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Incorporation of the Caring Moment in Scripting

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This is to certify that the doctoral study by

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Abstract

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Project Submitted in Fulfillment

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Abstract

A large healthcare system in Texas mandated scripting as way to improve patient satisfaction. The purpose of this project was to incorporate a caring moment into scripting by the nursing staff to improve patient satisfaction. The project was guided by Watson's caring theory, the adult learning theory, and Lewin's planned change theory. All 35 nurses from the primary care and specialty care outpatient clinics of the Texas healthcare system participated in a staff development training to learn how to incorporate a caring moment into their script. Of these 35 nurses, 13 (37%) chose to complete the pre-education and postproject surveys. The pre-education survey indicated that nurses (30%) used the scripting almost all the time or all the time with each nurse–patient interaction. At the end of the project, the postproject survey resulted in 12 (92%) nurses who used the script almost all or all the time. At the end of the project the Healthcare Effectiveness Data and Information Set Patient Satisfaction Survey data indicated a 1% decrease in satisfaction with communication, a 9% increase in self-management support, and a 1% increase in care coordination. There was no statistical difference in the patient satisfaction scores over the project's 3-month time frame. Staff development training may lead to a positive social change for patient care as a result of nurses' understanding that interacting in a caring manner with patients makes a positive difference in patient satisfaction. The Texas health care system nurses realize that they can apply Watson's caring theory to guide nursing practice and to express caring for patients' physical and emotional needs during the outpatient appointments.

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Dedication

This is dedicated to my husband and siblings as they have always believed that I could be whatever I wanted to as long as I set my mind to it. Thank you!

Acknowledgments

I want to thank my husband and siblings for believing in me and being my cheerleaders throughout this DNP program. I would also like to express my appreciation to Dr. Linda Matheson, my project chair, for her patience and enthusiasm for this project. Without each and every one of you believing in me I could not have obtained my goals.

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Introduction

In today's busy society, healthcare organizations focus on the economics of healthcare with medical science and the application of treatments as the motivation for the treatment and care of patients (Watson, 2006). However, the patient's thoughts and feelings while dealing with their illness may be left out of the equation with this type of approach (Watson, 2006). There is a positive association of increased patient satisfaction scores when the patient feels that the nurse has taken care of his or her physical and emotional needs in a holistic, honest and compassionate manner (Brewer & Watson, 2015; Dudkiewicz, 2014; Keeley, Wolf, Regul, & Jadwin 2015; Palese et al., 2011). If the nurse does not interact with the patient in a holistic manner, the patient can leave the appointment or hospital feeling dissatisfied. This dissatisfaction is reflected in lower patient satisfaction scores (United States Department of Veterans Healthcare Affairs, 2016).

In 2012, the Centers for Medicare and Medicaid (CMS) (2014) implemented a pay schedule for health care facilities reflective of their patient satisfaction scores. If a facility has high patient satisfaction scores, it will receive the highest rate of pay for the services it provides to their patients. If the health care facility has lower patient satisfaction scores, CMS reduces the payments to that healthcare facility. Thus, healthcare organizations have searched for ways to improve their patient satisfaction scores (Sherman, 2012).

Many healthcare organizations looked towards the business sector to see if techniques used to improve customer satisfaction scores were transferable to the health care field (McEwen & Dumpel, 2010). One such technique is called scripting. Scripting has been used successfully within the business industry and has demonstrated higher customer satisfaction scores for many years (McEwen & Dumpel, 2010). The scripted message approach was created to provide the customer with the perception that he or she is a valued customer. The healthcare industry reasoned that scripting might also work with patient satisfaction, and studies supported that there was indeed a higher patient satisfaction of the interaction when staff used scripted messages (Berkowitz, 2016; Fuller, 2009; Handel, et al., 2010; Moody et al., 2013; Seeber, 2012). The strategy provides nursing staff with specific verbiage to use during their interactions with their patients (Fuller, 2009). This technique ensures that during the nurse/patient interaction, the patient receives consistent information from every employee during every interaction. Using this knowledge, a healthcare organization in Texas chose to implement scripting to improve their patient satisfaction scores. However, one of the greatest barriers for the use of scripting has been the nurse's reluctance to implement the intervention due to concern for loss of professional autonomy and the ability to serve as a patient advocate (Brewer & Watson, 2015; Fights, 2012; Hader, 2003; McEwen & Dumpel, 2010).

Problem Statement

Recently, a nation-wide healthcare organization in Texas joined other healthcare facilities to require mandatory scripting for the nursing staff during their interactions with patients. Patient satisfaction scores at the healthcare project site were 49%, which is

significantly below the national benchmark scores of 74.9% (United States Department of Veterans Healthcare Affairs, 2016). In January 2016, a large federally funded hospital implemented mandatory scripting for the nursing staff in the emergency department, inpatient units, and outpatient clinics for the use with patient interactions. The nurses remained steadfast in their objections to the use of scripting and persisted in their efforts to explain their concerns that the use of scripting is cold and uncaring and strips them of their autonomy to care for their patients in a caring manner. The nurses of this hospital resisted this directive and employee satisfaction declined while patient satisfaction scores remained unchanged.

Purpose of the Project

The purpose of this staff education project was to formulate a script that was acceptable to nurses through the incorporation of a caring moment into the scripting process. Thus, increasing the nurses use of the scripting during their interactions with the patients so that the patient satisfaction scores would increase. Scripting for nursing staff is a relatively new practice. However, there are several research articles that reference the nursing staff's resistance to this evidence-based practice (Bellury, et al., 2018, Cope, Jones, & Hendricks, 2016, Drahnak, 2015, Fuller, 2009, McEwen & Dumpel,2010 & Radtke, 2013).

Several years ago, the organization's nursing staff identified Watson as the nursing theorist to guide their practice. An integral component of Watson's caring theory is the caring moment, which is defined as the nurse being authentically present during the patient and nurse interaction (Brewer & Watson, 2015). The caring moment is the human

to human connection of the nurse with the patient during the interaction where the total focus of the nurse is of the whole patient (mind, body, and spirit) (Watson's Caring Science Institute, 2010). Watson stated, "By being authentically present while scripting during the interaction the nurse has the ability to communicate in a caring manner with the patient: and the patient feels cared for" (personal communication, July 13, 2016). The premise of this project was that since these nurses were already familiar with Watson's caring moment, incorporating the caring moment into the scripting would reduce their resistance to using the scripting and that incorporation of a caring moment into the nurse's scripting would improve the patient's satisfaction of these interactions.

Two objectives were established for this staff education project. The first objective was to introduce the addition of a caring moment into the verbiage of the mandatory scripting with the thought that once the nurses were able to personalize the scripting to fit their interactions with the patient, the nurses would find the scripting more palatable and would use it consistently. The second objective was to increase the use of scripting by the nurses in such a way that the patient receives a consistent educational message and felt cared for by the nursing personnel. It was hoped that the combination of these two objectives would result in a decrease in the nursing staff's resistance to incorporate the scripting into each interaction with the patient. It was ultimately hoped that the attainment of these objectives would result in improved the patient's satisfaction with his or her outpatient appointment.

