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## **Nurse Presence: A Concept of Importance to the Patient Experience in a Cardiology Unit**

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Nurse Presence: A Concept of Importance to the Patient Experience in a Cardiology Unit

Systems Change Project  
Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

St. Catherine University  
St. Paul, Minnesota

Julie Blank Neumann

December 2015

ST. CATHERINE UNIVERSITY  
ST. PAUL, MINNESOTA

This is to certify that I have examined this  
Doctor of Nursing Practice systems change project  
written by

*Julie Ann Neumann*

and have found that it is complete and satisfactory in all respects,  
and that any and all revisions required by  
the final examining committee have been made.

Dr. Alice Swan  
Name of Faculty Project Advisor

November 11, 2015  
Date

DEPARTMENT OF NURSING

## **Nurse Presence: A concept of importance to the patient experience in a Cardiology Unit**

### **Abstract**

The economics of health care is front and center in the minds of health care professionals. Terms such as quality metrics and pay for performance are in everyday discourse and have impacted how the direct care nurse provides patient care. Today's nurse must find an approach to balance the technical and the human side of care delivery to provide an optimal patient experience. Holistic care that incorporates being present with the patient is foundational to the Nursing profession. Analysis of qualitative data from both patient and nurse focus groups in a cardiology acute care unit revealed the following themes: communication and listening, patient satisfaction and gratefulness, and relationship of trust and caring that encompassed 'being with' patients are important. The data provide evidence that aligns with Koloroutis and Trout (2012) nurse presence through attunement which is carried out through the actions of wondering, following, and holding. Further study of actionable nursing presence and the impact on patient satisfaction and outcomes is warranted to strengthen the evidence in the literature.

Key words: nursing presence, nurse-patient relationship, patient satisfaction

### **1. Introduction**

Today's nurse is challenged to focus on the technical components of patient care and be attentive to the patient's needs. Pipe et al. (2012) affirmed that nurses have become "frustrated" by the inability to provide basic nursing care that serve to place 'care' into nursing care.

Nurses are expected to have countless clinical competencies and need skills to manage the patient's electronic health record (EHR) and therefore are challenged to find the time to be present with the patient. Presence is defined as a significant encounter that is focused on acceptance of a patient as a person and in the encounter the nurse listens while the patient

receives undivided attention (Koloroutis & Trout, 2012). The purpose of this paper is to describe the concept of nurse presence in a cardiology unit using Kolorouts and Trout's (2012) Attunement model that makes the human side of nursing care visible with the visible actions of attunement: wondering, following, and holding.

Wolf, Neierhauser, Marchburn & LaVelda (2014) from The Beryl Institute a leader in the patient experience domain, defined patient experience as, "The sum of all interactions shaped by an organizations culture that influence patient perceptions across the continuum of care"(p. 8). Focus on patient experience has driven hospitals to take action to improve the patient experience. The implementation of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) provides financial incentive for hospitals to enhance quality of care to increase patient satisfaction of their hospital experience. Patient experience is reflected by HCAHPS survey questions which consist of composite scores in the following categories: communication with doctors, communication with nurses, responsiveness to hospital staff, pain management, communications about medications, cleanliness of hospital and quietness at night of hospital (Studor, Robinson & Cook, 2010). All of these categories except for communication of doctors are the responsibility for the profession of nursing to own and make a difference.

Koloroutis and Trout (2012) describe nurse presence through attunement as a state of being in 'harmony or oneness' (p.50) by centering on the other person, letting go of one's own personal agenda listening to the patient without being judgmental which resonates with the patient, and then using the information gathered to care for the patient. A nurse educator colleague (2015) of the researcher explains the concept similar to an orchestra beginning their concert by becoming 'in tune' they are all connecting on the one note so as the music is played there is harmony. Nurses that are truly present with their patients provide an environment where

patients experience a sense of security and calm which is similar to an orchestra in tune sounding beautiful. To accomplish this state a nurse needs to engage in the actions of wondering, following, and holding.

## **2. Methods**

Nurse presence is often conceptualized as a secondary or ‘back seat’ competency to the technical competencies for delivering high quality and safe nursing care. For this study, a qualitative descriptive hermeneutic phenomenological design was used to provide an in depth understanding of the nurse’s experience of nurse presence and the patient’s lived experience of what it means to receive care that is satisfying to the patient. Heidegger’s phenomenological approach includes both description of the major concept in the human experience as well as seeking meaning entrenched in the experience (Shosha, 2012). The research question, “How is the nurse presence through attunement that encompasses the actions of wondering, following, and holding expressed in a cardiology unit of a large Midwestern hospital and how do they influence the patient experience in a cardiology population?” The research design provides meaning to the experience of nurse presence. The questions used to guide the focus group interviews are presented in Table 1.

