

Satisfied nurses, satisfied patients, and  
improved patient outcomes.  
Is it that simple?

Michael Simon, PhD, MSN



# Outline

- \* Nursing & Patient satisfaction
- \* Staffing, nurses satisfaction, magnet status are associated with patient satisfaction
- \* No association between clinical outcomes and patient satisfaction
- \* NDNQI hospitals have higher patient satisfaction scores

# Outline

- \* **Nursing & Patient satisfaction**
- \* Staffing, nurses satisfaction, magnet status are associated with patient satisfaction
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# What is patient satisfaction?

- \* Measure of patient perception of the hospital experience
  - \* Nursing specific
  - \* Communication/Information related
  - \* Pain
  - \* Overall

# Literature: Nursing and patient satisfaction

- \* Factors with evidence for an association:
  - \* Magnet status -> satisfaction with care
  - \* Nursing model -> satisfaction with pain management
  - \* % BSN -> satisfaction with care
  - \* TNHPPD -> satisfaction with pain management
- \* Several studies: no association between nurse staffing and patient satisfaction

Kane, et al. 2007

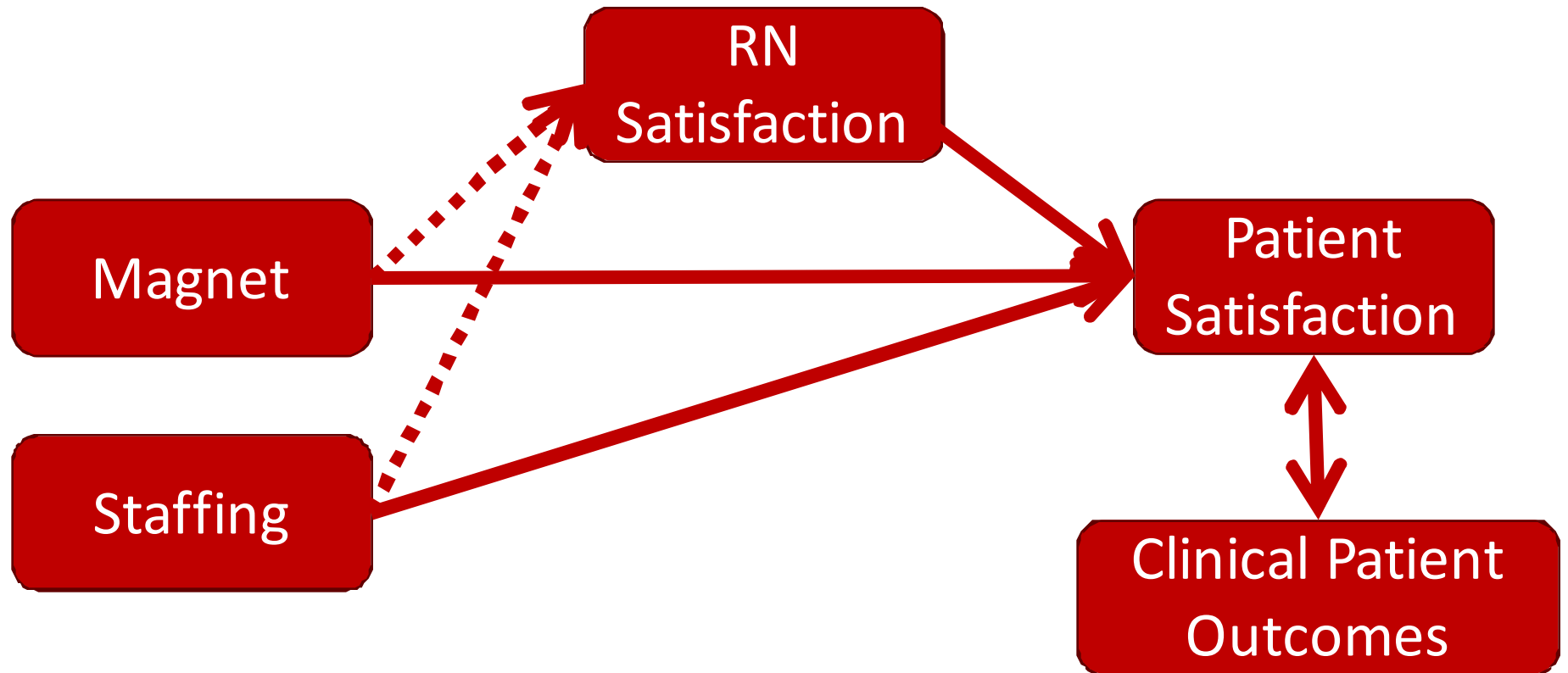
# What nursing factors might be related to patient satisfaction?

- \* Staffing (TNHPPD)
- \* Skill mix (%RN, %BSN)
- \* Magnet vs. Non-Magnet
- \* NDNQI vs. Non-NDNQI
- \* Work environment (leadership, job satisfaction)

# Outline

- \* Nursing & Patient satisfaction
- \* **Staffing, nurses satisfaction, magnet status are associated with patient satisfaction**
- \* **No association between clinical outcomes and patient satisfaction**
- \* NDNQI hospitals have higher patient satisfaction scores

# Conceptual model





*In God we trust; all others must  
bring data.*

*W. Edwards Deming*

# Data sources

NDNQI  
Measures

NDNQI  
Survey

AHA  
Annual Survey

HCAHPS

# Background: HCAHPS (I)

- \* “Hospital Consumer Assessment of Healthcare Providers and Systems Survey”
- \* CMS initiative
  - \* Publicly reported through [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)
  - \* Subject to Inpatient Prospective Payment System (IPPS)
- \* History of HCAHPS:
  - \* 2002: Development by AHRQ and CMS
  - \* 2005: Endorsed by NQF and HQA
  - \* 2006: Implemented through CMS
  - \* 2008: First Public reporting
  - \* 2009: 4,472 hospitals participated

# Background: HCAHPS (II)

- \* Hospital Level (!)
- \* Random sample from discharged patients
- \* Medical, surgical, maternal care
- \* 4 modes of data collection (Mail, Telephone, Mixed mode, IVR)
- \* **Results** are mode and patient mix adjusted

# What is relevant to Nursing in HCAHPS ?

## General patient satisfaction

- \* Rate the hospital overall?
- \* Would patients recommend the hospital to friends and family?

## Patient satisfaction related to communication and information

- \* How often... do nurses communicate well?
- \* How often... does staff explain about medicines before giving them?
- \* Given information about what to do during recovery at home?

## Patient satisfaction related to pain management

- \* How often ... was patients' pain well controlled?

## Patient satisfaction related to patient safety

- \* How often ... do patients receive help quickly?