Nature of the Doctoral Project

Scripting has been shown to be an evidence-based way to improve patient satisfaction during their interactions with nursing staff (Berkowitz, 2016; Fuller, 2009; Handel, Daya, York, Larson, & McConnell, 2010; Moody et al., 2013; Seeber, 2012). The purpose of the educational project was to encourage nurses use of the mandatory scripting by incorporating a caring moment into the script. The possibility that the staff education program on scripting with a caring moment would improve nursing knowledge, skills and confidence on the use of scripting was an aspiration of the Doctor of Nursing practice (DNP) project. Pre- and post- education surveys were conducted regarding the nurses' beliefs regarding scripting, as well as if the nurses were using the mandatory scripting during their interactions with their patients. The pre-education survey results indicated that most of the nursing staff of this outpatient setting were not using the scripted message during their interactions, citing their belief that scripting reduced their ability to care for their patients holistically. Prior to the start of this project, the patient satisfaction survey scores reflected that the initiation of scripting had not improved the patient satisfaction scores at the facility. Therefore, patient satisfaction scores were evaluated after the education to determine if the staff education influenced the scores.

Significance

Human caring is the primary focus in professional nursing (Roach, 2002; Smith, Turkel, & Wolf, 2012; Smith, Wolf, Miller, & Devine 2003). However, in the last few years the healthcare industry has turned its attention to patient satisfaction as one of the main quality measures for all healthcare encounters without regard to the nursing staff

basic beliefs in the care of their patients (Watson, 2009). Through this project, I postulated that if nurses could include a caring interaction in their script the patient satisfaction scores would improve, as the organization's scores were much lower than the national benchmark.

The project's purpose was to increase nurses use of the scripting to improve patient satisfaction scores. The nursing staff education program on scripting with a caring moment was the primary focus for the performance improvement project. The use of a caring moment into the scripting correlated with the healthcare industry's goal of higher patient satisfaction scores with the nurse's primary focus of human caring. The potential for positive social change was a cultural change in the way that nurses look at the business side of healthcare. Most nurses do not understand that what they do during their interactions with the patients has significance to the financial impact for the hospital. Through this project, the nurses at this outpatient facility were able to make the connection that using the scripted message while incorporating a caring moment had the potential to increase patient satisfaction with the interaction. An additional positive social change was the change in culture for the nurses, as they now understand that using a nursing theory within their nursing practice is possible. One of Watson's (2012) caritas stated: "caring changes self, others and the culture of groups/environments" (p. 245). Translating the caring theory into practice by nurses' intentional, conscious use of the caring moment with each patient brought a culture change to this ambulatory care unit. The nurse manager stated, "the nurses are not only treating the patients authentically, but this caring approach has also transcended to treating each other in a kinder manner"

(personal communication, October 1, 2017). Should the project be continued to include the different areas of nursing staff within this facility and future statistical data confirm an increase patient and nursing satisfaction, this project could be expanded to the other regions of this federal healthcare organization.

Summary

While there is evidence to support the use of scripting, the barrier identified as resistance exhibited by nurses to use scripting is based on the belief that nursing should provide holistic are for the patient (body, mind and spirit) (Watson & Brewer, 2014). I studied the results of the staff training that incorporated the caring moment into the evidence-based practice of scripting as an intervention with the expectation that this would provide greater patient and nurse satisfaction with the interactions between the nurse and the patient. Additionally, using nursing theory at the point of care empowers the nursing staff in their belief that the profession of nursing has at its base the concept of caring.

Section 2: Background and Context

Introduction

The expected increase in patient satisfaction scores has not materialized for a large healthcare facility with the implementation of mandatory scripting potentially due to the resistance of the nurses to use the scripted message. This Doctor of Nursing practice (DNP) project was driven by the question of what would make the scripting more acceptable to the nurses so that they would use it during their interactions with the patients. The organization's nurses chose Watson as their theorist, and the thought of using Watson's caring theory along with the scripted message offered the prospect of increasing the acceptability of scripting by the nursing staff. This increased acceptability would then increase the nurses' use of the scripted message and increase patient satisfaction scores.

A literature review was undertaken to study past research studies that related to Watson's (1979) caring theory, patient satisfaction, Lewin's (1951) planned change theory, Knowles adult learning theory (2005) , and scripting used by nursing staff. The purpose of the literature review was to identify the sources that provide research articles related to the DNP project. I examined the research on scripting and patient satisfaction scores primarily to ensure there was evidence of a positive correlation between scripting and patient satisfaction scores. The review of literature for Watson's caring theory and adult learning theory provided an increased knowledge to develop the nurses training for the project. The literature review of Lewin's change theory identified the guideline for the implementation of the planned quality improvement project.

Concepts, Models, and Theories

Watson's Caring Theory

Watson's caring theory was first published in 1979 Watson (1979). Since that time, Watson (2008) has continued to expand the theory. Initially, Watson's theory introduced 10 curative factors of nursing. In 2008, Watson's theory was still developing with her core principles evolving from curative factors to caritas (Watson, 2008). The caritas core concepts have developed into (a) a relational caring for self and others; (b) transpersonal caring relationship; (c) caring occasion/caring moment; (d) multiple ways of knowing; (e) reflective/meditative approach; (f) caring is inclusive, circular, and expansive and (g) caring changes self, others and the culture of groups/environments (Watson, 2008). This caritas stresses the importance of not only focusing of the treatments of care for patients, but to treat the patient with emphasis to the whole person including body, mind and spirit (Wagner, 2010). While all of Watson's theory is important to the project, the core concept of the caring moment is the element of application for the nurses to use during their interactions with their patients. The nursing staff of this facility had chosen Watson as their nursing theorist 10 years ago. Therefore, the idea of using a caring moment when verbalizing the scripting message appeared to be a way of providing the nursing staff with a way to connect with their patients. The development of a helping, trusting, and caring relationship with the patient provides a positive perception for the patient of the interaction (Watson, 2008). This is when the attention of the nurse and patient are focused on each other. This is the moment of connection where the nurse truly listens and hears the patient. This caring moment does

not have to take a great deal of time. It can be just a brief moment between patient-nurse interaction which promotes a trusting relationship between the two of them (Watson, 2008). The scripted message is recited at the end of the patient's appointment. The knowledge that a caring moment does not have to take additional time would increase the likelihood of the nurses accepting and incorporating it into the scripting.

Lewin's Change Theory

According to Lewin's change theory (Lewin, 1951), the first step of a change is the unfreezing stage, which is to recognize the driving forces of the change. This includes those that are for the change and those are against the change (Lewin, 1951, Manchester, et al., 2014). Burnes (2004) stated that for change to be effective it must be a collaborative effort that starts at the group level. The second step of change is the implementation of the change. It is also called the movement of change (Burnes, 2004). Prior to the implementation of the change, it is important to identify change agents or champions who will be able to assist others during the implementation stage (Burnes, 2004). Many people will resist change even if they can see that the change will be helpful to them (Manchester, el al., 2014). Most state that they are comfortable with the status quo; therefore, having change agents assist at the point of change assist people in changing their behaviors towards the identified change (Burnes, 2004; Lee, 2006). The third and final step is what Lewin (1951) called the refreezing step. Changing policies to reflect the change is an important step in sustainability of the change is one way to assist in the refreezing stage (Lewin, 1951). Having policies is helpful to the nursing staff to ensure that they are performing their job duties in a professional manner aligned with the

organization stated mission and values. Additionally, formal and informal meetings to discuss any ongoing issues with the change will help the nurses conform to the change (Stevens, Bader, Luna, & Johnson, 2011). Many times, this theory is also called a model guideline and a framework (Manchester et al, 2014). Lewin's planned change theory has been used by many nurse administrators when implementing changes for their healthcare organizations (Stevens, Bader, Luna, & Johnson, 2011). The stages of Lewin's theory were use for this project, as a framework for the planned change by using each step to increase the project's success and sustainability at the end of the project.

