Patient experience in Irish hospitals: pilot implementation of a safe nurse staffing framework

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BACKGROUND

Measures of patient satisfaction have been associated with a richer skill-mix and a supervisory CMN role[1]. Nurse staffing has been related to quality of care[2] and is thus hypothesised to relate to patient experience. These associations have not been researched in the Irish context.

The Framework for Safe Nurse Staffing and Skill-Mix[3] recommends determining staffing using nursing hours per patient day, skill-mix recommendations (ideal 80:20, RN:HCA) and a supervisory CNM2 role.

OBJECTIVE

To examine the impact of the Framework recommendations on patient experience in hospital as part of a pilot study

METHODS

This pilot study was conducted in six medical and/or surgical wards across three acute hospitals.

Patient experience was measured prior to (Phase I) and following (Phase II) the introduction of the Framework using items from the Hospital Consumer Assessment of Healthcare Providers and Systems survey (HCAPHS), e.g. 'During this hospital stay, how often did nurses listen carefully to you?'

The items yielded composite measures of patient experience of nursing care, ratings of their hospital and a measure of satisfaction with nursing care.

For items contributing to composite measures, patients responded on a scale of 1-4, 1 = Never, 2 = Sometimes, 3 = Usually, 4 = Always.

FINDINGS (1):Participant Demographics

There was a greater number of respondents in Phase I compared to Phase II. Demographics were relatively similar in both phases.

	Phase I (n = 125)	Phase II (n = 79)
Age, mean (SD)	65.49 (17.74)	63.76 (17.13)
Length of stay, mean (SD)	10.80 (12.84)	10.92 (12.04)
Frequency, n (%)		
Male	69 (55.6)	44 (56.4)
Female	55 (44.4)	34 (43.6)
No Formal Education	33 (26.8)	19 (25.0)
Junior/Inter. Certificate	23 (18.7)	15 (19.7)
Leaving Certificate	25 (20.3)	7 (9.2)
Beyond Leaving Cert.	42 (34.1)	35 (46.1)
Very Poor/Poor Health	15 (12.1)	6 (7.7)
Fair/Good Health	81 (65.3)	41 (52.6)
Very good/Exc. Health	28 (22.6)	31 (39.7)

FINDINGS (2): Nurse Communication and Pain Management

• Nurse communication, nurse responsiveness and pain management formed composite measures. High scores were common and these variables were not normally distributed. An alpha value of .05 was used for statistical tests.

