

2016

## Exploring the Art of Nursing and Its Influence on Patient Satisfaction in Acute Care Settings

Enid Tirado  
*University of Central Florida*



Part of the [Critical Care Nursing Commons](#)

Find similar works at: <https://stars.library.ucf.edu/honorsthesis>

University of Central Florida Libraries <http://library.ucf.edu>

This Open Access is brought to you for free and open access by the UCF Theses and Dissertations at STARS. It has been accepted for inclusion in Honors Undergraduate Theses by an authorized administrator of STARS. For more information, please contact [STARS@ucf.edu](mailto:STARS@ucf.edu).

---

### Recommended Citation

Tirado, Enid, "Exploring the Art of Nursing and Its Influence on Patient Satisfaction in Acute Care Settings" (2016). *Honors Undergraduate Theses*. 92.

<https://stars.library.ucf.edu/honorsthesis/92>



EXPLORING THE ART OF NURSING AND ITS INFLUENCE ON PATIENT  
SATISFACTION IN ACUTE CARE SETTINGS

by

ENID TIRADO

A thesis submitted in partial fulfillment of the requirements  
for the Honors in the Major Program in Nursing  
in the College of Nursing  
and in the Burnett Honors College  
at the University of Central Florida  
Orlando, Florida

Summer Term 2016

Major Professor: Dr. Diane Andrews

© 2016 Enid Tirado

## **ABSTRACT**

Nursing is a trusted profession aimed at delivering quality, patient-centered care perceived by patients as caring and satisfactory. While empiric care components are measurable as associated with clinical outcomes, patients' perceptions of care are increasingly important in determining satisfaction with the patient care experience. Not clearly defined, nor empirically measurable, the "art" of nursing is taking on increasing importance as a component of satisfaction with the patient experience. The purpose of this integrative literature review was to review the literature in order to find common themes influencing determination of the art of nursing on patient satisfaction in acute care settings. Fourteen studies were selected and reviewed after a search of CINAHL Plus with Full Text, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, ERIC, MEDLINE, PsycARTICLES, and PsycINFOCINAHL databases. Four themes that emerged: building a relationship with the patient; conducting a thorough assessment of the patient; meaningful communication with the patient, and availability of nurses for their patients. The findings suggest that the art of nursing, as grounded in the demonstration of nursing care behaviors, is a component of patients' satisfaction with the provision of care. This evidence-based knowledge is transferable to efforts in modifying nursing practices that exemplify patient-centered care.

*Keywords:* Patient-centered care; patient satisfaction; nursing as an art; nurse-patient relations

## **DEDICATIONS**

To Ernesto, thank you for being such a wonderful husband and for always being tirelessly supportive in all my endeavors.

Thank you to my three wonderful children: Elise, Enzo, and Elan. I admire your autonomy, resilience, and patience during this academic path.

To my parents and sister, thank you for always believing that I can accomplish anything I set out to do. Your endless support is priceless.

## **ACKNOWLEDGMENTS**

I would like to thank my committee chair, Dr. Diane Andrews, for providing me with support, knowledge, and constant feedback towards the topic of this thesis.

Thank you to my committee members, Dr. Cherrill Stockman and Dr. Kimberly Renk, for your time during this process.

Finally, thank you to Dr. Victoria Loerzel, for encouraging me participate and remain in the Honors in the Major program.

## TABLE OF CONTENTS

INTRODUCTION .....	1
BACKGROUND .....	3
Patient Centered Care .....	3
Patient Satisfaction.....	4
Quality Nursing Care .....	5
Purpose.....	6
METHODOLOGY .....	7
FINDINGS .....	8
Building a Relationship.....	9
Conducting a Thorough Assessment .....	10
Meaningful Communication .....	12
Nurse Availability.....	14
DISCUSSION .....	15
LIMITATIONS.....	17
IMPLICATIONS .....	18
Research.....	18
Education .....	18
Practice.....	19
CONCLUSION.....	21
APPENDIX A: SELECTION METHOD OF LITERATURE.....	22
APPENDIX B: TABLE OF EVIDENCE.....	24
REFERENCES .....	31

## INTRODUCTION

Nursing is known to be a caring and trusted profession, described as both an art and a science. The art of nursing is a concept that has been difficult to define concretely. There is no one definition that provides a clear description as to what *is* the art of nursing. In Carper's (1978), *Fundamental Patterns of Knowing in Nursing*, the author identified four patterns of knowing in nursing: empirics, esthetics, personal knowledge, and moral knowledge. Empirics is referred to as the science of nursing or the scientific and factual body of knowledge about a specific topic. The art of nursing, characterized as the esthetics, is more abstract and intuitive knowledge. Personal knowing in nursing, as described by Carper, suggests that a nurse needs to have self-awareness and know how to relate to oneself, in addition to knowing how to relate to others. Carper proposes nursing's moral knowledge as not only abiding to the ethical codes of nursing, but also understanding that every action taken in nursing is subject to moral judgement. Carper pioneered a way to describe the knowledge that comprises nursing practice and detailed, to an extent, what kinds of elements should be considered when caring for another individual.

Carper's (1978) established philosophy attempts to provide some explanation of what nursing is as a profession. This philosophy has become a central construct for many other nursing scholars and theorists such as Chinn and Kramer (2011) and White (1995). When defining the art of nursing, Carper stated that the "esthetic pattern of knowing in nursing involves the perception of abstracted particulars as distinguished from the recognition of abstracted universals" (p.18). This can be interpreted as acknowledging a patient's behavior and figuring out its significance and then taking action in hopes that it will be perceived by the patient as



having met his/her needs. This concept implies that the nurse's action may or may not be perceived by the patient as it was intended.

The nurse's action can be a verbal explanation of a procedure or a response to a question. Another action can simply be to listen to a patient's concern about an issue. Other examples include carrying out a procedural task such as administration of a medication, a nonverbal gesture such as a nod, or a kind deed such as providing the patient with a warm blanket. These types of actions are examples as to how nurses provide care to their patients and are considered caring behaviors.

Caring behaviors can be heavily dependent on nonverbal and verbal communication. Shea (1998) cited Edward T. Hall as attributing 90% of human communication to nonverbal behaviors. Usher and Monkley (2001) offer the idea of congruence between verbal and nonverbal communication, along with presence and reassurance as key elements to effective communication. One must be mindful of what our body language expresses to others. In addition, when a nurse is speaking with a patient, his/her body language should correspond to what is being said. Otherwise, if incongruence is detected, the patient may question its sincerity. Nursing encompasses different facets as Carper (1978) suggests. Identifying what patients perceive to be nursing caring behaviors that make them feel cared for may give some insight as to how the art of nursing impacts patient satisfaction.