Knowles Adult Learning Theory

Knowle, Holton, and Swanson (2005) explained that adults learn differently than other learners. The adult learner wants information that can be taken directly from the classroom and used at the job site. Adult learning employs problem solving skills that focus on real life situations that are of immediate value to the learner (Knowles, 2005). Knowles (2005) went on to explain when teaching the adult learner, it is important that the instructor is adept at the skills needed to teach these learners, so the learner is motivated to learn. It was important to be proficient at using the adult learning theory when creating the nurse training portion of the project as they are all adult learners. The development of a nurse educational training program relied heavily on the understanding of Knowles adult learning theory. As an example, the knowledge gained of the adult learning theory carried through to allow the nurses the time after the didactic portion of the training to practice their aptitude of incorporating a caring moment into the scripted

message allowed them to leave the training with a greater self-confidence in the skill levels Knowles, Holton, and Swanson, 2005).

Relevance to Nursing Practice

The nursing profession has seen many changes throughout its history. However, the nursing profession is still struggling to develop a professional identity which includes both the nursing skills and nursing theory (Watson, 2009). Watson (2009) stated, "Through nurse's taking responsibility for advancing nursing qua nursing, practitioners, patients, and systems alike are witnessing a revolution in nursing, which is restoring the heart of nursing and health care through theory-guided philosophical practices" (p. 466). This project incorporated the more business driven intervention of scripting with nursing theory approach of caring for the patient to improve patient satisfaction scores. While nurses must be aware of the importance of the business portion of healthcare, the nurse must also stay true to his or her profession and nursing beliefs of caring for the patient. The project combined both together to provide the patient with consistent messages that assist them in their personal health goals and develops a nurse patient trusting relationship.

Local Background and Context

Patient satisfaction has become an important measure for quality of care in healthcare organizations since the implementation of the Affordable Care Act of 2010 (Nissley, 2012). Along with this healthcare reform came the change in payment structure that the Centers for Medicare and Medicaid implemented in 2012. Once the repayment structure came into effect, healthcare organizations started searching to find ways to

increase the patient satisfaction scores of all healthcare encounters within their healthcare structure (Nissley, 2012). Thus, this regional portion of a nation-wide healthcare system implemented scripting by the nurses to increase patient satisfaction scores without success. Nurses have resisted this directive and voiced concerns regarding lack of nursing autonomy, and more importantly, the inability to be a patient advocate when scripting. In this scholarly project I proposed a solution to nursing resistance by incorporating a caring moment into the scripting; therefore, it was anticipated that the improved scripting would be implemented by the nurses and patient satisfaction scores would increase. After speaking with the nurse managers and the clinical setting staff I understood that the scripting was not being used on a regular basis by the nursing staff. Investigating further, I heard the direct care nursing staff voicing their concerns with the scripting. The resistance stemmed from the belief that this intervention resulted in lack of autonomy and lack of being able to be the patient's advocate when the nurses were required to use the scripting. Therefore, many of the nursing staff admitted that the only time they used the scripting is when their nurse manager was within the vicinity.

Role of the DNP Student

The American Nurses Association (2006) provides all DNP students the Essentials of Doctoral Education for Advanced Nursing Practice with what it means to be a DNP graduate. These expectations were used as framework when determining a specific need within the clinical setting to use for this project. No one principal from the eight essentials is more important than another. However, Essential III, Clinical Scholarship and Analytical Methods for Evidence-Based Practice, the translation of

research into evidence-based practice, remained the primary goal throughout this project. While attending and participating in the executive leadership meetings, it was brought to my attention that the evidence-based intervention of scripting was not producing the expected results of increasing the patient satisfaction scores for this healthcare organization.

After an extensive literature review, the idea of incorporating a caring moment into the scripted message was developed. Using Lewin's Planned Change theory, I presented this proposed project to several different interprofessional meetings to establish knowledge of the driving forces for and against this change (Manchester et al., 2014). I attended meetings with the point of care nursing staff where the project was presented. In these group meetings, I came to understand that many of the nursing staff had little to no knowledge of Watson's caring theory. With this information I created a staff development training for the project using Knowles Adult Learning theory (Knowles, Holton, & Swanson, 2005). Knowle, Holton, and Swanson (2005) explained that adults learn differently than other learners. (Knowles (2005) explained the adult learner wants information that can be taken directly from the classroom and used at the job site. Adult learning employs problem solving skills that focus on real life situations that are of immediate value to the learner. When teaching the adult learner, it is important that the instructor is adept at the skills needed to teach these learners, so the learner is motivated to learn. It was important to be proficient at using the adult learning theory when creating the nurse training portion of the project as they are all adult learners. Using the knowledge of the adult learning theory and allowing the nurses the time after the didactic

portion of the training to practice their aptitude of incorporating a caring moment into the scripted message allowed them to leave the training with a greater self-confidence in the skill levels (Knowles, Holton, and Swanson, 2005).

The training consisted of a Power Point presentation with the stated goals that the participants would have a basic understanding of Watson's caring moment and would verbalize this understanding to the trainer. Each nurse was required to state Watsons Caring theory in his or her own words. The second goal of the training was the participants would verbalize understand that scripting was based on evidence-based research. Within the PowerPoint presentation hyperlinks were provided to research studies on scripting in hospital settings that indicated that scripting by nursing staff is an evidence-based intervention (Berkowitz, 2016; Fuller, 2009; Moody et al., 2013; Handel, Daya, York, Larson, & McConnell, 2010; Seeber, 2012).

As this was an approved performance improvement project by the healthcare organization, all 35 nursing staff of in the outpatient primary care clinics of the facility were required to attend the training. The training was presented in a classroom setting. The nurses were provided with three different dates and times to attend training. This was done to accommodate the nursing staff's schedules. A survey questionnaire was developed by this DNP student and reviewed by the nurse manager and the nurse educator for content validity for the project. Once the established 3-month time period for the project was over the pre education and post project survey and the data from the patient satisfaction scores were analyzed to assess if the nurse development training had been successful.

Summary

Researching theories and frameworks that would work with this DNP project has been an educational experience. Furthermore, the experience of implementing a performance improvement project that focused on staff education in a federal healthcare facility provided an awareness that following the frameworks is very important to be successful in the implementation of that project. The time taken to research, develop and implement this project from beginning to end has given me as a DNP student with a much greater knowledge base and the clinical leadership experience to go from here as an advance practice nurse leader. This DNP project was accomplished staying true to the professional nursing profession. The project used Watson's caring theory and the caring moment and translated the theory into a useful nursing practice.

Section 3: Collection and Analysis of Evidence

Introduction

This staff education project focused on the nurses continued resistance to using the mandatory scripting that had been put into place by the administrative staff to improve patient satisfaction scores. Thru a nursing education project, the incorporation of a caring moment into the scripting was used to make the scripting more acceptable to the nurses and increase their use of the scripting during their interactions with the patients. A pre-education assessment survey was performed to determine the nurses understanding of the use of scripting and the nurses' comprehension of how to use a caring moment while using the script. Three months after the participants had attended the educational training a postsurvey was given. The combined patient satisfaction scores from the previous 9 months were compared to the patient satisfaction scores taken after the 3-month period of the project (July 15, 2017 through October 15, 2017), where the caring moment had been incorporated into the scripting. Three questions from the patient satisfaction surveys that were directly related to the nurse's interactions with the patients were communication, self-management support and care coordination. The results of these questions were used to analyze whether the staff education was successful in terms of the nursing staff incorporating a caring moment into the scripting and whether the use of scripting improved patient's satisfaction during the appointment.

