A Comparison of Patient and Nurse Expectations Regarding Nursing Care in the Emergency Department

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Introduction: Patient satisfaction, an important measurable outcome, allows nurses to assess what can be improved in nursing practice. The purpose of this study is to compare expectations of patients and nurses using 3 nursing care attributes: 1) friendliness, courtesy, and respectfulness; 2) comfort measures; and 3) degree of information sharing.

Methods: This is an Institutional Review Board-exempt survey of paired patients' and nurses' perceptions of nursing care in a 50-bed emergency department of a level 1 trauma center.

The survey consists of questions that addressed 3 performance attributes of nursing care. The respondent circled their responses in a Likert scale of 5 choices from 1: "way below expectation" to 5: "way above expectation." An open-ended comment section followed each question; the last survey item asked for recommendations on how to make nursing care extraordinary.

Results: Nineteen males and 30 female patients, ages 18-89 participated. Of the nurse participants, 20% had <5 years ED experience, 22% had 5-10 years, and 52% had >10 years.

The patients rated the care they received consistently higher than nurses. The difference in the average patient ratings vs. the average nurse's rating was significant. (P = < 0.002, paired T test and Sign test).

Patient ratings were also consistently higher when patients either knew their nurse's name or were able to identify them by sight. The higher average rating was significant in all 3 attributes (P = 0.02, Wilcoxon Rank-sum test).

Discussion: The unexpected highly positive patient rating did not identify specific areas for practice improvement; it did provide positive feedback for excellent care, reinforcing good nursing practice.

Key words: Patient satisfaction; Survey

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Background and Significance

The term "expectations" is defined in the service quality literature as what the consumers believe a service provider should offer.[1] In the emergency department, our consumers are patients and family members whereas service providers are the ED staff. For the purpose of this article, the relevant service provider is the emergency nurse and the pertinent service is our nursing care. So, what do patients actually believe that nurses should provide? In other words, what are their expectations? Expectations are important because the basis for the perception of quality lies in the patient's internal comparison of what he or she expected versus his or her actual experience of the nursing care received. Delivering nursing care that meets or exceeds patient expectations can result in patient satisfaction.

Service quality has 3 components: (1) service potential (eg, nurse's licensure or certifications); (2) service process (eg, short waiting time for pain medication); and (3) service result (eg, patient satisfaction).[2] Of the 3 components of

quality of care, patient satisfaction is the most subjective. Because the majority of the physical and emotional care is delivered by nurses, it seems reasonable to conclude that nursing significantly influences patient satisfaction.[3]

Patients have expectations of what nursing care should be, based on such factors as recommendations or opinions from family or friends, personal needs, and past experiences.[2] When differences occur between patients' expectations and their perceived experiences, a service gap exists.[1,4] In this study the following gaps can be identified: Gap 1 is the difference between what patients expected of nursing care versus the actual experience of that care. Gap 2 is the difference between the nurse's perception of the quality of care that he or she delivered versus the patient's perception of the quality of care that he or she received. This study attempted to address these 2 gaps using a comparative survey of both patients and nurses.

Because patient satisfaction is used as a gauge of the quality of nursing care, nurses have strived to improve the delivery of care so as to maximize patient satisfaction. Noriaki Kano, a Deming Prize recipient and editor of the book *Guide to TQM in Service Industries* (published in 1996), developed what is now known as the Kano model. The Kano model is a customer satisfaction model that has a simple ranking scheme that distinguishes between essential and differentiating service attributes related to the concept of customer satisfaction.[5,6] The value of the Kano model is that is explicitly recognizes that not all customer demands are equally important. A "must-be" attribute refers to an attribute that is "expected"; if absent, it will impact very negatively on the service.[7] In creating our survey questions, we asked ourselves the following question: What are nursing care's must-be attributes that generate patient satisfaction? A review of the literature and a series of discussions about our collective experiences helped us narrow performance attributes to the 3 must-be attributes that we included in the survey.

Purpose and Specific Aims

The purpose of this study is to compare expectations of patients and nurses by use of 3 service performance attributes relevant to nursing care: (1) friendliness, courtesy, and respectfulness; (2) comfort measures; and (3) degree of information sharing.

The specific aims were as follows:

- To evaluate the degree of patient and nurse satisfaction with the nursing care provided
- To identify satisfiers or dissatisfiers of the nursing care provided

- To obtain patient and nurse recommendations on how to improve the nursing care provided

Methods

STUDY DESIGN

The study is an institutional review board–exempt, prospective, cross-sectional, paired survey of patients' and nurses' perceptions of nursing care provided in the emergency department.

SUBJECTS

All nurses working in the emergency department were invited to voluntarily participate in this study. Staff members who were part of the research team were excluded from participating in this research. Patients aged 18 years or older who were able to complete a survey were also invited to voluntarily participate in this study; however, prisoners and/or patients in police custody were excluded from participating.

SAMPLE SIZE ESTIMATION

The total sample size is 100 participants: 50 nurses and 50 patients, forming 50 nurse-patient pairs. Assuming a continuous outcome derived from a summary of the survey items, a sample of 50 pairs would provide about 90% power to detect a medium effect size (d = 0.50) for 2-sided paired analysis at a significance level of 5%. This sample estimate incorporates a 15% attrition rate (ie, the nurse completes the survey but the patient declines). For a 2-level categorical outcome, the sample size of 50 pairs yields more than 80% power to detect an odds ratio of at least 4.0, assuming that 50% of the pairs are discordant in their responses.

SETTING

The setting is a 50-bed emergency department at an academic tertiary facility that is also a Level I Trauma Center and pediatric referral facility with 112,000 visits per year.

MEASURES

The survey questions assessed the 3 performance attributes of nursing care: (1) friendliness, courtesy, and respectfulness; (2) comfort measures; and (3) degree of information sharing. A 5-point Likert scale was used to rate these