organizational service goals (Collins, 2001) and can impact behavioral changes for patients in regard to self-care once discharged from hospitals Effective communication skills of customer service has a social impact by influencing changes for patients and family members, Social impact is concerned with changes to way of life, culture, community and political systems, environment, health and well-being, personal and property rights, and fears and aspirations (Bradbury & Taylor, 2014). Esteves, Franks, and Vanclay (2012) reported collaboration and participation are

needed for assessing social impact. Nurses can collaborate with patients and seek patient participation during times of patient education, thereby, providing a positive experience for the patient and potentially influencing future health outcomes.

Summary

Health care consumers and advocates for health care reform expect safe, quality care that is delivered with respect and dignity while protecting the patient's privacy and right to participate in decision-making while hospitalized. With the potential for loss of funds under the ACA (Hwang, 2012), hospitals are placing greater emphasis on the patient experience. Failing to deliver effective and efficient customer service impacts the opinion a patient will form in regard to the care received during a hospitalization. Nurses are in a prime position to impact the patient experience and perceptions formed by patients regarding the quality of service received during their hospitalization.

The goal of this project was to analyze the effectiveness of the process used to educate nurses about customer service and identify opportunities for improvement. Successful organizations have found ways to address barriers that interfere with achieving top scores and, according to Studer (2003) have hard-wired what needs to be done to sustain top scores. In this quality improvement project, I sought to provide useful ideas to assist the organization for improving patient satisfaction scores.

Exploration of current literature may provide information about evidence-based strategies used by other corporations and organizations that are succeeding in achieving top scores for customer service. The literature review is the beginning step for understanding what can be done in healthcare environments to make customers satisfied with their hospital experience.

Section 2: Background and Context

The purpose of this DNP project was to analyze the process used by staffers at a hospital, in the U.S. state of Georgia, to educate newly-hired nurses about customer service and the impact of patient satisfaction scoring on reimbursement rates. In order to achieve a broader understanding of patient satisfaction and effective strategies for providing a positive patient experience during hospitalization, I conducted a systematic review of the literature. A systematic review of literature is an important tool for discovering the best available evidence-based information (Houde, 2009). I explored concepts and contextual background information related to patient satisfaction, patient and family expectations of customer service during hospitalization, and current evidence-based strategies useful in achieving positive customer service outcomes

Literature Search Strategy

To identify appropriate information and articles for the review, I searched Cumulative Index to Nursing and Allied Health (CINAHL), Medline, and Cochrane Database of Systematic Reviews. Terms used during the search included *customer service*, *patient satisfaction*, *history of patient satisfaction*, *patient engagement*, *quality improvement*, *caring theory*, *caring leadership*, *Jean Watson*, *quantum leadership*, *appreciative inquiry*, *emotional intelligence*, *patient rounding*, *courtesy and respect*, *HCAHPS, staff engagement*, *health care reform and patient satisfaction*, *Press-Ganey*, *Quint Studer*, *adaptation*, *Sister Callista Roy's adaptation theory*, *root cause analysis*, and *organizational culture.* I reviewed Information from consumer, governmental and agency web sites via Internet searches. I did not use specific dates to limit or restrict the search because it was important to review information for historical background and philosophical and theoretical concepts. Scholarly journals reviewed for validating evidence-

based strategic principles for improving customer service were within the 5-year range of 2009-2014.

Patient Satisfaction

According to Press (2006), patient satisfaction is defined as the manner in which care is delivered (Press, 2006). Patient satisfaction is based on the meaning that the patient gives to the healthcare experience, however (Press, 2006). Because satisfaction is a meaning given to an experience by each individual, the definition and components of satisfaction can be multifaceted and as varied as the individuals who experience the event. Most definitions include elements such as respect and communication (Press, 2006). Key dimensions of the concept include timeliness, attitudes, information, explanations, body language, physical touch, and contextual sights and sounds (Press, 2006). To some observers, patient satisfaction constitutes a valid outcome indicator of quality of care. Thiedke's (2007) literature review on practical ways to improve patient satisfaction revealed demographic factors such as age, ethnicity, gender, socioeconomic status and health status can impact patient satisfaction scoring. Older patients tend to be more satisfied and women and members of a minority group report lower rates of satisfaction.

The first step in providing outstanding customer service is to know what patients expect from service during the care experience. Al Stubblefield (2005), President and CEO of Baptist Health Care Corporation, identified service excellence as exceeding customer expectations with acts of kindness and care to the point that the customers will never forget them. Successfully providing great service requires knowing what great service looks like, training employees to provide great service, and holding employees accountable who fail to uphold the standards

(Studer, 2008). The HCAHPS survey helps hospitals gain insight into what patients are hoping for when they are admitted to the hospital to receive treatment and service. The information from patient responses can provide valuable information for hospitals seeking to understand what patients want from customer service.

Like many hospitals across the nation, the site of inquiry sends surveys to discharged patients on a monthly basis. The scores are reviewed in leadership meetings, after which the leaders report the scores to the nurses and other unit staff. Information is shared in staff meetings, on unit bulletin boards, during daily rounding and shift huddles, in a newsletter, and via email. Although the information about patient satisfaction scores is communicated to the staff, it is unclear whether staff members understand the meaning behind the scores or how the HCAHPS survey came into existence.

Theories Supporting Customer Service in Health Care

The caring theories and philosophies of Mayeroff (1971), Nyberg (1998), Roy (1999), Boykin (2001), Leininger (2006), and Watson (2012), can be used to better understand and analyze customer service in health care. Caring practices for nursing had its beginning with Florence Nightingale as she sought to develop an art of nursing that went beyond medication administration and dressing changes (Nightingale, 1860). Nightingale understood nurses should pay attention to details such as cleanliness, quietness, human interaction, and providing consistency of care in order to improve the comfort of the patient (Nightingale, 1860; Watson, 2012). Nightingale (1860) instructed nursing staff on politeness and the need for the nurse to pay attention to the *fancies* of patients such as a particular request for a meal or fresh cut flowers or a view out a window (p. 17). Nightingale reported things of this nature were the most

valuable indications of what is necessary for the patient’s recovery.

In a review of caring theories, Bailey (2009) explored and examined how caring is defined by Mayeroff, Watson, Swanson, Leininger, Gaut, Knowlden, Halldorsdottir, Boykin and Schoenhofer, Ray, and Roach. Her review of the 10 different caring theories revealed that the theories share the foundational framework of the interpersonal nurse-client relationship with a basis of demonstrations of compassion and support for the patient’s well-being. The commonality of the caring models is the focus on relationship and behaviors demonstrating attention to the needs of another. In my own review of caring theories, I have determined that customer service in the healthcare environment is driven by caring and compassion and relationship building.

Caring is a process of relating to someone to understand their needs and responding properly to them (Mayeroff, 1971). Mayeroff, a moral philosopher, authored a book about his ideas for the major ingredients of caring. Mayeroff’s (1971) ingredients of caring include knowing the person’s needs and limitations, understanding the alternating rhythms of when to do something about a situation and when to not do anything, patience, honesty, trust, humility, hope, and courage. Mayeroff was clear that to care for another person means to understand the other person as if you were inside the person’s world. Nurses are trained to assess patients to identify needs and to develop a plan of care to address those needs. Effective communication and relationship building is helpful when the nurse is seeking to assist and support the patient in developing self-sufficient skills.

Caring relationships enhance learning opportunities for the patient. Watson (2012) stressed a human-to-human caring relationship with a focus on caring moments. Caring

moments define the essence of customer service. When a nurse warmly smiles at a patient or provides a gentle touch to ease the anxiety and fear of a family member, the hospital experience can become a moment of meaning that may result in a positive patient perception. Conceptual assumptions for a caring model include adopting a nurturing, servant-like philosophy while accepting each person as valuable with something positive to contribute (Nyberg, 1998). Watson (2002) reported the various views and definitions of caring make it difficult to provide a distinct concept that can be easily measured and monitored and, yet, satisfaction surveys ask patients to score nurses on caring and compassion.

In a study to determine a profile of nurses who are effective in caring, Persky, Nelson, Watson, and Bent (2008) paired 85 nurses with a patient and collected qualitative and quantitative data to identify what is valued by patients when they are receiving nursing care. The study was done prior to the implementation of relationship-based care delivery at New York-Presbyterian Hospital/Columbia University Medical Center. The goal was to create a culture of caring across the medical center for all employees and processes. After receiving institutional review board approval and signed agreement from participants, the nurses and patients were paired and later asked to complete a specific questionnaire. The nurses completed the Health Environment Survey (HES) and the patients completed the Caring Factors Survey (CFS). The authors proposed it is essential to know a profile of a caring nurse in order to improve systems and processes for healing. According to the authors, the HES is a valid, reliable 86-item instrument that uses a 7-point Likert scale to record degree of disagreement or agreement with the statements provided. An example of a question from the HES instrument is, “My nurse manager often gives me recognition for a job well done.” The CFS is a 20-item, 7-point Likert

scale instrument used to assess patients' perception of the care received from nurses who indicated a caring and loving consciousness toward the patient. An example of a question from the CFS is, "When my caregivers teach me something new, they teach me in a way that I understand."

The cumulative findings revealed a caring nurse could be of any age and was one who provided care of the patient from admission through discharge, enjoyed coworker relationships, had the most hospital and professional experience, worked no more than their scheduled hours, and had no frustration over workload. The authors proposed understanding the profile of a caring nurse is important for providing a work environment and processes that support caring and healing. Although the authors discovered information which can prove useful when orienting new nurses in customer service skills, they acknowledge the study has limitations because it was a small sample size and a different practice environment may render different results.

Watson (2002) published a book she identified as "...a compendium of instruments available to measure caring" …" to address quality of care, patient/client/nurse perceptions of caring, caring behaviors, caring abilities, and caring efficacy". The instruments are tools that can be used by organizations to survey patient perception about nursing behaviors and conduct a self-analysis for the nurse regarding ability to provide caring nursing practice. The book includes 16 different research-based instruments with a Likert-style format to identify specific behaviors which are perceived as a demonstration of caring. Common behaviors identified in the instruments include listening, making eye contact, spending time with the patient, showing respect. It is interesting to note that none of the instruments explored the impact of smiling.

Madeleine Leininger introduced the theory of cultural care in the early 1960s to help nurses provide meaningful human caring with attention to cultural values and needs (Leininger, 2006). Leininger's model for caring identifies humans as inseparable from their cultural backgrounds and social structures. Therapeutic nursing care occurs when the nurse knows and uses cultural information when interacting with the patient, thereby, impacting the patient's perception of culturally-sensitive service.

Boykin and Schoenhofer (2001) offered their perspective of the nursing as caring model. They identified foundations of caring behaviors to include recognizing the uniqueness of the person and learning what is needed in the moment to support, sustain, and strengthen the person. Caring requires the nurse to develop a knowledge-base of caring and use it to enter into the patient's world. Educating nurses about the elements of caring may vary from organization to organization and the climate of an organization is determined by beliefs and values of persons within it. Orientation can be a time for nurse leaders to inspire nurses at the bedside to move back to the essence of nursing to nurture the patient and be present in the moment while truly connecting with the patient (Boykin & Schoenhofer, 2001).

The patient judges the demonstration of caring and compassion by the bedside nurse and scores the nurse on the HCAHPS satisfaction survey. Nurses providing direct patient care can enhance the patient experience by understanding what behaviors are perceived to be caring and how caring is demonstrated. Nyberg (1998) asked, "How can caring permeate thinking and change the way we practice nursing?" Using caring as the primary theme for her book for nursing administration, she explored the role of nursing leaders in educating nurses about attitudes and behaviors of caring. She identified listening, soliciting comments, watching

nonverbal communication cues, asking the right questions and waiting patiently for answers were identified as attributes contributing to caring.

Dr. Callista Roy identified a goal of nursing practice as one which would promote patient adaptation in reaching a state of health by promoting adaptation in physiological-physical, self-concept, role function and interdependence while the patient uses regulator and cognation subsystems. The cognator subsystem responds through cognitive-emotional channels of perceptual and information processing, learning, judgment and emotion. (Roy & Andrews, 1999, Polit & Beck, 2008). Persons are holistic adaptive systems that interact with the internal and external environment; they transform the environment and are transformed by it (Roy & Zhan, 2006). The philosophical basis for the model rests on the coping processes and changes individuals undergo to adjust and adapt to the environment and experiences around them. Understanding the coping processes of patients during hospitalization help nurses learn which behaviors may be helpful in supporting the patient and family during the experience. As the nurse assists the patient with adapting to hospitalization and quality of life changes, the nurse has an opportunity to impact the emotional perceptive channel of the patient.

A cross-sectional study, using 122 patients, discovered nursing care is a key determinant of overall patient satisfaction during hospital admission (Khan, Hassan, Anwar, Babar, & Babar, 2007). Two medical and two surgical units were used for data collection and the patients were recruited using a convenience sampling method. A questionnaire was developed using six dimensions of nursing care from Virginia Henderson's basic nursing care model. The questionnaire was distributed to the patients who agreed to participate in the study. Scores were obtained using a Likert scale and a Microsoft Excel software program for descriptive statistics

was used to analyze the data. Overall, the study revealed that patient expectations were not sufficiently met in the facility. The majority of those who completed the questionnaire identified interpersonal communication as essential for a positive patient experience. The patients reported it is important for nurses to maintain patient privacy, provide regularity in routine care tasks, and be attentive to patient needs, particularly at night.

Jayasree (2013) described the positive impact in enhancing communication when using the Roy adaptation model by sharing a case study of how the model can be applied to a patient with rheumatoid arthritis. The model was used to provide a framework for planning nursing care by assessing patient behavior, assessing stimuli, establishing a nursing diagnosis, setting goals, identifying nursing interventions, and evaluating outcomes. The case study patient was 26 years old, unmarried, unemployed and had a nursing diagnosis list which included chronic pain, impaired physical mobility, body image disturbance and social withdrawal. Nursing interventions included discussing changes caused by rheumatoid arthritis, encouraging the patient to discuss her feelings, and discussing ways to initiate social contact. Interaction between the nurse and the patient engages the emotional perceptive channel which may result in a perception by the patient that the nurse is demonstrating care and compassion. Therapeutic communication and observation skills are essential for a positive nurse-patient interaction.

