NURSES' PERCEPTIONS OF THE UTILITY OF PATIENT SCRIPTING WITH

REGARDS TO PATIENT SATISFACTION


by

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## STATEMENT OF PERMISSION TO USE

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# TABLE OF CONTENTS

TABLE OF CONTENTS CONTINUED

LIST OF TABLES

## ABSTRACT

This research study was intended to determine the perceptions of nurses' regarding the utility of patient scripting with regards to patient satisfaction. Patient scripting refers to a script used by nurses while speaking to patients and/or their families to convey a consistent message from all nurses and employees. Hard copy surveys were delivered into the work mailboxes of 95 part-time and full-time nurses on the maternal child department of a local community hospital. It was found that nurses find patient scripting important to patient satisfaction, easy to use, and easy to incorporate. However, some nurses felt that it was awkward and not words they would generally use in conversations with patients or families. The nurses did not feel it increased their job satisfaction or hospital revenue. It appears that if the nurses were to develop a script that was easier to use or made up of words they would use more easily, they would utilize patient scripting more frequently.

INTRODUCTION AND BACKGROUND

Introduction

Patient satisfaction and health care costs are currently at the forefront of healthcare and have been discussed within the healthcare community for many years now. In the coming years these two variables will become even more important to each hospital.

> Hospitals are facing an increasingly challenging operating environment. According to a study undertaken by the American Hospital Association, federal mandates, including the Health Insurance Portability and Accountability Act's requirements, were estimated to cost hospitals between $4 billion and $22 billion to comply with only 3 of the provisions of the act (Dougherty, 2005, p. 265).

An increase in health care costs is creating an environment that encourages the consumer to pick and choose where he receives care. He may choose to utilize a facility that is cheaper, that has a reputation for high patient satisfaction, or simply one that is close to home. In turn, with the hopes of luring more customers/patients, this creates an environment that forces hospitals to cater to the consumer (Dougherty, 2005). Catering by the hospitals will, hopefully, increase patient satisfaction and, thus, increase the number of patients that choose that particular hospital when they have that choice. In the hopes of attracting more patients, "a common practice in hospitals today is "scripting" which, to most managers, means simply writing out what employees are supposed to say in repetitive situations" (Lee, 2004, p. 113). This has changed the healthcare arena in how nurses speak to patients.

scripting actually does increase patient satisfaction or if it has any bearing at all on the patient's perceptions about their experience. It is also unknown how nurses feel about being instructed on how to speak to their patients when they have done so without instruction for so many years. This study will explore the perceptions of nurses on the utility of scripting with regards to patient satisfaction.

<div align="center">Background and Significance of the Study</div>

Patient satisfaction has become increasingly important throughout the last few years in the hospital setting due to the rate of utilization of hospitals and in turn reimbursement of the services rendered by hospitals. "To be competitive in today's market, hospitals need to focus on those quality indicators that respond best to customer needs. Dwindling healthcare dollars spent judiciously by purchasers are the golden ring sought" (Dougherty, 2005, p. 266). Therefore, it is important for hospitals to create an environment that fosters superior patient satisfaction so that patients will return to that hospital when the time arrives. Hospitals have begun to incorporate patient scripting in an effort to increase patient satisfaction through continuity of care and continuity of responses by nursing staff.

Often times there are places in the hospital that are particularly stressful. Using scripting to decrease stress and, theoretically, increase patient satisfaction is one way to enhance the patient's view of the hospital. "Communication between the patient and the provider is a component of healthcare services that has an important impact on the patient's experience and is one of the components of pediatric health care that correlates

most strongly with overall parent ratings"(Ammentorp, Mainz, & Sabroe, 2006, p. 333).

Theoretically, patient satisfaction is not only important to the patient but to the nursing

staff as well.

Patient satisfaction is also important to the nursing profession as a whole because

it is directly related to the actions and behaviors of the nurse. Harbaugh, Kirschbaum,

and Tomlinson (2004) found that behaviors demonstrating affection, caring, watching,

and protecting were especially important in how parents in a Pediatric ICU perceived the

hospital experience. As a general rule, nurses want the experience of the patient to be

positive and knowing the above mentioned ideas related to patient satisfaction help

nurses to structure their environment to create the sought outcomes.

As stated in previous sections hospitals are having to deal with increasing health

care costs and decreasing reimbursement for health care services rendered. Therefore,

when reviewing what can increase reimbursement, patient satisfaction has come into

focus. Theoretically, by increasing patient satisfaction a hospital can increase consumer

utilization of said hospital and thus increase incoming revenue from private insurance as

well as from government payers. In creating greater reimbursement it also creates a

richer economical status for the hospital and allows them to provide for their patients

with greater ease.

## Statement of the Problem and Research Question

Satisfaction of the patient in healthcare is imperative due to the ability of the

patient to choose which facility to utilize. If patients are not happy with the care received

they will not be loyal to that particular hospital and may choose a different facility. It is

unknown at this time whether or not scripting use will increase patient satisfaction, but

hospitals have already begun incorporating it into the nursing areas. It is also unknown

how nurses feel about having scripted speaking notes to be used when talking to patients.

Nurses have always spoken to patients how they believed was accurate and to insist they

use certain phrases may be discouraging. Fred Lee, author of *If Disney Ran Your*

*Hospital: 9 ½ things you would do differently,* states, "Workers often, and rightly, feel it

is condescending to tell them to say "please", and "thank you" and other obvious phrases

that get put into the scripts everyone is supposed to use" (2004, p. 114). Thus, the

question to be answered through this research is: what are nurses' perceptions of the

utility of scripting with regards to patient satisfaction? The nursing theorist Imogene

King believed in working together to create reaction, interaction, and transaction. The

nurses using scripting within the hospitals are attempting to better the interaction so that

the following transaction can be a good experience for the patient as well as the nurse.

<u>King's Theory of Goal Attainment</u>

Imogene King's work is historically focused on the perceptions, judgments, and

actions of the nurse and the patient together to create a joint reaction, interaction, and

transaction. These processes are carried out to attain the goal of health. "Health is

defined by King as a dynamic state in the life cycle of a person which implies adjustment

to stressors in the internal and external environment through optimum use of resources

achieve maximum potential for daily living" (Husting, 1997, p.17).

Although this is not included in the focus of the research it is important to note

that her theory also focuses on applying the patient's cultural background into the care

and goal attainment of the patient. "If the culturally based need of the clients are not

considered, we may ineffectively utilize our time completing tasks and routines that are

not valued by the client and have little relevance to the client's desired outcome"

(Husting, 1997, p. 17). Determining the basic cultural beliefs of the patient when

creating a plan of action is imperative to the care and for the attainment of health. The

ability to use this theory throughout all cultures makes it flexible and easy to utilize in all

aspects of health care.

The key components from the theory of goal attainment to be utilized in this

research include: 1) perception, 2) interaction, 3) transactions, 4) role, 5) stress, and 6)

time. These are all needed components to determine if scripting use increases patient

satisfaction because all these items play key roles in attaining the goal of health and thus

determining satisfaction. It is interactions and transactions between nurse and patient

over time that will lead to perceptions of each other from both sides that will determine

the level of stress and/or satisfaction.

Imogene King's key components in more detail are (Sieloff, 1991):

- "Individuals are social, sentient, rational, reacting, perceiving, controlling,
  purposeful, action-oriented, and time-oriented beings,

- Perceptions of the nurse and of the client influences the interaction process,

-  Goals, needs, and values of nurse and client influence the interaction process,

- Individuals have a right to knowledge about themselves,

- Individuals have a right to participate in decisions that influence their life, health, and community services,

- Health professionals have a responsibility to share information that helps individuals make informed decisions about their health care,

- Individuals have a right to accept or reject health care, and

- Goals of health professionals and goals of recipients of health care may be incongruent" (p. 28).

