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Title: creating a culture of respect through staff education in a medical unit to improve patient satisfaction

Instructions: assignment: describe the following in your essay: • your area of interest (e.g. advanced clinical practice, administration, education, etc.) • discuss a clinical problem or potential clinical problem that you plan to focus on as your identified topic – o hcahps domain -communication with nurses-improve patient satisfaction o questions 1-4. • create a clinical question utilizing the picot format and picot formatting document • why you are interested in this clinical problem- o manages a newly reopened unit for 2.5 years. 28 budgeted bed; 65 ftes. the majority of the staff are new to nursing and the organization. lack of proper training on patient satisfaction, core measures, and value-based purchasing. task-oriented and not connected with patients and family, patient satisfaction score – respectful communication with nurses is very low. • why it is relevant for the current society- o change in the healthcare paradigm of high-reliability organizations focus on consumerism, value-based purchasing, affordable care act- pay for performance- patient satisfaction as reimbursable. • why it potentially warrants evidenced-based practice change o there is no educational program in place for these new graduates o lack competency in making the connection with healthcare paradigm and practice o the topic is not the main focus of abbreviated orientation o on unit demonstration of skill is lacking due to novice preceptors • how it is relevant to the role of the dnp-prepared nurse and the implementation of evidence-based practice to meet the program professional standards: 1. integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice. 2. use science-based theories and concepts to determine the nature and significance of health and health care delivery phenomena; describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and evaluate outcomes. 3. develop and evaluate new practice approaches based on nursing theories and theories from other disciplines. • after completing the above discussion requirements, discuss your plan for dissemination to share the knowledge attained from completing your proposed project *sharing knowledge - write a 1[removed]-word essay addressing each of the following points/questions. support your ideas with at least three (5) scholarly citations in your essay. use strict apa 7 guidelines to format the paper. the cover page and reference page do not count towards the minimum word amount and an abstract and table of contents are not necessary and if included are not part of the overall word count.

Creating a Culture of Respect through Staff Education in a Medical Unit to Improve Patient Satisfaction

Name

Institution

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Abstract

Passage of the Affordable Care Act has indeed enhanced the current debate about the value-based payment form of initiatives such as the usage of the perception of the patient in the determination of the value-based mode payments for the sake of the clinical model of care. Some small issues that may spur this debate are the problems in the definition and measurement of the multi-dimensional patient form of experience, the non-clinical oriented factors that may have a random effect on the patient reception about quality care as well as the inability of the patient to judge based on the technical quality of their medical care. Industry focus towards the patient-oriented care plus the voice emanating from the customers suggests the understanding or knowledge about the value of the patient-oriented feedback. Meanwhile, the better usage of the feedback aids in determining the value that again appears to be evolving. Hence, this paper explores creating a culture of respect through staff education in a medical unit to improve patient satisfaction. *Hence, this will lead to the PICOT Question; what is culture of respect via staff education within the medical unity that leads to the improvement in the patient satisfaction?*

Background of the clinical problem

The satisfaction with healthcare in the US indeed is at its low peak for a decade. On the same note, the feedback among patients regarding the organization's service quality, for instance, the wait time, response from the nurse, courtesy among the staffs and the provided means of communication provide the picture about the service gaps within the organization as well as how the gaps may affect the satisfaction of the patient with the service-based experience. McRae (2017) attested that customers engage in the evaluation of the quality of the service through the assessment of the underlying gaps between the pre-service based expectations and the real

service form of experience. Based on this theoretical model of an approach, Jha, Frye & Schlimgen (2017) thought that customers tend to berate the quality of the services in terms of five major dimensions. The dimensions are empathy, tangible form of evidence, and assurance like the equipment, staff appearance, and the physical components. According to Ellison, Bartlett & Ruehler (2020), these dimensions of services were utilized in healthcare in the following empirical-based studies.

