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Perceived level of satisfaction among persons with mental illness served by academic nurse managed centers

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PERCEIVED LEVEL OF SATISFACTION AMONG PERSONS WITH MENTAL
ILLNESS SERVED BY ACADEMIC NURSE MANAGED CENTERS

A Thesis

Presented to

The Faculty of the School of Nursing
San Jose State University

In Partial Fulfillment

of the Requirements for the Degree
Master of Science

by

Mary E. Meyer

May 1995

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ABSTRACT

PERCEIVED LEVEL OF CONSUMER SATISFACTION AMONG PERSONS WITH MENTAL ILLNESS SERVED BY ACADEMIC NURSE MANAGED CENTER

by Mary Meyer

This thesis describes consumer satisfaction with student rendered nursing care received at an academic Nurse Managed Center. Employing a descriptive survey research design and personal interview, data were collected from a sample of persons (N=10) with serious and persistent mental illness living in an urban community served by an academic nurse managed center. Services were evaluated in three domains.

The analysis revealed a high level of consumer satisfaction in trusting and educational relationships, and technical-professional competence developed in the context of student rendered care. Further reliability and validity testing of the tool is indicated. Review of the results has provided the specific recommendation that faculty emphasize the assessment of sleep and rest cycles, and alteration in elimination patterns as a basic component in students' nursing assessment of consumers.

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Chapter 1

INTRODUCTION

Background

Diminishing resources and programs, coupled with increasing need and demand, characterize a crumbling health care system. Nurses as primary health care providers can offer a safety net of support and maintenance to vulnerable populations at risk. Nurse Managed Centers (NMCs) provide an appropriate setting for these providers, offering timely intervention, therefore preventing later more costly and complicated emergency or crisis intervention.

NMCs operated by the San Jose State University (SJSU) School of Nursing offer primary health care services in a variety of community settings. These academic centers are managed by faculty and staffed by undergraduate and graduate students enrolled in the School of Nursing. Nursing services and classes include, but are not limited to, home visits, health education and maintenance classes, age related changes, socialization experiences, psychoeducational activities, assessment and evaluation of health status, blood pressure screenings, foot care, stress management, sleep, rest and exercise classes, managing illness, medication teaching, and information and referral to other services within the community.

Continuous Quality Improvement (CQI), as integrated within Total Quality Management (TQM), provides a framework for the operation of the NMCs, supporting the development and delivery of quality services. As a strategy for involving consumers in the evaluation process, client satisfaction surveys have been conducted with a population of frail elderly living in a retirement home setting, and in a small local city. However, no client satisfaction survey has been conducted with the community dwelling persons with serious and persistent mental illness served by the NMC in the urban setting.

Problem Area

Although much has been written about client satisfaction in response to general health care services, there is little published relating specifically to client satisfaction among consumers of mental health services (Sheppard, 1993). Persons with mental illness are discounted in many ways. Consumers of mental health services are rarely consulted as to whether services received have been helpful or satisfactory. Outcome measures documenting the effectiveness of services provide an important measure of quality. Of importance also is the need to study perceptions and response of persons with serious and persistent mental illness to services and programs they have received. There is also little written

regarding client satisfaction with student rendered care received through an academic NMC (Andresen & McDermott, 1992) Evaluation of the effectiveness of this mode of care is important to both consumers and the NMC students and faculty providers.

Purpose of the Study

This study is similar to one that was done earlier with community dwelling elderly served by one of the academic NMCs. The purpose of this study is to determine the level of client satisfaction with health care services delivered by nursing students serving a population of persons with serious and persistent mental illness living in an urban setting near a large public university.

There are several important reasons for this study to be conducted. The NMCs will gain information that can be helpful in identifying areas of strength and weakness in the delivery and effectiveness of health care services. The framework of TQM and process of CQI used by the NMCs demands a consumer centered focus and consumer involvement in all stages from planning to evaluating care received. Quality of care is dependent on client satisfaction. The empowerment of consumers through active participation in the evaluation process is a skill that can extend to other areas of their lives, furthering rehabilitation and healing.

Thus, the evaluation process benefits both provider and consumer of the service.

Research Question

What is the level of satisfaction of community dwelling persons with a serious and persistent mental illness with student delivered health care services received through the SJSU sponsored NMCs?

Definition of Terms

For this study, the following terms are described:

1. Nurse Managed Centers (NMCs) may be understood to be the on site (within the residential care facility) clinical setting where the faculty, graduate, and undergraduate students of the SJSU School of Nursing provide psychosocial support, health assessment, health teaching, psychoeducational activities, and other services to clients.

2. Client satisfaction may be defined as the extent to which aspects of the care received by consumers meet, complete, and satisfy the consumers' needs and wants.

3. As a population addressed by this study, community dwelling persons with serious and persistent mental illness are those non-institutionalized individuals who receive health care services from School of Nursing students working in the NMCs.

4. Consumer refers to an individual person, or the collective population receiving services.

Summary

This study employs a client satisfaction survey, the process of CQI, and the active participation of NMC consumers in order to meet several goals. This research will further an assessment of consumer satisfaction in the varied populations currently served by the SJSU NMCs. Results gathered indicating the level of satisfaction can be used to improve the health care services and programs offered by the NMC. The community dwelling individuals with serious and persistent mental illness served by this NMC will be affirmed as responsible consumers and participants within the health care system. Thus, both parties will benefit from the project.

Chapter 2

CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

Introduction

Consumers and providers involved in this study have a reciprocal relationship on many levels. The NMCs offer supportive services that contribute to the well-being of vulnerable individuals in the community. While consumers receive services, they also contribute to the planning and evaluation of those services. As an underrepresented group in research, persons with serious and persistent mental illness have been discounted, ignored, or excluded. Their inclusion as viable participants can contribute toward more appropriate and accurate research (Larson, 1994). By their presence and partnership, consumers also contribute significantly to the learning environment for students.