• Mann-Whitney tests indicated that, between Phase I and Phase II, there was no significant difference in nurse communication (U = 4472.0, p = .33), nurse responsiveness (U = 625.0, p = .15) or pain management (U = 2645.5, p = .70). Some potential trends were observed at ward level as seen in Figures 1 and 2.
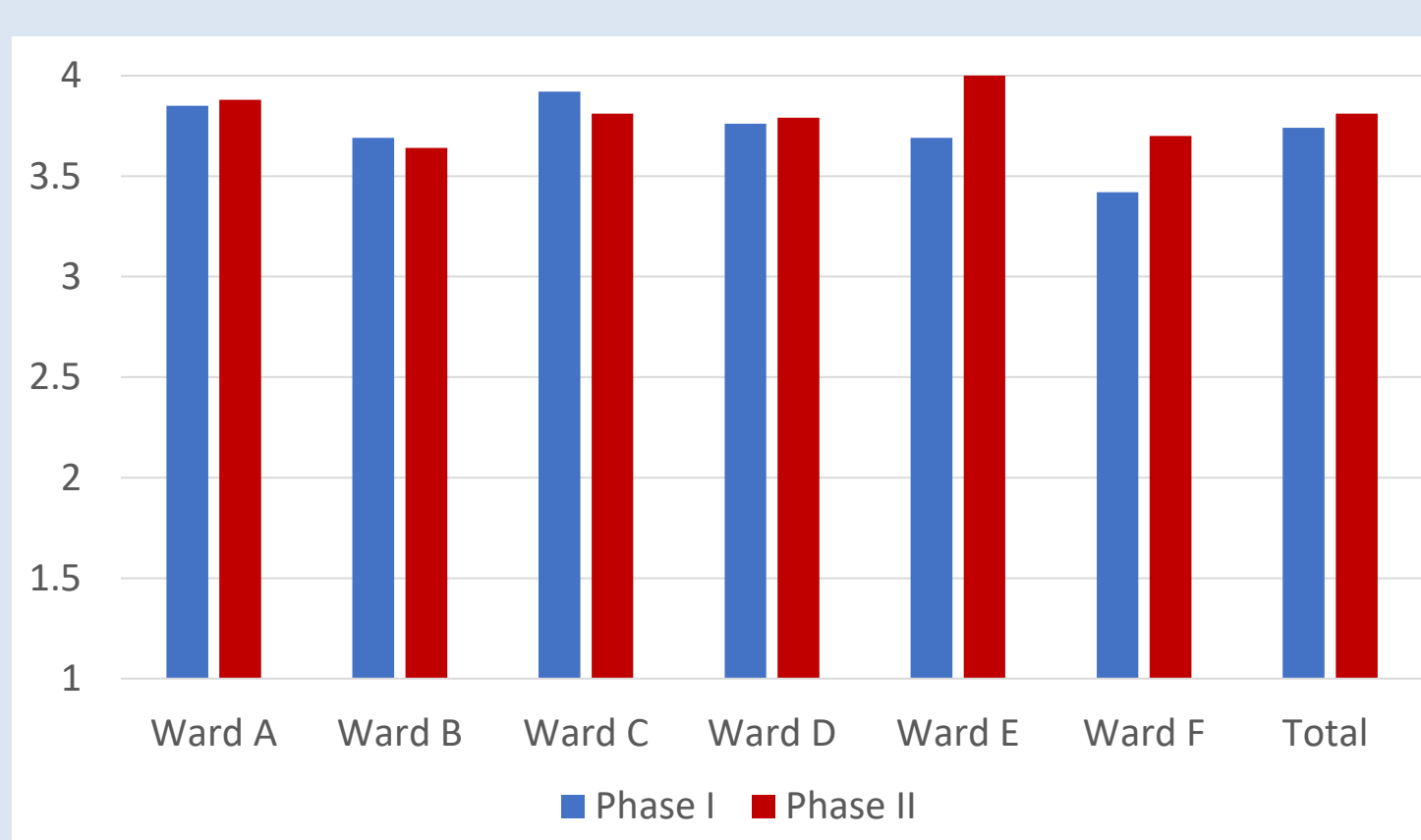