# Data sources: Analysis 1

## NDNQI Measures

- Unit level
- TNHPPD
- Bed Size
- Teaching Status
- 2009
- 1,183 hospitals

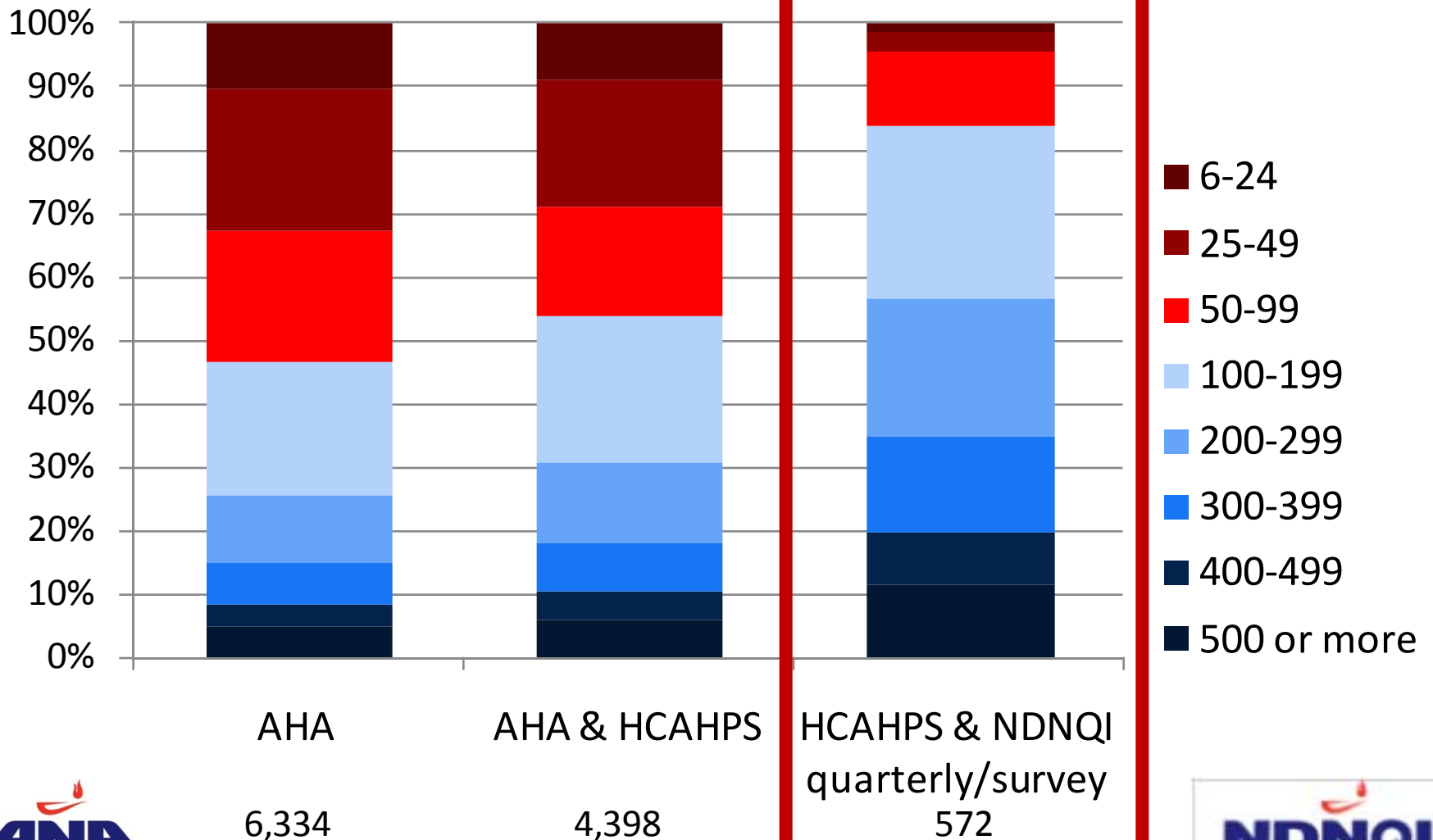
## NDNQI RN Survey

- Unit level
- Job Enjoyment
- 2009
- 655 hospitals

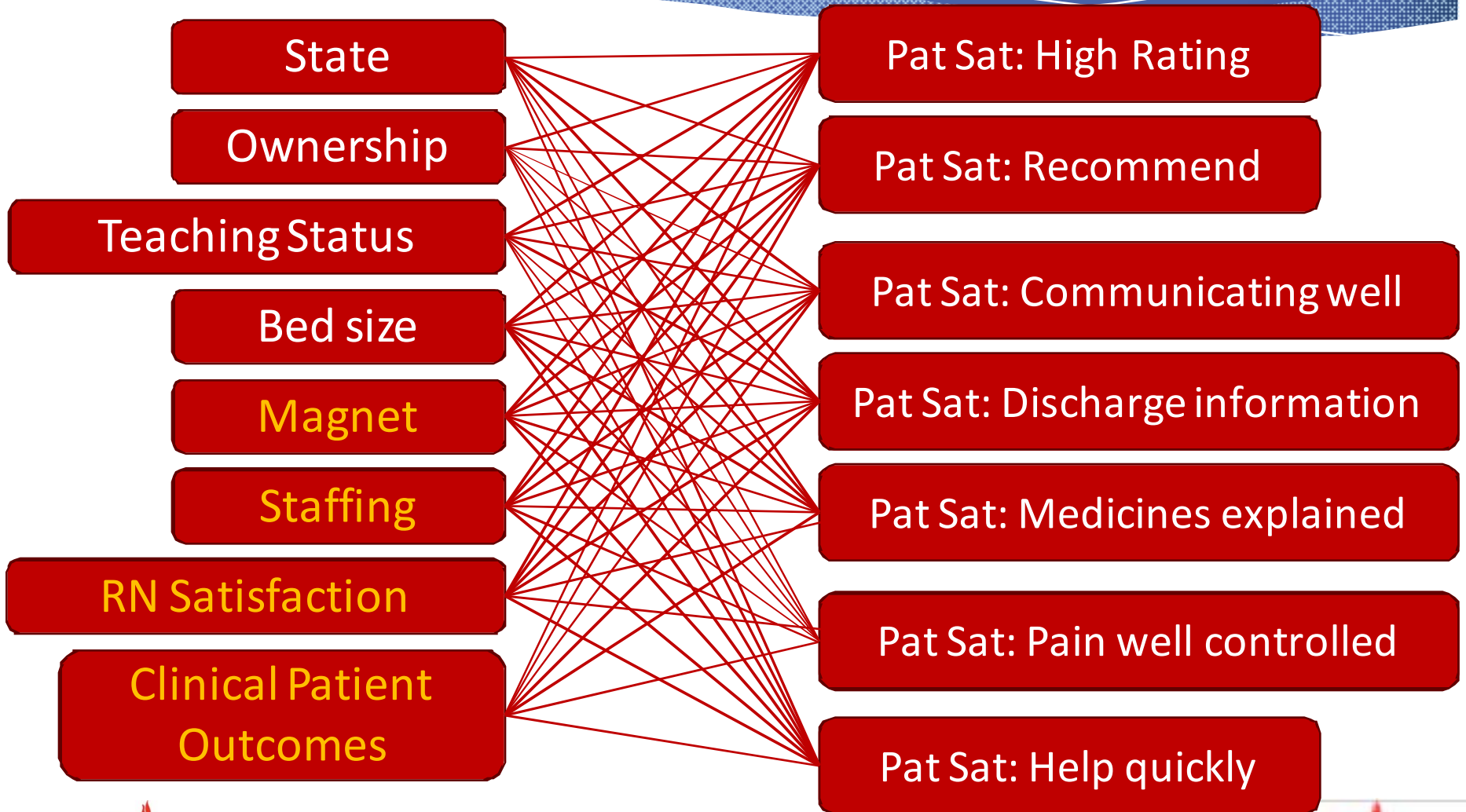
## HCAHPS

- Hospital level
- Patient satisfaction