Conceptual Framework

The SJSU faculty managed NMCs have adopted quality management of health care services as a framework for the delivery of care. CQI as an integral part of nursing practice offers a context for adaptation and change. Skills needed for the implementation of this framework are critical thinking, communication, conflict resolution, negotiation, and problem solving techniques. Faculty, students, and clients of the School of Nursing's NMCs work in partnership

with one another utilizing these skills to effect quality health care delivery and satisfactory consumer outcomes (J. Monahan, personal communication, September 9, 1993).

The process of CQI emerged from the Total Quality Management (TQM) philosophy developed by W. E. Deming (Deming, 1986). Although this program originated in the United States, American business and industry were initially not interested in implementing Deming's philosophy of management. However, it was well received in post World War II Japan where it influenced the development of business management systems, and has been credited with the development of world market success. Although initiated in business and industry, TQM has broad application potential to areas of service, education, and government (Arikian, 1991).

The TQM focus is on the individual member of a team, emphasizing knowledge, accountability, and responsibility. The active assumption is that employees have in-depth knowledge, are valuable, and are creative. Individuals are expected to be risk-takers, and are believed to be capable of improving both product and process. TQM utilizes a team approach, with emphasis on both horizontal and vertical communication. There is a clear commitment to the process of continuous quality improvement (Deming, 1986).

The TQM principles of CQI may be applied to health care delivery. Defining quality involves not only technical or tangible treatment and services, but interpersonal interaction as well. "In health care, the product is a service that is intangible and cannot be dissociated from the production process or person providing the service" (Dienemann, 1992, p. 20). Quality has characteristics of effectiveness, efficiency, balance of cost and benefit, acceptability to the consumer, compatibility with values, and fairness (Donabedian, 1992).

Ongoing monitoring and evaluation of quality are essential components of TQM. In today's health care system, the monitoring of quality indicators is important for systems, providers, and consumers (Goodman, Brown, & Dietz, 1992). According to Brooks, "the motivation to seek improvements based on a genuine commitment to improved patient outcomes and services is critical to psychiatric care delivery" (Brooks & Verhey, 1994, p. 43). This process cannot occur without active and direct partnership with the client consumer.

TQM offers the opportunity to re-create the environment, involving the whole team, in this case the School of Nursing faculty, students, and client consumers. The NMCs implement CQI through structure, process, and outcome (Figure 1). The structured setting involves

SAN JOSE STATE UNIVERSITY DEPARTMENT OF NURSING

NURSE MANAGED CENTERS
TOTAL QUALITY MANAGEMENT PROGRAM

	STRUCTURE	PROCESS	OUTCOME
CLIENT	CLIENT CONTACT FORM (DEMOGRAPHIC DATA)	NURSING DIAGNOSIS MARKETING SURVEY	CLIENT SATISFACTION SURVEY FUNCTIONAL STATUS: *SOCIAL HEALTH *ECONOMIC HEALTH *MENTAL HEALTH *PHYSICAL HEALTH *ADLS
PROVIDER	FACULTY; BS & MS STUDENTS PHYSICIAN CONSULTATION	NURSING INTERVENTION INTENSITY OF TIME	STUDENT PERFORMANCE FACULTY PERFORMANCE EVALUATION FACULTY TURNOVER
SETTING	NURSE MANAGED CENTERS STANDARDS OF CARE POLICY/PROCEDURE MANUALS UNIVERSITY RESOURCES & CONSTRAINTS COMMUNITY AGENCIES	TQM COMMITTEE MEETINGS PROCESS MANAGEMENT GROUPS	STANDARDS OF CARE REVISIONS RISK MANAGEMENT COSTS OF SERVICE

Figure 1. Structural model of the relationship of structure, process, and outcome as utilized in the SJSU NMC's Total Quality Management Program.

university resources, policies, standards of care, as well as community resources, health care professionals, and agency providers. The process of delivering care that takes shape in exchange relationships between the health care providers and consumers contributes toward quality outcomes, and maintains the CQI consumer-centered focus. The evaluation process leads toward outcomes of health maintenance, improved function, improved self-esteem, and increased life satisfaction (Gorenberg, Cohen, & Holzemer, 1992).

Client Satisfaction

Because of rapid and unsettling changes in the health care system, and ever increasing competition for limited resources and dollars, health care systems must provide a service that satisfies their client consumers. Evaluation of services and client satisfaction is an important component of quality care. Therefore, nursing and other health care providers must acknowledge the importance of client satisfaction to health care delivery (McDaniel & Nash, 1990). Client satisfaction is both a goal and an outcome measure.

Little research has been conducted relating to client and consumers' perceptions of mental health services and treatment. Clients' views "have rarely been sought" (Sheppard, 1993, p. 246). While there may be many reasons

for this neglect, ranging from the perception that the mental illness may impair the individual client's ability to evaluate, to time constraints, provider's resistance, or lack of interest, client feedback is both appropriate, important, and necessary.

Studies have shown that persons with serious and persistent mental illness have a higher rate of physical illness than the general population (Worley, Drago, & Hadley, 1990). This population is more vulnerable, both to exacerbation of underlying mental illness and crisis in physical health, because of the characteristics that often accompany mental illness: a fragmented sense of self, an inability to concentrate or focus, disorganization in thought and relationship, vulnerability to distraction (Harris & Bergman, 1987). This precarious and fragile health status requires attention and support from health care programs and providers in order to maintain trust with clients and enable access to necessary services.

