IMPLEMENTING PATIENTS’ DAILY GOALS IN THE ACUTE CARE SETTING:
A SYSTEMS APPROACH

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DEDICATION

This thesis is dedicated to my mother, Catherine Marshall, who has always encouraged me to strive for excellence and follow my dreams. My mother passed away this year after a courageous fight with pancreatic cancer, and I will miss her wisdom, love, and guidance very much.
# TABLE OF CONTENTS

LIST OF ILLUSTRATIONS ...........................................................................................................7
LIST OF TABLES ..........................................................................................................................8
ABSTRACT .....................................................................................................................................9

CHAPTER ONE ............................................................................................................................10
   Introduction ...........................................................................................................................10
   Purpose ...............................................................................................................................10
   Rationale ............................................................................................................................10
   Patient Preferences .............................................................................................................11
   Research Questions ...........................................................................................................13
   Significance .........................................................................................................................13
   Summary ..............................................................................................................................13

CHAPTER TWO ...........................................................................................................................14
   Introduction ...........................................................................................................................14
   Review of the Literature .....................................................................................................14
   Communication Between Patients and Caregivers .........................................................14
   Decision-Making Roles .......................................................................................................16
   Methods for Obtaining Patient Preferences ...............................................................17
   Daily Goals Research ........................................................................................................19
   Conceptual Framework .....................................................................................................21
   Summary ..............................................................................................................................23

CHAPTER THREE .......................................................................................................................25
   Introduction ..........................................................................................................................25
   Methods ................................................................................................................................25
   Setting and Sample ............................................................................................................25
   Design ..................................................................................................................................26
   Procedures ...........................................................................................................................26
   The Intervention ..................................................................................................................26
   Intervention Integrity .........................................................................................................27
   Measuring Outcomes .........................................................................................................27
   Plan for Human Subjects Protection ............................................................................29
   Data Management Plan .....................................................................................................29
   Data Analysis ......................................................................................................................29
   Summary ..............................................................................................................................30
TABLE OF CONTENTS – Continued

CHAPTER FOUR ..........................................................................................................................31
Introduction ....................................................................................................................................31
Results ............................................................................................................................................31
Answering the Research Questions ..........................................................................................31
Question 1. Patients Recognition of Participation .................................................................31
Question 2. Achievement of Patients’ Daily Goals .................................................................32
Question 3. Patients’ Perception that Questions were Answered ...........................................32
Question 4. Effectiveness of Communication with Nurse .......................................................34
Question 5. Agreement Between Patients and Nurses ............................................................34
Summary ........................................................................................................................................39

CHAPTER FIVE ...........................................................................................................................40
Introduction ....................................................................................................................................40
Discussion of Findings ..................................................................................................................40
Implications for Nursing .............................................................................................................43
Limitations .....................................................................................................................................44
Recommendations for Further Research ....................................................................................45
Summary ........................................................................................................................................46

APPENDIX A: PARTICIPANT’S DISCLOSURE FORM (PATIENTS) ..................................47
APPENDIX B: PARTICIPANT’S DISCLOSURE FORM (RN) ................................................49
APPENDIX C: WRITTEN SUMMARY AND TALKING POINTS FOR RN PARTICIPANTS ..................................................................................................................51
APPENDIX D: SCRIPT FOR NURSES TO USE WITH PATIENTS.................................55
APPENDIX E: PATIENT DAILY GOALS FORM.................................................................57
APPENDIX F: DATA COLLECTION INSTRUMENT: PATIENT QUESTIONNAIRE .........59
APPENDIX G: HUMAN SUBJECTS APPROVAL FOR STUDY ............................................61
APPENDIX H: FACILITY APPROVAL FOR STUDY .............................................................63

REFERENCES ..............................................................................................................................65
LIST OF ILLUSTRATIONS

FIGURE 1. Conceptual Model ................................................................. 24
FIGURE 2. Flow of Participants Through the Study ............................ 33
LIST OF TABLES

TABLE 1. Descriptive Statistics by Questionnaire Item ...............................................................35

TABLE 2. Individual Results for Formation of Patient Daily Goals and Agreement Between Nurses and Patients .........................................................................................................37

TABLE 3. Individual Results for Achievement of Patient Daily Goals and Agreement Between Nurses and Patients ........................................................................................................38
ABSTRACT

Facilitating patient participation in daily treatment decisions and care plans requires that health care providers and organizations provide for and encourage a more patient-centered approach to the provision of care. The purpose of this research was to implement and evaluate a nursing innovation in which the assigned nurse identifies the patient’s personal goals on a daily basis. The study used a comparative survey methodology to evaluate patient outcomes with and without patient-developed daily goals. The daily goals intervention made a significant difference in patients’ perception that daily goals were formulated and that daily goals were met. However, the daily goals intervention did not make a difference in patients’ perception that their questions were answered or in their satisfaction with the communication they had with their nurse. This study also indicated that there was agreement between nurses and patients that daily goals were formulated and achieved.
CHAPTER ONE

Introduction

This chapter describes and provides the rationale for a research study aimed at implementing and evaluating a process for eliciting daily goals from patients in an acute care hospital setting and incorporating them into the daily plan of nursing care. The chapter also will review the available research evidence about patient preferences and participation in care planning.

Purpose

Providing patient-centered care requires that nurses understand patients as unique individuals who have individual characteristics, needs, values, beliefs, and preferences in order to deliver interventions that consider those needs and preferences (Sidani, 2006). The purpose of this research was to implement and evaluate a nursing innovation in which the primary nurse identifies the patient’s personal goals on a daily basis. Both the integrity of the innovation, as well as its effectiveness, were evaluated. Integrity of the innovation was measured as the degree of participation of nurses and patients during the two-week implementation phase, and perceived benefits and limitations identified by nurses and patients. Effectiveness was measured as actual achievement of patient-generated daily goals prior to discharge from the acute-care setting.

Rationale

In healthcare settings today, there is renewed emphasis on the need for effective health care processes and improved outcomes of care, with a focus on individualized patient care and patients’ personal characteristics and preferences (Suhonen et al, 2007).
Researchers have found that patient involvement and participation in their health and treatment plans is essential to providing the highest quality of care (Sidani, 2006). Patient participation contributes to positive patient outcomes such as satisfaction, autonomy, and perceived health-related quality of life (Suhonen et al, 2007). Promoting patient participation also enhances patients’ responsibility for treatment, psychological well-being, adherence to treatment, achievement of desired functional and clinical outcomes, cost effectiveness, and the development of a trusting relationship between the health care provider and the patient (Fineout-Overholt & Melnyk, 2006). Facilitating more patient participation in daily treatment decisions and care plans requires that health care providers and organizations provide for and encourage a more patient-centered approach to the provision of care.

There are two critical characteristics of patient-centered care. The first characteristic is understanding the patient as a unique person who has individual characteristics, needs, values, beliefs, and preferences. The second characteristic is responding to patients’ individual needs and preferences by selecting and delivering interventions that consider patient needs and preferences (Sidani, 2006). The Joint Commission on Accreditation of Healthcare Organization’s “Speak Up” campaign is an example of an initiative that hospitals have put in place in an effort to include patient preferences and input in the provision of care (Joint Commission Website, 2008)

*Patient Preferences*

Although the phrase “patient preferences” lacks a consistent definition in the literature, there seems to be general agreement that patient preferences are statements made by individuals about the relative desirability of a range of health experiences, treatment options, or health states. Patient preferences can be related to structure, process, or outcomes (Brennan, 1998).
It is generally recognized that patients should have a central role in decision-making about their care. The majority of patient decision-making research has focused on patient decisions about specific disease states or screening methods. Decision-making role preferences of patients and providers are considered, and these role preferences guide the subsequent discussions between the patient and the health care provider. Patients’ health care preferences and values are usually elicited in an interview conducted near the time of admission by the nurse or physician. These health care and decision-making preferences and values are often broadly applied to all decisions to be made throughout the entire acute care admission. By contrast, there has been a lack of research regarding patient participation in treatment goals on a daily basis, outcomes related to such participation, and the perspectives of patients and caregivers who may participate in patient-centered daily goal planning.