Williams (1998) summarized three studies with a total sample size of 94 inpatient medical patients and 165 outpatients receiving intravenous chemotherapy who used the Holistic Caring Inventory (HCI) tool to measure caring. The studies were conducted in 1993, 1996, and 1997. The HCI tool used a 40-item Likert type scale with a scoring of 1 to 4 to rate items representing physical, psychological, sociocultural, and spiritual domains. A score of one indicated the

patient did not feel cared for and a score of 4 indicated caring was evident to the patient. Coefficient alphas demonstrated a high degree of internal consistency for all three studies. Four dimensions of caring were identified through factor analysis: physical caring, interpretive caring, spiritual caring, and sensitivity to individual feelings and needs. In these studies, physical caring and sensitive caring were more evident (mean scores were 3.02 and 3.04, respectively) than interpretive and spiritual caring (mean scores were 2.54 and 2.3, respectively). The patients identified listening, acceptance, and a willingness to allow them to share their feelings as demonstrations of a caring nurse.

Duffy and Hoskins (2002) described the development and implementation of a 100-question caring assessment tool, based on Watson ideals, used to measure perception of nurse caring behaviors. The initial study of responses from 86 medical/surgical patients revealed a link between nurse caring and patient satisfaction. The tool used a Likert scoring system of a scale of 1 to 5 to measure Never to Always in response to the patients' perception of nurse behavior for listening and explaining and treating the patient with kindness and respect. The authors continued to explore the impact of caring behavior on patient satisfaction at Holy Cross Hospital, a 352-bed acute care hospital, in Maryland, after the Quality-Caring Model was introduced. The Quality-Caring Model is grounded in caring philosophy and uses evidence-based practice to support caring relationships, independent relationships, and collaborative relationships (Duffy, Baldwin, & Mastorovich, 2007). After a series of lunchtime leadership workshops, a strategic design team developed a set of guiding principles for a care delivery system which placed the patients' experience at the center of the system. Patient care delivery was categorized into 5 components: Communication, Nursing Roles and Responsibilities, Caring Practices,

Environment, and Resource Allocation. The model was used in educating nurses about the identified Caring Practices and the need for implementing an improved patient care delivery system. A specific aspect of the Caring Practices that was implemented was *purposeful interaction.* Purposeful interaction is defined as the nurse spending at least 5 minutes of dedicated uninterrupted time every 8 hours with the patient with an expectation for the nurse to sit down, look directly at the patient while discussing a topic personally meaningful to the patient. For 3 months, the redesigned patient care delivery system was used on three patient care units. Units not participating in the study continued to deliver the usual nursing care for the facility. Patient satisfaction, pain management and functional status were selected as patient outcome indicators and vacancy rates and nurse satisfaction were selected as nurse indicators. Using a pretest and posttest pilot study, the delivery system was evaluated for impact on the indicators. After 3 months of using the model, the patient satisfaction scores rose 2.71% overall for the units that used the redesigned care model. Although no comparative statistical data are included, the results of the pilot study were used to justify expansion of the model to the other hospital units (Duffy et al., 2007).

The nationwide survey, HCAHPS, used to monitor patient experience has defined the domain of *Nurse Communication* as containing nurse behavior of courtesy and respect, listening to the patient and explaining things in a way the patient can understand (Studer, Robinson, & Cook, 2010, CMS, 2013;). During hospitalization, patients interact mostly with the nurses who are providing the patient care and nurse behavior influences the patient's perspective of the hospital experience. Helping patients adapt to hospitalization and have a positive experience requires nurses adopt behaviors that project a caring and compassionate nature while providing

appropriate and safe medical interventions. The concept of caring has developed into a science defined by accepting individuals as they are, viewing individuals as a whole being influenced by numerous internal and external variables and developing relationships to support individuals as they adjust and adapt to those experiences (Watson, 2012).

Although there appears to be growing concern that the traditional idea of caring and compassion as the essence of nursing practice has changed for nurses (Boykin, 2001), it remains important to patients (Studer, 2009). Organizations seeking to improve patient satisfaction scores do well to help nurses understand how the patient's perception of the hospital experience impacts patient satisfaction scores. Caring leadership requires caring behaviors and educates nurses about the importance of being alert for opportunities to interact with others for meaningful experiences (Nyberg, 1998). Orientation of the new employee is an ideal time for organizational nurse managers and preceptors to help nurses make changes in behavior to support and serve patients during hospitalization.

Organizational Support for Nurses in Achieving Patient Satisfaction

Setting expectations for an organization begins with defining the culture within the organization. Organizational culture includes the values and mission of an organization and defines the way a company conducts business. Values and mission statements are more than words on paper to frame and hang on the wall. The meanings expressed through the words of the statement are symbolic of the expectations a company has for conducting the operations of the business. For the most part, although employees may have input into revisions of mission statements, most employees join organizations after the values and mission have been developed. It is important for organizational leaders to ensure new employees learn the expectations

regarding the values and mission of the organization. Candidates for hire can be exposed to the mission and values of the organization when applying for a job. New employees learn the culture as they progress through orientation and grow to know peers, supervisors, leaders and various individuals within the day-to-day operations of the business.

Human Resources

The mission, vision, and value statements of an organization define the culture within the organization and describe the way in which the organization desires to conduct business. Organizational human resource (HR) departments have the important role of screening applicants for employment. The goal for human resources is to hire individuals who fit into the organizational culture, attest to embracing the organization's mission and demonstrate acceptance and support of the operational goals. Matching the individual with the job is correlated with higher job satisfaction (Levesque, 2005). Job satisfaction and employee retention is correlated with patient satisfaction (Studer, 2009). Hiring for attitude and training for skill is a recognized staffing strategy (Terry, 2008, Studer, 2009). Ideally, new nurses are selected for hire based upon their knowledge, skills and behavioral attributes that will support the organization and contribute to meeting the expectations set out in the organization's mission, vision and value statements. The project site's HR department reviews resumes and applications and attempts to select suitable candidates for interviews. Once an applicant is selected for the interview process, the applicant is required to read and agree to specific behavioral expectations. After hire, the HR department participates in the general orientation process by planning and conducting sessions to educate the new employee about organizational rules, policies and expectations.

Part of the exploration of the process includes assessing the effectiveness of how HR selects applicants for interviews, how job descriptions reflect customer service expectations and what information HR teaches during the orientation sessions. Information from the review will be used to provide suggestions for improvement.

Nurse Managers

Nurse managers play an important role in orienting new employees to the unit by continuing with the orientation process where human resources and the initial organizational orientation leave off. Nurse managers can influence patient satisfaction by establishing and sustaining a work environment and culture that supports bedside nurses in promoting a positive hospital experience for the patient. Patients expect to receive quality, safe care when they go to a hospital, but it is customer service that defines the experience for the patient. Bedside nurses are the primary individuals who provide care to patients during a hospitalization; therefore, it is essential for them to clearly understand how they can impact patient satisfaction positively. In 2005, Press Ganey confirmed there is a correlation between nurse satisfaction and patient satisfaction (Press, 2006). Nurse managers who provide the support and environment that result in a happy nursing staff will have better success at hitting top patient satisfaction scores. Nurse managers can help nurses understand the expectations of the patient and the role customer service plays in impacting the patient's experience while hospitalized. Nurse managers can help nurses understand what questions will be asked of the patients on the patient satisfaction survey.

Evidence-Based Strategies for Customer Service

One expert-resource available for evidence-based recommendations of customer service in

healthcare environments is Quint Studer. Studer began his career as a special education teacher and became exposed to making a difference for patients when he became a community relations representative for a small substance abuse hospital and progressed through leadership positions in various hospitals. Studer (2009) reported that unless everyone in the organization understands the behavior needed to be successful, the organization will not be able to achieve its goal. Sarasota Memorial Health Care System in Florida implemented the Studer Model to improve service and experienced a dramatic increase in inpatient satisfaction from the 15th percentile to the 93rd percentile within 5 years (Studer, 2013a). Studer demonstrated the success that is possible when all employees understand the expectations for customer service behavior.

Studer (2007) recognized most organizations have strategic plans in place to achieve specific goals; however, it is a lack of ability to execute the plan that derails the best of plans. The Studer Group's evidence-based leadership plan standardizes leadership practices much the same way as practices and protocols are being standardized for healthcare to improve patient medical outcomes. Alignment, action, and accountability provide the framework for leaders to train employees for organizational success and to sustain the changes (Studer, 2009). *Alignment* is when leaders support and promote what needs to be done to achieve organizational goals. Leaders take ownership of training employees about what is expected and about the appropriate behaviors to support the goals. *Action* and *accountability* are about holding employees and leaders responsible for performing the expected behaviors. Before an employee can be held accountable for a behavior or performance standard, the employee must clearly understand the expectations (Studer, 2009) Studer wrote numerous books directing organizations in how to improve customer service and organizations that implement his strategies are known to be

"studerized."

Evidence-based strategies that have been identified as effective for improving patient satisfaction include daily leadership rounding on staff and patients, hourly rounding by nursing on patients, demonstrating courtesy and respect, carefully listening to patients, carefully providing explanations to patients, follow-up phone calls to patients after discharge, providing reward and recognition for staff, sending thank-you cards to employees, and a caring leadership style (Studer, 2003, Studer, 2007, Weisgram & Raymond, 2008, Studer, 2009, Woodward, 2009, Watson, 2012). Weisgram and Raymond (2008) described the impact of implementing Studer's idea of hourly rounding at Madigan Army Medical Center, a 204 bed facility located in Washington servicing more than 120, 000 patients and clients. An increase in patient falls was noted on a busy unit in the hospital. The Nursing Research Department performed a literature review to seek an evidence-based approach to reduce falls and implemented a rounding program that included hourly rounding between 8:00 a.m. and 10:00 p.m. and rounding every 2 hours between 10:00 p.m. and 8:00 a.m. Nurses used a patient-centered approach with a focus on evaluations of pain, toileting needs, positioning, access to the call light, and cleanliness of the room. The outcomes of the rounding project revealed a reduction in patient use of the call light from 120 calls in a 24-hr period to 20 calls in a 24-hour period and an improvement in patient satisfaction.

At a Midwestern teaching hospital, on a 27-bed medical/surgical unit, it was discovered frequent rounding improved patient safety and patient satisfaction (Woodard, 2009). Charge nurses were used to make rounds on patients every 2 hours. The nurses focused on assessing presence of pain, the need for bathroom assistance or repositioning, and having a personable

interaction with the patient. Although the sample of 25 patients is small, the findings of the study are consistent with the literature supporting routine rounds on the improvement of patient satisfaction. The results of the frequent rounding revealed a decrease in patient falls and call-light use and an increase in patient satisfaction.

Numerous studies have validated the success of improving patient satisfaction scores with the use of strategies such as hourly rounding on patients, leader rounding and phone calls to patients following their discharge (Close & Castledine, 2005a, Close & Castledine, 2005b, Meade, Bursell & Ketelsen, 2006, Setia & Meade, 2009,Woodard, 2009, Blakely, Kroth, & Gregson, 2011, Olrich, Kalman, & Nigolian, 2012, Hutchings, Ward, & Bloodworth, 2013). An idea known as *Caring Around the Clock* was implemented in Nottingham University hospital located in the United Kingdom, using frequent rounding and tailoring the purpose of the rounds around the needs of the patient (Hutchings et al., 2013). Hutchings participated in a 3-month travel scholarship to the United States to learn about hourly rounding and she brought the plan back to Nottingham (Hutchings et al., 2013). During her travel to the U.S., she observed the process of intentional rounding at 14 different hospitals. She identified a need for education and a culture shift to achieve the best results when performing comfort rounding.   Intentional rounding was implemented at Nottingham in 10 wards and nurses placed a clock at the bedside to tell the patient when the nurse would make the next visit. The goal of the hourly rounding was to reduce the patient's anxiety, ensure patient safety and enhance the care experience. First, a pilot plan was created and implemented. Feedback was collected from the staff and due to the pilot plan results, the plan was introduced into the remaining wards via a phased-in approach. Results of the project included feedback from the staff reporting improved morale and increased

time spent with patients and a 32% reduction in the use of call lights. No comparative statistical data is available; however, the caring around the clock methodology was officially implemented in all 79 wards as a care practice after the eight-week pilot project resulted in a decrease in the number of patient complaints and an increase in patient satisfaction.

Olrich, Kalman, and Nigolian (2012) sought to replicate earlier studies that had explored the effect of hourly rounding on fall rates, call light usage, and patient satisfaction. Using a quasi-experimental method, the study took place in a 506-bed teaching hospital. Two similar sized medical-surgical units were selected for the project. One unit was designated as the control unit and the other was the experimental unit. Patient satisfaction data were collected for 6 months before implementation of hourly rounding and for 6 months during the project. Call light data were collected for 2 weeks before the study and 4 weeks during the study. Measures of central tendency and spread were calculated for the variables. Chi-square tests and rank sum tests were used to compare baseline and post-intervention characteristics. Post-discharge patient satisfaction data indicated 25% of patients were not highly satisfied and 58% of call light usage was for toileting, pain management and comfort concerns such as positioning. Limitations of the study were a non-randomized sample and the small sample size. Because of the small sample size, an outlier of a delirious patient skewed the study results for patient call light usage. The patient did not need the nurse, but in his delirium he kept ringing the call light. Their findings revealed no statistically significant difference ($p = 0.383$) in patient satisfaction between the pre-rounding and post-rounding. Patient satisfaction did not improve, possibly due to the small sample size; however, nurse managers received positive feedback from patients during leader rounds and patients perceived the nursing staff to be more attentive during hourly rounding.

Blakely, Kroth, and Gregson (2011) discovered nurse rounding had an almost immediate positive impact on patient satisfaction. A case study method was selected for their research design and study participants were medical-surgical patients. The purpose of the study was to determine if patient and nurse satisfaction is influenced by intentional rounding every 2 hours on a medical-surgical unit in a small community hospital setting. Research questions were developed with a focus on patient satisfaction by exploring the use of call lights, the patient report of a positive hospital experience and the patient report that the nurse demonstrated care and concern during their hospitalization. Patient satisfaction data were collected on a weekly basis using the Gallup Organization, the HCAHPS survey and patient interviews. The rounding process included "4 Ps" known as pain, position, potty, and placement. Although no statistical data information is provided within the content of the article, the authors report that one month after the implementation of the project the overall patient satisfaction had improved from a score of 3.50 to 3.60 (on a scale of 1-4, where 1 = completely dissatisfied and 4 = completely satisfied).