A study done in southern England indicated the importance of client's perceptions of and satisfaction with services (Sheppard, 1993). In a research study done with the homeless mentally ill in St. Louis, consumers were able to report a decrease in psychiatric symptoms, increased self-esteem, and interpersonal adjustment as a result of

their involvement in a community based treatment program (Morse, Calsyn, Allen, Templehoff, & Smith, 1992).

A program begun in Pennsylvania by the Office of Mental Health, promoted the involvement of consumers in mental health services, as both recipients and providers. Client satisfaction interviews and focus groups clearly demonstrated the ability of these consumers to evaluate the services they received, as well as provide suggestions for improved and additional services (Kaufmann, Ward-Colasante, & Farmer, 1993).

In a comparison study of consumer and staff surveys of client satisfaction, although both reported high levels of client satisfaction, areas evaluated by consumers indicated less satisfaction (Polowczyk, Brutus, Orviets, Vidal, & Cipriani, 1993). Apart from the direct findings, an important point to note is the ability of an individual with serious and persistent mental illness to participate at multiple levels in the process of client satisfaction research.

Summary

As an underrepresented population in evaluation research, persons with serious and persistent mental illness are critically important, especially in studies that attempt to examine their level of satisfaction with programs and services delivered to them. Their participation and

partnership is an essential component of the CQI approach. The active participation of consumers in the evaluation process provides a feedback loop that benefits both consumers and providers.

Chapter 3

RESEARCH DESIGN AND METHODOLOGY

Research Design

This study is descriptive in design, and uses a survey questionnaire to gather data. Descriptive designs are frequently used in areas of health and human services to yield descriptive knowledge of population parameters and relationships (DePoy & Gitlin, 1994, p. 78). The tool was developed by faculty of an academic nurse managed center at a large midwestern university in an urban setting (Andresen & McDermott, 1992). Adapted for use in this setting by a change in the name of the sponsoring university, the tool was selected to further information gathering from populations served by the NMCs. Information gathered from the survey helps to describe the level of client satisfaction with care and services delivered by the academic NMCs.

Setting and Sample

The setting for this study involved a NMC affiliated with a large state university in Northern California, and two board and care homes which serve a population of persons with serious and persistent mental illness living in the community. One residence (S-1) is located in an urban setting within walking distance of the university, and the

other residence (S-2) is located in a more suburban area of the same city. Consumers receive services from nursing students on-site in their residence. S-1 has several large common living areas and an outdoor patio where classes, meetings, activities and individual meetings are held. S-2 has similar facilities including a classroom and garden areas. S-2 also provides a setting for a community agency sponsored day treatment and rehabilitation program in which students participate.

A list of student-consumer contacts was obtained from faculty in the NMC to identify potential subjects. Meetings were held with managers of both boarding homes to introduce the nurse researcher, explain the project, and seek assistance in recruitment of subjects. The manager at S-1, and the intake coordinator at S-2 helped in location of subjects, and clarification of legal status of potential consumer-subjects. Consumers who had moved away from the boarding homes, those who were actively psychotic, or those posing threat of physical violence were excluded from the study.

A convenience sample of 14 was obtained by individual contact with consumer subjects by the nurse researcher. Individuals were approached on a one to one basis, the project was explained, and then the consumer was invited to participate in the individual interview. A total of 13

interviews were completed, 9 at S-1, and 4 at S-2. Clients signed both university and community agency consent forms. Two clients refused to sign consents ("I don't do paper, you must only talk to me!"), but gave verbal permission, and insisted on doing the interview. One client wanted to sign consents, but later refused to do the interview. This approach differed from an earlier NMC study in which the nurse researcher recruited in a large group setting, and then mailed questionnaires to individual consumers for completion and return (McKinstry, 1994).

Human Subjects Approval

An initial meeting with the executive director of the community agency sponsoring the boarding homes was held in July of 1994 to secure permission to use the homes as a site for this project. The letter giving permission for the project was included in the application to the SJSU Human Subjects Institutional Review Board. Approval from the SJSU Human Subjects Institutional Review Board (Appendix A) was received in October of 1994, and recruitment began in November 1994.

Instrument

The instrument used was one developed by Andresen and McDermott at the Marcella Niehoff School of Nursing at Loyola University, Chicago (Andresen & McDermott, 1992). It is a 34 item survey questionnaire (Appendix B), and was used

with permission of the authors. Although the instrument does not have a title, it was adapted for use with insertion of the name of this university and school of nursing.

The questionnaire evolved from an instrument developed by Risser in 1975 that measured patient satisfaction with nurses and nursing care in primary care settings (Risser, 1975). Andresen and McDermott adapted Risser's instrument for the home visit setting, adding demographic information, and questions relating to the clients' interaction with, or referral to community services (Andresen & McDermott, 1992).

Reliability and Validity

A reliability coefficient of Cronbach's alpha of .91 was reported for the original instrument (Risser, 1975). Content validity of the revised tool was established after evaluation by other doctorally prepared community health nursing faculty (Andresen & McDermott, 1992, p. 21). No further information on reliability or validity was available.

Content of the Questionnaire

The questionnaire includes three subscales that measure the interpersonal and technical aspects of nursing care. They are: (a) trusting relationship, (b) educational relationship, and (c) technical-professional. The trusting relationship subscale addressed consumers' perceptions of the nurses' interest in their welfare, and the nurses'

sensitivity. The educational relationship subscale addressed consumers' experience and perceptions of the nurses' explanations and instructions. The technical-professional subscale addresses the competency of nurses in providing care to consumers. There are a total of 34 items. Responses are given on a Likert-type scale of 1-4. The numerical value of responses is: (1) never, (2) sometimes, (3) always, and (4) does not apply.

Demographics

Additionally, the survey collects data on age, gender, marital status, living arrangements, length and frequency of nurse visits, and means of referral to the nurse managed center. Included too were three questions pertaining to consumers' perceptions of students' qualifications, primary care doctor support, and suggested monetary value of student visits.