In her research on patient preferences and decision aides, Ruland (2002) observed that although decision aides have been shown to be effective, they are confined to a narrow segment of decisions about single episodes of screening or treatment choices; and noted that little attention has been given to the elicitation and integration of patients’ preferences into the ongoing process of care over time. Several evaluation studies of daily goal worksheets have been conducted within the last five years, with favorable outcomes in the areas of perceived communication between caregivers and patients, caregiver understanding of care goals, and decreased length of stay. In all of these studies, however, the daily goal worksheets were completed by interdisciplinary teams of caregivers and included little or no patient participation in goal formation (Narasimhan et al, 2006, Phipps & Thomas, 2007, Pronovost et al, 2003).
Research Questions

This study will attempt to answer the following research questions: 1) Do patients recognize their own participation in their plan of care when invited to share their own daily goals with a nurse? 2) Does the process of including patients’ own daily goals improve patient outcomes in terms of: (a) achieving their own daily goals, (b) having their questions answered, and (c) reporting effective communication with their nurses during an acute care admission? 3) How often do the nurses and patients agree that daily goals were formulated and met?

Significance

The process by which the nurse identifies, implements, and documents patients’ own daily goals for their care is not well described in the literature. Current research on daily goal setting in acute care focuses on goals formulated by multidisciplinary teams of caregivers or nurses. Implementation strategies are not well reported, making the research difficult to transfer into other care settings. This study benefits patients, nurses, and the medical community by evaluating the utility of patient-generated daily goals for nurses and patients alike and the feasibility of implementing a formal process to elicit and actualize these goals in daily nursing practice.

Summary

This chapter introduced a research study designed to implement and evaluate a process for identifying and implementing patient-generated daily goals in an acute care setting and to test the outcomes of that process. The purpose, rationale, and significance of the study were addressed, and an introductory discussion of current research in this area was included.
CHAPTER TWO

Introduction

Chapter 2 provides a review of the contemporary literature in several key areas. The chapter begins with a review of communication between patients and caregivers and continues with literature reviews of decision-making roles, methods for obtaining patient preferences, and theoretical frameworks and models, concluding with a critical evaluation of daily goals research.

Review of the Literature

*Communication Between Patients and Caregivers*

The quality and content of conversations between patients and caregivers forms the foundation for the provision of effective, quality healthcare. The boundaries of the healthcare environment have become less structured and more dynamic. Many more options are available to patients, such as the Internet, personal electronic health records, walk-in clinics, and physician specialists. These additional options have the potential to fragment care provided to patients because of multiple care providers and sites, and decreased communication between providers and patients. The fragmentation of care can lead to impaired communication between provider and patient, as well as the failure to recognize and incorporate patients’ own goals into the plan of care.

Kaplan and Brennan (2001) examined changes in the traditional roles of patients and providers, and found several trends in healthcare consumer preferences. Consumers want personalized relationships with their clinicians to obtain information that addresses their individual concerns and conditions. Consumers also want the same level of healthcare service that they get via the internet from the financial services industry, which includes highly
personalized, customized, and targeted information. The authors concluded that the development of patient-centered care systems should be organized around the individual patient as a partner in health care, and focused on the consumer, not the provider or institution (Kaplan & Brennan, 2001).

Throughout the literature, there is general agreement that patients should be involved in decisions about their medical care (Melnyk & Fineout-Overholt, 2006). Still, there is little research about how these complex discussions with patients actually occur (Huang, et al, 2005). Important considerations when involving patients in decision-making include patients’ health literacy and prior knowledge of their health and of healthcare in general. Patients who are adequately informed can bring a unique perspective to the decision-making process (Melnyk & Fineout-Overholt, 2006).

There is substantial evidence that communication between healthcare professionals and patients or caregivers is inadequate. Reasons for this include a lack of appropriate communication skills to elicit patient’s preferences for health information; and information that is poorly matched to preferences (Murtaugh & Thorns, 2006). Other potential barriers to effective communication include insufficient time, limited skill and confidence in conversations with patients, lack of established relationships with patients, and difficulties predicting the decision-making role patients prefer (Say & Thomson, 2003). Also, discrepancies between the intervention selected by patients, based on their preference, and the intervention found to be the most effective, based on the best available evidence, can lead to ineffective communication and problems with implementation of patient-centered care (Sidani, 2006).
In an exploratory study using a grounded theory approach, Huang and colleagues (2005) conducted semi-structured interviews to elicit self-reported healthcare goals and factors influencing these goals in a population of older patients with diabetes. Interviewees’ goals were described in global, functional terms rather than biomedical terms, and were related to daily routine life rather than the specifics of diabetes care. These results suggest that patients and health care providers often have different vocabularies and perspectives, which can decrease the quality of communication between the two groups.

**Decision-Making Roles**

For healthcare providers, an essential step in the process of giving information and facilitating patient input is to elicit the patient’s current preferences for the amount and type of information they want (Melnyk & Fineout-Overholt, 2006). Patient preference for the extent of involvement in decisions should also be considered by caregivers (Murtaugh & Thorns, 2006).

In a comprehensive review of literature that addressed the match between patient preferences and physician communication strategy, Keisler and Auerbach (2006) concluded that providers should assess patients’ interactional preferences including the degree to which patients wish or need to be informed, the extent to which they want to participate in treatment decisions, and their preferred interpersonal behaviors during medical transactions. The researchers found that the percentage of patients whose actual decision-making matched their desired or preferred role ranged from 34% to 80%, with a median of 60%.

Deber and colleagues (2007) conducted a secondary analysis of a series of survey/interview-based studies measuring preferred role in 12 different populations. The authors found that patients want to understand their disease and the choices available to them, and that
patients want to be involved in aspects of decision-making that affect their quality of life. Patients do not want to take on the provider’s role, but they do want their providers to work with them to ensure that they have the information they need to make the best decisions.

Several researchers (Levinson et al, 2004) conducted a secondary analysis of the 2002 General Social Survey (GSS), a sample of all English-speaking persons 18 years of age or older living in U.S. households. The GSS, which is conducted biennially by the National Opinion Research Center, explored respondents’ preferences in three areas of decision-making: seeking information, discussing options, and making the final decision. In the area of information-seeking, 44% preferred to rely on physicians for medical knowledge rather than seeking out information themselves. When discussing options, 96% of patients preferred to be offered choices and to be asked their opinions. When making a final decision, 52% preferred to leave final decisions to their physicians. Women, more educated, younger, and healthier people were more likely to prefer an active role in decision-making. The results suggest that most, but not all, U.S. patients prefer to be actively involved in medical decision-making so physicians and health care providers must assess individual patient preferences and tailor care accordingly (Ryan & Sysko, 2007).

Methods for Obtaining Patient Preferences

The importance of including patient preferences and values in care planning is evident in the literature. Preference measures frequently use multi-dimensional health-state scenarios to measure patients’ desires for treatment, outcomes, or time. Measures may be generic, using pre-existing, or disease-specific scales. Generic scales vary in their definition of health, the source of preferences, and the techniques used to weight the preference. By contrast, disease-specific
preferences are obtained by a survey instrument developed for a specific population. Patients are presented with a specific scenario and are asked to perform a type of risk-benefit analysis that results in a decision. When eliciting patient preferences, the choice of method should be based on the population and the context of the study (Elnitsky & Stone, 2005).

Brennan & Strombom (1998) discussed patient preferences using aspects of two main branches of decision theory (decision analysis and multi-attribute theory). Decision analysis involves the choice of one course of action from several, when the choice depends on the knowledge of the outcomes. By contrast, multi-attribute theory provides ways to quantify the subjective value of health, and defines preference as the ordering of entities over a value space.