These key components provide the basis for King's theory of goal attainment and are believed to be true by the researcher. In addition, King believes that decision making is a shared responsibility between the nurse and the patient and that the patient should be involved in all care related to their health. Patients should be involved in their care including what they believe to create better satisfaction for themselves or other patients alike. This would lead us to believe that review of patient satisfaction surveys and subsequent change in how we care for patients should lead to increased satisfaction of future patients. Theoretically, the perceptions of patients regarding nursing care received is what influences patient satisfaction and it is assumed by organizations that patient scripting has a great effect on nursing care and thus satisfaction scores. The second key component fits well with regards to nurses perceptions concerning the client will influence the interaction process and this may be hinder or improve the use of scripting. If in fact the nurse has a poor perception of the client and/or scripting, it may create a poor transaction and therefore, a poor reaction from the client.

<u>Definitions</u>

Several concepts are essential to define to provide a foundation for understanding this research more comprehensively. These definitions include the following:

Scripting: "Scripting involves identifying common situations, activities, and questions . . . and teaching staff how to answer appropriately to project the caring, professional image of a staff member" (Byrne, Garrison, & Moore, 2009, p. 3).

Patient Satisfaction: "A measurement that obtains reports or ratings from patients about services received from an organization, hospitals, physician, or healthcare provider" (http://www.qaproject.org/methods/reglossary.html)

Nurse: "a person who cares for the sick or infirm; *specifically*: a licensed health-care professional who practices independently or is supervised by a physician, surgeon, or dentist and who is skilled in promoting and maintaining health" (http://www.merriam-webster.com/medlineplus/nurse).

<u>Assumptions</u>

Imogene King's key concepts are her assumptions and are believed to be true by the researcher. They provide a basis for her theory and her beliefs to involve the patient in all aspects of their care.

Another assumption made by the researcher is that patient satisfaction is indeed important to the individual nurse as well as to the patient whom received care. The nurse can feel good about the care delivered and the patient will be satisfied by the quality care delivered.

An additional assumption is the way in which nurses speak to patients fosters a relationship that can be good or bad. Speaking to a patient in a manner that exhibits caring and professionalism will foster a relationship that instills respect and trust throughout a patient's stay in the hospital. However, speaking to them in a demeaning tone may create a relationship of bitterness, disrespect, and distrust. In such relationships satisfaction of the patient may decline due to a poor rapport between the nurse and the patient.

A final assumption is that the Pediatric patient's family will be involved in the care they received and in turn have an effect on satisfaction as a whole. Therefore, they should be considered part of the patient and treated as such.

### Limitations

A limitation noted is the adherence of the nurses to use the scripting set in place. It will be difficult to encourage the nurses to use the scripting when so many of them are long time nurses that are set in their ways. An anonymous questionnaire will be given to nurses on the maternal child departments to rate on a scale of 1-5, such things as how frequently they use scripting and if they feel it is beneficial to patient satisfaction.

A second potential limitation is the timeliness of the nurses in returning the surveys. In an attempt to control this, the surveys given to the nursing staff will be accompanied by a pre-stamped and addressed envelope to ensure that their answers will in fact be confidential as well as ease in the returning of the survey. They will also

receive an email upon placement in their mailboxes as well as a follow up email 10 days

following placement in their mailboxes.

## Summary

Throughout the previous chapter the researcher has stated the research aim which

is to determine nurses' perceptions of the utility of patient scripting and its effect on

patient satisfaction.  There has also been an examination regarding the purpose,

background and significance, theory to be used, definitions, assumptions of the

researcher, as well as limitations related to the research.  In the following chapter the

researcher will provide a detailed review of all literature related to the proposed research

question as well as display gaps found within that literature.

REVIEW OF LITERATURE

## Introduction

The purpose of this chapter is to examine the literature associated with the research related to nurse's perceptions of the utility of scripting with regards to patient satisfaction with the aid of Imogene King's Theory of Goal Attainment (Alligood & Marriner-Tomey, 2010). This chapter will determine what research has been conducted and where the gaps exist regarding the aforementioned topic. The researcher will compare and contrast the literature found regarding the topic to delineate and define where gaps exist.

## Search Effort

The following text review will focus on the current literature that was available from 1999 to 2012, using the specified terms such as nurse, perceptions, scripting, nurse perceptions, and satisfaction in multiple combinations. Articles that were not peer-reviewed and were not readily available were eliminated. The search engines used for this review of literature were CINAHL (Cumulative Index to Nursing and Allied literature), Pub Med, Business Source Complete, Group & Organizational Management, Business & Company Resource Center, and Illumina. This chapter will be organized in the following order to aid in the reader's understanding and comprehension. It will be organized into segments related to the following four topics: (A) scripting use; (B) patient satisfaction scores; (C) nurses perceptions and; (D) King's Theory of Goal Attainment.

(Alligood & Marriner-Tomey, 2010)   The research question to be answered is as

follows: What are nurse's perceptions of the utility of patient scripting with regards to

patient satisfaction?

<center>Scripting Use</center>

Scripting in the hospital setting is used for different reasons in different areas of

the hospital.  For example, Bloomfield (2006) reported on the use of a script developed

for pre-operative forms titled "time-outs" to ensure that it was the correct patient, site,

position, equipment, and implants prior to any invasive procedure (p. 1147).  This is a

form that is used pre-operatively that is completed by the nurse and the provider  prior to

any invasive procedures to ensure safety during this time.

There is also a script used in the acute care setting when speaking to patients

and/or their families. This is using a specific set of phrases at key times to help the patient

remember what was said and in turn key them in to that specific phrase when completing

a patient satisfaction survey after discharge.   Organizations will often have the nurse use

key phrases while talking to patients or their families regarding pain management or

infant security such as "I am placing this security band on your child as an infant security

system to ensure the safety of your child."  Using this sequence of statements and

behaviors that convey a clear, consistent, and caring message is the foundation that

scripting is built upon (Ryan & Wojciechowski, 2003, p. 1).

Garrison, Bryne, and Moore (2009) explain that, during the past 10 years, we

have been hearing and reading much more about scripting in journals, at professional

conferences, and on the Internet (p. xv). It is being taken back to each hospital with the hopes of bolstering satisfaction scores. They also state, "scripting is a tool. It is designed to give the nurse guidelines for handling given situations more effectively" (p.xv). The term scripting began with the service industries including McDonald's, Burger King, and Starbucks with scripted answers such as "my pleasure" and "Is there anything else I can do for you?"

Disney has used these tactics for years to create excellent "experiences" for the individuals who visit Disney. Fred Lee, author of *If Disney Ran Your Hospital: 9 ½ Things You Would Do Differently,* states that "for both Disney and hospitals, it is more accurate to describe their business as providing a transforming dramatic experience than delivering a service" (2004, p. 109). Lee also asks us to look within our own industry (healthcare) to look at the "successes and recognition attained by the hospital that have adopted variations of this method, where every aspect of the patient's and family's interactions and accommodation have been carefully scripted and staged to provide a memorable, total experience" (2004, p. 112). Caring for the patient within the hospital is not so different from the visitors to Disney in that nursing in general wants the patient's visit to be a positive experience.

 Disney, however, does not use word for word dialogue for every person who visits the magic kingdom. They use a raw script that each employee can tailor to the specific person they are speaking to at the time. This is likened to hospital work as it is also creating an experience.

> When one realizes that hospital work is theater because it is staging an experience, one can understand how important the script

is. Fred Lee believes hospital scripts should teach all hospital workers how to enter a hospital room and engage the patient by (1) Greet the patient by name and introduce themselves with a cheerful greeting. (2) Comment on anything special in the room like flowers or pictures of family. (3) Meet any other people that are in the room. (4) Ask if there is anything else they need or need explained. (5) Empathize with any expressions of feeling. (6) Ask how they want the door left. (7) Remember conversations from each day to build on over the duration of the patient's stay. And, yes, all this before the task they came to perform (Fred Lee, 2004, p. 116).