Data Analysis

Copies of each questionnaire were statistically analyzed to obtain frequency and percent scores for each item. Descriptive statistical procedures were used to compute sample characteristics. Responses to open ended questions were recorded, coded, and categorized.

Chapter 4

ANALYSES AND INTERPRETATION OF DATA

Introduction

The purpose of this study was to describe the level of client satisfaction in persons with serious and persistent mental illness receiving student rendered health care services from the SJSU sponsored academic NMCs. The inclusion of consumers in the planning and evaluation of health care is a key component of CQI.

This chapter is a summary of the data collected from surveys and personal interviews with consumers who had received care from student nurses. The first section describes demographics of the sample. Following sections discuss response to the three subscales of the client satisfaction survey. The total number of interviews completed was 13. However, only the data from the ten interviews completed at S-1 were analyzed. One of the interviews conducted at S-2 was included as a S-1 interview because that individual had lived at, and received NMC services at S-1 prior to the interview. A decision was made to exclude the three interviews from S-2 due to the small amount of data provided.

Demographics

Data were collected which identified age, gender, marital status, living situation, and ethnicity. The subjects' ages ranged from 31 to 62 years, with the majority (40%) in the age range of 43-49 years (Table 1). The mean age of the respondents was 48.4 years.

Table 1

Subject Age Categories by Frequency and Percent (N=10)

Age Category	n	%
31-37	2	20
43-49	4	40
56-57	2	20
60-62	<u>2</u>	<u>20</u>
Total	10	100

The respondents were primarily female (80%). Marital status, displayed in Table 2, demonstrates that 60% of the sample was single (never married), and 40% divorced. None were currently married, and none had been widowed.

Living conditions for all subjects are the same. All are residents in a board and care home sponsored by a community mental health agency. Congregate meals are provided, and residents share common living areas. The respondents' ethnic diversity is reflected in Table 3.

Table 2

Subject Marital Status by Frequency and Percent (N=10)

Category	n	%
Single	6	60
Married	0	0
Divorced	4	40
Widowed	<u>0</u>	<u>0</u>
Total	10	100

Table 3

Subject Ethnic Identity by Frequency and Percent (N=10)

Category	n	%
Caucasian	6	60
African American	1	10
Hispanic	2	20
American Indian	1	10
Asian	0	0
Pacific Islander	<u>0</u>	<u>0</u>
Total	10	100

Consumers had been receiving student rendered care since the NMC had opened at S-1 in August of 1993, 1 1/2 years earlier. Visits from student nurses varied from one

to two times weekly, depending on the structure of student clinical assignments. All consumers were referred to the NMC by personnel in the board and care home, or the sponsoring community mental health agency. Only 2 consumers, (20%), reported that their primary care physicians were aware of their contact with the NMC. The structured living arrangement and referral process differed from earlier research done with consumers living more independently in the community (McKinstry 1994, Andresen & McDermott 1992). All consumers in this study, 10(100%), reported that they believed the student nurses were qualified to deliver the services they offered.

During the interview, a majority (70%) of consumers stated no difficulty with a new student nurse every 15 weeks. An expressed concern was not wanting to get anyone "in trouble" by any of their responses. A dissatisfaction expressed by a consumer was personal difficulty in not being able to understand one student's spoken English. The respondent said, "I don't like it when they keep coming back with the same question over, and over, and over. Can't they remember what I said?"

The final question in this area of the survey asked clients to place a monetary value on the student nurse visits. Currently there is no charge for student rendered

care. Of the 10 consumers in this sample, 6 (60%) were unable to specify a dollar amount from among the choices given. Of the 4 who were able to assign an amount, 2 (20%) assigned a value in the \$16-20 range, 1 (10%) in the \$21-25 range, and 1 (10%) in the \$1-5 range (this client commented that as "students, beginners really, they should start at minimum wage.").

Findings from the Questionnaire

Trusting Relationship Subscale

Items 1-10 measure the sensitivity of the student nurse toward consumers. The items contain a series of statements that attempt to assess the consumers' perceived level of student nurse interest in his/her general well-being. Table 4 demonstrates responses reflecting evident consumer satisfaction.

Consistent with McKinstry's (1994) findings , 90% of consumers stated that the nurse's presence was always reassuring (item 1). Perceived level of student nurse interest was 80%. All consumers interviewed perceived the student nurses as trustworthy. This is a slightly higher level (100%) than McKinstry's report of 92%. Consumers felt they were always treated in a respectful manner (90%), and

most (70%) always felt better after talking with a student nurse.

Table 4

Trusting Relationship by Frequency and Percent (N=10)

Items	Never		Sometimes		Always		DNA	
	n	%	n	%	n	%	n	%
Presence reassuring			1 (10%)		9 (90%)			
Showed interest			2 (20%)		8 (80%)			
Understood situation			7 (70%)		7 (70%)			
Free to talk about feelings	1 (10%)		6 (60%)		3 (30%)			
Trustworthy					10 (100%)			
Respectful			1 (10%)		9 (90%)			
Made me feel better			3 (30%)		7 (70%)			
Took too much time	8 (80%)		2 (20%)					
Imposed own ideas	10 (100%)							
Helpful, worthwhile			3 (30%)		7 (70%)			

Note. DNA means "does not apply".

Within this same subscale, Items 8, 9, and 10 also received positive response. All consumers believed that students did not impose their own ideas on them, most (80%)

did not take up too much of their time, and most (70%) believed the visits were always worthwhile.