## **BACKGROUND**

### **Patient Centered Care**

The art of nursing is rooted in nursing's general philosophy that holistic and patient-centered care leads to satisfactory, if not, excellent patient outcomes. Patient-centered care occurs when holistic care focused around a patient's mind, body, and spirit is provided (Dossey & Guzzetta, 2005). Dossey and Guzzetta stated that it is "the human caring process in which the holistic nurse gives full attention and intention to the whole self of a person, not merely the current presenting symptoms, illness, crisis, or tasks to be accomplished" (p. 7). According to Dossey and Guzzetta, the belief of providing attention to the whole person can alleviate undue suffering from an illness.

Patient-centered care is highly individualized. In a study by Suhonen et al. (2012), a positive correlation existed between individualized nursing care and patient satisfaction. Researchers have found that patients expect to be treated based on their individual needs (Larrabee & Bolden, 2001; Schmidt, 2003; Williams, 1998) and patients were dissatisfied when nurses showed "impersonal care" (Schmidt, 2003).

There is a movement to improve the patient experience rooted in patient-centered care. Patient experience is a multidimensional concept. The Beryl Institute (2015) defines the patient experience as the "sum of all interactions, shaped by an organization's culture, that influence the patient perceptions across the continuum of care" ("Patient Experience Infographic", 2015). Although this definition attributes all health care personnel interactions as contributing to the patient experience, several researchers have agreed that the majority of hospitalized patient's

interactions were spent with nursing staff and their perceptions of care were rooted primarily in these interactions (Godkin, Godkin, & Austin, 2002; Palese et al., 2011; Schmidt, 2003; Sorlie, Torjuul, Ross, & Kihlgren, 2006). Several studies suggest that the nurse-patient relationship (Berg & Danielson, 2007; Karlsson, Bergbom, von Post, & Nordenbeg, 2004; Palese et al., 2011; Schmidt, 2003; Sorlie et al., 2006) contributes to patient satisfaction. Despite opposing views, the patient experience starts with the first interaction the patient encounters with a team member in a health care agency. According to Press Ganey (2016), organizations need to adopt a culture in which the patient feels confident “that everyone is working together on their behalf” to meet their needs, keep them safe, and reduce their suffering (p. 17). Moreover, Press Ganey insists that in such a culture, health care teams persistently find opportunities to be innovative and improve the patient’s expectations of safe, effective, and reliable care.

### **Patient Satisfaction**

Nurses have to carefully balance personal and ethical knowledge acquired through experience along with scientific and instinctive knowledge and translate it into effective nursing care (Chinn & Kramer, 2011). However, nurses must provide task-centered and patient-centered care concurrently (McCabe, 2002; Press, 2002; Schmidt, 2003). According to Press (2002), if patients perceive an unkempt environment, excessive chaos and noise, and unfriendly staff, then it will affect the patient experience, even if the nursing care received was perceived as excellent. Patient satisfaction can be a good indicator of the quality of health care received as described and measured through the patient’s experiences and perceptions of care (Press, 2002; Williams, 1998). Therefore, it becomes important to investigate, measure, and analyze the patient’s experiences and perceptions of care and how those experiences and perceptions relate to

satisfaction. One study found that staff's perceptions do differ in perceptions of what are most important nursing care behaviors (Essen & Sjødén, 1991). Sossong and Poirier (2013) used the Caring Behaviours Inventory-Elderly (CBI-E) tool to measure patients' and nurses' perceptions of caring. The study found that perceptions of patients scored less than nurses. Although, the researchers agreed that their findings were not statistically significant, the researchers also found that some individual items of the CBI-E were rated significantly higher by nurses than by patients such as "checking on you" and "responding quickly to your call". Indicating that patient's and nurse's perceptions of certain nursing caring behaviors were incongruent. Moreover, in a white paper published by Press Ganey (2016), the dynamics of health care staff and patient populations were both important to the success of the health care agency. The white paper reported that patients were more likely to highly score and recommend a health care agency when they perceive that the staff believes their institution provides excellent quality of care and service. Conversely, patients were less likely to highly score or recommend a health care agency when they perceive that the staff believes that their institution provides less than excellent quality of care and service. As mentioned previously, a patient's experience is primarily related to nursing care and interventions (Godkin et al., 2002; Palese et al., 2011; Schmidt, 2003; Sorlie et al., 2006). As a result, the patient will make judgements about satisfaction with care based on the perception of nursing care received and the overall experience (Press, 2002).

### **Quality Nursing Care**

Attempting to find an acceptable definition of quality nursing care is important because it is one of the most influential factors that shapes the patient's perception of overall quality of health

care (Williams, 1998). One of the most accepted definitions of quality care is that from The Institute of Medicine: “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (Lohr, 1990)” (Institute of Medicine, 2001). In 2010, Burhans and Alligood completed a qualitative study designed to find out how nurses defined quality nursing care. After analyzing the interview transcripts, they found that their descriptions of quality nursing care were based on how the care was given, not what care was given. This suggested that clinical nursing skills were less important to the patient in assessing quality. Press (2002) reiterates this concept by explaining that patients do not necessarily remember specific nursing tasks or interventions. They remember how that care was provided (i.e. did the nurse provide an explanation on why the interventions took place; was the nurse sensitive and understanding of the pain; did the nurse act according to the patient’s wishes, etc.), and make judgements on that basis. In a study by Larrabee and Bolden (2001), more than 50% of hospitalized patients interviewed defined good nursing care as nurses pleasantly interacting with them and showing respect. In two other studies, patients perceived and felt when nurses listened to their patients; showed concern for the patient’s needs, and were accepting of their patients as individuals (Larrabee & Bolden, 2001; Williams, 1998). Emphasis should be placed on understanding the patients’ perceptions of nursing care behavior in order to improve quality health care (Williams, 1998).

## **Purpose**

The purpose of this literature review was to find common themes on the impact of the art of nursing on patient satisfaction in acute care settings.

## **METHODOLOGY**

A search of articles was conducted using CINAHL Plus with Full Text, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, ERIC, MEDLINE, PsycARTICLES, and PsycINFOCINAHL databases. Three separate searches were conducted. The process of selecting articles for this literature review can be found in appendix A. The first search contained key terms limited to caring, critical care, ICU, critical care nursing, intensive care, nursing as an art, patient\* satisfact\*, patient\* perception, patient\* experience\*, patient\* attitude\*, nurse-patient relations, and nurse-patient relation\*. The second search contained all key terms of the first search except caring and patient\* perception. Additional search limiters for the first two searches included peer reviewed, English language, and full text articles. The third search was done using CINAHL Plus with Full Text with a limited search inclusive of English language, peer reviewed, and key terms: patient satisfaction and nursing care. The searches were conducted with no limit on date range to increase the likelihood of finding articles that discussed patients' and nurses' perceptions about nursing caring behaviors, communication, quality of nursing care, and/or the patient experience in acute care settings. Quantitative, qualitative, and mixed methods studies were considered. Research articles conducted in European countries, Australia, Canada, United States, and South America were considered for this literature review.

