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Comparison of Registered Nurse Job Satisfaction to Patient Satisfaction and the Link to the Role of the Nurse Manager

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CERTIFICATE OF APPROVAL

This is to certify that the Master's Thesis of

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This thesis is dedicated to my mother, Marie and my husband, Randy.

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Abstract

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This is an in depth qualitative research study using a compelling literature review and an in depth case study of one hospital comparing registered nurse job satisfaction scores with patient satisfaction scores. The literature review indicates that research positively correlates nurse job satisfaction to patient care satisfaction. This research study focuses on understanding the possible relationship between registered nurse job satisfaction and patient satisfaction with nursing care. The role of the nurse manager is explored in order to understand possible the impact of that role on the satisfaction scores of both groups.

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Introduction

Hospitals today are continually trying to improve their patient satisfaction scores. According to Piper (2010) "surveying patients about their perceptions of care using formalized instrument started around 1970" (p. 234). Initially, hospitals voluntarily contracted with a survey agency, and the information obtained was private, and used internally within the hospital to improve patient care. Piper (2010) reported that by 2002 the Center for Medicare and Medicaid asked the Agency for Health Care Research and Quality to develop a survey. The purpose of this survey was to gather information regarding the patients' perceptions of quality that could be publicly shared to provide useful information for the public to use when choosing a hospital. Piper (2010) notes that participation in this survey, known as Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) became mandatory for providers 2007. (p.234).

In this metropolitan area, City Hospital*, is one of the lower scoring hospitals in most categories of the HCAHPS survey when compared to other Minnesota and U.S. hospitals. City Hospital is a popular suburban hospital where the registered nurses (RN's) believe they give outstanding care. This belief is reinforced by daily compliments from the patients, therefore seeing the result of the HCAHPS survey was shocking. The RN's participate in an annual survey that focuses on RN job satisfaction, which also indicated low scores.

The RN survey is conducted by the National Database of Nursing Quality Indicators known as NDNQI. In 2009, seventy-one percent of the nurses employed at City Hospital participated in this survey and disagreed with the statements indicating a adequate staffing, enough time to spend with patients, involvement in hospital decisions, and important things not getting done. Only 51% of the participants believe that the nurses enjoyed their work. Likewise

the HCAHPS survey reported 65% of the RN staff always communicated well and 51% of patient reported receiving help as soon as they wanted it.

Nurses generally choose their profession because of calling or strong interest in the field, yet at City hospital the overall RN job satisfaction rate is low. The HCAPHS survey also indicates a low rate of patient recommending City hospital for care and services.

The purpose of this qualitative study is to explore the relationship between RN job satisfaction and patient satisfaction with nursing care and secondly to understand the nurse managers' role in improving RN job satisfaction and the impact of that improvement on patient satisfaction with nursing care. This qualitative research study will use a compelling literature review and a case study to address the following questions:

1. What is the relationship between RN job satisfaction and patient satisfaction with nursing care?
2. What effect does the leadership style of the nurse manager have on RN job satisfaction?
3. What is the role of the nurse manager in improving RN job satisfaction?
4. What is the nurse manager's role in improving the patient satisfaction with nursing care?

The leadership style of the nurse manager has a direct relationship on RN job satisfaction which has an indirect impact on the patients' satisfaction with nursing care. In order to determine the relationship between RN job satisfaction and patient satisfaction with nursing care and to understand the impact of the nurse manager's leadership style on the satisfaction of both groups, this study will compare the data from the NDNQI RN survey with the HCAPHS patient survey on satisfaction with nursing care. Understanding this relationship will help hospitals

develop strategies that focus both on RN job satisfaction and patient satisfaction with nursing care which ultimately could have a significant impact on patient choosing City Hospital as a source for health care services.

Health care costs are increasing and many people are affected by higher deductible rates on their health care premiums. At the same time people are increasingly empowered by the wealth of information that is available on the internet to make choices in health care providers and hospitals. Patients are looking for effective quality care and internet sites such as hospital compare provide potential patients with a wealth of information regarding the level of satisfaction with nursing care as experienced by previous patients by comparing the HCHAPS scores among all hospitals in the nation. These satisfaction ratings allow potential patients to compare one local hospital to another. This provides a competitive market and incents all hospitals to improve their HCAPHS scores. Health and Human Services also wants to know if hospitals are providing value for the money that is being spent (Kerfoot, (2008). The HCAHPS survey is externally driven and hospitals are required to submit information. By 2013, low HCAHPS scores will affect the amount of Medicare reimbursement a hospital receives. Therefore, it is crucial that managers pay attention to these measures now and develop action plans in order to be competitive and free of financial penalty and maximize their reimbursement rate.

* City Hospital is a fictitious name

Literature Review

Jackson, Clements, Averill & Zimbro (2009) claim that "nursing is a holistic profession; similarly nursing leadership should also be holistic, dynamic, inclusive, flexible and adaptable" (p.153). The lack of RN job satisfaction results in nurses leaving their jobs, causing high turnover rates and ultimately the responsibility lies with the front line manager. The lack of patient satisfaction results in a lower number of patients recommending a certain hospital for care and services. Both situations lead to negative financial consequences for the institution in question, and a better understanding of the four questions layed out in this research are key to their ability to manage the institution's ongoing financial health.

The research included in the literature review was conducted 1992 and 2010. The research demonstrates a positive relationship between the RN nurse job satisfaction and patient satisfaction, and demonstrates an association between the nurse manager style and RN job satisfaction.

Relationship of the RN Job Satisfaction and the Patient's Satisfaction with Nursing Care

Daugherty (1992) defines job satisfaction "as a positive sense that one has about the work that occurs when personal-profession connections are established between the nurse and the job" (p. 193). According to Atkins, Marshall & Javelin (1996) "Patient satisfaction is an important measure of how effective the provider has been in meeting the patient's needs and expectations and a strong predictor of a patient's intent to return" (p. 17). Nurses spend more time with the patients than any other discipline of care; therefore nurses have the largest amount of influence over the patient's experience and likelihood of the patient returning to the hospital for future medical care.

Henrikson, a Chief Operating Officer of a Women's Hospital in San Diego, (2005) reviewed "thousands" of patient satisfaction surveys and comments in order to determine what specific actions create a great patient experience. Henrikson (2005) concluded that hospitalized patients are fearful and worried about the how the outcome of their illness or surgery might change the rest of their life. The interactions, not the technical skill, of the RN toward building a relationship with the patient will create positive or negative experience. Henrikson (2005) claims that the attitude, compassion and sharing of information will make the experience positive and will yield high patient satisfaction.

Patient's perception regarding satisfaction with nursing care.

In an attempt to understand employee satisfaction and patient loyalty Atkins et al (1996) surveyed 719 patients and 283 nursing – staff members at a 1000 bed tertiary care hospital in the Midwest. The research study was limited to six medical surgical units. The resulting sample size was 126 hospitals employees (of which 48% were RN's) and 431 patients. Information was collected from patients using a Hospital Judgment Questionnaire/Patient Satisfaction Tool (Atkins et al (1996) p. 18). The questionnaire was divided into two sections. The patients answered the first set of questions using a Likert scale with ratings from excellent to poor and a category for does not apply. The second set of questions was opened-ended to understand if the patient would return for service. The questions related to nursing characteristics focused on: technical skill of the nurse, focus of the nurse to the patient's medical problem, prompt response to patient's calls for help, caring attitude, and information provided to the patient (Atkins et al 1996).p.18). The patients were also asked questions regarding their perception of quality as it related to overall satisfaction, recommendation of the hospital to others and the intent of the patient to return for further medical care if needed.

RN's perception of job satisfaction.

Atkins et al (1996) collected employee satisfaction data using a homegrown registered nurse retention survey developed by the hospital. The focus of the survey was the staff job satisfaction and the extent to which they would recommend their own unit and the hospital to others. Questions were answered using a Likert scale with responses from poor to excellent. These questions correlated the employee job satisfaction with the employee recommending the unit or the organization. Atkins et al (1996) used a Cronbach's coefficient alpha to confirm the reliability and validity of the survey tools instrument. (p. 18).

Analysis.

According to Atkins et al (1996) a positive correlation was found between employee job satisfaction and employees recommending their individual nursing unit ($r = .535$; $p < .005$) and the overall hospital ($r = .551$; $p < .005$). It was also noted that the patients' satisfaction with nursing care had the same moderate correlation to both recommending the hospital and the intent to return to hospital ($r = .37$). The two nursing characteristics that had the strongest correlation on the patient satisfaction were "concern and caring attitude and information provided by the nurse" (Atkins et al (1996) p. 20). An association was also found between the overall nurse job satisfaction with the patient's recommendation of the hospital, and the likelihood of the patient returning to the hospital for future healthcare. A positive relationship was found between nurse job satisfaction and patient satisfaction, but noted that it was statistically not significant. ($r = .24$). This is explained by a possible association of patient satisfaction being derived from actual outcome of the illness rather than the nursing care received (Atkins et al 1996).

Nurses that are dissatisfied with their work environment will not recommend their place of employment to their colleagues just as patients will not recommend hospitals where they were

dissatisfied with the care (Atkins et al (1996). It is difficult for nurses to hide their job dissatisfaction from their patients (Atkins et al (1996).

The study by Atkins et al (1996) supports that a relationship exists between patient satisfaction of nursing care and RN job satisfaction, and between patient satisfaction with nursing care the likelihood of the patient recommending or returning to a hospital for future healthcare.

The limitation to the study by Atkins et al (1996) is that the survey was inclusive of licensed practical nurses, nursing assistants and unit secretaries. However, the majority of the returned surveys (48%) were from the RN group. The study was only conducted in one hospital. Exclusion of the data from the non RN employees could have a different result.

Comparison of staff experience to patient experience.

A similar study conducted in England in which the result of the 2007 National Health Service (NHS) staff survey was compared the NHS acute trust inpatient survey. The purpose of this study was to determine any correlations between the experiences of the staff and the experience of the patients. Glasper (2010) reported that "the experience of the patient and the staff that care for them are linked in many tangible ways" (p. 386). Glasper (2010) explains this as the reciprocal relationship that occurs between the nursing staff and the patients. Whenever the nurses are experiencing stressful situations within their work environment, then the patient also reported negative experiences. Conversely, in environment where the staff was given clear directives regarding the plan of care for the patient, the patient also felt more connected to the plan of care because the nurses were more prepared to explain the plan of care to the patient. (Glasper, 2010). Glasper (2010) also reported that the staff's perception of stress and appropriate

staffing levels related to the patients perception that the staffing level were appropriate because of the level of respect shown to the patient (p.386)

Glasper's (2010) report does not include sample sizes and the reliability of the measurements is not reported. It is also not known if survey was limited to just RN staff. This study supports the concept that a relationship exists between the perceptions of the patient and the perceptions of the nurse. Both of survey tools used: the National Health Service staff survey and a National Health Service inpatient survey were hospital based instruments, just as this research study will use the hospital based instrument of the NDNQI RN Survey and the HCAHPS survey.

Impact of RN practice environment to patient satisfaction.

In their study Kutney-Lee et al (2009) claim that the number of patients that a nurse is assigned to care for has an impact on the nurses' practice environment and the patient satisfaction with nursing care, thus directly impacting the HCAHPS scores. Kutney- Lee et al (2009) define the practice environments as "poor" and "better." A "poor" environment is described as one in which the nurse is assigned to an average of 5.3 patient whereas in a "better" environment the nurse is assigned to 4.6 patients (Kutney-Lee et al, 2009).

The research done by Kutney-Lee et al (2009) focused on 430 acute care hospitals in California, Pennsylvania, New Jersey, and Florida. Data was collected from October 2006 – June of 2007 using the Practice Environment Scale of the Nursing Work Index and the HCAPHS survey. The final sample included 20,984 staff nurses who provide direct patient care and a mean response rate of 34% of patients across all hospitals.

Analysis.

The findings were a 10 percent point difference in the mean score between the patient

that recommended the hospital where the nurse environment was in the "better" category compared to hospital where the nurse environment was in the "poor" category (Kutney-Lee et al (2009). Kutney-Lee et al (2009) reported for that each additional patient in a nurse's assignment the number of patients that would definitely recommend the hospital as a source for healthcare decreased by 1.44%.

According to this study a higher number of patients recommended hospitals where the nurse to patient ratio was lower. The implication of this study is that improving the nurse work environment by decreasing the nurse to patient ratio will result in higher HCAPHS scores. However, there is a financial burden of having more nurses when hospitals are working on decreasing costs. This research only focused on nurse to patient ratio as improving the work environment, and further study needs to take into account possibilities of changing the RN work by eliminating work that could be done by nursing assistants.

The research of Kutney-Lee et al (2009) supports the relationship between nurse job satisfaction, patient satisfaction and the role of the nurse manager. The nurse job satisfaction and the patient satisfaction are both low when nurse to patient ratio is higher. This could indicate that nurses with a higher patient to nurse ratio have less time to spend with the patients. The nurse manager needs to evaluate any possibility of changing the workload, or care delivery.

RN dissatisfaction with the practice environment.

The research study conducted by Fletcher (2001) examines the relationship between RN satisfactions and dissatisfactions for the initial purpose of understanding the relationship between stress and work illness, but end up uncovering issues pertaining to RN's dissatisfaction. Fletcher (2001) survey included 5,192 RN's employed at ten hospitals in southern Michigan. The final sample size was 1,780 usable surveys.

Three survey tools were used to understand intrinsic and extrinsic, satisfaction, nurse manager ability, and stress level. Fletcher (2001) combined these tools with a blank sheet of paper and placed all tools in a booklet. In her article, Fletcher (2001) does not report the actual findings of her study, but reports the comments made by the RN's as related to the questions in the surveys. Of the 1,780 useable surveys, 509 nurses took the time to make additional comments.

RN dissatisfaction was noted with inadequacy of staffing. Fletcher (2001) effectively addresses this issue by quoting one of the RN's in her study.

> A big stressor is that patient and families expect the nursing care of 25 to 30 years ago, which is no longer available. We nurses are not allowed time for therapeutic conversations or care or techniques in comforting our patients. We appear compassionless. This tenseness is passed on to our patient. (p. 326)

Glasper (2010) reported that the stressful situations of the nurse also become stressful situations for the patient. Fletcher's (2001) research is supportive to this research study as it demonstrates a relationship between the dissatisfaction of the nurses and the nurse's perception that the patient is aware of the tension due to insufficient time to deliver nursing care. Atkins et al (1996) support this idea by noting that dissatisfied staff have a difficult time hiding the dissatisfaction from the patients.

In another study Storfjell, Omoike, & Ohlson (2008) claim that the nurse's practice environment is related to nurse job satisfaction. The amount of time the RN is able to spend at the bedside has been proven to increase quality outcomes and reduce the patient's length of stay in the hospital. The focus of this study was to understand how much of the nurses time was spent on value added activities such as assessing, teaching, treating, and providing psychosocial

support versus activities that do not add value such as looking for equipment. (Storfjell et al, 2008). Frustration over lack of supplies and / or having to spend a considerable amount of time looking for equipment can result in a work attitude and add to decreased RN job satisfaction (Bartzak, 2010).