Educational Relationship Subscale

The educational relationship subscale assesses consumers' perceptions of the students' abilities to explain and instruct. Consistent with findings by McKinstry (1994), and Andresen and McDermott (1992), consumers responded favorably. All consumers in this sample reported that student nurses checked to be certain that consumers understood what was said to them. However, 40% responded that questions pertaining to procedures and treatments did not apply. This reflects that student nurses do not deliver primary care services such as dressing changes, wound cleansing, infusion, feeding, respiratory treatments, or other direct care. Findings for this subscale are presented in Table 5.

Technical-Professional Competence Subscale

Items 16-34 in this subscale addressed the competency of student nurse delivered care and services. Each item contained a potential nursing intervention such as exercise, rest, safety, diet, referral to community resources, participation in recreation, or support with the physician's prescribed treatment. Subjects were asked to respond

whether or not they had received these interventions from the student nurses. The same patterned likert-type scale of response was available, including "does not apply".

Table 5

Educational Relationship by Frequency and Percent (N=10)

Items	Never		Sometimes		Always		DNA	
	n	%	n	%	n	%	n	%
Simple language			3	(30%)	7	(70%)		
Lack of continuity of care	1	(10%)	1	(10%)			8	(80%)
Clear expectations			1	(10%)	2	(20%)	7	(70%)
Demonstrated understanding					10	(100%)		
Answered questions			1	(10%)	5	(50%)	4	(40%)

Note. DNA means "does not apply".

A wide variety of response was gathered. Unlike McKinstry's findings, the "does not apply" response did not dominate. Two areas of universal "never" response among the sample were reported for students talking about religious and spiritual beliefs, and referrals to doctors, dentists,

etc. However, all subjects reported that student nurses had talked to them about recreational activity.

As expected, areas where student rendered care "did not apply" were in helping with physician ordered treatment (70%), and helping with personal care (40%). An area of frequent student intervention was exercise activity. Combining the "sometimes" and the "always" categories, response was 100% for this item. Again combining the "sometimes" and the "always" categories, other areas of frequent student intervention were in planning diet (80%), promoting safety (90%) and what to do in an emergency (80%), understanding medications (90%), skin care (80%), foot care (50%), living arrangements (50%), transportation (100%), and identifying community resources (80%). Only 40% of respondents reported any discussion about sleep problems or elimination. Most respondents (70%) reported no discussion of insurance.

Interpretation

Sample Characteristics

A profile of the sample revealed a varied population ranging in age from 31 to 62. Predominantly female and single, the sample is, however, ethnically diverse. All live in a residential care setting which provides congregate

meals and common living areas. Visits from student nurses had been occurring for 1 1/2 years on primarily a weekly basis.

All consumers had been referred to the NMC through the community agency sponsoring the board and care facility. This contact is independent of consumers' primary health care providers. All consumers stated that they felt the student nurses were qualified to provide the services they offered. The majority of consumers were unable to assign a monetary value to the students' services. Currently there is no charge for student rendered care.

Although this small sample was ethnically diverse, it was predominately female, and could not be considered representative of the entire population of persons with serious mental illness served by the NMC. Frequent difficulty with blurred vision, or limited literacy was accommodated for by the nurse researcher reading the survey with the individual consumer. Still excluded were the actively psychotic, the potentially violent consumer, and those who chose not to participate.

Trusting Relationship

Responses indicated that trusting relationships developed between consumers and student nurse providers.

Within the subscale, all described the student nurses as "always" trustworthy. The majority found the students' presence reassuring, and most felt free to talk about their feelings. The expressed feeling of some consumers that the students did not always understand them, makes sense in view of the devastating impact that serious mental illness has had in the lives of these consumers. An attitude of respect for consumers was reflected in the response of all that students never imposed their own ideas on consumers. These positive findings in this study are consistent with both the McKinstry (1994) study and the Andresen and McDermott (1992) study .

Frequent rotation of students at the NMCs may be of concern to faculty and consumers. A new group of students is rotated through the clinical placement every 15 weeks according to the academic calendar of the university. Most consumers (70%) indicated that this was not a problem area.

The presence of faculty on site in both NMC and board and care settings offers continuity for the consumer, and support for student nurses as they transition from the structure of an acute inpatient setting to the less structured community mental health setting. Faculty did assist students in developing communication skills and behaviors that enhance trust. The friendliness of students,

and their willingness to listen to consumers made a positive contribution toward building trust relationships.

Educational Relationship

Positive responses were reported by consumers describing their educational relationship with students. Only item 12 in the subscale was stated in negative language, and the large majority of consumers felt that the item "did not apply". This supports the overall positive quality of responses. Indicating careful attention by student nurse providers, all consumers reported that students always checked to see if what they said was understood.

In this setting, students worked with individual consumers as well as in larger group settings. This allowed students to develop and broaden communication and teaching skills which are an integral component of nursing practice. Students could intervene and address the needs of a specific population at risk within the community, utilizing principles of community health practice. Positive consumer evaluation of student rendered intervention indicates successful student performance, as well as a high level of consumer satisfaction.

Technical-Professional Competence

Interpretation of data from this subscale was difficult due to a broad variety of response. Also, it must be noted that in this setting students do not deliver primary hands-on nursing care. Thus, measuring possible interventions as listed by the subscale may not accurately reflect the type of student rendered care actually delivered. This finding confirms McKinstry's (1994) previous work.

Within the board and care setting, the NMC services are primarily those of psychoeducational and psychosocial support. Students work one-on-one with consumers addressing their individual health care concerns and needs. However, student nurses also work with consumers as a group for social, educational, and recreational activity. The frequency of the "sometimes" response reflects varied consumer choice and level of participation in what was available to them through the NMC. Overall response was positive to student offerings, indicating a high level of consumer satisfaction.

Some interventions such as safety and emergency response had been suggested or directed by staff at the board and care facility, enlisting student support to reinforce agency teaching. This is critical to the well

being of a population frequently burdened with confusion and limited attention. Most consumers reported a high level of participation.