Integrating patient-centered care and evidence-based practice has also been addressed in the literature and is thought to occur in three phases: 1) synthesis of best available evidence supporting the effectiveness of the alternative interventions regarding a clinical problem, 2) generation of a description of each intervention which is used to elicit patient preference, and 3) application of a systematic procedure for eliciting preferences. The applicability of this approach to everyday practice has yet to be determined, but it is argued that the strategy would ensure that patients’ preferences are accounted for, thus improving the quality of nursing care (Sidani, Epstein, & Miranda, 2006).

Several researchers have advocated using computer technology to help incorporate patient preferences into health care practices. Brennan describes several examples of such technology, including the Comprehensive Health Enactment Support System (CHESS), Decisions Aid, Shared Decision-making Program (SDP), and HealthTouch. Brennan (1998) argued that future research in this area should include the development of informatics tools to
help clinicians in interpreting the elicited patient preference data, as well as simply collecting it.

Ruland (2005) conducted a study in which patient preferences for functional performance were elicited from nurses at the bedside using a handheld computer-based application called Creating better Health Outcomes by Improving Communication about patients’ Expectations (CHOICE) as part of the initial admission interview. Results indicated that nursing care was more consistent with patient preferences and improved patient preference achievement (Ruland, 2002). Use of the CHOICE application was also shown to improve functional status, and indirectly, patient satisfaction.

Daily Goals Research

The majority of research conducted in the areas of patient decision-making, goal setting, and patient-centered care for inpatient settings is focused on an entire episode of care. Goal identification and decision-making roles and techniques are often identified at one point in time, and are not reassessed prior to discharge. However, five studies were found that evaluate the process of defining daily goals, and the incorporation of daily goals into patient care (Joint Commission on Accreditation of Healthcare Organizations, 2007; Narasimhan, 2006; Phipps & Thomas, 2007; Potter & Mueller, 2007; Pronovost et al, 2003; Only the study by Potter and Mueller (2007) involved the input of patients and families in the development of daily goals. Each of the five studies will be discussed in the following paragraphs.

In a study by Pronovost and colleagues (2003), a daily goals sheet was implemented in an adult intensive care setting in an attempt to improve communication between caregivers regarding patient goals and treatments. The authors acknowledged that discussions during rounds, which included physicians, nurses, therapists, and a pharmacist, were more provider-
centered than patient-centered and explicit patient goals were not developed. The daily goals forms developed for this study did not contain direct input from patients, but did have an entry for “family communication.” Results of the study included a 50% reduction in length of stay, improved perceptions of communication between caregivers, and improved communication with family members using the goals form as a tool.

A similar study by Narasimhan (2006) also evaluated a daily goals worksheet over a 9-month period in an intensive care setting. The worksheet was completed by the caregiver team during interdisciplinary rounds and posted at each patient’s bedside. Researchers measured physicians’ and nurses understanding of the goals of care and length of stay in the intensive care unit. Use of the daily goal sheet resulted in improved understanding of care goals, improved communication between physicians and nurses, and decreased length of stay (Narasimhan, 2006).

Phipps and Thomas (2007) conducted a prospective, longitudinal study that used before-and-after surveys to assess nurses’ perceptions of communication within a pediatric intensive care unit. A standardized form that outlined the specific daily goals of pediatric ICU patients was implemented for each patient and updated daily by the nurse caring for the patient. Results indicated that 85% of nurses in the study thought that communication between nurses and physicians was improved. The authors concluded that the daily goals sheet led to improved nursing perception of communication (Phipps & Thomas, 2007).

Another study by the Joint Commission on Accreditation of Healthcare Organizations (2007) examined the use of a multi-disciplinary goal sheet in an adult intensive care unit. A standardized goal form was implemented for each patient, with documentation elicited from all
caregivers. Results indicated an increase in nurses’ and residents’ understanding of daily therapy goals and a decreased patient mean length of stay of almost 50% (Joint Commission on Accreditation of Healthcare Organizations, 2007).

Potter and Mueller (2007) specifically addressed patient and family input into daily goals while examining a pilot project implementing a new delivery of care model on a large general medical unit in a tertiary care medical center. The care model was based on the concept of knowing the patient, and referred to the therapeutic decision-making that enables RNs to individualize patient care. During discussions with patients, the authors found a disconnect between the goals of care determined by the physician and RN and those goals established by the patient and family. This disconnect resulted in the patient and family feeling that nurses were not listening to them. The new care model included an RN determination of patient and family “goals for the day,” which were designed to assist RNs in identifying patient expectations and setting nursing priorities. Goals were written on the information board at the bedside, thus facilitating goal communication to all caregivers and family members. The authors measured nursing stress, level of knowing the patient, and preparation for discharge. Results for these indicators were mixed, and statistical significance was not reported (2007).

Conceptual Framework

The conceptual framework chosen for this project was Imogene King’s Theory of Goal Attainment. King’s theory was derived from her conceptual systems framework “Dynamic Interaction Systems.” The framework describes the interrelationships between individuals (“personal systems”), groups (“interpersonal systems”) and society (“social systems”). The goal of the framework is to help individuals, groups, and society maintain health as they interact in
their environments, and each of the three systems are elements in the total environment (King, 1992).

Initial work on the Theory of Goal Attainment started in the 1960’s when King developed the concept of “transaction” by recording and studying nurse-patient interaction. In an effort to further develop the concept of “transaction,” King developed a specific classification system that labels behaviors that lead to transactions. In the process of human interaction, transactions are observable in which two individuals (e.g., nurse and client) identify their concerns and problems and mutually set goals. When the nurse and client have explored the means to attain the goal and have agreed upon the means to be used, both exhibit behaviors that help the client move toward goal attainment (King, 1996).

This theory is an appropriate framework for this research because the central concept of “transaction” describes the interaction between the nurse and the patient, in which concerns and problems are identified and goals are mutually set. King’s theory focuses on the process of goal-setting through the concept of transaction and describes goal attainment as the desired outcome. King’s theory is appropriate because, like this study, it focuses on processes and interactions surrounding goal generation and goal attainment.

The conceptual model guiding the study is shown in Figure 1. The major concepts used in this research are nurse, client, goal-setting tool, goal-setting process, and mutually set goals. The concepts demonstrate progression toward anticipated outcomes. The anticipated outcomes, which are directly related to the research questions, are patient recognition of their participation in goal-setting process, patients’ personal care goals met during admission, questions answered to patients’ satisfaction, and perceived effective communication with caregivers.
Summary

This chapter examined a broad array of literature related to formation of patient-generated health care goals. Communication between patients and caregivers forms the foundation for goal-setting. Kaplan and Brennan (2001) examined trends in healthcare consumer preferences and concluded that patients and health care providers often have different vocabularies and perspectives, which can decrease the quality of communication between the two groups. Most, but not all, U.S. patients prefer to be actively involved in medical decision-making, but discussions between patients and caregivers should include the decision-making role that the patient wishes to assume. Methods for obtaining patient preferences vary widely. Current research does not specify a preferred method, but indicates that the choice of method should be based on individual patient needs and circumstances. Four studies were identified that evaluate the process of defining daily goals and the incorporation of daily goals into patient care. Only one of the four studies involved the input of patients and families in the development of daily goals. Finally, the conceptual model that guides the study was described.
Transaction between nurse and patient to mutually set goals

Outcomes

Goals met during admission

Patients report they participated in goal-setting process

Patients report their questions were answered

Patients report satisfaction with communication with caregivers

Nurses and patients agree that daily goals were met

FIGURE 1. Conceptual Model
CHAPTER THREE

Introduction

This chapter addresses the methods used to implement and evaluate patient-generated daily goals. The setting and sample, design, and procedures are discussed in detail. A plan for human-subjects protection is included, as well as plans for data management and data analysis.