An idea for demonstrating caring and compassion is that of family-centered care as a practice model designed to promote inclusion of family members. Family-centered care has been shown to improve patient satisfaction scores (Davidson, 2009). Davidson (2009) reported ineffective or inappropriate communication by the health care team, failure to provide enough information, giving unclear information, and making assumptions of what the patient and family needs resulted in decreased satisfaction. Including family members in patient care discussions demonstrated respect for the family unit and compassion for the patient and family as they undergo the experience of being in unfamiliar surroundings with frequent interruptions and

invasions of private space. Nurses embracing a culture of caring distinguished nursing practice from other professions (Carter et al., 2008).

According to Sofranec (2012), attitude of the staff played a large role in making the patient experience great. The patient satisfaction survey developed by CMS (2013) included patient evaluations of courtesy and respect, listening, and providing adequate explanations as components that make up the domain of Nurse Communication. According to HealthLeaders Media Industry Survey- 2013, patient satisfaction is not about keeping the patient happy; it is more about communication and helping the patient understand what is happening with the care and treatments being provided (Fellows, 2013). It appeared it is not *what* [emphasis added] is being said but *how* [emphasis added] it is being said that makes a difference in patient satisfaction scores. The Health Leaders survey was completed by 299 selected leaders and 18% of the participants reported the patient experience is the responsibility of the chief nursing officer, 21% believed it was a multidisciplinary responsibility, and 15% thought it was the primary responsibility of clinical care providers (Zeis, 2013). Clearly, nurses are very influential in the patient's experience.

Fiscal Impact of Patient Satisfaction

Hospitals exist to provide a central location where individuals can go to find services for health-related issues. People who go to hospitals for services expect to have someone who is trained in health care to take care of them and, hopefully, help them get better or, at a minimum, not get worse. Nurses are the most frequently seen direct care providers for patients in hospitals and the nurses' focus is on carrying out orders and monitoring patient responses. Although this service is carried out in every hospital across the nation, it is the *way* in which the nurse provides

the service that helps define the patient's experience.

Although, President Clinton helped establish the Patient's Bill of Rights in 1998 and identified the need for respectful service, more was needed to motivate hospitals to embrace a focus on customer service; thus, the value-base purchasing plan of the Patient Protection and Accountable Care Act of 2010 was enacted. Value-based purchasing is a program authorized by the Patient Protection and Accountable Care Act of 2010 which gives the CMS the authority to base hospital reimbursement payments on how well hospitals perform certain core care measures and customer service (Nelson, 2009). For the first time in the United States, the focus on patient satisfaction in the Accountable Care Act gives power to the patient in determining a portion of the revenue loss or gain for hospitals (Petrullo, Lamar, Nwankwo-Otti, Alexander-Mills, & Viola, 2013).

At the beginning of the fiscal year 2013, Medicare began withholding 1% of hospital reimbursement and the amount will increase by 0.25% each year to a maximum of 2% withholding (Nelson, 2009, CMS, 2013, Petrullo et al., 2013). The reimbursement calculations are based on a mathematical formula using achievement points, consistency points, and a weighted formula with clinical care accounting for 70% of the score and patient satisfaction scores accounting for 30% (Nelson, 2009).

CMS and AHRQ began developing the HCAHPS survey in 2002 and completed it in October 2006 (Petrullo et al., 2013). The purpose of the survey was to provide a standardized instrument to be used nationally to produce comparable data which could be used to create incentives for hospitals to improve quality of care and service and to enhance accountability as scores were publicly reported.

Hospitals that are participating in the HCAHPS survey can educate nurses about customer service and establish guidelines for how customer service compliments the technical aspects of nursing practice. Generally, organizations identify a set of values to guide the behavior of employees, and establish short- and long-term goals. A company's mission statement, values and goals become the philosophy of the organization. They are instrumental in defining the culture within the structure of the organization (Studer, 2003). Employees working on the front-line have a tremendous impact on demonstrating the philosophy of the company and the success of reaching organizational goals (Michelli, 2011). Leaders are instrumental in ensuring the organizational philosophy is lived by the employees as representatives of the company. It is not uncommon for organizational philosophies to be in conflict with an individual's personal philosophy resulting in a challenge of adapting the personally held values and visions with those of an organization. This conflict of personal values and organizational values can result in a challenge in selecting the right individual for the position.

Relevance to Nursing Practice

The relevance to nursing practice for customer service rests in the importance of effective communication between the nurse and the patient. Patient education and discharge instructions are, primarily, conducted by the patient's nurse. Caring relationships have been linked to positive patient outcomes (Duffy, 1992) and improved patient safety during hospitalization (Meade, Bursell, & Ketelsen (2006). Educating newly hired nurses about the importance of a positive patient experience and about organizational expectations for customer service creates an environment of consistent behavior modeling and messaging of customer service standards which impact outcomes.

Summary

Organizations that fail to meet customer service expectations are in jeopardy of facing reductions in financial reimbursements for care and service (Press & Fullam, 2011). Outstanding customer service has been identified as a critical need for hospitals and has been added to the duties of nurses as they carry out nursing practice functions of providing patient care. The Institute of Medicine (2004) recognizes the important role of nurses in health care and evidence reveals the positive impact nurses have on patient safety and health care outcomes (Duffy, 1992, Swanson & Watson, 2003, Meade, Bursell & Ketelsin, 2006, Press, 2006). This project provides an opportunity to explore the current process in the project site and determine if improvements can be made to enhance their customer service strategies.

Section 3: Collection and Analysis of Evidence

Introduction

In this DNP quality improvement project, I used a design known as the plan-do-study-act (PDSA) model (Agency for Healthcare Research & Quality, n.d.) to review and analyze the process to educate new nurses at a hospital in the U.S. state of Georgia about customer service expectations. I realigned the PDSA model into a *Study-Act-Plan-Do* (SAPD) model to support analyzing the current process and acting upon the information to develop a plan for improvement. A literature review was conducted for information about customer service and for evidenced-based customer service strategies. The information was used as a framework for comparing the current process within the project site against successful customer service strategies and behaviors resulting in positive patient experiences.

Practice-Focused Questions

In an effort to determine the effectiveness of the process used by the project site to educate newly-hired nurses about customer, the process was compared against evidence-based practice for customer service. In conducting this research, I sought to answer the following questions:

PQ1: What does the organization do to teach newly-hired nurses the expectations for customer service?

PQ2: Is the current process effective for communicating the organization's expectations for customer service?

PQ3: What changes need to be made in the organization's process to improve the communication of customer service expectations to newly-hired nurses?

Sources of Evidence

Data collection for this study was derived from literature reviews and a review of documents used during the process of identifying, hiring and orienting a new employee, and questionnaires for the nurses and nurse managers.

Participants

The population for this quality improvement project included nurse managers of in-patient units and newly hired nurses who have participated in the orientation process. No patient contact occurred during this project.

Procedures

Human resource personnel at the study hospital provided a list of organization-based email addresses for nurses who had been hired over the past several months and had attended general orientation. Using the organizational-based email addresses, I sent a questionnaire (see Appendix J) to the nurses via Survey Monkey, an online independent survey vendor. In accordance with IRB guidelines, I turned off the Internet Protocol addresses for the recipients of the Survey Monkey survey, thus rendering the responses anonymous. I delivered the Nurse Manager questionnaire to the nurse managers (see Appendix K) during a leadership meeting and they were instructed to return the survey, without identifying information, to the office secretary.

Protections

Participation in the project was voluntary. No incentive was provided to encourage participation. Project approval was obtained from Walden University's Institutional Review Board (IRB approval number 09-03-15-0163185)

Analysis and Synthesis

Data analysis included categorizing information into themes for pre-hire, general orientation and unit-specific orientation. Information and documents were reviewed and placed into one of the categories. All information about the process was compared against best practices that were discovered during the literature review.

Collins (2001), Lee (2004), Stubblefield (2005) and Studer (2003, 2007, 2008, 2009, 2010), have done extensive research in the field of customer service and many hospitals and organizations across the nation have implemented their strategies for successful, high-achieving customer service programs. The current process at the project site was compared against these successful strategies. Recommendations were developed for the project site based on the comparison. Tools for success were developed and shared with the organization to assist with the facilitation and sustainability of the improved process.

Summary

Patient satisfaction has become a very important service domain for U.S. hospitals. Failing to meet customer service expectations for patients during hospitalization can result in low scores on patient satisfaction surveys and directly impact the amount of money the hospital receives for health care reimbursement (Nelson, 2009, Press & Fullan, 2011, Hwang, 2012). Organizations need well-defined goals with well-trained leaders and staff that consistently and uniformly practice proven behaviors (Studer, 2013a).

The information gained from the project is described in Section 4. The quality improvement methodology of the PDSA model was redesigned to a SAPD model for this DNP project to explore and identify opportunities for making improvements to the current process

used to educate newly-hired nurses about customer service. Strategic recommendations were developed and shared with nursing leaders. Possible venues for dissemination of the project findings include organizational staff meetings, manuscript publication, articles for nursing journals, and vignettes for teaching on social media and storyboards for conferences.

Section 4: Findings and Recommendations

As U.S. hospitals increasingly compete against one another for business, they have made it standard operating procedure to monitor patient satisfaction with customer service metrics (Messina, Scotti, Driscoll, Ganey, & Zipp, 2009). The CMS formula for hospital reimbursements includes scoring how patients perceive their experience while hospitalized. Nursing behavior can impact the patient experience.

My focus in carrying out this DNP project was to investigate how newly-hired nurses are educated about organizational expectations for customer service. I also wanted to identify opportunities for improvement in the process. The project questions for the project included (PQ1): What does the organization do to teach newly hired nurses the expectations for customer service, (PQ2): Is the current process effective for communicating organizational expectations for customer service, and (PQ3): What changes are needed in the organization to improve the communication of customer service expectations to newly hired nurses?

During my literature review, I examined evidence-based strategies used to enhance customer service and improve patient satisfaction scores. I gained insight from the literature review into what nurses need to know and what they need to do while providing customer service. Additional primary sources of data included a review of documents used by the hospital to screen and select individuals for a nursing position and a review of printed materials used in the hospital to educate new nurses about the organization’s customer service expectations. I then compared the study hospital’s employee processes with proven customer service strategies to identify opportunities for improvement.

Findings

Findings: Project Question 1

I have grouped my findings for PQ1 into three categories: pre-hire, general orientation, and unit-specific orientation.

Pre-Hire Findings.

Pre-hire findings refer to what the organization does before an individual is selected for hire. This Georgia hospital has a human resource department that is charged with screening applicants for hire. Selecting the right person for a position is critical for the success of an organization (Collins, 2001). Careful assessment of attitude and the ability to care is a critical principle when hiring individuals for nursing positions (D'Aurizio, 2008). Licensure for nursing practice validates completion of an approved program for education; however, it is more difficult to validate behaviors and attitudes that support the values and mission of an organization. This facility attempts to identify individuals who will embrace the behavioral standards of the organization.

When employees know and embrace the mission, vision, and values of an organization, they help create the culture the organization desires (Stubblefield, 2005). At the project site, when an individual seeks employment, the applicant receives a one page document describing the medical center's vision, mission, values, and standards of behavior (see Appendix A). The document clearly describes expectations of behavior, such as treating everyone with dignity and courtesy, making eye contact and smiling, introducing self, updating waiting patients every 20 minutes, listening, and avoiding criticism of co-workers in front of others. This one page document is used to screen the applicant to determine if the individual is eligible for an

interview.

The applicant signs the form to acknowledge he or she understands the requirement of the expected behaviors and understands that failure to comply with the standards of behavior will result in disciplinary action. Once the individual signs the document, the applicant may be considered a suitable candidate for hire and the application is sent to the nurse manager for review to determine if a face-to-face interview with the nurse manager will be planned. The nurse manager reviews the forwarded application and notifies the human resource department if a face-to-face interview with the applicant is desired. After the interview, the nurse manager decides whether the candidate will be offered the position. The nurse manager then notifies human resources to make an offer for employment. After being hired, the new employee undergoes a general-orientation and a unit-specific orientation.

General Orientation Findings.

Once the individual accepts an offer for employment, the nurse manager is notified of the hire and plans are made for the new employee to attend General Orientation. General Orientation for nurses spans 3 days with numerous sessions providing information on generalized organizational operations and departmental functions. On the first day of General Orientation, each participant receives a notebook containing information and copies of the PowerPoint modules that will be reviewed over the next several days. The purpose of general orientation is to give the new employee information about employee benefits, safety standards, the organization’s history and operational leaders, and an overview of the various departments and services provided within the facility. PowerPoint modules are presented by a variety of organizational speakers.

A review of the material demonstrated that the organization makes an attempt to discuss the importance of customer service; however, the presentations lack focus on the issue. The information addressing various behaviors related to customer service is scattered throughout various presentations instead of providing one specific presentation with a clear focus on customer service expectations. For example, on one slide there is information about demonstrating respect and several slides over there is information about Jean Watson's caring theory; however, no connection is made between respect and caring and how those behaviors and characteristics impact customer service. The slides provide information regarding the components of customer service; however, the information does not connect directly to the provision of customer service.

An example of failing to make a connection between the information presented and customer service is the organization's motto of *I REACH*. I REACH is an acronym for: Integrity, Respect, Excellence, Accountability, Compassion, and Helping Hands. I REACH information is discussed on the Pre-hire Standards of Behavior form (see Appendix A) and reviewed briefly during general orientation (see Appendix B). I REACH identifies organizational values. The values are described as Integrity (we are honest, ethical, trustworthy, and committed); Respect (we acknowledge and appreciate diversity, and show our respect for all); Excellence (we deliver high quality care with great service, taking pride in all we do); Accountability (we hold ourselves responsible for achieving the goals we define and measure. We take responsibility for our actions); Compassion (we remember that those who come to us for help need us to care about them as much as we would our own families); and Helping Hands (we are a team that works together, helping each other when we see a need, not just when we are

asked to help).

The selected values are meaningful and may indirectly impact customer service. However, the nursing leaders at the facility reported that the original intent for the IREACH initiative was to encourage employee engagement rather than customer service improvement.

