

Improving Patient Confidence and Trust in Nursing in Ambulatory Care

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BACKGROUND

Trust is a key component of nursing practice. In fact, "patient trust in nursing is positively and significantly associated with the perceived quality of nursing" (Bahari, et. al., 2024).

At CHLA, patient satisfaction scores for Confidence and Trust in Nursing have historically been lower in the Ambulatory Clinic compared to inpatient settings.

Patient satisfaction scores for the outpatient Endocrinology and Neurological Institute (NI) were not meeting benchmark of 79.9% with Endocrinology average being 65% & Neurological Institute at 60%.

The purpose of this Quality Improvement project was to increase the monthly patient satisfaction scores by 3% in the Endocrinology and Neurological Institute by June 30, 2025.

The project was led by the Patient Care Services Managers of both divisions.

METHODOLOGY

We utilized an A3 problem-solving framework to identify areas for improvement in the different work areas.

A root cause analysis revealed:

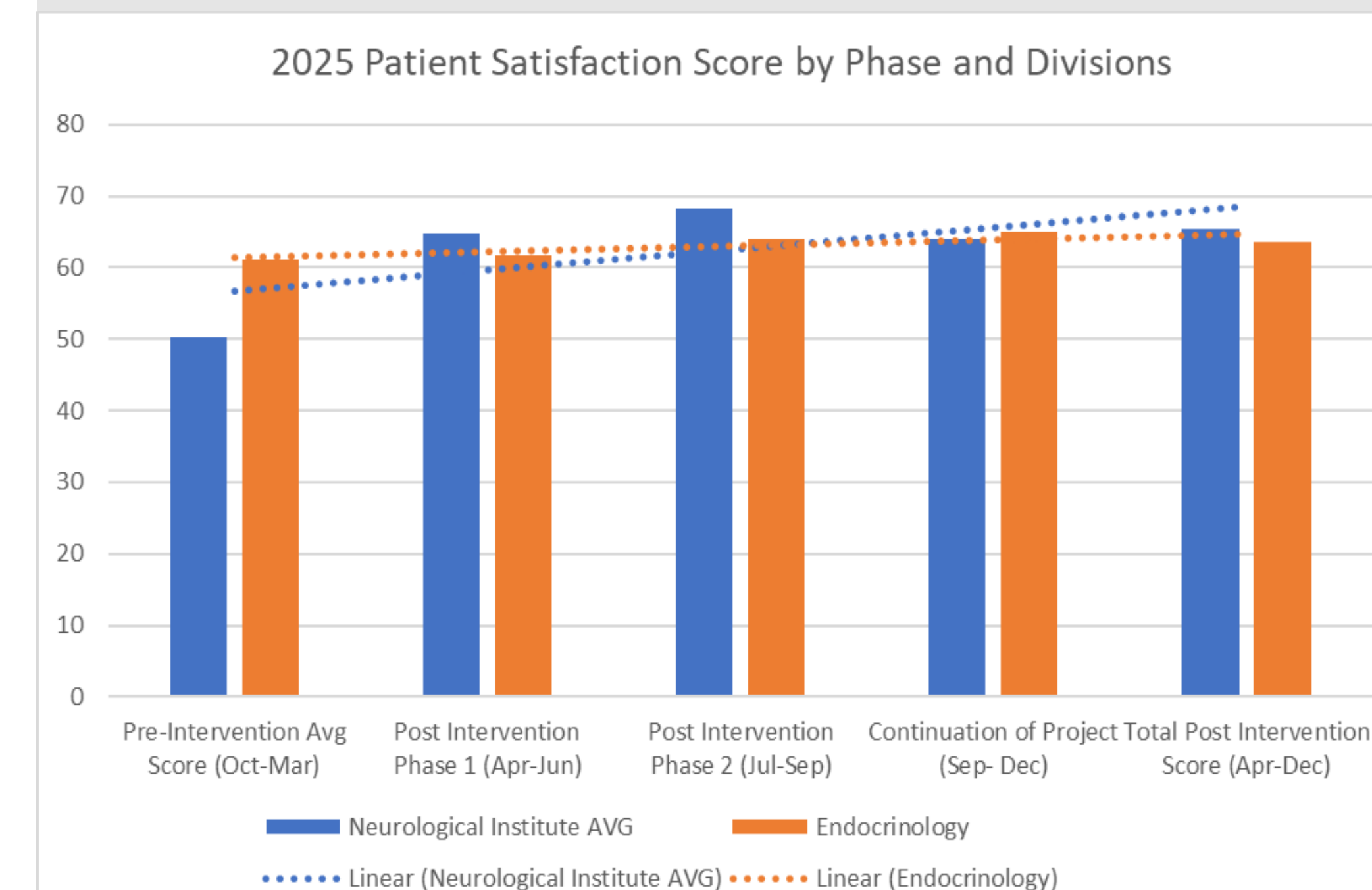
- Limited nursing face-to-face time during visits.
 - Templated time slots
 - Rooming needs for scheduled patient volume
- Nurses not utilized to full scope of practice consistently in the clinic.

RECOMMENDATIONS

- Implement leadership rounding in both divisions.
- Include the scope of all nurses within the clinic spaces, including Registered Nurses (RNs), Licensed Vocational Nurses (LVNs) and Nurse Care Managers (NCMs).
- Enhance their communication with patients and families in clinics, using similar language of 'confidence and trust'.