### **2.1 Sampling**

Purposeful convenience sampling was used to recruit participants for each group. Palinkas et al. (2013) assert that purposeful sampling is useful in qualitative research for investigation of matters that are related to the phenomenon of interest. There were two distinct target populations for the focus groups: nurses that work in the cardiology units and patients that had received care on the cardiology units. The only criteria for inclusion in the nurse focus groups was RNs had to be currently working in a cardiology unit in large Midwestern teaching

institution. There was no restriction on years of clinical experience. The patient focus group members had to have experienced care in the cardiology unit in the institution as a patient and be a member of the Patient and Family Advisory Council (PFAC).

Nursing focus groups were held over a period of four weeks during the lunch or dinner hour in the conference room with pizza provided for nourishment. A total of six unique nurse focus groups were completed that encompassed 15 nurses (13 females and 2 males) with between 3 to 13 years of experience as an RN. The patient focus group was made up of eight patients (5 females and 3 males) who are members of the PFAC, "One Voice." The patients experienced care in the cardiology units between 2005 -2011. The patients may or may not have been cared for by the nurses that participated in the nursing staff focus group. Neither the nurse nor patient groups were aware of the members in the respective group. Each focus group lasted approximately 60 minutes.

## **2.2 Ethical considerations**

The researcher obtained approval from the Institutional Review Board (IRB) of the University in attendance of the author. The IRB of the large Midwestern teaching organization determined that this project was monitored closely by the author adhering to Health Insurance Portability Accountability Act (HIPAA) and other constraints to protect subject privacy and deemed the study exempt. Each of the focus group participants was informed of the objectives and design of the study and signed a written consent. Participants were informed that they were free to leave the focus group at any time without any ramifications to either their care or employment.

## **2.3 Data collection process**

After obtaining approval by the IRB, the researcher contacted the nurse managers of the cardiology units and the advisor of the “One Voice” council to discuss implementation of the focus groups. There were six unique nurse focus groups with a range of one to five participants in each group. The patient focus group was held once at the PFAC meeting time. Data were collected through face to face semi structured interviews that were audio recorded. The audio recordings were transcribed verbatim by a certified transcription vendor recommended by the large Midwestern teaching institution. Data collection was concluded when data saturation was achieved and no new themes developed.

#### **2.4 Data analysis**

Colaizzi’s seven step method in descriptive phenomenology was used to understand nurse presence in a cardiology unit through the lens of both the patients and the nurses from a cardiology unit at a large Midwestern teaching institution (Shosha, 2012). First, the transcripts were read and re-read to obtain a general sense of the content to discover a general sense of nurse presence in the cardiology units. Second, significant statements that related to the phenomenon of nurse presence were extracted. Third, the researcher formulated meaning from the significant statements. Fourth, the researcher categorized the meanings into clusters of themes that correlated to Kolotrous and Trout (2012) actions of wondering, following, and holding. Fifth, the outcomes were incorporated into a description of attunement through nurse presence. The last step of validation was accomplished when the researcher validated content and concepts with participants of the focus groups. Group members offered no revisions.

#### **2.5 Trustworthiness**

Sharif & Masoumi (2005) state that focus groups are commonly used for data collection in qualitative research. Data collection focuses on words and observations. Shenton, (2004)

affirms Guba's constructs of credibility, transferability, dependability, and confirmability to provide trustworthiness in qualitative research. The researcher employed strategies to ensure these constructs were enforced. Bracketing and Krueger's (2002) characteristics for the focus group process provided the methods to ensure trustworthiness.

Bracketing (Chan, Fung & Chien, 2013) was completed prior to initiation of the research process. The researcher engaged in the reflective activity which assists in identifying any potential predispositions about the phenomenon of nurse presence that may influence the research process. This process enhanced the conformability or objectivity of the research design. To strengthen credibility, the researcher's reader and site faculty reviewed the findings of the study to validate statements coded to each theme.