The Clinical Orientation Record (see Appendix C) provides an outline of what the employee can expect over the course of general-orientation. Imbedded in the presentation entitled *Patient Care Services and Communication* are slides for HCAHPS questions and Hourly Rounding (see Appendix D). There are several slides in the presentation that attempt to convey the principles of *Crucial Conversations* and strategies recommended by Studer for communicating with patients and families (see Appendix E). Mingling the information among slides for National Patient Safety Goals, Restraint Use, Fall Prevention, the use of a Critical Value Sticker, and a sticker to alert employees to avoid a specific arm when taking a blood pressure and drawing blood, detracts from the focus that should be given to customer service expectations.

At the end of general orientation, the employee completes the New Partner Orientation Record (see Appendix F) attesting to having attended the sessions. The form indicates information was received on service excellence and standards of performance, but it fails to use the words *customer service.* Each employee completes a General Orientation Evaluation Form (see Appendix G) and, again, there is no mention of customer service on the form.

Unit-Specific Orientation Findings.

After completing the week of general orientation, the newly-hired nurse, begins orientation on the unit for which he or she has been hired. A preceptor is assigned to the new nurse for the unit-specific orientation. Unit-orientation is designed to validate clinical knowledge

and performance in order to deem the nurse safe to provide independent nursing care. The new nurse performs tasks and, if performed safely and correctly, the preceptor checks off that task as being successfully completed according to policies and practice standards. Unit-specific orientation will vary according to the unit and patient population. For example, a nurse hired for a pediatric unit will not have the same skills check-off as a nurse hired for labor and delivery. Although the population-based skills check-off will be different, customer service skills should be the same throughout the hospital and for every unit. During this project, it was discovered the facility has no consistent framework for unit-specific orientation in regard to customer service.

It is unclear if the nursing staff members, at the selected site, understand the significance of patient satisfaction scores. Generally, nurse managers are afforded opportunities to participate in organizational leadership meetings and learn about strategic plans and organizational goals and the role patient satisfaction plays in the success of the organization. Unless nurse managers are proactive in sharing information from such meetings with unit employees, bedside nurses may not understand the significance of patient satisfaction scores and the changes that have been made in reimbursement for hospitals. Nurses may be under the impression the payment system is as simple as hospitals providing a service and receiving payment for the service. The payment plans for hospitals are much more complicated than that.

Additional Findings

The nurse manager questionnaire results (see Appendix L) revealed 62% of respondents thought the job description described customer service expectations; although, I did not find evidence of that information, on review of the job descriptions, which was part of the data collection in this project. Academic levels of the nurse managers include 37.5% have a MSN,

50% have a BSN, and one nurse manager has an associate degree. Only one out of the eight nurse managers reported having one-on-one time with the service excellence coach and only one sends weekly staff appreciation note cards. Although the information from the nurse manager questionnaires does not provide information directly related to the process used for educating nurses about customer service, it does reveal some areas of potential improvement, such as spending time with the service excellence coach and sending appreciation cards to employees. One nurse manager rated the customer service at the facility as excellent; however, 62.5% rated the service as “Okay” and 25% (2/8) indicated improvements are needed.

In order to close the customer service education-loop, I reviewed documents used for the annual competency reviews. Annual competency reviews are conducted to validate sustained knowledge and skill performance to support patient safety. If a deficiency is detected, remediation is provided to ensure compliance with standards of practice and regulation requirements. A review of the competency documents revealed there is no focus placed on customer service during the annual reviews (see Appendix H). In addition to the review of the hiring and orientation process, written job descriptions were reviewed for components that discussed customer service and it was discovered that the job descriptions lack clear instructions of specific accountability for customer service (see Appendix I).

A positive approach that was noted during the project was the use of video-taping of employees during role-playing for customer service. Although I did not review the process, quality management leaders reported they are having good results with the exercises. They explained the purpose of video-taping the role-playing was to allow a critique of the interactions and to offer suggestions for improvement.

Findings: Project Question 2

In order to explore project question 2 (PQ2), newly-hired nurses were invited to participate in the research project by responding to a questionnaire (see Appendix J) delivered on Survey Monkey. Survey Monkey is an online survey development cloud-based company that provides data collection and data analysis with HIPAA and IRB compliant features. IP addresses remained blocked and information was scheduled to be reported as aggregate data instead of separate, individual responses. The purpose of the questionnaire was to determine if the current orientation process is effective in educating the newly-hired nurse about the organization's expectations for delivering customer service.

The attempt at using Survey Monkey was unsuccessful. After three attempts, no employees responded to the request. Due to the lack of response, I cannot determine if new employees believe they receive sufficient information regarding customer service expectations. I was unable to determine why the nurses did not complete the questionnaire. There was no report from Survey Monkey indicating the e-mails were undeliverable. It is possible the e-mail was delivered into a spam or junk mail folder for the organization-specific e-mail address; therefore the recipient may not have been aware of the request.

Questionnaires were completed by the nurse managers (see Appendix K). The questionnaires were distributed to the nurse managers during a nurse leadership meeting. Participation was voluntary and anonymous. No identifying information was requested or attached to the questionnaire. After completing the questionnaire, the nurse manager placed the form in a sealed envelope and placed the sealed envelope into a large interoffice envelope that was held in the CNO's office and given directly to the student-researcher. The initial plan for the

nurse manager survey was to analyze the information to determine if there were any variables that might be used in explaining why one unit in the hospital scored higher on the patient satisfaction surveys than another unit. After careful review of the information from the questionnaire, it was determined there was no useful information for determining the differences in the scores (see Appendix L) and the nurse manager variables were outside the scope of the final project that focused on the *process* [emphasis added] of teaching new nurses about customer service. However, it is interesting to note the responses of the nurse managers who completed the questionnaire. Only one out of the eight nurse managers who responded rated the facility as "Excels" in customer service. Most of the nurse managers who responded reported the facility was doing okay in customer service and one indicated improvements are needed.

Findings: Project Question 3

The purpose of project question 3 (PQ3) was to identify areas where improvement could be made in the current process of educating newly-hired nurses about the organization's expectations for customer service. Although no information was received from the newly-hired nurses to reveal their perceptions of the process, the analysis of the current process did reveal deficiencies when compared to current evidence-based customer service strategies.

The modules used during General Orientation can be improved by providing one module specific to customer service and patient satisfaction. Currently, the information about patient satisfaction and customer service is fragmented because the information is distributed throughout the orientation modules. Combining all the references in the various slide presentations into one module that is specific for patient satisfaction and customer service will provide a clear focus on the topic and the expectations.

Implications

Implications for this quality improvement project include an influence on policy, practice, social change and future research.

Impact on Policy

This customer service project has an impact on hospital policy by revealing areas of improvement that could be made to the process of educating nurses about customer service. Customer service influences a patient's perception of care and patient satisfaction scores are an indication of patient perceptions. Ensuring that employees understand customer service expectations is critical for the success of the employee in delivering customer service. The first step in organizational success is hiring the right individual for the right position (Collins, 2001). Collins and his research team studied 28 companies, over 5 years, to discover the key determinants for a company to move from being a *good* (emphasis added) company to being a great company. The great companies demonstrated the right people will do the right things and deliver the best results.

President Clinton's Advisory Commission on Consumer Protection and Quality in the Health Care Industry developed the Consumer Bill of Rights and reported healthcare providers should treat consumers with respect (Agency for Healthcare Research and Quality, 2013) and patient satisfaction scoring is being used to determine allocations of reimbursements to hospitals (CMS, 2013). Improving how nurses deliver customer service may have an impact on the compliance with government standards to improve patient perceptions of care and services.

Impact on Practice

Although this DNP project failed to discover if newly-hired nurses perceive the current

orientation process as effective in educating them in customer service expectations, areas for process improvement were identified. The analysis of the current process revealed areas for improvement when compared to customer service best-practice strategies. Improving customer service skills may improve the nurse's ability to interact with patients and family members.

Nursing standards of professional performance require nurses to evaluate the quality and effectiveness of nursing practice and to use best-practice research findings to improve care and service (American Nurses Association, 1998). Delivering customer service has become an additional focus for nursing practice. While it is understood how important customer service is for impacting monetary reimbursements, it is important for improving patient safety and healthcare outcomes, as well. Customer service skills may impact the development of a therapeutic relationship. A therapeutic relationship between the nurse and a patient improves patient safety because the patient feels reassured that patient needs will be met and the patient will more freely share information with the nurse (Felgen, 2004). The information from this project may be useful in making changes in the orientation process to assure nurses are receiving information useful for their nursing practice.

Impact on Social Change

Walden University identifies positive social change as "a deliberate process of creating and applying ideas, strategies, and actions to promote the worth, dignity, and development of individuals, communities, organizations, institutions, cultures, and societies" that results in improvement (Walden, 2012). This DNP project is in alignment with the goal of Walden University. Improving the process at the project site to educate nurses about customer service has the potential to improve the manner in which nurses interact with patients and families.

Improvement in interactions for customer service can promote worth and dignity for patients and families. Improvement in the nurse-to-patient interaction can result in improvement in the patient's perception of care and service rendered and has the potential to improve trust and confidence between the patient and the healthcare team.

Impact on Future Research

As customer service initiatives gain momentum, hospitals will continue to look for key strategies to help nurses provide the kind of customer service expected by the patient and family. Future research could be useful to identify changes in patient expectations and any shifts in cultural demographics that may impact the behavior responses needed from nurses when working with patients. Including patient responses and feedback from nurses may improve future projects of this nature.

Recommendations

Quality improvement (QI) approaches consist of systematic and continuous actions that are focused on improving processes and aligning outcomes and organizational effectiveness to bridge the gap between research and practice (Health Resources & Services Administration, 2011; Kelly, 2011). The PDSA model is an easy to use, yet effective, tool for quality improvement. The Health Resources and Services Administration identifies the PDSA model as a four-stage problem solving model for identifying what needs to be accomplished, creating a plan for change or improvement, and identifying if success has been achieved or if further actions need to be implemented for success (Minnesota Department of Health, 2012). Although the model was modified to meet the needs for this specific inquiry, the methodology remains intact. The PDSA model describes the growth of knowledge through making changes and then

reflecting on the results and learning from the findings (Berwick, 1996). According to Berwick (1996), "The model asks three questions: "what are we trying to accomplish, how will we know a change is an improvement and what change can we make that will result in an improvement?" (p. 620).

For this project, the PDSA model was modified to begin with the *Study* phase (S) to include a literature review and review of documents used during the orientation process for newly-hired nurses. The second phase was the development of an *Action Plan* (A) for improving the process. The plan, or act (A) phase included the development of recommendations for improvement of the current process. A slide presentation was developed to report findings of the project and quality improvement tools were developed and introduced

The continuation of the SAPD model loop was left to the discretion of the nurse managers. The closure of the model loop could be accomplished by the leadership team developing a unit-specific *Plan* for implementing the suggestions and evaluating *(Do)* patient satisfaction scores for any improvement after the implementation of the recommendations. Nurse managers who opt to implement the strategies in their units will monitor results and report improvements to the Chief Nursing Officer.

General Orientation

In recruiting new employees, the organization strives to select individuals who will ascribe to its behavioral standards. However, once the individual is hired, information related to provision of customer service is fragmented, buried in other presentations, or does not exist at all. Improvements can be made in the manner in which material is presented during general-orientation and unit-specific orientation.

Although patient satisfaction information is mentioned throughout several of the orientation sessions, there is no specific session that delivers a clear focus on patient satisfaction. New employees are instructed to "be nice" to patients and to each other and a few slides in a presentation explain patient satisfaction, but none make a specific point of explaining exactly what patient satisfaction is or the implications for the hospital if nurses fail to reach target scores. The philosophy of the education department and the service excellence department is that employees will learn about customer service expectations by referring to patient satisfaction and the customer experience in different modules throughout general orientation. The leaders in those departments did not see a need for a single module that was specific to customer service.

Unit Orientation

As the employee transitions from general orientation to unit-specific orientation, the goal preceptor should understand what information has been covered with the new employee and what information needs to be completed or reinforced. A competency check-list designed to be proof of skill validation through observation of performance should include demonstrations of customer service skills. Placing customer service skills on every new hire's orientation plan can ensure the information will be reviewed.

Each unit has a patient satisfaction board (see Appendix M) that details the specific scores from quarterly patient satisfaction surveys, but neither this board nor its meaning is discussed during general orientation. Including the patient satisfaction board on the unit-specific competency checklist will be a reminder for the preceptor to point this resource out to the new employee during unit-specific orientation. An orientation work-plan and the job description should indicate clearly the customer service expectations for new employees such as *"The*

employee will smile upon entering the patient room and will make eye contact while introducing self and explaining purpose for visit." and "The employee shall explain purpose for visit before beginning task-oriented duties such as checking the IV pump or assessing dressings."

A written orientation plan that begins during the general orientation sessions and move along the continuum through the unit-specific orientation would be helpful. Reviewing progress during the orientation process provides the preceptor and nurse manager opportunities to coach the new employee in any areas of deficiency and customer service behaviors should be a part of the reviews. As part of the new-hire orientation process, it is recommended that the manager review the job description and discuss what will occur at the future annual competency review.

Improvements in the job descriptions can be made by including specific customer service language and descriptive components and goals set for achieving targeted customer service scores for the unit.

The annual competency review is an opportunity to remind employees of customer service expectations and to update the employee about any changes in expectations. Preparing employees for the annual review demonstrates support from leadership in helping the employee to be successful with the organization.

S.M.I.L.E. Strategy

In order to provide a focus on the importance of smiling during interactions with patients and families, I developed the S.M.I.L.E. strategy. This strategy was presented to the nursing leadership team and a S.M.I.L.E. poster (see Appendix N) and a monitoring tool (see Appendix O) were developed and given to the organization for use by the nurse leaders. Studer (2003) promoted the acronym A.I.D.E.T. as a method to help employees remember to *Acknowledge* the

patient, *Introduce* yourself, inform the patient of the *Duration* or wait time to be expected, *Explain* everything about procedures and medications and discharge information, and end each interaction with a "*Thank you* for choosing us for your health care needs." S.M.I.L.E. is similar in strategy; however, it places an emphasis on the use of the smile during interactions.

