

PATIENTS' SATISFACTION WITH THE NURSE-LED AURAL CARE CLINIC

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Background: The necessity of decreasing costs while maintaining a high standard of clinical care has led to the expansion of the role of nurses in recent years. To this end, nurse-led clinics are becoming increasingly common in otolaryngology. The aims of this cross sectional survey were to assess patients' satisfaction with this nurse-led aural care clinic. **Method:** Patients attending this clinic were requested to fill in an anonymous questionnaire. Data was collected for 12 weeks between January and April, 2007. **Results:** Forty-four questionnaires were completed satisfactorily (44/50=88%). In response to the presenting complaint, the nurse gave verbal advice (25), discussed with a doctor (10) or arranged a doctor review (9). Forty patients were very satisfied and 4 patients were satisfied with the overall care in the clinic. **Conclusion:** Combining medical and nursing efforts can provide efficient use of limited time resource in NHS. Nurse-led clinics are cost effective and help reduce the waiting time for outpatient clinics.

Keywords: ENT, nurse practitioner, outpatients, nursing role, outcome

INTRODUCTION

The need to reduce costs while maintaining a high standard of clinical care has led to an expanded role of nurses in the modern day National Health Service.¹ To this end, nurse-led outpatient clinics are becoming increasingly common in otolaryngology.

Ear and hearing problems are uncommonly life-threatening but cause significant discomfort and embarrassment to many patients. Aural care is therefore an excellent area to expand the role of the nurse practitioner.

The literature shows that nurses have been successfully involved in running pre-admission clinics as well as providing follow-up care after various types of surgery like grommet insertion, adeno-tonsillectomy, nasal septal surgery, endoscopic sinus surgery and tracheostomy in recent years.²⁻⁵

In the Grampian region of Scotland, nurse-led aural care clinics have been operating for three years. This clinic is run by an experienced nurse with medical support being available for advice if required. The patient is initially assessed by medical staff before suitable referral to the nurse-led clinic. Patients deemed suitable for this clinic include patients requiring regular waxing of their ears, care of stable mastoid cavities and some cases of chronic otitis externa. No patient refused to be referred to a nurse-led clinic.

The aim of this study to assess patients' satisfaction with this nurse-led aural care clinic.

MATERIAL AND METHODS

This Cross sectional survey using an eight item anonymous questionnaire was conducted at Outpatient department of Aberdeen Royal Infirmary, a teaching hospital in the north east of Scotland.

Outcome measures: The eight item questionnaire was developed by the authors after a literature search for validated out-patient satisfaction questionnaires and significant discussion amongst the research team. The questionnaire was based upon the patients' experience during their clinic attendance and the way the consultation was handled. Free text space was provided in the questionnaire for comments on any aspect of their care.

Data was collected for 12 weeks between January and April 2007. Fifty consecutive patients attending the clinic in the study period were requested to complete the questionnaire. A total of 120 clinic visits were made by 50 patients in the study period. The patients completed the questionnaire on their primary visit only. SPSS 12 was used for analysis.

RESULTS

Forty-four questionnaires were completed fully (44/50=88%). The mean age of patients was 64 years (Range 32-92). There was equal sex distribution.

Q1. Were you seen by a consultant initially or by another grade of otolaryngologist?

Thirty-six patients (82%) were referred by a consultant while 8 patients (18%) were initially seen by a Staff grade surgeon.

Q2. Did you have a choice to be seen by the nurse or the medical staff for follow-up?

Twenty-seven patients (61.4%) admitted to have the option of choosing either nurse-led follow-up or conventional 'doctor led' out-patients clinic. Twelve patients (27.2%) were given no choice while 5 (11.4%) were unsure about it.

Q3. Were you happy for your care to be taken over by the nurses?

All of the patients (100%) were happy with their care taken over by a nurse.

Q4. Did you ask the nurse any questions about your health or condition?

Forty three patients (98%) had asked at least one question.

Q5. How did the nurse deal with your problem?

On 25 (57%) occasions the supervising nurse was able to give treatment and informed advice without consulting an otolaryngologist (Figure-1). On 10 (23%) occasions, the nurse discussed the case with an otolaryngologist before giving appropriate advice to the patient. On 9 (20%) occasions the nurse practitioner arranged a brief otolaryngologist review.