Typical education about customer service often pays attention to the behaviors associated with the staff service. Such behaviors are smiling, communicating, showing kindness, greeting, and making eye contact. A study conducted by Ajam et al. (2020) was privileged to have done the incorporation of science about the quality of service when it comes to delivering and developing the curriculum of nursing. On the other hand, the study failed in evaluating the benefits associated with the provision of the service form of quality form of education to the students in the nursing field. The extent whereby the content of the service education according to Sarik et al. (2020) was tailored is indeed factoring the service linked data within the department and the teaching the subject of science regarding the service quality leads to the literature being unique in approaching the service education for the healthcare personnel within a value mode form of paradigm. The trainee's feedback regarding the experience in-service education is factored as a way of showing the newer sights acquired and the positive effect on the service-based attitudes. Hence, below service content, the approach given to the service education and literature oriented rationale may be of great use to the healthcare institutions that are after engaging and motivating frontline service based staff.

PICOT Question

The selected PICOT question shall be;

What is culture of respect via staff education within the medical unity that leads to the improvement in the patient satisfaction?

Hence, the below PICOT assisted in breaking down the question into smaller units and also in the identification of the key words;

P Patient	I Interventions	C Control	O Outcome	T Time
Who are the patients of relevance?	What strategy of management that is drawing a lot of interests?	Is there an alternative of control or strategy of management that would be comparable to the intervention?	What constitutes the patient-relevant consequences as a result of the intervention?	What periods should be put into consideration? What types of study may have the information that one is seeking? What domain of the clinical field does the question belong?

Reason for the interests in this clinical problem

Service quality education through a value-oriented paradigm

The value of healthcare is enhanced by improving the based clinical outcomes and the quality of the service through relative expenses or costs. According to McRae (2017), the majority of the staff at the front line are often aware that handling patients with deserved empathy and respect is the desired thing for doing. Their performance service-wise affects the satisfaction of the patients. Through a new value-based paradigm, Jha, Frye & Schlimgen (2017) noted that they, too, deserve to be knowledgeable regarding how performance service-wise affects the revenue earned by their organization through the value-oriented mode of payment. Frontline staff can be more involved in case they have an in-depth knowledge of the primary service quality ideologies and the personal form of accountability for the service mode of performance. On the same note, the frontline based staff may be more involved in case they have in-depth knowledge of the basic service quality ideologies and the personal form of accountability for service mode of performance.

Expectations and perceptions

Service education starts by introducing the same on matters regarding the expectations and the perceptions of the patients. Trainees are depicted as those with diverse factors that affect the expectations of the patients into assisting them in better managing the service-based experience. The factors, as listed by Ellison, Bartlett & Ruehter (2020), are the brand of the organization, the recommendations from other people, the common type of media, experience

regarding other service-oriented providers, including advertising. Trainees are challenged into recalling the present radio and bill-board mode of advertisement as well as imagining the way the powerful messages may inadvertently lead to a heightening of the expectations of the patients.

Value creation

Reframing of the value as the benefits acquired from the service about the financial and non-financial burdens persevered when obtaining it. It assists the staff in connecting with their service-related attitudes and behaviors towards value creation vicarious experience of the burdens of the patients. When sought for the examples, trainees come to the acknowledgment of the lost wages, anxiety, and waiting, according to tom Ajam et al. (2020) may lead to burdens such as seeking medication from a reputable facility.

Relevance to the society

Measurement and improvement tools

Trainees are provided with examples regarding satisfaction of the survey-based points plus the overview of the scales of rating and the benefits of the top-box based satisfaction based ratings. According to Sarik et al. (2020), the influence of the service carried by the staff on the patient's perception of matters about quality of care, the patient decision, and the organization's financial health is indeed taught.

Service quality gaps framework

McRae (2017) defines the gaps model as the conceptual type of ideology that assists in fronting the line for the staff to identify the highly likely causes of the poor service. Four

deficiencies or gaps associated with the service to the organization were identified by Jha, Frye & Schlimgen (2017). First is the failure to understand the customer's expectations, and the second is the failure to design customer-oriented processes and performances. The third case is the failure in hiring, offering education and training of the desired persons, and the last case is improper communication regarding the services. All these gaps lead to the service experience that fails to meet the expectations or the customer gap.