Storfjell et al (2008) conducted this study over a three year time frame and collected data from 14 medical surgical nursing units in three Midwestern hospitals. During this timeframe Storfjell et al (2008) had the nurses on 14 units record how much time was spend on direct patient care such as: assessing, teaching, treating, and providing psychosocial support versus how much of their time was spent on non-value added work such as looking for needed equipment, waiting for medications to arrive from pharmacy, and finding other care providers or support staff to assist the RN with a task (Storfjell et al 2008).

Storfjell et al (2008) found that the average RN spent between 31% - 44% of their time on direct patient care whereas between 34% - 49% was spent doing non value added work. The conclusion was more time was being spent on non-value added work than on patient care (Storfjell et al 2009). RN job satisfaction is increased by removing the non-value added tasks because it frees up the RN time to be at the bedside with the patients.

Comparison of RN job satisfaction to patient satisfaction with nursing care.

Sengin (2001) conducted a study that involved 138 patient care units in 21hospitals. The purpose of the study was to determine if there was a relationship between RN job satisfaction and patient satisfaction with nursing care. Sengin (2001) used surveys developed by Press Ganey and Associates. Both patients and nurses were surveyed on satisfaction. Surveys were only used if they were answered during the same time period. Sengin (2001) concluded that RN job satisfaction had a significant impact on the patient satisfaction with nursing care. Sengin

(2001) noted the relationship between patient satisfaction and RN job satisfaction had quality care as a common denominator. Sengin (2001) explains that some of the same characteristics that create patient satisfaction with nursing care also create RN job satisfaction. The characteristics present in both groups are communication, teamwork, empathy and quality of care. (Sengin, 2001)

Sengin (2001) also noted that RN job satisfaction is higher when they are working in a supportive practice environment that is autonomous, communicative, and has the appropriate level of staffing to be able to complete the work.

Sengin (2001) describes the limitation of the study to lie within the information data set of the survey used. The researcher hoped to be able to include more information on demographics because age of the nurse could be a factor in job satisfaction. The researcher also believes that patient outcome can drive patient satisfaction; this information was also not available.

Patient satisfaction measures the patient's opinion about their level of satisfaction at the time they are taking the survey. Although this is valuable information for any organization, Reichheld (1996) tells us that the most important measurement for any organization should be the intent of the customer (patient) to return for repeat service. This is referred to as loyalty. In an article on loyalty, Piper (2005) agrees with Atkins et al (1996) that patient satisfaction is about meeting the patient's expectations. A hospital can have great clinical outcomes and deliver a high quality of patient care and yet fail to meet the patient's expectation (Piper, (2005). These expectations could be related to the timely response to a call for help or whether the patient felt communication was effective. Patients expect to leave the hospital with good clinical outcomes but if the patient does not feel that he / she was cared for by such things as a quick

response to a call for help or effective communication they may not return to the same hospital to care.

Customer and employee loyalty.

Reichheld (1996) discusses the work of a group of consultants that focused on helping companies to improve customer retention. The focus of the consultant group was primarily to increase the company's growth and profit. The belief is that increasing growth and profits would also increase employee satisfaction. But instead, Reichheld (1996) states that the consultants found a relationship between customer loyalty and employee loyalty (p. 2). The two are reciprocal and an organization cannot have one without the other. In his research Reichheld (1996) found that every company with high customer loyalty rating also had high employee loyalty. This could mean that hospitals that commit to be loyal to staff, patient and community could in return capitalize on this loyalty through improved patient and staff satisfaction (Piper, 2005). This return on investment occurs from patient returning for future health care and by patient recommending the hospital to others as a source for health care services. (Piper, 2005). The return on investment is also demonstrated by low RN job turnover rates and the RN recommending the hospital to others as a source for employment (Piper, 2005).

Reichheld (1996) also notes that employees working in companies that have a high level of loyalty are very proud that that the customers consistently receive good service from all of the company employees. Reichheld (1996) has studied employee and customer loyalty extensively and has expressed the following personal philosophy:

> Work that is congruent with personal principles is a source of energy. Work that sacrifices personal principles drains energy. Loyalty leaders offer people a fulfilling work experience and pride in their loyalties, which are based on values

rather than on mercenary convenience (p. 29).

As an experienced nurse manager, this researcher can relate to internal conflict caused to an employee when the company's mission, vision and values do not match their own. In contrast when the mission, vision and values match it creates a source of pride with that employee.

Piper (2005) describes ways in which organizations can gain loyalty. Basic to this success, the CEO of the organization (hospital) needs to define the vision that staff needs to follow and then teach the employees how this vision is to be followed, so that each employee and consistently deliver the same experience to the people being served.

Conclusions of the Comparison of RN Job Satisfaction to Patient Satisfaction

In summary, patient satisfaction with nursing care is the patient perception of how well the RN staff was able to meet the patient's needs (Atkins et al 1996). Caring, concern and information shared with the patients are characteristics that are most related to patient satisfaction. (Atkins et al,1996; Henrikson 2005; Sengin, 2001). The manner in which the RN conducts him/herself with the patient is key to the patient satisfaction with nursing care. Every time a RN nurse interacts with a patient it is within that RN's control to make that experience memorable (Henrikson, 2005). Both positive and negative experiences will be remembered but only positive experiences will build the patient's loyalty (Henrikson, 2005).

Leadership Style of the Nurse Manager and RN Job Satisfaction

Just as the RN has the ability to create a positive or negative experience with the patient, the nurse manager also has the ability to create a positive or negative experience with the RN's he / she is managing. The biggest reason people cite for leaving their job is due to dissatisfaction with their boss. Goleman, Boyatzis & McKee (2002). This section of the literature review will focus on the correlation of the leadership style of the nurse manager and the RN job satisfaction.

The questions asked on the NDNQI RN Survey (2009) practice environment include:

- RN involvement in hospital affairs
- Clear communication about the quality of care that is expected
- Supportive nurse manager that communicates and listens to issues
- Staffing resources.

These questions are reflective of the attributes of excellent leadership styles. This section of the literature review will explore leadership styles.

Factors related to RN job satisfaction.

Hayes, Bonner & Pryor (2010) conducted a literature review to understand nurse job satisfaction in the hospital setting. Nurse's work in a variety of different areas: operating rooms, emergency centers, critical care units, medical surgical units. Most rotating shifts are eight or twelve hours in length. While some nurses enjoy their jobs others do not. To gain better understand of the factors that contribute to satisfaction versus dissatisfaction, Hayes et al (2010) categorized the factors into three groups: intra-personal, inter-personal and extra- personal.

Intra-personal factors are those the nurse brings with them to the job such as age, educational level, and personality. Personality in this situation relates to one's ability to be able to cope with a negative situation and turn it into positive thinking. Inter-personnel factors relate to the nurse's ability to build relationships with others and include characteristics such as autonomy for decision making and well as joy and pride in one's work. Extra-personal factors are extrinsic factors controlled by the hospital such as amount of vacation time granted per year, and rate of pay (Hayes et al 2010).

The nurse manager has little control over intra-personal factors such as generational issues caused by different ages of employees, cultural, gender or educational backgrounds that

the nurse bring to the job, but being aware of these issues as potential sources of dissatisfaction the nurse manager can work strategies to build effective teams. The biggest satisfaction factor in the inter-personal satisfaction group is autonomy, and the relationship that the RN's have with each other, the MD's and the patients. (Hayes et al, 2010; Sengin, 2001). The nurse manager has the ability to encourage, support and assist the development of this factor.

As previously stated the extra-personal factors such as pay and the amount of vacation one gets in a certain year are determined by the hospital. Therefore the nurse manager cannot change these two factors but he / she can influence the ability for staff to be granted favorably work schedule that allows a better work life balance. (Hayes et al, 2010).

Hayes et al (2010) found that nurse manager has a role in promoting factors from each group: intra-personal, inter-personal and extra-personal to increase nurse job satisfaction. "Providing positive leadership, role-modeling, and understanding the local issues affecting the nurse" are three ways that the nurse manager can affect nurse job satisfaction (p.813). Hayes et al (2010) also state that "nurses can contribute to developing and sustaining an environment which is conducive to higher level of job satisfaction for themselves and their colleagues" (p.813). This is done by working on their own inter-personal relationships with their peers, and by speaking up and identifying workload, safety and quality issues.

Hayes et al (2010) literature review identifies that the nurse manager leadership style does play a role in the nurse job satisfaction and also acknowledges that nurses can contribute to their own satisfaction by working on their inter-personal relationships and by becoming involved in hospital issues such as quality and safety.

Limitations of the study include that this was a literature review only. The author's note that the search for articles related to their topic were acute care hospitals, therefore some articles that may have been unintentionally overlooked. (Hayes et al 2010)

Leadership style and RN job satisfaction.

Reyna (1992) studied the relationship between the nurse manager's leadership style and the RN job satisfaction (p. 11), with the effect of RN staff satisfaction on patient care (p. 51). Two leadership styles were compared: leadership by Structure and leadership by Consideration. (Reyna, 1992) Leadership by Structure is defined in Reyna's (1992) study as one in which the leader "organizes and defines the work…and establishes the work pattern" (p.52). Directly opposite is leadership by Consideration where the leader's behavior "conveys mutual trust, respect, friendship, warmth and rapport between the nurse leader and the staff" (Reyna, 1992 p. 52).

The setting for Reyna's (1992) research was an acute care setting in Central Texas. Participates were limited to (RN's) working full time on the day and evening shifts. RN's were randomly selected from 16 nursing units. Response rate was 100 per cent. The nurse manager of all 16 units were invited to participate and all agreed. Reyna (1992) used three questionnaires for her research: The Leader Behavior Description Questionnaire (LBDQ), Minnesota Satisfaction Questionnaire (MSQ) and a Patient Satisfaction Questionnaire (PSQ) The LBDQ was given to the nurse leader for the purpose of correlating leadership style and staff motivation. According to Reyna (1992) "the LBDQ has estimated reliability using the split-half method of .83 for the initiating structure scores and .92 for the consideration scores, respectively" (as cited in Halpin, 1957).

The RN's were given the MSQ in order to understand the level of satisfaction with intrinsic, extrinsic and general factors (Reyna 1992, p. 53). This questionnaire has both and long form and a short form. The short form was used in this study, and responses to each statement related to intrinsic and extrinsic factors are weighed according to the response. One point is given for very dissatisfied and five points are given for very satisfied. The score was obtained by adding the responses. A percentile score of seventy- five or higher is considered highly motivated and twenty-five or lower is not motivated.

Patients were given a PSQ which consisted of thirty-one questions. Reliability and validity studies have not been conducted on this tool.

In conclusion, Reyna (1992) found the data "indicated a significant correlation between a Considerate leadership style and intrinsic, extrinsic and general motivation levels among nursing staff" (p.143). The years of nursing leader experience and the level of nursing leaders' education also contributed to increasing the motivation level of the nursing staff. Reyna (1992) reports "no association between the level of motivation among nursing staff and satisfaction of patients" (p. 114).

Limitations to Reyna (1992) study include that number of PSQ's obtained were only from two units scoring high on motivation and two units scoring low on motivation. Increasing the sample size to more units could have a different result.

Reyna's (1992) study is significant because it demonstrates that a Considerate leadership style increases the motivation and satisfaction of the nursing staff. As nursing leadership competencies develop, one needs to consider training new leaders on developing trust, respect and rapport with one's staff. It is noted that Reyna's (1992) study did not show any correlation

between nurse job satisfaction and patient satisfaction. All other studies in this research project oppose this finding.

In 2009, McCutcheon, Doran, Evans, Hall & Pringle studied the relationship between the leadership style of the nurse manager, with the job satisfaction of the nurse and patient satisfaction. The four leadership styles were: Transformational, Transactional, Management by exception, and Laissez-faire (McCutcheon et al 2009). This study also included research into the effect of the span of control (SOC) on each of the leadership models. McCutcheon et all (2009) define the SOC as the number of reporting to a manager. (p. 50).

McCutcheon et al (2009) conducted this study in Ontario, Canada by surveying seven hospitals with similar organizational structure. Participation was voluntary but limited to medical surgical, obstetrics, day surgery nursing units. The final sample consisted of 41 managers, 717 nurses (96 % response rate) and 680 patients (99 % response rate).

McCutcheon et al (2009) collected data from the staff nurse using the Multifactor Leadership Questionnaire and the McCloskey-Mueller Satisfaction Scale The patients were given the Patient Judgments of Hospital Quality Questionnaire and the nurse managers completed the Managers' SOC Questionnaire.

McCutcheon et al (2009) report the reliability of the Multifactor Leadership Questionnaire as Cronbach alpha range from .57 for management by exception to .95 for transformational [leadership]. (p 53). The McCloskey – Mueller Satisfaction Scale showed a Cronbach alpha in this study to range from .39 to .84 and .92 for the overall scale. (p. 54).

In conclusion McCutcheon et al (2009) found that "Transformational and Transactional leadership style increased nurses' job satisfaction, while Management by exception decreased it" (p.61). The SOC did affect nurse job satisfaction. Nursing units experiencing Transformational

and Transactional leadership styles demonstrated less satisfaction with a higher SOC. Patient also were more satisfied with the care received on units were managers had a Transformational leadership style and lower SOC. McCutcheon et al (2009) demonstrated that the role of the nurse manager does have an effect on both nurse job satisfaction and patient satisfaction. More research is need as to determine the optimal SOC and / or adapting the leadership style to the SOC.

Nurse manger key characteristics influencing RN job satisfaction.

Fletcher's (2001) research on RN dissatisfactions includes comments from the RN's surveyed that the nurse managers were not visible. One nurse reported she works the night shift and has never seen her nurse manager. Complaints also included that the nurse manager was aware of problems on the unit and yet never addresses the issues. Another reported asking her nurse manager for help to resolve conflict and yet never received any help

Anderson, Manno, O'Connor, & Gallagher (2010) conducted a study at a 300 bed hospital in Pennsylvania using NDNQI data by focusing on the nursing units where RN's reported high satisfaction scores with the nursing leadership on their units. The sample size was five. Anderson et al (2010) conducted a focus group session with these five nurse managers and first asked each nurse manager to write down on a piece of paper one to two words as to why their units received high scores on satisfaction with leadership. All five nurse managers had visibility on their list and two nurse managers listed communication. Anderson et al (2010) noted that other words used by the nurse managers to describe their high level of RN satisfaction were "approachable, willing to help, fairness, role model, and supportive" (p. 186). These characteristics were placed in the category of respect and empathy (Anderson et al, (2010) p. 185).

Analysis.

In conclusion, Anderson et al (2010) found that creating a healthy work environment in which patient receive quality care needs to focus on leadership. From their focus study, Anderson et al (2010) developed a nursing leadership value model which incorporates visibility, and communication with respect and empathy. These four items are key components that were missing in the experiences recorded in Fletcher' 2001 research.

Although the study by Anderson et al (2010) had a small sample size, the results of the NDNQI survey done at this hospital focused on the five nurse managers that had the highest scores in nurse manager ability. This study suggests that the leadership style of the nurse manager should be explored further.

Leadership style affecting RN job satisfaction.

