

PATIENTS' EVALUATION OF  
NURSE PRACTITIONERS –  
NEW TOOL

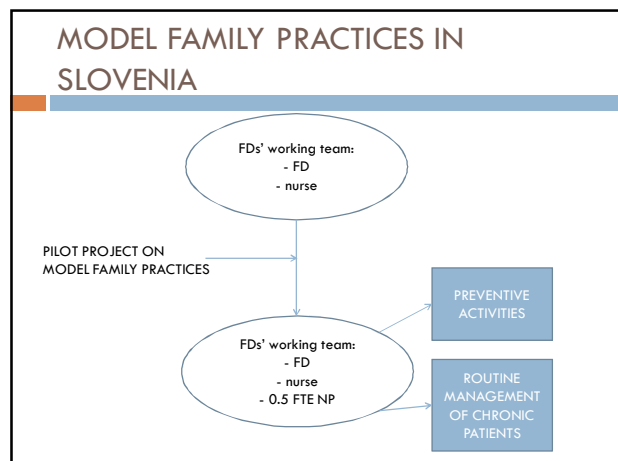
assist. prof. Zalika Klemenc-Ketis, MD, PhD

## CONTENT

- Definition of nurse practitioners (NPs)
- Background for study
- Methods
- Presentation of the new tool
- Results
- Opportunities for implementation

## DEFINITION

- Bachelor degree nurses with an additional specific training, which are working within an expanded scope of practice that includes diagnosis, prescribing and treating medical conditions within specific settings (Reay *et al.* 2003).
- Health promotion and a leading role in the routine follow-up of patients with chronic diseases.



## BACKGROUND

- One of the aims of this pilot project was to improve the quality of care of patients in primary health care
- Previous studies on patient evaluation of Slovenian FDs revealed gaps in satisfaction:
  - organizational aspects of care (waiting time in waiting room, getting through the practice on the phone)
  - connectional aspects of care (help in dealing with emotional problems and showing interest in personal situation (Kersnik 2000, Klemenc-Ketis *et al.* 2012, Petek *et al.* 2011, Wensing *et al.* 2002)

## AIM

- Design and test a new tool for patient satisfaction with NPs in Slovenian model family practices

## STUDY DESIGN AND SETTINGS

- Cross-sectional study
- Seven model family practices in Slovenia

## SAMPLE

- 30 consecutive patients who visited NP
- Inclusion criteria:
  - ▣ age 30 years or more
  - ▣ the indication for a visit to NP
  - ▣ informed oral consent
- Exclusion criteria:
  - ▣ age less than 30 years
  - ▣ the inability to answer the questionnaire

## DATA COLLECTION

- Waiting room with a sealed box
- Self-administered questionnaire given by NPs
- Questionnaire:
  - ▣ demographic data (sex, age, education and the presence of chronic disease)
  - ▣ Nurse Practitioner Evaluation Scale – NPES

## NPES

- Developed by the researchers on the basis of EUROPEP questionnaire (Grol et al. 2000)
- Reviewed and approved by two independent experts
- 16 questions, a five-point Likert scale (from 1 point – poor to 5 points – excellent)

## ANALYSIS

- Cronbach's alpha (0.941)
- The composite score of the NPES questionnaire (Baker & Hearnshaw 1996):  $[(\sum_{\text{items } 1-16}) * 100 / (5 * 16)] * 1.25 - 25$ .
- Factor analysis – rotated component matrix using Equimax method with Kaiser normalization
- Independent t-test and Spearman correlation test
- New dichotomous variable: satisfied vs. not satisfied

## DEMOGRAPHIC DATA

- 170 completed questionnaires (80.9% response rate)
- 96 (56.5%) women
- 74 (43.5%) respondents finished the secondary school
- 82 (48.2%) were employed or students
- 77 (45.3%) had a chronic disease
- Mean age of the respondents in the sample was  $53.3 \pm 14.3$  years.