- 2009
- 4,472 hospitals

# Representative sample?



# Plain associations



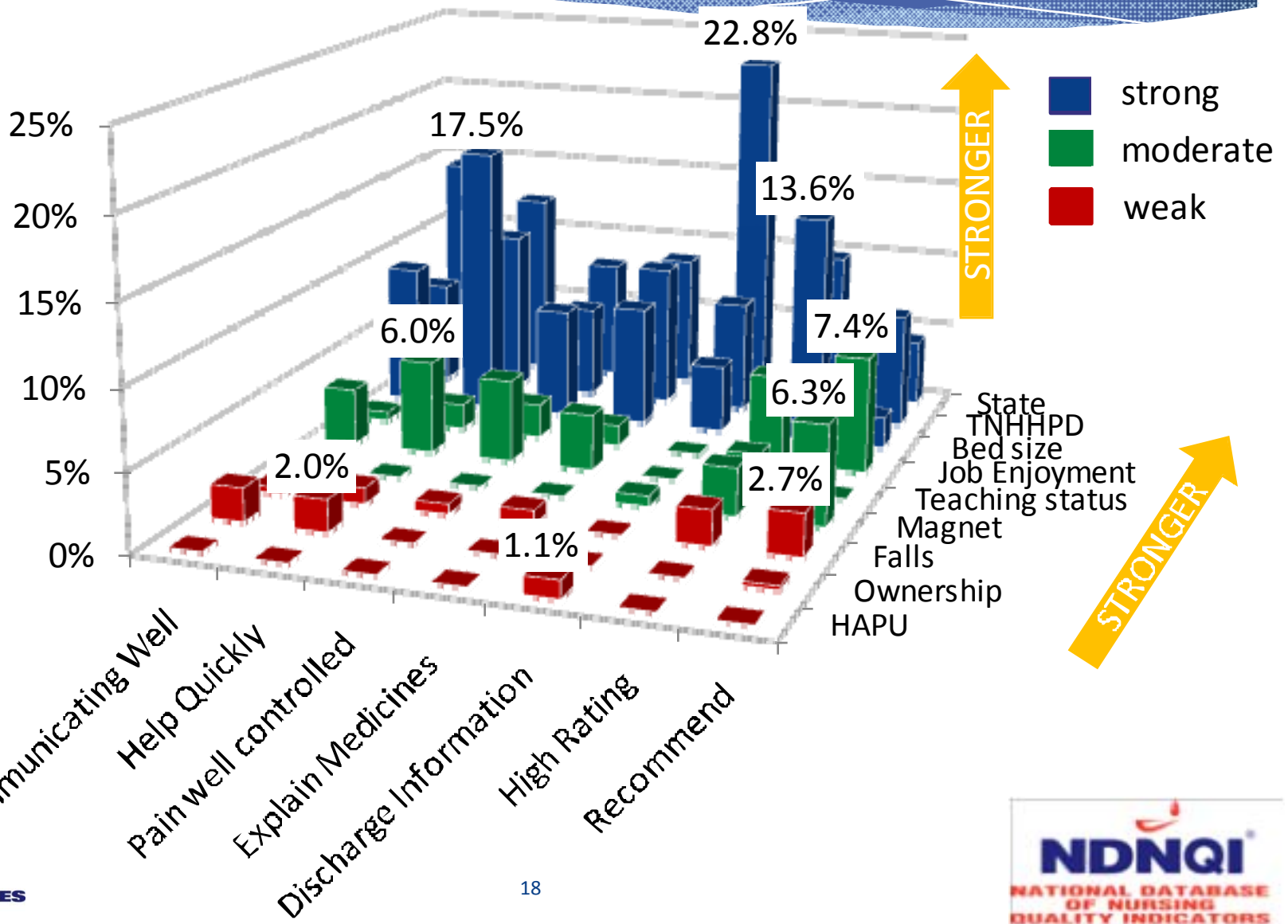


# What means “associations”?

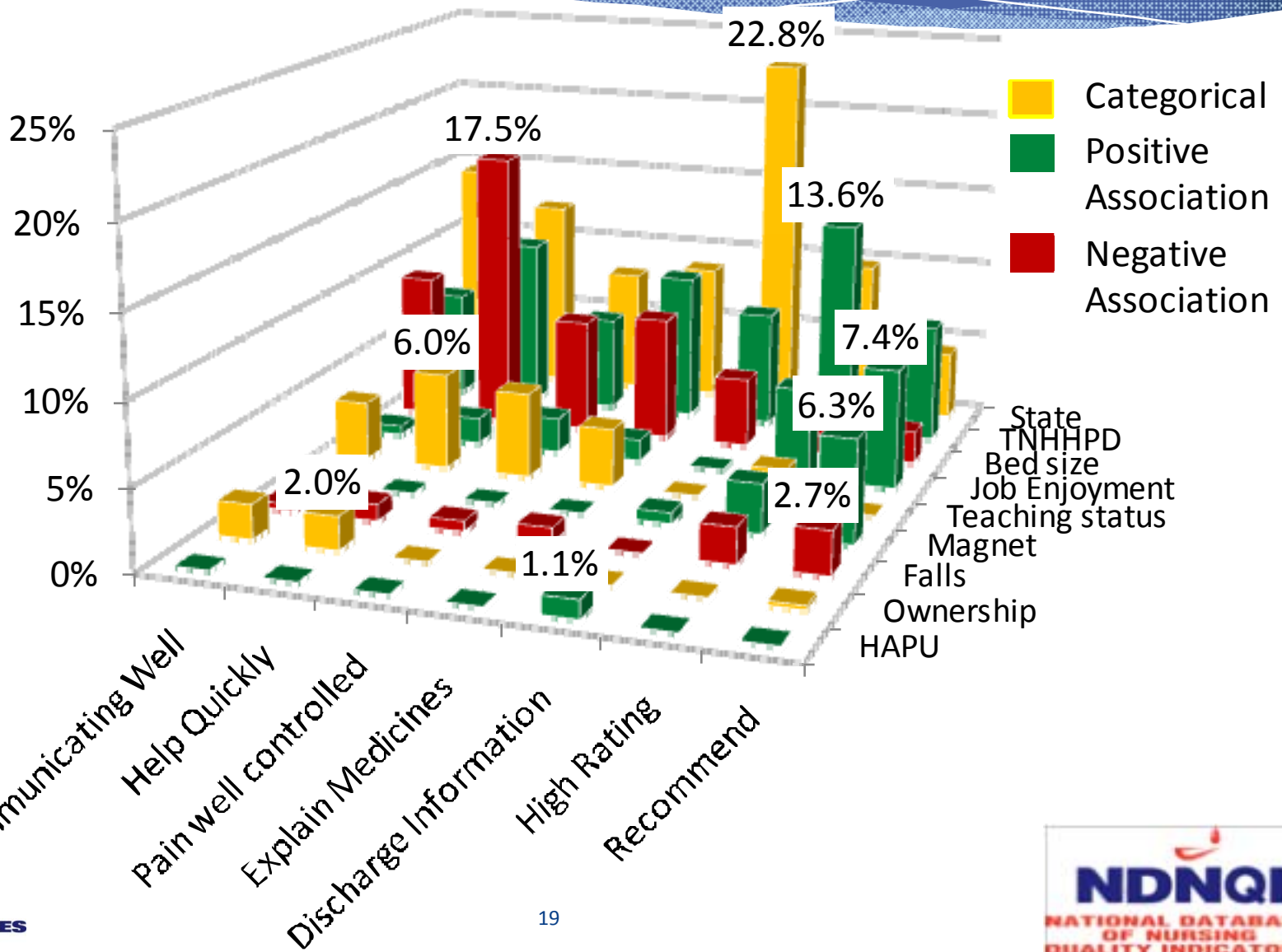
$R^2$	R	Strength
0.01	0.10	weak
0.05	0.22	
0.10	0.32	moderate
0.15	0.39	
0.20	0.45	
0.25	0.50	strong
0.30	0.55	
0.35	0.59	