Morrison, Jones, & Fuller (1997) believe that models of nursing care delivery are changing and the leadership style of the nurse manager is critical in order for RN's to accept the changes (p.27). This study focused on 442 nursing department and included nurse administrators, nurse managers, RN's, licensed practical nurses, and nursing assistants. There were 275 useable surveys returned. Morrison et al (1997) used a survey composed of statements to reflect the leadership style of the manager, empowerment and job satisfaction. A Likert scale of 1 – 5 (not at all to frequently if not always) was used to score the responses. (p. 29).

The finding of Morrison et al (1997) was that both Transformational and Transactional leadership styles positively affected job satisfaction. (r = 0.64 and 0.35). Transformational leadership style directly correlated with empowerment (r = 0.26), and empowerment affected job satisfaction. (r = 0.41) (p.30).

Perception of quality and RN job satisfaction.

Leggat, Bartram, Casmir & Stanton (2010) conducted a research study to understand the nurses' perceptions of quality patient care with respect to empowerment and job satisfaction. In this study conducted at a regional hospital in Australia, 455 nurses received four questionnaires. The purpose of the first survey was to measure high performance work systems. The second survey measured psychological empowerment, the third measured job satisfaction, and the final questionnaire measured the nurse perceptions of quality patient care. The final sample size consisted of 182 usable surveys (p. 358).

The surveys for high performance work systems included questions in each of the following eight categories:

- "Employment security
- Selective hiring
- Extensive training
- Self-managed teams
- Decentralized decision making
- Information sharing
- Transformational leadership
- High quality work" (Leggat et al 2010 p. 358 -359).

Leggat et al (2010) used the following four components for the psychological empowerment survey:

- "Competence
- Impact
- Meaning

- Autonomy " (p.359).

Job satisfaction was measured using a three item satisfaction scale. The scale was "all in all, I am satisfied with my job," "in general, I do not like my job," and "in general, I like working here" (p. 358)

Perception of quality of patient care was measured using statement that the nurse responded to using a 5 point Likert scale. One was "strongly disagree" 2 – "disagree" 3 – "neither agree nor disagree 4 – "agree" and 5 – "strongly agree"

Leggat et al (2010) used a "principle component analysis on the items to measure high performance work systems, empowerment, job satisfaction and quality of patient care to check for common method variance" (p. 359). Leggat et al (2010) found high performance work systems to be positively related to empowerment, but not significantly related to job satisfaction or with quality patient care. Empowerment was related to job satisfaction and quality of patient care. Job satisfaction was related to quality of patient care. (p. 359). The benefits of the finding are twofold. First, it showed that hiring the right person, intensive training, employee involvement in decision making, communication, transformational leadership and quality of work have an impact on empowerment (Leggat et al (2010). Secondly, the finding supports the relationship between empowerment and job satisfaction. According to Leggat et al (2010) empowerment means "that an individual finds his/her work meaningful and provides [job]satisfaction because the employee feels competent and believes they have a positive impact on the organization" (p.360). Empowerment adds meaning to the work of the nurse and helps the nurse to feel confident and important in his / her role.

Limitations to this study include the fact the term nurse is not defined, therefore it could include caregivers other than RN staff. In spite of having significant sample size, the study was only performed in one hospital.

Tomey (2008) conducted a literature review to identify nursing leadership style and the effect on work environment. Tomey (2008) reports that leadership styles of the nurse managers that are inpatient, defensive, controlling, and lack recognition are associated with poor RN job satisfaction whereas excellent leadership styles are those where the nurse manager is visible, and seeks feedback from the RN staff. Work environments that are satisfying to the nurse are also satisfying to the patients (Tomey, 2008).

Conclusions of nurse manager leadership style and RN job satisfaction.

In summary, it is the role of the nurse manager to provide a supportive work environment. The literature support a relationship between the management style of the nurse manager and the RN job satisfaction. Key characteristics of the nurse manager found to be associated with a positive supportive work environment are role modeling (Hayes et al (2010), mutual trust and respect (Anderson et al, 2010; Reyna, 1992), visibility (Anderson et al, 2010; Fletcher, 2001; Tomey, 2009), communication (Anderson et al, 2010; Fletcher, 201; Tomey, 2008), empathy (Anderson et al, 2010; Sengin, 2001), and empowerment to develop autonomy (Leggat et al, 2010; Morrison et al 1997).

Strategies for the Nurse Manager to Affect Change on RN Job satisfaction

This section of the literature review will provide support for the role of the nurse managers' leadership styles to effectively be able to address issues and put strategies in place to impact RN job satisfaction. The leadership of the nurse manager can positively affect how change is accepted (Morrison et al, 1997).

Stanowski (2009) reports that "the ability to understand employees is the first step in designing a strategy to engage them to create a hospital experience that results not just in great outcomes, but in a positive patient experience" To better understand hospital employees Stanowski (2009) conducted a study to understand the attitudes of professional staff toward clinical support staff, and the effect of this on job satisfaction. In this study, 700 health care professionals were randomly contacted to participate in a telephone survey. The sample size included: "nurses - 68%, physicians - 11%, support staff - 10%, technical staff – 3%, patient services staff – 3%, executives less than 1% (Stanowski (2009).

Stanowski (2009) found the survey defined 5 categories of attitudes that the professional had for the support staff. These are listed as:

- "Young and committed
- Skeptical caregivers
- Delighted believers
- Disgruntled believers
- Disgruntled cynics" (p.58)

It was concluded that clinical support staff does have an effect on the job satisfaction of the professional staff because "disgruntled employees can cause morale problems in others if left unchecked"(p. 58). Stanowski (2009) finding is supportive to this research because attitudes the professional staff and support staff had for each other needed to be changed in order to derive higher overall employee job satisfaction. The research of Stanowski (2009) resulted identifying a three step approach which was adapted from the Studer Group principles. Stanowski (2009) believes this three step approach to be most influential in changing employee behaviors.

Rounding on Staff: Managers follow set schedule to talk to and get to know

employees. During structured discussions, managers learn employee attitudes and behaviors, things that are working well, and employee that deserve recognition.

Thank you notes: Mangers write a simple thank you note for employee achievement and send the note to their home.

Key Words at key times: Train employees to have empathy for the patient by using the right words at the right times (p. 59).

The foundation of an organization is the constructive culture. Kane-Urrabaza (2006) claims "Culture represents the personality of an organization, having a major influence on both employee satisfaction and organizational success" (p.188). The nurse manager plays a key role in being able to explain, maintain and role model the existing culture in the hospital. Wooten & Crane (2003) describe organizational culture as the cognitive map for members so they can understand what is valued in the organization and how to direct their behaviors accordingly" (p.275).

The constructive culture also identifies the type of quality focus and the code of conduct the hospital will follow. The nurse manager sets the tone for the quality on the nursing unit (Lageson, 2003). Research conducted by Lageson (2003) evaluated the relationship between quality care, nurse job satisfaction and patient satisfaction. In a study was conducted between 1998 and 2000 in non-ICU units in the Midwestern region of the United States. A series surveys were used to collect data for this research project.

According "quality focus was measured using the TQ Manager Feedback Instrument. This instrument consisted of 25 questions focused on the manager's vision of quality, skills of the manager to implement quality, and effectiveness of the leader. The instrument was sored

using a Likert scale from 1 – 5 "almost never" to "almost always" (p.338). The survey instrument was given to nurse managers as well as nursing staff.

Job satisfaction of the RN's nurse managers and other nursing personnel was measured using a survey consisting of 31 questions and was scored on a Likert scale from 1 to 5. ("low" to "high" satisfaction. (Lageson, 2003, p. 338).

Patient satisfaction was measured using a standard patient satisfaction survey. This survey measured overall patient satisfaction, and satisfaction with medical outcomes and nursing care. (Lageson, 2003, p. 338).

Lastly, there were two additional survey used to measure unit effectiveness and staff perception of quality. Both used a Likert scale from 1 – 5 "strongly disagree" to "strongly agree." (Lageson, 2003, p. 338).

Lageson (2003) discovered a relationship between a high quality focus and high nurse job satisfaction. However at Atkins et al (1996) point out that the patient is more concerned with the attitude and communication from the nurse than with the quality of the care provided. However it should be noted that the American Nurses Association has defined patient satisfaction as a quality outcome of the RN's practice, therefore making this a quality measure. (Bolton et al 2003; Kane-Urrabazo, 2006; Leggat et al, 2010).

One of the roles of the nurse manager is to take care of the RN's that take care of the patients. Swearingen & Liberman (2004) used a qualitative approach to research servant leadership and claim that "there is a huge connection between the way employees are treated and the way they treat the customer" (p. 106) In an article on servant leadership, Swearingen & Liberman (2004) identified the most important characteristics of a nurse manager to be "high integrity, fairness and empowerment" (p. 100).

Empowerment is needed in order to build trust and respect according to Laschinger & Finegan (2005). In their study, Lashchinger & Finegan (2005) randomly mailed surveys to staff nurses working in medical surgical or intensive care units in Ontario. The sample size was 289 or 59% return rate. The survey's measured the conditions of work effectiveness, interactional justice, respect, trust, job satisfaction and organization commitment. All answers were scored on a Likert scale (Lashchinger & Finegan 2005). Laschinger & Finegan (2005) concluded that staff that are empowered experience a higher level of respect and trust with management and therefore have a higher level of job satisfaction and a greater commitment to the organization.

Leadership behavior in successful organizations was study by Larsson & Vinberg (2010). Their research included detailed study of four companies, (a supermarket, and two small organizations and a hospital) Three out of the four were given the designation of the "Best Place to Work in Sweden." The fourth organization scored high in leadership and quality of work. Larsson & Vinberg (2010) used a "comparative qualitative strategy" to analyze the common characteristics of these companies. Their list includes, "strategic and visionary leader role, communication and information, authority and responsibility, worker conversations plainness and simplicity, humanity and trust, and walking around"
(Larrson & Vinberg 2010 p 324 – 327).

In summary, the role of the nurse manager is to set the expectation for the quality of nursing care delivered. Key to making this happen is being able to understand the RN's and then put strategies in place to create an environment that is provides both RN job satisfaction and patient satisfaction. The nurse manager needs to understand the culture of the hospital and needs to be able to articulate the expectations of the culture (Kane- Urrbabazo, 2006). By combining the key characteristics of communication, visibility and respect and empathy (Anderson et al,

2010), with rounding, recognition and key words at key times (Stanowski, 2009; Studer, 2010) the nurse manager can empower the staff and affect change on the practice environment. (Laschinger & Finegan, 2005; Leggat et al, 2010; Morrison et al, 1997; Swearingen & Liberman, 2004).

RN Care Delivery Changes That Can Affect Changes in Patient Satisfaction

In a study, done in England on releasing a time to care, Wilson (2009) reports that recent survey of 2100 nurses indicated that nurse feel they do not have enough time to spend with their patients. The nurses also believe patient satisfaction is low as a result of this. The patient is the center of all hospital activities, and therefore changes made to improve care delivery need to focus around the patient and not around the staff (Wilson 2009). Fleming, Coffman and Harter (2005) discuss high performance organizations and claim that emotional satisfaction of the customer is critical to any organization because emotionally satisfied customers are loyal and therefore contribute more to the financial bottom-line. These are the repeating customers that highly recommend the organization. Every interaction an RN has with a customer represent an opportunity to create a positive or negative experience (Bartzak, 2010; Fleming et al, 2005; Henrikson, 2005).

The patient satisfaction with nursing care is the patient perception of the RN meeting the patient's needs. (Atkins et al, 1996; Meade, Bursell & Ketelsen, 2006), In their study Meade et al (2006) noted that many studies have been conducted to understand the patient experience with nursing care and the most important attitudes the nurse can have continue to be "smiles, humor, reassurance, kindness, compassion, gentle, touch, and the nurses ability to anticipate the patient needs" (p. 59). This is consistent with the finding of Atkins et al (1996) that "concern, caring

attitude and information provided were the most important nursing characteristics for patient satisfaction" (p. 20).

Healthcare has changed so much in the past 30 years making it necessary for RN's to develop new ways of effectively doing their work. Just as nurse managers can use rounding to connect with the RN staff, the RN's can use rounding effectively and efficiently check on their patients This is a proactive approach to paying timely attention to meeting the patient needs and getting their own task lists completed. Meade et al (2006) conducted a study on hourly rounding in 14 hospitals and 27 nursing care units. Each unit needed to commit to implement one or two hour rounding schedules for a six week time frame. Each experimental unit also had a control unit. The rounding was done by both RN's and nursing assistants using alternate schedules with one group rounding on even hours and one group on odd hours.

During the period of the study the units reported that patient used their call lights a total of 108,888 times. The reasons for putting on the call lights in order of frequency were noted to be: "bathroom assistance, intravenous/ pump alarms, accidental push of the call light, miscellaneous, pain medication, needing a nurse, and positioning assistance. (Meade 2006 p. 63). Most of these reasons for using the call light do not need the interaction by an RN. Meade (2007) reports that the use of call lights was reduced on units doing one hour rounding by 45% and on unit doing two hour rounding by 18.9% (p.25). This is supportive of the research completed by Storfjell et al (2008) in reducing the non- value added for of the RN.

Meade (2007) reports that initially the nursing staff was very reluctant to take on this study because they felt that this would add more duties to their already overbooked task list and result in even less time to spend with the patient. However, the reverse was found to be true, by

being proactive with rounding the nursing staff actual had more time to care for the patient and more time for charting.

According to Studer Group (2010) the study conducted by Meade et all (2006) also showed a twelve point increase in patient satisfaction in the one hour rounding group and improvements were also noted in falls reduction and lower incidents of incidents of skin breakdown.

Ford (2010) also conducted a rounding study at Baltimore Washington Medical Center. In this study the researcher did hourly rounding on total of 51 patients varying in age from 21 to 90 for a period of three weeks. Ford (2010) conclusions support Meade et al (2006). The call usage decreased which allowed nurse more time to spend with their patients. Ford (2010) states "During nursing rounds, the nurse get a good grasp on the patient's needs and uses the opportunity to plan with the patient" (p 190). Ford (2010) also noted the falls decreased and related this to the fact that nurses are rounding every hour thus decreasing the need for the patient to attempt to get up alone. The rate of pressure ulcers decreased because patients were being repositioned more often, and patient satisfaction with nursing care and nursing job satisfaction increased.

Rounding on patients' was found to increase nurse satisfaction by helping the nurse to be more organized and allowing for better use of time by being proactive with the patients' needs. Ford (2010) Patient satisfaction also increased because of rounding. The nurse's presence allowed for increased communication between nurse and patient (Ford, 2010; Meade et al, 2006).

Patients are fearful when coming into the hospital and they are not sure what to expect. (Henrikson, 2005; Meade, 2006). Concern, kindness and sharing of information have been

identified as the most important nursing characteristics for patient satisfaction (Atkins et al, 1996; Henrikson, 2005). Strategies RN's can use to effectively communicate with patients are "key words at key times" (Studer, 2008 p. 3; Stanowski, 2009). According to Studer (2008) communication is very important in any relationship. Studer (2008) claims that "key words at key times helps… to alleviate customer anxiety and develop loyalty" (p. 3). Key words at key times are really a communication framework developed by the Studer Group to assist the RN to improve the process of information sharing. Key words at key times helps to reduce the fear the patient is feeling, and helps to increase the patients understanding of what is happening and why. This increases trust and thus builds loyalty.