While scripting in general started with Disney and McDonalds, within healthcare it gained its roots within housekeeping. Garrison, Byrne, and Moore (2009) state healthcare started scripting to improve customer satisfaction scores with housekeeping and its staff. (p. xvi). The researchers also state, the greater part of these initiatives were driven by customer and patient satisfaction scores and as patient satisfaction scores began to take center stage, scripting extended to other areas of our organizations, including nursing (Bryne, Garrison, Moore, 2009, p. xvi).

Another entity that has been known to utilize scripting heavily is Baptist Health Care. They feel that "scripting ensures that we do all the things we need to do to send a consistent, positive message to our patients and their families" (Stubblefield, 2005, p. 130). They have developed scripts for employees to use in many situations so that the patient and the patient's family hear a consistent message throughout their stay. New employees are taught many of the scripts prior to ever reporting to their new department for work. The initial three scripts taught to these employees include: "(1) 'May I take you to where you are going?'; (2) 'Is there anything else I can do for you? I have the time'; and (3) 'How can I make this better for you?'"(Stubblefield, 2005, p. 130). They

feel that while in the hospital inconveniences are often unavoidable, the mere

acknowledgement of the delay or inconvenience may speak volumes to the patient and/or

customer.  In turn this will hopefully create a more positive feeling about the care

received and "customers who feel better about our service will be more likely to rate us

higher on our patient satisfaction surveys" (Stubblefield, 2005, p. 131).

At Baptist Health Care they also feel that scripting has become advantageous in

dealing with difficult patients and/or situations.  They instill in their employees that a

good interaction with a disgruntled customer has the ability to turn it around and create a

satisfied customer instead.

> They feel that "in interactions with unhappy customers, it is vital that employees send the right message, and having a plan laid out ahead of time makes it much easier for these employees – who may be flustered or offended by a customer's comments or behavior – to continue to provide superior service" (Stubblefield, 2005, p 131).

This scripting is done by all the employees within the hospital from housekeeping

to nursing.  Nurses are encouraged to use scripting whenever speaking to patients to

create a consistent positive message to hopefully increase satisfaction.

With regards to patient satisfaction scores, Baptist Health Care has used patient

scripting to raise their scores from below 20% to greater than 90% in a mere 9 months

(Stubblefield, 2005, p. 5).  The employees were empowered to provide excellent care and

to institute change within their work areas.  They had discovered through their research

that the key to patient satisfaction is employee satisfaction.  If the employees were

miserable at work, no one would be happy.  Baptist Health Care found that "the

satisfaction of our patients was directly related to the satisfaction of our employees; only

happy, fulfilled employees will provide the highest level of healthcare to our patients"
(Stubblefield, 2005, p. 5). They realized that by providing excellent care by employees
who were happy at their jobs, the patients would be more satisfied with care received and
more loyal to that facility. To make their employees happy they instituted many different
processes but one in particular is an increase in open communication between
administration and the workforce. The employees were able to have an open
conversation, ask questions, and get real answers from their administrators. They found
that "the more information your employees have, the better they will understand the
elements of your culture, the goals of the organization, and the value of their
contribution" (Stubblefield, 2005, p. 51). This created an environment that fostered
respect between the two entities within the hospital as well as accountability for each
individual doing their part to live up to the culture, goals, and values of the organization.

Scripting is one way that nursing staff can potentially help to increase patient
satisfaction. Dougherty states, "hospitals tend to turn their attention to behaviors seen as
necessary for patient satisfaction. One behavior is to have nurses say key phrases at key
times" (Dougherty, 2005, p.269). Dougherty discussed the topic of customer service in
the emergency department and how is it becoming more of a hotel or resort type
environment rather than a hospital or healing environment. She believed that to achieve
high patient satisfaction scores hospitals have created this environment in which the
patient has come to know and feel entitled or deserving of a resort-like atmosphere. This
article did not report research but was a review of what has happened to the health care
community in the area of customer service. Dougherty believed that scripting for

communication is not the answer because if the nurse is compassionate a script is not needed and genuine communications is optimum.

Barrett, Ellington, and Sheldon (2006) stated, "communication is multidimensional and complicated by human responses of both participants in the nurse-patient relationship and they reviewed what nurses' view to be difficulties in speaking and communicating with patients in daily nursing practice" (p.142). A moderator conducted six focus groups to determine, through interaction with the nursing staff, which themes were most difficult in discussing with patients. There were 30 nurse participants in the study and each group meeting lasted between 30-60 minutes. "Five main themes were identified from the focus group discussions: (a) specific diagnoses and clinical situations; (b) patient and family emotions; (c) nurses' emotions; (d) nurses' coping behaviors with difficult communication; and (e) triangle of nurse-physician-patient communication" (Barrett, Ellington, & Sheldon, 2006, p.143). The findings were congruent with the research in that several topics where nurses felt communication was difficult with patients were determined. The researchers found that communication is emotion-laden and negative emotions make this interaction much more difficult. (Barrett, Ellington, & Sheldon, 2006, p.145). Although not specifically related to scripting, this information can be used to determine more difficult areas of communication and, in turn, potentially lead to the creation of scripting for those topics to make it easier for both parties.

Researchers reporting on the use of scripting in the procurement of organs in a hospice unit upon admission concluded that the use of a preprinted script as well as

speaking with family early aided with the complexity of this process.  Staff found that the experience was much more positive with family as well as the organ procurement organization when using the scripting set in place (Niday, Painter, Peak, Bennett, Wiley, McCartt, & Teixeira, 2007, p. 292).  Everyone in the health care setting can benefit from scripting as seen in this article.  Both nursing staff as well as patients need to see the benefit before it will become second nature to the employees, which is a large barrier to patient scripting.

Richard Hader (2003) states,

> Some nurses react negatively to the idea of implementing these scripts, equating it with the action of a robot.  Although nurses know how to communicate with patients, it's difficult to send a consistent message given increased patient acuity, shorter lengths of stay, and multiple responsibilities (p. 4).

Although some individuals do feel as though they are being instructed on how to speak to patients and exactly what to say, "research shows that scripting dramatically increases the patient's perception of delivered care quality" (Hader, 2003, p. 4).  Hader also found that employing the use of scripting on an orthopedic unit where he was employed significantly decreased the amount of patient calls observed as well as satisfaction increasing by both the nurses and the patients as both parties felt they had given and received better care. (Hader, 2003, p. 4).  This helps establish that using patient scripting in a hospital setting can improve not only the nurse's perception of quality care given but also the patients perception that care received was satisfactory.

Although, the previous article discussed the positive aspects of patient scripting, it is often difficult for hospitals to implement and convey scripting in a positive light.  Ryan

and Wojciechowski (2003) explain, "the difficulty lies not in understanding the concept

of scripting but in the way it is used with patients to create a trusting relationship and this

can often be difficult to convey to the patient (p. 1)".  Input is received from best practice

health care organizations offering these organizations top ten barriers of effectively

implementing scripting.

> These barriers include, "how many scripts should be used,
> avoidance of sounding like robots, effective implementation,
> motivation of staff, accountability of the staff to use the scripting,
> keeping it in the staff's minds on a daily basis, measurements of
> successful scripting, difficulty of staff using scripts, making them
> effective in non-clinical areas, and rewarding or recognizing the
> staff for using the scripting set in place" (Ryan & Wojciechowski,
> 2003, pp. 1-3).

The researchers offer several "barrier busters" after each barrier listed to aid in the

organizations use and implementation of scripting.  The researchers sum up the article by

stating that scripting provides the employee an avenue to provide consistency in patient

care between nurses and patients (Ryan & Wojciechowski, 2003, p. 3).  This article was

retrieved from Press Ganey Associates which is a patient satisfaction corporation used by

health care organizations throughout the nation.

<center>Patient Satisfaction</center>

The literature is replete with information regarding patient satisfaction.  The mass

quantity of articles found is beyond the scope of this research and therefore, the

researcher will summarize the literature.