Practice-Focused Questions

The practice-focused questions for this DNP project was:

How does the inclusion of a caring moment in the outpatient nurse script compared to a simple script increase the use of scripting by nurses and improve system-generated HEDIS patient satisfaction scores during a 3-month period?

The key terms identified for definition for this DNP project are *scripting; patient satisfaction, patient satisfaction scores* and *caring moment*.

- Scripting has been defined as "the reinforcement of key messages through a combination of words and deeds" (Nader, 2003, p. 4).
- Patient satisfaction is described by CMS (2014) as the patient's perception of the care received during ones' specific hospitalization or healthcare provider's appointment. Since it is CMS's guidelines that determine the amount of payment for fee for services, this is the description for this project.
- The patient satisfaction survey scores were data obtained regarding the patient's perceived satisfaction of his or her outpatient care during the dates of July 15, 2017 thru October 15, 2017.
- A caring moment is described as an interaction between the nurse and patient where the nurse is consciously intentional in his or her actions to be authentically present during the interaction by honoring the importance of the patient's feelings and concerns (Wagner, 2010).

Sources of Evidence

A pre-education survey was conducted prior to the nurse training on Watson's caring theory, scripting, and how to combine the two together during the nurse's interactions with their patients (see Appendix A). The participants were given a letter,

provided by the ethics committee after approval for the project had been granted, explaining that the surveys were not a requirement of the training and if they chose to fill out the survey, the surveys would be kept confidential (see Appendix B). Each participant of the training was given a survey prior to the training to fill out. The participants were told not to put their name on the survey. A manila envelope was placed on the table by the door and all nurses attending the training were asked to place their survey in the envelop, whether it had been filled out or blank, to ensure confidentiality to those who chose to participate in the survey. Then, the survey was filled out by the nursing staff who chose to do so at the end of the 3-month project using the same Likert-like questionnaire. For the post project nurse surveys, blank surveys, and a manila envelope was placed in the nurse's breakroom table. Once the 1-week specified time period was over, the envelope was picked up by the nurse manager and mailed to me. The pre education surveys were kept in a sealed envelope in a file cabinet until analysis of the results was needed. When the post project surveys were obtained, the results were entered on an excel spreadsheet on a computer, which is password protected.

The Healthcare Effectiveness Data and Information Set (HEDIS) outpatient satisfaction surveys from all patients seen in the outpatient and specialty clinics were compared to the corresponding data from the prior 9-months of the fiscal year to the results after the incorporation of the caring moment into the scripting. There are three areas that were directly related to the nursing staff within the patient satisfaction survey. A portion of the scripted message asked if all the patient's concerns for healthcare had been addressed during the appointment. These questions ask the patient about his or her

satisfaction regarding communication, self-management support and care coordination which should have all been addressed during the appointment by the nursing staff. The surveys were mailed to an outside source and only the results of the survey, which are represented in percentages, were provided to the healthcare organization. No patient names are included in these results. This organization is a federal entity that publishes these results on the website for the public to see. Therefore, permission to gain access to the operation data was not needed.

Prior to this DNP project implementation, the project premise was submitted to the Research Review Committee of the healthcare organization, which determined the project did not meet the criteria of a research project and instructed me to submit the project premise to the Performance Improvement Committee. This committee approved the project. This signed approval form was then submitted along with the project premise to the Walden Institutional Review Board (IRB) for approval, which was granted, and the approval number was 08-09-17-0251378.

Analysis and Synthesis

This DNP project was conducted in response to the decision of the administrative staff of this medical center's quest to increase patient satisfaction scores by requiring the nursing staff to use specific verbiage (scripting) during their interactions and the nurses' resistance to using the scripting. The addition of incorporating a caring moment into the scripting was the proposed change for the staff education project within the outpatient portion of the facility. A Likert questionnaire (see Appendix A) was given to the

participating nursing staff prior to the training and then sent out at the end of the projects' time frame to the nursing staff of the outpatient setting.

The data for patient satisfaction scores for the project came from this healthcare organization's administration which relies on HEDIS, a nation-wide tool, that is an accepted and used data base for over 90% of all outpatient facilities (National Committee for Quality Assurance, 2018). The medical center uses the fiscal year of October 1 through September 30, instead of the calendar year for its analysis of data. Each fiscal year is separated into four quarters. The patient satisfaction scores from the previous 3 quarters (October 1, 2016 thru June 30, 2017) were used as the baseline for comparison for this project. The nurses training on incorporating a caring moment into the scripting for this project was completed in the month of June 2017, prior to the beginning of fourth quarter. Once the fourth quarter of the fiscal year was completed (July 1, 2017-September 30, 2017), the HEDIS patient satisfaction scores were analyzed to evaluate whether the implementation of the caring moment reflected an increase in the patient satisfaction scores for this outpatient setting. At the end of the three months, both the pre education and post project nurse surveys and the HEDIS patient satisfaction scores data were assessed to evaluate the staff education training. Using this knowledge, a healthcare organization in Texas chose to require the nurse education of a caring moment, prior to the implement scripting to improve their patient satisfaction scores.

Summary

The scores from pretraining nurse surveys and the post project surveys were compared. These surveys reflected the nursing staff's knowledge of Watson's caring

moment and their use of the scripted message during their nurse-patient interactions. Additionally, the data from the patient satisfaction survey scores using the scores from the prior 9 months and comparing these scores to the patient satisfaction scores that reflected the time period the nursing staff incorporated the caring moment into the verbal scripting was assessed to evaluate if the staff education project was successful. Section four will explain the findings and recommendations of the study.

Section 4: Findings and Recommendations

Introduction

The implementation of scripting for the nurse interactions with their patients by the administration of this large healthcare system to improve patient satisfaction scores had not been successful for this outpatient facility. During discussions with the nursing staff it was found that most of the nursing staff were not using the mandatory scripting, citing lack of autonomy which decreased the possibility to be patient advocate. This DNP project's purpose was twofold. First, to develop a nurse education program teaching nursing staff how to incorporate a caring moment into the scripting to support buy-in by the nursing staff in the use of the scripting. Secondly, to increase nurses use of the scripting in hopes that this would increase patient satisfaction during interactions with staff at this facility.

Sources of evidence for this project were the pre-nurse training and the post project surveys. The pretraining survey was conducted prior to the nursing education and the post project survey was given to the nurses at the end of the 3-month project. Additionally, the HEDIS patient satisfaction scores for the time period of July 15, 2017 thru October 15, 2017 were compared to the prior patient satisfaction scores for the facility. There were no known outside sources that would affect the patient satisfaction scores. Both patient and nurse surveys were anonymous.

