Nurses
Friendliness/courtesy of the nurses

QUESTION DEFINITION
This item measures how nurses approach meeting patients' needs, that is, the manner in which they practice their craft. Scoring highly in this area does not require that nurses perform any additional tasks or duties but simply conduct their existing activities in ways that build relationships with your customers—the patient and family. No other staff group in the hospital will communicate with your customers as regularly or frequently as nurses. This measure assesses the sum of these interactions.

Building positive, long-term relationships begins with friendliness and courtesy. Treating people like people, not cases or conditions, affirms patients' basic human dignity and self-respect.

IMPROVEMENT SOLUTIONS

- Greet the patient using the appropriate name and title (Mr., Ms., Mrs., Miss). If unsure how to pronounce the name, apologize and inquire (e.g., "I'm sorry, I don't know how to pronounce your name. Would you help me?"). If the patient is represented by someone else, extend the same greetings to the patient's representative.
- Show concern for the patient's comfort. (e.g., if the patient is standing, invite him/her to sit).
- Be aware of facial expressions and nonverbal language. They convey easily perceptible emotions.
- Collaboratively establish customer service behavioral standards. Review your standards to ensure that they remain relevant and important.
- Hold staff accountable; include standards and patient satisfaction in performance evaluations.
- The professionalism of the staff reflects the competence of the institution as perceived by the patient. Hire for customer service and the values of the organization. Have high hiring standards. Consider using peer-interviewing.
- Invest in customer service and communications training. Role-play situations that embody the values and standards of your organization.
- Senior leadership must model the values and standards of the organization. Leaders visibly and publicly serve the needs of both staff and patients.
- Be positive. Never speak negatively about the patient, other staff, physicians or the institution.
- Don't talk about negative aspects of your personal life.
- Always use "please" when making requests and respond with "thank you" when concluded.
• Apologize and say "excuse me" if interrupting a conversation or activity.
• Introduce yourself to the patient. Employ a hand shake or gentle touch.
• Use ID badges that present the nurses’ name and distinguish them from other personnel.
• Whenever entering the room to do something, tell the patient what you are doing and explain why.
• When ready to leave the room, ask "Is there anything else I can do for you?"
• Ask the patient if he or she would prefer the door closed when you leave, "For your privacy and to limit the noise level, would you like me to close the door?" If they do not have a preference, close the door.
• Make gentle inquiries that demonstrate concern and interest in the patient as a person (e.g., about pictures of family, flowers, gifts, TV show, etc.).
• Ascertain and respect the patient's personal preferences (e.g., sleep schedule, family, etc.).
• Be aware that nurses' appearance (e.g., disheveled vs. well-kept), behaviors (e.g., tone of voice), and even smells (e.g., too much perfume, smoke, etc.) can influence patients' perceptions.
• Do you have organization-wide values and/or a set of standards explicating expected minimum behaviors? Are they effective? Collaboratively reevaluate and build or redesign your organization’s values and customer service behavioral standards.
• Evaluate the percentage of agency nurses and forced floating nurses. High use of either is usually detrimental to patient satisfaction with nursing care.
• What is your vacancy rate? What is your turnover? If suffering from a high vacancy and/or turnover, your organization and management may not be creating a satisfying and attractive work environment.
• Employee satisfaction and patient satisfaction go hand in hand. If management does not meet the needs of the nursing staff, it may be more difficult for staff to meet and exceed the needs of patients.
• Do not discuss the patient or family with others unless necessary. In other words, don't "gossip". When you are discussing the patient's condition, be as discreet and private as possible.
• Avoid telling people all of the things that they cannot do unless you provide them with positive alternatives immediately. For example, "I cannot put you in a bed right now, but I can get you a pillow and find you a more private place to wait." If you cannot accommodate a specific request, think "what can I do instead?"
• Conduct discharge follow-up calls to patients to inquire about any questions or concerns regarding treatment options relayed by a care provider. Provide patients with a number that they can call if any other issues arise.
• Write down each patient's interests inside their chart upon admittance. When someone from the lab comes to complete a blood draw, that person will review the
interests and strike up a brief conversation with the patient. This helps put patients at ease and it also makes the draw easier for both the patient and staff member. Taking time to talk also shows a personal interest in each patient as an individual rather than labeling the person as “the one who needs the draw in 402.”