A number of the articles dealt with patient satisfaction related to third party

reimbursement and payment of the provider.  It currently appears to some that patient

satisfaction has as much to do with reimbursement as does quality outcomes in the patient's health.  Bear and Wagner(2008) explain that "identifying and understanding what influences healthcare consumers to perceive quality care and be satisfied with the care received is a critical competitive strategy for attracting healthcare consumers to a particular hospital and hence enhancing profits"(p.693 ). The discussion of health care reform is beyond the scope of this research and therefore will not be discussed. However, patient satisfaction and positive patient outcomes may have a large effect on provider reimbursement in the future.  Therefore, satisfaction with nursing care will be an important aspect of the hospital experience.

Bear and Wagner (2008) also explain "patient satisfaction with nursing care is crucial to satisfaction with a hospital experience. Satisfaction with nursing services has become the only hospital service recognized as having a direct relationship with overall patient satisfaction" (p.693).  Nurses are the individuals patients see on a 24 hour basis and, therefore, are the main component thought of when completing a survey after discharge.  This particular article is a theoretical paper reporting a concept analysis of patient satisfaction with nursing care.  The researchers found that nursing care greatly influenced the satisfaction of the patient.

There are many reasons patient satisfaction is important.  For instance, satisfied patient are much less likely to sue the provider should the patient encounter poor outcomes (Henry, 2009, pg. 114).  One risk management consultant stated, "It's hard to hate someone who's been good to you" (Henry, 2009, pg. 115).  The thought of this aspect of the nurse-patient relationship is frightening for nurses and providers making

communication more difficult and worrisome. Sheldon, Barrett, & Ellington (2006) found that the emotionally laden communication between nurses and patients may also include negative emotions from both parties thus making communication again more difficult (pg. 145). In response to the findings of this study done by Sheldon, Barrett, & Ellington (2006) the researchers concluded by suggesting communication skills training programs for clinicians to improve interactions with patient and families and increase their willingness to have these types of difficult discussions with their patients (pg. 146).

As suggested above, it is imperative to patient satisfaction that nurses communicate and relate well with the patients. The healthcare setting is a stressful one and good communication and listening skills with nursing staff allows the patient to reflect positively on at least one aspect of their hospitalization. Ammentorp, Mainz, and Sabroe (2006) found that often times in the Pediatric setting, parents are less satisfied if the information given and the communication used do not meet their expectations (pg. 333). They also discovered that skilled communication between nurses and patients have been emphasized as a main concern when developing a relationship (Ammentorp, Mainz, & Sabroe, 2006, pg. 348).

Patient satisfaction reaches far and wide throughout health care and can help quantify patients' perceptions about providers and their practice that can be used to make improvements and changes. These changes can help nurses care for their patients better and create a warmer environment for building the nurse-patient relationship needed for good communication.

King's Theory of Goal Attainment

To provide a foundation for this research, Imogene King's theory of goal

attainment (Alligood & Marriner-Tomey, 2010) will be utilized.  When searched in

CINAHL the key words Imogene King identified nine articles.  After reviewing all nine

articles, two articles were found to be relevant to the researcher's topic.  Of those two,

one was a book review but the researcher feels that it can be beneficial to the research

because "the stated purpose of the book being reviewed is to deepen the philosophical

understanding of King's conceptual system and theory of goal attainment" (Frey &

Sieloff, 2007).  This book review will not be discussed in this chapter because it does not

add to the research of the topic but has the potential ability to provide more knowledge of

potential future resources for the researcher.

> King (1981) introduced a theory of goal attainment, a middle-range
> theory derived from the conceptual system.  Central concepts in
> the theory of goal attainment are perception, communication,
> interaction, transaction, self, role, growth and development,
> stressor/stress, time and space (Khowaja, 2006).

Khowaja (2006) sought to determine whether or not using a clinical pathway

derived from King's theory would benefit surgical patients.  The researcher focused on

the framework of King's theory regarding the teamwork of the patient and the nurse to

create optimal outcomes in a post operative arena.

"The primary focus of this investigation was to assess the impact of clinical

pathways on clinical quality, cost, and patient and staff satisfaction" (Khowaja, 2006, p.).

The subjects of this study included 200 patients admitted to a hospital in Pakistan for

transurethral resection of the prostate (TURP).  To benefit the patients, "a conceptual

framework and pathway was enacted that was derived from King's conceptual

framework and theory of goal attainment" (Khowaja, 2006, p.).

Khowaja states,

> With clinical pathways the emphasis is on achievement of
> personal, interpersonal, and social goals, which are based on the
> best evidence from the literature and are agreed on by all who are
> party of the conceptual system. Such a goal in TURP clinical
> pathway includes enhancing quality by reducing occurrence of
> complications, reducing length of stay, improving co-ordination
> among health care providers, reducing costs, and improving patient
> and staff satisfaction (pp. 47-48).

Through a "quasi-experimental design with non-equivalent groups" the researcher

found that using King's conceptual framework and theory of goal attainment to develop a

clinical pathway and framework created better outcomes and, thus, greater satisfaction

for the patients undergoing TURP. "King's theory provided direction for nursing

practice by emphasizing the processes of multidisciplinary collaboration, communication,

interaction, transaction, and use of critical thinking" (Khowaja, 2006, p.).

### Scripting Use by Nurses and Patient Satisfaction

When using CINAHL to search the above mentioned combination with the words

script*, nurs*, and satisfaction, two results were found. Out of these two, only one was

relevant to the researcher's topic. The other article was an evaluation of nurse practice

models.

In a discussion on the changing environment of healthcare, Dougherty (2005)

explains, competition in today's health care market the focus needs to be on quality

indicators that indicate customer needs and satisfaction (p. 267). Dougherty believes that

patient's have become more like guests in a hospital rather than patients and they have developed a sense of entitlement in the hospital setting. This attitude toward healthcare stems from all entities involved in the health care system, including employers and consumers, becoming more knowledgeable and therefore more demanding in how they choose and contract with certain hospitals (Dougherty, 2005).

This article is one nurse's opinion regarding patient satisfaction and the use of scripting during patient care and does not contain empirical data to support or refute her assertions. Through this search, the gap in research regarding the combination of these two topics has been located. The research to be done will be directly linked to helping fill this gap between nurses' perceptions and patient scripting.

## Gaps within the Literature

The goal of the current research will be to use a descriptive cross sectional design to help fill the gap in literature related to nurses' perceptions regarding the utility of patient scripting with regards to patient satisfaction. There is a significant gap related to nurses' perceptions regarding patient scripting, the utility of patient scripting, and King's framework as shown previously. However, the literature is replete regarding patient satisfaction. King's framework will be utilized to determine what constraints hinder patient satisfaction and/or the use of scripting. Upon conclusion of the research, literature will be available to further improve patient satisfaction via scripting use and determine what nurses' perceptions are regarding this topic. Through this research the knowledge gap in literature will begin to be filled

Summary

Throughout this chapter the literature has been discussed regarding the search terms involved in the current research.  It has brought to light the areas where gaps in the research exist.  The following chapter will discuss the methodology used to be used to begin to fill the presented gaps in research.

METHODS

## Introduction

The purpose of this study was to determine nurses' perceptions of the utility of patient scripting with regards to patient satisfaction. In the following section the researcher will discuss the methodology used. Chapter three will discuss the design, population, sample, procedure, and instrumentation, a brief discussion of rights of human subjects and consent process, and the planned statistical analysis.

## Design

This pilot study used a descriptive cross sectional design to determine nurses' perceptions of the utility of patient scripting with regards to patient satisfaction. Nurses' perceptions were evaluated by surveys placed directly in nurses' work mailboxes along with a pre-stamped, pre-addressed envelope to ensure confidentiality as well as ease in the return of the surveys in a timely manner.

## Population and Sample

A convenience sample was used that included part time and full time nurses from the maternal child department of a local community hospital in Montana. The sample included nurses from all shifts and with all experience levels. A convenience sample refers to "using the most conveniently available people as study participants" (Polit & Tatano-Beck, 2008, p. 341).