Findings and Implications

Nursing Knowledge Pre Versus Post Training Survey

There were 25 RNs and 10 LPNs who underwent training prior to the implementation of this DNP project, and 13 (37.1%) of the participants filled out the pre- and post- surveys. The nursing staff were given a letter, provided by Walden's Ethics Committee explaining that the survey was optional and would be kept confidential. The results of the pretraining survey (see Appendix C) indicated that one nurse (8%) lacked an understanding of what the caring moment was. Only five out of 13 nurses (38%) had some understanding of the caring moment prior to training. There were three (23%) of the participants who stated an all most complete understanding of the caring moment and four (30%) of the nurses had a self-reported complete understanding while 53% reported an almost complete understanding or a complete understanding of the concept of the caring moment. At the end of the project, two (16%) of the nurses reported some understanding of the caring moment, which was a decrease of 22%. While seven (54%) of the nurses reported an almost complete understanding of the caring moment indicating an increase 31%. No nurses from the post project reported a complete lack of understanding of the caring moment (see Appendix D). There was no change in the nurses stating a complete understanding of the caring moment. Even though this was an educational project, a statistical analysis was performed on the data. Using the Mann-Whitney U Test to analyze the data, there was a significant level of increase (p=0.04) for the question if the nurse used the required scripting (see Appendix D). The data indicated an increase in the positive responses of "almost completely and completely" from pre-

education and at the end of the project surveys for all of the survey questions (see Figure 1). The graph in Figure 1 indicates a significant percentage increase in four of the five survey questions. The first question asked the nurse what their level of understanding was of Watson's (year) caring theory and the caring moment from that theory. The pre-education training showed that 53% (*n*=6.9) stated that they understood the theory, either almost completely or completely understood the theory. At the end of the project, 84% (*n*= 11) understood the caring moment. The second question asked if the nurse use the required scripting. Thirty percent (n=4) of the nursing used the scripting and postintervention showed 92% (n=12) are now using the scripting with the inclusion of a caring moment. When answering the question of whether the scripting could be used as a tool to improve patient satisfaction, 25% (*n*=3) of the nurses believed that scripting could increase patient satisfaction prior to the nurse training and 76% (*n*=9) believed that the scripting could increase the measure at the end of the time period. Additionally, prior to the education project, only 23% (*n*=3) of participating nurses thought that they had the ability to use scripting as a tool to be the patient's advocate. At the end of the project 92% (*n*=12) believed they had the ability to use scripting to be that patient advocate. Finally, the smallest increase came from the question of whether the nurses felt that they were able to use the caring moment with the scripting authentically, 46% (*n*=6) of the nurses agreed with the statement prior to training and at the end of the project 54% (*n*=7) felt they were able to use the scripting authentically. This small increase indicated additional training might be useful to gain confidence in their use of a caring moment with the scripting.

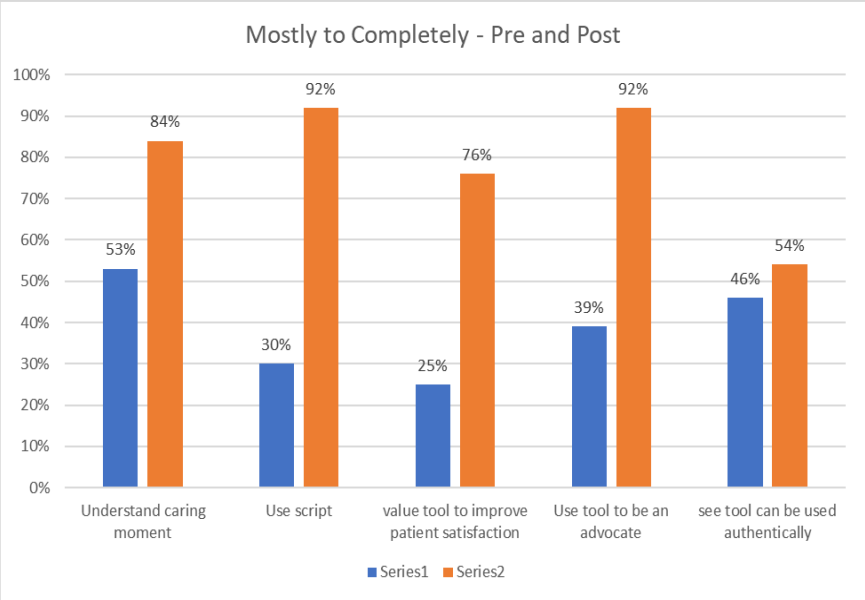

Figure 1. Percentage of nurses who rated nurse survey items as "mostly" or "completely" before and after addition of the caring moment in scripting.

Use of Scripting by Nursing Staff

The nurses educational training consisted of a PowerPoint presentation and handouts of research articles pertaining to how the use of scripting by nursing staff has been shown to increase patient satisfaction. This was done to assure the nursing staff that scripting is indeed an evidence-based practice. The participants also viewed two videos where Watson explained the caring moment and how the use of it provided the patients the feeling of being cared for. After the PowerPoint presentation, the nursing staff were given a scenario to role play with each other to practice incorporating the caring moment into the scripting. The required scripted message states: "*You may receive a survey to assess your experience with us. We only receive credit if we receive the highest rating. Is there anything else I can do to earn your highest rating?"* During the role play the participants were instructed to stop, focus on their patient and listen to their response to

see if his or her needs were met during the visit. The use of case studies provided the nurses with further practice with the using the scripting with the caring moment. One case scenario the nurses came up with was the patient who had come for an appointment to speak to the provider about his new medications. After the nurse had spoken the scripted message, the nurse was instructed to focus on the patient with no distractions (which is part of a caring moment) and listen carefully to what the patient said. If the patient made any statement that indicated there might still be a gap in knowledge, the nurse would have had the opportunity to provide additional medication education. The additional time spent with the patient focusing on the patient provides the patient feeling care for by the nurse. In addition, the time spent with the patient gives the nurse the satisfaction of being the patient advocate. Another scenario the nurses chose during the practice was after the nurse had asked the scripted message the patient stated that he thought everything was covered but he forgot to ask the doctor about his blood pressure readings. The nurse was able to quickly go over the previous 3 months of vital signs with the patient and speak to his stable blood pressure readings and acknowledge how good he had been at taking his blood pressure medicine on a regular basis. This acknowledgement provided the patient with a feeling of accomplishment and with the perception of being cared for by his healthcare team

The nurse data analysis for the nurse's use of the scripting indicated the significant confidence interval of p=0.02, (see Appendix E). The pretraining survey indicated that only four (30%) of the nurses used the scripting that was required by the administrative staff on a somewhat regular basis and four (30%) of the nurses used the

scripting on an almost completely or completely basis (see Appendix C). The same five questions were asked at the end of the project. (October 9, 20-October 20, 2017). After the project was finished, one (8%) nurse used the scripting somewhat, four nurses used the scripting almost completely and eight (92%) nurses used the scripting completely. There were 15% of the nurses who used the scripting completely at the beginning of the project and at the end of the project 62% stated that they use the scripting completely (see Appendix D).

Patient Satisfaction

In 2012, CMS changed the rate of payment for services rendered to reflect the patient's satisfaction scores for each facility. This large healthcare facility focused on the results for access, communication, comprehensiveness, medication decisions, office staff, self-management support, care coordination and provider rating scores of patient satisfaction. The satisfaction scores that were most applicable to nursing were analyzed: communication, self-management, and care coordination. For the area of communication, patient satisfaction scores prior to the planned change implementation were 60%. Patient satisfaction scores declined to 59% at 3 months. This indicated a 1% decrease in patient satisfaction for communication. The patient satisfaction scores for self-management support prior to the planned change were 44% with a score of 53% satisfaction rating after the implementation, indicating a 9% increase for this area. For the final area of care coordination, the pre- project rating was 45% satisfaction rating with an increase of 1% for the post project rating of 46%. (see Appendix F). Analysis of this data indicated no statistically significance p=0.866951 (see Appendix G).

