

# WHAT PATIENTS REALLY WANT FROM THEIR NURSES

By **Roberta L. Messner**

You know you provide quality care,  
but do your patients define 'quality' the same way you do?

**A** while ago I bought what I thought was a case of diet cola. I put it in the refrigerator to chill and looked forward to its familiar, refreshing taste. But the first sip was a real disappointment. The can contained root beer, not cola. It was a good product—nothing wrong with it at all—but it wasn't what I expected.

I remember that little incident when the conversation turns to patients' expectations and their satisfaction with the care we, as nurses, provide. Nurses, of course, pride themselves on delivering and coordinating quality care. But, oddly enough, our patients often describe quality differently than we do. And because of that critical difference, they sometimes find their nursing care disappointing. Surprisingly, surveys have shown that patients' unmet expectations rarely have to do with competence. More often the problem is a perception of insensitivity to their needs or lack of respect for their viewpoint—in a word, caring.

With practically everyone shopping for quality these days, health care is now taking its cues from industry. We're at long last asking patients—our "consumers"—what *they* think, and using those responses to plan, deliver, and evaluate care. For it's not enough to provide excellent quality medical and nursing care if the patient doesn't *perceive* it as such. Our first task as nurses is to understand who our patients are and what they expect from us. Or, as they say in industry, to get closer to the customer.

Here, distilled from many studies of patient satisfaction, are some of our patients' "great expectations."

---

Roberta L. Messner, RN, PhD, certified in health care quality, is nursing quality improvement coordinator, Veterans Affairs Medical Center, Huntington, WV. She is a co-author of the Manual of Psychosocial Nursing Interventions (W. B. Saunders, 1989).



**1. Really listen to me.** Research has shown that if we really listen to our patients, they'll tell us what they need. Yet many patients feel a little intimidated when it comes to expressing their concerns and, especially, asking questions.

"I didn't want the nurses to think I was questioning their judgment," says Joe, a construction worker who underwent a gastric resection.

Nurses who have refined the art of listening know that giving a patient their undivided attention, if only for a few minutes, is one of the best ways to really assess that patient's needs.

By the way, when you identify something on your unit that patients often praise, pay as much attention to it as you would a problem. We can learn just as much, and sometimes more, from those things that work well.

**2. Ask me what I think.** When it comes to identifying a patient's needs, his roommate is often more on target than the nurse is, according to one study. Asking patients what they think not only is cost-effective but is likely to lead to improved patient outcomes. We do ourselves and our patients a great disservice when we assume that we know what they need just because we understand the principles of their disease process.

**3. Don't dismiss my concerns.** "If I tell you something I'm concerned about, it's important to me. Please don't tell me it's nothing to worry about," says Mary, a new mother of twins. "Hospital life may be routine to you, but it's not to me."

And, adds Max, a farmer, "don't make light of my home remedies." While you may not agree with a health care choice a patient has made, it's never appropriate to belittle that choice.

"When I tell you I'm having pain, *believe me*," says Ann, who's recovering from a hysterectomy. Her comment underscores the importance of patient perceptions, not just *our* perceptions, in delivering quality care, and the fact that effective

pain management is a patient's right.

You can provide the moral support patients need without having experienced their disease. "I don't know what it feels like to learn you have diabetes," you might say to a newly diagnosed diabetic patient, "but I do want you to know I'm here for you."



**4. Don't treat me like a disease, treat me like a person.** No one said it better than the great 19th-century physician and medical historian, Sir William Osler: "It's more important to know what kind of patient has a disease than what kind of disease the patient has." Add to that approach courtesy, sensitivity, and respect and you have a perfect recipe for improved patient relations. That's because most patients deeply wish for their caregivers to show a sincere interest in them.

Deb, a nurse who was recently hospitalized, explains with insight gleaned from the other side of the bedrail: "Don't assume that just because you've reviewed my chart and completed my assessment, you know me. I'm more than a medical record and a lab result."

**5. Talk to me, not *at* me.** Patients become easily frustrated when their health care providers address them as if they're not really there. This is particularly true as health care becomes more specialized, and, too often, fragmented.