Another strategy the RN can use to affect change on the patient satisfaction is to move the location of the shift report from a conference room to the bedside thus bringing the process to the patient (Wilson, 2009). Bedside report supports and promotes nurse- patient relationship. According to Caruso (2007) the Joint Commission of Accreditation of Healthcare Organization established a national patient safety goal that "organizations need to encourage active involvement of patient and their families in the patient's own care" (as cited by JCAHO, 2005 p. 19). Bedside report allows the patient to hear information directly from the RN's providing the care. This enables the patient to participate in his/her care by having input into the short team and long term goals for the progression of their care. Patients are also more compliant with their care because they were able to have input and thus have less anxiety over what is happening to them. Bedside report also allows for family participation if the patient consents to this level of involvement (Studer Group, 2010).

Caruso (2007) conducted a study on bedside report on a medical surgical cardiology unit in Arizona. After a literature review on bedside report, Caruso (2007) implemented a change

from traditional end of shift report to bedside report. Initially the RN staff had concerns that report at the bedside would take longer than 30 minute time allocation. The RN also expressed anxiety over speaking in front of the patient and family. After analyzing the anxiety the reason it existed was really a fear of the patient and/ or family taking over the time frame allowed for discussion and therefore the RN would not be able to complete their task on time without interrupting the patient and or family. The fear was more about their inexperience with this type of interruption in communication.

The patients reported satisfaction after experiencing bedside report. Caruso (2007) reported that patients felt more secure and less fearful with the addition of bedside report. Patient comments include: "I never knew nurse were so professional and organized" (p. 21). Another patient "referred to the nurse-to-nurse report as the business meeting and therefore made sure to be present during this meeting" (p. 21).

Limitations to this study are that nursing satisfaction is not reported. In the research the nurses expressed their concerns with bedside report as patient having to listen to the same background information every time and therefore requested a change in the process but agreed to continue the bedside communication (Caruso, 2010).

Conclusion of Literature Review

This literature review leans support to the concept that there is a relationship between RN job satisfaction and patient satisfaction with nursing care (Atkins et al, 1996; Fletcher, 2001;Glasper, 2010; Sengin, 2001). The leadership style of the nurse manager has a direct relationship on RN job satisfaction which has an indirect impact on the patient satisfaction with nursing care (Hayes et al, 2010; Fletcher, 2001; Legget et al, 2010, McCutcheon et al, 2010; Morrison et al, 1997; Reyna, 1992). The comparison of the HCAHPS scores and the NDNQI

scores will be used to understanding the relationship between the two RN job satisfaction and patient satisfaction with nursing care.

Fleming, et al (2005) note that "employee and customer engagement are intimately connected – and since taken together they have an outsize effect on financial performance - they need to be managed holistically" (p. 113). In healthcare the customer is the patient. It is very important for the financial health of a hospital to increase their HCAPHS scores by having the RN provide a great patient experience thus increasing the likelihood of potential patients choosing that hospital for their source of health care. It is equally important for nurse managers to have a highly engaged work groups of RN's, because research has demonstrated that highly engaged work groups deliver higher productivity, are more engaged through empowerment, have a higher level of job satisfactions and organizational commitment (Fleming et al, 2005; Laschinger & Finegan, 2005).

The role of nurse manager is to develop a leadership style that is supportive to understanding and facilitating the needs of the RN in order to effectively empower them to provide a care that leads to patient satisfaction (Stanowski (2009). The most effective characteristics of the leadership style are communication, visibility, and respect and empathy (Anderson et al, (2010). These characteristics need to be combined with an understand of the culture of the organization and strategies of rounding, recognition and key words at key times in order to affect a change in RN job satisfaction (Stanowski, 2009; Studer, 2010). This in turn will help the RN to develop evidence based care delivery changes using rounding, bedside report and key words at key times (Studor, (2010).

Definitions

The purpose of this thesis is to explore the possible relationship between RN job satisfaction and patient satisfaction with nursing care and secondly to understand nurse managers' role in improving RN job satisfaction and the impact of that improvement on patient satisfaction with nursing care. In this thesis the terms RN, HCAHPS and NDNQI, patient satisfaction with nursing care and RN job satisfaction are frequently used. It is important to the research that each term has a standard definition.

Registered Nurse

A registered nurse (RN) has received specialized education in human anatomy, physiology disease pathology, microbiology, mathematics, psychology, and pharmacology. During the course of this education the student participates in not only academic studies but takes part in clinical education in hospital with real patients. This training requires either a two year associate degree or a four year baccalaureate degree. Once the training is completed this nurse must take an examination to be licensed as a registered nurse. In addition to providing routine care (bathing, walking, checking vital signs) to the sick, the RN is the only type of nurse that is allowed to perform patient assessment, make nursing diagnosis and develop a nursing plan of care. This makes the RN's responsible for the total care of the patient and therefore RN's delegate most of the nursing care tasks to nursing assistants. RN's are also responsible for discharge planning and patient education.

HCAHPS

According the Centers for Medicare and Medicaid Services (CMS) (2011) "the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is the first national, standardized, publicly reported survey of patients 'perspectives of hospital care" (p.1). The

results of HCAHPS surveys are available on line therefore making the scores transparent to the public. For the first time the public is able to compare hospital quality performance and satisfaction with care delivered by both nurses and physicians. The public is able to choose hospital for care based on the with the highest scores. This study will use the reported HCAHPS scores from City Hospital.

NDNQI

National Database of Nursing Quality Indicators (NDNQI) is a national nursing database that provides reporting of nursing outcomes at the unit level. This is used to evaluate nursing care. According to Montalvo (2007) "the NDNQI database in managed at the University of Kansas Medical Center's school of nursing and is under contract with the American Nurses Association (ANA)" (p. 3). In order to participate in the survey hospitals are required to be members and need to sign a contract and pay a fee. RN job satisfaction is an important indicator of the work environment. The ANA has made patient satisfaction a quality outcome RN's role. (Bolton et al 2003; Kane-Urrabazo, 2006; Leggat et al, 2010). Therefore the NDNQI also surveys RN job satisfaction. This research study will use the NDNQI RN Survey scores from City Hospital.

Patient Satisfaction with Nursing Care

The patient satisfaction with nursing care is the patient perception of the RN to timely meeting the patients' needs (Meade et al, 2006). Meade et al (2006) claim that "several studies have evaluated patient perception of nursing care and consistently identified specific elements of nursing care that are very important to patients: smiles, humor, reassurance, kindness, compassion, gentle, touch, and the nurse's ability to anticipate the patient needs" (p. 59). This is consistent with the finding of Atkins et al (1996) that "concern, caring attitude and information

provided were the most important nursing characteristics for patient satisfaction" (p. 20). This definition is consistent with the types of questions asked on the HCHAPS survey.

(see Addendix 1)

RN Job Satisfaction

Daugherty (1992) describes RN job satisfactions as the "positive sense that one has about the work that occurs when personal-profession connections are established between nurse and job" (p.193). The components of the work done by the RN are multifaceted, however the "satisfaction the RN experiences is always related to the RN's perception of the quality of care one is practicing, the time one has to complete their work and the enjoyment derived from it' (Sengin, 2001, as cited in Hinshaw and Atwood, 1983 p. 156). This definition is reflective of NDNQI statements. (see Addendix 2).

Methodology

The purpose of this thesis is to explore the relationship between RN job satisfaction and patient satisfaction with nursing care and secondly to understand the nurse managers' role in improving RN job satisfaction and the impact of that improvement on patient satisfaction with nursing care. Brady (2009) points out that "HCAHPS is one tool for understanding what is going on in your organization, but it is not the only tool. To be meaningful, the HCAHPS scores must be combined with other sources of information that capture not only the patient experience but also the staff experience" (p.12).

This in-depth qualitative study will use a comprehensive literature review and an in depth case study from one hospital to compare the HCAHPS survey with the NDNQI RN survey. After obtaining consent from City Hospital and Augsburg College this research study project

will use preexisting data collected from the publically reported HCAHPS survey with the NDNQI RN survey from City Hospital to answer the following research questions:

1. What is the relationship between RN job satisfaction and patient satisfaction with nursing care?
2. What effect does the leadership style of the nurse manager have on RN job satisfaction?

HCAHPS Survey

The results HCAHPS Survey from 2009 will be used to measure the patient's satisfaction with nursing care at City Hospital. According to the Centers for Medicare and Medicaid the HCAHPS survey consisting of 27 questions related to the patient's hospital stay is given to adults that are randomly selected anywhere from 48 hours to 6 weeks after discharge from the hospital. Surveys are sent to the patients via mail, telephone, mail with telephone follow-up or active interactive voice recognition. Participation is voluntarily (U.S. Department of Health and Human Services, 2011). The data does not contain any personal identifiers or health information and therefore represents low risk to the people that filled out the surveys and in not in violation of HIPPA.

A list of questions from the HCAHPS survey that will be included in this research project can be found in Addendix 1. The HCAHPS data that was collected from April 2009 -- June 2010 will be used in this research study. HCAHPS reports one years' worth of information on the website. The website is updated quarterly (U.S. Department of Health and Human Services, 2011). This time frame was chosen to coincide with the date of the NDNQI survey.

Understanding the HCAHPS Survey

The data from the questions on the HCHAPS survey are reported to the public in the following categories:

- Nurses communicated well with patients;
- Doctors communicated well with patients;
- Patients received help quickly from hospital staff;
- Patients' pain was well controlled;
- Staff explained medicines before administrating;
- Bathrooms were kept clean;
- Area around patients' room were kept quiet at night;
- Received information about what to do during recovery at home;
- Overall hospital rating; and
- Likelihood of recommending the hospital to friends and family. (U.S. Department of Health and Human Services)

The categories regarding doctors communicating well with patient and the physical hospital environment will not be addressed in this research study and therefore questions regarding this section are not listed in Appendix 1. The HCHAPS questions related to doctors communicating well and the physical environment are not included in HCHAPS survey listed in Addendum 1.

The U.S. Department of Health and Human Services reports that patient's use a Likert scale to answer the questions on the HCAHPS survey. The scale is "Never," "Sometimes," "Usually," or "Always."

The sample size of the patients participating in the HCHAPS survey is not reported. This is a limitation to both of the HCHAPS data sets.

The researcher has HCAHPS data in hard copy format from April 2009 – June 2010. This data in contained in two data sets and was obtained on December 11, 2010 and on April 24th 2011 respectively from www.hosptialcompare.hhs.gov. This information will be stored in a locked filing cabinet for three years from the commencement date of this research study and then will be destroyed.

NDNQI RN Survey

City Hospital belongs to the NDNQI and participates in an annual RN job satisfaction survey. RN participation in the survey is voluntary. NDNQI conducts the survey via the internet with the coordination from the hospital employed NDNQI liaison, therefore protecting the confidentiality of the RN. The RN's are given access to the web address and supplied with a password in order to take the survey. The survey results are tallied and reported back to City hospital via the internet through a password protected site. The return data does not contain any personal identifiers therefore represents no risk to the people who completed the survey.

Understanding the NDNQI Survey

NDNQI divides the survey into of three sections: "practice environment," job enjoyment," "RN work context." (NDNQI RN Survey, 2009) The "practice environment" is related to the RN's perception of:

- Involvement in important issues regarding the hospital decisions.
- Quality of care delivery.
- Skill and support of the nurse manager.
- Appropriate number of staff to do the work
- Relationship between the RN and the MD. (NDNQI RN Survey, 2009).

Questions related to the relationship between the RN and MD will not be used because the focus of this study is RN job satisfaction and patient satisfaction with nursing care.

The RN's respond to questions and comments is this section using a Likert scale with rating from 1 – 4:

- 1 - "Strongly Disagree."
- 2 – "Disagree."
- 3 – "Agree."
- 4 – "Strongly Agree." (NDNQI RN survey 2009).

Job enjoyment refers the feelings the RN's have about the actual job. The statements in this section are related to joy and pride in their work versus the degree to which the RN are seeking other position and / or dislike coming to work (NDNQI RN survey, 2009).

The RN's respond to the job enjoyment section by using a Likert scale with a range from 1 – 6:

- 1 – "Strongly Disagree."
- 2 – "Disagree."
- 3 - "Tend to Disagree."
- 4 – "Tend to Agree."
- 5 – "Agree."
- 6 – "Strongly Agree." (NDNQI RN survey, 2009).

NDNQI converts this number to a T score to report the average score for all the RN's working in City Hospital that responded to the survey (NDNQI RN survey, 2009).

The RN work context includes five categories related to the last shift the RN worked prior to taking the survey. The comments relate to the RN's insight into:

- Quality care he/ she felt was provided.
- Adequacy of orientation to the nursing unit on which he /she is working.
- Likelihood of recommending the hospital as a place of employment.
- Questions regarding the last shift the RN worked (NDNQI RN survey, 2009).

Questions in this section related to quality are rated on a Likert Scale using a range from 1 -4:

- 1 – "Strongly Disagree."
- 2 – "Disagree."
- 3 - "Agree."
- 4 – "Strongly Agree."

Questions regarding orientation and recommendation as places to work are scored on Likert scale with a range from 1 – 6;

- 1 – "Strongly Disagree."
- 2 – "Disagree."
- 3 - "Tend to Disagree."
- 4 – "Tend to Agree."
- 5 – "Agree."
- 6 – "Strongly Agree." (NDNQI RN survey, 2009).

Questions related to situation on the last shift worked are answered as "Yes" or "No" and are reported as percent of "yes" responses (NDNQI RN survey, 2009)

The NDNQI RN survey used in this study was conducted from September 14th through October 4th, 2009. According to City Hospital, twenty-one nursing units participated in this

study. The sample size was 645 RN (a 71% response rate). A complete listing of the statement and questions from the NDNQI's (2009) RN survey used in this research are found in Addendix 2.

The NDNQI information is in hard copy format and is protected in a locked filing cabinet. This information will be stored in a locked filing cabinet for three years from the commencement date of this research study and then will be destroyed.

The results of the NDNQI RN survey are reported as mean scores and not as an actual percentage of the number of participants rating each level in the Likert scale. This represents a limitation to this data set because it would be more effective to the research to know the actual percentage of RN's that disagree with the statement in the survey.

Comparing HCAHPS Data to NDNQI Data

In this qualitative research study the results from the HCAHPS will be placed in a table with values listed for each category. To demonstrate stability, scores from two time frames will be presented. Secondly, the NDNQI data will also be placed in a table listing the scores for each category.

The scores for the individual items in the practice environment and RN work context sections of the NDNQI RN survey are reported as mean scores (NDNQI RN survey, 2009).

The HCAHPS results are reported according to the percentage of patients that rated each question as "Always".