## FINDINGS

Fourteen studies were included in this literature review related to patients' and nurses' perceptions about nursing care behaviors, nursing staff communication, quality nursing care, and patient satisfaction. The 14 studies were reviewed for nursing actions that patients and nurses valued as caring and satisfactory. Additional journal reports and literature reviews were used to support the topic of this literature review. Appendix B shows a listing of citations that were analyzed and support the material within this section. Publication dates ranged from 1991 to 2013. The date range was expansive to allow selection of journal articles that were inclusive of all related research associated with the multiple factors indicated in the search strategy.

Nine studies were qualitative studies that utilized various research methods: interviews, written response, and observation. In two of those studies, the participants were nurses and the sample ranged from 7 to 10 nurses (Berg & Danielson, 2007; Usher & Monkley, 2001). Six of the nine qualitative studies were conducted with samples of patients ranging from as few as 6 participants to as many as 199 participants (Henderson et al., 2007; Karlsson et al., 2004; Larrabee & Bolden, 2001; McCabe, 2002; Schmidt, 2003; Sorlie et al., 2006). Lastly, one qualitative study was a mixed participant sample of seven patients and six nurses (Berg & Danielson, 2007).

The remainder of the studies selected were quantitative studies. The participants in three of those studies were patients with a sample range size of 259 to 1,565 patients (Palese et al., 2011; & Suhonen et al., 2012; Williams, 1998). In the other two studies, samples of both patients and nurses were included ranging from 73 to 228 participants (Essen & Sjødén, 1991; Sossong & Poirier, 2013). Some of the quantitative studies utilized survey tools to measure patients' and

nurses' perceptions of nursing care behaviors such as the CARE-Q, Caring Behaviours Inventory, CBI-E, and Holistic Caring Inventory (HCI) (Essen & Sjødén, 1991; Palese et al., 2011; Sossong & Poirier, 2013; Williams, 1998). While others used the Patient Satisfaction Scale (PSS) and Individualised Care Scale (ICS) to measure patient satisfaction (Palese et al., 2011; Suhonen et al., 2012).

In exploring the influence of the art of nursing on patient satisfaction in acute care settings, four themes emerged after the selected studies were analyzed. These themes were building a relationship with the patient, conducting a thorough assessment of the patient, meaningful communication with the patient, and availability of nurses for their patients. These themes support the concept of 'the art of nursing', but data are lacking that distinctly examine the concept of 'the art of nursing' with patient satisfaction. The majority of the studies reviewed related more to patient's perceptions of nurse caring behaviors.

### **Building a Relationship**

This literature review supports that building a relationship with the patient is valued by patients. Several authors discuss the idea of a caring relationship and its importance to the patient experience (Berg & Danielson, 2007; Karlsson et al., 2004; McCabe, 2002; Palese et al., 2011; Sorlie et al., 2006). The nurse-patient relationship was established when the nurse decisively intended to take a nursing action that diminished the suffering for his or her patient and made them feel cared for (Berg & Danielson, 2007; Karlsson et al., 2004). Karlsson et al. (2004) points out that "to care for" is making the patient feel supported, anticipate the patient's needs, and make the patient feel like they matter. Behaviors that were interpreted by a patient that a nurse "does not care for" him or her were related to the perception that the patient's



feelings were not considered (Karlsson et al., 2004). In these instances, the patient was made to feel as if he or she was difficult, or if the nurses lacked thoughtfulness in the delivery of the care (Karlsson et al., 2004). Consequently, if the nursing care behavior was perceived to increase the patient's suffering, it was viewed by the patient as a lack of care by the nurse.

Other studies were conducted to explore the relationship that exists between patient satisfaction and patients' perceptions of caring behaviors (Ervin, 2006; Godkin et al, 2002; Larrabee & Bolden, 2001; Palese et al., 2011; Sossong & Poirier, 2013; Williams, 1998). Palese et al. (2011) found that "connectedness" was the main indication of patient satisfaction. Connectedness was described as a concept that includes providing explanations to the patient about their care, genuine dedication of the nurse's time to the patient, and allowing the patient to determine aspects of their care. These nursing behaviors require the nurse to interact and form a meaningful relationship with his or her patient that implies a non-distinctive function. Similarly, in another qualitative study (Sorlie et al. 2006), the nurse-patient relationship was understood as requiring the nurse to provide an open, safe milieu in which the patient feels comfortable asking for and sharing information and the nurse responds openly and honestly to their patients. This relationship was further strengthened through the nurses' compassion and presence.

### **Conducting a Thorough Assessment**

Several studies referred to how nurses need to get to know their patients and their specific needs in order to tailor their care (Berg & Danielson, 2007; Burhans & Alligood, 2010; Ervin, 2006; Henderson et al., 2007; Karlsson et al., 2004; Larrabee & Bolden, 2001; Palese et al., 2011; Schmidt, 2003; Williams, 1998). In Evelyn Adam's (1980) book, *To be a Nurse*, she describes her belief of data collection as the most important aspect of the nursing process. Data

collection of the patient's health history requires the nurses' ability to understand, listen, and collect information that will help the patient with his or her care. This is a time when the nurse is getting to know the patient. Getting to know the patient extends beyond data collection. It continues with every interaction between the patient and the nurse. In a 2006 article titled *Does Patient Satisfaction Contribute to Nursing Care Quality?*, Ervin claims that to satisfy patients with the care provided, health care personnel need to find out patients' care preferences before its delivery. Patient care must be individualized in order to increase a patient's satisfaction (Ervin, 2006; Larrabee & Bolden, 2001; Schmidt, 2003; Suhonen et al. 2012; Williams, 1998). Therefore, nursing assessments should include patient's preferences about their care. The nurse must find out about what the patient knows about his or her disease; how they perform self-care skills and if they are willing to improve self-care skills; how they manage their illness/condition daily; if the patient has erroneous information about their condition; and what support and equipment (if applicable) the patient has (Ervin, 2006). This guides the nurse in providing individual care and keeps the nurse from making assumptions about the needs of the patient (McCabe, 2002).

Two other principles discovered in the literature were vulnerability and empathy, which coincide with getting to know the patient (Berg & Danielson, 2007; Burhans & Alligood, 2010; Larrabee & Bolden, 2001; McCabe, 2002; Sorlie et al., 2006; Usher & Monkey, 2001). Empathy was explained as the nurses understanding of a patients' situation (Larrabee & Bolden, 2001; McCabe, 2006).