- Thank patients for the opportunity to treat them by sending handwritten thank you notes signed by all caregivers.
- Establish and sustain a trusting rapport with patients and families. When you are with them, be attentive, showing the patient that each member of the unit is there for them throughout the experience. Make the initial encounter with the patient non-clinical and personal. It should begin with a hello and end with a goodbye.
- Anticipate the needs, wants, expectations and emotions of the patient. Offer patients blankets if they appear to be cold; show them how to properly operate the call button, TV, lights, and/or television remote; fill up their water pitcher and place it within reach before the patient is brought to the room.
- Conversationally inform the patient what his/her room number and phone number are, if this information is not posted clearly.
Inpatient Pediatric

Nursing Care
Friendliness/courtesy of the nurses

QUESTION DEFINITION
This item measures how nurses approach patient and family needs, that is, the manner in which they practice their craft. Scoring highly in this area does not require that nurses perform any additional tasks or duties but simply conduct their existing activities in ways that build relationships with their patients. No other staff group in the hospital will communicate with your customers as regularly or frequently as nurses. This measure assesses the overall sense of how well these interactions are carried out. Building positive, long-term relationships begins with friendliness and courtesy. Treating people like people, not cases or conditions, affirms patients’ basic human dignity and self-respect.

IMPROVEMENT SOLUTIONS
- Read and track patient comments to determine if specific individuals require additional support or training.
- Be aware of facial expressions and nonverbal language; they convey easily perceptible emotions. Whenever possible it is best to get down to the child’s level, make the experience a bit less scary.
- Hold staff accountable; include standards and patient satisfaction in performance evaluations.
- Invest in customer service and communications training. Role-play situations that embody the values and standards of your organization.
- Do not discuss the patient or family with others unless necessary. In other words, don’t "gossip." When you are discussing the patient’s condition, be as discreet and private as possible (e.g. not public places).
- Always say "please" when making requests, and respond with "thank you" when concluded.
- Apologize and say, "Excuse me," if interrupting a conversation or activity.
- When entering the room to do something, explain what you are doing and why.
- When ready to leave the room, ask, "Is there anything else I can do for you?"
- Ask the patient and/or his/her legal guardian if he or she would prefer the door closed when you leave: "For your privacy and to limit the noise level, would you like me to close the door?" If they do not have a preference, close the door.
- Ascertain and respect the patient’s personal preferences (e.g. sleep schedule, family, etc.).
- Be aware that nurses’ appearance (e.g. disheveled vs. well-kept), behaviors (e.g. tone of voice), and even smells (e.g. too much perfume, smoke, etc.) can influence patients’ perceptions.
Inpatient Behavioral

**Nursing Care**
Friendliness/courtesy of the nurses

**QUESTION DEFINITION**
This item measures how nurses approach meeting patients’ needs, or, the manner in which they practice their craft. Scoring highly in this area does not require that nurses perform any additional tasks or duties besides conducting their existing activities in ways that build relationships with their customers--the patient and the family. No other staff group in the hospital will communicate with your customers as regularly or as frequently as nurses. This measure assesses the overall pattern of those interactions. Building positive, long-term relationships begins with friendliness and courtesy. The unique social situation of a behavioral health facility can make forming these relationships problematic. It is important that nurses be specifically trained in behavioral health to help increase their comfort level with this type of patient. Treating people like people, not cases or conditions, affirms patients’ basic human dignity and self-respect.

**IMPROVEMENT SOLUTIONS**
- Collaboratively establish customer service behavioral standards. Review your standards to ensure that they remain relevant and important.
- Hold staff accountable; include standards and patient satisfaction in performance evaluations.
- Do not discuss the patient or the family with others unless necessary. In other words, don’t "gossip." When you are discussing the patient’s condition, be as discreet and private as possible (e.g., not in public places).
- Be positive. Never speak negatively about the patient, other staff, physicians, or the institution.
- Always use "please" when making requests and respond with "thank you" when concluded.
- Introduce yourself to the patient. Employ a handshake or gentle touch.
- Use ID badges that present the nurses’ name and that distinguish them from other personnel.
- Always knock before entering a room. Give the patient time to answer before entering.
- Whenever entering the room to do something, tell the patient what you are doing and explain why you are doing it.
- When ready to leave the room ask, "Is there anything else I can do for you?"
- Ask the patient if he or she would prefer the door to be closed when you leave: “For your privacy, and to limit the noise level, would you like me to close the door?” If they do not have a preference, close the door.
- Make gentle inquiries that demonstrate concern and interest in the patient as a person (e.g., about pictures of family, flowers, gifts, TV show, etc.).
Ascertain and respect the patient’s personal preferences (e.g., sleep schedule, family, etc.).