The HCAHPS survey and the NDNQI RN survey will be used to explore and understand the relationship between RN job satisfaction and patient satisfaction with nursing care, by determining if there are any patterns occurring in the reported data of both sets. These patterns will be used to answer the first question:

1. What is the relationship between RN job satisfaction and patient satisfaction with nursing care?

To explore the relationship between the management style of the nurse manager and the RN job satisfaction the scores from the NDNQI "nurse manager ability" will be discussed with the scores from the NDNQI RN "job enjoyment" and "practice environment." These comparisons will identify patterns to explain answers to the second research question:

2. What effect does the leadership style of the nurse manager have on RN job satisfaction?

Recommendations from evidence based practice will be included to assist the nurse manager and the RN to make appropriate changes in care delivery in to improve the satisfaction of both groups. These recommendations will provide answers to the third and fourth questions.

3. What is the role of the nurse manager in improving RN job satisfaction?
4. What is the nurse manager's role in improving the patient satisfaction with nursing care?

Summary

This qualitative research study will focus on a comprehensive literature review followed by an in depth case study comparing City Hospital's data collected from the 2009 HCAHPS survey with the data collected from the 2009 NDNQI RN survey. Both surveys were conducted by sources external to City Hospital therefore confidentiality of the survey participants is protected with both the RN and the patient groups because the researcher only has access to the results of the data. The data does not contain and personal identifiers therefore represent no risk to the people that filled out the surveys. The data results also do not contain any health

information from the patient population and is therefore not in violation of HIPPA. City Hospital is a fictitious name and therefore the confidentiality of the real hospital is protected.

Discussion of Finding

Results of the HCAHPS Survey

Table 1 presents the scores that City Hospital received on the HCAHPS survey from two time frames: April 2009 through March 2010 and July 2009 through June 2010. Two time frames are used for comparison and to assess stability and consistency of the scores (U.S. Department of Health and Human Services).

Table 1 HCAHPS Data from Two Time Frames

City Hospital		
	Patient Group 1	Patient Group 2
Time Frame	April 2009 – March 2010	July 2009 – June 2010
Nurses communicated well	67%	65%
Patients received help quickly	53%	51%
Pain was well controlled	65%	64%
Medicines explained	60%	58%
Received information about recovery at home	77%	76%
Overall hospital rating	56%	54%
Likelihood of recommending hospital to friends and family	68%	65%

Note: Percentage of patient responding with "Always"
Information obtained from (U.S. Department of Health and Human Services)

Definitions of the HCAHPS Survey Questions

In order to understand how the questions on the HCAHPS survey (Addendix1) relate to the categories listed in Table 1, the U.S. Department of Health and Human Services provides a definition of each category on their hospital compare website. (pp. 1-6) The definitions are as follows:

Category	Definition
Nurses Communicated well	Nurses explained things clearly, listened carefully to the patient and treated the patient with courtesy and respect.
Patients' receiving help quickly	Patients received help quickly when using the call button to go to the bathroom or to use the bedpan.
Patients' pain was well controlled	Pain was well controlled and the hospital staff did everything they could to help patient with their pain.
Explained medications	Hospital staff told the patient what the medication was for and what the side effects might be before giving the medication to the patient.
Received information about recovery at home	Hospital staff discussed help they would need at home and reported they were given written instructions about symptoms of health problems to watch for during their recovery.
Overall rating the hospital	The score the patient gave hospital on a Likert scale of "0" which is the worst hospital to "10" which is the best hospital.

Note: Definitions from U.S. Department of Health and Human Services

The definitions refer to the term "hospital staff." At City Hospital patient care is delivered by RN's and nursing assistants. Therefore, the term nurse in the definition equals an RN at City Hospital. It is the sole responsibility of the RN's to administrate medications to patients. RN's are also responsible for the explanation of discharge instructions.

Analysis

Table 1 indicates that the majority of the patients in group 1 and in group 2 rated "Always" to all of the items. Items consistently rated with the highest percentage of "Always" in both patient groups were:

- "Received information about recovery at home."

- "Likelihood of recommending hospital to friends and family."
- "Nurses communicated well."
- "Pain was well controlled."

Items rated with the lowest percentage of "Always" in both groups were:

- "Overall rating of the hospital."
- "Patients received help quickly."

The U.S. Department of Health and Human Services reports these same satisfaction measures for all hospitals in the U.S. When City Hospital is compared to norm groups of hospitals in the US and in Minnesota the percentage of patient rating "Always" is lower for all items (U.S. Department of Health and Human Services, 2011).

Patients in both group 1 and in group 2 report their greatest satisfaction in the area of "receiving information about recovery at home." The scores for "patients receiving help quickly," and "overall rating of the hospital are the lowest," thus representing the greatest opportunity for improvement (U.S. Department of Health and Human Services). The scores are similar for both time periods.

Results of the NDNQI RN Survey (2009)

"Practice environment."

Table 2 presents the scores of the "practice environment" from City Hospital according to the NDNQI RN 2009 survey.

Table 2 Practice Environment Scores

Categories in the Practice Environment	Average Rating of Agreement
Nurse Participation in Hospital Affairs	2.32
Nursing Foundation for Quality of care	2.82
Nurse Manger Ability, Leadership Support	2.57
Staffing and Resource Adequacy	2.38
MEAN Practice Environment Score	2.62

Note: 1 is "Strongly disagree" and 4 is "Strongly Agree" (NDNQI RN survey 2009)

Analysis of "Practice Environment."

The scale for this section is 1 – 4 (1 is "Strongly disagree" to 4 is "Strongly Agree"). This means that 2.5 is the neutral point on the scale between 1 and 4. Therefore, scores above 2.5 would mean the average rating was in the "Agree" direction and below 2.5 is in the "Disagree" direction. In the "practice environment" section of the survey, the RN's tend to disagree with the statement regarding "participation in hospitals affairs" and "staffing and resource adequacy" (NDNQI RN 2009 survey). The RN perception of inadequate staffing could relate to the patient perception of not receiving help quickly.

From the researcher's experience the RN staff at City Hospital frequently complains about staffing levels being inadequate. The Charge nurse on each unit decides on the amount of staff needed for the next shift with the use of a staffing grid. If the unit is extremely busy the Charge nurse is not allowed to staff above the level on grid unless the decision is approved by the nurse manager. There could be a relationship between the perception of not being included in hospital decisions and the staffing resources on each unit as a result of this.

"Job enjoyment."

According the NDNQI RN survey, 2009 RN's are asked to rate the following comments on a scale of 1 – 6 ("Strongly Disagree" to "Strongly Agree").

- "Fairly well satisfied with current job.

- Would not consider taking a different job.
- Have to make themselves come to work much of the time.
- Are excited and happy about their job almost every day.
- Enjoy their jobs more than the average worker does.
- Feel that each day on their job will never end.
- Find real enjoyment in their work." (NDNQI RN survey, 2009)

Analysis of "Job Enjoyment."

The scores of the ratings in this section were averaged to determine a T score for this section. According to NDNQI RN survey, 2009, a "T score less than 40 is low, 40 – 60 is moderate, and 50 represent the midpoint." The score for City Hospital was reported to be 50.99, which NDNQI states as "moderate". The RN's rated the mean practice environment as 2.62, which means that most RN's tended to agree with the questions in that section.

The scores of job enjoyment section are in line with the mean score of the practice environment. This could mean that overall the RN's remain interested in their work and still enjoy the practice of nursing but find frustration with the lack of participation in hospital decision and staffing resources, which were the only two areas in the "practice environment" section that the RN's rated towards disagreement.

"RN work context."

This section of the NDNQI RN survey 2009 is focused on ten separate components. Only four of those components will be discussed in this section:

1. "perception of quality;
2. amount orientation the RN received with the recommendation of City Hospital as a place to work;

3. descriptions of last shift worked;
4. situations that occurred on the last shift worked." (NDNQI RN survey, 2009).

Three different scales were used to score the "RN work context" section of the NDNQI RN survey, 2009. Each section and scale will be discussed separately.

For the first section related to the "perception of quality of care" a Likert scale of 1 – 4 (Strongly Disagree" to "Strongly Agree") was used. The score for this section was rated at 3.13 which is equal to "Agree" based on the Likert scale for this section. This is a comparable rating to the quality score in the practice environment which was 2.82. The score of 2.82 is scored toward the direction of agreement. Since both sections related to quality reflect scores that are in the direction of agreement or actually at the agree level, this could indicate that overall the RN's feel good about the quality of nursing care they are providing.

Table 3 presents the next section of the "RN work context" is related to "unit orientation" and the "recommendation of the City Hospital as a place of employment" (NDNQI RN survey, 2009). This sections was scored using a 6 point Likert scale from "Strongly Disagree – "Strongly Agree." The RN's rated the statements in this section on average as "Tend to Agree." (Table 3).

Table 3 Unit Orientation and Hospital Recommendation

Statement	Average Rating of Agreement
Recommend the hospital to friends	4.1
Orientation was adequate	4.7

Note: 1 is "Strongly Disagree" and 6 is "Strongly Agree" (NDNQI RN survey, 2009)

This could mean that the RN's at City Hospital received adequate orientation to City Hospital and to the nursing units on which they work. This could also mean the RN's enjoy their jobs well enough that they recommend City Hospital as a good place to work.

The third section of the NDNQI RN Survey, 2009 is the "RN work context" to be discussed refers to "descriptions of the last shift worked." This section is scored using a six point scale from "Strongly Disagree" to "Strongly Agree." "Important things did not get done" received the lowest rating in this section. (Table 4)

Table 4 Description of Unit Last Shift Worked

Statements	Average Rating of Agreement
Important things did not get done	3.5
Overall had a good shift	4.0
Patient assignment was appropriate	4.0
Number of patients assigned	3.99*

Note: 1 is "Strongly Disagree" and 6 is "Strongly Agree"
*Number of patients assigned refers to the actual average number of patients assigned to the RN. (NDNQI RN Survey, 2009).

This could be related to the "practice environment" where the RN's rated staffing resources and involvement in hospital decision in the direction of disagreement. If the nursing unit is short staffed it becomes difficult to complete all the required tasks. It could also be that RN's might feel that if they had more on a voice in the definition of their work they would have more control in defining how to get important things accomplished.

"Situation of the last shift worked" used in this research are answered according to the percent of RN's responding "Yes" or "No " (Table 5) (NDNQI RN survey, 2009).

Table 5 Situations on Unit Last Shift

Statements	Percent answered yes
Enough time with patients	48%
Discharge patients were prepared adequately	80%

NDNQI RN survey, 2009

The highest score in this section is getting patients ready for discharge. While the lowest section is that the RN feel there is not enough time to spend with patients.

Analysis of "RN Work Context."

This researcher was employed at City Hospital during the time of the survey and can speak to the fact the City Hospital is very focused on quality of care, and has done of very good job of improving quality rating in the community and teaching the RN staff about the quality measures, and the expectations of the RN's related to those measures. The scores in both the "practice environment" and the "RN work context" indicated scores reflective that the RN's agree they are providing quality care.

City Hospital has focused on the development RN's and offers a summer student nurse interim program for current employees that are in third year of a baccalaureate degree program. This student nurse interim program assists the nursing student to practice RN skills, assessments, and to be able to relate human physiology to the real situations. This opportunity benefits the student nurse in finding a RN position after graduation because of the hands on practice and experience it provided.

City Hospital also has a RN graduate orientation program and a long orientation program for experience RN's. City Hospital believes in providing each new RN with the best job orientation possible to assist the new RN to be comfortable in their new role and to provide quality nursing care. The response to the answers on this section of the NDNQI RN job survey, 2009, could indicate that the RN's recognize this educational focus.

The "RN work context" section identifies how the RN's rated the situation on the last shift worked prior to taking the survey. (Tables 4 and 5). The situation on the last shift work could have a positive or negative affect on the survey answers based on what occurred on that shift. This is a limitation to this section of the survey. Overall, the RN felt they did a good job of getting patient ready to go home. This is the highest score in this category, and was also rated

high by the patients in the HCAHPS survey. This could indicate that this is a high priority item as well as a source of meaningful work for the RN.

The RN's tended to agree that the "patient assignment was appropriate," and "overall they reported to have had a good shift," however they felt that "important things did not get done," and that they "did not have enough time to spend with patients" (NDNQI RN survey, 2009). The RN's reported that they were assigned to 3.99 patients (NDNQI RN survey, 2009). Kutney –Lee et al (2009) reported that 4.6 patients is considered to be a better work environment.

This finding is controversial because RN's being assigned to 4.6 patients was reported to be a better work environment yet the RN's at City Hospital are report the patient assignment to be appropriate at 3.99 patient and that they do not have enough time to spend with the patient. This could be that they were not enough nursing assistants available to support the RN's or it could be related RN's doing non value added work as described by Storfjell et al (2008).

Relationship of HCAHPS to NDNQI

According to the NDNQI RN survey, 2009 the key aspects of disagreement by the RN's are in the following categories:

- "participation in hospital affairs;
- "adequate staffing;
- "important things did not get done;
- "not enough time to spend with patients."

According to the HCAHPS survey the key aspect for the patients reporting the lowest scores are:

- "receiving help quickly;

- "the overall rating of the hospital."

The next sections of this study will compare these key aspects of NDNQI to HCHAPS in order to further explore the relationship between RN job satisfaction and patient satisfaction with nursing care. The recommendation of City Hospital by RN's and patients, the role of the nurse manager, and the quality of care will also be discussed in relationship to the key aspects.

RN involvement hospital decisions.

The RN disagreed with statements regarding their involvement in hospital decision. (Addendix 3, Table 6). The RN's have also indicated that staffing allocation is inadequate, the amount of time to spend with the patient is insufficient, important work does not get completed (NDNQI RN survey, 2009). The mean rating for the overall practice environment is 2.6 which is just slightly barely over the mid-point on the scale (NDNQI RN survey, 2009). The data suggests that the RN's at City Hospital do not feel part of decision making processes that affect their work and this could be an indication that overall the RN's do not feel positive about their work environment..

Sengin (2001) concluded that RN job satisfaction had a significant impact on the patient satisfaction with nursing care. The rating of the mean practice environment is just over the mid-point in the direction of agreement. HCAHPS (July 2009 – June 2010 indicates that only 54% of the patients' responding to this survey rated City Hospital at the top of survey rankings for overall patient experience. According to the hospital compare website 54% overall rating is low compared to other hospitals in the same metropolitan area as City Hospital. (Addendix 3, Table 6). This suggests that Sengin's (2001) findings regarding the relationship between RN job satisfaction and patient satisfaction at City Hospital could also be related.

Nursing care is a predictor of patient satisfaction (Atkins et al, 1996;Burtson & Stichler, 2010). RN's spend more time at the bedside than any of the other disciplines and therefore have the greatest opportunity to create a positive experience. According to Atkins et al, 1996 it is difficult to sincerely create a positive patient experience because RN's have a difficult time hiding feeling of job dissatisfaction from their patients. Fletcher (2001) noted that not having enough time to spend with the patent is a source of stress that the RN feels he/she passes on to the patient. The work of these previous researchers supports the suggestion that there could be a relationship between the practice environment and the overall hospital rating at City Hospital.

Quick response to a call for help.