Figure 1. Mean ratings of nurse communication in Phase I and Phase II for total sample and by ward
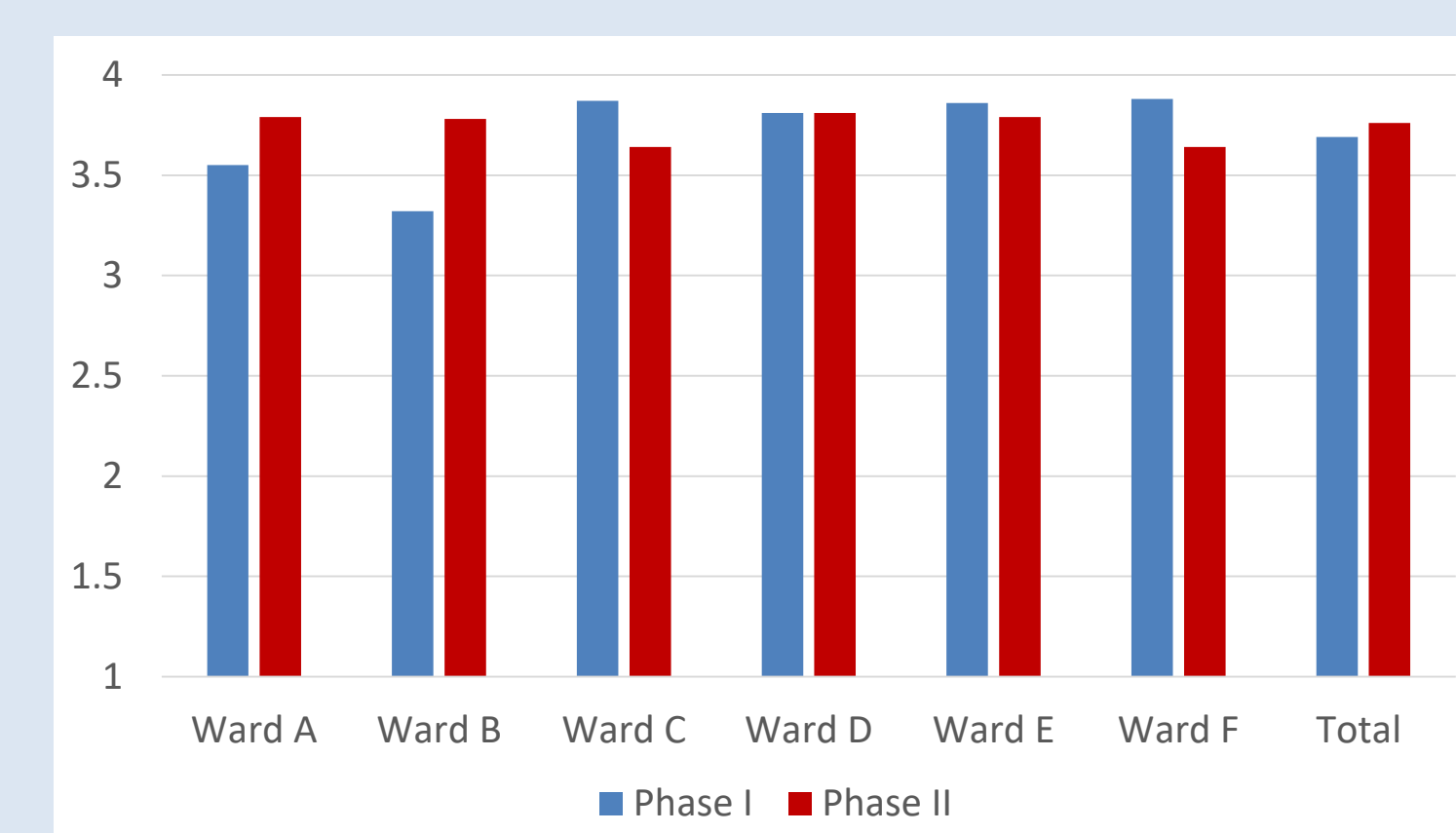

Figure 2. Mean ratings of pain management in Phase I and Phase II for total sample and by ward

FINDINGS (2): Ratings of Hospital and Nursing Care

• Ratings were very high with no patient 'very dissatisfied' with nursing care and a majority satisfied/very satisfied in both phases.

• At the descriptive level, phase II saw an increase in those very satisfied with nursing care, 66.4% in Phase I, 75.6% in Phase II. This relationship was not significant, X^2 (3, N =203) = 2.61, p = .46.