Beware of anything—technical jargon, red tape, sophisticated technology, "looking busy"—that creates additional layers between you and your patient. "When I was getting chemotherapy treatments in the hospital last year," recalls Jonathan, "I had one nurse who always looked at me—right square in the eye—before she looked at my IV pump. It made me feel special."

Amazingly, a frequently overlooked area is the importance of telling the patient who *we* are. Introduce yourself (includ-

ILLUSTRATIONS: JOHN BREAKEY

ing your position): "I'm Sarah Smith, a registered nurse, and I'll be taking care of you today." True, the patient may forget your full name, but he'll likely remember that you made the effort.

**6. Respect my privacy.** The patient may not want his family and visitors to know the intimate details of his health status, and these boundaries should, of course, be respected. "One Sunday afternoon," recalls Pat, an elementary school teacher, "my whole Sunday School class visited me in the hospital. My very favorite nurse mentioned something about my good attitude about cancer. But I never intended for my visitors to know I *had* cancer!"

If you must ask a patient an unusual or highly personal question, be sure to provide privacy and take the time to explain why. Be careful, however, not to use an approach the patient may perceive as patronizing or depersonalized, such as casually referring to him as "honey" or "dear." Appropriateness is the key.



**7. Don't keep me waiting.** We've all noticed that little irritations sometimes have a way of escalating into big problems. If a patient's respiratory therapy treatment isn't due to be administered for another 45 minutes, take a moment to tell him. A courteous explanation tells that patient that you care about him and are addressing his concern.

Waiting, in fact, is one of the biggest frustrations of being

sick. Patients in one study cited long preoperative delays and waiting weeks to learn the results of a procedure as key reasons for dissatisfaction. In another study, prolonged waiting time was related to patients' not keeping future appointments. That's important when we stop to consider that up to 44% of patients fail to show up at their scheduled outpatient clinic appointments.

If a patient must wait, explain the reason for the delay and, if possible, offer an alternative to a long wait. When a patient has a choice, he feels more in control.

Writer Marjorie Holmes describes a sign that once hung in her husband's medical office: "Sorry if you have to wait," it said. "When your turn comes, I will spend just as much time with you." And he did.



**8. Don't tell me what to do without telling me how to do it.** Nancy, a real estate broker who was recently diagnosed with COPD, tells this story with a chuckle: "On the way out the door, my doctor prattled, 'In addition to the bronchodilator I'm prescribing, I want you to optimize your lifestyle. Therefore, you should stop smoking, avoid inhaling irritants, and improve your diet, exercise, and living conditions.' Fortunately, the nurse was there to tell me what all that meant."

It's very important to educate the patient in a way that's meaningful to him. How often have you heard a patient say that the lady from housekeeping "really understood me"? Studies have consistently shown that patient satisfaction is related to the extent to which the patient understands *and* feels that he's understood.

**9. Keep me informed.** Approximately half of the patients surveyed in one study indicated they want more information about their illness. In fact, more patients are satisfied with their treatment than with the teaching. Most patients want to feel that they're a partner with the caregiver in their own health care. In the long run, listening to the patient and his family, and responding to him as an individual, can be more effective than waiting until discharge to teach him what he needs to know. (You've seen the sign: "If you don't have time to do it right, when will you have time to do it over?") And it's one more way to give your patient personalized care.

It's important, as well, to involve the patient in evaluating his own progress toward goals. This identifies problems early and gives you a chance to address them before they become unmanageable.

Diana, a young mother with lupus, was started on a new medication just prior to discharge. "The medication nurse told me to read the directions on the box—just like it was a cake mix," she says, "but she never did find out that I can't read." Patients must be informed in order to make appropriate choices and we can't just *assume* they're informed.

"When my brother was in the ED for chest pain," says Ellen, "the nurse came out several times to explain about the tests they were doing and changes in his condition. She gave my family enough time to digest the information. It was wonderful. I'll never forget her."

**10. Remember who I used to be.** This is especially important when dealing with debilitated or elderly patients. A nurse recounts this story about one of his nursing home patients who'd suffered a stroke: "He showed me his driver's license in his wallet and, astonished, I asked him, 'Do you still drive?' His eyes misted up and I knew the answer. He tried to smile and answered wryly, 'Nope, but I could if I wanted to.'" Ask that elderly patient about her prized garden...it's not a waste of time.