IMPLEMENTATION

- Clinic leaders from both divisions presented project and goals with nursing staff during staff meetings.
- Nurses were encouraged to have similar approach when entering room (acknowledge patient first), spend more time with their families and use verbiage such as "are you confident with what I explained/educated you on today?".
- iCare rounds conducted by both division managers in which patients/families are asked about their experience during their visit.

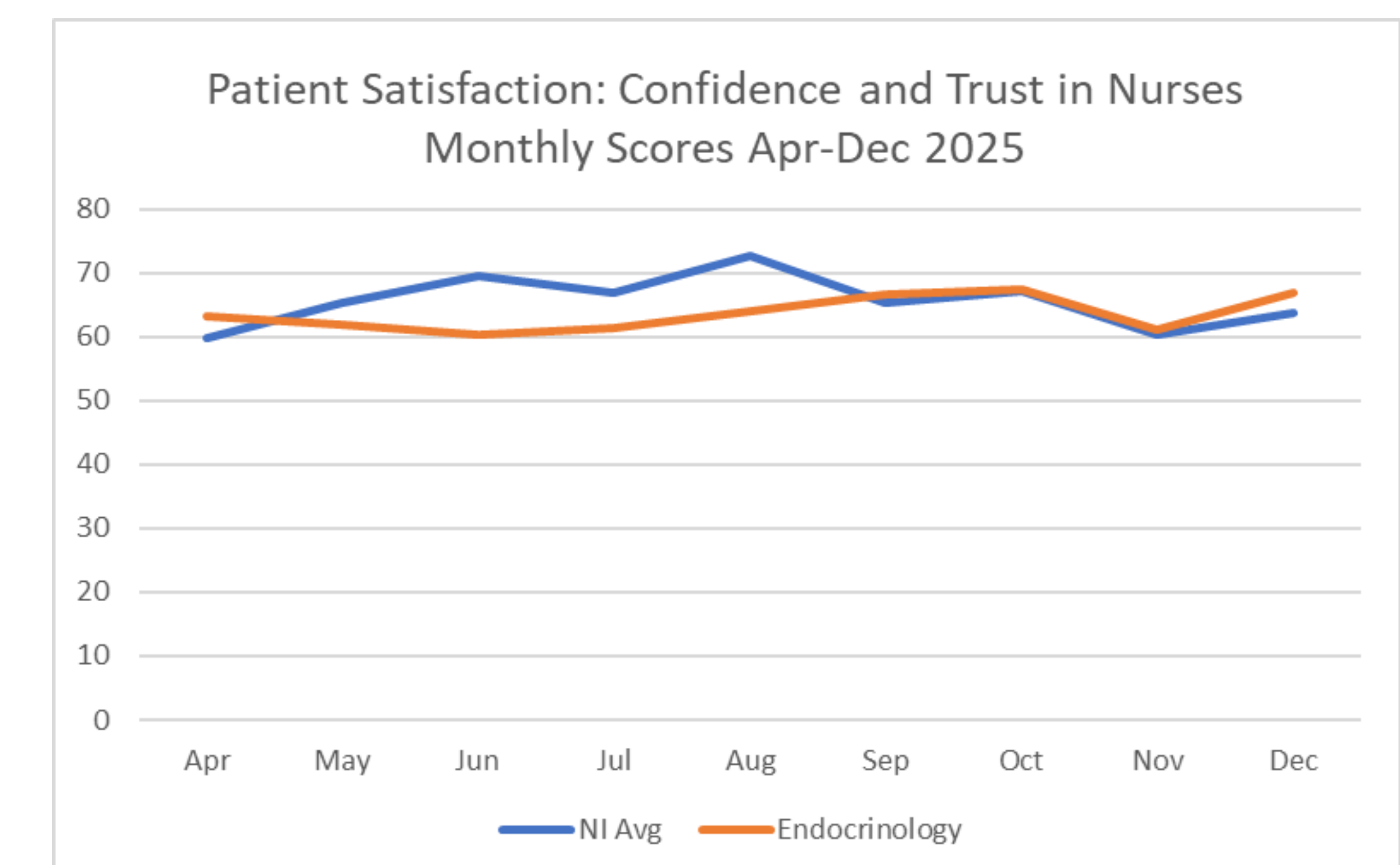


LIMITATIONS

- iCare rounds and nursing time with patients was impacted by the following:
 - Staffing constraints
 - Hiring freeze
 - Nursing burnout
 - Increase in leadership meetings and responsibilities
- Staff satisfaction surveys were halted, as CHLA was no longer using this resource.

OUTCOMES

- Due to organizational financial strain, a hiring freeze and the future implementation of new staffing ratios, the project was extended beyond the original timeline.
- Both divisions saw an increase but only NI achieved its 3% goal. Endocrinology did not achieve a 3% increase but improved by 2.4%.
- A decrease in the November results was noted, following the reduction in force that was completed in October.



CONCLUSIONS

- Staff morale plays a role in patient satisfaction scores.
- Increased face time by nurses with direct patient care in clinic did ultimately render improved monthly satisfaction results.

REFERENCES / ACKNOWLEDGEMENTS

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