



Nurse and Patient Satisfaction with Discharge Teaching between Units

Rebecca Hornberger, MSN, RN, PCCN

Penn State Milton S. Hershey Medical Center

Introduction

Patient satisfaction with discharge teaching by nurses affects patient health outcomes as well as hospital reimbursement by the Centers for Medicare and Medicaid Services. A review of Penn State Hershey Medical Center (HMC) Press Ganey data showed a wide range of scores for nursing units in the area of “Instructions for care at home.” For other indicators showing low performance, the hospital-wide integrated council requires a unit action plan. Scores for patient satisfaction with “Instructions for care at home” have yet to receive this attention. In addition, research correlating nurse practices and patient satisfaction between units is limited. Satisfaction with patient teaching has been studied from the nurse’s perspective. In a multi-state study, nurse practice environments were related to patient satisfaction with discharge teaching (Kutney et al., 2009).

Research Question

What is the correlation between factors influencing patient teaching and discharge satisfaction between nursing units?

Methods

Design: Correlational survey study

Approval: IRBs of Mansfield University and Penn State Hershey Medical Center

Outcome Groups: HMC Press Ganey scores for “Instructions for care at home” served to separate nursing units into Group 1 (four nursing units with satisfaction scores consistently above the national benchmark for the 450-599 bed group) and Group 2 (five nursing units with scores consistently below the benchmark).

Tool: “Survey of Factors Influencing Patient Teaching” is a validated survey tool of Likert and rank order questions used to elicit factors influencing patient teaching from the perspective of the direct care (bedside) nurse (Honan et al., 1988). An e-survey was administered via email to approximately 600 direct care nurses at HMC.

Participants

A total of 99 surveys were completed. On average, participants were women under age 40 working full time day shift for 2 to 10 years on their current unit. Group 1: 77% reported working with a full staff during their two previous shifts, 77% possessed a BSN or higher and 37% possessed specialty certification. Group 2: 59% reported a full staff on two previous shifts, 61% were BSN-prepared (0% MSN) and 50% were certified.

Results

Both sample groups stated patient teaching was a high priority in their practice (95%). Top inhibitors to patient teaching for both groups included lack of time, patients who were not receptive, and inadequate staff and teaching resources. Top enhancers to teaching included time, resource nurses and better teaching guidance materials. In addition, both groups reported dissatisfaction with teaching documentation (53%).

Survey Questions with >10% Difference Between Group Modes

	Group 1	Group 2
Other disciplines need to be more involved in patient teaching.	85% agreed	98% agreed
It would be helpful for patient teaching materials to be standardized for each unit.	56% agreed	89% agreed
My yearly evaluation recognizes my teaching abilities.	10% undecided	21% undecided
The patient teaching materials provide me with enough guidance to teach a patient about a specific topic.	65% agreed	49% agreed
There are an adequate number of nurses to do patient teaching.	38% disagreed	51% disagreed
There is adequate time to do patient teaching.	31% agreed	8% agreed

“agreed” = survey response of agree or strongly agree
 “disagreed” = survey response of disagree or strongly disagree

Conclusions/Implications

- Despite valuing the role, only 3% of study nurses reported that patient teaching was in their top three areas in time spent performing work. Improvements are needed to maximize time spent by nurses teaching patients.
- Assess staffing standards for each unit to promote provision of time for nurses to educate patients.
 - Plan a multidisciplinary teamwork approach to patient education, and clarify roles and communication between team members.
 - Gather input from nurses and educators to provide adequate teaching resources that are easy to access.
 - Clarify expectations by nurse leaders for the inclusion of teaching in yearly evaluations.
 - Improve the continuum and efficiency of care by redesigning and implementing a multidisciplinary documentation system of patient teaching to clarify what information patients received and understood.
 - Increase staff education offerings to include patient teaching techniques.
 - Integrate the role of educator into the orientation of new nurses.
 - Work with collaborating pre-licensure nursing programs to include this education in their curricula.

References

Honan, S., Krsnak, G., Petersen, D., & Torkelson, R. (1988). The nurse as patient educator: Perceived responsibilities and factors enhancing role development. *The Journal of Continuing Education in Nursing, 19*, 33-37.

Kutney, A.L., McHugh, M.D., Sloane, D.M., Cimiotti, J.P., Flynn, L., Neff, D.F., & Aiken, L.H. (2009). Nursing: A key to patient satisfaction. *Health Affairs, 28*, 669-677. doi: 10.1377/hlthaff.28.4.w669