## SATISFACTION

- Mean total score on NPES was  $87.9 \pm 12.4$  points
- The highest evaluation in the comprehensive approach/connectional aspects of care (confidentiality, communication)
- The lowest in person-centred approach (dealing with emotional problems, interest in personal situation)

Item	% of respondents with answer 4 or 5 on a 5-point scale
Did he/she keep your records and data confidential?	96.5
Was he/she thorough when managing your health problems?	96.5
Did he/she make you feel you had time during consultation?	95.9
Did he/she listen to you?	95.9
How did he/she perform physical examination?	93.5
Did he/she help you to understand the importance of following his/her advice?	93.5
Did he/she know what he/she had done or told you during previous contacts?	92.9
Did he/she provide you with quick relief of your symptoms?	92.4

Item	% of respondents with answer 4 or 5 on a 5-point scale
Did he/she help you to feel well so that you can perform your normal daily activities?	92.4
Did he/she explain the purpose of tests and treatments?	91.8
Did he/she tell you what you wanted to know about your symptoms and/or illness?	91.8
Did he/she involve you in decisions about your medical care?	91.8
Did he/she make it easy for you to tell him or her about your problems?	88.8
Did he/she offer you services for preventing diseases (e.g. screening, health checks, and immunizations)?	88.2
Did he/she help you deal with emotional problems related to your health status?	88.2
Was he/she interested in your personal situation?	85.3

## FACTORS

- Clinical approach (six items)
- Comprehensive approach (five items)
- Patient-centred approach (five items)
- Factor analyses explained 69.1% of variance (25.7%, 21.7%, 21.7%)
- Cronbach's alpha for factors was good to excellent (0.911, 0.834, 0.864)

## MAIN FINDINGS

- NPES proved to be a reliable tool for measuring patient evaluations of NPs in the primary care settings
- The clinical approach factor, comprehensive approach factor and patient-centred approach factor emerged as the key factors of the scale
- When assessing NPs, NPES can be used in terms of a whole scale as well as in terms of the three separate subscales

## COMPARISON TO OTHER TOOLS

- Professional care, depth of relationship and perceived time factors (Poulton 1996)
- Confidence/credibility and interpersonal relationship/communication factors (Halcomb *et al.* 2011)
- Communication and accessibility/convenience factors (Agosta 2009)
- Satisfaction, confidence, role confusion and accessibility (Halcomb *et al.* 2013)

## CLINICAL APPROACH FACTOR

- In other tools:
  - professional care (Poulton 1996)
  - credibility (Agosta 2009b)
  - confidence (Halcomb *et al.* 2013)
- As core competence in frameworks:
  - professional role competence in Canadian framework (Canadian Nurse Association 2010)
  - management of health and health delivering competencies in American frameworks (College of Registered Nurses Nova Scotia 2009, The National Organization of Nurse Practitioners Faculties 2011)
  - history-taking and clinical decision-making skills in UK framework (Royal College of Nursing 2012)

## COMPREHENSIVE APPROACH FACTOR

- Not recognized in other tools
- As core competence only in UK framework (Royal College of Nursing 2012)
- Important to patients

## PATIENT-CENTRED APPROACH FACTOR

- In other tools:
  - Agosta 2009b, Halcomb *et al.* 2011, Poulton 1996, Thrasher & Purc-Stephenson 2008, Halcomb *et al.* 2013
- As core competence in frameworks:
  - College of Registered Nurses Nova Scotia 2010, Canadian Nurse Association 2011, Royal College of Nursing 2012

## FACTORS NOT RECOGNIZED IN NPES

- Time management (Agosta 2009b, Thrasher & Purc-Stephenson 2008, Halcomb *et al.* 2013).
- Accessibility (Agosta 2009b, Thrasher & Purc-Stephenson 2008, Halcomb *et al.* 2013)

## LIMITATIONS

- Non-random selection of model family medicine practices
- NPs themselves collected the data
- Selection bias on the side of family medicine practices and in the failure of recognising other important dimensions of NPs' evaluation by the patients

## CONCLUSIONS

- New scale for evaluation of patient satisfaction with NPs in primary care setting
- Routine use in future research and quality measurements
- Important information for developing the NPs' role in primary care
- One of the sources for the development of the international NPs' core competencies framework