- \* Strength
- \* Direction
- \* Fit

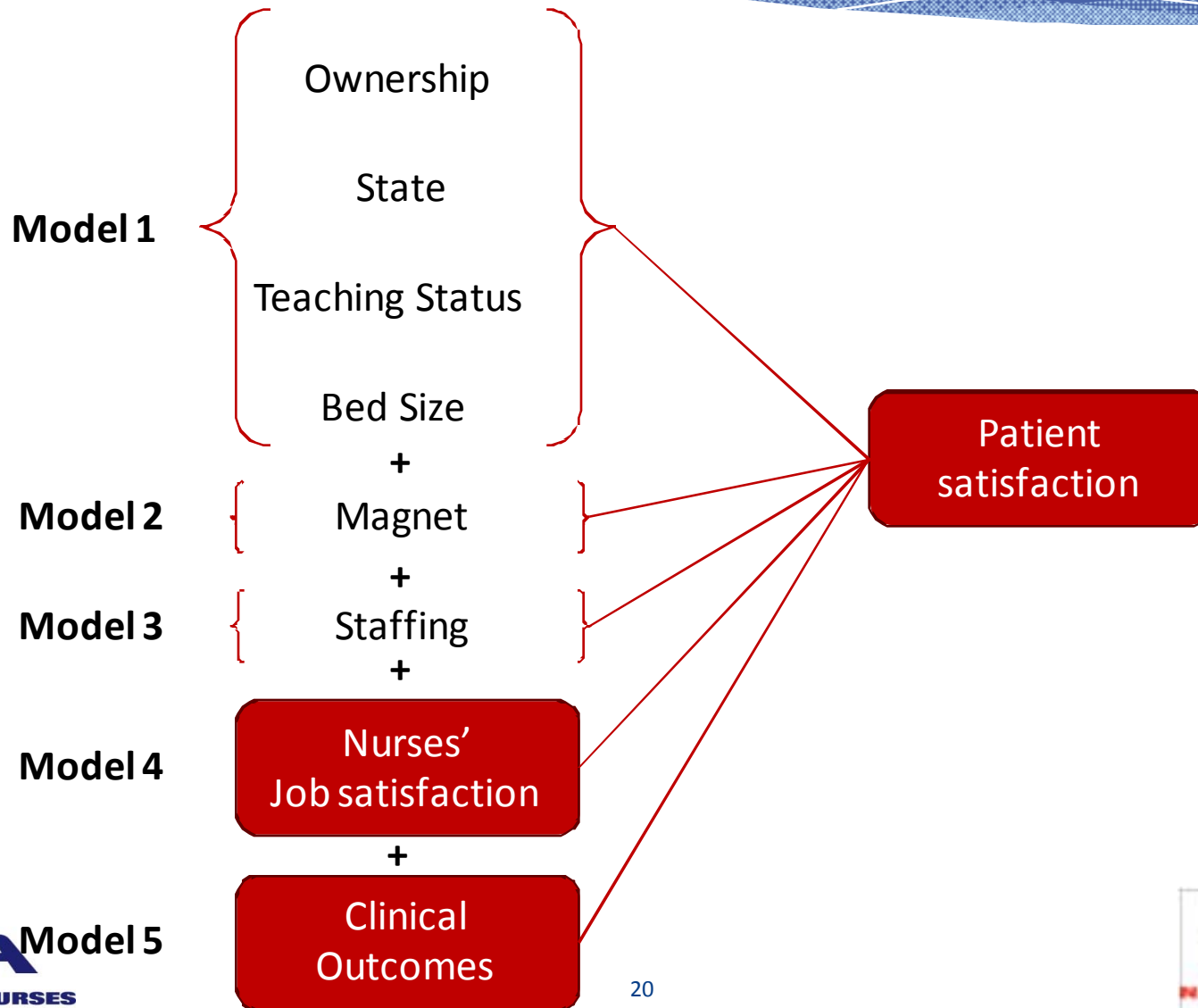
# Patient satisfaction and related factors (strength, R<sup>2</sup>)



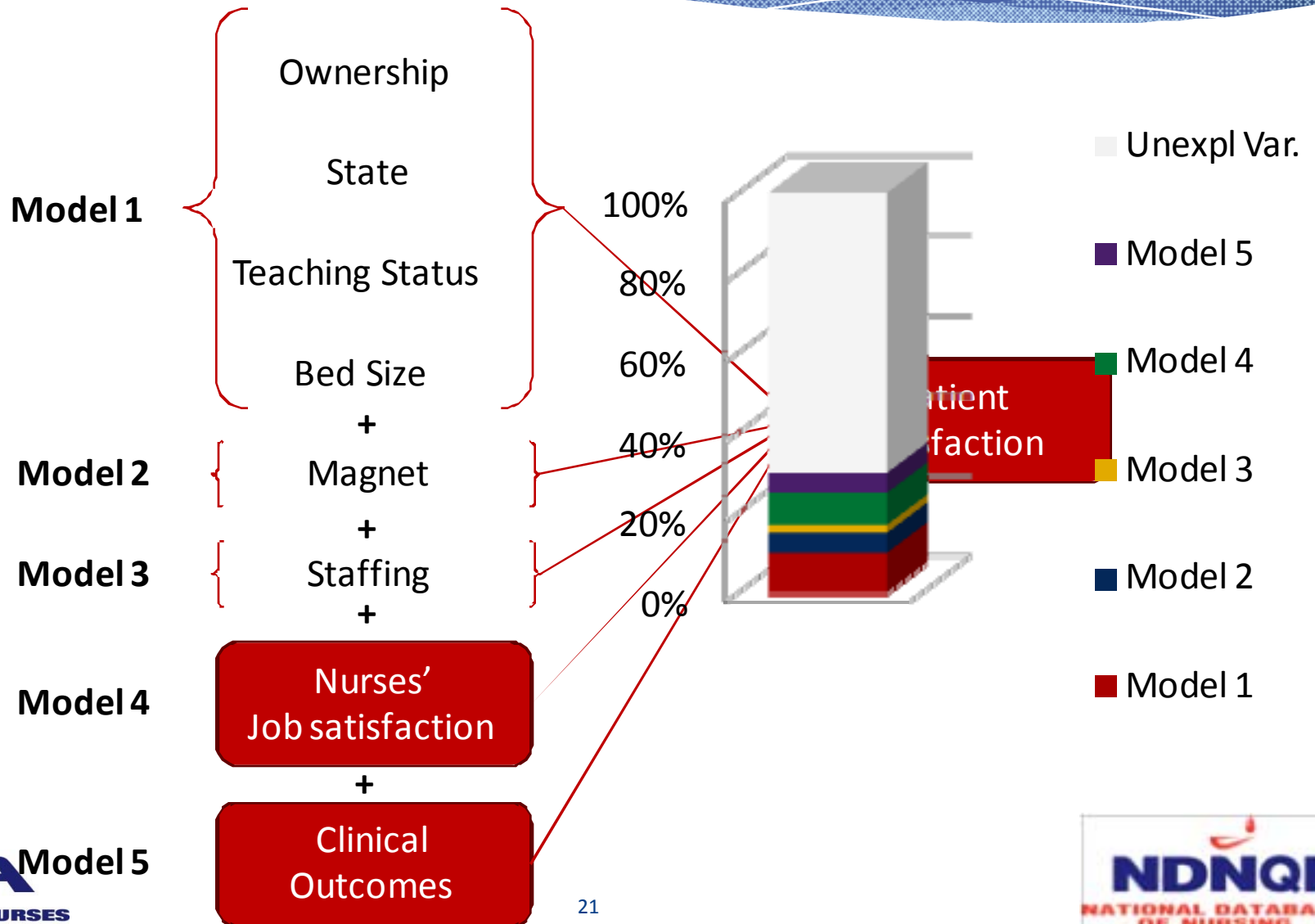
# Patient satisfaction and related factors (direction, R<sup>2</sup>)