Two interventions were noted as having never been performed. Discussion of religious and spiritual concerns did not occur. It is possible that this is related to student discomfort with the subject matter, or faculty or staff direction not to address an area that could provoke delusional thinking or acting out behavior.

According to consumer response, no referrals to physicians or dentists were made by student nurses. This is not necessarily a negative finding. Consumer health problems were discussed with both consumer and agency staff who would oversee the referral process if further evaluation or treatment were needed. Consumers involved in the program had been referred to the NMC by the community mental health agency, and had already established a network of community providers, many through county services or Medi-Cal. The surrounding community supplies a complex array of health care services, programs, and providers which may have been unfamiliar to students newly introduced to community health.

Summary

The client satisfaction survey developed by Andresen and McDermott (1992) was used with consumers of student rendered care at two university sponsored NMCs. Demographic data described a predominately female, but ethnically diverse sample ranging in age from 31 to 62. All were residents of a community board and care facility. Responses reflected a high level of consumer satisfaction on the trusting and educational relationship subscales. Overall response on the technical-professional subscale was positive, which also reflects a high level of consumer satisfaction.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Introduction

The purpose of this study was to determine the level of client satisfaction with student rendered care received through the academic sponsored NMC. The 10 consumers interviewed and surveyed represented persons with serious and persistent mental illness living in the community. These consumers had received services from students enrolled in a clinical practicum operating within a community mental health setting. Findings indicated a high level of consumer satisfaction with services received from the NMC.

Quality care is dependent upon client satisfaction (Donabedian, 1992). Study results reflect quality care as evidenced by the high level of consumer satisfaction. Studies have shown that persons with serious and persistent mental illness are more vulnerable to crises in physical and mental health (Harris & Bergman, 1987). Through establishing trust relationships and effective health teaching, student nurses have had a positive effect on the health status of these consumers.

The consumer centered process of CQI requires that consumers as well as faculty, students, and the community agency be involved in the evaluation of services delivered through the NMC. This is consistent with the structure, process, and outcome model of TQM used by the academic sponsored NMC to deliver care. Consumers, faculty, students, and the community agency work together in the system of planning, delivering, and evaluating care. The results of the study measured consumer satisfaction, as well as provided information which may be used to improve the program and services of the NMC.

Conclusions

A majority of consumers reported positive satisfaction on both trusting relationship and educational relationship subscales. All believed the student nurses to be trustworthy. All believed that the student nurses were qualified to deliver care. All reported that students checked to see if what they said was understood.

Responses on the technical-professional subscale reflect consumer choice, and level of participation in the program. Negative findings were not reported. However, the content of the subscale does not accurately represent the type of intervention and service unique to this NMC and its

setting. Additionally, pre-established networks of providers, and the sponsoring mental health agency of the board and care home assist consumers with health care needs and referrals. Thus, this intervention is provided, but not from a student source.

Other intervention on the technical-professional subscale measured direct care. None of the consumers required direct care, but did participate in classes related to diet, exercise, skin care, medications, etc. Consumers also worked with students on a one-on-one basis addressing individual needs and concerns.

Comparisons with Earlier Studies

A comparison of this study with Andresen and McDermott (1992) and McKinstry (1994) revealed similarity of response in many areas. Results from all studies reflect a high level of satisfaction with student rendered care. McKinstry (1994) reported that a majority of respondents (89%) indicated 17 of the 19 items on the technical-professional subscale "did not apply". However, this study setting was different than the other NMCs. This most likely offers an explanation for the variety of responses within the technical-professional subscale of this instrument.

Demographics of this study sample differ from the earlier studies. Andresen and McDermott (1992) reported a median age of 70, and McKinstry (1994) reported a mean age of 81. Mean age in this study was 49. Although also predominately female, this sample was ethnically diverse, and the living arrangements were more uniform and structured. Unlike the other studies, this study used a personal interview by the nurse researcher as a format for completing the survey, rather than independent completion and return by mail.

Scope and Limitations

This study was done with a small sample of consumers who represent a unique and vulnerable population of persons with serious and persistent mental illness. These consumers receive student rendered care from a NMC in an urban setting. The original goal of this study was to sample consumers from the two NMC sites which serve persons with serious and persistent mental illness. Time constraints contributed toward the difficulty of engaging consumers to whom the nurse researcher was unknown, and led to the decision to focus on S1, the more urban NMC. Therefore, while the consumer sample may be considered representative at many levels: community dwelling, ethnically diverse,

serious and persistent illness, the findings should not be generalized beyond the sample.

Differences in the two sites would have demanded separate analysis of the data in order to accommodate variances in program, age range, activity level, and living arrangements. The small sample size, and exclusion of interviews completed at S-2 while providing valid data, constitute a limitation of this study.

This study furthered the assessment and evaluation of consumers served by the academic NMCs. However, when the format of a personal interview was used to support timely completion and return of the survey, it may have increased the quality of consumer response. A concern exists related to the possible effect of researcher-respondent interaction on internal validity and reliability. Additionally, there had been no use of the instrument with a population of persons with serious mental illness.

Recommendations

This study described the perceived level of client satisfaction at an academic NMC. A review of the literature produced little research reported which related to client satisfaction with student rendered care. Additional research is needed to contribute to the body of literature

documenting the effectiveness of this form of health care delivery. Clearly, further reliability and validity testing of the instrument is needed. Adaptation of the instrument could more accurately reflect the type of intervention and service offered in this unique setting. Further study is needed to clarify client perception as to whether the services surveyed were not offered by the NMC, or were provided by other resources. Further study is needed to adapt this tool to the unique population served by this NMC.

Replication of the study at the other NMC serving persons with serious and persistent mental illness would make the findings more generalizable. It is recommended that periodic replication of the study at all NMCs be done in order to provide ongoing evaluation. It is recommended that faculty continue to involve consumers in the evaluation process.