Pugh (2001) proposed that customers respond positively to positive employee behaviors such as smiling. The research was conducted in 39 regional bank branches with participants of 191 bank tellers and 220 customers. The study revealed a positive correlation between employee smiling and positive customer mood. *Impression management* (Grandey, Fisk, Mattila, Jansen, & Sideman, 2005) included demonstrations of positive attitude, friendliness, and competence. Grandey et al. (2005) used simulated service encounters to research customer reaction to smiling, eye contact, and rhythmic vocal tone. They discovered perceptions of friendliness are influenced by displays of smiles. Soderlund and Rosengren (2008) found a correlation between smiling and a higher level of customer satisfaction in their study using 220 participants.

The letters, S.M.I.L.E., were used to develop an acronym that places a focus on smiling. Employees are educated to **S**mile and make eye contact to focus on the patient. The focus should be on the patient and not performance of tasks such as checking equipment or looking at the chart. **M**eet and acknowledge everyone in the room. Paying attention to others in the room demonstrates an interest in everyone and provides an opportunity for the nurse to gain information that may be useful during the course of the patient's hospitalization. **I**ntroduce yourself and **I**nclude **i**nformation about why you have come to the room ("Good morning, Ms. Smith, my name is Patricia. I will be your nurse for the next 12 hours. I would like to check your IV and do your assessment."). **L**isten intently to the patient and family by stopping all

other tasks and looking at the one speaking. **E**xplain everything and **E**ngage the patient and family to **E**ncourage participation in healthcare decisions.

During the presentation of the study findings, each nurse manager received a S.M.I.L.E. poster for the patient unit. The poster was designed to be small enough to sit on a counter at the nurse's station or in the employee break rooms without taking up too much space. It is easily collapsible to allow for storage. The bright colors and simple design of the poster has eye-catching appeal and makes it easy to deliver the message quickly.

Strengths and Limitations of the Project

Project Strengths

The strengths of the project include the value and the timeliness of the topic to help the organization improve the process for educating newly-hired nurses about customer service expectations. Organizations that fail to meet customer service expectations stand to lose up to 2% of their monetary reimbursements for services rendered. Information about the current process was studied and analyzed against current evidence-based strategies for customer service. Support from the organizational leaders was strong in their willingness to examine opportunities for improvement. The Chief Nursing Officer (CNO) was interested in the project and encouraged all nurse managers and department leaders to participate in the project.

An improvement plan was developed for the organization and presented to the nursing leadership and a new concept for customer service known as S.M.I.L.E. was developed. An additional strength of the project was the use of the quality improvement methodology of P-D-S-A by changing it to fit the needs of the organization. The P-D-S-A process was changed to a S-A-P-D process (study, act, plan, do) to facilitate completion of the project.

Project Limitations

The limitations of the project included the small number of study participants, the lack of leadership engagement, and the lack of response from newly hired nurses to the Survey Monkey questionnaire. The leadership within the organization had so many other projects and so many other job duties that they could not commit time to the project for patient satisfaction. Additionally, only one hospital was used as the information source so the project findings cannot be generalized to other hospitals or settings.

A PowerPoint presentation was provided that detailed the study findings; however, nurse managers were not required to attend the presentation; therefore, attendance was sparse with only four of 13 nurse managers attending. Although the CNO expressed an interest in the project and was supportive during the process, there was no requirement for nurse managers to implement the tools or to assess if the tools were helpful in improving patient satisfaction scores.

The lack of response from newly-hired nurses to the questionnaire made it impossible to evaluate adequately the effectiveness of the current process. I was unable to determine why there was a lack of response. After three attempts to get nurses to respond, only three responses were received. If a future study were to be conducted, obtaining perceptions of the effectiveness of the process from newly-hired nurses may provide additional insight into what is working and what is not.

Summary

Customer service has been added to the necessary skills of nursing practice. The nursing process of assessing, developing and implementing a care plan, and evaluating outcomes can be enhanced by the use of customer service skills. Nurses can help improve patient satisfaction

scores and decrease patient complaints. A very satisfied customer is six times more likely to make a positive recommendation for the organization (Cacioppo, 2000).

This DNP project analyzed the current process used in a Georgia hospital to educate newly-hired nurses about customer service expectations. The project was a partial success. I was successful in reviewing current processes and comparing them against current best-practices. The project revealed the organization has a fragmented process in place with a lack of focus on best-practice customer service strategies.

Based on the analysis of the information, recommendations for changes in the process were developed. A PowerPoint presentation was developed outlining the findings and tools for monitoring employee behavior and interactions with patients were developed and given to the facility. A new strategy for customer service with a focus on smiling, S.M.I.L.E., was developed and presented to the organization.

Responses from the employees would have been useful in determining employee perception of the effectiveness of the current process; however, the lack of response to the employee questionnaire did not interfere with the comparison analysis of the current process against best-practice.

Section 5: Dissemination Plan

This DNP project explored best-practice strategies for customer service in health care and analyzed the current process at a Georgia hospital to determine whether improvements can be made in the process used at the facility to educate newly-hired nurses about customer service expectations.. The scholarly product is a PowerPoint (see Appendix S) presentation and tools (see Appendix N, O, and P) for the nurse managers to use to teach customer service skills to new hires and to monitor compliance with the expectations.

The PowerPoint presentation was developed at the end of the project in order to describe findings of the study and to provide recommendations for improvement of the training process. The Power Point presentation was delivered to the nurse leaders of the hospital. Four of the 13 nurse managers attended the presentation, resulting in a 31% nurse manager participation rate. In addition to the nurse managers, the CNO and the service excellence manager attended. During the presentation, the S.M.I.L.E. strategy and posters were revealed and audit tools for patient rounding (see Appendix O) and observing performance (see Appendix P) were provided.

An evaluation was provided at the end of the presentation. Five out of the six nurse managers (83%) in attendance rated the presentation as excellent (see Appendix R) while one scored the presentation as adequate. All attendees agreed that S.M.I.L.E. is a useful acronym for improving patient satisfaction. The time limitations for this project did not support implementation and evaluation of the use of the S.M.I.L.E. initiative; therefore, additional research is required to determine the effectiveness of the S.M.I.L.E. strategy.

Analysis of Self

Scholar

Standards of nursing practice require the nurse leader to collect comprehensive data pertinent to issues, analyze data, identify expected outcomes, develop and implement a plan to attain expected outcomes, collaborate with other stakeholders, provide consultation, and evaluate progress (American Nurses Association, 2009). Professional performance for nursing practice includes using creativity and innovation to improve care delivery and population outcomes, participating in ongoing educational activities to remain current in relevant healthcare practice, and applying knowledge to transition research findings into nursing practice (American Nurses Association, 2009)

As a scholar, I have improved my ability to explore, analyze, and translate research findings. I have improved my skills of critical thinking and collaboration with others for system changes and policy development. The process at Walden University for the Doctor of Nursing program increased my knowledge-base and performance skills for conducting research and applying the findings for improvement in nursing practice.

Practitioner

As a practitioner, this project has provided an opportunity to demonstrate my ability to identify science-based knowledge and to infuse the information into practice. The skills of research, analysis and dissemination of information are skills useful in all practice setting. The Doctor of Nursing Practice program at Walden has prepared me to perform with advanced knowledge to comply with and promote the scope and standards of practice for nursing administration as outlined by the American Nurses Association. I have also improved in my

ability to demonstrate transformational leadership. Petersen (2011) described transformational leadership in advanced practice roles as the willingness to take reasonable risks, commit to action, reflect on core values, and drive for excellence at all levels. I am better prepared to lead projects and to actively participate in collaboration with stakeholders for improvement in health care.

Project Manager and Developer

This DNP project provided an opportunity for me to use my skills gained through the DNP program. I selected a topic and worked with my committee chair to refine the topic and narrow the scope of the project. The literature review and the research process enabled me to find significant information to analyze and compare the current process used to educate nurses about customer service. Establishing the framework for the project and following steps to complete the project provided personal and academic growth through my demonstration of project management skills and advanced ability for research. Functioning as a project manager requires the same skills as used during the DNP project. Shifting the P-D-S-A quality improvement model to the S-A-P-D model was an example of innovative thinking to fit the model to the needs of the organization.

Summary

In order to meet customer service expectations of the organization, nurses should be adequately educated by the organization about the expectations and standards. This DNP project about customer service used the quality improvement methodology of PDSA to determine if the current process within the Georgia hospital is adequate in providing an explanation about customer service and the organizational expectations for the delivery of customer service. The

findings of the project support the need for improvement in the process and the tools used to educate newly hired nurses about customer service expectations. Combining the teachings of Studer (2003, 2007, 2008, 2009, 2010), Stubblefield (2005) and Press (2006) with the caring philosophies of Mayeroff (1971), Nyberg(1998), Roy (1999), Boykin (2001), Leininger (2006) and Watson (2012) provides a combination for an effective customer service program.

Failing to provide a positive patient experience may result in negative patient outcomes, poor staff engagement and a reduction in financial reimbursements for the organization (Issel & Kahan, 1998, Collins, 2001, Institute of Medicine, 2004, Hanna, 2012, Fellows, 2013). A customer service program for employees that is well-defined and structured provides a clear, consistent message and will provide the foundation for standards of behaviors that result in a positive patient experience. It is valuable for organizations to take time to review their current processes for customer service and compare them against evidence-based strategies so they can ensure their patients have the best possible experience.

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Appendix A: Standards of Behavior Form

DeKalb Medical Vision:
In partnership with the best physicians, employees and volunteers, DeKalb Medical will be the healthcare provider of choice by delivering a superior patient experience every time.

DeKalb Medical Mission:
To earn our patients' trust every day through our uncompromising commitment to quality.

DeKalb Medical Values: "I REACH!"
Integrity • Respect • Excellence • Accountability • Compassion • Helping Hands

DeKalb Medical Standards of Behavior:

Integrity: *I am honest, ethical, trustworthy and committed.*
- I tell the truth, acknowledge mistakes, apologize for errors and delays, and follow through to correct them.
- I handle patient files and medical records confidentially.
- I hold patient-related discussions in appropriate, private settings.
- I prioritize my work and use my time wisely to provide prompt service.
- I do not borrow hospital property for personal use, and I ask before using something that belongs to a colleague.

Respect: *I acknowledge and appreciate diversity and show my consideration for all.*
- I treat everyone with dignity and courtesy, and seek to understand cultural differences.
- I verify patient identity and ask their permission before discussing medical information in front of others, including visitors and family.
- I am on time for all scheduled commitments, including meetings and classes.
- I respond to difficult requests by seeking the best possible solution or compromise.
- I never leave patients unattended in hallways.
- I respond to all work emails requesting information or assistance within 48 hours.
- I respond to all phone calls requesting information or assistance within 24 hours.
- I do not ignore or talk over patients on stretchers and in wheelchairs.
- I address people by their preferred name and avoid using such terms as "Honey," "Dear," "Young Man," "Sweetie," etc.

Excellence: *I deliver high-quality care with great service, taking pride in all I do.*
- I make eye contact and smile when approaching others in hallways, patient rooms and offices.
- I follow the dress code, including wearing my name badge at shoulder level, to create a neat, clean and professional appearance.
- I offer to help individuals who look lost by escorting them to their destinations.
- I review requests and give a time frame for resolution before leaving a patient or customer.
- I introduce myself to everyone I interact with, providing my name and role or department.
- I answer the phone with a smile, stating my name and department and asking "How may I help you?"
- I update waiting patients or customers at least every 20 minutes.
- I maintain a clean work environment by picking up trash and removing clutter.
- I do not use phones/communication devices in public areas, unless it's a work-related matter.

Accountability: *I hold myself responsible for achieving the goals DeKalb Medical defines and measures. I take responsibility for my actions.*
- I demonstrate a sense of urgency and ownership in the work I do.
- I follow through on issues until they are resolved.
- I check the patient's armband before every test, procedure, activity or health conversation.
- I report violations and potential problems to the appropriate person or group.
- I practice good hand hygiene, including sanitizing hands before leaving the restroom, and sanitizing hands in the patient room before and after every patient encounter.
- I correct or report any spill or other safety hazard I see.
- I use appropriate personal protective equipment (PPE) when entering patient rooms, removing it before entering public areas.
- I adhere to and enforce the no-smoking policy.

Compassion: *I remember that those who come to us for help need us to care about them as much as I would my own family.*
- I treat every patient and customer as I would treat a loved member of my family.
- I show I care through my words, actions, body language, and tone of voice.
- I ask patients or customers if there are any other needs before leaving them.
- I seek to understand concerns and needs by listening and asking questions.
- I sit during patient interactions when possible, to encourage eye contact and direct conversation.

Helping Hands: *I am part of a team. We work together, and I help my colleagues when I see a need, not just when I am asked to help.*
- I offer assistance to team members before being asked.
- I encourage my co-workers and celebrate their successes.
- I do not embarrass or criticize my co-workers in front of others.
- I talk to colleagues in a professional and direct manner to resolve differences and make work requests, only going to a supervisor when unable to resolve issues on my own.

Commitment Statement:
As a DeKalb Medical employee, I commit to the above Standards of Behavior and "I REACH!" Values every day. I understand that my actions are a reflection of DeKalb Medical and have a direct impact on my coworkers and patient care. By my signature below, I acknowledge that failure to comply with all of these DeKalb Medical Standards of Behavior and "I REACH!" Values will result in disciplinary action.

Signature of Candidate

Print Name　　　　Date

Signature of Recruiter

Print Name　　　　Date

Manager Signature

Print Name　　　　Date

DeKalb Medical
Pushing Beyond

HUMAN RESOURCES = WHITE | APPLICANT = YELLOW

Appendix B: I REACH Slide

Appendix C: Clinical Orientation Record

DEKALB MEDICAL
CLINICAL ORIENTATION RECORD

NAME/Title______________________ DATE______________

EMPLOYEE # ______________________ DEPT ______________

INSTRUCTIONS:
1. Put a check in the box beside each topic to indicate that you attended the presentation.