# Models



# R<sup>2</sup> for model selection



# Results (R<sup>2</sup>)

	Communicating Well	Discharge Information	Medicines Explained	Pain well controlled	Help Quickly	High Rating	Recommend
M1: State, Size, Teaching Status, Ownership	24.0%	24.7%	15.1%	15.3%	29.1%	13.2%	6.7%
M2: + Magnet	25.7%	25.9%	15.4%	16.4%	29.8%	17.0%	12.4%
M3: + TNHPPD	29.9%	28.3%	21.5%	19.5%	35.2%	23.8%	17.4%
M4: +Job Enjoyment	30.7%	28.2%	22.0%	20.6%	35.9%	26.0%	21.1%
M5: +Falls, HAPU	30.5%	28.5%	22.0%	20.4%	36.4%	26.9%	22.5%
Increase M1 –M5	6.5%	3.8%	6.9%	5.1%	7.2%	13.7%	15.8%

# Results: Magnet?

	Communicating Well	Discharge Information	Medicines Explained	Pain well controlled	Help Quickly	High Rating	Recommend
M1: State, Size, Teaching Status, Ownership	24.0%	24.7%	15.1%	15.3%	29.1%	13.2%	6.7%
						+3.8%	+5.7%
M2: + Magnet	25.7%	25.9%	15.4%	16.4%	29.8%	17.0%	12.4%
M3: + TNHPPD	29.9%	28.3%	21.5%	19.5%	35.2%	23.8%	17.4%
M4: +Job Enjoyment	30.7%	28.2%	22.0%	20.6%	35.9%	26.0%	21.1%
M5: +Falls, HAPU	30.5%	28.5%	22.0%	20.4%	36.4%	26.9%	22.5%
Increase M1 –M5	6.5%	3.8%	6.9%	5.1%	7.2%	13.7%	15.8%

# Results: Staffing?

	Communicating Well	Discharge Information	Medicines Explained	Pain well controlled	Help Quickly	High Rating	Recommend
M1: State, Size, Teaching Status, Ownership	24.0%	24.7%	15.1%	15.3%	29.1%	13.2%	6.7%
M2: + Magnet	25.7%	25.9%	15.4%	16.4%	29.8%	17.0%	12.4%
M3: + TNHPPD	29.9%	28.3%	21.5%	19.5%	35.2%	23.8%	17.4%
M4: +Job Enjoyment	30.7%	28.2%	22.0%	20.6%	35.9%	26.0%	21.1%
M5: +Falls, HAPU	30.5%	28.5%	22.0%	20.4%	36.4%	26.9%	22.5%
Increase M1 –M5	6.5%	3.8%	6.9%	5.1%	7.2%	13.7%	15.8%

mean increase +4.7%



# Results: Job Enjoyment?

	Communicating Well	Discharge Information	Medicines Explained	Pain well controlled	Help Quickly	High Rating	Recommend
M1: State, Size, Teaching Status, Ownership	24.0%	24.7%	15.1%	15.3%	29.1%	13.2%	6.7%
M2: + Magnet	25.7%	25.9%	15.4%	16.4%	29.8%	17.0%	12.4%
M3: + TNHPPD	29.9%	28.3%	21.5%	19.5%	35.2%	23.8%	17.4%
M4: +Job Enjoyment	30.7%	28.2%	22.0%	20.6%	35.9%	26.0%	21.1%
M5: +Falls, HAPU	30.5%	28.5%	22.0%	20.4%	36.4%	26.9%	22.5%
Increase M1 –M5	6.5%	3.8%	6.9%	5.1%	7.2%	13.7%	15.8%

+2.2%

+3.7%

# Results: Clinical outcomes?

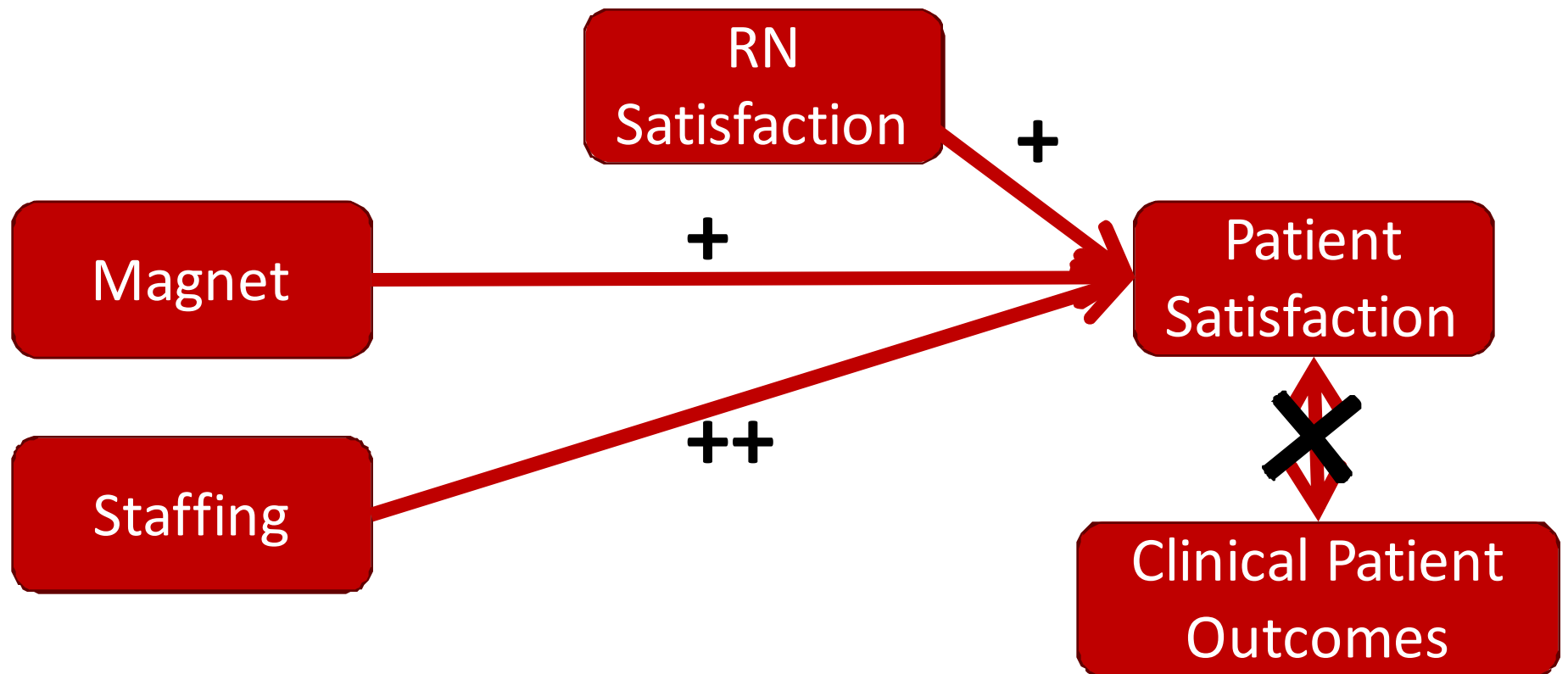
	Communicating Well	Discharge Information	Medicines Explained	Pain well controlled	Help Quickly	High Rating	Recommend
M1: State, Size, Teaching Status, Ownership	24.0%	24.7%	15.1%	15.3%	29.1%	13.2%	6.7%
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M5: +Falls, HAPU	<del>30.5%</del>	<del>28.5%</del>	<del>22.0%</del>	<del>20.4%</del>	<del>36.4%</del>	26.9%	22.5%
Increase M1 –M5	6.5%	3.8%	6.9%	5.1%	7.2%	13.7%	15.8%

mean +0.4%

# Results: Which model explains most?

	Communicating Well	Discharge Information	Medicines Explained	Pain well controlled	Help Quickly	High Rating	Recommend
M1: State, Size, Teaching Status, Ownership	24.0%	24.7%	15.1%	15.3%	29.1%	13.2%	6.7%
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# Results