Do you have organization-wide values and/or a set of standards explicating expected minimum behaviors? Are they effective? Collaboratively reevaluate and build or redesign your organization’s values and customer service behavioral standards. Provide tangible structures to ensure accountability across the organization.

Evaluate the percentage of agency nurses and forced floating nurses. High use of either is usually detrimental to patient satisfaction with nursing care.

What is your vacancy rate? What is your turnover? If suffering from a high vacancy and/or turnover rate, your organization and management may not be creating a satisfying and attractive work environment.

Apologize and say "excuse me" if interrupting a conversation or activity.
QUESTION DEFINITION
This question measures an affective dimension of communication. It is not so much a matter of what is said or done, but how it is said or done.

Courtesy is one of the most basic elements of human communication. The degree to which an interaction with a patient is courteous indicates the nurses’ respect toward the patient. Friendliness is an overlapping element of communication which involves conveying to patients the sense of interpersonal comfort, benevolence, and welcome.

Patients’ perceptions of friendliness and courtesy require the invocation of a set of verbal and nonverbal behaviors. The specifics of the behaviors will depend upon the patient’s culture (demanding cultural competence to the extent of your patient population’s diversity), but all patients expect the respect that accompanies friendly and courteous behavior.

Building positive, long-term relationships begins with friendliness and courtesy. Treating people like people, not cases or conditions, affirms patients’ basic human dignity and self-respect.

IMPROVEMENT SOLUTIONS
• Introduce yourself to the patient. Employ a hand shake or gentle touch.
• Greet the patient using the appropriate name and title (Mr., Ms., Mrs., Miss). If you are unsure of how to pronounce the patient’s name, apologize and inquire; if the patient is represented by someone else, extend the same greetings to the patient’s representative.
• Show concern for the patient’s comfort (e.g., if the patient is standing, invite him/her to sit).
• Be aware of facial expressions and nonverbal language. They convey easily perceptible emotions.
• Collaboratively establish customer service behavioral standards. Review your standards to ensure that they remain relevant and important. Hold staff accountable; include standards and patient satisfaction in performance evaluations.
• Invest in customer service and communications training. Role-play situations that embody the values and standards of your organization.
• Don’t talk about negative aspects of your personal life. Only under rare, exceptional circumstances is it appropriate to share details of your surgeries, your childbirth, your love life, your religion, etc. To be safe, error on the side of caution by keeping these personal details to yourself.
• Always use "please" when making requests and respond with "thank you" when concluded.

• Develop cultural competence among staff. Help them learn to recognize, respect, and work with patients’ different cultures, values, beliefs, practices, and rituals. Educate your staff on cultural diversity of patients they may encounter in your area. Training may include communication styles; family, social, and work relationships; health values and beliefs; health customs and practices; history and overview; holidays and holy days; age and gender roles; dietary practices; family traditions; and death and dying.

• Apologize and say "excuse me" if interrupting a conversation or activity.

• Many common courtesy behaviors influence patient satisfaction, including: knocking on the door and waiting to be invited in before entering the patient’s room; not interrupting the patient or his/her family; greeting the patient and indicating openness by making eye contact; physician or other care providers introducing themselves and accompanying personnel; using the patient’s preferred name and title if appropriate; knowing or learning the identity of the persons with the patient; maintaining a relaxed, attentive body posture; becoming aware of the patient’s personal circumstances; not talking about the patient in the third person; protecting the patient’s modesty.

• Always ask permission before touching the patient for a procedure.

• Be aware that the physicians in the office model the behaviors expected of nurses and assistants. They keenly observe how physicians behave and will act accordingly.

• Be positive. Speaking negatively about patients, the practice or the physicians, leaves patients who overhear this talk with a negative impression.

• Hire staff that embody the values defined and lived out by the medical practice organization and, especially, the group/team s/he will be working with. Peer interviewing is a must.
QUESTION DEFINITION
This question measures a dimension of communication. It is not so much a matter of what is said or done, but how it is said or done. Courtesy is one of the most basic elements of human communication. The degree to which a nurse’s interaction with a patient is courteous indicates respect toward the patient. In an ED setting, the urgency of the situation may affect the priority staff assigns to being courteous. Attending to urgent medical needs expeditiously may be of primary importance at any particular moment. However, courtesy should not be overlooked entirely (nor should rudeness be shown or tolerated) because it sends an important message regarding respect to the patient and family.