The past experience of this researcher is that the patient perception is that there is always a quick response to a call for help. Data collected on the HCAHPS survey from July, 2009 through June of 2010 show that only 51% of the patients reported that they received help as quickly as they wanted it. When this is compared to the practice environment of the 2009 NDNQI RN survey the RN response to staffing and resource adequacy section was rated 2.38 which means that most RN disagreed with the statement related to staffing such as "there were enough RN's scheduled to deliver quality care", and that "there was not enough support staff" (NDNQI RN Survey, 2009). The RN also indicated that they did not have "enough time to spend with patients." (NDNQI RN Survey, 2009).

This could be explained by a possible shortage of support staff, or at City Hospital – nursing assistants. The RN's delegate tasks such as answering the call button and taking patient to the bathroom to the nursing assistant. In situations where there is a shortage of NA's, this task fall to the RN's who have indicated that there is currently enough time to spend patients.

Henikson (2005), points out that the patients are fearful and do not know what they can expect. In order to receive high patient satisfaction scores the RN's must meet the patient's expectations. Therefore, the use of interpersonal skills rather than the technical skills are more important. The RN's have expressed that they do not have "enough time to spend with patient" which could suggest that the time RN's have available is used on the technical skills. From past experience this researcher knows that effective therapeutic conversations with patients take a great deal of time. This could be the reason for the high level disagreement with regarding having enough time with the patients.

This is consistent with Fletcher (2001) findings that RN's do not feel they have the time needed to have necessary conversations with their patients. Not having enough time to spend with the patent is a source of stress that the RN feels he/ she passes on to the patient (Fletcher, (2001).

The results of this section of the NDNQI RN survey (2009) suggests that RN do not feel the staffing resources are adequate; therefore there is not enough time to spend with patients and to answer their call lights quickly. The patients have indicated a low response to call lights being answered quickly. This suggests a relationship between staffing allocations and answering the call button quickly. (Addendix 3, Table 7). This could also suggest the need for further research as the actual work being performed by the RN. The literature review discussed the research conducted by Storfjell (2008) on the "value added versus non value added work" that is being done by the RN. Any non- value added work should be delegated to nursing assistants.

"Important things did not get done"

Nurses' communicating well is defined by the U.S. Department of Health and Human Services (2011) as "nurses explaining things clearly, listening carefully and treating the patient

with courtesy and respect" (p.1). "Explaining medication means the hospital staff told the patient what the medication was for and what the side effect might be before giving the medication" (U.S. Department of Health and Human Services, 2011, p. 1).

The HCAHPS survey data collected from July of 2009 to June of 2010 reports 65% of the patients agree with the statement "The nurses communicated well" and only 58% state that medications were explained (Addendix 3, Table 8). Although, these appear to be high scores, City Hospital is actually lower than other hospital in the same metropolitan area. This demonstrates a pattern to the NDNQI RN survey, 2009, section on "situations on your last shift" where RN report that" important things did not get done" because it suggests that not communicating well and not explaining medications are the important things that the RN do not get done. This could also relate to not having "enough time with patients" and "staffing adequacy."

Recommendation of City Hospital.

The NDNQI 2009 RN survey reports a rating of "4.1 for RN recommending City Hospital" to their friends as a place to work. This rating indicates the tendency to agree to recommend City Hospital to a friend as a place to work (NDNQI RN survey, 2009). The data from the July 2009 – June 2010 HCAHPS survey shows that 65% of the patient would recommend City Hospital to their family and friend as a choice for health care.

Atkins et al (1996) reminds us that by measuring patient satisfaction, a hospital learns how effectively the staff was able to meet the needs of the patient. When nurses experience stressful work situations the perceptions of the patients are usually negative as well (Glasper 2010). The areas of staffing resources, having enough time, and not being able to complete important work not are areas rated in the direction of disagreement could be reasons that the RN

are not able to meet the needs of the patients as well being a possible source of stress. That stress could be passed on to the patient. As discussed previously, the results of the NDNQI 2009 RN survey suggests that the RN's at City Hospital do not have a positive connection with their practice environment. This could be the reason the rating for recommendation City Hospital as a place to work is not rated higher, as well as a reason for why patients' recommendation of City Hospital as a source for healthcare are not higher (Addendix 3, Table 9).

Nurse manager role.

According the NDNQI 2009 RN survey the RN's rated their job enjoyment at 50.99 which indicates only moderate satisfaction. It needs to be noted that job enjoyment on the NDNQI survey is reflective of joy and pride the RN has in their work, and the likelihood of terminating the position due to disliking the job so much that it makes it difficult to come work.

The literature discusses the components of RN job satisfaction to be: involvement in decision making, communication of clear expectations, having enough staff to care for the patients, and the visibility listening skills, recognition and empowerment from the nurse manager. The practice environment statements from the NDNQI RN survey (Addendix 2) are more reflective of true RN job satisfaction. The mean score for the practice environment is 2.62 which is slightly over the midline toward agreement, but true satisfaction would make this score higher. The rating for satisfaction with the nurse manager's ability was 2.57, which again was just over the midline and therefore is toward agreement, but again strong agreement would make this score higher. According to the NDNQI RN Survey (2009) the statements that related to the nurse managers' ability include components that are supportive not critical, use of mistakes as teaching moments, recognizes good work with complements, and stand up for the RN's in conflicts (NDNQI RN Survey, 2009).

As an experienced nurse leader at City Hospital, this researcher can attest that the RN's want to have their nurse manager present on the nursing unit to validate and enforce their work, to handle difficult situation, keep them informed of organizational news, and have empathy for their stress and workload. This is validated by the research from the literature review. Fletcher (2001) claims that "A good manager can make a tremendous difference in the stress level by improving teamwork, morale, job satisfaction and recognition. Being overworked is not as great a stressor if the work environment is good" (p. 328). This statement is supported by Hayes et al (2010) claim the nurse manager needs to listen and understand the work issues at the nurse level. Anderson et al (2010) studied the five units in one hospital that reported high satisfaction with the manager and discovered the three characteristics those nurse managers had in common were "visibility, communication, and respect and empathy" (p.185).

Areas identified on the NDNQI RN survey, 2009 that were scored toward disagreement and result in increased stress are: not having enough staff, not being able to complete important work and not having enough time to spend with patients. The similarity of scores for the nurse manager ability and mean practice environment could mean that issues in the practice environment create greater levels of stress and frustration for the RN's. This suggests a positive relationship between RN practice environment and nurse manger leadership style. (Addendix 3, Table 10).

Quality of care.

The RN's rate the quality of care in the practice environment and in the RN work context as 2.82 and 3.13 respectively (NDNQI RN survey, 2009). In the "practice environment" section the RN rated comment based on nursing standards such as staff development, competency of RN's, and continuity of care (NDNQI RN survey, 2009). In the "RN work context, The RN

rated comments regarding quality based on the care that was provided on the last shift worked (NDNQI RN survey, 2009).

City Hospital defines quality of care using the definition of quality from the Institute of Medicine "Quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge" (City Hospital, 2011). According to their public website City hospital has the following quality measures are the "the number of retained foreign objects, the number of reportable stage 3 and 4, or unstageable pressure ulcers, the number of falls resulting in death or serious injury, the number of surgeries performed on the wrong body parts, number of wrong surgical procedures performed" (City Hospital, 2011).

City Hospital has demonstrated improvement in all quality areas except for patient falls from 2008 to 2009. Based on the measures the quality of care at City Hospital is good. It is important to note that according to Piper (2005) the patient perception is not about clinical outcomes it is about meeting patient expectations.

The patient's overall rating of City Hospital as a choice for health care is 54%. (HCHAPS). As stated earlier, the patient perception regarding quality is based on whether the RN were able to meet the expectations of the patients. Those expectations are based on a quick response for help, managing their pain, and providing a quiet and clean environment (U.S. Department of Health and Human Services). The measurements that are outlined as quality indicators to City Hospital are all things that patients never expect to happen in hospitals. This could suggest 54% overall rating is not an indication of poor quality but that the patient's expectations were not met.

Leggat et al (2010) report that "patient satisfaction has been confirmed as a valid measure of clinical patient outcomes and therefore an appropriate measure of quality of care" (as cited by Kane, Maciejewski, & Finch, 1997). Bolton et al (2003) also reported that the American Nurses Association defines patient satisfaction as a key outcome of the RN's practice" (p. 608). Therefore, patient satisfaction should be added to the key quality indicator that every hospital measure. Patients are not expecting to come into the hospital suffer an adverse event such as pressure ulcer or a fall, but they are expecting that we care for them using compassion, empathy and respect while we answers their questions and explain procedures and medication. Measuring patient satisfaction with nursing care provides hospital with insight as to their individual goal and allows them to compare that rating to other hospitals. A high rating with most likely be equated with loyalty and to return and to recommend the hospital to others. Return visits and new visits are needed to help the hospital meet the return on investment and allow them to stay in business.

The RN's at City Hospital are aware of that patient satisfaction scores are considered to be low. This influences the RN's perception of the quality of their work because ultimately the measures of patient satisfaction are all areas that the RN has the ability to affect. Therefore, when the patient satisfaction measure is not where City Hospital expects and wants the rating to be could cause the RN's to conclude that they are not doing a good job.

The feeling of not doing a good job could set a circular pattern in motion causing the RN's to lack empowerment and positive feeling about practice environment which leads to dissatisfaction and disengagement. The literature review supports a relationship between the feeling of the RN's and the perceptions of the patients, which could lead to patient dissatisfaction.

The actual quality of care at City Hospital is good, and the RN scored both section of the survey related to quality towards agreement with the statements. The literature review supports a relationship between the empowerment of the RN and the nurse manager skill and management style. (Anderson et al, 2010; Hayes et al, 2010; Leggat et al, 2010; McCutcheon et al, 2009; Morrison et al, 1997; Reyna, 1992). Once the RN feels empowered they report that their job performance is higher and their perception of quality patient care increases (Glasper, 2010). These findings suggest a positive relationship between to the RN practice environment, the nurse manager ability and the patient's satisfaction with nursing care.

Conclusions

Relationship between RN job satisfaction and patient satisfaction

What is the relationship between RN job satisfaction and patient satisfaction with nursing care? The RN's agree with the statements regarding recommending City Hospital as a place of employment. The patient also recommended City Hospital to others as place for health care at the rate of 65%. City Hospital considers their rating for both of these measures to be low.

The lowest scores on the HCHAPS survey are "quick respond for help" and "overall hospital rating." The RN's are reporting stressful situations stating that they did "not have enough time to spend with the patients," "staffing levels were not adequate" and that they do not have input into decisions (NDNQI RN survey, 2009). This suggests a relationship between the RN not having enough time and meeting the patient's perception of their needs.

Glasper (2010) notes that stressful situations for the nurse are related to the patient perception of their experience. Fletcher (2001) claims that that tension of not having enough time is passed on to the patient. Kutney – Lee et al (2009) report that the number of patient that the RN is assigned to has an influence on patient satisfaction with nursing care. Storfjell et al

(2008) researched value added versus non value added work in relationship to the amount of time the RN has available to spend with the patient. The areas rated toward disagreement: lack of staff, not enough time and lack of input into decisions are stressful situations for the RN. This suggests that the stressful situation could impact the patient's perception of nursing care just as the literature indicates.

This also suggests that the scores for RN job satisfaction and patient satisfaction with nursing care could be higher if the RN could resolve the issues of having a voice, having enough time and having adequate staffing. It is important for RN's to feel valued and feel that they have input into decisions. This input empowers RN's which in turn improves attitudes and improves care delivery.

Atkins et al (1996) describe the most important factors to the patient are the compassion delivered by the nurse to the patient communication. As previously stated patient in the hospital are afraid of what is going to happen to them. As an experienced nurse manager, this researcher would concur that the most important nursing behavior is the interpersonal skill of RN. This skill alone contributes more to the patient satisfaction with nursing care then the RN's technical skill. As a nurse manager asking patients to describe their hospital experience, the comments are always related to the interpersonal skills of the RN.

The skill of the nurse manager's leadership ability, and changes to care delivery by the RN's could have a positive effect on changing these issues.

Leadership Style of the Nurse Manager

What effect does the leadership style of the nurse manager have on the RN job satisfaction? The mean score of the" practice environment" is rated just above the midpoint on the side of agreement. However 2.6 is not a very high score. The RN's also indicated that there

was not "enough time to spend with patients" and "important things do not get done." The RN's scored the nurse manager ability at the neutral point.

Anderson et al (2010) report on the five nurse managers with the highest nurse manager ability scores and found the common characteristics to be communication, visibility with respect and empathy. These characteristics relate closely to the practice environment of the RN which supports that the leadership style of the nurse manager does have an effect on the RN job satisfaction.

As an experienced nurse leader at City Hospital, this researcher can attest that the RN's want to have their nurse manager present on the nursing unit to validate and enforce their work, to handle difficult situation, keep them informed of organizational news, and have empathy for their stress and workload. This is validated by the research from the literature review. Fletcher (2001) claims that "A good manager can make a tremendous difference in the stress level by improving teamwork, morale, job satisfaction and recognition. Being overworked is not as great a stressor if the work environment is good" (p. 328).

This research suggests a relationship between the nurse manager's leadership style and RN job satisfaction.

Role of the Nurse Manager in Affecting RN Job Satisfaction

What effect does the leadership style of the nurse manager have on the RN job satisfaction? The RN's rated the ability of the nurse manager at the midpoint, and the overall practice environment just above the midpoint, indicating that there could be a relationship between the management style of the nurse manager and the practice environment. This finding is supported in the literature by Hayes et al (2010) discussing the power of positive leadership, role modeling and understanding the issues facing the RN. Reyna (1992) reviewed two different

leadership styles and reported nurse managers that show trust and respect have a higher level of RN satisfaction. McCutcheon et al (2009) also reviewed leadership styles and found that transformation leadership was found in situation where RN reported a high level of job satisfaction. Anderson et al (2010) identified the characteristics held in common by the nurse managers with the highest RN job satisfaction scores. These categories are:

1. visibility,
2. communication,
3. respect and empathy.

Empowerment was key to RN job satisfaction in the studies of both Leggat et al (2010) and Morrison et al (1997). Sengin (2001) claims that when RN "job satisfaction is positively influenced by a supportive environment, (autonomous practice, effective communication, appropriate staffing, and time to provide care) that fosters optimal nursing practice, nurses have the ability to provide high quality care" (p.63) Tomey (2008) reports that excellent management styles are those that seek feedback from the RN staff, and the nurse manager needs to be visible, and committed to communication. (p. 17).

The questions on the NDNQI (2009) RN survey accurately reflect most of the characteristics discussed in the literature review that are important to the RN job satisfaction. The HCAHPS survey captures the patient's expectations of nursing care. Both groups have rated their satisfaction to be low City Hospital. This suggests a positive relationship between RN job satisfaction and patient satisfaction with nursing care. The ability of the nurse manager is rated as low and the practice environment is rated low suggesting a relationship between the management styles of the managers at City Hospital and the RN job satisfaction.