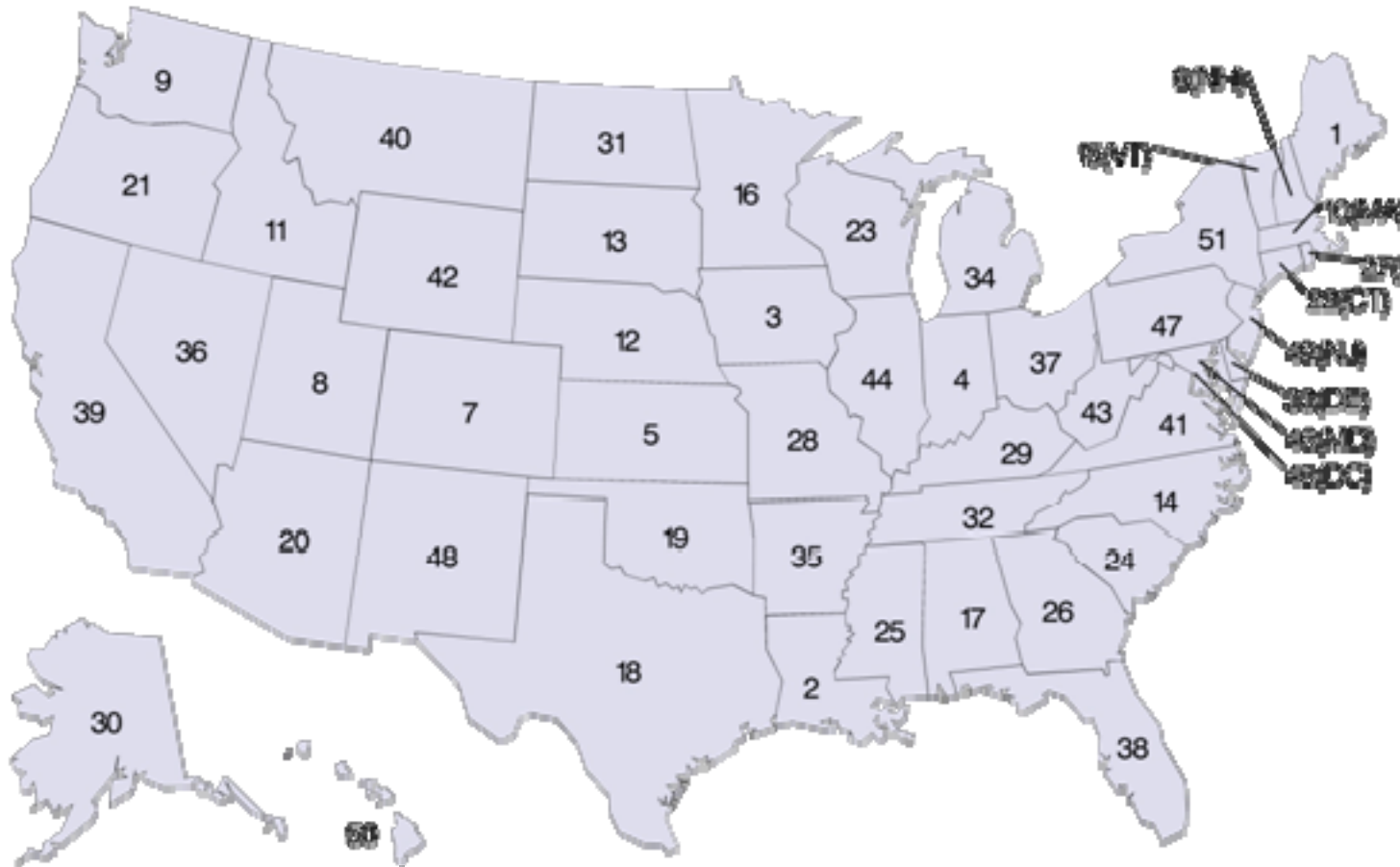


# Summary: Analysis 1

- \* TNHPPD consistently strongly associated with all domains of patient satisfaction
- \* Job Enjoyment and Magnet status are associated with general patient satisfaction
- \* Clinical outcomes (falls, HAPU) is not associated with patient satisfaction
- \* Some patient satisfaction scores (help quickly, discharge information, communicating well) varies substantially by **state**, bed size, ownership and teaching status

# States ranked by patient satisfaction

(Definitely recommend)

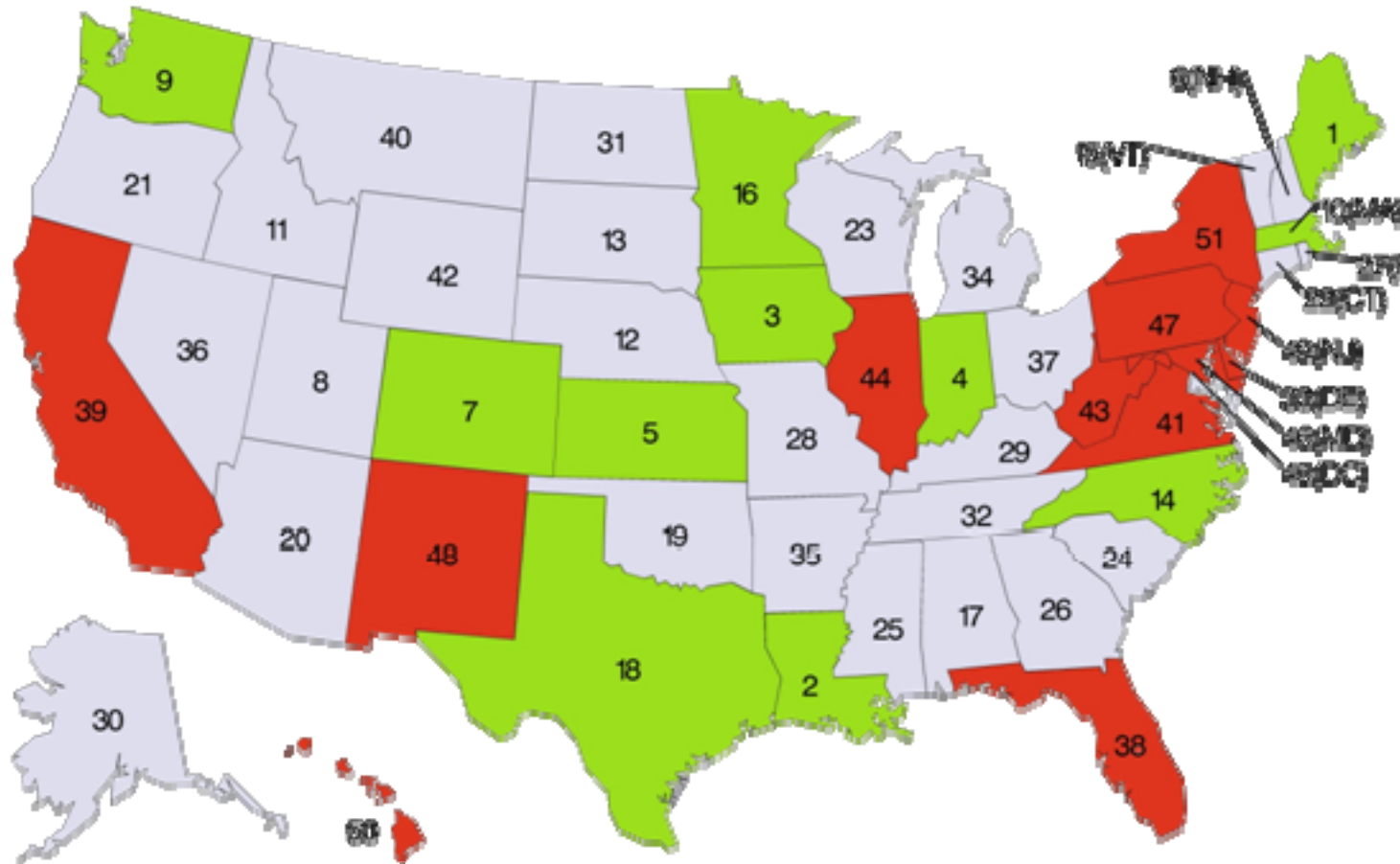


Controlled by bed size, ownership, teaching status and patient characteristics



# States ranked by patient satisfaction

(Definitely recommend)