Recommendations

The existing nursing staff has already been trained. However, in review of the data obtained from the nurse surveys from the post intervention scores, some additional training time where the nurses could practice more on incorporating a caring moment into the script, would possibly assist the nurses to feel that they are able to be authentic during the inclusion of a caring moment with the script. Post training surveys would then be presented to them every 3 months by their nurse manager. The manager will collect the data on the responses of the surveys to ensure the nurses were incorporating the caring moment with the scripting. As the training has already been developed, new nursing staff will be trained during nursing orientation (see Appendix G). Additionally, change agents are already in place to assist any nurse who is having difficulty with using the incorporation of the caring moment into the scripting or patients.

The resulting data analysis of the patient satisfaction scores indicated no statistical significance in all three separate areas that was the focus of this project, which were improvement in the communication, self-management support and care coordination. A research study where the patient completed a patient satisfaction survey at the end of the outpatient appointment would provide the statistical validity to whether the scripting increased or decreased patient satisfaction from the appointment.

The data taken from the nurse post project survey scores indicated that the DNP project was successful in providing a way to make the mandatory scripting more palatable for the nursing staff of this facility. The DNP project spanned a 3-month time which potentially did not allow enough time to evaluate if the acceptance of the scripting

by the nursing would increase the patient satisfaction scores. Therefore, the recommendation would be for this healthcare system to continue this quality improvement-pilot program using this outpatient facility for a one-year period. After this 1-year period the data from the patient satisfaction scores will be analyzed to determine whether the project was successful and if it should be expanded to other areas within the facility.

Strengths and Limitations

The primary strength of this project is that it helped the nurses see that their chosen theorist had value in informing and altering their practice. There was an increase in the number of nurses who self-report using the scripting on a regular basis (30% most of the time and 62% all of the time). Additionally, the survey results indicate that the nurses self-report their belief that the use of the caring moment with the scripting allows them to be the patient's advocate (46% almost completely and 46% completely agree). This project indicated that the nursing staff also now believe that scripting is an evidence-based tool that can increase patient satisfaction and they have an avenue to be authentic when using the scripted message. The nurses who participated in this project have a gained knowledge that an evidence-based quality improvement pilot program has the possibility of increasing the patient satisfaction scores for their outpatient facility.

There were three identified limitations for this project: (a) a low response rate to the pre and post surveys, (b) a limited timeframe for project implementation, and (c) a lag time between the patient experience and reporting of patient satisfaction results. The first limitation was out of 35 nurses who went through the training, only 13 (37%) participants

filled out the surveys. This puts into question whether the survey results are reflective of all the nursing staff who participated in this performance improvement project.

The second limitation was the 3-month timeframe for the project. The patient satisfaction scores potentially did not have enough time to reflect an increase in satisfaction in all three areas during the time-period. This brings up the question of if there was an adequate amount of time to judge whether the incorporation of a caring moment into the scripting can increase patient satisfaction scores. The facility intends to continue the program as quality improvement project of 1 year, and then collect the data to analyze if there is an increase in patient satisfaction.

The third limitation was the lag time between the time the patient was seen and the time the patient's response to the patient satisfaction survey is received. There is not a specific time given to for the patient to return the patient satisfaction survey once he or she has left their outpatient appointment. As an example, theoretically the patient could turn it the patient satisfaction survey 6 months after the appointment that is being surveyed. Therefore, a longer time frame would gain a more accurate reflection of the patient satisfaction scores.

Finally, while not considered a limitation, this was a process improvement project not a research study. Some of the data obtained for this project came from an outside source and the rest from surveys that were kept in a locked desk drawer in my locked office. A future research study on this subject and setting would provide the validity needed for use as evidence-based research.

Summary

There was an increase of 47% percent of the nursing staff who stated they now use the scripting all the time. The pre training self-reported was 15% and post project was 62%. There was a 50% increase in the nurses who now use the scripting most of the time. The pre training self-reported 15% and 30% post project reported using scripting most of the time. Unfortunately, the patient satisfaction scores did not reflect a noticeable increase during the 3-month timeframe of the project. Following this knowledge, continuing the project for an additional year and then analyzing the nurse survey results and the patient satisfaction scores is the recommendation of the DNP student.

Section 5: Dissemination Plan

The DNP project was disseminated using a Microsoft Power Point presentation and an abstract poster presentation for the nurse managers of the different units of this federally run facility. The first presentation was given at the monthly nurse manager meeting on March 8, 2018. The next step was to disseminate the findings to the target audience of the executive leadership staff of the facility to gain the approval for extending this performance improvement project. However, while still working for this healthcare organization, I am no longer working within the geographic area of the facility. Therefore, the presentation will be given by the nurse executive of the facility. I have shared the information regarding my project with the nurse executive of my new facility and he has asked me to present my slides to the executive committee for possible implementation of a performance improvement project to improve patient satisfaction scores based on the information derived from this DNP project.

Analysis of Self

One of the nurse leaders of this healthcare system stated that to excel as a nurse leader within this organization you must keep your focus on the whole picture and not get bogged down in the day-to-day workings of the facility (assistant deputy director of patient care services, personal communication, March 10, 2016.) At the time of this conversation, I thought that I understood what she was talking about, but now looking back as to all that I have learned during this DNP program and DNP project, I find that this nurse leader's words were very true no matter whether it is working within this federal organization or working in the private sector. All that I have learned during this

DNP program has given me the self-confidence to stretch myself to looking at the world view in nursing. Understanding the processes and looking toward population specific quality patient healthcare outcomes is what comes naturally to me now.

I have become proficient at reviewing research articles, which will be advantageous as a nurse leader keeping current on evidence-base nursing practices. Terry (2012) explained the need to know how to combine evidence-based practice with expert clinical judgment for positive patient health outcomes. Going through the DNP program, most specifically the process of the DNP project, has provided me with the scholarly knowledge that I will use throughout my professional nursing practice so that I have the knowledge base to combine the research with the clinical knowledge.

There are many facets to be a good nurse leader; however, I believe one of the most important aspects for a leader is to teach other nurses by role modeling the behaviors of an excellent leader. Two of these behaviors are maintaining professional nursing standards of care and promoting patient centered care in a holistic manner reflecting Watson's caring theory (Brewer & Watson, 2012). Another important part of being a good nurse leader is to continually encourage other nurses to keep learning, no matter if this is in a formal setting or if it is obtaining certification within their field of nursing or taking the opportunities of continuing education courses offered either at the workplace, within the community or online. The American Nurses Association (ANA) Code of Ethics in Nursing, Provision 5 (2015) stated that nurses have a responsibility to themselves and to continuing learning. The Institute of Medicine (2010) stated that professional nursing standards of care provide "patient-centered, equitable, safe, high-

quality health care services" (p. 12). In reflection of all that I have learned during the program, I feel that I now have the knowledge base to be a great nurse leader.

Summary

I chose Walden University for my DNP program for its exacting standards. I knew that this would not be easy, and I knew that I would learn a great deal. This aligns with my beliefs of continuing education and lifelong learning described in the ANA's Code of Ethics (ANA, 2015). Nearing the end of this program, I can honestly say that I have grown as a professional nurse. I now have the self-confidence to review research studies and gather information gained from literature reviews present this information in different types of presentations depending on my target audience regarding evidence-based practices.