Methods

Setting and Sample

The setting for this project was two adult inpatient units in a large non-teaching community hospital. The scope of service on both units was similar; and facility expectations regarding care processes, workflow, and outcomes were the same. The units were staffed by Registered Nurses, and Patient Care Technicians. Physician services were provided by attending physicians and hospitalists. Unit A served as the intervention unit and participated in the research project as described in the procedures section below. Unit B continued with the usual care practices defined by the facility and served as a comparison group. The intervention unit was randomly selected using an Excel random number process to eliminate potential bias when selecting the unit to receive the intervention. The planned sample size was 25 participants from each unit, for a total sample size of 50 participants.

Eligible patients were admitted as inpatients on one of the two units participating in the study. Participants were over 18 years of age, had a total length of stay of at least 48 hours, had the ability to read and speak English, and were able to engage in verbal conversation with nursing staff. Patients were also required to have sufficient cognitive ability to understand the purpose of the study, participate in daily goal-setting with nursing staff, and answer the written
survey questions, as determined by the nurses assigned to their care. Patients must also have generated at least one daily goal that was documented on the Patient Daily Goals form. Patients were recruited to complete questionnaires on the day of their scheduled discharge.

**Design**

The study used a comparative survey methodology to evaluate patient outcomes with and without patient-developed daily goals. Surveys of patients on both units A and B at the time of discharge were used to measure targeted outcomes of the intervention. Appropriate Disclosure statements were utilized according to the hospital and the University of Arizona IRB rules. Disclosure statements are shown in appendices A and B.

**Procedures**

**The Intervention**

The implementation project began with education for all RN staff on both units. Objectives were to inform the RN staff about the project itself, as well as about the procedures that were implemented for the project. Although daily goals were usually obtained and documented during the day shift, all RN staff on both units were included in the education because night shift RNs were carrying out the patient’s daily goals as part of the larger care plan for the patient.

Unit managers assisted with scheduling time on agendas of pre-scheduled staff meetings approximately 1 week prior to the scheduled implementation date. Three meetings were held on each unit, and the education took 20 minutes at each meeting. At each meeting, a written summary of the project was provided to each RN on staff as part of the disclosure form. The disclosure form included the purpose of the study and the requested involvement of each RN.
Suggested scripts and talking points to be used when speaking with patients were also provided.

The suggested scripts and talking points are shown in Appendices C and D.

RN staff will on the intervention unit were asked to elicit a daily goal from each of their assigned patients and to document goals on the Daily Goals form, shown in Appendix D. Nurses on both units were also asked to obtain verbal permission from potential participants for the researcher to enter their room.

The overall RN attendance at the meetings was 57%. Written material provided at the meetings was placed in mailboxes and sent electronically via email to all employees. A flyer was also posted in both units according to accepted practice for the unit and the facility. The implementation on Unit A began the week following the educational meetings. Unit and facility schedules were considered when scheduling the project start date.

**Intervention Integrity**

To assess the integrity of the innovation, nurses on Unit A were asked to complete a form that stated the date and time the patient’s daily goal was developed, the goal itself, and the date and time the goal was met. This form was collected and retained by the researcher and was not part of the patient’s health record. The form, titled Patient Daily Goals Form, is shown in Appendix E.

**Measuring Outcomes**

Achievement of outcomes related to daily goal formation, goal achievement, patient education, and communication was measured by asking patients on both units to complete a questionnaire at the time of discharge. The four-item questionnaire used a four-point Likert response scale. The questionnaire is shown in Appendix F. Mean scores on the instruments were
expected to be higher on Unit A, demonstrating the effectiveness of the daily goals implementation.

On the implementation unit, the daily goals form was assigned a random number which was written on the top corner of each page to ensure that no personal, medical, or demographic patient information was accessed for this study. The documents were available in the nurses’ station and from the Unit Coordinator upon patient admission to the unit.

The principal investigator monitored the implementation daily on both units for 1-2 hours each day. On Unit A, questions were answered and reminders were provided to the staff to complete the Daily Goals Form. The principal investigator inquired of the charge nurse or designee on Unit A whether patients met the inclusion criteria and were scheduled to be discharged that day. The Daily Goals form was then retrieved by the principal investigator from the assigned nurse for the identified patients. The principal investigator brought blank patient questionnaires; and when the questionnaire with the patient was completed, immediately attached it to the Daily Goals form for the same patient, writing the same random identifier in the top corner.

On the control unit (Unit B), potential participants were identified in the same manner. However, on Unit B, the RNs were not asked to complete a Daily Goals form. As on the intervention unit (Unit A), the principal investigator brought blank questionnaires for the patients to complete. The principal investigator was introduced to each patient by employed nursing unit staff. Patients who agreed to participate were asked to complete the patient questionnaire.
Plan for Human Subjects Protection

Approval for the Human Subjects Protection Plan was obtained from the University of Arizona Human Subjects Protection Program and is shown in Appendix G. Written permission to conduct the research at John C. Lincoln North Mountain Hospital was obtained from the Director of Professional Practice and Research and the Research Committee, and is shown in Appendix H.

Data Management Plan

Once completed, the Patient Daily Goals Form and the questionnaire remained in the possession of the principal investigator. Results were entered and stored in a secure, password protected database, for which the password was known only to the researcher. Patients were identified by a randomly assigned number. On the intervention unit, the same random number was written on the Patient Daily Goals form and the attached questionnaire. The numbers were used to match the goals form with the questionnaire for each patient in the study database. This number was not associated with any personal, demographic, medical, or admission information. The forms and surveys were destroyed after the data were entered into the study database.

Data Analysis

To answer the research questions, survey scores from participants on each unit were compared by question using the Mann-Whitney test for two independent samples. Significance levels were set a priori at p < .05. The Mann-Whitney test was selected to analyze the data in this study because the responses collected from the patient questionnaires were ordinal-level data (Grove, 2007).
A separate analysis of data on the intervention unit (Unit A) was also completed. Specifically, the goals documented on the Patient Daily Goals form were compared to question #1 on the questionnaire (“How often did you participate in planning your care by sharing your most important goal for that day with your nurse?”) for the same patient. In addition, the “Goal Met” portion of the Daily Goals form, which has response options of “yes” or “no,” was compared to question #2 on the survey (“To what extent were your personal goals met during this admission?”) for the same patient on the intervention unit. Both comparisons were reported as a percentage of the total number of patients whose responses matched those of the nurses caring for them.

The actual data collected were general in nature, or different in scale, which made comparison and analysis difficult. Results for the last two research questions had to be reclassified before they could be analyzed because the nurses’ data were documented as number of goals, and patients’ responses were documented using ordinal data. Also, there were 6 Daily Goals forms collected that had incomplete data regarding achievement of patient daily goals. When achievement of goals was not documented, the response was classified as “ND” for no data, and was assumed to be “Not Met.”

Summary

This chapter presented the methods used to implement and evaluate patient-generated daily goals. The setting and sample, design, and procedures were discussed in detail, including the specific form and questionnaire used for data collection. The plan for human-subjects protection was included, as well as methods for data management and data analysis.
CHAPTER FOUR

Introduction

This chapter reports the results of the study. Descriptive data and statistical results for each research question are presented, including the specific data analysis methods used.

Results

A total of fifty patients volunteered to participate in this study over a period of 8 days. Twenty-five of the participants were inpatients on the intervention unit (Unit A), which was a general medical-surgical nursing unit. The other twenty-five participants were inpatients on the control unit (Unit B), which was a general medical-orthopedic nursing unit. This sample was representative of the target population, which were adult patients admitted to an acute care hospital setting. Generally, this sample of 50 patients allowed for 10 subjects for each of the five study variables. A detailed summary of the flow of participants through the study is shown in Figure 2.

The units were selected because of their similarity in regard to scope of service and patient population, and both units were located in the same hospital. All participants had been inpatients on Unit A or Unit B for a minimum of 48 hours and were at least 18 years of age. No other demographic or personal information was collected.