Controlled by bed size, ownership, teaching status and patient characteristics



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- \* Nursing & Patient satisfaction
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# Data sources: Analysis 2

## NDNQI Measures

- Hospital level
- Membership status
- 2009
- 1,183 hospitals

## HCAHPS

- Hospital level
- Patient satisfaction
- 2009
- 4,472 hospitals

## AHA Annual Survey

- Hospital level
- Hospital demographics
- 2009
- 6,334 hospitals

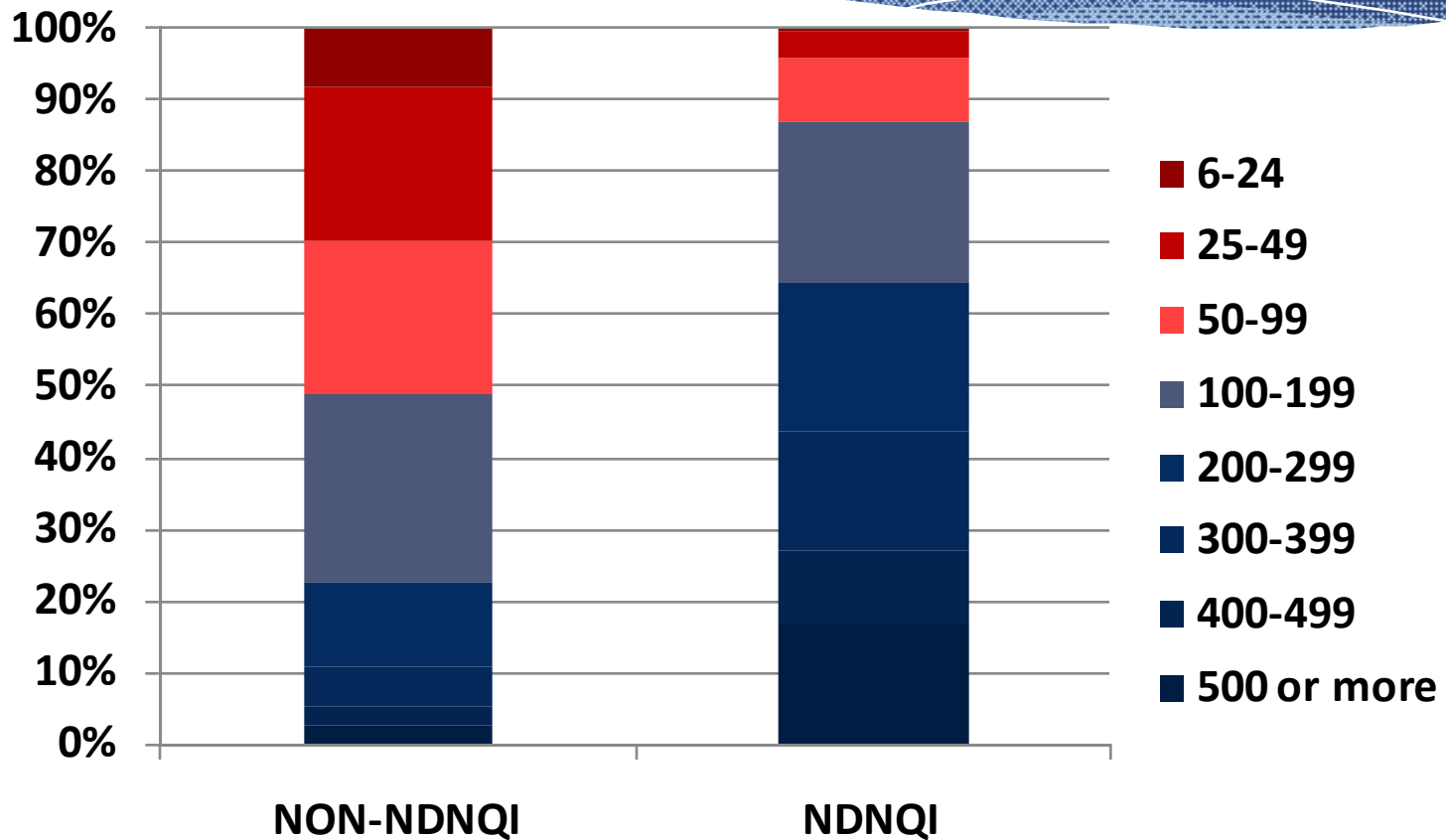
## Method: Genetic propensity score matching

- \* Propensity score matching aims to provide unbiased treatment effect estimates
- \* For observational studies
- \* Finds balance in covariates of treatment and control group
- \* “Genetic matching” uses algorithm to identify the optimal propensity score model and to achieve optimal balance

# Unbalanced analysis of patient satisfaction: Received help quickly

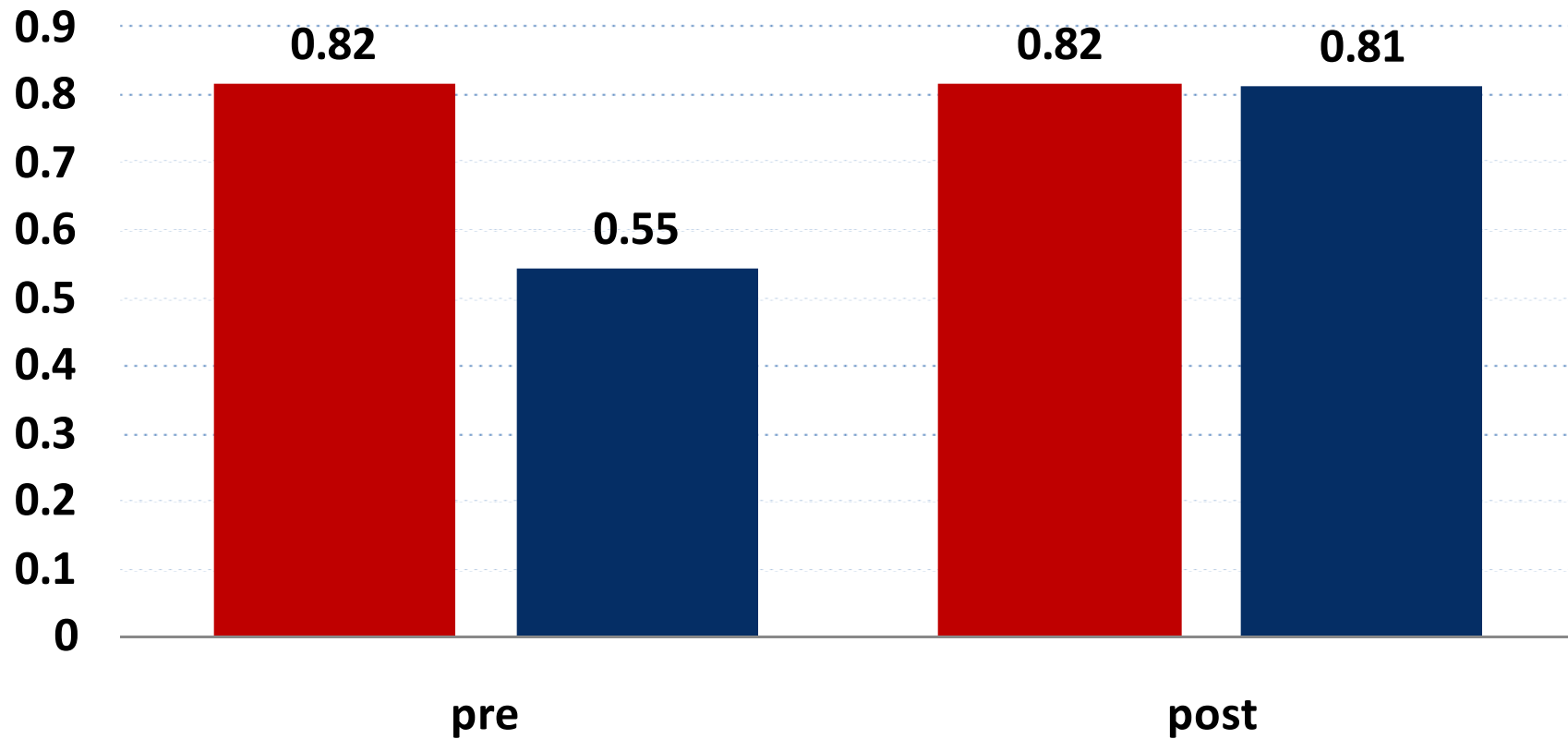
	NON-NDNQI	NDNQI
N	2,618	1,140
Mean	64.32	60.61
Diff	-3.71 (p<0.0001)	