Vulnerability requires the nurse to perform caring behaviors that express to the patient thoughtfulness and assurance despite their busy work day (Berg & Danielson, 2007; Sorlie et al.

2006). The disposition of empathy and vulnerability creates a dependent situation for patients (Berg & Danielson, 2007). In a qualitative study by Sorlie et al. (2006), highlighting the experiences of a patient and moments he or she felt cared for, a positive relationship was found between vulnerability and patient satisfaction. Vulnerability was expressed by different, yet specific examples given by the patients. For instance, “those who live alone feel that illness accentuates feelings of helplessness. Others are afraid of what is happening to them; they feel confused by everything going on around them and the uncertainty of their diagnosis” (p. 1243). This could be equated to the importance of data collection (assessment) of the patient (Ervin, 2006). Understanding patients’ predisposed difficulties of their situation can help discern patients’ satisfaction with their care (Sorlie et al., 2006).

### **Meaningful Communication**

Communication is an essential skill to the provision of health care and in our everyday interactions with others. Communicating is not just verbalization of words, it also includes silence and nonverbal behaviors such as carrying out a task or activity. Watzlawick, Helmick Beavin, and Jackson (1967) described the intention of communication as “activity or inactivity, words or silence all have message value: they influence others and these others, in turn, cannot *not* respond to these communications and are thus themselves communicating” (p.49). Verbal and nonverbal communication and behaviors all have perceived meaning. Timing, congruency, and awareness of verbal and nonverbal communication and nursing actions, preceding and following an interaction with a patient, or lack thereof, send a message that is solely interpreted by the patient’s perceptions (Essen & Sjöden, 1991; Henderson et al., 2007; Usher & Monkey, 2001).

In a qualitative study by Burhans and Alligood (2010), 12 nurses were individually interviewed and asked, what constitutes quality nursing care? The nurses expressed that clinical nursing skills were less important than good caring skills and communication was key to good caring skills. Burhans and Alligood explained that nurses advocate for patients when they demonstrated the intrinsic quality of responsible, intentional, empathetic, and respectful care. The "...art of nursing, resonated within the lived experiences of these nurses and thus within the lived meaning" (p.1694). The authors indicate that the art of nursing is an intrinsic trait in some nurses that echoes "...responsibility, caring, intentionality, empathy, respect, and advocacy." (p. 1694). The way in which care was provided was more important than skill level (Burhans & Alligood, 2010; McCabe, 2002).

Communication can be conveyed individually or collectively. McCabe (2002) identified four main themes in a study done to explore patients' experiences of how nurses communicate with them: lack of communication, presence described as "attending", empathy, and friendly and humorous nurses. Two subthemes were isolated under the heading of "lack of communication": patient-centered communication and task-oriented communication. Patient-centered referred to the idea that nurses responded to their patients in a personal manner (McCabe, 2002; Schmidt, 2003). In contrast, when nurses made assumptions about the needs of their patients, the patients felt that the nurses were impersonal and not communicating in a patient-centered manner (McCabe, 2002; Schmidt, 2003). However, Larrabee and Bolden (2001) found that out of 199 hospitalized patients interviewed to provide a description of good care in nursing, only about 5 % felt that providing of information was important. Additionally, according to McCabe (2002), nurses were more focused on task-oriented communication. McCabe (2002) suggests that the

nurse-patient relationship was weakened when the nurse's approach to patient care was focused on the completion of tasks. McCabe's identification of nurses who used humor in their conversations suggests that non-task oriented communication made the patients feel that the nurses were more approachable. More importantly, communication that demonstrated empathy was an important aspect in description of quality nursing care and its delivery. McCabe indicates that "nurses who chose to use non-empathetic communication favor task-centered rather than patient-centered communication" (p47).

### **Nurse Availability**

The last theme identified after review of the literature was the availability of nurses from the patient's perspective. A majority of patients that recounted their experiences on how nurses care, felt dissatisfaction when they felt they were forgotten (Godkin et al., 2002; Schmidt, 2003; Sorlie et al., 2006; Usher & Monkley, 2001). Inevitably, nursing staff is a constant variable in a patient's care setting (Godkin et al., 2002; Palese et al., 2011; Schmidt, 2003; Sorlie et al., 2006), and patients expect nursing staff to make time for them in spite of understanding that nursing staff are busy (Henderson et al., 2007; Sorlie et al., 2006).

## DISCUSSION

This literature review's focus was to explore the art of nursing and its influence on patient satisfaction. After careful analysis and consideration, four themes emerged from the literature: building a relationship with the patient, conducting a thorough assessment of the patient, meaningful communication with the patient, and availability of nurses for their patients. Due to their vulnerable situations that could subject them to judgment, patients value a nurse-patient relationship in which they feel comfortable and safe (Berg & Danielson, 2007; McCabe, 2002). Perhaps, in this vulnerability, the patient will be able to openly and candidly share information that can provide nurses with the necessary details to manage the patient's condition more effectively. This requires nurses to be physically and emotionally available to their patients (Usher & Monkley, 2001; McCabe, 2002). Nurses' intrinsic caring behaviors and communication style should be developed and considered part of the nursing care they deliver to their patients (Usher & Monkley, 2001; Burhans & Alligood, 2010). This finding coincides with Carper's (1978) concept of personal knowing. According to Carper it is the most difficult to master and teach, and Burhans and Alligood agree it cannot be taught. Additionally, nurses need to view care from the patient's perspective (Ervin, 2006; Larrabee & Bolden, 2001; Schmidt, 2003; Suhonen et al. 2012; Williams, 1998). There is some evidence to suggest that perceptions of care between patients and nurses are incongruent (Essen & Sjöden, 1991). Other evidence suggests overarching similar results between patients' and nurses' perceptions; however, incongruence was detected in individually tested and scored dimensions (Sossong & Poirier, 2013).

On the basis of the literature, discrepancy still exists as to what factors influence patient satisfaction (Ervin, 2006; Godkin et al, 2002; Larrabee & Bolden, 2001; Palese et al., 2011; Sossong & Poirier, 2013; Williams, 1998). However, most researchers agree that patient care needs to be individualized (Schmidt, 2003; Suhonen et al., 2012; Williams, 1998). It is about tailoring care to the patient's wants and needs and respecting and following patient's wishes (Ervin, 2006; Schmidt, 2003; Suhonen et al., 2012; Williams, 1998).

## **LIMITATIONS**

This literature review had several limitations. The majority of the studies considered for this review were qualitative studies with small sample sizes. These constraints lowered the ability to apply results to larger population of patients. Additionally, the variability of definitions available for the art of nursing creates a challenge in the analysis of the literature, potentiating and allowing for inconsistencies and ambiguity in the interpretation of the literature. Furthermore, very few studies exist that explore the relationship between the art of nursing and patient satisfaction, resulting in the need to use older articles.