Shenton (2004) proclaims that transferability establishes generalizability of the findings of the study. Transferability of this study was accomplished through use of Krueger's (2002) focus group techniques of careful recruitment of the participants to be interviewed and creating an open environment to assure rich responses to the questions. Finally, the broad range of years of experience as an RN and experiences of patients enhances transferability.

Credibility addresses the question Shenton (2004) phrases as "How consistent are the results with the reality?" Strategies to secure credibility included preparing an operational measure of the concept being studied by Koloroutis and Trout (2012). A thoughtful and safe atmosphere was designed to allow honest and uninhibited responses to the questions. The researcher also used Krueger's (2002) technique of probing to seek further understanding of responses that included a summarization to affirm concepts discovered.

Dependability is focused on the question, 'If the study was repeated with the similar participants, environment, and methods would comparable results would be obtained?' The

researcher outlined the focus group process and provided the interview questions and the analysis process as a ‘prototype’ prior to initiation of the focus group which allowed the reader to understand the effectiveness of the method used. In addition, two of the six focus groups secured only one nurse for gathering of data: This process is viewed as triangulation, a different method; one to one interview verses the group interview process.

### **3. Results**

Qualitative analysis revealed that the nurse presence through attunement that includes the actions of wondering, following, and holding exist in a cardiology unit in a large Midwestern teaching institution. Moreover, examination of the Patient and Family Advisory Council (PFAC) ‘One Voice’ focus group data aligned with the nurses’ lived experience of nurse presence that aligns with patient satisfaction. The exemplars below display the state of nurse presence through attunement that encompasses the three techniques of wondering, following, and holding that are of great importance to patients. Details of the techniques used in the nurse and patient exemplars are seen in Appendix A.

#### **Nurses’ Exemplars**

*“Well, you don’t want to treat a patient like a patient. Yes they’re your patient, but you want to treat them as a human being so they don’t feel so—they’re not at home; not wearing their normal clothes; not next to their loved one when they wake up in the morning. Sometimes you the nurse are the first person they see when they wake up and the last person they see when they go to sleep. You just want to try and make it feel as comfortable as you can for them.”*

*“I love the fact that my practice is not task-oriented. In fact, when I am assigned to a particular patient, I am going to be the lever of how well or how gracefully they die, how well they survive; how well they learn; that is incredibly attractive to be a part of to make that difference.”*

*“Hmm, I’m continually amazed when people tell me how good the care is, but I had someone tell me one time—it was a foreign gentleman, and he looked up at me—I had taken care of him for a long time, and I had promised him I would care for him until he passed away if he was still here. He was a hard patient to care for, hard to understand, because he was of*

*different nationality. He also had a disease that made his tongue really thick. He was really hard to understand. I could understand a lot of what he would say, because I was around him so much. He looked up at me one evening and he said, 'I love you'. I was really shocked, because this is just not his custom. I said, "Well, thank you." He said, 'You have a heart.' That was just so validating for me. I know we were trying to get him back home, and he did pass away here. I can remember I was surprised at how devastated I was. Because I knew it was going to happen, but I had just invested over time, day, night, any time with him. That was a good thing."*

*"One lady was so stressed out; kept putting on her call light. At report I was told they didn't know what was wrong with her; I spent time talking with her after taking her vital signs and I realized she was anxious because she needed to find a sub for her card club. I took time to find the phone number and called the sub for her. She was calm the rest of the day and not on her call light."*

#### Patient Exemplars

*"Get as much information about what's going on, about the patient and the families. Ask questions, and understand what they are telling you." It not only has to do with what I'm told, but also the ability to be able to follow up and be able to ask questions. I felt that what I said was important and the health care team took into consideration my treatment plan. It just felt that I mattered."*

*"One nurse came to take my vital signs in the middle of the night she asked, 'is there anything I can do?' I said, I don't know, everyone wants me to eat, I don't want to eat what they are giving me, I said at home I would just have toast if I wasn't feeling well. The nurse went out and made me toast at 3:30 in the morning and that totally turned me around. She sat with me and we talked about family and other things. The nurse said, 'it will get better.' Encouragement, all the nurses provided encouragement. Those are the things that—she listened to me. I had been on the unit for two weeks and she came back in to see me even when she wasn't my nurse. "*