# Bed size categories in unbalanced data set



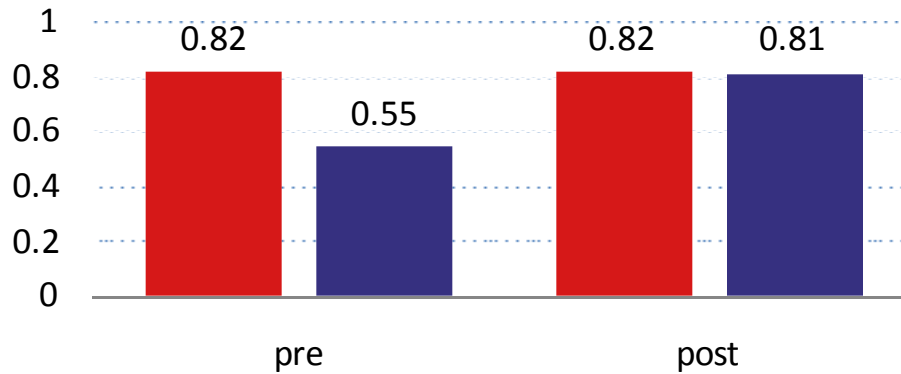
# Selected variables pre- & post matching

## Ownership: % not-for-profit

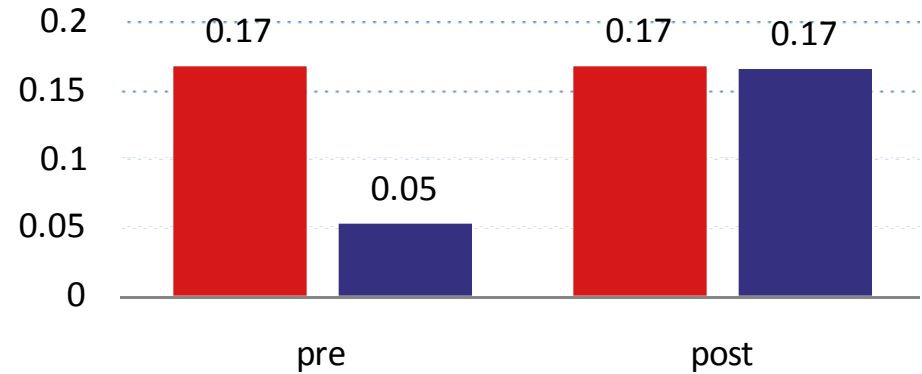


# Selected variables pre- & post matching

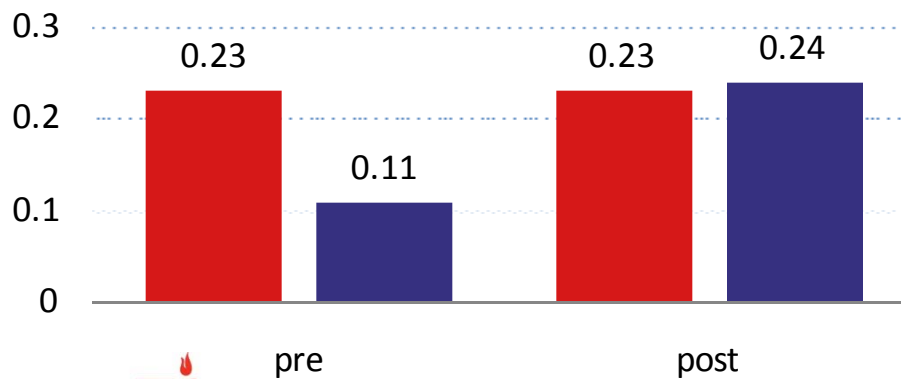
**Ownership: % not-for-profit**



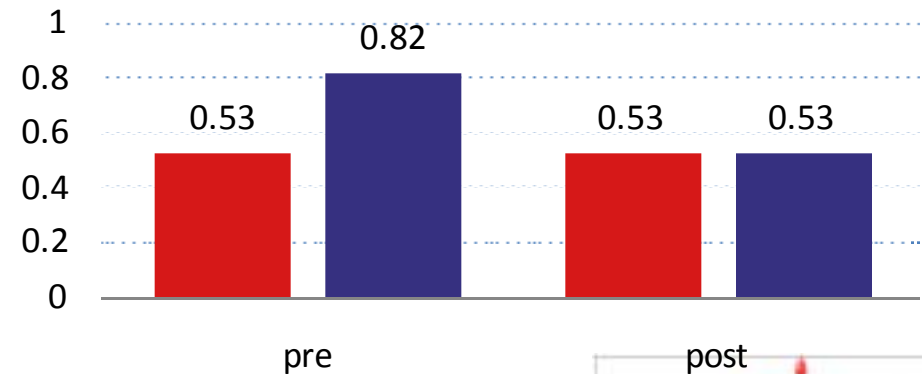
**Bed Size: 300-399**



**Census Devison: Northeast**



**Medical School Affiliation: % Yes**



# After genetic matching. Patient satisfaction: Received help quickly

	NON-NDNQI	NDNQI
N	1,140	1,140
Mean	59.05	60.61
Diff ( $\Delta$ )	1.56 (p<0.0001)	

# Results

	$\Delta$	P<	Median	75th	% from Median to 75th
Recommend	3.8	0.00001	69	75	64%
High Rating	3.2	0.00001	66	72	63%
Communicating Well	1.5	0.00001	75	79	49%
Help Quickly	1.6	0.00014	63	69	31%
Explain Medicines	1.2	0.00005	59	63	40%
Pain well controlled	1.3	0.00001	69	72	45%
Discharge Information	1.6	0.00001	82	85	81%



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	$\Delta$	P<	Median	75th	% from Median to 75th
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## Summary: Analysis 2

- \* NDNQI hospitals have higher patient satisfaction scores than Non-NDNQI hospitals
- \* NDNQI hospitals have higher patient satisfaction scores than Non-NDNQI hospitals
- \* **NDNQI hospitals have higher patient satisfaction scores than Non-NDNQI hospitals**

# Summary

- \* Strong evidence for an higher staffing – higher patient satisfaction relationship
- \* Increased RN job satisfaction is associated with increased general patient satisfaction
- \* Magnets have higher general patient satisfaction
- \* Structural factors are important (State!)
- \* NDNQI hospitals have higher patient satisfaction scores

# Outlook

- \* Nursing registries should be included in CMS IPPS
- \* Further research: longitudinal analysis
- \* Nursing structures have vital role in patient satisfaction
- \* No connection between patient satisfaction and clinical outcomes

# Thanks!

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