## **IMPLICATIONS**

### **Research**

Larger sample sizes for future research should be considered. Although, some of the qualitative studies were inclusive of quantitative data, there is still opportunity for more quantitative studies to be undertaken to determine if there is a correlation between the aesthetics of nursing and patient satisfaction. Nurses will benefit from research that exemplifies development of patient-centered care and patient-centered communication. Further clarification is needed as to what constituents nursing aesthetics that lead to patient satisfaction, as well as how nurses can develop their skills and knowledge to improve with patient's perceptions of quality nursing care.

### **Education**

Teaching institutions should evaluate their curriculum, perhaps from the student's perspective, to determine if it nurtures the value of caring behaviors. Continued emphasis should be placed on providing nursing students simulated nurse-patient situations to practice interpersonal communication and demonstrate nursing actions that resonate with caring behaviors. Simulated nurse-patient situations can provide a safe environment for a nursing student to receive feedback from teaching staff about displayed caring behaviors that were successful or need development. Nurses need to kept informed on best practices within the nursing profession to not only improve, but maintain quality nursing care.

## **Practice**

More than ever, people are “shopping” for health care as consumers and health care agencies’ focus is about the patient’s experience and satisfaction. Many healthcare agencies place significant emphasis to discern what constitutes quality health care and what components influence the patient experience and subsequently patient satisfaction. Improving Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores has become increasingly important to yield better annual Medicaid/Medicare reimbursement payments. HCAHPS is a standardized survey administered to a random sample of discharged patients as a way to quantify patient’s perceptions of care as related to the quality of health care in the United States (CMS.gov, n.d.). Under the current value-based purchasing system, hospitals have 1.75% of their overall Medicare/Medicaid payments withheld. Those withheld monies are returned to hospitals based upon meeting national benchmarks for total performance, including patient satisfaction as measured by the HCAHPS survey. Several of the composite scores on the HCAHPS survey are attributable to nursing, most specifically the nurse communication composite. According to Press Ganey (2013), close to 15% of value-based purchasing incentive payments are directly linked to the nurse communication dimension. Press Ganey’s analysis concludes that if hospitals focus on improving this HCAHPS dimension, four other HCAHPS dimensions are likely to increase as well: responsiveness of hospital staff, pain management, communication about medication, and overall rating. On this premise, the quality of nursing care not only directly impacts incentive payments for health care agencies, but is also a major component to the success of the patient’s experience and can provide a measurement for patient satisfaction. Identification of patient’s perceptions on what constitutes quality and

satisfactory nursing care can allow nurses to determine how they can improve their nursing care practices and the delivery approach of care to their patients.

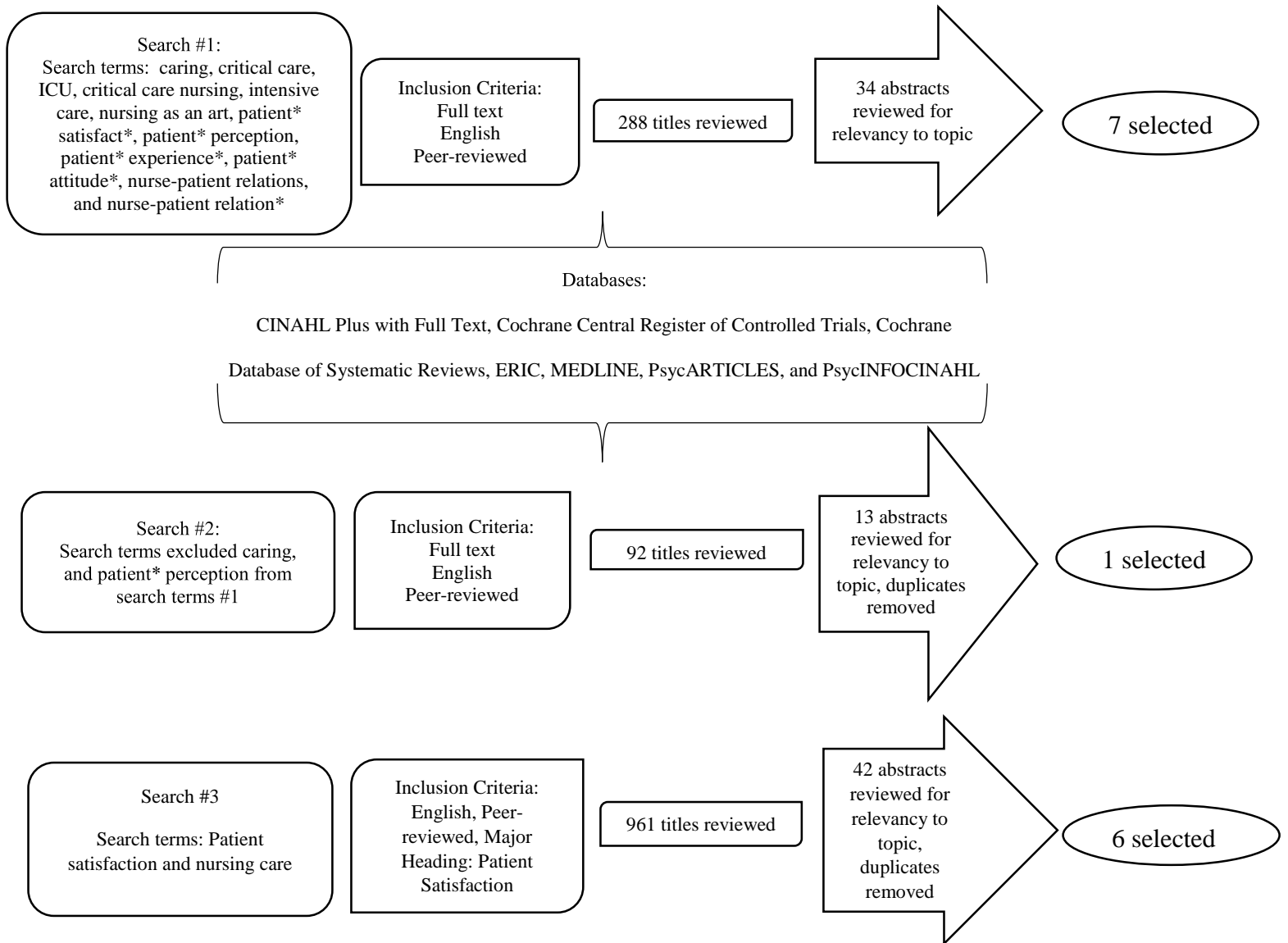
## CONCLUSION

The themes discussed in this review support the concept of ‘the art of nursing’, but the relationship has yet to be clearly established between the art of nursing and patient satisfaction. Focus on the patient experience is the ideal approach to patient satisfaction; however, it requires cultivation of a specific culture within the organization because it encompasses all areas of an organization for its success. The increased focus on the patient’s experience suggests that patient’s perceptions related to the art of nursing are of increased importance.