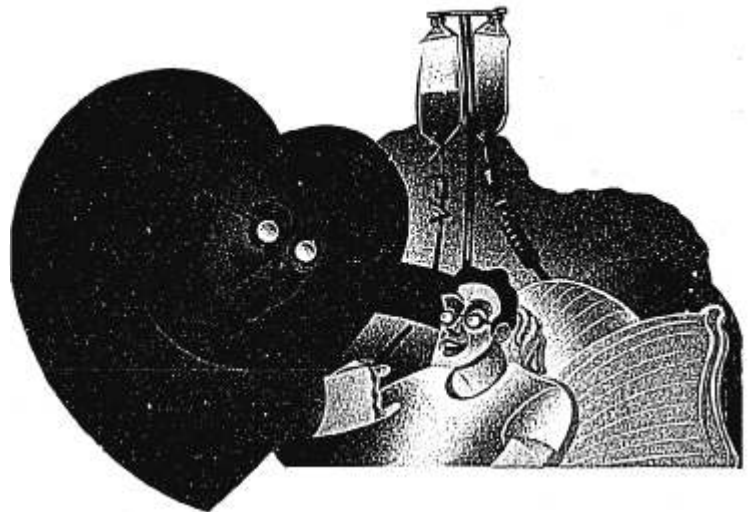
**11. Let me know you care.** "People don't care what you know until they know that you care" is a cliché because it really is true. "Medicine can be dehumanizing," says Nancy, a dietitian recently diagnosed with multiple sclerosis. "I look to nurses to be my advocate, to really look out for me."

While every patient wants an uneventful hospital stay, the technical qualifications of nurses and fear of complications aren't really a major concern, says a 1992 survey of nearly 140,000 hospital patients by Press, Ganey and Associates. Yet patients who "feel they're in good hands" may still not be fully satisfied.

"Remember, I could be your mother, sister, or child," says Tina. "Ask yourself, 'How would I like to be treated?'" Sometimes it's a simple matter of offering a patient an extra blanket or pointing a visitor in the right direction. People perceive

such hospitality as expressions of caring.

"I can be hurt just as much by your sharp words as by your sharp needle," says Cathy, a nursing instructor and former patient who emphasizes the need for nurses to balance professionalism with personal attention. "But if you have a bad day and fly off the handle, just apologize and I'll understand. I can accept mistakes. I just want to be treated as an equal and not judged."



I remember the time my aunt gave me a birthday present in a drab, brown paper sack. "I didn't have time to wrap it," she apologized, "but I didn't think you'd mind." I was delighted with the gift, a purse I'd been admiring. But I have to admit, there was something missing. The thoughtful packaging.

That's what our patients are trying to tell us, I think...that the wrapping—the added personal touch, a smile, a kind word, *caring*—matters to them, too.

**SELECTED REFERENCES**

What's most important to patients. [Headlines] *Am.J.Nurs.* 92:9, Nov. 1992.  
 Farrell, G. A. How accurately do nurses perceive patients' needs? A comparison of general and psychiatric settings. *J.Adv.Nurs.* 6:1062-1070, Sept. 1991.  
 Hancock, J. An assessment of patient satisfaction in hospital. *AARN News Lett.* 47:28-29, Nov. 1991.  
 Harris, J. You can't ask if you don't know what to ask: a survey of the information needs and resources of hospital outpatients. *N.Z.Med.J.* 105:199-202, May 27, 1992.  
 Hill, J., et al. Survey of satisfaction with care in a rheumatology outpatient clinic. *Ann.Rheum.Dis.* 51:195-197, Feb. 1992.  
 Inlander, C. B., and Weiner, E. *Take This Book to the Hospital with You.* Avenel, NJ, Wings Books, 1993.  
 Mason, C. Non-attendance at out-patient clinics: A case study. *J.Adv.Nurs.* 17:554-560, May 1992.  
 O'Connor, S. J., et al. Patient satisfaction with day surgery. *Aust.Clin.Rev.* 11(4):143-149, 1991.  
 Smith, J., and Sanderson, C. What makes outpatient attendance worthwhile for patients? *Qual.Assur.Health Care* 4:125-132, June 1992.