Ensuring that quality nursing care is delivered is a role of the nurse manager. (Lageson, 2003) According to Bolton et al 2003; Kane-Urrabazo, 2006; Leggat et al, 2010. "the American Nurses Association has defined patient satisfaction as a key outcome of the registered nurse's practice" (p. 608). Lageson (2003) also notes that understanding the definition of quality and the quality indicator the nursing unit is trying to obtain influences staff and patient satisfaction. Therefore, patient satisfaction needs to be one of the quality outcomes indicators the nurse manager and hospitals work toward improving. Before an organization can improve service quality there needs to be an understanding of RN job satisfaction, patient satisfaction and the reciprocal relationship of the two components. The role of the nurse manager is to understand and influence improvement in both the RN job satisfaction scores and the patient satisfaction scores. Swearingen (2009) claims that "nurse leaders who used their leadership skills to transform the strategy of patient care delivery in an organization improved patient outcomes, which included patient mortality and adverse events and increased patient satisfaction" (p. 108)

Nurse managers at City Hospital need to become aware and reflect on the results of the NDNQI 2009 RN and then put strategies in place to assist the RN achieve higher job satisfaction. Just as RN job turnover can be the result of poor leadership by the nurse manager, it is equally important to note that high RN job retention can be the result of great leadership by the nurse manager. The role of the nurse manager is to take care of all of the staff that takes care of the patients. Empowering the RN's is one way of doing this.

Empowering the RN staff

The relationship the patient has with the RN sets the tone for patient satisfaction with nursing care. Wooten & Crane (2003) claim that "when nursing [RN] staff members feel

empowered and included in decision-making processes, they are energized to share their best talent and skills" (p. 279. In the study conducted by Anderson et al (2010) the characteristics that the nurse manager's with high RN satisfaction scores had in common were visibility, communication and respect and empathy. The nurse manager can effectively use these traits to change the work environment and RN job satisfaction. Patient satisfaction with nursing care will improve as a result. Developing the practice environment is to key to developing the nurse professional work ethic. Bartzak (2010).

"The Practice Environment"

According to the NDNQI 2009 survey components of the practice environment include the RN participation in hospital affairs, quality of care, support of the manager, adequate staffing and a collegial relationship with the MD. (NDNQI, 2009) Developing the practice environment involves continuous daily involvement from the nurse manager. By adapting and developing the characteristics that Anderson et al (2010) have identified as making a difference the nurse managers will be able to affect change on the practice environment These characteristics are: communication, visibility, and respect and empathy.

Communication

Nurse managers need to create an environment that not only supports open communication among staff RN's, between RN and physicians, and between RN's and other disciplines, and with the nurse manager as well because effective communication patterns contribute favorable to perceptions about work environment and what is important to both the RN and the patient.

The Studer Group (2010) states that "the day –to-day communication between supervisory managers and direct reports has more impact than any other single factor on

employee productivity, quality morale and retention" (as cited by Tulgan (2003). Finding a way to share organizational information in a way the everyone will understand the same messages is a challenge. Also everyone receives information differently and while one method may work for some it will not work for everyone. The Studer Group (2010) states that "informing staff once is never enough" (p. 5) and therefore the "more often people hear information the more likely they are to remember it" (p. 15). The Studer Group (2010) has developed effective communication tools for front line nurse managers. These tools support the infrastructure of communication needed by successful organizations. These tools include "communication boards, daily huddles, and department newsletters, rounding, storytelling, staff meetings, and mandatory attendance at forums. (See table 11). (Studer Group (2010 p. 15). Effective communication connects with all the components of improving the practice environment; the RN participation in hospital affairs, quality of care, support of the manager, adequate staffing and a collegial relationship with the MD. (NDNQI RN Survey, 2009).

Communication helps to keep the goals and strategies of the organization transparent. Transparency helps the RN staff and others to be able to understand why a change is occurring, and the steps needed to help the organization stay on track with goals.

Table 11 Understanding the Communication Tool

Communication Board	• displays statistically information in organized categories • effective for visualization of quality impairment data
Department Newsletters	• written communication from the nurse manager or director • summary of information shared at huddles • effective in recognition of employees
Daily Huddles	• quick five to ten minute meeting • occurs the same time each day • staff and nurse manager share information with each other • can be specific topic or general • recognition of staff that go above and beyond the expectation
Rounding	• one on one time with each staff • occurs daily with two to three different staff each day • relationship building • identify what is working well • systems not working well and ideas for how to fix it • follow up on previous rounding • identify staff to be recognized / why • occurs with staff and patients
Storytelling	• share stories (from huddles/ rounding) that provide examples of excellent care
Staff meeting	• monthly • communication updates • educational spot light • recognition of staff
Forum	• quarterly mandatory meeting • sharing information from the CEO

Note: Information from the Studer Group (2010 p. 9 – 13)

Visibility

Stanowski (2009) reports that "the ability to understand employee is the first step in designing a strategy to engage them to create a hospital experience that results not just in great

outcomes, but in a positive patient experience" Visibility is what the Studer Group (2010) is referring to with "rounding." The Studer Group (2010) reported that "Leader rounding on staff is the single best way to raise employee satisfaction and loyalty and ultimately attract and retain high preforming employee" (p. 18). Rounding on RN's help them to identify with a purpose, helps them to feel value in their work and allows them an opportunity to express not just what is working will, but more importantly to have the nurse manager listen to the what is not working well, and to be able to express ideas of how to make improvements. (Studer Group, 2010).

Visibility was also noted by Larsson & Vinberg (2010) as a leadership behavior that is found in successful organizations. Larsson & Vinberg (2010) refer to this behavior as "walking around" and describe it as:

> The leaders frequently walk around in the organization and talk to all employees (so-called management by walking around): not just about the work, also about how they were feeling. The leaders know the employees and also had the guts to ask awkward questions. The employees confirm this and said they had strong positive relationship with their leaders. (p. 326).

Visibility allows the nurse manager to see the actual work in progress Therefore the benefits are numerous. Although the process of rounding allows the nurses manager a visual connection with the problem being described, the nurse manager is also able to connect what the RN is saying by listening and seeing the actual problem.

Visibility has a positive influence on quality outcomes because it allows the nurse manager to see actual clinical practices, praise and what is going well and correct practices that are not being correctly preformed. Rounding and visibility also allows the nurse manager to be an extra pair of helping hands in times of stressful or chaotic situations that may be occurring.

Lastly the nurse manager is able to clarify or reinforce communication, ask for input in decision, invite staff to become involved in hospital committees, and assist with any difficult conversation occurring on the unit.

By including visibility into their practice nurse manager can affect change to all five sections of the "practice environment." (nurse involvement in hospital affairs, foundations of quality, staffing resources, support of the nurse manager, and collegial RN – MD relations. (NDNQI RN Survey, 2009).

Respect and Empathy

Wooten & Crane (2003) define "empathy as a caring attitude and individualized attention" (p. 278). In a study on job satisfaction and dissatisfaction, Fletcher (2001) reports that one of the characteristics that attributed to loyalty of the employee was care and concern of the company for the employee. Fletcher (2001) also noted that a leaders needs to demonstrate sincere care and concern for the employee. Key tools to support this behavior are visibility and rounding

Laschinger & Finegan (2005) define respect as: "paying attention to and taking seriously another person" (as cited by Dillon 1992). In their study Laschinger & Finegan (2005) found a relationship between RN's being treated with respect and commitment to the organization. The feeling of respect also contributed to trust in their nurse manager. The increased commitment to the organization resulted in a stronger belief in the organizations goals and values (p. 11).

Respect and empathy characteristics positively contribute to the practice environment components of nursing foundation for quality of care, and nurse manager ability. Therefore by

developing the characteristic of communication, visibility, and respect and empathy the nurse manager can make a positive change in the RN job satisfaction.

Developing the Nurse Manager

What is the role of the nurse manager in improving the patient experience? The foundation of any organization is the constructive culture and therefore this is the natural place for training to begin. Kane-Urrabaza (2006) states that "culture represents the personality of an organization, having a major influence on both employee satisfaction and organizational success" (p.188). In the words of Wooten & Crane (2003) organizational culture is the cognitive map for members so they can understand what is valued in the organization and how to direct their behaviors accordingly" (p.275).

Lead administrators need to define how they want the mission, vision and values used in the organization. Once this definition is in place the nurse manager need to assume the role as the "cultural gatekeepers" reinforcing behaviors that support the constructive culture and by addressing behaviors that are in violation. (Wooten & Crane, 2003). Everyone in the organization needs to be able to articulate the mission, vision and values of the organization, including the meaning of the statement that surrounds these concepts?

In order to hire the best candidates for the new job, an organization explain the philosophy of the candidate's potential workplace because if an organizational philosophy and personal philosophy do not match the candidate will not be satisfied and leave the organizational resulting in additional turnover costs. (Reinhold, 1996). In any position, part of the recruitment process should involve looking for people with values that match the values of the organization. Discussion of the mission, vision and values needs to be part of the interview process.

As the mission, vision and values are being taught to employees of the organization examples need to be shared detailing how this mission, vision and values are to be used to deliver patient care. This is a great time to use story telling as tool for communication. According to Swearingen (2009) "If this education does not pertain to their day –to-day work, they will not engage in learning" (p.110). Wooten & Crane (2003) also claim that reinforcing cultural values through training and socialization of the new hire is extremely important. This needs to be done in the first year of the new hire's employment. Employees that are socialized into a constructive culture mindset will be more involved in the patient service process and thus develop a greater commitment to patient service" (p. 276 -277).

Developing the nurse manager is the role of lead administrators. The culture and vision of the organization needs to be explained to the nurse manager in a way that it can be articulated to the RN's and role modeled. The nurse manger needs to hire candidates by using the vision and culture of the hospital and aligning it to the potential new candidate. Lastly, the nurse manager needs to develop the culture and vision with new employees and re-enforce it with existing employees.

Tools for the RN

Hospitals are in business to provide patient care. The patient needs to be the center of the focus. Wilson (2009) states that "all patient processes should be developed around the needs of the patient, not for the ease of the staff that provide care" (p.648). The patient population in hospitals has dramatically changed in the past ten years. More patients have outpatient surgical procedures that do not even require overnight hospital stays. The patients that are hospitalized are very ill and stay in hospital for a shorter length of time. The nursing care that is delivery needs to change as well. The nurse manager needs to use the results from the NDNQI RN

Survey, 2009, to foster changes in both his /her leadership style and in assisting the RN to provide more efficient care delivery.

The Studer Group (2010) defines the first tool as "key words at key times" RN staff choses words carefully to assist frightened patient understand what is happening and why. According to the Studer Group (2010) patient experiencing anxiety may not hear or understand what is actually being explained. Therefore it is important for the nurse to keep the words simple. (Studer Group, 2010)

The Studer Group (2010) developed a framework for the successful use of key words This framework is referred to as AIDET. "AIDET stands for acknowledging, introducing, duration, explaining, and thank you" (Studer, 2010). Studer (2010) describes the five step process. The first step is to greet the patient by calling them by name. This is referred as acknowledging. Secondly, introduce yourself and state your credentials as this gives the patient confidence in your skills. Duration is the next step and in this step the RN needs to state how long what she is doing and how long it will take. Then explain in detail what you are doing for the patient, and finally say thank you (Studer Group 2010, p. 191).

The Studer Group (2010) claim that this communication framework improves patients' perceptions of their care, reduces the patients' anxiety, improves outcomes, builds loyalty, and is a consistent way of communicating (p 206).

The second tool to help the RN staff is hourly rounding. Hourly rounding actually saves nurse time, as well as improves the quality of care by reducing falls and skin breakdown. Usually, the RN's and the nursing assistant's alternate round on even and odd hours by physically going to the patient's room to check on the patient. Once in the room the Studer Group (2010) defines a seven step process to follow. The first step begins with "AIDET" to

reduce anxiety. All scheduled tasks should be performed. The next step is the for the RN or nursing assistant to ask if the patient needs to use the bathroom, ask if the patient is in pain, reposition the patient and place all items frequently used within arm's reach of the patient. The fourth step is to assess any other comfort needs. Then conduct an environmental assessment, offer to do anything else for the patient and actually state that you have time. Next tell the patient when you will return. (Studer Group, 2010, p. 150).

Studer Group (2010) claims that the rounding saved nurses 81.5 hours per week, and will increase patient satisfaction by 50%. It is also effective in reducing falls and preventing skin breakdown.

The last tool for the RN is bedside report. The patient is the center of everything we do. In this study, Caruso (2007) notes evidence in the literature that bedside report improved the nurse-patient relationship. According to Caruso (2007) the Joint Commission of Accreditation of Healthcare Organization established a national patient safety goal that organizations need to "encourage active involvement of patient and their families in the patient's own care" (as cited by JCAHO, 2005 p. 19). Bedside report allows the patient to participate in developing short team and long term goals for the progression of their care. Bedside report also allows for family participation if the patient consents to this level of involvement.

According to Studer Group (2010) bedside report ensures a safe relay of patient information from one shift to the next. The process keeps the patient involved in his/her care. Bedside report also builds trust between the RN and the patient. The RN's can use the proven tools of key words at key times, rounding, and bedside report as ways to build communication, convey an attitude of concern and while being proactive in the care of the patients and actually reducing non value added steps and ultimately have more time to spend with their patients

Conclusion

What is the relationship between RN job satisfaction and patient satisfaction? The data suggests a relationship between RN job satisfaction and patient satisfaction. The patient reported the lowest scores for quick response to a call for help and the overall rating of City Hospital. Whereas, the RN report inadequate staffing, "not enough time to spend with the patients" and "important things do not get done." Henikson (2005), points out that the patients are fearful and do not know what they can expect. In order to receive high patient satisfaction scores the RN's must meet the patient's expectations. The patients need clear and timely communication regarding everything that they are going to experience as a result of being in the hospital. Therefore, the use of interpersonal skills rather than the technical skills are more important.

The RN's have expressed that they do not have "enough time to spend with patient" which could suggest that the time RN's have available is used on the technical skills. From past experience this researcher knows that effective therapeutic conversations with patients take a great deal of time, and if the RN does not have this time, it becomes a source of stress. This stress could cause the RN to feel that important things are not getting done because he / she is not able to meet the needs of the patients.

The patients are not going to give a high recommendation to a hospital if they feel their needs were not meet. These needs include a quick response to a call for help and effective communication from the nurse.

What effect does the leadership style of nurse manager have on RN job satisfaction? The literature review supports a link to the leadership style of the nurse manager to RN job satisfaction. There was not a measure for management style of the nurse manager impacting the patient satisfaction; however the score for "nurse manager ability" was just slightly over the

midpoint in the direction of agreement suggesting that the RN perception is that the nurse manager could do better.

Anderson et al (2010) found that the nurse manages use of communication visibility, and respect and empathy have the biggest impact on RN job satisfaction. The role of the nurse manager is to develop a leadership style that supports the RN practice environment and will help the RN to make changes to care delivery. Nurse managers needs to understand the culture and vision of the hospital and communicate and role model this culture to the RN staff. Tools such as key works at key times, rounding on staff and RN recognition will assist the nurse manager to become successful in his / her interpersonal skills thus taking better care of the RN staff.

What is the role of the nurse manager in improving RN job satisfaction? City Hospital needs to increase the patient satisfaction scores and develop loyal patients' that will both recommend City Hospital as a place for healthcare and be repeating customers. The RN staff is critical to the improvement of the patient satisfaction scores and the development of patient loyalty. In order for this to occur nurse managers need to empower the RN's to provide input into the use of evidence based tools to make efficient and effective changes to their practice environment. These tools include "intentional rounding," "bedside report," and "AIDET."