Answering the Research Questions

Question 1. Patients Recognition of Participation

The first research question in this study asked if patients recognized their own participation in their plan of care when invited to share their own daily goals with a nurse. The first item on the patient questionnaire, “How often did you participate in planning your care by
sharing your most important goal for that day with your nurse?” was intended to address this question. The mean scores for this item were 2.3 (Unit A) and 0.8 (Unit B), with standard deviations of 0.80 (Unit A) and 1.03 (Unit B). Results of a Mann-Whitney test showed that this difference was significant, \( U = 92.5, p = .000 \).

**Question 2. Achievement of Patients’ Daily Goals**

The second research question in this study asked if the process of including patients’ own daily goals to improve patient outcomes in terms of achieving their goals. The second item on the patient questionnaire, “To what extent were your personal goals met during this admission?” was intended to address this question. The mean scores for this item were 2.5 (Unit A) and 1.3 (Unit B), with standard deviations of 0.77 (Unit A) and 0.85 (Unit B). Results of a Mann-Whitney test showed that this difference was significant, \( U = 111.5, p = .000 \).

**Question 3. Patients’ Perception that Questions were Answered**

The third research question in this study asked if the process of including patients’ own daily goals improved patient outcomes in terms of having their questions answered. The third item on the patient questionnaire, “To what extent were your questions answered during this admission?” was intended to answer this question. The mean scores for this item were 2.5 (Unit A) and 2.2 (Unit B), with standard deviations of 0.77 (Unit A) and 0.71 (Unit B). Results of a Mann-Whitney test showed that this difference was not significant, \( U = 239.0, p = .118 \).
FIGURE 2. Flow of Participants Through the Study
**Question 4. Effectiveness of Communication with Nurse**

The fourth research question in this study asked if the process of including patients’ own daily goals improves patient outcomes in terms of effectiveness of communication with their nurses during an acute care admission. The fourth item on the patient questionnaire, “How often were you satisfied with the communication you had with your nurses during this admission?” was intended to answer this question. The mean scores for this item were 2.6 (Unit A) and 2.2 (Unit B), with standard deviations of 0.58 (Unit A) and 0.83 (Unit B). Results of a Mann-Whitney test showed that this difference was not significant, $U = 249.0$, $p = .170$. A summary of the descriptive statistics is displayed in Table 1.

**Question 5. Agreement Between Patients and Nurses**

The final research question in this study asked how often nurses and patients agree that patient daily goals were formulated and met. Only responses from the intervention unit (Unit A) were analyzed to answer this question because the patients on the control unit did not participate in the intervention, in which nurses were asked to elicit daily goals from patients and incorporate these goals into the daily plan of nursing care.
### TABLE 1. Descriptive Statistics by Questionnaire Item

<table>
<thead>
<tr>
<th>Item</th>
<th>Total Sample Mean N=50</th>
<th>Intervention Unit Mean N=25</th>
<th>Control Unit Mean N=25</th>
<th>Mann-Whitney U</th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participation in Goal Planning</td>
<td>1.6 (1.18)</td>
<td>2.3 (0.80)</td>
<td>0.8 (1.03)</td>
<td>92.5</td>
<td>.000</td>
</tr>
<tr>
<td>2. Achievement of Daily Goals</td>
<td>1.9 (1.00)</td>
<td>2.5 (0.77)</td>
<td>1.3 (0.85)</td>
<td>111.5</td>
<td>.000</td>
</tr>
<tr>
<td>3. Questions Were Answered</td>
<td>2.3 (0.75)</td>
<td>2.5 (0.77)</td>
<td>2.2 (0.71)</td>
<td>239.0</td>
<td>.118</td>
</tr>
<tr>
<td>4. Effectiveness of Communication</td>
<td>2.4 (0.73)</td>
<td>2.6 (0.58)</td>
<td>2.2 (0.83)</td>
<td>249.0</td>
<td>.170</td>
</tr>
</tbody>
</table>

*Note. Values enclosed in parentheses represent standard deviation.*

The first part of the research question deals with the actual formation of patient daily goals. To be included in the study, the subjects on the intervention unit were required to have at least one daily goal, documented by the nurses responsible for their care. Quality and content of documented goals was not specifically analyzed. Thus, based on the nurses’ documentation, all of the patients shared one or more daily goals with their nurse. To determine the extent of agreement between nurses and their patients regarding goal formation, responses were examined for item #1 on the patient questionnaire, which states, “How often did you participate in planning your care by sharing your most important goal for that day with your nurse?” Responses of “Every day (3),” “Most days (2),” or “Some days (1)” were considered to be affirmative responses, meaning that at least one daily goal had been formulated. Of the 25 subjects on the intervention unit, 25 answered “Every day (3),” “Most days (2),” or “Some days (1).” So, based
on the patients’ responses to question #1, 100% of the patients perceived that they shared one or more daily goals with their nurse. Individual responses are displayed in Table 2.

The second part of the research question asked how often nurses and patients agree that patient daily goals were met. Nurses on the intervention unit were asked to document on the daily goals form whether or not the patient daily goal had been met. According to the nurses’ documentation on the Daily Goals form, 19 out of 25 patients, or 76%, met at least one daily goal. In cases where there was no nursing documentation at all regarding whether or not the goal was met, the goal was considered not met.
### TABLE 2. Individual Results for Formation of Patient Daily Goals and Agreement Between Nurses and Patients

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Patient Response To Item # 1&lt;sup&gt;a&lt;/sup&gt;</th>
<th>No. of Goals Documented by Nurse</th>
<th>Patient and Nurse Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>2</td>
<td>1</td>
<td>yes</td>
</tr>
<tr>
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<td>1</td>
<td>1</td>
<td>yes</td>
</tr>
<tr>
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</tr>
<tr>
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<td>2</td>
<td>1</td>
<td>yes</td>
</tr>
<tr>
<td>5a</td>
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</tr>
<tr>
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<td>1</td>
<td>yes</td>
</tr>
<tr>
<td>7a</td>
<td>3</td>
<td>1</td>
<td>yes</td>
</tr>
<tr>
<td>8a</td>
<td>1</td>
<td>3</td>
<td>yes</td>
</tr>
<tr>
<td>9a</td>
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<td>10a</td>
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<td>2</td>
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</tr>
<tr>
<td>14a</td>
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</tr>
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<td>3</td>
<td>3</td>
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</tr>
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<td>3</td>
<td>2</td>
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</tr>
<tr>
<td>17a</td>
<td>3</td>
<td>2</td>
<td>yes</td>
</tr>
<tr>
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<td>1</td>
<td>3</td>
<td>yes</td>
</tr>
<tr>
<td>19a</td>
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<td>3</td>
<td>yes</td>
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<tr>
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</tr>
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</tr>
<tr>
<td>25a</td>
<td>3</td>
<td>2</td>
<td>yes</td>
</tr>
</tbody>
</table>

<sup>a</sup> Patient response options for item #1 were on a four-point scale (3 = Every day, 2 = Most days, 1 = Some days, 0 = Never).

To determine the extent of agreement between nurses and their patients regarding the achievement of patient daily goals, responses were examined for question #2 on the patient questionnaire, which states, “To what extent were your personal goals met during this admission?” Responses of “All my goals were met (3),” “Most of my goals were met (2),” or “Some of my goals were met (1)” were considered to be affirmative responses, meaning that at
least one daily goal had been met. Of the 25 subjects on the intervention unit, 25 answered “All my goals were met (3),” “Most of my goals were met (2),” or “Some of my goals were met (1).” So, while nurses considered that 76% of their patients met at least one goal, patients responded that at least one of their goals were met 100% of the time. Individual responses are displayed in Table 3.