A common problem experienced by persons with serious mental illness is a disturbance in sleep and rest patterns. Since only 40% of the respondents reported any discussion of this potential problem area with students, it is recommended that students be encouraged to include this area in basic nursing assessment of clients. Another basic nursing assessment concerns elimination. Persons with serious mental illness commonly experience alterations in

elimination patterns related to medication side effects. Because only 40% of respondents reported any discussion of this area with students, it is recommended that faculty emphasize the importance of this assessment component to students.

A special need was addressed by one consumer during the interview. A person with serious and persistent mental illness is at risk for impaired communication. This consumer was very satisfied with the program, but was frustrated by a student with limited English speaking skills who kept coming back with the same question repeatedly. In a widely diverse student population, faculty need to address this with some sensitivity, attending to the learning needs of the student, but also importantly to the well-being and comfort of the client.

Summary

Client satisfaction is an important component of quality care. Consumer satisfaction with health care services has a positive impact on compliance and thus on the consumer's well-being. Measurement of client satisfaction within the framework of TQM maintains the consumer focus of CQI and provides information necessary to improve the services and programs offered through the NMCs. Involvement

of faculty, students, consumers, and community agencies in the evaluation process benefits all parties.

While often demeaned, or excluded from research, persons with serious and persistent mental illness are able to participate effectively in the evaluation of health care services they have received. In an era of diminishing health care resources, the NMCs offer care, service, and support to vulnerable populations. Positive outcomes of improved health status, increased socialization, and participation as responsible consumers document the effectiveness of such alternative and non-institutional providers at the NMCs.

The establishment of trust relationships enhances and supports the well-being of consumers, and makes a positive contribution toward their health status. The NMCs allow a reciprocal relationship to develop between students and consumers, also enhancing the professional development of student nurses. The system of structure, process, and outcome used by the NMCs provides feedback for the evaluation of quality care. Continued commitment to this process of CQI provides a mechanism for NMCs to maintain effective and relevant care.

Results of this study reflect a high degree of consumer satisfaction with services at one academic sponsored NMC. Consumers report a high level of satisfaction with the trusting relationship, educational relationship, and technical-professional competence developed in the context of student rendered care.

This study described the level of client satisfaction with student rendered care in a unique setting with a vulnerable population. The high level of satisfaction reported is one indicator of quality care for the consumer of these services. Further research is indicated to document effective and quality care, to support continued provision of care to this population, and to maintain and improve relevant and effective services.

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APPENDIX A

Institutional Review Board Letter

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

TO: Mary E. Meyer, R.N.
1765 Hacienda Ave.
Campbell, CA 95008

FROM: Serena W. Stanford *Serena W. Stanford*
AAVP, Graduate Studies & Research

DATE: October 19, 1994

The Human Subjects-Institutional Review Board has approved your request to use humans subjects in the study entitled:

"Client Satisfaction in the Chronic Mentally Ill Served by a
SJSU Nurse Managed Center"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate, or withdrawal, will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact me at (408) 924-2480.

APPENDIX B
Questionnaire

**SAN JOSE STATE UNIVERSITY
SCHOOL OF NURSING**

**FOR THE FOLLOWING QUESTIONS PLEASE CIRCLE THE RESPONSE THAT MOST
DESCRIBES YOUR FEELINGS. USE THE FOLLOWING SCALE:**

1. NEVER 2. SOMETIMES 3. ALWAYS 4. DOES NOT APPLY

	<u>never</u>	<u>some times</u>	<u>always</u>	<u>does not apply</u>
1. The presence of student nurses was reassuring to me.	1	2	3	4
2. The student nurses showed interest in me.	1	2	3	4
3. The student nurses understood my situation.	1	2	3	4
4. I felt free to talk about my feelings with the student nurses.	1	2	3	4
5. The student nurses were trustworthy.	1	2	3	4
6. The student nurses treated me in a courteous and respectful manner.	1	2	3	4
7. Just talking to the student nurses made me feel better.	1	2	3	4
8. The student nurses took up too much of my time.	1	2	3	4

TECHNICAL/PROFESSIONAL AREA Contd.

	<u>never</u>	<u>some- times</u>	<u>always</u>	<u>does not apply</u>
9. The student nurses imposed their own ideas on me.	1	2	3	4
10. The student nurses visits were helpful and worthwhile.	1	2	3	4
- 11. The student nurses explained things to me in simple language that was easy to understand.	1	2	3	4
12. The student nurses asked a lot of questions; however, after he/she received the answers, nothing was done.	1	2	3	4
13. The student nurses explained all new procedures and treatments before they were done.	1	2	3	4
14. The student nurses checked to see if I understand what was said.	1	2	3	4
15. My questions about procedures and treatments were answered by the student nurses.	1	2	3	4
16. The student nurses helped me with the treatments that were ordered for me by the M.D.	1	2	3	4
17. The student nurses helped me with personal care (bathing etc.)	1	2	3	4

TECHNICAL/PROFESSIONAL AREA Cont.

	<u>never</u>	<u>some times</u>	<u>always</u>	<u>does not apply</u>
18. The student nurses helped me plan my diet.	1	2	3	4
19. The student nurses helped me with exercise activities.	1	2	3	4
20. The student nurses talked with me about elimination habits such as bowel movements and urination.	1	2	3	4
21. The student nurses helped me to promote and/or maintain safety in my home.	1	2	3	4
22. The student nurses taught me what to do in case of an emergency.	1	2	3	4
23. The student nurses helped me with understanding how to take my medications.	1	2	3	4
24. The student nurses talked with me about sleep problems.	1	2	3	4
25. The student nurses helped me to identify people in my home and/or community who could help me, such as family and friends.	1	2	3	4
26. The student nurses showed me how to take care of my skin.	1	2	3	4

TECHNICAL/PROFESSIONAL AREA Cont.