Nursing as art, although not clearly defined in literature, is grounded with the demonstration of nursing care behaviors. Therefore, identifying what is perceived by the patient, rather than what is implied by the nurse’s caring behaviors may offer some solutions to improve patient satisfaction with the provision of health care.

## **APPENDIX A: SELECTION METHOD OF LITERATURE**

## Appendix A: Selection Method of Literature



## **APPENDIX B: TABLE OF EVIDENCE**

## Appendix B: Table of Evidence

Citation	Country	Research Design and Sample	Research Aim	Research method or measurement tool	Conclusions	Implications to Nursing
Berg, L., & Danielson, E. (2007). Patients' and nurses' experiences of the caring relationship in hospital: an aware striving for trust. <i>Scandinavian Journal of Caring Science, 21</i> , (500-506).	West Sweden	Qualitative study  Convenience Sample of 7 patients and 6 Registered Nurses	To explain and understand the perceptions of nurses and the perception of patients with long term illness about what constitutes a caring relationship.	Interviews conducted.	Both patients and nurses used their specific skills to form a caring relationship. Not all instances were positive, some patients' experiences decreased to due feeling of vulnerability and a stressed situation. They were trying to achieve trust in their own way that involved a caring relationship, but their trying did not result in trust. Both "Nurses have to care about the patients, not just care for them" (p 504).	Formation of a caring relationship could be achieved through the development of trust and making the patient feel safe.
Burhans, L. M., & Alligood, M. R. (2010). Quality nursing care in the words of nurses. <i>Journal of Advanced Nursing, 66</i> (8), 1689-1697.	United States	Qualitative study  Convenience sample of 12 Registered Nurses	To determine how nurses define quality nursing care.	Interviews conducted.	On the basis of the researchers' analysis, they found that the "lived meaning of quality nursing care" for the nurses interviewed was delivering caring, empathetic, and respectful care in an intentional and responsible manner to their patients that advocated for the patient's needs.	Nurses can facilitate changes in their practice if they understand the meaning quality of nursing care.
Ervin, N. E. (2006). Does patient satisfaction contribute to nursing care quality? <i>The Journal of Nursing Administration, 36</i> (3), 126-130.	United States	Journal Article	To explore the topic of patient satisfaction and its relationship to nursing care.		Satisfaction does not equal better patient outcomes.  Satisfaction does not provide information that is useful to make health care improvements.  Satisfaction may be a necessary element to improve a patient's well-being.	Care must be individualized to increase satisfaction.  Health care personnel should find out what the patient prefers before care is delivered.



Citation	Country	Research Design and Sample	Research Aim	Research method or measurement tool	Conclusions	Implications to Nursing
Essen, L. V., & Sjødén, P-O. (1991). Patient and staff perceptions of caring: review and replication. <i>Journal of Advanced Nursing, 16</i> , 1363-1374.	Sweden	Non-experimental, cross-sectional design study  Accessible and convenience sample of 86 Patients and 73 Nursing staff members from 8 different hospitals	Several questions being explored, including:  Most important and least important caring behavior as perceived by nurses and patients.  Identify differences (if any) between a predetermined quasi-normal distribution and free response format.  Identify differences (if any) between patients' and nurses' perception in surgical and medical units and county and university hospitals.	CARE-Q  Free response format questionnaire of the CARE-Q	Statistically significant findings were found: patients' and nursing staff's perceptions do differ in perceptions of what are most important nursing care behaviors.  There were no significant differences noted between responses from medical vs. surgical care staff and patients or from university vs. county hospital's staff and patients.	Nursing staff should not make assumptions that patients perceived nursing caring actions as the nursing staff intended.  Nursing staff should find out what the patients prefer in their care and therefore increase patient satisfaction.  Nursing staff may feel that they cannot give the care patients are expecting and lead to staff burnout and stress.
Godkin, J., Godkin, L. & Austin, P. (2002). Nursing presence, patient satisfaction, and the bottom line. <i>Journal of Hospital Marketing &amp; Public Relations, 14</i> (1), 15-33.	United States	Literature review	To demonstrate how nursing presence can be fostered in a health care system to improve patient satisfaction and "the bottom line",	Survey of nursing research through various databases.	The developed Nursing Presence Grid should be incorporated into nursing practice.  Patient's satisfaction was increased through caring behaviors and nurses benefit from this as well.  Caring behaviors were not intrinsic and needed to be developed.  Communication was the most important element to nursing presence.  Other elements that fostered nursing presence included aid, comfort, and empathy to the patient.	Nursing presence has its advantages and should be encouraged in nursing practice.

Citation	Country	Research Design and Sample	Research Aim	Research method or measurement tool	Conclusions	Implications to Nursing
Henderson, A., Van eps, M.A., Pearson, K., James, C., Henderson, P., & Osborne, Y. (2007). 'Caring for' behaviours that indicate to patients that nurses 'care about' them. <i>Journal of Advanced Nursing</i> , 60(2), 146-153.	Australia	Qualitative study  Convenience Sample for the observation phase consisted of 35 participants in patient-nurse interactions.  Purposive sample for the questionnaire consisted of 31 participants.	To explore patient's perceptions about nurse caring behaviors.	'Observation and questionnaires	Nurses should listen to their patient's requests and needs.  Nurses should provide explanation of the health care their patients will receive and what they should expect on their nurse's shift.  Nurses should prioritize their tasks and manage their time effectively.	Patient satisfaction is likely to increase when nurses explain to patients what they should expect from their care and consider the patient's requests outside of "the immediate care regimen" (p. 152).
Karlsson, M., Bergbom, I., von Post, I., Berg-Nordenberg, L. (2004). Patient Experiences when the nurse cares for and does not care for. <i>International Journal for Human Caring</i> , 8(3), 30-36.	Norway	Qualitative study  Convenience Sampling of 23 participants	To understand the experience of a patient when they perceive the nurse "cares for" or "does not care for" him or her.	Written responses to predetermined questions.	The patients perceived being cared by the nurse when they felt the nurse acted in a way that relieved suffering.  Conversely, if the nursing care behavior increased suffering then, it is viewed by the patient as the nurse "does not care for" him or her.	Provides insight to patient's expectations and perceptions of being cared for or not being cared for to allow nurses the opportunity to adapt and change according to a patient's individual needs.
Larrabee, J. H., & Bolden, L. V. (2001). Defining patient-perceived quality of nursing care. <i>Journal of Nursing Care Quality</i> , 16(1), 34-60.	United States	Qualitative, descriptive study  Convenience Sample of 199 hospitalized adults	To identify what constitutes nursing care quality from the hospitalized patient's perspective.  To find similarities and differences among other studies researching the same subject matter and using different care measurement tools.	Interviews conducted.	The results indicated that different ethnicities may view quality nursing care differently.  The themes identified in this study, were also identified in most other studies, despite different use of care measurement tools.	Health care institutions should consider selecting a patient satisfaction measurement tool that coincides with the expectations of their patient populations.