**TABLE 3. Individual Results for Achievement of Patient Daily Goals and Agreement Between Nurses and Patients**

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Patient Response To Item # 2&lt;sup&gt;a&lt;/sup&gt;</th>
<th>No. of Goals Documented Achieved by Nurse</th>
<th>Patient and Nurse Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>3</td>
<td>1</td>
<td>yes</td>
</tr>
<tr>
<td>2a</td>
<td>1</td>
<td>1</td>
<td>yes</td>
</tr>
<tr>
<td>3a</td>
<td>2</td>
<td>ND</td>
<td>no</td>
</tr>
<tr>
<td>4a</td>
<td>2</td>
<td>1</td>
<td>yes</td>
</tr>
<tr>
<td>5a</td>
<td>3</td>
<td>1</td>
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<tr>
<td>6a</td>
<td>3</td>
<td>1</td>
<td>yes</td>
</tr>
<tr>
<td>7a</td>
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<td>ND</td>
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</tr>
<tr>
<td>25a</td>
<td>3</td>
<td>1</td>
<td>yes</td>
</tr>
</tbody>
</table>

*Note.*<sup>a</sup>Patient response options for item # 2 were on a four-point scale (3 = All my goals were met, 2 = Most of my goals were met, 1 = Some of my goals were met, 0 = None of my goals were met).
Summary

This chapter presented the results of the study, and linked the results to the specific research question they were intended to address. The responses on the intervention unit were significantly different from those on the control unit for research questions 1 and 2, which indicates that the Daily Goals intervention made a difference in patients’ perception that daily goals were formulated and that daily goals were met. The responses on the intervention unit were not significantly different from those on the control unit for research questions 3 and 4, which indicates that the Daily Goals intervention did not make a difference in patients’ perception that their questions were answered and their satisfaction with the communication they had with their nurse. For the final research question, the analysis of individual nurse and patient responses indicated that there was total agreement between nurses and patients that daily goals were formulated, and partial agreement between nurses and patients that daily goals were achieved.
CHAPTER FIVE

Introduction

Chapter 5 discusses the findings of the study. The chapter begins by examining how the results of this study are related to the review of the literature that was conducted prior to the initiation of the study. Implications for nursing and limitations of the study are also presented. The chapter concludes with recommendations for further research.

Discussion of Findings

This study was intended to examine the renewed emphasis and movement toward a patient-centered, family-focused approach to the delivery of care in many hospitals and acute care settings. The purpose of the study was to implement and evaluate a nursing intervention in which the primary nurse identifies the patient’s personal goals on a daily basis. Integrity of the innovation was measured as the degree to which nurses and patients generated daily goals. Effectiveness was measured as the degree to which nurses and patients perceived that the daily goals were actually achieved.

The first research question in this study asked whether patients recognized their own participation in their plan of care when invited to share their daily goals with their nurse. The results from item #1 on the patient questionnaire were analyzed to answer this question. Study findings indicated that when nurses discussed daily goals with patients and included their input in the formation of daily goals and the nursing care plan, patients were significantly more likely to recognize their participation in their own care.

There were no published studies in the available literature that addressed this specific aspect of patient daily goals. However, there was general agreement in the literature that patients
should be involved in decisions about their medical care and that patients who are adequately informed can bring a new perspective to the decision-making process (Fineout-Overholt & Melnyk, 2006). Kaplan and Brennan (2001) also examined several trends in healthcare consumer preferences and found that consumers wanted information that addressed their individual concerns and conditions. Results from the current study indicated that by discussing and formulating daily goals with their nurses, patients were able to assist nurses in making the plan of care more individualized, and were also able to recognize their own contribution to their care.

The second research question in this study asked whether the process of including patients’ own daily goals improved patient outcomes in terms of achieving their own daily goals. The results from item #2 on the patient questionnaire were analyzed to answer this question. Findings from this study indicated that patients on the intervention unit who generated daily goals with their nurse were significantly more likely to state that their goals were met than those patients on the control unit. Review of the existing research revealed that although all of the studies on daily goals measured various nursing and patient outcomes, none of the studies examined actual or perceived goal achievement. Studies involving daily goals worksheets by Pronovost and colleagues (2003) and Narasimhan (2006) found a reduction in patient length of stay. Potter and Mueller (2007) measured nursing stress, level of knowing the patient, and preparation for discharge.

The third and fourth research questions relate to communication between patients and caregivers. The questions asked whether the process of including patients’ own daily goals improved patient outcomes in terms of having their questions answered and reporting effective communication with their nurses. Much of the literature reviewed regarding communication
between patients and caregivers addressed the quality and content of the communication between patients and caregivers. Barriers to effective communication were often reported, including lack of appropriate provider communication skills, lack of time, lack of established relationships with patients, and differences in opinion or treatment preference (Murtaugh & Thorns, 2006, Say & Thompson, 2003, Sidani, 2006).

In the daily goals research, Pronovost reported improved perceptions of communication between caregivers and with family members using the goals form as a tool (2003). Similarly, two studies found improved communication between physicians and nurses using a daily goals worksheet in an intensive care setting (Narasimhan, 2006, Phipps & Thomas, 2007). The current study included patients’ perceptions, and examined communication between patients and nurses. It was anticipated that the patients on Unit A who received the daily goals intervention would have significantly more positive responses to items four and five on the questionnaire, indicating improved communication based on the daily goals intervention. While patient survey responses on Unit A were slightly higher for both of the questions related to communication, they were not significantly different from patient responses on the control unit. One possible explanation for this finding is that patients may have their questions answered and be satisfied with their communication with their nurse without formation and achievement of daily goals. Patients’ questions for, and communication with, their nurse can span a wide variety of topics, many of which may not be related to daily goals.

The fifth research question in this study addressed the extent to which nurses and patients agree that daily goals were formulated and met. Findings from this study indicated total agreement between patients and nurses that goals were formulated, but only partial agreement
that goals were met. There were no published studies in the available literature that addressed this portion of the study.

Although patients and nurses agreed that goals were formulated, the design of this study did not include a comparison of the actual goals. Patients were asked how often they formulated goals, and were not asked what the specific goals were. Nurses documented specific goals based on their conversations with their patients, but it remains unclear if the goals that the nurses documented were the same goals the patients perceived they made. This lack of clarity regarding the actual goals that patients perceived they formulated could explain why nurses and patients did not always agree that goals were met. Also, the goals identified by the nursing staff were not always care based or nurse controlled, which, in many cases, makes the achievement of these goals more difficult.

Implications for Nursing

In the current healthcare environment, there is renewed focus on the opinions, needs and wishes of patients. Many healthcare organizations are looking for the best ways to meet the needs and wishes of their patients in this new era of consumerism and service-oriented care. Health care professionals and administrators are looking for ways to include patients in the plan of care, improve communication between patients and caregivers, increase patient satisfaction with their care, and ultimately, improve outcomes. This study originated out of a desire to find the best and most effective ways to accomplish patient-centered care.

This study provides information to caregivers, leaders and administrators that may guide decisions about programs and policies that focus on patient-centered care. The results of this study indicated that although the daily goals intervention did not make a significant difference in
patients’ reports of having their questions answered and communication with their nurse, the intervention did make a significant and positive difference in patients’ reports regarding the formulation of daily goals and the accomplishment of these goals.

Previous studies on daily goals focused on goals made primarily by care providers, and examined different patient outcomes. Although this research did not replicate previous study results, the findings broaden the current body of knowledge in this area.

Limitations

A total of 50 patients participated in this study. Although the sample was drawn from two inpatient nursing units that were assumed to have a similar patient population, the sample size is too small to conclude that the results can be generalized to all adult inpatient populations. Patient demographic data such as age, gender, race, and educational level were not collected, further limiting the ability to compare the sample data to other populations. The sample size and extent of demographic data collection were limited to ensure that the study was feasible for the principal researcher to complete in a reasonable period of time. Consideration was also given to the nurses’ workload and the anticipated amount of time nurses would be able to devote to the daily goals intervention.