This DNP project has taught me the importance at looking at evidence-based intervention that is not working as well as if it is needed for the patient and then performing a literature review for possible ways to improve this intervention. I learned how to select the appropriate framework to implement the change and how to work with other disciplines to achieve the goal of positive change. This project has also taught me to look at different dissemination strategies so that the approach and presentation is the right one depending on my target audience. Finally, this project has taught me the value of patience. Working through the steps of the DNP project was difficult for me as my personality is the type that wants everything done right away. Having to wait while my DNP project was reviewed by nurse scholars through each step and waiting for an entity of the federal government to go through the process of approving the project to be

perform in a large federal healthcare system, then waiting for the data needed to finished writing this DNP paper has difficult for me. However, this waiting time has provided me time to look for other performance improvement projects at my facility and the knowledge as to the processes needed within this healthcare system to initiate the projects using theory and frameworks to guide the projects to improve the quality of care to our population specific patients.

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Appendix A: Nursing Evaluation: Scripting and the Caring Moment

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
I feel comfortable in using the scripting to increase patient satisfaction when I incorporate a caring moment with the scripting.	○	○	○	○	○
I always use the scripting during my interactions with the patients.	○	○	○	○	○
My patients appear to respond positively during our interactions when I am authentically present during the scripted message.	○	○	○	○	○
I can make the scripting mine and be authentic with my patients.	○	○	○	○	○
By using the scripting, when a patient is dissatisfied, I can usually correct the problem to their satisfaction.	○	○	○	○	○
The training on how to incorporate a caring moment into the scripting provided me with the confidence to use the scripting.	○	○	○	○	○

Appendix B: Disclosure to Expert Panelist Form for Anonymous Questionnaires

Disclosure to Expert Panelist Form for Anonymous Questionnaires

To be given to expert panelist prior to collecting questionnaire responses—note that obtaining a "consent signature" is not appropriate for this type of questionnaire and providing respondents with anonymity is required.

Disclosure to Expert Panelist:

You are invited to take part in an expert panelist questionnaire for the doctoral project that I am conducting.

Questionnaire Procedures:

If you agree to take part, I will be asking you to provide your responses anonymously, to help reduce bias and any sort of pressure to respond a certain way. Panelists' questionnaire responses will be analyzed as part of my doctoral project, along with any archival data, reports, and documents that the organization's leadership deems fit to share. If the revisions from the panelists' feedback are extensive, I might repeat the anonymous questionnaire process with the panel of experts again.

Voluntary Nature of the Project:

This project is voluntary. If you decide to join the project now, you can still change your mind later.

Risks and Benefits of Being in the Project:

Being in this project would not pose any risks beyond those of typical daily professional activities. This project's aim is to provide data and insights to support the organization's success.

Privacy:

I might know that you completed a questionnaire but I will not know who provided which responses. Any reports, presentations, or publications related to this study will share general patterns from the data, without sharing the identities of individual respondents or partner organization(s). The questionnaire data will be kept for a period of at least 5 years, as required by my university.

Contacts and Questions:

If you want to talk privately about your rights in relation to this project, you can call my university's Advocate via the phone number Walden University's ethics approval number for this study is 08-09-17-0251378. Before you start the questionnaire, please share any questions or concerns you might have.

Appendix C: Pretraining Survey of Nursing Staff (*n*=13) Survey

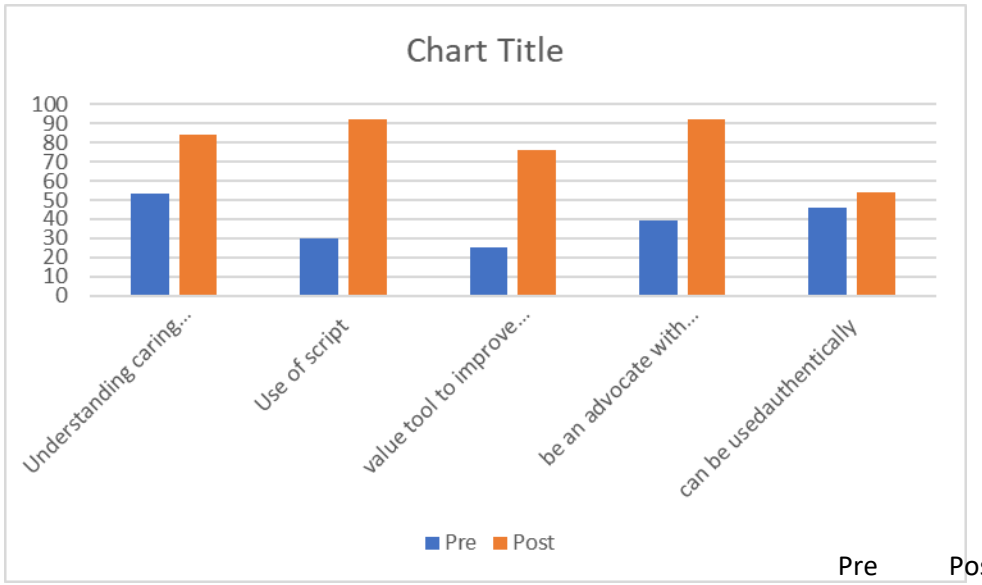
at	Not all	Somewhat		Almost completely	Completely	
Understanding of the theory of the caring moment?	8.8%	38%	46%	23%	30%	53%
How often do you use the required scripting in your interactions with the veterans?	38%	30%	68%	15%	15%	30%
Do you feel that the scripting is a valuable tool to improve patient satisfaction?	38%	38%	76%	16%	8%	25%
Do you feel that you can use the scripting and be the patient's advocate?	23%	38%	61%	23%	16%	39%
Do you feel that the scripting can be used authentically when you are interacting with you patient?	38%	16%	54%	23%	23%	46%

Appendix D: Post project Survey of Nursing Staff (*n*=13)

	Not at all	Somewhat	% = total of not at all & somewhat	Almost completely	Completely	% = total of almost completely & completely
Understanding of the theory of the caring moment	0%	16%	16%	54%	30%	84%
How often do you use the required scripting in your interactions with the veterans?	0%	8%	8%	30%	62%	92%
Do you feel that the scripting is a valuable tool to improve patient satisfaction?	8%	16%	24%	38%	38%	76%
Do you feel that you can use the scripting and be the patient's advocate?	0%	8%	8%	46%	46%	92%
Do you feel that the scripting can be used authentically when you are interacting with your patient?	15%	38%	53%	23%	23%	54%

Post-Project Survey- Authored by Anita Barker, MSN, RN

Table 1 – Pre-Education- and Post- Intervention
of participants



Nurse survey items	Mostly or Completely	
	Pre	Post
Understanding caring moment	53	84
Use of script	30	92
value tool to improve patient satisfaction	25	76
be an advocate with the tool	39	92
can be used authentically	46	54

Appendix E: Nursing Survey Statistical Data

Mann-Whitney test / Two-tailed test:	
U	65.500
Expected value	84.500
Variance (U)	340.600
p-value (Two-tailed)	0.316
alpha	0.05

An approximation has been used to compute the p-value.

Test interpretation:

H0: The difference of location between the samples is equal to 0.

Ha: The difference of location between the samples is different from 0.

As the computed p-value is greater than the significance level alpha=0.05, one cannot reject the null hypothesis H0.

The risk to reject the null hypothesis H0 while it is true is 31.61%.

The continuity correction has been applied.

Ties have been detected in the data and the appropriate corrections have been applied.

XLSTAT 2016.05.34059 - Comparison of two samples (Wilcoxon, Mann-Whitney, ...) - Start time: 8/7/2018 at 5:35:01 PM / End time: 8/7/2018 at 5:35:01 PM / End time: 8/7/2018 at 5:35:01 PM

These results have been generated using XLSTAT Free. You can benefit from many more tools and options with a full version.