Procedure

This research study utilized a quantitative method of data collection that involved multiple steps. Approval for the study was obtained from the Montana State University IRB as well as from the IRB of the local community hospital. The positive outcomes that the organization may reap from the research are available to the hospital IRB board. Following written permission from the maternal child department manager, surveys were placed in the work mailbox of every nurse employed at the time. The nurses were asked to provide information regarding part time or full time employment but no other demographic data was requested. The survey was delivered in hard copy to the employee's work mailboxes. The surveys were accompanied by an attached pre-stamped, pre-addressed envelope with no identifying data. An initial email was sent to each respondent to explain the survey upon placement in mailboxes. In addition a follow up email was sent 10 days after the surveys were placed in work mail boxes to help remind the nurses to complete surveys. The nurses were encouraged to return uncompleted surveys should they not decide to complete them. The researcher reviewed all surveys received with complete confidentiality as no names or identifiers were placed on any survey. The data analysis took approximately six weeks to review all the data and determine the perceptions of nurses' of the utility of patient scripting with regards to patient satisfaction.

Instrumentation

The instrument used was developed by the researcher (Appendix C) and was a survey distributed into the mailboxes of nurses from the maternal/child units of a local community hospital. The surveys were returned directly to the researcher's home with a pre-stamped, pre-addressed envelope and, therefore, were not handled by any other individuals other than the subjects and mail carriers. This instrument was used to quantify nurses' perceptions of the utility of patient scripting regarding patient satisfaction on a percentage scale based on how the nurses rate their use and its perceived effect on patient satisfactionone to five scale with five being highest). Sample questions from the nurses' survey include: To what degree do nurses agree that:

- Scripting facilitates communication with patients/families.

- Patient scripting increases patient satisfaction.

"The reliability of a quantitative instrument is a major criterion for assessing its quality and adequacy. An instrument's reliability is the consistency with which it measures the target attribute" (Polit & Tatano-Beck, 2008, p.452). There were no surveys found during the review of literature that could have been adapted for this research therefore, a survey was developed by this researcher. Face validity was established by the researcher and research committee. The type of measurement used in this survey was interval measurement which "occurs when researchers can specify the rank-ordering of objects on an attribute and can assume equivalent distance between them. An example of this is the Fahrenheit temperature scale" (Polit & Tatano-Beck, 2008, p. 557). Interval measurement was used with the nurses' perceptions of the utility

of patient scripting with regards to patient satisfaction. The survey distributed to the

nurses used a Likert scale for all questions printed.

> Likert scales comprise a series of statements worded favorably or
> unfavorably toward a phenomenon. Respondents indicate degree
> of agreement or disagreement with each statement; a total score is
> computed by the summing item scores, each of which is scored for
> the intensity and direction of favorability expressed (Polit &
> Tatano-Beck, 2008, p.445).

## Discussion of Rights of Human
## Subjects and Consent Process

Consent was implied upon completion of the survey as it was a voluntary action.

Consent from the hospital to have access to individual's mailboxes was obtained. A

letter explaining the study accompanied each survey. Surveys returned to the researcher

were kept in a locked cabinet and destroyed upon completion of the study. Data is

reported in aggregate with no link between any individual nurse and any specific data.

This was done with a written agreement from the Benefis Health System IRB and risk

management. Approval from the MSU IRB as well as the community hospital IRB was

obtained.

## Statistical Analysis

Data from this study were analyzed using simple descriptive statistics such as

means and frequencies. Frequencies and percentages were used to describe the sample

demographics. Frequencies, means, and standard deviation were used to describe

responses to the statements addressing nurse perceptions.  Statistical analysis began 6 weeks after surveys had been delivered.

## Summary

The purpose of this study was to determine what the nurses' perceptions of the utility of patient scripting with regards to patient satisfaction entail.  It was an analysis of surveys returned by nurses from the maternal child nursing units measuring their perceptions on a likert scale.

This chapter has explained the methodology for this quantitative study including the population, design, data collection, instrumentation to be used, human rights, and the process for statistical analysis.  The content of this chapter prepares the reader for the upcoming chapter discussing the results found from the research.

RESULTS

Brief Overview

The purpose of this study was to determine nurses' perceptions of the utility of patient scripting with regards to patient satisfaction. To answer the research questions, the researcher hand delivered anonymous surveys to the work mailboxes of all nurses employed within the maternal child departments of a local community hospital.

The survey was developed by the researcher due to lack of a sufficient survey found through the review of literature. The surveys were hand delivered with an attached letter of explanation as well as a pre-addressed, pre-stamped envelope to aid in the return. Ninety five surveys were delivered during the last week in December 2011 and an email was sent out to all recipients with a detailed explanation regarding the study. A reminder email was then sent again to all recipients 10 days later urging them to complete the survey or return it blank to aide in analysis.

Out of the 95 surveys delivered, 30 were completed and returned. This is 31% of the surveys distributed. No blank surveys were returned. The surveys were recorded and analyzed using descriptive statistics.

Demographics

The nurses were questioned on the survey whether they were full time or part time employees and whether they had received training regarding scripting. Out of the 30

respondents 3 did not disclose what their employment status was and 2 did not disclose

whether or not they had received training. (See tables 1 and 2).

Table 1.  Demographic Data and Responding Percentage

| | | |
|---|---|---|
| Full Time Employee | 17 | 57% |
| Part Time Employee | 10 | 33% |
| Undisclosed | 3 | 10% |
| Total | 30 | |

Table 2.  Training History

| | | |
|---|---|---|
| Did Receive Training on Patient Scripting | 23 | 77% |
| Did Not Receive Training on Patient Scripting | 5 | 16% |
| Did Not Disclose | 2 | 6% |
| Total | 30 | |

Table 3 lists each question asked within the survey and gives a numerical result

as well as percentages of corresponding responses.  Percentages may not equal 100 due to

rounding.  The nurses rated their responses with a Likert scale ranging from strongly

disagree or never to strongly agree or always.

Table 3.  Survey Results and Corresponding Percentage

| Question | | Strongly Disagree/ Never | Disagree/ Rarely | Undecided/ Sometimes | Agree/ Very Often | Strongly Agree/ Always |
|---|---|---|---|---|---|---|
| Patient Scripting is Important | #of Responses | 1 | 2 | 6 | 16 | 5 |
| %* | | 3% | 7% | 20% | 53% | 17% |
| I use patient scripting when speaking to Patients/Families. | #of Responses | 1 | 4 | 14 | 10 | 1 |
| %* | | 3% | 13% | 47% | 33% | 3% |
| I witness my co-workers effectively using patient scripting while speaking to Patients/Families. | #of Responses | 1 | 4 | 16 | 8 | 1 |
| %* | | 3% | 13% | 53% | 27% | 3% |
| Patient scripting facilitates communication with Patients/Families | #of Responses | 1 | 2 | 5 | 19 | 3 |
| %* | | 3% | 7% | 17% | 63% | 10% |
| Patient scripting is easy to incorporate into my interactions with patients. | #of Responses | 2 | 4 | 3 | 19 | 2 |
| %* | | 7% | 13% | 10% | 63% | 7% |
| Patient scripting increases patient satisfaction. | #of Responses | 1 | 3 | 9 | 15 | 2 |
| %* | | 3% | 10% | 30% | 50% | 7% |
| Patient scripting increases my job satisfaction. | #of Responses | 1 | 6 | 13 | 8 | 2 |
| %* | | 3% | 20% | 43% | 27% | 7% |
| Use of patient scripting has a positive influence on hospital revenue. | #of Responses | 1 | 3 | 12 | 10 | 4 |
| %* | | 3% | 10% | 40% | 33% | 13% |

*May not =100% due to rounding.