TUESDAY: ___/___ Time In___:___ Out___:___

- ☐ **Introduction to Clinical Orientation:** Overview / Assembling Orientation Files, Common Abbreviations, Staffing Angel, CPR validation / Computer Classes
- ☐ **Laboratory Services**
- ☐ **WOC-Skin Integrity: Maintenance & Restoration**
- ☐ **Care Management**
- ☐ **Patient Care Services & Communication**
- ☐ **Infection Prevention & Management**
- ☐ **Restraints, Quick Release Knot**
- ☐ **Video:** *General Hospitable*
- ☐ **Code Management: 1st Responder**
- ☐ **Baby Friendly Hospital Initiative**
- ☐ **Risk Management & Documentation** Opportunities for improvement
- ☐ **BGM: Precision PCX:** (credentialing)

WEDNESDAY: ___/___ Time In___:___ Out___:___

- ☐ **Med. Administration Review:** IMAG / Insulin / Peaks & Troughs / Weight Based Heparin / Moderate Sedation
- ☐ **Pharmacology News:** Safety/Verbal/Phone orders/Do not use Abbreviations, eMAR Reconciliation
- ☐ **IV Therapy & Pump** Tubing / Labelling, Advantage System
- ☐ **Epidural & PCA Pumps** Safety Measures
- ☐ **Core Measures**
- ☐ **Zoll Monitor**
- ☐ **Focus Charting**
- ☐ **LifeLink of Ga / Ga Eye Bank**

Check out file with Coordinator: need signature and turn in Evaluation

- ☐ **At 12:45pm: Acute Care Class**

COMPUTER CLASSES: ___/___ Time In___:___ Out___:___
Computer Classes held at Central Campus on 2800, 2nd floor

Wed: 8am-12N ☐ **Acute Care: Ancillary (Non-Nurses): 2800B**
Wed: 12:45 – 4:00pm ☐ **Acute Care & ADT (Nurses) 2800B**
Thursday 8am – 4:00pm ☐ **Acute Care: Clin Doc & eMAR**

CPR CERTIFICATION

CPR Class: Date/Time ____________
☐ Certification 12-4 ☐ CPR Recert (2hrs)
CO. Sig: ____________
☐ **AHA card: Exp. Date:** ______

On Line Net Learning CBL Modules: Complete & Print transcript at the end of Orientation week to give to your Manager
Refer to CBL Handout given in Clinical Orientation
CORE competencies to be done by all employees/Nurses complete all modules

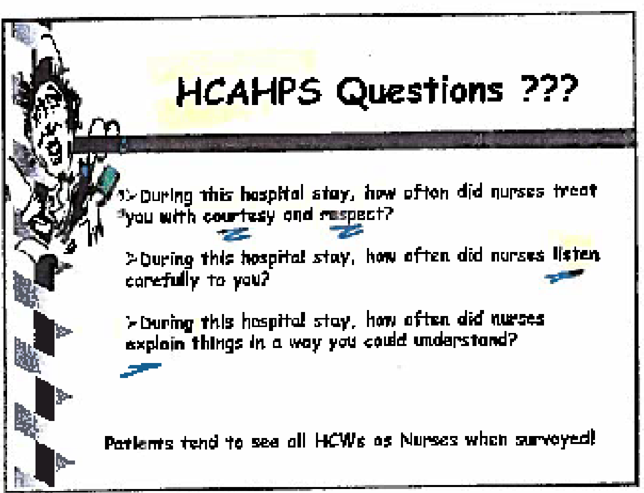
Orientation File:
Attach the **white copy** of this form to your orientation paper work and give to your manager at the end of Clinical Orientation in order to be paid for Orientation. Make sure to fill in all times.
The **yellow copy** is for you personal records, and the **pink copy** goes to the Clinical Orientation Coordinator.

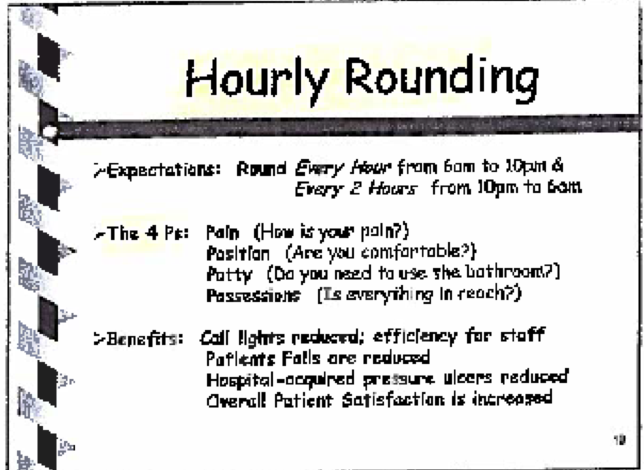
I certify this record to be accurate and complete.

Employee Signature ______________________ Date ____________

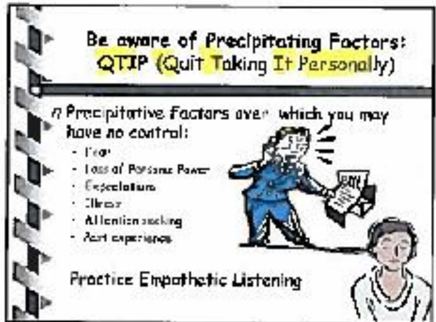
Clinical Coordinator Signature: ______________________ Date ____________

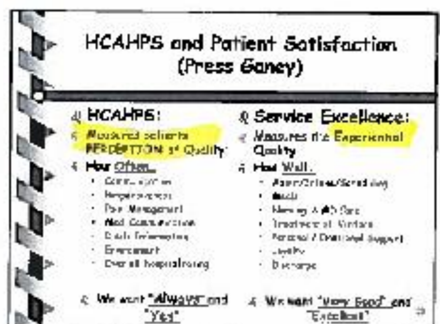
Appendix D: HCAHPS and Rounding Slide

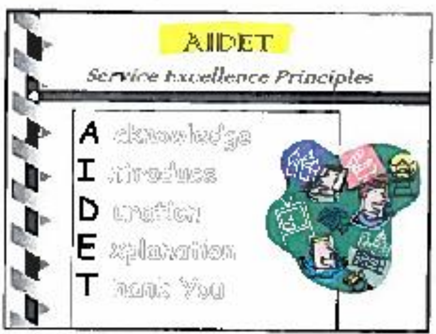




Appendix E: Communication Slides







Appendix F: New Partner Orientation Form

DEKALB REGIONAL HEALTH SYSTEM
NEW PARTNER ORIENTATION RECORD

NAME______________________________ **ORIENTATION DATE**____/____/____

EMPLOYEE # ______________ **DEPARTMENT**______________________________

TIME IN: 7:45 am **TIME OUT** 4:15 pm **TOTAL HOURS (LESS 30 MINUTES FOR LUNCH)** ________

ORIENTATION ACKNOWLEDGEMENT

I certify that:

- I attended the General Orientation program which included the following information:
  - ☐ Executive Welcome: Organization, Governance, Mission, Vision, Values, and Goals
  - ☐ Cultural Diversity and Sensitivity
  - ☐ Patient Rights and Quality of Care
  - → ☐ Service Excellence/Standards of Performance
  - ☐ Corporate Compliance and Ethics
  - ☐ Technology: Client Services, Lotus Notes/iNotes, Information Security, Computer Basics
  - ☐ Annual Updates (Infection Control, Environment of Care, Standards of Performance, Body Mechanics, etc)
- I received a copy and read the New Partner General Orientation Handbook

STAFF RIGHTS

Note: PRB 5450: Mechanism for Staff Rights and the Employee Handbook contain detailed information about Staff Rights.

I understand that:

- I have the right to request not to participate in an aspect of care or treatment of patients, and that my request may or may not be granted.
- I am required to notify my supervisor of any request not to participate in an aspect of patient care and treatment and that my request may or may not be granted and that while my request is being considered, I must continue to ensure patient safety.
- Patient care and patient safety take priority and must be ensured at all time.
- PRB 5450 contains the Grievances and Personal Concerns Resolution information pertaining to Staff Rights.

ORIENTATION ACKNOWLEDGEMENT

I hereby acknowledge that my signature signifies I have that I have read and received the New Partner General Orientation Handbook and I agree to abide by and comply with the Standards of Professional and Business Conduct contained therein. I hereby acknowledge that it is my responsibility to read and become familiar with the Employee Handbook and all policies located online.

Signed ______________________________ Date ______________________

STAFF RIGHTS

I hereby acknowledge that my signature indicates that I have read and agree to abide by the Staff Rights Information above.

Signed ______________________________ Date ______________________

*****READ THE INFORMATION ON THE REVERSE OF THIS FORM THEN SIGN BELOW.*****

CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

I hereby acknowledge that my signature indicates that I have read, understand, and will follow the requirements stated in the Confidentiality and Non-Disclosure Agreements on the reverse of this form and that this form will be maintained in my permanent personnel file.

Signed ______________________________ Date ______________________

Distribute copies of this form as follows:
Original (White Copy) = Manager/Supervisor **Yellow Copy = New Partner Copy**

Appendix G: General Orientation Evaluation Form

DeKalb Medical

General Orientation Evaluation Form

Date of Orientation: ______________________

Please answer the following questions. Use additional space on the back if needed:

1. What part of General Orientation was <u>most</u> helpful?

2. Which part of General Orientation was the <u>least</u> helpful?

3. What were you expecting to learn that was not covered?

4. Rate each presentation/activity below:

	Excellent 5	4	3	2	Poor 1
Welcome, Autograph Hounds	☐	☐	☐	☐	☐
"Be Nice" (Service Excellence)	☐	☐	☐	☐	☐
Security	☐	☐	☐	☐	☐
Diversity and Sensitivity	☐	☐	☐	☐	☐
Executive Welcome	☐	☐	☐	☐	☐
Compliance and Privacy	☐	☐	☐	☐	☐
PEACH / DM Foundation	☐	☐	☐	☐	☐
Quality	☐	☐	☐	☐	☐
Benefits	☐	☐	☐	☐	☐
Welcome Fair	☐	☐	☐	☐	☐

5. Please rate the following aspects of the orientation program:

	Excellent 5	4	3	2	Poor 1
Room	☐	☐	☐	☐	☐
Morning coffee	☐	☐	☐	☐	☐
Lunch	☐	☐	☐	☐	☐
Making You Feel Welcome	☐	☐	☐	☐	☐

6. Please rate your agreement with this statement:
General Orientation has given me the basic skills and information I need to be successful at DeKalb Medical.

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

7. How can we improve General Orientation?

Appendix H: Annual Review Form

CLINICAL COMPETENCE

Medical-Surgical/Telemetry RN/LPN

Employee Name: ____________________ Employee number: _____

Passport/Competency Validation Series	YES	NO
Annual CBLs completed		
Annual health screen completed		
Annual skin care workshop		
Unit specific competency completed		
Influenza/Pneumonia		
Diabetes		
Falls		
Diabetes Management		
Mock Event/Code blue/PIT/Code Cincinanati		
Dysphagia skills review		
Pain Management		
Communication (lateral violence, conflict in the work place, respectful communicator, Service Recovery: The right words at the right time		
Documentation: Plan of Care		
Passport competency completed on time		

Comments:____

Educator/CNS Signature:______________________ Date:__________

Nurse Manager Signature: ______________________ Date:__________

Appendix I: Job Description

DEKALB MEDICAL
CLINICAL MANAGER JOB DESCRIPTION

Job Title:	Nurse Manager	Job Code:	
Department Name:	PCS – Medical Surgical Service Line	Department Number:	10-6470
Departmental Approval Date:	11-23-13	HR Approval Date:	11-23-13

JOB SUMMARY:

Provides patient care, treatment, and services within the scope of their license, certification, registration, and/or assessed competencies. Practice will be in accordance with laws and regulations and will adhere to established policies, procedures and practice guidelines.

* **JOB RESPONSIBILITIES:**

Nothing Specific To Customer Service

1. Manages departmental staff within established budget to facilitate effective services as follows:
   - Recruits, selects, trains, and supervises departmental staff. Evaluates performance, making recommendations for personnel actions and motivation of employees to achieve superior performance.
   - Oversees time and attendance coordination for assigned staff, including monitoring overtime and productivity
   - Develops and monitors departmental budget. Ensures appropriate provision and utilization of departmental resources.
   - Actively participates in setting, monitoring and achieving goals for the department.
   - Promotes and facilitates continuous quality improvement activities to ensure the provision of and improvement upon safe and quality patient care.
2. Participates in supporting the organization's vision, mission and values and adheres to DeKalb Medical Standards of Behavior.
3. Performs other duties as assigned to meet the goals and objectives of DeKalb Medical.

QUALIFICATIONS

Minimum Education, Experience and Licensure Required:

- BSN

Skills, Knowledge and Abilities:

- Performs skills and competencies as defined in orientation checklist and annual departmental competency checklist if applicable.
- Demonstrates and maintains competencies specific to patient population served.