*"I had one nurse that I was not getting better, probably four or five days in. The nausea was overwhelming and stuff. She came to take my vitals, of course, in the middle of the night. She goes, 'Anything I can do?' I said, I don't know. Everybody wanted me to eat, you don't want to eat anything or stuff like that. She went out and she made me a piece of—I just said, At home all I'd ever have is just toast, if you're not feeling well. She went out; she made me a piece of toast. That totally turned me around at 3:30 in the morning I was having a piece of warm toast. She said, 'Do you want another piece?' No, this is it. Then I could start to eat a little. You're just so afraid of the—yeah, she was just—yeah. Those are the things that—she listened to me. Then when I was there for two weeks she came back after having a—worked the weekend and off and stuff. She came back in and said, 'You're still here?' I go, Yeah, I don't want to be, but anyway, that was just a couple days"*

#### 4. Discussion

Koloroutis and Trout (2012) expressed that in a nurse's "best moments" the nurse is fully present with the person focused on the patient as a human being. Saltmarche, Kolodny & Mitchell (1998) provide the perspective that the nurse must transition from doing tasks to patients and solving the patient's problems. The nurse instead needs to "be with" the person and open to listening to what is important to them. Nurses in the cardiology unit conveyed experiences with patients that were in the moment where the nurse listened attentively, followed cues and inquired further based on verbal nonverbal cues. Nurses embraced the person to validate that the nurse would do whatever he or she must do to create the best patient experience. In addition, the patients that had been cared for on the cardiology unit attested that they had the lived experience of being valued as through the human connection of attunement that promotes healing and wellbeing (Kolorouts & Trout, 2012).

Communication and information exchange is very important to the patient. Examples include: the ability to ask questions, not feel intimidated, and to keep asking if you don't understand. A component of the communication that is extremely important is the art of listening. If the nurse is present for the patient the nurse is attentively listening to what the patient is saying and using that information to design the plan of care. When the nurse listened, the patient felt that they mattered; they were being treated as a valued human being and not an object. Lachmann (2009) explained Provision 1 of the American Nurses Association (ANA) Code of Ethics as the use of therapeutic self in the nurse patient relationship. A nurse is to practice kindness and respect in every human interaction. A nurse communicates in a human interaction in one of three manners: go away, the world would be better without you; the patient is an object, a task to complete; and the patient is a person of worth to care for.

## **5. Conclusion**

Nurse presence must be visible in the transformation of America's health care. The profession must advocate with a strong voice the value of nurse presence on the patient's experience. Patients seek both expert technical care and expect to be attentively listened to and touched in some capacity. It is not necessarily the quantity of time spent with patients that is the critical factor; it is the quality of therapeutic presence and engagement that influences patient perceptions, patient satisfaction and clinical outcomes (Andrus, 2014). Anderson, (2007) asserts that nurse presence is a fundamental component to develop trust with the patient and family, attain stable health, and enhances patient engagement which in turn improves the patient experience.

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## Appendix A

Table of Formulated Themes from Significant Statements-- Nurse Focus Groups

Significant Statements	Formulated Meanings	Theme Cluster	Emergent themes
<ul style="list-style-type: none"> <li>• “Nurse Presence; I think means being there for the patient. Here at this facility nurses do not need to place their own catheters and IVs, so the nurse has time to sit with the patient and teach then about their heart failure or STEMI. That one on one time we give them makes a huge difference.</li> <li>• “Well, you don’t want to treat a patient like a patient. Yes they’re your patient, but you want to treat them as a human being so they don’t feel so—they’re not at home; not wearing their normal clothes; not next to their loved one when they wake up in the morning. Sometimes you the nurse are the first person they see when they wake up and the last person they see when they go to sleep.” You just want to try and make it feel as comfortable as you can for then.</li> <li>• “I think nurse presence is very important, especially as a relay between the services, because we are the ones that are really in the rooms talking to them every day and seeing them throughout the day. Being present and an advocate for them.”</li> <li>• “I think nurse presence, it means being in the room.”</li> <li>• “Organizing your day so when you have that free time you’re not just sitting at a computer talking, but actually going in a patient’s room and just sitting down and talking to them if they want to talk. I guess being more available to your patient, not just trying to rush, get everything done and leave.”</li> </ul>	<p>Nursing staff value “being with” patients in a human to human connection and engaging them in their care which is much more than “doing to” the patient. When the nurse is providing care for the patient the nurse does it with and for the patient.</p>	<p>Awareness of the need to connect with patients</p>	<p><i>Awareness of the state of attunement</i></p>
<ul style="list-style-type: none"> <li>• “Just talking to them, making them feel like human instead of always talking to the about the hospital stuff I like to ask; tell me about your family; or animals or what your job was. It is amazing the life stories that you can hear. I like to engage them and have them talk about themselves.”</li> <li>• Communication is huge; letting the patient know who you are and how long you will be there to care for them is also important.” ...reinforcing the safety and the presence of the nurse really calms anxiety and fear of being in the hospital.” “Being on the journey with the patient and family, whether it is positive one, or if you are talking about something that is life limiting.” Being with then in those moments of the journey, sitting with them, talking about what they expect out of their own experiences I think is important.”</li> <li>• “I think just building up a good rapport with them. Just talking to them and letting them know that you are here to help them and speak up for them if they need it. Ask what they did outside of here, who they are besides just being a patient here.”</li> <li>• “I think talking, understanding your patient, how they’re feeling. I think I am willing to listen. I know one of my patients the other day was just like, “it’s so weird, I just feel like I want to tell you everything, I don’t know I’m just very comfortable around you.”</li> </ul>	<p>Communication and listening is a vital skill set for the nurse to develop a trusting relationship with the patient.</p>	<p>Awareness of the need to not to presume to know more than they do; commit to being open minded curious;</p>	<p><i>Awareness of practice of wondering</i></p>