The convenience sample was drawn from units in a single hospital, again limiting the ability to generalize results to a broader population. A further limitation of a sample drawn from a single hospital is the possibility that the staff from the selected study units may talk to each other about the study during casual conversation or when working on other units. These discussions may cause diffusion, or “bleeding,” of the intervention from the intervention unit to the control unit.
All units in the hospital were also using white boards in each patient room. The white boards had a section where nurses were expected to write what was most important to the patient, after obtaining this information directly from the patient. This process may have led patients on both units to answer questionnaire items based on information written on the white board rather than information gained through the daily goals intervention. Variables unique to each unit, such as staffing patterns, employee engagement, management style, and patient acuity may also have affected study outcomes.

A further limitation of this study was the potential for nurse bias when assessing the patient population for potential participants. On several occasions, nurses stated that although a particular patient had documented daily goals, the patient should not be approached for inclusion in the study because the patient was dissatisfied with one or more aspects of their care, or because the nurses perceived the patient to have negative personality or physical characteristics.

Recommendations for Further Research

Further research in the area of patient daily goals is needed. Studies that incorporate larger sample sizes from more than one healthcare facility would allow results to be generalized to a larger population, and individual unit and facility variables would have less impact on study results. Patient demographics, as well as individual unit and facility characteristics, should be considered when designing future studies to increase the likelihood of obtaining a representative sample.

Another suggestion for future research is that selected nursing units could serve as their own controls by designing a study that examined differences before and after the intervention. This design would demonstrate the effect of the intervention more clearly. Data collection could
also be expanded to ask patients to name the goals formulated with their nurses. The extent of agreement between patients and nurses could then be evaluated more accurately.

Summary

Chapter 5 discussed the findings of the study. The chapter began by examining how the results of this study were related to the review of the literature that was conducted prior to the initiation of the study. Implications for nursing and limitations of the study were also presented. The chapter concluded with recommendations for further research.
APPENDIX A:

PARTICIPANT’S DISCLOSURE FORM (PATIENTS)
Implementing Patients’ Daily Goals in the Acute Care Setting: A Systems Approach

You are being invited to voluntarily participate in a research study. The purpose of the study is to start a program where nurses help patients make their own personal goals on a daily basis. The researcher will then see how the program worked, using a questionnaire that asks patients for their opinions in several areas. You are eligible to participate because you are currently a patient on a unit that is participating in the study.

By responding to questions in a questionnaire, you will be giving your consent to participate in the study. The questionnaire will ask you for your opinions about any daily goals you may have had during your admission, and about the communication you had with your caregivers. There are four items on the questionnaire, and it will take about five minutes to complete.

Any questions you have will be answered and you may withdraw from the study at any time without causing bad feelings. You may choose not to answer some or all of the questions. If you decide not to participate, your decision will have no effect on your care.

There are no known risks from your participation and no direct benefit from your participation is expected. There is no cost to you except for your time and you will not be compensated for your participation. By participating in the questionnaire, you are giving permission for the investigator to use the information you provide for research purposes. Your questionnaire will be identified by a randomly assigned number only, and this number will not be associated with any personal, demographic, medical, or admission information.

Only the principal investigator will have access to the information that you provide. In order to maintain your confidentiality, your name will not be on the questionnaire, or revealed in any reports that result from this project. The completed questionnaire will remain in the possession of the principal investigator at all times. Results will be entered and stored in a secure, password protected database, where password is known only to the researcher. The questionnaires will be destroyed after the data are entered into the study database.

You can call the Principal Investigator to tell her about a concern or complaint about this research study. The Principal Investigator, Sarah Szostak, BSN, RN can be called at (623) 670-1589. If you have questions about your rights as a research subject you may call the University of Arizona Human Subjects Protection Program office at (520) 626-6721. If you have questions, complaints, or concerns about the research and cannot reach the Principal Investigator; or want to talk to someone other than the Investigator, you may call the University of Arizona Human Subjects Protection Program office. (If out of state use the toll-free number 1-866-278-1455.) If you would like to contact the Human Subjects Protection Program via the web (this can be anonymous), please visit http://www.irb.arizona.edu/contact/.

Thank you.
Sarah Szostak BSN, RN
APPENDIX B:

PARTICIPANT’S DISCLOSURE FORM (RN)
Implementing Patients’ Daily Goals in the Acute Care Setting: A Systems Approach

You are being invited to voluntarily participate in a research study. The purpose of the study is to implement and evaluate a nursing innovation in which the primary nurse identifies the patient’s personal goals on a daily basis. You are eligible to participate because you are employed on the intervention unit and you are responsible for direct patient care for your assigned group of patients.

By assisting your patient to develop daily goals and by completing the Patient Daily Goals Form, you will be giving your consent to participate in the study. The form will ask you to document any patient daily goals you may have helped your patient generate during their admission. It is expected to take approximately 5-10 minutes to assist your patient to develop daily goals, and approximately 5 minutes to document on the Patient Daily Goals Form.

Any questions you have will be answered and you may withdraw from the study at any time without causing bad feelings. You may choose not to participate in the study. If you decide not to participate, your decision will have no effect on your employment.

There are no known risks from your participation and no direct benefit from your participation is expected. There is no cost to you except for your time and you will not be compensated for your participation. If you choose to participate in the study by assisting your patients to develop daily goals and documenting them on the Patient Daily Goals Form, you are giving permission for the investigator to use your documentation for research purposes.

Only the principal investigator will have access to the documentation that you provide. In order to maintain your confidentiality, your name will not be on the Patient Daily Goals Form, or revealed in any reports that result from this project. The Patient Daily Goals Form will remain in the possession of the principal investigator at all times. Results will be entered and stored in a secure, password protected database, where password is known only to the researcher. The forms will be destroyed after the data are entered into the study database.

You can call the Principal Investigator to tell her about a concern or complaint about this research study. The Principal Investigator, Sarah Szostak, BSN, RN can be called at (623) 670-1589. If you have questions about your rights as a research subject you may call the University of Arizona Human Subjects Protection Program office at (520) 626-6721. If you have questions, complaints, or concerns about the research and cannot reach the Principal Investigator; or want to talk to someone other than the Investigator, you may call the University of Arizona Human Subjects Protection Program office. (If out of state use the toll-free number 1-866-278-1455.) If you would like to contact the Human Subjects Protection Program via the web (this can be anonymous), please visit http://www.irb.arizona.edu/contact/.

Thank you.
Sarah Szostak BSN, RN
APPENDIX C:

WRITTEN SUMMARY AND TALKING POINTS FOR RN PARTICIPANTS
Implementing Patient’s Daily Goals in the Acute Care Setting

What is it?
It is a research study conducted by Sarah Szostak BSN, RN to complete the requirements for a MSN from the University of Arizona.

What is this study about?
The first part of the study involves RNs on the study unit assisting their assigned patients to develop each patient’s goals for the day. The second part of the study evaluates the goal setting process to see the daily goals intervention makes a difference in selected patient outcomes. Patients who are being discharged will be asked to complete a questionnaire. The questionnaire is included in this material.

What is a patient daily goal?
The patient daily goal is similar to the short term goals that you set for your patients when you develop their care plan. The patient daily goal is different only because the patient develops the goal themselves, or has input in the development of the goal.

How will I participate?
RNs on both shifts are asked to participate, although participation is not mandatory. There are no risks to you or your job for participating or not participating. If you decide to participate, you will be asked to do the following:

RNs working on the day shift:
- Spend a few minutes with each of your assigned patients to assist the patient to develop a goal for that day. To be eligible for the study, your patient must:
  - Be at least 18 years old
  - Be admitted to your unit for at least 48 hours prior to discharge
  - Have the ability to read and speak English
  - Be able to engage in verbal conversation with nursing staff.
  - Have the cognitive ability to understand the purpose of the study, participate in daily goal-setting with nursing staff, and to answer the written survey questions, as determined by the nurses assigned to their care.
- After the daily goal has been decided upon, assist the patient, as needed, to achieve the goal.
- Report the status of the goal to the oncoming night shift RN (met, partially met, or not met), so that efforts to meet the patient’s goal can continue into the evening.
- Document the daily goal(s) on the Patient Daily Goals form. This form will be available from the Unit Coordinator when the patient is admitted to your unit. The form is also included in this material.
• The Patient Daily Goals form will be attached to the patient questionnaire. You will not be asked to do anything with the questionnaire, but it will be attached to the Patient Daily Goals form so that the goals information can be matched to the questionnaire results later. It is important that these documents remain attached. Please keep these forms with your other daily documentation.
• I (Sarah Szostak) will visit the unit every day to personally collect the forms for patients scheduled to be discharged that day. I will approach patients to complete the survey, and I may ask you or a member of your team to introduce me to the patient.