IMPROVEMENT SOLUTIONS
- Be positive. Never speak negatively about the patient, other staff, physicians or the institution. Provide staff with team building exercises to help improve relationships.
- Don’t talk about negative aspects of your personal life. Only under rare, exceptional circumstances is it appropriate to share details of your surgeries, your childbirth, your love life, your religion, etc. To be safe, error on the side of caution by keeping these personal details to yourself.
- Always use “please” when making requests and respond with “thank you” when concluded.
- Introduce yourself to the patient. Employ a hand shake or gentle touch.
- Use ID badges that present the nurses’ name and distinguish them from other personnel.
- When ready to leave the room, ask “Is there anything else I can do for you?”
- Be aware that nurses’ appearance (e.g., disheveled vs. well-kept), behaviors (e.g., tone of voice), and even smells (e.g., too much perfume, smoke, etc.) can influence patients’ perceptions.
- What is your vacancy rate? What is your turnover? If suffering from a high vacancy and/or turnover, your organization and management may not be creating a satisfying an attractive work environment.
- Offer customer service, communication, sensitivity and/or empathy training. Help nurses become aware of how they communicate with patients through their words and actions.
- Develop scripts or suggested phrases to help standardize responses to requests.
- Take patients’ requests and expressions of concern seriously.
- Evaluate your hiring practices. Are you hiring just anyone? Hire nurses with a propensity for customer service. Gauge customer service skill in the interview. Use a peer-interview process.
• Professional and social prejudices can be founts of rudeness; such attitudes need to remain hidden from patients. Sexually active teens, overly worried parents, or demanding Medicaid patients have not come to the ED to be morally corrected or punished.
• Develop a script for introducing yourself to the patient and family. Give nurses business cards to provide to patients and family as part of the standard introduction.
• Understand and respect patients’ preferences and cultural backgrounds.
• Courtesy and respect can be communicated via body language as well. An inappropriately hurried manner (or standoffish posture) may signify disrespect and a lack of courtesy toward the patient.
• Courtesy extends beyond the patient and includes the treatment of friends and relatives escorting the patient.
• Employee satisfaction and patient satisfaction go hand in hand. If management does not meet the needs of the nursing staff, it may be more difficult for staff to meet and exceed the needs of patients.
• Ask patients: "What ONE thing can we do to better serve you next time?" Write the answers on index cards and post them where your team can see them.
• Conduct discharge follow-up calls to patients to inquire about any questions or concerns regarding treatment given during their stay. Provide patients with a number they can call should any issues arise.
• Maintain eye contact with the patient while they are talking, and while speaking to them—do not interrupt.
• Thank patients for the opportunity to treat them by sending handwritten thank you notes signed by all caregivers.
Nurses
Courtesy of the nurses

QUESTION DEFINITION
This question measures a dimension of communication. It is not so much a matter of what is said or done, but how it is said or done. Courtesy is one of the most basic elements of human communication. The degree to which a nurse is perceived as courteous by the patient and his/her family indicates to them how much he/she respects the patient. In an ED setting, the urgency of the situation may affect the priority that staff assigns to being courteous. Attending to urgent medical needs expeditiously may be of primary importance at any particular moment. However, courtesy should not be overlooked entirely (nor should rudeness be shown or tolerated) because it sends an important message to the patient and family regarding respect.

IMPROVEMENT SOLUTIONS
- Actively listen. Do not act like the family is overreacting.
- Be positive. Never speak negatively about the patient, other staff, physicians, or the institution.
- Read and track patient comments to determine if specific individuals require additional support or training.
- Don't talk about negative aspects of your personal life. Only under rare, exceptional circumstances is it appropriate to share details of your surgeries, your childbirth, your love life, your religion, etc. To be safe, error on the side of caution by keeping those personal details to yourself.
- Always say "please" when making requests and respond with "thank you" when concluded.
- Use ID badges that present the nurse's name and distinguishes them from other personnel.
- When ready to leave the room, ask, "Is there anything else I can do for you?"
- Be aware that nurses' appearance (e.g. disheveled vs. well-kept), behaviors (e.g. tone of voice), and even smells (e.g. too much perfume, smoke, etc.) can influence patients' perceptions.
- Offer customer service, communication, sensitivity, and/or empathy training. Help nurses become aware of how they communicate with patients through their words and actions.
- Consider using scripts or suggested phrases to help standardize responses to requests.
- Take patients' requests and expressions of concern seriously.
- Evaluate your hiring and training practices. If possible, hire nurses with a propensity for customer service. Gauge customer service skills in the interview. Consider a
peer-interview process. Offer trainings to staff. Have them role-play with each other to help them understand what courtesy is to the patient.
Nursing

Friendliness/courtesy of the nurses

QUESTION DEFINITION
This question measures an affective dimension of communication. It is not so much a matter of what is said or done, but how it is said or done.