Significant Statements	Formulated Meanings	Theme Cluster	Emergent Themes
<ul style="list-style-type: none"> <li>• “Nothing individually, but they fill out a survey to let us know if they liked the care they received. The information is reviewed by the nurse manager so we know what we need to improve on.” “We’ve moved lab times to draw blood so that the patient has more uninterrupted sleep; we also have been working on quietness at night where our HCAPS scores were lower.”</li> <li>• “I’m continually amazed when people tell me how good the care is, but I had someone tell me one time; I had taken care of him for a long time and I had promised I would care for him until he passed away. He was a hard patient to care for, he was really hard to understand; I could understand him because I was around him so much. He looked up at me one evening and he said, “I love you.” “Well thank you I said.” He said, “You have a heart.”</li> <li>• “I just think a simple thank you or when you hear patients get transferred from other facilities and you’re doing a simple thing as turning them and putting lotion on their back. They’ll say, “I didn’t have this care at the other facility. It’s so nice.” Or “Thank you for doing this. You guys do such a good job.” I think the other big one that I’ve noticed since working here is they’ll make comments of how happy the staff is and that the staff must be happy because they’re always happy. They must enjoy their job. I think that reflects back on the care patients get.”</li> </ul>	<p>The nurse must get to know the Patient to satisfy the patient and it is important</p>	<p>Awareness of the need to be devoted to the patient and hold them dear</p>	<p><i>Awareness of the practice of holding</i></p>
<ul style="list-style-type: none"> <li>• “Make it more personal; find out where they live and about their family and lifestyle to be able to teach the appropriately. “</li> <li>• “When you are at work, be at work.” We’re human so life can happen outside of work and obviously you need to take care of yourself in order to take care of others. When you’re here be present. They are in a worse situation than you are because you are able to work. You are not lying in a hospital bed. You are not dependent on someone to give you medication. Be compassionate with that; try and understand their scenario a little bit. (EMPATHY)</li> <li>• “I mean being able to be personable and be a people person; those are some of the biggest things</li> </ul>	<p>Empathic relationship with patients</p>	<p>The nurse is aware of the need to ‘feel’ and ‘read’ the patient through forms of palpation. The nurses guide is the patient to deliver care</p>	<p><i>Awareness of the practice of following</i></p>