What is the nurse manager's role in improving the patient satisfaction with nursing care? Patients have identified that a caring attitude and communication are key drivers of their satisfaction. (Atkins et al, 1996). The HCHAPS survey also indicated that patients want to receive help as soon as they want and need it. The use of evidence based tools of key words at key times, rounding and bedside report can assist the RN to effectively change their practice environment by being proactive in the needs of the patients, but they need the nurse manger to provide a supportive environment to make this changes.

Limitations of the study

Reichheld (2001) claims that "satisfaction metrics are a good first step, but they are far from sufficient, because satisfaction can be fleeting. Far better than satisfaction scores are measures such as customer and employee retention rates" (p. 83). Satisfaction surveys measure the satisfaction of the moment in time the person that completing the survey. To really understand how a hospital is preforming in the area of satisfaction one should evaluate more data than just the satisfaction scores. RN job turnover is also a good indicator of job satisfaction. This research study focused on two surveys related to RN job satisfaction and patient satisfaction with nursing care. Adding RN turnover rates and longevity of patient coming to City Hospital for their medical care could add another dimension regarding RN satisfaction and loyalty.

The NDNQI RN survey asked RN's to answer many of the questions in relation to the last shift worked prior to taking the survey. If the RN experienced a particularly rough shift, the answered could be very different from the norm or what he or she is usually experiencing.

This study used the overall scores provided from the NDNQI RN satisfaction survey for the nurse manager ability. Further research is needed as to the type of management styles used by each nurse managers at City Hospital. This information should then be compared to the unit level nurse manger ability score. This would provide information to really understand which type of management style is more influential toward RN job satisfaction at City Hospital

The two data sets NDNQI and HCAHPS are not scored according to the same Likert scale. This made it difficult to interpret the data because the scores were not all recorded in the same language.

The RN's that responded to the NDNQI survey are not linked to the patients that responded to the HCAHPS survey. This limited the study because it was not possible to directly

test the correlation between the satisfaction of the RN and the satisfaction of the nursing care provided by the RN to those patients served by a particular RN.

The HCAHPS data is reported in one year increments whereas the data on the NDNQI survey is data that is collected from a survey over a two week period of time. The exact response rate to the HCHAPS survey is not reported.

The NDNQI data is reported only as mean scores. The report does not include the percentage of response to each level of the Likert scale.

Another limitation is that the data was only interpreted by this researcher. A recommendation to the study would be to assemble a panel of experts to interpret the data. The panel should include nurse managers, RN's and patients that were either employed or hospitalized at City hospital during the time of the study.

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Addendix 1

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Tool

The survey from HCAHPS consists of 27 questions and is divided into seven sections: your care from nurses, your care from doctors, the hospital environment, your experience in the hospital, when you left the hospital, overall rating of the hospital and about you. Only the questions that are being used in the research study are listed on this tool. The hospital compare website was updated in April of 2011 and the information currently available is from the timeframe of July 2009 – July of 2010.Therefore this research project will use both data sets; the data collected from the timeframes of April 2009 to March 2010 and timeframe from July 2009 through June 2010. The HCAHPS website posts data from a 12 month interval.

Your Care from Nurses:

1. During this hospital stay how often did the nurses treat you with courtesy and respect?
   Never
   Sometimes
   Usually
   Always

2. During this hospital stay how often did the nurses listen carefully to you?
   Never
   Sometimes
   Usually
   Always

3. During this hospital stay how often did nurses explain things in a way you could understand?

   Never
   Sometimes
   Usually
   Always

4. During this hospital stay after you pressed the call button, how often did you get help as soon as you wanted it?

   Never
   Sometimes
   Usually
   Always

Your care from doctors:

Questions from this section will not be used.

The hospital environment:

Questions from this section will not be used

Your experience in this hospital:

10. During this hospital stay did you need help from the nurses or other hospital staff in getting to the bathroom or in using the bedpan?

    Yes
    No

11. How often did you get help in getting to the bathroom or using the bedpan as soon as you wanted?
    Never
    Sometimes
    Usually
    Always

12. During this hospital stay did you need medication for pain?

    Yes
    No

13. During this hospital stay how often was your pain well controlled?

    Never
    Sometimes
    Usually
    Always

14. During this hospital stay how often did hospital staff do everything they could to help you with your pain?
    Never
    Sometimes
    Usually
    Always

15. During this hospital stay where you given medicines that you have not taken before?

    Yes
    No

16. Before giving any new medication how often did the hospital staff tell you what the medicine was for?
    Never
    Sometimes
    Usually
    Always

17. Before giving you any new medications how often did the hospital staff describe possible side effects in a way that you could understand?
    Never
    Sometimes
    Usually
    Always

When you left the hospital:

18. During this hospital stay did doctors, nurses or other hospital staff talk with you about whether you could have the help you needed when you left the hospital?
    Never
    Sometimes
    Usually
    Always

19. During this hospital stay did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
    Yes
    No

Overall rating of the hospital:

20. Using any number from 0 to 10 where 0 is the worst hospital and 10 is the best hospital what number would you use to rate this hospital during you stay?

Worst hospital Best Hospital possible

0 1 2 3 4 5 6 7 8 9 10

21. Would you recommend this hospital to your friends and family?

    Definitely no
    Definitely yes
    Probably yes
    Definitely yes

About You

Questions from this section will not be used.

Addendix 2

National Database for Nursing Quality Indicators (NDNQI)

City Hospital belongs to the NDNQI and participates in an annual registered nurse survey. The following information regarding the NDNQI RN Survey (2009) survey was obtained from City Hospital's document regarding the survey tool and scores to the comments during the timeframe from September 14th 2009 through October 4th, 2009. (NDNQI, 2009)

This survey consists of seven sections: practice environment, job enjoyment, RN work context, unit perceived quality of care, unit orientation and hospital recommendation, description of unit last shift, and situations on unit last shit. (NDNQI, 2009)

Practice Environment

In the first section of the survey RN's are asked to agree or disagree with statements regarding their practice environment. The section is scored as a whole, not each statement is rated. According to NDNQI the higher the score, the more positive the rating or the extent to which the RN agreed that the item was present in their current job. The responses to these questions are scored on a Likert scale as follows:

1 = strongly disagree
2 = disagree
3 = agree
4= strongly agree

Practice environment includes comments in each of the five following categories (NDNQI 2009 RN Survey):

Nurse Participation in Hospital Affairs
Nursing Foundations of Quality of Care
Nurse Manager Ability, leadership, and support of nurse
Staffing and resource adequacy
Collegial Nurse-Physician Relations

Nurse Participation in Hospital Affairs

Comments in this section:

1. *Career development/clinical ladder opportunity*
2. *Opportunity for staff nurse to participate in policy decisions*
3. *A chief nursing office which is highly visible and accessible to staff.*
4. *A chief nursing officer equal in power and authority to other top – level hospital executive.*
5. *Opportunities for advancement*
6. *Administration that listens and respond to employee concerns*
7. *Staff nurse are involved in the internal governance of the hospital e.g. practice and policy committees.*
8. *Nursing administrators consult with staff on daily problems and procedures*

Nursing Foundations of Quality of Care

Comments in this section:

1. *Active staff development of continuing education programs for nurse*
2. *High standards of nursing care are expected by the administration*
3. *A clear philosophy of nursing that pervades the patient care environment*
4. *Working with nurse who are clinically competent*
5. *An active quality assurance program*
6. *A preceptor program for newly hired RN's*
7. *Nursing care is based on nursing, rather than a medical model*
8. *Written, up –to-date nursing care plans for all patients*
9. *Patient care assignment that foster continuity of care i.e. the same nurse cares for the patient from one day to the next*

Ability of the Nurse Manager and Leadership Support of Nurses

Comments in this section:

1. *A supervisory staff that is supportive of the nurses.*
2. *Supervisors use mistakes as learning opportunities, not criticism.*
3. *A nurse manager who is a good manager and leader.*
4. *Praise and recognition for a job well done.*
5. *A nurse manager who backs up the nursing staff in decision-making, even if the conflict is with a physician.*

Staffing and Resource Adequacy

Comments in this section:

1. *Adequate support services allow me to spend time with my patients.*
2. *Enough time and opportunity to discuss patient care problems with other nurses.*
3. *Enough registered nurses to provide quality patient care.*
4. *Enough staff to get the work done.*

Collegial Nurse-Physician Relations

Comments from this section will not be used.

Job Enjoyment

The section of the NDNQI survey relates to job enjoyment. In this section the RN's are asked to score the following statement (NDNQI 2009 RN Survey):

"Nurses with whom I work would say that they"

1. *Are fairly well satisfied with their jobs*
2. *Would not consider taking another job*
3. *Have to force themselves to come to work much of the time*
4. *Are enthusiastic about their work almost every day*
5. *Like their jobs better than the average worker does*
6. *Feel that each day on their job will never end*
7. *Find real enjoyment in their work*

Responses are on a Likert scale as follows:
6 = strongly agree
5 = agree
4 = tend to agree
3 = tend to disagree
2 = disagree
1 = strongly disagree

This section is reported as T scores.
T-scores
< 40 = low satisfaction
40 – 60 = moderate satisfaction
> 60 = high satisfaction
50 represents midpoint

RN Work Context

The third section of the NDNQI survey relates to the RN work context and includes the following sections (NDNQI 2009 RN Survey):

1. *Perceptions of quality of care*
2. *Unit orientation and hospital recommendation*
3. *Description of last shift worked*
4. *Meal breaks on the unit last shift*
5. *Non- meal breaks on unit last shift*
6. *Hours worked by RN's last shift*
7. *Usual shift and shift rotation of unit RN's*
8. *Floating of unit RN's in last two weeks and floating of unit RN's outside clinical competency in last tow weeks*
9. *Unit RN's working extra hours*
10. *Situation of unit last shift*

Of these components included in RN work context, only unit perceived quality of care, unit orientation and hospital recommendation, description of unit last shift, situations on the last shift, will be used for this research.

Unit perceived quality of care

The questions in this section include (NDNQI 2009 RN Survey):

1. *How would you describe the quality of nursing care for your shift on the last shift you worked? Response options are excellent, good, fair and poor.*
2. *In general, how would you describe the quality of nursing care delivered to patient on your unit? Response options are excellent, good, fair and poor.*
3. *Overall, over the past year what has happened with the quality of patient care on your unit? Response options: improved, remained the same, deteriorated.*

The responses were converted to a Likert scale:

1 = strongly disagree
2 = disagree
3 = agree
4 = strongly agree

Unit Orientation and Hospital Recommendation

The comments in this section included (NDNQI 2009 RN Survey):

1. *I would recommend this hospital to a friend as a place of employment.*
2. *I received an orientation that adequately prepared me for my current position*

Response options are on the following Likert scale:
6 = strongly agree
5 = agree
4 = tend to agree
3 = tend to disagree
2 = disagree
1 = strongly disagree

Description of Unit Last shift

The RN's were asked to think about the last shift worked prior to taking the survey and rate the following comments (NDNQI 2009 RN Survey):

1. *Some important things just didn't get done for patients*
2. *Overall, I had a good day*
3. *My patient care assignment was appropriate, considering both number of patient and the care they required*
4. *At any one time, what was the maximum number of patients assigned to you?*

Response options are on the following Likert scale for questions 1 - 3:

6 = strongly agree
5 = agree
4 = tend to agree
3 = tend to disagree
2 = disagree
1 = strongly disagree

Situations on Unit Last Shift

The RN's were asked to respond yes, no, or not applicable (NDNQI 2009 RN Survey).

1. *I had enough help to lift/move patients (surveyed the measured the percent of yes responses)*
2. *I didn't have enough time to document care (survey measured the percent of no responses)*
3. *I had enough time to spend with each patient (surveyed the measured the percent of yes responses)*
4. *Discharged patients (or their caregivers) were prepared adequately for home care (surveyed the measured the percent of yes responses)*
5. *Inadequate staffing affected units ability for admissions, transfers and discharges (survey measured the percent of no responses)*

Addendix 3

Table 6 Practice Environment and Overall Rating of the Hospital

NDNQI: Practice Environment	
Nursing Participation in Hospital Affairs	2.32
Staffing and Resource Adequacy	2.38
Mean Practice Environment Score	2.62

Note: 1 "Strongly Disagree," 2 – "Disagree," 3 – "Agree," 4 – "Strongly Agree"
(NDNQI RN survey, 2009)

HCAHPS	
Overall Hospital Rating	54%

Note: Percentage of "Always"
(U.S. Department of Health and Human Services)

Table 7 Staffing Resources and Patients' Getting Help Quickly

NDNQI: Practice Environment	
Staffing and Resource Adequacy	2.38

Note 1 "Strongly Disagree," 2 – "Disagree," 3 – "Agree," 4 – "Strongly Agree"
(NDNQI RN survey, 2009)

NDNQI: RN Work Context	
Important things did not get done	3.5
Patient assignment was appropriate	4.0

Note: Note: 1 – strongly disagree, 2 –disagree, 3 – tend to disagree, 4 –tend to agree, 5 – agree, 6 – strongly agree (NDNQI RN survey, 2009)

NDNQI: RN Work Context	
Number of patients assigned	3.99

Average number of patients assigned
(NDNQI RN survey, 2009)

NDNQI: Situations on last shift	Percent answered yes
Enough time with patients	48%

(NDNQI RN survey, 2009)

HCAHPS	
Patients received help quickly	51%

Note: Percentage of patient responding with "Always"
(U.S. Department of Health and Human Services)

Table 8 Enough Time with Patients / Nurse Communication

NDNQI	
Important things this not get done	3.5

Note: Note: 1 – strongly disagree, 2 –disagree, 3 – tend to disagree, 4 –tend to agree, 5 – agree, 6 – strongly agree (NDNQI RN survey, 2009)

Enough time with patients	48%

Note: Percent answered "Yes"
(NDNQI RN survey, 2009)

Staffing adequacy	2.38

Note: 1 "Strongly Disagree," 2 – "Disagree," 3 – "Agree," 4 – "Strongly Agree"
(NDNQI RN survey, 2009)

HCAHPS	
Nurse Communication with patients	65%
Medications explained	58%

Note: Percentage of patient responding with "Always"
(U.S. Department of Health and Human Services)

Table 9 Recommendation of Hospital by RN and Patient

NDNQI	
Recommend the hospital to friends	4.0

Note: 1 – strongly disagree, 2 –disagree, 3 – tend to disagree, 4 –tend to agree, 5 – agree, 6 – strongly agree (NDNQI RN survey, 2009)

HCAHPS	
Recommend the hospital to friends and family	65%

Note: Percent answered always (U.S. Department of Health and Human Services)

Table 10 Nurse Manager Ability and Job enjoyment

NDNQI					
Nurse Manager ability	2.57*	Mean Practice Environment	2.62*	Job enjoyment	50.99**

Note: *1 "Strongly Disagree," 2 – "Disagree," 3 – "Agree," 4 – "Strongly Agree"
**Reported as a T score – 40 – 60 is moderate
(NDNQI RN survey, 2009)