• Descriptively, the number of respondents rating the hospital as 9/10 on a scale of 0-10 demonstrated an increasing trend from 54.8% in Phase I to 67.1% in Phase II.
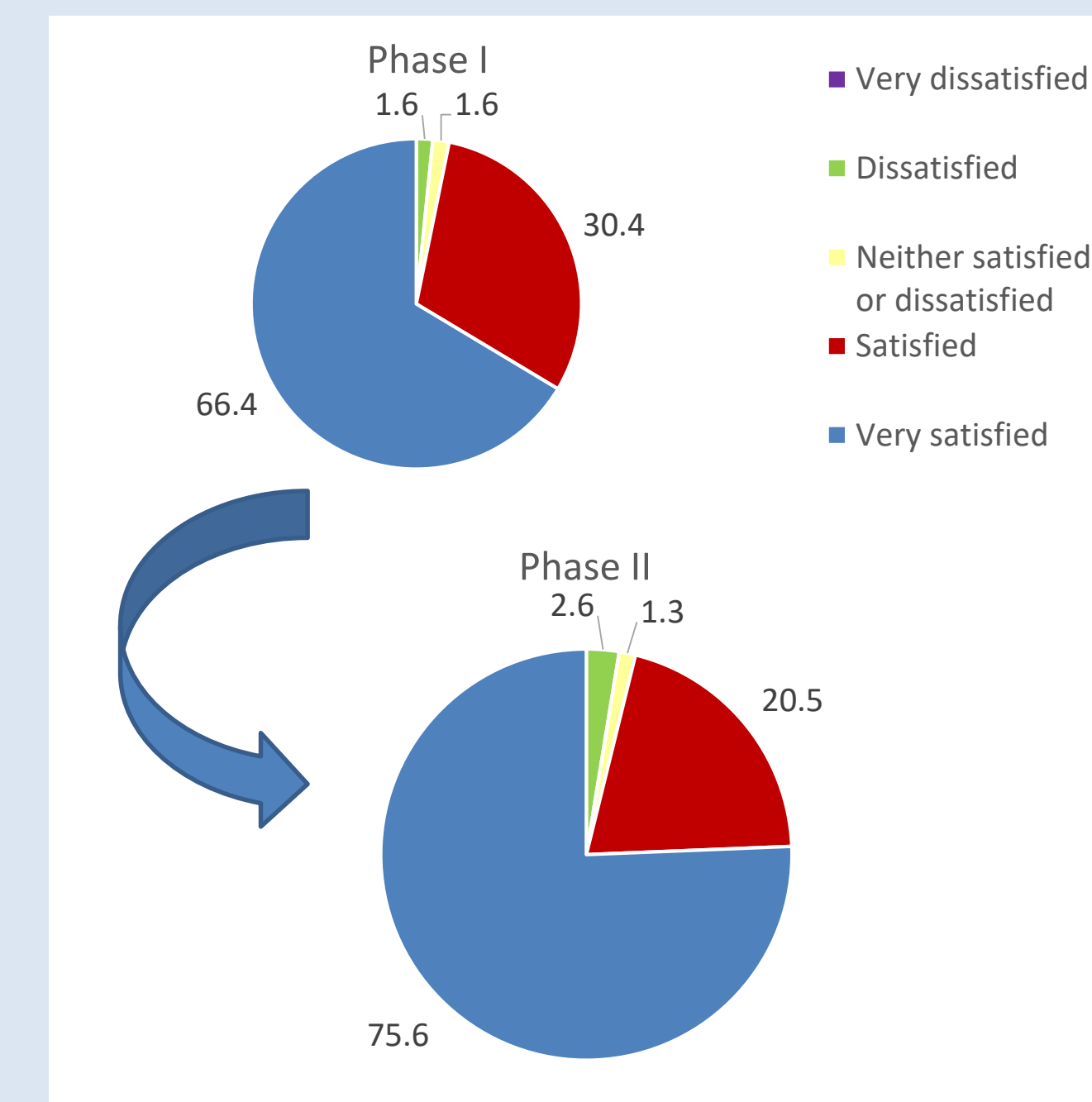

Figure 3. Patients ratings of satisfaction with nursing care in Phase I and Phase II.

DISCUSSION

The results indicated that most patients experienced high quality nursing care and were satisfied with nursing care in the study wards. These initial results suggest that patients in hospital perceive nursing care as being of a high quality.

Following introduction of the Framework, some measures of patient satisfaction showed an increasing trend. This was not statistically significant, potentially due to the small sample size. In addition, variability observed across wards highlights the importance of examining changes in patient experience at the ward level. Larger samples are required to make ward-level statistical comparisons.

Evaluation data from multiple perspectives, as well as the promising trends in these data, have led to the Framework being rolled out at a national level.

Larger-scale evaluation of the Framework and developments such as the National Patient Experience Survey represent opportunities to further examine the impact of staffing on patient experience in Irish hospitals.

References
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