## Appendix B

Table of Formulated Meaning from Significant Statements-- Patient Focus Group

Significant Statements	Formulated Meanings	Theme Cluster	Emergent Themes
<ul style="list-style-type: none"> <li>• I had one nurse when I was not getting better, probably four or five days in. The nausea was overwhelming and stuff. She came to take my vitals, of course, in the middle of the night. She goes, “Anything I can do?” I said, “I don't know.” Everybody wanted me to eat, you don't want to eat anything or stuff like that. She went out and she made me a piece of—I just said, “At home all I'd ever have is just toast, if you're not feeling well.” She went out; she made me a piece of toast. That totally turned me around at 3:30 in the morning I was having a piece of warm toast. She said, “Do you want another piece?” No, this is it. Then I could start to eat a little. You're just so afraid the—yeah, she was just—yeah. Those are the things that—she listened to me. Then when I was there for two weeks she came back after having — worked the weekend and off.</li> <li>• Yeah, cheerfulness. They just seem to be genuinely how are you doing type of caring. I agree with Molly. The nurses in the hospital are wonderful. Caring. This one, for her to—and she sat on that bed while I ate my piece of toast. She knew I was perfectly happy with—but she was there. We talked about family and other things and stuff like that. She just said, “This'll get better.” Encouragement. She encouraged me. All of the nurses did. I mean when they left you felt, “I can do this.” I really can do this.</li> <li>• I remember one night a nurse came in, and it must've been an 8:00 night shift, I would think. She came in and asked me how my day was and put a blanket on me. I just felt like it was almost motherly. Just a really nice, warm feeling that I got from her.</li> <li>• They're reassuring. Especially in the cath labs. I have a tendency to become very cold or hot. Those rooms are very cold, and they're usually pretty attentive to getting warm blankets on you, and making sure that you're comfortable with everything. Do you have any questions? They walk you through that. After the first ten, I didn't have a lot of questions.</li> <li>• They pay attention that way. I think they also are attentive in that they don't, like you say, what to do, what's going on. I think they look. They use their senses. Look and hear and that type of thing.</li> <li>• I think when you're going through very difficult surgeries, like open-heart surgeries, of which I've been through two of them, the comforting factor, and the reassurance factor that you get from both the physicians and the nurses where you're in that operating room environment are really important. Because I think that it has a lot to do with healing, that the more confident you feel about their abilities helps you to get through it quicker, and heal faster.</li> </ul>	<p>Nurses listen; positive caring and trust</p>	<p>Awareness of the need to connect as a person and not just a patient. That the patient matters.</p>	<p>Awareness of the state of Attunement</p>

Significant Statements	Formulated Meanings	Theme Cluster	Emergent Themes
<ul style="list-style-type: none"> <li>That’s right, and to be able to ask questions, and have them explain it in wording that you understand. That means a lot to me. Cuz I’ve had explanations and stuff going on with my husband, and I had no idea what they were talking about. I’d ask questions, and I said, “Well, now talk in my language.”</li> </ul>	Communication and information	Awareness that nurses must not make assumptions	Awareness of the need for the practice of wondering
<ul style="list-style-type: none"> <li>Yeah, I found that nurses, the ones I’ve experienced have been very positive as well. I found that they—most of them will, if they see an issue of any kind, they try to resolve it. They don’t just let it sit there, and just wait.</li> <li>They’re reassuring. Especially in the cath labs. I have a tendency to become very cold or hot. Those rooms are very cold, and they’re usually pretty attentive to getting warm blankets on you, and making sure that you’re comfortable with everything.</li> </ul>	Satisfaction & Gratefulness	Awareness that nurses are devoted to their patients; they advocate and defend their patients.	Awareness of the need for the practice of holding
<ul style="list-style-type: none"> <li>Oh, I remember one thing that one of my nurses diagnosed me. She came in for like the fourth day or whatever and says, “You don’t want to eat anything?” I said, “No, just tastes terrible.” She goes, “Stick your tongue out again.” I had thrush. You go oh, good; I get a gargle for two weeks with this? I knew that she was watching me. She wasn’t just taking vitals and stuff like that. You get the whole picture. You get the whole thing. Yeah, but she diagnosed it.</li> </ul>	Nurse do more than tasks; they palpate nonverbal behaviors and ‘read the room’ to make meaning	Awareness that the patient is able to guide their own condition	Awareness of the need for the practice of following

Table 1: *Interview Questions*

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<b>Patient Questions</b>
1. What brought you to the “One Voice” committee?
2. What does patient satisfaction mean to you and what does it look like?
3. I am interested in hearing about some of your experiences when you were patients in the medical cardiology units; were there times when you were either satisfied or dissatisfied with your care?
4. How do patient experience and patient satisfaction relate to nursing care?
5. When you fill out the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey how much of your score for patient satisfaction is influenced by nursing care?
6. What changes in nursing practice would enhance a patient’s experience and their satisfaction with nursing care?
7. Would you like to add anything else?
<b>Nurse Questions</b>
1. What brought you to the profession of nursing?
2. What do you like or dislike about working here?
3. What are some ways you are informed that patients you care for are satisfied or dissatisfied with the care you provide?
4. What does nursing presence mean and how is it related to the patient experience?
5. What are the opportunities and barriers to be ‘present’ with the patients you when you for care them?
6. What recommendations might you have to enhance nursing presence in your practice?

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