Qualitative data was reviewed from the final question on the survey prompting the participant to offer any extra information they would like to share with the researcher. Only nine individuals responded to this question. Below are their responses.

- Patient scripting is impersonal and not genuine.

- Patient scripting has a place-especially as an outline of what needs to be covered but when each nurse says exactly the same thing in exactly the same words – it seems as if we are not giving our patient individualized care. I don't believe that scripting is a patient satisfier.

- Sometimes I feel as though the patients sometimes get tired of hearing the exact same answer. I also feel that some families you just can't use scripting with.

- It is difficult to incorporate into patient communication and still make it appear natural/comfortable.

- Scripting has its place in ensuring patients and families receive the same foundation of information, but if every interaction is scripted this isn't communication.

- I feel consistency is important but we have to give so much information sometimes it seems as if I am a robot.

- I am frequently asked to use words or phrases I would not normally use. I often times have better ways of expressing myself.

- I worry that requiring patient scripting may limit my autonomy and make communication un-natural and difficult.

- It feels awkward. I don't like using it, it doesn't feel like words I would use.

## Summary

Thirty persons responded to a questionnaire exploring the perceptions of nurses. The results will be discussed in more detail in the following discussion chapter. The following chapter will discuss evaluation of results, conceptual framework, study limitations, as well as implication for ongoing research.

DISCUSSION

The purpose of this study was to determine nurses' perceptions of the utility of patient scripting with regards to patient satisfaction. The findings from the study suggest that although nurses have received training in patient scripting and believe it to be important, at least one nurse found it to be impersonal and awkward to use in everyday conversation with patients and their families. In this study, surveys were hand delivered to the nurses work mailboxes of the maternal child departments of a local community hospital. The survey was developed by the researcher due to lack of an appropriate survey found during the review of literature. The survey questioned the nurses using a Likert scale on their perceptions of the utility of patient scripting with regards to patient satisfaction. It included questions such as: *patient scripting is important* and *patient scripting is easy to facilitate*.

Evaluation of Results

Fifty seven percent of the respondents to the surveys were full time employees which exhibits the majority of surveys received by the researcher. Thirty three percent were part time employees and 10% who returned the surveys did not disclose what their employment status. It is unknown why these respondents did not disclose their employment status. This may have been an oversight by the nurse, but it is difficult to speculate as why they did not disclose. One example for not disclosing may have been that they are registry or as needed employees. These employees may feel that they are neither full nor part time. They may also have felt that they may have been identified due

to the fact that there are a certain number of registry employees. It is unknown to the researcher how many of these employees are registry.

The majority of the nurses within the maternal child area of this hospital have received training regarding patient scripting, with 77% of the respondents reporting they had received training on patient scripting and 16% denied they had ever received training. Lastly, 6% did not disclose whether or not they had received training regarding patient scripting. One explanation for nurses who had not received training may be that they had just been hired and had not gone through training yet or simply that they do not remember receiving any training. It is difficult to hypothesize as to why 6% did not disclose whether or not they had received training

The surveys were reviewed and 2 were found to be severely swayed in one direction, with one using *strongly disagree* or *never* for every answer and the other using *strongly agree* or *always* for every answer. These individuals felt very negatively or very positively regarding patient scripting..

When questioned if patient scripting was important, 70% of nurses *agreed* or *strongly agreed* with only 10% stating they either *disagreed* or *strongly disagreed*. Only 3 respondents did not agree that scripting was important possibly because they feel that speaking in one's own words to patients is more meaningful and genuine. This was also expressed by Dougherty(2005) who believed that scripting for communication is not the answer because if the nurse is compassionate, a script is not needed and genuine communications is optimum (p. 271). They also may have felt that it does not matter whether or not they feel it is important, it is here to stay.

When reporting how often they utilized patient scripting while speaking to patients 47% stated *sometimes* while 33% stated *very often* and 3% responded *always*. Thirteen percent reported they use it *rarely* and 3% reported they *never* use it. With regards to witnessing their co-workers using patient scripting, 3% reported *never*, 13% reported *rarely*, 53% reported *sometimes*, 27% reported *very often*, and only 3% stated *always*. It is interesting to compare how often each nurses reports using scripting and how often they report witnessing their co-workers using scripting. Each question had 25 respondents state they use or witness scripting being used at least sometimes with only 5 respondents reporting rarely or never. Therefore, it is reasonable to speculate that patient scripting is being used the majority of the time during patient care.

When questioned whether they felt patient scripting facilitates communication with patients and/or families, 73% *agreed* or *strongly agreed* that it does facilitate communication. Seventeen percent were *undecided* on this question. When asked if patient scripting was easy to incorporate into communication, 70% *agreed* or *strongly agreed*. It is interesting to examine the percentage of nurses who *disagreed* or *strongly disagreed* to each of these questions. Ten percent *disagreed* or *strongly disagreed* that it facilitated communication but 20% *disagreed* or *strongly disagreed* that is was easy to incorporate. So it seems that some nurses feel that it does not facilitate communication and an even larger percentage, double to be exact, *disagree* that it is easy to incorporate. It is difficult to hypothesize why they feel this way. One explanation could be that in certain circumstances they feel it does facilitate but in others it is difficult to incorporate. They may feel that it creates ease in starting up a conversation but once the conversation

has already began find it hard include.  Another explanation could speak to the nurse's comfort level with scripting.  If the nurse does not feel at ease using scripting with families he/she may not be as inclined to use it in conversation.

When asked if they thought patient scripting increased patient satisfaction 57% *agreed* or *strongly agreed*, and 13% *disagreed* or *strongly disagreed*.  Thus, the majority of nurses surveyed feel that is does increase patient satisfaction.  However, it is interesting to note that 30% of nurses were *undecided* on this question.  Is this because they haven't seen an impact on patient satisfaction with regards to scripting?  Also, worth mentioning is that 43%, almost a majority, either *disagreed* or were *undecided*.  Has there been any data to show these nurses whether or not it has had any effect on patient satisfaction? It might be wise to share data from Baptist Health Care with these nurses to prove that yes it can be done and it is substantiated by Baptist Health Care increasing patient satisfaction scores from below 20% to greater than 75% in 9 months.  It would interesting to complete a review of patient satisfaction scores before and after scripting was enacted to display to the nurses whether or not it has made a difference. It seems as though hospital leaders also believe this as "they tend to turn their attention to behaviors seen as necessary for patient satisfaction.  One behavior is to have nurses say key phrases at key times" (Dougherty, 2005, p. 269).  However, this focus on patient satisfaction places employee satisfaction on the back burner and may have negative effects.

With regards to job satisfaction, 43% were *undecided* whether patient scripting increased their own job satisfaction, while 32% *agreed* or *strongly agreed* and 23% *disagreed* or *strongly disagreed*.  The majority of these nurses felt that it does increase

patient satisfaction which is in fact beneficial to the hospital, yet it does not have a

positive relationship with their own job satisfaction. In fact 43% of nurses surveyed were

*undecided* on this topic. This may be due to the nurses not receiving enough training,

therefore, they really have no opinion on the subject. Another explanation for this may

be that the nurses surveyed have been nurses for so long they feel it is offensive to be told

what to say and how to speak to patients. One last reason could be the lack of personal

nursing care and judgment found with scripting. One nurse stated that they felt it may

limit their autonomy in speaking with patients. As Hader states, "some nurses react

negatively to the idea of implementing these scripts, equating it with the action of a

robot" (2003, p. 4). The negative relationship between scripting use and job satisfaction

could be a result of the nurses feeling as though they are being told to speak a specific

way other than what they have done for so many years prior to the enactment of scripting.

As stated in previous sections, Baptist Health Care, a leader in scripting as well as

patient satisfaction found that the satisfaction of the patient is directly dependent upon the

satisfaction of the employee. If these nurses are not happy with the administration or

their jobs in general, they are not able to provide high quality care. Baptist understands

that some nurses may not be too excited about using scripting, so they allow them to give

personalized communication with a predetermined meaning. "They are designed not to

restrict our employees, but to free them to provide the most effective service possible.