REPORTING RELATIONSHIPS:

Reports to: Executive Director Medical-Surgical Service Line

Positions Supervised or Directed:
Clinical Coordinators, RNs, PCTs, OSAs

PATIENT POPULATION SERVED: (check applicable populations):

Infant (Birth to 1 Yr.)		Pediatric (1-12 Yrs.)		Adolescent (13-17 Yrs.)		Adult (18-64 Yrs.)	x	Geriatric (65 Yrs & Older)	x

Appendix J: Questionnaire for Newly-Hired Nurses

	Disagree		Agree
During my initial orientation in General Orientation, I gained a clear understanding of patient satisfaction and why it is important.			
I have a clear understanding of the definition of patient satisfaction			
I understand why patient satisfaction is so important			
I know the strategies used by Dekalb Medical Center to achieve top patient satisfaction scores			
During my unit-orientation my preceptor reviewed the organization's expectations for providing customer service			
During my unit-orientation my nurse manager reviewed the organization's expectations for providing customer service			
I know my unit's overall score for patient satisfaction			
I know what comprises Press-Ganey's domain for *Nurse Communication*			

Appendix K: Questionnaire for Nurse Manager **I've been at this organization for = ______years _______months**	Disagree		Agree
I've been Nurse Manager for =			
I received a job description prior to accepting my nurse manager position.			
The job description clearly described my responsibilities related to customer service			
I am an Associate-degree graduate			
I have a BSN			
I have a MSN (or other master's degree)			
WHY is patient satisfaction important?			
During my orientation/tenure I spent one-on-one dedicated time with the service excellence coach.			
If hospitals fail to achieve targeted patient satisfaction scores, they will lose: [ ] 15% [ ] 20% [ ] 30% of reimbursements for patient care/service			
I, consistently, make daily rounds on my staff			
I, consistently, send weekly "thank-you"/recognition cards to my staff			
I, consistently, make daily patient rounds			
I know how to coach employees for performance improvement			
My unit preceptors talk to new employees about customer service			
I meet with new employees one-on-one during the 1st 90 days			
I am comfortable coaching others in customer service			
I clearly understand the service excellence/customer service program at Dekalb.			
Overall, I rate the service excellence/customer service program at Dekalb as:[ ] Excels [ ] OK [ ] needs improvement			

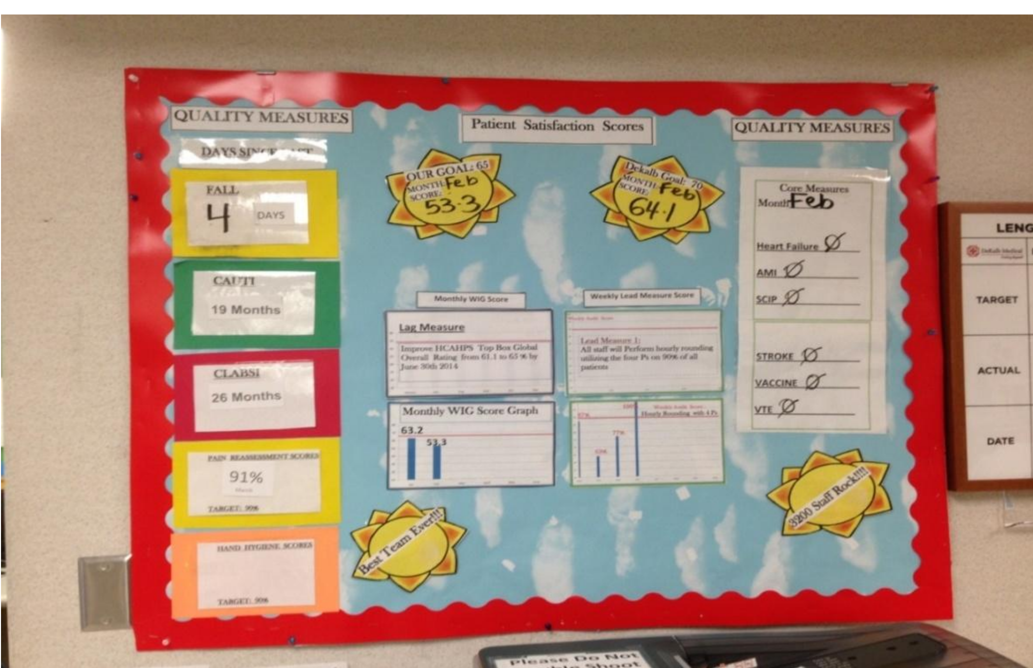
Appendix L: Results for Nurse Manager Questionnaire

time at Dekalb	Nurse Manager for how long?	experienced N. Mgr before taking position	received job desc before taking position	job dscrp described customer service duties
2 yrs	1 yr	no	yes	yes
11 yrs	4 yrs	no	yes	unknown
15 yrs	3 yrs	yes	no	no
2.5 yrs	16 yrs	yes	yes	yes
1 yr	1 yr	yes	yes	no
6 yrs	20 yrs	yes	no	yes
33 yrs	8 yrs	no	yes	yes
25.5 yrs	1.5 yrs	no	no	yes

my degree is:	I needed help/mentoring for the position	during orientation I had 1-on-1 time with service excellence coach	hospitals will lose what % if failing pt sats scores	my preceptors talk to new employees about customer service
BSN	yes	no	20%	no
BSN	yes	no	20%	yes
MSN	no	no	unknown	yes
BSN	no	yes	20%	yes
BSN	yes	no	20%	yes
MSN	yes	no	30%	yes
ASN	yes	no	15%	no
MSN	yes	no	20%	yes

daily pt rounds made	daily staff rounds made	thank you cards sent weekly to staff	comfortable with coaching staff in customer service	rated service excellence program at Dekalb as
yes	yes	no	yes	Ok
yes	yes	no	yes	Ok
yes	yes	no	yes	Ok
yes	yes	no	yes	Ok
yes	yes	no	no	needs improvement
no	yes	no	yes	needs improvement
Yes	no	yes	yes	Ok
Yes	yes	no	yes	Excels

Appendix M: Patient Satisfaction Board



Appendix N: S.M.I.L.E. Poster

Appendix O: S.M.I.L.E. Audit Tool for Interviewing Patients

Inpatient SMILE Rounding Log (2015)

Leaders Name: ______________________ **Unit:**______________ **Date:** ______________

Hello, my name is __________________. I am the Nurse Manager/Nurse Leader here on the ______. I like to check in with our patients daily to make sure we are meeting your needs and providing you with very good care. Do you have a few minutes that I can talk with you about your care experience?

Room #	Check White Board Check -RN Name -CP Name -Care Plan (SMILE) Are the Staff polite and friendly? And treat you with courtesy and respect?	(MEET) & (INTRODUCE) Did your nurse & assistant introduce themselves when they came in the room?	We want to LISTEN to you and explain all the tests and treatments AND keep you informed. Do you feel like the staff listen to you?	(EXPLAIN) Have we been answering your questions in a way you understand ??	Responding to your needs is very important to us. Are we responding to your call /call light in a timely manner?	Is there anyone you would like to recognize for providing very good care? (send this person a "thank you" card)	Do you have any questions about Going home and taking care of yourself when you are discharged?	Is there anything You think we can do better?	-Thank you for choosing DEKALB MEDICAL CENTER for your healthcare -Tell pt about the survey & would Appreciate It if it is Completed & returned
	Y / N	Y / N	Y / N	Y / N	Y/ N				
	Y/ N	Y / N	Y / N	Y / N	Y/ N				
	Y/ N	Y / N	Y / N	Y / N	Y/ N				
	Y/ N	Y / N	Y / N	Y / N	Y/ N				
	Y / N	Y / N	Y / N	Y / N	Y/ N				

Appendix P: Audit Tool for Behavioral Compliance

SMILE COMPETENCY TOOL

S.M.I.L.E.

- **SMILE to create a pleasing environment**
- **MEET everyone in the room**
- **Introduce self & explain role for shift**
- **Listen intently to patient & family**
- **Explain in terms easily understood**

AIDET

- Acknowledge everyone
- Introduce self
- Demonstrate *courtesy & respect*
- Explain
- Thank patient

Name:	**Department:**
Observer:	**Date:**

[ ] **Excels at Communication**	[ ] **Competent at Communication**	[ ] **Repeat Observation needed**

AIDET/COMMUNICATION ASSESSMENT		
Yes	No	Wears name tag at chest level
Yes	No	Knocked before entering room
Yes	No	Washed hands upon entering room (if appropriate)
Yes	No	Called patient by last name (unless pt agrees to first name)
Yes	No	**SMILES** (demonstrates body language that is friendly, courteous, respectful)
Yes	No	**MEETS** others in the room by saying hello to them; makes eye contact
Yes	No	**Introduced** self and role and managed up self (yrs experience; certification)
Yes	No	**LISTENS** to patient/family (makes eye contact & does not do other tasks while listening)
Yes	No	**EXPLAINS** things in a way patient/family easily understands; answers questions
Yes	No	White Board is current
Yes	No	Patient understands how to call for nurse by using phone number
Yes	No	If appropriate for the visit; Sat down at bedside (ask permission to sit)
Yes	No	Displayed good eye contact and listening skills
Yes	No	Allowed patient/family to speak without interruption
Yes	No	Managed up physicians, nursing, clinical partners, and /or support services
Yes	No	Asked about pain or discomfort
Yes	No	Used key words: safety, comfort, personal needs, keep you informed, explain in a way that you understand, answer your questions
Yes	No	Assessed room for safety and comfort; temperature, noise, cleanliness, trash
Yes	No	Asked patient if he/she has additional questions
Yes	No	Asked patient "is there is anything I can do before leaving?"
Yes	No	Demonstrated positive and caring attitude; respectful

Observer Recommendations:

Appendix Q: Audit Tool for Project Presentation

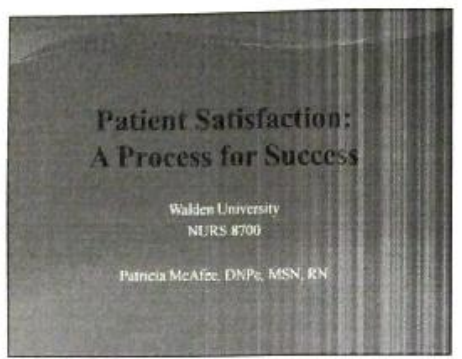
Responses are anonymous.
Candid answers will be most helpful for the success of the project.

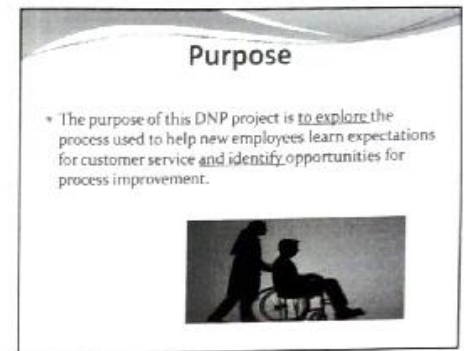
	Disagree		Agree
The presenter clearly described to **purpose** of the presentation			✓
The presenter met the following **objectives:**			
Explore the current status of patient satisfaction/customer service within the organization			✓
Identify opportunities for improvement for patient satisfaction/customer service at organization			✓
Develop useful tools for the organization for patient satisfaction/customer service			✓
The slides were pleasing to the eye			✓
The slides were to the point and concise (did not contain too much information on each slide)			✓
The information on the slides was easy to understand			✓
The presentation flowed well, transitioning from one idea to the next			✓
If hospitals fail to achieve targeted patient satisfaction scores, they will lose: [ ] 15% [ ] 20% [✓] 30% of reimbursements for patient care/service			✓
S.M.I.L.E. is a useful acronym for improving patient satisfaction			✓
Overall, the presentation was: [✓] Excellent [ ] adequate [ ] needs improvement			

Comments regarding the Presenter's style of presenting the information/suggestions for improvement:

Thank you for your participation.
Pamela McAfee

Appendix R: PowerPoint Slides for Project Presentation





Practice Problem

- Patient satisfaction is a reportable requirement:
  - Failing to achieve targeted patient satisfaction scores comprise 30% of weighted scoring for reimbursements for hospitals.
    - 1-2% reduction in reimbursements for failing to hit target
  - Dissatisfied patients more likely to **file** suit.
  - Lagging scores have **correlation** with low staff satisfaction, higher turnover rates, difficulty in recruitment of quality employees, and interferes with quality of care [illegible]

Project Objectives

- **Explore** the current status of patient satisfaction within the facility
- **Analyze** findings
- **Identify** opportunities for improvement
- **Develop** tools to support the drive for top patient satisfaction

Research Questions (RQ)

- RQ1: What does the organization do to teach expectations for customer service?
- RQ2: Is the current process effective?
- RQ3: What changes are needed to improve communication of customer service expectations?

Quality Improvement Model

P-D-S-A

- Plan
- Do
- Study
- Act

S-A-P-D

- Study
- Act
- Plan
- Do
- model supported researching & analyzing (study) the topic and developing recommendations for improvement (act)
- Plan & Do – discretion of leadership to implement

Research composed of

- Literature review to discover evidence-based strategies for customer service
- Reviewed documents used for:
  - Pre-hire screening
  - General Orientation
  - Unit-specific Orientation
  - Job descriptions
  - Annual Competency reviews
- Questionnaire sent to new employees
- Questionnaire to nurse managers
- Comparison and analysis of current process with evidence-based strategies

What IS patient satisfaction??

Definition

- Patient satisfaction is based on ***the meaning*** each individual gives to the health care experience (Press, 2006)
- It varies from individual to individual and experience to experience.
  - Respect, communication, explanations (Press Ganey Survey)

What do patients expect??

Safe, quality treatment

Clean, quiet environment

Quality food selections

Courteous & respectful staff

Theories supporting Patient Satisfaction

- Adaptation Theory: Sister Callista Roy
  - Persons as holistic adaptive systems interacting with internal & external environment.
- Caring Theory: Jean Watson
- Cultural Caring: Madeleine Leininger

Changes in Healthcare

- **1997**: Advisory Commission on Consumer Protection and Quality in the Health Care Industry
  - Patient's Bill of Rights: grievance processes; respect
- 2002: Survey developed
- 2006: started using survey; voluntary
- 2008: began reporting results

[illegible]

Continued focus

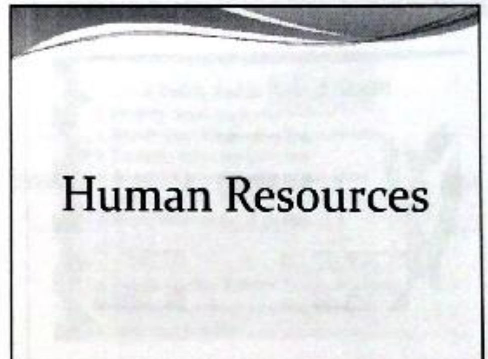
- 2010: Affordable Care Act:
  - Increase quality & affordability
  - Support & expand control of consumer
  - Increased requirement of reporting of data

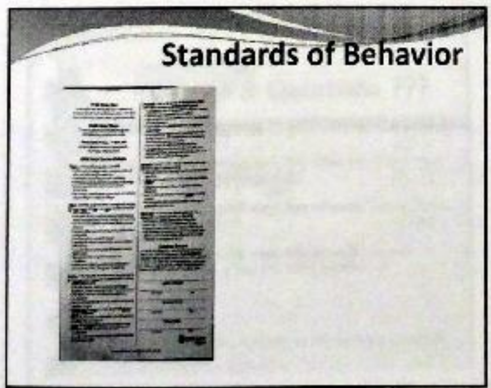
RQ1:

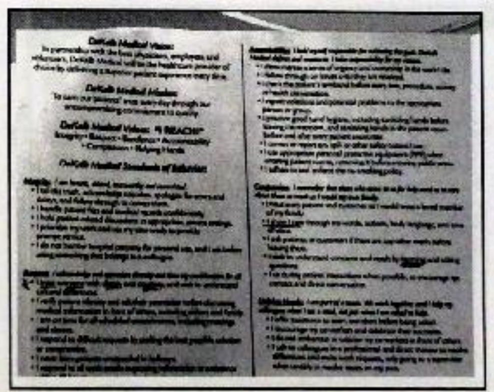
What does the organization do to teach expectations for customer service?