Q6. Did you feel the nurse was qualified enough to deal with your care?

All of the patients (100%) found the nurse qualified enough to look after them.

Q7. Please indicate the level of satisfaction with your clinic visit?

Forty patients (91%) were very satisfied and 4 (9%) patients were satisfied with the overall care in the clinic. No patients were either dissatisfied or very dissatisfied with the content of the clinic visit.

Q8. Do you have any comments/suggestions you would like to offer regarding any aspect of your care?

Five patients provided comments and all were positive about the care they received in the clinic.

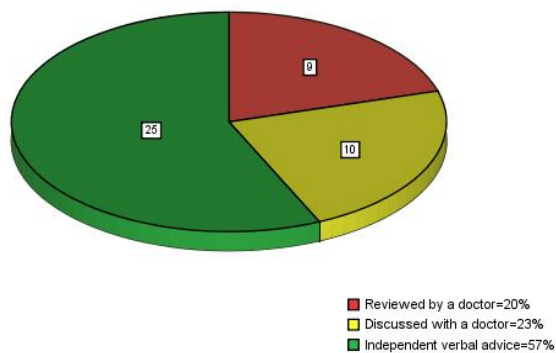


Figure-1: Pie chart showing outcome of nurse led consultation

DISCUSSION

The modern day National Health Service (NHS) has placed an emphasis on reducing costs and bringing down the access time to nationally agreed limits. Because of this there has been a move in recent years

to devise innovative methods of delivering similar standards of excellent patient care.

Combining medical and nursing skills can provide efficient use of limited time and financial resources in the modern day NHS. There is enough evidence in the medical literature confirming that Nurse-led clinics are more cost effective than conventional otolaryngology outpatient clinic appointments and also help to reduce waiting times.^{6,7}

Over the past 15 years, nurses in otolaryngology have been extensively involved in routine out patient care. Conditions such as active chronic otitis media, otitis externa, presbycusis, sudden sensorineural hearing loss and facial palsy have all been managed in clinics by nurse specialists.² In addition, nurses have also successfully been employed at post-operative clinics specifically after ESS, Adeno-tonsillectomies, Grommet insertions and septal surgery.^{3,4}

Ear problems are extremely common complaints causing significant morbidity but very rarely mortality.⁸ For this reason the authors consider aural care to be ideal to be considered in the extended role of the nurse practitioner.

Before setting up the nurse led clinic, the lead nurse attended a course at the local Robert Gordon's University in Aberdeen entitled the Aural Care Course in 2005. In addition to this, she had in-house training on otoscopy, use of the microscope and micro-suction of ears. This was supervised by consultant otolaryngologists.

The 8 questions survey was devised by the authors with input from all consultant otolaryngologists in the department and the senior nursing staff at the Otolaryngology out-patients clinic. One criticism of this may be that the questionnaire is not validated. The reason the authors used this questionnaire were that the main problems experienced by aural care patients are mainly aural discomfort or embarrassment and are rarely severe enough to cause admission or mortality! The authors wanted to assess patients' general degree of satisfaction with their care rather than any specific clinical outcome measure.

The results also indicated that nurses were able to look after the patient without any further medical input in 57% of patients. In 23% of patients, the nurse had to briefly discuss the patient with an otolaryngologist present in the department, without the doctor having to see the patient. In 20% of patients, the nurse practitioner had to ask an otolaryngologist to briefly review the patient. Because of this, it is important that the nurse led clinic is scheduled during standard working hours,

when an otolaryngologist is present to offer help if required.

The results show a high level of patients' satisfaction with this service. This satisfaction is mirrored in previous studies involving nurse led clinics.¹The most important aspect of such a clinic is the continuity of care as the patients are seen by the same nurse practitioner on each visit. The 50 patients made 120 visits to the clinic in the 3 months study period which appears to be too frequent. Would the frequency of attendance have been less over the study period if a surgeon had seen the patients? This aspect needs to be addressed and we plan to explore it in near future.

Our results show that the nurse-led aural care clinic is popular with patients. In addition, this has been shown in literature that Nurse led clinic is cost-effective⁶ and frees up time for otolaryngologists to see more complex cases. This will have the additional benefit of reducing out-patient waits in the NHS.

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