EVALUATING PATIENT SATISFACTION WITH NURSE PRACTITIONERS

This is a summary: the full paper can be accessed at nursingtimes.net

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Political developments have driven the need to use practitioners other than doctors to deliver services. This study aimed to assess patient satisfaction with the advanced nurse practitioner (ANP) role. A survey was carried out in one inner-city GP practice in the West Midlands, and the data analysed. In total, 55 questionnaires were completed. Patients expressed significant satisfaction with the ANP, in particular in the areas of communication, advanced assessment, partnership in consultation and preference to be seen by an ANP. This study confirms that patients are satisfied with services provided by the ANP.

The biggest challenges in terms of workforce include the limited supply of doctors and shorter working times due to the European Working Time Directive. Furthermore, GPs’ new GMS2 contract (introduced in 2004) means they can opt out of working out of hours, further reducing their working time. There is a need to have more staff working differently, with clearer leadership at all levels (given authority and autonomy). Although controversial, the substitution of doctors by nurses (Pruitt and Epping-Jordan, 2005) has proved successful.

The ANP’s advanced assessment skills:

The second area explored was patient satisfaction with the ANP’s advanced assessment skills. Three-quarters (75%, n=41) agreed the ANP examined them fully, and 62% (n=34) felt they had asked more questions, while 9% (n=5) disagreed with this.

The ANP’s communication skills:

Nearly three-quarters (71%, n=39) felt they were given the opportunity to have an active part when discussing their illness/condition, while 9% (n=5) disagreed with this.

RESULTS

In total, 55 questionnaires were completed. Of these, 44 respondents were female and 11 male. For tables showing the results in full, see nursingtimes.net.

The ANP’s communication skills:

Overall, 84% (n=46) of patients said the ANP made them feel at ease, with only 7% (n=4) agreeing it was difficult for them to discuss their problems with this practitioner. In response to the question asking whether the nurse should listen more, 62% (n=34) disagreed while 25% (n=14) agreed.

The ANP’s advanced assessment skills:

The second area explored was patient satisfaction with the ANP’s advanced assessment skills. Three-quarters (75%, n=41) agreed the ANP examined them fully when necessary and 62% (n=34) felt confident the ANP knew about their history and condition.

Partnership between ANP and patients:

Nearly three-quarters (71%, n=39) felt they were given the opportunity to have an active part when discussing their illness/condition, while 9% (n=5) disagreed with this.

Over half (53%, n=29) did not feel they came away from the consultation wishing they had asked more questions, while 18% (n=10) felt they wished they had, and 25% (n=14) said they sometimes felt like this.

Nearly a quarter (24%, n=13) agreed there was not enough time to discuss their problems with the ANP but 47% (n=26)
disagreed with this. Over half (58%, n=32) felt the ANP gave them more information about their illness/condition than any other healthcare professional, with 67% (n=37) agreeing the ANP explained the diagnosis clearly. Three-quarters (75%, n=41) of patients felt the ANP explained clearly any tests that may be required.

Only 5% (n=3) agreed there were frequent interruptions during the consultation, and 80% (n=44) disagreed.

**Patient preferences on seeing a doctor or ANP:** All patients were asked whether they left the practice feeling they wanted to see a doctor instead. Three-quarters (75%, n=41) disagreed, while 20% (n=11) agreed with this.

**DISCUSSION**

**Communication skills:** Regarding the effectiveness of the ANP’s communication skills, the majority (84%) of respondents said the ANP made them feel at ease, with only 7% agreeing it was difficult for them to discuss their problems. This was important in ensuring that patients felt comfortable enough to take an active role in their care.

While 25% agreed that the nurse should listen more, the question on this issue was felt to be ineffective as it could be misinterpreted by patients. However, the feedback from questions 16 and 18, which asked what patients like about their care, is important in ensuring that patients felt comfortable enough to take an active role in their care.

It was also interesting to note that patients in this practice were white British and yet it is owned and run by two Asian Indian doctors who had not been born in the UK. There could be various communication issues when comparing Asian and Western cultures. For example, many people of Asian origin avoid eye contact as it can be a sign of aggression or a disobedient gesture while a smile could be seen as a sign of discomfort or embarrassment (Selvaraj, 2002). Since the Asian culture is usually cautious about non-verbal forms of communication, this could account for patients’ negative feedback on doctors’ communication.

**Advanced assessment skills:** Three-quarters (75%) of patients agreed the ANP examined them fully when necessary and 62% felt confident the ANP knew about their clinical history and condition. This supported Shum et al’s (2000) research suggesting nurses can do some of what doctors do with regard to the satisfaction of patients.

**Partnership between the ANP and patients:** Nearly three-quarters (71%) felt they were given the chance to have an active part when discussing their illness or condition. It was disappointing to discover that 18% of patients wanted to ask more questions, as the consultations were thought to be thorough. However, other findings supported the ANP’s thoroughness and ability to collaborate with patients. This supports the findings of Laurant et al (2005), in which nurses provided more health advice and achieved higher levels of patient satisfaction compared with doctors. This will also help in the identification of key services to commission over the next decade.

Overall, few patients (5%) experienced interruptions in their consultations. Most felt involved in their care, asked questions and felt at ease with the assessment and communication within the consultation. For those patients who wished they had asked more questions, it was not clear whether these concerned the topic they came to discuss with the ANP or whether such questions concerned a separate issue that would require another appointment.

**Patient preference on seeing a doctor rather than an ANP:** Questions on this issue sought to identify whether the ANP’s role was complementary or a substitution. When asked if they had left the practice wishing they had seen a doctor instead, 75% disagreed while 20% agreed. This was an interesting question and answers to the three open-ended questions supported the responses to it. Laurant et al (2005) reported that appropriately trained nurses can produce the same high-quality care as primary care doctors and achieve comparable health outcomes for patients. Reports from the Commons public accounts committee on primary care prescription expenditure found nurse prescribing had a negligible impact on NHS finances (Tweddell, 2008).

For the fifth of patients who wished they had seen the doctor, this may have been because the ANP could only refer patients to other services if the doctor could support the nurse’s findings by also seeing them. The local acute care policy stipulates that the ANP must have all referrals signed by a doctor, otherwise they are not recognised and are returned. This was a frustrating element in the ANP’s role but one which was being reviewed.

**CONCLUSION**

The ANP initiative in this GP practice sought to increase quality consultations and to develop a more proactive approach to health promotion by involving patients in care. This survey aimed to assess patient satisfaction with the ANP and confirmed patients were satisfied with the service. This was evident in the ANP’s communication skills, advanced assessment skills, partnerships in care and with the consultation overall. 

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**REFERENCES**