Courtesy is one of the most basic elements of human communication. The degree to which an interaction with a patient is courteous indicates the nurses’ respect toward the patient.

Friendliness is an overlapping element of communication which involves conveying to patients the sense of interpersonal comfort, benevolence and welcome.

For a person about to undergo a surgical procedure, ostensibly entrusting the nurses with their life, the experience of these feelings is important to them.

Patient’s perception of friendliness and courtesy requires the invocation of a set of verbal and nonverbal behaviors. The specifics of the behaviors will depend upon the patient’s culture (demanding cultural competence to the extent of your patient population’s diversity). Nonetheless, some generalizations can be made.

IMPROVEMENT SOLUTIONS
• Greet the patient using the appropriate name and title (Mr., Ms., Mrs., Miss). If unsure how to pronounce the name, apologize and inquire (e.g., "I'm sorry, I don’t know how to pronounce your name. Would you help me?"). If the patient is represented by someone else, extend the same greetings to the patient’s representative.
• Show concern for the patient’s comfort. (e.g., if the patient is standing, invite him/her to sit).
• Be aware of facial expressions and nonverbal language. They convey easily perceptible emotions.
• Collaboratively establish customer service behavioral standards. Review your standards to ensure that they remain relevant and important.
• Hold staff accountable; include standards and patient satisfaction in performance evaluations.
• The professionalism of the staff reflects the competence of the institution as perceived by the patient. Hire for customer service and the values of the organization. Have high hiring standards. Consider using peer-interviewing.
• Invest in customer service and communications training. Role-play situations that embody the values and standards of your organization.
• Senior leadership must model the values and standards of the organization. Leaders visibly and publicly serve the needs of both staff and patients.
• Do not discuss the patient or family with others unless necessary. In other words, don’t "gossip." When you are discussing the patient’s condition, be as discreet and private as possible (e.g., not public places).
• Always use "please" when making requests and respond with "thank you" when concluded.
• Apologize and say "excuse me" if interrupting a conversation or activity.
• Introduce yourself to the patient. Employ a hand shake or gentle touch.
• Use ID badges that present the nurses’ name and distinguish them from other personnel.
• Whenever entering the room to do something, tell the patient what you are doing and explain why.
• When ready to leave the room, ask "Is there anything else I can do for you?"
• Ask the patient if he or she would prefer the door closed when you leave, "For your privacy and to limit the noise level, would you like me to close the door?" If they do not have a preference, close the door.
• Cultivate a culture that prioritizes and values all patients whether a "good" patient or a "pesky" patient.
• Employee satisfaction and patient satisfaction go hand in hand. If management does not meet the needs of the nursing staff, it may be more difficult for staff to meet and exceed the needs of patients.
• Remember to say, "I am sorry," "please," and "Thank you." When experiencing delays, for example, apologize for the delay and thank the patient for waiting.
• Scripting is a great way to give a consistent, courteous response. Popular scripts include "Mr./Ms. Jones, I’m so sorry you’re still waiting. I realize you’ve been waiting minutes already" and "This must be a very upsetting (frightening, etc.) experience for you. What can I do to make you more comfortable?"
• Read/listen to your patients’ comments and act upon their concerns. When a nurse is positively mentioned on a survey, write a thank you note to the nurse and include a copy of the survey with the comment highlighted. This makes the survey results seem "real" and positively reinforces desired behavior.
• Anticipate and address common concerns. Avoid technical language that may frighten or confuse the patient.
• Use the 15/5 rule: at 15 feet, make eye contact with every patient, guest, and co-worker; at 5 feet, smile and greet the person.
• Approach guests and patients who appear to be lost and escort them to their destinations.
• Develop a peer-to-peer recognition program so that staff members can encourage and recognize teammates for wowing the patients.