Scripting encouraged the behaviors and words that will be most meaningful to the people

we serve" (Stubblefield, 2005, p. 130). Therefore, the nurses are able customize the

script they use to how they see fit while at the same time providing the same message. This may help the nurses feel less like robots and help the scripting seem more genuine.

Lastly, when asked if they thought patient scripting had a positive influence on hospital revenue, 40% were undecided, 46% agreed or strongly agreed, and 13% disagreed or strongly disagreed. These results could be due to the fact that those results are not available to nurses or simply that it does not have an effect at all. Has this hospital seen any increase in revenue since scripting has been enacted? And if so, has this information been available to the nursing staff? At Baptist Health Care all the financial data of the facility is available to each and every employee who wishes to see it. "Financial information for Baptist Health Care as a whole is available on the coffee table in administration for anyone who wishes to review it, and specific financials for each department are posted on their communication boards" (Stubblefield, 2005, p. 45). Perhaps if this information was available to each nurse there may have been a different response to this question. Theoretically, it is unknown at this time whether there is a link between patient scripting and hospital revenue due to lack of data recovered during the review of literature. More research needs to be completed regarding the revenue brought in by a specific hospital or department before and after patient scripting is instituted.

To summarize, of those choosing to participate, 70% of the nurses polled believe that patient scripting is important and 83% of them report using it at least sometimes. Eighty three percent also state that they witness their co-workers also using it at least sometimes. Seventy three percent feel it does facilitate communication with patients and families and 70% feel it is easy to incorporate into communication. Fifty seven percent

feel as though it does increase patient satisfaction however only 34% feel it increased job

satisfaction.  Lastly, only 46% feel that it has a positive effect on hospital revenue.

An open ended question was included at the end of the survey to encourage the

nurses to offer any extra information they would like the researcher to know.  There were

9 respondents to this question.  These nurses reported that they felt it sounded unnatural,

not genuine, and felt awkward.  One nurse stated that they felt it may limit their

autonomy and make communication difficult.

This research suggests that nurses do believe that scripting is important yet, some

nurses occasionally find it hard to incorporate into communication with patients and

families.  As explained in the qualitative data, the nurses feel it is awkward, not genuine,

and difficult to incorporate into patient communication while still making conversation

appear natural and comfortable.  It would be reasonable to assume that if nurses could

develop a way of scripting that they felt was easier to incorporate into conversation with

patients and families it may be utilized more effectively and efficiently.

Additionally, scripting within the population surveyed may be biased, as the

maternal child departments of local hospitals tend to be more joyful areas than other

departments.  It is possible that when surveying other units, they may find it more or less

conducive to use scripting in different or more difficult circumstances.

Perhaps if each department determined scenarios for which they felt scripting

would be beneficial and developed a script themselves, it would be more utilized.  This

way, the nurses would be taught during orientation to the unit as well as have the chance

to develop some scripting of their own.  For instance, "at Baptist Health Care, each

department has its own individualized scripts based on the regular interactions that those

employees have with customers. In addition to those, we also have organization-wide

scripts that our employees are expected to use" (Stubblefield, 2005, p. 130).

## Conceptual Framework

King's framework dealing with patient and nurse interaction was used within the

research. The key component previously mentioned stating, perceptions of the nurse and

of the client influences the interaction process, is most appropriate when discussing the

use of scripting between nurses and patients and/or families. If the perceptions of the

nurse are negative towards scripting there may be a negative interaction between the

nurse and the patient. This could lead to dissatisfying interactions between the two

entities and thus possibly lead to an unsatisfied patient. For instance, if the nurse felt that

the scripting sounded unnatural and not genuine, the patient may also feel that way and

have a negative reaction to their interaction.

However, after completing the research it was found that perhaps there was a

different framework that may have facilitated the research with more ease. Looking back

the researcher feels that using the Disney framework, from how they run Disney to how

they treat employees and guests, would be a very beneficial framework to work with

regarding patient scripting and patient satisfaction. Disney feels that every interaction

should be a good one. Whether it is having your car parked or eating a meal, Disney

makes each interaction an experience for the customer and strives to make it a positive

one. The framework they use within their culture caters to the customer to develop a

positive relationship and a positive experience for all involved.

## Study Limitations

Limitations of this study include two sources of survey error. Measurement error

is exhibited as "the result of poor question wording or questions being presented in such a

way that inaccurate or uninterpretable answers are obtained" (Dillman, 2000, p. 11).

Although the survey developed was reviewed by the researcher as well as the research

committee, it is plausible that the questions may have been perceived in a manner other

than what was intended resulting in inaccurate data.

An additional limitation to this research is potential non-response error regarding

the poor return rate of surveys. "Non-response error occurs when a significant number of

people in the survey sample do not respond to the questionnaire *and* have different

characteristics from those who do respond, when these characteristics are important to the

study" (Dillman, 2000, p. 10). If the individuals who did not respond to the surveys had

severely different views on scripting than the individuals who chose to participate, the

data would have been dramatically different.

A total of 30 surveys were received which is approximately 31% of the surveys

distributed. It is unknown why 65 surveys were not returned. This rate of return

surprised the researcher since the surveys were made so accessible as well as the intense

ease in returning the surveys. There are many explanations that could account for this

poor return rate. Nurses may feel that scripting is here to stay and, therefore, did not feel

the need to offer any input into its use.  The nurses may also have felt some reluctance in being honest regarding their use of scripting for fear of negative consequences should administration discover their answers.

Another possible explanation for the poor return rate could include the distribution to the NICU employees into their work mailboxes.  When placing them in mailboxes the researcher was informed that the nurses rarely check their work mailboxes. However, this was hoped to have been eliminated as a deterrent with the use of initial and follow up emails sent to remind the nurses of the survey.  Other reasons may have included the nurses feeling too busy to complete the surveys or they simply did not feel inclined to participate.

Another limitation within this study was the assumption that nurses are being forthcoming with the information on the surveys.  Are they using the scripting, did they think through this research their managers/supervisors would find out they are not using the scripting?  They may have felt they might be penalized if it is discovered they are not using the scripting set in place.  It is unknown whether or not the nurses are actually using the scripting instituted or whether they choose their own wording for the suggested phrases.

Implication for Future Research

Future research will need to be completed on this topic to truly fill the gap within the literature..  In the future, a larger sample size would be beneficial.  With only 30

responses from a specific hospital specialty, it is difficult to determine whether these are responses of nurses in general or nurses of a specific arena.

The survey was sufficient in questioning the nurses regarding their perceptions, however, this may have be an area where non-response error may have come into play. A greater response in the surveys may have created more answers to the open ended question at the end. This might create a better understanding of why each nurse completed the survey as he/she did and give rise to more in depth analysis.

Also, using nursing from the entire hospital and not from a specific part of the hospital would give a different view on this topic. As all of these surveys came from the maternal child department, it does not give a good picture of nurses in general. This would give future researchers more information from within an entire hospital. Nurses from another area of the hospital may find it easier to incorporate but believe that it is not important to patient satisfaction.

Lastly, it would be interesting to determine the effect patient scripting has on hospital revenue. If in fact it does have a positive relationship with hospital revenue the hospital in question may mandate that scripting be used creating a potential increase in revenue. This is supported by Dougherty's stating, "financial growth in the long-term life of any business is through customer satisfaction" (2005, p. 268). It is unknown at this time what will take place in the future regarding third party payers and government payers but there may be some hindrance on payment if the satisfaction goals of the hospital are not met. With healthcare reform on the horizon it may be reasonable to believe that anything could happen.

Implications for Clinical Practice

Within the scope of nursing there is a place for patient scripting as suggested by the research conducted. As discussed, nurses feel that it is important and it does increase satisfaction however, some are having difficulty trying to fit it into conversation with the patients and families. If nurses that have difficulty using it in conversation with patients could develop a better script, so to speak, that would flow better with what they are trying to convey these nurses may be more inclined to use it while in conversation.