	<u>never</u>	<u>some times</u>	<u>always</u>	<u>does not apply</u>
27. The student nurses showed me how to take care of my feet.	1	2	3	4
28. The student nurses talked to me about my present and/or future living arrangements.	1	2	3	4
29. The nurse talked with me about my spiritual and religious beliefs.	1	2	3	4
30. The nurse talked with me about engaging in recreational or fun activities.	1	2	3	4
31. The student nurses discussed transportation to and from health care services.	1	2	3	4
32. The student nurses discussed insurance (Medicare).	1	2	3	4
33. The student nurses gave me referrals, if necessary, to doctors, dentists, etc.	1	2	3	4
34. The student nurses helped me to identify community resources.	1	2	3	4

IV. DATA:

(1) PLEASE LIST YOUR AGE: _____ Years

(2) PLEASE CHECK YOUR SEX:

_____ **Male**

_____ **Female**

(3) CHECK YOUR MARITAL STATUS:

_____ **Single**

_____ **Married**

_____ **Widowed**

_____ **Separated**

_____ **Divorced**

(4) DO YOU LIVE ALONE?

_____ **Yes**

_____ **No**

- (5) IF YOU DO NOT LIVE ALONE, WHO DO YOU LIVE WITH
(Check all that apply).

☐ Spouse	☐ Son
☐ Sister	☐ Daughter
☐ Brother	☐ Friend
☐ Mother	☐ Other
☐ Father	(Please explain)

- (6) HOW LONG HAVE SAN JOSE STATE UNIVERSITY NURSING
STUDENTS BEEN COMING TO YOUR HOME?

☐ 6 MONTHS OR LESS	☐ 2 YEARS
☐ 7 TO 12 MONTHS	☐ 3 YEARS
☐ 1 TO 1 & 1/2 YEARS	☐ 4 YEARS OR MORE

- (7) HOW OFTEN DID A SAN JOSE STATE UNIVERSITY NURSING
STUDENT COME TO SEE YOU?

☐ Twice a week	☐ Twice a month
☐ Once a week	☐ Once a month

- (8) HOW WERE YOU REFERRED TO THE SAN JOSE STATE NURSING SERVICE?

☐ Santa Clara County Handbook	☐ Home Health Nurse
☐ Social Worker	☐ Doctor
☐ Neighbor	☐ Other (Please explain)
☐ Family Member	_____

- (9) DOES YOUR DOCTOR KNOW THAT A SAN JOSE STATE UNIVERSITY NURSING STUDENT HAS BEEN VISITING YOUR HOME?

☐ Yes ☐ No

- (10) DO YOU THINK THE NURSING STUDENT IS QUALIFIED TO OFFER THE ASSISTANCE YOU NEED?

☐ Yes ☐ No

- (11) HAVE YOU BEEN HOSPITALIZED DURING THE PAST THREE YEARS?

☐ Yes ☐ No

IF YES, FOR HOW LONG _____

(12) HAVE YOU EVER STAYED IN A NURSING HOME DURING THE PAST THREE YEARS?

_____Yes

_____No

IF YES, FOR HOW LONG _____

(13) IN ADDITION TO OUR SERVICE, HAS ANY OTHER HOME HEALTH AGENCY PROVIDED SERVICES TO YOU IN THE PAST THREE YEARS?

_____Yes

_____No

IF YES, FOR HOW LONG _____

V. GENERAL

(1) I HAVE HAD TOO MANY VISITS FROM THE STUDENT NURSES.

_____Yes

_____No

(2) I HAVE HAD TOO FEW VISITS FROM THE STUDENT NURSES.

_____Yes

_____No

(3) WAS THERE ANYTHING THAT THE STUDENT NURSE SAID OR DID AT ANY TIME THAT YOU DID NOT LIKE?

_____Yes

_____No

PLEASE EXPLAIN _____

- (4) I FOUND IT DIFFICULT TO HAVE A NEW STUDENT NURSE EVERY 15 WEEKS.

_____ Yes

_____ No

PLEASE EXPLAIN _____

- (5) DID YOU EVER HAVE CONTACT (TELEPHONE OR PERSON) WITH A NURSE FACULTY MEMBER FROM THE NURSING CENTER?

_____ Yes

_____ No

- (6) IF IT WERE POSSIBLE, WOULD YOU LIKE THE NURSING STUDENT TO CONTINUE VISITING YOU?

_____ Yes

_____ No

- (7) ARE YOU AWARE THERE IS NO FEE FOR THEIR SERVICE AND WE ARE NOT PLANNING TO CHARGE; HOWEVER, WE ARE INTERESTED IN WHAT YOU FEEL THE VISIT BY THE STUDENT IS /WAS WORTH TO YOU?

_____ \$1-\$5

_____ \$16-\$20

_____ \$6-\$10

_____ \$21-\$25

_____ \$11-\$15

_____ \$More than \$25

- (8) WHAT ELSE COULD THE STUDENT NURSE HAVE DONE TO HELP YOU AND THOSE YOU LIVE WITH?

- (9) WHAT DID YOU LIKE BEST ABOUT THE VISITS FROM THE STUDENT NURSES FROM THE SAN JOSE STATE UNIVERSITY NURSING CENTER?

- (10) WHAT DID YOU LIKE LEAST ABOUT THE VISITS FROM THE STUDENT NURSES FROM THE SAN JOSE STATE UNIVERSITY NURSING CENTER.

- (11) PLEASE GIVE US ANY ADDITIONAL SUGGESTIONS OR COMMENTS ABOUT THE SAN JOSE STATE UNIVERSITY NURSING CENTER.