Trainees are challenged for the perspectives regarding management, especially on matters regarding the expectations of the patient. Notable examples are the inefficient processes and non-standard types of work-around that affect performance. Others include the reasons behind the inconsistency in the delivery of service and opinions regarding the present messages about advertising used by the organization about its capacity for delivering on the promises advertised. According to Ellison, Bartlett & Ruehter (2020), the value linked with the role of communication upfront regarding the service deficiencies to the management who have the power and the resources for improving them is stressed. Trainees use their respective knowledge in assessing the gaps within their respective customer departments. The ideas produced as a result of this particular exercise denote the inputs for the future debates regarding the opportunities for registering improvements in the department.

Why it potentially warrants evidenced-based practice change

Customer delight

Empathy, assurance, and responsiveness are categorized by Ajam et al. (2020) as the process dimensions regarding service that should be given to the employees as a way of surprising and delighting the patients. Beyond and above service that contributes to delighting

the patients is eminent among the employee stories on many occasions linked with success as well. Similarly, trainees then proceed with the reflection of their respective roles and provide means where they have the opportunity of helping their respective job descriptions to delight the patient with the service that is not expected.

Service recovery

Nurse graduates who are not experienced often are very faster in labeling the patients as being difficult in a scenario involving the occurrences of the service breakdowns. According to Sarik et al. (2020), through relying on a comprehensive picture regarding the loss of control linked with in-patient form of experience from the patient, McRae (2017) noted that new nurses could indeed see what the situation exactly is while not the patient saw as being difficult. Nurses should be after identifying the touchpoints where they have the opportunity to relinquish the control so that they can relieving the anxiety from the patient and enhancing the experience.

Education on service recovery entails the Solution-Apology-Empathy framework. Scenarios established following complaints from the department, development of the service-related issues regarding the experience in learning, and offering the trainees the opportunity of practicing about responding to the difficult service scenarios may indeed be encountered.

How it is relevant to the role of the dnp-prepared nurse and the implementation of evidence

Challenges in operations and finance may create temptations for managers to use desktop, web-oriented methodologies for the sake of service education. On the other hand,

behavioral change, motivation, and education are indeed best realized with the interactive form of skills, a facial group-based format where the trainees can role-play, practice newer based skills, and at the same time enhance their respective confidences. As an organization that posts higher performances, Jha, Frye & Schlimgen (2017) suggested an effective approach towards the service-oriented education that is according to priority to the newer employees, the departments with lower satisfaction statistics and higher levels of entry including turnovers. Examples are the medical secretaries and the appointment based desk staff. Generally, the staff engaged in these support-oriented roles is accorded promotion based on higher-level based roles within the shortest time possible. Again these employee sects are ever accorded service education to promote consistency in the quality while being moved within the organization.

Service education, as opined by Ellison, Bartlett & Ruehter (2020), is provided by the administrator in the patient experience who is serving as the internal based consultant for the clinical and the clinical based leaders. The manager in charge of the department and the service consultant often engage in prior collaboration before the session is set for the education-oriented goals and discuss the department specified service performance-based issues. The attendance by the manager in charge of the department simultaneously assists in communicating the staff, the value of the service's quality. Hence, Ajam et al. (2020) concurred that this participative mode of training coupled with ample based customization has additional relevance and the stimulated form of interests.

Conclusion

Frontline oriented employees, when it comes to service performance, may affect the patients' satisfaction, the chances regarding the recommendation, and the value-based creation. The usage of the patient satisfaction based data in the determination of the value-based model of

payment has resulted in the need for the varied, more in-depth way of approaching the service mode of education and also offering of the training to the frontline oriented staff. Related and realistic service education criteria are offered during the interaction; The face-mode setting stands a chance in developing the skills and inspiration, motivation, and reinvigoration of the frontline-based staff.

Firms that are aware of the patients perceive and rating the quality of the service may better improve it. The thoughtful conception of the service education content together with the methodologies of training may offer the staff the tools and the knowledge for satisfying the patients, assisting in the continuous improvement of the experience in service, keeping the promises of the organization as well as assisting in sustaining the organization for the future.

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