There should also be more education given to these nurses regarding the implications of patient scripting on patient satisfaction and its importance with such. This in general should be a focus of concern with nurses as "there is a proven link between patient satisfaction and quality clinical care" (Dougherty, 2005, p. 267). Perhaps if it was explained or demonstrated that their patients would be more satisfied with the care received if patient scripting is used they would be more inclined to use it.

Summary

Through the research we have found that nurses on the maternal child department of a local community hospital feel that patient scripting is important to patient satisfaction, it facilitates conversations with patients and their families, and is easy to incorporate into communication. However, they occasionally feel it is awkward and uncomfortable to fit into normal conversations with patients and their families.

It seems a plausible speculation that if nurses were to develop a script that was a better fit to how they would normally speak to their patients it may be used more

frequently and effectively.  One goal for patient scripting is to increase patient

satisfaction and to meet this goal it seems reasonable to suggest that nurses create a script

that they will actually incorporate into patient care.

Although limitations to this study exist, many important ideas and perceptions

were determined for future research and clinical practice.  Future research may be able to

determine if nurses in general feel this way or if they feel differently from nurses working

within a maternal child department.  It would be interesting to determine if the mind set

and environment of the maternal child department made these nurses feel differently

regarding patient scripting.  Future research may also help determine whether or not

patient scripting has a link to hospital revenue.  At this point in time it does not appear to

be linked however, as stated, with healthcare reform on the horizon, anything is possible.

Patient scripting appears to be an inevitable part of nursing care in the future.  As

stated by one nurse, Scripting has its place in ensuring patients and families receive the

same foundation of information.  This future assumption should be the push nurses' need

to develop a script of their own so they may have a say in how they are encouraged to

speak to patients.

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APPENDICES

APPENDIX A

SUBJECT CONSENT FORM FOR PARTICIPATION IN

HUMAN RESEARCH AT MONTANA STATE UNIVERSITY

**Study:  NURSES PERCEPTIONS REGARDING THE UTILITY OF PATIENT SCRIPTING AND IT'S EFFECT ON PATIENT SATISFACTION.**

Dear Colleague,
You are being asked to participate in a study to determine what nurses' perceptions are regarding the utility of patient scripting and its effect on patient satisfaction.  I anticipate that it will take approximately 5 minutes to complete this survey.  By completing this survey and returning it, consent is implied however, you should be reminded that this survey is completely voluntary and you may quit at any time or skip any question you like.

This study may help obtain a better understanding of what the perceptions of nurses are regarding the utility of patient scripting and its effect on patient satisfaction.  This study has the power to benefit the hospital by potentially having the ability to change how patients are spoken to and consequently increase patient satisfaction.

All information received will be used solely for the purpose of research and will be completely confidential and without any personal identifiers.  The information will not be visualized by anyone other than you and the researcher.

If you agree to participate in this study there will be no direct involvement of the hospital.  There are no risks involved for the hospital or you regarding this study.  This study is of no benefit to you.  However, it is possible to create new data that may encourage staff to use scripting in everyday practice.  There is no cost of participation for this study and there will be no reimbursement to you.

If you have any questions or concerns please don't hesitate to call or email me at your convenience.
        Kally Hasenkrug @ (406) 788-1205 or k.nebel@msu.montana.edu

Thank you in advance for your time and thoughts,

Kally Hasenkrug RN, BSN
Graduate Nursing Student

<u>APPENDIX B</u>

RESPONSIBLE CONDUCT OF RESEARCH COMPLETION REPORT

# CITI Collaborative Institutional Training Initiative (CITI)

**Responsible Conduct of Research Curriculum Completion Report**
**Printed on 11/15/2010**

**Learner:** Kally Hasenkrug (username: khasenkrug)
**Institution:** Montana State University
**Contact Information**    Phone: 406-788-1205
                            Email: kally.hasenkrug@hotmail.com
**Social and Behavioral Responsible Conduct of Research Course 1.:** This course is for investigators, staff and students with an interest or focus in Social and Behavioral research. This course contains text, embedded case studies AND quizzes.

**Stage 1. Basic Course Passed on 10/24/10** (Ref # 4906190)

| Required Modules | Date Completed | |
|---|---|---|
| The CITI Course in the Responsible Conduct of Research | 09/08/10 | no quiz |
| Introduction to the Responsible Conduct of Research | 09/08/10 | no quiz |
| Introduction to Research Misconduct | 10/03/10 | no quiz |
| Research Misconduct 2-1495 | 10/03/10 | 4/5 (80%) |
| Data Acquisition, Management, Sharing and Ownership 2-1523 | 10/03/10 | 4/5 (80%) |
| Publication Practices and Responsible Authorship 2-1518 | 10/24/10 | 4/5 (80%) |
| Peer Review 2-1521 | 10/24/10 | 4/5 (80%) |
| Responsible Mentoring 01-1625 | 10/24/10 | 6/6 (100%) |
| Conflicts of Interest and Commitment 2-1462 | 10/24/10 | 6/6 (100%) |
| Collaborative Research 2-1484 | 10/24/10 | 5/6 (83%) |
| The CITI RCR Course Completion Page. | 10/24/10 | no quiz |

**For this Completion Report to be valid, the learner listed above must be affiliated with a CITI participating institution. Falsified information and unauthorized use of the CITI course site is unethical, and may be considered scientific misconduct by your institution.**

Paul Braunschweiger Ph.D.
Professor, University of Miami
Director Office of Research Education
CITI Course Coordinator

Return

APPENDIX C

SURVEY

Thank you for participating in the following survey. Please answer each question as honestly as possible. A pre-addressed, pre-stamped envelope has been attached for your convenience in returning of the survey. Please know that all information is confidential and no personal identification will be used.

1. **Are you a Full time or Part time employee?** _____

2. **Have you ever received training regarding the use of scripting?** _____

3. **Patient scripting is important.**

| Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

4. **I use patient scripting when speaking to patients/families.**

| Never | Rarely | Sometimes | Very Often | Always |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

5. **I witness my co-workers effectively using patient scripting while speaking to patients/families.**

| Never | Rarely | Sometimes | Very Often | Always |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

6. **Patient scripting facilitates communication with patient/families**.

| Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

7. **Patient scripting is easy to incorporate into my interactions with patients.**

| Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

8. **Patient scripting increases patient satisfaction.**

| Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

**9.  Patient scripting increases my job satisfaction.**

| Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
|:---:|:---:|:---:|:---:|:---:|
| 1 | 2 | 3 | 4 | 5 |

**10. Use of patient scripting has a positive influence on hospital revenue.**

| Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
|:---:|:---:|:---:|:---:|:---:|
| 1 | 2 | 3 | 4 | 5 |

**11. What else would you like me to know regarding the use of patient scripting?**

61

APPENDIX D

EMAILS SENT OUT TO EACH SURVEY RECIPIENT

The following is a draft of emails to be sent to respondents initially as well as follow up emails.

Fellow nurses:

In your mailboxes you will find a short survey regarding the use and utility of patient scripting. This is completely confidential and there are no identifiers to determine who has filled out the survey. It has been provided in hard copy so that it will be untraceable to anyone who has completed it. Attached you will find a pre-addressed, pre-stamped envelope to ease in your return of the survey. This is being done with the hopes of completion of my thesis regarding nurses' perceptions of the utility of patient scripting with regards to patient satisfaction. Please fill out the survey at your earliest convenience and drop in the mail. If you choose not to complete the survey please return in envelope provided to ease in data analysis.

Thank you in advance for your participation. It is greatly appreciated

Your colleague,

Kally Hasenkrug

Fellow nurses:

This is an email to remind you of the surveys found in you mailboxes. Please complete at your earliest convenience and drop in the mail. Again, if you choose not to complete the survey please return in the provided envelope to ease in data analysis.

Thank you again,

Kally Hasenkrug