Citation	Country	Research Design and Sample	Research Aim	Research method or measurement tool	Conclusions	Implications to Nursing
McCabe, C. (2002). Nurse-patient communication: an exploration of patients' experiences. <i>Journal of Clinical Nursing, 13</i> , 41-49.	Ireland	Qualitative study  Purposive sample of 8 patients	To explore how patients perceive nursing staff communication.	Interviews conducted.	Nurses most often used a task-centered approach when communicating with patients and results in poor communication.  Patient-centered communication was most desired by patients and nurses should use this type to effectively communicate with patients.	Health care personnel should consider patient-centered communication to increase patient's perception of quality health care.
Palese, A., Tomietto, M., Suhonen, R., Efstathiou, G., Tsangari, H., Merkouris, A.,...Papastavrou, E. (2011). Surgical patient satisfaction as an outcome of nurses' caring behaviors: A descriptive and correlation study in six European countries. <i>Journal of Nursing Scholarship, 43</i> (4), 341-350.	Cyprus  Czech Republic  Greece  Finland  Hungary  Italy	Multicenter correlation design  Convenience sample of 1,565 patients	To investigate if a correlation exists between patients' perceptions of caring and patients' satisfaction.  To investigate patients' responses and determine if differences or similarities exist across multiple countries.	Caring Behaviours Inventory (CBI-24 items) -shortened version  Patient Satisfaction Scale (PSS; 11 items)	A correlation was found between patient satisfaction and caring behaviors that were statistically significant.	Staying abreast of data that provides clues to patient satisfaction can allow for better decisions to take place in health care systems with regards to nursing care practice.
Schmidt, L. A. (2003). Patients' perceptions of nursing care in the hospital setting. <i>Journal of Advanced Nursing, 44</i> (4), 393-399.	United States	Qualitative study  Convenience sample of 8 participants	To explore recently discharged patients' feelings of nursing care received during their hospital stay.	Interviews conducted.	Patients wanted individualized care and wanted to feel safe.  Patients wanted adequate explanation of the care they were receiving.  Patients wanted more timely and sensitive care.	There needs to be more focused placed on patient's perceptions about nursing care to facilitate increase in patient satisfaction measures and improvements.
Sorlie, V., Torjuul, K., Ross, A., & Kihlgren, M. (2006). Satisfied	Sweden	Qualitative study  Sample: 10 patients	To highlight the experiences of patients and how they felt cared	Interviews conducted.	This study found a relationship between vulnerability and patient satisfaction.	Nursing care should be tailored to the individual.

Citation	Country	Research Design and Sample	Research Aim	Research method or measurement tool	Conclusions	Implications to Nursing
patients are also vulnerable patients- narratives from an acute care ward. <i>Journal of Clinical Nursing, 15, 1240-1246.</i>			for in an acute care setting.		Different demographics reflected differently about death while in the health care setting.  This study emphasized that people of all ages have unique experiences and care should be tailored to the individual.	
Sossong, A., & Poirier, P. (2013). Patient and nurse perceptions of caring in rural United States. <i>International Journal of Human Caring, 17(1), 79-85.</i>	United States	A comparative cross-sectional descriptive study  Sample: 216 Registered nurses and 228 patients	To identify if differences exist between patients' and nurses' perception of caring.	CBI-Elderly (CBI-E)	The perceptions of patients scored less than nurses, but were not statistically significant.  Overall the ratings of patients' and nurses' was high, but there were some differences noted in individual elements of the CBI-E.	Nurses need to strive to care for their patients in the way they perceive care.
Suhonen, R., Papastavrou, E., Efstathiou, G., Tsangari, H., Jarosova, D., Leino-Kilpi, H., ...Merkovris, A. (2012). Patient satisfaction as an outcome of individualised nursing. <i>Scandinavian Journal of Caring Sciences, 26, 372-380.</i>	Czech Republic Cyprus Finland Greece Hungary	A cross-sectional design and survey method  Convenience sample of 1,315 patients	To examine if a relationship exists between individualized care and patient satisfaction.	Individualised Care Scale (ICS)-2 parts A & B  Patient Satisfaction Scale (PSS)	There was a positive correlation found between individualized care and patient satisfaction.	There are benefits to patient-centered care and nurses need to identify ways this type of care.

Citation	Country	Research Design and Sample	Research Aim	Research method or measurement tool	Conclusions	Implications to Nursing
Usher, K. & Monkley, D. (2001). Effective communication in an intensive care setting: nurses' stories. <i>Contemporary Nurse, 10</i> (1-2), 91-101.	United States	Qualitative study  Sample/Sampling method: 10 RNs Purposeful sampling- senior staff collaborated by giving names of staff they thought were effective at communicating with their pts.	To explore and record nurses perceived effective communication skills with intensive care unit patients.	Interviews conducted.	Nurses perceived effective communication as an essential skill in the intensive care unit.  Nurse's experiences suggest that patients responded favorably to effective communication.  Insight from patient's perceptions is needed to determine the constituents of effective nurse communication.	Nurses should be aware of the type of communication they portray to their patients and strive for efficient and caring communication.
Williams, S. (1998). Quality and care: patients' perceptions. <i>Journal of Nursing Care Quality, 12</i> (6), 18-25.	United States	A cross-sectional, correlation study  Sample: 94 hospitalized medical patients and 165 outpatients	To identify patient perceptions of quality nursing and nursing care.	Holistic Caring Inventory (HCI)	In all 3 studies, patients perceived more physical and sensitive care nursing, which involves listening the pts and showing concern for their needs  Patients placed more emphasis on individualized care that made them feel like someone was listening to them and was accepting of them.  Patients are able to tell the difference between interpersonal qualities of nurses.	Nurses must view caring from the patient's perspective in order for patients to perceive quality care.