RNs working on the night shift:
• If your patient has a documented daily goal, please continue efforts, as needed, to achieve the goal if it has not already been met.
• If your patient states that they now want to develop a daily goal, please assist them to do so. Document the goal on the Patient Daily Goals Form, and assist the patient to meet the selected goal, as appropriate.

How do I make a daily goal with my patients?
• Begin by directly asking your patient if they have thought about a goal for themselves, or what they want to accomplish that day.
  o If they have, then help them to set a reasonable goal, based on their situation
  o If they have not, then suggest to your patient that daily goals can be a helpful way to accomplish bigger goals, and tell them that you would like to hear their ideas about what is important to them.
• Assist patients to adapt bigger goals into smaller, more reasonable goals that can be accomplished each day. In most cases, you or members of other disciplines such as physical therapists, dietitians, and social workers will have to assist your patient to meet their goals
• Here are some examples of how to think about setting daily goals with your patients:
  o Activity
    ▪ For a patient who tells you that they want to take walks with their spouse again, Walk 500 feet or 3x around nurse’s station, etc. is a reasonable goal.
    ▪ Incentive spirometer 10x per hour for a surgical or pneumonia patient who says “I just want to feel good again”.
  o Pain
    ▪ For a patient who tells you that they “just want the pain to go away”, give pain medication choices and alternatives (within order parameters), and have them set a goal.
  o Medication
    ▪ For a patient who says “I just want to get out of here”, think about the reason they were admitted. Suggest education about medications and patient commitment to taking them in the prescribed manner. The daily
goal for the patient could then be “I will learn about the right way to take my Coumadin”.

- **Diet**
  - For a patient who tells you they want some decent food, relate this to other goals, like discharge from the hospital or control of their diabetes. The goal could be “I will only eat foods that are on my balanced carb diet today” or “I will talk to the dietitian about other diet choices that I like better”.

- If a patient daily goal is not met, the goal can be used again the next day.
- Patients may always choose not to participate.

**Why should I participate?**
Your participation will give you an opportunity to be part of a research project that aims to improve outcomes for adult inpatients. Also, you and your unit will receive feedback about the results of the study.

**What if I have a question or need more information?**
Please contact Sarah Szostak by phone, 623-670-1589, or email, snoopy14@cox.net.
APPENDIX D:

SCRIPT FOR NURSES TO USE WITH PATIENTS
Nursing Colleagues,

During the study, I will be visiting your unit each day to answer questions, to provide support if needed, and to speak to patients about the study and the questionnaire. When I arrive on your unit, I will ask you if you are participating in the study. If you are participating, I will then ask you about which patients are scheduled for discharge that day that meet the study inclusion criteria.

Before I can approach patients, they must be given a little information about the study, about me, and what I want with them. They must state that they are interested in learning more about the study, and agree to speak to me about it.

Here is a sample script for what to say to your patient:

Script for Nurses to Introduce Study and Researcher to Patients

Hi Mr./Ms. ________.
Our unit has chosen to participate in a research study. As part of the study, we will work with patients to set and achieve their own personal goals for care, while they are in the hospital.

The study will look at how the goal setting program worked. Patients who participate will be asked to evaluate the program by completing a short questionnaire. The questionnaire has 4 questions, and will take no more than 5 minutes to complete.

Sarah Szostak (“Show-stack”) is the researcher, and she is here now. She would like to talk to you for just a few moments about the study, and tell you a little more about it. Would you be interested in speaking to her about the study?

If the patient says yes, then please come out and let me know as soon as you can. Then I will ask you to introduce me to the patient, and I will take it from there!

Thank you,

Sarah Szostak, RN, BSN
MSN student at the University of Arizona
APPENDIX E:

PATIENT DAILY GOALS FORM
Please document each patient’s daily goals below. Please use one form for each patient.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Patient Daily Goal</th>
<th>Goal Met</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
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<td>Yes</td>
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<td></td>
<td>Met</td>
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<td></td>
<td></td>
<td>Met</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX F:

DATA COLLECTION INSTRUMENT: PATIENT QUESTIONNAIRE
1. How often did you participate in planning your care by sharing your most important goal for that day with your nurse?
   - Every day (3)
   - Most days (2)
   - Some days (1)
   - Never (0)

2. To what extent were your personal goals met during this admission?
   - All my goals were met (3)
   - Most of my goals were met (2)
   - Some of my goals were met (1)
   - None of my goals were met (0)

3. To what extent were your questions answered during this admission?
   - All of my questions were answered (3)
   - Most of my questions were answered (2)
   - Some of my questions were answered (1)
   - None of my questions were answered (0)

4. How often were you satisfied with the communication you had with your nurses during this admission?
   - Every day (3)
   - Most days (2)
   - Some days (1)
   - Never (0)
APPENDIX G:

HUMAN SUBJECTS APPROVAL FOR STUDY
February 16, 2009

Sarah Szostak, MSN Student
Advisor: Judith Effken, PhD, RN
Nursing
PO Box 210203

RE: PROJECT NO 09-0050-02 Implementing Patients' Daily Goals in the Acute Care Setting: A Systems Approach

Dear Ms. Szostak:

We received your research proposal as cited above. The procedures to be followed in this study pose no more than minimal risk to participating subjects and have been reviewed by the Institutional Review Board (IRB) through an Expedited Review procedure as cited in the regulations issued by the U.S. Department of Health and Human Services [45 CFR Part 46.110(b)(1)] based on their inclusion under research category 7. As this is not a treatment intervention study, the IRB has waived the statement of Alternative Treatments in the consent form as allowed by 45 CFR 46.116(d)(2). The need for documentation of informed consent has been waived for the study, as the research involves no risks or procedures for which consent is normally required outside of the research context as stated in 45 CFR 46.117(c)(2). Please make copies of the attached IRB stamped Disclosure Form to consent your subjects.

Although full Committee review is not required, notification of the study is submitted to the Committee for their endorsement and/or comment, if any, after administrative approval is granted. This project is approved with an expiration date of February 15, 2010.

The Institutional Review Board (IRB) of the University of Arizona has a current Federalwide Assurance of compliance, FW00004218, which is on file with the Department of Health and Human Services and covers this activity.

Approval is granted with the understanding that no further changes or additions will be made to the procedures followed without the knowledge and approval of the Human Subjects Committee (IRB) and your College or Departmental Review Committee. Any research related physical or psychological harm to any subject must also be reported to each committee.

A university policy requires that all signed subject consent forms be kept in a permanent file in an area designated for that purpose by the Department Head or comparable authority. This will assure the accessibility in the event that university officials require the information and the principal investigator is unavailable for some reason.

Sincerely yours,

[Signature]

Elaine G. Jones, PhD, RN, FNAP
Chair, IRB

EG/unn
cc: Departmental/College Review Committee

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APPENDIX H:

FACILITY APPROVAL FOR STUDY
December 18, 2008.

To Whom It May Concern:

Sarah Szostak, a masters nursing student at The University of Arizona may use John C. Lincoln North Mountain Hospital as a site in her research study entitled "Implementing Patient's Daily Goals in the Acute Care Setting." Permission to collect data is pending completion of Human Subject review with The University of Arizona IRB and presentation of her study with the hospital's research committee.

Please feel free to contact me with any questions.

Thank you,

Barbara B. Brewer, PhD, RN
Director of Professional Practice
Chair, Clinical Research Committee
REFERENCES