Sample 1: Workbook = Anita_Workforquestion1survey.xlsx / Sheet = Using Mann-whitney U Test - Q1 / Range = 'Using Mann-whitney U Test - Q1'!$B$2:$B$15 / 13 rows and 1 column

Sample 2: Workbook = Anita_Workforquestion1survey.xlsx / Sheet = Using Mann-whitney U Test - Q1 / Range = 'Using Mann-whitney U Test - Q1'!$C$2:$C$15 / 13 rows and 1 column

Hypothesized difference (D): 0

Significance level (%): 5

p-value: Asymptotic p-value

Continuity correction: Yes

Run again:

Summary statistics

Summary statistics:

Variable	Observations	with missing	without miss	Minimum	Maximum	Mean	Std. deviatio
Before	13	0	13	1.000	4.000	2.769	1.(
After	13	0	13	2.000	4.000	3.154	0.(

Using Wilcoxon Rank-sum Test for two independent Samples:

mu(Mean)	175.5
sigma(standard deviation)	19.5

Wilcoxon Rank-Sum Test statistics z-Value	-3.025641026	3.025641026
P-value for the test statistice z-Value (two-tailed)	0.002481067	0.002481067

Notice that Mann-Whitney U test is equivalent to the Wilcoxon Rank-Sum test for independent samples in the sense that they both apply to the same situations and always lead to the same conclusions.

Conclusion: The test statistics of z = -3.03 (or you can say 3.03) does fall within the critial regions, so we reject the null hypothesis that the populations of before and after have the same median responses. You could also use the P-value argument as follows: since the P-value is less than you alpha hence reject H0 and support H1.

Interpreation: There is sufficient evidence to warrant rejection of the claim that before population group and after population group have the same median responses. Based on the available sample data, it appears that population contains before group and poulation contains after group have responses with different medians.

Using Raw Data for Q1 and Mann Whitney U test analysis

Before	After
4	4
4	4
3	4
3	4
2	4
2	4
2	4
1	4
1	3
1	3
1	3
1	3
1	2

	before	After
Mean	2.769230769	3.153846154
Standard Error	0.280881363	0.191071339
Median	3	3
Mode	2	3
Standard Deviation	1.012739567	0.688737252
Sample Variance	1.025641026	0.474358974
Kurtosis	-1.209443182	-0.496208248
Skewness	-0.030295868	-0.203341804
Range	3	2
Minimum	1	2
Maximum	4	4
Sum	36	41
Count	13	13
Confidence Level(95.0%)	0.611981275	0.416339744

Rank sum	116.5	194.5
R	116.5	194.5
Mann-Whitney U Test Value	143.5	25.5
P-Value from Mann-Whitney U Test Value (Two-ta	0.002481067	0.002481067
mu(Mean)	84.5	84.5
sigma(standard deviation)	19.5	19.5
Mann-Whitney z-test Value	3.025641026	-3.025641026
P-value from standard normal distribution=	0.002481067	0.002481067
P-vale from T-dist =	0.000514882	

Rank

Before	After
11.5	11.5
11.5	11.5
13.5	11.5
13.5	11.5
8.5	11.5
8.5	11.5
8.5	11.5
3.5	11.5
3.5	13.5
3.5	13.5
3.5	13.5
3.5	8.5

Mann-Whitney U= $n_1 n_2 + \frac{n_1(n_1+1)}{2} - R$

$\mu_R = \frac{n_1 n_2}{2}$

$\sigma_R = \sqrt{\frac{n_1 n_2 (n_1 + n_2 + 1)}{12}}$

Requirement Check

1) The sample data are two independent simple random samples

2) The sample sizes are 13 and 13, so both sample sizes are greater than 10.

So, both two requirements are satisfied.

The Null and alternative hypotheses are as follows:

H0: The two samples, before and after, come from populations with equal medians.

H1: The median of the first population, before population, is different from the median from the second population, after population.

Using alpha to be 0.05, that is using significance level of 5% and saying that our confidence level is 95%.

and since we have two tailed test we will have the following critical values:

-1.95996 and 1.959964

Appendix F: Post Project Patient Satisfaction

2017	YTD prior to implementation	July	August	September	After 3-month time period of project	National 2017 YTD Averages
Access	44%	23%	54%	60%	46%	50%
Communication	60%	54%	63%	60%	59%	76%
Comprehensiveness	44%	51%	53%	53%	52%	61%
Medication Decisions	41%	23%	61%	42%	42%	60%
Office Staff	68%	59%	64%	76%	66%	70%
Self-Management Support	44%	41%	54%	64%	53%	60%
Care Coordination	45%	40%	51%	47%	46%	59%
Provider Rating	54%	42%	58%	46%	49%	69&

Results of Patient Satisfaction Survey for DNP project's chosen outpatient facility

Appendix G: Patient Satisfaction Survey Statistical Data

Statistical Data for Patient Satisfaction Survey

	June 31 17	Sept 30 17	
	Column	Column1	Column3
Access	44%	46%	
Communication	60%	59%	-1%
Comprehensiveness	44%	52%	
Medication Decisions	41%	42%	
Office Staff	68%	66%	
Self Management Support	44%	53%	9%
Care Coordination	45%	46%	1%
Provider Rating	54%	49%	
	before n=270	during n=90	

n1 270 phat1 60% x1 162 phat is the pooled estimate of p

1-phat1 40% phat 0.5975

n2 90 phat2 59% x2 53.1 1-phat 0.4025

1-phat2 41%

H0: p1-p2=0 that is there is no significant difference between the two populations

H1: p1-p2≠0 that is the claim that there is a significant difference between the two populations. (notice that this is two-tailed test)

Alpha, level of significance? 0.05

compute the test statistics:

z0 0.167533 P-value 0.866951

Critical values -1.959963985 AND 1.959964

Classical approach for getting a conclusion

since z0 is greater than -1.96 and smaller than 1.96 then do not reject (fail to reject) H0 and do not support (fail to support) H1

That is, at 5% significance level, there is not sufficient evidence to support the claim that there is a difference between the communication in the populations.

P-Value approach for getting the same conclusion above:

P-value, which is 0.87 is greater than alpha, which is 0.05 over here, hence fail to reject H0 and fail to support H1

You can construct a confidence interval for that as well,

Lower bound -0.1072161154 square root value 0.059805

Upper bound 0.1272161154

Mann-Whitney test / Two-tailed test:	
U	65.500
Expected value	84.500
Variance (U)	340.600
p-value (Two-tailed)	0.316
alpha	0.05

An approximation has been used to compute the p-value.

Test interpretation:

H0: The difference of location between the samples is equal to 0.

Ha: The difference of location between the samples is different from 0.

As the computed p-value is greater than the significance level alpha=0.05, one cannot reject the null hypothesis H0.

The risk to reject the null hypothesis H0 while it is true is 31.61%.

The continuity correction has been applied.

Ties have been detected in the data and the appropriate corrections have been applied.

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Hypothesized difference (D): 0

Significance level (%): 5

p-value: Asymptotic p-value

Continuity correction: Yes

Run again:

Summary statistics

Summary statistics:

Variable	bservatiorith missinthout miss			Minimum	Maximum	Mean	Std. deviation
Before	13	0	13	1.000	4.000	2.769	1.013
After	13	0	13	2.000	4.000	3.154	0.689

Appendix H: Staff Training Power Point

The Caring Moment.pptx