## REFERENCES

- Adams, E. (1980). *To be a Nurse*. Toronto; Philadelphia: W.B. Saunders.
- Berg, L., & Danielson, E. (2007). Patients' and nurses' experiences of the caring relationship in hospital: an aware striving for trust. *Scandinavian Journal of Caring Science*, 21, (500-506).
- Burhans, L. M, & Alligood, M. R. (2010). Quality nursing care in the words of nurses. *Journal of Advanced Nursing*, 66(8), 1689-1697.
- Carper, B. (1978). Fundamentals patterns of knowing in nursing. *Advances in Nursing Science*, 1(1), 13-23.
- Chinn, P. L., & Kramer, M. K. (2011). *Integrated Theory and Knowledge Development in Nursing* (8<sup>th</sup> ed.). St. Louis, MO: Elsevier.
- CMS.gov. (n.d.) Retrieved from <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html>
- Dossey, B. M., & Guzzetta, C. E. (2005). Holistic Nursing Practice. In B. M. Dossey, L. Keegan, & C. E. Guzzetta (Eds), *Holistic nursing: A handbook for practice* (pp.5-30). Sudbury, MA: Jones and Barlett.
- Ervin, N. E. (2006). Does patient satisfaction contribute to nursing care quality? *The Journal of Nursing Administration*, 36(3), 126-130.
- Essen, L. V., & Sjodén, P-O. (1991). Patient and staff perceptions of caring: review and replication. *Journal of Advanced Nursing*, 16, 1363-1374.
- Godkin, J., Godkin, L. & Austin, P. (2002). Nursing presence, patient satisfaction, and the bottom line. *Journal of Hospital Marketing & Public Relations*, 14(1), 15-33.

Henderson, A., Van eps, M.A., Pearson, K., James, C., Henderson, P., & Osborne, Y. (2007).

‘Caring for’ behaviours that indicate to patients that nurses ‘care about’ them. *Journal of Advanced Nursing*, 60(2), 146-153.

Institute of Medicine. (2001). *Crossing the Quality Chasm : A New Health System for the 21st Century*. [eBook collection (EBSCO host)]. Retrieved from

<http://eds.b.ebscohost.com.ezproxy.net.ucf.edu/ehost/results?sid=ae318d88-ac67-457c-ac7d-a2c30e2c4d11%40sessionmgr107&vid=18&hid=117&bquery=%28crossing+AND+the+AND+quality+AND+chasm%29&bdata=JmRiPW5sZWJrJmNsaTA9TkwmY2x2MD1ZJnR5cGU9MCZzaXRIPWVob3N0LWxpdmU%3d>

Karlsson, M., Bergbom, I., von Post, I., Berg-Nordenberg, L. (2004). Patient Experiences when the nurse cares for and does not care for. *International Journal for Human Caring*, 8(3), 30-36.

Larrabee, J. H., & Bolden, L. V. (2001). Defining patient-perceived quality of nursing care. *Journal of Nursing Care Quality*, 16(1), 34-60.

McCabe, C. (2002). Nurse-patient communication: an exploration of patients’ experiences. *Journal of Clinical Nursing*, 13, 41-49.

Palese, A., Tomietto, M., Suhonen, R., Efstathiou, G., Tsangari, H., Merkouris,

A.,...Papastavrou, E. (2011). Surgical patient satisfaction as an outcome of nurses’ caring behaviors: A descriptive and correlation study in six European countries. *Journal of Nursing Scholarship*, 43(4), 341-350.

Patient Experience Infographic. (2015). *The Beryl Institute*. Retrieved from

<http://www.theberylinstitute.org/?StatePXInfographic15>

- Press, I. (2002). *Patient Satisfaction: Defining, Measuring, and Improving the Experience of Care*. [eBook collection (EBSCO host)]. Retrieved from <http://eds.b.ebscohost.com.ezproxy.net.ucf.edu/ehost/detail/detail?vid=17&sid=ae318d88-ac67-457c-ac7d-a2c30e2c4d11%40sessionmgr107&hid=117&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#AN=72544&db=nlebk>
- Press Ganey (2013). Performance Insights. The rising tide measure: Communication with nurses. [White Paper]. Retrieved from [http://images.healthcare.pressganey.com/Web/PressGaneyAssociatesInc/Communication\\_With\\_Nurses\\_May2013.pdf](http://images.healthcare.pressganey.com/Web/PressGaneyAssociatesInc/Communication_With_Nurses_May2013.pdf)
- Press Ganey (2016). *Performance Redefined: As Health Care Moves from Volume to Value, the Streams of Quality are Coming Together*. [White Paper]. Retrieved from [http://images.healthcare.pressganey.com/Web/PressGaneyAssociatesInc/%7B55d1ae8a-abf4-4c61-bec5-8984437ccfe2%7D\\_PG\\_2016\\_Strategic\\_Insights\\_Performance\\_Redefined.pdf](http://images.healthcare.pressganey.com/Web/PressGaneyAssociatesInc/%7B55d1ae8a-abf4-4c61-bec5-8984437ccfe2%7D_PG_2016_Strategic_Insights_Performance_Redefined.pdf)
- Schmidt, L. A. (2003). Patients' perceptions of nursing care in the hospital setting. *Journal of Advanced Nursing*, 44(4), 393-399.
- Shea, S. C. (1998). *Psychiatric interviewing: The art of understanding: a practical guide for psychiatrists, psychologists, counselors, social workers, nurses, and other mental health professionals* (2<sup>nd</sup> ed). Philadelphia, PA: Saunders.
- Sorlie, V., Torjuul, K., Ross, A., & Kihlgren, M. (2006). Satisfied patients are also vulnerable patients-narratives from an acute care ward. *Journal of Clinical Nursing*, 15, 1240-1246.
- Sossong, A., & Poirier, P. (2013). Patient and nurse perceptions of caring in rural United States. *International Journal of Human Caring*, 17(1), 79-85.



- Suhonen, R., Papastavrou, E., Efstathiou, G., Tsangari, H., Jarosova, D., Leino-Kilpi, H.,...Merkouris, A. (2012). Patient satisfaction as an outcome of individualized nursing. *Scandinavian Journal of Caring Sciences*, 26, 372-380.
- The Beryl Institute. (2015). Patient Experience Infographic. Retrieved from <http://www.theberylinstitute.org/?StatePXInfographic15>
- Usher, K. & Monkley, D. (2001). Effective communication in an intensive care setting: nurses' stories. *Contemporary Nurse*, 10(1-2), 91-101.
- Watzlawick, P., Helmick Beavin, J., & Jackson, D. D. (1967). *Pragmatics of human communication: a study of interactional patterns, pathologies, and paradoxes*. New York: W. W. Norton & Company. Inc.
- White, J. (1995). Patterns of knowing: review, critique, & update. *Advances in Nursing Science*, 17 (4), 73-86.
- Williams, S. (1998). Quality and care: patients' perceptions. *Journal of Nursing Care Quality*, 12(6), 18-25.