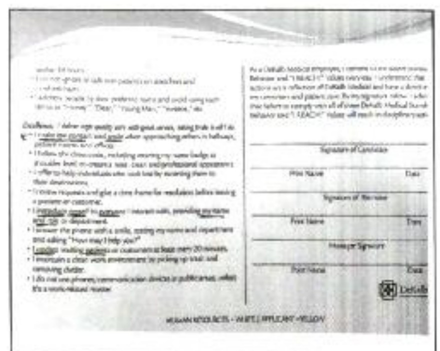
Process at Dekalb

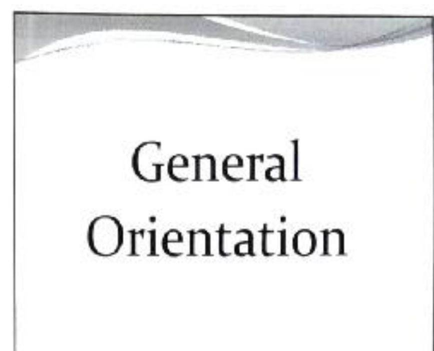
- Human Resources
- New employee orientation
- Unit orientation
- Ongoing projects, reminders
- Annual competencies

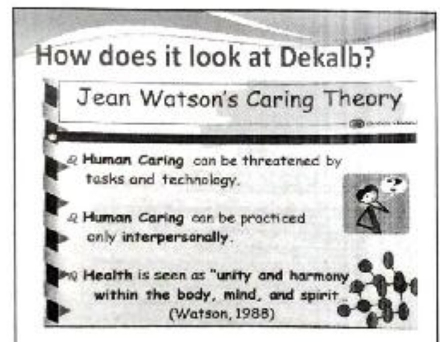


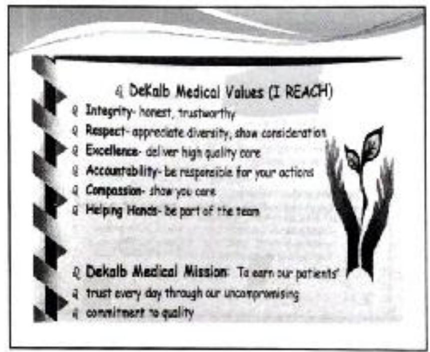


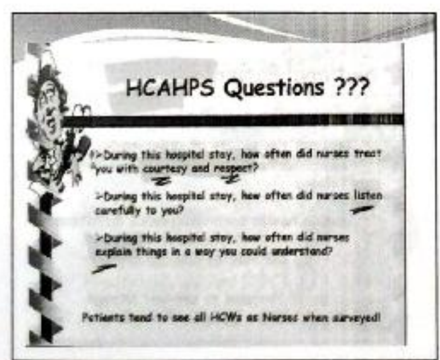


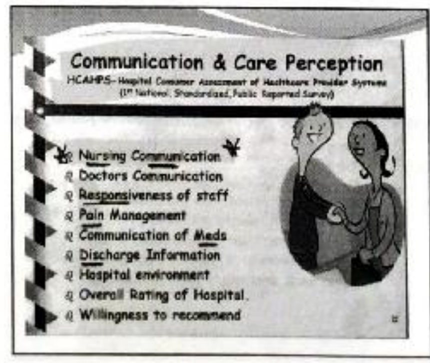

Signature of Candidate
Print Name
Date
DeKalb

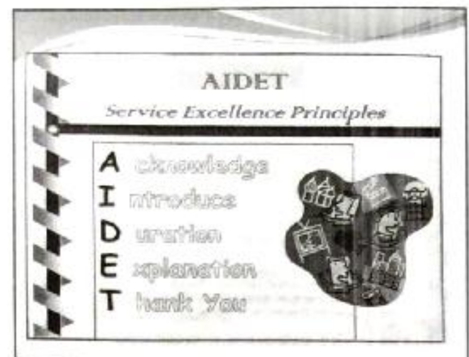

General
Orientation

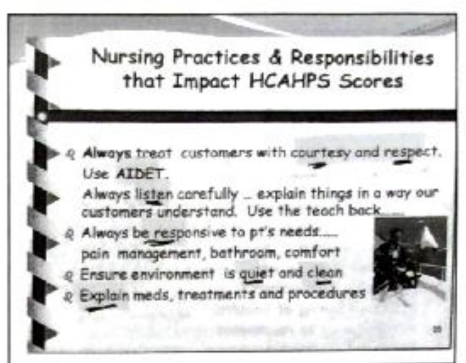

How does it look at Dekalb?
Jean Watson's Caring Theory
Human Caring can be threatened by tasks and technology.
Human Caring can be practiced only interpersonally.
Health is seen as "unity and harmony within the body, mind, and spirit
(Watson, 1988)

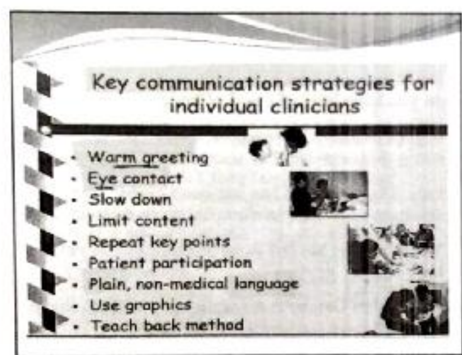

DeKalb Medical Values (I REACH)
Integrity- honest, trustworthy
Respect- appreciate diversity, show consideration
Excellence- deliver high quality care
Accountability- be responsible for your actions
Compassion- show you care
Helping Hands- be part of the team
Dekalb Medical Mission: To earn our patients'
trust every day through our uncompromising
commitment to quality

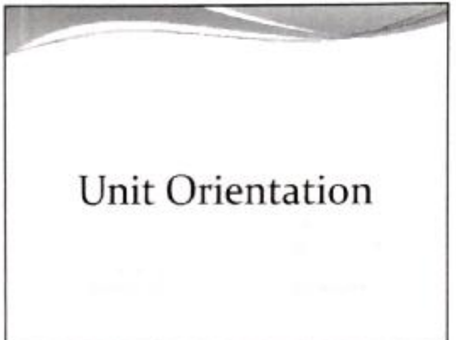

HCAHPS Questions ???
>During this hospital stay, how often did nurses treat you with courtesy and respect?
>During this hospital stay, how often did nurses listen carefully to you?
>During this hospital stay, how often did nurses explain things in a way you could understand?
Patients tend to see all HCWs as Nurses when surveyed!

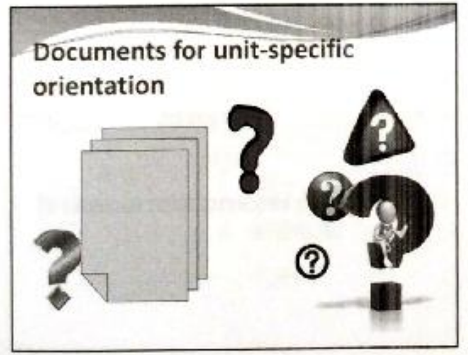

Communication & Care Perception
HCAHPS- Hospital Consumer Assessment of Healthcare Provider Systems
(1st National, Standardized, Public Reported Survey)
Nursing Communication
Doctors Communication
Responsiveness of staff
Pain Management
Communication of Meds
Discharge Information
Hospital environment
Overall Rating of Hospital.
Willingness to recommend

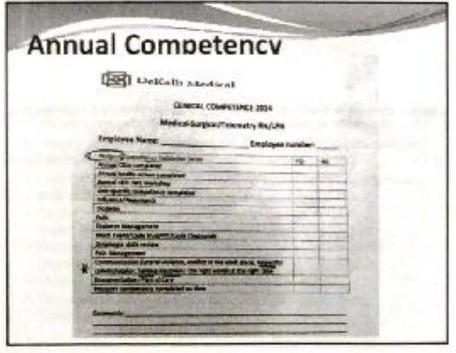

AIDET
Service Excellence Principles
A cknowledge
I ntroduce
D uration
E xplanation
T hank You

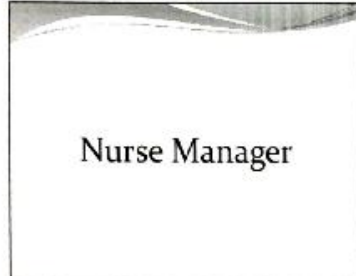

Nursing Practices & Responsibilities that Impact HCAHPS Scores
Always treat customers with courtesy and respect. Use AIDET.
Always listen carefully … explain things in a way our customers understand. Use the teach back…..
Always be responsive to pt's needs….. pain management, bathroom, comfort
Ensure environment is quiet and clean
Explain meds, treatments and procedures

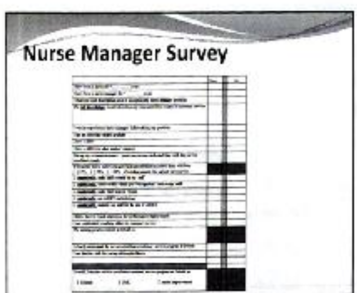

Key communication strategies for individual clinicians
Warm greeting
Eye contact
Slow down
Limit content
Repeat key points
Patient participation
Plain, non-medical language
Use graphics
Teach back method

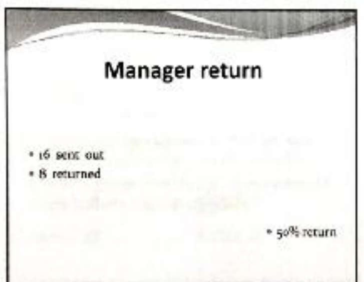

Unit Orientation

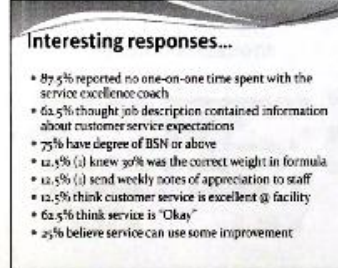

Documents for unit-specific orientation

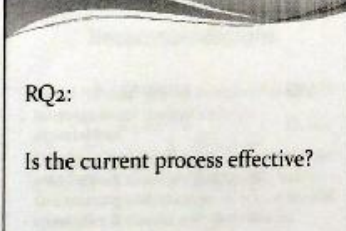

Annual Competency
DeKalb Medical











Questionnaire for employee

- During my initial orientation in General Orientation, I gained a clear understanding of patient satisfaction and why it is important.
- I have a clear understanding of the definition of patient satisfaction
- I understand why patient satisfaction is so important
- I know the strategies used by Dekalb Medical Center to achieve top patient satisfaction scores
- During my unit-orientation my preceptor reviewed the organization's expectations for providing customer service
- During my unit-orientation my nurse manager reviewed the organization's expectations for providing customer service
- I know my unit's overall score for patient satisfaction
- I know what comprises Press-Ganey's domain for Nurse Communication

New employee questionnaire

- 29 sent out
- 11 returned

Information was sent out 3 times via Survey Monkey over the course of 3 weeks.

RQ3:

What changes are needed to improve communication of customer service expectations?

Recommendations

- Tell employees the **history** of patient satisfaction **&** **why** it is important
- Develop specific module about customer service to use during general orientation
- During general orientation, show sample of unit bulletin board & explain it

Recommendations

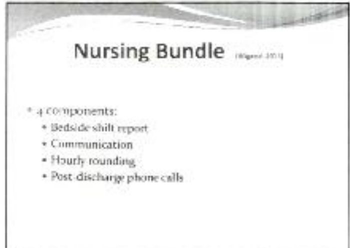
- Use standardized unit-competency tools with customer service language
- Continue Executive Leader rounding & increase presence by visiting patients
- Use rounding tools to standardize performance

Recommendations

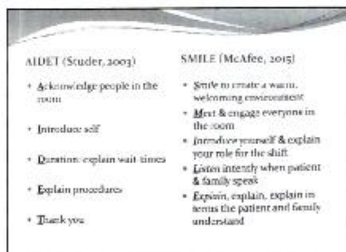
- Revise job descriptions to include specific language about customer service expectations
- Develop a structured, consistent orientation plan for each employee and include face-to-face meeting with manager to review the HR attestation & discuss unit expectations.

First day on the unit:

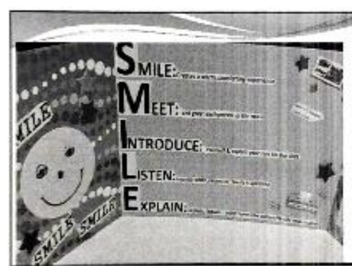
- spend a few hours with Manager
  - Review expectations
  - Review satisfaction board
  - Time for questions
  - Provide tour & introductions



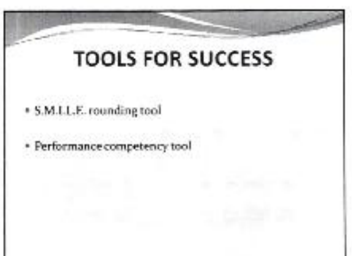
Nursing Bundle
4 components:
Bedside shift report
Communication
Hourly rounding
Post-discharge phone calls



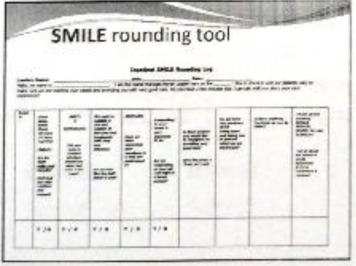
AIDET (Studer, 2003)
Acknowledge people in the room
Introduce self
Duration: explain wait times
Explain procedures
Thank you
SMILE (McAfee, 2015)
Smile to create a warm, welcoming environment
Meet & engage everyone in the room
Introduce yourself & explain your role for the shift
Listen intently when patient & family speak
Explain, explain, explain in terms the patient and family understand



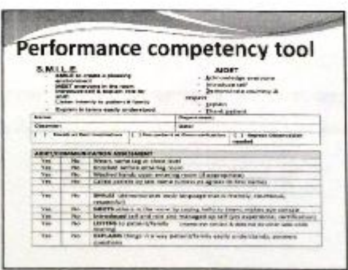
SMILE:
MEET:
INTRODUCE:
LISTEN:
EXPLAIN:



TOOLS FOR SUCCESS
S.M.I.L.E. rounding tool
Performance competency tool



SMILE rounding tool



Performance competency tool

Quint Studer (2010)

- Successfully providing great service requires:
  - **Knowing** what great service looks like
  - **Training** employees to provide great service
  - **Holding employees accountable**
    - Hold them accountable for attitude & communication

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